HUMANITARIAN RESPONSE PLAN
MYANMAR

About

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

PHOTO ON COVER
A child in a displacement site in Kyauktaw Township, Rakhine State has her mid-upper arm circumference measured for malnutrition, 2021.
Photo: Myanmar Health Assistant Association/Daw Lae Lae Tun

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Table of Contents

YANGON
A family living in peri-urban Yangon prepares fish for sale, 2021.
Photo: WFP/Htet Oo Lin

Foreword

2021 has been a traumatic year for the people of Myanmar, characterized by unprecedented levels of human suffering. Post the military takeover, so many of the impressive development gains the country has made over the past 15 years are now sadly under serious threat due to a combination of economic instability, COVID-19, escalating conflict, and a rapid and ever-increasing erosion of human rights. This has pushed record numbers of people into the humanitarian assistance space.

At the time of publication, conflict has intensified across many new parts of the country, particularly in the northwest and southeast, leaving people traumatized and displaced. The situation is forcing increasing numbers of people to flee for their lives, sometimes taking shelter in neighboring communities and other times in jungles and forests with limited access to assistance. They join hundreds of thousands of people displaced by previous conflict who are living in protracted displacement sites, predominantly in Rakhine, Kachin and Shan. The majority of those displaced are dependent on humanitarian support for their survival and have limited options for return.

Poverty is back to levels not seen since 2005 with almost half the population now unable to make ends meet. Steep price hikes, combined with job and income losses, mean many families can no longer afford enough food to eat and are slipping into humanitarian need for the first time. More than 13 million people are now in moderate or severe food insecurity as a result and the outlook for malnutrition is dire unless we intervene now. People are increasingly resorting to dangerous coping strategies to survive, leading to worsening protection risks.

Faced with this grim outlook, humanitarians have recalibrated the humanitarian response in Myanmar for 2022, with a new national scope of analysis and action. The 2022 Humanitarian Needs Overview (HNO) published in December makes a clear case for expanded response with 14.4 million people in humanitarian need. While it will not be possible for humanitarians to reach all of these people with assistance, the Humanitarian Country Team (HCT) has prioritized an unprecedented 6.2 million people for urgent support based on the severity of their needs and a realistic assessment of our ability to deliver. This represents an exponential scale-up from our target of 1 million people at this time last year, but the situation demands that we do more, and I am confident that humanitarians will rise to the challenge. However, the success of this scale-up and our ability to reduce suffering on a national scale in 2022 will be dependent on three key factors – expanded and safe access to people in need, increased funding, and removal of bottlenecks such as visa delays and banking restrictions.

Humanitarians stand willing and able to work in areas of need across the country but are facing access constraints that are delaying this lifesaving assistance. Local organizations are bravely delivering to people wherever they can, but this is only part of the solution to a crisis of this scale. Quicker, simplified and predictable access processes and assurances of aid worker safety are urgently needed for a humanitarian response of this size, allowing local, national, and international organizations to support people in need. Advocacy for this is paramount and the collective voices of humanitarians, key bilateral partners including donor governments, the UN, and ASEAN must be raised and heard.

To carry out the ambitious programme of work outlined in this HRP, the humanitarian community requires $826 million. I encourage partners and donors to reflect on the pages at the back of the plan outlining the tough decisions we will need to make to further triage the response if we are not able to raise the funds we need. I urge donors to give generously, in solidarity with the people of Myanmar to save lives and protect hard-fought development gains while there is still a window to do so. Millions of lives are now on the line.

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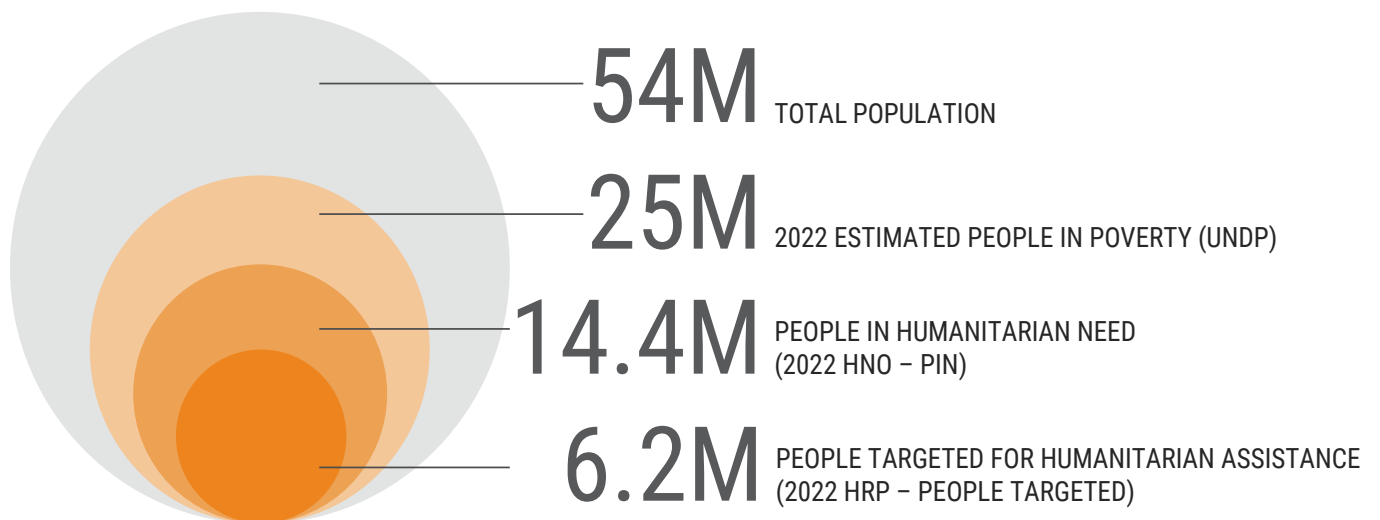Myanmar

Response Plan Overview

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	OPERATIONAL PARTNERS
14.4M	**6.2M**	**826M**	**160**

The Myanmar Humanitarian Response Plan requests US$826 million to reach 6.2 million people in need of life-saving humanitarian support (52% women, 34% children and 13% with disability). The people of Myanmar have entered 2022 facing an unprecedented political, socioeconomic, human rights and humanitarian crisis with residual needs persisting from previous years, and new needs flowing from security and conflict dynamics since the military takeover on 1 February 2021. The COVID-19 pandemic, with a severe third wave in 2021, has further eroded people's capacity to cope. Almost half the population is expected to be living in poverty in 2022,[1] wiping out the impressive development gains made since 2005. Price hikes, COVID-19 movement restrictions, armed conflict and violence have forced many of the most vulnerable people to resort to crisis or emergency coping strategies to buy food

and other basic supplies, often negatively impacting on their safety, well-being and dignity. This multi-dimensional humanitarian crisis is now affecting the whole country, posing grave protection risks for civilians, limiting access to services and deepening food insecurity. The grim outlook outlined in the HNO makes a scaled-up HRP essential to prevent loss of life and reduce suffering.

The UN Socioeconomic Resilience and Response Plan (SERRP) will also have a critical complementary role to play in 2022 by preventing more people from slipping into humanitarian need by addressing the root causes of the crisis, targeting those who are impoverished and at-risk but not yet in humanitarian need, supporting people to build their resilience and recover from humanitarian need, and pivoting available development resources to reach those with

People Targeted

54M TOTAL POPULATION

25M 2022 ESTIMATED PEOPLE IN POVERTY (UNDP)

14.4M PEOPLE IN HUMANITARIAN NEED (2022 HNO – PIN)

6.2M PEOPLE TARGETED FOR HUMANITARIAN ASSISTANCE (2022 HRP – PEOPLE TARGETED)

urgent needs whom humanitarians are not able to reach with different kinds of support.

The response strategy in 2022 follows the revised scope of humanitarian action agreed in late 2021, aimed at providing life-saving assistance to those immediately affected by shocks, including people who are displaced, as well as those who are acutely vulnerable and have humanitarian needs. The response will aim to alleviate suffering for people facing acute vulnerabilities such as mental and physical disability; those using dangerous coping strategies; internally displaced and refugee returnees; and those living in households headed by women, children or the elderly. There is a heavy emphasis on addressing food insecurity in the response plan given the worrying national trends and enormous needs revealed in the new HNO analysis for 2022. COVID-19 responses have been mainstreamed through the overall response, along with protection considerations. Protection responses and advocacy will be implemented through systematic information collection, protection monitoring and analysis. The focus will be on identifying people with specific needs and reaching the most vulnerable with life-saving and emergency protection services that build their resilience and reduce the adoption of negative coping strategies.

In 2021, humanitarian partners demonstrated their ability to scale up their response in the new operating environment reaching at least 2.8 million people out of the 3 million people targeted in the HRP and Interim Emergency Response Plan (IERP) by adopting flexible response modalities to ensure continuity of operations. A total of 160 operational partners continue to have presence and capacity across the country and are committed to delivering a well-coordinated life-saving response amidst challenging circumstances in 2022. With all clusters (except Logistics) now activated nationally, humanitarian organizations are working hard to expand their footprint into areas of new need and reach those affected by the expanding conflict. In addition to existing partners who have the scope to scale up their response, a major effort is ongoing to link up with new

partners, particularly local organizations, to increase access and reach.

The response will continue to emphasize the importance of enhancing Accountability to Affected Populations (AAP) work, reinforcing Protection from Sexual Exploitation and Abuse (PSEA), preventing and responding to Gender-based Violence (GBV) and strengthening gender, mental health and psychosocial support (MHPSS), and disability inclusion. Humanitarian systems will be strengthened through dedicated technical working groups on these, as well as other cross-cutting and thematic areas. To deepen access in all areas of the country and enable humanitarian organizations to deliver assistance, analysis, access and civil-military coordination and advocacy will be guided by the revitalized Humanitarian Access Working Group (HAWG), chaired by the Office for the Coordination of Humanitarian Affairs (OCHA).

Crisis Context and Impact

Political and security context

Myanmar's transition from military dictatorship to democracy made modest progress under the National League for Democracy (NLD) which came to government after the 2015 election. However, under the constitution, the military still retained significant power with 25 per cent of seats reserved in the parliament and guaranteed control over key security ministries. Deeply rooted and complex challenges around social cohesion across ethnic divides, human rights, democratic institutions, peace and security continued to threaten the country's political and social development and excluded key groups from exercising their rights. Most notable was the 2017 crisis in Rakhine State that saw more than 700,000 stateless Rohingya people flee to Bangladesh.[2]

The people of Myanmar entered 2021 facing uncertainty over reaction to the landslide NLD victory in the November 2020 general election. The subsequent military takeover on 1 February dramatically changed the political, sociocultural and economic landscape of Myanmar. The remainder of 2021 saw peaceful protests that met a violent crackdown, and public resistance through the formation of a Civil Disobedience Movement (CDM). An alliance of NLD politicians and a broader group of influential people has formed an alternative National Unity Government (NUG) in exile which has since been declared a terrorist organization by the de facto authorities. The NUG has declared a "people's defensive war," while People's Defense Forces (PDFs) have been established across the country and informal coalitions created with Ethnic Armed Organizations (EAOs).

Heading into 2022, the situation remains precarious with the security environment fragile or deteriorating in many parts of Myanmar, including areas that had largely been spared civil conflict over recent years. Since the NUG's call for an armed insurrection against military rule, clashes between several local PDFs and the Myanmar Armed Forces (MAF) have intensified across the country. Conflict, insecurity and displacement continue to impact on the lives of civilians on a much wider scale. Torture and abuse, including sexual violence in detention sites, conflict and heavily militarized areas, remain a significant concern.

In Rakhine, the impact of protracted displacement due to past clashes between the MAF and the Arakan Army (AA) continues to be felt, while discrimination and marginalization continues to exacerbate and drive vulnerability among stateless Rohingya people. Following intercommunal violence that caused widespread internal displacement in 2012 and the 2017 crisis that led to large-scale departures of Rohingya refugees into Bangladesh, the remaining stateless Rohingya people in Rakhine continue to face significant challenges in securing civil documentation, being counted in household list exercises, and accessing healthcare, education and livelihoods due to prevailing legal and policy frameworks, restrictions on their freedom of movement, inter-communal tensions and other factors, prolonging the need for and reliance on humanitarian assistance. As of 17 January 2022, approximately 150,000 people, mostly Rohingya Internally Displaced Persons (IDPs), face severe movement restrictions and are mostly confined to host communities and overcrowded internal displacement camps established in central Rakhine in 2012. Furthermore, some 470,000 non-displaced stateless Rohingya people remain in Rakhine. In addition, more than 860,000 Rohingya refugees – of whom more than 700,000 fled Myanmar since 2017 – remain in Bangladesh as conditions in Myanmar do not allow for their safe and voluntary return to Myanmar. There also remain 105,000 people living in dire conditions in protracted IDP sites in the country's northeast (Kachin and Shan) with few prospects for durable solutions or return.

While international and local humanitarian organizations remain committed to the delivery of assistance to all people according to needs and have stayed and delivered during the recent crises, attacks on health workers[3] and severe access constraints (particularly in conflict areas) are resulting in unmet needs, creating a multiplier effect into 2022. Internet shutdowns and poor telecommunications infrastructure in many areas have significantly impacted the timely and smooth delivery of humanitarian aid in the past year. A number of Civil Society Organizations (CSOs) and International Non-Government Organizations (INGOs) remain the target of investigations, having had their offices raided, materials confiscated, and leaders arrested, affecting the delivery of assistance by these organizations.[4] Some have had their staff directly attacked or even killed in recent violence. The targeting of CSOs, including women-led organizations, has forced some organizations to suspend activities or change their operating modality, significantly impacting access to multi-sectoral frontline services which are traditionally relied on as an alternative to public services.

Disregard for human rights and International Humanitarian Law (IHL) by parties to the conflict is becoming increasingly common, and the operating environment for humanitarian workers has worsened with continued attacks on health and education facilities and personnel, despite the special legal protections that apply. A total of 286 attacks on health care services were recorded across the country between 1 February and 31 December 2021. A total of 26 health workers, volunteers and patients were killed, 64 were injured, 168 personnel and 85 patients were otherwise affected, and 31 medical vehicles vandalized during these attacks.[5]

In November 2021, the UN Security Council[6] expressed its deep concern about the situation and called for an immediate cessation of violence to ensure the safety of civilians. The Council underlined the importance of steps to improve the health and humanitarian situation in Myanmar, including to facilitate the equitable, safe and unhindered delivery and distribution of COVID-19 vaccines. The Security Council also called for full, safe and unhindered humanitarian access to all people in need, and for the full protection, safety and security of humanitarian and medical personnel.

Economic context
The military takeover in February 2021 sparked a downward financial spiral in an economy that was already severely weakened by the spread of COVID-19 and severe movement restrictions. Protests, security measures and COVID-19 restrictions have resulted in widespread job losses and massive interruptions to agriculture. The impact of COVID-19 restrictions and the socioeconomic context has resulted in a significant care burden for mothers and female family members, negatively impacting on opportunities to take up income generating activities. Economic activity and trade were heavily restricted due to reduced mobility; insecurity and conflict, protests, strikes, and the disruption of critical businesses including in the banking, logistics and telecommunications sectors. The increased cost of raw materials and agricultural inputs is placing pressure on many businesses and farms, in addition to currency depreciation, a cash liquidity crisis and trade constraints. The Myanmar Kyat depreciated by 33 per cent against the US dollar between January and November 2021, and steep price hikes have been recorded for imported products, including fuel. Government revenues have ground to a halt and public services such as health and education have been severely disrupted by both the political and COVID-19 crises. The World Bank's Myanmar Economic Monitor released in January 2022 projects growth of one per cent in the year to September 2022. While reflecting recent signs of stabilization in some areas, the projection remains consistent with a critically weak economy, around 30 per cent smaller than it might have been in the absence of COVID-19 and the military takeover.[7]

Social context
The economic deterioration has struck the heart of the country's burgeoning private small business sector with many folding or unable to pay staff as a result of

COVID-19 trading restrictions and general insecurity. Large companies, particularly in the garment industry which has a predominantly female workforce, have had large-scale layoffs, significantly limiting access to economic livelihoods for urban women. Around one million jobs are estimated to have been lost - equal to between 4 to 5 per cent of total employment in 2019.[8] Many other workers are experiencing a decline in their incomes due to lower wages or reduced hours and movement restrictions. Reecent data shows 18 per cent of households have no income at all, forcing them to rely on debt or savings. Of those with an income, two thirds (66 per cent) reported that their income had decreased.[9]

The poorest and most vulnerable are bearing the brunt of the economic crisis, with almost half the population (46 per cent) anticipated to be living in poverty in 2022[10] and more than 13 million people in moderate or severe food insecurity.[11] This situation has effectively erased gains made during the country's fledgling transition to democracy and development, sending poverty back to levels not seen since 2005. Since the start of the COVID-19 pandemic, remittances have dropped significantly with particular impact in the country's southeast. People in urban areas are being hit especially hard with the poverty rate expected to have increased threefold in cities heading into 2022, especially Yangon and Mandalay. Worsening rural poverty is also expected because of the recent disruptions to agriculture – a sector of the economy which employs a high share of the country's working poor.

The long-term risks from a return to 2005 levels of poverty are profound at the individual level, affecting the development of children who may no longer have sufficient food to eat and who, with their learning already disrupted by COVID-19 and conflict, may be forced to drop out of education to contribute to household earning. Women who have lost employment may face limited options for income generation, increasing the chance they will rely on unsafe or informal work, making them potentially more susceptible to trafficking.

The military takeover has also struck at the heart of Myanmar society in terms of social pressure to participate in the CDM and disengage from services and systems managed by the de facto authorities. This pressure has often played out on social media and has contributed to many refusing COVID-19 vaccines and other services offered by the military regime.

Policy and legal challenges/issues

Rule of law

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

There has been no meaningful progress on the Advisory Commission on Rakhine's recommendations, while pronouncements and media statements by the de facto authorities since 1 February 2021 and other related national and local administrative policies appear to fortify existing positions, impeding access to citizenship and movement for already vulnerable and largely stateless Rohingya people. The political situation, combined with COVID-19, has significantly reduced access to legal services, especially for IDPs and people in hard-to-reach areas seeking, among other things, civil documentation and/or redress for Housing, Land and Property (HLP) issues.

Progress towards passing a Prevention of Violence Against Women (PoVAW) law, under development since 2013, has stalled leaving persistent gaps in protection of women and girls from GBV and

continuing impunity. Homosexuality is also considered a crime under the existing penal code.

The worsening security situation increases the risk of sexual exploitation and abuse (SEA) and conflict-related sexual violence (CRSV) by parties to the conflict, as well as during aid distributions.[12] The weak rule of law, lack of trust in judicial and law enforcement mechanisms, the lack of an impartial, effective civilian protection structure, and lack of support systems for survivors of GBV, including CRSV, foster an environment where perpetrators can operate without fear of repercussions, and where survivors do not seek help due to fear or lack of trust. Disruption in the formal justice sector has further prompted people to utilize informal justice systems more. This has serious implications for women and girls, especially GBV and CRSV survivors, because gender equality and rights of women and girls are not necessarily respected in the informal justice system, and this may inflict further stigma and trauma because of impunity, non-adherence to the survivor-centred approach, and unfavourable outcomes. Perpetrators of CRSV continue to enjoy impunity with limited accountability mechanisms.

People on the move

All 2021 displacement numbers used for operational planning by clusters in the HRP are as of 30 September 2021 due to the need to use a standardized timeframe for analysis of needs and response planning. At that point, there were a total of 556,000 people internally displaced, both new in 2021 and protracted IDPs from previous conflict.

More recent data has been used for the purposes of this narrative analysis to provide a more comprehensive picture of trends at the time of publication, reflecting a significant surge in displacement in January 2022 in the southeast.

The most recent UNHCR figures from 17 January 2022 confirm there were a total of 776,000 IDPs in Myanmar (233,000 men, 248,000 women, 295,000 children). Of these IDPs, an estimated 406,000 people were newly displaced by armed conflict and unrest

since 1 February 2021 and remain in overcrowded displacement sites. People are often displaced multiple times (cyclical displacement), which depletes people's assets over time, exposes them to compounded protection risks, and forces people to resort to negative coping mechanisms or to become fully reliant on humanitarian assistance to survive.

In Kachin and northern Shan, some 11,000 people remain recently displaced due to armed conflict that took place in 2021, in addition to the 105,000 people already in situations of protracted displacement since 2011. In Rakhine, an estimated 600,000 Rohingya people (including 130,000 Rohingya IDPs in central Rakhine and some 470,000 non-displaced stateless Rohingya people) mostly remain without civil and citizenship documentation and are subject to heavy restrictions on movement, limiting their access to livelihoods and essential services. To date since early 2021, intensification of armed conflict in the northwest has newly displaced some 34,000 people in Chin, while more than 130,000 people have fled from their homes across Magway (20,000) and Sagaing (114,000) regions, exposing them to various protection risks.

The security situation in Myanmar's southeast — eastern Bago, Kayah, Kayin, Mon, southern Shan and Tanintharyi — continued to deteriorate in early 2022 with sustained armed clashes between the MAF and EAOs and/or PDFs, taking total displacement in this region since May 2021 to an estimated 218,000 people as of 17 January 2022.

Furthermore, additional forms internal mobility emerged throughout 2021 related to the impacts of the crisis. For example, 120,000 workers moved out of peri-urban regions of Yangon primarily due to increased violence and job loss. There is a high likelihood that such unforeseen patterns of internal mobility may continue throughout 2022.

Explosive hazards

Landmines, explosive ordnance, Explosive Remnants of War (ERW) and Improvised Explosive Devices (IEDs) continue to pose severe protection risks and

threats to civilians, including women and children. Myanmar is not a party to the 1997 Mine Ban Treaty[13] and the extent of landmine contamination in Myanmar is not precisely known.[14] It is estimated that 11 out of 15 states are now contaminated with landmines, explosive ordnance and IEDs. Reports indicate the increased use of landmines by armed actors. According to UNICEF, a total of 284 civilian casualties from landmines or ERW were recorded between January and December 2021. Shan State has the highest record of the total casualties; 107 civilian casualties, including 32 fatalities and 75 injuries.

Despite ongoing advocacy efforts, large-scale humanitarian demining has never been allowed to start. Existing services, either offered by the de facto authorities or other service providers, are limited to one-time clearance efforts that rarely reach areas controlled by EAOs. Humanitarians have instead focused on victim assistance and Mine Risk Education (MRE), although this is limited and remains a significant need. Low accessibility by service providers to affected communities is a key constraint for data collection and awareness-raising programmes. Explosive ordnance, landmine and IED contamination limit freedom of movement and access to basic services, disrupt livelihoods, and impede IDP returns and recovery.

Natural environment and disaster risk
Myanmar is one of the world's most disaster-prone countries with its geography and geology exposing it to multiple hazards including earthquakes, floods, strong wind, cyclones, storm surge, periodic droughts, fires, and tsunamis, as well as industrial and technological hazards, some of which have the potential to impact large numbers of people. Historical data shows that there has been a medium to large-scale natural disaster every few years. Myanmar is currently ranked 17th out of 191 countries globally and the second highest in Southeast Asia in terms of exposure to natural hazards on the Index for Risk Management (INFORM)[15], after the Philippines, which assesses the risk of humanitarian crises and disasters that could overwhelm national capacity to respond. The Global Climate Risk Index 2021[16] reported Myanmar to have had the highest weather-related losses in the past two decades, alongside Haiti and Puerto Rico. Myanmar is also one of the most vulnerable countries to climate change.

Response by Strategic Objective

The strategic objectives (SOs) for the 2022 HRP have been developed to reflect the drastic change and expansion of the humanitarian situation in Myanmar. The 2021 HRP strategic objectives were focused on improving the health and well-being and living standards of those displaced and affected by conflict and disasters in targeted locations. The 2022 HRP objectives put greater emphasis on the need for life-saving assistance to those affected by conflict and disaster, while also maintaining a focus on assistance to the most vulnerable people in the wider community who ave acute humanitarian needs. Additionally, a third SO focused exclusively on protection has been included due to the larger scale and intensification of armed conflict across the country and the risks this is posing to civilians.

S01: Lives are saved and the overall health and mental and physical well-being of people affected by conflict and natural disaster is improved through timely and integrated assistance.
This strategic objective focuses on providing life-saving assistance to reduce mortality and morbidity and ensure people's survival with dignity. This objective is targeted towards those directly impacted by the effects of conflict and natural disaster and the essential support that they require. This objective captures the highly localized nature of the response and assistance needed to strengthen this work.

S02: Living standards of vulnerable people of all genders and diversities are improved and their resilience is strengthened.
This strategic objective emphasizes support to the most vulnerable members in the community following the widespread and cumulative impacts of the military takeover, economic crisis, and COVID-19. The SO targets people that have not necessarily been directly impacted by conflict yet have suffered as a result of the overall situation, pushing them into humanitarian need through the adoption of negative coping strategies and other risks that are a danger to their health and well-being, undermining their ability to live a safe and dignified life.

S03: Protection risks are mitigated, protection needs are monitored and met, and respect for international humanitarian law (IHL) is promoted.
This strategic objective covers responses to the elevated protection risks that the people of Myanmar are facing, including human rights violations, violations of the principles of the protection of civilians, and the increased risks to children, women, people with disabilities and other groups during the humanitarian crisis. It focuses on provision of tailored protection services that aim to prevent, mitigate, and respond when harm has occurred, as well as the promotion of adherence of duty bearers to international human rights law (IHRL) and IHL.

STRATEGIC OBJECTIVE		PEOPLE TARGETED		REQUIREMENTS (US$)
S01	Lives are saved and the overall health and mental and physical well-being of people affected by conflict and natural disaster is improved through timely and integrated assistance	6.2M		202M
S02	Living standards of vulnerable people of all genders and diversities are improved and their resilience is strengthened.	5.6M		597M
S03	Protection risks are mitigated, protection needs are monitored and met, and respect for International Humanitarian Law (IHL) is promoted.	2.0M		27M

Planned Response

PEOPLE IN NEED	PEOPLE TARGETED	FEMALE	CHILDREN (0 - 18)	WITH DISABILITY
14.4M	**6.2M**	**52%**	**34%**	**13%**
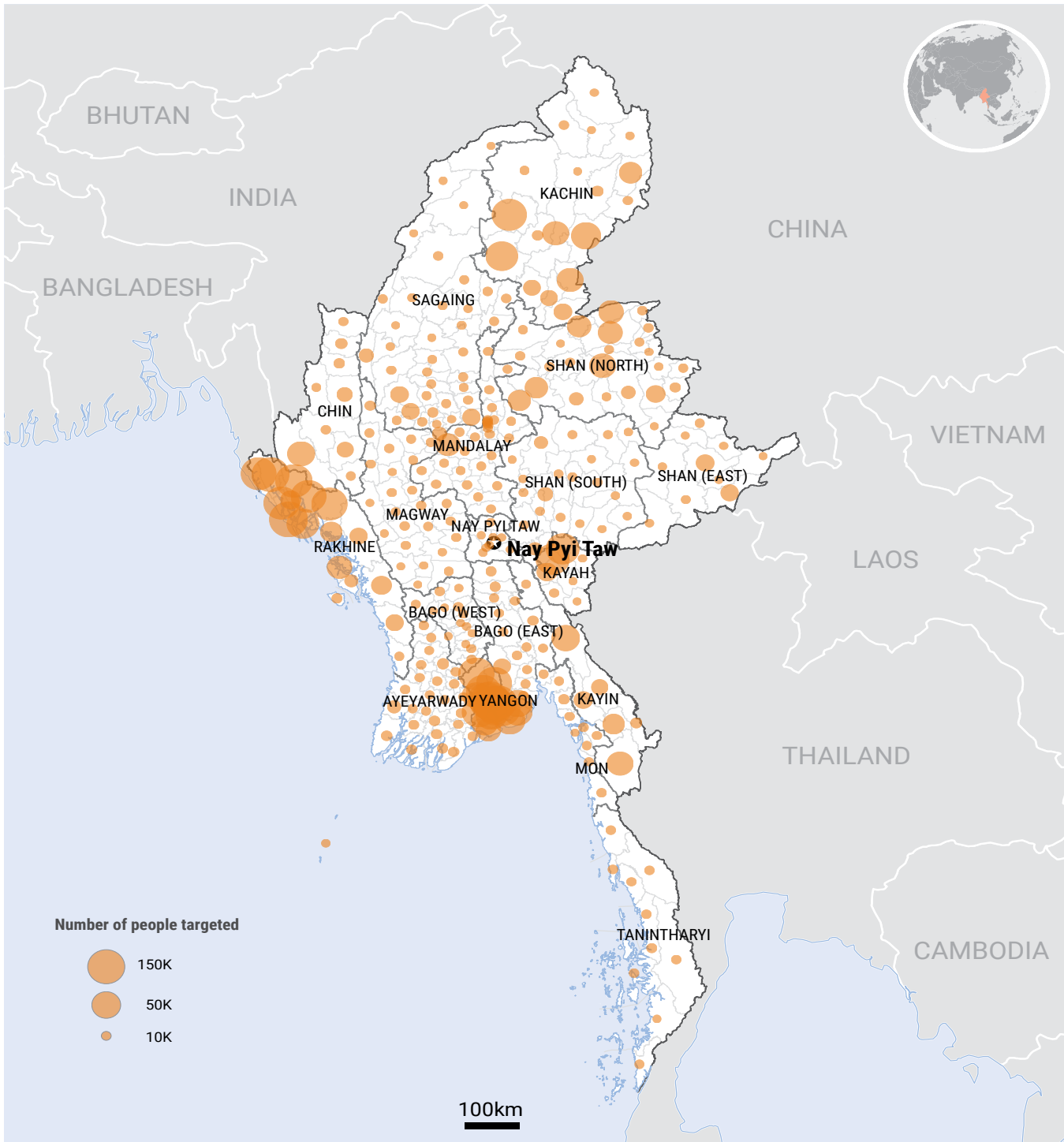
Number of people targeted

150K

50K

10K

100km

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

HRP Key Figures

Humanitarian Response by Targeted Groups
More on page 96 - 98

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED	■ IN NEED ■ TARGET
IDPs	556K	556K	
Returned, resettled and locally integrated IDPs	74K	50K	
Non-displaced stateless people	470K	386K	
Vulnerable people with humanitarian needs	13.3M	5.2M	

Humanitarian Response by Gender
More on page 96 - 98

GENDER	PEOPLE IN NEED	PEOPLE TARGETED	■ IN NEED ■ TARGET	% OF PIN TARGETED
Boys	2.4M	1.0M		42%
Girls	2.6M	1.1M		42%
Men	4.5M	2.0M		44%
Women	4.9M	2.1M		43%

Humanitarian Response by Age
More on page 96 - 98

AGE	PEOPLE IN NEED	PEOPLE TARGETED	■ IN NEED ■ TARGET	% OF PIN TARGETED
Children (0 - 18)	5.0M	2.1M		42%
Adults (18 - 59)	8.2M	3.6M		44%
Elderly (60+)	1.2M	0.5M		42%

Humanitarian Response for Persons with Disability
More on page 96 - 98

	PEOPLE IN NEED	PEOPLE TARGETED	■ IN NEED ■ TARGET	% OF PIN TARGETED
Persons with disability	1.9M	800K		42%

Financial Requirements by Cluster
More on page 52 - 89

CLUSTER	FINANCIAL REQUIREMENTS (US$)		OPERATIONAL PARTNERS
Education	91M		32
Food Security	286M		76
Health	79M		60
Nutrition	61M		37
Protection	116M		44
Shelter/NFI/CCCM	50M		41
WASH	135M		33
Coordination	8M		160

Planned Humanitarian Response by Cluster
More on page 52 - 89

CLUSTER	PEOPLE IN NEED	PEOPLE TARGETED	■ IN NEED ■ TARGET	% OF PIN TARGETED
Education	5.4M	1.4M		26%
Food Security	13.2M	4.1M		31%
Health	2.5M	1.4M		56%
Nutrition	2.0M	1.0M		50%
Protection	9.4M	2.0M		21%
Shelter/NFI/CCCM	1.7M	0.6M		35%
WASH	5.5M	2.1M		38%

Historical Trends and New Methodology

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

In the absence of national, multi-sector needs assessments, food insecurity data was mostly used as a proxy basis for determining inter-sectoral vulnerability, as it is the only sector with recent data suitable for nationwide extrapolation. This change in approach, combined with a worsening situation on the ground, resulted in the identification of a much greater number of people in need in the HNO. The joint inter-sectoral analysis process identified 14.4 million people in humanitarian need in Myanmar in 2022 (6.9 million men, 7.5 million women, 5 million children). It is not possible to directly compare the numbers for 2022 to past years as a very different and broader methodology has been used. It is likely that some of the humanitarian needs identified for 2022, as part of the new national analysis, were pre-existing but had never been previously quantified because of the narrower geographical scope which was heavily focused on Kachin, Rakhine and northern Shan, while addressing smaller pockets of acute

vulnerability in Bago, Kayin and southern Chin. No baseline of humanitarian needs data exists for many new areas. Addressing data gaps is a high priority for the response in 2022 in support of an evidence- and needs-based response.

In terms of response trends, in 2021 partners demonstrated their capacity to scale up, reaching at least 2.8 million people from a combined HRP and IERP target of 3 million people. (Final full-year figures are not yet available.) This is almost three times the level of reach compared to the preceding year and shows the operation's commitment to identifying and working with new partners to expand delivery. It should be noted that food security support represented the bulk of this scale-up and there was less capacity and space to increase other forms of assistance on the same scale in 2021.

Humanitarian organizations have set an ambitious target, prioritizing a record 6.2 million people in need of assistance in 2022. This is compared to an original target of 1 million people at the start of 2021 and 3 million people by the end of 2021. To support this work, $826 million is required – almost four times the funding received for the humanitarian response in 2021 ($225 million).[17] The largest single cluster response is food security targeting 4.1 million people with food and agriculture assistance ($286 million) with an initial focus on those who are in severe food insecurity or at risk of soon slipping into it if assistance is not provided. This is followed by the Water, Sanitation and Hygiene (WASH) Cluster ($135 million).

NUMBER OF PEOPLE IN NEED VS TARGETED

■ People targeted
■ People in need not targeted

FINANCIAL REQUIREMENTS (US$)
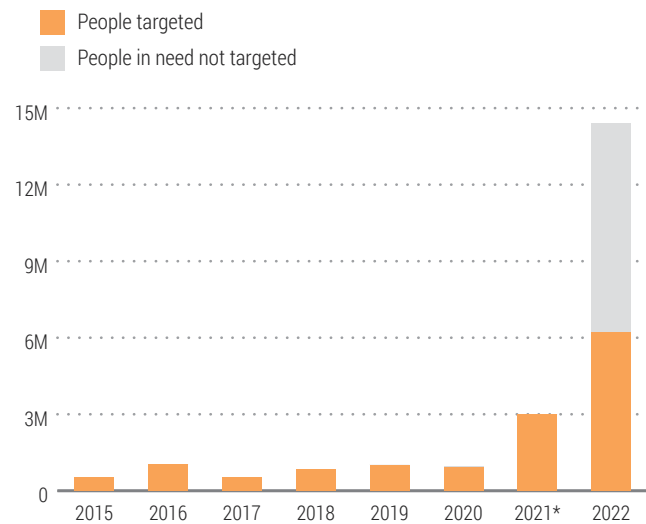
■ Funded
■ Unmet requirements
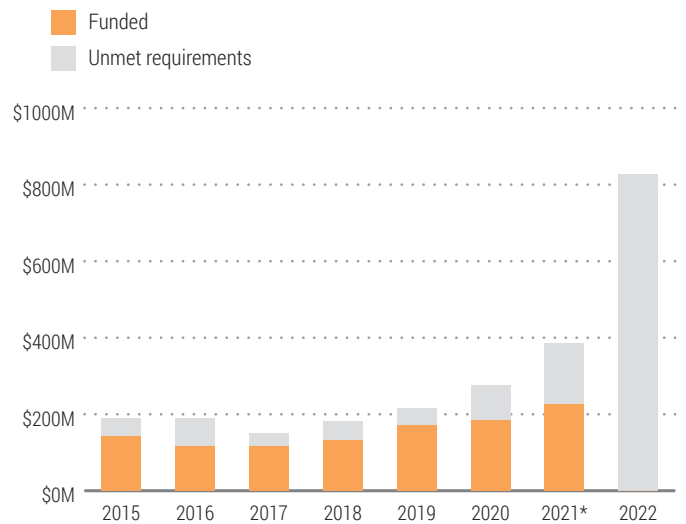
YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	FUNDING RECEIVED (US$)	% FUNDED
2015	541K	536K	190M	143M	75%
2016	1M	1M	190M	116M	61%
2017	525K	525K	150M	117M	78%
2018	863K	832K	183M	131M	72%
2019	1M	1M	214M	172M	80%
2020	986K	915K	275M	184M	67%
2021*	3M	3M	386M	225M	58%
2022	14.4M	6.2M	826M	-	-

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

Part 1:
Strategic Response Priorities

SHAN
A mobile medical team delivers a baby in Wanyan Village in Mongyang Township,
Shan State, 2021
Photo: Health Poverty Action/Aben

1.1
Humanitarian Conditions and Underlying Factors Targeted for Response

Myanmar is facing an unprecedented political, human rights and humanitarian crisis following the military takeover on 1 February 2021, the ravages of COVID-19, and impacts of climate-related extreme weather events. Most notably, violence has spread over the course of the past year from protracted conflict zones into new geographic areas, placing a severe burden on people's everyday life and causing extreme physical and psychological harm to people across the country. Poor living conditions and new or ongoing displacement have dramatically worsened the recovery prospects of those already in need of humanitarian assistance, including stateless Rohingya people and protracted IDPs in the country's northeast. Escalating conflict across a vast swathe of the country has pushed many more people to the brink of survival and generated new humanitarian needs in previously stable communities, including growing food insecurity. The twin crises of COVID-19 and the military takeover have heavily impacted the already fragile public service sector, further restricting access of people in need to basic services.

Conflict and violence are expected to be the key drivers of humanitarian need in 2022 and risk wiping out the significant social and economic gains made by the country since 2005. According to early analysis, the economic and political turmoil in 2021 is expected to have driven almost half the population of Myanmar into poverty in 2022, threatening the well-being, living standards and coping capacity of over 25 million people.[18] As of 17 January 2022, an estimated 406,000 people remain internally displaced across Myanmar due to clashes and insecurity since 1 February 2021.

As elsewhere in Southeast Asia, Myanmar experienced the full force of the COVID-19 pandemic in 2021. As the Delta variant surged, a growing vaccine divide threatened the people's well-being, living standards and coping capacity. The large-scale national health response to COVID-19 that was launched back in 2020 saw UN agencies and NGOs (non-governmental organizations) augmenting the efforts of the NLD Government to detect and treat those with the virus, screen new arrivals for symptoms and equip people with the information they needed to protect themselves.[19] The military takeover in early 2021 and the ensuing political instability, however, derailed the public health response and has significantly reduced or collapsed critical health services. Persistently low vaccination rates and limited awareness increase the risk of a fourth and deadly COVID-19 wave in 2022, particularly with the Omicron variant sweeping the world at the time of publication.[20]

As we enter 2022, a steadily increasing number of people have exhausted their coping capacity and are at risk of or have already slipped into urgent need of assistance. Hardship, driven by rising commodity prices and inflation, COVID-19 illness and movement restrictions, and insecurity have forced record numbers of the most vulnerable people to resort to crisis or emergency coping mechanisms to access food and other basic needs.

Prices for key household commodities have significantly increased, making food increasingly unaffordable to many.[21] Needs were exacerbated by severe monsoon floods in various parts of the country in 2021 that hit communities already in need of humanitarian assistance, resulting in loss of crops and increased food insecurity. Hunger has increased amid the ongoing conflict and economic downturn, leaving Chin, Rakhine and Kayah among the most food insecure areas in Myanmar.[22] This underscores

the ever-present risk of natural disaster in Myanmar and the need for development actors to focus on disaster risk reduction and resilience work, while humanitarians focus on preparedness and response to immediate needs.

In the last year, the multi-dimensional humanitarian crisis has spread from smaller geographical pockets, now to all of Myanmar, posing grave protection risks to civilians, limiting access to life-saving services and deepening their food insecurity. Women, children and people with disability continue to be disproportionately impacted, facing an increased burden of care and GBV risks. Learning has been disrupted for almost 12 million children due to COVID-19 related school closures. While schools officially reopened at the end of 2021, the prospect for full return to formal education has remained slim for many children who are in COVID-19 hotspots, are affected by conflict or poverty, or whose parents are resistant to sending their children to schools managed by the de facto authorities.[23] With limited relief in sight, the unrelenting stress on communities is having an undeniable impact on the mental health of the nation, particularly on children and their caregivers.

Scope of action and response priorities
In 2022, the HRP prioritizes emergency, life-saving responses to protect the health and well-being of people affected by conflict, the COVID-19 pandemic and the climate crisis, as well as acutely vulnerable people with humanitarian and protection needs as a result of the above shocks and the deteriorating socioeconomic situation. HRP activities aim to relieve immediate suffering, improve the living standards and strengthen the resilience of vulnerable people of all genders and diversities. Addressing people's protection needs is critical to the response, including the call for enhanced respect of humanitarian principles, IHL and IHRL.

The strategic focus of the HRP provides greater scope for humanitarian organizations to respond to the increasing needs among vulnerable people, who are facing grave protection risks and hardship due to the

combined impact of the military takeover, COVID-19 and recurrent natural disasters which are being made worse and more unpredictable by climate change and environmental degradation.

Combined with unmet needs in 2020 and 2021 (caused by access constraints and service interruptions) the deteriorating context is projected to leave 14.4 million people in need of humanitarian assistance in 2022. Provided enough funding is available and improved access is permitted, humanitarians plan to scale up response activities in support of 6.2 million people across all of Myanmar. Their needs are outlined in the 2022 HNO which used a wider national lens of analysis mostly using food insecurity as a proxy indicator. [24]

To support response prioritization and the setting of realistic targets for 2022 against significantly higher needs, clusters considered a variety of factors balancing both response capacity and severity of need.

Each cluster conducted a capacity assessment, that included looking at potential new partners in areas with emerging humanitarian needs and analyzing their access and funding situations. In 2022, operational partners will have to navigate a complex environment featuring challenges related not only to the worsening security and armed conflict, but also a banking and liquidity crisis, disruptions to logistics and supply chains, increasing restrictions at checkpoints, and administrative and bureaucratic impediments. But after analysing their capacity, clusters were still confident they have scope to expand their base of partners, allowing them to reach a greater number of affected people in need.

Clusters also considered the severity and urgency of needs across the country, prioritizing those in the most severe categories where they had capacity to respond. The basis for this analysis was the Joint Inter-sectoral Analysis Framework (JIAF) from the HNO and there is a clear correlation between those areas and sectors with the most severe needs and those prioritized for assistance in 2022. The JIAF looks holistically at the needs facing people in

Myanmar and measures the severity of these needs, mostly using food security figures as a proxy guide to inter-sectoral need.

Based on these factors, clusters agreed they could realistically reach 6.2 million people most in need of assistance in 2022 provided progress is made on the following operational priorities:

- Additional (mostly local) partners are identified, engaged and supported to deliver humanitarian assistance in hard-to-reach areas.
- Access is expanded for all organizations to support a scaled-up response in new areas
- Bureaucratic processes are simplified and fast-tracked to ensure timely assistance reaches people in need
- Assurances are received about the safety and security of aid workers and humanitarian supplies
- Additional funding is received commensurate with the dramatic escalation in humanitarian needs

At separate coordination retreats being held in early 2022, the HCT and ICCG will each explore strategies to further expand their partnerships, particularly with local partners to increase access and capacity to reach the targeted population.

Given the considerably larger scale of the planned response and HRP requirement, clusters have worked to produce a detailed analysis of how they will prioritize their activities in the event of underfunding (75, 50 and 25 per cent of requirements). This important analysis is available on page 99 of the HRP and explains the consequences of underfunding for different population groups.

Population groups and lenses of analysis
Because of the dramatic deterioration in the situation since 1 February 2021, combined with COVID-19, needs are deep and widespread across the country affecting people from many different walks of life. With this in mind, the HCT agreed to apply a new scope of analysis that looks at humanitarian needs using a wider lens, still covering those who are directly 'shock-affected' such as displaced people, but now

also looking at those throughout the community who are struggling to survive and live dignified lives because they are facing food security and protection risks. Thus, existing priority population groups were extended to now include 'vulnerable people with humanitarian needs'.

- People who are internally displaced (new or protracted)
- Internally displaced people who have returned, resettled or locally integrated into communities
- Non-displaced stateless people
- Vulnerable people with humanitarian needs

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

Geographical coverage and prioritization
The 2022 HRP expands its geographic coverage from the historical focus on Rakhine, Kachin and northern Shan to include activities across Myanmar. This follows the JIAF analysis in the 2022 HNO, which showed humanitarian needs in every state and region of the country. Based on this analysis, Rakhine continues to be a top priority in the HRP. Humanitarians remain committed to attending to the needs of 600,000 stateles Rohingya people in Rakhine State.

The highest number of people planned to receive assistance are in Yangon and Mandalay (2.6 million people), due to the concentration of people in urban and peri-urban settings who are now facing moderate or severe levels of food insecurity. The Food Security Cluster has heavily weighted its response towards those already in or at risk of falling into severe food insecurity.

Of the estimated 776,000 IDPs (new and protracted) as of 17 January 2022, more than 406,000 people were newly displaced by violence and armed conflict in 2021 and 2022 and remain in formal and informal displacement sites which have been prioritized for assistance where access permits. The majority of

those newly displaced since 1 February are in the southeast and northwest. At the time of publication, escalating fighting in the southeast, including the use of heavy weapons and aerial bombardment, is driving a new surge in displacement. There has also been renewed displacement of those who had temporarily returned to places of origin. Additionally, as of 17 January 2022, almost 168,000 people had been internally displaced in Chin State, Magway and Sagaing regions since early 2021 due to clashes between the AA and the MAF, with some small-scale returns among IDPs continuing to take place in several townships. New displacement adds to large numbers of people already receiving humanitarian assistance in protracted displacement sites in Rakhine, southern Chin, Kachin, Kayin and Shan States.

Other priority locations include a small number of areas where IDPs are able to and expressed interest in returning, pursuing resettlement or local integration. Those locations are limited to Kachin and northern Shan (40,000 IDPs), Kayah and South Shan (30,000 IDPs), Bago East (1,000 IDPs), and Rakhine and southern Chin (7,100 IDPs), although there remain many questions about feasibility and safety of return.

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

1.2
Nexus between Humanitarian and Development Planning

In the absence of a signed Sustainable Development Cooperation Framework, the UN SERRP functions as a foundational document that articulates a broad framework for the United Nations Country Team's (UNCT) engagement in Myanmar. It provides a strategic vision of key thematic areas of action, which define the UN's core activities over an 18-month timeframe.

In line with the Nexus approach, the SERRP is closely aligned with the UN's life-saving humanitarian assistance, as outlined in the HRP and the UN's COVID-19 and broader health sector response, as articulated in the UN Health Response Contingency Plan for Myanmar. The SERRP connects with the UN's development and humanitarian work by focusing on longer-term resilience building that reduces peoples' dependence on humanitarian assistance, and through direct delivery of basic services to people not targeted by the humanitarian plans. A key focus of the SERRP is to ensure that as few new people as possible slip into acute humanitarian need as a consequence of the crisis and over time. While development activities are focused on the root causes of the crisis, helping

people to recover and supporting people at risk of falling into humanitarian need, humanitarians will support crisis-affected and acutely vulnerable people whose situation is posing protection, safety and health risks, ensuring their lives are lived with greater dignity and safety until their underlying situation improves. The linkages between the HRP (focused on crisis-affected and vulnerable people with humanitarian needs) and the SERRP (focused on addressing the root causes of need, resilience and recovery) are outlined in a detailed annex at the back of the HRP (pg 109). The annex shows there are clear synergies between the two planning documents; however, both humanitarian and development actors need to fine-tune the relationships and complementarities between some activities outlined under each plan, particularly in the food security and education space where dedicated nexus working groups are planned for 2022. In chapter 3 of this plan, each cluster has also identified specific priorities and linkages between humanitarian and development work in their sector.

1.3
Strategic Objectives, Specific Objectives and Response Approach

The HRP is structured around three SOs and six related Specific Objectives (SPOs), which, if realized will guide humanitarian partners to reach a total target of 6.2 million people. Together these objectives will save lives, improve the overall health and well-being of crises-affected communities, lift living standards of the most vulnerable allowing them to live in dignity and safety, and address serious protection risks. The response will be sensitive to the unique needs of women, children and persons with disabilities and ensure effective accountability measures are in place across all locations where assistance is being provided.

Given the extensive involvement of local and some formerly development-orientated organizations in responding to new humanitarian needs throughout 2021, partners involved in implementing the 2022 HRP will pursue the strategic objectives while maintaining linkages with the humanitarian, development, and peace nexus. This will particularly be the case in the southeast of Myanmar and Rakhine, where there is a strong long-term presence of development and peace

actors. Response approaches will prioritize IDPs, conflict-affected communities and other vulnerable people who have acute humanitarian needs. This will help to mitigate the effects of surging poverty since the events of 1 February 2021 and prevent people from falling into a more acute situation requiring increased humanitarian assistance.

The response approach takes into consideration the significant access civil-military coordination challenges faced by partners across the country. Concerted efforts will be made to de-politicize the humanitarian response and promote acceptance of humanitarian principles. This will be done through increased advocacy at higher levels with all parties to the conflict. Modalities for the provision of humanitarian assistance will remain flexible throughout 2022 given challenges associated with the procurement of supplies and with the ongoing banking crisis, as well as the continued spectre of COVID-19.

Strategic Objective 1

Lives are saved and the overall health and mental and physical well-being of people affected by conflict and natural disaster is improved through timely and integrated assistance

PEOPLE IN NEED	PEOPLE TARGETED
14.4M	6.2M

Number of people targeted
150K
50K
1K

Strategic Objective 2

Living standards of vulnerable people of all genders and diversities are improved and their resilience is strengthened

PEOPLE IN NEED	PEOPLE TARGETED
13.8M	5.6M
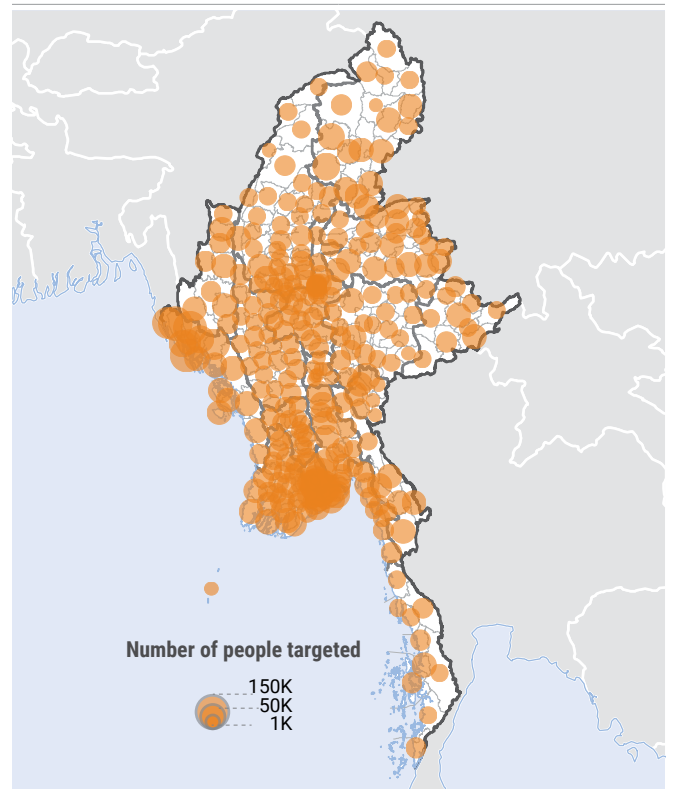
Number of people targeted
150K
50K
1K

Strategic Objective 3

Protection risks are mitigated, protection needs are monitored and met, and respect for International Humanitarian Law (IHL) is promoted

PEOPLE IN NEED	PEOPLE TARGETED
9.4M	2.0M
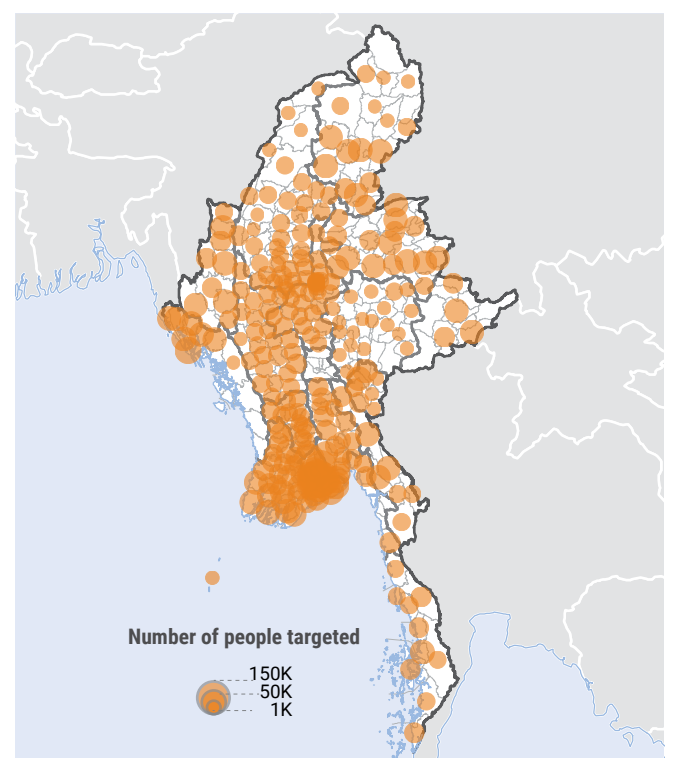
Number of people targeted
150K
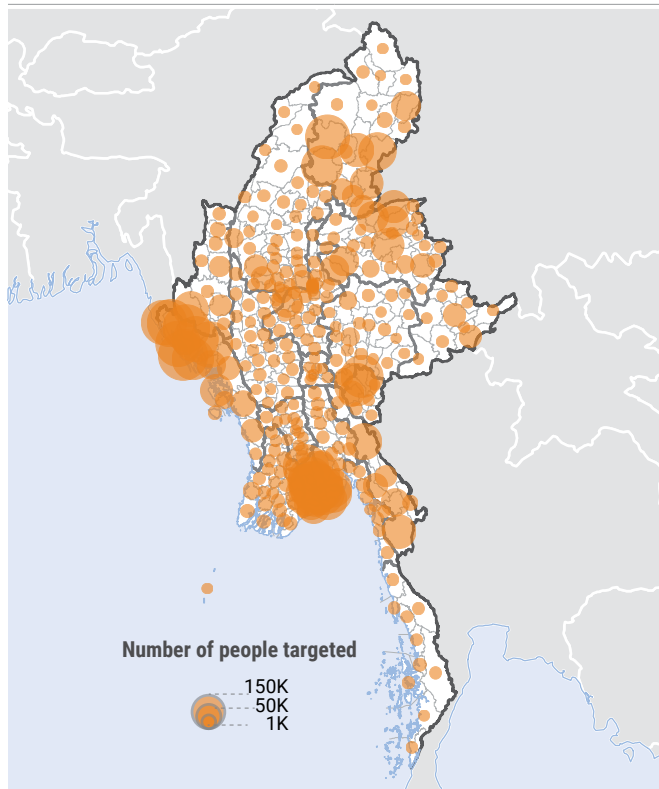50K
1K

Strategic Objective 1

Lives are saved and the overall health and mental and physical well-being of people affected by conflict and natural disaster is improved through timely and integrated assistance

RAKHINE

A woman receives cash assistance at a displacement site in Sittwe Township, Rakhine State, 2021. Photo: OWFP/Htet Oo Lin

PEOPLE TARGETED	FEMALE	CHILDREN (0 - 18)	WITH DISABILITY
6.2M	**52%**	**34%**	**13%**
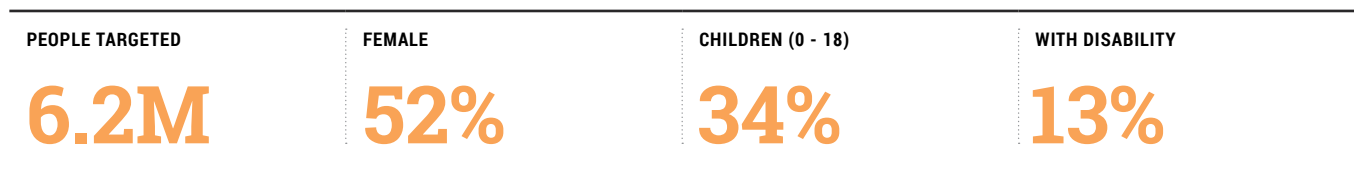
Rationale and intended outcome

The deteriorating security situation across the country is exposing people to life-threatening harm and injury and has driven growing displacement. In addition, seasonal flooding and landslides continue to endanger people's lives, as does the risk of climate-related, large-scale natural disasters such as cyclones or earthquakes. COVID-19 also poses deadly health risks to vulnerable people, particularly those in overcrowded displacement sites.

SO 1 aims to reduce the rate of mortality and morbidity among people affected by conflict, COVID-19 and climate-related natural disasters and improve their overall mental and physical well-being. This will be achieved by the timely provision of integrated humanitarian assistance that is sensitive to the needs of affected communities.

Specific Objective 1.1

Objective:	Morbidity and mortality of 556,000 IDPs (including displaced stateless people), as well as other conflict and disaster affected (non-displaced) people are reduced through scaled-up age, gender, and disability appropriate access to life-saving assistance
Groups targeted:	- IDPs
People targeted	556K
Timeframe:	Jan 2022 - Dec 2022

Reducing morbidity and mortality among IDPs and people affected by conflict, COVID-19 and natural disaster requires coordinated multi-sectoral assistance. Clusters are committed to providing integrated programming and to enhancing linkages between sectors to ensure all targeted people have inclusive, equitable and unhindered access to protection and life-saving assistance. Activities are focused on the needs that are most urgent when people are displaced or impacted suddenly by conflict or natural disaster. Clusters will emphasize efforts to scale up their response through expansion into new geographical areas and forging new partnerships with organizations engaged in humanitarian assistance. Clusters will coordinate with partners at national and sub-national levels using a variety of existing and newly established coordination mechanisms.

Specific Objective 1.2

Objective:	Emergency support to 6.2 million people targeted for assistance is enhanced by expanding engagement with and building the capacity of local actors to provide impartial, timely and relevant life-saving humanitarian response to IDPs (including displaced stateless people), conflict and disaster-affected communities and through improved needs assessments.
Groups targeted:	- IDPs - Returned, resettled and locally integrated IDPs - Non-displaced stateless people - Vulnerable people with humanitarian needs
People targeted	6.2M
Timeframe:	Jan 2022 - Dec 2022

Concerted efforts will be made through the 2022 HRP to enhance the localization of humanitarian action with appropriate management of the related risk burden. Clusters will prioritize partnerships with CSOs, Community-based Organizations (CBOs), Women-Led Organizations (WLOs) and Women's Rights Organizations (WROs) to extend their reach to communities newly affected by the humanitarian crisis and those that are unable to be reached by larger UN and international organizations. Increased investment will be made in building the capacity of local partners to provide assistance that is aligned with humanitarian principles and aimed at reaching Sphere standards. Improving the quality, quantity, management and use of information related to the needs of affected communities will be a pivotal part of this objective.

Strategic Objectives 2

# Living standards of vulnerable people of all genders and diversities are improved and their resilience is strengthened

YANGON
A man picks water spinach from a pond in peri-urban Yangon, 2021.
Photo: WFP/Kaung Htet Linn

PEOPLE TARGETED	WOMEN	CHILDREN (0 - 18)	WITH DISABILITY
5.6M	**52%**	**34%**	**13%**

Rationale and intended outcome

Since the events of 1 February 2021 there has been a substantial increase in the number of people in need of humanitarian assistance outside of displaced communities and those directly impacted by armed conflict and natural disaster. Large portions of the community have been pushed into poverty and this is expected to grow throughout 2022 forcing them into situations that fundamentally threaten their safety and dignity, posing grave protection risks. SO 2 aims to improve the living standards of the most vulnerable that have humanitarian needs and strengthen the coping capacity of communities so that they can live in dignity and avoid the adoption of dangerous coping strategies. Humanitarian assistance planned and implemented in coordination with work on root causes and recovery by development actors will reduce the trend of increasing poverty and mitigate against the worst effects of poverty, while humanitarians ensure that people can live safely and in dignity until their situation improves.

Specific Objective 2.1

Objective:	Living standards and access to quality humanitarian services are improved for 5.6 million non-displaced, vulnerable people, non-displaced stateless people and returnees, resettled or locally integrated people according to their severity of need
Groups targeted:	- Returned, resettled and locally integrated IDPs - Non-displaced stateless people - Vulnerable people with humanitarian needs
People targeted	5.6M
Timeframe:	Jan 2022 - Dec 2022

In 2022, clusters and partners will be expanding their activities to communities who are indirectly impacted by conflict or natural disaster and require protection and humanitarian assistance due the cumulative effects of political instability, the economic and banking crisis, the continued COVID-19 pandemic, or the indirect impact of conflict where these factors pose risks to vulnerable people's safety, protection, dignity and well-being. This approach also acknowledges that communities hosting displaced people are also suffering and require humanitarian assistance. The Education, Health, Protection, Shelter/Non-Food Items (NFI)/Camp Coordination and Camp Management (CCCM) and WASH Clusters will provide protection and humanitarian assistance to communities in new areas of operation, coordinating closely with development and peace actors to ensure the harmonization of interventions between the HRP and the SERPP. Clusters and partners will target the most vulnerable people identified in these areas and those facing greater barriers to meeting critical needs. Clusters will explore innovative ways of engaging with traditionally development-focused local organizations to bridge the work between emergency and development response and expand delivery options.

Specific Objective 2.2

Objective:	Livelihoods opportunities, food security and nutritional status are secured and improved for 3.5 million moderately and severely food insecure people through the provision of food and nutrition assistance and support for sustainable and resilient agriculture
Groups targeted:	- Returned, resettled and locally integrated IDPs - Non-displaced stateless people - Vulnerable people with humanitarian needs
People targeted	3.5M
Timeframe:	Jan 2022 - Dec 2022

Ensuring adequate food security and healthy nutritional status is one of the most serious challenges facing communities in 2022. The Food Security and Nutrition Clusters will work together closely to provide food, emergency agriculture support and nutrition assistance to the increasing number of people in the community that are food insecure. In addition to essential services to address severe malnutrition, the Nutrition Cluster will target young children and pregnant and breastfeeding women and girls (PBW/G) with the provision of micronutrient and other preventative services. The ability of communities to restore, maintain, protect and improve their access to livelihoods by supporting and increasing agricultural and livelihoods activities will be key to supporting food security for all affected communities across Myanmar. To achieve this, the Food Security Cluster will undertake a range of activities directly related to the production of food products and other livelihoods programmes to help people live in dignity and meet their own food needs, reducing reliance on humanitarian food assistance over time. The Food Security Cluster will approach these activities with a strong nexus perspective, to ensure that agricultural and livelihood activities across the humanitarian and development spectrum are linked and coherent within communities.

Strategic Objective 3
Protection risks are mitigated, protection needs are monitored and met, and respect for IHL is promoted

RAKHINE
A landmine survivor sits on her bed in Sittwe Township, Rakhine State, 2021.
Photo: WFP/Htet Oo Lin

PEOPLE TARGETED	WOMEN	CHILDREN (0 - 18)	WITH DISABILITY
2.0M	**51%**	**35%**	**12%**

Rationale and intended outcome

New and intensified conflict across Myanmar since February 2021 has been characterized by alleged violations of IHL and IHRL, including targeted attacks on civilian populations and civilian infrastructure, the use of heavy weapons and aerial bombardment of civilian areas, forced recruitment of children, physical and sexual assaults, and the use of civilians as porters among other credible allegations. Responses to protests have been severe, including reports of arbitrary arrests and targeted killings of those politically associated with opposition movements.

Additionally, communities affected by armed conflict, particularly those displaced, face increased protection risks including child protection concerns related to neglect, exploitation and abuse, and GBV. Humanitarian partners have also been directly targeted by armed actors, particularly health and education facilities and workers. Consequently, SO 3 puts protection front and center of the humanitarian response, with activities aimed at preventing, monitoring, responding to and providing remedial assistance to serious protection concerns.

Specific Objective 3.1

Objective:	Two million people targeted for protection assistance are protected from further harm and the risks they face are mitigated and/or responded to through improved access to quality and inclusive protection services.
Groups targeted:	- IDPs - Returned, resettled and locally integrated IDPs - Non-displaced stateless people - Vulnerable people with humanitarian needs
People targeted	6.2M
Timeframe:	Jan 2022 - Dec 2022

The Protection Cluster and its Areas of Responsibility (AoRs) will deliver targeted protection activities attuned to the dynamics of the conflict occurring across Myanmar, sensitive to the current political situation, with an overriding "do no harm", survivor-centered and community-based approach. Individuals and households with protection needs will be identified through various mechanisms, including effective cross-sectoral referral mechanisms. Protection services will be tailored to individual and household needs, with the GBV and Child Protection AoRs providing case management services. In recognition of the huge psychological toll the current situation is taking on the community writ large, mental health and psychosocial support (MHPSS), as well as legal services will be available to a wider group of affected community members. In response to the mine risks identified in the HNO and the response gaps revealed in the cluster capacity analysis, mine action programming will increase access to quality integrated victim assistance, focusing on the provision of life-saving services to the survivors of landmines and ERW. Particular attention by the Mine Action (MA) AoR will be given to expanding reach into new areas of conflict with Mine Risk Education (MRE) a significant priority given the escalating use of landmines and IEDs in the conflict and the risks these pose to civilians. Additionally, the Protection Cluster will collaborate with other clusters to ensure protection, including child protection and GBV, is effectively mainstreamed into activities across all sectors and will focus on developing integrated programming that addresses protection and priority assistance needs of the most vulnerable people.

Specific Objective 3.2

Objective:	Respect for human rights and IHL is promoted and supported, including through dialogue with duty bearers to mitigate the effects of armed conflict on civilians.
Groups targeted:	- IDPs - Returned, resettled and locally integrated IDPs - Non-displaced stateless people - Vulnerable people with humanitarian needs
People targeted	6.2M
Timeframe:	Jan 2022 - Dec 2022

The centrality of protection will be operationalized throughout the 2022 HRP. Concerted effort will be made at senior levels by the HCT and others involved in humanitarian diplomacy to strengthen constructive dialogue with duty bearers to increase respect for IHRL and IHL and to reduce the negative safety and protection impacts of conflict on communities. Coordinated advocacy will be undertaken at sub-national, state and local levels to achieve localized improvements in the conduct of hostilities and policing. The Protection Cluster, in close coordination with the ICCG, will lead on continuous development and strengthening of protection monitoring activities to safely collect, verify and analyze information to track violations of rights and protection risks faced by affected communities to meet the needs of victims and at-risk communities. Such information will be used to inform and guide decision-making and advocacy by the humanitarian community in alignment with the HCT Protection Strategy which will be revised in 2022. Additionally, the Country Task Force Monitoring and Reporting Mechanism (CTFRM) on the six grave violations against children will be strengthened to improve documentation and verification of incidents. Individualized protection services and case management and psychosocial support, including GBV and child protection services, will be developed in ways that ensure survivors of IHL and IHRL violations will be able to access timely and tailored support.

1.4
Costing Methodology

Myanmar's HRP for 2022 uses a unit or activity-based costing methodology. Each cluster has produced a cost-per-beneficiary estimate for each of its activities, which combines the cost associated with procurement of in-kind supplies, cash provision (where appropriate), and expenses associated with the physical delivery of assistance (logistics, staff, security and other overheads). The average unit cost for each activity is presented against the number of people targeted. Clusters note inevitable cost variations across target activities both within and between prioritized population groups and geographic locations. These individual activity costings are then multiplied by the number of people to be reached to produce an overall cluster cost-per-beneficiary comparable year-on-year and responsive to changes in the cost of operating in Myanmar in the current environment.

The 2022 HRP substantially increases planned reach by targeting more than six times as many people (6.2 million) as targeted in the last HRP at the start of 2021 (1 million), including in many new areas where humanitarians have never responded before. Considering the new needs identified in the HNO, targets increased across all clusters. At the same time, the cost of operating in Myanmar has increased significantly. The operating environment has become more demanding, requiring partners to both navigate the pandemic amidst a volatile security situation and the scale-up of operations in parts of the country where they have no existing infrastructure. This includes the adoption of alternate delivery approaches to safeguard beneficiaries and staff, as well as the COVID-19 infection prevention and control measures so that partners can perform effectively to minimize risks to affected communities. All of these factors have an impact on cost.

For 2022, a sharp inflation has affected procurement costs by various clusters depending on the type of items and availability in the local market. This adds to the already complex logistics challenges. Clusters have therefore applied inflation rates of 15 to 35 per cent to their costings for 2022 depending on the type of items.

With a wider focus on vulnerable people with humanitarian needs, the significant deterioration of people's lives and their living conditions, and the national geographic scope applied to the HNO, the 2022 HRP requires $826 million (up from a combined $385 million in the 2021 HRP and the IERP) to target a substantially higher number of people with life-saving assistance compared to 2021 (6.2 million in 2022 up from 3 million people, including 1 million people in the 2021 HRP and 2 million people in the IERP).

Despite additional response complexities and inflation, the average cost-per-beneficiary for the 2022 HRP stands at $133, which is only marginally higher than the average combined cost-per-beneficiary of the 2021 HRP and IERP at $128. This reflects the economies of scale involved in implementing a larger-scale response and demonstrates efforts by clusters to apply maximum efficiencies.

Below is a breakdown of trends in costs per beneficiary overall and by cluster for the past five years. A breakdown of individual costings per activity is provided as an annex on page 106 of this HRP.

Average Cost-per-Beneficiary (US$)

CLUSTER	2018	2019	2020	2021*	2022
Education	62	130	150	161	63
Food Security	80	97	109	132	70
Health	35	36	70	50	56
Nutrition	95	81	120	143	60
Protection	44	40	47	43	58
Shelter/NFI/CCCM	78	96	112	113	80
WASH	61	62	71	54	64
OVERALL	**220**	**228**	**325**	**129**	**133**

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

RAKHINE
A Rohingya girl in a camp in Sittwe Township, Rakhine State cooking meals using nutrition support, 2021. Photo: WFP/Htet Oo Lin

1.5
Operational Capacity and Access

Planning scenario

With a dynamic conflict situation, changing climate patterns, and continued impact of the pandemic, it remains challenging to make accurate projections of humanitarian needs and the precise operating environment for humanitarian organizations in 2022. In 2021, the HCT issued an IERP or Addendum to the HRP[25] to separately reflect the impact of the military takeover and the changing conflict dynamics, as well as the arising humanitarian needs, and funding asks. This added to those targeted in the existing 2021 HRP. In 2022, the HCT has merged the multiple humanitarian crises affecting Myanmar into a single document. The 2022 response shifts gear to articulate the deteriorating humanitarian situation across Myanmar and the ever-growing, critical needs of affected people.

The HCT grounded the 2022 HRP on a planning scenario that continues to see rising needs in both urban and rural areas across the country due to multiple, intersecting threats. Escalating needs and the resulting imperative of an enhanced humanitarian response are driven by worsening conflict, impact from COVID-19, rising food insecurity, a severely overstretched health system, complications related to the banking sector and a troubled economy, ongoing threats to the country's social fabric, and persistent marginalisation of ethnic groups including stateless Rohingya people. The planning scenario sees an absence of improvement in political dialogue among parties to the conflict, an intensification of armed conflict in various parts of the country and a continued elevated rate of displacement. This projection is already starting to manifest in January

KAYIN
A teacher and children in a classroom using plastic partitions as COVID protection in Hlaingbwe Township, Kayin State, 2021.
Photo: Community Partners International/Saw Bo Bo Naing

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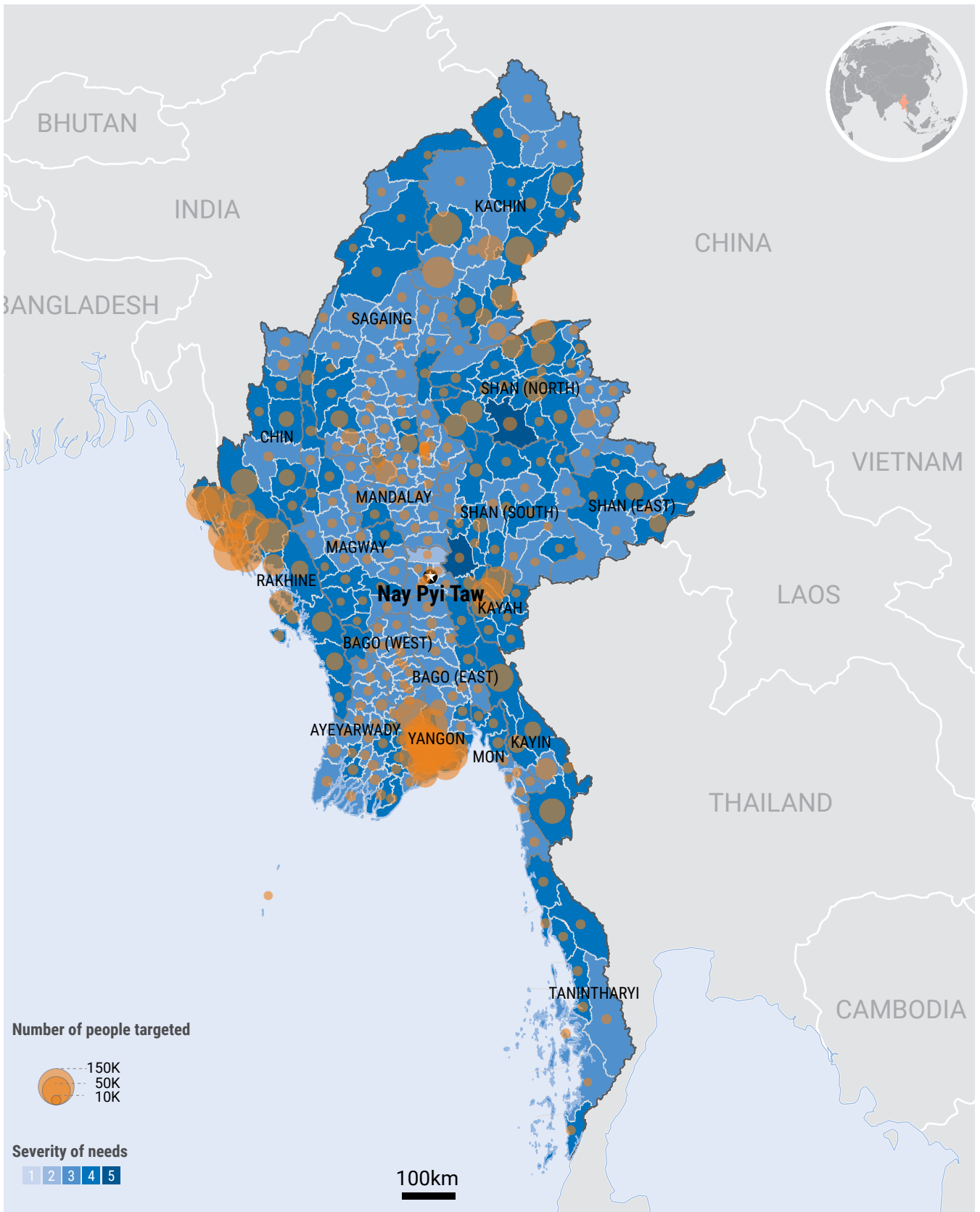
The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation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

of 2022 with a sharp deterioration in the humanitarian situation in the south-eastern corridor around Kayah and Kayin States with intensified fighting between the PDFs, EAOs and the MAF. An increased armed conflict across the southeast and other parts of the country will likely trigger new displacement and humanitarian needs. The working assumption is that much of the increase in needs would be in areas that are currently hard-to-reach for many international and national actors in the short-term, although there will be concerted advocacy to reverse this in order to alleviate suffering. Landmine contamination is also expected to present additional challenges for beneficiaries and humanitarian personnel in this environment. The HNO outlines other scenarios in the risk analysis table on page 70.[26]

The HCT developed the HRP based on a scenario where the health and socioeconomic impact of COVID-19 continues being felt in 2022. This is already visible in early 2022 with the global spread of the Omicron variant. While there have been improvements in preparedness since the previous waves, the health system remains severely overstretched with a large gap in human resources as a result of the CDM. The lack of trust in the health system for primary care, as well as vaccinations that are being carried out by the de facto authorities, may continue to result in a low uptake of vaccines by the public. This, in turn, could increase the numbers of COVID-19 cases requiring hospitalization in any future waves. Despite rising health needs across the country, it is assumed that humanitarians will need to employ ongoing COVID-19 safety measures when implementing programmes in 2022 and rely on remote modalities in many places because of pandemic restrictions and general access to and within the country.

The scenario also assumes that the economic situation will remain fragile in 2022, with persistent inflation and troubles due to cash and liquidity issues, as well as challenges related to access to the banking sector. Humanitarian programme costings in this HRP were therefore developed based on increased cost for supply chains and procurement.

Operational capacity

In the face of rising needs, humanitarians have stayed and delivered, maintaining a presence and expanding overall capacity to reach more people throughout 2021. This expansion will continue in 2022 to reach a record number of people in need in a host of new areas through a deepening network of local organizations assisting their communities. This is visible through an increased number of participating organizations to the HRP, a total of 160 partners compared to 147 at the start of 2021. This includes: 12 UN agencies, 72 INGOs, 56 national NGOs, 14 CSOs, CBOs and border-based organizations, and 6 International Red Cross/Red Crescent Movement. National humanitarian organizations are represented in the HCT through the Myanmar Red Cross Society, the Local Resource Centre, the METTA Development Foundation and Karuna Myanmar Social Services and continued efforts are underway to identify, connect with and engage more organizations in the national response effort, leveraging their relationships, access, and local knowledge to improve the response to people in need.

The humanitarian response in new areas will continue to be heavily reliant on local responders to meet the needs of the displaced population, who may be seeking refuge in host communities or in harsh conditions including sheltering in jungles and forests. However, it must be noted that local responders' capacities are stretched, with their limited human and financial resources being rapidly depleted and severe challenges in mobilising additional funds. Their staff are also shouldering an increasing burden of risk in delivering aid. The international humanitarian community is committed to supporting partners to protect staff delivering aid through enhanced advocacy with parties to the conflict. The humanitarian community, at the HCT and the ICCG level, are discussing their partnership and localization strategies at respective retreats in early 2022 and the aim is to help ensure that local responders are better supported to deliver assistance in a nimble, safe and context-adapted manner. This can include, where appropriate, technical support and capacity building for "non-traditional" or new humanitarian actors, CBOs or CSOs. Consideration will also be given to the added

OPERATIONAL PARTNERS

160

TREND (2017-2022)
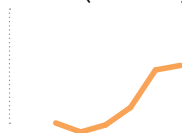
Partners by Location

STATE/REGION	PEOPLE TARGETED		NO. PARTNERS	
Ayeyarwady	247K		17	
Bago (East)	132K		15	
Bago (West)	50K		7	
Chin	146K		18	
Kachin	436K		41	
Kayah	182K		19	
Kayin	192K		27	
Magway	128K		18	
Mandalay	194K		22	
Mon	72K		24	
Nay Pyi Taw	3K		8	
Rakhine	1.1M		37	
Sagaing	246K		18	
Shan (East)	83K		9	
Shan (North)	352K		31	
Shan (South)	128K		20	
Tanintharyi	56K		17	
Yangon	2.4M		26	

Partners by Cluster

CLUSTER	PEOPLE TARGETED		NO. PARTNERS	
Education	1.4M		32	
Food Security	4.1M		76	
Health	1.4M		60	
Nutrition	1.0M		37	
Protection	2.0M		44	
Shelter/NFI/CCCM	0.6M		41	
WASH	2.1M		33	

Partners by Location

Number of partners

30
20
10
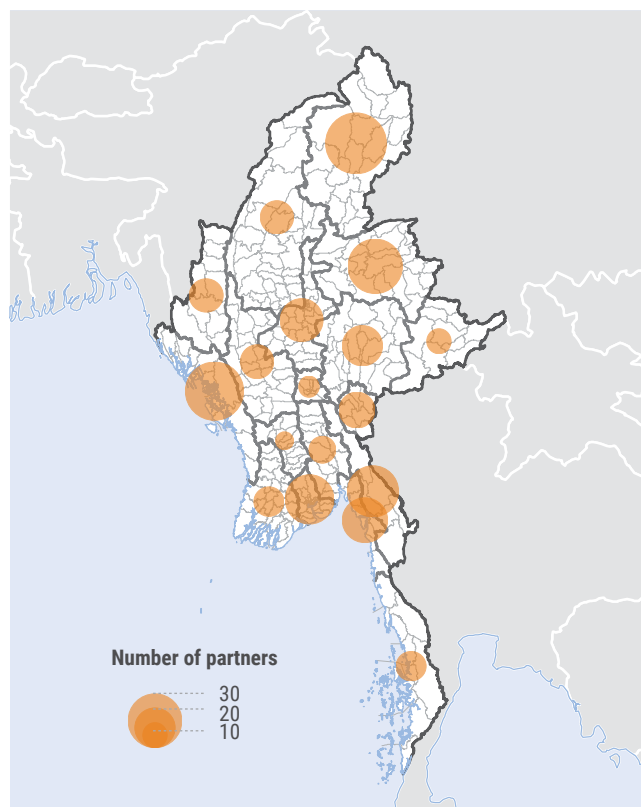
Partners by Type

CLUSTER	NO. PARTNERS	
Border Based Organization	4	
Civil Society Organization	2	
Community Based Organization	8	
International NGO	72	
National NGO	56	
Red Cross/Red Crescent Movement	6	
United Nations	12	

Localization - a top priority for pooled funding in Myanmar

Two OCHA-managed pooled funds – the Central Emergency Response Fund (CERF) and the Myanmar Humanitarian Fund (MHF) – will continue to support a coordinated, efficient, and principled humanitarian response in Myanmar, directly linked with the 2022 HRP. With the support of donors, both funds provided $31 million to the humanitarian response in Myanmar in 2021, representing 13 per cent of the total funding received against the 2021 HRP and IERP.

Localization is a top priority for the MHF, and the fund remains one of the most effective means of supporting life-saving activities in Myanmar, particularly through its support and funding to front-line national responders. More than 51 per cent of the funding provided in 2021 went directly or indirectly to local CSOs and national NGOs, more than twice the World Humanitarian Summit's target of 25 per cent. In complementarity with other funds in-country, the CERF and the MHF will continue to give special consideration to supporting humanitarian response through local CSOs and national NGOs in areas with emerging needs in 2022. Through the ICCG and relevant governance bodies (HCT and MHF Advisory Board), recipient organizations will be expected to engage with local and national organizations on an equitable partnership basis, to ensure that their added value has been considered in the design, implementation, management and monitoring of the activities. As much as possible, prioritization and allocation processes will be decentralized at the sub-national level with the support of clusters to ensure greater participation of national partners and sub-partners. Partnerships with local women-led organizations, women's rights organizations (WLO/WRO), and organizations working with people with disabilities or other diversities such as ethnic backgrounds, sexual orientation and gender identity will also be encouraged.

risk burden this places on national organizations and how this can be mitigated.

In 2022, clusters are expected to conduct regular capacity assessments to ensure that gaps are identified and filled wherever possible and that all local implementation avenues are being exhausted.

The planning scenario assumes that humanitarian actors may continue to face severe access constraints across Myanmar, including staff safety and security, restrictions on movements, delayed travel authorizations (TA), administrative obstacles such as problems with visas of international staff, and the confiscation of or slow customs clearance of humanitarian supplies. These issues are particularly problematic in the border areas of Myanmar most affected by armed conflict, where there is less established humanitarian presence, such as Chin, Magway and Sagaing in the northwest, and Kayin, Kayah, Mon and Tanintharyi in the southeast. Decisions by individual organizations on their risk thresholds will also be a major factor in capacity with several organizations suspending operations in conflict areas due to safety fears for staff. In the face of repeated attacks, assurances of staff safety and security from parties to the conflict will be critical to seeing these organizations resume their services.

The HCT is nevertheless confident in the ability of the humanitarian community to meet the rising needs if access improves, and increased resources are provided including staff and funding. Efforts at high level and local advocacy for access will be stepped up in 2022 with a view to expanding access. Key clusters have already demonstrated the capacity to scale up in response to the needs of people in urban and peri-urban areas, including in Yangon and Mandalay, which were reflected in the IERP 2021. In particular, the efforts of Food Security Cluster partners should be noted. Despite enormous obstacles in 2021, Food Security Cluster partners managed to reach 2.8 million people, which surpasses its target for 2021 of 2.7 million people. This is encouraging for 2022 with food security playing such a central part in the response

strategy with plans to reach 4.1 million people out of the overall 6.2 million target.

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

As the needs grow and humanitarian operations expand, challenges in reaching people are compounded by the limited presence of humanitarian organizations beyond the specific geographic locations covered by the 2021 HRP.

Access

With conflict intensifying in many parts of Myanmar, humanitarians are committed to staying and amplifying their planned reach from 3 million people in 2021 to a record 6.2 million people in 2022. Access to and by affected people, however, remains limited in many parts of the country due to security challenges and government restrictions or processes. Across the country, access is exacerbated by intermittent COVID-19 related movement restrictions and health precautions, as well as a complex and slow bureaucratic system, including for travel authorisations, registration processes and visa issuance, which is delaying the delivery of assistance and prolonging suffering.

Depending on geographical areas, humanitarian partners have varying levels of access to crisis-affected people. According to OCHA analysis,[27] and based on the best available information from partners, access constraints are most severe in areas of active conflict – places where there are most likely to be severe, new needs and displacement. Similarly, access to rural areas, where most displaced people are located, is increasingly constrained. Staff safety in these areas remains a grave concern due to active fighting, landmines, intimidation and threats, significantly impacting humanitarian space. In the map and table below, the population targeted as part of the HRP 2022 has been categorized according

People targeted by access level
Thousands of people (K)

VULNERABLE GROUP	ACCESS LEVEL			
	HIGH ACCESS CHALLENGES	MEDIUM ACCESS CHALLENGES	LOW ACCESS CHALLENGES	UNCONFIRMED ACCESS SITUATION
IDPs	246K	169K	136K	5K
Returned, resettled and locally integrated IDPs	24K	19K	7K	
Non-displaced stateless people	68K	128K	190K	
Vulnerable people with humanitarian needs	0.7M	0.8M	2.8M	0.9M
Total	**1.0M**	**1.2M**	**3.1M**	**0.9M**

Humanitarian access overview
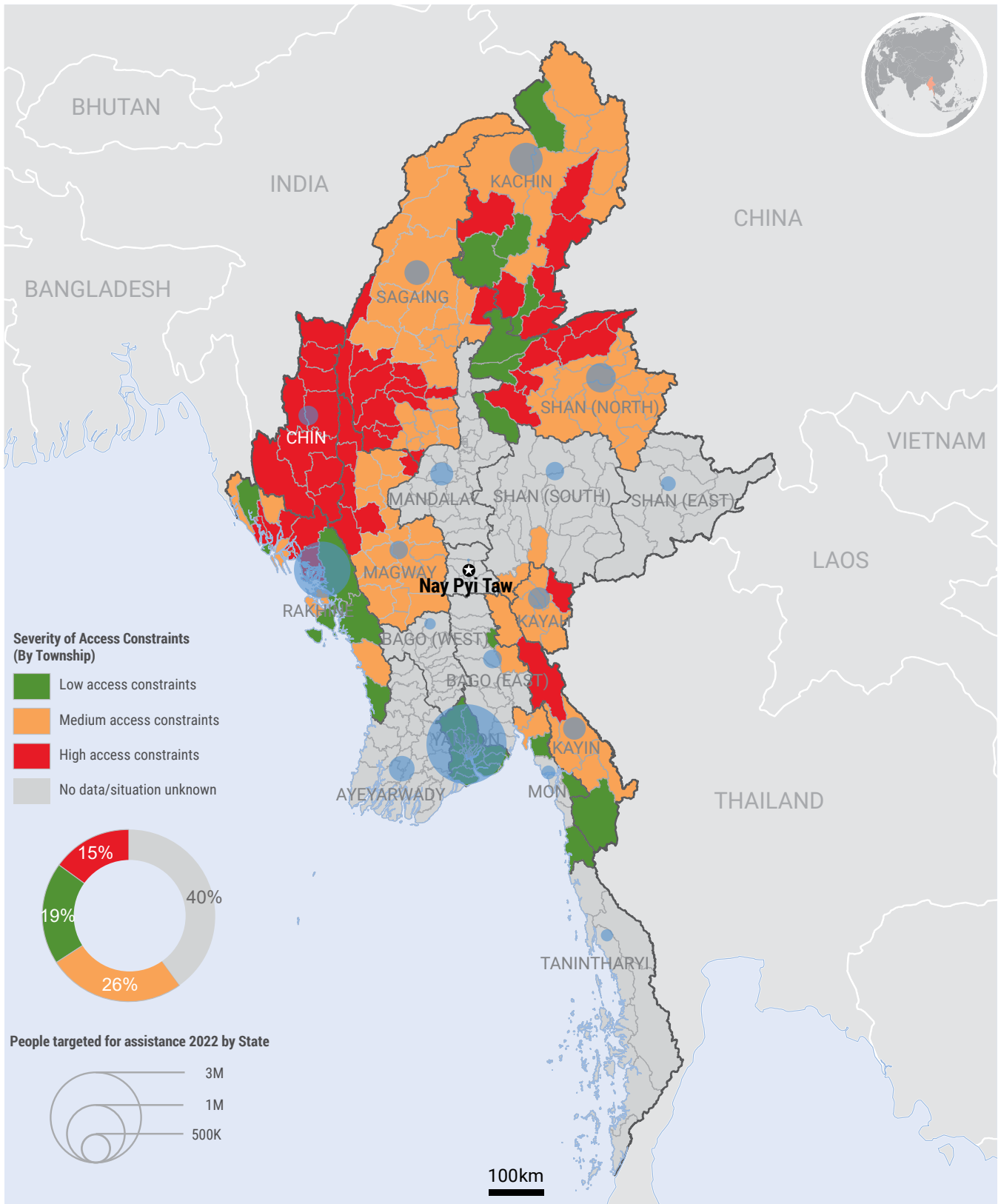
Severity of Access Constraints (By Township)

- Low access constraints
- Medium access constraints
- High access constraints
- No data/situation unknown

15%
40%
19%
26%

People targeted for assistance 2022 by State

3M
1M
500K

100km

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

to the relative severity of access constraints for humanitarians (low, medium, high). This analysis shows that more than two-thirds of those being targeted (more than 4.2 million out of 6.2 million people) fall within the "low" (3.2 million) and "medium" (1 million) access constraints categories. While significant access challenges remain, this is an entry point to expand overall reach in 2022 and reflects cluster efforts to make sure that planning was as realistic as possible given the access challenges. Analysis shows that more than half of those targeted for assistance (3.6 million people) are in rural areas, compared to 2.6 million in urban areas.

While full year numbers are still being finalized, humanitarians are expecting to get close to their target for 2021, reaching at least 2.8 million people with at least one form of assistance, against the 3 million people identified for assistance in the HRP and IERP. This higher reach was predominantly with food assistance, and it should be noted that the majority of those reached with food were in urban areas where access is less restricted. As noted above, the planned reach for 2022 is even higher, requiring a further scale-up nationwide. Realizing this 6.2 million people target will be dependent on increased funding, removal of bureaucratic blockages and improved access, particularly to displaced people in new conflict areas.

On the flipside, almost 1 million people who have been prioritized for humanitarian assistance in 2022 live in areas with high access constraints and new efforts to unlock access to this substantial portion of the overall target will be imperative. In particular, almost half of IDPs and returnees targeted for assistance are in areas where access is severely impeded due to active conflict and concerns about collateral impacts, with authorities additionally reluctant to grant travel authorizations. This is particularly concerning given the depth and urgency of needs in these areas with widespread reports of food shortages in conflict areas in the northwest, where there is currently very little access. Similarly, displacement is surging in the southeast, and protection risks are escalating, while access to beneficiaries is currently limited

or non-existent. At the time of publication, many organizations have been forced to suspend operations amid heavy fighting, including airstrikes, resulting in safety and security concerns.

Access situation across the country

Northeast: In the northeast (Kachin and northern Shan), access to 105,000 people displaced in protracted camps since 2012 has decreased in 2021. The vast majority (70 per cent) of displaced people are in either hard-to-reach remote rural areas (30 per cent) or areas under EAO control and administration (40 per cent). Access to 10,000 IDPs in northern Shan is more consistent. Local partners continue to play a key role in accessing hard-to-reach areas, albeit with an increased risk of being exposed to harassment and intimidation by military forces. Since 2017, international humanitarian organizations have largely been unable to reach camps in EAO areas hosting 45,000 people, relying on local partners to provide the required assistance.

Southeast: Similarly, ongoing conflict and insecurity, roadblocks, the risk of landmines, as well as movement constraints and greater scrutiny or arrests of humanitarian staff and goods pose significant challenges to humanitarian access across the southeast. Throughout the second half of 2021, humanitarian access was most restricted to Shadaw Township in Kayah State and Hpapun Township in Kayin State. Overall, the access environment is exacerbated by the presence of multiple parties to the conflict, including the de facto authorities, multiple EAOs and other armed groups. Where possible, partners are maintaining assistance especially through local organizations who face fewer movement constraints than UN agencies, INGOs and larger NNGOs, particularly in Kayah and Kayin States. However, even local partners are struggling to deliver humanitarian services to some townships in Kayah and Kayin, especially where movement restrictions require individuals to hold permission letters from their respective ward/village administrators to travel. The operational environment in the southeast at the time of publication was worsening with many organizations temporarily relocating staff back from

new conflict areas such as Loikaw in Kayah State as fighting escalates, thereby challenging access to newly displaced IDPs.

Rakhine and southern Chin: In Rakhine and southern Chin (Paletwa), the overall security situation remains fragile. The strong and sometimes reinforced presence of the MAF in many townships continues to cause fears of a potential resumption of clashes with the AA which has been actively expanding its administrative capacity in parts of Rakhine. Based on the Rakhine and southern Chin Access Tracker,[28] broad data trends confirm that there is no improvement in the overall access situation, which remains inadequate to address the needs of the 800,000 displaced people and host community members targeted. Entrenched and long-term restrictions on access and freedom of movement continue to characterize the access environment in Rakhine and southern Chin. Since February 2021, further restrictions (e.g. old reporting rules for camp access, and travel authorization between townships in some locations being reinstated) have been imposed on some Rohingya IDP camps and villages, as well as new restrictions put in place in Maungdaw District in November 2021. Movement restrictions on humanitarian agencies and personnel and interference in humanitarian programming continue to be widely reported, seriously hampering efforts undertaken by humanitarian and early recovery actors to assist people in need. Sporadic COVID-19 spikes and related restrictions further exacerbate access challenges, with the de facto authorities closing public administration offices, which leads to slow processing of documents, including TAs, which are required for the delivery of assistance and movement of personnel and goods by the UN and INGOs.

Overall, access constraints in Rakhine and southern Chin include TA denials and delays, often linked to the Memorandum of Understanding (MoU) renewal process for organizations, conditionalities imposed on the delivery of assistance and COVID-19 related restrictions. Scrutiny of goods and personnel at checkpoints and close monitoring of humanitarian assistance reportedly increased over the latter half of 2021 and early 2022. Where access has been repeatedly denied, especially in rural areas, CSOs and local charities try to provide the necessary assistance to those in need. Dedicated advocacy efforts by humanitarian partners over the last year have resulted in the re-classification by the Rakhine de facto authorities of 21 displacement sites hosting more than 10,000 people from the AA-MAF conflict from "inaccessible" to "accessible" since July 2021. By the end of 2021, humanitarian partners have only been able to access 13 sites from the 21 re-classified sites, but efforts for safe access continue.

Northwest: Since the military takeover on 1 February 2021, the security, humanitarian, and human rights situation has deteriorated in Chin State, as well as in neighbouring Magway and Sagaing regions. Access has been especially difficult in locations where clashes have been taking place between the MAF and local PDFs. Authorities maintain a heightened security posture, including checkpoints and road closures, thereby challenging free movement of humanitarian actors and affected people. The MAF is applying general limitations on humanitarian aid going into Chin, including to rural areas of Mindat township. As of late 2021, no humanitarian actor was officially allowed to access the rural areas of the township where most displaced people remain. Similarly, in Sagaing and Magway regions, although humanitarian partners continue to make efforts to scale up humanitarian assistance to the newly displaced, the lack of travel authorizations and the security situation are hindering access to the affected areas. As elsewhere, humanitarian partners are increasingly working through local CSOs, charity groups and religious leaders, although they also face increasing restrictions.

Expanding access through principled civil-military coordination, enhanced monitoring and expanded advocacy

New approaches to access in hard-to-reach areas

By the end of 2021, OCHA secured resources for a dedicated Civil-Military Coordination (CMCoord) and Access Unit. This unit will provide the broader humanitarian community in Myanmar with increased support on access and CMCoord issues. In particular, it will focus on ensuring access constraints are collected, monitored, and analysed across the country through a dedicated tracking tool and that subsequent analysis is disseminated to humanitarian partners. The unit will issue regular access products, including access snapshots, access reports, and maps on territorial control or hard-to-reach areas. The Head of Unit will chair the Humanitarian Access Working Group (HAWG), alongside the INGO Forum, to support its development as a sustainable and output-orientated forum that ensures a joint approach on principled access and engagement with parties to the conflict on humanitarian issues. In addition to the HAWG, the unit will work closely with cluster coordinators and the HCT, while assisting partners bilaterally on operational access and CMCoord challenges, including during in extremis situations. The unit will equally focus on strengthening OCHA's civil-military coordination with parties to the conflict at local and national level to engage on the protection of humanitarian space and respect for IHL, as well as supporting partners during operational access challenges.

To reach the growing number of people in desperate need, increased analysis, coordination among partners and advocacy with all parties is needed to ensure humanitarian space is protected and humanitarians can deliver life-saving assistance in line with humanitarian principles and international law. The work of the HAWG, which operates under the HCT, managed by OCHA with a dedicated NGO representative as co-chair, will provide enhanced collective situational analysis, mapping, and analysis of access challenges and trends, as well as the development of advocacy products. In 2022, partners will be asked to provide new data that facilitates the tracking of access trends across the country and allows the regular compilation of access reports and snapshots that communicate the severity of constraints. This national analysis will draw on the work done in the field on local access and TA issues. For example, in Rakhine and southern Chin (Paletwa), the Operational Access Tracker has evolved from its pilot in 2021 to provide a comprehensive understanding of access constraints and enabling factors to inform operational decision-making and robust advocacy.

1.6
Protection from Sexual Exploitation and Abuse and Accountability to Affected Populations

Protection from Sexual Exploitation and Abuse (PSEA)

Formed in 2018, the Myanmar PSEA Network is tasked with implementing international commitments on PSEA including the Secretary-General's Bulletin (2003) and the IASC (Inter-Agency Standing Committee) Protection from Sexual Exploitation and Abuse Strategy. Activities are guided by the PSEA Strategy and Action Plan, updated annually and endorsed by the HCT. The Network functions under the auspices of the Resident and Humanitarian Coordinator (RC/HC) and reports directly to the RC/HC and the HCT. As Myanmar is a context with both HCT and UNCT present, the Network informs both entities on progress with the PSEA Strategy and provides implementation updates on the Action Plan. The Network is currently co-chaired by UN Women and UNFPA, with a rotating NGO co-chair. Secretariat support is provided by the Inter-agency PSEA Coordinator and the national PSEA Coordinator. All Network documents including its Terms of Reference (ToR), Strategy and Action Plan are available publicly through the dedicated PSEA page on the Myanmar Information Management Unit (MIMU) website. The page has a wealth of resources in both English and Myanmar language, including translation of the IASC Six Core PSEA Principles, Survivor Fund Standard Operating Procedures (SOPs), engagement of investigators SOPs, and the inter-agency reporting framework for SEA cases.

Building on progress made in 2020-2021, the PSEA Network will continue to prioritize organizational capacity building on the prevention and response to sexual exploitation and abuse, with a focus on reaching more local organizations and communities.

Based on consultations with local organizations in 2021, the PSEA Network will tailor training and PSEA language to ensure local organizations fully understand PSEA concepts. The purpose is to generate much-needed buy-in from local organizations to effectively implement internal PSEA policies. In 2021, the Network introduced a new rotating NGO co-chair role to strengthen engagement with NGOs and their leadership to ensure minimum standards on PSEA are met across the humanitarian sector. In 2022, the PSEA Network will identify a suitable CSO co-chair to take on this role to promote deeper CSO engagement. The Network also initiated a dedicated CSO-specific PSEA forum in Myanmar language that will continue to meet bi-monthly in 2022. These localization efforts are also aligned with the AAP Working Group's strategy of building capacity among local organizations.

In 2021, the national PSEA Network increased its support to sub-national coordination structures in Rakhine, northern Shan and Kayin and will continue to do so in 2022. Support will also be explored for areas with new humanitarian needs, such as the Southeast and northwest, depending on capacity. The Network will continue to work closely with clusters to mainstream PSEA messages in their activities. Large-scale PSEA community sensitization projects were implemented in 2021 in the Education and WASH Clusters. Lessons learned from these, as well as material such as tip-sheets, will be developed to better equip aid workers to communicate effectively with communities on what SEA is and how to report an allegation. Materials developed by the Network and its members in 2020 and 2021 will be field-tested with various community groups and recommendations for revisions will be made in 2022, including ensuring that they are disability-friendly and contextualized. Coordination with relevant groups such as the Communication with Communities (CwC) Working

Group in Rakhine and the Risk Communication and Community Engagement (RCCE) Working Group will be ensured to facilitate dissemination of the materials as well as sharing lessons learned.

PSEA risk mitigation strategies and community sensitization will be streamlined into community-based protection efforts led by the Protection Cluster. Mapping of informal SEA reporting channels, completed in 2021, will inform strategies to strengthen these informal channels within communities to ensure that SEA complaints are appropriately handled.

In 2020, the national PSEA Network and GBV sub-cluster started mapping GBV services in areas beyond those covered in the HRP. In 2021, this was updated to reflect the most up-to-date service availability information. These efforts will continue in 2022 as an annual joint exercise. This intends to support the implementation of the UN Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse as well as to guide Network members to refer the SEA victims to needed GBV support services in a timely manner.

Accountability to Affected Populations

Inter-agency AAP coordination
Inter-agency AAP coordination in Myanmar in 2022 will be guided by the Accountability to Affected Populations and Community Engagement Working Group (AAP/CE WG). In late 2021, ToRs and two new co-chairs (one INGO and one UN) were put in place with additional inter-agency support from OCHA. The adoption of an annual workplan in early 2022 will reinforce the commitment to strengthen collective AAP in Myanmar.

At the sub-national level, there have been ongoing initiatives to strengthen collective accountability and community engagement. There is, however, a need in 2022 to replicate this at the national level and secure better linkages between sub-national and national AAP coordination.

Towards a collective accountability mechanism
There is a clear need for more systematic and sustainable collection of AAP data through an inter-agency mechanism. Throughout 2020 and 2021, mapping of the AAP landscape illustrated that while individual organizations, programmes and displacement sites are collecting feedback and complaints from affected people, collective analysis of data and trends is lacking. A collective AAP mechanism in Myanmar in 2022 and beyond is

envisaged to allow for better sharing of data across the humanitarian response (across organizations, sectors, clusters, and geographical regions) and more agile responsiveness to the needs expressed.

To promote long-term AAP coordination and action in 2022, the AAP/CE WG is seeking funds to develop a collective mechanism in Myanmar. Such a mechanism would increase accountability of humanitarian actors to affected people and create clear pathways for affected people to feed into the humanitarian response. It would also enable joint consideration of overall trends in perceptions, preferences and experiences of affected people, and shared identification of improvements.

Monitoring of cross-cutting response issues
The AAP/CE WG, the Gender in Humanitarian Action (GiHA) Workstream and the PSEA Network have jointly developed four indicators related to AAP, GiHA and PSEA to be included by clusters in their monitoring and in any system-wide monitoring efforts. The incorporation of these four indicators and reflection on the results for 2022 represents a renewed commitment to embedding AAP in the Humanitarian Programme Cycle (HPC) as a non-negotiable pillar of humanitarian response.

The agreed indicators are as follows:

1. Percentage of affected people who can access safe and accessible feedback and complaint channels.
2. Percentage of affected people who feel that their opinions are considered in humanitarian decision-making.
3. Percentage of affected people who feel that the assistance received is appropriate and tailored to their needs.
4. Number of humanitarian workers reached by capacity-building sessions on response-wide accountability (including AAP, PSEA and Gender).

The first of these indicators is consistent with the IASC PSEA country-level indicator and will be measured with inputs from clusters as well as PSEA Network members. The second and third indicators focus on perceptions of affected populations regarding humanitarian assistance and will be measured through perception surveys planned for 2022. The fourth indicator focuses on capacity strengthening and reflects activities undertaken in several clusters (including Education, CCCM, Protection and WASH) in addition to specific activities led by the PSEA Network and by a dedicated AAP training consultant. The last indicator highlights the priority of empowering local actors throughout the response which is especially important given the diverse needs of affected people, the nature of the response across Myanmar and difficulties in humanitarian access to and by people in need.

In 2022, resources are required to conduct perception monitoring to better understand the needs and preferences of affected people and tailor humanitarian response accordingly. Perception analysis is important to track the humanitarian community's collective accountability to, and engagement with, affected people in line with the above indicators.

AAP training and capacity development
A clear need has been identified around training and capacity development in AAP and this will be a focus for 2022. Following the events of 1 February 2021, local partners have played a growing role in the delivery of humanitarian assistance, and it is critical to connect with these organizations on AAP priorities and principles so that these can be embedded in their work. These organizations are also deeply embedded in their communities and are an invaluable resource that can serve as a conduit to share insights into the priorities and preferences of the people they serve.

Community engagement
Critical information gaps to be addressed in 2022 include information pertaining to disaster impacts and about the humanitarian response and humanitarian principles, especially given the rise in the number of affected people with no prior engagement with the humanitarian system. It is important that all people receiving humanitarian assistance are aware of their rights and how to seek recourse in the event of abuse.

An RCCE Working Group continues to provide public health advice, tracking rumors and addressing misinformation, particularly around COVID-19. The innovative approaches employed in RCCE offer many lessons for enhancing AAP and CE more broadly in 2022, especially as the humanitarian response will cover a much wider geographical area than past years.

AAP challenges
In 2022, a key challenge will be how to ensure that accountability and engagement mechanisms and initiatives are accessible to the much higher number of people in need than in previous years, including in areas of the country that previously did not have a humanitarian presence. This also requires commitment to ensuring communications to and with affected people are tailored to their diversity in language, literacy, and individual characteristics, to ensure inclusion and comfort in utilizing them.

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

YANGON
A boy swimming in a murky water near his makeshift shelter peri-urban Yangon, 2021. Photo: WFP/Htet Oo Lin

1.7
Cash and Voucher Assistance

Cash and Voucher Assistance (CVA) programmes faced several challenges in 2021 due to severe cash liquidity issues and strict cash withdrawal limits by financial service providers (FSPs). Whereas 2020 was marked by an expansion of CVA and shift to digital delivery, in 2021, many partners had to revert to direct distribution of physical cash or in-kind items.

Despite the challenges, many partners still successfully delivered humanitarian assistance via cash and vouchers, albeit often at a reduced level, using creative workarounds and multiple tools and modalities depending on the context. Final figures on cash programming are still being compiled as part of the year-end HRP monitoring report, due for publication in the first quarter of 2022, but rapid adaptation and flexibility by partners allowed them to continue delivering in the constrained environment in 2021. Having multiple CVA delivery options and overall flexibility will continue to be critical for successful CVA implementation in 2022.

Key challenges for CVA programmes that are likely to continue into 2022 include:

- **Inconsistent delivery of services by FSPs,** which often includes unexpected delays securing the physical cash needed for distributions or reimbursement of vendors. Some mobile money operators have stopped servicing humanitarian actors, and availability of services overall has reduced.
- **Rising inflation** throughout 2021 has led to significant price increases for relief items, resulting in partners' upwardly revising transfer values.
- **A diminished supply of basic relief items in some markets** due to rising prices and disrupted transport and import networks.

- **Challenges for beneficiaries to securely access markets** due to security checkpoints, conflict, and COVID-19 restrictions.

Humanitarian partners will need to continue being flexible and adapting CVA programmes to the evolving context in 2022. The Cash Working Group (CWG), under the ICCG, has worked to strengthen cash coordination and support partners during this challenging time. At the end of 2021, there were more than 60 implementing organizations actively participating in the CWG. In 2021, this group was able to support with:

- **Regular monthly meetings** that provided opportunities for sharing of information and best practice among members.
- **Bi-weekly CWG newsletter** with current context information relevant to CVA actors, and links to the latest assessments, reports and technical guidance and tools.
- **CVA 4Ws** (Who does What Where and When) **and dashboard**.
- **FSP mapping** with the support of WFP.
- **Updated Minimum Expenditure Basket (MEB)** and guidance note, providing a basis for the expansion of multi-purpose cash.
- **Expansion of market price monitoring for both food and non-food items** and the development of publicly available dashboards from WFP and Mercy Corps.
- **Training-of-Trainers for field staff of CWG partner agencies** equipping them with knowledge and materials that they can pass on to their CSO implementing partners.

In 2022, the CWG will continue to actively support partners and work with them to monitor the progress of CVA activities by reporting publicly through

MIMU and HRP quarterly monitoring reports. In addition to the continuation of ongoing activities, in 2022, the CWG and humanitarian cash partners will prioritize additional training and capacity-building activities for local partners, a systematic approach to market monitoring and assessments, expansion of sub-national CVA coordination groups to new geographic areas of need, further building of synergies between existing sub-national CWGs and the national CWG, and the development of technical guidance for thematic areas like transfer values, delivery modalities, localization, and the use of informal FSPs, when appropriate.

While some digital CVA modalities like mobile money continue to face problems, there are opportunities to still utilize digital means that do not require the disbursement of physical cash, including modalities like electronic vouchers or digital currency transfers. Partners will need to be innovative to take advantage of these emerging opportunities in 2022. Attention will

also be devoted to scaling up the use of multi-purpose cash transfers where appropriate. This will require working closely with the clusters and utilizing the MEB tools to define appropriate transfer values.

At the time of writing, clusters are still developing the modalities for delivering on their response plans, and given the current cash and banking challenges, cash programming will need to be adjusted and flexible during the year to reflect the dynamic situation. Overall, the Food Security Cluster will implement the most significant volume of assistance through cash, with a target of 60 per cent. Other clusters plan to implement a much smaller proportion of CVA, with less than 10 per cent estimated for the Education, Protection, Shelter/NFI/CCCM and WASH Clusters. In addition, a number of organizations are also using multi-purpose cash, representing about 15 per cent of all cash assistance.

KAYAH

A woman displaced in Demoso Township, Kayah State receives food assistance, 2021. Photo: World Vision/Naw Kabaw Moo Paw

Part 2:
Response Monitoring

2.1
Monitoring Approach

The overall monitoring of the humanitarian response will be based on the nationwide targets, objectives and indicators set by clusters and agreed to by the HCT. The ICCG will take the primary responsibility for ensuring that activities related to monitoring are completed, including regular reporting on the implementation of cluster response plans, progress on cross-cutting issues and analysis of challenges being faced. For the 2022 HRP, quarterly reporting will be implemented. This will encompass a detailed report completed at the middle and end of the year that outlines cluster achievements, challenges, and recommendations. A more concise dashboard on interim progress will be published for Q1 and Q3 2022. Additionally, clusters will develop or continue producing a range of reports on the activities of their partners throughout the year. OCHA will produce monthly humanitarian updates with inputs from clusters highlighting nationwide needs, response, gaps and constraints, with flash updates utilised to highlight sudden changes in humanitarian need and context. Public websites, including ReliefWeb and MIMU, will be utilised to disseminate various information products to a wider audience.

The 2022 monitoring framework has been designed to track and monitor cluster response activities delivered both to those directly impacted by the effects of conflict and disaster, and those provided to other vulnerable people that have humanitarian needs due to the wide deterioration in the situation. Additionally, there are SPOs and indicators monitoring the incidence of and response to the increased protection concerns of civilians resulting from conflict, including through the promotion of IHL and IHRL.

Priorities for 2022 include:

- Transitioning to a quarterly monitoring reporting process
- Implementation of a monitoring framework that is nationwide and incorporates all clusters
- Ensuring adequate information gathering and analysis capacity across all affected regions of Myanmar, with a particular focus on new areas covered in the 2022 HRP
- Completion of sector-specific and multi-sector needs analysis to inform the mid-year review of the 2022 HRP and 2023 HRP
- Ensuring sufficient mechanisms are in place for monitoring and report on violations of IHL and IHRL

Humanitarian Programme Cycle Timeline

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Humanitarian Needs Overview										●		
Humanitarian Response Plan												●
Periodic Monitoring Report		●			●			●			●	
Humanitarian Snapshot	●	●	●	●	●	●	●	●	●	●	●	●
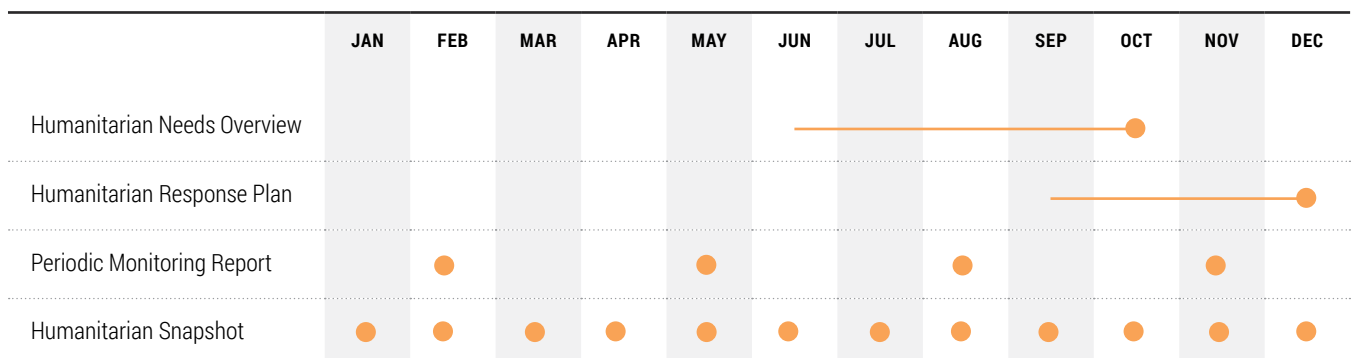
Part 3:
Cluster Objectives and Response

Overview of Cluster Response

Working through the clusters, the humanitarian community has developed an ambitious plan to address the escalating needs of 6.2 million people in Myanmar in 2022. While needs have grown exponentially, clusters have been realistic in assessing how many people they can reach in circumstances with heavily restricted access, ongoing bureaucratic constraints, active conflict and COVID-19 – all persistent impediments to delivery. While the new methodology has resulted in significant gaps between needs and response, the HCT felt it was critical to highlight the full scale of the situation in the HNO and a more pragmatic capacity-guided plan in the HRP. Despite the obstacles outlined above, every cluster has identified opportunities to scale-up and expand reach and has made a collective commitment to localization which is both good policy and a necessary response to the operating context. Most clusters are planning enhanced support and training for community-based approaches to ensure service delivery in areas that are hard-to-reach for international humanitarian organizations. The nation-wide activation of clusters will reinforce this scale-up effort, providing coordination support at the local, sub-national and Yangon level. Use of a combination of cash and in-kind assistance is planned, recognizing the current constraints on cash flow and markets.

Both IDPs and highly vulnerable people, including stateless people, are targeted under this plan with a heavy focus on activities that mitigate against the adoption of dangerous coping strategies by crisis-affected and vulnerable people, particularly those that are very difficult to reverse such as the sale of productive assets to meet immediate needs.
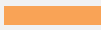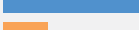
The Food Security Cluster stands out in terms of scale-up with a continuation of their successful expansion in 2021. The cluster plans to reach 4.1 million IDPs and other vulnerable people in need of food and livelihood assistance, directly reflecting the alarmingly high numbers of food-insecure people identified all over the country in the HNO. Consequently, the Food Security requirement is the highest of all clusters making up one-third of the overall HRP financial requirement. There is also a corresponding focus on nutrition given the food security context with a record 1 million children under 5 and PBW/G included as planned reach for the Nutrition Cluster. The Protection and WASH Clusters each aim to cover some 2 million people with emergency support, nearly double the number of people targeted under the 2021 response plan in recognition of the deteriorating protection environment, escalating displacement and the impact the economic crisis is having on living standards access to safe water and sanitation. Proportionally, the Education Cluster also stands out in terms of its scale-up with a five-fold increase in its 2021 target in response to the severity and continuation of interruptions to children's education during COVID-19 and the conflict. The Health Cluster is the only cluster that aims to cover more than half the total number of people identified as being in need of sectoral assistance, recognizing the deadly consequences of unmet need. Finally, the Shelter/NFI/CCCM Cluster has increased its planned reach by 50 per cent in 2021, focusing largely on the growing numbers of IDPs in new conflict areas throughout the country.

Joint advocacy, analysis and mission requests have a higher likelihood of succeeding than planning such endeavors in isolation. In 2022, increased focus will also be put on improved coordination around data collection and information management, as well as additional effort to facilitate local partners in their work, ensuring their analysis and contribution are fully captured and are informing the overall cluster and inter-cluster response strategies. All clusters strive to enhance the use of integrated approaches in the planning and delivery of the response, which is especially important in such a restrictive environment. AAP is mainstreamed throughout and is a particular

priority for the response in 2022. OCHA will support the clusters in their ambition to dramatically expand their reach, thereby alleviating the suffering of Myanmar's most vulnerable people

Planned Humanitarian Response by Cluster

CLUSTER	FINANCIAL REQUIREMENTS (US$)		OPERATIONAL PARTNERS	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET
Education	91M		32	5.4M	1.4M	
Food Security	286M		76	13.2M	4.1M	
Health	79M		60	2.5M	1.4M	
Nutrition	61M		37	2.0M	1.0M	
Protection	116M		44	9.4M	2.0M	
Shelter/NFI/CCCM	50M		41	1.7M	0.6M	
WASH	135M		33	5.5M	2.1M	

RAKHINE
A female-headed family enjoying dinner in a displacement site in Sittwe Township, Rakhine State, 2021. Photo: WFP/Htet Oo Lin

3.1 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
5.4M	1.4M	91M

Number of people targeted

150K
50K
1K
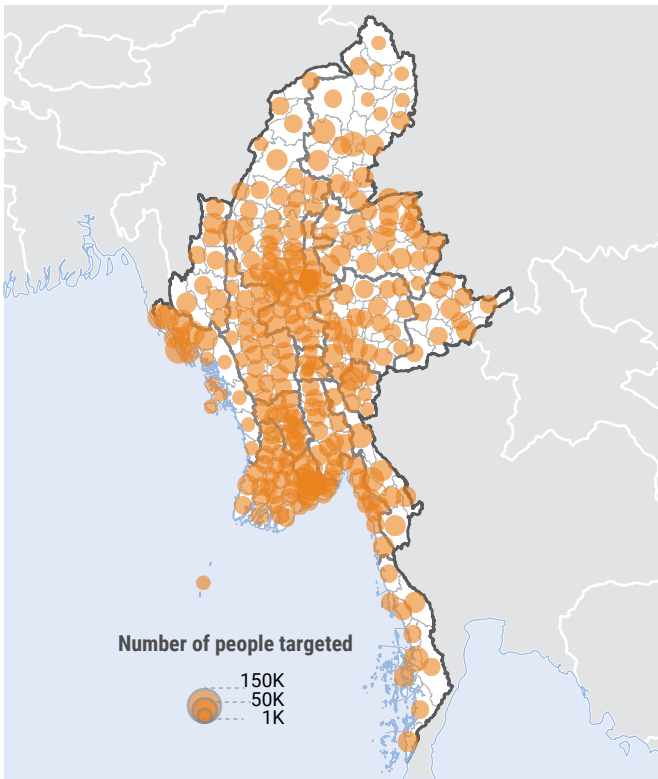
3.2 Food Security

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
13.2M	4.1M	286M

Number of people targeted

150K
50K
1K
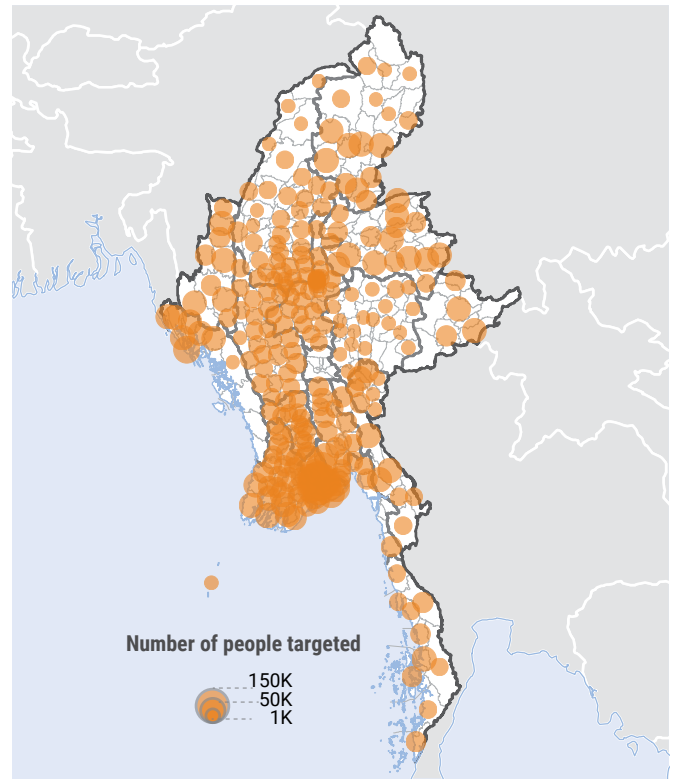
3.3 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
2.5M	1.4M	79M

Number of people targeted

150K
50K
1K
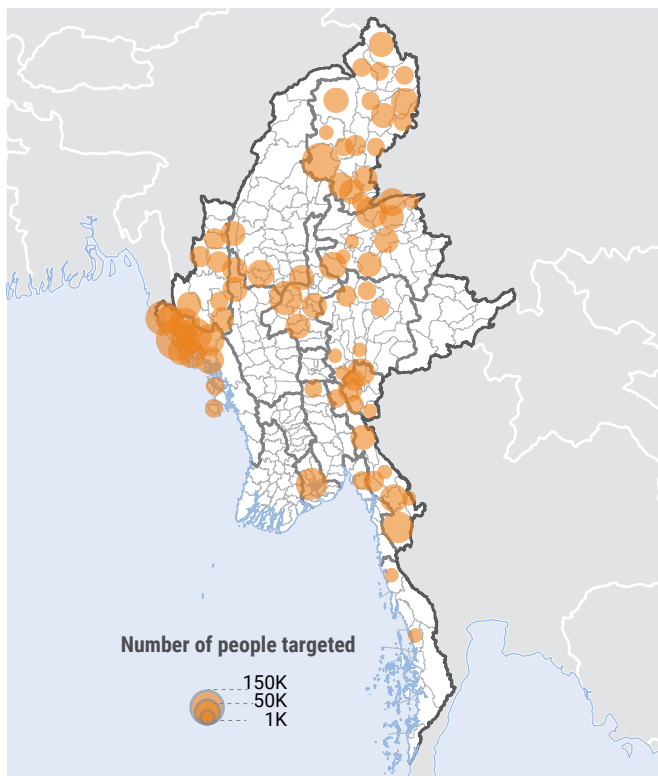
3.4 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
2M	1M	61M

Number of people targeted

150K
50K
1K
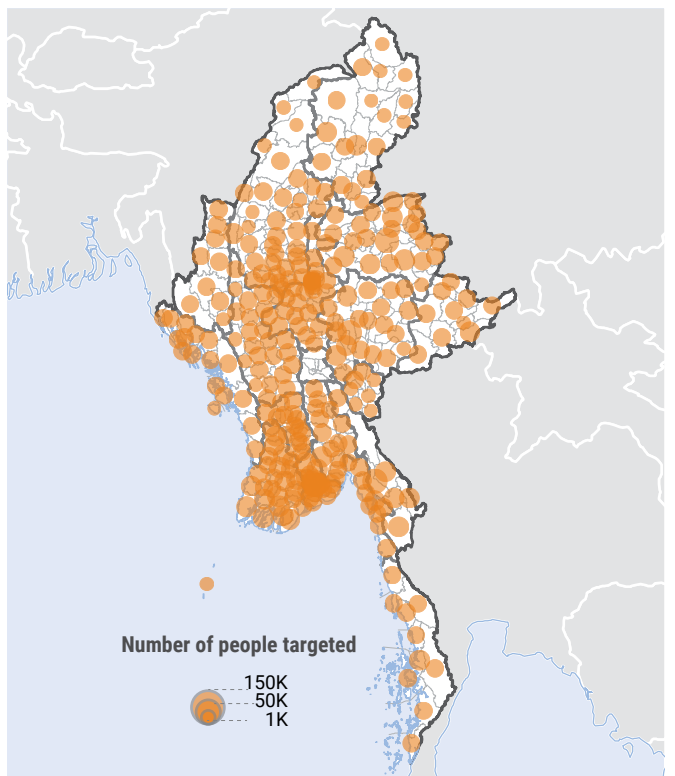
3.5 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
9.4M	**2M**	**116M**

Number of people targeted
- 150K
- 50K
- 1K
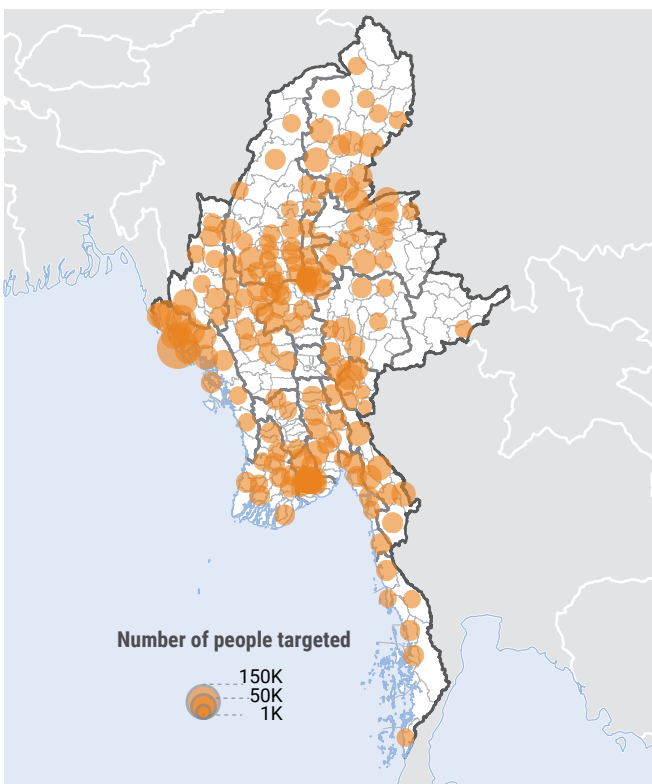
3.6 Shelter/NFI/CCCM

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
1.7M	**621K**	**50M**

Number of people targeted
- 150K
- 50K
- 1K
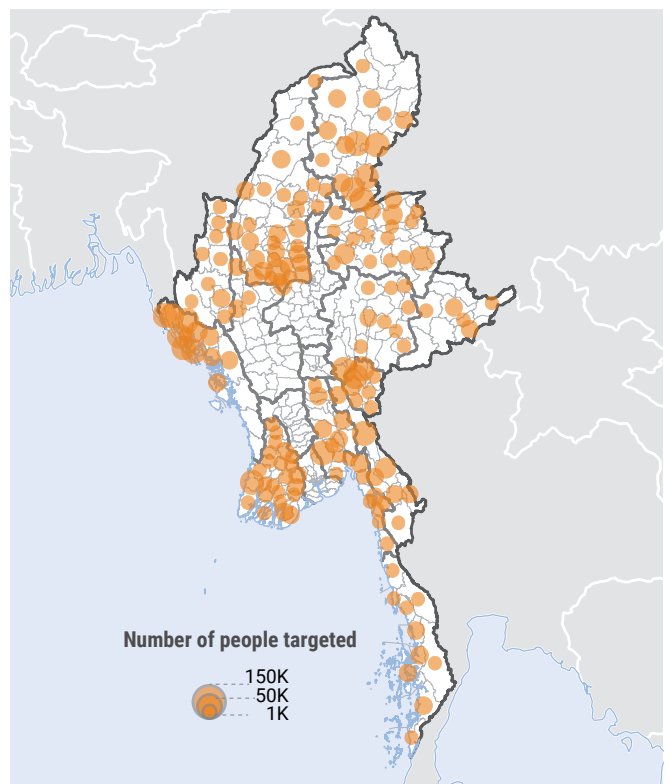
3.7 Water, Sanitation and Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
5.5M	**2.1M**	**135M**

Number of people targeted
- 150K
- 50K
- 1K

3.1
Education
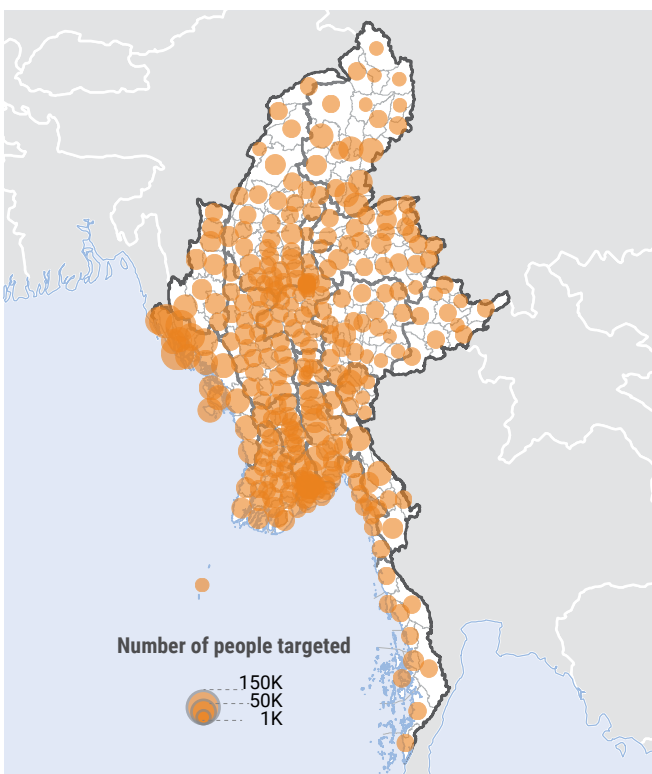
PEOPLE IN NEED	PEOPLE TARGETED	FEMALE	CHILDREN (0 - 18)	WITH DISABILITIES
5.4M	**1.4M**	**51%**	**92%**	**17%**

REQUIREMENTS (US$)	COST PER BENEFICIARY (US$)	PARTNERS
91M	**63**	**32**

Objectives

Objective 1: Crisis-affected children and youth have continued access to safe, inclusive, quality learning opportunities

Objective 2: Vulnerable children and youth with humanitarian needs have continued access to safe, inclusive, quality learning opportunities

Objective 3: Crisis-affected children and youth receive quality, protective, and inclusive education that caters for their mental health and psychosocial needs

Objective 4: Vulnerable children and youth with humanitarian needs receive quality, protective, and inclusive education that caters for their mental health and psychosocial needs

Objective 5: The capacity of communities and local/national education partners is strengthened to support safer, coordinated education that monitors and responds to identified needs, and mitigates impacts of shocks and crises

Response

The Education Cluster will aim to reach 1.4 million children and youth, parents and caregivers, and educators to provide quality, inclusive, and protective educational opportunities to those most in need.

The response will deliver life-saving assistance and support improved living standards amid the nationwide learning crisis, which began with the closure of education spaces at the beginning of the COVID-19 pandemic in March 2020 and deepened with the military takeover in February 2021. The Education Cluster will improve access to education and the quality of learning for those with greatest severity of needs, while also strengthening the ability of communities and local responders to deliver more resilient and safer education.

The Education Cluster will reach children and youth throughout Myanmar who are not able to exercise their right to education and will improve access and quality by reaching their educators, parents and caregivers. Displaced and other crisis-affected girls and boys, including both those who were already displaced for many years and those newly displaced due to the surge in conflict after February 2021, are among the most disadvantaged and in need of the life-saving benefits and hope for the future provided by education. Displaced communities returning, resettling, or integrating into communities will also be supported, as will host communities. Stateless people, whether displaced or non-displaced, face some of the greatest barriers to education and will be prioritized within the Education Cluster response. The largest number of children within the Cluster HRP target are those who lost access to education

and are least able to return to quality learning. These girls and boys do not have access to safe learning spaces or the resources to pursue alternative learning modalities and are in need of humanitarian assistance for education. The response for this group, and all groups, will consider specific needs related to gender, disability, and both socioeconomic and ethnolinguistic background. Education support will also need to be addressed at all levels – this includes primary and secondary education, as well as early learning and education pathways for youth. At each level, there will be an emphasis on supporting education according to consultations with communities; often this will mean supporting non-formal and alternative education spaces.

Activities to increase access to education will address and mitigate the consequences for the many children and youth who have not been in organized learning for nearly two years. They are least likely to ever return and are thereby at greater risk of negative coping mechanisms such as child labour, child marriage, forced recruitment, and trafficking. Communities will be reached with in-kind and cash support for children and youth to return to learning, including with learning resources and student kits containing supplemental education supplies. This assistance will be provided along with contextually appropriate campaigns for a return to learning and will integrate gender and disability inclusion. The safety and availability of education spaces will also be addressed through emergency repairs and the establishment of new temporary learning spaces (TLS) in areas with displacement. For those facing multiple displacements, programmes to allow continued learning through capacity-building of education focal points and a more rapid response will be piloted. For reasons related to both security and COVID-19, many families do not feel safe sending their children to schools. The Education Cluster will address this by supporting COVID-19 prevention measures in education spaces, including messaging, guidelines, prevention materials, and improved WASH facilities. It will also address security, firstly by prioritizing conflict sensitivity through community consultations, and then working with community leaders, educators, parents

and caregivers to build capacity for safety at and on the way to and from education spaces.

The Education Cluster will improve the quality of education through support to educators, parents and caregivers. Activities will also integrate mental health and psychosocial support and other child protection activities for all groups, in coordination with the Child Protection AoR and MHPSS Working Group. Support for children to catch up and improve learning outcomes will also take place through provision of open learning materials which bridge the short-term emergency and longer-term response. Within each of these interventions, educators will receive capacity-building for pedagogy and curriculum instruction, inclusive education, child protection, and social-emotional learning, among others. Quality educators will be recruited and retained through consistent provision of incentive payments and supported to create quality learning environments through teaching materials and visual aids. The closures of education spaces related to the pandemic and the conflict in Myanmar mean that parents and caregivers have a greater role than ever in education. Cluster partners will work with them to ensure their children can continue to learn well regardless of the circumstance. For the same reasons, parents and caregivers, as well as educators, youth, and children will all be reached with MHPSS and child protection awareness to mitigate the negative effects of the compounding crises. The holistic development and well-being of children and youth will also be addressed through services in education spaces including MHPSS as mentioned, but also nutrition and health services where possible.

The Cluster will also support communities and local and national partners to continue providing education that meets the needs of children and young people and is more resilient to shocks and crises. Community leaders and education committees will be reached with capacity-building for improved safety of education and connections to community-based protection services, and as appropriate will be supported for preparedness planning, DRR, and education management. There will be a strong

focus on localization – local and national partners will be engaged and consulted on their priorities for capacity-building, as well as how coordination can meet their needs, and action will be taken following their recommendations. A more effective and efficient education response to crises will be implemented through contingency and preparedness plans at sub-national level, building on those already completed in Kachin State and the southeast in 2021. The Education Cluster will extend support for contingency and preparedness planning to other education partners, and further incorporate other sectors into these plans.

Scale-up of the response

The Education Cluster focuses on restoring life-saving access to quality education for the most vulnerable children and youth in Myanmar within the current crisis context. This includes reaching areas beyond previous HRPs, where communities no longer have access to safe education spaces. The cluster has already activated sub-national coordination mechanisms in areas affected by the crisis throughout 2021 (such as Chin and Kayah States, and Sagaing and Magway Regions) to support communities in new areas. Sub-national coordination support for the remainder of the country will be put in place in 2022. All sub-national coordination is supported through full-time sub-national coordinators and the National Education Cluster team. Cluster staffing and cluster partners will support those able to advance learning at a community systems level – community leaders, parents and caregivers, educators, faith-based and ethnic education providers, CSOs and NGOs.

The cluster will proceed with a strong focus on localization. Resources will be committed to mapping local and national actors already active in responding, and the cluster will understand how its coordination mechanisms can be adjusted to serve their efforts better and attract and engage new partners. Funding is already in place to support capacity-building according to the needs identified by local and national partners. Additionally, improved monitoring and reporting will allow for a more efficient response in all areas.

Cost of response

The funding requirement to reach 1.4 million children and an additional 120,000 youth, parents and caregivers, and educators is $91 million. The cluster's cost-per-beneficiary is $63 compared to $161 in 2021, reflecting the economies of scale reached as a result of targeting a significantly larger number of people in need, and progress in development of new approaches to the education response two years into the COVID-19 pandemic.

This cost comprises basic in-kind or cash/voucher distribution in locations where children require support to overcome economic barriers to continue learning, as well as initiatives that require more significant resourcing, such as the development and distribution of, and capacity-building for, open learning opportunities for children within the Education Cluster planned reach.

Monitoring

The Education Cluster continues to monitor progress towards indicators and objectives using the Education Cluster Monitoring Tool (ECMT – a 5W). The ECMT will be updated for 2022 to facilitate partner inputs across a larger number of partners, and inputs to the ECMT will be collected quarterly at a minimum.

In addition to the ECMT, an education platform will be developed to host an Education Cluster data dashboard. This proposed initiative will use the network and presence of education partners across all of Myanmar to monitor whether children and youth are accessing learning opportunities, and if so, which learning opportunities. This will include ground-level reports on the status of various types of education spaces. Data feeding into this dashboard will be collected through data collection tools and processes to be developed at the national level, engaging and training education partners at sub-national levels and supporting partners' regular reporting.

The Education Cluster will also bolster the use of joint education needs assessments among partners, revising the assessment tools to fit the current situation and providing capacity-building to partners on their use. Girls and boys will be consulted during

these joint assessments to design responses that align with their expressed concerns. It will be critical that multisector assessments include questions regarding education in 2022. The cluster will have assessment questions and methodology for these.

To monitor attacks on education, the Education Cluster and partners will participate in and support existing initiatives that track attacks both on infrastructure and on education personnel and students.

Links to development programming
Humanitarian and development actors are already collaborating to end the learning crisis and increase resilience to minimize and prevent short and long-term consequences of disruption to education.

This is reflected in the close alignment of the Development and Cluster strategies, including their shared priority areas. For example, providing quality open learning materials will support children who have lost access to education and improve learning outcomes for all children reached. Resilience is enhanced by strengthening local partners' capacities through a more sustainable grassroots approach that develops communities' skills in terms of teaching and learning. The changing patterns of access to education call for decentralization and localization processes at all levels – systems, programmes and knowledge – by building up local partners' capacity, including engaging with local actors who are the first responders.

3.2
Food Security

PEOPLE IN NEED	PEOPLE TARGETED	FEMALE	CHILDREN (0 - 18)	WITH DISABILITIES
13.2M	**4.1M**	**52%**	**35%**	**13%**

REQUIREMENTS (US$)	COST PER BENEFICIARY (US$)	PARTNERS
286M	**70**	**76**

Objectives

Objective 1: Over 556,000 crisis-affected people (289,000 girls/women and 267,000 boys/men) have equitable access to sufficient, safe and nutritious food in-kind and/or through cash assistance.

Objective 2: Over 2,944,000 vulnerable people with humanitarian needs (1,531,000 girls/women and 1,413,000 boys/men) have equitable access to sufficient, safe and nutritious food in-kind and/or through cash assistance.

Objective 3: Restore, protect and improve livelihoods and resilience of over 850,000 crisis-affected people (442,000 women and 408,000 men) by rehabilitating agricultural production, protecting productive assets, and rebuilding or creating income-generating activities to prevent negative (and potentially irreversible) coping mechanisms.

Response

In 2022, Food Security Cluster partners will prioritize emergency food assistance and activities to restore, protect and improve agriculture and other livelihoods of affected populations, as well as protect vulnerable populations at risk, thus strengthening resilience and contributing to reducing food insecurity to prevent negative (and potentially irreversible) coping mechanisms. Partners will prioritize vulnerable women, girls, boys, and men identified through assessments including those already in severe food insecurity and those in the moderate category who risk falling into severe conditions without assistance.

The cluster will strive to provide life-saving food, emergency agriculture and livelihood support, as well as cash assistance to vulnerable communities in humanitarian need throughout Myanmar. While Rakhine, Kachin and northern Shan remain priority areas, other states and regions impacted by the recent sociopolitical instability and the COVID-19 pandemic will equally be a focus of the cluster's activities. This includes regions with dynamic conflict and rapidly emerging needs such as Ayeyarwady, Chin, Kayah, and Sagaing, depending on access.

Planned activities include:

- Food distribution through in-kind and cash or voucher cash activities, ensuring diversity of the family food basket/package to include rice, pulses, cooking oil (vitamin A fortified) and salt
- Provision of agriculture kits, e.g. seeds, fertilizer, home gardening supplies, and machinery
- Provision of livestock along with animal feed and veterinary supplies
- Provision of livelihood kits, e.g. fishery/ aquaculture, tailoring

- Food processing and conservation advice and training
- Provision of technical and business management training
- Cash- and/or food-for-work activities for landless, labour wage earners and marginal or smallholder farmers
- Nutrition counselling for PBW/G and for children under 5 years, including through infant and young child feeding (IYCF) practices, in collaboration with the Nutrition Cluster
- Nutrition messages to complement cash transfers as well as agricultural input provisions
- Micro-finance

The socioeconomic context limits jobs and livelihood opportunities, resulting in reduced access to affordable food. The cluster expects the most vulnerable people to be particularly impacted, including host and non-displaced communities. In addition to the emergency food and cash assistance, Food Security partners will provide emergency agriculture and livelihood support to target groups (both male and female) through the provision of agriculture and other livelihood kits and associated training activities to restore, protect and improve food production and reduce the use of negative coping strategies which pose protection risks.

For all activities, the cluster will strive to apply COVID-19 prevention measures to avoid endangering beneficiaries, communities and staff, including providing hygiene and personal protective equipment (PPE).

Cluster partners will scale up efforts to access communities in hard-to-reach areas, including to those controlled by ethnic armed organizations throughout Myanmar. Among the key challenges in reaching some communities, partners acknowledge difficulties in receiving travel authorizations as well as the volatile security situation and safety concerns for humanitarian partners.

The cluster will continue to advocate for safe access and work through local or community-based organizations to provide food assistance and restore and protect livelihoods to the displaced and most vulnerable crisis-affected people, including people with mobility constraints, the elderly, people with disabilities or the chronically ill.

To strengthen and rebuild their resilience, women, including those heading households, will be engaged in livelihoods opportunities by promoting gender-transformative and non-household-based activities through a consultative approach supporting women's economic empowerment and self-reliance. Together with the Nutrition Cluster, the Food Security Cluster will target PBW/G and children under five years of age for nutrition counselling, including IYCF practices.

Where feasible, the Food Security Cluster will strive to maintain a rate of 80 per cent of its assistance being delivered through cash and vouchers. When possible, digital transfers will be preferred to reduce safety and security risks. However, this option will depend on the availability of cash and market factors. Where and when unsuitable, partners will resort to in-kind delivery and a mixture of cash and in-kind to deliver its assistance.

Given the quickly evolving situation due to ongoing armed clashes, displacement, and the economic and COVID-19 crises, the cluster is continuing its analysis about the situation on the ground. This may lead to identifying additional needs in the coming months.

Given the new dynamics created during 2021, planned scenario has assumed people will require multiple rounds of assistance as the standard intervention throughout 2022. Because of the underlying factors, notably the loss of livelihoods, particular attention would be given to projects that fulfil immediate life-saving needs, including interventions that allow farmers, who represent the majority of rural households, to produce food, thus protecting, rebuilding and improving their livelihoods.

Scale-up of the response
The cluster has started diversifying its membership to reach more people in broader areas, and is,

for example, integrating development actors and research institutes. Its capacity to scale up was well demonstrated in 2021 with its reach virtually trebling year-on-year. The Food Security Cluster also strengthens its work with the private sector, such as seeds sellers and food processors to improve agricultural capacity.

The cluster is working to identify new partners in areas not previously covered by the HRP, including local NGOs and CSOs that can be brought into the cluster response, allowing programming to extend in those areas. To support localization efforts, the Food Security Cluster has planned a dedicated training to enhance its members' skills. Local partners are mainly targeted as they are on the front-line of the response, and most need technical support. Training is also necessary for them to mobilize more direct resources, without requiring them to work as implementing partners for larger INGOs or agencies.

Additionally, reaching more people across a wider geographical area requires reinforced coordination with other clusters and working groups and the nomination of Food Security focal points in all humanitarian hubs across the country.

Cost of response
The overall funding requirement for activities proposed by the cluster considers emergency assistance, as well as emergency agricultural and non-agricultural livelihoods support. These livelihood projects aim to protect, restore and increase food production, assist smallholder farmers and local fishing communities, and provide assistance to livestock owners, including through cash and voucher programming and income-generating activities. Implementation costs vary depending on the type of intervention, including the provision of seeds, fertilizers and tools, fishing kits, animal capitalization, etc.

For food assistance, the standard ratio for monthly in-kind assistance consists of 13.5 kg of rice, 1.8 kg of pulses, 0.9 kg of oil and 0.15 kg of salt in line with the Sphere Standard daily requirement of 2,100 kilocalories. Cash-based assistance will be scaled up, where appropriate, considering access to functioning markets, security concerns, beneficiary acceptance and COVID-19 restrictions. Cash entitlements will be determined based on the MEB, while also considering the local market price of the standard food basket, inflation rates and transportation costs. The Food Security Cluster continues to encourage the expansion of digital transfers including e-vouchers and mobile money to reduce the risks associated with cash delivery and simplify delivery mechanisms. In-kind assistance will continue where conditions are not conducive for cash transfers.

As inflation has affected various states and regions of Myanmar, transfer values for similar interventions may vary from one place to another, even within the same state or region.

Overall, the cost-per-beneficiary of the Food Security Cluster response is $66 compared to $50 in 2021.

Monitoring
A participatory monitoring approach will be implemented in close collaboration with local communities engaged in food security activities. For an effective response, it is essential to have a clear understanding of the magnitude and severity of food insecurity, combined with an analysis of immediate and underlying causes and related protection risks. The connection between food security analysis and response will be enhanced by expanding existing food security monitoring and information management systems and strengthening links with response analysis at state and township levels. The Food Security Cluster plans to collect data from partners using its 5W database, which will allow a close understanding of existing assistance and gaps to be filled. Standard monitoring activities under the Food Security Cluster include regular monitoring of food distribution and emergency agriculture support, on-site monitoring of cash-for-work activities and Post Distribution Monitoring (PDM).

Cluster programme implementation is monitored through gender-disaggregated data collected

regularly by partners, where relevant. Monitoring ensures that the intended beneficiaries receive their full entitlements and support and that any issues of concern are highlighted. Monitoring typically includes gathering data on utilization and satisfaction of food received by beneficiaries. The cluster's Community Engagement Mechanism (CEM) ensures the participation of affected people. It is used to receive and process beneficiary concerns, respond to them, ensure that the Food Security Cluster is accountable to its beneficiaries, responsive to community feedback and requests for greater and more routine transparency, practices two-way communication, and provides adequate information for affected communities.

Links to development programming
Some Food Security activities (e.g. agriculture and livelihoods) fall on both the emergency and development sides. However, the implementation settings of the activities are different, with development responses having longer-term objectives, looking at the root causes of food insecurity. Building and maintaining people's resilience requires more significant support through mid-and long-term programming. The agricultural sector (agriculture, livestock, fishery) and associated markets and food storage and processing infrastructure must be adequately funded to ensure people can recover from acute situations and meet their own needs.

KAYIN
Local communities in Hlaingbwe Township, Kayin State receive food assistance, 2021. Photo: Karen Ethnic Health Organisation Consortium

3.3
Health

PEOPLE IN NEED	PEOPLE TARGETED	FEMALE	CHILDREN (0 - 18)	WITH DISABILITIES
2.5M	**1.4M**	**52%**	**35%**	**13%**

REQUIREMENTS (US$)	COST PER BENEFICIARY (US$)	PARTNERS
79M	**56**	**60**

Objectives

Cluster objective 1: Communicable diseases are prevented, detected and rapidly responded for IDPs in conflict and disaster affected areas

Cluster objective 2: Displaced and crisis-affected people receive essential health services, including life-saving maternal, newborn, child, sexual and reproductive health care services as well as treatments for non-communicable diseases, mental health and psychosocial support

Cluster objective 3: Communicable diseases are prevented, detected and rapidly responded for non-displaced vulnerable people in conflict and disaster affected areas

Cluster objective 4: Vulnerable people receive essential health services, including life-saving maternal, newborn, child, sexual and reproductive health care services as well as treatments for non-communicable diseases, mental health and psychosocial support

Response

The Health Cluster will target 1.4 million people through the provision of life-saving emergency care, prevention and mitigation of disease outbreaks through disease surveillance, rapid response and immunization for vulnerable groups against vaccine-preventable disease, including COVID-19. Cluster partners will improve the living standards and resilience of vulnerable populations by ensuring access to quality health assistance such as reproductive, maternal, neonatal, child and adolescent services, mental health and psychosocial support, diagnosis and treatment for malaria, tuberculosis, and basic care for non-communicable diseases. The Health Cluster will work with all branches of the health system, including the public and private sectors, as well as EHOs to deliver services to people in need.

While advocating for the safe provision of health care through the revitalization of the public health sector, the cluster will work to establish and strengthen alternative channels for access to emergency and essential health services. Cluster members are working to build capacity within their organizations to expand and improve the health services offered to those excluded from other access to care. Members of the cluster will use alternative modalities to provide health services such as telemedicine when physical access is not feasible.

While COVID-19 vaccination continues through the de facto authorities and private sector, key agencies are securing additional vaccines through the COVAX facility and the humanitarian buffer while working with partners to ensure increased access to safe COVID-19 care. The cluster will continue its efforts on

coordination among development and humanitarian health partners to promote essential health service provision. Following pilots and expansions of existing programmes on purchasing health services to increase access for those in need, opportunities for expanding services through these alternative channels will be explored and implemented when feasible. The prioritization of services and the mode of delivery will vary by location. Modalities of delivery include strengthening services through fixed clinics, where available, and mobile and temporary clinics in the absence of fixed facilities.

Planned activities include:

1. Provision of primary health care services aligned with the essential package of health services, including sexual and reproductive, maternal, newborn, adolescent and child health.
2. Providing emergency health care for victims of conflict, landmine and explosive remnants of war injuries.
3. Referrals for specific emergency services such as trauma care, emergency obstetric and newborn care, care in life-threatening emergencies, and GBV clinical care and specialized GBV services.
4. Provision of mental health and psychosocial support services.
5. Filling routine and supplemental vaccination gaps for children and women.
6. Preventing, detecting, and rapidly responding (care and treatment) to communicable disease outbreaks for at-risk and affected people.
7. Supporting the delivery of rehabilitation services and provision of assistive devices, technology and products for people with physical injuries and different forms of impairments (including chronic diseases).
8. Providing training to front-line workers, contingency medical supplies, and health logistics services to ensure support for routine and emergency services, COVID-19 prevention and treatment as well as continuity of treatment for HIV/AIDS, TB and non-communicable diseases such as diabetes and hypertension.

Delivery of health services, especially life-saving care for traumatic injuries, requires skilled personnel and appropriate supplies. In the current context, Health Cluster members are facing challenges in surging additional staff into the country to scale up aid delivery and encouraging issues with importation of key supplies vital to the response. Overcoming these bottlenecks will be critical in 2022. In 2022, cluster members will continue to supplement the skills of existing staff through virtual services and when possible, face-to-face training of frontline workers.

Access to people in need is limited by travel authorization processes, and safety and security issues that include roadblocks, attacks on health care, and increased use of landmines and other explosive devices. COVID-19 restrictions are compounding travel authorization and access issues. The Health Cluster will actively advocate for increased access and safety for humanitarian aid through a collective approach with other clusters, the HC and Deputy HC.

Since the military takeover on 1 February, it has been difficult to obtain detailed and verifiable information on health trends for the general population and availability of public sector services, leaving information gaps on critical issues, such as routine immunization coverage and tuberculosis diagnosis. The cluster target was developed based on a realistic analysis of existing and new potential partner capacity, as well as service availability mapping carried out by health partners in the field. New HRP areas will benefit from more integrated public, private and EHO service delivery, but face more challenges in terms of access. These targets were discussed and agreed upon among cluster members at national and sub-national levels.

The Health Cluster has been engaging with development partners in the COVID-19 response throughout 2021 by expanding the coverage of Health Cluster meetings. The cluster will continue engaging with development partners in relevant thematic areas including COVID-19 coordination forums. Most of COVID-19 preparedness activities related to capacity-building, vaccination, diagnosis, surveillance, case

management, IPC and RCCE will be supported by development partners through the Health Sector Contingency Plan and the Plan for Revitalization of Routine Immunization and COVID-19 Vaccination, while the cluster is focusing on essential health services in fragile, conflict and vulnerable areas by mainstreaming COVID-19 activities.

Health outcomes are impacted by multiple factors including shelter, water and sanitation, food security, nutrition, education, and protection. The cluster will continue to leverage all available channels across clusters on implementation, including collaboration on the development and carrying out of RCCE activities and support to the work of other clusters through technical advice, provision of supplies and logistics support when possible. The cluster will actively collaborate across domains to advocate safe access and service delivery to vulnerable populations and for multi-sectoral project implementation to improve collective outcomes. Coordination and collaboration with other health partner structures will create synergies and minimize overlapping of work with non-humanitarian work in health.

Scale-up of the response
The Health Cluster is expanding support and coordination of health partners to include new geographical areas by establishing sub-national working groups and involving grassroots organizations, while advocating for the restoration of public sector health services and infrastructure. The sub-national coordination approach will allow local actors to participate in their language and focus on issues specific to that area. Frontline providers of humanitarian health services across all sectors in all HRP areas will be supported in scaling up skills through remote or in-person training opportunities, including training courses delivered in Burmese and other ethnic languages.

Cost of response
The unit-based costing methodology was used to estimate the overall cost of the health response. The costs are estimated across all key activities by using previous humanitarian health project costs and global

health data, in discussion with partners. In addition, estimates consider the inflation rate and additional costs from the challenges of importation and logistics. COVID-19 activities were not prioritized for the 2022 HRP due to the availability of other existing plans and funding mechanisms. However, continuity of humanitarian health activities must consider the COVID-19 context by using a mainstreaming approach and ensuring COVID-19 safe approaches are applied.

Monitoring
Data for monitoring indicators against performance include, but is not limited to, the Early Warning, Alert and Response System (EWARS) reports, individual partner reports, common reporting forms and online reports. The cluster will continue to engage existing coordination platforms to promote inter-sectoral monitoring where feasible. Regular Health Cluster meetings held at the national and sub-national level will inform cluster members of reporting requirements and deadlines and advocate for and support disaggregated data collection. Indicators for the number of people who receive essential health services will be compiled through the EWARS database, individual partner reports and online reporting forms. This data is disaggregated to the extent possible and collected according to the HRP monitoring cycle. Indicators to be monitored are: 1) the percentage of the conflict-affected population that has access to primary health care services and 2) the percentage of communicable disease outbreak notifications that are verified and responded to.

Links to development programming
The aim of humanitarian health services is always to ultimately transfer those services for provision by the public sector. The Myanmar context is, however, highly complex and requires ongoing advocacy at all levels to untangle health development from the political crisis. The Health Cluster at the national level continues its advocacy role in de-politicizing the health sector and promoting the participation of various partners to rebuild the public sector while remaining within the agreed parameters of engagement with the de facto authorities. Ongoing development support to the public sector includes transitioning of emergency

capacity-building in laboratory diagnostics to national ownership, revitalization of routine immunization and disease surveillance, mobilization of essential equipment and supplies and other essential services such as reproductive, maternal, newborn, child and adolescent health (RMNCAH), and HIV/AIDs, malaria, tuberculosis and non-communicable disease diagnosis and treatment.

RAKHINE
A mother and her child receiving supplemental food at a displacement site in Kyauktaw Township, Rakhine State, 2021.
Photo: Karen Myanmar Health Assistant Association/U Zayar Aung

3.4
Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	FEMALE	CHILDREN (0 - 18)	WITH DISABILITIES
2M	**1M**	**75%**	**53%**	**13 %**

REQUIREMENTS (US$)	COST PER BENEFICIARY (US$)	PARTNERS
61M	**60**	**37**

Objectives

Objective 1: More than 59,448 targeted IDP and conflict-affected children (boys and girls) with acute malnutrition, will have access to equitable and inclusive life-saving treatment and management services.

Objective 2: More than targeted 602,071 targeted vulnerable children with humanitarian needs (boys and girls) with acute malnutrition, will have access to equitable and inclusive life-saving treatment and management services.

Objective 3: More than 32,696 targeted pregnant and breastfeeding IDP and conflict-affected women and girls with acute malnutrition have access to equitable and inclusive life-saving treatment and management services.

Objective 4: More than 331,139 targeted pregnant and breastfeeding vulnerable women and girls with acute malnutrition have access to equitable and inclusive life-saving treatment and management services.

 Objective 5: Nutritional status of more than 59,448 IDP and conflict-affected children, boys and girls 6-59 months is improved through equitable and inclusive access to preventative nutrition services including multiple micronutrient support services/ vitamin A supplementation.

Objective 6: Nutritional status of more than 602,071 vulnerable children, boys and girls 6-59 months is improved through equitable and inclusive access to preventative nutrition services including multiple micronutrient support services/ vitamin A supplementation.

Objective 7: Nutritional status of more than 32,696 IDP PBW/G is improved through equitable and inclusive access to preventative nutrition services including multiple micronutrient support and iron-folic acid supplementation.

Objective 8: Nutritional status of more than 331,139 vulnerable PBW/G is improved through equitable and inclusive access to preventative nutrition services including multiple micronutrient support and iron-folic acid supplementation.

Response

The Nutrition Cluster response is aligned with the overarching HRP strategic and specific objectives. Response priorities for 2022 include direct provision of services, integrating nutrition services into mobile clinics and referrals to public health facilities, as appropriate and available. While service delivery modalities will vary by specific location, community-based platforms will be used to better engage with crisis-affected people. The primary target for nutrition

services is children under 5 years of age and PBW/G considered the most vulnerable groups.

The cluster will also focus on early response to meet the immediate needs of crisis-affected people while investing in prevention beyond life-saving treatment interventions. Nutrition partners will work with the local communities and available platforms to build their capacities to increase coverage of the essential preventive and quality curative nutrition services with a guaranteed optimal outcome. The Nutrition Cluster will collaborate with other clusters including Food Security, Health, Protection and WASH to address the multi-dimensional problem of malnutrition as part of the multi-sectoral national plan of action.

Planned activities include:

- Screening of children under 5 years of age and PBW/G for acute malnutrition, referral and follow-up.
- Treatment and management of children with severe and moderate acute malnutrition and PBW/G with acute malnutrition.
- A blanket supplementary feeding programme (BSFP) to prevent nutritional deterioration among vulnerable children and PBW/G.
- Maternal, infant and young child feeding (MIYCF) care and support.
- Provision of multiple micronutrient powder for home fortification of complementary food distributions.
- Vitamin A supplementation and deworming activities.

A social and behaviour change communication (SBCC) strategy will be adopted to develop a common approach to community-based nutrition activities and expand coverage to multiple community touchpoints through CSOs and local NGOs. This will ensure that crisis-affected people are supported and have opportunities to adopt optimal nutrition behaviours and improve resilience to shocks and volatility. The SBCC strategy for nutrition will be enhanced by integrating livelihoods, agriculture and other interventions to improve the ability of vulnerable

households to obtain food and increase the use of diverse diets, health and nutrition services.

The Nutrition Cluster will use community focal points to engage with crisis-affected people about their needs and feedback to guide decision-making, to strengthen accountability to affected people, ensure increased effectiveness and support sustainability of response outcomes.

Partners will be guided by Sphere standards and guidelines adapted from national guidelines and international best practices, contextualized as appropriate, including implementation modalities to benchmark achievement of optimal standards. Where necessary, capacity-building and other measures will be implemented to ensure optimal achievement of results. The Nutrition Cluster will also support emergency preparedness and response planning, as well as building capacities of partners to respond by delivering quality nutrition services at scale.

Monitoring, assessment, and observation of IYCF practices, and promotion of appropriate practices, will be reinforced through community engagement and behaviour change communication, including awareness around gender equality, inclusive intra-household food distribution and best practice on utilization of nutrition services. Where there are significant gender and power dynamic inequalities, community dialogue will be used to find collective solutions.

Scale-up of the response
The Nutrition Cluster is scaling up response activities through various strategies. One of these is strengthening sub-national cluster coordination platforms and providing improved technical support to guarantee success in response initiatives. The cluster will also strengthen the participation of local and international NGOs with broader access to vulnerable communities in hard-to-reach and underserved areas. Other response strategies will focus on community-based animators and mothers support groups to further decentralize response options and improve coverage. Technology supported training and

capacity-building, and data collection methods will also be adopted as a counter-measure to overcome data collection hurdles associated with more expansive response approaches. Finally, the cluster will promote formal and informal delivery platforms to increase coverage of services and hence achieve a scale-up of the response.

Cost of response

The main cost drivers for nutrition services such as life-saving therapeutics, supplementary food, logistics and supply costs for treatment of acute malnutrition were reviewed by partners. Costs in 2021 for each of the six main sector interventions were used as a benchmark and adjusted for 2022. Where the existing health services delivery platforms (e.g. mobile clinics) are used, only additional costs such as supplies have been considered to avoid duplication. A cost-per-beneficiary per intervention was used to calculate the overall cost of nutrition services across all population groups.

The Nutrition Cluster cost-per-beneficiary for 2022 is on average $60, which is a significant reduction to less than half of the cost ($143 per person) in 2021. The main difference is mostly the result of a shift in activity type and of economies of scale achieved, particularly in procurement, when targeting a much large number of people in need.

Monitoring

The Nutrition Cluster has put a comprehensive monitoring system in place that is anchored by a regular monthly report from all nutrition service sites. The cluster's reporting tool is already upgraded to an online platform. Additional training to partners will be provided, and site level monitoring forms have been further standardized. The year 2021 saw major challenges for nutrition assessments and few of these were possible. Reversing this situation is a cluster priority for 2022, with an urgent need for more granular data on local nutrition trends to support not only Nutrition Cluster response planning, but also Food Security and Protection among others. The Nutrition Cluster will coordinate two rounds of surveillance through Mid-Upper Arm Circumference

(MUAC) screening in locations including Kachin, Rakhine and northern Shan to monitor and address the lack of regular nutrition surveys. Regular cluster meetings include analysis of data to identify trends and issues in the coverage and quality of the services and decide on corrective action as needed.

Existing coordination platforms will promote inter-sectoral monitoring approaches, and additional cluster coordination platforms will be set up in new HRP areas as appropriate. Other sources of information for Nutrition Cluster monitoring include food security assessments, Health Cluster data and individual partner reports. Since commodities and supplies are one of the main cost drivers, monitoring will include end-user monitoring of essential nutrition supplies. The Nutrition Cluster will conduct the annual Cluster Coordination Performance Monitoring exercise and develop plans for corrective actions. To ensure accountability to affected women, girls and boys, persons with disabilities and other vulnerable groups throughout the nutrition programming, the Nutrition Cluster will ensure two-way feedback mechanisms for nutrition services.

Links to development programming

The Nutrition Cluster encourages linkages to the Food Security Cluster and livelihood activities, enabling a transition to development programming. Broader collaboration with other areas of work, namely WASH, health and social protection, will also be promoted to ensure that the most vulnerable people's multiple humanitarian needs are met, strengthening the transition from humanitarian support to a more development-focused approach. The Nutrition Cluster will also strengthen the capacity of community volunteers to promote optimal nutrition practices, which will enhance the resilience and recovery capacity of conflict-affected vulnerable populations while development actors address the root causes of need.

3.5
Protection

PEOPLE IN NEED	PEOPLE TARGETED	FEMALE	CHILDREN (0 - 18)	WITH DISABILITIES
9.4M	**2M**	**51%**	**35%**	**12%**

REQUIREMENTS (US$)	COST PER BENEFICIARY (US$)	PARTNERS
116M	**58**	**44**

Objectives

The Protection Cluster's overarching goal in 2022 is to improve the realization of rights for people with humanitarian needs across Myanmar. The Protection Cluster will focus on a range of protection responses and advocacy through systematic information collection, protection monitoring and protection analysis, to identify people with specific needs and reach the most vulnerable with life-saving and emergency protection services that build their resilience and reduce the adoption of negative coping strategies. In 2022, the Protection Cluster has the following objectives:

Objective 1: Protection of population affected by the crisis (IDPs, including displaced stateless people), improved through coordinated community-based and individually targeted life-saving protection services interventions/responses considering their age, gender, disability, and other diversities.

Objective 2: Protection of population affected by the crisis (non-displaced vulnerable people, non-displaced stateless people and returnees/resettled or locally integrated people) improved through coordinated community-based and individually targeted life-saving protection services interventions/responses considering their age, gender, disability, and other diversities.

Objective 3: Protection risks, human rights violations, and gaps in available service for affected populations identified and mitigated through protection monitoring, analysis and advocacy considering specificities to their age, gender, disability, and other diversities.

Response

In 2022, the Protection Cluster plans to reach 2 million people with a comprehensive set of protection activities. A key priority of the Protection Cluster is to ensure that all IDPs, non-displaced stateless people, returned, locally integrated and resettled people, and the most vulnerable crisis-affected people in humanitarian need have inclusive, equitable and unhindered access to emergency, essential, and life-saving protection services that are tailored to their needs. This will be achieved through the identification of individuals or households in need of protection response and/or referral mechanisms; expanding safe delivery of integrated protection services; enhancing risk-informed, evidence-based, and contextually appropriate interventions; strengthening protection mainstreaming across clusters and integration; for collective protection outcomes; providing targeted or specialized protection support to persons with specific needs and risks, and strengthening response capacity for partners including local actors. The intensified conflict, compounded by the COVID-19 pandemic and access constraints, have highlighted

the need for strengthening community-based and led protection responses and protection-sensitive virtual delivery of services. The Protection Cluster will engage with the MHPSS Working Group and utilize its expertise to strengthen the MHPSS capacity of front-line workers to identify people in need of or referral to mental health services, particularly in response to increasing needs from the COVID-19 pandemic and its impact. Wherever applicable, a transition from emergency humanitarian response to early recovery, and eventually durable solutions for IDPs and crisis-affected communities will be sought, as appropriate, to their situation. Efforts will continue to operationalize the Centrality of Protection in humanitarian programming.

To localize the protection response and promote community-based protection approaches, targeted and more systematic investment will be made to enhance local and community capacities for timely delivery of protection services. This includes enhancing communities' capacities and supporting their efforts to prevent, mitigate and respond to protection risks. Reducing the vulnerabilities and improving the mental and physical well-being of affected people will remain a key priority. Support to community-led protection and resilience initiatives will be prioritized. Efforts will be made to ensure that risks of sexual exploitation and abuse are addressed. Social cohesion and peaceful co-existence activities will be supported. Support will be provided for socioeconomic empowerment and leadership programming, targeting marginalized or under-represented groups, including women, older persons, persons with diverse sexual orientation and gender identities, people belonging to different ethnic groups, persons with disabilities, people with pre-existing mental health problems, children, and young people. Particular attention will be paid to the inclusion of people living with disabilities. In terms of communicating with communities and AAP, particular efforts will be made to reach all diverse groups (including age, gender, disabilities) as appropriate, with critical messages and dissemination of vital information, including on PSEA.

The Protection Cluster, together with its AoRs and working groups, will continue to strengthen protection monitoring to safely collect, verify and analyze information to identify violations of rights and protection risks faced by IDPs and crisis-affected communities as a priority, and when possible, those faced by the most vulnerable people among crisis-affected populations. Protection monitoring findings will be used for evidence-based advocacy including resource mobilization, prioritization of humanitarian interventions and call for respect for international humanitarian and human rights law by all parties to the conflict. Societal discrimination and gaps in Myanmar's legal and policy framework hinder the quality of protection and support services for GBV survivors, persons with disabilities, persons with diverse sexual orientation and gender identities, and people belonging to different ethnic groups, including unaccompanied and separated children, stateless people, female-headed households, adopted children and children-headed households, therefore protection monitoring will take into account of these dynamics.

The Protection Cluster will engage with the HCT to leverage advocacy interventions with key stakeholders on timely access to urgent and prioritized protection responses in an inclusive manner. It will support the implementation of the HCT Protection Strategy, which is scheduled for revision in early 2022. Through its interventions, the cluster and its AoRs and working groups will ensure the inclusion of age, gender, disability and other diversities while mainstreaming and integrating protection and gender elements in their responses. Additionally, the Protection Cluster will aim at strengthening respect for international humanitarian and human rights law, including preventing and responding to grave violations, accountability, protection of civilians and ensuring that crisis-affected communities have access to protection (and other multi-sectoral) services that prevent and mitigate against the effects of conflict-related violence to reinforce social cohesion. Advocacy interventions to address the root causes of the Rakhine crisis as per the Rakhine Advisory Commission recommendations will remain a priority, including advocacy on freedom of movement, access

to sustainable livelihoods and basic services and physical and mental well-being for stateless Rohingya people. Supporting advocacy on civil documentation and pathways to citizenship will continue, given its implications for political rights, access to livelihoods, education and other basic services. Housing, land and property (HLP) rights programmes will be strengthened, including monitoring the legal and policy development and streamlining of interventions. Gender aspects will be considered while working on civil and HLP documentation.

Although the Protection Cluster strives to respond to the needs of all crisis-affected people, IDPs, non-displaced stateless populations, and returnees, resettled and locally integrated populations are prioritized. Vulnerable crisis-affected populations will additionally be targeted in locations where conflict intensity is highest, as these people are at heightened risk of displacement or exposed to serious protection risks. This includes:

- People living close to armed conflict areas
- Households experiencing short-term or temporary displacement
- Households impacted by the destruction of houses or household items in the course of the conflict
- Population groups exposed to specific protection risks due to armed conflict
- Those who face heightened risk of abduction, GBV, forced recruitment and forced labour
- Those exposed to the risk of human trafficking

Additional demographics of people living around conflict-affected areas will be targeted, where possible, including women and children who head households, unaccompanied older persons, elderly-headed households without any adult family support, people living with a disability, families exposed to violence, exploitation and abuse linked to armed conflict.

Scale-up of response
With the expansion of the HRP geographic scope in 2022, the Protection Cluster, together with the three

AoRs and the MHPSS WG, will strengthen national coordination while expanding its architecture at the sub-national level.

The Protection Cluster 4W, the Child Protection 5W, the GBV Information Management System (IMS) and MHPSS activity-related Kobo forms will facilitate the identification of operational and geographical gaps.

Increased engagement with new actors is planned to identify potential new operational partners in areas with no or limited protection presence. An expansion of the cluster membership will be accompanied by technical support to ensure the quality of the services delivered.

The Child Protection AoR will implement a national localization strategy to equip, engage and strengthen the capacity of and partnership with local actors, particularly CSOs, to achieve a sustainable impact of child protection as part of durable solutions initiatives.

Community-based protection and community engagement will continue and be scaled up, and coordination with other clusters will be further strengthened to identify opportunities for multi-sectoral response.

Cost of response
The main component of the cost of protection response is related to human resources as protection interventions are labour-intensive, requiring qualified, experienced and dedicated staff to organize different types of activities and services, including:

- Technical support
- Continuous capacity-building
- Supervision
- Quality assurance and monitoring

Activities are inter-connected and are vital to providing quality protection services, including Child Protection, GBV prevention and response, Mine Action and MHPSS interventions. Experienced and qualified staff are required to deliver specialized and targeted protection responses. As the Protection

Cluster partners need to protect sensitive data and information, specific costs are allocated to ensure data protection. Extending protection services to new locations requires additional resources for operational set-up, ensuring a safe and conducive environment to provide protection interventions, including through national partners, and establishing specialized or targeted services. The costs include regular capacity-building, coaching and supervision to ensure the quality of the response and investment in data protection and inclusive service provision.

Monitoring

The Protection Cluster, including its AoRs and working group, will monitor the progress and quality of responses to crisis-affected people against national targets quarterly, through the Protection Cluster's 4W, which informs the cluster's performance against its indicators. The 4W monitoring tool will be reviewed, updated and expanded to cover planned protection interventions in new areas. Specific orientation will be provided to new partners on the 4W reporting system. The 4W data informs the HRP monitoring reports. To improve the quality of reporting, bi-annual consultation will be organized with protection actors, including with CSOs and Organizations of Persons with Disabilities (OPDs), for trend analysis. More detailed information is collected on child protection activities through the Child Protection 5W, GBV interventions through the GBV Information Management System and MHPSS related activities through KOBO tools. Additional information and data is also systematically collected and analyzed considering age, sex and disability disaggregation through protection risk analyses, partner reports and assessments, protection monitoring, safety audits, the protection incident monitoring system (PIMS), including GBVIMS, Child Protection Information Management System (CPIMS+), as well as complaints and response mechanisms in line with the AAP framework. The Protection Cluster will also conduct its annual Cluster Coordination Performance Monitoring and develop plans for corrective actions.

Links to development programming

Due to the disruption of public social services, especially in new areas, the Protection Cluster and its partners, together with AORs, will expand the coverage of interventions to ensure the availability of and accessibility to life-saving protection services. The linkage between humanitarian-development nexus will be enhanced, considering protection, resilience, and social cohesion priorities. Protection actors will avoid creating parallel systems and ensure full coordination in service delivery among protection partners, including local CSOs. Protection activities will be linked to the human rights violation referral system and related advocacy when incidents are identified through the community's complaint and feedback mechanism.

The GBV AoR will collaborate with development partners to support livelihood opportunities, skill-building and economic empowerment, synergizing humanitarian and development interventions.

Actors in the CP AoR will contribute to the long-term strategy to address protection and humanitarian needs, vulnerability and risks, and links with ongoing development interventions such as strengthening case management systems and developing child protection information management systems.

The MA AoR will have broader benefits by promoting socioeconomic development and reducing poverty.

In 2022, MHPSS WG will engage more with MHPSS service providers, beyond humanitarian actors, including MHPSS professionals working in the private sector. Since the MHPSS interventions as part of humanitarian response tend to be short-term, complementarity from more development-focused MHPSS programming is required, which is longer-term and holistic to address MHPSS needs of the population in general.

3.5.1 Child Protection

PEOPLE IN NEED

4.8M

PEOPLE TARGETED

1.5M

REQUIREMENTS (US$)

15M

In 2022, the Child Protection AoR plans to reach 1.4 million children and caregivers across the country. With the increase in target from 2021 due to country-wide coverage and expansion of vulnerability, the Child Protection AoR will seek to widen access to quality integrated support services for children and adolescents, tailored to their needs (age, gender, disabilities and other diversities as well as location), with particular focus on survivors of child abuse and exploitation, conflict-affected children, and unaccompanied and separated children. The Child Protection AoR will focus on life-saving child protection support and services for individual children, families, communities and society, in line with the Child Protection Minimum Standards.

In the light of increased access restrictions due to COVID-19, ongoing conflict and displacement spreading across the country, child protection actors will strive to strengthen child protection services in line with the socioecological model. Support and services for violence prevention and response will include MHPSS for girls and boys, positive parenting, community-level child protection, monitoring and reporting mechanisms, and case management support for referrals to specialized services (e.g. legal, medical, MHPSS, etc.) at the sub-national level.

Partners will focus on empowering children and adolescents, local communities, learning centres, other basic service providers, and alternative care providers as part of measures to prevent, mitigate and respond to child abuse, exploitation and violence against children. Partners will also focus on organizing quality group and individual activities for the well-being of children, adolescent girls and boys, and parents, including fathers, mothers and caregivers, considering the added need to safely provide these services in the light of armed conflict and COVID-19.

Building on the increased scope of the CTFMR mechanism, these efforts will be combined with enhanced prevention, response, and advocacy on the six grave violations against children. This includes documentation and verification of grave violations to ensure a continuum of care is in place with reintegration, psychosocial and case management support for affected children, and advocacy to raise awareness of these violations. Case management support for children at risk and survivors of abuse will be expanded under the leadership of the inter-agency Case Management Taskforce by adopting the standard procedures, services mapping, referral pathways and harmonized capacity-building plans of the child protection workforce. Effective community engagement on child protection will be continued and scaled up, considering the social norms that can increase the risk of girls being exposed to GBV, including sexual violence, and existing community capacity in child protection.

Child protection and GBV actors will collaborate to implement case management support for child and adolescent survivors and reduce protection risks to children affected by armed conflict, sexual abuse, child marriage, human trafficking, and family separation. This will include timely referrals to appropriate child protection services, including trained community members. Specific focus will be on ensuring training and materials are tailored to the different contexts across the country to ensure our interventions remain relevant and place the survivor at the centre of any response. Child Protection will continue to strengthen its collaboration with the Education Cluster to ensure child protection needs are prioritized and addressed across the different cluster strategies and responses. This includes developing a joint response and monitoring of grave violations.

The Child Protection AoR will implement a well-coordinated national localization strategy to equip, engage and strengthen the capacity of and partnership with local actors, particularly CSOs, wherever feasible, to achieve sustainable impact of child protection as part of durable solutions initiatives.e operationalization of the 5Ws will facilitate the mapping of existing child protection services and identify operational and geographical gaps.

3.5.2 Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
6.0M	**1.1M**	**34M**

In 2022, the GBV AoR aims to reach 1.1 million people across the country with GBV prevention, mitigation and response interventions. The targeting is based on the severity of needs in each location and the analysis of partners' presence, access and operational capacities.

The GBV AoR will continue to engage with diverse partners to identify potential operational partners in the areas with no or limited presence of GBV actors and provide technical support to expand coverage and reach to meet the humanitarian needs. The focus is on responding to IDP needs due to the linkages between displacement and risk of GBV, as well as non-displaced stateless and returnees, resettled and locally integrated population groups given their compounded vulnerabilities. The GBV AoR will accelerate its efforts to reach vulnerable people as they face increasing protection risks without critical support systems. The main target group for the GBV AoR is women and girls as they are at a much greater risk of experiencing GBV. However, men and boys will also be targeted for GBV prevention and awareness-raising interventions and GBV response due to the heightened risk of use of sexual violence in conflict settings. The GBV AoR will emphasize reaching other vulnerable population groups, such as persons with disabilities and persons with diverse sexual orientations and gender identities, as they tend to face additional barriers in accessing critical services and support.

The GBV AoR and its partners will continue to provide sustained and adapted quality multi-sectoral response services, including case management, MHPSS, health, legal assistance, temporary shelter and safe houses. Where mobility and access to in-person services are limited, GBV partners will continue and/or expand remote service provision based on the available guidelines, minimum standards and technical support from the GBV AoR. More attention will be paid to strengthening inclusiveness and considering special needs and vulnerabilities of persons with disabilities, adolescents, ethnic minorities and persons with diverse sexual orientation and gender identities through assessment and targeted responses. To ensure timely response and referrals, the GBV AoR and its partners will regularly update service mapping and referral pathways in the quickly changing operational environment. Dignity kit distribution will be complemented by information sharing on GBV risk mitigation and available services.

The GBV AoR will coordinate with the PSEA Network and the Monitoring, Analysis, and Reporting Arrangements (MARA) Working Group to ensure survivors of sexual exploitation and abuse and conflict-related sexual violence can access required services. The GBV AoR, in partnership with the PSEA Network, will strengthen engagement with GBV service providers and humanitarian actors, with particular attention to informal justice actors, to ensure that stakeholders understand what constitutes SEA and how to report and refer an allegation appropriately.

As part of the GBV mitigation and prevention strategies, the GBV AoR will conduct community engagement (especially with men and boys, camp and community leaders, and informal justice actors), promotion of women and girls' empowerment and safety, including through psychosocial support and economic empowerment activities, GBV assessments and GBV risk mitigation by coordinating with other clusters and working groups. These interventions reduce negative coping mechanisms arising from the prevailing pandemic, political and socioeconomic crises. Regular GBV safety audits and assessments will be conducted, including follow-up on recommendations to enhance a safe environment for women and girls through early identification of risks and advocacy with other humanitarian actors to mitigate such risks. To ensure service quality, continuous efforts will be made to build capacity and coach service providers, emphasizing CSOs, women's organizations and organizations representing at-risk population groups. The GBV AoR strives to strengthen safe and ethical data collection, analysis and utilization for advocacy and programming purposes, including the strategic use of the GBVIMS and safety audit findings. In communities where early recovery interventions can be undertaken, the GBV AoR members will focus on initiatives aimed at addressing negative social norms that perpetuate violence and abuse.

3.5.3 Mine Action

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
1.8M	**386K**	**7.8M**

The Mine Action AoR will increase access to quality, integrated victim assistance services for children and adults, tailored to their needs (age, gender, disabilities and other diversities as well as location), with particular focus on the provision of life-saving services to the survivors of landmines and explosive remnants of war (ERW). Victim assistance services will ensure that persons with disabilities, including mine and ERW survivors, participate fully in society on an equal basis with others. Mine Action actors will collaborate with other clusters and AoRs, including Education, Child Protection and Health, to enhance the provision of health, rehabilitation, psychosocial support, case management, inclusive education, social protection and employment services, as well as full participation and inclusion in society and dignified living conditions. The Mine Action AoR will engage with key stakeholders, to improve information system management and ensure respect for the rights of victims. The Mine Risk Working Group will expand its network of mine risk education trainers (both female and male) and equip them with context-specific tools to support increased delivery of tailored interventions while also expanding its activities in areas at the highest risk of landmine incidents, to respond to emerging needs as a result of the ongoing armed conflict.

Mine Action actors will scale up the Explosive Ordnance Risk Education (EORE) activities in close collaboration with the relevant parties, NGOs and CBOs, including social services provided by ethnic organizations, to prevent and reduce the threat posed by landmines and ERW. Provision of EORE training in IDP camps, schools and at-risk communities and production and dissemination of EORE common tool kits will be prioritized. Due to COVID-19, many group activities are not possible and EORE will be delivered through radio, TV and other online media, including social media. Surveys and mapping will help to identify the extent and location of hazardous areas, and EORE will help raise awareness about the behaviours needed to stay safe in contaminated villages. Until mine clearance becomes permitted in Myanmar, EORE and marking out of dangerous areas are the most effective ways of saving the lives and limbs of those affected by landmine incidents in Myanmar. Integration of activities in response to

COVID-19 will be done to ensure the safety of staff and affected people, including the provision of protective materials during sessions, physical distancing and key COVID-19 prevention messages. The Mine Action AoR will dedicate expertise and resources to strengthening the MHPSS capacity of EORE educators to enhance psychosocial support for populations in landmine- and ERW-contaminated areas and ensure the identification of people in need of provision of or referral to mental health services.

Whenever required, the Mine Action AoR will contribute to durable solutions in line with international protection standards in close collaboration with other key stakeholders. Mine Action actors will continue to advocate for the implementation of humanitarian mine action activities, including tailored risk education, surveys, mapping, marking and clearance of contaminated areas, if permitted. Non-Technical Surveys (NTSs) will be conducted by Mine Action actors in key locations - including prioritized potential return destinations based on careful analysis of contextual developments and projected civilian population movements. NTS activities will improve safe access to livelihoods in rural areas and reduce the risk caused by landmines and ERW within target communities. Wherever possible, Mine Action actors will employ technical resources to define and mark confirmed hazardous areas. Mine Action actors will engage with key stakeholders, including relevant authorities, to understand and adhere to international protection norms and International Mine Action Standards (IMAS).

3.6
Shelter/NFI/CCCM

PEOPLE IN NEED	PEOPLE TARGETED	FEMALE	CHILDREN (0 - 18)	WITH DISABILITIES
1.7M	**621K**	**51%**	**35%**	**12%**

REQUIREMENTS (US$)	COST PER BENEFICIARY (US$)	PARTNERS
50M	**80**	**41**

Objectives

The Shelter, NFI and CCCM Cluster's goal in 2022 will be to promote access to safe and adequate shelter and NFIs, complemented with coordination and monitoring of service provision, protection, and assistance in camps and camp-like settings, sites and villages. The cluster aims to ensure that services and protection provided in camps and camp-like settings, sites and villages are in line with national and international law, guidelines, and agreed standards to improve quality of life and dignity during displacement and advocate for durable solutions. Camps (of every temporary shelter category) should remain the option of last resort and a temporary solution to displacement in Myanmar. CCCM partners will coordinate service delivery, enhance community participation, foster accountability to affected people, with dedicated attention given to marginalized people, and facilitate information updates on the needs of affected population groups.

In 2022, the Shelter, NFI and CCCM Cluster has the following objectives:

Objective 1 (Shelter/ NFI): To assist IDPs and other conflict and disaster affected people with emergency, temporary shelter, or semi-permanent shelter support (including the maintenance, repair, upgrading and replacement of existing shelters) and NFI provision that enhances protection, dignity, security, and privacy, and improves living conditions and/or assists a transition towards the achievement of durable solutions.

Objective 2 (CCCM): To strengthen the capacities of camp management agencies (CMAs) and other relevant actors to coordinate service assistance and manage camps/ camp like settings to improve the quality of life of IDPs in camps/sites focused on a solutions-oriented approach.

Objective 3: To assist returnees/ resettled, non-displaced stateless people with emergency, temporary shelter, or semi-permanent shelter support (including the maintenance, repair, upgrading and replacement of existing shelters) and NFI provision, including vulnerable people, to enhance protection, dignity, security, and privacy, and improves living conditions and/or assists a transition towards the achievement of durable solutions.

Response

Based on the new emergency circumstances and considering levels of new displacement, tightening of access restrictions, and delayed operational response due to COVID-19, the cluster has identified and will respond to an increased need for Shelter, NFIs and CCCM. The cluster plans to reach a total of 621,741 people (365,368 IDPs; 35,747 returnees and resettled people; 53,459 non-displaced stateless people and

167,167 other vulnerable crisis-affected people). Under this response plan, the priority actions of the cluster are:

Shelter and NFIs

To assist IDPs, returnees, resettled people, non-displaced stateless people, and other crisis-affected people living in sub-standard sites with activities including:

- Adequate emergency, temporary, or semi-permanent shelter and NFI provision that enhances protection, security, privacy and dignity, improves living conditions and assists with a transition towards shelter in line with the minimum humanitarian standards applicable to the local context.
- Maintenance, repair, upgrading and replacing existing family shelters and associated infrastructure in camps and camp-like settings and villages to enhance protection and maintain minimum standards, with particular attention to the accessibility of persons with specific needs.
- Durable shelter solutions through the definition and targeted provision of equitable shelter and NFI support packages, providing an appropriate recovery platform. This plan targets people living in emergency, makeshift, or collective living arrangements, often in overcrowded situations that present protection risks. Shelter partners will improve the living conditions of IDP populations living in sub-standard arrangements and maintain a flexible capacity to respond to further conflict-related displacement, the impact of extreme weather events, and the need for NFI support to the inter-sectoral COVID-19 response for displaced populations.
- To address the continued deterioration in the living conditions of people living in temporary shelters, cluster partners will assist with shelter repair and rehabilitation programmes. As part of the shelter response, the rate of replacement of shelter units at the end of their life must match the rate of deterioration. The cluster will further mobilize its technical capacity to develop improved shelter designs with longer lifespans

that, when applied in areas where progress towards a durable solution has been limited, will slow the rate of required rehabilitation in future years.

CCCM

Under this response plan, the priority actions of the cluster are the following:

- To strengthen and better utilize the in-camp capacities of CMAs to support the inter-sector transition towards increased remote operations demanded by the application of COVID-19 related restrictions on access to camps and IDP sites.
- To strengthen site monitoring activities through site coordination to ensure that IDPs and their host communities have inclusive access to essential services and that persons with specific needs receive assistance tailored to their needs and capacities.
- To continue reinforcing the capacities of camp management committees (CMCs) through capacity development, community engagement and advocacy for reform, where relevant.
- To further develop and strengthen the camp management coverage for informal IDP sites in hard-to-reach areas.
- To work to mitigate risks associated with camp closure and ensure contextually appropriate strategies exist focused on a solutions-oriented approach.

Monthly monitoring through partners will inform cluster analysis reports and camp profiles, thus providing comprehensive inter-sectoral information on camp services, including identifying additional needs and gaps. The cluster will continue initiatives that address the barriers that persons with specific needs, especially women, children, the elderly, LGBTIQ people, and persons with disabilities, face in accessing assistance and services. The cluster also plans to strengthen and embed a meaningful complaint and response mechanism for camp communities in consultation with the AAP Working Group.

A capacity development strategy will be designed and implemented to reinforce the technical capacities of CCCM partners aligned to the Shelter and GBV risk mitigation response.

Scale-up of response
The cluster's response will focus on finding and bringing more partners to respond in new areas and reinforcing their capacity through a national capacity development strategy. The cluster will also focus on strengthening existing coordination mechanisms. Increased consolidation of reporting and streamlining of response tracking tools are also planned to strengthen cluster coordination and minimize duplication of services.

Coordination is being strengthened in the southeast in particular, where displacement is surging at the time of publication, and the Shelter, NFI and CCCM Working Group has been re-established to coordinate the life-saving response. The Shelter, NFI and CCCM Working Group is building up its network of local actors nationwide through systematic identification and strategic engagement.

Partnerships with local actors will also be expanded, particularly in areas where humanitarian access is severely constrained. While this approach allows for effective delivery of emergency shelter and NFI support to newly displaced populations, it also entails greater risk as the diversity of new partners may include some groups not previously engaged in humanitarian programming and unfamiliar with norms. Additional capacity-building on Humanitarian Principles is planned alongside technical training to mitigate risks.

Cost of response
Required funding for high priority and high-volume activities is calculated by unit cost against target population with individuals or households applied as a unit of measure, as appropriate. The cluster has experienced sustained underfunding for multiple years. Combined with the intensification of armed conflict throughout the country and the national extension of the cluster, the financial requirements

to support cluster activities, mainly the shelter construction, reconstruction, repairs and NFI distribution areas, have further increased.

The overall cost-per-beneficiary for the cluster in 2022 is $80 compared to $113 in 2021.

Monitoring
Partners will report all planned, ongoing and completed activities to the cluster through shelter monitoring reports. The impact of the cluster's interventions will be monitored quarterly, while site monitoring and camp profile reports will be collected and shared by partners.

Shelter and NFI needs assessments and PDMs will be implemented using standardized forms for all Shelter and NFI interventions, thus helping the cluster understand people's concerns (risks and barriers) and respond accordingly. The cluster, through partners, will establish a practical and functional complaint and feedback mechanism in consultation with the AAP Working Group.

The cluster will collect data and track progress on projects and activities through a 4W matrix to assess and map emerging assistance needs and protection concerns and avoid duplication. The cluster will monitor its capacity development strategy through regular capacity-building reports. Finally, safety audits or rapid response analyses will be conducted to identify context-specific GBV risk and vulnerable groups in each camp or site.

CCCM is working on establishing monitoring and oversight systems for tracking the changing needs of displaced populations in coordination with the Protection Cluster. This monitoring system will support existing and functional structures, focused on a solutions-oriented approach. Additionally, through a capacity development strategy, training will be implemented at national, sub-national, and camp levels to ensure that the needs of displaced people are met and that there are no gaps or overlaps in responsibility or response.

Links to development programming

Shelter and settlement programming goes beyond the provision of assistance and explores its impacts; thus, the cluster contributes to achieving protection outcomes such as reducing GBV and promoting peaceful coexistence. Wherever possible, the cluster encourages livelihoods integration with existing activities such as shelter reconstruction and activities encouraging social cohesion and meaningfully involving members of different communities. For example, in Sin Tet Maw in Pauktaw Township, solar streetlights are installed in coordination with the Kaman camp population, Rohingya village population, and Rakhine village population to minimize community tensions and increase the safety and inclusion of all communities directly linked to the camp.

In the southeast, the Southeast Working Group (SEWG) remains the preeminent 'nexus platform' in Myanmar and a source of guidance for humanitarian actors, including the southeast Shelter, NFI and CCCM Working Group, on how to best link immediate humanitarian response with long-term development goals, ensure conflict-sensitive programming, and to protect existing development gains.

3.7
Water, Sanitation and Hygiene

PEOPLE IN NEED	**PEOPLE TARGETED**	**FEMALE**	**CHILDREN (0 - 18)**	**WITH DISABILITIES**
5.5M	**2.1M**	**52%**	**43%**	**14%**

REQUIREMENTS (US$)	**COST PER BENEFICIARY (US$)**	**PARTNERS**
135M	**64**	**33**

Objectives

Objective 1: Operate and sustain quality and standards of water and sanitation services and good hygiene practices for crisis affected population.

Objective 2: Vulnerable populations have access to sustainable, durable and cost-effective WASH services including community-focused hygiene promotion practices with focus on semi-urban and communities.

Response

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

- Water supply, sanitation and good hygiene practices. These will remain mostly temporary and semi-permanent in design considering the context of the camps, cost and the desired return, resettlement and local integration of IDPs. This approach will also avoid further entrenching the situation of populations living in camps for protracted periods.
- Operation and maintenance of WASH facilities will remain a priority in 2022 to ensure facilities meet agreed cluster and international standards.
- Tailored hygiene supplies (or cash alternatives where feasible and appropriate) and hygiene promotion, including menstrual hygiene, will continue to be provided based on needs and vulnerability.

- In addition to the above, the cluster strategy for 2022 seeks to enhance integration and mainstream services across clusters further. The response will, therefore, also prioritize:
- Specific WASH interventions for prevention and mitigation of protection risks, including GBV: This will be done in close collaboration with protection actors, built on risk analysis and inclusiveness (e.g. tailored infrastructure design).
- WASH in temporary learning spaces: WASH and the Education Cluster will work closely to achieve this. In 2022, the WASH Cluster will support learning spaces in affected locations.
- Support for WASH infrastructure in temporary health facilities, where needed: In 2022, the WASH Cluster, in collaboration with the Health Cluster, will support 20 per cent of the temporary health facilities in targeted locations.
- Support for WASH services in permanent health facilities and schools, where needed, to reduce the risk of COVID-19, by providing light rehabilitation to WASH facilities.

In terms of response modalities, where feasible, the WASH Cluster will continue to adopt approaches that optimize cost effectiveness and efficiency of principled service delivery, integrating with local market systems, and government and private sector-managed service provision. Improved AAP through more robust and inclusive complaints and feedback

mechanisms will be ensured and there will be a system of continuous consultation, involvement, and engagement of affected communities, including women, girls, persons with disabilities, senior citizens, and others in the provision of WASH services.

The WASH Cluster response will greatly benefit from lessons learned in previous years, including the technical working groups and reflecting some of the new WASH facility designs and approaches. Localization will be prioritized for the WASH response in the existing protracted camps with more community mobilization as part of an exit strategy. The WASH Cluster will also prioritize capacity-building activities for local NGOs and market-based programming. Improved urban and peri-urban WASH services will contribute to social cohesion and reduce the effect of system shocks and worsening humanitarian needs.

Scale-up of response
The WASH Cluster is working on expanding sub-national level cluster coordination throughout Myanmar. Other priorities include:

* Continued identification of WASH partners with presence in affected locations
* Fundraising for the scale-up of WASH needs in a wider geographical area than in 2021
* Collaborating with other clusters for multi-sectoral interventions and
* Continued advocacy for access to conflict-affected and hard-to-reach areas.

The WASH Cluster is expanding engagement with and building the capacity of local actors to provide an impartial, timely and relevant life-saving humanitarian response.

Cost of response
The cost of delivering WASH services to the targeted population is $135 million. Targeting takes into account WASH needs, as well as the presence and capacity of current partners. It also assumes sufficient levels of access and funding. The cost of the response is based on a compilation, at state level,

of the average cost per person per activity, per year based on categories of people in need established in the HNO/HRP. Estimates draw on the operational experience of partners and levels of support needed to meet cluster standards. Timely and flexible funding with longer term grants suitable for protracted contexts will achieve the greatest impact.

The WASH Cluster cost-per-beneficiary is $64 for 2022, compared to $54 for 2021.

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

* 4W documents on the protracted crisis are updated quarterly. Compilation of 4W data is followed by information analysis and gap identification. Corrective measures are put in place as needed. In parallel, the WASH Cluster has an independent mechanism of spot field visits to support the triangulation of information received through the 4W. Furthermore, cluster members collect specific information on WASH responses and AAP, in line with the cluster core functions.
* The 3W (Who does What Where) document on new displacement is updated monthly. Compilation of 3W data is followed by information analysis and gap identification. Corrective measures are put in place as needed. In parallel, the WASH Cluster has an independent mechanism of spot field visits to support the triangulation of information received through the 3W. Furthermore, cluster members collect specific information on WASH responses and AAP, in line with the cluster core functions.
* AAP-related information collected in the field will be analyzed and fed back to relevant stakeholders. Corrective measures will be taken where needed, and the field teams will feed the information back to the communities. The WASH Cluster will play an oversight role.
* 3Ws/4W data is complemented by regular snapshots or dashboards that visualize the response's progress and provide analysis. An

emergency capacity matrix is also in place to map levels of preparedness in case of unforeseen events. Finally, WASH partners report on financial perspectives quarterly, which is essential in identifying gaps and advocacy.

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

- Durable water supplies (e.g. water pond rehabilitation) in villages with IDPs, returnees and host community populations, to mitigate water scarcity which requires short-term yearly funding for water boating or trucking
- Localization approaches that move towards community ownership of WASH services
- Phasing out of cash-for-work activities
- The cluster will coordinate with other sectors to move towards a multi-purpose market-based cash or voucher approach to strengthen local markets..

RAKHINE
A mother helping her daughter to dress in a makeshift shelter in peri-urban Yangon, 2021. Photo: UNICEF/Nyan Zay Htet

3.8
Coordination and Common Services

REQUIREMENTS (US$)	PARTNERS
8M	**160**

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

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

- OCHA will also support the HCT and the ICCG in integrating key cross-cutting issues into relevant planning processes and response.

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

Evidence-based response
The HRP also includes funding for common data collection, management, and analysis services to support an evidence-based response, building on and coordinated with the diverse existing data collection tools being used by partners. In 2022, the response will aspire to more accurate and informed planning by improving the evidence base for humanitarian needs and response, including through multi-sectoral vulnerability analysis and response planning. Coordination on data collection will be enhanced to ensure complementarity and comparability between the data collected by a range of humanitarian actors. A comprehensive analysis of multi-sector needs will be conducted in 2022 to understand the shifting humanitarian landscape. Such a rigorous analysis is a critical step in ensuring that the most vulnerable are supported with the assistance they require most urgently. To this end, the REACH Initiative is requesting funding to provide an updated nationwide and cross-sector analysis of the current and projected severity of needs of the crisis-affected population. Depending on progress, this exercise will potentially inform the mid-year update of the 2022 HRP and

certainly the new 2023 HNO and HRP at the end of the year.

Accountability to Affected Populations (AAP)
Revitalized in 2021, the AAP Working Group has set out to support a humanitarian response that considers the voices of affected people, their communication and response preferences and their feedback received through collective mechanisms.

AAP mechanisms and enhanced information gathering can play a vital role in helping humanitarians better understand and analyze the needs of affected people. In 2022, AAP has been prioritized, with planning under way to develop a collective feedback and complaints mechanism, as well as other efforts to ensure effective community

engagement. Collective accountability systems allow for simpler referral processes among humanitarian actors and create more straightforward pathways for affected people to provide feedback on their situation and preferences and ensure their needs are integrated into the overall analysis framework. Funding is being sought to conduct perception analysis to understand the needs of affected people better and tailor our response accordingly. Perception surveys are essential in tracking the humanitarian community's collective accountability and engagement with affected people.

Additional Support Services not costed through the HRP

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

•	Safeguarding the common data and information repository and operational data sets countrywide
•	Producing relevant information products to strengthen preparedness, response and recovery, including updated base and hazard maps, as well as vulnerability analyses
•	Maintaining updated 3W information (who is doing what, where), contact lists, assessment tracking, and meeting schedules to support inter-agency coordination
•	Providing nationwide data coding standards as well as technical support to the development of national standards and systems for more efficient analysis, planning and targeting

•	Leading the Information Management (IM) Network bringing together IM focal points from across agencies, clusters and sectors to promote coordinated and standardized approaches to information management across all actors
•	Providing technical support and training to agencies and partners to strengthen IM capacity
•	MIMU makes its information and analytical products (as well as those of UN agencies and other partners) accessible to the wider group of stakeholders through the MIMU website. MIMU works in coordination with WFP, UNHCR, clusters, OCHA and other partners providing information management capacity in support of humanitarian action in Myanmar.

Staff safety and security
The United Nations Department of Safety and Security (UNDSS) will continue to focus on enabling humanitarian activities while ensuring the safety and security of humanitarian workers as a high priority. While not costed or funded through the HRP, UNDSS plays a support role for the response. This will be achieved through improved information gathering and analysis for evidence-based assessments and

decision-making. Common inter-agency missions to areas with challenging security situations will continue to enhance access and operational impact. Safety and security-related incidents that impact staff safety, continuity of activities, or affect access, will be tracked to determine trends and appropriate courses of action. Safety and security-related information, assessments and reports will continue to be shared with implementing and operational humanitarian partners to ensure situational awareness. On behalf of the United Nations Security Management System, UNDSS will continue to function as the focal point for regular security cooperation with implementing and operational humanitarian partners in line with the Saving Lives Together (SLT) framework.

Part 4:
Annexes

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4.1
Response Analysis

The 2022 response analysis framework is a departure from previous HRP approaches in Myanmar. In its 2022 iteration, the HCT has seized an urgent window of opportunity to intervene to save lives and reduce suffering for a wider range of people, while development actors address root causes of the crisis, put in place system-wide safety nets and launch resilience building activities to prevent the loss of hard-fought gains.

Analytical framework
Guided by the decisions of the ICCG and the HCT, the response framework expands the geographical scope of analysis beyond the previously identified areas in Bago, Chin, Kachin, Kayin, Rakhine and Shan States to all states and regions across Myanmar. It looks at humanitarian needs using a broader lens to calculate the number of people in acute humanitarian need, primarily because of increased food insecurity and the increased adoption of negative coping strategies. The 2022 numbers reflect the unprecedented scale and depth of the humanitarian implications from recent events, especially on women, children, the elderly and persons with disabilities. This methodology more accurately frames the situation in Myanmar as a whole-of-country, complex and multi-dimensional crisis, where there are grave protection risks, and food insecurity is deepening, requiring humanitarian interventions at scale to stop people slipping into more severe need, including acute malnutrition.

In the absence of national multi-sectoral needs assessments, the humanitarian needs estimates were calculated using the Joint Intersectoral Analysis Framework (JIAF) approach, which looks holistically at the needs faced by people in Myanmar and measures the severity of these needs mostly using food security figures as a proxy indicator. The JIAF process identified 14.4 million people in humanitarian need in Myanmar in 2022 (up from 3 million people in 2021), including new needs in new areas and the worsening of needs in pre-existing areas.

The response framework is informed by a rigorous response planning and targeting exercise conducted by clusters at national and sub-national levels (multiple sub-national workshops were held in different parts of the country), reflective of anticipated trends, realistic response capacity and access constraints. This exercise also considered the specific vulnerability characteristics of population groups, including issues around age, gender, disabilities, mental health and sexual orientation and exposure to negative coping strategies. The HCT's decision to apply a wider lens permitted humanitarians to continue covering people who are directly "shock-affected" such as displaced people, but simultaneously expand planned support to those who are struggling to survive and are facing food security and protection risks throughout the community. Thus, a new population group of 'vulnerable people with humanitarian needs' has been added. The main groups of people in need are identified as:

- People who are internally displaced (new or protracted).
- Internally displaced people who have returned, resettled or locally integrated into communities
- Non-displaced stateless people
- Vulnerable people with humanitarian needs

Overall, clusters project they will all be able to scale up operations and reach 6.2 million people with life-saving humanitarian aid and services. A potential national multi-sectoral analysis exercise and resulting HRP revision midway through 2022 may see targets change, depending on trends.

It is important to note that figures for 2022 are not comparable to previous years due to the change in scope and methodology. In fact, it would be inaccurate to directly compare years because previous HNOs did not look at needs of people in some of the 2022 areas and in some of the population groups because they were outside the previously agreed geographical scope. While the situation has undoubtedly deteriorated severely since 1 February 2021, at least some of the newly identified needs in the HNO were most likely pre-existing but unquantified due to the more limited scope.

The HCT agreed that any scale-up in humanitarian response will have to be gradual and modest for now and reflective of lessons learned in 2021. On one hand, the HCT is keen to engage with a wider range of stakeholders to advance and unblock implementation challenges, including greater national-level engagement on access advocacy. On the other hand, reflections on response analysis and design take into account that national and local organizations are at the forefront of efforts to reach people in need. Capacity-building of local partners will remain critical, as will careful management of security, protection and other risks pertaining to these same actors.

Response modalities and approaches
In 2022, response modalities primarily involve in-kind assistance, direct service provision and the direct distribution of physical cash. This follows severe cash liquidity shortages, strict cash withdrawal limits by financial service providers (FSPs) and their inconsistent delivery of services in 2021, which reversed the earlier expansion of cash voucher assistance (CVA) and a shift to digital delivery.

Despite the operational challenges, significant steps are being taken in close consultation with affected communities to overcome banking difficulties and market access. In 2022, more than 60 humanitarian partners, in coordination with the Cash Working Group and the ICCG, will continue to explore the possibility of launching joint multi-purpose cash programmes in line with the minimum expenditure basket and to jointly

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

The humanitarian response will be underpinned by the humanitarian principles of humanity, impartiality, neutrality and independence. The overall humanitarian response strategy is guided by and based on adherence and promotion of IHL and IHRL.

COVID-19 safe measures
The COVID-19 pandemic has had an impact on the way the humanitarian community operates in Myanmar and around the world. In order to ensure a do-no-harm approach, infection prevention and control (IPC) measures were introduced both by the previous NLD government and the de facto authorities. The humanitarian community has also developed its own IPC measures to ensure the virus is not inadvertently passed on to vulnerable populations such as IDPs in camps. This has resulted in many organizations having to reduce the physical presence of field staff, outsourcing implementation to local staff, and adapting to remote monitoring modalities. Reduced physical presence and contact has meant that there is less direct communication with the affected communities.

Localization
A greater emphasis is being placed on adapting humanitarian planning and response to a more localized modality. This includes but is not limited to discussion of localization and strategic partnership approaches at the HCT and ICCG retreats, engagement with and capacity building for local responders and new partners, making coordination more user-friendly for local partners through the use of Myanmar and ethnic languages, and an expansion of coordination systems to include more local partners. Funding will also need to be made available and flexible to meet the evolving needs of local responders who remain at the front line of the response particularly in areas with new humanitarian needs.

Accountability to affected populations
The response analysis framework places people and communities who receive humanitarian assistance at

the center of response planning and implementation. It is crucial that affected people can participate in the decisions that affect their lives, receive sufficient information to make informed decisions, and can voice their preferences and concerns if they feel the assistance provided is not adequate or suitable. Affected people have the right to be treated with dignity and respect and must be able to seek recourse if this right is not upheld by the humanitarian community.

Significant work remains to be done to strengthen collective accountability and community engagement, not least because of the higher number of people in need than in previous years, many of whom have not received humanitarian assistance before. This will build on a variety of new and existing tools for community engagement, including a proposed collective feedback and complaints mechanism as well as perception analysis. The need for improved two-way communication with, and accountability to, affected people at a collective level through enhanced intersectoral coordination by the newly established AAP Working Group will be an important priority in 2022.

4.2
National scale-up and sub-national coordination

With the increase of humanitarian needs, the HCT recognises its responsibility to efficiently coordinate aid activities across Myanmar and ensure the coordination architecture is fit-for-purpose. To this end, all clusters (except Logistics) have been activated country-wide as endorsed by the HCT, IASC Principles and the Emergency Relief Coordinator in August 2021.

With the roll-out of clusters at the national level, the ICCG took on the task of strengthening the existing and activating new coordination structures at sub-national level commensurate to the needs and activities articulated in the HNO and HRP. It will not realistically be possible for Cluster Lead Agencies to have a presence in every region or state. To address potential gaps in coordination, clusters and OCHA are proactively exploring alternatives whereby INGOs or other UN agencies with presence in certain locations can act as focal points. At the national level, all clusters will work towards putting in place NGO co-leadership in 2022, following best practices of Education and Food Security clusters.

In Rakhine and in the southeast, the Rakhine Coordination Group (RCG) and the Southeast Working Group (SEWG) respectively seek to promote linkages across humanitarian, human rights, development, and peacebuilding constituencies. This is done through participation by UN agencies, INGOs and other development partners, enabling individual mandates to be followed as needed, while at the same time encouraging information-sharing and a more integrated overall approach.

The coordination of humanitarian action in Rakhine is carried out through area-based coordination bodies, i.e. the Maungdaw Inter-Agency Group (MIAG) and the Sittwe-based ICCG supported by other technical working groups, under the strategic leadership of the RCG and HCT. These area-based coordination bodies operate in full respect of the mandated roles and responsibilities of all partners, including UNHCR's responsibility in relation to Member States' compliance with their international obligations toward refugees and stateless persons, enabling complementarity and collaborative actions based on operational capacity and resources. They also feed into the tracking and analysis of needs and response by clusters at the national level.

In the southeast, the SEWG has set up a small humanitarian secretariat composed of one representative each from the INGO Forum, OCHA and UNHCR in reflection of the increased focus on humanitarian response. Informed by strategic guidance from the HCT, national ICCG and SEWG, a southeast ICCG and sub-national cluster and technical working groups have been established to scale up cluster coordination and better link up the operational response. At the state level, Inter Agency Coordination Groups (IACGs) in Kayin, covering also eastern Bago, Mon and Tanintharyi, and another IACG in Kayah, covering southern Shan as well, continue to coordinate and inform local humanitarian action.

In Kachin and northern Shan, humanitarian partners ensure complementary and area-based coordination through General Coordination Meetings (GCM), the Area Humanitarian Coordination Team (AHCT) in Kachin, and sub-national ICCGs. Partners collaborate across both states on thematic areas to maximize collective reach.

National-level cluster coordinators

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RAKHINE
A patient listens to a nurse during a consultation session at a
rural health clinic in Sittwe Township, Rakhine State, 2021.
Photo: OCHA/Hnin Thiri Naing

4.3
Planning Figures by Cluster and by Geography

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS
14.4M	**6.2M**	**826M**	**160**
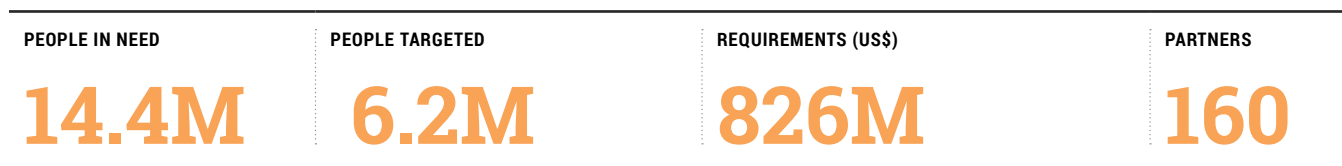
Planned Humanitarian Response by Location

STATE/ REGION	PROJECTED POPULATION	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED / TARGET	ESTIMATED REQUIREMENTS (US$)		OPERATIONAL PARTNERS
Ayeyarwady	6.2M	1.9M	247K		33.0M		17
Bago (East)	2.9M	697K	132K		17.6M		15
Bago (West)	2.0M	470K	50K		6.6M		7
Chin	538K	310K	146K		19.5M		18
Kachin	2.0M	710K	436K		58.2M		41
Kayah	412K	269K	182K		24.3M		19
Kayin	1.6M	546K	192K		25.7M		27
Magway	3.9M	840K	128K		17.1M		18
Mandalay	6.6M	775K	194K		25.9M		22
Mon	2.0M	369K	72K		9.6M		24
Nay Pyi Taw	1.3M	38K	3K		0.4M		8
Rakhine	2.4M	1.5M	1.1M		152.1M		37
Sagaing	5.6M	904K	246K		32.9M		18
Shan (East)	1.0M	283K	83K		11.0M		9
Shan (North)	2.8M	961K	352K		47.0M		31
Shan (South)	2.7M	1.0M	128K		17.1M		20
Tanintharyi	1.5M	363K	56K		7.4M		17
Yangon	8.6M	2.4M	2.4M		320.7M		26
Total	**54.0M**	**14.4M**	**6.2M**		**826.0M**		**160**

Planned Humanitarian Response by Location

STATE/ REGION	PEOPLE TARGETED					"BY SEX FEMALE | MALE (%)"	"BY AGE CHILDREN | ADULTS | ELDERLY (%)"	WITH DISABILITY (%)
	IDPS	RETURNED, RESETTLED AND LOCALLY INTEGRATED IDPS	"NON-DISPLACED STATELESS PEOPLE"	VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	TOTAL			
Ayeyarwady				247K	247K	53 | 47	35 | 57 | 08	17
Bago (East)	2K	1K		128K	132K	53 | 47	34 | 57 | 09	13
Bago (West)				50K	50K	53 | 47	34 | 57 | 09	13
Chin	23K	300		123K	146K	54 | 46	46 | 47 | 07	21
Kachin	104K	27K		305K	436K	52 | 48	36 | 58 | 05	9
Kayah	80K	8K		94K	182K	51 | 49	41 | 54 | 05	11
Kayin	59K	400		133K	192K	52 | 48	41 | 52 | 07	17
Magway	11K	200		116K	128K	56 | 44	32 | 58 | 10	17
Mandalay				194K	194K	55 | 45	31 | 60 | 08	10
Mon	1K			71K	72K	54 | 46	37 | 54 | 09	15
Nay Pyi Taw				3K	3K	54 | 46	37 | 54 | 09	11
Rakhine	222K	5K	386K	526K	1.1M	56 | 44	37 | 54 | 09	17
Sagaing	21K			225K	246K	57 | 43	34 | 57 | 08	10
Shan (East)				83K	83K	49 | 51	38 | 56 | 06	9
Shan (North)	16K	4K		333K	352K	55 | 45	38 | 56 | 06	9
Shan (South)	15K	4K		109K	128K	53 | 47	38 | 56 | 06	9
Tanintharyi	1K			55K	56K	53 | 47	40 | 54 | 07	12
Yangon				2.4M	2.4M	57 | 43	29 | 63 | 08	12
Total	**556KK**	**50K**	**386K**	**5.2M**	**6.2M**	**52 | 48**	**34 | 59 | 07**	**13**

Planned Humanitarian Response by Cluster

	CLUSTER	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED / TARGETED	REQUIREMENTS (US$)		OPERATIONAL PARTNERS
	Education	5.4M	1.4M		91M		32
	Food Security	13.2M	4.1M		286M		76
	Health	2.5M	1.4M		79M		60
	Nutrition	2.0M	1.0M		61M		37
	Protection	9.4M	2.0M		116M		44
	Shelter/NFI/CCCM	1.7M	0.6M		50M		41
	WASH	5.5M	2.1M		135M		33

Sex and Age Disaggregation by Cluster

	CLUSTER	PEOPLE TARGETED	BY SEX FEMALE	MALE (%)	FEMALE / MALE	BY AGE CHILDREN	ADULTS	ELDERLY (%)		WITH DISABILITY
	Education	1.4M	51 | 49		92 | 08 | 00		17%
	Food Security	4.1M	52 | 48		34 | 59 | 07		13%
	Health	1.4M	52 | 48		34 | 59 | 07		13%
	Nutrition	1.0M	75 | 25		53 | 47 | 00		13%
	Protection	2.0M	51| 49		35 | 57 | 08		12%
	Shelter/NFI/CCCM	0.6M	51 | 49		35 | 57| 08		12%
	WASH	2.1M	52 | 48		43 | 47 | 10		14%

4.4
What if We Fail to Mobilize Sufficient Funds?

Despite the multi-dimensional crisis with escalating conflict and the added burden of the severe third wave of COVID-19 in 2021, humanitarian partners managed to rapidly scale up in response to new needs and flexibly adapted to new delivery modalities in line with the new reality. They hope to continue this expansion in 2022. However, underfunding continues to curtail partners' ability to deliver a meaningful package of assistance. The substantial increase in needs faced in 2022 requires a commensurate rise in resources. Without these additional funds, humanitarian partners will have to prioritize low-cost life-saving and critical activities, that do not offer the required depth of relief or contribute to people's overall well-being, dignified living standards, or chance of finding durable solutions. In the current context, with prior coping capacities all but exhausted and food insecurity on the rise, that may mean people will face the real possibility of people dying from lack of food or resorting to forced migration or other desperate negative coping strategies.

This section outlines the consequences of underfunding and how each cluster will triage its planned response activities at different funding levels - a quarter, half and three-quarters of requirements - to provide guidance on the most urgent cluster priorities.

Education
Most children and youth in Myanmar have not been engaged in organized learning since March 2020. Given the complexity of the current situation, millions of children remained out of school in 2021 and will continue to do so in 2022. Myanmar children face a complex set of threats: direct consequences of the conflict dynamics and the COVID 19 pandemic, interruption to essential services, and increasing poverty and inequality. Increased poverty fuels trafficking and child labor, early marriage, and

adolescent pregnancies making a return to education more unlikely, especially for marginalized children and youth. Armed conflict and displacement have devastating and lasting effects on children and youth by depriving them of education, undermining their development and future potential. Failure to support children's access to education has lifelong implications not only for their learning but also for their mental health, protection, and their community's future. Without access to education, Myanmar children will grow up without the skills to contribute to their country and economy. The fear of a 'lost generation of learners' is tangible, and the future of a whole generation is at risk. Education is an essential step to breaking the cycle of crisis and reducing the likelihood of future conflicts.

If only 75 per cent of the required funding is received, the cluster will support continuity of quality and inclusive learning for crisis-affected, non-displaced stateless, and other children and youth who are the most vulnerable. They will receive the learning materials and supplementary supplies to return to learning, return to education spaces that have been rehabilitated to be safe during COVID-19, and receive life-saving benefits of improved mental, emotional, and physical well-being. However, more than 300,000 children and youth will remain without support to return to safe, quality education, jeopardizing their well-being and futures. 5,000 educators and more than 8,000 parents will not receive the resources they need to support the children and youth in their communities.

If only 50 per cent is received, the Cluster will support crisis-affected and other vulnerable children and youth to access safe, quality education but at a much lower number. More than 650,000 children and youth who lost access to education during the pandemic and

after the takeover will go without the support needed to fulfil their right to education. The ability to more broadly support communities – educators, parents and caregivers, and community leaders – to minimize the impact of crises on children's education and overall well-being will also be in peril.

If only 25 per cent is received, the only most vulnerable and crisis-affected children and youth will be supported to return to and continue with the life-saving elements of education. However, there will be little ability to address sustainability and quality of education. Very little investment will be possible in the capacity of educators and community members, both regarding their ability to meaningfully address the education needs and social-emotional learning needs of girls and boys. Further, nearly 1 million children in need will receive no support and would therefore be more likely to face child labor, trafficking, and other negative coping mechanisms.

Food security

The enormous scale of food security needs identified due to the current crisis (13.2 million persons) versus the limited humanitarian response capacity (4.1 million people targeted), will already leave 9.1 million people in need without humanitarian assistance. The humanitarian community has already prioritized heavily to target the most vulnerable but failure to raise all of the funds required for this highly targeted effort will prove catastrophic. Reduced access to safe and nutritious food, livelihoods and income due to underfunding may result in increased malnutrition, particularly among the most vulnerable groups. Underfunding and a reduced food security response would drive intensified use of negative coping strategies that will undermine safety, dignity, and capacity for recovery. Current inequalities in access to food may exacerbate tensions between groups in vulnerable situations – an incomplete response will escalate this risk. In such a situation, heightened stress and risks of GBV would disproportionately affect women, children, persons with disabilities and other groups facing social and economic discrimination.

If only 75 per cent of the required funding is received, the cluster will prioritize food emergency responses and livelihood responses for all states and regions classified as moderate and severe to cover critical gaps and support people's resilience. Areas classified as stressed will miss out on assistance.

If only 50 per cent is received, the cluster will prioritize emergency response for all states and regions classified as severe and extreme to cover critical gaps and support people's resilience at a reduced scale and reach. The cluster will strive to maintain agriculture and livelihood activities to maintain people's resilience. Areas classified as stressed will miss out on assistance.

If only 25 per cent is received, the cluster will deliver only emergency response (food assistance) to 550,000 IDPs and to 600,000 of the most food-insecure people in areas classified extreme (Kayah) and severe (e.g. Kachin and Rakhine). No support would be given to agriculture and livelihood activities, leaving vulnerable populations less resilient and dependent on humanitarian assistance.

Health

Without life-saving support from humanitarian organizations, about 1.4 million people will be at serious health risk and at least some of those people will die. Reductions in emergency care will inevitably result in increased morbidity and mortality, higher rates of lasting disability among survivors of conflict and landmine injuries who would otherwise be able to access adaptive devices and receive vital support services. Limited staff capacity and availability of supplies will further slow the treatment of common ailments and interrupt medical support to people with chronic diseases, prolonging their suffering. Children will be at increased risk of contracting vaccine-preventable diseases. Women with no access to sexual and reproductive health care will be at greater risk of complications. Any interruption of disease surveillance will put communities at risk of outbreaks, including COVID-19, leaving the country and the whole region at increased risk.

If only 75 per cent of the required funding is received, the Health Cluster will prioritize life-saving care and RMNCAH services. This means that other services, such as providing TB and malaria prevention and diagnostics and avoiding drug stock-outs, may not be provided, leaving the population more vulnerable to poor health outcomes, increased morbidity and mortality, and the region more vulnerable to outbreaks of disease.

If only 50 per cent is received, the Health Cluster will continue to support life-saving care and RMNCAH services, but at a reduced scale. As many partners rely on the cluster for medical supplies, stock-outs and related suspension of services can be expected. Training and capacity-building will also be impacted, curtailing the skills-building of front-line workers. Support for non-communicable disease diagnosis and treatment will not be available for the 1.4 million people targeted who cannot access other care channels.

If only 25 per cent is received, the cluster will be highly challenged in supporting partners to provide even basic care to the 1.4 million vulnerable people prioritized. Support will be focused on the procurement of supplies for existing partners to continue providing life-saving care. A significant proportion of the 1.4 million people targeted for humanitarian health services will not be reachable, leaving the country at risk of worsening health outcomes and the region at increased risk for outbreaks of known and emerging communicable diseases.

Nutrition

More than 660,000 children under the age of five and more than 360,000 PBW/G will need humanitarian nutrition assistance in 2022. Malnourished children are 11 times more at risk of death than their normal peers. Without full funding, there will be an increase in malnutrition-related morbidity and mortality among children and women. Failure to fund humanitarian nutrition assistance to children will result in delayed physical and cognitive development of children, linked with poor learning capacity and school performance.

Inadequate nutrition in childhood will affect the productivity of individuals, families and communities overall. Malnourished women will give birth to low birth weight (LBW) babies with poor immune systems who are more susceptible to childhood illness and mortality. LBW children will be at higher risk of chronic diseases like diabetes, heart problems and tuberculosis later in life. Micronutrient deficiency diseases including anemia will rise if no micronutrient supplements or fortified foods are provided to the children and PBW/G in vulnerable target communities.

If only 75 per cent of the required funding is received, the Nutrition Cluster will prioritize life-saving interventions, such as treatment of severe acute malnutrition (SAM) treatment and other preventive interventions like IYCF and micronutrient treatment. SAM must be prioritized to prevent avoidable deaths among affected children who are nine times more likely to die than normal children. Approximately half a million combined beneficiaries will not be provided life-saving humanitarian support.

If only 50 per cent is received, apart from the SAM treatment, the scale of other interventions will be reduced and could jeopardize the long-term survival and developmental prospects of children, communities and the country at large. Correspondingly, close to 700,000 combined beneficiaries will not be provided life-saving humanitarian support.

If only 25 per cent is received, the Nutrition Cluster will prioritize life-saving interventions like treating SAM only. Other preventive interventions like IYCF and micronutrient treatment will be abandoned. The impact of this on the beneficiaries will be catastrophic and have a long-term negative impact on the children of Myanmar.

Protection

Without full funding for immediate protection and multi-sectoral assistance, communities risk resorting to increasingly harmful coping mechanisms, especially women at risk, persons with disabilities, older persons, people belonging to different ethnic

groups, and children at risk of early and forced marriage and child labor. The risks of trafficking within or outside Myanmar are likely to increase, along with the extent of violence, abuse, neglect and exploitation of marginalized groups or persons with specific protection needs and risks both within the household and the broader community. The continued stress on caregivers and people in need of specific care due to the COVID-19 pandemic, displacement and ongoing conflict, alongside the deterioration of the safety nets within their society, will undoubtedly have long-term consequences for the mental and physical well-being of children, older persons, persons with disabilities and people in need of special medical attention.

In the absence of well-funded, comprehensive and properly integrated mental health and psychosocial support, people's emotional well-being and chances of recovery will be jeopardized, leaving many people suffering from long-term trauma and mental disorders. Not having timely access to GBV response services could have life-threatening implications. If sexual violence survivors cannot access clinical care immediately after the incident, they face the risk of unwanted pregnancy, sexually transmitted infections, HIV/AIDS, physical injury, and unsafe abortion. GBV incidents would impact mental health and psychological well-being, potentially contributing to social isolation and marginalization, or reduced or lost educational, employment, social or political participation opportunities. Inability to seek legal redress for this violence will deepen a culture of impunity, which perpetuates the violence and diminishes the protective environment for all members of the community. If underfunding prevents action being taken, women and girls will continue to live with fear and violence without dignity and respect for human rights. Mine action activities are crucial to protecting thousands of lives from explosive hazards, including people attempting to find durabe solutions. Without protection, MRE services and victim support programs, people (especially children) are likely to die or sustain injuries from landmine incidents.

If only 75 per cent of the required funding is received, the cluster will prioritize the provision of life-saving

protection services, community-based protection and support to survivors. This means that many other services may not be provided, increasing serious protection risks across the country.

If only 50 per cent is received, target levels within prioritized geographical areas and target population groups will be reduced. IDPs, non-displaced stateless people, and returnees, resettled and locally integrated people will be the response priority, while targeted people from vulnerable crisis-affected communities will only be assisted if at heightened risk. Primary responsive services such as MHPSS support, victims' assistance, and GBV and child protection case management support will be prioritized for crisis-affected population groups. Immediate and life-saving protection activities will be put before longer-term prevention and empowerment programming.

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

Shelter, NFIs and CCCM
Without a fully-funded and immediate shelter, NFI and CCCM response, IDPs, returnees, non-displaced stateless and other crisis-affected people living in sub-standard displacement sites will face serious protection risks, including physical and psychosocial harm. Women at risk, persons with disabilities, older persons, people belonging to different ethnic groups will be particularly affected. Not having timely access to camp management, shelter and NFI services will seriously jeopardize the dignity of people's living conditions. People's emotional well-being and

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

If only 75 per cent of the required funding is received, the provision of CCCM services, shelter reconstruction and NFI assistance in camps, emergency shelter and NFI assistance in displacement sites will be prioritized. In central Rakhine, the shortfall would leave 6,270 individuals in Rohingya camps without adequate shelter and 10,000 without basic household items, as well as 1,900 people without adequate NFIs and Shelter in AA-MAF sites. Infrastructure such as solar streetlights would not be provided, exacerbating protection risks at night and the prevalence of negative coping mechanisms. New sites could not be supported in Kachin and northern Shan, leaving newly displaced populations without any assistance.

The cluster will not be able to provide support to host communities, thereby raising the risk of aggravating conflict dynamics. There will be limited capacity to pre-position comprehensively, leading to delayed or constrained responses in some cases. CCCM activities will remain at a basic level only, thereby detracting from the potential for site residents to influence and lead site management processes.

If only 50 per cent is received, the provision of CCCM services, shelter reconstruction and NFI assistance in camps and emergency shelter and NFI assistance in displacement sites would be prioritized.

In central Rakhine, more than 10,000 Rohingya IDPs would not have access to proper shelters and 15,000 to NFI assistance. This could lead to increasing numbers of Rohingya people turning to traffickers to take them out of the country and expose those in the camps to protection risks such as early marriage, debt, theft, and extortion as negative coping mechanisms. In Kachin and northern Shan, the construction of new shelters and the maintenance of camp infrastructure would be limited, and transitional shelters could not be implemented. In the southeast, investing in local organizations' capacity for CCCM will be limited and ensuring minimum standards in camp-like settings challenging.

If only 25 per cent of the funding is received, the cluster will prioritize CCCM services, shelter reconstruction in camps, and targeted emergency shelter and NFI activities in displacement sites.

In Rakhine, this would leave massive shortfall of support for all communities, leaving approximately 12,500 Rohingya people in dire need of longhouse shelters and 30,000 Rohingya people in camps living in makeshift shelters. Cuts to NFI assistance in Rohingya camps could affect more than 35,000 people, depriving them of basic household items without access to livelihood opportunities and markets. Additionally, responding to the needs of more than 55,000 IDPs in AA-MAF displacement sites would be severely inhibited. Existing protection risks in the camps and sites, including GBV, trafficking, and extortion would be exacerbated, as people would turn to negative coping mechanisms – particularly women and girls. In Kachin and northern Shan, displaced people would be severely affected as shelter conditions deteriorate every year requiring repairs, while people willing to relocate could not be supported. New arrivals will have to be housed in makeshift shelters. The limited funding would lead to significant gaps in providing emergency shelter and relief items for new and protracted IDPs in the southeast. The vulnerability of displaced and host communities will increase, raising the risk of abuse, exploitation, human trafficking, and recruitment into armed forces and armed groups, including children.

Water, sanitation and hygiene (WASH)
If underfunding prevents the expanded reach that has been planned for 2022, the lack of safe water, hygiene and sanitation options will have detrimental consequences for more than 2 million people. Communities will revert to negative coping mechanisms such as drinking water from contaminated sources and practicing open defecation. Using unsafe water sources, lack of hygiene and unimproved sanitation facilities leads to acute watery diarrhea (AWD), a major underlying factor increasing the number of children with SAM and extending the duration of their treatment. Among them, IDPs and vulnerable people in informal, urban

settlements will be particularly affected as they will not afford to buy clean drinking water and pay for sanitation and hygiene supplies and services on the private market. Without continued support from donors and humanitarian organizations, outbreaks of preventable communicable and waterborne diseases could occur, and COVID-19 will continue to spread. Any further increase in AWD cases will exacerbate humanitarian needs and ultimately require more resources to be deployed by the already strained health system. Underfunding will mean that dignified access to essential WASH services will be particularly restricted in areas that lack safe spaces for women and children. Combined with poor awareness of hygiene and sanitation practices, the population's lack of stability will lead to the growing absence of personal hygiene and menstrual health items.

If only 75 per cent of the required funding is received, the WASH Cluster will prioritize WASH services and items in targeted geographical locations with conflict-affected and displaced populations across all 15 states and regions. This means that some 500,000 people, including newly displaced, non-displaced stateless, returnees and acutely vulnerable populations, will miss out on critical life-saving assistance and will be unable to contribute to their recovery.

If only 50 per cent is received, the WASH Cluster will respond at a reduced scale and reach, meaning that some 1 million vulnerable people will miss out on critical life-saving WASH support, including essential WASH services, safe drinking water, sanitation and/or hygiene materials to mitigate against WASH-related disease. Cluster members will not be able to implement durable solutions and sustainable interventions. This would also mean humanitarian WASH services may not meet Sphere standards for all people reached, diminishing key aspects of dignity, gender, protection and AAP.

If only 25 per cent is received, all funding will be channeled to prioritizing and ensuring ongoing WASH interventions in areas with protracted displacement and a few areas with new displacement. Activities will be prioritized and minimized with one-time interventions to respond to new displacement. Water scarcity in settlements and protracted camps during drought seasons will not be addressed, and IDPs will likely to adopt severe negative coping mechanisms. Moreover, leaving over 1.5 million vulnerable people with no or minimal WASH support would significantly increase WASH-related disease risks and create an unbearable burden on the stressed health care system.

4.5
How to Contribute

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

www.unocha.org/myanmar

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

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

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

cerf.un.org/donate

4.6
Activity Costing per Cluster

Education

	ACTIVITY	PLANNED REACH	UNIT COST (US$)	TOTAL COST (US$)
CA1.1	Provision of safe learning spaces and basic materials to ensure continuity of formal and non-formal education services for crisis-affected children and youth	104,460	64	6,722,700
CA1.2	Provision of open learning materials for crisis-affected children and youth's safe and continuous learning	74,102	25	1,862,300
CA2.1	Provision of safe learning spaces and basic materials to ensure continuity of formal and non-formal education services for vulnerable children and youth	705,800	64	45,422,900
CA2.2	Provision of open learning materials for vulnerable children and youth's safe and continuous learning	500,700	25	12,583,100
CA3.1	Capacity building for educators which improves their support for children and youth's continued learning, and improved mental and emotional well-being	2,495	180	449,100
CA3.2	Recruitment and support for educators to meet standards for education quality (i.e. class size and learning environment)	2,116	1,492	3,157,000
CA3.3	Guidance and other types of capacity building which improves parents/caregivers' ability to support open learning and MHPSS for children and youth	10,175	40	407,000
CA4.1	Capacity building for educators which improves their support for children and youth's continued learning, and improved mental and emotional well-being	24,075	180	4,333,500
CA4.2	Recruitment and support for educators to meet standards for education quality (i.e. class size and learning environment)	8,520	1,713	14,595,600
CA4.3	Guidance and other types of capacity building which improves parents/caregivers' ability to support open learning and MHPSS for children and youth	24,285	40	971,400
CA5.1	Capacity building for Cluster partner staff on education in emergencies, PSEA, and/or AAP	200	1,150	230,000
CA5.2	Capacity building for education committees (such as PTAs) on protection, safety, and/or the well-being of children	700	305	213,750
CA5.3	Development and implementation of contingency and preparedness plans at sub-national and local levels	6	10,000	60,000

Food Security

	ACTIVITY	PLANNED REACH	UNIT COST (US$)	TOTAL COST (US$)
CA1.1	Food distribution (in kind, cash or voucher) for IDPs	556,000	66	36,555,402
CA2.1	Food distribution (in kind, cash or voucher) for non- IDPs	2,944,000	66	193,559,540
CA3.1	Livelihood assistance for non-IDPs	850,000	66	55,885,057

Health

	ACTIVITY	PLANNED REACH	UNIT COST (US$)	TOTAL COST (US$)
CA1.1	Ensuring availability of primary health care services for IDP population, aligned with the essential package of health services, including sexual and reproductive, maternal, newborn, adolescent and child health	500,000	40	20,000,000
CA1.2	Preventing, detecting, and rapidly responding to communicable disease outbreaks for IDP population.	500,000	16	8,000,000
CA2.1	Ensuring availability of primary health care services for non-displaced vulnerable people, aligned with the essential package of health services, including sexual and reproductive, maternal, newborn, adolescent and child health	900,000	40	36,000,000
CA2.2	Preventing, detecting, and rapidly responding to communicable disease outbreaks for non-displaced vulnerable population.	900,000	17	15,000,000

Nutrition

	ACTIVITY	PLANNED REACH	UNIT COST (US$)	TOTAL COST (US$)
CA1.1	Screening of children under-five for acute malnutrition, referral and follow up.	59,448	19	1,141,395
CA1.2	Treatment and management of children with severe acute malnutrition	14,431	85	1,232,852
CA2.1	Screening of children under-five for acute malnutrition, referral and follow-up.	602,071	19	11,559,765
CA2.2	Treatment and management of children with severe acute malnutrition	146,146	85	12,486,024
CA3.1	Screening of PBW/G for acute malnutrition, referral and follow-up	32,696	19	627,768
CA3.2	Treatment and management of PBW/G with acute malnutrition	1,457	82	119,502
CA4.1	Screening of PBW/G for acute malnutrition, referral and follow-up	331,139	19	6,357,876
CA4.2	Treatment and management of PBW/G with acute malnutrition	14,759	82	1,210,292
CA5.1	Preventive services provided to children 6-59 months through micronutrient supplies and other preventive health services	59,448	25	1,457,788
CA6.1	Preventive services provided to children 6-59 months through micronutrient supplies and other preventive health services	602,071	25	14,764,112

	ACTIVITY	PLANNED REACH	UNIT COST (US$)	TOTAL COST (US$)
CA7.1	Reduction of micronutrient deficiencies among IDP women of reproductive age (WRA) who receives multiple micronutrient powders (MNPs)	32,696	27	874,420
CA8.1	Reduction of micronutrient deficiencies among vulnerable women of reproductive age (WRA) who receives multiple micronutrient powders (MNPs), IYCF counselling, or blanket supplementary feeding	331,139	27	8,855,911

Protection

	ACTIVITY	PLANNED REACH	UNIT COST (US$)	TOTAL COST (US$)
CA1.1	Provide quality and multi-sectoral case management services to survivor of GBV including sexual exploitation and child abuse	7,300	41	300,000
CA1.2	Provide quality and multi-sectoral child protection case management services	1,400	143	200,000
CA1.3	Provide quality and multi-sectoral mine action case management services	20	500	10,000
CA1.4	Quality case management MHPSS	1	0	0
CA1.5	Provide targeted/specialized support to persons with specific protection needs and risks (including through distribution of dignity kits and other NFIs, mental health and psychosocial support, CFS, parenting support, cash assistance and other support, victim assistance services, support to persons with specific needs)	300,000	100	30,000,000
CA1.6	Conduct awareness-raising and communication with community activities on CP, family strengthening, GBV, Mine action, SEA, MHPSS, anti-trafficking, and general protection	556,000	10	5,560,000
CA1.7	Work with/support to community-based protection mechanisms including through supporting to community/women/children/youth-led initiatives including led by persons with disabilities and older persons for empowerment, social cohesion/peaceful coexistence, resilience building, conflict prevention and protection risk mitigation	500	10,000	500,000
CA1.8	Provide legal services on civil status documentation /registration as well as on housing, land and property (HLP) issues and children in need of legal aid service	10,000	50	500,000
CA2.1	Provide quality and multi-sectoral case management services to survivor of GBV including sexual exploitation and abuse	9,800	31	300,000
CA2.2	Provide quality and multi-sectoral child protection case management services	3,000	133	400,000
CA2.3	Provide quality and multi-sectoral mine action case management services	50	500	25,000
CA2.4	Provide quality MHPSS multilayered interventions based on the community needs	1	0	0
CA2.5	Provide targeted/specialized support to persons with specific protection needs and risks (including through distribution of dignity kits and other NFIs, mental health and psychosocial support, CFS, parenting support, cash assistance and other support, victim assistance services, support to persons with specific needs)	350,000	100	35,000,000
CA2.6	Conduct awareness-raising and communication with community activities on CP, family strengthening, GBV, Mine action, SEA, MHPSS, anti-trafficking, and general protection	1,500,000	10	15,000,000

	ACTIVITY	PLANNED REACH	UNIT COST (US$)	TOTAL COST (US$)
CA2.7	Work with/support to community-based protection mechanisms including through supporting to community/women/children/youth-led initiatives including led by persons with disabilities and older persons for empowerment, social cohesion/peaceful coexistence, resilience building, conflict prevention and protection risk mitigation	500	1,000	500,000
CA2.8	Provide legal services on civil status documentation /registration as well as on housing, land and property (HLP) issues and children in need of legal aid service	10,000	50	500,000
CA3.1	Conduct protection monitoring and assessment (including GBV safety audit, Early Warning Monitoring System, Community level monitoring reports, Protection Incidents Monitoring Systems-PIMS, Monitoring and reporting of the grave violations against children, Mine incident and identify protection needs/risks)	2,000,000	13	26,000,000
CA3.2	Advocacy with duty bearers and key stakeholders to inform and enhance prevention, mitigation, and response to protection risks	2,000,000	0.15	300,000
CA3.3	Build technical capacity targeting humanitarian actors including national and local partners including CSOs/ Women Led Organizations/Women's Rights organizations/ existing community-based structures	2,000	250	500,000

Shelter/NFI/CCCM

	ACTIVITY	PLANNED REACH	UNIT COST (US$)	TOTAL COST (US$)
CA1.1	Provision of Shelter kit/items in kind, including transport, or Cash support; or reconstruction / improvement, support with material, cash assistance	365,368	70	25,615,351
CA1.2	Distribution of NFI distribution full kit/items to IDPs	365,368	20	7,275,960
CA2.1	Implementation of CCCM activities in sites-Site improvement, Capacity building, CMC training, CRM, remote support	365,368	10	3,582,021
CA3.1	Provision of Shelter kit/items in kind, including transport, or Cash support; or reconstruction / improvement, support with material, cash assistance	256,373	29.5	7,563,412
CA3.2	Distribution of NFI distribution full kit/items	256,373	21.5	5,517,726

WASH

	ACTIVITY	PLANNED REACH	UNIT COST ($US)	TOTAL COST ($US)
CA1.1	Crisis-affected people have equitable, inclusive and safe access to safe/improved drinking water meeting demand for domestic purposes, at minimum/agreed standards	548,070	30	16,453,061
CA1.2	Crisis-affected people have equitable, inclusive and safe access to functional excreta disposal systems.	548,070	19	10,283,163
CA1.3	Crisis-affected people have equitable, inclusive and safe access to hygiene items and community-tailored messages, enabling health seeking behavior.	548,070	26	14,396,429
CA1.4	Crisis-affected people have access to integrated/mainstreamed WASH services, on the basis of risk-sensitive programming and consultation with communities	71,249	95	6,768,665
CA1.5	Crisis-affected people in temporary learning spaces have access to integrated/mainstreamed WASH services.	27,404	95	2,603,333
CA1.6	Crisis-affected people in temporary health facilities have access to integrated/mainstreamed WASH services.	16,442	95	1,562,000
CA2.1	Vulnerable people have access to sustainable safe/ improved water drinking water, meeting demand for domestic purposes through light rehabilitation of water system at community level.	615,404	54	33,164,240
CA2.2	Vulnerable people have access to sustainable functional excreta disposal systems, reducing safety/public health/environmental risks through light rehabilitation of Sanitation system at community level	153,851	128	19,691,268
CA2.3	Vulnerable people reached with critical WASH supplies (including hygiene items) and services	769,255	38	29,018,710
CA2.4	Vulnerable people have access to integrated/mainstreamed WASH services, on the basis of risk-sensitive programming and consultation with communities	76,925	13.5	1,036,383

4.7
Humanitarian-Development Nexus

HUMANITARIAN RESPONSE PLAN (HRP)	SOCIO-ECONOMIC RESILIENCE AND RESPONSE PLAN (SERRP)	SUSTAINABLE DEVELOPMENT GOALS (SDGS)

Strategic Objective 1

Lives are saved and the overall health and mental and physical well-being of people affected by conflict and natural disaster is improved through timely and integrated assistance.

Specific Objectives

- Morbidity and mortality of 556,000 IDPs (including displaced stateless people), as well as other conflict and disaster affected (non-displaced) people is reduced through scaled-up age, gender, and disability appropriate access to life-saving assistance.

- Emergency support to 6.2 million people targeted for assistance is enhanced by expanding engagement with and building the capacity of local actors to provide impartial, timely and relevant life-saving humanitarian response to IDPs (including displaced stateless people), conflict and disaster-affected communities and through improved needs assessments.

Pillar 1

Social protection and basic social services - households and communities' resilience is strengthened, and recovery is supported through the provision of inclusive social protection measures and basic social services.

Food and nutrition: Preventative food and nutrition services delivered in communities most at risk of food insecurity and in communities with unmet humanitarian needs.

Social Protection: Inclusive, gender-sensitive and shock-responsive social protection services for the most vulnerable scaled up in affected communities.

Durable solutions and resilience building for displaced populations: Increased access to safe and durable shelter and settlement options for the urban homeless and for households affected by protracted displacement.

Water, sanitation and hygiene: Reliable and climate-resilient water, sanitation and hygiene services and systems delivered to households and basic service facilities in rural and urban communities regularly exposed to shortages.

Education: Sustained safe and inclusive learning systems for children and adolescents, supported through community-driven and alternative education solutions.

Prevention of gender-based violence and violence against children: Prevention of gender-based violence and violence against children strengthened and protection of survivors of violence enhances, through capacity-building and support to community-driven initiatives

Sustainable Development Goals (SDGs)

- Good Health and Well-Being
- Zero Hunger
- Quality Education
- Clean Water and Sanitation

Activities

HUMANITARIAN RESPONSE PLAN (HRP) - SO1

Food Security
- Food distribution (in kind/voucher/cash) for IDPs.
- For acute emergency situations particularly in the case of a natural disaster, distribution of high energy biscuits will be considered as a first response. As feasible, fortified rice will also be included.
- Cash+ interventions (nutrition messages to complement cash transfers, as well as provision of agricultural inputs provision).

SOCIO-ECONOMIC RESILIENCE AND RESPONSE PLAN (SERRP) - PILLAR 1

Food, Cash and Social Protection
- Cash transfers and livelihoods support for people at risk of falling into moderate food insecurity and those already in moderate food insecurity whom humanitarians have not prioritised for assistance.
- Cash transfers and livelihoods assistance that supports people to recover from moderate and severe food insecurity, building their resilience.
- Cash transfers to migrant women-headed households
- Implement a school feeding programme
- Social protection assistance to support impoverished and at-risk families to meet their everyday living expenses and prevent them slipping into humanitarian need.
- Strengthen the shock-responsiveness of social protection systems in partnerships with CSOs, private sector and communities
- Develop and implement a modern and robust management information system and digital solutions for social protection programmes
- Distribution of child allowance (3-6 y.o) and disability grants to at risk families

Insurance
- Mobile-based micro-insurance scheme in at-risk urban townships

Health
- Emergency health care for IDP victims of conflict, land mine and explosive remnants of war.
- Referrals for IDPs to specific emergency services such as trauma care, emergency obstetric and newborn care, care in life-threatening emergencies, and gender-based violence (GBV) clinical care and specialised GBV services.
- Mental health and psychosocial support services for crisis-affected people, especially in conflict areas for IDPs.
- Cover gaps in routine and supplemental vaccination for IDP children and women.
- Delivery of physical rehabilitation services and provision of assistive devices, technology and products for IDPs with conflict injuries and different forms of impairments (including chronic diseases).
- Provision of training for frontline
- workers, contingency medical supplies, and health logistics services to support routine and emergency services, COVID-19 prevention and treatment, as well as treatment for HIV, TB and non-communicable diseases such as diabetes and hypertension.

Shelter/NFI/CCCM
- Provision of emergency shelter kits and cash support for IDPs
- Distribution of NFI kits and relief items for conflict and disaster affected people, particularly IDPs.
- Provision of shelter reconstruction and improvement support including tools and materials or cash
- Implementation of CCCM activities in displacement sites including site planning, site improvement, Camp Management Committee training

Housing, durable solutions
- Upgrade homeless shelters in Yangon by working with CSOs
- Produce a 'State of Homelessness Report' to examine extent, causes and solutions to homelessness, and covering the rise of forced evictions
- Information campaigns and documentation on forced evictions and housing, land and property rights violations in informal urban settlements
- Support community-based solutions to deal with evictions and land tenure issues in informal urban settlements
- Provide assistance and enhance community-based support mechanisms to voluntary returnees to areas of origin, voluntary relocations or voluntary integration in areas of displacement

HUMANITARIAN RESPONSE PLAN (HRP) - SO1

Protection
- Case management services for survivors of GBV, sexual exploitation, child abuse, IDP children and children in detention
- Targeted, specialised support to IDPs with specific protection needs and risks including through distribution of dignity kits and other NFIs, mental health and psychosocial support, child friendly spaces, parenting support, cash assistance and other support and victim assistance services

SOCIO-ECONOMIC RESILIENCE AND RESPONSE PLAN (SERRP) - PILLAR 1

Gender, protection and community safety for women and children
- Initiatives on resilience building, social norm change, rehabilitation and reintegration for vulnerable women and girls
- Audits on women's safety in public spaces, GBV awareness-raising, access to information and building community-level protection mechanisms
- Cash, food, asset creation and livelihood opportunities for GBV survivors and women and girls at-risk
- Promotion of social norm change through community mobilisation, resilience building and reintegration of victims of VAC and children at-risk
- Strengthening data collection on a range of protection risks including GBV, VAC and conflict-related sexual violence
- Capacity-building of CSOs/WLOs/WROs/EHOs to support GBV service provision and referrals
- Capacity-building of informal justice actors to ensure survivor-centred approach
- Capacity-building to enhance child protection service provision and referrals
- Capacity-building of CSOs, NGOs and communities for MHPSS service provision to survivors to GBV and VAC

WASH
- Life-saving WASH activities including water trucking/boating, installation of latrines and distribution of WASH NFIs for IDPs.
- WASH services and Hygiene promotion activities for IDP returnees, people who are resettled and locally integrated
- Operation and maintenance of WASH services including rehabilitation of latrines and water points, and hygiene promotion for non-displaced stateless people
- In-kind or cash/vouchers for hygiene kits

Water and sanitation infrastructure and systems
- Distribution of critical water, sanitation and hygiene supplies and services to vulnerable households not prioritised by humanitarian actors, as well as to impoverished families.
- Provision and distribution of COVID-19 preventative supplies and infrastructure in public spaces including markets.
- Upgrading access to WASH services through provision of water supply systems in urban poor areas including with treatment plants, water safety plans
- Support vulnerable and at-risk rural communities through provision of climate resilient WASH services
- Capacity building for CSOs and ethnic organisations on waste management in rural and peri-urban areas to promote domestic waste management
- Support communities to segregate their waste at source, organize collection and safe disposal
- Provide frontline sanitation workers and community volunteers with essential PPE
- Provide access roads to water sources
- Build or upgrade drainage and wastewater channels, and culverts

HUMANITARIAN RESPONSE PLAN (HRP) - SO1

SOCIO-ECONOMIC RESILIENCE AND RESPONSE PLAN (SERRP) - PILLAR 1

Nutrition
- Establishment of sites both at community and facility level for provision of screening, treatment and follow up services for SAM, MAM and SAM with complications for children under 5 and PBW/ Gs.
- Developing capacity of Health/ Nutrition care providers to deliver the essential packages of CMAM, MYICN, IFE and Information management.

Prevention of malnutrition and capacity-building of nutrition actors
- Distribution of fortified food and nutrition sensitive packages to people at risk of falling into moderate or severe acute malnutrition, or those already in moderate acute malnutrition who have not been prioritised for humanitarian assistance
- Distribution of fortified food and nutrition sensitive packages to food vendors in peri-urban impacted by the military takeover
- Training of health staff and community health workers in malnutrition prevention
- Capacity- and system-building for non-governmental and private sector nutrition actors
- Provision of supplementary and therapeutic medical supplies for use in the treatment of malnutrition, complementing the services offered by humanitarians in emergency and acutely vulnerable settings.
- Promote social behaviour and change communication (SBCC) for healthy nutrition and nutrition-sensitive agriculture
- Engagement with food industries to promote healthy foods and nutrition messages

Education
- Provision of education spaces (formal and non-formal) for displaced children
- Provision of support to access open learning materials for IDP children or children who are conflict or disaster affected.
- Capacity building activities to educators to provide continued learning and MHPSS to children, adolescents and young people who are displaced, or are conflict or disaster affected.
- Support to parents and caregivers in IDP or conflict or disaster settings to help children, adolescents and young people to access open learning and MHPSS resources.

Remote learning strategies, tools and capacities
- Develop an interim education strategy based on an analysis of the impact of the crisis on children's right to education
- Develop and operate an open learning platform for children in cooperation with humanitarian education actors and deliver this platform to vulnerable children not prioritised for humanitarian assistance and other at-risk children.
- Strengthen capacities of service providers to support learning
- Adapt teacher education materials and methods with a focus on strengthening inclusion and teacher capacities
- Expand internet access in community centres in informal urban settlements for remote schooling

HUMANITARIAN RESPONSE PLAN (HRP)	SOCIO-ECONOMIC RESILIENCE AND RESPONSE PLAN (SERRP)	SUSTAINABLE DEVELOPMENT GOALS (SDGS)

Strategic Objective 2
Living standards of vulnerable people of all genders and diversities are improved and their resilience is strengthened.
Specific Objectives
- Living standards and access to quality humanitarian services are improved for 5.6 million non-displaced, vulnerable people, non-displaced stateless people and returnees/resettled or locally integrated people according to their severity of need.
- Livelihoods opportunities, food security and nutritional status are secured and improved for 3.5 million moderately and severely food insecure people through the provision of food and nutrition assistance and support for sustainable and resilient agriculture.

Pillar 2
Economic resilience and recovery – households, communities and MSMEs are better able to withstand the adverse economic impacts of the crisis and recover when conditions allow.

Vulnerable workers and MSMEs: The resilience of the most vulnerable workers and MSMEs are strengthened through gender-responsive capacity building and the promotion of access to services and capital.

Rural communities and the agricultural sector: Rural communities and agri-food value chains become more resilient through support to their productive assets, access to innovative extension services, provision of inputs and promotion of sustainable, adaptive agricultural practices and food processing methods.

Disaster risk reduction and climate change adaption: Communities are empowered through gender-responsive technical and infrastructure support to better prevent and respond to climatic and manmade disasters.

- No Poverty
- Quality Education
- Clean Water and Sanitation
- Decent Work and Economic Growth
- Reduced Inequality
- Climate Action

Activities

HUMANITARIAN RESPONSE PLAN (HRP) - SO2	SOCIO-ECONOMIC RESILIENCE AND RESPONSE PLAN (SERRP) - PILLAR 2

Food Security
- Food distribution (in kind/voucher/cash) for vulnerable moderate and severe food insecure people.
- Cash-for-work and food-for-work activities for extremely vulnerable landless, labour wage earner and marginal/small holder farmers
- Provision of agricultural inputs to those with acute needs, e.g. seeds, fertiliser, tools, and home gardening/machinery (in kind/voucher/cash) complemented with nutrition messages
- Provision of livestock along with animal feed and veterinary supplies for livestock farmers with acute needs (in kind/voucher/cash)
- Provision of livelihood kits, e.g. fishery/aquaculture, tailoring (in kind/voucher/cash)
- Micro-finance to supporting vulnerable beneficiaries in accessing financial services to access to seeds, irrigation kits and fertiliser

Supporting livelihoods, businesses and workers
- Livelihoods and market assessments in informal urban settlements
- Youth and women's economic empowerment through social partners and CSOs
- Trainings on entrepreneurship development, digital and financial literacy targeting women and girls in conflict-affected rural areas
- Start-up capital, coaching and training for returning migrants and migrant-sending households to facilitate MSME creation
- Pilot of a Migrant Workers' Fund
- Cash and in-kind assistance to casual labourers, land less farmers, and people in protracted displacement to increase off-farm livelihood opportunities
- Cash for work schemes for community infrastructure works in informal urban settlements and conflict-affected areas
- Livelihood and enterprise development support (skills training, MSME development, TVET in manufacturing, market linkages, credit/savings groups) in informal urban settlements and conflict-affected areas
- Research on and design of community-based options for an employment injury scheme
- Implement a targeted capacity building programme, for MSMEs, including an accelerator programme for gender transformative enterprises
- Support innovative digital services for business management, workers safety and marketing
- Technical support to maintain and enhance micro-finance services under crisis situations, including through the Market Development Facility, expanding MFI branches and financial services in rural areas, digitalising MFIs
- Identify good practices for companies and organisations linked to integrity and transparency in the business sector

HUMANITARIAN RESPONSE PLAN (HRP) - SO2	SOCIO-ECONOMIC RESILIENCE AND RESPONSE PLAN (SERRP) - PILLAR 2

HUMANITARIAN RESPONSE PLAN (HRP) - SO2

SOCIO-ECONOMIC RESILIENCE AND RESPONSE PLAN (SERRP) - PILLAR 2

Agriculture
- Cash/in-kind support to key agricultural value chain agents (local food vendors, markets and traders)
- Support for participatory land-use planning
- Training through Farmer Field Schools (FFS) and Community Forests User Groups (CFUG) for enhanced farmer productivity
- Strengthen the adaptive capacity and resilience of fisheries and aquaculture-dependent livelihoods in Myanmar
- Community-driven construction/rehabilitation of productive infrastructure (e.g. irrigation networks, fish ponds, storage)
- Implementation of support to reduce post-harvest losses for small-scale producers, value addition and facilitation in transport and access to markets
- Provision of technical assistance to improve livestock health, productivity and marketing, including for the control of transboundary animal diseases
- Promote climate-resilient and improved productivity farming systems, in particular for rice (double-monsoon system)
- Distribute cash grants, inputs, assets to vulnerable farming households (crops, livestock, fisheries) to support resilient food production and income
- Provide targeted support to women-headed households e.g. toolkits for livelihood sources such as home gardening
- Provide crop productivity support to small farmers in the Central Dry Zone
- Promotion of integrated sustainable management, restoration and conservation of mangroves including through building capacities for community forest enterprises

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Health
- Ensuring availability of primary health care services for vulnerable groups aligned with the essential package of health services, including sexual and reproductive, maternal, new-born, adolescent and child health.
- Fill routine and supplemental vaccination gaps for children and women.
- Mental health and psychosocial support services
- Preventing, detecting, and rapidly responding (care and treatment) to communicable disease outbreaks for at-risk and affected people.
- Support to the delivery of rehabilitation services and provision of assistive devices, technology and products for persons with injuries and different forms of impairments (including chronic diseases).

Urban health systems
- Conduct Rapid Urban Health Security Assessments for secondary and tertiary cities with a focus on reducing public health risks linked to congestion, lack of basic infrastructure and inappropriate housing
- Develop digital tool for increasing access to essential health services in informal urban settlements

COVID-19
- Capacity strengthening of CSOs/CBOs and community volunteers on sustainable and resilient pandemic recovery, including for implementing revised SOPs and procedures on COVID-19.

Protection
- Provide quality and multi-sectoral case management services to survivors of GBV including sexual exploitation, child abuse, conflict affected children, children in detention
- Provide targeted/specialised support to persons with specific protection needs and risks (including through distribution of dignity kits and other NFIs, mental health and psychosocial support, CFS, parenting support, cash assistance and other support, victim assistance service
- Provide legal services on civil status documentation /registration as well as on housing, land and property (HLP) issues and children in need of legal aid services

Gender
- Comprehensive and gendered-impact assessments of compound effects of COVID-19 and political crisis

Safe Migrants
- Support Migrant Resource Centres (MRCs), CSO partners and private sector partnerships to facilitate delivery of information and services for safe migration

Promoting social cohesion
- Implement community-based Quick Impact Projects (QIPs) in areas where inter-group tensions may arise due to compound effects of COVID-19 and military takeover

HUMANITARIAN RESPONSE PLAN (HRP) - SO2	SOCIO-ECONOMIC RESILIENCE AND RESPONSE PLAN (SERRP) - PILLAR 2
Shelter/NFI/CCCM • NFI provision for returnees and non-displaced stateless people with the aim of improving living conditions and/or assisting their transition towards durable solutions	**Hazard mapping and disaster risk reduction** • Conduct multi-hazard risk mapping, including COVID-19 related risks. • Develop community-based tools (including digital) for dissemination of reliable multi-risk prevention and response information • Work with specialised firms in developing user-friendly digital solutions for disseminating disaster risk information and fomenting community engagement towards disaster risk reduction. • Support to community preparedness to withstand multiple hazards, including through the construction of (temporary) monsoon shelters and climate resilient community infrastructure • Setting up Local Recovery Funds to support community-based recovery • Capacity strengthening of CSOs/CBOs and community volunteers on sustainable and resilient disaster recovery, including for implementing revised SOPs and procedures on DRR. • Pilot upgrading/resettlement schemes, including housing and basic infrastructure, through capacity-building of local artisans for climate-resilient construction methods, model enhanced housing design and community-driven upgrading solutions
WASH • Provision of safe water to vulnerable, stateless and returned/resettled/locally integrated people people through rehabilitation of water and sanitation systems.	**Waste management infrastructure** • Put in place systems for solid waste management, including with technical advice, equipment and community-based management solutions
Nutrition • Establishment of treatment sites both at community and facility level for provision of screening, treatment and follow up services for SAM, MAM and SAM with complications for affected children under 5 and PBW/Gs	• Promote integration of the management of acute malnutrition into public health delivery platforms and promoting community-supported platforms and animators to expand coverage to hard-to-reach and underserved areas. This will enable achievement of a sustainable and comprehensive service package for the most vulnerable
Education • Support for children who are vulnerable, stateless or returned/resettled to access formal and non-formal education spaces • Support for children who are vulnerable, stateless or returned/resettled to access open learning materials • Capacity building activities for educators to provide continued learning and MHPSS to children, adolescents and young people • Support to parents and caregivers in providing support to children, adolescents and young people in access open learning and MHPSS resources.	**Tertiary and vocational education** • Support provision of TVET to vulnerable populations through private sector and civil society providers

HUMANITARIAN RESPONSE PLAN (HRP)	SOCIO-ECONOMIC RESILIENCE AND RESPONSE PLAN (SERRP)	SUSTAINABLE DEVELOPMENT GOALS (SDGS)

Strategic Objective 3
- Protection risks are mitigated, protection needs are monitored and met, and respect for International Humanitarian Law (IHL) is promoted.

Specific Objectives
- 2 million people targeted for protection interventions are protected from further harm and the risks they face are mitigated and/or responded to through improved access to quality and inclusive protection services.
- Respect for human rights and IHL is promoted and supported, including through dialogue with duty bearers to mitigate against the effects of armed conflict on civilians.

Pillar 3
Human rights, rule of law and democratic space – civil society actors are empowered and able to continue operating through mechanisms, networks and programmes that promote access to justice, human rights, gender equality, and democratic and civic spaces.

Accountability and access to justice:
Strengthened capacities of civil society actors and mechanisms to promote accountability and inclusive and gender-responsive access to justice, legal assistance and remedies.

Increasing awareness of fundamental and democratic rights, and countering discrimination, misinformation and hate speech: Civil society actors are supported to increase public awareness and access to information on fundamental and democratic rights and acceptance of difference, while countering discrimination, misinformation and hate speech.

Preserving capabilities of civil society: Civil society actors supported to preserve civic space and continue their work.

- Gender Equality
- Peace, Justice and Strong Institutions

Activities

HUMANITARIAN RESPONSE PLAN (HRP) - SO3

Protection
- Protection monitoring (PIMS)
- Protection assessments of displacement sites
- GBV safety audits
- Training on protection topics including: case management, MHPSS, PFA, GBV, PSEA, other protection issues
- Awareness-raising and communication with community activities on Child Protection, family strengthening, GBV, Mine Action, Sexual Exploitation and Abuse, MHPSS, anti-trafficking, and general protection
- Work with/support to community-based protection mechanisms including through support to community, women, children, and youth-led initiatives including led by persons with disabilities and older persons for empowerment, social cohesion and peaceful coexistence, resilience building, conflict prevention and protection risk mitigation
- Provide legal services on civil status documentation or registration, as well as on housing, land and property (HLP) issues and children in need of legal aid services.

SOCIO-ECONOMIC RESILIENCE AND RESPONSE PLAN (SERRP) - PILLAR 3

Legal aid
- Build capacities of I/NGOs, CSOs and CBOs to enhance legal aid service provision, strategic litigation and evidence-based documentation
- Provide legal aid support around housing, land and property rights in informal urban settlements
- Technical support to non-governmental stakeholders working on birth registration, civil documentation and citizenship

Justice and rights awareness
- Support community-based approaches for legal aid and justice service for GBV survivors and other vulnerable populations, including in informal urban settlements
- Organise civic education and information campaigns on human rights and legal rights, including for fair trial
- Provide legal awareness and legal assistance to vulnerable workers
- Develop and deliver online resources/training on the elimination of child labour.
- Raise awareness of workers and companies on human rights impacts of business activities
- Develop and deliver online training, resources promoting respect for labour rights.
- Support trade unions and CSO networks facilitating reception and handling of forced labour complaints
- Support non-governmental stakeholders in specific value chains (fishing, coffee, industry) to eliminate child labour.

HUMANITARIAN RESPONSE PLAN (HRP) - SO3	**SOCIO-ECONOMIC RESILIENCE AND RESPONSE PLAN (SERRP) - PILLAR 3**
	Media literacy, social cohesion, gender responsive information • Media and information literacy (MIL) programmes, with focus on women and youth audiences, to combat hate speech and disinformation • Production of community media programmes for citizen engagement and amplification of voices of marginalised groups • Production of animated series and radio broadcasts promoting tolerance and social cohesion (ethnicity, religious belief, class/ socioeconomic status, disability, gender, sexual orientation, health status) • Build capacities of journalists investigating on corruption and link them with regional anti-corruption networks • Support media and communications campaigns to tackle corruption risks related to the pandemic and the wider political crisis • Dissemination of reliable and gender-responsive information on COVID-19, social cohesion, women empowerment and response plans through media, education and service delivery channels • CSOs grants to raise awareness and monitor large infrastructure projects to protect housing, land and property rights of IDPs and affected communities • Support legal defence needs of journalists, labour activists, human rights defenders, artists and CSOs against lawsuits restricting freedom of expression • Support mechanisms and structures for the safety and protection of journalists (e.g. safety plan, safety houses, safety trainings) • Support the digital security of media organisations, CSOs and HR defenders through training, capacity development in IT systems, purchase of software licenses and other support services • Research on community-based organisations to identify space and capacity needs for women and girls to articulate their voices, exercise and build leadership and develop their organisational skills • Provide technical assistance and capacity-building and fund CSOs/CBOs to bolster their programming in civic education, improve human-rights based programming and preserve civic space.
Education • Capacity building activities to partner staff on education in emergencies, PSEA and/or AAP • Capacity building activities to education committees on protection, safety and/or the well-being of children	**Preventing child labour** • Support quality education for children in communities prone to child labour, including in conflict-affected areas

4.8
Monitoring Framework

Strategic Objective 1

Lives are saved and the overall health and mental and physical well-being of people affected by conflict and natural disaster is improved through timely and integrated assistance

INDICATOR	BASELINE	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY
SP1.1: Morbidity and mortality of 556,000 IDPs (including displaced stateless people), as well as other conflict and disaster affected (non-displaced) people is reduced through scaled-up age, gender, and disability appropriate access to life-saving assistance					
# of IDPs (including displaced stateless people) conflict and disaster affected people reached with one or more of the following types of life-saving assistance: • Education • Protection • Food • Shelter/NFI/CCCM • Health • WASH • Nutrition	n/a	556,000	556,000	Clusters	Quarterly
SP1.2: Emergency support to 6.2 million people targeted for assistance is enhanced by expanding engagement with and building the capacity of local actors to provide impartial, timely and relevant life-saving humanitarian response to IDPs (including displaced stateless people), conflict and disaster-affected communities and through improved needs assessments					
# of local partners engaged in the response across all clusters	70	n/a	100	Clusters	Bi-annually
% of MHF funding local partners (direct or indirect)	50%	n/a	50%	MHF	Quarterly
# of ICCG and Cluster partnership strategies finalised	n/a	7	7	Clusters	Bi-annually
# of multi-sector needs assessments conducted	n/a	15	15	ICCG	Bi-annually
# of collective AAP perception surveys conducted	0	2	1	AAP WG	Bi-annually
# of capacity building trainings delivered involving local actors	n/a	150	50	Clusters	Bi-annually

Strategic Objective 2

Living standards of vulnerable people of all genders and diversities are improved and their resilience is strengthened

INDICATOR	BASELINE	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY
SP2.1: Living standards and access to quality humanitarian services are improved for 5.6 million non-displaced, vulnerable people, non-displaced stateless people and returnees/resettled or locally integrated people according to their severity of need					

INDICATOR	BASELINE	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY
# vulnerable, non-displaced stateless and returned/ resettled/locally integrated people reached with one or more of the following types of assistance: • Education • Health (including COVID-19 prevention) • Protection • Shelter, NFI • WASH	n/a	13.8m	5.6m	Clusters	Quarterly
SP2.2: Livelihoods opportunities, food security and nutritional status are secured and improved for 3.5 million moderately and severely food insecure people through the provision of food and nutrition assistance and support for sustainable and resilient agriculture					
# of local partners engaged in the response across all clusters	n/a	12.6m	3.5m	Clusters	Bi-annually

Strategic Objective 3
Protection risks are mitigated, protection needs are monitored and met, and respect for IHL is promoted

INDICATOR	BASELINE	NEED	TARGET	DATA SOURCE	DATA FREQUENCY
SP3.1: Two million people targeted for protection interventions are protected from further harm and the risks they face are mitigated and/or responded to through improved access to quality and inclusive protection services					
# of communities reached with protection monitoring		150 townships	80%	Protection cluster	Quarterly
% of new displacement sites where rapid protection assessments have been conducted		100%	80%	Protection cluster	Bi-annually
# of GBV safety audits conducted		n/a	300	Protection cluster	Quarterly
# of service providers trained on protection topics disaggregated by category: case management, MHPSS/ PFA/ GBV/ PSEA, general protection and other protection issues			200	Protection cluster	Quarterly
SP3.2: Respect for human rights and IHL is promoted and supported, including through dialogue with duty bearers to mitigate against the effects of armed conflict on civilians					
. # of local and national level advocacy interventions and dialogue carried out with duty bearers and key stakeholders to mitigate violations of rights	x	n/a	30	Protection cluster	Quarterly
% of HRP partner organizations contributing to rights' violations reporting mechanisms upon occurrence		100%			
# of public statements and products published by the HC, DHC, OCHA and cluster lead agencies, which raise POC issues.		75	75	ReliefWeb	Bi-annually
# of HCT presentations and discussions on POC issues		5	5	HCT	Bi-annually

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

SP	INDICATOR	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY
2.1	**CO1: Crisis-affected children and youth have continued access to safe, inclusive, quality learning opportunities**				
	# of crisis-affected children and youth (ages 3-25) receiving life-saving assistance by accessing education spaces (formal/non-formal), skills development courses, and/or open learning materials	251,640	178,560	ECMT (Education Cluster Monitoring Tool, a 5W)	Quarterly
	CA 1.1: Provision of safe learning spaces and basic materials to ensure continuity of formal and non-formal education services for crisis-affected children and youth		104,460		
	# of crisis-affected children (ages 5-17) receiving supplementary learning materials for basic education (formal and non-formal)	138,402	95,010	ECMT	Quarterly
	# of crisis-affected youth (ages 18-25) enrolled in skills development courses (literacy, numeracy, life skills etc.)	46,008	5,200	ECMT	Quarterly
	# of crisis-affected children (ages 3-5) enrolled in early childhood education	27,680	5,250	ECMT	Quarterly
	# of temporary learning spaces (TLS) established		530	ECMT	Quarterly
	# of education spaces with improved safety through rehabilitation, improvement of WASH facilities, and/or COVID-19 prevention measures		650	ECMT	Quarterly
	CA1.2: Provision of open learning materials for crisis-affected children and youth's safe and continuous learning		74,102		
	# of crisis-affected children (ages 5-17) accessing hard-copy or digital open learning materials	166,080	66,692	ECMT	Quarterly
	# of crisis-affected youth (ages 18-25) accessing hard-copy or digital open learning materials	39,550	7,410	ECMT	Quarterly
2.1	**CO2: Vulnerable children and youth with humanitarian needs have continued access to safe, inclusive, quality learning opportunities**				
	# of vulnerable children and youth (ages 3-25) receiving assistance to access education spaces (formal/non-formal), skills development courses, and/or open learning materials	4.9m	1.2m	ECMT	Quarterly
	CA2.1: Provision of safe learning spaces and basic materials to ensure continuity of formal and non-formal education services for vulnerable children and youth		705,800		
	# of vulnerable children (ages 5-17) receiving supplementary learning materials for basic education (formal and non-formal)	2.6m	635,260	ECMT	Quarterly
	# of vulnerable youth (ages 18-25) enrolled in skills development courses (literacy, numeracy, life skills etc.)	147,400	35,250	ECMT	Quarterly
	# of vulnerable children (ages 3-5) enrolled in early childhood education	148,200	35,290	ECMT	Quarterly
	# of education spaces with improved safety through rehabilitation, improvement of WASH facilities, and/or COVID-19 prevention measures		4,410	ECMT	Quarterly

SP	INDICATOR	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY
	CA2,2: Provision of open learning materials for vulnerable children and youth's safe and continuous learning		500,700		
	# of vulnerable children (ages 5-17) accessing hard-copy or digital open learning materials	1.8m	450,630	ECMT	Quarterly
	# of vulnerable youth (ages 18-25) accessing hard-copy or digital open learning materials	98,200	50,070	ECMT	Quarterly
1.1	**CO3: Crisis-affected children and youth receive quality, protective, and inclusive education that caters for their mental health and psychosocial needs**				
	# of educators with increased capacity to provide continued learning and MHPSS to children and youth	3,452	2,495	ECMT	Quarterly
	# of parents/caregivers accessing guidance on open learning and MHPSS for their children, adolescents, and youth	14,195	10,175	ECMT	Quarterly
	CA3:1: Capacity building for educators which improves their support for children and youth's continued learning, and improved mental and emotional well-being		2,495		
	# of educators receiving capacity building required to provide continued learning and MHPSS to children and youth	3,452	2,495	ECMT	Quarterly
	CA3.2: Recruitment and support for educators to meet standards for education quality (i.e. class size and learning environment)		2,116		
	# of educators supported with incentive payments or other financial support		2,116	ECMT	Quarterly
	# of education spaces with quality learning environments through teaching materials and furniture		800	ECMT	Quarterly
	CA3.3: Guidance and other types of capacity building which improves parents/caregivers' ability to support open learning and MHPSS for children and youth		10,175		
	# of parents/caregivers accessing guidance on open learning and MHPSS for their children and youth	14,195	10,175	ECMT	Quarterly
2.1	**CO4: Vulnerable children and youth with humanitarian needs receive quality, protective, and inclusive education that caters for their mental health and psychosocial needs**				
	# of educators with increased capacity to provide continued learning and MHPSS to children and youth	102,643	24,075	ECMT	Quarterly
	# of parents/caregivers accessing guidance on open learning and MHPSS for their children, adolescents, and youth	88,382	24,285	ECMT	Quarterly
	CA4.1: Capacity building for educators which improves their support for children and youth's continued learning, and improved mental and emotional well-being		24,075		
	# of educators receiving capacity building required to provide continued learning and MHPSS to children and youth	102,643	24,075	ECMT	Quarterly

SP	INDICATOR	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY
	CA4.2: Recruitment and support for educators to meet standards for education quality (i.e. class size and learning environment)		8,520		
	# of educators supported with incentive payments or other financial support		8,520	ECMT	Quarterly
	# of education spaces with quality learning environments through teaching materials and furniture		6,165	ECMT	Quarterly
	CA4.3: Guidance and other types of capacity building which improves parents/caregivers' ability to support open learning and MHPSS for children and youth		24,285		
	# of parents/caregivers accessing guidance on open learning and MHPSS for their children and youth	88,382	24,285	ECMT	Quarterly
1.2	**CO5: The capacity of communities and local/national education partners is strengthened to support safer, coordinated education that monitors and responds to identified needs, and mitigates impacts of shocks and crises**				
	# of Cluster partner staff with increased capacity for education in emergencies, PSEA, and/or AAP	400	200	Partner reporting	Quarterly
	# of education committees (PTAs, etc.) with increased capacity for protection, safety, and/or the well-being of children	n/a	700	Partner reporting	Quarterly
	# of education contingency plans in place at sub-national levels	6	6	Contingency Plan documents	
	CA5.1: Capacity building for Cluster partner staff on education in emergencies, PSEA, and/or AAP		200		
	# of Cluster partner staff receiving capacity building for education in emergencies, PSEA, and/or AAP	400	200	Partner reporting	Quarterly
	CA5.2: Capacity building for education committees (such as PTAs) on protection, safety, and/or the well-being of children		700		
	# of education committees (PTAs, etc.) receiving capacity building on protection, safety, and/or the well-being of children		700	Partner reporting	Quarterly
	CA5.3: Development and implementation of contingency and preparedness plans at sub-national and local levels		6		
	# of education contingency plans developed for sub-national Cluster coordination groups	6	6	Contingency Plan documents	
	# of communities supported to develop contingency preparedness plans related to continuity of education		100	Partner reporting	Quarterly

Food Security Cluster Objectives, Activities and Indicators

SP	INDICATOR	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY
1.1	**CO1: Over 556,000 crisis-affected people have equitable access to sufficient, safe and nutritious food in-kind and/or through cash assistance**				
	# of crisis-affected people that have equitable access to sufficient, safe and nutritious food in-kind and/or through cash assistance	556,000	556,000	FAO/WFP assessment	Once per year
	CA 1.1: Food distribution (in kind, cash or voucher) for IDPs		556,000		
	% of the target population with acceptable Food Consumption Score (FCS) at end of implementation	N/A	Will be set based on based baseline provided by WFP by end of January	FAO/WFP assessment	Once per year
	% of the target population relying on crisis and emergency coping strategies				
2.1	**CO2: Over 2,944,000 vulnerable people with humanitarian needs have equitable access to sufficient, safe and nutritious food in-kind and/or through cash assistance**				
	% of the target population with acceptable Food Consumption Score (FCS) at end of implementation	N/A	Will be set based on based baseline provided by WFP by end of January	FAO/WFP assessment	Once per year
	% of the target population relying on crisis and emergency coping strategies				
	CA2.1: Food distribution (in kind, cash or voucher) for non- IDPs		2,944,000		
	% of the target population with acceptable Food Consumption Score (FCS) at end of implementation	N/A	Will be set based on based baseline provided by WFP by end of January	FAO/WFP assessment	Once per year
	% of the target population relying on crisis and emergency coping strategies				
2.2	**CO3: Restore, protect and improve livelihoods and resilience of over 850,000 (442,000 women & 408,000 men) crisis-affected people by rehabilitating agricultural production, protecting productive assets, and rebuilding or creating income-generating activities to prevent negative (and potentially irreversible) coping mechanisms**				
	% of the target population with acceptable Food Consumption Score (FCS) at end of implementation	N/A	Will be set based on based baseline provided by WFP by end of January	FAO/WFP assessment	Once per year
	% of the target population relying on crisis and emergency coping strategies				

Health Cluster Objectives, Activities and Indicators

SP	INDICATOR	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY
1.1	**CO1: Communicable diseases are prevented, detected and rapidly responded for IDPs in conflict and disaster affected areas**				
	% of early warning, alerts and response system (EWARS) notification for IDPS that are verified.	100%	100%	EWARS	Twice a year (every 6 months)
	CA 1.1: Ensuring availability of primary health care services for IDP population, aligned with the essential package of health services, including sexual and reproductive, maternal, newborn, adolescent and child health		556,000		
	% of IDP population that has access to primary health care services.	100%	100%	Partner reports	Twice a year (every 6 months)
	CA 1.2: Preventing, detecting, and rapidly responding to communicable disease outbreaks for IDP population.				
	% of communicable disease outbreaks notifications verified and responded timely for IDP population	100%	100%	EWARS	Twice a year (every 6 months)
2.1	**CO2: Communicable diseases are prevented, detected and rapidly responded for non-displaced vulnerable people in conflict and disaster affected areas**				
	% of early warning, alerts and response system (EWARS) notification for non-displaced, vulnerable	100%	100%	EWARS	Twice a year (every 6 months)
	CA 2.1: Ensuring availability of primary health care services for non-displaced vulnerable people, aligned with the essential package of health services, including sexual and reproductive, maternal, newborn, adolescent and child health		0.9M		
	% of non-displaced vulnerable population that has access to primary health care services.	100%	45%	Partner reports	Twice a year (every 6 months)
	CA 2.2: Preventing, detecting, and rapidly responding to communicable disease outbreaks for non-displaced vulnerable population.		0.9M		
	% of communicable disease outbreaks notifications verified and responded timely for non-displaced vulnerable population.	100%	100%	EWARS	Twice a year (every 6 months)

Nutrition Cluster Objectives, Activities and Indicators

SP	INDICATOR	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY
1.1	**CO1: More than 59,448 targeted IDP and conflict-affected children (boys and girls) with acute malnutrition, will have access to equitable and inclusive life-saving treatment and management services**				
	% of children with severe acute malnutrition discharged as cured		>75% SHPERE standards	Routine SAM treatment data	Monthly
	% of children with severe acute malnutrition discharged as death		<10% SPHERE standards	Routine SAM treatment data	Monthly
	% of children with severe acute malnutrition discharged as defaulter		<15% SPHERE standards	Routine SAM treatment data	Monthly
	% of children with moderate acute malnutrition discharged as cured		>75% SPHERE standards	Routine MAM treatment data	Monthly
	% of children with moderate acute malnutrition discharged as death		<3% SPHERE standards	Routine MAM treatment data	Monthly
	% of children with moderate acute malnutrition discharged as defaulter		<15% SPHERE standards	Routine MAM treatment data	Monthly
	CA 1.1: Screening of children under-five for acute malnutrition, referral and follow up		59,448		
	# of children screened for acute malnutrition	118,895	59,448	Screening Reports/ Real-time screening and reporting database	Monthly
	CA 1.2: Treatment and management of children with severe acute malnutrition				
	# of boys and girls 6-59 months with SAM admitted for treatment	7,095	3,548	Routine SAM treatment data	Monthly
	# of boys and girls 6-59 months with MAM newly admitted for treatment	21,765	10,883	Routine MAM treatment data	Monthly
2.2	**CO2: More than targeted 602,071 targeted vulnerable children with humanitarian needs (boys and girls) with acute malnutrition, will have access to equitable and inclusive life-saving treatment and management services**				
	CA 2.1: Screening of children under-five for acute malnutrition, referral and follow up		602,071		
	# of children screened for acute malnutrition	1,204,143	602,071	Screening Reports/ Real-time screening and reporting database	Monthly

SP	INDICATOR	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY
	CA 2.2: Treatment and management of children with severe acute malnutrition				
	# of boys and girls 6-59 months with SAM admitted for treatment	71,859	35,929		
	# of boys and girls 6-59 months with MAM newly admitted for treatment	220,435	110,217	Routine MAM treatment data	Monthly
1.1	**CO3: More than 32,696 targeted pregnant and breastfeeding IDP and conflict-affected women and girls with acute malnutrition have access to equitable and inclusive life-saving treatment and management services**				
	CA 3.1: Screening of PBW/G for acute malnutrition, referral and follow-up		32,696		
	# of PBW/G screened for acute malnutrition	65,392	32,696	Routine PBW/G screening data reporting system	Monthly
	CA 3.2: Treatment and management of PBW/G with acute malnutrition.		1,457		
	# of under nourished pregnant and breastfeeding women and girls admitted to targeted supplementary feeding programme	2,915	1,457	Routine PBW/G treatment data	Monthly
2.1	**CO4: More than 331,139 targeted pregnant and breastfeeding vulnerable women and girls with acute malnutrition have access to equitable and inclusive life-saving treatment and management services**				
	CA 4.1: Screening of PBW/G for acute malnutrition, referral and follow-up		331,139		
	# of PBW/G screened for acute malnutrition	727,671	331,139	Routine PBW/G screening data reporting system	Monthly
	CA 4.2: Treatment and management of PBW/G with acute malnutrition.		14,759		
	# of under nourished pregnant and breastfeeding women and girls admitted to targeted supplementary feeding programme	29,519	14,759	Routine PBW/G treatment data	Monthly
1.1	**CO5: Nutritional status of more than 59,448 IDP and conflict-affected children, boys and girls 6-59 months is improved through equitable and inclusive access to preventative nutrition services including multiple micronutrient support services/ vitamin A supplementation**				
	CA 5.1: Preventive services provided to children 6-59 months through micronutrient supplies and other preventive health services		59,448		
	# of boys and girls aged 6-59 months at risk of acute malnutrition in priority locations who received blanket supplementary feeding programme support	21,056	10,528	BSFP Beneficiary lists	Monthly
	# of children 6-59 months receiving multiple micronutrient powders	118,895	59,448	Programme reports/ database on beneficiaries	Monthly/ Biannually
2.1	**CO6: Nutritional status of more than 602,071 vulnerable children, boys and girls 6-59 months is improved through equitable and inclusive access to preventative nutrition services including multiple micronutrient support services/ vitamin A supplementation**				

SP	INDICATOR	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY
	CA 6.1: Preventive services provided to children 6-59 months through micronutrient supplies and other preventive health services		602,071		
	# of boys and girls aged 6-59 months at risk of acute malnutrition in priority locations who received blanket supplementary feeding programme support	213,254	106,627	BSFP Beneficiary lists	Monthly
	# of children 6-59 months receiving multiple micronutrient powders	1,204,143	602,071	Programme reports/ database on beneficiaries	Monthly/ Biannually
1.1	**CO7: Nutritional status of more than 32,696 IDP PBW/G is improved through equitable and inclusive access to preventative nutrition services including multiple micronutrient support and iron-folic acid supplementation**				
	CA 7.1: Reduction of micronutrient deficiencies among IDP women of reproductive age (WRA) who receives multiple micronutrient powders (MNPs)		32,696		
	# of IDP PBW/G receiving IYCF counselling	65,392	32,696	IYCF Counselling services reporting system	Monthly
	# of IDP PBW/G at risk of acute malnutrition in priority locations who received blanket supplementary feeding programme support	12,589	6,295	Programme reports/ database on beneficiaries	Monthly
	# of IDP pregnant women receiving preventative Multiple Micro-nutrient tablet or iron-folic acid supplementation	65,392	32,696	Programme reports/ database on beneficiaries	Monthly
2.2	**CO8: Nutritional status of more than 331,139 vulnerable PBW/G is improved through equitable and inclusive access to preventative nutrition services including multiple micronutrient support and iron-folic acid supplementation**				
	CA 8.1: Reduction of micronutrient deficiencies among IDP women of reproductive age (WRA) who receives multiple micronutrient powders (MNPs)		331,139		
	# of IDP PBW/G receiving IYCF counselling	662,278	331,139	IYCF Counselling services reporting system	Monthly
	# of IDP PBW/G at risk of acute malnutrition in priority locations who received blanket supplementary feeding programme support	127,503	3,751	Programme reports/ database on beneficiaries	Monthly
	# of IDP pregnant women receiving preventative Multiple Micro-nutrient tablet or iron-folic acid supplementation	662,278	331,139	Programme reports/ database on beneficiaries	Monthly

Protection Cluster Objectives, Activities and Indicators

SP	INDICATOR	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY
1.1	**CO1: Protection of population affected by the crisis (IDPs, including displaced stateless people), improved through coordinated community-based and individually targeted life-saving protection services interventions/responses considering their age, gender, disability, and other diversities**				
	# of IDPs reached with one or more of the protection assistance and targeted life-saving and other protection services	556,000	556,000	4W, 5W and others	Quarterly
	CA 1.1: Provide quality and multi-sectoral case management services to survivor of GBV including sexual exploitation and child abuse		9		
	# of functional inter-agency GBV referral pathways/service mapping in place		9	Data shared by GBV SC	Bi-Annually
	CA 1.2: Provide quality and multi-sectoral child protection case management services		1,400		
	# of children (boys/girls) who received individual case management services	6,700	1,400	5W	Quarterly
	CA 1.3: Provide quality and multi-sectoral mine action case management services		20		
	# of victim of landmine/ERW receiving victim assistance under case management		20	4W	Quarterly
	CA 1.4: Quality case management MHPSS		1		
	# of functioning MHPSS referral pathway		1	MHPSS Referral Directory	Bi-Annual
	CA 1.5: Provide targeted/specialized support to persons with specific protection needs and risks (including through distribution of dignity kits and other NFIs, mental health and psychosocial support, CFS, parenting support, cash assistance and other support, victim assistance services, support to persons with specific needs)		300,000		
	# of people (disaggregated by age, sex, and disability) reached through targeted support	325,000	270,000	4W	Quarterly
	# of people (disaggregated by age, sex, and disability) received dignity kits	184,366	30,000	4W	Quarterly
	CA 1.6: Conduct awareness-raising and communication with community activities on CP, family strengthening, GBV, Mine action, SEA, MHPSS, anti-trafficking, and general protection		556,000		
	# of people (disaggregated by age, sex, and disability) reached through awareness raising campaigns on protection aspects	556,000	556,000	4W	Quarterly

SP	INDICATOR	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY
	CA 1.7: Work with/support to community-based protection mechanisms including through supporting to community/women/children/youth-led initiatives including led by persons with disabilities and older persons for empowerment, social cohesion/peaceful coexistence, resilience building, conflict prevention and protection risk mitigation		500[29]		
	# of community-based protection structures strengthened and enhanced	556,000	300[30]	4W	Quarterly
	# of community led initiatives supported by protection partners	556,000	200[31]	4W	Quarterly
	CA 1.8: Provide legal services on civil status documentation /registration as well as on housing, land and property (HLP) issues and children in need of legal aid service		10,000		
	# of people (disaggregated by age, sex, and disability) received legal aid/counseling support	50,000	10,000	4W	Quarterly
2.1	**CO2: Protection of population affected by the crisis (non-displaced vulnerable people, non-displaced stateless people and returnees/ resettled or locally integrated people) improved through coordinated community-based and individually targeted life-saving protection services interventions/responses considering their age, gender, disability, and other diversities**				
	# of vulnerable, non-displaced stateless and returned/ resettled/ locally integrated people reached with one or more of the protection assistance	8.9m	1.5m	4W & 5W	Quarterly
	CA 2.1: Provide quality and multi-sectoral case management services to survivor of GBV including sexual exploitation and abuse		9		
	# of functional inter-agency GBV referral pathways/service mapping in place		9		
	CA 2.2: Provide quality and multi-sectoral child protection case management services		3,000		
	# of children (boys/girls) who received individual case management services	66,000	3,000	5W	Quarterly
	CA 2.3: Provide quality and multi-sectoral mine action case management services		50		
	# of victim of landmine/ERW receiving victim assistance under case management		50	4W	Quarterly
	CA 2.4: Quality case management MHPSS		1		
	# of functioning MHPSS referral pathway		1	MHPSS Referral Directory	Bi-Annual
	CA 2.5: Provide targeted/specialized support to persons with specific protection needs and risks (including through distribution of dignity kits and other NFIs, mental health and psychosocial support, CFS, parenting support, cash assistance and other support, victim assistance services, support to persons with specific needs)		350,000		
	# of people (disaggregated by age, sex, and disability) reached through targeted support	1.8m	320,000	4W	Quarterly

SP	INDICATOR	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY
	# of people (disaggregated by age, sex, and disability) received dignity kits		30,000	4W	Quarterly
	CA 2.6: Conduct awareness-raising and communication with community activities on CP, family strengthening, GBV, Mine action, SEA, MHPSS, anti-trafficking, and general protection		1.5m		
	# of people (disaggregated by age, sex, and disability) reached through awareness raising campaigns on protection aspects	8.9m	1.5m	4W	Quarterly
	CA 2.7: Work with/support to community-based protection mechanisms including through supporting to community/women/children/youth-led initiatives including led by persons with disabilities and older persons for empowerment, social cohesion/peaceful coexistence, resilience building, conflict prevention and protection risk mitigation		500[32]		
	# of community-based protection structures strengthened and enhanced		300[33]	4W	Quarterly
	# of community led initiatives supported by protection partners	8.9m	200[34]	4W	Quarterly
	CA 2.8: Provide legal services on civil status documentation /registration as well as on housing, land and property (HLP) issues and children in need of legal aid service		10,000		
	# of people (disaggregated by age, sex, and disability) received legal aid/counseling support	500,000	10,000	4W	Quarterly
3.1 3.2	**CO3: Protection risks, human rights violations, and gaps in available service for affected populations identified and mitigated through protection monitoring, analysis and advocacy considering specificities to their age, gender, disability, and other diversities**				
	# of people targeted for protection interventions are protected from further harm and the risks they face are mitigated and/or responded	9.4m	2m	4W and others	Quarterly
	CA 3.1: Conduct protection monitoring and assessment (including GBV safety audit, Early Warning Monitoring System, Community level monitoring reports, Protection Incidents Monitoring Systems-PIMS, Monitoring and reporting of the grave violations against children, Mine incident and identify protection needs/risks)		30		
	% of communities reached with protection monitoring	150 townships	80%	Reports	Quarterly
	% of newly displaced sites where rapid protection assessment has been conducted	100%	80%	Assessment report	On a needs basis
	# of GBV safety audits conducted		300	Audit report	Quarterly
	CA 3.2: Advocacy with duty bearers and key stakeholders to inform and enhance prevention, mitigation, and response to protection risks		2m		
	# of local and national level advocacy interventions	9.4m	30	Reports	Quarterly

SP	INDICATOR	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY
	CA 3.3: Build technical capacity targeting humanitarian actors including national and local partners including CSOs/ Women Led Organizations/ Women's Rights organizations/existing community-based structures		2,000		
	# of humanitarian actors (disaggregated by sex) trained on Protection topics	200 [35]	2,000	4W	Quarterly

Shelter/NFI/CCCM Cluster Objectives, Activities and Indicators

SP	INDICATOR	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY
1.1	**CO1: To assist IDPs and other conflict and disaster affected people with emergency, temporary shelter, or semi-permanent shelter support (including the maintenance, repair, upgrading and replacement of existing shelters) and NFI provision that enhances protection, dignity, security, and privacy, and improves living conditions and/or assists a transition towards the achievement of durable solutions**				
	# of IDPs (including displaced stateless people) conflict and disaster affected people reached with one or more of the following types of life-saving assistance: Shelter/ NFI/CCCM	387,404	365,368	Cluster Analysis report (CAR) -Camp profile -Monitoring and reports	Quaterly
	CA 1.1: Provision of Shelter kit/items in kind, including transport or Cash support; or reconstruction / improvement, support with material, cash assistance		365,368		
	# of people reached through shelter provision; or shelter reconstruction/ improvements in accordance with minimum standards		365,368	Cluster Analysis report (CAR) -Camp profile -Monitoring and reports	Quaterly
	CA 1.2: Distribution of NFI distribution full kit/items to IDPs		365,368		
	# of people received NFI kits/items		365,368	Cluster Analysis report (CAR) -Camp profile -Monitoring and reports	Quaterly
1.1	**CO2: To strengthen the capacities of camp management agencies (CMAs) and other relevant actors to coordinate service assistance and manage camps/ camp like settings to improve the quality of life of IDPs who are in camps/sites focused on solutions-oriented approach**				
	# of IDPs (including displaced stateless people reached with one or more of the following types of life-saving CCCM assistance	387,404	365,368	Cluster Analysis report (CAR) -Camp profile -Monitoring and reports	Quaterly

SP	INDICATOR	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY
	CA 2.1: Implementation of CCCM activities in sites-Site improvement, Capacity building, CMC training, CRM, remote support		365,368		
	# of people benefited from management and support services		365,368	Cluster Analysis report (CAR) -Camp profile -Monitoring and reports	Quaterly
	# of capacity building trainings delivered involving local actors		12		
2.1	**CO3: To assist returnees/ resettled, non-displaced stateless people with emergency, temporary shelter, or semi-permanent shelter support (including the maintenance, repair, upgrading and replacement of existing shelters) and NFI provision, including vulnerable people, to enhance protection, dignity, security, and privacy, and improves living conditions and/or assists a transition towards the achievement of durable solutions**				
	# of returnees/resttled or locally intergrated people reached with provision of shelter kit/ items in kind including transport or cash support/ shelter reconstruction and/or improvement; and/or NFIs	52,954	35,747	Cluster Analysis report (CAR) -Camp profile -Monitoring and reports	Quaterly
	# of non-dispalced stateless people reached with with provision of shelter kit/ items in kind including transport or cash support/ shelter reconstruction and/or improvement; and/or NFIs	158,400	53,459		
	# of vulernable people with humanitarian needs reached with NFIs	1 119,303	167,167		
	CA 3.1: Provision of Shelter kit/items in kind, including transport, or Cash support; or reconstruction / improvement, support with material, cash assistance				
	# of people reached through shelter provision; or shelter reconstruction/ improvements in accordance with minimum standards		89,206	Cluster Analysis report (CAR) -Camp profile -Monitoring and reports	Quaterly
	CA 3.2: Distribution of NFI distribution full kit/items				
	# of people received NFI kits/items		256,373	Cluster Analysis report (CAR) -Camp profile -Monitoring and reports	Quaterly

WASH Cluster Objectives, Activities and Indicators

SP	INDICATOR	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY
1.1	**CO1: Operate and sustain quality and standards of water and sanitation services and good hygiene practices to crisis affected population**				
	IDPs/ Lifesaving activities including water trucking/boating, installation of latrines and distribution of WASH NFIs. Number of crisis-affected people reached with lifesaving WASH activities	548,070	548,070	3Ws/4Ws	Quarterly

SP	INDICATOR	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY
	CA 1.1: Crisis-affected people have equitable, inclusive and safe access to safe/improved drinking water meeting demand for domestic purposes, at minimum/agreed standards		548,070		
	# of women, men, boys and girls benefitting from safe/ improved drinking water, meeting demand for domestic purposes, at minimum/agreed standards.	548,070	548,070	3Ws /4Ws	Quarterly
	CA 1.2: Crisis-affected people have equitable, inclusive and safe access to functional excreta disposal systems.		548,070		
	# of women, men, boys and girls benefitting from functional excreta disposal systems, reducing safety/public health/environmental risks.	548,070	548,070	3Ws /4Ws	Quarterly
	CA 1.3: Crisis-affected people have equitable, inclusive and safe access to hygiene items and community-tailored messages, enabling health seeking behavior		548,070		
	# of women, men, boys and girls benefitting from timely / adequate/ tailored personal hygiene items and receiving appropriate/ community tailored messages that enable health seeking behavior.	548,070	548,070	3Ws /4Ws	Quarterly
	CA 1.4: Crisis-affected people have access to integrated/mainstreamed WASH services, on the basis of risk-sensitive programming and consultation with communities		71,249		
	# of vulnerable people that are consulted, and their concerns are addressed, through dignified and inclusive WASH services	219,228	71,249	3Ws /4Ws	Quarterly
	CA 1.5: Crisis-affected people in temporary learning spaces have access to integrated/mainstreamed WASH services.		27,404		
	# of children accessing appropriate WASH facilities and hygiene services in learning facilities and safe spaces	71,249	27,404	3Ws /4Ws	Quarterly
	CA 1.6: Crisis-affected people have equitable, inclusive and safe access to hygiene items and community-tailored messages, enabling health seeking behavior		16,442		
	# of women, men, girls and boys accessing WASH services in temporary health facilities which received support from the WASH Cluster.	54,807	16,442	3Ws /4Ws	Quarterly
2.1	**CO2: Vulnerable populations have access to sustainable, durable and cost-effective WASH services including community-focused hygiene promotion practices with focus on semi-urban and communities**				
	# of other vulnerable crisis-affected (IDP returnees/resettled/ locally integrated, non-displaced stateless, and other vulnerable crisis-affected) people reached with WASH services through minor rehabilitation of water and sanitation system and hygiene promotion activities	4,916,833	1,538,510	3Ws/4Ws	Quarterly

SP	INDICATOR	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY
	CA 2.1: Vulnerable people have access to sustainable safe/ improved water drinking water, meeting demand for domestic purposes through light rehabilitation of water system at community level.		615,404		
	# of women, men, girls and boys accessing sustainable safe/ improved water drinking water, meeting demand for domestic purposes through light rehabilitation of water system at community level	4,916,833	615,404	3Ws/4Ws	Quarterly
	CA 2.2: Vulnerable people have access to sustainable functional excreta disposal systems, reducing safety/public health/environmental risks through light rehabilitation of Sanitation system at community level		153,851		
	# of women, men, girls and boys accessing sustainable functional excreta disposal systems, reducing safety/public health/ environmental risks through light rehabilitation of Sanitation system at community level	4,916,833	153,851	3Ws/4Ws	Quarterly
	CA 2.3: Vulnerable people reached with critical WASH supplies (including hygiene items) and services		769,255		
	# of women, men, girls and boys reached with critical WASH supplies (including hygiene items) and services	4,916,833	769,255	3Ws/4Ws	Quarterly
	CA 2.4: Vulnerable people have access to integrated/mainstreamed WASH services, on the basis of risk-sensitive programming and consultation with communities		76,925		
	# of vulnerable people that are consulted, and their concerns are addressed, through dignified and inclusive WASH services.	245,842	76,925	3Ws/4Ws	Quarterly

4.9
Acronyms

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

MIMU	Myanmar Information Management Unit
MoU	Memorandum of Understanding
MRE	Mine Risk Education
NFI	Non-Food Item
NGO	Non-governmental Organization
NLD	National League for Democracy
NUG	National Unity Government
OCHA	Office for the Coordination of Humanitarian Affairs
OPD	Organization of Persons with Disabilities
PBW/G	Pregnant and Breastfeeding Women/Girls
PDFs	People's Defence Forces
PDM	Post Distribution Monitoring
PIMS	Protection Incident Monitoring Systems
PiN	People in Need
PoVAW	Prevention of Violence Against Women
PSEA	Protection from Sexual Exploitation and Abuse
PWDs	Persons with Disabilities
RCCE	Risk Communication and Community Engagement
RC/HC	Resident Coordinator/ Humanitarian Coordinator
SAM	Severe Acute Malnutrition
SEA	Sexual Exploitation and Abuse
SERRP	Socioeconomic Resilience and Response Plan (SERRP)
SEWG	Southeast Working Group
SO	Strategic Objective
SOP	Standard Operating Procedures
SPO	Specific Objective
TA	Travel Authorization

UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

4.10
End Notes

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2   https://www.unrefugees.org/news/rohingya-refugee-crisis-explained/

3   "Health workers are targeted: they are intimidated, arrested, and prevented from caring for those injured in the course of political violence and the growing conflict", Insecurity Insight, Physicians for Human Rights, and the Johns Hopkins Center for Public Health and Human Rights as part of the Safeguarding Health in Conflict Coalition, Violence Against or Obstruction of Health Care in Myanmar, covering February-September 2021. October 2021. https://reliefweb.int/report/myanmar/violence-against-or-obstruction-health-care-myanmar-february-september-2021. See also: WHO, Surveillance System for Attacks on Healthcare: https://extranet.who.int/ssa/Index.aspx

4   Gender Equality Network, We Are Hard to Ignore Now, Women in Myanmar Resistance Movement, July 2021.

5   WHO: Surveillance System for Attacks on Health Care.

6   UN Security Council, Press Statement on Myanmar, 11 November 2021.

7   World Bank, Myanmar Economic Monitor. January 2021.

8   World Bank, Myanmar Economic Monitor. July 2021.

9   Preliminary results from the Food and Agriculture Organization (FAO)-WFP food security and livelihoods assessment, August-September 2021.

10   UNDP, Impact of the twin crises on human welfare in Myanmar. October 2021.

11   Food Security Cluster estimate based on assessments conducted in 2021.

12   PSEA Network Risk Assessment, Myanmar, June 2021.

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14   Page 7, Landmine Monitor, Landmine Monitor 2021, 10 November 2021, http://www.the-monitor.org/en-gb/reports/2021/landmine-monitor-2021.aspx

15   INFORM index. Link: https://drmkc.jrc.ec.europa.eu/inform-index.

16   https://reliefweb.int/report/world/global-climate-risk-index-2021

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22   FAO-WFP food security and livelihoods assessment, August to September 2021. MIMU, Monsoon Flooding 2021. http://themimu.info/emergencies/floods-2021. Accessed in December 2021.

23   UNICEF Myanmar Office, Humanitarian Situation Report. March 2021.

24   OCHA, Myanmar HNO. December 2021.

25   OCHA, Myanmar Interim Emergency Response Plan (June-December 2021). July 2021.

26   https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-overview-2022-december-2021

27   OCHA, Humanitarian Access Overview. October 2021.

28   OCHA-UNHCR/MIAG, Rakhine Access Tracker: Quarterly Reports for Rakhine and southern Chin. 2021.

29   Total number of initiatives and structures supported.

30   There is no reporting on the current number of structures thus the baseline is set at 0.

31   Number of structures to be supported.

32   Total number of initiatives and structures supported.

33   There is no reporting on the current number of structures thus the baseline is set at 0.

34   Number of structures to be supported.

35   200 entities including protection cluster partners, non-protection partners and CSO/CBOs

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