MYANMAR
HUMANITARIAN NEEDS AND RESPONSE PLAN

HUMANITARIAN PROGRAMME CYCLE 2025

ISSUED DECEMBER 2024

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Foreword

Civilians in Myanmar are struggling to survive an unprecedented humanitarian crisis that has upended the lives of millions across the country. Each day they face the painful consequences of escalating conflict that is forcing people to flee their homes in record numbers in search of relative safety and meeting their basic needs. Amid the ongoing violence, civilians face extreme protection risks, acute food insecurity, the near-collapse of critical public services, and economic shocks driving up inflation and resulting in loss of livelihoods.

The alarming rise in humanitarian needs since the military takeover in February 2021 is largely driven by intensifying armed conflict, disasters and economic and political instability. As we publish this 2025 Humanitarian Needs and Response Plan (HNRP), 19.9 million people are estimated to need humanitarian assistance in the country, over a third of the population. Among them are 6.3 million children and 7.1 million women. With widespread fighting impacting vast areas, almost 3.5 million people are estimated to be internally displaced. Even with conservative estimates, 15.2 million people are facing acute food insecurity, desperately seeking the means to feed themselves and their families. Education and health services are severely disrupted and often at the brink of collapse. Millions of people are without safe shelter or drinking water. There are widespread and systematic violations of human rights including lack of adherence and compliance to international humanitarian law. Against this backdrop, we are seeing vital development gains reversed, with poverty returning to 2015 levels.

Amid this spiralling humanitarian crisis, the 2025 HNRP outlines a cohesive and coherent plan to address complex and evolving needs, aiming to reach 5.5 million of the most vulnerable people. Given the sheer magnitude of needs, humanitarians will prioritize their response based on the severity of needs and operational capacity and focus entirely on emergency life-saving assistance. A total of US$1.1 billion is needed in 2025 to deliver this urgent assistance.

Myanmar remains among the world's most underfunded humanitarian response plans. As of 6 December 2024, only 34 per cent of the funding required for the 2024 HNRP was received. An estimated 1.4 million people who had been prioritized for support missed out on assistance altogether, and most of the projected 3.9 million people reached did not receive the full package of support needed to meet their needs. The people of Myanmar cannot afford a repeat of this underfunding in 2025 – they need decisive action from the international community, including more resources, and they need it now.

Our work would not be possible without the generous support of our donors, whose contributions translate into deeply impactful assistance that is saving lives and alleviating the suffering of millions of people. I would also like to express my profound gratitude to our many partners for their tireless efforts to deliver aid. Local and national humanitarian organizations are at the forefront of this response, helping those in need daily. Despite immense challenges, their unwavering efforts show the commitment of the humanitarian community to get aid where it is needed most.

Together, in 2025, we must ring the alarm for the people of Myanmar and appeal for the necessary resources and action to aid the most vulnerable people in their struggle to survive.

Marcoluigi Corsi
Myanmar Humanitarian Coordinator a.i.

At a glance | Re-Prioritized HNRP

MYANMAR

Summary

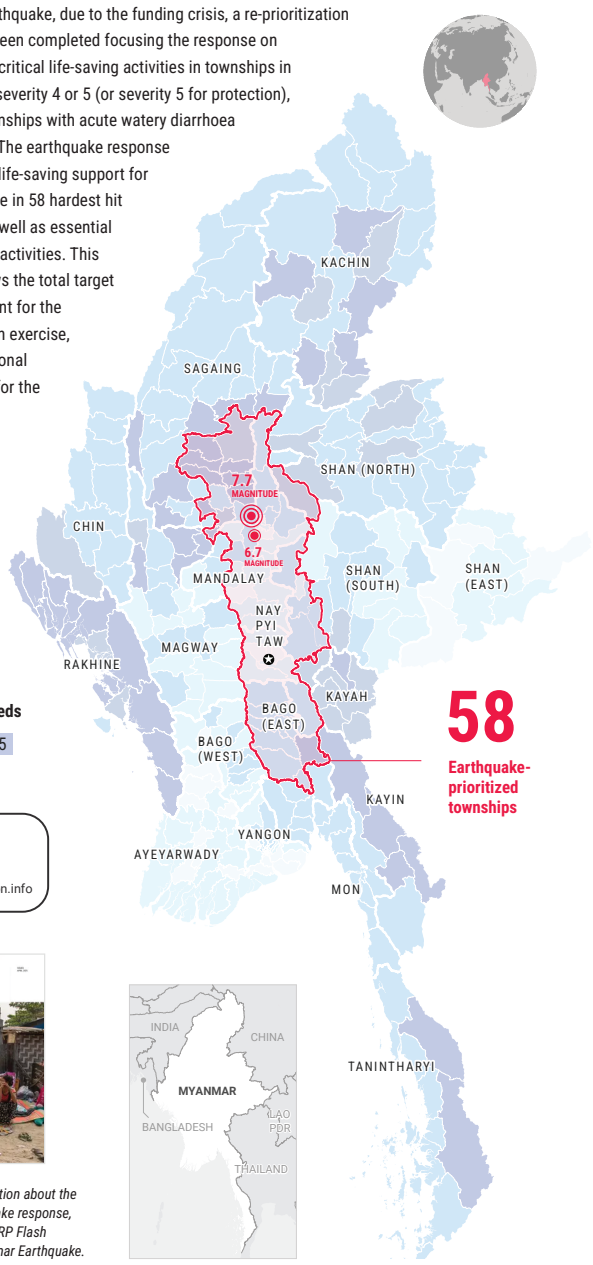
Total Revised HNRP, including Earthquake Response

TOTAL PEOPLE IN NEED	TOTAL PEOPLE TARGETED	FINANCIAL REQUIREMENTS (US$)
21.9M	6.7M	$1.4B
HNRP 19.9M	ORIGINAL HNRP 5.5M	ORIGINAL HNRP $1.1B
EARTHQUAKE 2M	EARTHQUAKE 1.1M	EARTHQUAKE $275M

Urgently Re-prioritized HNRP, including Earthquake Response*

TOTAL PEOPLE IN NEED	TOTAL PEOPLE TARGETED	FINANCIAL REQUIREMENTS (US$)
21.9M	4.8M	$967M
URGENTLY RE-PRIORITIZED 21.9M	URGENTLY RE-PRIORITIZED 3.6M	URGENTLY RE-PRIORITIZED $691M
EARTHQUAKE 2M	EARTHQUAKE 1.1M	EARTHQUAKE $275M

Before the earthquake, due to the funding crisis, a re-prioritization exercise had been completed focusing the response on implementing critical life-saving activities in townships in inter-sectoral severity 4 or 5 (or severity 5 for protection), and those townships with acute watery diarrhoea (AWD) cases. The earthquake response added critical life-saving support for affected people in 58 hardest hit townships, as well as essential early recovery activities. This overview shows the total target and requirement for the re-prioritization exercise, with the additional requirements for the earthquake response.



58 Earthquake-prioritized townships

Severity of Needs

1 2 3 4 5

Explore more at humanitarianaction.info

For more information about the Myanmar Earthquake response, please see the HNRP Flash Addendum: Myanmar Earthquake.

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

Breakdown by Cluster

Cluster	21.9M PEOPLE IN NEED (Revised HNRP + Earthquake Response)	6.7M TARGET (Revised HNRP + Earthquake Response)	4.8M TARGET (Urgently Re-Prioritized HNRP + Earthquake Response)	$1.4B FINANCIAL REQUIREMENTS (US$) (Revised HNRP + Earthquake Response)	$967M FINANCIAL REQUIREMENTS (US$) (Urgently Re-Prioritized HNRP + Earthquake Response)
Education	6.5M	1.1M	930K	103M	33M
Food Security	15.5M	2.5M	1.9M	306M	202M
Health	13.5M	2.7M	1.3M	146M	80M
Nutrition	3.3M	875K	616K	68M	37M
Protection	15.4M	4.6M	4M	185M	146M
General Protection	*12.9M*	*4.3M*	*3.7M*	*91M*	*72M*
Child Protection	*9M*	*2.4M*	*1.4M*	*38M*	*30M*
Gender-based Violence	*9M*	*2.1M*	*993K*	*38M*	*30M*
Mine Action	*7.6M*	*1.4M*	*1.2M*	*18M*	*14M*
Shelter/NFI/CCCM	9.3M	3.2M	2.1M	249M	175M
WASH	10M	3.3M	2.5M	204M	156M
Multi-purpose Cash		2.4M	1.7M	103M	71M
Coordination and Common Services				12M	11M
Logistics				3M	3M
Early Recovery				34M	34M

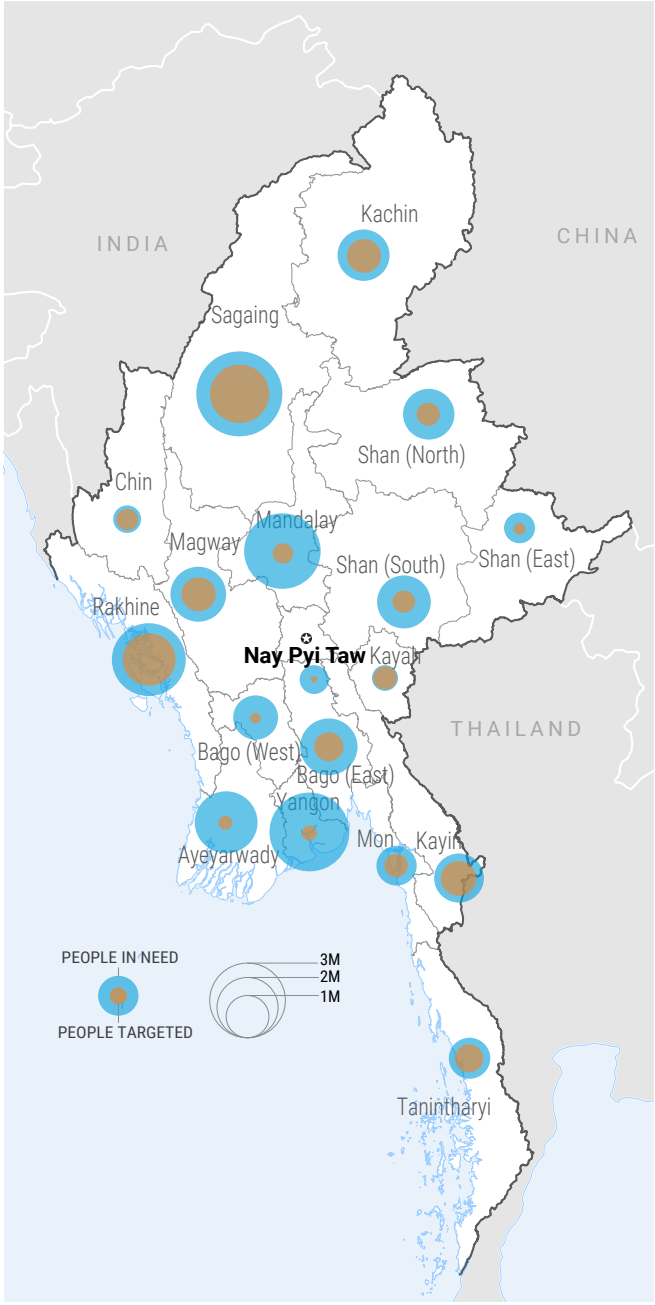
Explore more at humanitarianaction.info

At a Glance

People in need and people targeted by sex, age and disability

M: Million / B: Billion

		WOMEN	CHILDREN	OLDER PEOPLE	WITH DISABILITY	REQUIREMENTS (US$)
PEOPLE IN NEED	19.9M	52%	32%	12%	13%	$1.1B
PEOPLE TARGETED	5.5M	52%	34%	11%	13%	

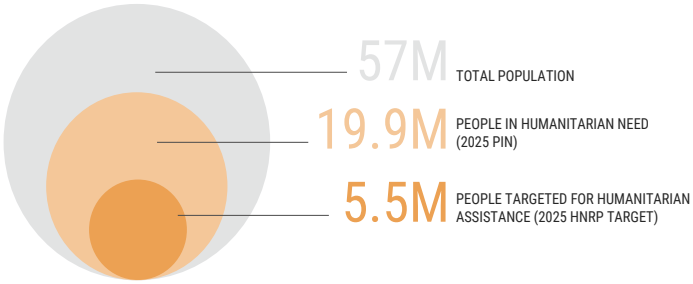


People in need and people targeted for humanitarian assistance by cluster

CLUSTER	PEOPLE IN NEED	PEOPLE TARGETED
Education	4.8M	1.3M
Food Security	15.2M	1.8M
Health	12.9M	2.4M
Nutrition	3M	643K
Protection	13.2M	4M
Shelter/NFI/CCCM	5.1M	2.5M
WASH	6.9M	2.2M

Requirement by cluster

CLUSTER	REQUIREMENT (US$)	NO. OF PARTNERS
Education	96M	95
Food Security	263M	97
Health	123M	66
Nutrition	64M	44
Protection	168M	120
Shelter/NFI/CCCM	190M	66
WASH	149M	73
Coordination	9M	286
Multi-Purpose Cash	75M	24

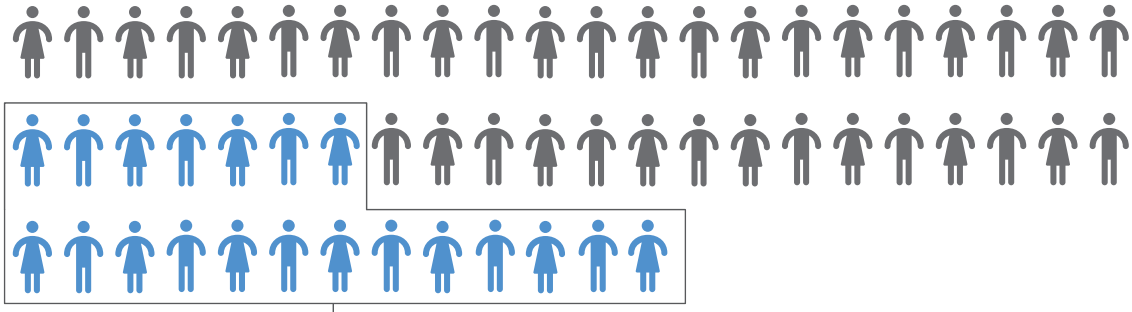


TOTAL POPULATION

57M

PEOPLE IN NEED

19.9M



BY CLUSTER

EDUCATION	FOOD SECURITY	HEALTH
4.8M	15.2M	12.9M

NUTRITION	PROTECTION	SHELTER/NFI/ CCCM
3M	13.2M	5.1M

WASH
6.9M

BY AGE & SEX

CHILDREN *<18 YEARS*	ADULTS *18-59 YEARS*	ELDERLY *>60 YEARS*
6.3M	11.2M	2.4M

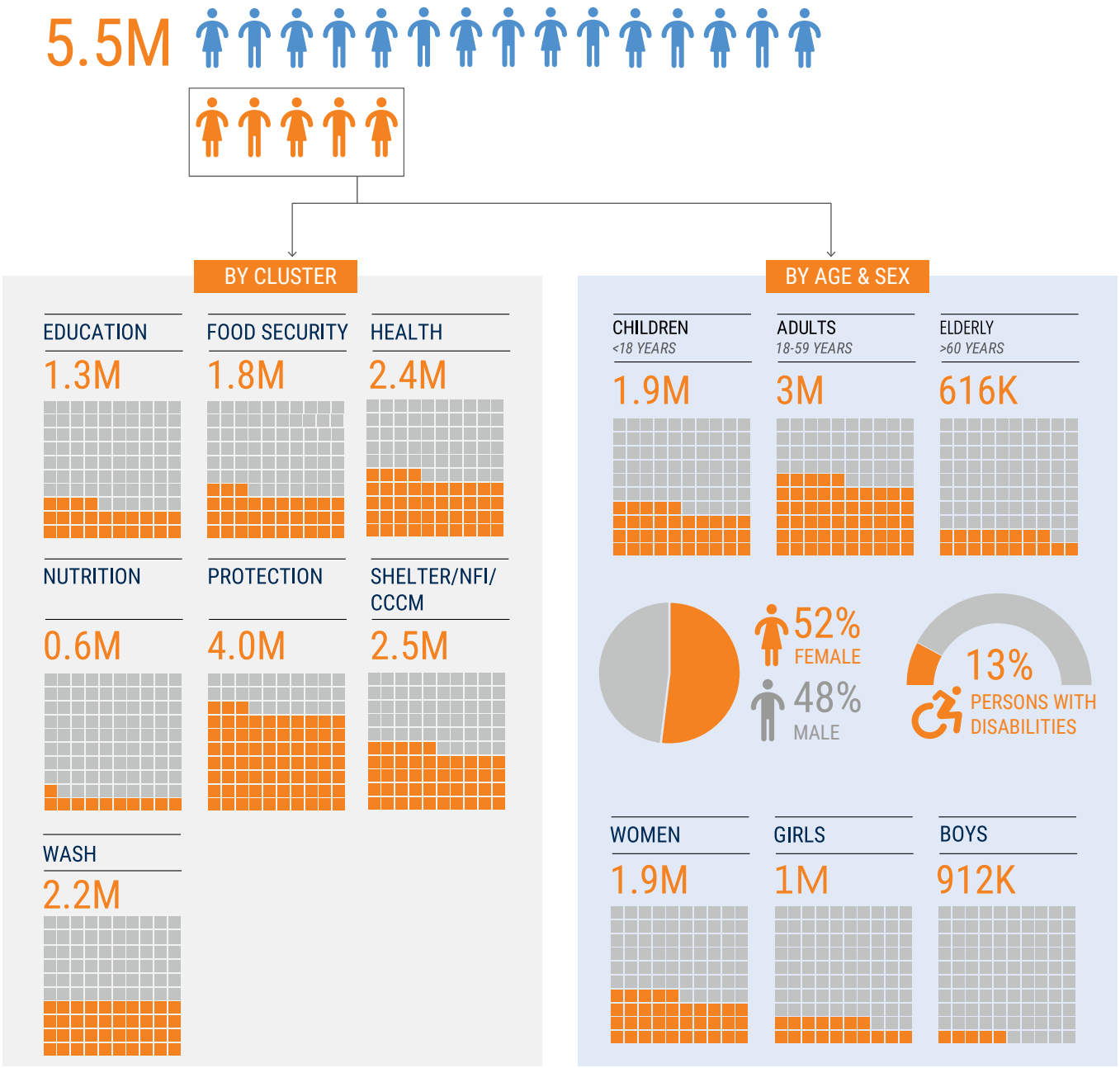
52% FEMALE

48% MALE

13% PERSONS WITH DISABILITIES

WOMEN	GIRLS	BOYS
7.1M	3.3M	3M

PEOPLE TARGETED



Part 1: Humanitarian Needs

Explore more at humanitarianaction.info

KACHIN
A woman holds a young child in an IDP camp in Kachin.
Credit: OCHA/Christina Powell/2024

1.1 Crisis Overview

"All of a sudden, there was an ear-shattering noise, and dust clouded everything in my vision and hearing. It all happened at the speed of light. When I became conscious of my surroundings, our house was hit and destroyed by the shell, and most tragically, my wife and second son were no longer alive."

– Man from a village in Kayah.

The humanitarian crisis in Myanmar is fuelled by escalating conflict, disasters, epidemics, widespread explosive ordnance and landmine contamination, and economic collapse. Amid these shocks, the security environment continues to deteriorate, people are facing grave protection threats, and coping capacities are stretched to the limit.

Myanmar ranked as the second most conflict-ridden country globally in the first half of 2024. It also ranked as the fourth most dangerous country for civilians, with 43 per cent of the population exposed to conflict.[1] Since the military takeover in February 2021, the conflict between the Myanmar Armed Forces (MAF) and various armed groups has directly impacted 12 out of 15 regions and states. A new wave of fighting was ignited in October 2023 when the Three Brotherhood Alliance launched a coordinated offensive against the military and its allies, known as "Operation 1027." Since then, the intensity of fighting across Myanmar has continued to escalate, with civilians bearing the brunt of the increasing levels of violence.

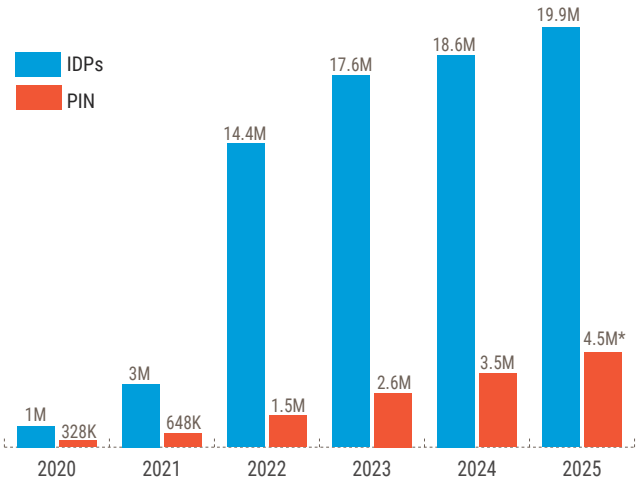
The conflict has driven people to flee their homes and livelihoods in record numbers. It is estimated that almost 3.5 million people across Myanmar are displaced, approximately one-third of them children. Within a year, the number of internally displaced persons (IDPs) in Myanmar increased by more than 70 per cent with many of them having been displaced multiple times.[2] Among displaced people assessed in the 2024 Multi-Sectoral Needs Assessment (MSNA), 46 per cent had been displaced two to five times and 24 per cent more than five times since the February 2021 takeover. A total of 45 per cent of assessed IDP-returnee households reported that they expected to be displaced again within the next 30 days.[3] Only around 15 per cent of IDPs are in sites/camps managed by Camp Coordination and Camp Management (CCCM) structures. Many displaced people remain in temporary shelters, informal camps or jungles, where they face severe shortages of food, clean water, protection assistance and healthcare.

In addition to those displaced within the country, more than 1.3 million people from Myanmar have sought refuge in neighbouring countries, [4]making this a regional crisis that demands urgent attention. The conflict in Myanmar has far-reaching consequences beyond its borders, fuelling human and drug trafficking and disease outbreaks, all of which require immediate international support.

Protection concerns are rampant with increasingly brutal violence, movement restrictions, and threats from explosive ordnances. There are

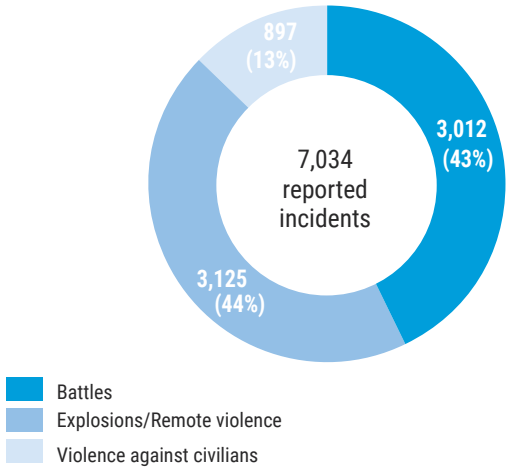
People in need and displacement trends

2020 - 2025



* IDP projection for 2025

Security incidents in 2024
Jan - Nov



Data source: ACLED

frequent reports of civilian casualties, including children, due to armed clashes involving airstrikes and shelling, even in residential areas. There are also widespread reports of arbitrary arrests and detention as well as forceful recruitment into security forces and different armed groups. Nearly 28,000 people reportedly were arrested between February 2021 and December 2024, and more than 21,000 were detained at the time of reporting.[5] Grave violations against children are increasing due to conflict, creating a dire situation for children across Myanmar. [6]Non-displaced stateless people, including Rohingya, face additional risks and vulnerabilities; lacking civil documentation, they are particularly exposed to violence, arrest, or kidnapping. Widespread conflict, recurrent climatic disasters and economic crisis led to unprecedented levels of food insecurity with 15.2 million facing acute food insecurity.

The proliferation of landmines and explosive ordnance in Myanmar has reached critical levels, with incidents reported in all regions and states of the country by the third quarter of 2024.[7] In the first nine months of the year, 889 casualties were recorded nationwide, representing 85 per cent of the total casualties reported in 2023.[8] In 2023, Myanmar recorded the highest number of landmine and explosive ordnance casualties globally with 1,052 casualties recorded nationwide,[9] with Sagaing, which has the largest number of IDPs, bearing the highest casualty rate, followed by Shan and Bago.[10] Children under 18 years of age made up 21 per cent of the total casualties in 2023, underscoring the disproportionate impact on vulnerable people. The increased presence of landmines in residential and rural areas has significantly heightened risks to civilians and is a critical concern. Lack of access to functional

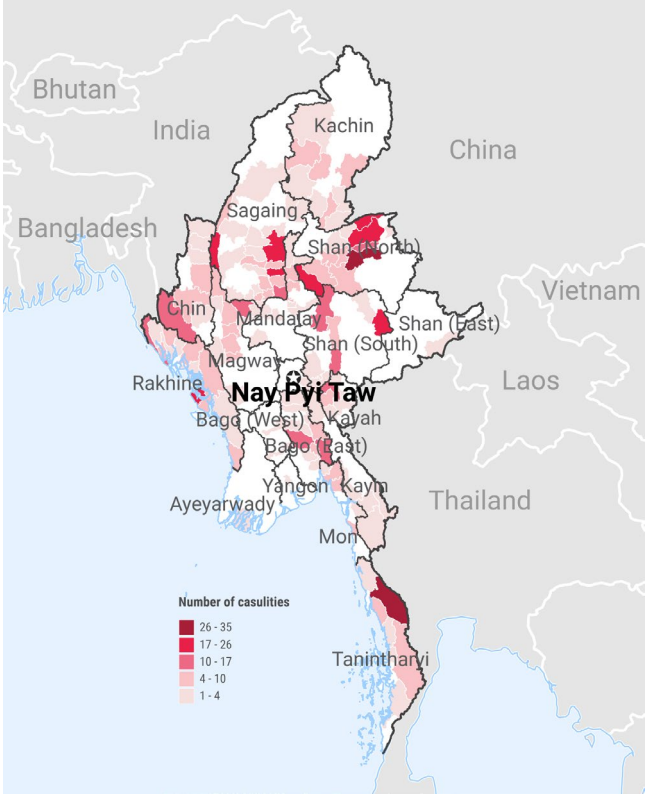
The Rohingya crisis

Rohingya people are among the most vulnerable populations in Myanmar, having endured decades of violence, systemic discrimination, and persecution. An estimated 634,000 Rohingya remain in Rakhine State,[11] while close to 1 million have taken refuge in Bangladesh. Of those still in Rakhine, around 141,000 have lived in IDP camps in Kyaukpyu, Kyauktaw, Myebon, Pauktaw and Sittwe townships since the 2012 inter-communal conflict. Another 107,000 have been displaced by clashes between the MAF and Arakan Army between 2019 and 2024. The lack of documentation among Rohingya in both camps and villages severely hampers their freedom of movement, often leading to detention, extortion, and exploitation when traveling, leaving them at constant risk of harassment and abuse.

The ongoing conflict between the MAF and Arakan Army continues to exert significant pressure on the Rohingya, particularly in northern Rakhine. Multiple parties have imposed demands for taxation and militia recruitment on the population. While the administrative structure under the Arakan Army remains unclear, concerns persist regarding the future and fundamental human rights of the Rohingya in Rakhine. The deterioration in political and conflict dynamics have driven many Rohingya to seek safety and better livelihoods abroad, including through recent movements to Bangladesh.

Mine and ERW casualties in 2024

by township



health facilities for life-saving treatment is leading to unnecessary loss of life and further burden on an already weak health system. Between 1 January and 6 December 2024, a total of 287 attacks on Myanmar's health care system were recorded.[12]

Since February 2021, the State Administration Council (SAC) has continued to extend the state of emergency and introduced martial law in over 60 townships. A dormant conscription law activated in February 2024 has triggered widespread fear and uncertainty across Myanmar, particularly among young people.[13] Fear over forced conscription by the MAF, as well as forced recruitment by other parties to the conflict, has driven large numbers of people, male youth and young men in particular, to seek safety in neighbouring countries and internally in different parts of the country.[14] In October 2024, a population and household census was conducted in SAC-controlled areas, with indications that this was being carried out in preparation for elections in 2025.

The crisis has severely and uniquely affected women, girls, and lesbian, gay, bisexual and transgender

Health care incidents

01/02/2021 - 06/12/2024

1,517 reported incidents of violence or threat of violence against health care. These incidents had the following effects:

333	131	39	135
Health facilities damaged	Health workers killed	Health workers kidnapped	Health workers injured

persons. Many have been forced to resort to negative coping mechanisms due to displacement, financial distress, and the lack of access to basic social services such as education and health care, including mental health care. This has only increased their vulnerability to violence, human trafficking, early or forced marriage, mental health disorders and sexual exploitation and sexual abuse.[15] The combination of physical impairments and poor communication infrastructure have created additional barriers for persons with disabilities from having access to livelihoods, information and services, including education, protection services, food, non-food items (NFIs), and healthcare.

Myanmar ranks among the top three countries most affected by extreme weather events globally, according to the latest Global Climate Risk Index.[16] The country is highly vulnerable to climate shocks such as cyclones and monsoon floods. One year after being struck by the devastating Cyclone Mocha in 2023, Myanmar was hit by severe flooding in July and September 2024 due to remnants of monsoon rains and Typhoon Yagi respectively. The floods affected nearly all regions and states, impacting more than 1 million people, including many already displaced by conflict in the Northwest, Rakhine, and the Southeast.[17] Between July and September, 26 percent of Myanmar's cropland was flooded.[18] The floods caused widespread

devastation, submerging thousands of crops, farmlands, and livestock, leading to substantial losses in the livelihoods of affected communities. Both the direct and indirect impact of flooding, through the significant risk of disease outbreaks such as acute watery diarrhoea (AWD) and cholera, are further exacerbating the hardships faced by vulnerable populations, highlighting the compounded impact of natural hazards and disasters on an already worsening humanitarian crisis.

Amid the widespread conflict, poverty is deepening, hard-won development gains have been reversed, and the situation continues to worsen. Multiple negative shocks have brought poverty headcounts, depth, and severity in Myanmar back to levels last seen in 2015.[19] The increase in poverty has been especially pronounced in conflict-affected areas, including Kayah, Kayin, Rakhine, and Sagaing.[20] Livelihoods have been harshly impacted, with a decline of 7.4 percentage points in the employment rate since 2017.[21] Between 2017 and 2023, Myanmar experienced significant rural and urban poverty as agricultural employment in rural areas dropped from 43 to 34 per cent, while urban wage earners and job quality sharply declined by approximately 10 per cent, particularly affecting educated persons.[22] Many people face a daily struggle with shortages of electricity, food, fuel, and other essential items such as medicines.

Before the military takeover, Myanmar was one of the fastest-growing South-East Asian economies, but forecasts are grim and its economy is not expected to return to even pre-pandemic levels within this decade.[23] A real gross domestic product growth is anticipated to slow from 1.9 per cent in 2023/24 to 1.4 per cent in 2024/25, significantly below the steady expansion of 6-7 per cent seen in the 2010s.[24] Civilians have been further impacted by substantial inflation amid sharp currency depreciation. Conflict along key trade routes and closed official international border crossings affect the availability of goods.[25]

Between the second quarters of 2023 and 2024, Myanmar experienced a sharp rise in diet costs, with the cost of a healthy diet increasing by 40 percent and a common diet by 41 percent.[26] This surge was largely driven by a 54 percent increase in the median price of rice, the country's primary staple food. The impact of food price inflation was particularly severe in conflict-affected states, where the cost of a common diet rose by 81 percent in Rakhine, 61 percent in Chin, and 48 percent in Kachin over the same period. By the second quarter of 2024, both healthy and common diet costs were highest in Rakhine, followed closely by Chin, reflecting the compounded effects of ongoing conflict and economic instability in these regions.

Timeline of events

January - December 2024

JANUARY 2024

Security situation in Rakhine is deteriorating rapidly.`

Ceasefire agreed in northern Shan between the Three Brotherhood Alliance and MAF.

FEBRUARY 2024

Compulsory conscription law enforced, leading to panic among large parts of the population.

MARCH 2024

Fighting spreads across Kachin.

People flee the country to evade the activation of the conscription law.

APRIL 2024

The number of displaced people in Myanmar reaches a record-high of 3 million.

MAY 2024

2024 HNRP is only 11 per cent funded as of 30 May 2024.

Water scarcity and a stark increase in AWD cases reported in Rakhine.

JUNE 2024

Significant rise in security threats against aid workers and facilities, including looting and arson of warehouses, offices, and vehicles.

Conflict escalation expands to Mandalay for the first time since February 2021.

Release of an addendum to the 2024 HNRP in response to conflict escalation.

JULY 2024

SAC Ministry of Health confirms AWD/cholera outbreak in Yangon region.

Re-escalation of conflict in northern Shan resulting in the capture of Lashio Town and MAF Regional Command.

Heightened SAC scrutiny on delivery of humanitarian assistance, specifically targeting NGOs.

AUGUST 2024

Inter-Agency Standing Committee Emergency Directors Group visits Myanmar.

Rohingya people flee to Bangladesh amid severe clashes.

SEPTEMBER 2024

Remnants of monsoon rains and Typhoon Yagi cause severe flooding, impacting more than 1 million people in 70 townships across 11 regions and states.

OCTOBER 2024

2024 HNRP remains critically underfunded, with only 34 per cent (or $341 million) of required funds received.

NOVEMBER 2024

AWD/cholera transmission continues in additional states and regions, as result of spillover and further deterioration of health and WASH services.

DECEMBER 2024

Displacement reaches an all-time high at nearly 3.5 million people.

1.2 Analysis of Shocks, Risks and Humanitarian Needs

"We had already gotten used to the constant sounds of shooting and knew to run indoors to escape the crossfire. But landmine explosions happening right in our neighbourhoods make us feel like there is no safe place anymore."

– A 14-year-old IDP who lost his right leg in a landmine explosion in southern Shan.

SUMMARY OF NEEDS

Food insecurity

Food insecurity remains of high concern with some households reporting to have large food consumption gaps, particularly IDPs and non-displaced stateless people. This is further exacerbated by disruptions to food production, including the loss of productive assets, access to farmland, and availability of agricultural inputs.

Negative coping mechanisms

People are resorting to negative coping mechanisms, especially IDPs and stateless people including children with high rates of child labour and early marriage reported, disproportionally increasing mental health disorders and raising concerns over their ability to withstand additional shocks.

Limited access to formal education

Access to formal education is particularly constrained amongst IDPs, returnees and non-displaced stateless people.

Health system collapse

The health system is in collapse and support is needed for vulnerable people with medical needs, particularly for non-displaced stateless households.

Increased risk of disease outbreaks

Increased risk of disease outbreaks including cholera because of inadequate access to safe water and sanitation, with WASH needs being highest among non-displaced stateless people and IDPs.

Shelter needs

Shelter needs are high in Rakhine, Kachin, Northwest, and Southeast with half of all IDPs having inadequate shelter arrangements.

Protection threats

Protection threats are severe as a result of conflict, violence, harassment, detention, explosive hazards, and discrimination/ persecution. These protection threats disproportionately affect children and other vulnerable groups.

Difficulty meeting basic needs

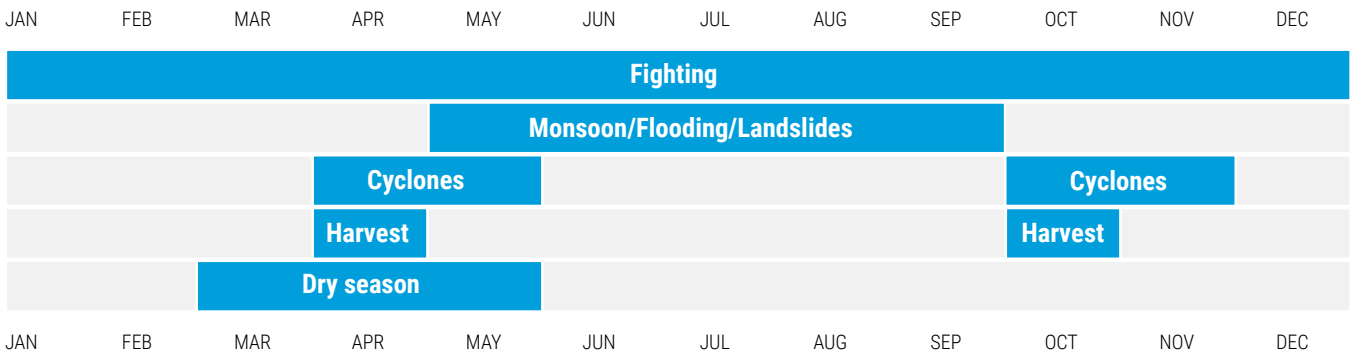
Many households faced challenges in meeting all of their basic needs, with their current situation exposing them to further protection risks and human rights violation.

Shocks, impacts and people affected

More than a third of the entire population of Myanmar – a staggering 19.9 million people – will need humanitarian assistance in 2025. This includes 6.3 million children whose future has been upended by a combination of shocks. Expanding conflict, widespread explosive ordnance and landmine contamination, climatic disasters, disease outbreaks and economic collapse are all critical shocks contributing to the spiralling humanitarian crisis in Myanmar. The impact has been devastating for vast swathes of the population, who are faced with alarming levels of food insecurity, a health system in collapse, interrupted education, and soaring protection risks.

The extensive nature of the shocks and its related impacts informed the decision of the Humanitarian Country Team (HCT) to maintain a scope of analysis that covers the entire country. Findings from the country-wide MSNA revealed that an overwhelming majority of assessed households face challenges in meeting all of their basic needs. Conflict is a key driver of protection needs, with assessed households in conflict-affected areas reporting heightened levels of security-related movement restrictions, and a majority being affected by explosive ordnances. Food insecurity remains of high concern with some households reporting large food consumption gaps, particularly IDPs and non-displaced stateless people. The majority of children aged 6-23 months in all population groups do not meet the minimum required frequency and diversity of food received to support a healthy growth. One in ten households had to skip a meal due to the lack of money or resources. The situation is further exacerbated by disruptions to agricultural activities, with many households losing access to productive assets, farmland, and essential inputs such as seeds and fertilizers. The latest Data in Emergencies Monitoring report found that 67 per cent of rural households who were engaged in farming reported production difficulties due to conflict, climatic disasters, and rising prices.[27] Conflict dynamics constrained children's access to formal schooling across the country in 2024, with more than half of assessed IDP, returnee and non-displaced stateless children reporting to not have attended formal schooling in the 2023-24 school year, largely due to conflict-induced school closures. The health system is in crisis with large parts of the population not able to access basic health care, particularly among non-displaced stateless households. Shelter needs are particularly high in Rakhine, Kachin, Northwest, and Southeast with half of all assessed IDPs having inadequate shelter arrangements. Water, sanitation and hygiene (WASH) needs are highest among non-displaced stateless people and IDPs, with insufficient water quantity and quality as well as sanitation facilities. Disruption of early disease detection and immunization services pose a significant risk for deadly disease outbreaks with risks for regional impact. Amid these deepening needs, people are resorting to negative coping mechanisms, especially IDPs and stateless people.

Seasonality of events



People in need

The 2025 HNRP focuses on meeting the needs of the same four population groups as the 2024 HNRP:

1. IDPs
2. Returned, resettled, and locally integrated IDPs
3. Non-displaced stateless people (Rohingya make up almost all of this group of stateless people in Myanmar)
4. Other crisis-affected people with humanitarian needs

More details on these population groups are available in the methodology section in Annex 4.1.

The overall number of people in need, 19.9 million, is a modest increase from 2024 by 1.3 million or 7 per cent, but within that figure the categories of people in need have significantly shifted. The number of people in need who are IDPs is expected to rise from three million to four million, a drastic 33 per cent increase. This means that among the four population groups (IDPs, IDP returnees, non-displaced stateless people, and other crisis-affected people with humanitarian needs), many people in need who were previously in non-displaced categories are now displaced, leading to an increase in vulnerability and severity of need.

Due to the widespread escalation of the conflict since October 2023, the overall number of crisis-affected people with humanitarian needs has increased. The highest number of people displaced are in regions and states such as eastern Bago, Kachin, Kayin, Mandalay, Rakhine, Sagaing, and Tanintharyi.

Severity of needs

The main driver of the increase in needs severity is the escalation of conflict since October 2023 and the resulting destruction of regular services (such as health, education and communications) in the affected areas. There is a high number of townships in the highest category of needs severity (level 5, catastrophic) across many regions and states; including 14 in Sagaing, 5 in Kachin, 4 in Kayin, and 4 in Magway. The catastrophic need severity level signifies extreme conditions where urgent, life-saving assistance is required to prevent widespread suffering and it indicates a complete breakdown of essential services, with most of the affected population facing immediate, life-threatening risks. In Rakhine, 82 per cent of townships are in the catastrophic severity level, which is a 58 per cent increase from the previous year.

Based on the intersectoral needs severity analysis, all non-displaced stateless people are in the catastrophic severity level. A total of 63 per cent of IDPs and 39 per cent of IDP returnees are also in the catastrophic severity level. The sectors mostly driving the highest level of needs severity are Protection, Shelter (85 townships each), and WASH (17 townships).

Need severity slightly improved in select urban areas that are not significantly affected by the conflict, such as Ayeyarwady, Nay Pyi Taw, and Yangon.

Humanitarian outlook and risks

In the INFORM Risk for 2025, Myanmar ranks 11th out of 191 countries, with a “very high” risk classification driven by extremely high scores for hazards and conflict intensity. If the current trajectory is not reversed, the humanitarian situation in Myanmar is expected to remain extremely dire and further deteriorate in 2025.

Likely evolution of the humanitarian context during the planning period	
• Further **escalation and intensification** of conflict. More areas under **non-SAC control**. Worsening conditions and increased forced migration.	• Rising **displacement** rates and complex movement patterns, including cross-border displacement. Limited returns overall, with more significant returns in stabilized areas.
• **Fragmentation** will complicate access negotiations and delivery of aid. Increasing challenges for local actors. More NGOs are expected to be targeted.	• Continued deterioration in food security, with rising prices and limited access. Higher impact on vulnerable groups.
• Continued **economic decline** with increasing inflation and unemployment. Adoption of negative coping strategies likely to increase further.	• Escalating **protection risks and concerns**, especially in hard-to-reach conflict areas.
• Impact of **natural disasters and epidemics** likely to exacerbate during 2025 in absence of mitigation measures and erosion of communities' resilience.	• **Limited or modest development activities** expected; no return to pre-takeover levels.

Affected communities' priorities and preferences

A total of 28 focus group discussions were conducted across Myanmar between August and September 2024 to gather insights from affected populations. Among these, 54 per cent preferred cash assistance, emphasising its flexibility to meet urgent needs such as food, agricultural inputs, health, and education. However, challenges like inflation and limited market access reduced its effectiveness in some areas. Meanwhile, 17 per cent favoured in-kind assistance, particularly in regions facing inflation, transportation difficulties, and limited market access, such as parts of Magway and Rakhine. In these areas, communities stressed the importance of receiving essential items directly, such as food, agricultural inputs, shelter materials, and hygiene kits. Mixed preferences were highlighted in regions like Kachin and Kayin, where flexibility was crucial, but certain in-kind goods remained indispensable. The overall findings underscore the need for a flexible, tailored approach to humanitarian assistance that can address the specific needs of each region while ensuring that aid remains effective and inclusive.

1.3 PiN Breakdown

19.9M
People in need

Total population 57M

by cluster

Education	4.8M
Food Security	15.2M
Health	12.9M
Nutrition	3M
Protection	13.2M
Shelter/NFI/CCCM	5.1M
WASH	6.9M

by sex and age

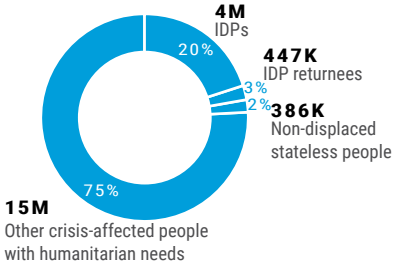
FEMALE

Children	Adults	Elderly
17%	52%	31%

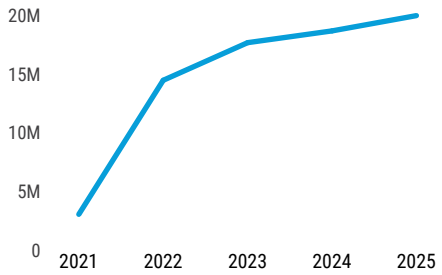
MALE

Children	Adults	Elderly
15%	48%	37%

by population group

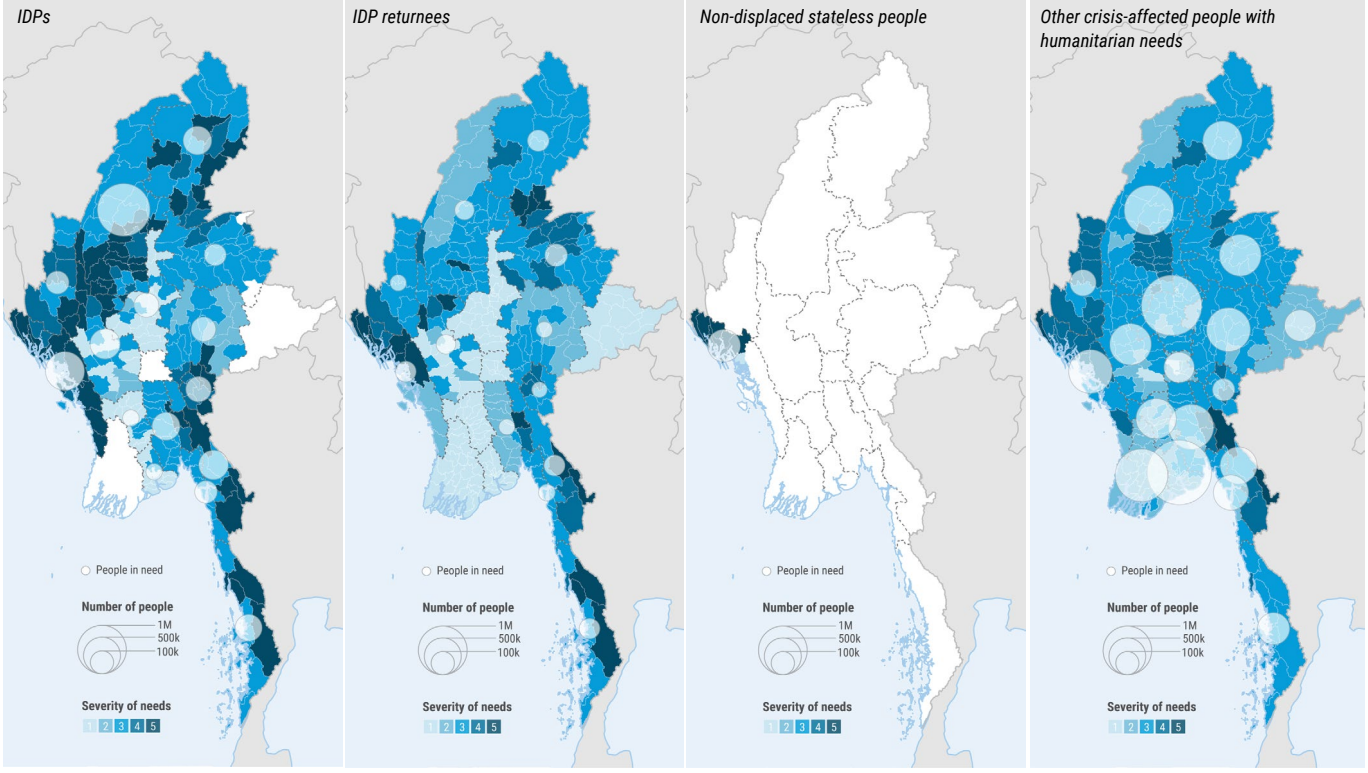


People in need trend

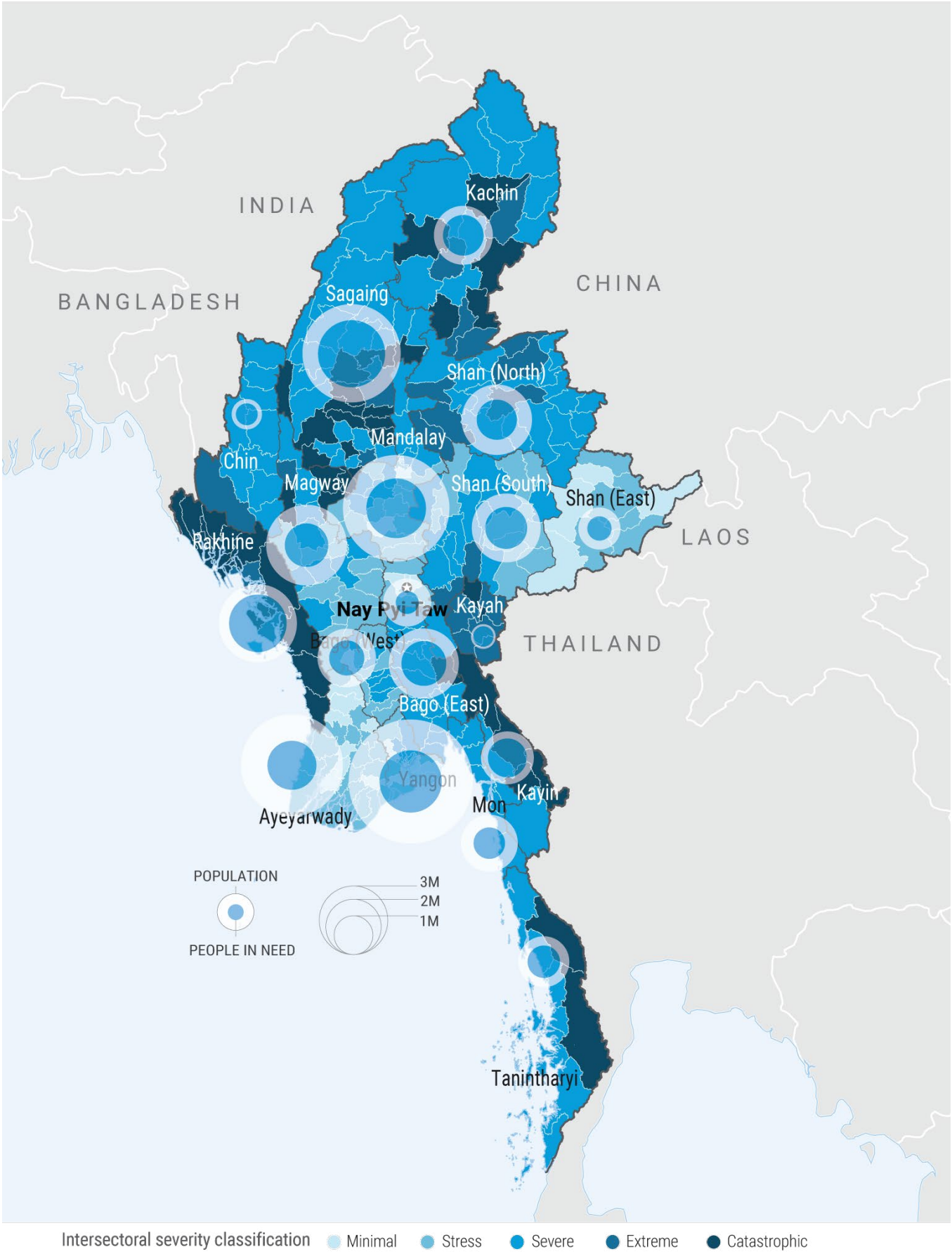


Inter-sectoral severity of needs and people in need

by population group



Inter-sectoral severity of needs and people in need



Part 2:
Humanitarian Response Plan

Explore more at humanitarianaction.info

SHAN
Distribution of child protection kits for IDP children at a temporary education center in southern Shan.
Credit: UNICEF/ Min Zayar Oo/2024

2.1 Humanitarian Response Strategy

US$1.1B
Required to support **5.5M people**

The deteriorating humanitarian situation in Myanmar and its increasing impact on civilians requires a comprehensive and strategic response to address the growing needs. This 2025 HNRP maintains a national scope to be able to address the country-wide impacts of the crisis and has prioritized 5.5 million people in need of emergency assistance, a slight increase from 5.3 million people targeted with assistance in 2024. The target has been driven by the severity of need, taking into account projected access, capacity, and funding. The response will only focus on life-saving interventions to address the most urgent needs, requiring a total of $1.1 billion to deliver this assistance in 2025.

The humanitarian planning process involved strong engagement with development actors on the UN Transitional Cooperation Framework (TCF) to ensure complementarity and avoid overlap. The TCF aims to join up humanitarian action with complementary community resilience and basic service activities by development actors to prevent more people from sliding into humanitarian need.

Centrality of protection

The commitment to the centrality of protection is clearly demonstrated by the adoption of the first strategic objective, which is entirely centred around protection. The aim is to ensure that protection remains a priority at both the strategic and operational responses of various clusters. By embedding protection considerations at every level, its critical importance in humanitarian efforts is reinforced and the necessity for collaboration among all stakeholders emphasized, to create a safer environment for vulnerable communities across Myanmar.

The humanitarian response will continue to be grounded in and driven by a collective protection risk analysis as a prerequisite for programming, advocacy, and dialogue with duty bearers for the purpose of influencing behaviours and policies to achieve protection outcomes.

By embedding accountability to affected people (AAP) and protection from sexual exploitation and abuse (PSEA) principles into all aspects of humanitarian programming, humanitarians will actively prevent and respond to incidents of exploitation and abuse, ensuring that the rights and dignity of affected individuals are upheld. This dual focus not only enhances the effectiveness of protection interventions but also builds trust and empowers affected populations, reinforcing our commitment to accountability in humanitarian action.

Localizing the response

Local organizations are the backbone of the Myanmar response, particularly in conflict-affected areas. Throughout 2024, there have been significant efforts to advance localization. The HCT is empowering local partners through the implementation of its Localization Strategy, which was endorsed in October 2023. Immediate priority actions include resourcing, growing local capacity, promoting equitable partnerships, enhancing participation and representation of local actors in coordination and decision-making fora, and improving humanitarian preparedness and response efforts. In support of these localization efforts, donors and intermediary agencies are increasingly recognizing the need to exercise maximum flexibility in funding modalities, from the initial recipient to the final implementing partner, and ensuring appropriate risk sharing and mitigation.

Delivering in hard-to-reach areas

As part of the response strategy, humanitarian partners will work to assist vulnerable populations in hard-to-reach areas through various response modalities. The 2025 HNRP aims to assist some 3.3

million people in the most severely restricted areas that are considered to have "extreme" constraints in the most recent access severity monitoring. For 2025, enhancing access to people in need within these hard-to-reach, conflict-affected regions is a key priority for the humanitarian community. Clusters are working to safely expand their operational reach, especially in areas with largescale displacement, while advocating for more comprehensive, regular, and predictable access. The pressing need for multi-sectoral assistance in these hard-to-reach areas calls for innovative and practical solutions to empower local partners to reach those who are most vulnerable with a full package of assistance wherever possible.

Further information on the response can be found in section 2.6 Accountable, Inclusive and Quality Programming

2.2 Response Boundary-Setting, Prioritization & Risk-Informed Action

Boundaries of the humanitarian response

In 2025, the HCT will reinforce its approach to prioritize life-saving activities based on severity of needs, taking into account the operational capacity of partners and the forecast on availability of funding. Each cluster defined quantifiable thresholds at township level and categories to inform its priorities – accounting for people's preferences – while ensuring that targeting remains realistic and feasible. New areas have been included to a limited extent, including Ayeyarwady, western Bago, Mandalay, and to a very limited extent Nay Pyi Taw and Yangon. Resilience, disaster risk reduction, most prevention and basic social services-type activities are not included in this response plan, and any potential overlap between planned activities and caseloads identified in the TCF has also been eliminated. As a result, and in spite of the increasing needs, the Myanmar HNRP restricted the target to include only 5.5 million of the most severely affected people, which constitutes a marginal target increase of 4 per cent compared to 2024.

Prioritization within the response

Prioritization has been conducted with severity of need as a primary driver, taking into account humanitarian access, operational capacity and funding outlook.

The 2025 HNRP places an increased focus on IDPs, returnees/resettled/integrated IDPs, and non-displaced stateless people and less focus on the "other crisis-affected people" category. There is also increased focus on hard-to-reach rural areas and those with the most severe needs, while being realistic about potential reach given access, capacity and funding constraints.

For detailed information on priority areas and interventions please see section Annex 4.2 What If We Fail to Mobilize Sufficient Humanitarian Funds?

Risk-Informed Planning

Myanmar is extremely susceptible to disasters. It is ranked 11th globally in terms of exposure to climate-related hazards and capacity to prepare for and respond to hazard events and disasters.[28] Armed conflict is the most critical scenario that is assessed as very likely in Myanmar,[29] whereas other hazards such as cyclones and floods are also considered to be highly likely scenarios leading to the displacement of people and other humanitarian consequences. Annual monsoon flooding continues to be the main driver of displacement in the context of climate change and related disasters.

The humanitarian community in Myanmar annually updates the inter-agency Emergency Response Preparedness Plan to reinforce its readiness to respond flexibly to a range of potential hazards. The Plan seeks to improve effectiveness of a humanitarian response by reducing both time and effort and to enhance predictability by establishing predefined roles, responsibilities, and coordination mechanisms.

In early 2024, the Myanmar Anticipatory Action Technical Core Group was established, which will serve as a collaborative technical platform under the Inter-Cluster Coordination Group (ICCG) to bring together the key agencies implementing anticipatory action on the ground. The Anticipatory Action Technical Core Group's mission is to reshape the humanitarian system by leading a shift from reacting to hazards to acting ahead of them. While interest and investments in anticipatory action have been rising to a limited extent, efforts now need to be made to scale up. In 2025, key actors will develop a country-wide anticipatory action framework to guide, standardize and seek funding for relevant activities ahead of future humanitarian crises.

For information on humanitarian-development collaboration, see section 4.3 What Are The Consequences For Humanitarian Needs If The Complementary UN TCF Strategic Priorities Are Not Financially Supported Or Fully Implemented?

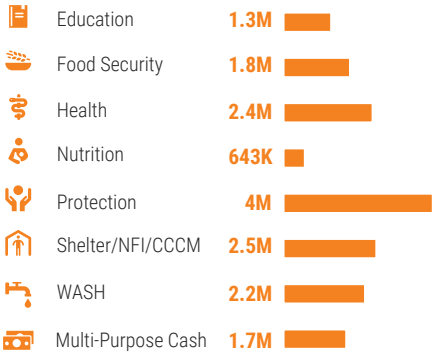
2.3 People Targeted Breakdown

5.5M
People targeted

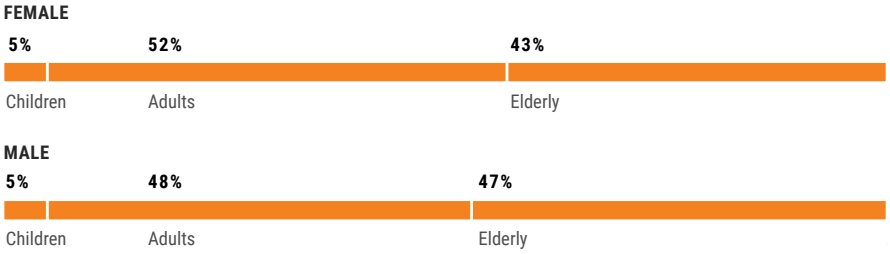
19.9M
People in need

People targeted breakdown

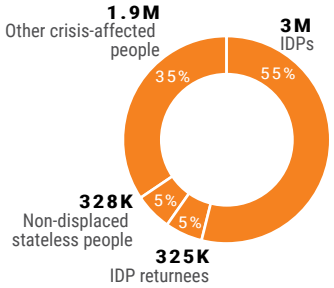
by cluster



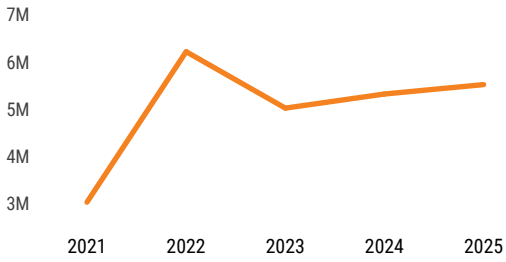
by sex and age



by population group



People targeted trend



People in need and people targeted

by sex and age

	WOMEN AND GIRLS	CHILDREN (0-18)	ADULTS (18-60)	ELDERLY (60+)	DISABILITIES
19.9M PEOPLE IN NEED	10.4M (52%)	6.3M (32%)	11.2M (56%)	2.4M (12%)	2.5M (13%)
5.5M PEOPLE TARGETED	2.9M (52%)	1.9M (34%)	3M (55%)	616K (11%)	722K (13%)

PiN and target breakdown

by population group

	IDPs	Returned/resettled/ locally integrated IDPs	Non-displaced stateless people	Other crisis-affected people
PEOPLE IN NEED	4M	447K	386K	15M
PEOPLE TARGETED	3M	325K	328K	1.9M

People in need and people targeted

by state and region

STATE/REGION	PEOPLE IN NEED	PEOPLE TARGETED	% OF PEOPLE TARGETED
Ayeyarwady	1.4M	72K	5%
Bago (East)	1.2M	310K	26%
Bago (West)	732K	41K	6%
Chin	282K	167K	59%
Kachin	985K	419K	43%
Kayah	246K	198K	80%
Kayin	901K	450K	50%
Magway	1.1M	424K	38%
Mandalay	2.1M	151K	7%
Mon	589K	199K	34%
Nay Pyi Taw	310K	16K	5%
Rakhine	2M	1M	51%
Sagaing	2.7M	1.3M	47%
Shan (East)	350K	52K	15%
Shan (North)	960K	195K	20%
Shan (South)	1M	185K	18%
Tanintharyi	627K	288K	46%
Yangon	2.3M	85K	4%

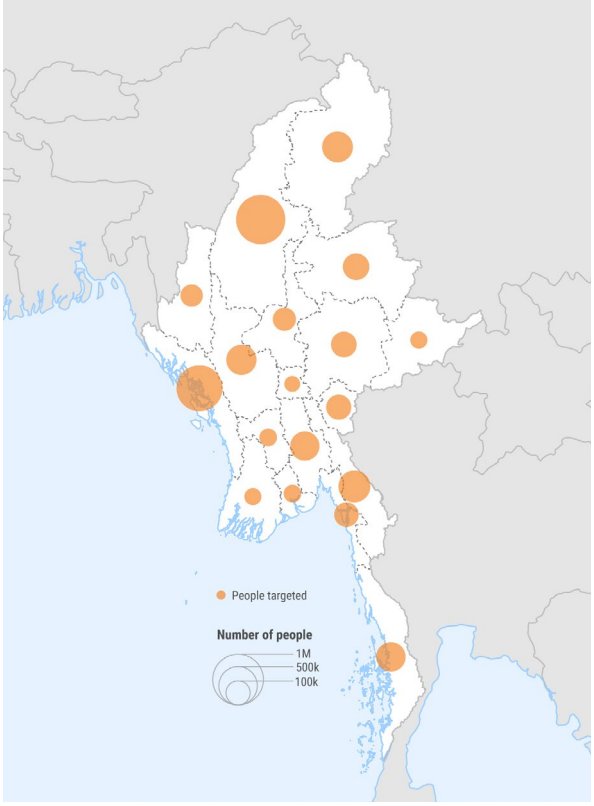
2.4 Strategic Objectives

Strategic objective 1

Protection risks and needs are identified, monitored, mitigated, and met for 4 million crisis-affected people and stateless 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.

4M
people targeted

2.1M | 443K | 523K

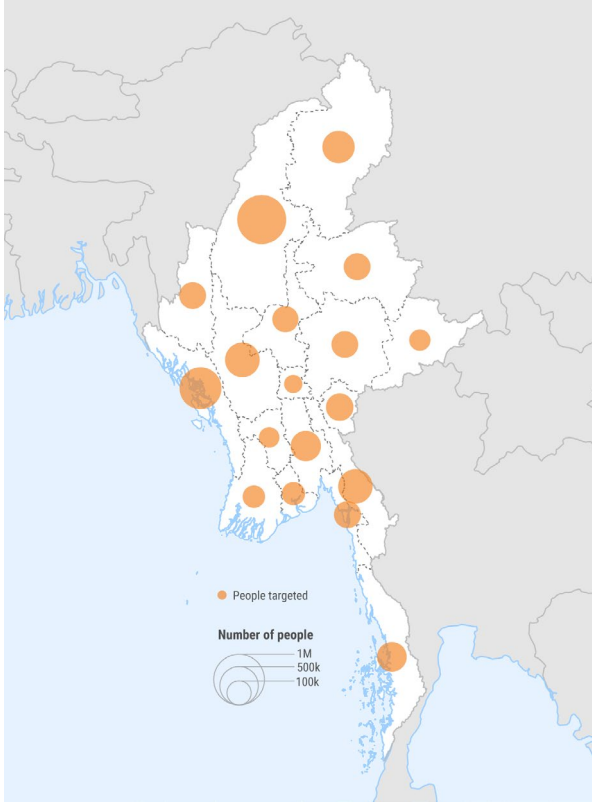


Strategic objective 2

Suffering, morbidity, and mortality are prevented or reduced among 4.7 million crisis-affected people through equitable, safe, and dignified access to timely, multisectoral, life-saving assistance, ensuring their well-being and preventing further deterioration of their humanitarian conditions.

4.7M
people targeted

2.4M | 513K | 606K



2.5 Planning Assumptions, Operational Capacity & Access, & Response Trends

Planning assumptions

While advocacy continues in the effort to end the conflict and violence, for planning purposes, the 2025 HNRP assumes a continuation of the prevailing situation throughout the next year, with the population remaining exposed to political instability, armed conflict, explosive ordnance including explosive remnants of war, landmines and improvised explosive devices, repeated displacement and disasters, in addition to weak economic conditions, poor access to markets and services, and limited livelihoods or income-generating opportunities.

Key planning assumptions include:

- The operational environment will remain dynamic and changeable, negatively impacting humanitarian needs, access, displacement and returns, and requiring flexible humanitarian response approaches with a heavy emphasis on local partners.
- Internal displacement (short- and long-term, as well as repeated displacement) will continue to increase, further exacerbating the humanitarian situation in Myanmar.
- Access will remain restricted in many parts of Myanmar, with challenges compounded by multiple bureaucratic requirements in different areas of control, as well as high intensity conflict.
- Protection risks will remain pervasive, including exposure to explosive ordnance, airstrikes, shelling, invasive searches and arbitrary detention, forced recruitment and labour, extortion, human trafficking, grave violations against children and continued increase of child protection concerns, gender-based violence (GBV) and other human rights violations, especially in hard-to-reach conflict areas. Vulnerable groups, including stateless Rohingya people and persons with disabilities, face elevated threats. Fear of persecution and attacks by parties to the conflict will remain pervasive and a key driver of ongoing displacement.
- People will have increasingly reduced coping capacity due to the multiple shocks and cumulative impacts of current and past crises. The economic situation, including soaring poverty, will continue to impact people's ability to meet their survival needs, including for food, safe drinking water, sanitation, and basic health needs. In addition, the weak health system will be challenged to deal with the devastating impact of disease outbreaks. In such contexts, the risk of sexual exploitation and abuse rises significantly, as vulnerable populations may find themselves in precarious situations where they are more susceptible to exploitation and abuse by those in positions of power or authority. Addressing these risks through effective PSEA measures is crucial to ensure that humanitarian responses do not inadvertently contribute to further harm.
- Greater effort will be needed to sustain international attention and draw adequate financial support to the protracted crisis in Myanmar, as new conflicts and crises continue to emerge around the world.

Operational capacity

Humanitarian actors in Myanmar continue to face a range of challenges to their operational capacity across all clusters, primarily pertaining to access, logistics, resources, and security. To stay and deliver in the difficult operating environment in 2025, the humanitarian community is employing a suite of response modalities to sustain an effective presence, prioritize critical programming, enhance advocacy, and expand partnerships particularly with local actors.

While the deteriorating security situation does have an impact on presence, humanitarian partners do have the steadfast ability to deliver if funding is available using more remote modalities, including cash response. The humanitarian response in remote and conflict-affected

areas continues to rely heavily on local responders. Networks of key local interlocutors are further boosting operational capacity in areas with limited access, such as community- and camp-based staff, focal points in displacement sites, as well as faith-based and other community networks.

More partners participated in cluster coordination efforts over the course of 2024 than ever before (286 organizations in 2024 compared to 242 in 2023).

Operational logistics will continue to be challenged by limited infrastructure and equipment, and pipeline arrangements, frequently resulting in shortages and stock-outs at the sub-national level. Administrative obstacles imposed on the import of adequate standard humanitarian supplies (such as for health and nutrition) from outside the country are affecting many clusters. For those supplies that can be imported or are being procured locally, challenges include physical roadblocks, confiscation of aid supplies, damage to key infrastructure by all parties to the conflict, and disasters. Frequent power cuts pose a threat to the shelf life and quality of medical supplies requiring uninterrupted cold-chain management, potentially harming patients instead of curing. This will be compounded by ongoing economic instability, which has raised the risk of contracts being invalidated due to dramatic inflation and associated currency devaluation during the course of agreements.

Operational partners
in 2025

Access

"Every day, people are dying from airstrikes, artillery, and landmines, and I have to do everything I can to protect my family."

– Humanitarian worker trapped in northern Rakhine.

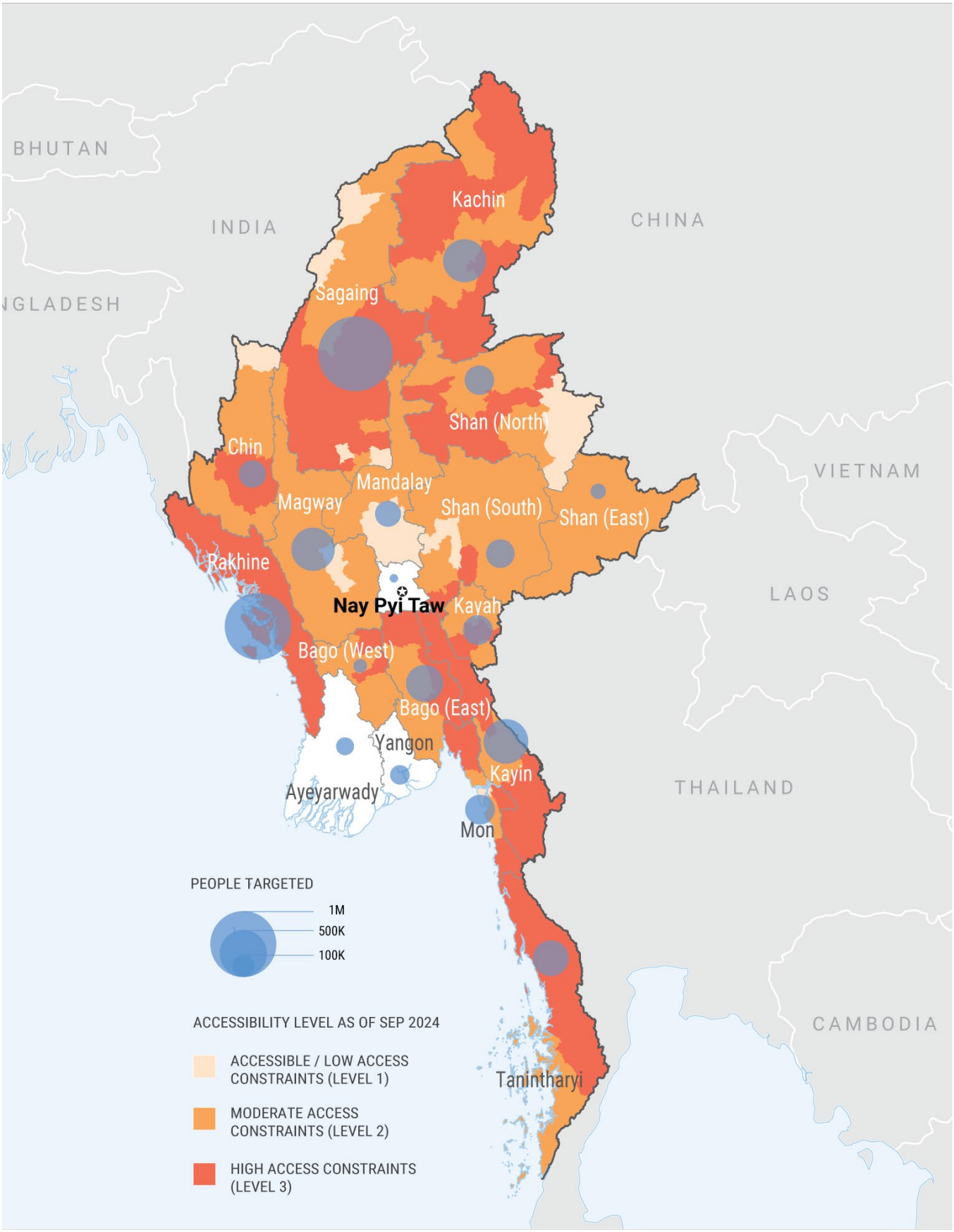
In 2024, Myanmar faced severe humanitarian access challenges due to ongoing armed conflicts, bureaucratic obstacles, and targeted violence against humanitarian personnel and infrastructure. Access severity monitoring in September 2024 revealed that out of 251 assessed townships, 93 (approximately 37 per cent) experienced extreme access difficulties (level 3), underscoring widespread access issues throughout Myanmar. The Southeast, Sagaing (in the Northwest), Rakhine, and Kachin (in the Northeast) constituted nearly 95 per cent of these severely restricted areas. Sagaing had the highest number of affected townships at 25, followed by Kachin with 12.

From 1 November 2023 to 31 October 2024, humanitarian organizations reported over 1,475 access-related incidents—a 15 per cent increase from the previous year. Movement restrictions at checkpoints, along with harassment, intimidation, and extortion, significantly delayed or blocked humanitarian operations. Active conflicts in the Northwest, Northeast, Southeast, and Rakhine State not only hindered humanitarian efforts but also prevented civilians from safely accessing necessary aid. Rakhine recorded the highest rate of incidents at 19 per cent, followed by Sagaing at 15 per cent, northern Shan at 12 per cent, and both Kayin and Mon at 8 per cent.

The majority of incidents (63 per cent of cases) were caused by military operations and active fighting between the MAF, ethnic armed organizations, and People's Defence Forces (PDFs), which frequently delayed aid deliveries due to the use of heavy weaponry, airstrikes, and unexpected roadblocks. Due

Humanitarian access severity overview

by township (October 2024)



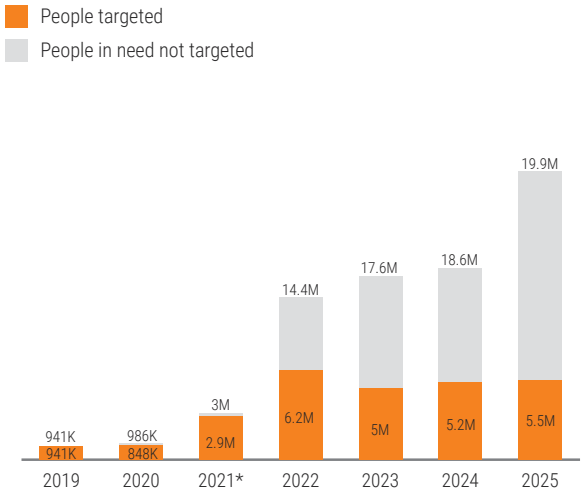
to the armed conflict in Chin, Magway, Mon, Rakhine, and northern Shan, many humanitarian partners in these areas had to relocate personnel or suspend/ reprogramme operations, severely affecting essential services, including healthcare and food distribution. Additionally, bureaucratic and administrative barriers such as complex travel authorizations, registration processes, and visa issues accounted for 20 per cent of access incidents, significantly complicating humanitarian work.

In Rakhine State, which had the highest number of reported access incidents, humanitarian and early recovery activities were severely affected by travel authorization denials, ongoing hostilities and safety and security risks. Since November 2023, Sittwe is the only township accessible with a travel authorization from the State de facto authorities, while access to the townships controlled by the Arakan Army is limited. Phone and internet connections have been severed since January 2024, further impeding access to crucial safety and assistance information, complicating coordination efforts. The restriction on cargo transport from Yangon to Sittwe and blockage of roads and waterways from Sittwe to the other townships has resulted in food shortages and supply difficulties across the state.

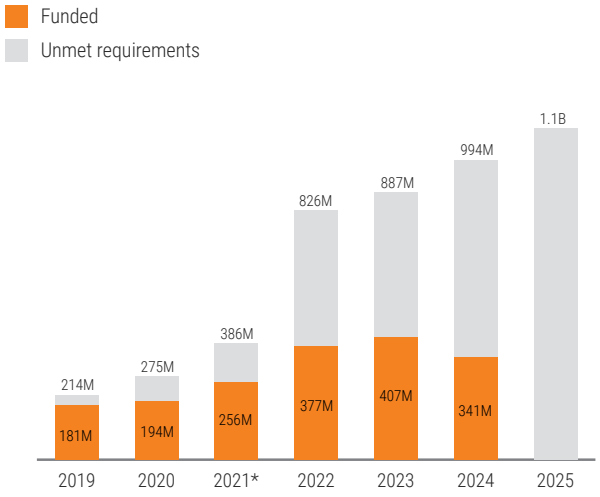
Response trends

Humanitarians are working to deliver a complementary, life-saving humanitarian operation via a range of modalities, addressing needs through diverse and flexible access approaches in partnership with local

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
2019	941K	941K	214M	181M	85%
2020	986K	848K	275M	194M	71%
2021*	3M	2.9M	386M	256M	66%
2022	14.4M	6.2M	826M	377M	46%
2023	17.6M	5M	887M	407M	46%
2024	18.6M	5.3M	994M	341M	34%
2025	19.9M	5.5M	1.1B		

* For 2021, these figures represent the combinted totals of the Humanitarian Response Plan and Interim Emergency Response Plan.

actors. Humanitarians are trying all viable avenues to deliver assistance and alleviate the suffering of affected people, recognizing that there are some areas of need that are easier for certain actors to reach than others – especially at-scale. Those who are in-country are 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 working closely with those who are delivering assistance through remote modalities.

Heavy access constraints, significant underfunding, bureaucratic obstacles, and attacks on aid workers and assets continue to undermine these efforts and, as a result, the response is not as deep or as sustained in conflict areas as intended. Funding shortfalls have left enormous gaps in the response. Despite worsening needs, as of 6 December 2024 Myanmar has received significantly less funding in 2024 ($341 million) than throughout the entire year of 2023 ($407 million).

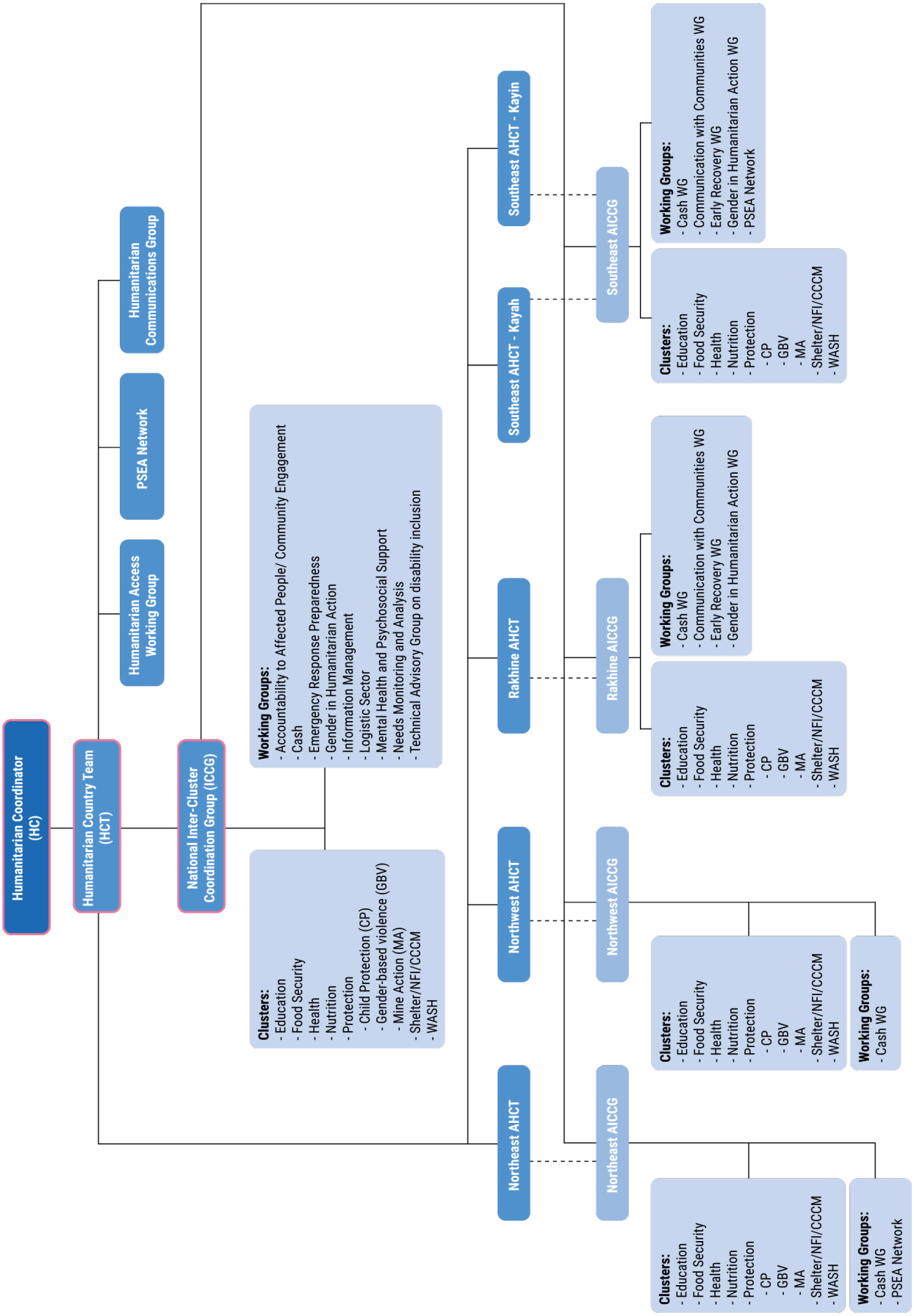
Politicization of humanitarian assistance by all sides is making field operations much harder and is risking the safety of aid workers assisting people in need. Humanitarian workers in Myanmar must be allowed to do their jobs free from restrictions and harassment, in line with all the protections afforded to them under international humanitarian law. In line with global practice, the humanitarian community continues to talk with all conflict parties to facilitate access for the delivery of assistance to vulnerable people in need and to advocate for their protection.

Coordination structure

In 2023 a revision of the humanitarian coordination architecture was carried out to adapt to the evolving operating context. Within four geographical zones (see map), a decentralized coordination structure was implemented with more inclusive and aligned Area HCTs and Area ICCGs. As part of the localization effort, national NGOs were nominated as co-chairs of all five Area HCTs. One year on in this revision, gradual progress has been made to decentralize the response. Increased emphasis on the regional hubs has supported localization efforts. At the time of publication, all clusters (except Logistics) remain activated countrywide.

Humanitarian coordination zones and hubs

Myanmar Humanitarian Coordination Architecture



2.6 Accountable, Inclusive & Quality Programming

Accountability to affected people

In 2025 inter-agency AAP will be further strengthened in Myanmar by building on key advances made in 2024. To collectively handle and analyse community perceptions, feedback and complaints, the Community Voices Platform was initiated in 2024 to aggregate feedback to influence decision-making in the HCT, in the effort to lead to response adjustment and course correction. To further advance communication between communities and humanitarian actors in 2025, plans are in place to form an inter-agency feedback mechanism on the basis of the Community Voices Platform, pending funds being secured. The AAP/Community Engagement (CE) Working Group, composed of diverse local, national and international organizations, will work together to raise affected people's awareness about their rights and how to exercise them by using community-based organizations as a means to communicate essential information. Structured efforts will be undertaken to map and analyse information flows in the country, alongside an assessment on the barriers and opportunities for greater collaboration between key stakeholders in Myanmar. The group will also further expand online AAP training using a dedicated module on misinformation management.

Disability inclusion

In 2024, significant developments were made towards disability responsive programming under the guidance of the Technical Advisory Group (TAG) on Disability Inclusion. Nearly half of the TAG members are from local organizations of persons with disabilities (OPDs), and since April the TAG has been co-chaired by a local OPD and international NGO. In 2024, the TAG worked closely with the Myanmar Humanitarian Fund to mobilize funding for disability mainstreaming and participated in designing the Allocation Strategy.

For the 2025 HNRP, consultations were held with 35 representatives from 21 OPDs, encompassing a diverse range of disabilities. These consultations were conducted in local language and utilized sign language interpretation. This allowed participants to share experiences and identify key priorities. The TAG also collaborated with the Needs Monitoring and Analysis Working Group to improve the disability-disaggregated data collection for the MSNA to further strengthen the HNRP.

In 2025, the TAG will collaborate with the ICCG on the following priorities:

- Empowerment: Support local OPDs to reach those most in need and provide platforms for coordination and advocacy.
- Advocacy: Strengthen coordinated messaging with cluster partners, donors and external stakeholders.
- Technical support: Provide guidance to humanitarian actors, the Myanmar Humanitarian Fund, clusters and the HCT on disability integration into mainstream response.

Gender

Within the humanitarian and protection crisis in Myanmar, widespread abuses affect women, men, girls and boys differently, with women suffering the most due to pre-existing structural gender and social inequalities, discrimination, and patterns of GBV. Women and girls constitute 10.4 million of the estimated 19.9 million people in need in Myanmar in 2025. Escalating violence has led to new displacement, disrupted access to essential services, especially health care for pregnant and lactating women, and limited livelihood opportunities for both men and women, pushing people towards negative coping mechanisms. The expanding conflict has heightened concerns about GBV, livelihoods, human trafficking and illegal migration among young women and men, as well as unsafe movement of young girls and women seeking refuge to safer locations.

Severe diarrhoea and cholera outbreaks, compounded by recurrent flooding, have disproportionately affected women, girls, people with disabilities, and stateless populations. These crises exacerbate vulnerabilities by displacing communities, reducing their access to sanitation and health care, and increasing risks of GBV and sexual abuse and exploitation in overcrowded or unsafe living conditions. Local organizations, especially women-led civil society organizations, have demonstrated resilience by finding innovative ways to assist the unreached and deliver despite their limited capacity, safety risks and funding constraints.

The Gender in Humanitarian Action Working Group is a coordination platform to promote the integration of gender considerations and gendered technical expertise in humanitarian action across the humanitarian response areas of operation and foster greater coordination and consideration of gender through humanitarian action mechanisms. In 2025, it will continue to ensure and advocate for the humanitarian commitments on gender equality and the empowerment of women and girls through strengthened localization. The 2025 HNRP will also contribute to the implementation of the HCT Gender Commitments in Myanmar.

Protection mainstreaming

Humanitarian partners remain fully dedicated to mainstreaming protection across the entire humanitarian response in Myanmar. Through the incorporation of protection principles into aid delivery, humanitarian actors in Myanmar can ensure that their activities target the most vulnerable, and enhance their safety and dignity, and to not contribute to or perpetuate discrimination, abuse, violence, neglect, and exploitation.

The Protection Cluster, together with the areas of responsibilities (AoRs), will ensure that protection remains central to the humanitarian response in Myanmar as articulated in the Protection Cluster strategy. The Protection Cluster and partners will ensure that other clusters are provided with the necessary support to ensure meaningful access, safety, and dignity in humanitarian services. The Cluster will invest in enhancing protection mainstreaming including through developing tools and providing trainings to protection and non-protection partners across clusters. All initiatives will espouse the key principles, including to prioritize safety and dignity, avoid causing harm, contribute to meaningful access, promote accountability and encourage participation and empowerment.

Protection from sexual exploitation and abuse

Myanmar is a high-risk country for sexual exploitation and abuse,[30] primarily due to the ongoing humanitarian crisis, with large numbers of vulnerable people in close proximity to armed actors and in need of aid. In response to the alarming risks, a PSEA programme was initiated in Myanmar in 2019 with the establishment of a PSEA Inter-Agency Network that works to address the needs of affected communities. The Network operates at both national and sub-national levels and is comprised of UN agencies, international NGOs and local NGOs.

PSEA Network members are actively conducting PSEA training and awareness-raising efforts, with plans to further mainstream PSEA across clusters, AoRs and thematic working groups. The Network's 2024 Action Plan included an inter-agency sexual exploitation and abuse risk assessment to inform the PSEA Strategy and the Action Plan for 2025-2026. Additionally, planning is in place to train selected personnel from international NGOs and local organizations on sexual exploitation and abuse internal administrative investigations in late 2024. To strengthen PSEA efforts in 2025, securing funding is critical to conduct sexual exploitation and abuse risk assessment follow-up workshops, build the capacity of the aid community, raise PSEA awareness among vulnerable populations to ensure safe and accessible channels to report sexual exploitation and abuse, and recruit a national PSEA Coordinator.

In 2025, the HCT in Myanmar will work towards the integration and institutionalization of PSEA into humanitarian agencies' emergency response. This commitment will encompass critical areas such as allocation of funding specifically for PSEA dedicated staff, sexual exploitation and abuse prevention, risk mitigation and response measures, and monitoring on progress.

2.7 Cost of the Response

As in past years, unit- or activity-based costing has been used for the 2025 Myanmar HNRP, with each cluster determining an average per-person cost for each of its activities to be factored against the number of people targeted for humanitarian assistance.

As in the 2024 HNRP, each cluster added 5 to 7 per cent on top of its activity costs as a dedicated component for enabling the adequate resourcing of protection mainstreaming. Furthermore, an additional loading was added to enable the efforts of the humanitarian community in Myanmar to meet its commitments under the HCT Localization Strategy. For 2025, the HNRP cluster activity costs also integrate for the first time another 5 per cent to support risk sharing and duty of care for local partners.

A further $11 million has also been incorporated in the cluster costings to equitably cover the core operating costs of the revised Myanmar coordination architecture, including expanded local presence through, inter alia, sub-national coordinators and information management staff. These coordination requirements appear in the individual cluster costs, not coordination and common services.

A key consideration in the costing of the HNRP is the continuing deterioration of the economic situation in Myanmar, particularly the sharp inflation in the prices of basic goods and fuel, and the devaluation of the Myanmar kyat. While inflation is affecting the availability and costs of transport and procuring goods and services in local markets, the weakening of the local currency is applying similar cost pressures to international procurement. In both cases, the unpredictability undermines the ability of clusters to precisely forecast the budgets required to meet the cost of the response. To accommodate this, each cluster applied inflation projections to their costings based on their specific operating, procurement and logistics processes and requirements, with rates ranging up to 30 per cent.

Cluster-specific costing methodologies can be found in the cluster pages in Part 3.

Average cost-per-person assisted (US$)

CLUSTER	2023	2024	2025
Education	65	69	71
Food Security	91	128	147
Health	46	48	51
Nutrition	81	94	100
Protection	59	54	42
Shelter/NFI/CCCM	92	111	76
WASH	69	63	67
Multi-Purpose Cash			44
OVERALL	170	186	206

2.8 Multi-Purpose Cash Section and Cash & Voucher Assistance Overview

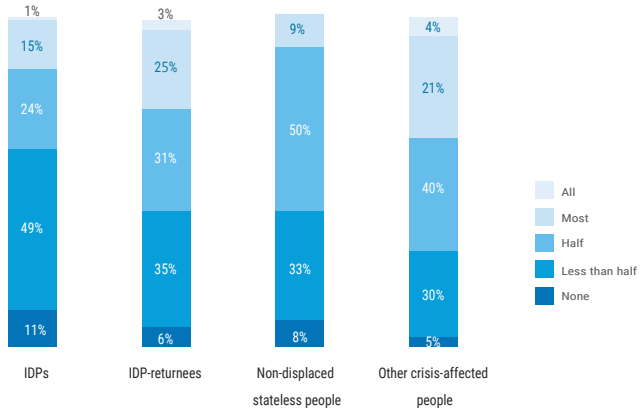
"We have lost everything including the houses, barns, and grains...we are jobless and there is no opportunity for daily income. We will use the cash for our healthcare."

- Civilian whose home was burned during armed conflict in Chin.

Since 2021, cash and voucher assistance and multi-purpose cash have become tangible ways to reach the expanding number of vulnerable people with low funding. Programming cash for basic needs has allowed for cost savings while maintaining tight monitoring and minimizing the likelihood of theft by reducing points of contact in the delivery process and ensuring direct delivery to the affected people.

% of assessed households that reported being able to meet their basic needs financially

(as defined and prioritized by the households)

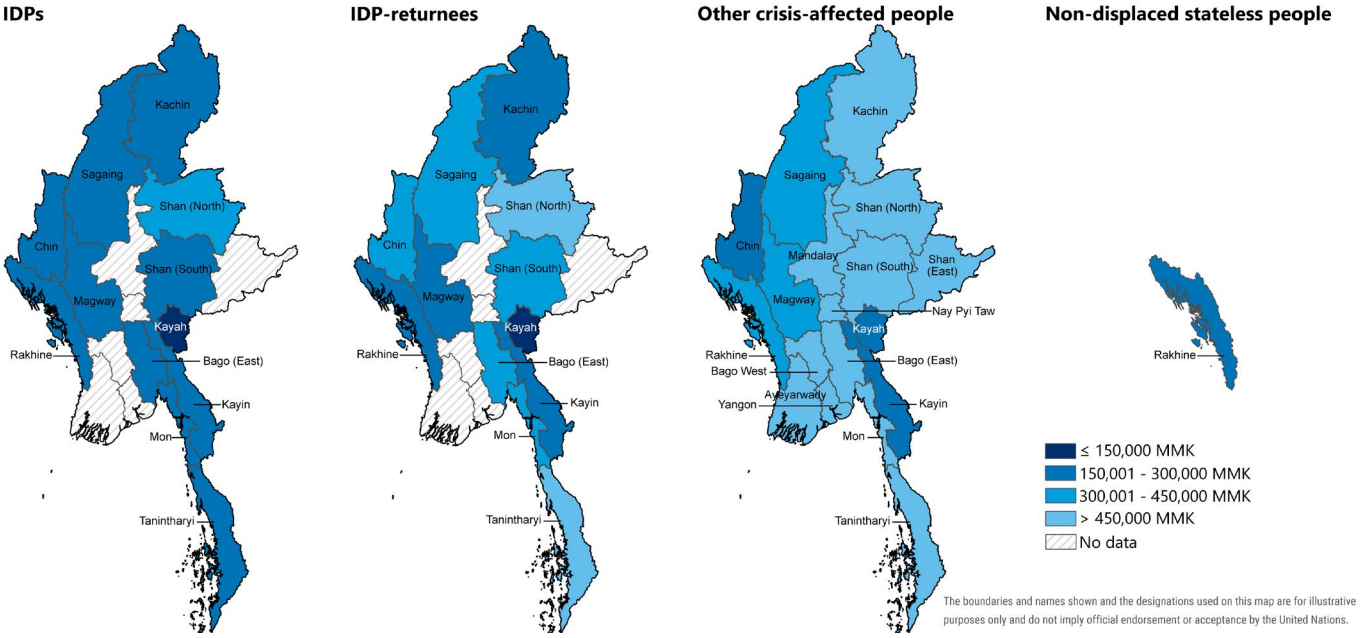


Source: MSNA

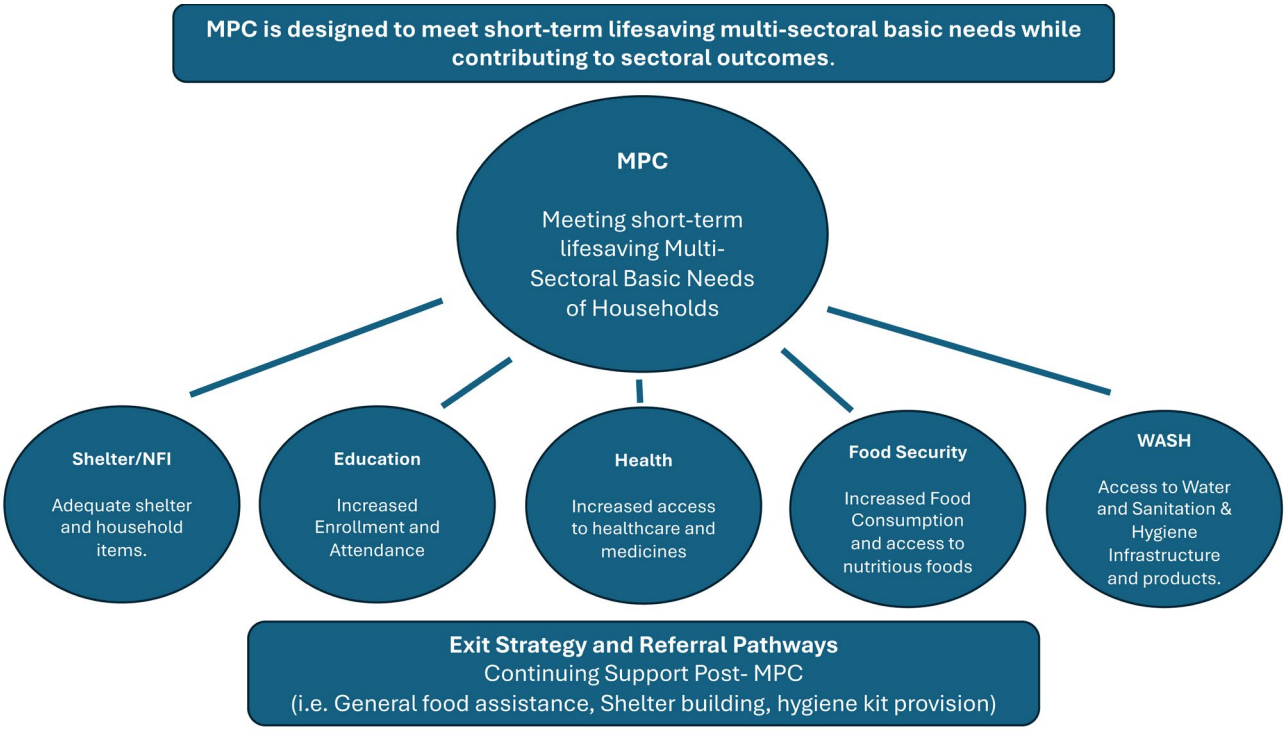
Needs

Most of the households assessed in 2024 faced challenges in meeting all or most of their basic needs despite reporting robust market access. In many parts of the country households report a median monthly income of up to 300,000 Myanmar kyat ($93) to support an average of four people, which calculates at about $0.70 per person per day, placing them alarmingly below the absolute poverty line of $2.15 per person per day. As the conflict and disasters continue to affect more people, basic needs are expected to grow in 2025.

Median reported direct monthly income in Myanmar kyat
by region and population group



Myanmar MPC strategic framework



Response

The Cash and Markets Working Group recommends the use of multi-purpose cash. Apart from securing people's dignity and choice, it allows for flexibility in the ever-changing environment, portability for people on the move and cost savings, as it is cost effective to respond to multiple needs at once. Sectoral cash and voucher assistance also has significant benefits for the above reasons and is reflective of people's preferences. In 2024, the Cash and Markets Working Group issued an updated Minimum Expenditure Basket (MEB) and a multi-purpose cash guidance note to help partners deliver quality cash programming safely and responsibly.

Monitoring

Global evidence shows that cash assistance is not riskier than other forms of aid and can often be monitored more effectively. Risks in humanitarian programmes are context- rather than modality-specific. Cash assistance is systematically observed through post-distribution monitoring allowing for a consistent flow of information about its use and utility. Research shows that cash transfers are more likely to reach intended recipients than other forms of aid because fewer intermediaries are used in the process.

2.9 Monitoring

The overall monitoring of the humanitarian response in 2025 will be based on the nationwide targets, objectives and indicators set by clusters and agreed to by the HCT in this HNRP. 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 2025 HNRP, the quarterly reporting cycle will be maintained. A concise dashboard on interim progress will be published for each quarter. 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. All clusters use the online inter-cluster reporting tool ActivityInfo to facilitate simplified, secure, and fully aligned reporting, reducing the administrative burden of operational partners and encouraging increased reporting across the operation. In addition to reach, IDP projections will also be monitored throughout the year with the possibility of an HNRP revision should the numbers significantly diverge from the planning assumptions.

Monthly humanitarian updates with inputs from clusters will be issued once a quarter highlighting nationwide needs, response, gaps, and constraints. Flash updates will be utilized to highlight sudden changes in humanitarian need and context as required. Public websites, including ReliefWeb and the Myanmar Information Management Unit (MIMU) website, will be utilized to disseminate various information products to a wider audience.

The 2025 HNRP monitoring framework has been designed to track and monitor cluster response activities delivered to those directly impacted by conflict and disasters, and to monitor activities benefiting other crisis-affected people who have humanitarian needs due to the wide deterioration in the situation. There are indicators monitoring the incidence of and response to the increased protection concerns of civilians resulting from conflict, including through the promotion of international humanitarian law and international human rights law. The ICCG plans to conduct a fourth annual MSNA in 2025, which will allow clusters to track trends and the impact of their interventions with a national lens over time. Additionally, Areas of Concern assessments will be conducted with different geographic focus areas to provide information on smaller areas that are particularly affected by shocks, and to make results available shortly after data collection.

The HNRP 2025 Monitoring Framework can be accessed at: https://humanitarianaction.info/plan/1275/logframe

Humanitarian programme cycle timeline

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Humanitarian Needs and Response Plan												●
Monitoring Plan												●
Dashboard		●			●			●			●	
Humanitarian Action		●			●			●			●	
Humanitarian Update	●	●	●	●	●	●	●	●	●	●	●	●
Humanitarian Funding	●	●	●	●	●	●	●	●	●	●	●	●

Part 3:
Cluster Response Plan

Explore more at humanitarianaction.info

KAYAH
A mother and daughter who have been displaced since 2021 carry food rations provided during an in-kind distribution in Kayah. Credit: Partner/2024

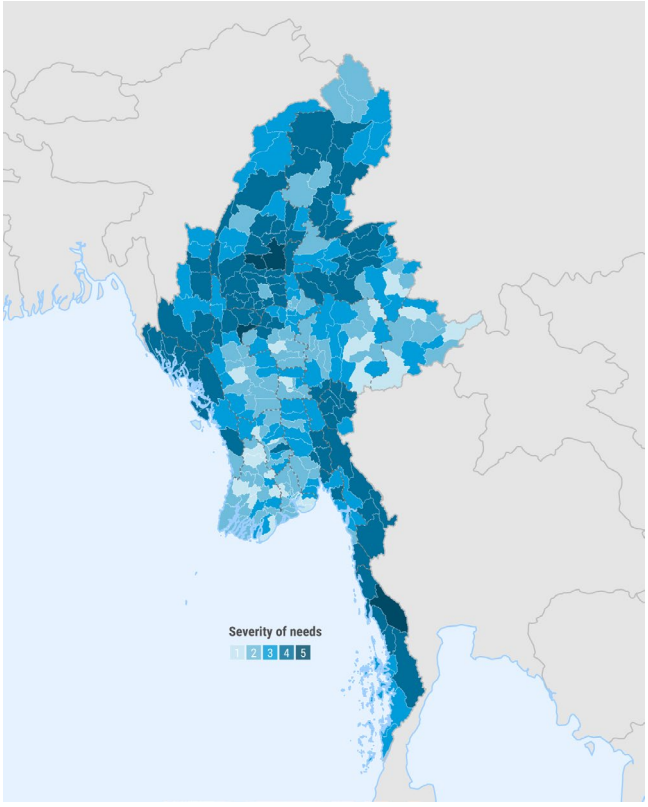
3.1 Education

"I am so happy having the opportunity to join this programme, learning mathematics and reading with my friends."

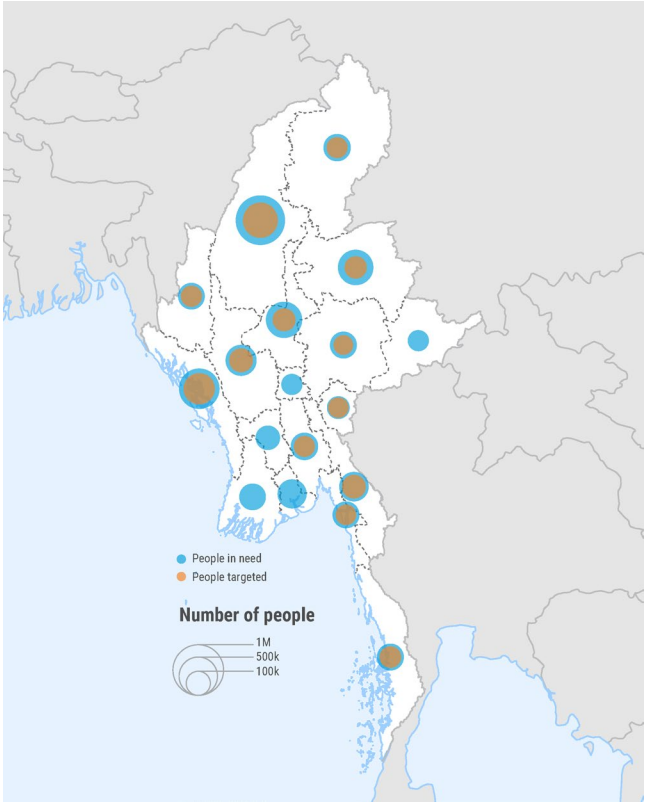
– A 13-year-old girl attending a non-formal education centre in Rakhine.

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS
4.8M	1.3M	96M	95

Sectoral severity of needs
by township (in 2025)



Sectoral people in need and people targeted
by state/region (in 2025)



Needs

Increasingly, more boys and girls across Myanmar are failing to safely gain access to learning opportunities within their communities. This is largely related to a mix of disasters and escalating conflict across the country, leading to increased displacement and reduced safety, including deliberate attacks on education. Conflict, resulting displacement and economic collapse have increasingly had a negative impact on people's sources of livelihoods, worsening vulnerabilities and further limiting the economic means to afford costs associated with children's learning. A persistent lack of teachers and the unsafe learning environment have also exacerbated the situation. Children and youth have been increasingly exposed to more protection risks such as child marriage, sexual exploitation and abuse, child labour and human trafficking. While the situation varies across the different population groups, the overall situation is

deeply concerning with more than half of the children (579,000) of IDPs, returnees and stateless people not accessing formal education. About 44 per cent or an estimated 43,000 school-aged children from the non-displaced stateless category have no access to any form of education, significantly worse than those in other population groups (17 per cent among other crisis-affected people with humanitarian needs, 20 per cent among returnees and 26 per cent among IDPs).

The lack of access to education for children also varies across the different regions and states, with a strong correlation between conflict and its resulting displacement and rates of education access. More than 80 per cent of IDP and returnee children in Sagaing do not access education due to increased conflict and displacement as well as various access constraints. Sagaing accounts for 23 per cent of the total people in need of education support, followed by Rakhine (13 per cent) and northern Shan (9 per cent). These three areas have a common denominator – increased conflict and displacement.

Response

Among the 4.8 million people in need of education support, 1.3 million people (or 28 per cent) are targeted for assistance in 2025. This includes nearly 628,000 boys, more than 687,000 girls and almost 164,000 children with disabilities, which collectively represent 98 per cent of the target. Adults (educators, school administrators, etc.) represent 2 per cent of the target (almost 14,000 men and more than 15,000 women). The main determinants of the targeting were vulnerability of specific population groups, conflict and displacement dynamics, access and operational capacity. One hundred per cent of all people in need in the three most vulnerable categories (IDPs, returnees, non-displaced stateless persons) have been targeted. This accounts for 74 per cent of the total cluster target – an increase from 51 per cent in the 2024 HNRP. Varying proportions of host communities have also been targeted based on conflict and displacement trends. Assistance will be delivered through a mix of in-kind and cash and voucher programmes, conditional on market functionality and political/conflict dynamics in various parts of the country. To continue to increase the scale of assistance, the Cluster will build upon the already established localization efforts, including onboarding and supporting more local partners to lead the response, especially in locations with complicated access. The Cluster will continue collaboration with other clusters and areas of responsibility. This includes child protection actors to ensure children are safe through effective referral mechanisms and explosive ordnance risk education, and WASH partners for better hygiene practices and increased awareness of AWD, among others.

Monitoring

The Cluster will use the Activity Info platform first introduced in the course of 2023 to track and report progress of the cluster response on a quarterly basis. Activity Info orientation sessions for partners' reporting focal points will be conducted prior to every reporting period and when there is a change in partner focal point. More frequent sessions will be organized for local partners to also capture child protection concerns within the education response. Every quarter, response data will be collected and dashboards created to generate visualization of the response. Data showing reach versus needs/gaps will guide partners' targeting decisions. Data collection and storage is undertaken with the security of partners in mind. The dashboards will be available to all cluster partners on the cluster website and MIMU website

Education Cluster Strategy for Myanmar:
https://reliefweb.int/report/myanmar/myanmar-education-cluster-strategy-2024

Education Cluster at a glance:
https://reliefweb.int/node/4117972

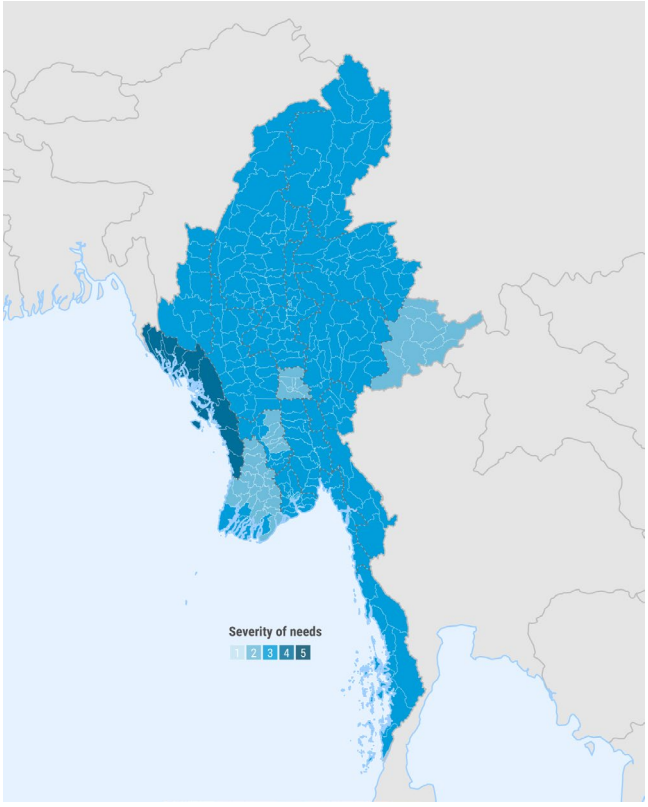
3.2 Food Security

"Before, my family could only afford one meal a day at midday. Now, thanks to food assistance, my grandchildren can eat three meals a day like others."

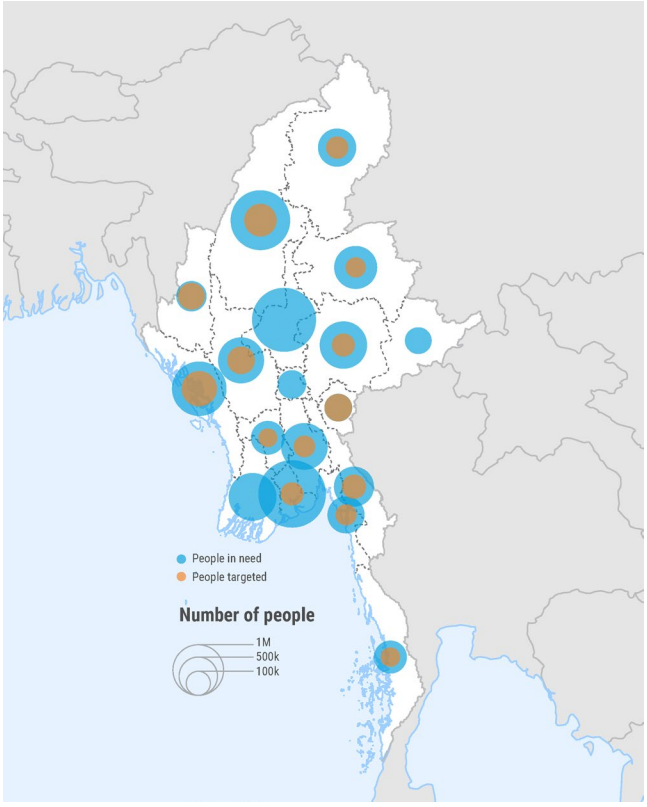
– A displaced grandmother caring for four young grandchildren in Sagaing.

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS
15.2M	1.8M	263M	97

Sectoral severity of needs
by township (in 2025)



Sectoral people in need and people targeted
by state/region (in 2025)



Needs

The food security crisis in Myanmar has reached unprecedented levels, with 15.2 million people facing acute food insecurity driven by escalating conflict, economic collapse and recurring disasters. The September 2024 Food Security & Nutrition Analysis highlighted significant populations in Phase 4 (Emergency),[31] particularly in Chin, Kachin, Rakhine, and Sagaing. In total, 2.3 million people are classified as Phase 4, including IDPs, returnees, and stateless persons, though being displaced significantly increases the risk of being food insecure (4 per cent of non-IDPs versus 12 per cent of IDPs). The combined impact of violence and disasters, including extensive flooding in 2024 resulted in massive losses of food and seed stocks, productive assets, and animals. This severely disrupted food systems, agricultural production and livelihoods. Market disruptions have led to soaring food and inputs prices, while agricultural

communities struggle to access farming inputs and land. The September 2024 Food Security & Nutrition Analysis also highlights that many households have to rely on crisis and emergency coping mechanisms (an average of more than 30 per cent), combined with low consumption of nutrient dense foods, especially among rural and conflict-affected households.

Response

The Cluster targets a total of 1.8 million people with emergency food assistance, life-saving food production assistance, and strengthened coordination and localization. A total of 1.6 million people in areas highly affected by conflict and disasters are targeted for emergency food assistance. This component prioritizes improving vulnerable households' physical and economic access to food. It uses a mixed modality of in-kind distributions and cash-based transfers, depending on market functionality and beneficiary preferences. The response emphasizes integrated programming with the Nutrition Cluster to harmonize food security and nutrition assistance. A minimum of three months of assistance is planned for all population groups, except for IDPs on-the-move, who will receive context-specific support. Life-saving food production assistance targets 400,000 people (200,000 will benefit from both types of assistance), focusing on protecting and improving food production capacity while promoting environmentally sustainable practices. The response will prioritize the urgent provision of agriculture and livestock inputs combined with training in climate-smart agriculture. Special attention will be given to IDPs, returnees, and stateless people to strengthen the impact of the response and decrease reliance on emergency coping strategies and in parallel reduce acute malnutrition among children and women.

The Cluster operates through one national and four sub-national coordination hubs, with increased emphasis on local NGO co-leadership as part of efforts to strengthen coordination and localization. The Cluster promotes quality programming through comprehensive accountability protocols, including feedback mechanisms that incorporate PSEA reporting and monitoring of gender, age, and disability inclusion. Regular partner orientation and coordination meetings, conducted in collaboration with the Protection Cluster and AAP/CE Working Group, ensure a consistent application of protection mainstreaming principles across the sector response.

Monitoring

Most output level indicators will be monitored through quarterly 5Ws collected by partners across operational areas, complemented by regular market monitoring. Cross-cutting indicators covering GBV, child protection, and accountability to affected people will be monitored through coordination and collaboration with respective clusters/AoRs to track progress of the response and its impact. Complaint and feedback mechanisms enable continuous engagement with affected populations, ensuring their voices inform programme adjustments.

Food Security Cluster Strategy for Myanmar:
https://fscluster.org/myanmar/document/fsc-myanmar-national-strategic-plan-2024

Food Security Cluster at a glance:
https://reliefweb.int/node/4117975

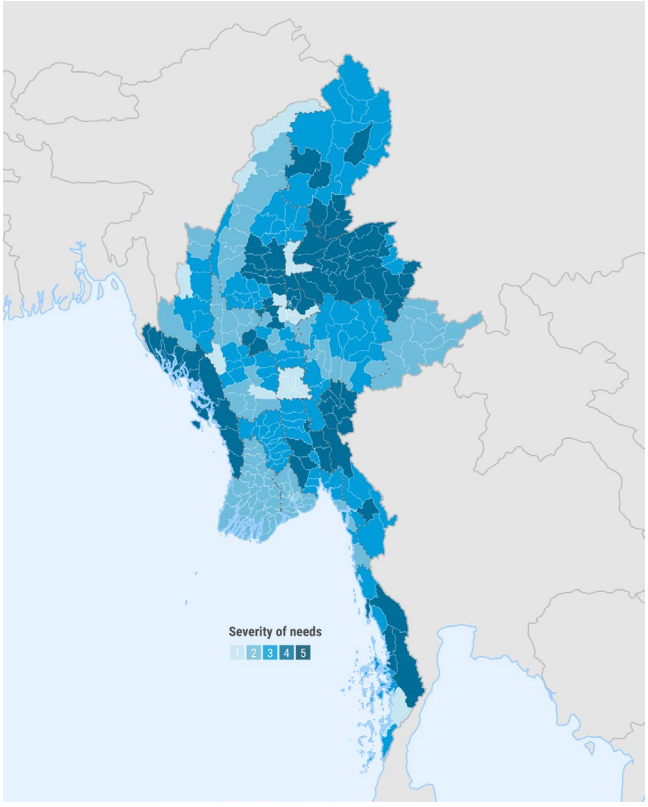
3.3 Health

"Since the mobile clinic started coming, I feel like we're not forgotten. My husband got help for his back pain, and my children got treated for fever and coughing right here in the camp."

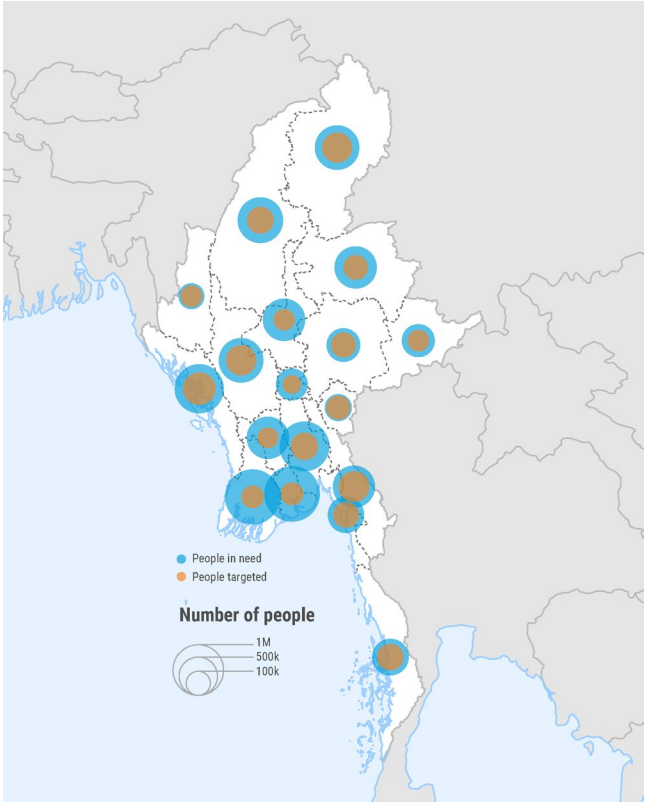
– *Woman in an IDP camp in Kachin State.*

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS
12.9M	2.4M	123M	66

Sectoral severity of needs
by township (in 2025)



Sectoral people in need and people targeted
by state/region (in 2025)



Needs

A total of 12.9 million people will need humanitarian health interventions in 2025. Urgent humanitarian health needs in Myanmar are driven by the lack of access to basic health care as a result of damage and destruction of health facilities; direct attacks on health centres, health workers, patients and ambulances; logistical challenges in securing life-saving medical supplies; and the lack of trained health workers. Women, children, the elderly, persons with disabilities, and those with mental health needs are disproportionately affected, facing heightened risks and barriers to accessing care. Additionally, large-scale displacement, unsafe drinking water, inadequate sanitation, and the interruption of routine health programmes are significantly increasing the risk of disease outbreaks. The most severe health needs have been identified in Rakhine, followed by Sagaing,

Kachin, Kayah, Tanintharyi, eastern Bago and northern Shan. An outbreak of AWD/cholera that started in July 2024 has been lingering in the country's largest city, Yangon, expanding to Mandalay, Mon, and Rakhine. Due to the ongoing shortage of malaria supplies, malaria cases are resurging in several regions and states of Myanmar. Dengue remains a major public health concern, affecting an increasing number of people, mostly children under 15 years of age. The risk of measles outbreaks is high, especially in IDP camps. Vaccination coverage for childhood illnesses is persistently low. An estimated 1.5 million children under-five have missed basic vaccinations since 2018, posing a serious threat to the risk of measles and diphtheria outbreaks and possible re-emergence of polio. Widespread displacement caused by armed conflict, climatic disasters, and ethnic tensions has put IDPs and migrant populations at increased risk of public health threats due to overcrowding, poor overall living standards, and limited health care infrastructure.

Response

Based on severe underfunding, 2.4 million people will be targeted for humanitarian health interventions in 2025. The majority are crisis-affected people with humanitarian needs (57 per cent), followed by IDPs (34 per cent), non-displaced stateless people in Rakhine (5 per cent), and returned, resettled and locally integrated IDPs (4 per cent). The Health Cluster will deliver the same life-saving health interventions as in 2024: basic health care (including sexual and reproductive health, family planning, and emergency obstetric care) through mobile clinics, static health facilities and teleconsultations; prevention of disease outbreaks through routine and catch-up vaccination campaigns targeting 1.5 million children, including 150,000 living in hard-to-reach areas; referrals for specialized care; mental health and psychosocial support (MHPSS); and the prepositioning of essential medical supplies, including for malaria. Other areas include training of health workers, provision and adaptation of technical guidance on specific health programmes and data collection for surveillance of infectious diseases. The Cluster will tailor its response interventions to the specific health needs of each state. Efforts are ongoing to develop a Myanmar Health Cluster Localization Strategy. Where feasible, the Health Cluster will engage in intersectoral programming, in particular with the Nutrition and WASH clusters. The Health Cluster works closely together with the Protection Cluster, and the Child Protection, GBV and Mine Action AoRs to mobilize the relevant resources to cover the specific health needs arising from protection issues, such as physical rehabilitation and GBV interventions. In addition, the Cluster will focus on the strengthening of health management information including disease surveillance and vaccination data.

Monitoring

In 2024, the Cluster observed significant underreporting by health partners, resulting in a disproportionally low number of people being reported as reached with assistance. In 2025, the Cluster will strengthen its reporting mechanism through training health partners and establishing an open feedback system with health partners aimed at improving and facilitating reporting. Similarly, the Cluster hopes to expand the number of partners reporting to the Early Warning and Alert Response System, which monitors potential disease outbreaks. The Cluster works through a network of sub-national health cluster coordinators and information management officers, who play a crucial role in data collection, mapping and monitoring.

Health Cluster Strategy for Myanmar:
https://reliefweb.int/report/myanmar/myanmar-health-cluster-strategy-2025-2026-draft

Health Cluster at a glance:
https://reliefweb.int/node/4117973

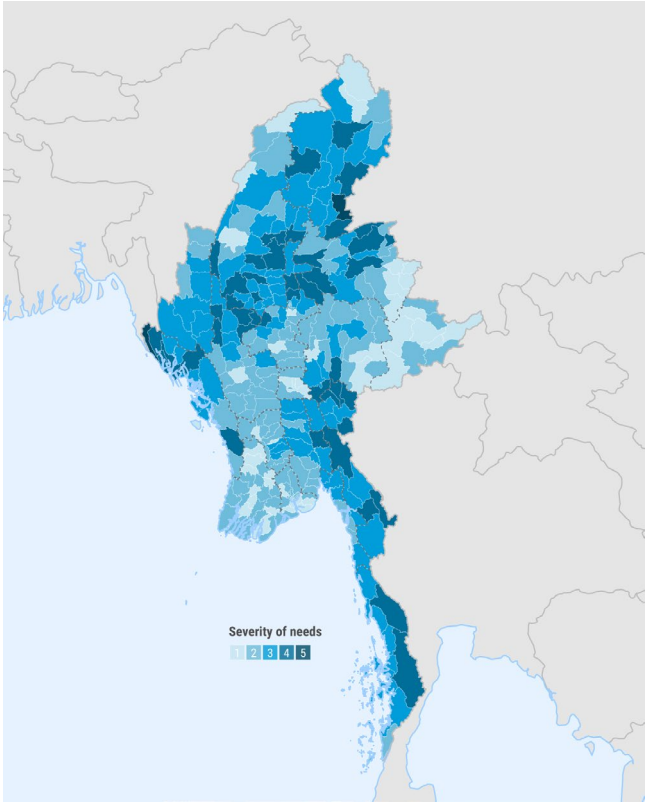
3.4 Nutrition

"Now my daughter is healthier, and her arm measurements have improved, thanks to the micronutrient powder I received. I feel relieved knowing I'm doing the right thing for her nutrition."

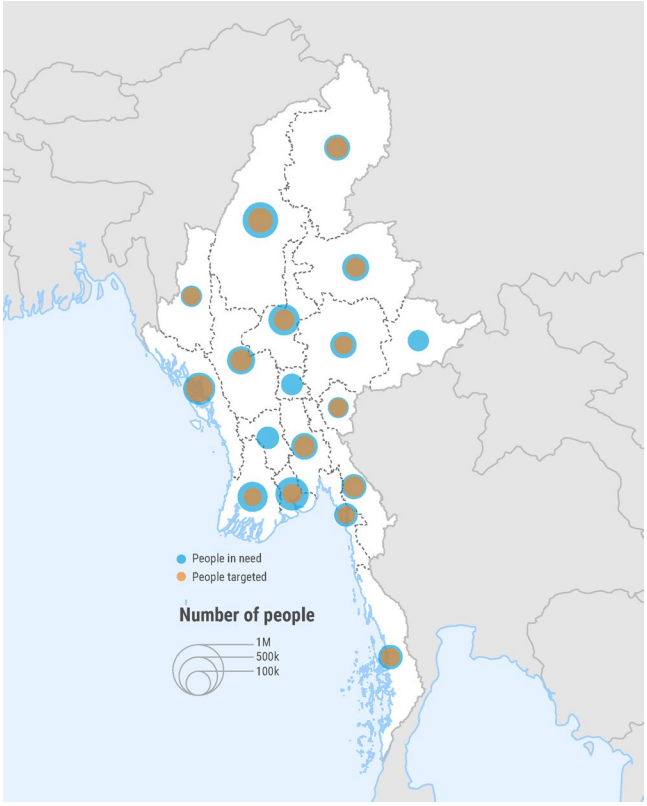
– A farmer and mother of four in Magway.

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS
3.0M	643K	64M	44

Sectoral severity of needs
by township (in 2025)



Sectoral people in need and people targeted
by state/region (in 2025)



Needs

In 2025 it is projected that 2 million children below five years of age and 1 million pregnant and lactating women (PLW) will need nutritional support. Among these, close to 94,000 children are at risk of dying from preventable causes if they do not receive life-saving therapeutic feeding for severe acute malnutrition (SAM). More than 446,000 children with moderate acute malnutrition (MAM) will be at increased risk of dying if targeted supplementary feeding programmes are not delivered. The immediate drivers of humanitarian needs in nutrition are inadequate diets and poor care practices, worsened by unsafe water, sanitation and hygiene, and a dysfunctional health delivery system. This is exacerbated by factors ranging from food insecurity, conflict and displacement. As was the case in 2024, the highest

needs are in the Northwest, followed by Rakhine, the Southeast, Northeast, and Central regions. Access and transportation are the major constraints for essential service delivery to the vulnerable communities.

Response

The Nutrition Cluster is targeting over 643,000 people in severity level 3 or worse for nutritional support in 2025. Life-saving treatment of children below five years will target over 33,000 children. Additionally, over 99,000 and nearly 52,000 moderately malnourished children below five years and PLW will be targeted respectively. More than 423,000 children will receive micronutrient powder (MNP) supplementation and over 171,000 children will be reached with blanket supplementary feeding programmes. Close to 166,000 children will receive vitamin A supplementation. Over 200,000 PLW will be supported through micronutrient supplementation, more than 220,000 primary caregivers of children through infant and young child feeding in emergencies counselling, and over 80,000 PLW through blanket supplementary feeding programmes. The Cluster will expand response modalities through cash and voucher assistance for families of over 102,000 children affected by acute malnutrition and PLW. A combination of existing health service facilities, temporary health service delivery platforms, and faith-based mobile clinic centres will be the bedrock of service provision platforms for displaced persons and communities. Screening and referral of children and women will be undertaken in the community and treatment of SAM/MAM without complications will be done using the national guidelines at designated community-based centres.

The Cluster is expanding access to hard-to-reach areas through a mix of community-led access modalities, principled negotiations to inaccessible areas and border-based assistance depending on developments with neighbouring countries. Safe spaces for breastfeeding as well as infant and young child feeding messaging for caregivers will be used to integrate other programmes, e.g. explosive ordnance risk education through multiple interventions targeting the same people and geographic location while strengthening intersectoral collaboration. The Nutrition and WASH clusters will work closely with the AWD Technical Working Group through orientation sessions on AWD prevention delivered at infant and young child feeding in emergencies messaging platforms. A dashboard will be used to track progress on localization efforts in the nutrition response.

Monitoring

The response will be monitored through the monthly nutrition information system based on a 3W, as well as Activity Info, contingent upon internet access. The submitted data is cleaned, validated, analysed and integrated into dashboards that are shared through partners' email and placed on the MIMU Nutrition Dashboard. The Assessment and Information Management Technical Working Group will review these reports on a quarterly basis and partners will be supported through the Integrated Management of Acute Malnutrition/ Infant and Young Child Feeding Technical Working Group. Based on the collection of bi-annual 4W data, infographics and maps will be produced about partners' presence, gaps, and other response elements to better understand the situation and advocate for increased support. Regular capacity building on data collection tools is conducted for monitoring and evaluation focal points of partners.

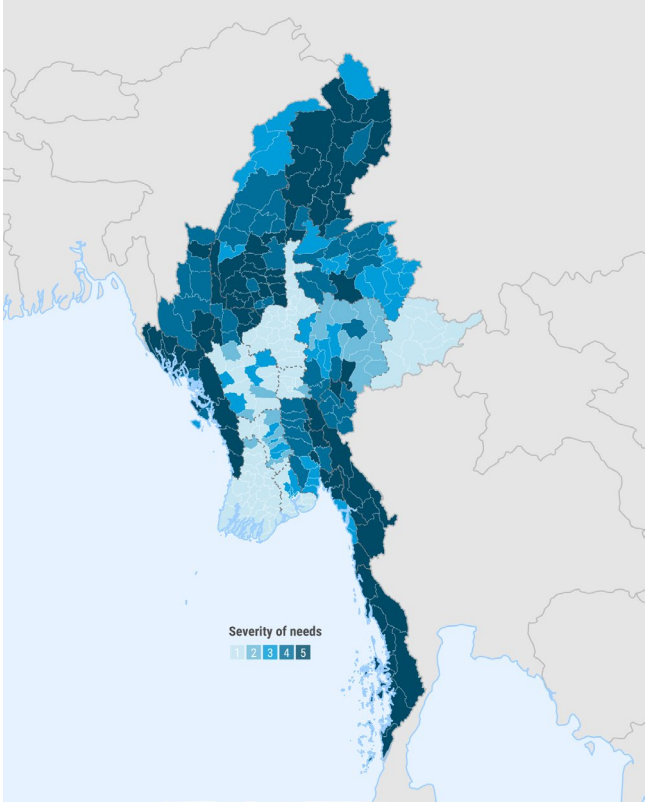
Nutrition Cluster Strategy for Myanmar:
https://reliefweb.int/report/myanmar/myanmar-nutrition-cluster-strategic-plan-2022-2025

Nutrition Cluster at a glance:
https://reliefweb.int/node/4117974

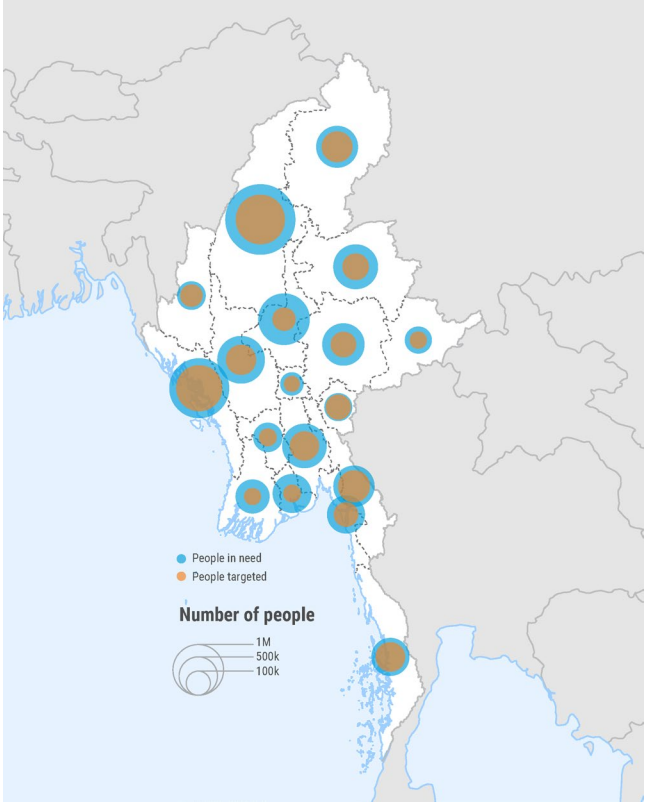
3.5 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS
13.2M	4.0M	168M	120

Sectoral severity of needs
by township (in 2025)



Sectoral people in need and people targeted
by state/region (in 2025)



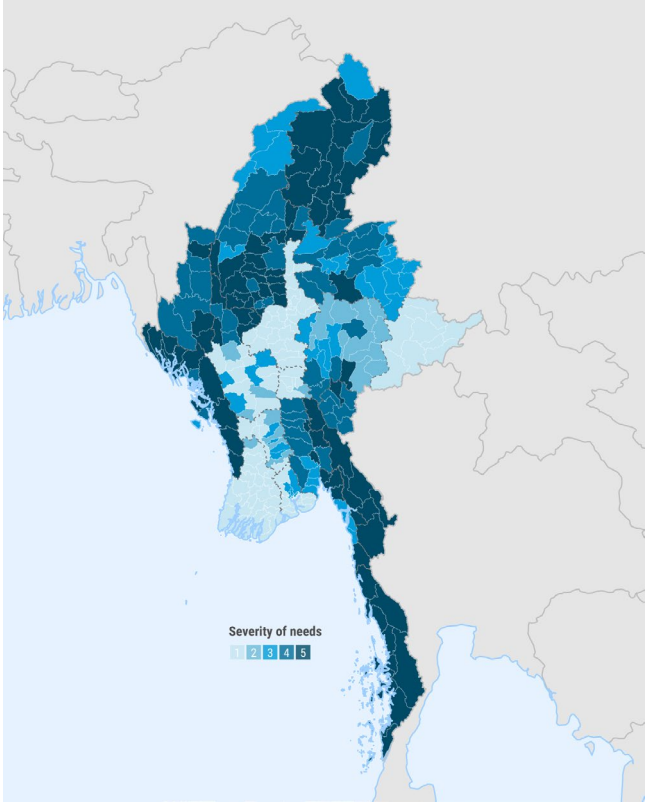
General Protection

"It's as if we've come out of a world war, and some of my relatives are unrecognizable to me."

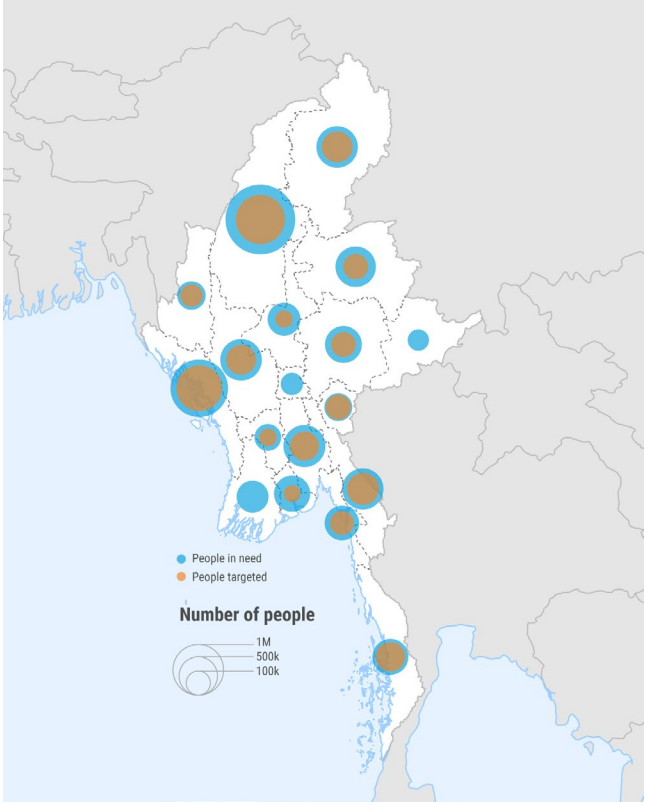
– Displaced woman in Rakhine.

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
10.7M	3.8M	84M

Severity of needs
by township (in 2025)



People in need and people targeted
by state/region (in 2025)



Needs

Civilians face direct threats from military actions, including indiscriminate attacks, airstrikes, forced recruitment, arbitrary detention, GBV, as well as injuries and fatalities related to landmines and explosive ordnance proliferation. Between January and September 2024, partners documented more than 3,200 protection-related incidents and nearly 5,900 human rights violations. This affected more than 194,900 people, 39 per cent of them children. The reported incidents took place mainly in Rakhine, Shan, Sagaing, Kachin, Magway, and Kayin. The degradation in service provision is increasing risk levels particularly for persons with specific needs including women, children, elderly and persons with disabilities, forcing more people to rely on harmful coping strategies. Armed clashes, including airstrikes, indiscriminate

shelling, and landmine explosions, have created an urgent need for MHPSS for children and families including a critical demand for explosive ordnance risk education, prevention, and response services, especially for children facing family separation in conflict-affected areas.

The stateless Rohingya population in Rakhine continues to face severe threats and hardships, characterized by recurring violence and renewed displacement. Close to 248,000 Rohingya are now confined to camps, with some 106,000 newly displaced since February 2021, and between 12,000 and 20,000 Rohingyas fleeing across the border to Bangladesh. Their security situation remains precarious and living conditions continue to deteriorate with no prospects for a secure return in the foreseeable future.

Response

The Cluster, in conjunction with its AoRs including child protection, GBV, and mine action will implement a multilayered strategy aimed at safeguarding fundamental rights and reinstating the dignity, safety and psychological wellbeing of impacted populations. In the face of escalating vulnerabilities in Myanmar, the Cluster will prioritize the provision of targeted and specialized protection support to some 4 million people exposed to heightened protection risks. Displaced communities throughout Myanmar, along with stateless Rohingya populations in Rakhine, will remain a priority due to their heightened vulnerability and unstable living conditions. Affected communities will also require legal aid to secure civil documentation, enabling them to access nationality, freedom of movement, and residency while facing displacement. The Cluster will expand the rollout of MHPSS across all AoRs to address the deep psychological impacts of the ongoing crisis, providing essential pathways for recovery and resilience. The Cluster will continue to strengthen the assessment of protection needs, monitoring, incident reporting, and joint protection analysis among protection actors to improve the effectiveness of its interventions and ensure a coordinated response with the centrality of protection serving as a foundational element for programming, advocacy, and dialogue with duty bearers. Advocacy, mainstreaming, and localization efforts will be intensified through strategic capacity-building initiatives.

The Cluster will maintain sustained engagement with frontline partners in conflict-affected hard-to-reach areas to ensure their active involvement in protection leadership, information sharing, and risk identification. It will advocate for improved access to resources, empowering local actors, enhancing information exchange, and strengthening their capacity to address protection challenges effectively.

Monitoring

In 2025, the Cluster will enhance and optimize access to primary data for situation monitoring, protection incident reporting, and response monitoring through the implementation of the 5W framework. By integrating AAP principles, humanitarian organizations can enhance the quality and impact of their assistance, ensuring the availability of accessible channels for affected communities to provide feedback for organizations to assess the relevance and effectiveness of their interventions. This feedback informs real-time adjustments to programmes, ensuring they meet the evolving needs of the affected population.

Protection Cluster Strategy for Myanmar:
https://reliefweb.int/report/myanmar/myanmar-protection-cluster-strategy-2024-2025

Protection Cluster at a glance:
https://reliefweb.int/node/4117978

Explore more at humanitarianaction.info

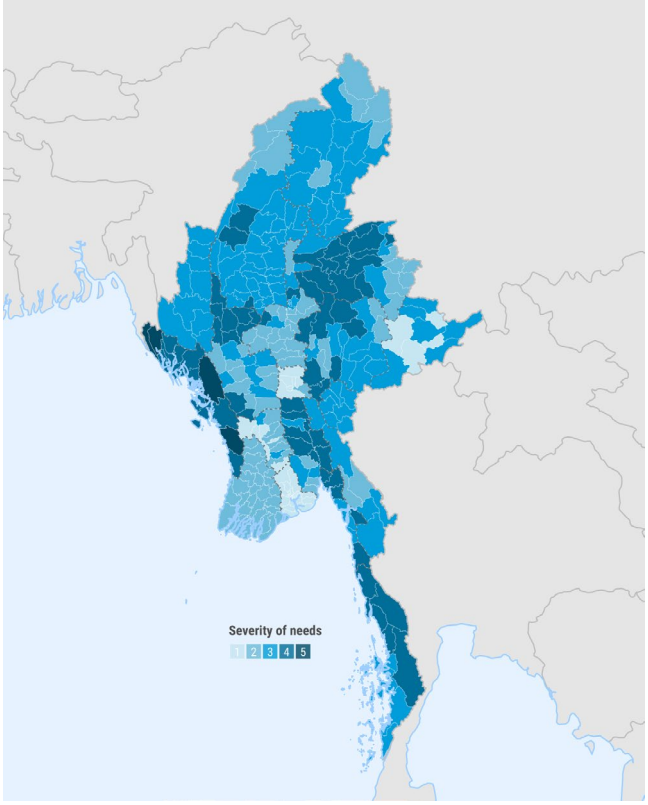
Child Protection Area of Responsibility

"I am worried that children who work outside the village will never come back"

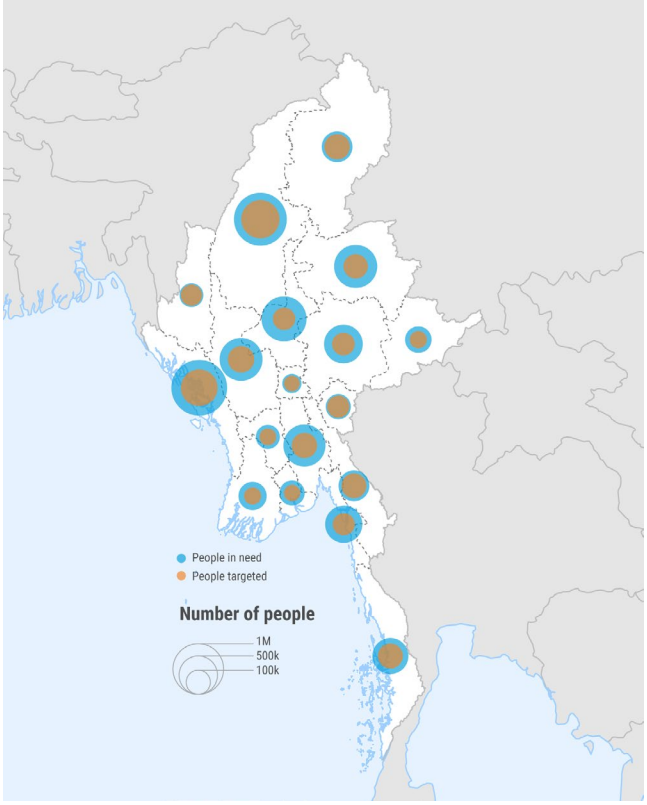
– Adolescent Muslim girl in Rakhine.

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
8.8M	2.2M	36M

Severity of needs
by township (in 2025)



People in need and people targeted
by state/region (in 2025)



Needs

Children are uniquely and disproportionately affected by persistent conflict, displacement, and socioeconomic instability in Myanmar. The conflict has severely weakened the protective environment for children, with parents/caregivers increasingly overburdened and schools impacted by militarization and repeated attacks. Current child protection risks identified through the Child Protection Case Management Information Management System Plus and partner reports include explosive ordnance, recruitment and use by armed forces and groups, sexual exploitation and abuse, physical and emotional maltreatment, trafficking, forced displacement, and family separation. The highest reported incidents were psychosocial distress and psychological violence followed by physical abuse and neglect

(the latter affecting primarily younger children). Child labour and child marriage are typically underreported and significantly affect girls and boys, particularly displaced children. As found in the 2024 MSNA, roughly 30 per cent of families were aware of children getting married before the age of 18. Further details on child protection risks and geographic nuances can be found in the CP AoR Child Protection 2024-2025 Strategy.

Response

The CP AoR will target 2.2 million people with critical child protection services, including 1.4 million children and more than 762,000 adults who are providing direct care to children. High-risk areas and vulnerable groups, including unaccompanied and separated children, children with disabilities, and adolescent girls, are prioritized, whilst also recognizing adolescent boys are at increased risk of child labour and recruitment by armed forces. The CP AoR is targeting areas with a higher proportion of IDPs and non-displaced stateless people, while urban areas are deprioritized due to being reached through activities in the UN TCF.

CP AoR partners will apply a socioecological lens in line with child protection minimum standards. This includes: 1) providing coordinated, specialized child protection case management, including focused MHPSS, family tracing and reunification, and alternative care for individual children; 2) facilitating MHPSS activities for children and adolescents, including child friendly spaces and adolescent programming; 3) enhancing the family/caregiving environment via positive parenting support and MHPSS for caregivers; 4) strengthening community-level child protection through support for community members addressing harmful social norms, identifying risks and raising awareness including through explosive ordnance risk education, provision of psychosocial support, facilitating referrals, and developing risk mitigation plans; and 5) expanding availability of localized, culturally-relevant services.

The CP AoR will build on significant strides made in 2024 towards localization, with a well-established localization working group and localization analysis. Disability inclusive, gender responsive, and age-adapted programming are central to the response, and the CP AoR promotes child-friendly feedback and reporting mechanisms and adherence to child safeguarding standards.

Child Protection AoR Strategy for Myanmar:
https://reliefweb.int/report/myanmar/myanmar-child-protection-area-responsibility-cp-aor-strategy-2024-2025

Child Protection AoR at a glance:
https://reliefweb.int/node/4117979

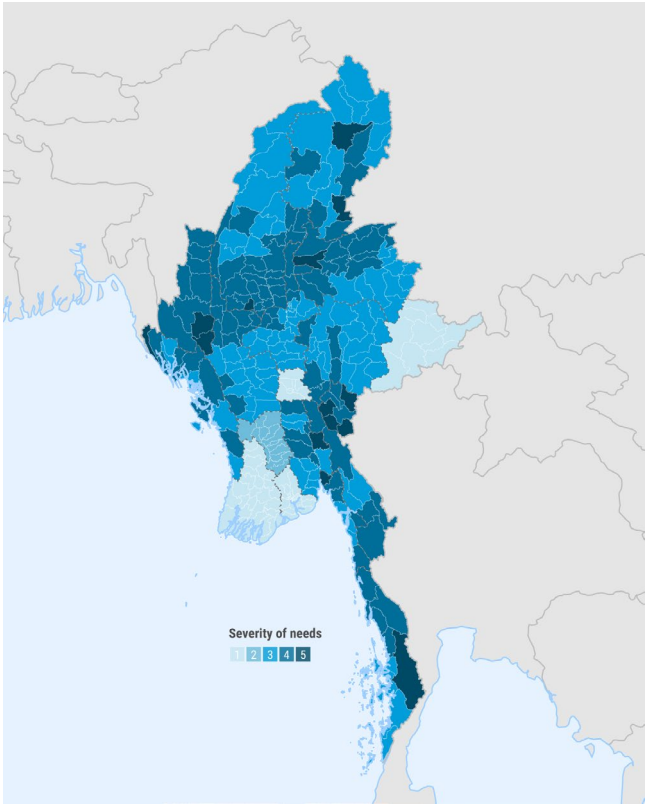
GBV Protection Area of Responsibility

"For many displaced women like us, getting to safety can be really challenging. In times of conflict, the threat of gender-based violence often increases, making the need for protection feel even more urgent."

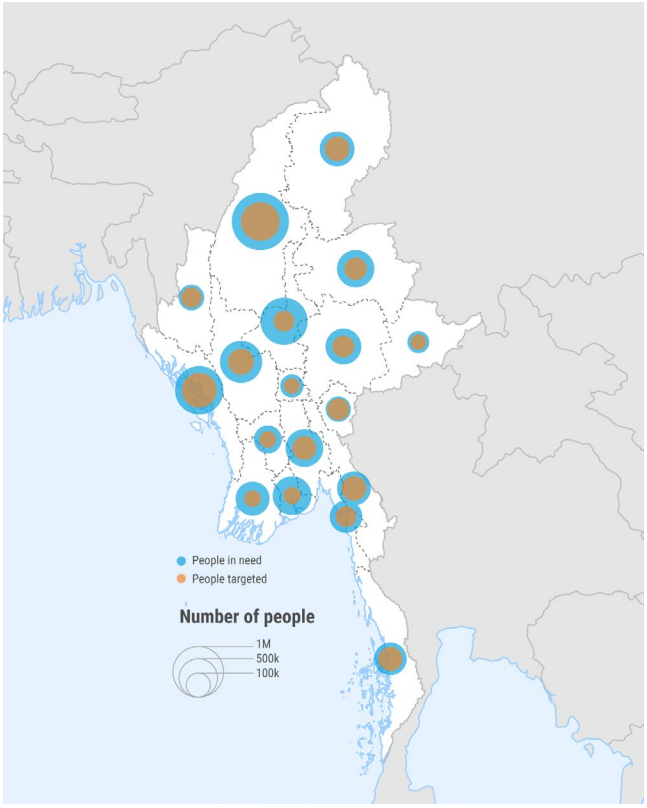
– A young, displaced woman from Kachin.

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
8.8M	1.9M	35M

Severity of needs
by township (in 2025)



People in need and people targeted
by state/region (in 2025)



Needs

Gender-based violence in Myanmar primarily affects women and girls and is presumed to be driven by the ongoing conflict and displacement, poverty, food insecurity, high unemployment rates and job losses, and increased substance abuse. The 2024 MSNA and subnational consultations findings indicated that intimate partner violence, sexual violence (including conflict-related sexual violence) and forced/early marriages are the main GBV issues affecting women and girls in Myanmar. The consultation findings also showed an increase in negative coping mechanisms, such as transactional sex, to deal with economic shocks, such as income shortfalls.

The availability of multi-sectoral GBV response services for survivors, including case management and safe houses, remains insufficient. The provision of GBV response services under the low-profile approach makes it difficult in some cases for survivors to access timely services. Women lack access to legal recourse when having experienced GBV due to the failing justice system. Health-care services at the community-level, including clinical management of rape and MHPSS, remain a dire need in crisis-affected areas in Myanmar.

Response

In 2025, the GBV AoR aims to reach some 1.9 million people nationwide with GBV support. Eighty per cent of the people targeted for GBV response efforts will be women and girls given their greater exposure to GBV risks, and 20 per cent will be men and boys. An estimated 12 per cent of those targeted are persons with disabilities. People with diverse gender identities will also be targeted to mitigate and respond to the compounded protection risks they face.

Priority interventions for the GBV response will include case management, psychosocial support, legal aid, safe houses, women and girls' friendly spaces and effective referrals for survivors. Response approaches will utilize both static and mobile/remote service delivery methods, involving frontline services, cash assistance and in-kind support. GBV risk mitigation will include collaboration with all clusters to integrate GBV considerations into their programmes, conducting multisectoral safety audits, providing dignity kits, and offering cash assistance. GBV prevention interventions will target harmful social norms, attitudes and behaviours that condone and/or perpetuate violence against women and girls. GBV actors will also disseminate messages on the protection from sexual exploitation and abuse.

Gender-based Violence AoR Strategy for Myanmar: https://reliefweb.int/report/myanmar/myanmar-gbv-sub-cluster-strategy-2024-2025

Gender-based Violence AoR at a glance: https://reliefweb.int/node/4117980

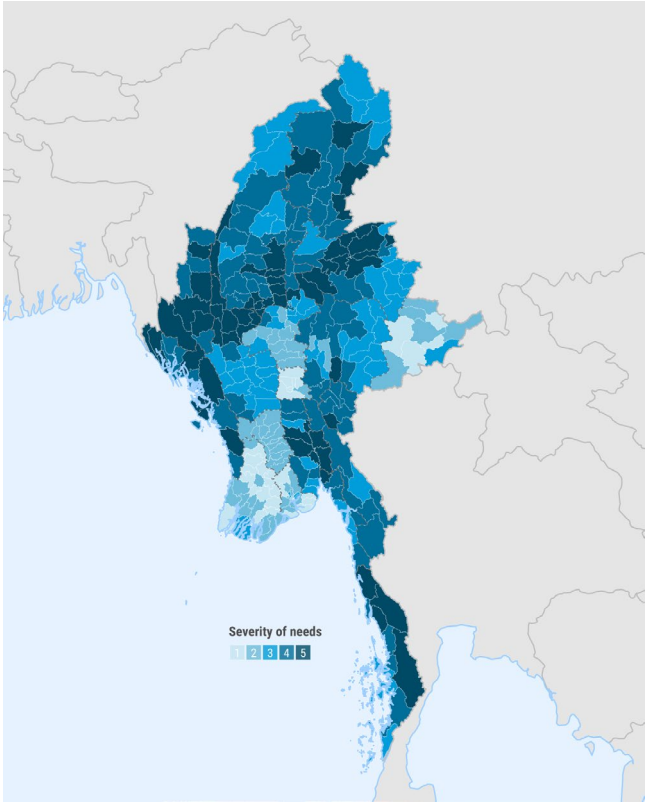
MA Protection Area of Responsibility

"Mine risk messages saved the lives of my daughter and her friend."

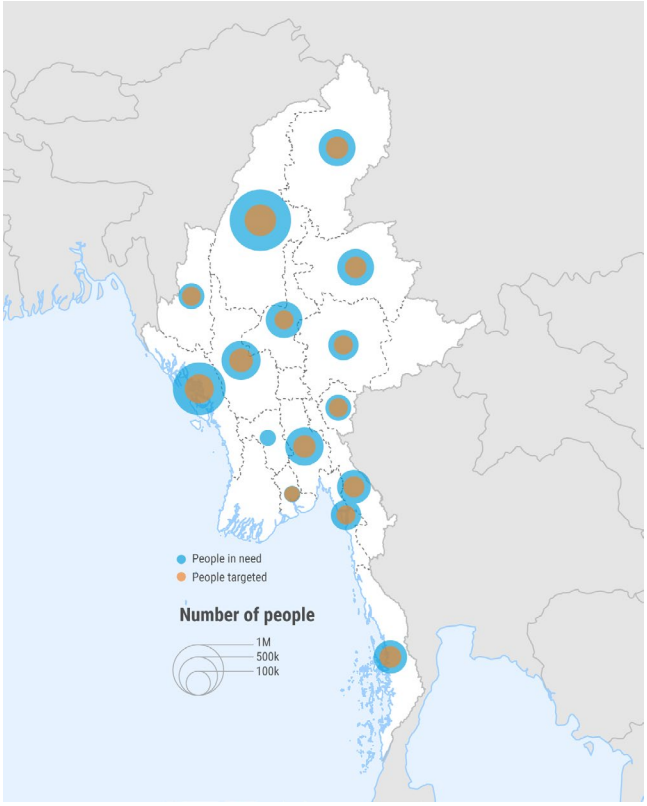
– A conflict-affected mother in Sagaing.

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
7.3M	1M	14M

Severity of needs
by township (in 2025)



People in need and people targeted
by state/region (in 2025)



Needs

The proliferation of landmines and explosive ordnance in Myanmar has reached a critical level, with incidents reported across all regions and states by quarter three of 2024. In the first nine months of the year, 889 casualties were recorded nationwide, representing 85 per cent of the total casualties reported in 2023, which stood at 1,052.[32] Shan recorded the highest number of casualties in 2024, accounting for 25 per cent of the total, followed by Sagaing with 17 per cent and Rakhine with 12 per cent. Children under 18 constituted 28 per cent of the casualties, underscoring the disproportionate impact on vulnerable populations. In 2023, Myanmar also recorded the highest number of landmine and explosive ordnance casualties globally,[33] ahead of Syria, Afghanistan and Ukraine, highlighting the widespread and devastating impact of landmine contamination and the urgent need for increased mine action effort to address this escalating crisis. The growing presence of landmines in residential areas

further exacerbates risks to civilians, indicating the critical and immediate need for targeted interventions.

Myanmar has not signed key international agreements, including the Anti-Personnel Mine Ban Convention, the Convention on Cluster Munitions, and the Convention on Certain Conventional Weapons. This lack of participation restricts humanitarian demining efforts, leaving the response almost exclusively reliant on explosive ordnance risk education to mitigate risk and provide victim assistance to those who have been injured.

Response

To promote safe behaviour among at-risk populations, explosive ordnance risk education will be provided directly in high-risk communities, through schools and community outreach events. A network of trained volunteers – including local leaders, teachers, and health workers – will support these efforts, receiving ongoing training and resources. Digital outreach, such as videos and social media campaigns, will help extend the programme's reach. Training and resources will help local mine action organizations build their operational skills, supporting localisation and capacity development. Victim assistance efforts will provide essential support for explosive ordnance survivors and their families, facilitating access to medical care, psychological support, and physical rehabilitation, particularly in remote areas. Links to socio-economic programmes, including vocational training and employment opportunities, will promote survivors' reintegration, through strengthened referral systems to ensure comprehensive support. Cash assistance will address diverse needs, improving the quality of life for survivors and their families, with progress tracked through increased access to healthcare, rehabilitation, and financial support. A targeted advocacy strategy will aim to curtail the use of landmines and support wider mine action activities. National and international campaigns will raise awareness, while engagement with policymakers will promote access to demining and encourage Myanmar's ratification of key international conventions.

Mine Action AoR Strategy for Myanmar:
https://reliefweb.int/report/myanmar/mine-action-area-responsibility-strategy-2025-2026-myanmar

Mine Action AoR at a glance:
https://reliefweb.int/node/4117981

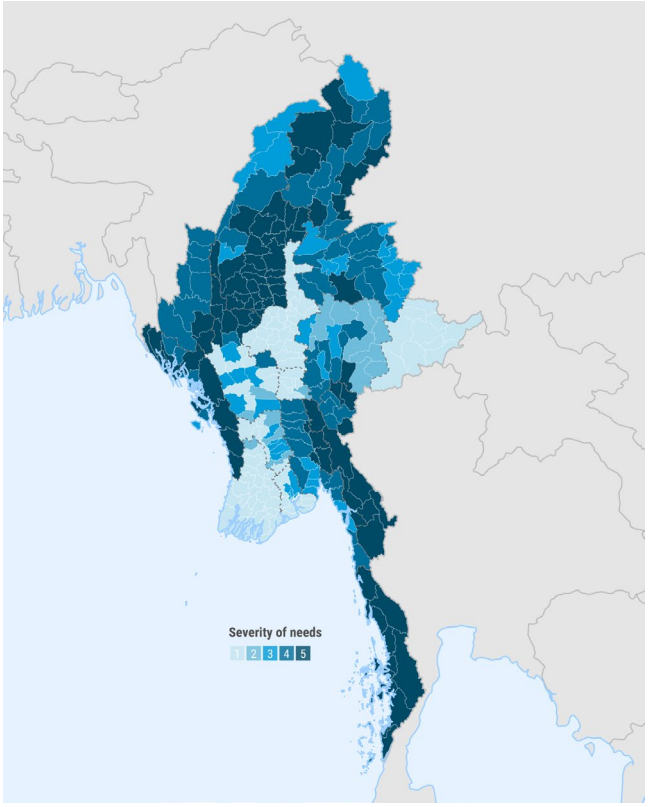
3.6 Shelter/NFI/CCCM

"Before, we didn't have proper rooms in the camp. As teenagers, it was hard to find privacy, especially in a crowded space. But with these new transitional shelters, we finally have our own rooms. It feels good to have a private space—it makes a big difference."

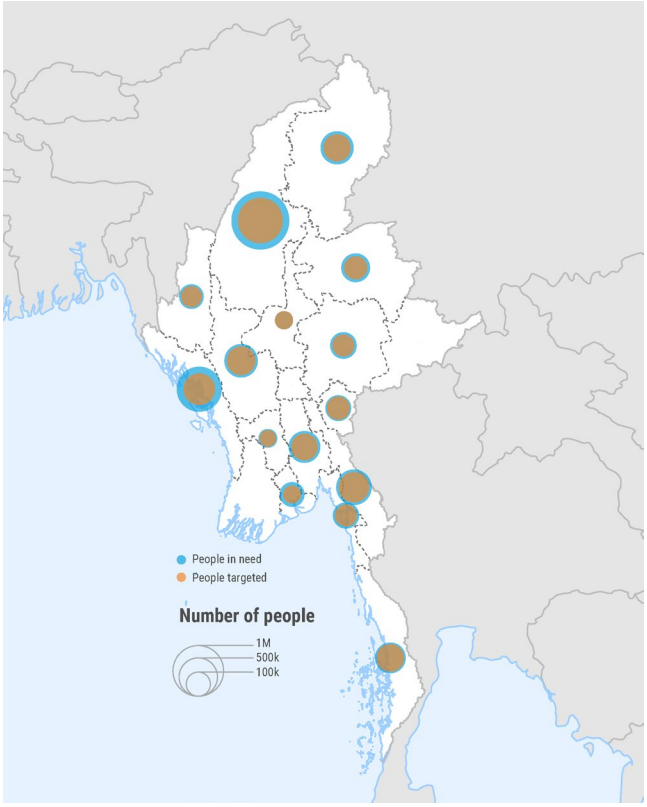
– An adolescent IDP in Kachin.

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS
5.1M	2.5M	190M	66

Sectoral severity of needs
by township (in 2025)



Sectoral people in need and people targeted
by state/region (in 2025)



Needs

A total of 5.1 million people in Myanmar urgently need support with CCCM, NFIs and shelter. Funding shortages in 2024 left more than 40 per cent of the targeted population without essential aid, highlighting the urgent need for additional resources to reach affected populations effectively. Ongoing conflict and disasters in 2024 led to widespread displacement and the destruction of shelters, critical infrastructure and services, exacerbating shelter/NFI/CCCM needs. In Rakhine, the newly displaced populations face significant protection risks linked to inadequate shelter and limited access to essential NFIs. In the Northwest, armed conflict and ongoing insecurity have led to recurrent displacement, with 45 per cent of IDP and

returnee households at risk of further displacement. Insufficient shelter and NFI support significantly heighten the vulnerability of these households, leaving them exposed to the impact of renewed conflict and deepening their humanitarian needs. In the Southeast, recurrent flooding has severely worsened living conditions for returnees and displaced families, particularly due to the destruction and loss of their shelters. Approximately 82 per cent of returnee households in this area live outside formal settlements, lacking stable shelter and essential facilities, which increases their exposure to health, protection, and safety risks. In the Northeast, the cyclical nature of armed conflict leads to repeated displacement, disrupting livelihoods and leaving families in temporary, insecure shelter arrangements. Together, these challenges highlight a critical need for comprehensive protection measures, improved shelter infrastructure, and regular NFI distributions to ensure the safety, security, and dignity of affected populations.

Response

The Shelter/NFI/CCCM Cluster aims to support nearly 2.5 million people in Myanmar in 2025, including IDPs, returnees, stateless people, and crisis-affected communities across regions such as Chin, Rakhine, Magway, Sagaing, Mandalay, and Kachin. The response focuses on areas with high conflict or disaster risk and prioritizes critical needs by providing NFIs, emergency shelter kits, reconstruction and repairs. To address vulnerabilities to disasters, Risk mitigation efforts will be implemented at household and community levels, especially to protect IDPs during monsoon flooding and avoid multiple displacement. For CCCM support, the Cluster will emphasize local management by empowering communities and encouraging local service providers. This move towards localization strengthens community involvement in camp management, promoting sustainable support for IDP sites.

Rakhine State remains a priority area, where Rohingya and Kaman populations in particular need shelter and NFI assistance, especially in camps. Escalating conflicts have led to new focus areas in the Southeast and Mandalay, where shelter, NFIs, and camp management training are prioritized for vulnerable populations, including women, children, and the elderly. In the Northeast, there is emphasis on transitional shelters for resettled populations, targeting communities with family-owned land and minimal housing options. People are prioritized based on vulnerability, and unmet shelter and NFI needs. A combination of in-kind support and cash assistance will be used, prioritizing cash assistance where markets are accessible, and local economies can be stimulated. In remote areas or situations with limited market access, in-kind aid will ensure reliable delivery of essential items.

Monitoring

The Shelter/NFI/CCCM Cluster employs a data-driven monitoring system to address humanitarian needs, utilizing tools like cluster analysis reports, 5W reports, and gap analyses for efficient resource alignment. To improve data accuracy, the Cluster prioritizes the training of partners on data collection and reporting tools. Feedback mechanisms allow affected people to share concerns, guiding adjustments to the response. Adhering to shelter, NFI, environment, and cash-based assistance guidelines, the Cluster ensures quality and consistency in response efforts.

Shelter/NFI/CCCM Cluster Strategy for Myanmar: https://sheltercluster.org/myanmar/documents/shelter-nfi-cccm-cluster-strategy-2025

Shelter/NFI/CCCM Cluster at a glance: https://reliefweb.int/node/4117976

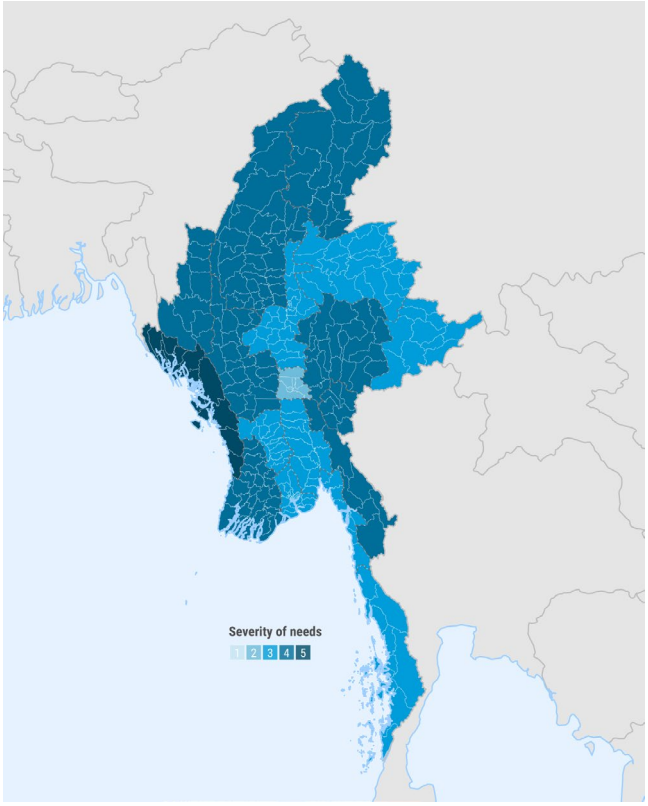
3.7 WASH

"Water has become a struggle every day. We have to walk further to find clean water, and even then, it's often not safe for my children."

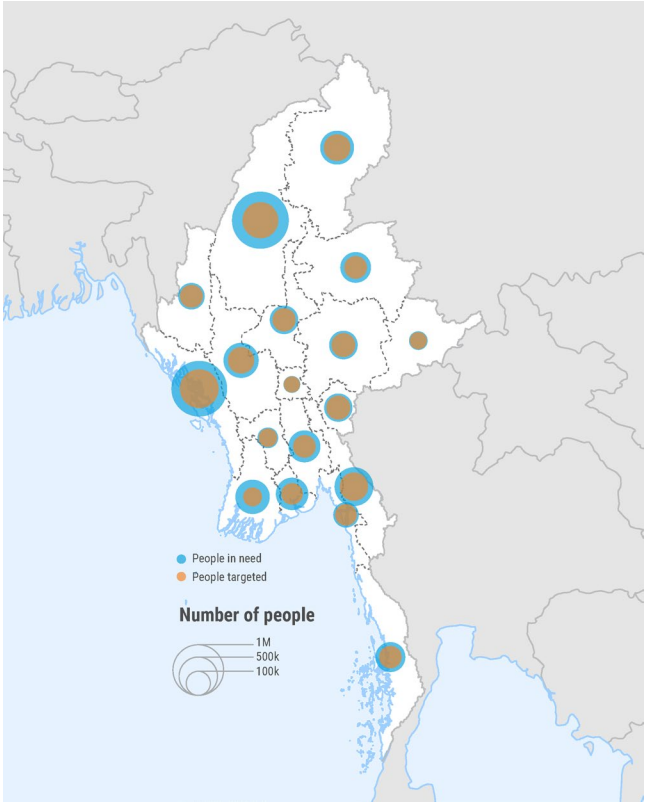
– Amina, 34, a displaced mother of three in Rakhine.

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS
6.9M	2.2M	149M	73

Sectoral severity of needs
by township (in 2025)



Sectoral people in need and people targeted
by state/region (in 2025)



Needs

It is estimated that more than 6.9 million people require urgent water, sanitation, and hygiene assistance in 2025, including approximately 1 million people who were directly impacted by severe flooding in 2024. The primary drivers of WASH needs are ongoing displacement, extensive flood damage, aftermath of Cyclone Mocha in 2023, and deteriorating access to safe water and sanitation due to inflation and market disruptions. According to the 2024 MSNA, 55 per cent of assessed IDP households reported sharing sanitation facilities with other households. Among them, 30 per cent were sharing with at least 5 households, including their own. Eighty per cent of assessed non-displaced stateless female respondents reported difficulties accessing menstrual materials, compared to 37 per cent of other crisis-affected

female respondents. The most critical WASH needs are concentrated in Rakhine, categorized as severity level 5 , which indicates a collapse of WASH infrastructure, with non-functional or destroyed water and sanitation systems and no immediate prospects for repair or replacement. Ayeyarwady, Kayah, and Kayin are rated at severity level 4. Many other areas, such as eastern Bago, Chin, Kachin, Magway, Mandalay, Mon, Sagaing, and southern Shan are at severity level 3. These regions experience significant challenges in accessing safe drinking water, adequate sanitation facilities, and reliable hygiene services. Seasonal flooding has compounded these difficulties by disrupting WASH infrastructure, with access further restricted due to supply chain disruptions and inflated market prices. In remote border areas, IDPs and host communities face severe shortages of essential WASH items, often relying on costly imported goods from neighbouring countries. AWD and cholera are significant issues of concern, and a response is required for recurring outbreaks across multiple regions, including Kachin, Mon, Rakhine, and Yangon.

Response

In 2025, the WASH Cluster aims to reach 2.2 million people with critical WASH services. The prioritization focuses on populations categorized under severity levels 4 and 5, targeting those most acutely affected by displacement, AWD/cholera, and disasters such as flooding. Key groups include newly displaced persons, protracted IDPs, returnees, and non-displaced stateless people, especially in regions with high AWD/cholera transmission risks and severe constraints to access safe water. Compared to the 2024 HNRP, the 2025 strategy emphasizes a more targeted approach, concentrating efforts in Chin and Rakhine, which have seen worsened conditions due to conflict and extensive flooding, and expanding to Kachin, Sagaing, and other conflict- and flood-affected regions. The Cluster employs a mixed approach of cash and in-kind assistance to ensure flexibility and responsiveness. Cash-based interventions are utilized where market conditions allow, enabling beneficiaries to purchase WASH items locally, which supports market recovery and empowers affected communities with choice. In-kind support, such as water purification tablets, hygiene kits, and emergency water supply through water trucking, is prioritized for remote or isolated communities where market access is limited or disrupted by conflict and climatic disasters. In response to rising AWD and cholera risks, the Cluster is prioritizing access to clean water, water purification supplies, and improvement of sanitation facilities across high-risk regions. Emergency water solutions, such as water trucking and distribution of purification tablets, are being scaled up in flood-affected and disease-prone areas.

Monitoring

The WASH Cluster will track response progress through quarterly 4Ws, detailing partner activities and locations. To ensure data accuracy, reports from partners will be validated through independent field visits, adding a layer of accountability. Community feedback mechanisms will also be used, enabling ongoing adjustments based on affected populations' needs and priorities. To improve reporting accuracy, the WASH Cluster will provide targeted training for local partners, focusing on data collection, monitoring tools, and accountability practices. Workshops will standardize reporting methods, and remote training will be available for partners in high-risk areas, supporting consistent and comprehensive data collection across all regions.

WASH Cluster Strategy for Myanmar:
https://drive.google.com/file/d/1MKWsqTKwP7tN8PdHglpFCLZGyv2G34-A/view

WASH Cluster at a glance:
https://reliefweb.int/node/4117977

3.8 Coordination and Common Services

REQUIREMENTS (US$)	PARTNERS
9M	286

UN Office for the Coordination of Humanitarian Affairs (OCHA)

OCHA will continue to provide dedicated support to the Humanitarian Coordinator, 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, analysis and advocacy on 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 the Central Emergency Response Fund and the Myanmar Humanitarian Fund.
- 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 climatic disasters and other emergencies.
- OCHA will facilitate updating the HNRP at least annually and driving the implementation of the humanitarian programme cycle throughout the year.
- 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 Emergency Directors Group and Peer-2-Peer reports in collaboration with other HCT partners.
- OCHA will support response-wide information management and provide regular updates and analyses to inform partners and the international community on critical humanitarian developments.
- OCHA also chairs the humanitarian Information Management 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 mainstreaming of disability inclusion across the humanitarian response.
- OCHA chairs the Humanitarian Communications Group in support of cohesive, collective public information on the humanitarian situation in Myanmar.

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 HNRP heavily relies on 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 to ensure complementarity and comparability between the data collected. A comprehensive analysis of multi-sectoral needs will be conducted again in 2025 to understand the shifting humanitarian landscape, following an expansion of the dataset in 2024. 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, funding is required to undertake a fourth round of its nationwide and cross-sectoral analysis of the current and projected severity of needs of the crisis-affected population. Depending on availability of funding, this exercise will inform the new 2026 HNRP.

Accountability to affected people

Revitalized in 2021 and strengthened over the past three years, the AAP/CE Working Group has been pivotal in ensuring that the humanitarian response integrates the voices, preferences, and feedback of affected communities through collective mechanisms. In 2025, AAP has been further prioritized, with plans to establish a collective feedback mechanism and strengthen community engagement efforts. These collective accountability systems streamline referrals among humanitarian actors and embed community needs into the overall analysis framework. A Central Emergency Response Fund allocation has been secured to support the rollout of the AAP/CE WG workplan. Additional funding will ensure the sustainability of inter-agency AAP initiatives on collective AAP, including a centralized feedback system, which will provide affected people with a direct and simplified way to share their feedback and preferences.

Cash

With the rollout of multi-purpose cash interventions in 2025, the Joint Market Monitoring Initiative has been prioritized to enhance the understanding of market dynamics and support the effectiveness of cash-based interventions. This initiative will provide critical data to inform programming decisions, including price monitoring, market functionality, and supply chain resilience, enabling more responsive humanitarian action. Staffing has been included to ensure adequate technical expertise and operational capacity, which is essential for managing and scaling up cash-based assistance effectively, closely aligning with broader humanitarian response priorities.

Disability

Based on the TAG's recommendation, dedicated funding has been included to support the integration of disability inclusion across all sectors. This funding ensures access to technical expertise to guide inclusive practices, strengthen capacity for mainstreaming efforts, and facilitate targeted initiatives led by the TAG, including awareness-raising and capacity-building activities. These efforts aim to further enhance the meaningful participation of persons with disabilities in the humanitarian response and ensure their needs are effectively incorporated into programme design and implementation.

Localization

A budget has been included to support a team of seven interpreters and translators covering national and four sub-national coordination hubs. This dedicated language support will facilitate coordination forums, meetings, and workshops throughout 2025, benefiting both local and international partners, and is aimed to enhance communication and collaboration across stakeholders, ensuring that language barriers do not hinder effective humanitarian action. At the same time, funding is required to enable local organizations to take on leadership roles in the subnational coordination structures and strengthen the humanitarian efforts by effectively linking local coordination networks with the international coordination mechanism.

Protection from sexual exploitation and abuse

Efforts to address PSEA in 2025 will be significantly scaled up through a range of activities. The proposed PSEA budget includes resources for staffing to provide technical expertise in inter-agency coordination, capacity building, and the implementation of PSEA policies. Activity costs will support key initiatives, such as awareness campaigns, capacity-strengthening sessions, and the development of tools and mechanisms to enhance collective accountability and reporting against PSEA. Progress will be monitored on a quarterly basis by the PSEA Inter-Agency Network and cluster partners using the Inter-Agency Standing Committee PSEA indicator 2.2.B: Number of children and adults engaged through awareness-raising activities and community mobilization interventions on PSEA.

National-level cluster coordinators

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Part 4: Annexes

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SHAN
Menstrual hygiene day event for persons with disabilities in southern Shan. Credit: Première Urgence Internationale/2024

4.1 Methodology

The whole country is included in the geographic scope of the humanitarian situation analysis for Myanmar in 2025. As in previous years and in adherence to global guidance, the severity and number of people in need of humanitarian assistance in 2025 was calculated using the Joint and Intersectoral Analysis Framework. This approach ensures that inter-sectoral linkages and compounding effects are acknowledged and reflected alongside sector-specific needs and severities. The analysis was undertaken at the township level, which was at times challenging given the lack of availability of granular data at this administrative level. The analysis and presentation of needs in this HNRP aims to reflect the mainstreaming of inclusive and quality programming in the response, with AAP, gender, disability, GBV, human rights, protection, PSEA, and other cross-cutting considerations woven in.

JIAF 2 ANALYSIS FRAMEWORK MODULES

The Joint and Intersectoral Analysis Framework process was conducted through the Needs Monitoring and Analysis Working Group under the ICCG and included technical and information management focal points from each cluster, as well as MIMU. Analysed data sources include both nationwide assessments and cluster-specific surveys and data collection, such as the 2024 MSNA and a Food-Security & Nutrition Analysis, which allows for comparisons of the food-security situation since 2021 and is more aligned with global best practice.[34]

More granular data on displacement trends was also analysed, especially regarding recurring displacement. Akin to 2024, a projection approach was taken to estimate the number of IDPs in 2025, instead of relying upon the static number of IDPs at the point of HNRP publication. This was achieved through analysis of movement trends (stock/flow) in the Population Movement Tracker and the United Nations High Commissioner for Refugees Statistical Report, combined with the scenarios and assumptions underlying the 2025 HNRP, expert opinion, and a severity scale analysis of displacement drivers, trends, conflict data and presence of armed groups.

For the four population groups under this HNRP, calculations were based on:

- IDPs: Projection of new and protracted IDPs, including displaced stateless people, people living in camps, camp-like settings and informal sites, and people who are re-displaced.
- Returned, resettled, and locally integrated IDPs: Projection of new and past returned IDPs in need of ongoing assistance.
- Non-displaced stateless people: Baseline data of Rohingya people living in their own villages.
- Other crisis-affected people with humanitarian needs: Baseline data estimated using a combination of vulnerabilities, including people affected by climatic disasters, IDP host communities; people living in high conflict areas with restricted access to basic services; people with severe protection needs; non-displaced people in moderate or severe food insecurity or facing malnutrition; and people affected by other severe shocks unable to support their own survival.

Where data gaps remain, best practice proxy indicators were used.

Education

The total number of school-aged children was estimated based on the baseline population dataset for 2025. The indicators for the people in need (PiN)

calculation, while in line with Global Education Cluster's guideline, were adapted to the country's specific context. The key indicators were based on the four key dimensions of access to learning, learning conditions, protected environment, and individual aggravating circumstances. For the fourth dimension (individual aggravating circumstances), child labour, child marriage and protection on the way to and from school were considered the extreme sectoral deprivations (severity level 4), while children recruited into armed groups is considered a sectoral collapse (severity level 5). Educators are comprised of a combination of teachers and school administrative personnel. For them, the Inter-Agency Network for Education in Emergencies Minimum Standards for teacher to learner ratios were used.

To obtain information on the children's circumstances, the 2024 MSNA was used for an evidence-based PiN calculation. The assessment had countrywide coverage and included four population groups. The gender distribution was based on the 2024 population baseline with females comprising 52 per cent of the total population and males 48 per cent.

Food Security

The Food Security Cluster's (FSC) comprehensive needs analysis for 2025 builds upon multiple evidence streams to determine the 15.2 million people food insecure and in need of food assistance. The FSC methodology integrates both quantitative and qualitative data, with particular emphasis on the September 2024 Food Security & Nutrition Analysis that revealed phase 4 conditions (Emergency) across Chin, Kachin, Rakhine, and Sagaing. The analysis particularly focuses on the complex needs of the 2.3 million people classified under phase 4 and 229,000 IDPs at risk of sliding from phase 2 (Stress)[35] into phase 3 (Crisis)[36] if food assistance halts. The FSC analytical framework employs standard food security indicators while incorporating critical contextual factors from the July-October 2024 flood assessments across the Northwest, Rakhine and Southeast. This is supplemented by quarterly market monitoring data, providing real-time insights into market functionality and access constraints. They also benefit from various analysis undertaken by partners, besides regular rapid assessments also shared by partners. Protection and gender considerations are fundamental to the FSC methodology, integrating age and gender analysis throughout the assessment process. Environmental impact assessments and local partner consultations ensure the sustainability of the response. This multi-faceted approach enables the FSC to capture both immediate humanitarian needs and underlying vulnerabilities, supporting a more nuanced targeting strategy that considers both severity and specific population group needs.

Health

To calculate the PiN, the Health Cluster used indicators provided by the Global Health Cluster, such as immunization coverage, incidence rates of key diseases such as AWD and malaria and number of births attended by skilled health workers. Nutrition and WASH indicators were also used, such as breastfeeding and access to safe water and sanitation. Target groups are people in need of health care among the pre-agreed categories of IDPs, non-displaced stateless people, returned, resettled and locally integrated IDPs, as well as other crisis-affected people. The 2024 MSNA served as a crucial piece of evidence to inform the 2025 PiN. The lack of reliable and up-to-date data is recognized as a major limitation.

Nutrition

The Global Nutrition Cluster developed and endorsed a Nutrition Humanitarian Needs Analysis Calculator to estimate the PiN. Triangulation of available information contributed to the estimation of needs. This information ranged from severity classification, the Food Security & Nutrition Analysis, geographical location, the 2024 MSNA, along with contributory factors, such as the displacement tracking matrix, surveys, and expert judgement on the situation for children in the country. Myanmar's current population per region/state was used with the Nutrition Humanitarian Needs Analysis Calculator to automatically calculate the activity-based PiN. The prevalence of past acute malnutrition results adjusted for the current situation based on expert judgement was also utilized, along with the severity classification

of contributory factors such as the Food Security & Nutrition Analysis, the food consumption score, household hunger score and other factors. The target was estimated through the coverage of IDPs, returnees, and stateless persons – all at 80 per cent coverage, and other crisis-affected people with humanitarian needs at less than 20 per cent coverage. Women and children below five years are targeted due to their vulnerability along with increased protection needs during conflict.

Protection

The Protection Cluster integrated various quantitative and qualitative data sources to capture all relevant variables of need, in broad consultation with sub-national clusters and partners. Data on internal displacement was used to estimate the number of displaced people in need of protection. Analysis of information from Armed Conflict Location & Event Data provided insights into the frequency and intensity of violent incidents, correlating the need for protection services with the number of those most severely impacted by the crisis and identifying high-risk areas requiring intervention. This data was analysed along with reports from the Protection Incident Monitoring System. The 2024 MSNA highlighted specific protection vulnerabilities among displaced and marginalized groups, while an assessment of territorial control dynamics informed about access to services and associated risks. Additionally, weather severity analysis was integrated to account for the impact of climate-related risks on communities, ensuring that indicators reflected the capacity to respond to environmental challenges. Relevant gender and protection analyses were integral to informing the overall assessment. All assessments included gender-disaggregated data to capture specific vulnerabilities faced by women, girls, boys, and men. This informed targeted interventions to address unique protection risks.

Shelter/NFI/ CCCM

The methodology for identifying cluster indicators and PiN figures was data-driven, using the severity of needs to calculate the PiN. Population data was gathered through collaboration with camp management agencies, site focal points, and household-level censuses. Key informants provided valuable insights, particularly in areas with limited accessibility, helping to verify data accuracy and refine needs assessments. For disaster-affected areas, the methodology used historical data of rainfall at the township level as a proxy for cyclones and floods. The selection of cluster indicators to calculate severity of needs was based on a comprehensive analysis of diverse data sources to complement the 2024 MSNA, including sources that allowed needs severity analysis on the township level. Some of these sources included Armed Conflict Location & Event Data, IDP population data by settlement type, 5Ws, and weather severity analysis. The capacity of Cluster members in each township was a vital consideration in target setting, aligning response efforts with available resources. This approach guarantees a focused humanitarian response that upholds the dignity of IDPs and adapts to Myanmar's evolving crisis dynamics.

WASH

The WASH Cluster's 2025 needs assessment and PiN figures are based on critical indicators reflecting access to safe water, sanitation, hygiene, as well as disease risk factors (e.g. AWD and cholera). Indicators were chosen to capture urgent health and dignity concerns in areas impacted by displacement, disasters, and infrastructure challenges, enabling a risk-sensitive and targeted approach. Data sources include the 2024 MSNA which provided baseline data for PiN calculations. These assessments were complemented by continuous tracking of displacement, market conditions, and seasonal vulnerabilities. Gender and protection analyses were central to the methodology, highlighting access disparities, such as challenges in menstrual hygiene materials for non-displaced stateless women. This approach ensured an inclusive analysis, prioritizing equitable WASH access for all vulnerable groups.

4.2 What If We Fail to Mobilize Sufficient Humanitarian Funds?

"To be honest, at this moment, I can't even say what my hopes and goals are. My future goals are still uncertain. This is all I can say. If I continue talking about it, I might end up in tears."

– Camp resident in eastern Bago.

Severe underfunding in 2024 drastically affected the capacity of humanitarian partners to deliver life-saving aid to people who had been prioritized for urgent assistance. With only 34 per cent of the 2024 HNRP funding requirements received, partners were unable to provide the depth, frequency and quality of assistance that was planned, leaving millions of people without aid. By the end of 2024 it is estimated that humanitarian partners will have reached 3.9 million people in need at least once, representing only 74 per cent of the target. This means that 1.4 million people who had been prioritized for critical assistance received no aid at all.

The 2025 HNRP is the result of heavy prioritization to meet the most urgent needs. Without the required funds in 2025, humanitarian partners will have to prioritize further, favouring lower-cost life-saving and critical activities that do not offer the required depth of relief or contribute to people's overall well-being, offer dignified living conditions, meet global standards, or provide a chance of finding durable solutions. Persistent unmet needs will continue having residual implications for subsequent years, with needs worsening over time and requiring more expensive and elaborate interventions in future. With prior coping capacities all but exhausted, more and more lives will be at risk.

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. Donors are urged to carefully consider the programming realities and unaddressed suffering that results from funding gaps of the magnitude seen in 2024.

Education

If 75 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- 335,000 of those targeted (63 per cent of whom are IDPs) left out, facing protection risks, such as child trafficking, GBV, exploitation in terms of child labour, and child marriage, which hinder their development and fulfilment of their full potential in future.	- The 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 the most vulnerable, but will reach fewer people. - Over 1 million learners and educators will receive relevant learning materials, have access to trained teachers and receive targeted support to improve their well-being. They will also benefit from an improved learning environment through rehabilitation of learning spaces including WASH facilities.

If 50 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- 669,000 people (279,000 of whom are IDPs in needs severity categories 4 and 5) will miss out on any support and will be facing heightened protection risks.	- The Cluster will support the same activities but will reach even fewer people. - 669,000 learners and educators supported with activities similar to the above-mentioned ones.

If 25 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- One million learners and educators will not receive any services and will be exposed to grave protection risks. These include 628,000 IDPs, 262,000 other crisis-affected people, 60,000 stateless people, and 54,000 returnees.	- The Cluster will support the same activities but will reach only a fraction of those targeted. At this funding level, the Cluster will only support 335,000 learners and educators

Food Security

If 75 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- 400,000 people (25 per cent of the target) will not receive food assistance. - 100,000 acutely vulnerable people will not receive emergency food production support (25 per cent from the target).	- The Cluster will prioritize emergency food assistance and emergency agriculture and livelihood responses for acutely vulnerable IDPs, returnees, and non-displaced stateless people in Chin, Kachin, Kayah, Rakhine, and Sagaing.

If 50 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- 800,000 people (50 per cent of the target) will not receive emergency food assistance, which will now be limited only to acutely vulnerable IDPs and non-displaced stateless people. - 200,000 acutely vulnerable people (50 per cent from the target) will not receive food production support.	- The Cluster will provide emergency food assistance exclusively to IDPs and non-displaced stateless people in Kachin, Kayah, Rakhine, and Sagaing, and will reach fewer people and with less sustained assistance. - The Cluster will have to either reduce monthly food rations and/or provide only cyclical rations instead of monthly support to certain populations, to ensure coverage of a larger number of people. The Cluster will prioritize assistance to nutritionally vulnerable populations, including pregnant and breastfeeding women and girls, and children under 5.

If 25 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- 1.3 million people (approximately 75 per cent of the target) will be deprived of any food assistance. - 300,000 people (75 per cent of the target) will miss out on emergency food production support.	- The Cluster will only reach a fraction of those targeted at this funding level. The Cluster will provide basic survival assistance to 400,000 of the most vulnerable IDPs, with a focus on protracted IDPs in camp-based settings whose movement is restricted and who have fewer livelihood opportunities. - The cluster will provide life-saving food production support to100,000 acutely vulnerable people in Kayah, Rakhine and Sagaing.

Health

If 75 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- At this funding level, 500,000 people (28 per cent of the target) will no longer be able to access life-saving health services, including safe deliveries. - Some 100,000 people will be excluded from specialized care, including for physical rehabilitation services. - 100,000 people will not have access to MHPSS, possibly worsening their signs and symptoms.	- 1.3 million people will be targeted for life-saving health services, including maternal, newborn, child, and reproductive health care. - 300,000 people will benefit from financial support provided for emergency patient referrals and rehabilitation services. - 325,000 people will receive MHPSS. - The cluster will continue to focus on geographical expansion of the surveillance system to prevent, prepare and respond to disease outbreaks and will support capacity-building initiatives for 66 Health Cluster partners through training, awareness sessions, and development of tools and guidelines.

If 50 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- One million people (56 per cent of the target) will no longer be able to access life-saving health services, including safe deliveries. - 200,000 people will be excluded from specialized care, including for physical rehabilitation services. - 220,000 people will not have access to MHPSS, possibly worsening their signs and symptoms. - International NGO partners will no longer be supported with capacity-building initiatives. - Geographical coverage of activities to prevent and respond to disease outbreak will be further limited, with surveillance activities only maintained in Kachin and Rakhine.	- The Cluster will support mostly the same activities but will reach fewer people. - 800,000 people will receive life-saving health services, including maternal, newborn, child, and reproductive health care. - The Cluster will sustain activities to detect disease outbreak only in Kachin and Rakhine and respond to outbreaks only in easy-to-access areas. - 200,000 people will benefit from financial support provided for emergency patient referrals. - 220,000 people will receive MHPSS. - Capacity building initiatives for only local health partners through training, awareness sessions, and development of tools and guidelines.

If 25 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- One million people (56 per cent of the target) will no longer be able to access life-saving health services, including safe deliveries. - The Cluster will also discontinue all other activities, including referrals, physical rehabilitation, MHPSS, capacity building, and health education. The quality of health services will reduce due lack of funding for capacity building.	- At this funding level, the Cluster will only reach a fraction of those targeted. - 800,000 people will receive life-saving health services, including maternal, newborn, child, and reproductive health care. - The Cluster will sustain outbreak detection in Kachin and Rakhine only, with outbreak response only feasible in easy-to-access areas.

Nutrition

If 75 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- 161,000 people (25 per cent of the target) across IDPs, returnees, stateless people and other crisis affected people will not receive humanitarian support.	- The Cluster will prioritize life-saving treatment for 500,000 people suffering from SAM or moderately acute malnutrition (MAM). - The cluster will focus on the management of MAM and provide micronutrient supplementation to children and PLW across the four population categories.

If 50 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- 322,000 children and women (50 per cent of the total target) among IDPs, returnees, stateless persons and other crisis affected persons will not be able to benefit from critical and life-saving interventions, such as treatment for SAM, management of MAM and micronutrient supplementation.	- The Cluster will support the same activities but will reach even fewer people. - 322,000 children and PLW will be prioritized across IDPs, non-displaced stateless people, returnees, though with reduced coverage across other crisis-affected people.

If 25 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- 500,000 people (75 percent of the target), including 220,000 other crisis-affected people, 33,000 stateless persons and 24,000 IDPs and returnees will miss out on life-saving interventions.	- At this funding level, the Cluster will only be able to support a fraction of those targeted and will have to limit its support to IDPs only. - The Cluster will only support 160,000 IDPs (54 percent of the IDP target). Stateless persons, returnees and other crisis-affected people will not receive any support.

Protection

If 75 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- 112,000 people or 27 per cent of people targeted with specialized protection support and case management services including persons with specific needs and persons living in heightened risk will be excluded from assistance. - 2,500 children will receive case management. Even less expensive activities will suffer with MHPSS likely to only reach 250,000 children and adults. - 259,000 mine victims or 25 per cent of those targeted will be excluded from receiving essential, life-saving assistance such as medical care, rehabilitation services, and psychosocial aid, which are vital for their survival and recovery. - 150,000 women and girls (25 per cent of the target) will lose access to essential GBV response services, including case management, safe shelters, legal aid, and MHPSS. Additionally, 50 per cent targeted for dignity kits assistance will be excluded, increasing their risk of resorting to harmful coping mechanisms and exploitative relationships.	- The Cluster will prioritize essential protection services in high-severity areas experiencing sectoral collapse and areas facing extreme sectoral deprivations, focusing on IDP and stateless including women, children, and marginalized communities. - 775,000 mine victims will be prioritized to receive critical life-saving interventions, including medical care, rehabilitation services, psychosocial support, and assistance for economic recovery. - The Cluster will aim to reach more than two-thirds of the target population with child protection activities, including 7,000 children through case management. - 2,500 children will receive case management. Even less expensive activities will suffer with MHPSS likely to only reach 250,000 children and adults. - Essential life-saving GBV response services will be prioritized across the targeted states/ townships, while minimizing and/or deprioritizing GBV outreach and primary prevention activities.

If 50 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- The Cluster will deprioritize assistance to 874,000 or 64 per cent of people targeted including those targeted with individualized protection assistance, MHPSS and legal aid as well awareness activities thereby impacting their vulnerability. - 2,500 children supported through case management. - MHPSS will reach 250,000 children and adults. - 517,000 mine survivors or 50 per cent of people targeted will be left without critical victim support services, further exacerbating their conditions and negatively impacting their overall well-being. - 300,000 women and girls (50 per cent of the target) will not be able to access GBV response services including case management, safe house, legal aid, and MHPSS services and 75 per cent will lose access to dignity kits assistance. - The GBV AoR will also deprioritize primary prevention and minimize its outreach and information dissemination activities.	- Target levels within prioritized geographical areas and target population groups will be reduced. Protection support will focus on critical geographic areas of sectoral collapse and essential programmes. - Responsive information dissemination and advocacy will be maintained to empower communities. - Low-cost interventions and community-based protection measures will be prioritized to sustain basic protection assistance.

If 25 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- The Cluster will have to discontinue protection services for 2.4 million people or 83 per cent of the total target, including specialized protection assistance, case management, MHPSS, legal assistance and community-based protection interventions across all areas including those with high severity. - 900,000 people or 30 per cent of people targeted will be supported through limited protection interventions with a focus on low impact but community driven information awareness and protection monitoring and advocacy. - 1,000 children will be supported through case management. - 775, 000 survivors of mines or 70 per cent of the target will remain unassisted, resulting in heightened risks to their health, safety, and overall wellbeing. - 418,000 women and girls (70 per cent of the target) will not be able to access GBV response services including case management, safe house, legal aid, and MHPSS services and some 90 per cent will lose access to dignity kits assistance. The GBV AoR will also deprioritize primary prevention and minimize its outreach and information dissemination activities.	- Programmes will be largely suspended, and remaining programmes will focus only on critical interventions in limited areas which are experiencing sectoral collapse. - The Cluster will prioritize IDPs and stateless communities. - The Cluster will shift towards life-saving and low-cost interventions, addressing urgent and critical individual protection risks. - Only 20 per cent of the target population will be reached with awareness raising activities, and less than one-third of the target population will receive child protection services. - Essential life-saving GBV response services will be prioritized across the targeted states/ townships, while minimizing and/or deprioritizing GBV outreach and primary prevention activities.

Shelter/NFI/CCCM

If 75 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- 250,000 people across all population groups (10 per cent of the target) will be excluded from all planned activities.	- The Cluster will maintain CCCM activities in Rakhine and Rohingya displacement sites/camps. - The Cluster will provide transitional support for IDPs (returned, resettled, or locally integrated) to promote self-reliance and stability. - Community-led projects, disaster preparedness, and emergency stock prepositioning will remain essential for the newly affected population.

If 50 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- One million people (40 per cent of the target across all population groups) will miss out on shelter, NFI assistance and CCCM activities. - The Cluster will not be able to maintain and repair existing shelters, nor build new shelters or maintain infrastructure in camps, thus increasing displacement cycles and exposing many IDPs to unsafe conditions. - Capacity-building, training, and community empowerment efforts will be limited impacting coordination efforts.	- The Cluster will have to reduce its activities and will reach fewer people. - While the Cluster will maintain essential CCCM activities and field personnel for displaced populations, it will focus on the provision of emergency shelter and NFIs to address life-saving needs only, with no transitional solutions or new shelter construction. - Prepositioning of stocks for the monsoon season will be minimal.

If 25 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- 1.6 million IDPs (89 per cent of the total target) risk missing out on NFIs, while 2.2 million IDPs and host community members (88 per cent of the total cluster target) will be left without emergency shelter and CCCM assistance. - Shelter conditions will deteriorate for people in protracted displacement, who will be increasingly subjected to overcrowded living spaces. - Newly displaced populations will have to increasingly rely on makeshift shelters, compounding unsafe conditions.	- The Cluster will further reduce its activities and will reach only a fraction of those targeted. - The Cluster will focus on life-saving interventions only, with minimal support for 1.7 million people in less-accessible regions. - Emergency shelter, NFI, and essential CCCM support will only focus on newly displaced people and is limited to partial camp operations and field personnel. - The distribution of shelter kits and NFIs will be minimal and target newly displaced people only.

WASH

If 75 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- 400,000 other crisis-affected people (18 per cent of the target) will miss out on holistic WASH services, with hygiene awareness sessions prioritized for them. - 300,000 people in lower priority areas, such as eastern Bago, Kachin, Mon, and Shan will not receive critical assistance. - 80,000 targeted stateless individuals (69 per cent of the target) will lack essential WASH support.	- The Cluster will prioritize essential WASH support for Chin, Kayah, Kayin, Rakhine, and Sagaing region. - Non-essential activities such as hygiene item distribution and water trucking will be scaled back.

If 50 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- 1.1 million people (50 per cent of the target), including 400,000 other crises-affected people and stateless people in Rakhine, and returnees, will miss out on holistic WASH services, with hygiene awareness sessions prioritized for them. - 300,000 people in lower priority areas, such as eastern Bago, Kachin, Mon, and Shan will not receive critical assistance.	- The Cluster will have to drop some activities and will reach fewer people. - The Cluster will prioritize essential WASH support in Chin, Kayah, Kayin, Rakhine, and Sagaing with essential hygiene kits distribution, while dropping activities such as water trucking.

If 25 per cent of the required funding is received:

Impact	Prioritized actions/locations/population groups
- 1.4 million people (64 per cent of the target) will be deprived of basic WASH access. This will increase the risk of disease outbreaks and longer-term deterioration of community resilience.	- At this funding level, the Cluster will have to severely curtail its response and will reach only a fraction of those targeted. - Response will focus on emergency WASH interventions in the most critical displacement sites only.

4.3 What are the Consequences for Humanitarian Needs If the Complementary UN Transitional Cooperation Framework Strategic Priorities are not Financially Supported or Fully Implemented?

"We, IDPs, pray for the end of the conflict and that we'll be finally able to go back home."

– An older displaced woman sheltering in southern Shan.

The humanitarian needs set out in this HNRP comprise only one of four pillars of the UN TCF for Myanmar, which aligns critical humanitarian actions with complementary community development and resilience building activities by development and peace actors. These complementary development and resilience building actions are vital to enabling Myanmar to sustainably restore conditions of peace and dignified self-sufficiency over the longer term, as well as to more immediately prevent vulnerable people from sliding into worse humanitarian conditions that are beyond the capacity of the humanitarian community to address. The current growth in humanitarian needs is unsustainable and beyond the realistic scope of humanitarian funding to manage, making the mobilization of complementary development funding critical to arresting the worsening trajectory. The social cohesion and civic space initiatives are also important scaffolding that will support resilient communities that can better cope with the threats being faced. This will also contribute to alleviating factors that contribute to addressing the root causes of the crisis in the longer term.

Shortcomings in the ability of development and peace actors to deliver on the complementary strategic priorities outlined in the TCF will have the most severe impact on already vulnerable and marginalized groups, including women, children, and persons with disabilities, leading to increased humanitarian needs across all sectors. This section outlines the consequences of development underfunding and how each cluster will be forced to adapt its planned response activities.

By 2025, people in Myanmar, particularly those most vulnerable, will have improved access, empowered community resilience and economy to both man-made and natural shocks and stressors including climate change, and strengthen the drivers of Peace.

SP 1: Save and protect lives	SP 2: Sustain Essential Social Services and Improve Systems' Resilience	SP 3: Empower People and Strengthen Community Resilience	SP 4: Strengthen the Drivers of Peace
Outcome 1: By the end of 2025, those in most servere humanitarian need have received life-saving support and protection services critical to their survival.	**Outcome 2:** By the end of 2025, people in Myanmar, especially women and those most vulnerable, will have improved access to inclusive, resilient, gender-responsive, equitable and sustainable essential social services.	**Outcome 3:** By the end of 2025, people in Myanmar, especially women and those most vulnerable, households, and communities, are economically empowered and resilient to both man-made and natural shocks and stressors including climate change.	**Outcome 4:** By the end of 2025, people in Myanmar, especially women, children, youth, minority and marginalized communities are increasingly empowered to actively engage and contribute to mechanisms and local platforms for gender-responisve and inclusive dialogue, accountability and conflict management, and promotion and protection of their rights.

Education

The Education Cluster enjoys existing strong engagement with development partners through key platforms such as the Education Sector Representative Group and the Education Donor Partners Group. The focus remains on humanitarian activities, an approach that will continue in 2024 but complementary development action and funding are critical.

If complementary TCF strategic priorities (especially SP2) are not adequately supported in 2025, this will lead to heightened vulnerability among affected people and an increased reliance on humanitarian assistance. The number of children in need of access to education services will rise exponentially. The Education Cluster is already struggling with inadequate resources to sufficiently support the current number of people in need, and an increase of the caseload threatens to break down the provision of education with long-term consequences for children whose prospects and economic contribution are affected by every missed year of learning.

Food security

Food security development partners are already integrated within the Cluster coordination mechanisms and strategies at the national and sub-national levels, including through the Agriculture and Rural Development Group, the NGO Forum, and specific technical working groups. Collaboration with development actors is also underway to complement activities in food insecurity, including enhancing access to critical agricultural input markets, provision of agriculture extension services, and the strengthening of agri-food systems and supply chains. Development interventions to improve communities' access to and capacity to use early warning information, focused on community-based disaster risk reduction (DRR) and anticipatory action, will reduce the impact of climate-related hazards faced by vulnerable households in many parts of the country every year. Bridging this gap will allow longer-term and more impactful assistance to be provided both before and immediately following the initial relief assistance.

If agriculture and livelihood programmes under SP2 in the TCF are not sufficiently funded, essential agricultural services and market systems will be disrupted. Failure to implement SP2 would further disrupt essential services and agricultural support systems, worsening the situation of 229,000 IDPs who could deteriorate from Phase 2 (Stress) to Phase 3 (Crisis), likely increasing the humanitarian caseload. Evidence highlights that sustained TCF investments in local market functionality and agricultural capacity are more cost-effective than repeated emergency interventions, ensuring sustainable food security and reducing long-term humanitarian cost. If support for community resilience programmes under SP3 is limited, this would severely impact local food production capacity. Without these TCF interventions, the humanitarian caseload would increase beyond the 15.2 million people currently facing acute food insecurity.

Health

The Health Cluster is transitioning several activities that have been historically included in the Myanmar HNRP to the TCF, ensuring effective, safe, and people-centred health care. Through the TCF, health actors hope to support the improvement of infrastructure that is essential for the sustainable recovery of affected people from the current health crisis, such as damaged health-care facilities.

If the development sector under the TCF strategic priorities fails to deliver in 2025, humanitarian health needs will intensify. More disease outbreaks will occur as immunization coverage will remain critically low, malaria and dengue prevention efforts will be interrupted, and access to safe drinking water and sanitation will decline or not be available at all. Limited access to reproductive health services, including family planning and care for sexually transmitted infections, will increase the risk of unintended pregnancies and infections, including HIV/AIDS. Maternal and neonatal mortality rates will potentially increase as many women will not have access to safe delivery facilities and trained midwives.

Nutrition

The full spectrum of TCF implementation is crucial to providing preventative malnutrition activities to communities not covered by the humanitarian response, mainly among 'other crisis-affected' communities. The Nutrition Cluster will deepen existing coordination structures between humanitarian and development nutrition actors with combined efforts towards establishing durable solutions, including possible nexus work to enable the continuum of care across humanitarian and development nutrition interventions.

Failure to implement the TCF strategic priorities in 2025 will have significant repercussions, exposing already vulnerable people to a vicious cycle of deprivation and hunger amid worsening humanitarian conditions. This impact could double the current needs of 3 million people, increasing child mortality rates due to life-threatening and preventable conditions. Mortality rates for malnourished and sick children are nearly ten times higher than for healthy children. Furthermore, treating acute malnutrition costs hundreds of dollars in comparison to the cost of prevention. Building resilience is critical to allow communities to withstand shocks from conflict-induced displacement and flooding. The TCF notably serves as an important link for generic nutrition response programmes and extension to livelihood support programmes in urban and peri-urban areas in Yangon, the Central Region, and the Southeast. Strong joint advocacy by nutrition actors will be prioritized to ensure sufficient resourcing to support increasing nutritional action in areas outside the HNRP.

Protection

The Protection Cluster engages and works with development-orientated coordination structures and partners to ensure protection is considered across the nexus, with efforts made to avoid creating parallel systems. Protection activities will be linked to the rights violation referral system and related advocacy when incidents are identified. Where appropriate, transition from emergency humanitarian response to early recovery, and eventually durable solutions for IDPs will be sought with huge need for complementary development investments to make these a reality. Concurrently, development actors can take on long-term approaches to support and solve systemic housing, land and property issues faced by different communities in Myanmar.

If TCF objectives are not met in 2025, efforts to address the protection needs of at-risk communities would be undermined, exacerbating existing vulnerabilities and diminishing resilience to the ongoing conflict. This would further entrench the current humanitarian crisis, disproportionately affecting women, children, and other marginalized groups. Affected people are likely to remain increasingly reliant on external aid, impeding their capacity to recover from future crises and further intensifying cycles of dependency. In the absence of comprehensive initiatives to empower communities, social divisions could worsen, potentially leading to resource conflicts or escalating tensions within communities. Vulnerable groups, including marginalized ethnic minorities, would be at heightened risk of exclusion, leaving them more susceptible to exploitation, trafficking, GBV, and other protection violations. This fragmentation could also fuel dangerous migration, with individuals, especially youth and children, resorting to perilous routes in search of better opportunities abroad.

Shelter/NFI/CCCM

The absence of development funding and action is already imposing substantial pressure on the humanitarian shelter/NFI/CCCM Cluster. Development actors are critical to mainstreaming DRR and resilience-building strategies, empowering affected populations to withstand recurrent climatic disasters, reducing vulnerability, and fostering self-recovery. While underdeveloped in recent years, this DRR work is critical and will be fully coordinated with humanitarian Shelter/NFI/CCCM actors to ensure that activities are aligned, particularly to mainstream preparedness and durable solutions where protracted social cohesion issues exist. Livelihood support from development actors is key to facilitating resettlement, local integration, and overall self-reliance, especially

with an inclusive approach encompassing both youth and adults.

If the TCF strategic priorities (particularly SP2 and SP3) are not adequately supported in 2025, the impact on shelter/NFI/CCCM needs will be significant. The lack of development funding will leave many affected populations without resilience-building opportunities, such as DRR and community-based preparedness. This will likely lead to a 15-20 per cent increase in vulnerable populations requiring emergency shelter, NFIs, and CCCM support following predictable events, such as monsoon rains or floods. The absence of adequate development funding will also significantly hamper the effectiveness of the Cluster's initiatives to promote resilience and self-sufficiency among crisis-affected populations, as development programmes are essential not only in preventing more people from sliding into the humanitarian caseload but also fostering long-term stability and self-reliance. Without robust development action, the Cluster's ability to implement critical initiatives will be severely constrained. This will likely result in a growing number of individuals backsliding into humanitarian needs, further perpetuating a cycle of dependency. Proactive investments in resilience and preparedness can prevent the higher costs associated with emergency humanitarian interventions in the future.

WASH

WASH support is sought from development actors to strengthen several key areas. These include targeted infrastructure investment in WASH facilities in protracted displacement settings, with a focus on locations experiencing population growth; and livelihoods support to reintegrate IDP returnees, especially through income-generating activities and vocational training. Also prioritized for WASH sustainability and eventual self-sufficiency are community-based WASH initiatives, and market enhancement strategies for improved accessibility and affordability of WASH supplies. Collaboration in urban and peri-urban WASH services is a priority, specifically in areas with high urbanization rates. Specific, location-tailored efforts will contribute significantly to addressing WASH challenges and improving the well-being of affected populations.

If the TCF strategic priorities (particularly SP2 and SP3) are not sufficiently supported in 2025, Myanmar's WASH sector will face a significant increase in humanitarian needs. Without proactive resilience-building efforts, an additional 600,000 people may require urgent WASH services due to a preventable deterioration of the sanitation and water infrastructure in vulnerable areas. SP2, which focuses on resilience-building, is crucial to reduce dependency on emergency interventions by strengthening local water and sanitation infrastructure and systems. Failure to fund these activities will lead to costly, repetitive emergency responses, stretching already strained resources. Similarly, SP3 addresses the integration of protection and access to safe water and sanitation, which is critical for displaced people and vulnerable groups, particularly women and children. Without SP3, protection risks are likely to increase, with more individuals exposed to waterborne diseases and inadequate hygiene.

4.4 Myanmar 2025 HNRP Risk Management Guidelines

Risk management is a crucial component in the humanitarian response to crises, particularly in complex environments like Myanmar, where political instability, armed conflict, and climatic disasters significantly impact vulnerable populations. Effective risk management ensures that humanitarian efforts are resilient, resources are optimally utilized, and the safety of both aid workers and affected communities is prioritized.

The humanitarian community in Myanmar undertakes risk management across all parts of the operation. For risk-informed engagement and additional risk mitigation measures, the HCT has developed a range of guiding documents on risk mitigation, sharing, and accountability among stakeholders, including the Myanmar Joint Operating Standards, Myanmar HCT Localization Strategy, and Lessons Learned: Mitigating the Risks of Arrest and Detention of Aid Workers in Myanmar.

To navigate the increasingly difficult access and operational environment, humanitarian partners adhere to the framework for engagement under the Myanmar Joint Operating Standards. Partners will advocate for the affected people to have access to humanitarian services, especially for those most vulnerable and report any violations of any aspect of humanitarian action.

Framework for engagement

In accordance with the norms and principles which guide humanitarian action globally, humanitarian partners working in Myanmar will:

- Call for all parties to the conflict to respect and facilitate humanitarian action, ensure the protection of aid workers, and fulfil their obligations regarding protection of civilians.
- Engage with parties to the conflict and relevant actors for the purpose of securing humanitarian access and meeting the humanitarian needs of affected populations; this engagement must be principled and should never be considered political legitimization, recognition of - or support to - a party of conflict.
- Support local and national responders to effectively deliver aid and improve their capacity for risk mitigation to safely and effectively deliver aid through a strong risk-sharing approach in accordance with humanitarian principles.
- Commit to a unified and coordinated response to new or novel requests from parties to the conflict regarding administrative, information sharing, reporting and other procedures for obtaining access.
- Seek rapid and unimpeded access to all affected people and call on parties to the conflict to refrain from arbitrarily impeding provision of humanitarian aid, including through unpredictable and onerous administrative requirements.

In accordance with the norms and principles which guide humanitarian action globally, humanitarian partners working in Myanmar commit to:

- Select staff, partners, vendors or beneficiaries independently and transparently.
- Protect and promote the safety, security and freedom of humanitarian agencies, their personnel and assets/goods.
- Advocate that humanitarian personnel are not subjected to threat, violence, abduction, harassment or intimidation by parties of the conflict.
- Mitigate against negative impacts of humanitarian action on civilians' security.
- Advocate to conduct humanitarian assessments and identify beneficiaries for assistance based on established needs criteria that account for specific vulnerabilities, including gender, ethnicity and disability.
- Be transparent about intent, criteria and methodologies used to identify beneficiaries, including to parties to the conflict.
- Safeguard and protect beneficiary information in accordance with data protection guidelines.

- Conduct independent monitoring and evaluation activities to ensure that assistance reached the intended beneficiaries and create an environment for beneficiaries to safely provide feedback and participate in the design of humanitarian interventions.
- Advocate for the applicability of international humanitarian law in Myanmar.
- Where applicable, and as mandated under international humanitarian law, deliver medical assistance to all persons based on need; this may include parties to the conflict 'hors de combat'.

In accordance with the norms and principles which guide humanitarian action globally, humanitarian partners working in Myanmar commit to refuse requests from parties to the conflict to:

- Take control of humanitarian facilities and assets - including warehouse, vehicles, commodities and any other humanitarian assets - or permit armed actors to enter or control access to humanitarian sites, facilities or vehicles.
- Accept military or armed escorts, except in special circumstances and when agreed in advance with clearly defined parameters based on the Inter-Agency Standing Committee guidelines on the use of armed escorts for humanitarian convoys.
- Enable coercive or other unsafe returns, relocations or resettlements of affected people.
- Deliver or hand over humanitarian assistance and/or funds to armed actors or parties to the conflict.
- Submit to programming demands from any party to the conflict based on violence, abduction or intimidation (physical or administrative).
- Limit their assistance based on demographic characteristics, including gender, age, disability and ethnicity.
- Provide personal information identifying beneficiaries of humanitarian assistance to any external actors in exchange for access, nor in instances where it would place the beneficiary at risk of exploitation or harm.
- Share sensitive personal information of staff members, partners and/or vendors. Any request for staff, partner or vendor details for humanitarian notification purposes will be handled in compliance with humanitarian principles and agreements at the HCT level and information will only be shared with the approval of the concerned individuals.

In accordance with the norms and principles which guide humanitarian action globally, humanitarian partners working in Myanmar commit to:

- Coordinate and complement their activities with other humanitarian partners operating in the same locations to share information, lessons learnt, ensure transparency and avoid duplication.
- Support other humanitarian partners in operating in line with the Joint Operating Standards and ensure transparent reporting on access challenges, including on lessons learnt.
- Sensitize donors to adopt a flexible and conflict sensitive approach to enable principled access for humanitarian programming in line with humanitarian principles.
- Select implementing partners (including local NGOs, community-based organizations, and vendors) and staff based on qualifications that humanitarian partners deem necessary to complete their tasks and promote local leadership/ownership.

Acronyms

AAP	Accountability to affected people
AoR	Area of responsibility
AWD	Acute watery diarrhoea
CCCM	Camp coordination and camp management
CE	Community engagement
DRR	Disaster risk reduction
FSC	Food Security Cluster
GBV	Gender-based violence
HCT	Humanitarian Country Team
HNRP	Humanitarian Needs and Response Plan
ICCG	Inter-Cluster Coordination Group
IDP	Internally displaced person
MAF	Myanmar Armed Forces
MAM	Moderate acute malnutrition
MEB	Minimum Expenditure Basket
MHPSS	Mental health and psychosocial support
MIMU	Myanmar Information Management Unit
MNP	Micronutrient powder
MSNA	Multi-Sectoral Needs Assessment
NFI	Non-food item
OPD	Organization of persons with disabilities
PDF	People's Defence Forces
PiN	People in need
PLW	Pregnant and lactating women
PSEA	Protection from sexual exploitation and abuse
SAC	State Administration Council
SAM	Severe acute malnutrition
TAG	Technical Advisory Group for Disability Inclusion
TCF	Transitional Cooperation Framework
WASH	Water, sanitation and hygiene

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33. Landmine Monitor 2023

34. The MSNA methodology was designed to provide results at the state/region/sub-region level for each population group, with a total of 8,704 interviews conducted.

35. Phase 2 – Stress: People are eating minimally adequate diets but must make significant changes to their lifestyles to support other non-food needs.

36. Phase 3 – Crisis: Some households are not consuming enough food and have high levels of malnutrition, while others are adopting irreversible coping strategies – such as selling assets that support their livelihoods – to support a limited diet. In Phases 3, 4 and 5, humanitarian assistance is urgently required.

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 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.
www.unocha.org/myanmar-humanitarian-fund

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.
cerf.un.org/donate

About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

PHOTO ON COVER
A pregnant woman with her child at her home in a community affected by severe flooding in the Southeast. Credit: UNFPA/2024

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

Humanitarian Action provides a comprehensive overview of the humanitarian landscape. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.
humanitarianaction.info

rw response

ReliefWeb Response is part of OCHA's commitment to the humanitarian community to ensure that relevant information in a humanitarian emergency is available to facilitate situational understanding and decision-making. It is the next generation of the Humanitarian Response platform.
reliefweb.int/country/mmr

fts Financial Tracking Service

The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.
https://fts.unocha.org/countries/153/summary/2025

MYANMAR

HUMANITARIAN NEEDS AND RESPONSE PLAN