

# HUMANITARIAN NEEDS OVERVIEW

## MYANMAR

HUMANITARIAN  
PROGRAMME CYCLE  
**2021**  
ISSUED JANUARY 2021



# About

This document has been consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It sets out a comprehensive shared analysis of the crisis and of related humanitarian needs. It is intended to serve as an evidence base for the Humanitarian Response Plan (HRP).

## PHOTO ON COVER

A displaced family in Maina IDP camp in Waingmaw Township, Kachin State.  
Photo: UNICEF/Minzayar Oo

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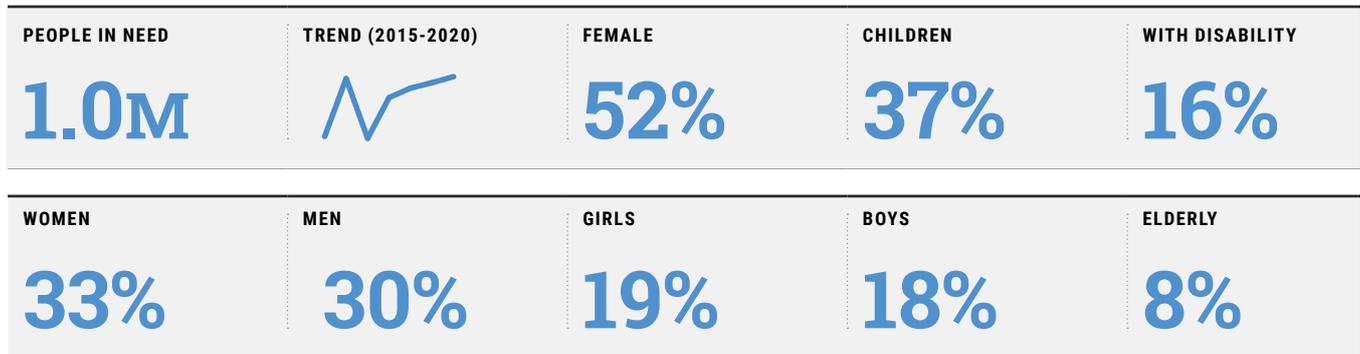
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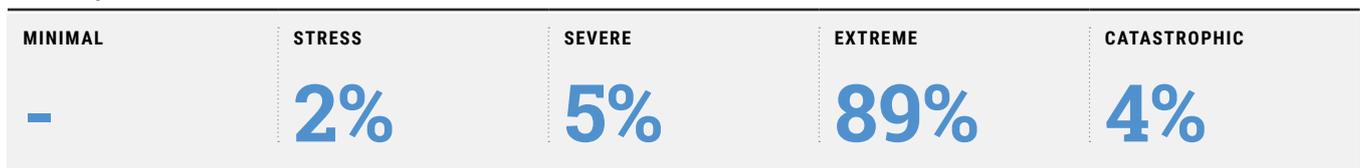
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# Summary of Humanitarian Needs and Key Findings

## Key figures



## Severity of needs



### RAKHINE, MYANMAR

A family from Dar Paing IDP camp in Sittwe Township.  
 Photo: LWF Myanmar/Magdalena Vogt



### People in need by population group

More on pages 28 - 34

POPULATION GROUP	PEOPLE IN NEED
Internally displaced people (IDP)	336K
IDPs: returnees/ resettled/ locally integrated	11K
Non-displaced stateless people in Rakhine	470K
Other vulnerable crisis-affected people	219K

### People in need by state

More on pages 35 - 39

STATE	PEOPLE IN NEED
Bago	3K
Chin	13K
Kachin	167K
Kayin	10K
Rakhine	806K
Shan	37K

### People in need by sector/cluster

More on pages 48 - 67

SECTOR/CLUSTER	PEOPLE IN NEED
Education	279K
Food Security	783K
Health	819K
Nutrition	183K
Protection	986K
Shelter/NFI/CCCM	348K
WASH	914K

### People in need by gender group

More on pages 28 - 34

GENDER GROUP	PEOPLE IN NEED	% PIN
Women	342K	33%
Men	311K	30%
Girls	197K	19%
Boys	186K	18%

### People in need by age group

More on page 35 - 39

AGE	PEOPLE IN NEED	% PIN
Children (0 - 18)	383K	37%
Adults (18 - 60)	580K	56%
Elderly (60+)	73K	7%

### People in need with disability

More on pages 35 - 39

	PEOPLE IN NEED	% PIN
Persons with disabilities	166K	16%

# Summary of Humanitarian Needs

## Context and impact of the crisis

A significant proportion of Myanmar's population continues to experience severe and deep-rooted humanitarian challenges. Humanitarian organizations estimate that more than 1 million people are currently in need of some form of humanitarian support, due to armed conflict, vulnerability to natural hazards, inter-communal tensions or other factors. The expanding impact of the COVID-19 pandemic has further complicated the lives of people in humanitarian settings across the country.

More than 336,000 people in Myanmar are internally displaced, of whom a majority are in situations of protracted displacement in Rakhine, Kachin, Kayin and Shan states. Smaller-scale displacement has also taken place in eastern Bago Region. The launch of a National Strategy on Resettlement of Internally Displaced Persons (IDPs) and Closure of IDP Camps in November 2019 has provided new opportunities for dialogue around durable solutions, although significant challenges remain, including insecurity and conflict, limited availability of essential services in return or potential resettlement areas, landmine contamination and complex issues around housing, land and property rights.

Overall levels of humanitarian need have increased over the past year due to an expansion of armed conflict in Rakhine and southern Chin, with intense fighting frequently taking place in and around populated areas over the first half of 2020. This conflict has caused significant additional internal displacement since early 2019, with more than 100,000 IDPs reported as of November 2020, according to government and other sources. This rapid increase in new internal displacement has in addition compounded challenges for host communities who are in many cases also directly affected by the

conflict itself, including due to growing landmine and unexploded ordnance contamination.

In addition to the above, discrimination and marginalization continue to exacerbate and drive vulnerability, particularly among hundreds of thousands of stateless Rohingya in Rakhine State who – more than eight years after inter-communal violence caused widespread internal displacement and more than three years after security operations forced hundreds of thousands of others to flee across the border into Bangladesh – still face significant challenges in accessing basic healthcare, education and livelihoods due to restrictions on freedom of movement, inter-communal tensions and other factors, prolonging reliance on humanitarian assistance. Approximately 130,000 people, of whom the majority are Rohingya, have remained displaced in the central part of Rakhine since 2012, mostly in camps or camp-like settings. More than 860,000 Rohingya refugees<sup>1</sup> – of whom more than 700,000 fled Myanmar since 2017 – remain in Bangladesh.<sup>2</sup>

The situation in the northern part of Shan State remains precarious due to volatile and unpredictable security dynamics which have continued to cause temporary displacement of civilians, albeit at lower levels than seen in Rakhine, and to complicate the return of the estimated 9,700 people in longer-term IDP camps in the area. Despite an absence of large-scale clashes in Kachin State since mid-2018, close to 96,000 people remain in IDP camps set up after fighting broke out in 2011, of whom roughly 40,000 are in areas controlled by non-state armed actors. Civilians also continue to be affected by conflict in parts of Kayin State, as well as adjoining areas of Bago Region.

The rapid increase in locally-transmitted COVID-19 cases across the country from mid-August 2020 has further complicated an already challenging

humanitarian situation, with Rakhine State emerging as a key epicenter, in addition to Yangon Region which has seen the largest number of cases. As of November, the Ministry of Health and Sports was reporting more than 80,000 cases and 1,750 fatalities across the country. The Government, both at Union and state levels, rapidly implemented a number of measures to contain the spread of the virus, including in humanitarian settings. However, some of these measures have resulted in an extended disruption of humanitarian assistance in Rakhine State in particular.

## Scope

The 2021 Myanmar Humanitarian Needs Overview focuses primarily on Kachin, northern Shan, Rakhine and Chin states where humanitarian needs remain at critical levels, due to ongoing conflict, movement restrictions, and discriminatory policies and practices. It also addresses humanitarian needs in other parts of the country, specifically in Kayin State and adjoining areas of Bago State in the south-east of the country, where vulnerability persists due to sporadic armed conflict, exposure to natural disasters, chronic under-development and other factors. Inter-communal violence also remains a possible driver of humanitarian need from a contingency planning perspective.

### Humanitarian Drivers:

- Armed conflict
- Inter-communal violence
- Natural hazards

### Population Groups:

- Internally displaced people
- IDPs: returnees/resettled/locally integrated
- Non-displaced stateless people in Rakhine
- Other vulnerable crisis-affected people

### Locations:

- Bago (eastern)
- Chin (southern)
- Kachin
- Kayin
- Rakhine
- Shan (northern)

## Humanitarian Conditions

Many IDPs living in camps or camp-like situations are almost entirely dependent on humanitarian assistance to meet their basic needs. The protracted nature of displacement also impacts surrounding communities, straining already scarce resources. In Rakhine, both displaced and non-displaced stateless Rohingya experience additional humanitarian challenges due to extensive restrictions on their freedom of movement, which curtail access to basic services and livelihoods. In Kachin and northern Shan states, unresolved armed conflict, insecurity, and presence of landmines and unexploded ordnance continue to impede efforts towards durable solutions for displaced people. Many people still have limited access to humanitarian assistance, protection and essential services, particularly in non-government-controlled areas. Even in areas less impacted by armed conflict, exposure to natural disasters and chronic under-development often drive high levels of vulnerability. Across the four population groups identified above, children under age 5, unaccompanied and separated children, pregnant and breastfeeding women, the elderly, people with disabilities and persons with diverse sexual orientations and gender identities have specific needs.

## People in Need

Overall, more than 1 million people have been identified as being in need of humanitarian assistance. This includes some 336,000 displaced people (of whom 29 per cent are women, 20 per cent are girls and 21 per cent are boys) who remain in camps or IDP sites in Kachin, northern Shan, Rakhine, southern Chin, eastern Bago and Kayin. It also includes an estimated 470,000 non-displaced stateless persons in Rakhine who remain in need of various forms of humanitarian support due to significantly reduced access to livelihoods and critical services including education and healthcare caused by movement restrictions, inter-communal tensions and other factors. The “other vulnerable crisis-affected” category listed above includes members of host communities and other conflict-affected populations. The final category addresses persons in the process of pursuing durable

solutions to internal displacement, and the particular needs this entails.

### Severity of needs

While the drivers and underlying factors triggering humanitarian needs have impacted all crisis-affected people to varying degrees in Kachin, northern Shan, Rakhine, southern Chin, Kayin and eastern Bago states, specific population groups and locations have been more severely affected than others and this has been

factored into the needs analysis process. Among the four population groups, IDPs and stateless persons (in Rakhine) are in general experiencing the highest levels of inter-sectoral needs, with women, girls and other at-risk population groups being disproportionately impacted within these categories. There is also a strong correlation between severity of need and levels of armed conflict.

#### CHIN, MYANMAR

Children playing in Lauk Lung village.

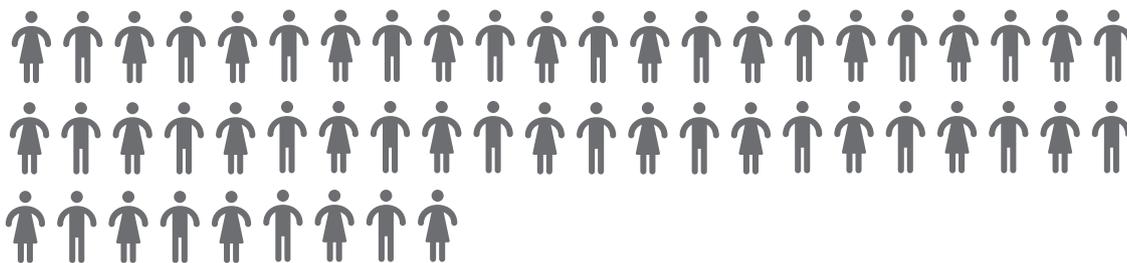
Photo: UNICEF/Romeo



## Estimated number of people in need

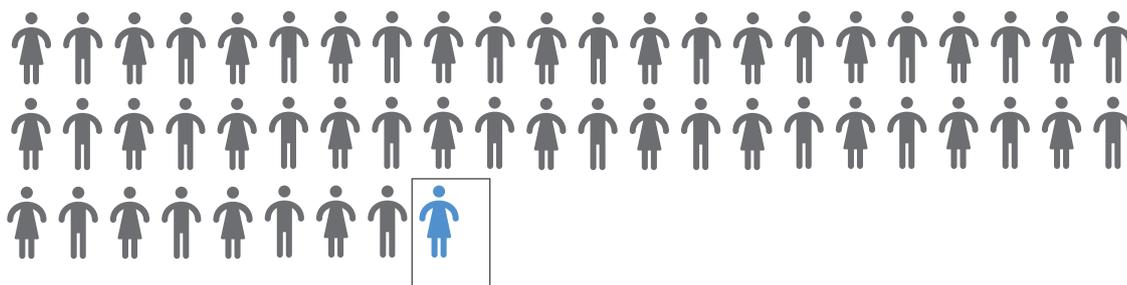
### TOTAL POPULATION

53M



### PEOPLE IN NEED

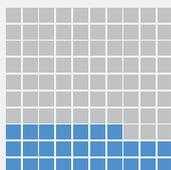
1M



#### BY SECTOR

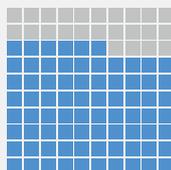
EDUCATION

279K



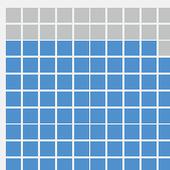
FOOD SECURITY

783K



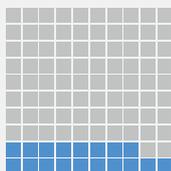
HEALTH

819K



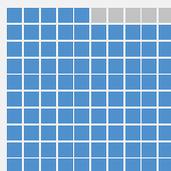
NUTRITION

183K



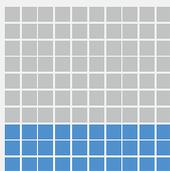
PROTECTION

986K



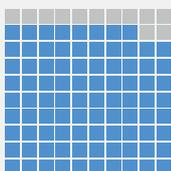
SHELTER/NFI/  
CCCM

348K



WASH

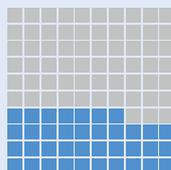
914K



#### BY AGE & SEX

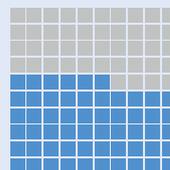
CHILDREN  
<18 YEARS

383K



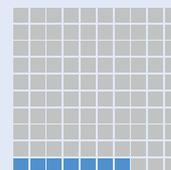
ADULT  
18-60 YEARS

580K



ELDERLY  
>60 YEARS

73K



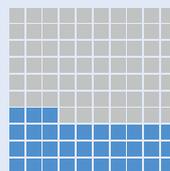
52%  
FEMALE  
48%  
MALE



16%  
PERSON WITH  
DISABILITIES

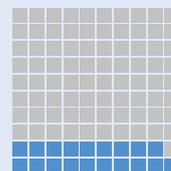
WOMEN

342K



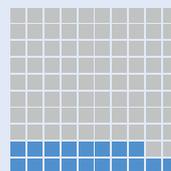
GIRLS

197K

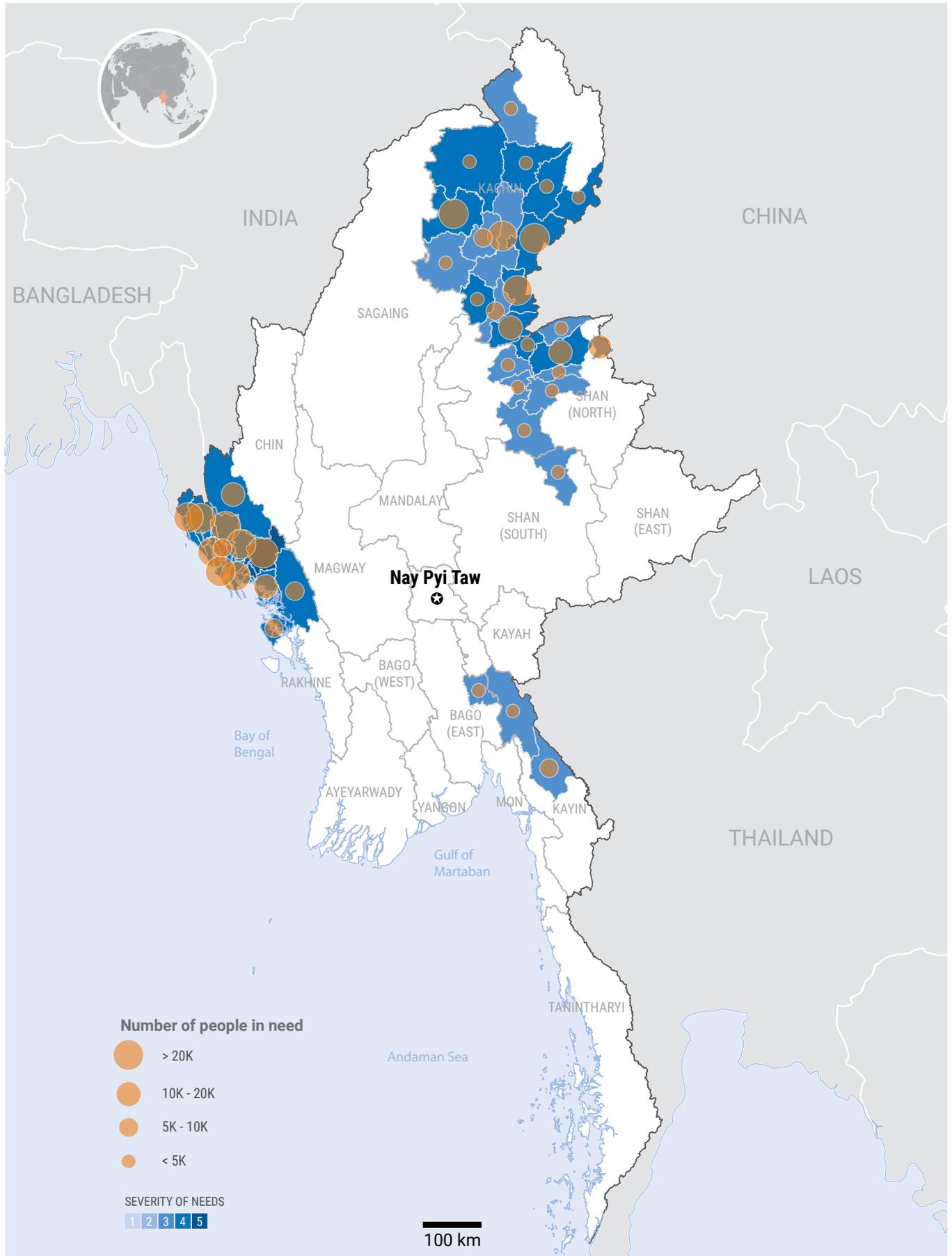


BOYS

186K



### Severity of humanitarian conditions and number of people in need



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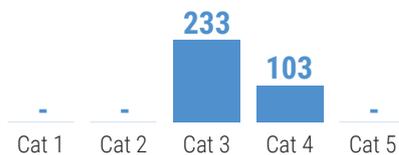
## Severity of humanitarian conditions and number of people in need

### INTERNALLY DISPLACED PEOPLE

People in need

**336**  
thousand

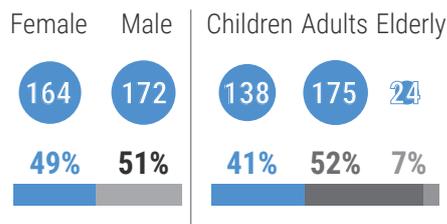
Severity of needs  
(in thousands)



People in need by sex & age

In thousands:

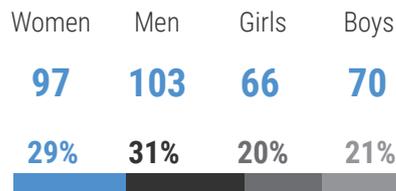
As a percent:



People in need by gender

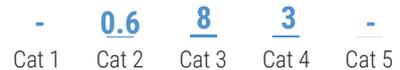
In thousands:

As a percent:



### IDPS: RETURNEES/RESETTLED/LOCALLY INTEGRATED

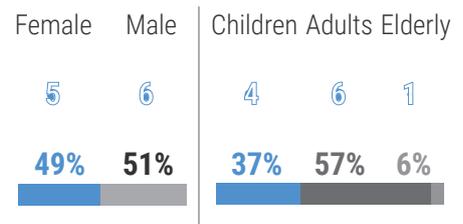
**11**  
thousand



People in need by sex & age

In thousands:

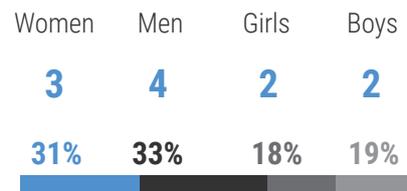
As a percent:



People in need by gender

In thousands:

As a percent:



### NON-DISPLACED STATELESS PEOPLE IN RAKHINE

People in need

**470**  
thousand

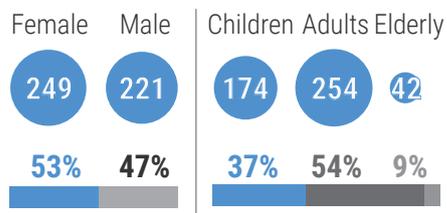
Severity of needs  
(in thousands)



People in need by sex & age

In thousands:

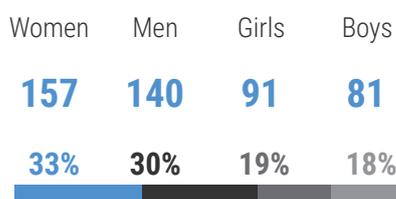
As a percent:



People in need by gender

In thousands:

As a percent:



### OTHER VULNERABLE CRISIS-AFFECTED PEOPLE

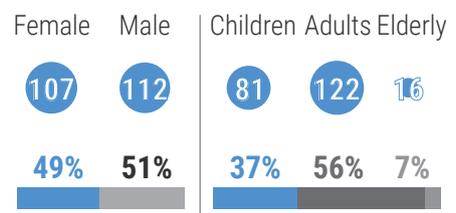
**219**  
thousand



People in need by sex & age

In thousands:

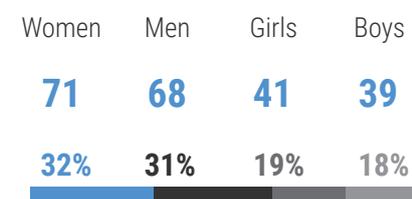
As a percent:



People in need by gender

In thousands:

As a percent:



Part 1:

# Impact of the Crisis and Humanitarian Conditions

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## KACHIN, MYANMAR

Displaced girl in a weaving workshop in Main IDP camp in Waingmaw Township.

Photo: UNICEF/Minzayar Oo



## 1.1

## Context of the Crisis

### Political, socio-cultural, demographic and economic profiles

#### Kachin State

Kachin is the northernmost state of Myanmar, with a population of 1.64 million people (5.5 per cent of the country's total population). Kachin State is ethnically diverse, with a sizeable population of ethnic Kachin, a group comprised of six sub-groups, the largest of which is the Jinghpaw.

Kachin State is resource-rich but has higher-than-average poverty levels (36.6 per cent compared to the national average of 24.8 per cent).<sup>3</sup> In terms of education, Kachin has a relatively high literacy rate of 91.7 per cent (compared to a Union level rate of 89.5 per cent) with higher literacy levels for males than females.<sup>4</sup>

Kachin ranked fourth among all states in Myanmar in a countrywide analysis of vulnerability carried out by the Myanmar Information Management Unit (MIMU) and the Humanitarian Assistance and Resilience Program (HARP) in June 2018.<sup>5</sup> An estimated 988,300 persons, or 60 per cent of the population of the State, had some form of vulnerability in relation to housing materials, education/educational attainment, safe sanitation, drinking water, child dependency<sup>6</sup>, availability of identification cards or direct exposure to conflict during the period of the analysis. Seven of the 18 townships in Kachin fell within the top 20 per cent of townships in Myanmar with the highest maternal mortality rates and HIV prevalence was also high.

Stunting and wasting rates in Kachin have been estimated at 24.4 per cent and 3 per cent respectively,<sup>7</sup> although these figures mask disparities at township and more local levels. According to data from a 2019 inter-census survey, the disability prevalence rate in

Kachin State was approximately 8.9 per cent (although not all populations in Kachin were enumerated and information collection on persons with disability was limited).<sup>8</sup>

Land is central to humanitarian, development and peace challenges in Kachin State. According to a 2018 study by the Durable Peace Programme,<sup>9</sup> many IDPs in Kachin claim their land of origin has been appropriated by armed actors for the extraction of natural resources, small-scale and large-scale agriculture, civilian housing or other purposes. As indicated in the joint UNDP-UNHCR Housing, Land and Property Baseline Assessment in Kachin State released in 2019, the land law reform of 2012 had the combined effect of undermining existing housing, land and property rights of most IDPs, while at the same time preventing the registration of de facto land rights while in displacement. Women in Kachin face additional barriers to ownership of land and other assets due to discriminatory social customs, with IDPs reporting in 2020 that women's names are included on just 25 per cent of land ownership documents. Women's lack of land ownership documentation particularly impacts displaced female-headed households who want to reclaim their land upon return.<sup>10</sup> The introduction in October 2018 of amendments to the Vacant, Fallow and Virgin Land Law is likely to exacerbate the situation by undermining customary practices and communal land rights, particularly for persons displaced due to conflict.

High levels of deforestation have also generated significant environmental risks. Kachin is a hotspot for illegal logging involving transportation of timber, fuelwood and charcoal to neighboring countries. Kachin also holds the richest jade deposits in Myanmar. More than 170 people were killed due to a landslide at a jade mine in Hpakant in western Kachin

in July 2020, in a shocking demonstration of the complex interaction between poverty, human rights abuses and environmental degradation in the State.

Kachin State is a significant area for opium production in Myanmar, reportedly accounting for close to 12 per cent of total cultivation in 2019.<sup>11</sup> Widespread drug use and addiction has resulted in a range of negative health, social and economic consequences, including gender-based violence (GBV).

### **Shan State**

Shan is the largest state in the country, with a population of 5.82 million people (11.3 per cent of the country's total population) spread unevenly across 55 townships. Shan State is one of the most ethnically diverse areas in the country, with its population including the Bamar, Kachin, Lahu, Lisu, Palaung/ Ta'ang, Shan and Wa ethnic groups, among others.

The poverty rate in Shan remains high at 28.6 per cent, compared to the national average of 24.8 per cent.<sup>12</sup> The countrywide MIMU-HARP analysis mentioned above ranked Shan as the third highest state or region in terms of vulnerability, after Rakhine and Kayin.<sup>13</sup> An estimated 56 per cent of persons in Shan State were found to have some form of vulnerability in relation to housing materials, educational attainment, safe sanitation, drinking water, child dependency, availability of identification cards or direct exposure to conflict during the period of the analysis. The analysis also indicated that most townships of Shan fell into categories relating to higher levels of conflict and low levels of development. In terms of education, Shan State has by far the highest proportion of illiterate people of any state or region, accounting for 37 per cent of the country's illiterate population aged 15 and over. Shan has also been identified as having the lowest literacy rate among young women at close to 60 per cent<sup>14</sup> and has the highest dropout rate among school-age children in the country.<sup>15</sup> Adolescent pregnancy in Shan State is also the highest in the country (59 per cent, compared to the national average of 33 per cent).

According to the Government's maternal health index (2017), the northern part of Shan State has the

highest inequality in terms of maternal health service coverage, with five out of 20 townships falling under the "satisfactory" level of 0.7. As of 2015, stunting and wasting rates were estimated at 30 per cent and 2 per cent respectively, although as noted above in relation to Kachin, these figures mask disparities at township and more local levels, and malnutrition rates may be significantly higher, due to conflict and other factors.

Shan State remains the primary opium producing region in Myanmar, accounting for an estimated 85 per cent of total poppy cultivation in 2019,<sup>16</sup> and has also become a major centre for methamphetamine manufacturing and trafficking, linked closely to highly complex conflict dynamics in the area.<sup>17</sup> Drug addiction is a major social problem across urban and rural areas of Shan State, fueling high rates of HIV infection, increasing levels of GBV and generally undermining the State's human capital.<sup>18</sup> Due to drug use among displaced men, women are also taking on the roles traditionally assigned to husbands as "protectors" and "providers" for their family on top of existing care work at home.

As in Kachin, the illegal timber trade is a significant driver of deforestation in Shan State, and is difficult to control in some areas because of instability and threats to forestry officials. Continued loss of tree coverage in recent decades has increased the risk of soil erosion and changes in weather patterns have also resulted in some areas of Shan experiencing drought.<sup>19</sup> Shan has also been a major source of international Myanmar migrants, primarily to Thailand but with a significant proportion travelling to China. There are various protection concerns associated with migration, particularly for women and girls including forced marriage, forced pregnancy and other forms of exploitation and sexual and physical abuse.

### **Rakhine State**

Rakhine State is the westernmost state of Myanmar with a population of more than 3 million people (5.5 per cent of the country's total population). Rakhine is geographically isolated, separated from the rest of the country by the Rakhine Yoma mountain range, with limited road connectivity. It is characterized by chronic poverty, underdevelopment, political and

economic marginalization, weak infrastructure and high exposure to natural hazards including cyclones and floods. Rakhine also has a diverse ethnic and religious population. Rakhine Buddhists make up the largest group. Muslims constitute the second largest group, the majority being stateless Rohingya, while a smaller number are Kaman. Other ethnic minorities include Chin, Daingnet, Khami, Maramagyi, Mro, Thet and Hindu. Cultural and social norms often serve as barriers to women's access to services and public life across communities in Rakhine while persons with disabilities face particular challenges relating to social exclusion and stigmatization. While there are variations based on levels of education, wealth, and the urban/rural context, gender segregation and social barriers amongst Muslim communities can negatively impact the freedom of movement of Rohingya women and girls.

Agriculture, fisheries and livestock are the main source of livelihoods for an estimated 85 per cent of the rural population in Rakhine, but the formal sector is limited in scope. Productivity in these sectors is low, with yields for paddy cultivation the lowest in the country. There are high levels of labour migration outflows, especially among ethnic Rakhine youth. Skills and labour shortages as well as low human capital have a significant impact on labour productivity, while the fragmentation of markets due to transport and mobility constraints lowers incentives for investment.<sup>20</sup> As noted in the final report of the Advisory Commission on Rakhine State, women workers in Rakhine face additional challenges relating to labour. Within the ethnic Rakhine community, more women than men migrate to find employment outside the state, while migration of men tends to increase the workload of women left behind. Women workers also receive unequal pay for equal work.

With its long coastline, Rakhine is highly vulnerable to natural hazards and broader effects of climate change. Much of the State's farmland is poorly adapted to these challenges, including increased salinity from flooded tidal waterways.

The ongoing security and protection crisis in Rakhine has driven further deterioration of an already highly

challenging socio-economic situation. Rakhine is the second poorest state in the country, with a poverty rate of 41.6 per cent, compared to the national rate of 24.8 per cent.<sup>21</sup> The literacy rate is at 84.7 per cent, lower than the national rate of 89.5 per cent. Literacy is higher among males (92.2 per cent literacy rate) than females (78.7 per cent). The MIMU-HARP vulnerability analysis mentioned above ranked Rakhine as having the highest vulnerability of any state or region. Approximately 60 per cent of the population was found to be experiencing some form of vulnerability in relation to housing materials, educational attainment, safe sanitation, drinking water, child dependency, availability of identification cards or direct exposure to conflict (notably, levels of conflict have increased significantly across much of northern and central Rakhine since the study was completed). Malnutrition is a major challenge, with a SMART survey issued in 2016 having identified global acute malnutrition rates exceeding global emergency thresholds in two townships.<sup>22</sup>

Availability of essential health and protection services in parts of Rakhine State is limited due to factors including a shortage of skilled health professionals and social workers, geographical and administrative restrictions on mobility, financial and cultural barriers, poor community awareness of services and gender inequality. Insecurity and inter-communal tensions, mistrust and misperceptions often delay decisions to seek medical care or discourage people from accessing health services. The uptake of maternal health services in Rakhine State is the lowest in the nation and the maternal mortality rate (314.3/100,000) is among the highest in the country.

### **Chin State**

Chin State is located in the north-western part of Myanmar, bordering India and Bangladesh to the west and Rakhine to the south, and is the country's second smallest state with an estimated population of 0.47 million. It is home to a number of Chin ethnic groups, including some 50 sub-groups, many living in high mountain hamlets that are difficult to access. A large majority of the population of Chin practices Christianity. Paletwa is the southernmost township of Chin State,

and is connected to Kyauktaw in Rakhine, immediately to the south, via the Kaladan River.

Underdevelopment and poverty make Chin one of the most deprived areas of Myanmar. Close to six out of 10 persons in the State are categorized as poor.<sup>23</sup> Chin was ranked fifth among all states in regions based on the previously referenced MIMU-HARP vulnerability index, with more than half of the population facing challenges in relation to housing materials, educational attainment, safe sanitation, drinking water, child dependency during the period of the analysis.

According to UNICEF data, one in 10 children in Chin are not expected to live to age five. Chin recorded the highest rate of child stunting (41 per cent) in Myanmar in 2015, with wasting estimated at 4 per cent.<sup>24</sup> Rates in some townships and at more localized levels are expected to be even higher. Just 15 per cent of children in Chin are born in a health facility. Rates of maternal death in Chin are among the highest in the country. The high levels of maternal mortality and of GBV highlights the need for a stronger and better functioning of health and social systems, especially to support women and girls. Food insecurity, malnutrition, lack of basic services and poor infrastructure remain major concerns in Chin with interventions often hampered by logistical difficulties affecting physical access to and from different townships due to geographical characteristics of the state. In addition, Chin State is also frequently affected by natural hazards, including landslides, particularly during the monsoon season.

### **Kayin State**

Kayin State is located in the south-eastern part of Myanmar with a population of more than 1.5 million. The state is inhabited primarily by Karen people with different sub-groups, including Sgaw, Pwo, Bwe and Paku, each of which has unique cultural practices and language. Decades of armed conflict and instability left tens of thousands of people in situations of long-term displacement in south-eastern Myanmar, including in Kayin State.

Needs in Kayin are linked with peace and state-building agendas and include civil documentation, demining, land ownership, equal access to public

services and livelihoods. Kayin was ranked second highest of any state or region in terms of multi-dimensional vulnerability in the MIMU-HARP study mentioned above, with approximately 58 per cent of the population experiencing challenges in relation to housing materials, educational attainment, safe sanitation, drinking water, child dependency, availability of identification cards or direct exposure to conflict in the period of the analysis. The poverty rate in Kayin State is 24.2 per cent.<sup>25</sup> Stunting and wasting rates are estimated at 34.3 percent and 6 per cent respectively, although as noted in relation to other locations, state-level averages may mask disparities at township and more localized levels. Development of the agricultural economy remains limited largely due to mountainous terrain, lack of modern agricultural technology and insecurity in some areas.

Kayin is the second largest state or region of origin of international Myanmar migrants, behind Mon State. As of 2016, close to 700,000 migrants from Kayin were estimated to be in other countries, of whom a large majority (roughly 650,000) were in Thailand. As is the case elsewhere in the south-east, remittances from migrants working outside the country have been a major source of income in areas of origin in Kayin. Large-scale return movements of migrant workers from Thailand into Kayin began from March 2020, due to job losses, concerns about COVID-19 and other factors, generating significant needs for support for quarantine facilities and further complicating the broader socio-economic situation in the state.

### **Security environment**

#### **Kachin State**

Kachin is home to one of the longest-running ethnic insurgencies in Myanmar. After a 17-year ceasefire, fighting between the Kachin Independence Army (KIA) and the MAF resumed in 2011, displacing close to 100,000 people. Heavy clashes have not been reported since May 2018, with no new large-scale displacement having taken place during this period. However, seven years of conflict caused loss of life, protracted displacement, food insecurity, damage to infrastructure, interruption of government services and undermined the State's economic growth. Protracted,

and in some cases recurrent, displacement has compounded existing trauma and hardship faced by IDPs. Roughly 40 per cent of identified IDPs in Kachin are in sites in non-government-controlled areas in the eastern part of the State.

A series of time-bound unilateral ceasefires have been announced and bilateral negotiations between the MAF and the KIA have reportedly continued intermittently, but there remains an absence of the long-term security guarantees need to enable large-scale solutions to displacement. Despite an overall improvement of the security situation, serious physical risks due to widespread landmine and unexploded ordnance contamination continue to constitute a major obstacle to the return of IDPs to their places of origin, which is the durable solution that a majority of IDPs prefer. Patterns of conflict-related sexual violence as well as grave violation against children in Kachin, Shan and Rakhine were also highlighted in a dedicated report of the Independent International Fact-Finding Mission on Myanmar in August 2019.<sup>26</sup>

### **Shan State**

The political and security environment in the northern part of Shan State is extremely complex, with at least seven ethnic armed organizations (EAOs), various Border Guard Forces and approximately 20 militia groups present in the area, in addition to the MAF. The current phase of the conflict in northern Shan began in 2009, with armed clashes involving a number of EAOs, in some cases fighting against one another, and the MAF. The conflict has involved widespread and well documented allegations of serious violations and abuses of human rights.<sup>27</sup>

In 2019, an estimated 26,000 civilians were temporarily displaced by fighting in a number of areas, despite a unilateral MAF ceasefire being in place for most of the year. Clashes continued in the early part of 2020, albeit at a lower level than what was seen in 2019. Another unilateral MAF ceasefire was announced in May 2020, linked to COVID-19, and recently extended until 31 October, although insecurity and conflict incidents have continued to be reported in the northern part of Shan, as has temporary civilian displacement. The mobile nature of the fighting continues to place civilians,

whether displaced or non-displaced, at risk and to reduce prospects for safe, voluntary and dignified solutions for the estimated 9,700 people who remain in situations of protracted displacement in the area. The presence of landmines and unexploded ordnance continues to be a major protection risk for civilians and limits their freedom of movement, causing livelihood problems for farmers in particular.

### **Rakhine and Chin states**

Armed conflict between the MAF and the AA further intensified in 2020. The pre-monsoon period saw a marked increase in often intense armed conflict in and around populated areas, resulting in a significant increase in civilian casualties between February and April. As of August 2020, more than 86,000 people were reported to remain displaced across 12 townships of the two states. By November, prior to publication of this document, this number had risen to more than 100,000. The security situation remains fluid and challenging with incidents including the killing of an aid worker due to gunfire in Minbya Township in April 2020 and an aid convoy coming under fire in Paletwa in southern Chin the following month. In many areas, access to land, livelihoods, markets, and basic services remains cut off or severely reduced due to the security situation and movement restrictions. Curfews and self-imposed restrictions have forced many to reduce hours of fishing, farming and other activities. Increased presence of landmines and unexploded ordnances pose threats for civilians and limits their access to essential services. There are also widespread reports of serious human rights violations perpetrated by the parties to the conflict, including killing and maiming, forced recruitment and use of children, conflict-related sexual violence, military use of schools and destruction of civilian property. Curfews remain in place in conflict affected townships including Paletwa, Ponnagyun, Kyauktaw, Mrauk-U, Minbya, Rathedaung, Buthidaung and Maungdaw.

A prolonged suspension of mobile internet services across several conflict-affected townships has also deprived civilians of access to timely information and communication channels. This further compounded challenges during the onset of COVID-19, with critical information to affected populations remaining

inaccessible, causing not only operational challenges but also increased levels of fear amongst affected people. Despite announcements of a restoration of basic mobile internet services in July 2020, coverage has remained limited, even as a COVID-19 outbreak spread from Sittwe into several other Rakhine townships from mid-August 2020.

### **South-eastern Myanmar**

Parts of south-eastern Myanmar, including Kayin and Bago, have been affected by decades of armed conflict and multiple waves of displacement both inside the country and across the border into Thailand. Currently around 131,000 persons are estimated to be in situations of protracted displacement throughout the south-east and close to 97,000 refugees remain in nine temporary sites in Thailand along the Myanmar border. Myanmar's political and economic transition, which began in 2010, was further bolstered by the signing of a Nationwide Ceasefire Agreement (NCA) in October 2015. While this agreement does not include all EAOs, it does include key EAOs in the south-east, including the Karen National Union, the Democratic Karen Benevolent Army and Karen National Liberation Army - Peace Council, which are present in areas of refugee and IDP return.

While the signing of the NCA and ongoing political dialogue through the "21st Century Panglong Peace Conference" process are positive steps towards peace and reconciliation and have led to a significant decline in violent conflict and increased stability in many parts of the country, many areas of south-eastern Myanmar are not under direct Government control and the presence of the MAF and non-state armed groups continues to have an impact on peace, development and human rights.

Efforts towards nationwide peace continue, although there remains a risk of further conflict and instability, including in the south-east. Sporadic clashes in Kayin State in recent years have presented a major obstacle to the achievement of sustainable solutions for IDPs or refugees and displaced more than 10,000 people in Hlaingbwe and Hpapun townships. Conflict and insecurity in eastern Bago's Kyaukkyi Township has also displaced more than 2,500 people.

## 1.2 Shocks and Impact of the Crisis

The humanitarian situation in Myanmar is driven by a complex mix of armed conflict, protracted displacement, landmine and unexploded ordnance contamination, inter-communal tensions, statelessness, food insecurity, natural hazards, chronic poverty and underdevelopment. The rapidly expanding impact of the COVID-19 pandemic has further complicated the lives of persons in humanitarian settings across the country.

### Impact on people

#### Conflict and displacement

In Kachin State, despite an absence of major outbreaks of hostilities since August 2018, the humanitarian situation remains dire, with more than 95,000 people (of whom 30 per cent are women, 17 per cent are girls and 19 per cent are boys) in situations of protracted displacement since 2011. Approximately 40 per cent of these displaced people are in remote locations in the eastern part of the State, which have been largely inaccessible to international humanitarian organizations since 2016, but where local humanitarian organizations continue to operate, albeit in increasingly challenging circumstances.

Limited availability of basic services across much of Kachin exacerbates protection risks and encourages problematic migration practices which increase family separation and exposure to human trafficking and GBV. Although women and girls are disproportionately impacted, men and boys are also at risk of sexual exploitation and abuse. Landmine contamination is a major humanitarian issue in Kachin, yet victims have limited access to assistive devices, rehabilitation facilities or other support services. Overall, women with disabilities are more likely to face difficulties than men with disabilities.

Although no major armed clashes have been reported in Kachin since 2018, recruitment and use of children by armed actors operating in the State has continued to be reported. Renewed tensions between the MAF and KIA could lead to further increases in such incidents, as well as other grave violations against children. The issue of landmine contamination especially impacts men and boys who are among the main victims of landmine injuries and deaths.

While the situation in Kachin is not yet conducive to the realization of large-scale solutions, return, resettlement or local integration has been possible for several thousand IDPs in recent years. With the adoption of the National Strategy on Resettlement of Internally Displaced Persons (IDPs) and Closure of IDP Camps in November 2019, the Government has been keen to advance discussions with various partners on support for return and resettlement of IDPs in Kachin, and humanitarian organizations have reiterated their readiness to support efforts to achieve solutions to displacement that are voluntary, safe, dignified and sustainable, in line with international standards. However, serious obstacles remain, including insecurity, widespread landmine contamination, and limited availability of basic services and livelihoods, as well as complex issues around housing, land and property rights, as noted above.

Assessments by local civil society actors in Kachin and northern Shan have noted that push factors to return or resettle vary between men and women, with a majority of women surveyed giving more importance to living conditions, family cohesion, identity, education and health services, while male respondents highlighted concerns around loss of land and houses in places of origin.

In the northern part of Shan State, some 9,700 people (of whom 31 per cent are women, 19 per cent are girls and 19 per cent are boys) remain displaced in 33 camps or camp-like settings. The security situation remains volatile across much of the area, with a continuing risk of armed conflict near villages and IDP sites and, as in Kachin, killing and maiming due to high levels of landmine contamination is a central humanitarian concern. As in Kachin, conflict-related sexual violence has been a major issue in the northern part of Shan State, since at least 2011. Interagency assessments in IDP camps in northern Shan have also identified domestic violence as a key threat, further exacerbated by levels of drug use among the male population in the camps.

Short-term displacement linked to conflict or movements by armed actors is also frequent in northern Shan, with an estimated 7,400 people having fled from their homes over the course of 2020. Some 26,000 people were temporarily displaced in northern Shan in 2019. Although most were able to return within relatively short periods, displacement of this nature nonetheless contributes to further deterioration of food security, loss of assets and livelihoods, as well as curtailing access to protection and other services. Repeat displacement is also regularly reported. As in other locations, displacement disproportionately affects women and girls, with conflict increasing risks of GBV, and sexual exploitation and abuse specifically, for vulnerable groups. These risks can be exacerbated in situations of dependence on aid. Specific concerns have been noted due to the close proximity of armed actors to IDP camps, which creates additional fear among women and girls, hampering movement and access to basic services.

As conflict has expanded and intensified, Rakhine and southern Chin have seen a very serious deterioration of an already highly challenging humanitarian situation. There was a marked increase in serious protection of civilian incidents during the first half of 2020, with tens of thousands of people displaced as heavy fighting increasingly took place in and around populated areas. More than 86,000 people (of whom 55 per cent are females) remained displaced due to the conflict as of August 2020 (a nearly three-fold increase compared

to August 2019). The Secretary-General's 2020 Report on Children and Armed Conflict documented 95 child casualties and seven attacks on education in Rakhine during the reporting period, including the shelling of a school. Again, this was a three-fold increase from the previous reporting period.

In many areas, access to land for livelihoods activities, markets, and basic services has been either cut off or severely reduced due to the security situation. Damage to crops, livestock and arable land, the inability to plant due to lack of land, and the increased presence of landmines and unexploded ordnance in conflict-affected areas pose threats to the security and wellbeing of the civilian population. Alongside insecurity, movement restrictions and an increased number of checkpoints and presence of armed actors have also limited mobility and access to services as well as restricting the ability of displaced people to return to their places of origin. Meanwhile, growing access restrictions increasingly undermine efforts to reach people in need in a timely and efficient manner.

In addition to needs relating to more recent conflict dynamics, an estimated 600,000 stateless Rohingya in Rakhine (including approximately 130,000 people effectively confined to camps or camp-like settings established in central Rakhine in 2012 and some 470,000 non-displaced persons in communities across the State) remain subject to heavy restrictions on freedom of movement, limiting access to livelihoods and essential services.

Protracted displacement, segregation, marginalization, discrimination and a lack of access to livelihoods opportunities and services, including healthcare and education, continue to put stateless Rohingya at risk, including of GBV, human trafficking, family separation and physical insecurity, and to perpetuate dependency on humanitarian assistance. The situation of women and girls is especially critical due to a combination of gender inequality, overcrowding and lack of privacy (particularly in camps), safety and security concerns and restrictive socio-cultural norms.

Marginalization is further compounded for women and girls with disabilities, pregnant or breastfeeding

women, adolescent girls and female-headed households who are at higher risk of unemployment, poverty, school dropout, exclusion from decision making and community participation, exploitation and abuse, and of facing barriers to access to essential services and livelihoods. Women and girls are also disproportionately affected by informal movement restrictions stemming from perceived and actual threats to personal safety. This affects women and girls in both Rakhine and Rohingya communities, while Rohingya women and girls remain most severely impacted.

Persons with disabilities often face additional difficulties when accessing shelters, WASH facilities and other services due to steep stairs and doorways that are inaccessible using a wheelchair or other assistive devices. In remote areas or during the rainy season, many persons with disabilities may struggle to even leave their shelters, causing isolation and increased dependence on caregivers as well as additional inaccessibility to WASH facilities and other services.

Restricted access to livelihoods as well as safe and nutritious food continues to result in elevated levels of malnutrition, increased negative coping strategies and overall deterioration of food security situation. Conditions in camps are dire and fall short of international standards. Despite improvements made to shelters, most IDPs continue to live in overcrowded longhouses with inadequate privacy, creating additional stresses, and significantly increasing the risk of outbreaks of infectious disease including COVID-19. Many IDP camps are located in flood-prone areas not suitable for habitation. A lack of available land continues to impede efforts to improve living conditions in IDP camps to the extent possible.

There continue to be serious concerns about the Government's approach to the closure of IDP camps in central Rakhine, most recently in the case of Kyauk Ta Lone IDP camp in Kyaukphyu Township, where IDPs have objected to the construction of a relocation site in a flood-prone area close to the current camp, maintaining that they wish to return to their homes or to resettle in other locations in Kyaukphyu Town so

that they can resume their lives and livelihoods. An overarching concern is that without meaningful steps being taken to enable freedom of movement and equal access to key services, the closure of camps will serve to consolidate the segregation of communities, leaving IDPs cut off from livelihoods and services, in violation of their basic rights, falling short of the core objective of the National Strategy on Resettlement of Internally Displaced Persons (IDPs) and Closure of IDP Camps referenced above, i.e. "rebuilding the lives of IDPs in safety and dignity without dependency."

In the northern part of Rakhine State, the humanitarian situation remains dire. The deepening security crisis has resulted in increased vulnerability for all communities, but most critically for stateless Rohingya. Considering the scale of the continuing protection crisis in Rakhine State, government leadership is key in creating conducive conditions for voluntary return of the more-than 860,000 refugees who remain in Bangladesh. Efforts in this regard must include improving conditions and enjoyment of rights for the affected population still residing in Myanmar and addressing the root causes of the crisis by fully implementing the recommendations of the Advisory Commission on Rakhine State.<sup>28</sup> This includes a clear and voluntary pathway to citizenship and concrete measures to lift movement restrictions, which would have far-reaching positive social and economic benefits for all populations. Broader trust-building measures also remain essential to promote social cohesion among all affected communities.

While the overall situation in south-eastern Myanmar is not yet conducive to the promotion of large-scale returns, spontaneous returns have been ongoing for several years in the area and there continue to be hopes that socio-economic improvements and peacebuilding gains can provide a basis for steps towards durable solutions for more displaced persons. As refugees have expressed their desire to return home following decades of displacement, the option of facilitated return has been available since 2016 for verified refugees in Thailand. The return of more than 1,100 refugees has been facilitated by the Government of Myanmar and the Royal Thai Government since the programme began. However,

given political uncertainties, the widespread presence of landmines, limited livelihood opportunities and a lack of an operational repatriation framework, larger scale return of refugees from Thailand remains unlikely in the near term.

There also remains a risk of further conflict and instability in the south-east. As noted above, sporadic clashes in Kayin State in recent years have displaced more than 10,000 people in Hlaingbwe and Hpapun townships. Some 2,400 others have been displaced due to insecurity relating to road construction activities in Kyaukkyi Township in Bago Region, which adjoins Kayin State.

### **COVID-19**

While the number of confirmed COVID-19 cases in Myanmar remained relatively low for the first six months of the pandemic, the period from mid-August 2020 saw a rapid rise, with more than 80,000 cases detected by November, and with Yangon and Rakhine having emerged as key epicenters. In Rakhine, the authorities introduced various measures in an effort to control the spread, resulting in the temporary suspension of the activities of several humanitarian organizations, the general restriction of non-essential activities and the withdrawal of authorization for movement of supplies and personnel into IDP camps, sites and rural villages. The broader socio-economic impacts of the pandemic were also felt across humanitarian settings long before the latest outbreaks.

Despite the relatively slow onset of the pandemic, the particular risks presented by COVID-19 in humanitarian settings in Myanmar were clear from its early stages, with large numbers of IDPs in overcrowded camps and sites in Rakhine, Chin, Kachin, Shan and Kayin, as well as hundreds of thousands of stateless persons in rural areas of Rakhine, with limited access to healthcare, safe water and sanitation. The situation in Rakhine was further complicated by the blocking of mobile internet data across numerous conflict-affected townships from June 2019, cutting people off from critical information, including about how to reduce risks of contracting the disease.

Across humanitarian settings, women and girls face additional issues when accessing both health services, and water, sanitation and hygiene facilities due to social norms and safety concerns, compounding the risks posed by COVID-19. Extended quarantine, curfews and other movement restriction measures, combined with fear, tension and stress related to COVID-19, have led to increased risks of GBV and intimate partner violence. Despite limited information about the trends of GBV and violence against children in Myanmar, calls to GBV hotlines have increased threefold since March 2020. The ongoing closure of schools and learning spaces since the beginning of the COVID-19 crisis also contributes to protection concerns for children, as it limits support networks and referral opportunities.

The rapid return of tens of thousands of migrant workers from abroad, primarily from Thailand and China, put additional pressure on communities, including in locations already supporting significant numbers of people in situations of humanitarian need. IDPs and other vulnerable communities in Kachin and northern Shan were also impacted by closures of the Myanmar-China border, which blocked supply lines and increased food insecurity, in particular in non-government-controlled areas in the eastern part of Kachin. Despite security and landmine risks, some IDPs returned to their places of origin due to increased fear of COVID-19 outbreaks in camps.

The expanding reach of COVID-19 has affected mental health and psychosocial wellbeing of vulnerable people including women, children, the elderly and persons with disabilities. Analysis by humanitarian partners has found that a large majority of persons with disabilities were not aware of all COVID-19 preventive measures and that a significant proportion are unable to apply these measures, for example due to insufficient access to hygiene materials. A rapid gender analysis by UN Women and CARE showed that economic disruptions from COVID-19 could lead to economic hardship and subsequent early marriage. The ongoing closure of learning spaces has also disproportionately affected women's ability take up livelihoods, and such a significant disruption in education has serious consequences for the physical and mental wellbeing

of children who lose a space focused on child development and which provides complementary support for protection and food security. In addition, fear of contracting COVID-19 is preventing expectant women from accessing antenatal health services and could contribute to increased maternal and infant mortality and morbidity. Restrictions on the movement and activities of humanitarian personnel due to COVID-19 have made access to affected communities even more challenging, increasing risks of sexual exploitation and abuse. Communities at risk such as women, girls and persons with disabilities, must be sensitized as to what constitutes sexual exploitation and abuse in a language they understand. Reduced contact with the affected people will make it more challenging for humanitarian organizations to implement various forms of protection monitoring and to maintain challenges for broader community engagement in 2021.

### **Impact on systems and services**

Intensified fighting and insecurity, compounded by the COVID-19 pandemic, have significantly impacted systems and services in affected locations, including through damage to and attacks on critical facilities, disruption of markets and temporary suspension of essential service provision in conflict affected areas.

In conflict-affected areas, attacks on or use of schools by parties to conflict have continued. The latest Report of the Secretary-General on Children and armed conflict,<sup>29</sup> documented 12 incidents of attacks against schools by parties to the conflict in Kachin, Shan, Rakhine and Chin states between January and December 2019, and 51 schools in Rakhine and Shan states were also reportedly used by parties to the conflict, further fueling concerns over the safety and security of civilians, especially women and children.

In Rakhine and Chin states, the escalation of conflict disrupted transport routes connecting townships and villages, resulting in breaks in supply chains for key commodities and interruption of livelihoods activities. These factors have increasingly contributed to shortages and to further deterioration of food security in affected locations, including Kyauktaw,

Minbya, Myebon and Ann in Rakhine and Paletwa in Chin. As noted above, border closures and movement restrictions linked to COVID-19 have also had a severe impact on livelihoods and food security in non-government-controlled areas in eastern Kachin.

Availability of health services in conflict-affected areas remains limited. In Rakhine, mobile clinics that are supposed to cover rural communities are often inadequately staffed and have limited supplies of medicine and equipment. Between mid-August and October 2020, most mobile health clinics run by humanitarian organizations were suspended due to restrictions related to COVID-19. Referrals for emergency healthcare including obstetric emergencies also continued to be constrained due to the current conflict associated with limited access to transportation; the challenges are even greater for the Rohingya population who face additional administrative requirements, including when attempting to access emergency care. In Kachin and northern Shan, while many camps have primary health care services provided by humanitarian partners and ethnic health organizations, there is a crucial need for further strengthening of facilities, including increased provision of health staff and medical supplies, especially in non-government-controlled areas. Access constraints faced by organizations working to establish functional referral systems present a serious health risk for affected people. COVID-19 has also undermined provision of specific health care, assistive devices, physiotherapy and rehabilitation services, and psychosocial support for persons with disabilities in affected locations.<sup>30</sup>

The COVID-19 pandemic has placed further strain on already fragile essential services and community facilities/resources. With the exception of a three-week period during which some high schools re-opened temporarily, all education and child-friendly spaces have been closed since March 2020, without any date set for re-opening. This represents a profound crisis for the cognitive, social and emotional development of children in Myanmar, including the over 270,000 children who already had their education disrupted due to conflict and crisis. The prolonged closure represents a serious challenge to these children's right

to education and will result in considerable protection challenges, from early marriage to child labor to trafficking. Without continued engagement of children in alternative modalities for learning, an unprecedented rise in the number of dropouts in vulnerable, crisis-affected communities is likely. The impacts of this crisis within a crisis are likely to have far-reaching impacts for children in the longer-term. A return to learning must be a priority.

Moreover, other key interventions including provision of agricultural and livelihood support, nutrition services, shelter construction and hygiene support in some areas have been temporarily suspended or reduced due to COVID-19 restrictions. International supply chain disruptions have also led to challenges in procuring life-saving commodities including medical and other supplies. This is expected to continue to complicate efforts to procure and deliver key items for people in need.

In Kachin and northern Shan, markets have in general continued to function normally with stable prices and adequate supplies. However, affected people face specific risks when accessing markets, particularly in conflict-affected or non-government-controlled areas. Options are typically more limited in remote areas, particularly in eastern Kachin, where IDPs often rely on markets in China via informal crossings, increasing risks of extortion, violence against children and GBV. Supply chains into eastern Kachin have been further complicated by border closures due to COVID-19.

In Rakhine, township markets have remained largely functioning with adequate supplies despite the escalation of conflict, although access is hampered by checkpoints and other controls on movement, insecurity and fighting, and (increasingly) COVID-19-related restrictions. This has left more remote villages cut off from markets. Markets in Rakhine are also heavily influenced by seasonal issues that affect transportation, with the rainy and lean seasons both usually resulting in increased prices. IDPs living in camps in Rakhine also face unique challenges in accessing markets that are linked to extensive restrictions on movement. Without proper safeguards, IDPs also face elevated risks of extortion and GBV.

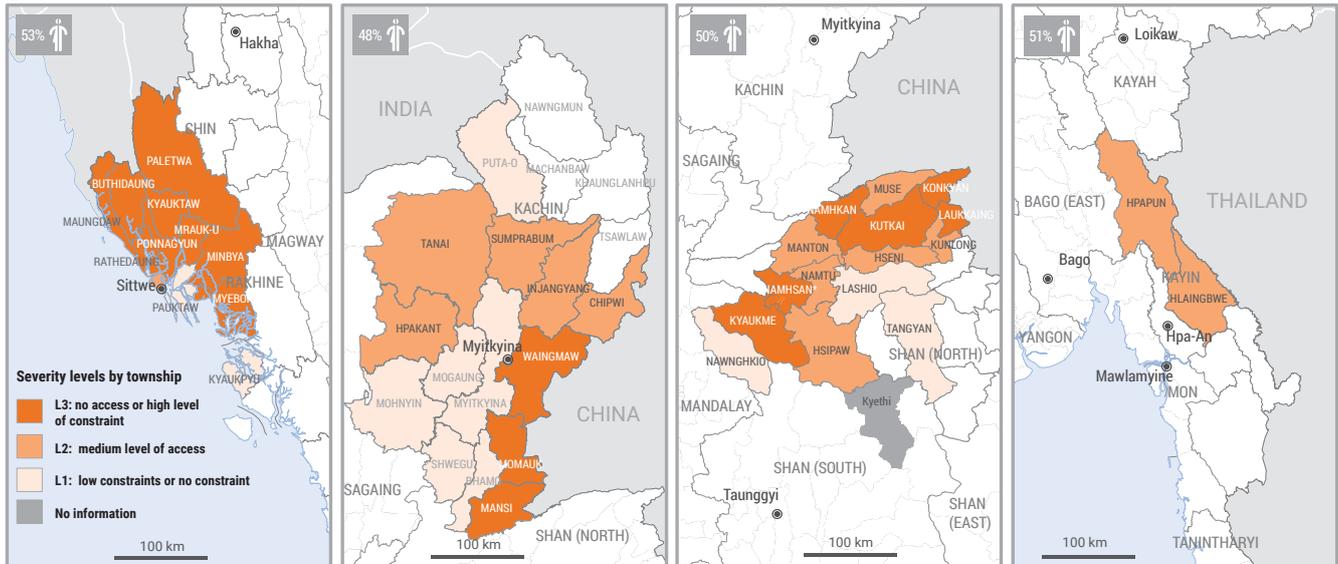
In the early months of COVID-19 when lockdowns and similar measures went into effect, prices rose on average throughout the country due in part to panic buying and transportation disruptions, but the situation subsequently normalized. As of September, however, significant price rises for key food commodities in Rakhine were being observed, as supply chain challenges linked to the COVID-19 outbreak and related restrictions took hold.

Paletwa Township in Chin has seen the largest increase in market prices of any area covered by this HNO. Rice has not been available in markets in Paletwa since March 2020. Access to food continues to be difficult and households employ negative coping mechanisms to manage the gaps such as borrowing rice from neighbours and relatives or eating less preferred foods. In September, the price of pulses increased by 13 per cent compared to August, oil by 33 per cent, salt by 167 per cent and onions by 300 per cent. Transportation difficulties linked to the security situation continue to affect the availability and prices of food commodities.

### **Impact on access**

In Kachin State, despite limited active conflict since 2018, access for humanitarian organizations outside downtown areas has continued to be restricted. Access is particularly challenging in non-government-controlled areas in the eastern part of the State, where international humanitarian partners have largely been unable to reach camps hosting some 40,000 people – of whom an estimated 40 per cent are children – since 2016. Local partners continue to operate in these areas, albeit in increasingly challenging circumstances, with the closure of the border with China in response to the COVID-19 pandemic having further complicated movement and programming. In addition to non-issuance of travel authorization, poor infrastructure and monsoon flooding further complicate efforts to reach people in need in locations outside towns across Kachin, undermining the quantity, quality and sustainability of assistance and services provided to IDPs and host communities.

**Overview of relative severity of humanitarian access constraints as of early 2020**



In the northern part of Shan State, sporadic outbreaks of fighting are an additional complicating factor, alongside many of the challenges noted in relation to Kachin. Travel authorization is rarely provided for UN and INGO partners for locations hosting temporarily displaced persons. An analysis of the severity of access challenges in northern Shan in early 2020 identified six townships where access is most heavily constrained, where an estimated 36,000 people in need are located. Organizations operating in the area highlighted unpredictable and complex government travel authorization processes, conflict dynamics, infrastructure and military checkpoints as key obstacles.

In Rakhine and Chin, national and international humanitarian organizations have faced increasing challenges in reaching affected people, with many areas cut off due to restrictions and access to others complicated by shifting travel authorization requirements, insecurity, landmines or poor infrastructure. Across Rakhine, displaced and non-displaced Muslim people – most of whom are stateless Rohingya – have continued to be subjected to discrimination and broader denial of rights, including extensive movement restrictions, curtailing their ability to access essential services and livelihoods. Access to sites hosting people displaced by the armed conflict between the MAF and the AA which broke out in December 2018 has been highly challenging, with travel authorization often limited to particular

sectors and granted for short periods which impedes the provision of quality, predictable humanitarian assistance and services. Most humanitarian partners have also been affected by extensive restrictions on programming in rural areas. Humanitarian organizations have categorized access to more than half a million people in nine townships of central and northern Rakhine and Paletwa in Chin as “extremely limited.” As noted above, measures introduced by the authorities following local COVID-19 outbreaks from August 2020 resulted in significant additional disruptions in humanitarian access.

**Natural Hazard Profile**

(See also section 2.1 Risk Analysis)

Myanmar is one of the most disaster-prone countries in the world. It ranks second out of 187 countries in the Global Climate Risk Index of countries most affected by extreme weather events from 1998 to 2018. It also ranks 17th out of 191 countries in the Index for Risk Management (INFORM), and fourth highest in terms of exposure to natural hazards after the Philippines, Japan and Bangladesh. The country is prone to a range of natural hazards including cyclones, storms, floods, landslides, earthquakes, tsunamis, drought and forest fires. Historical data shows that medium to large-scale disasters occur every few years and cause high economic, social and development costs.

Myanmar is affected by annual flooding during the monsoon season (May-October). Seasonal floods triggered by heavy rains in 2020 affected several states and regions in Myanmar. Between June and September, approximately 107,000 people were temporarily displaced by flooding, primarily in Bago, Kachin, Kayin, Magway, Mandalay, Mon, Nay Pyi Taw, Sagaing and Shan according to the Government's Department of Disaster Management. The Government has largely led the response, in cooperation with state/regional authorities and with the support of national and international humanitarian organizations, and in particular the Myanmar Red Cross Society.

The frequent exposure of an already vulnerable population to natural hazards – floods, landslides, droughts and earthquakes – underlines the critical importance of building resilience. This includes investing more in disaster risk reduction and strengthening capacities of local and national actors (government and non-government) to reduce risk and plan for and manage disaster response. Women, girls, the elderly, persons with disabilities, persons with diverse sexual orientations and gender identities, and stateless persons are often more vulnerable to the effects of disasters because of existing inequality and discrimination and are therefore often disproportionately impacted.

#### RAKHINE, MYANMAR

Students in Sett Yoe Kya school in Sittwe Township.  
Photo: UNICEF/Minzayar Oo



# 1.3

## Scope of Analysis

The 2021 Myanmar Humanitarian Needs Overview focuses primarily on Kachin, northern Shan, Rakhine and Chin states where humanitarian needs remain at critical levels, due to ongoing conflict, movement restrictions, and discriminatory policies and practices. It also addresses humanitarian needs in other parts of the country, specifically Kayin and adjoining areas of Bago in the south-east of the country, where there are high levels of vulnerability as a result of sporadic armed conflict, exposure to natural disasters, chronic under-development and other factors. Inter-communal violence also remains a possible driver of humanitarian need from a contingency planning perspective.

In analyzing the affected population, the Humanitarian Country Team (HCT) agreed to prioritize the following population groups, as part of broader efforts to encourage joint response approaches. Many of the IDPs living in camps or camp-like situations are almost entirely dependent on humanitarian assistance to meet their basic needs. The protracted nature of displacement also impacts surrounding communities, straining already scarce resources. In Rakhine, both displaced and non-displaced stateless Rohingya people are extremely vulnerable due to

continued restrictions on their freedom of movement, marginalization and limited access to basic services. This has largely undermined their ability to restore their previous livelihood activities or find ways to become self-reliant. In Kachin and northern Shan states, unresolved armed conflict, insecurity, and presence of landmines and unexploded ordnance have impeded efforts towards durable solutions for displaced people. Many people still have limited access to humanitarian assistance, protection and essential services, particularly in non-government-controlled areas. Even in areas less affected by conflict, there are people who are vulnerable as a result of exposure to natural disasters or chronic under-development. Development actors are working to address these needs. Should there be cases of new conflict or natural disasters requiring more targeted humanitarian activities, the scope of the analysis will be adapted.

In the absence of multi-sector needs assessments, due to continued restrictions on humanitarian access, inter-sectoral needs were considered on the basis of results of an analytical exercise based on collective expert judgement, as well as using other information available at the time of writing.

### Scope of Analysis Matrix

	Population Group			
	Internally displaced people	IDPs: returnees/resettled/ locally integrated	Non-displaced stateless people in Rakhine	Other vulnerable crisis-affected people
Bago (eastern)	Yes	No	No	No
Chin (southern)	Yes	No	No	Yes
Kachin	Yes	Yes	No	Yes
Kayin	Yes	No	No	No
Rakhine	Yes	No	Yes	Yes
Shan (northern)	Yes	Yes	No	Yes

# 1.4

## Humanitarian Conditions and Severity of Needs

### Humanitarian Conditions

Recognizing the multi-dimensional and interconnected nature of humanitarian needs and vulnerability, the ICCG has undertaken an inter-sectoral analysis of the humanitarian challenges and protection risks faced by the population groups identified in this HNO, to better inform joint response analysis and prioritization. The term “humanitarian conditions” is used here to denote the impact of a shock or series of shocks on affected people, by reference to three interrelated “humanitarian consequences” (living standards, physical and mental wellbeing, coping mechanism). The joint analysis identified specific underlying factors with associated vulnerability characteristics contributing to humanitarian conditions (including commonalities and differences) within and

between different population groups and geographical locations. Across all four population groups, children under age 5, unaccompanied and separated children, pregnant and breastfeeding women, the elderly, people with disabilities and persons with diverse sexual orientations and gender identities have specific needs. Needs linked to risks of GBV also cut across all population groups. In most areas, strengthening of social cohesion among all affected communities, especially between IDPs and surrounding communities, remains crucial.

### Most vulnerable groups

Thousands of people (K)

VULNERABLE GROUP	TOTAL CASELOAD	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	LOCATIONS
Internally displaced people	336K	-	-	233K	103K	-	Armed conflict, Inter-communal violence, Natural hazards	Bago (eastern), Chin (southern), Kachin, Kayin, Rakhine, Shan (northern)
IDPs: returnees/ resettled/ locally integrated	11K	-	0.6K	8K	3K	-	Armed conflict, Natural hazards	Kachin, Shan (northern)
Non-displaced stateless people in Rakhine	470K	-	-	-	320K	150K	Inter-communal violence, Natural hazards	Rakhine,
Other vulnerable crisis-affected people	238K	-	19K	139K	80K	-	Armed conflict, Inter-communal violence, Natural hazards	Chin (southern), Kachin, Kayin, Rakhine, Shan (northern)

## Internally displaced people (IDPs)

TOTAL POPULATION	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
<b>336k</b>	-	-	<b>233k</b>	<b>103k</b>	-

More than 336,000 displaced people (of whom 29 per cent are women, 20 per cent are girls and 21 per cent are boys) remain in camps or camp-like situations in Kachin, Shan, Rakhine, Chin, Kayin and Bago. Severity of needs among IDPs correlates with levels of conflict, with 309,000 IDPs (92 per cent) in “extreme” and 27,000 (8 per cent) in “severe” severity categories respectively.

In central Rakhine State, the lack of sufficient land in IDP camps and displacement sites remains a major challenge and continues to cause overcrowding, an elevated risk of disease outbreaks, and particular protection issues, especially for women, girls and persons with disabilities. Water shortages are a recurrent problem during the dry season. Limited access to quality health care services and adequate hygiene facilities (including safe and sex-segregated WASH facilities as well as adequate gender and culture-sensitive menstrual hygiene management interventions), compounds health risks among IDPs, particularly in the context of COVID-19 pandemic.

In Kachin and northern Shan, the majority of IDPs live in crowded conditions in sites and shelters that were intended to be temporary and therefore require regular maintenance, posing additional protection risks for women, girls and at-risk population groups. Border closures have created particular challenges in relation to livelihoods and food security for IDPs in non-government-controlled areas in eastern Kachin. In Kayin and Bago, ongoing insecurity, and the presence of armed actors and presence of landmines or unexploded ordnance undermine the ability of

displaced people to return to their places of origin and restore their livelihoods.

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

IDPs in all areas have experienced a general deterioration in living standards due to primary and secondary impacts of the COVID-19 pandemic. For many, this has involved further disruption of already precarious access to essential services including food, livelihoods, primary, sexual and reproductive health care, nutritional support, shelters, water, sanitation and hygiene facilities, formal and non-formal education, psychosocial counselling and assistive devices for persons with disabilities and the elderly. Across IDP settings, women and girls face heightened risks of GBV, including intimate partner violence, exploitation and abuse, trafficking and risks of negative coping mechanisms. Limited access to quality health care services (including prevention and treatment for COVID-19, sexual and reproductive health services, mental health and psychosocial support (MHPSS) and GBV services) is of particular concern, particularly in non-government-controlled areas and areas of armed conflict where access to preventive measures, quarantine/isolation facilities, and testing and treatment for COVID-19 is extremely limited.

Across all IDP settings, dilapidated shelters present significant health and protection risks to IDPs who have no alternative but to remain in their present locations. The location of a large proportion of camps on unsuitable land results in flooding, overflowing of latrines, deterioration of infrastructure and associated impacts on the health and wellbeing of IDPs. Overcrowding reduces space for learning facilities for girls and boys (including early childhood development) and causes large numbers of students per classroom. It also affects ability to provide adequate water, sanitation and hygiene facilities in temporary learning spaces. The lack of post-primary education in IDP camps, especially in Rakhine, has increased the prevalence of child and forced marriages, especially for adolescent girls. In non-government-controlled and remote areas of Kachin and northern Shan, limited availability of post-primary education opportunities and persistent protection risks such as forced recruitment drives children to move from home and attend boarding schools, contributing to additional child protection concerns. Family separation removes children from their primary safety nets, increasing risks of abuse, neglect and exploitation. Due to limited accessible infrastructure, stigma and lack of technical capacity, children with disabilities have minimal access to education and learning facilities.

Instability and conflict in Rakhine, southern Chin and northern Shan has a direct impact on the overall safety, dignity, physical and mental wellbeing of IDPs, with

continued reports of civilian casualties, violations of International Humanitarian Law (IHL), psychological distress, communicable disease outbreaks, malnutrition, exposure to GBV, exploitation, arbitrary detention, movement restrictions, and widespread extortion in affected locations. Psychosocial distress resulting from conflict related incidents can have significant impacts if not properly addressed. Multi-sectoral response services for survivors of GBV, children at risk, older persons and persons with physical and psychosocial disability remain critical across IDP settings. Boys face elevated risks of child labor including recruitment and use by armed groups and exposure to landmines. Children and education personnel have continued to face physical injury or mental health consequences due to attacks on schools. Young women and girls with disabilities in IDP camps are at increased risk of GBV as they are generally left at home while their parents seek livelihood opportunities. It is critical for all displaced individuals to be able to access increased mine risk education as well as effective referrals and livelihood support to landmine victims.

Across conflict affected areas, displaced people's coping capacities are increasingly stressed by protracted and recurrent displacement, severe living conditions, dependency on assistance, and limited livelihood opportunities and scope for durable solutions.

## IDPs: returnees/resettled/locally integrated

TOTAL POPULATION	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
11k	-	0.6k	8k	3k	-

In Kachin and northern Shan, approximately 9,200 IDPs (of whom 31 per cent are women, 18 per cent are girls and 19 per cent are boys) pursuing return, resettlement, or local integration continue to experience poor humanitarian conditions due to limited access to livelihood opportunities and essential services such as education, health, shelter and water and sanitation in areas of their return or resettlement where they continue to experience the effects of conflict and instability. Of these, 24 per cent are in “extreme” and 76 per cent in “severe” categories of severity of need.

In Kachin, access to housing, land and civil documentation, and presence of landmines remain major challenges while in northern Shan many potential areas of return or resettlement remain physically unsafe due to the mobile nature of conflict in the area as well as continued presence of armed actors. Lack of capacity to adequately address housing, land and property issues and associated shelter/housing needs of populations in pursuit of durable solutions risks undermining the fledgling durable solutions initiatives that will set the standard for future expanded operations.

Access to education, and in particular post-primary education, remains a challenge for parents and children seeking to return or resettle away from IDP camps. In most areas, children opt to remain in camps to access better quality education while their caregivers return or resettle elsewhere, raising child protection concerns. Child protection case management services are also not widely available in most return or resettlement areas. As noted in relation to displacement sites, limited availability of

post-primary education facilities may also contribute to child or forced marriage, especially for adolescent girls, and increases exposure other forms of exploitation and abuse.

In some areas, close proximity to armed actors presents immediate protection risks including conflict related sexual violence, GBV, arbitrary arrest and detention, forced recruitment, forced labour and injury due to landmines and unexploded ordnance, also compounding psychological distress. Mental health status among mothers in returned or resettled communities is undermined by the inadequacy of care practice and poor nutritional status. Returnees’ experiences of displacement, prior to return or resettlement, also has a significant impact on mental and psychosocial wellbeing which is rarely adequately addressed due to limited services in areas of return or resettlement.

Limited access to sustainable livelihood opportunities and essential public services and lack of clarity around housing, land and property rights, in some cases compounded by exposure to the effects of armed conflict, also contribute to negative coping mechanisms and dependency on humanitarian assistance for returnees who should to be on the path towards durable solutions.

# Non-displaced stateless people in Rakhine

TOTAL POPULATION	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
470k	-	-	-	320k	150k

In Rakhine State, approximately 470,000 non-displaced stateless Rohingya (of whom 33 per cent are women and 19 per cent are girls and 18 per cent are boys) continue to be affected by discriminatory policies and practices, including movement restrictions, lack of civil documentation, denial of rights, intimidation, harassment, extortion and abuse, and hostility from the surrounding communities in some areas. Protracted statelessness, segregation and lack of access to livelihoods opportunities and quality services can put this category of persons at higher risk of GBV, child or forced marriage, human trafficking, family separation and physical insecurity. Rohingya villages have frequently been caught up in clashes between the MAF and the AA since early 2019, and the risk of civilian casualties is increased due to movement restrictions which limit the scope for villagers to flee to temporary safety. Alongside damage to crops and arable lands, the presence of landmines also further exacerbates food insecurity, driving food assistance needs.

Given the underlying factors, particular vulnerabilities and critical problems noted above, non-displaced stateless people are identified as are identified as the worst-affected group overall, with the majority – 68 per cent – categorized as experiencing extreme severity of need and the remaining 32 per cent in the highest level of relative severity of need.

Challenges faced by Rohingya communities in villages across Rakhine are compounded by poor living conditions in inadequate housing and precarious tenure. Resources for, and access to, the supply of suitable shelter material prohibits the development of homes that support the health, wellbeing and physical safety of the occupants and provide adequate privacy to reduce protection concerns of women and girls.

Longer term improvements will not be achievable without the fundamental protection afforded by safe family shelter as a platform for a safer future. Both funding and expertise are needed to support communities to address housing, land and property issues and other challenges related to the land on which they live, and to secure the physical protection provided by safe shelter and secure tenure. Limited access to agricultural land, high levels of debts and collapse of value chains has critically affected the food security situation of non-displaced stateless people.

Heavily restricted access of Rohingya to formal health services including public hospitals and government clinics as a result of long-standing discrimination, marginalization and travel restrictions may account for the poor health outcomes observed among these communities and significantly increase risks linked to the COVID-19 pandemic, particularly for the most vulnerable and those with specific needs. The situation is further compounded by the rapid overwhelming of limited health care facilities due to the outbreak of COVID-19 in Rakhine since late August. Women and girls face particular challenges in this regard due to their vulnerability to GBV, their roles in protecting children and families as well as their specific needs for sexual and reproductive health services. Given the already high levels of maternal mortality in the region, this remains a serious concern, highlighting the need for mobile health services including sexual and reproductive health services and integrated MHPSS and GBV services.

Lack of freedom of movement to reach essential health and nutritional services has further compromised the already poor nutrition status of the stateless people. The prevalence of Global Acute

Malnutrition (GAM) and Severe Acute Malnutrition (SAM) in Rakhine State prior to the 2017 violence already exceeded the emergency nutrition thresholds of the WHO Crisis Classification. Infants, children under five years, pregnant and lactating women and adolescent girls are the most vulnerable groups in need of nutritional care. Lack of access to education, protection services and information also resulted into increased vulnerability to child abuse, neglect and exploitation.

Children are reported to be at increased risk of being separated from their families, trafficked, exploited, sexually abused, neglected and mistreated. With

community networks disrupted, risks of psychological distress are increased. Many Rohingya women report feeling unsafe and are at risk of experiencing physical and sexual abuse by men when leaving their shelters at night, particularly while accessing public latrines. To minimize the adverse effects of negative coping mechanisms on the overall humanitarian conditions of stateless Rohingya, broader forms of support for community resilience need to be scaled up, including provision of livelihood opportunities and vocational training, social and behavior change activities, life skills and comprehensive sexuality education for the youth and information about safe migration.

## Other vulnerable crisis-affected people



In addition to 336,000 people who have already sought refuge in IDP camps and more informal displacement sites, more than 128,000 other vulnerable crisis-affected people (of whom 32 per cent are women and 19 per cent are girls and 18 per cent are boys) primarily in Rakhine, Kachin, northern Shan, and southern Chin are estimated to have been adversely impacted, either directly or indirectly, due to ongoing conflict, insecurity, inter-communal tensions or presence of landmines or unexploded ordnance as well as limited access to livelihoods and basic services including health care, education and water, sanitation and hygiene services. Prolonged displacement especially in Kachin, northern Shan and Rakhine has put additional strain on resources among host communities.

The most severe and compounded inter-sectoral needs are present in conflict-affected areas with over 59 per cent of host communities in situations of extreme severity of need due to significant deterioration of living standards, physical and mental

wellbeing, coping options. Access to quality health services remains limited for other vulnerable crisis-affected people in host communities as previously available services have been cut off in some areas due to conflict or other factors. In Rakhine, access to quality preventive support, and testing and treatment for the COVID-19 is increasingly limited due to the large-scale outbreak which began in August 2020. Limited access to primary health care services is a key challenge in conflict-affected areas, including for non-displaced communities. Persons with disabilities within these communities face poor health outcomes due to difficulties in fulfilling their basic needs and reaching health posts as well as limited availability of rehabilitation service providers. Reduced access to livelihoods opportunities, particularly farming, has further deteriorated food security and nutrition.

Vulnerable children within host communities require support to ensure that increased demand for education due to the continued presence of displaced children does not negatively impact their access to quality

education. Access to safe and sex-segregated water and sanitation services in these areas is often uneven, creating additional risks of GBV, especially for women and girls, including those with disabilities. This can also limit the access of women and girls to protection and other services, such as, education. The COVID-19 situation has an impact on girls' (including those with disabilities) chances to eventually return to school due to the need for informal care within families. Prolonged conflict and instability also have a direct impact on physical and mental wellbeing of host communities with increased reports of civilian casualties, damage to private assets and livelihoods and attacks on public infrastructure and services received in Rakhine and southern Chin in particular. Across conflict-affected areas, risks of trafficking, forced marriage, forced pregnancy, sexual exploitation, detention and forced labor are common among women and girls.

### Severity of Needs

While the drivers and underlying factors triggering humanitarian needs and consequences have impacted all crisis-affected people to varying degrees in Kachin, northern Shan, Rakhine, southern Chin, Kayin and

eastern Bago states, specific population groups and locations have been more severely affected than others. Of more than one million people identified as being in need of humanitarian assistance in 2021, a large majority (959,000 people, or 93 per cent), primarily from conflict-affected townships in Kachin, northern Shan, Rakhine, and southern Chin, are facing extreme severity of inter-sectoral needs a result of the collapse of living standards and basic services, increased reliance on negative coping strategies or exhaustion of coping options, and widespread physical and mental harm. In addition, approximately 74,000 people (7 per cent) across other HNO coverage areas are in severe need with reduced access to essential services and livelihoods and dire living standards leading to adoption of negative coping mechanisms, resulting in physical and mental harm. Among the four population groups, IDPs and the stateless population (in Rakhine) are the worst-affected groups, particularly in areas affected by ongoing armed conflict with women, girls and other at-risk population groups being disproportionately affected within each category.

#### KAYIN, MYANMAR

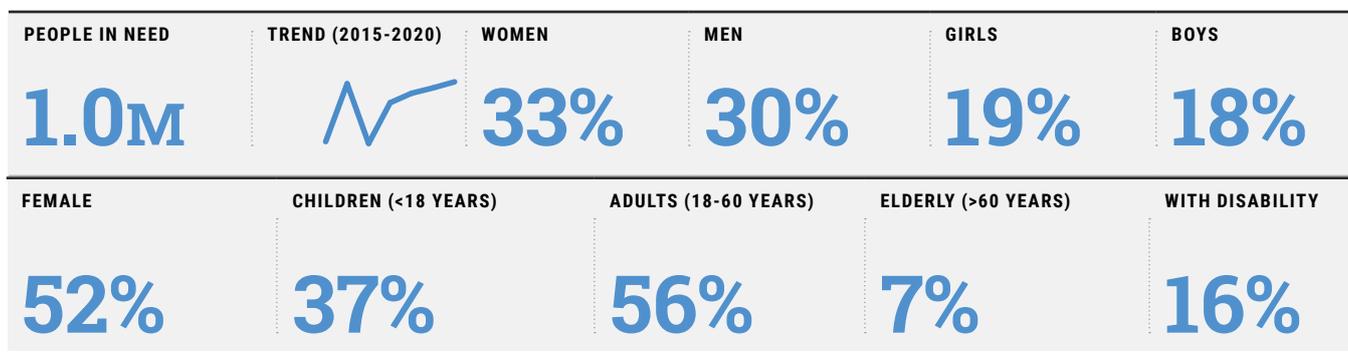
Volunteers packing yellow peas, which will be delivered to vulnerable people affected by floods.

Photo: HelpAge International/Myint Kay Thi



# 1.5 Number of People in Need

## Key figures



## Severity of inter-sectoral needs and estimated number of people in need

Thousands of people (K)

AREA	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)	INTERNALLY DISPLACED PEOPLE	IDPS: RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NON- DISPLACED STATELESS	OTHER VULNERA- BLE
Bago (eastern)	52   48	34   57   9	13	3K	-	-	-
Chin (southern)	52   48	46   47   7	21	8K	-	-	5K
Kachin	48   52	36   58   5	8	95K	7K	-	64K
Kayin	51   49	41   52   7	17	10K	-	-	-
Rakhine	53   47	37   54   9	17	210K	-	470K	126K
Shan (northern)	50   50	38   56   6	12	10K	3K	-	23K
<b>Overall total</b>	<b>52   48</b>	<b>37   55   8</b>	<b>16</b>	<b>336K</b>	<b>11K</b>	<b>470K</b>	<b>219K</b>

## People in need by severity phase and location

Thousands of people (K)

AREA	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE					VARIATION FROM 2020 (%)	
			MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC		
Bago (eastern)	Internally displaced people	3K	-	-	-	3K	-	<i>New caseload</i>	
Chin (southern)	Internally displaced people	8K	-	-	-	8K	-	<b>666%</b>	
Chin (southern)	Other vulnerable crisis-affected people	5K	-	-	-	5K	-	<b>55%</b>	
Kachin	Internally displaced people	95K	-	-	69K	27K	-	<b>-2%</b>	
Kachin	IDPs: returnees/resettled/locally integrated	7K	-	-	4K	3K	-	<b>12%</b>	
Kachin	Other vulnerable crisis-affected people	64K	-	-	33K	31K	-	<b>14%</b>	
Kayin	Internally displaced people	10K	-	-	5K	5K	-	<b>-2%</b>	
Rakhine	Internally displaced people	210K	-	-	150K	60K	-	<b>36%</b>	
Rakhine	Non-displaced stateless people in Rakhine	470K	-	-	-	320K	150K	<b>0%</b>	
Rakhine	Other vulnerable crisis-affected people	141K	-	15K	82K	44K	-	<b>1%</b>	
Shan (northern)	Internally displaced people	10K	-	-	10K	-	-	<b>1%</b>	
Shan (northern)	IDPs: returnees/resettled/locally integrated"	4K	-	0.6K	3K	-	-	<b>12%</b>	
Shan (northern)	Other vulnerable crisis-affected people	27K	-	4K	23K	-	-	<b>-50%</b>	
<b>Sub-total</b>		<b>1,056K</b>	-	<b>20K</b>	<b>380K</b>	<b>506K</b>	<b>150K</b>	<b>5%</b>	
					<b>Total PIN</b>		<b>1,036K</b>		

## People in need in Bago

TOWNSHIP	IDPS	IDPS: RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NONDISPLACED STATELESS PEOPLE IN RAKHINE	OTHER VULNERABLE CRISIS-AFFECTED PEOPLE	TOTAL	PIN VARIATION FROM 2020 (%)	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)
Kyaukkyi	2,513	-	-	-	2,513	100	52 / 48	34 / 57 / 9	13
<b>TOTAL</b>	<b>2,513</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,513</b>	<b>100</b>	<b>52 / 48</b>	<b>34 / 57 / 9</b>	<b>13</b>

## People in need in Chin

TOWNSHIP	IDPS	IDPS: RETURNNEES/ RESETTLED/ LOCALLY INTEGRATED	NONDISP-LACED STATELESS PEOPLE IN RAKHINE	OTHER VULNERABLE CRISIS-AFFECTED PEOPLE	TOTAL	PIN VARIATION FROM 2020 (%)	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)
Paletwa	8,323	-	-	4,952	13,275	210	52 / 48	46 / 47 / 7	21
<b>TOTAL</b>	<b>8,323</b>	<b>-</b>	<b>-</b>	<b>4,952</b>	<b>13,275</b>	<b>210</b>	<b>52 / 48</b>	<b>46 / 47 / 7</b>	<b>21</b>

## People in need in Kachin

TOWNSHIP	IDPS	IDPS: RETURNNEES/ RESETTLED/ LOCALLY INTEGRATED	NONDISP-LACED STATELESS PEOPLE IN RAKHINE	OTHER VULNERABLE CRISIS-AFFECTED PEOPLE	TOTAL	PIN VARIATION FROM 2020 (%)	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)
Bhamo	7,121	354	-	1,332	8,807	-27	48 / 52	36 / 58 / 5	9
Chipwi	2,742	413	-	1,089	4,244	1	48 / 52	36 / 58 / 5	9
Hpakant	4,043	-	-	25,698	29,741	203	48 / 52	36 / 58 / 5	9
Injyangyang	-	695	-	-	695	-38	48 / 52	36 / 58 / 5	9
Mansi	13,863	1,344	-	4,254	19,461	3	48 / 52	36 / 58 / 6	9
Mogaung	1,562	105	-	4,036	5,703	-40	48 / 52	36 / 58 / 6	9
Mohnyin	398	-	-	-	398	-91	48 / 52	36 / 59 / 6	9
Momauk	23,792	471	-	1,944	26,207	-8	48 / 52	36 / 58 / 5	9
Myitkyina	11,652	2,111	-	11,528	25,291	3	48 / 52	36 / 58 / 6	9
Putta-O	519	90	-	-	609	-69	48 / 52	36 / 58 / 5	9
Shwegu	1,875	-	-	-	1,875	-1	48 / 52	36 / 58 / 6	9
Sumprabum	1,156	-	-	-	1,156	11	48 / 52	36 / 59 / 5	9
Tanai	1,321	473	-	-	1,794	24	48 / 52	36 / 58 / 6	9
Waingmaw	25,405	1,233	-	14,436	41,074	0	48 / 52	36 / 58 / 5	9
<b>TOTAL</b>	<b>95,449</b>	<b>7,289</b>	<b>-</b>	<b>64,317</b>	<b>167,055</b>	<b>4</b>	<b>48 / 52</b>	<b>36 / 58 / 5</b>	<b>9</b>

## People in need in Kayin

TOWNSHIP	IDPS	IDPS: RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NONDISP- LACED STATELESS PEOPLE IN RAKHINE	OTHER VULNERABLE CRISIS- AFFECTED PEOPLE	TOTAL	PIN VARIATION FROM 2020 (%)	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)
Hlaingbwe	5,460	-	-	-	5,460	4	51 / 49	41 / 52 / 7	17
Hpapun	4,905	-	-	-	4,905	-8	51 / 49	41 / 52 / 7	17
<b>TOTAL</b>	<b>10,365</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>10,365</b>	<b>-2</b>	<b>51 / 49</b>	<b>41 / 52 / 7</b>	<b>17</b>

## People in need in Rakhine

TOWNSHIP	IDPS	IDPS: RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NONDISP- LACED STATELESS PEOPLE IN RAKHINE	OTHER VULNERABLE CRISIS- AFFECTED PEOPLE	TOTAL	PIN VARIATION FROM 2020 (%)	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)
Ann	4,123	-	-	5,140	9,263	100	53 / 47	37 / 54 / 9	17
Kyaukpyu	993	-	-	6,034	7,027	151	53 / 47	37 / 54 / 9	17
Kyauktaw	11,988	-	63,000	8,624	83,612	7	53 / 47	37 / 54 / 9	17
Minbya	3,411	-	32,000	8,669	44,080	-7	53 / 47	37 / 54 / 9	17
Mrauk-U	18,211	-	27,000	7,353	52,564	11	53 / 47	37 / 54 / 9	17
Myebon	6,470	-	-	10,006	16,476	333	53 / 47	37 / 54 / 9	17
Pauktaw	23,702	-	16,000	4,577	44,279	-3	53 / 47	37 / 54 / 9	17
Ponnagyun	3,125	-	2,000	1,511	6,636	-4	53 / 47	37 / 54 / 9	17
Sittwe	109,155	-	90,000	3,267	202,422	2	53 / 47	37 / 54 / 9	17
Buthidaung	11,900	-	154,000	22,400	188,300	5	53 / 47	37 / 54 / 9	17
Maungdaw	-	-	76,000	36,800	112,800	0	53 / 47	37 / 54 / 9	17
Rathedaung	16,889	-	10,000	11,600	38,489	44	53 / 47	37 / 54 / 9	17
<b>TOTAL</b>	<b>209,967</b>	<b>-</b>	<b>470,000</b>	<b>125,982</b>	<b>805,949</b>	<b>7</b>	<b>53 / 47</b>	<b>37 / 54 / 9</b>	<b>17</b>

## People in need in Shan

TOWNSHIP	IDPS	IDPS: RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NONDISP- LACED STATELESS PEOPLE IN RAKHINE	OTHER VULNERABLE CRISIS- AFFECTED PEOPLE	TOTAL	PIN VARIATION FROM 2020 (%)	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)
Hseni	266	-	-	1,831	2,097	-15	50 / 50	38 / 56 / 6	9
Hsipaw	120	-	-	1,355	1,475	-82	50 / 50	38 / 56 / 6	9
Kutkai	4,775	604	-	5,078	10,457	-21	50 / 50	38 / 56 / 6	9
Kyethi	-	-	-	276	276	-36	50 / 50	38 / 56 / 6	9
Lashio	-	-	-	30	30	-99	48 / 52	39 / 55 / 6	9
Laukkaing	1,000	2,400	-	10,081	13,481	240	50 / 50	38 / 56 / 6	9
Manton	300	5	-	1,078	1,383	-15	50 / 50	38 / 56 / 6	9
Muse	798	306	-	558	1,662	-7	50 / 50	38 / 56 / 6	9
Namhkan	1,912	98	-	1,167	3,177	-25	50 / 50	38 / 56 / 6	9
Namtu	572	65	-	1,950	2,587	-11	50 / 50	38 / 56 / 6	9
<b>TOTAL</b>	<b>9,743</b>	<b>3,478</b>	<b>-</b>	<b>23,404</b>	<b>36,625</b>	<b>-39</b>	<b>50 / 50</b>	<b>38 / 56 / 6</b>	<b>9</b>

Part 2:

# Risk Analysis and Monitoring of Situation and Needs

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**KAYIN, MYANMAR**

Flood-affected communities in Kayin State receive food assistance.

Photo: HelpAge International/Ben Small



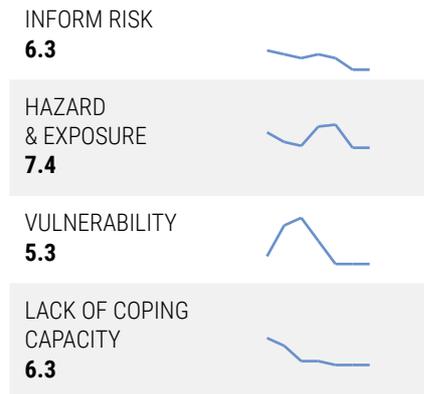
## 2.1 Risk Analysis

In support of the humanitarian planning process in Myanmar, including the development of the 2021 Myanmar Humanitarian Needs Overview, an in-depth nationwide risk analysis was carried out at the township level using the Index for Risk Management (INFORM). INFORM is a global, open-source risk assessment for humanitarian crises and disasters that can support decisions about prevention, preparedness and response. Myanmar ranks 16th out of 191 countries in the INFORM and fourth highest in terms of exposure to natural hazards after the Philippines, Japan and Bangladesh.

The result of the INFORM analysis is an objective data-driven identification of the townships that are most exposed to natural and human hazards, have the most vulnerable populations, and are the least capable of dealing with an emergency. These areas should be prioritized for disaster response preparedness to improve the collective ability to support these vulnerable communities when disaster strikes. The INFORM methodology has three dimensions: hazard and exposure, vulnerability and lack of coping

### Myanmar INFORM Global Risk Index

Evolution between 2015-2021



For more information, visit: [www.inform-index.org](http://www.inform-index.org)



capacity. Figure 1 combines these three dimensions and shows that the high-risk townships in Myanmar are clustered in Rakhine, Kachin and Shan states, and the south-east.

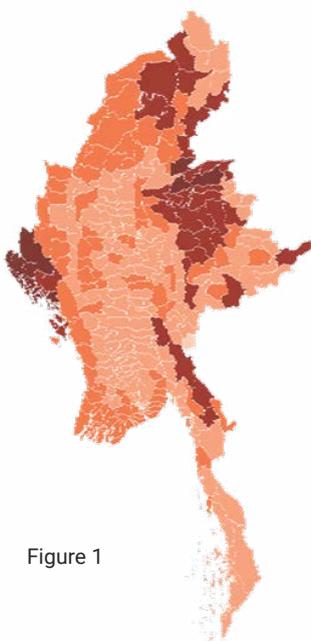


Figure 1

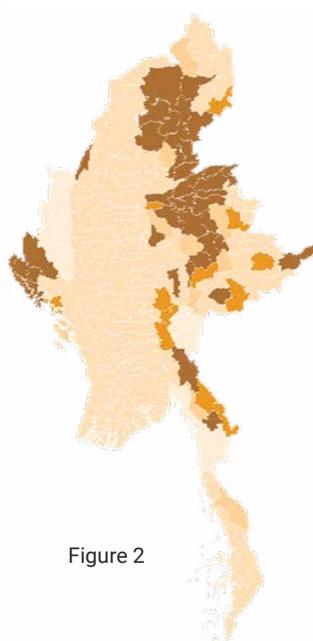


Figure 2

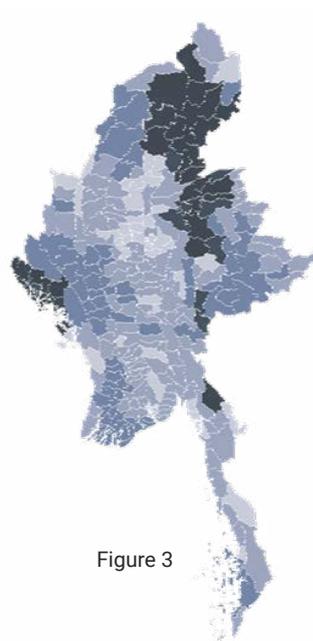


Figure 3

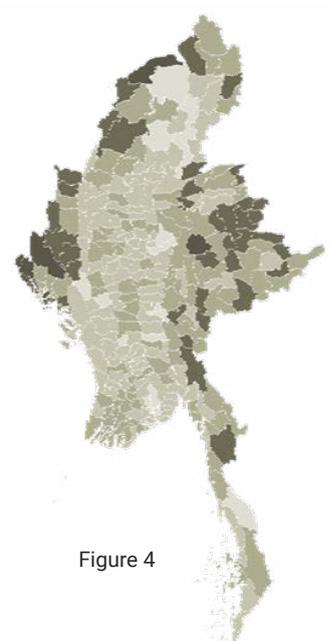


Figure 4

The hazard and exposure dimension reflects the probability of physical exposure associated with specific hazards and comprises two categories: natural hazards and human-induced hazards. With respect to natural hazards, it indicates that townships in the western and southern parts of the country are exposed to a variety of natural hazards giving them higher cumulative risk scores in the Natural Hazard index (Figure 2). As mentioned above, Myanmar ranks 4th worldwide in its exposure to natural hazards and therefore, humanitarian planning should take into account the reality that a major disaster can strike Myanmar at any point and could require a large-scale humanitarian response.

The second category of hazards includes those related to human-induced scenarios. In the case of Myanmar, these are measured against conflict in addition to urban fires. Conflict is weighted far more heavily in the model than fires. The results of this analysis show that the highest ranked townships in terms of human-induced hazards are those in northern Rakhine, Kachin, and northern Shan states (Figure 2).

The vulnerability dimension represents economic, political and social characteristics of the community that can be destabilized in case of a hazard event. There are two categories: socio-economic vulnerability and vulnerable groups. The socio-economic vulnerability dimension comprises various

indicators related to development and deprivation, gender inequality and age dependency. The result of these 23 indicators showing various aspects of vulnerability reveal that those townships associated with conflict in Rakhine, Kachin, and Shan states are the most vulnerable (Figure 3). High vulnerability is also found in parts of Chin State and Sagaing and Ayeyarwady regions. The least vulnerable populations are those in areas around Yangon, and in Bago and Mandalay regions.

The coping capacity dimension focuses on issues that have been addressed to increase society's resilience and progress in their implementation. It measures the country's disaster resilience and the capacity of the existing infrastructure to contribute to disaster risk reduction. The sub-national model for Myanmar relies on a variety of indicators serving to better understand the differences in development and resilience across the country (access to electricity, internet, and mobile phones, physical connectivity/remoteness, access to health care, and access to education). The result of this analysis (Figure 4) shows that the areas with the least coping capacity are the border areas in the north, south, east and west of the country. The areas along the central riverine plains are those with the most capacity.

## 2.2 Risks, scenarios and impact

In addition to a countrywide risk analysis of hazards and exposure, vulnerability and lack of coping capacity under the broader framework of the INFORM Index, the HCT and Inter-Cluster Coordination Group (ICCG) considered the potential impact of identified key risks over the coming year, within the scope (geographical coverage, population groups) of this HNO, to further

strengthen the basis for joint response analysis and planning. For each identified risk or shock, assumptions, most likely scenarios and key anticipated humanitarian impacts are outlined below:

RISKS/SHOCK	ASSUMPTION	MOST LIKELY SCENARIO	HUMANITARIAN IMPACT
Armed conflict and inter-communal tension	Key conflict parties remain outside the National Ceasefire Agreement (NCA); limited concrete steps on interim measures set out under the NCA continues to reduce trust in the process among parties; designation of Arakan Army as a terrorist organization remains in place, further undermining prospects for peace negotiations for Rakhine and Chin; economic and public health impacts from COVID-19 and disenfranchisement of communities in the run up to November elections further fuels tensions.	Complex armed conflict persists in various locations in Rakhine and southern Chin; extensive constraints on freedom of movement remain in place; flare-ups continue in northern Shan involving multiple conflict actors and potentially also in Kayin; an absence of long-term security guarantees continues to reduce the scope for large-scale durable solutions in Kachin.	<p>Insecurity, a lack of basic services and other factors limit prospects for return or other sustainable solutions for IDPs in situations of protracted displacement and contribute to continued high levels of dependency on various forms of humanitarian support and protection.</p> <p>New displacement and IHL violations continue in Rakhine and southern Chin in particular, including conflict-related sexual violence impacting women and girls.</p> <p>Armed conflict and instability continue to undermine affected people's access to essential services and livelihood opportunities. IDPs in non-government-controlled areas and displaced and non-displaced stateless people remain particularly vulnerable.</p> <p>Humanitarian access remains highly challenging due to insecurity, non-issuance of travel authorization and, to a lesser extent, logistical constraints.</p>

RISKS/SHOCK	ASSUMPTION	MOST LIKELY SCENARIO	HUMANITARIAN IMPACT
COVID-19 pandemic	Continued spread of COVID-19 including in areas covered by the HNO.	<p>Increased transmission in humanitarian settings.</p> <p>Capacity of health systems is further stretched and access to quality health care services further compromised, particularly in non-government-controlled areas and conflict-affected areas.</p> <p>Disruption of other essential services, including education (e.g. due to use of schools as quarantine facilities), livelihood opportunities, and GBV and PSEA services as well as supply chains.</p>	<p>Reduced coverage of humanitarian response due to COVID-19 restrictions.</p> <p>IDPs in overcrowded camps and displacement sites in various parts of the country and non-displaced stateless persons in rural areas of Rakhine with limited access to healthcare, safe water and sanitation services remain at elevated risk during local-level outbreaks, due to already low health indicators and restricted access to essential health services.</p>
Natural hazards	Seasonal floods and landslides (May to October), with risks of larger emergencies due to a cyclone and/or earthquake, potentially directly affecting areas with already high levels of humanitarian need or creating emergency needs in other locations.	Large-scale temporary displacement due to monsoon flooding, including in states and regions not covered by the HNO.	IDPs in disaster-prone areas are particularly vulnerable, with scope for emergency preparedness and disaster mitigation measures impeded by COVID-19 restrictions.

## 2.3 Projected evolution of needs

In Rakhine State, displacement and movement restrictions will continue to constrain affected peoples' access to protection and essential services, including formal education, healthcare and livelihoods, contributing to continued high levels of dependence on humanitarian assistance. Elevated protection risks are expected to persist for approximately 130,000 displaced people, mostly stateless Rohingya, in camps or camp-like settings in central Rakhine established in 2012, as well as for some 470,000 non-displaced stateless Rohingya spread across ten townships in northern and central Rakhine State, with no indications that steps are likely to be taken to enhance respect for human rights and enable freedom of movement. The lack of sufficient land in IDP camps and the inadequacy of some sites located below sea-level will continue to contribute to overcrowding and an increased risks of flooding, disease outbreaks and GBV. While the adoption of the National Strategy on Resettlement of Internally Displaced Persons (IDPs) and Closure of IDP Camps has been welcomed, questions remain about its application and the degree to which it can contribute to durable solutions for IDPs, particularly in Rakhine.

In conflict-affected townships in Rakhine and southern Chin states, given the intensity of fighting between the MAF and the AA over much of 2020 and the additional factors outlined above, displacement dynamics are likely to remain fluid, but with an overall upward trend including new and repeat internal displacement. Furthermore, considering the scale of the protection crisis in Rakhine State, and until there is concrete progress to address the root causes of the crisis – including freedom of movement, an accessible, transparent and effective pathway to citizenship and inter-communal relations – sustainable, voluntary and dignified return of stateless IDPs and refugees to their places of origin or choice is likely to remain elusive in 2021.

In Kachin and northern Shan states, protracted displacement and (in the case of northern Shan)

outbreaks of fighting are likely to continue to exacerbate vulnerabilities of the displaced and other crisis-affected people, especially women, children, youth, elderly and persons with disabilities. Unless humanitarian access improves, coping mechanisms will continue to be eroded. This will result in heightened vulnerability to risky migration practices that contribute to human trafficking, family separation, early or forced marriage and other negative coping mechanisms, including increased drug abuse and violence. Without a peace agreement or steps to address key issues such as landmine contamination and housing, land and property rights, durable solutions will remain out of reach for a majority of persons in situations of protracted displacement. The prolonged nature of displacement will continue to generate recurrent needs across sectors, including repair of temporary shelters and sanitation facilities, and distribution of non-food items. In Kachin State, small-scale solutions may be realized for a few thousands IDPs, with support from the international community to the Government and to local institutions to ensure these are sustainable and take place in line with international standards.

With increased cases of COVID-19 since September, particularly in Rakhine, affected communities will face more serious challenges in accessing quality preventive measures and testing and treatment for COVID-19. For IDPs in camps, overcrowding, poor sanitary conditions and lack of space for self-monitoring and quarantine will continue to increase the risk of COVID-19 spreading quickly and make the response extremely challenging. The particularly limited access of displaced and non-displaced Rohingya to health care and other basic services outside camps due to restrictions on freedom of movement will increase the vulnerability of these communities in the event of local-level outbreaks. The situation is likely to be further compounded by increased restrictions on travel and transportation which will affect delivery of assistance to affected areas.

## 2.4 Monitoring of Situation and Needs

In order to assess the evolution of the humanitarian consequences and needs of priority population groups in specific geographic areas, the HCT agreed that the following indicators will be monitored by each of the sectors/clusters within the scope of this Humanitarian Needs Overview. These indicators will be a crucial part of the overall monitoring framework that will inform

future analysis, planning and decision-making. The Inter-Cluster Coordination Group takes the lead in ensuring regular monitoring and reporting of the status and challenges through bi-annual monitoring reports.

### Indicators

#	INDICATOR	SECTOR
1	Number of girls and boys (ages 3-17) accessing quality and inclusive learning opportunities (formal and non-formal)	Education
2	Percentage of people that have a poor consumption in the last seven days Percentage of people that had used coping strategies in the last 30 days	Food Security
3	Number of outpatient consultations per person, per year by administrative unit	Health
4	Percentage of children 6 to 59 months screened with acute malnutrition	Nutrition
5	Number of affected people who have access to minimum protection services	Protection
6	Number of IDPs and other crisis-affected people with access to temporary shelter in accordance with minimum standards	Shelter/NFI/ CCCM
7	Percentage of households having access to a basic water service	Water, Sanitation and Hygiene

## Timeline



JUNE 2011

### Displacement

Large-scale displacement due to resumption of armed conflict in Kachin and northern Shan.



JUNE 2011

### Displacement

Intercommunal violence in Rakhine leads to mass displacement of Rohingya communities and establishment of IDP camps by the end of 2012.



JULY 2015

### Floods

Floods and landslides temporarily displace 1.7 million people, mostly in Chin and Rakhine states, and Magway and Sagaing regions.



OCTOBER 2016 - AUGUST 2017

### Displacement

Security operations following attacks on police posts cause displacement of hundreds of thousands of Rohingya into Bangladesh.



AUGUST 2018

### Displacement

Clashes erupt between the Myanmar Armed Forces and the Kachin Independence Army leading to further temporary displacement of thousands in Kachin State.



JUNE 2018

### Memorandum of Understanding

MoU signed between UNDP, UNHCR and the Government to create a safe, dignified and sustainable repatriation of Rohingya refugees and development for all communities in the three northern townships of Rakhine State.



JANUARY 2019

### Displacement

Escalation of armed conflict in Rakhine and southern Chin between the Myanmar Armed Forces and the Arakan Army begins; more than 100,000 people displaced across the two states by November 2020.



JANUARY - DECEMBER 2019

### Displacement

More than 26,000 people temporarily displaced by conflicts in several townships of northern Shan State.



JUNE - SEPTEMBER 2019

### Floods and landslides

More than 23,000 people temporarily displaced by conflicts in several townships of northern Shan State.



MARCH 2020

### COVID-19

The Ministry of Health and Sports confirms the first COVID-19 case in Myanmar; over 100,000 confirmed cases by November 2020.



APRIL 2020

### Aid worker killed

A WHO staff member dies after being wounded in a security incident in Minbya Township, Rakhine State; hostilities between the Myanmar Armed Forces and the Arakan Army continues unabated.



MAY 2020

### Ceasefire

Myanmar Armed Forces declares nationwide ceasefire, except in Rakhine and Chin states, to help contain the COVID-19 outbreak; ceasefire extended twice by November 2020.



AUGUST 2020

### COVID-19

Surge of locally transmitted COVID-19 cases in Rakhine State, including cases reported among internally displaced persons and the staff of humanitarian organizations.



NOVEMBER 2020

### Election

General Elections held on 8 November; several townships in Rakhine State excluded from voting.

# Part 3: Sectoral Analysis

## RAKHINE, MYANMAR

Students at a temporary learning space in Dar Paing IDP camp, Sittwe.

Photo: LWF Myanmar/Magdalena Vogt



Church of Sweden  
actalliance

Radiohjälpen  
90 1950-6

LWF  
actalliance

အမှတ် (၆)  
Kinder Garden Temporary Learning Space  
သူငယ်တန်း ယာယီ စာသင်ဆောင်  
Dar Paing , Sittwe Township  
ဒါးပိုင်စခန်း ၊ စစ်တွေမြို့နယ်

### 3.1 Education

PEOPLE IN NEED

**279k**

TREND (2016-2021)



SEVERITY OF NEEDS

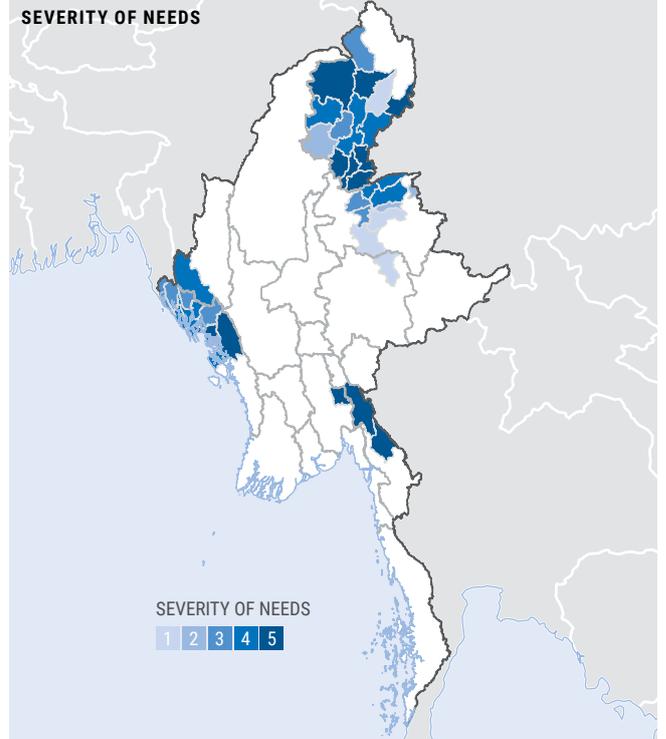
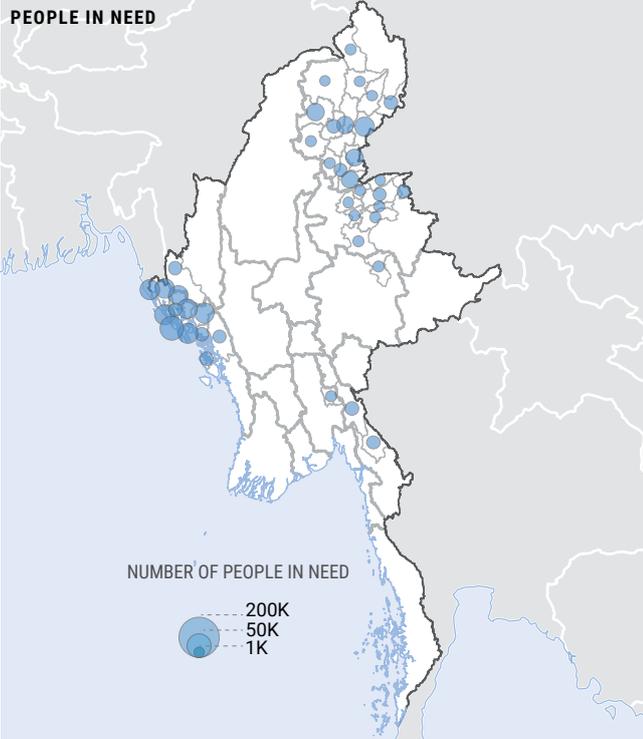
1% None/Minimal

12% Stress

35% Severe

43% Extreme

9% Catastrophic



### 3.2 Food Security

PEOPLE IN NEED

**783k**

TREND (2016-2021)



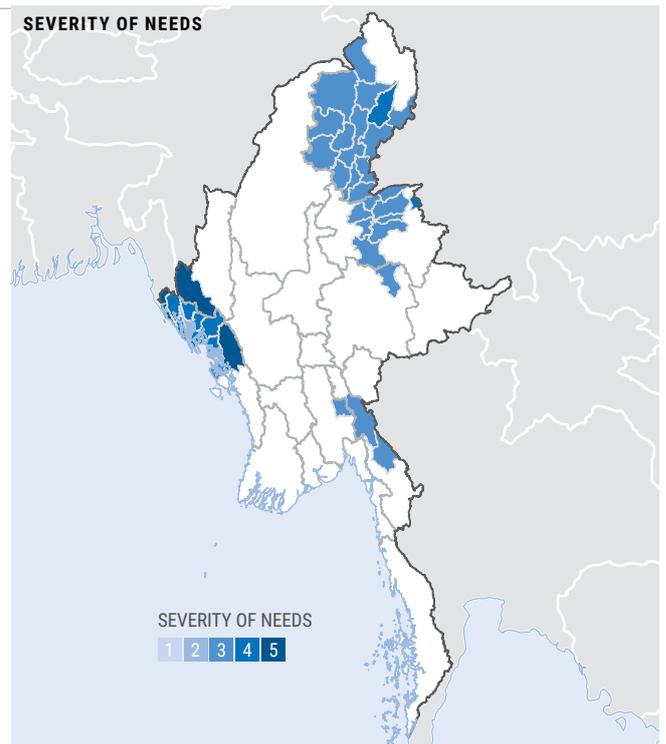
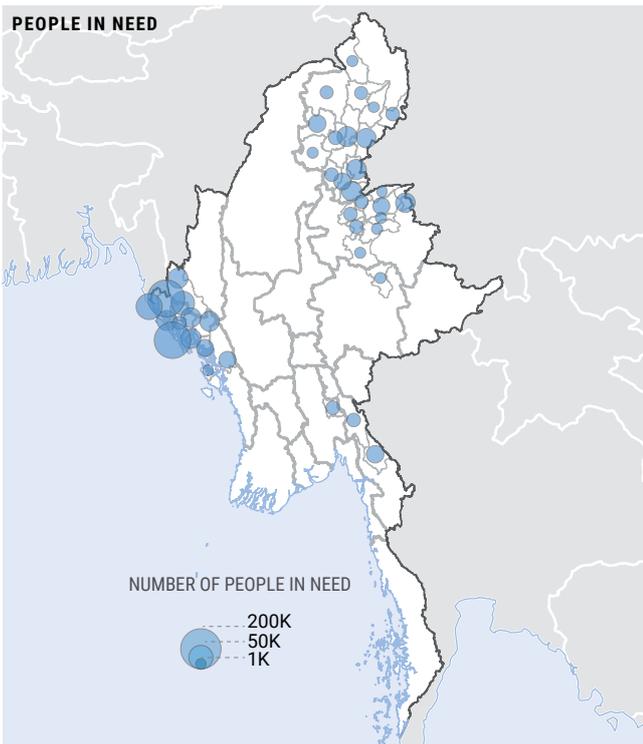
SEVERITY OF NEEDS

26% Stress

26% Severe

36% Extreme

11% Catastrophic



### 3.3 Health

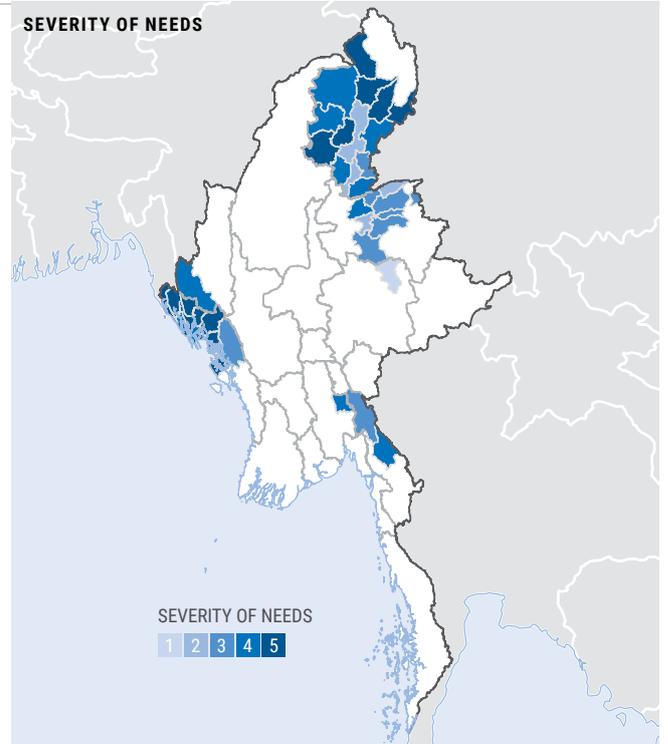
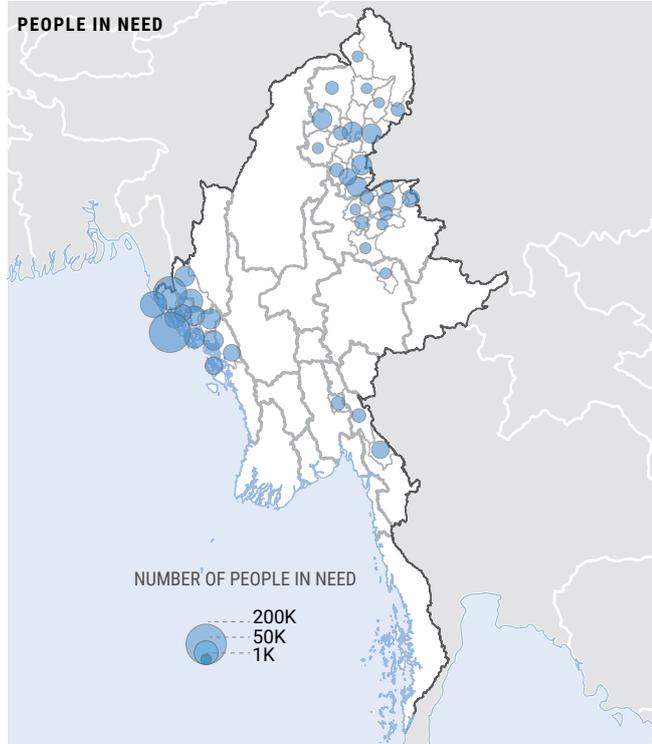
PEOPLE IN NEED

**819k**

TREND (2016-2021)



SEVERITY OF NEEDS



### 3.4 Nutrition

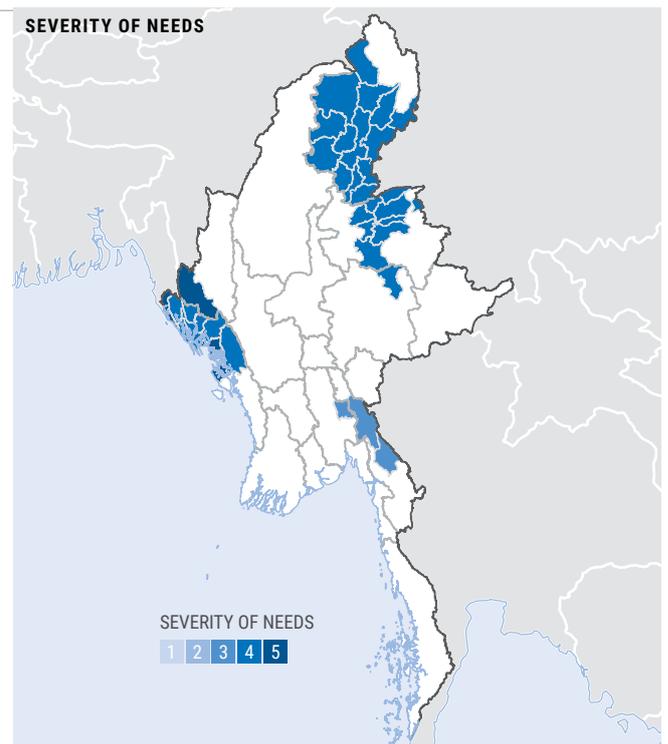
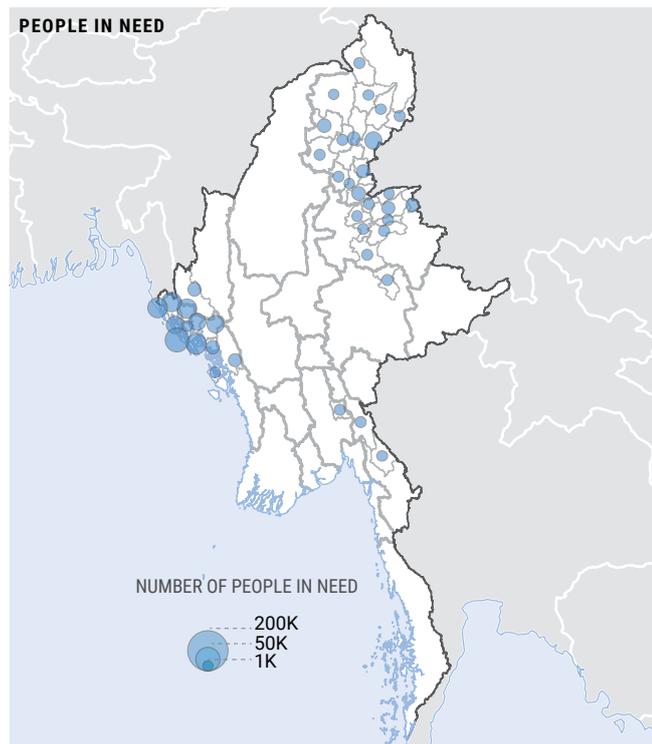
PEOPLE IN NEED

**183k**

TREND (2016-2021)



SEVERITY OF NEEDS



### 3.5 Protection

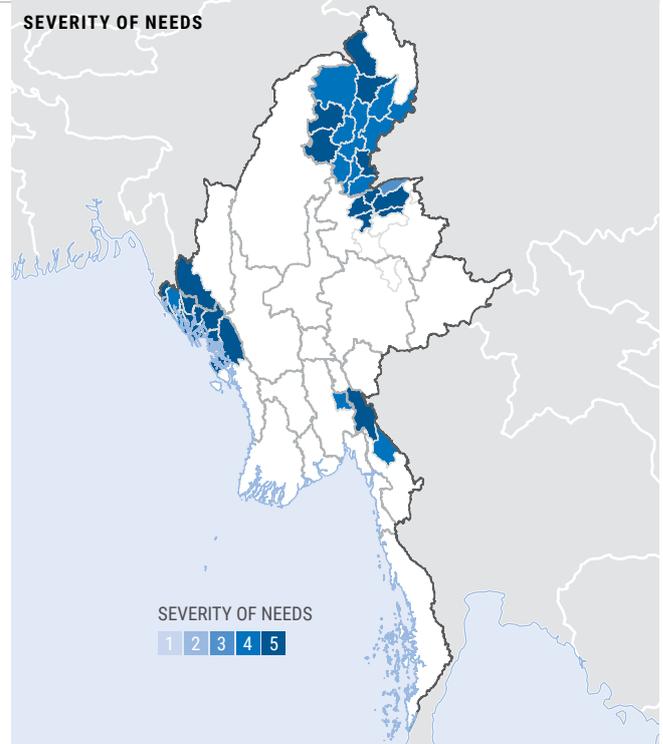
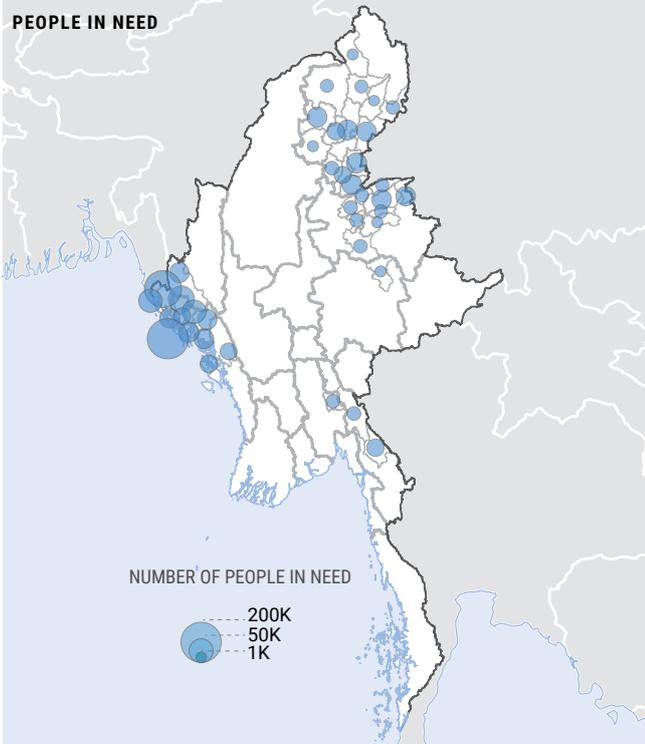
PEOPLE IN NEED

**986k**

TREND (2016-2021)



SEVERITY OF NEEDS



### 3.6 Shelter/NFI/CCCM

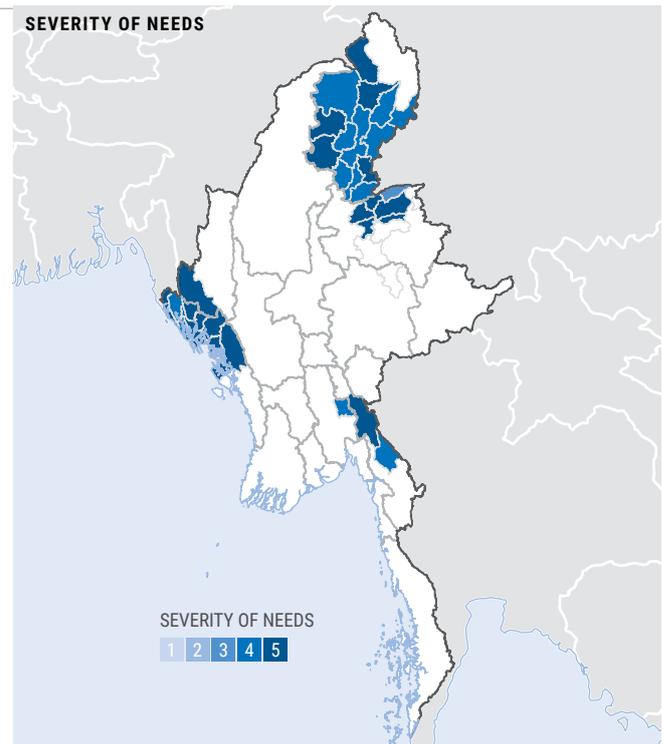
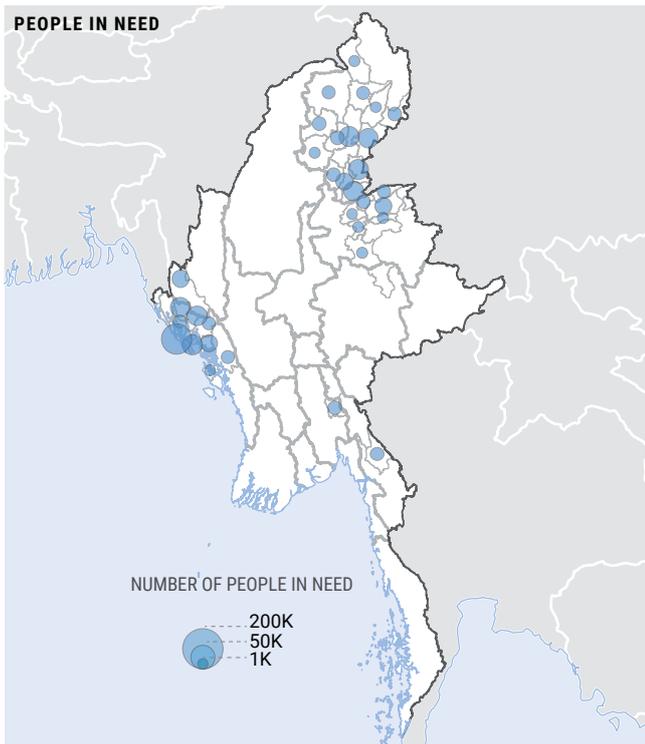
PEOPLE IN NEED

**348k**

TREND (2016-2021)



SEVERITY OF NEEDS



### 3.7 WASH

PEOPLE IN NEED

**914k**

TREND (2016-2021)



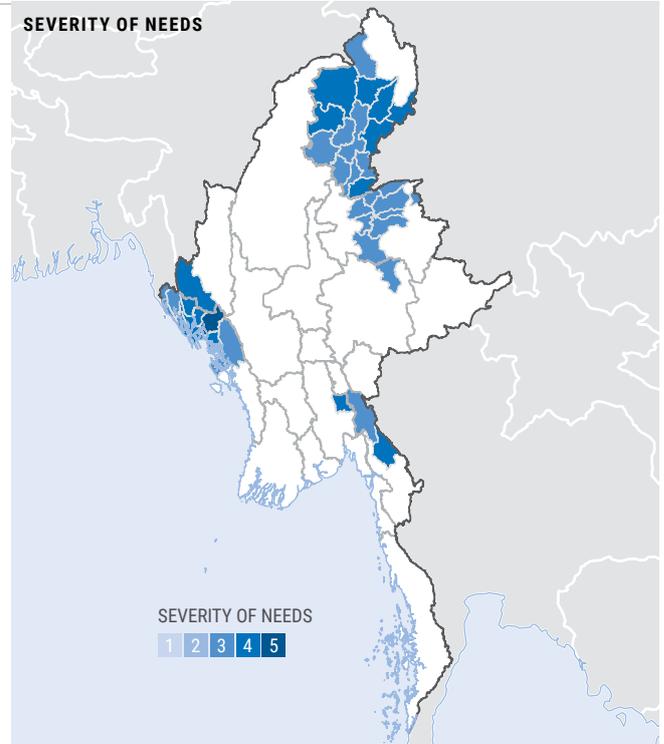
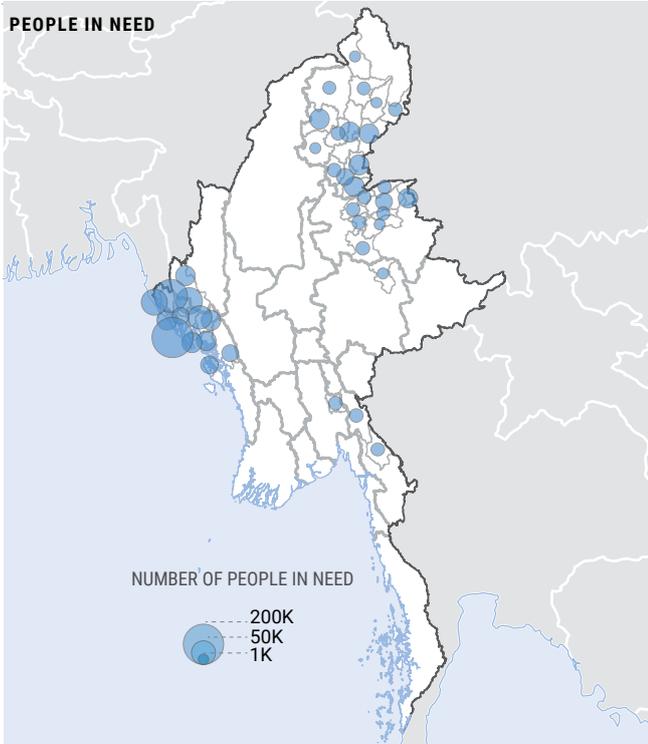
SEVERITY OF NEEDS

**13%**  
Stress

**35%**  
Severe

**48%**  
Extreme

**4%**  
Catastrophic



#### CHIN, MYANMAR

Mothers cooking rice for dinner at an IDP site in Samee.  
Photo: WFP/Langh Khan Khai



## 3.1 Education



PEOPLE IN NEED	WOMEN	MEN	GIRLS	BOYS	WITH DISABILITY
279K	1%	1%	51%	47%	16%

### Overview

An estimated 272,000 girls and boys and 7,000 education personnel in Kachin, northern Shan, Rakhine, Chin, and Kayin states require immediate and sustained support to allow them to return to learning, through quality, inclusive, and protective educational opportunities.

### Affected Population

Many crisis-affected children and adolescents in Myanmar remain displaced or face restrictions on freedom of movement and access to services, including children and adolescents with disabilities who face additional barriers. Those in need of humanitarian education services include the following: 43,897 in Kachin, 8,407 in Shan, 218,093 in Rakhine, 4,121 in Chin, 3,506 in Kayin and 850 in Bago.

### Analysis of Humanitarian Needs

Displaced children in crisis affected areas are often less able to access quality and inclusive primary education. In Kachin, Shan and Chin states, while girls and boys in government-controlled areas are able to enroll in government schools, challenges including overcrowding, limited availability of teaching and learning materials, support for disability-inclusive education, and the lack of multilingual education in children's first language remain; these first two challenges are even more pronounced in non-government-controlled areas. In Rakhine, the security situation affects access to quality and inclusive education for both children in long-term IDP camps (i.e. those established in 2012) and children displaced or otherwise affected by more recent conflict

and violence. Further, ongoing movement restrictions mean that many stateless children are only able to access primary education within NGO-supported temporary learning classrooms (TLCs) in camps or in community schools.

More significant barriers remain for access to inclusive and quality post-primary education. In Rakhine, many stateless children continue to face movement and security restrictions, which largely undermine their access to education beyond the primary-level TLCs supported by NGOs. In Kachin and Shan, IDPs and conflict-affected communities in remote areas cite a lack of schools, especially beyond primary level, as a key area of concern. Many adolescents in non-government-controlled areas of Kachin and Shan leave their families to attend boarding schools in government-controlled areas. While this enables access to education with recognition and greater opportunity, it also poses significant child protection concerns which must be addressed through strengthening child protection and safeguarding in boarding houses, in conjunction with the Child Protection Sub-Sector. An absence of major outbreaks of hostilities in Kachin since August 2018 has led to initiatives for IDPs' return and resettlement; however, access to post-primary education services remains a constraint which may further deter returns or fuel family separation. According to the Kachin Intention Survey Report (June 2019), more than 40 percent of IDPs in Chipwi listed "no schools for children" as a top barrier to return. Beyond basic education, there is very little access to pre-primary education as well as non-formal learning opportunities for adolescents in all areas. Local organizations are often solely able to support education at all levels in the most remote

communities, and there is need to continue to build their institutional and technical capacities to do so.

The COVID-19 pandemic and the school reopening process highlighted the need for strengthening system-level preparedness and response mechanisms for education, with greater collaboration between the Ministry of Education and the Education in Emergency (EiE) Sector. Learners and learning spaces in areas already affected by emergencies prior to the COVID-19 are particularly in need of improved and gender-responsive WASH facilities and supplies, greater capacity of caregivers and teachers to support children to learn at home – in particular given already overcrowded classrooms and the need for physical distancing – and the availability of psychosocial support. These challenges were voiced by a young boy in a Rakhine State IDP camp: “we are concerned about not going to school and being far behind in our education” (Community Voices report, July 2020). All efforts during school reopening must be inclusive and accessible for all children. This is a unique opportunity to bring all children into school, both returning students and children previously out of school. It is also a key

opportunity to address the increased stress children faced through the pandemic, and identify and address potential child protection concerns that children experienced during lockdown as rates of violence and abuse increased. Volunteer teachers urgently need increased capacity building for pedagogy, home-based learning, and both physical and emotional wellbeing as to allow them to support children’s access to learning, face-to-face or remotely.

## People in need for Education

STATE/ REGION	IDPS	IDPS: RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NON- DISPLACED STATELESS PEOPLE	OTHER VULNERABLE CRISIS- AFFECTED PEOPLE	TOTAL	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)
Bago (eastern)	850	-	-	-	850	53 / 47	98 / 2 / -	13
Chin (southern)	3,239	-	-	882	4,121	52 / 48	98 / 2 / -	21
Kachin	32,284	1,308	-	10,305	43,897	48 / 52	98 / 2 / -	9
Kayin	3,506	-	-	-	3,506	51 / 49	98 / 2 / -	17
Rakhine (northern)	9,737	-	64,944	12,192	86,873	53 / 47	98 / 2 / -	17
Rakhine (central)	61,285	-	62,238	7,697	131,220	53 / 47	98 / 2 / -	17
- Total	71,022	-	127,182	19,889	218,093	53 / 47	98 / 2 / -	17
Shan (northern)	3,296	725	-	4,386	8,407	50 / 50	98 / 2 / -	9
<b>TOTAL</b>	<b>114,197</b>	<b>2,033</b>	<b>127,182</b>	<b>35,462</b>	<b>278,847</b>	<b>52 / 48</b>	<b>98 / 2 / -</b>	<b>16</b>

## 3.2 Food Security



PEOPLE IN NEED	WOMEN	MEN	GIRLS	BOYS	WITH DISABILITY
783K	33%	30%	19%	18%	16%

### Overview

An estimated 783,000 people living in crisis-affected areas in Myanmar are vulnerable to food insecurity. The main humanitarian needs include economic and physical access to, as well as availability of, nutritious and diversified food at household and community levels. Escalation of conflict in different parts of the country, particularly in Chin and Rakhine State, as well as impacts of the COVID-19 pandemic and recurrent climate-related shocks, continue to undermine the availability of food supplies as well as access to food and livelihoods opportunities. Due to underlying gender inequalities, women and girls are likely to be at increased risk of food insecurity.

### Affected Population

Vulnerable people who continue to be food insecure or in need livelihood support are the following: 102,649 in Kachin, 24,767 in Shan, 632,805 in Rakhine, 13,275 in Chin, 6,855 in Kayin and 2,513 in Bago. Persons with disabilities and female headed households are particularly and disproportionately affected. Ongoing conflict continuously undermines their capacity to produce and access sufficient, diversified and nutritious food, leading to negative coping mechanisms and limited ability to meet basic needs.

### Analysis of Humanitarian Needs

The vast majority of affected women and men rely on subsistence farming and casual labour for their livelihoods. Food gaps during the monsoon season are common, with landless households and those dependent on unsustainable daily or seasonal labour

having to face the longest gaps in food stocks. It particularly affects population groups in vulnerable situations including people with disabilities, the elderly and female/child headed households.

In Kachin, ongoing conflict and a lack of tangible progress on the peace process have resulted in protracted displacement. The majority of IDPs, most of whom have been living in camps for several years, need support for durable solutions. In northern Shan, limited humanitarian access to displaced and vulnerable populations reduces the opportunities to provide livelihood support. Extensive landmine contamination also poses further protection risks. IDPs' limited ability to meet basic needs, such as producing and accessing sufficient, diversified and nutritious food, often leads them to take negative coping mechanisms.

In central and northern Rakhine, intensified violence and the movement restrictions undermine the physical and economic access of displaced and stateless populations to food and livelihood opportunities. Those who remained in Myanmar after the 2017 violence have faced disruption in crop cultivation. The existing structural limitations of the agricultural sector, such as inadequate productive infrastructure, poor quality of inputs, and inequality in access to credit, make it even more challenging for the affected population to produce and access sufficient and diversified food.

IDPs, stateless and other vulnerable crisis-affected people will need diversified livelihood support and additional income sources in order to reduce their dependency on humanitarian assistance and leave

no one behind. Recurrent climate shocks aggravate the situation of local communities, increasing the risk of displacement and loss of productive assets and livelihoods, hitting the agriculture sector hardest, affecting crops, livestock, fishery and productive infrastructure.

Although food production has not been directly impacted by COVID-19, rural households are facing increasing challenges due to loss of incomes and remittances. Vulnerable populations such as the landless and daily laborers are likely to be among the most affected, particularly in areas affected by conflict and natural hazards.

## People in need for Food Security

STATE/ REGION	IDPS	IDPS: RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NON- DISPLACED STATELESS PEOPLE	OTHER VULNERABLE CRISIS- AFFECTED PEOPLE	TOTAL	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)
Bago (eastern)	2,513	-	-	-	2,513	52 / 48	37 / 54 / 9	13
Chin (southern)	8,323	-	-	4,952	13,275	52 / 48	46 / 47 / 7	21
Kachin	80,544	5,263	-	16,842	102,649	48 / 52	36 / 58 / 6	9
Kayin	6,855	-	-	-	6,855	51 / 49	41 / 52 / 7	17
Rakhine (northern)	28,789	-	192,000	63,840	284,629	53 / 47	37 / 54 / 9	17
Rakhine (central)	181,079	-	149,300	17,797	348,176	53 / 47	37 / 54 / 9	17
- Total	209,868	-	341,300	81,637	632,805	53 / 47	37 / 54 / 9	17
Shan (northern)	7,194	2,442	-	15,1312	24,767	50 / 50	38 / 56 / 6	9
<b>TOTAL</b>	<b>315,296</b>	<b>7,705</b>	<b>341,300</b>	<b>118,563</b>	<b>782,864</b>	<b>52 / 48</b>	<b>37 / 55 / 8</b>	<b>16</b>

# 3.3 Health



PEOPLE IN NEED	WOMEN	MEN	GIRLS	BOYS	WITH DISABILITY
819k	33%	30%	19%	18%	16%

### Overview

An estimated 819,000 people in Myanmar continue to face difficulties in accessing health care services. The main humanitarian needs are: 1. ensuring access to essential health care service package and referrals to higher level of care; 2. improving reproductive, maternal, new-born, adolescent and child health care; 3. preventing, detecting, and rapidly responding to communicable diseases through Early Warning, Alert and Response System (EWARS); 4. mainstreaming mental health and psychosocial support in primary health care services; 5. supporting rehabilitation and provision of assistive devices for persons with injuries and different forms of impairments (including chronic diseases).

### Affected Population

Affected women, men, boys and girls who face challenges in accessing quality health care services include the following: 118,257 in Kachin, 22,549 in Shan, 651,700 in Rakhine, 13,275 in Chin, 10,365 in Kayin and 2,513 in Bago. Overcrowded shelters, poor access to WASH services, and limited livelihood activities present additional health risks particularly for IDPs across all targeted states.

### Analysis of Humanitarian Needs

In Kachin and Shan, IDPs rely on humanitarian support provided by a limited number of health partners, while others who are unable to access those services seek health care in China. Access constraints faced by partners limit their ability to support physical and mental health of the affected populations. While government facilities provide free health services,

additional costs are born by IDPs. The Government and partners, in collaboration with other relevant actors including ethnic health organizations (EHOs), are providing essential health services to the displaced and vulnerable communities. Based on available information, 65 per cent of the target population has received health services as of mid-2020, highlighting that gaps and challenges remain. It is of utmost importance to continue providing health assistance through the government and health partners to avoid devastating health outcomes for IDPs.

Continued conflict in Rakhine in 2020 has exacerbated access challenges in accessing health services for the affected population. Muslim populations in central Rakhine continues to face restrictions in reaching the nearest health facilities. Recruitment and retention of skilled health workers continue to be a major challenge. Humanitarian health interventions remain essential until all populations have equitable access to health services through strengthening capacity of government staff and health facilities and removing movement restrictions in line with the recommendations of the Rakhine Advisory Commission. In northern Rakhine, restrictions on humanitarian access limit the availability of health information to ascertain essential health needs of the affected population. It further inhibits timely referral for health services, including obstetric care, as well as prevention and response to communicable diseases.

In Kayin, healthcare services are provided through the Ministry of Health and Sports, Health Cluster partners, and EHOs. Sporadic armed conflict in the northern part of Kayin has resulted in immediate humanitarian health needs among displaced people. EHOs

continue to provide care through stationary primary health care clinics and mobile teams, and referrals for patients who need advanced care in tertiary health facilities either in Myanmar or in neighbouring Thailand. The closure of the official border crossings between Thailand and Myanmar due to the COVID-19 pandemic has affected these referral mechanisms. Significant numbers of migrants have returned home via Myawaddy entry point in Kayin State. The return of migrants has further stretched existing local health capacity.

The need for real-time disease surveillance through EWARS continues not only in relation to the current COVID-19 pandemic but also to detect other sporadic communicable disease notifications. EWARS is currently implemented in affected areas of Rakhine and Kachin states, and is planned to be expanded to northern Shan State. Continued collaboration between the government and health cluster partners is necessary in order to guard against possible disease outbreaks.

The COVID-19 pandemic has affected all ongoing humanitarian operations including within the Health Cluster. The pandemic itself is a priority, with various COVID-19-specific activities required, as well as

mainstreaming of other activities, especially those requiring direct service provision, to adapt to the new normal. Access to and transportation of both healthcare staff and essential supplies to regular program areas and hard-to-reach areas including non-government-controlled areas became more challenging due to COVID-19 measures such as stay-at-home advisories and quarantine. Across all areas, restricted movement due to COVID-19 and ongoing conflict disrupt service availability and heighten protection risks including gender-based violence, particularly for women and girls. Support for containing the local transmission first identified in Rakhine State on 16 August 2020 and preventing its spread among the displaced and other vulnerable populations is of paramount importance. Limited case management and referral pathways to comprehensive health services for women and girl survivors of gender-based violence can cause significant harm, and limited knowledge on how to apply a survivor-centred approach when providing health services to survivors can lead to re-victimization.

## People in need for Health

STATE/ REGION	IDPS	IDPS: RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NON- DISPLACED STATELESS PEOPLE	OTHER VULNERABLE CRISIS- AFFECTED PEOPLE	TOTAL	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)
Bago (eastern)	2,513	-	-	-	2,513	52 / 48	34 / 57 / 9	13
Chin (southern)	8,323	-	-	4,952	13,275	52 / 48	46 / 47 / 7	21
Kachin	76,545	3,858	-	37,854	118,257	48 / 52	36 / 58 / 6	9
Kayin	10,365	-	-	-	10,365	51 / 49	41 / 52 / 7	17
Rakhine (northern)	24,720	-	168,000	59,920	252,640	53 / 47	37 / 54 / 9	17
Rakhine (central)	181,178	-	179,000	38,881	399,059	53 / 47	37 / 54 / 9	17
- Total	205,898	-	347,000	98,801	651,700	53 / 47	37 / 54 / 9	17
Shan (northern)	6,532	2,048	-	13,969	22,549	50 / 50	38 / 56 / 6	9
<b>TOTAL</b>	<b>310,176</b>	<b>5,906</b>	<b>347,000</b>	<b>155,576</b>	<b>818,658</b>	<b>52 / 48</b>	<b>37 / 55 / 8</b>	<b>16</b>

# 3.4 Nutrition



PEOPLE IN NEED	WOMEN	MEN	GIRLS	BOYS	WITH DISABILITY
183k	21%	10%	46%	23%	16%

## Overview

An estimated 183,000 children under age 5 and pregnant and lactating women (PLW) are in need of life-saving nutrition services. Of these, approximately 54,500 children and 5,800 PLW require treatment of acute malnutrition primarily due to a deterioration in the quality of diets in conflict affected areas. Consequently, maintaining the nutritional status of children under age 5 and PLW with food and micronutrient supplementation, infant and young child feeding (IYCF) and caring support and adoption of healthy nutrition behaviour remain key priorities. Furthermore, a nutrition-sensitive response in coordination with other sectors, including health, food security, WASH and social protection, with a focus on capitalizing on the humanitarian-development nexus, remains crucial to better support nutritionally vulnerable groups.

## Affected Population

The Nutrition Sector focuses on the most nutritionally vulnerable groups (children under age 5 and PLW) across affected locations including 22,881 in Kachin, 6,441 in Shan, 149,227 in Rakhine, 2,801 in Chin, 1,476 in Kayin and 377 in Bago. In Rakhine, the treatment of children (6-59 months old) with moderate and severe acute malnutrition (SAM) remains a priority. In addition, treatment of children with disabilities and children (60-119 months old) with SAM, especially in areas without regular access to routine outreach and other health care services, is also crucial as “middle childhood” is strongly associated with potential catchup growth for children affected by stunting.

## Analysis of Humanitarian Needs

While efforts to conduct nutritional assessment and set-up a high frequency nutrition surveillance system over recent years have been challenging, several factors suggest that the risk of malnutrition is increasing in Kachin, northern Shan, Rakhine, Chin and Kayin states where the socioeconomic situation remains fragile and the disruption of access to food and livelihoods has led to further deterioration of dietary quality. In addition, there is limited availability of nutrition services (health system and partners) due to inadequate nutrition-skilled staff, as well as inadequate facilities and supplies. The complex referral pathway may reduce the ability of caregivers to seek quality care, possibly leading to disrupted nutritional caring and feeding practices among caregivers.

According to a 2015 SMART survey, the prevalence of Global Acute Malnutrition (GAM) in Buthidaung and Maungdaw stands at 15.1 per cent and 19 per cent respectively, which were already above WHO emergency thresholds. Moreover, chronic malnutrition is a major concern with stunting levels ranging between 27.5 per cent (IDP Sittwe urban) to 47.6 per cent (IDP Sittwe rural) in Rakhine. The highest stunting prevalence was recorded in Chin with 41 per cent which was also above the WHO critical limit. The situation has been further compounded by the COVID-19 pandemic which continues to undermine the ability of vulnerable groups to maintain good nutrition across affected areas. Efforts to support humanitarian nutrition needs are therefore critical to ensure continuity of essential nutrition services and mitigate

the secondary impacts on nutrition. In Kachin, Shan, Kayin and Chin states, GAM prevalence are lower than the national average (7 per cent), however, townships might be affected disproportionately, especially where IDP reside.

## People in need for Nutrition

STATE/ REGION	IDPS	IDPS: RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NON- DISPLACED STATELESS PEOPLE	OTHER VULNERABLE CRISIS- AFFECTED PEOPLE	TOTAL	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)
Bago (eastern)	377	-	-	-	377	70 / 30	64 / 36 / -	13
Chin (southern)	1,756	-	-	1,045	2,801	66 / 34	72 / 28 / -	21
Kachin	13,132	938	-	8,811	22,881	64 / 36	69 / 31 / -	9
Kayin	1,476	-	-	-	1,476	54 / 46	94 / 6 / -	17
Rakhine (northern)	4,175	-	34,800	12,412	51,387	71 / 29	62 / 38 / -	17
Rakhine (central)	41,986	-	46,580	9,274	97,840	65 / 35	74 / 26 / -	17
- Total	46,161	-	81,380	21,686	149,227	65 / 35	74 / 26 / -	17
Shan (northern)	1,530	613	-	4,298	6,441	68 / 32	65 / 35 / -	9
<b>TOTAL</b>	<b>64,432</b>	<b>1,551</b>	<b>81,380</b>	<b>35,840</b>	<b>183,203</b>	<b>67 / 33</b>	<b>69 / 31 / -</b>	<b>16</b>

# 3.5 Protection



PEOPLE IN NEED	WOMEN	MEN	GIRLS	BOYS	WITH DISABILITY
986K	33%	30%	19%	18%	16%

## Overview

The escalation in fighting in Rakhine and southern Chin in 2020 has led to increased displacement and exposed civilians to a wide range of protection risks, which is further compounded by the unprecedented COVID-19 pandemic. In Kachin, the prospect of durable solutions has been hampered by the absence of a nationwide ceasefire agreement and landmine and explosive remnants of war (ERW) contamination risks. The continuing armed conflict in northern Shan leaves IDPs with little hope of achieving solutions. Restrictions on access as a result of insecurity and COVID-19 add further obstacles in reaching the affected population with humanitarian assistance.

## Affected Population

In Rakhine, an estimated 600,000 Rohingya (including 130,000 IDPs in central Rakhine and some 470,000 non-displaced persons across the state) remain subject to heavy restrictions on freedom of movement, limiting their access to livelihoods and essential services. In Kachin and northern Shan, the humanitarian situation remains dire, with more than 105,000 people in situations of protracted displacement since 2011. Female-headed households, persons with disabilities, older persons, children, youth, pregnant and lactating women, people with pre-existing health problems, people without civil documentation and people of diverse sexual orientations and gender identities are among the most vulnerable and marginalized groups.

## Analysis of Humanitarian Needs

The overarching protection needs are the result of: 1. involuntary or unsafe movements; 2. the ongoing conflict and violations by armed actors; 3. systematic restrictions on freedom of movement and other fundamental rights; 4. continued segregation and systemic discrimination against displaced and non-displaced stateless Rohingya; and 5. societal and cultural norms that exclude the most vulnerable.

In Rakhine, ongoing conflict between the Myanmar Armed Forces and the Arakan Army will continue to gravely impact the fragile protection environment. Severe humanitarian access restrictions constrain the delivery of urgently needed protection services to affected communities. Rohingya and Kaman IDPs in protracted displacement, on the other hand, remain subject to institutionalised discrimination which contributes to serious protection incidents such as physical insecurity, extortion, and various form of violence and exploitation. The Government's steps towards camp closure continues to disregard key standards of voluntariness, safety and dignity outlined in its National Strategy. This places pressure on affected populations to move to unsafe locations where segregation is more likely to be permanently entrenched. It also leaves them in dire need of support but with highly restricted access to protection and basic services and limited enjoyment of fundamental rights. In turn populations resort to negative coping strategies, such as early marriage, human trafficking and insecure housing, land and property (HLP) transactions.

In Kachin and northern Shan, protection of civilians remains a major concern, despite a succession of unilateral ceasefire declarations since 2019. While 2020 witnessed a relative calm in Kachin, landmine incidents and forced recruitment continue to be reported, impeding durable solutions. In northern Shan, armed clashes have continued in 2020, and several reports of human rights violations are on the rise.

Across all locations, lack of access to livelihoods, barriers to citizenship and civil documentation and complex HLP issues remain underlying obstacles to sustainable solutions. Furthermore, societal discrimination, gender norms and gaps in Myanmar's legal and policy framework hinder any protections available to various specific groups, including separated or unaccompanied children, persons with disabilities, female or child-headed households.

### **Gender-based Violence (GBV)**

Across affected locations, intimate partner violence is widely cited as the most prevalent form of GBV, in addition to other forms of GBV, such as sexual violence, early/forced marriage, forced pregnancy, human trafficking and emotional/physical abuse. Lack of livelihoods, chronic poverty, presence of armed actors, existing socio-cultural and gender inequalities, barriers to freedom of movement, recurrent displacement as well as the use of drugs and alcohol are risk factors for increased levels of violence. COVID-19-related restrictions and measures have further exacerbated GBV risks by hindering access to life-saving services and by forcing survivors to be confined at home with their abusers. The living conditions in displacement, such as overcrowding of shelters, lack of privacy, insufficient energy supply, unsafe WASH facilities, and limited access to health, Mental Health and Psychosocial Support (MHPSS) and education services, have resulted in an increased level of distress and insecurity for women and girls and contributed to increased risk to exploitation and abuse. Even where GBV services are available, accessibility to such services is further compromised due to lack of trust in the formal justice processes and ongoing impunity for perpetrators, stigma towards GBV survivors, negative coping mechanism, and the lack of a survivor-

centered approach. The limited access to health services remains a challenge for GBV survivors who require timely medical services to prevent and mitigate longer-term consequences to their well-being.

### **Protection of Children**

Multiple child protection risks including family separation, maltreatment, sexual and gender-based violence, mental health and psychosocial distress, worst forms of child labor, continue to be of significant concern. Grave violations against children, including killing and maiming of children, recruitment and use, attacks on schools and the military use of schools and the risks from ERW are also of concern. As protective safety nets crumble and household vulnerabilities increase, children continue to suffer the after-effects in the form of increased child abuse, neglect and exploitation. Girls are at higher risk of sexual abuse and exploitation as well as trafficking for child marriage because of institutionalized barriers to fundamental rights, gender norms, poverty and ongoing conflict. Boys are at higher risk of worst forms of child labor, recruitment and use by armed groups and forces and dangerous work in mines. This is exacerbated by humanitarian access restrictions which limit their access to case management, MHPSS, information on services and other essential child protection services. Local actors' capacity to be able to provide quality and effective child protection services is more critical than ever.

### **Explosive Hazards**

Landmines, ERW and Improvised Explosive Devices (IEDs) continue to pose severe threats to civilians, including children, in Myanmar. Nine out of 15 States are contaminated with landmines/ERW and IEDs. Data for the first half of 2020 shows that the number of countrywide casualties had already reached 64 per cent of the totals for the whole year in 2019 with Rakhine State representing 53 per cent of total casualties. There is a pronounced lack of education for children and adults on the risks due to landmines/ERW. Humanitarian demining has never started. Existing services, either from government or from any other

service providers, are limited to one-time support and rarely reach non-government-controlled areas.

## Mental Health and Psychosocial Support (MHPSS)

MHPSS is a cross-cutting issue, particularly in areas where higher demands of humanitarian support are needed, due to continued conflict. Displacement impacts not only the education, health, and livelihoods of the affected population, but also their mental and psychosocial wellbeing potentially prompting feelings of insecurity, loss of identity. It can also lead to acute to severe mental health problems if not adequately addressed. Women and girls can be adversely affected psychologically due to GBV incidents and require continuous psychosocial support. Children, older persons, persons with disabilities, and those with

pre-existing mental health problems may also require MHPSS services. However, stigma and discrimination related to MHPSS issues continue to be a barrier to services with a lack of awareness in MHPSS needs at the community level. Additionally, due to the impact of COVID-19, including restrictions on movement and increased economic hardship, the most vulnerable households are likely to lose their source of income or livelihood activities thereby putting more pressure and anxiety on households and increasing the number of extremely vulnerable persons in need of humanitarian support. MHPSS interventions should be increased and made available as most individuals will need support to re-establish themselves.

## People in need for Protection

STATE/ REGION	IDPS	IDPS: RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NON- DISPLACED STATELESS PEOPLE	OTHER VULNERABLE CRISIS- AFFECTED PEOPLE	TOTAL	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)
Bago (eastern)	2,513	-	-	-	2,513	52 / 48	34 / 57 / 9	13
Chin (southern)	8,323	-	-	4,952	13,275	52 / 48	46 / 47 / 7	21
Kachin	95,449	7,289	-	64,317	167,055	48 / 52	36 / 58 / 5	9
Kayin	10,365	-	-	-	10,365	51 / 49	41 / 52 / 7	17
Rakhine (northern)	28,789	-	240,000	27,900	296,689	53 / 47	37 / 54 / 9	17
Rakhine (central)	181,178	-	230,000	51,915	463,093	53 / 47	37 / 54 / 9	17
- Total	209,967	-	470,000	79,815	759,782	53 / 47	37 / 54 / 9	17
Shan (northern)	8,743	1,078	-	22,819	32,640	50 / 50	38 / 56 / 6	9
<b>TOTAL</b>	<b>335,360</b>	<b>8,367</b>	<b>470,000</b>	<b>171,903</b>	<b>985,630</b>	<b>52 / 48</b>	<b>37 / 55 / 8</b>	<b>16</b>

3.6

## Shelter/NFI/CCCM



PEOPLE IN NEED	WOMEN	MEN	GIRLS	BOYS	WITH DISABILITY
348K	32%	31%	19%	18%	14%

### Overview

Despite significant efforts made in 2020 to provide crisis-affected communities across the Cluster's Area of Responsibility (AoR) with safe, dignified and appropriate living conditions, the protracted nature of displacement and exposure to harsh weather conditions leaves a high number of shelters in need of reconstruction. The intensification of armed conflict and limited access for the delivery of essential shelter assistance has led to deteriorating living conditions for conflict affected populations across affected states and created new, high priority, assistance needs. Humanitarian access remains restricted, and notably across non-government-controlled areas in Kachin where 37 per cent of the State's IDPs are located. In central Rakhine, the Government's steps towards camp closure and the absence of associated durable solutions leaves many in dilapidated shelters and has severely impacted Camp Coordination and Camp Management (CCCM) coverage in the camps declared closed. Continued non-food-item (NFI) support is essential to meet basic household needs of displaced and conflict affected populations whose capacity to self-provide has been further eroded by COVID-19 related movement restriction and reduced access to paid employment.

### Affected Population

The affected people in need of shelter, NFI and CCCM support are as follows: 102,738 in Kachin, 9,821 in Shan, 219,967 in Rakhine, 8,323 in Chin, 4,914 in Kayin and 2,513 in Bago. Female-headed households, persons with disabilities and older persons are among the most vulnerable and marginalized groups requiring

additional consideration in all aspects of the Shelter/NFI/CCCM response.

### Analysis of Humanitarian Needs

Support to CCCM activities is critical to ensure that humanitarian assistance is well-managed and coordinated, community-based protection approaches are integrated into planning and implementation and that, whenever feasible and appropriate, IDPs are assisted to return, resettle or integrate locally and are well-prepared to rebuild their lives. The ground level monitoring and support provided by Camp Management Agencies (CMAs) is increasingly important in an environment where many assistance and service providers have adopted remote operational modalities as a response to the COVID-19 pandemic.

In Kachin and northern Shan, over 105,000 people remain displaced across 169 camps/sites as a result of armed conflict. Whilst 3,332 shelter units are expected to be provided/rehabilitated in 2020, a further 6,272 shelter units accommodating 31,380 people will remain in need of repair or replacement in 2021 with an anticipated funding gap of US\$6 million.

In Rakhine, by the end of 2020, partners will have reconstructed 3,592 dilapidated shelters. However, a further 7,032 family units accommodating 43,950 individuals will remain in need of replacement in 2021. Urgent shelter interventions, with an estimated funding gap of \$13 million remain unaddressed while the continued deterioration of ageing shelter stock compounds this need on a yearly basis. In camps, natural population growth over the last eight years has not been accommodated forcing multiple families

to occupy single family shelters. In monasteries and displacement sites, families continue to share the same collective space under makeshift arrangements with clear protection risks. CCCM efforts to reform Camp Management Committees (CMCs) are ongoing with the continued presence of protection issues in many locations. In 2021, basic household items will be needed by 76,000 people in 11 camps whilst new needs arising out of the active armed conflict will affect all new displaced populations.

## People in need for Shelter/NFI/CCCM

STATE/ REGION	FOR SHELTER/NFI			TOTAL	FOR CCCM			OVERALL TOTAL	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DIS- ABILI- TY (%)
	IDPS	IDPS: RETURN- EES/ RESET- TLED/ LOCALLY INTE- GRATED	NON- DIS- PLACED STATE- LESS PEOPLE		IDPS	IDPS: RETURN- EES/ RESET- TLED/ LOCALLY INTE- GRATED	TOTAL				
Bago (eastern)	-	-	-	-	2,513	-	2,513	2,513	52 / 48	34 / 57 / 9	13
Chin (southern)	8,323	-	-	8,323	8,323	-	8,323	8,323	52 / 48	46 / 47 / 7	21
Kachin	33,473	2,168	-	35,641	95,449	7,289	102,738	102,738	48 / 52	36 / 58 / 5	9
Kayin	-	-	-	-	4,914	-	4,914	4,914	51 / 49	41 / 52 / 7	17
Rakhine	138,470	-	10,000	148,470	181,178	-	181,178	219,967	53 / 47	37 / 54 / 9	17
Shan (northern)	4,443	464	-	4,907	8,743	1,078	9,821	9,821	50 / 50	38 / 56 / 6	9
<b>TOTAL</b>	<b>184,709</b>	<b>2,632</b>	<b>10,000</b>	<b>197,341</b>	<b>301,120</b>	<b>8,367</b>	<b>309,487</b>	<b>348,276</b>	<b>51 / 49</b>	<b>37 / 56 / 8</b>	<b>14</b>

3.7

## Water, Sanitation and Hygiene (WASH)



PEOPLE IN NEED	WOMEN	MEN	GIRLS	BOYS	WITH DISABILITY
914k	33%	30%	19%	18%	16%

### Overview

The main humanitarian needs include the continued and effective provision of safe water, dignified sanitation services and effective hygiene promotion to affected communities in Kachin, Shan, Rakhine, Chin and Kayin states. The overall aim is to ensure that affected communities, including persons with disabilities and the elderly, have equitable and sustainable access to safe water and sanitation services with good hygiene practices. This will also include ensuring women and girls’ safe and private access to menstrual hygiene products and other sanitation and hygiene facilities.

### Affected Population

The affected people who continue to face particular difficulties in accessing clean water, sanitation and hygiene are the following: 136,932 in Kachin, 35,091 in Shan, 717,396 in Rakhine, 13,275 in Chin, 8,925 in Kayin and 2,513 in Bago. The elderly, female and child headed households, and persons with disabilities face particular challenges in accessing these services due to insecurity, breakdown of social networks, destruction of infrastructure and proximity of services.

### Analysis of Humanitarian Needs

In Kachin and Shan, over 100,000 people remain displaced in camps or camp-like settings where temporary water and sanitation infrastructures require maintenance and operational support, including regular hygiene promotion activities. Increased market-based approaches in WASH will be considered to optimize response. In mid-2020, the number of people with equitable and safe access to sufficient

quantity of drinking water was 81 per cent in Kachin and 45 per cent in Shan respectively. Similarly, only 62 per cent of the target population had access to safe and continuous sanitation facilities in Kachin and 40 percent in Shan. In terms of water quality in camps, 28 per cent of assessed camps in Kachin and 14 per cent in Shan were reported to have contamination with e-coli presence. More than eight years of protracted displacement has caused renewed needs with majority WASH facilities in camps requiring significant maintenance to ensure that minimum standards are met, ensure the continuous functionality of basic services with regular operation and maintenance, and resilience strengthened. In areas beyond the Government control, restricted movements pose significant challenges for delivery of essential services and monitoring.

In Rakhine, over 125,000 people are still in protracted IDP camps or in camp-like settings since 2012. In addition, the ongoing armed conflict between the Myanmar Armed Forces and the Arakan Army has displaced more than 86,000 people (78,000 in Rakhine and 8,300 in Chin) as of August 2020, who remain need of temporary water and sanitation infrastructures, which require regular maintenance (including regular hygiene promotion activities). In terms of water quality in camps, 33 per cent of water quality test in camps were reported to have contamination with e-coli presence. This indicates further needs for water treatment and hygiene promotion in those assessed camps. Joint WASH/Health Cluster quarterly monitoring has shown a prevalence rate of 3 per cent on average for acute watery diarrhea per camp. Open defecation remains a protection and health concern, and the privacy and safety of WASH facilities,

particularly for women and girls, is also problematic. Outside of camps, the proportion of people without access to safe water is even higher, highlighting the challenges in delivery of humanitarian aid in a part of the country with already desperately low WASH indicators. The full extent of WASH needs in northern Rakhine continue to be largely unknown due to access restrictions. Across Rakhine, IDPs and other vulnerable people are annually affected by severe water shortages and floods.

## People in need for WASH

STATE/ REGION	IDPS	IDPS: RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	NON- DISPLACED STATELESS PEOPLE IN RAKHINE	OTHER VULNERABLE CRISIS- AFFECTED PEOPLE	TOTAL	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)
Bago (eastern)	2,513	-	-	-	2,513	52 / 48	34 / 57 / 9	13
Chin (southern)	8,323	-	-	4,952	13,275	52 / 48	46 / 47 / 7	21
Kachin	77,404	7,164	-	52,364	136,932	48 / 52	36 / 58 / 5	9
Kayin	8,925	-	-	-	8,925	51 / 49	41 / 52 / 7	17
Rakhine (northern)	24,720	-	168,000	59,920	252,640	53 / 47	37 / 54 / 9	17
Rakhine (central)	181,178	-	230,000	53,578	464,756	53 / 47	37 / 54 / 9	17
- Total	205,898	-	398,000	113,498	717,396	53 / 47	37 / 54 / 9	17
Shan (northern)	9,526	3,376	-	22,189	35,091	50 / 50	38 / 56 / 6	9
<b>TOTAL</b>	<b>312,589</b>	<b>10,540</b>	<b>398,000</b>	<b>193,003</b>	<b>914,132</b>	<b>52 / 48</b>	<b>37 / 55 / 8</b>	<b>16</b>

## Part 4

# Annexes

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### SHAN, MYANMAR

A child in an IDP camp in Kyaukme, northern Shan.

Photo: OCHA/Htet Htet Oo



## 4.1 Data sources and information gaps

While comprehensive primary multi-sectoral needs assessments were not possible, information was drawn from a wide range of sources, including the Government and international and local partners, to estimate baseline population figures, the overall number of people in need and relative severity of need. The following data sources were used to best estimate baseline population figures for the 2021 Myanmar Humanitarian Needs Overview.

- 2014 Census Population Data and corresponding population growth estimates
- Results from the 2019 Myanmar Inter-Census Survey
- Camp Coordination and Camp Management (CCCM) Cluster data on camp populations

- Government data on people displaced by ongoing conflict in Rakhine States
- Data from the UN and its partners (as described in the methodology section)

The calculation of people in need and severity of needs had been built on a series of Delphi exercises carried out at field level, involving analysis based on expert judgement according to a common framework. The Inter-Cluster Coordination Group (ICCG) agreed on a set of indicators to estimate severity of needs across sectors at the township level. Indicators were selected based on: 1. assessment data; and 2. discussions among experts at sub-national level against an agreed severity scale. For some clusters or sectors, additional data sources were used:

SECTOR/CLUSTER	DATA SOURCES
Education in Emergencies (EiE) Sector	EiE Sector's estimation of teachers in affected townships (33 per cent of the total people in need of the EiE sector)
Nutrition Sector	Nutrition Sector's estimation of children under age 5 and pregnant and breastfeeding women in affected townships
Shelter/NFIs/CCCM Cluster	CCCM data on camp populations
Health Cluster	Morbidity data on influenza-like illness, acute watery diarrhea with mild/moderate/severe dehydration

The continuation of restrictions on humanitarian access and ongoing insecurity have prevented humanitarian partners from carrying out regular comprehensive multi-sectoral needs assessments in most affected locations, particularly in non-government controlled areas and areas with active armed conflict. The following were identified as critical information gaps requiring supplementary analysis as part of the HNO process.

- Non-enumerated populations in the 2014 Census, particularly in Rakhine
- Annual population growth rates at township level

- Data on people with specific needs, including people with disabilities
- Data on landmines, unexploded ordnance and explosive remnants of war at township level
- Prevalence data on violence against women

## 4.2 Methodology

**Scope:** The geographic scope of the analysis primarily focuses on the following locations (administrative level 1). The baseline population figures and corresponding people in need are disaggregated by township (administrative level 3), gender, age and disability.

- Bago Region
- Chin State
- Kachin State
- Kayin State
- Rakhine State
- Shan State

**Population typology:** Within the geographic locations covered, the Humanitarian Country Team (HCT) agreed that the following population groups would be considered for analysis in the 2021 Humanitarian Needs Overview.

- Internally displaced people (IDPs)
- IDP returnees/resettled IDPs/locally integrated IDPs
- Non-displaced stateless people in Rakhine
- Other vulnerable crisis affected people

### Calculation of baseline population figures

#### Internally displaced people

- The number of IDPs in Rakhine, Kachin and Shan states has been provided by the CCCM Cluster. The IDP figures in the baseline population are taken from the CCCM Cluster update as of 30 June 2020 for Rakhine, Kachin and Shan.
- The displacement figure for Laukaing township, Shan State was provided by WFP as of August 2019.
- The 'new' (i.e. post-December 2018) displacement figures for Rakhine State (78,060 as of 5 August) and Chin State (8,323 as of 5 August) are from the

displacement list shared by the Government and local partners. These new displacement figures were added to their corresponding townships under the IDP category.

- The displacement figures for Bago Region and Kayin State were provided by UNHCR as of August 2020.
- The cut-off dates referenced above have been applied to data used in the Joint Intersectoral Analysis Framework (JIAF), however, more up-to-date figures have been included in narrative sections of the HNO where available.

#### IDPs: returnee/resettled/locally integrated

Data on the number of returnees by township (except Laukaing) was provided by UNHCR as of August 2020.

#### Non-displaced stateless people in Rakhine

Figures for non-displaced stateless people remaining in Rakhine State were provided by UNHCR. These are based on the best information available at the time of planning, noting limitations including lack of authorization to conduct assessments, inability to verify information independently, and other restrictions.

#### Other vulnerable crisis-affected people

In the absence of multi-sectoral needs assessments, the ICCG agreed to use a planning figure of 30 per cent (of the population in conflict-affected village tracts) to calculate baseline population figures for "other vulnerable crisis-affected people". This is a rounded planning figure based on the proportion of children, elderly persons over age 65 and persons with disabilities identified in the 2014 Census. 2020 population growth rates were applied to respective states or regions. The selection of village tracts varies with the local context in the selected geographic locations as follows. The 30 per cent approach was

not used for townships with reliable data submitted by partners (such as in northern Rakhine).

**Kachin and northern Shan states:** This includes 30 per cent of local population in village tracts (excluding the main urban areas) that host IDP camps/sites.

**Central Rakhine:** This includes 30 per cent of the local population (non-Muslim) in village tracts (excluding the main urban areas) that host IDP camps (displacement since 2013) and recent displacement (since December 2018). It also includes 30 per cent of the local population (non-Muslim) in the village tracts with Muslim villages (excluding the main urban areas) in central Rakhine.

**Northern Rakhine (Maungdaw, Rathedaung and Buthidaung):** Figures were provided by the Maungdaw Inter-Agency Group led by UNHCR.

**Chin State:** This includes 30 per cent of the local population in village tracts (excluding the main urban areas) that host new displacement (since December 2018).

### Calculation of People in Need and Severity

Given the challenging primary data collection environment in Myanmar, the results of the 2019 Delphi exercise were reviewed and updated, where applicable, for the development of the 2021 HNO.

National sectors/clusters, in discussion with sub-national sectors, agreed on a set of indicators to estimate sectoral severity of needs at the township level. Indicators drew on two possible information sources: 1. data from assessments; and 2. expert discussion and consensus. For all indicators, data is always the preferred source. However, for some indicators, reliable data may not be available or only available for some locations. In these cases, expert discussion – in other words, the best consensus estimates of technical experts – was used in place of primary assessment data.

Based on the global JIAF aggregation guidelines, all data points were organized in a spreadsheet, with each

row representing a single unit of analysis – generally a combination of geographical area and affected group. The following steps were then applied to determine PIN and severity by township:

- The percentage of people per severity class (on a relative scale of 1 to 5) was calculated for each indicator, geographical area and affected group.
- The percentage values of people in each severity class from largest scale to lowest scale were cumulated until reaching at least 25 per cent to determine the severity scale for the given geographical area and affected group for each indicator.
- The average of the top half of the indicators was used to determine the severity of each geographical area.
- The highest total number of people in severity classes above the scale of 3 for each geographical area and the affected group was conceded as the people in need value for the given combination.
- The overall value of people in need was calculated as the sum of each geographical area and affected group.

## Indicators used for Delphi exercise

NO.	SOURCE	INDICATOR
1	Education in Emergencies (EiE)	% of displaced/returnee children (6-10) rely on EiE Sector partners to receive learning supplies that allow them to access primary education in Government schools
2		% of displaced/returnee children (11-18) not accessing any type of post-primary education services (middle/secondary/non-formal education)
3		EiE people in need for school-aged population (33%) Age - 3 to 17 years
4	Food Security and Livelihoods	Food Consumption Score
5		Livelihood Coping Strategies
6	Health	Population by degree of disability/ % of literacy (inverted)
7		Increased cases of Morbidity-Acute Watery Diarrhea (MD-SD)
8		% of households having access to an improved water source *
9		% of households having access to a sufficient quantity of water for drinking, cooking, bathing, washing or other domestic use *
10	Nutrition	Prevalence of Global Acute Malnutrition (Weight for Height Z-score- WHZ) for children between 6-59 months
11		% of children who receive minimal dietary diversity (food from 4 or more food groups)
12		Severe Acute Malnutrition (WHZ<-3 and/or edema) out of the total population of children between 6-59 months
13		Prevalence of chronic malnutrition in children (stunting) 6-59 months
14		Prevalence of acute malnutrition in Pregnant and Lactating Women (PLW)
15		% of PLW with access to nutrition services including Infant and Young Child Feeding Counselling, multiple micronutrient supplementation, screening for acute malnutrition screening
16	Protection	# of people exposed to protection risks due to contamination of landmine/ explosive remnants of war
17		# of people exposed to protection risks due to lack of freedom of movement;
18		Main barriers to accessing protection, including child protection and GBV services
19	Shelter/NFI/CCCM	% of households in need of shelter interventions
20		% of households living in communal displacement setting in need of management and coordination of services
21	Water, Sanitation and Hygiene (WASH)	% of households having access to an improved sanitation facility
22		% of communities facing garbage / sewage issues
23		% of households with access to handwashing facilities, with water and soap
24		% of households having access to an improved water source
25		% of households having access to a sufficient quantity of water for drinking, cooking, bathing, washing or other domestic use

## 4.3

**Acronyms**

<b>AA</b>	Arakan Army	<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>AAP</b>	Accountability to Affected People	<b>MIMU</b>	Myanmar Information Management Unit
<b>AoR</b>	Area of Responsibility	<b>NCA</b>	Nationwide Ceasefire Agreement
<b>AWD</b>	Acute Watery Diarrhoea	<b>NGOs</b>	Non-Governmental Organizations
<b>CCCM</b>	Camp Coordination and Camp Management	<b>NFIs</b>	Non-Food Items
<b>CMA</b>	Camp Management Agency	<b>PLW</b>	Pregnant and Lactating Women
<b>CMC</b>	Camp Management Committee	<b>PSEA</b>	Protection from Sexual Exploitation and Abuse
<b>EAOs</b>	Ethnic Armed Organizations	<b>SAM</b>	Severe Acute Malnutrition
<b>EHOs</b>	Ethnic Health Organizations	<b>SEA</b>	Sexual Exploitation and Abuse
<b>EiE</b>	Education in Emergency	<b>TLCs</b>	Temporary Learning Centres
<b>ERW</b>	Explosive Remnants of War	<b>UN</b>	United Nations
<b>EWARS</b>	Early Warning Alert and Response System	<b>UNDP</b>	United Nations Development Programme
<b>GAM</b>	Global Acute Malnutrition	<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>GBV</b>	Gender Based Violence	<b>WASH</b>	Water, Sanitation and Hygiene
<b>HARP</b>	Humanitarian Assistance and Resilience Program	<b>WHZ</b>	Weight for Height Z-score
<b>HCT</b>	Humanitarian Country Team		
<b>HNO</b>	Humanitarian Needs Overview		
<b>HIV</b>	Human Immunodeficiency Virus		
<b>HLP</b>	Housing, Land and Property		
<b>ICCG</b>	Inter Cluster Coordination Group		
<b>IDP</b>	Internally Displaced People		
<b>IEDs</b>	Improvised Explosive Devices		
<b>INFORM</b>	Index of Risk Management		
<b>IYCF</b>	Infant and Young Child Feeding		
<b>KIA</b>	Kachin Independence Army		
<b>MAF</b>	Myanmar Armed Force		

## 4.4 End Notes

- 1 [https://data2.unhcr.org/en/situations/myanmar\\_refugees](https://data2.unhcr.org/en/situations/myanmar_refugees)
- 2 The terms “Rohingya” and “Rohingya Muslims” are used in this document in recognition of the right of people to self-identify. Since there are both Rohingya and non-Rohingya Muslims in Rakhine, in some cases the more general term “Muslims” is used. During consultations on the humanitarian programme cycle, the Government of the Republic of the Union of Myanmar has emphasized that it strongly objects to the use of the term Rohingya.
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- 4 The literacy rate identified through the census may be higher than the true rate due to enumeration and coverage challenges
- 5 Vulnerability in Myanmar: A Secondary Data Review of Needs, Coverage and Gaps, June 2018, HARP Facility and MIMU ([https://themimu.info/sites/themimu.info/files/documents/Report\\_Vulnerability\\_in\\_Myanmar\\_HARP-MIMU\\_Jun2018\\_ENG\\_Print\\_version.pdf](https://themimu.info/sites/themimu.info/files/documents/Report_Vulnerability_in_Myanmar_HARP-MIMU_Jun2018_ENG_Print_version.pdf))
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- 9 Durable Peace Programme, Endline Report, May 2018 (<https://reliefweb.int/report/myanmar/durable-peace-programme-endline-report-kachin-myanmar-may-2018>)
- 10 Durable Peace Programme, Displaced Women’s Experiences, Opportunities and Priorities in Kachin State, April 2020 (<https://durablepeaceprogramme.com/wp-content/uploads/2020/05/DPP-Discussion-Paper-Displaced-Women-in-Kachin-April-2020.pdf>)
- 11 Myanmar Opium Survey 2019, UNODC ([https://www.unodc.org/documents/southeastasiaandpacific/Publications/2020/Myanmar\\_Opium\\_Survey\\_2019.pdf](https://www.unodc.org/documents/southeastasiaandpacific/Publications/2020/Myanmar_Opium_Survey_2019.pdf))
- 12 Myanmar Living Conditions Survey 2017, Central Statistical Organization (<https://www.worldbank.org/en/country/myanmar/publication/poverty-report-myanmar-living-conditions-survey-2017>); Poverty Report, 2019, CSO, WBG, UNDP (<http://documents1.worldbank.org/curated/en/921021561058201854/pdf/Myanmar-Living-Condition-Survey-2017-Report-3-Poverty-Report.pdf>); Socio-Economic Report, 2020, CSO, WBG, UNDP (<http://documents1.worldbank.org/curated/en/151001580754918086/pdf/Myanmar-Living-Conditions-Survey-2017-Socio-Economic-Report.pdf>)
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- 17 Fire and Ice: Conflict and Drugs in Myanmar’s Shan State, 2019, ICG (<https://www.crisisgroup.org/asia/south-east-asia/myanmar/299-fire-and-ice-conflict-and-drugs-myanmars-shan-state>)
- 18 See, for example, Shan State Needs Assessment, 2018, CDNH ([https://reliefweb.int/sites/reliefweb.int/files/resources/Shan\\_State\\_Assessment\\_2018.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Shan_State_Assessment_2018.pdf))
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MYANMAR

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