MYANMAR
HUMANITARIAN NEEDS AND RESPONSE PLAN

HUMANITARIAN PROGRAMME CYCLE 2026

ISSUED DECEMBER 2025

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Foreword

As we enter 2026, Myanmar faces one of the most complex humanitarian crises in the world. Armed conflict, recurrent disasters, and economic collapse have left 16.2 million people—nearly one-third of the population—in need of humanitarian assistance. More than 4 million people have been displaced, many multiple times, and are living in precarious conditions without adequate shelter, food, or access to health care. The March 2025 earthquake compounded these challenges, destroying infrastructure and increasing vulnerabilities across vast regions.

Behind these numbers are families struggling to survive amid relentless insecurity, women and girls exposed to heightened risks of violence and exploitation, and children deprived of education and protection. The resilience of communities has been stretched to the limit. Without decisive action, millions will face further deterioration of their safety, dignity, and survival.

The 2026 Humanitarian Needs and Response Plan (HNRP) is designed as a lifeline for the most vulnerable. It prioritizes life-saving and protection assistance for 4.9 million people in the hardest-hit areas, focusing on those facing the most severe needs. Success depends on full funding and support. In 2025, underfunding left millions without aid, forcing families into harmful coping strategies and exposing them to serious protection risks. We cannot allow this to happen again.

I call on the international community—donors, partners, and all stakeholders—to stand with the people of Myanmar. Your solidarity and support are essential to prevent further suffering, uphold humanitarian principles, and ensure assistance reaches those who need it most. Together, we can save lives, protect rights, and restore hope.

Gwyn Lewis
Myanmar Humanitarian Coordinator

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At a glance

People in need, targeted and prioritized and financial requirements

PEOPLE IN NEED
16.2M

PEOPLE TARGETED
4.9M

PEOPLE PRIORITIZED
2.6M

REQUIREMENTS (US$)
890M

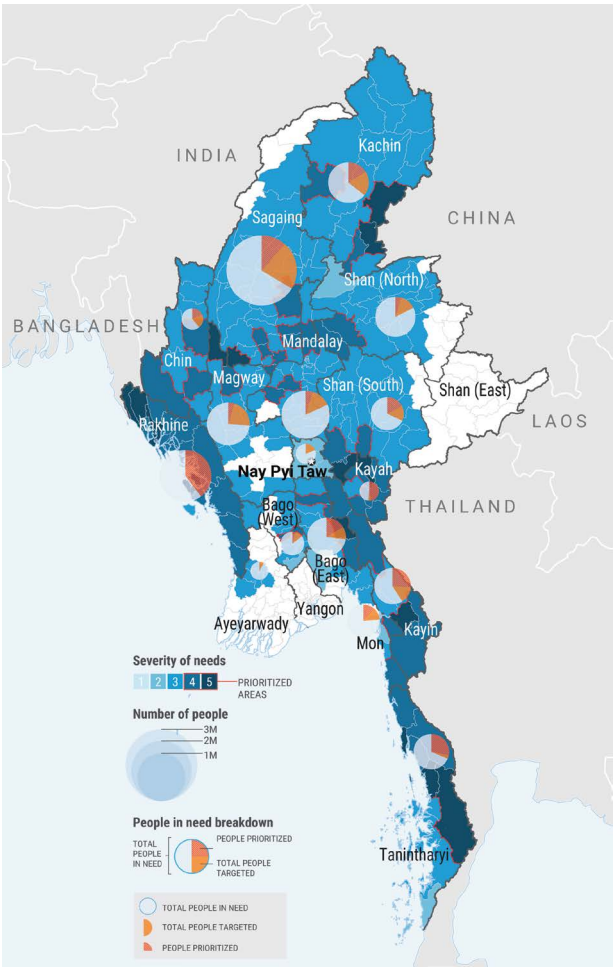
PRIORITIZED REQUIREMENTS (US$)
521M

People targeted and prioritized by sex and age

FEMALE

MALE

Operational partners by type



Cluster breakdown

CLUSTER	TOTAL PEOPLE IN NEED	TOTAL PEOPLE TARGETED	PEOPLE PRIORITIZED	TOTAL REQ. (US$)	PRIORITIZED REQ. (US$)
Early Recovery	626K	429K	154K	15M	6M
Education	3.5M	1.1M	614K	88M	47M
Food Security	8.5M	1.5M	927K	184M	115M
Health	9.3M	2M	1.1M	92M	51M
Nutrition	2.7M	677K	266K	55M	24M
Protection	11.6M	3.4M	2M	116M	69M
Child protection	*7.9M*	*1.5M*	*893K*	*26M*	*16M*
Gender-based violence	*8.9M*	*1.3M*	*740K*	*25M*	*15M*
Mine Action	*8.9M*	*1.1M*	*666K*	*9M*	*5M*
Protection	*11.6M*	*3.4M*	*2M*	*56M*	*33M*
Shelter/NFI/CCCM	7.7M	3.4M	1.8M	123M	77M
WASH	8.9M	2.4M	1.6M	120M	80M
Multipurpose Cash		3M	1.4M	85M	41M
Coordination, Thematic & System Support	16.2M	4.9M	2.6M	11M	11M

Part 1: Humanitarian Needs

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MANDALAY, MYANMAR
An elderly woman displaced by conflict sits inside a home where she is taking shelter in Mandalay Region.
Credit: OCHA/Myaa Aung Thein Kyaw/2025

1.1 Crisis Overview

"Our home was destroyed by an airstrike. We have nowhere safe to return. Living in displacement feels like living death – only fear and no hope."

– Internally displaced woman from the Northwest.

Myanmar's humanitarian crisis has continued to deepen due to intensifying conflict, recurrent disasters, and steady economic collapse. In the first half of 2025, Myanmar ranked second globally for conflict intensity and the fourth most dangerous country for civilians, with more than half of the population exposed to conflict. The security situation for civilians is deteriorating, protection risks are severe, and the resilience of communities is stretched to breaking point.

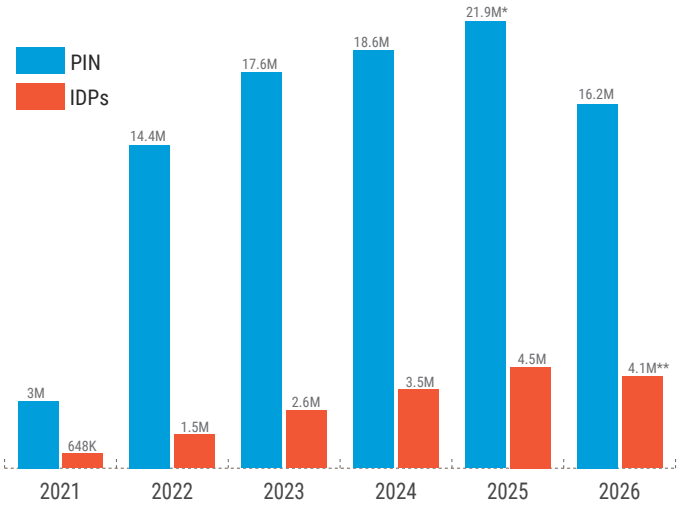
Overall, an estimated 3.6 million people have been displaced, with 1.7 million in the hardest-hit regions in the Northwest, Rakhine, and Southeast. Most conflict-displaced people have fled their homes multiple times and often end up in informal shelters with limited access to food, healthcare, and clean water. Beyond the conflict, the humanitarian situation seriously worsened in March 2025 when a major earthquake (magnitude 7.7) struck central Myanmar, damaging infrastructure and increasing humanitarian needs.

The crisis has severely and uniquely affected women, girls, adolescent boys, and lesbian, gay, bisexual and transgender persons. Many have been forced to resort to negative coping mechanisms due to displacement, financial distress, and the lack of access to basic social services such as education and health care, including mental health care. This has only increased their vulnerability to violence, human trafficking, early or forced marriage, mental health disorders and sexual exploitation and sexual abuse.

The significant underfunding of the response combined with inflation, access restrictions, and interruptions to services has resulted in many essential needs going unaddressed and worsening over time. Based on in-depth analysis of the humanitarian shocks and its related impacts, the Myanmar Humanitarian Country Team (HCT) has focused the scope of analysis for 2026 to cover two thirds of the country where needs are most severe.

People in need and displacement trends

2021 - 2026

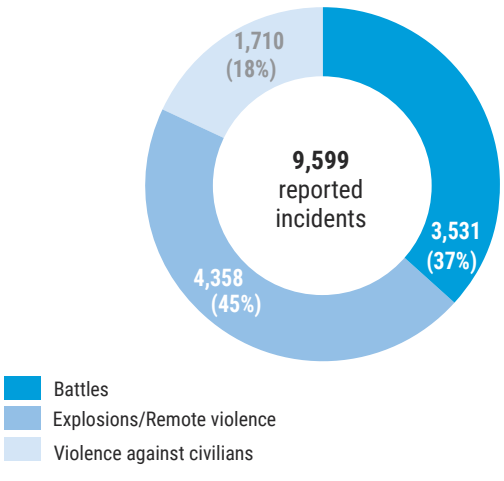


* 2025 HNRP + EQ response.

** IDP projection for 2026.

Security incidents in 2025

Jan - Nov



Data source: ACLED

The Rohingya crisis

Rohingya people are among the most vulnerable populations in Myanmar, having endured decades of violence, systemic discrimination, and persecution. As of 30 June 2025, an estimated 550,000 Rohingya remain in Rakhine, while more than 1.1 million have taken refuge in Bangladesh. Of those still in Rakhine, around 153,000 are living in internally displaced persons (IDP) camps in Kyaukpyu, Kyauktaw, Myebon, Pauktaw and Sittwe townships, the majority since the 2012 inter-communal conflict. Another 82,000 remain displaced by clashes between the Arakan Army and Myanmar Armed Forces (MAF) between 2019 and 2025. Systematic discrimination, including the lack of citizenship and documentation targeting Rohingya in both camps and villages severely hampers their freedom of movement, often leading to detention, extortion, and exploitation when traveling, and leaves them at constant risk of harassment and abuse.

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

With elections scheduled for areas of the country under MAF control in December 2025 and January 2026, it is expected that in the immediate term, the political and operational environment will remain unstable, insecure and volatile. The situation could potentially negatively impact humanitarian needs, access, displacement and returns, and require a highly flexible humanitarian response with heavy reliance on local partners.

Health care incidents

01/02/2021 - 27/11/2025

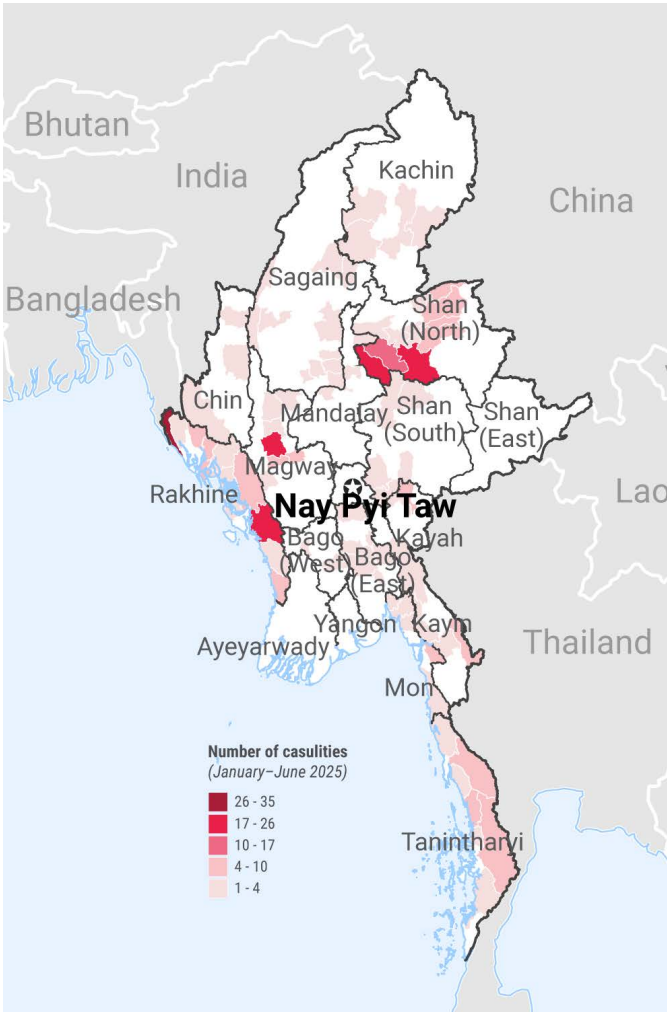
1,815 reported incidents of violence or threat of violence against health care. These incidents had the following effects:

441	160	40	903
Health facilities damaged	Health workers killed	Health workers kidnapped	Health workers arrested

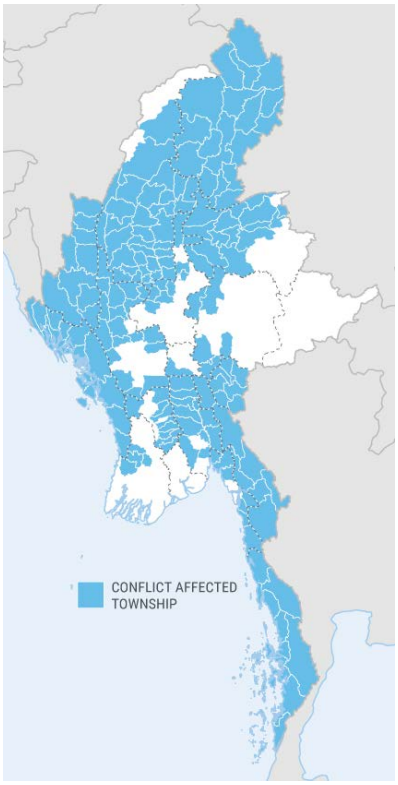
The Humanitarian Programme Cycle people in need (PiN) figure includes people in need of humanitarian assistance within the geographic scope of the crisis. The Food Security & Nutrition Analysis in Myanmar covers the entirety of the country and has found that 12.4 million people are facing acute food insecurity country-wide (i.e. are in phase 3 or above).

Mine and ERW casualties in 2025

by township (Jan-Jun)



Conflict shock



Earthquake shock

Nutrition shock

1.2 Humanitarian Needs and Risks

"We thought displacement would last a month, but it has now been two years. We still live in a tent with hardly any income and are unable to afford proper healthcare."

– Displaced woman in the Northwest.

SUMMARY OF NEEDS

Food insecurity

Food insecurity remains high, characterized by 8.5 million people facing acute food insecurity and crisis-level coping mechanisms (40–50 per cent) in conflict- and earthquake-affected areas, especially among IDPs and non-displaced stateless people. This is further exacerbated by disruptions in food production.

Negative coping strategies

Negative coping strategies and mental health concerns are increasing, especially among IDPs and stateless people including children, with high rates reported of child labour, early marriage, as well as increased risk of survival sex for women and girls, raising concerns over their ability to withstand additional shocks.

Acute malnutrition

Acute malnutrition is rising, with widespread deterioration in Chin, Kachin, Kayin, Rakhine, and Sagaing, driven by displacement, poor health/WASH access, food insecurity, disease, and inadequate child feeding.

Inadequate access to safe water, sanitation and hygiene

Inadequate access to safe water, sanitation and hygiene drives high risks of acute watery diarrhoea (AWD)/cholera and other waterborne diseases, particularly for IDPs and non-displaced stateless people living in overcrowded spaces.

Alarming decline in access to health care

Alarming decline in access to health care is resulting in an unprecedented increase of outbreaks, excessive illness and death among vulnerable people with medical conditions.

Many households struggled to meet their basic needs

Many households struggled to meet their basic needs, and their current circumstances continue to expose them to heightened protection risks and ongoing human rights violations.

Conflict-related protection risks

Conflict-related protection risks remain acute and disproportionately impact children, who face recruitment by armed actors, are being killed or maimed. Women and girls remain at increased risk of gender-based violence.

Widespread destruction of homes and civilian infrastructure

Widespread destruction of homes and civilian infrastructure, especially in the Northeast, Northwest, and Southeast, are triggering acute shelter needs. Mines and explosive ordnance risks remain high, affecting people and access.

A third of school age children are not attending formal schools

A third of school age children are not attending formal schools; with out of school prevalence highest among non-displaced stateless and internally displaced children.

Post-earthquake debris and waste obstruct critical humanitarian access routes

Post-earthquake debris and waste obstruct critical humanitarian access routes, posing severe safety and protection risks for affected communities.

Shocks, impacts and people affected

Nearly a third of the entire population of Myanmar—16.2 million people (out of whom 8.4 million women and 5 million children)—will need humanitarian assistance in 2026. While the 2025 HNRP scope included the entire country, the scope for 2026 focuses only on the areas affected by the two major humanitarian shocks (conflict and earthquake), which amounts to two thirds of the country (227 out of 330 townships). The reduction of people in need relative to 2025 is entirely the result of moving to this shock-informed scope of analysis to define the crisis and geographic areas affected and making critical adjustments to the baseline population projection using enhanced calculations. The PiN change by no means indicates any improvement in the humanitarian situation. If applying the same scope and adjusted population projection to the 2025 HNRP figures, there would be no significant difference between the 2025 and 2026 PiN figures (both at 16.2 million).

Conflict is a key driver of protection and overall humanitarian needs, with assessed households in conflict-affected areas reporting heightened levels of security-related movement restrictions, and a majority being impacted by explosive ordnance. Myanmar has also been classified as one of six global hunger hotspots of "very high concern" in the November 2025 Hunger Hotspot report. The report warns that acute food insecurity is deepening in 16 countries, with Myanmar among those facing the most severe risks. Crisis-level coping mechanisms remain high (40–50 per cent) in conflict-affected areas, especially among the 70 per cent of the population that depend on the agriculture sector for their livelihoods.

Conflict dynamics constrained children's access to formal schooling across the country in 2025, with more than half of assessed IDP, returnee and non-displaced stateless children reporting they did not attend formal schooling in the 2024-25 school year, largely due to conflict-induced school closures. The health system has deteriorated with large parts of the population unable to access basic health care; 74 per cent of those are among non-displaced stateless households. Shelter needs are particularly high in the Northwest, Rakhine, and Southeast, with more than 40 per cent of the population without adequate shelter. Households continue to be faced with unsafe water sources, poor sanitation and disease transmission, with overall needs increasing due to new displacement and system deterioration. Disruption of early disease detection and immunization services poses a significant risk of deadly disease outbreaks with regional impacts. The gendered impacts of displacement are severe. Women and girls face heightened risks of exploitation during flight, at checkpoints, and in informal shelters. Female-headed households are disproportionately represented among newly displaced and face greater barriers accessing assistance.

Amid these deepening needs, people's coping capacities are rapidly being exhausted, pushing many over the brink and driving up displacement and mortality.

People in need

The 2026 HNRP focuses on meeting the needs of four population groups:

- IDPs
- Returned, resettled, and locally integrated IDPs
- Non-displaced stateless people (Rohingya make up the majority of this group)
- Other shock-affected people with humanitarian needs

More details on these population groups, as well as on data collection, assessment and analytical methods used, are available in the methodology section in Annex 4.1. More information on situational and risk monitoring can be found in section 3.9 Coordination, Thematic and System Support.

The decrease by 5.7 million or 26 per cent in the overall number of people in need since 2025 can be entirely accounted for by the focused scope of analysis and adjusted baseline population projection. Within the 16.2 million people in need, the categories have significantly shifted. The number of IDPs is expected to rise from 3.6 million to 4 million, an 11 per cent increase. This means that among the four population groups (IDPs, IDP returnees, non-displaced stateless people, and other crisis-affected people with humanitarian needs), many people in need who

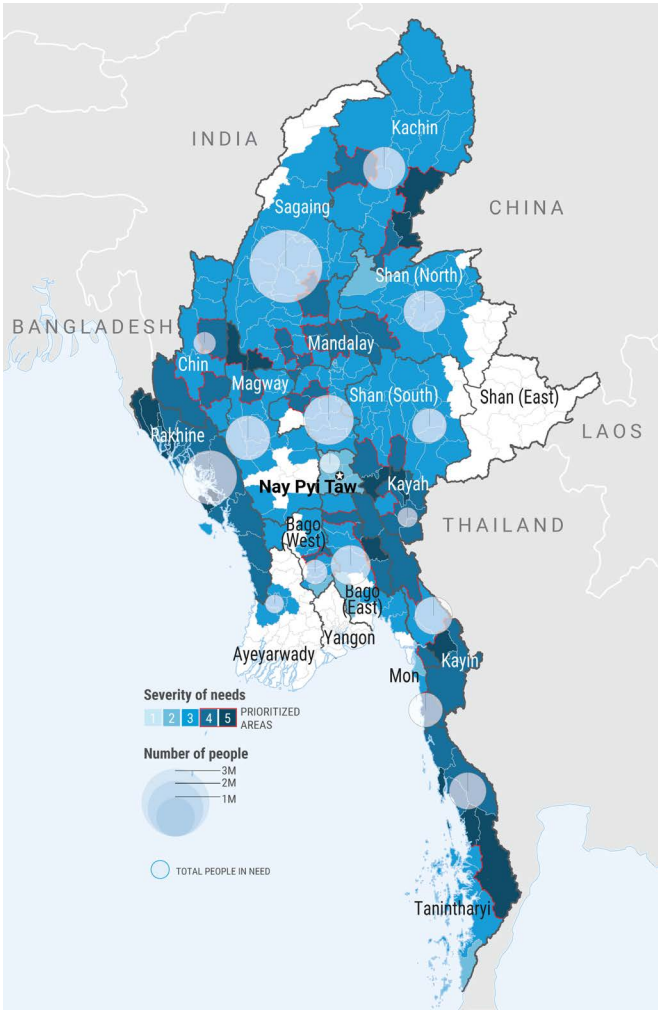
were previously in non-displaced categories are now displaced, leading to an expected increase in vulnerability and severity of need. Across all groups, women, adolescent girls and boys, lesbian, gay, bisexual and transgender persons, older women, and women with disabilities consistently face the highest barriers to accessing assistance due to security concerns, discriminatory norms, and documentation barriers. Their differentiated needs will require targeted approaches within the response.

Severity of needs

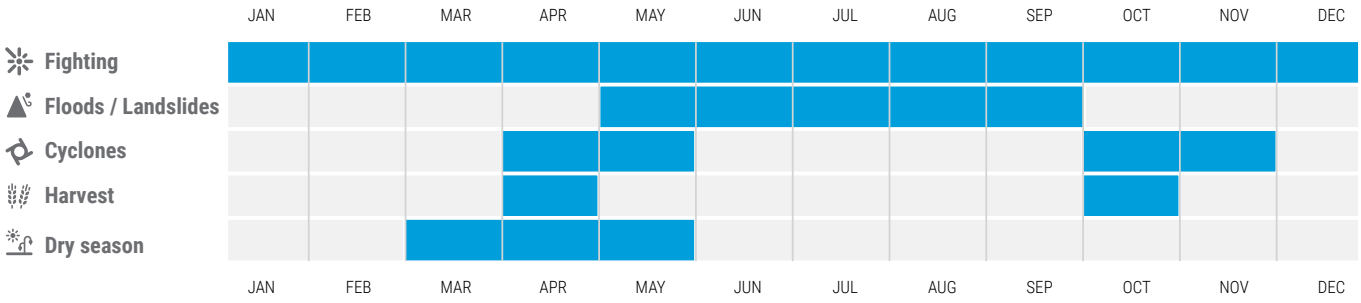
The main drivers of needs severity are the conflict and earthquake, resulting in the destruction of basic services (such as communications, education, and health) in the affected areas. A total of 16 townships out of 227 townships within the scope of analysis are in the highest category of needs severity (level 5, catastrophic). These townships are all located in conflict-intense areas across 9 regions and states, including 5 townships in Rakhine, 3 in Tanintharyi, 2 in Kachin, and 1 township each in eastern Bago, Kachin, Kayah, Kayin, Magway, Sagaing, and southern Shan. The catastrophic need severity level signifies extreme conditions where urgent, life-saving and protection assistance is required to prevent widespread suffering, and it indicates a complete breakdown of essential services, with most of the affected population facing immediate, life-threatening risks.

Based on the intersectoral needs severity analysis, more than half of the non-displaced stateless people are in the catastrophic severity level. A total of 25 per cent of IDPs and 23 per cent of IDP returnees are also in the catastrophic severity level. The sectors mostly driving the highest level of needs severity are Protection, Shelter, and WASH.

Inter-sectoral severity of needs and people in need



Seasonality of events and risks



Humanitarian outlook and risks

The Index for Risk Management (INFORM) for mid-2025 ranks Myanmar 16th out of 191 countries, with a "very high" risk classification driven by extremely high scores for natural hazards and conflict intensity. If the current trajectory is not reversed, the humanitarian situation in Myanmar is expected to remain extremely dire in 2026.

Likely evolution of the humanitarian context during the planning period	
• **Conflict is expected to continue escalating.** Ahead of any post-election efforts toward peace talks, all parties are likely to increase military action to strengthen their position and to pressure the other side to submit.	• Increasing or sustained use of airstrikes and shelling will keep causing displacement and forced migration resulting in **high displacement rates** and complex movement patterns, including cross-border displacement.
• Fragmented territorial control is expected to persist in several areas and security conditions in contested areas are likely to remain volatile and unpredictable. This situation will likely result in **challenging access negotiations and delivery of aid** to contested areas and non-SSPC controlled areas with increasing pressure to not provide assistance into these areas.	• **Continued economic challenges** such as high inflation and unemployment are expected. Possible increased foreign investment from countries like India and China could create some employment and may resurrect some sectors. Without a lasting ceasefire, development will remain limited and far below pre-military takeover levels.
• Escalating **protection risks**, especially in conflict areas, including risks of explosive ordnance, grave violations against children, denial of humanitarian assistance and increased gender-based-violence.	• **Increased risks for humanitarian organizations being targeted** if post-election recognition of these organizations by line ministries does not materialize.
• **Worsening climate disasters and epidemics** likely to exacerbate humanitarian needs in absence of control or mitigation measures and erosion of communities' resilience, compounded by the lingering impacts of the earthquake.	• The combined effects of conflict, economic crisis, and monsoon floods are expected to drive persistently **high levels of acute food insecurity** as well as critical malnutrition situations in hotspot areas, such as northern Rakhine.

Affected communities' priorities and preferences

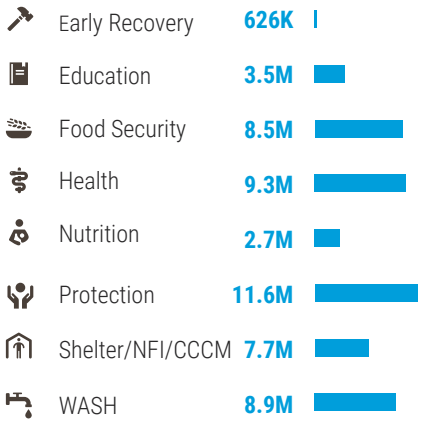
Wai Hmya Par, Myanmar's consolidated community feedback platform, recorded well over 30,000 feedback cases across 14 regions and states in the third quarter of 2025, highlighting persistent unmet needs and the lasting impact of the March 2025 earthquake. Most feedback centred on requests for assistance, particularly cash and food support, as households struggled with inflation, market disruption, and reduced aid. While cash was valued for its flexibility to meet urgent needs such as food, health care, and shelter repair, in-kind assistance remained essential in areas affected by inflation or limited market access. Communities also prioritized education, WASH, and livelihood recovery, while calling for greater transparency, timeliness, and communication in aid delivery.

Similarly, the 2025 multisectoral needs assessment (MSNA) found that only 17 per cent of surveyed households had received aid in the past year, highest being 90 per cent of IDPs in Kachin and Kayah, and the lowest being 1-2 per cent in Yangon and Mandalay. Despite high satisfaction levels (97 per cent) among recipients, communities continued to report critical challenges, including insufficient income (41 per cent), food insecurity (20 per cent), and psychological distress (16 per cent). Priority needs identified were livelihood/employment (55 per cent), food (46 per cent), and healthcare (31 per cent), highlighting the urgency of a flexible, equitable, and needs-based response addressing both immediate survival and long-term resilience of affected communities.

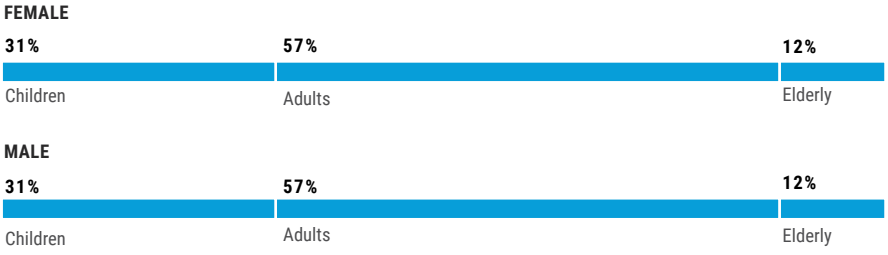
1.3 PIN Breakdown

People in need breakdown

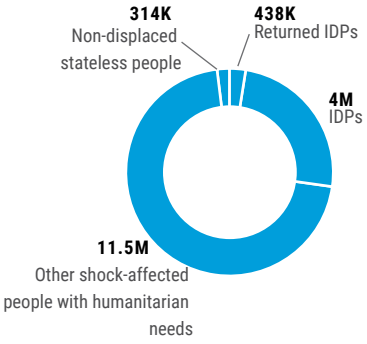
by cluster



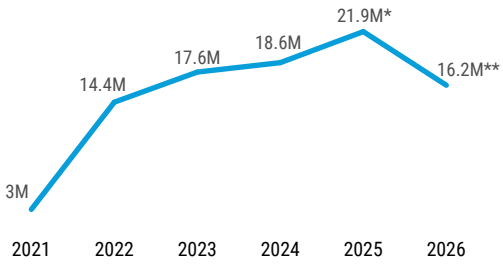
by sex and age



by population group



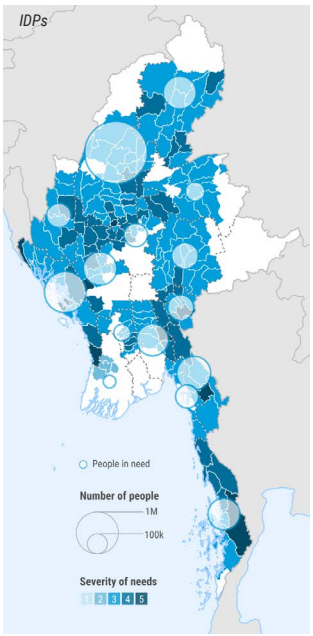
People in need trend

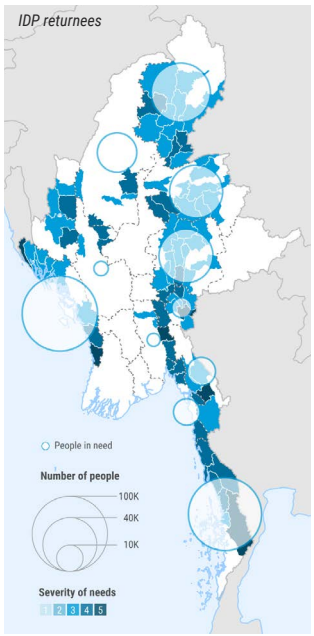


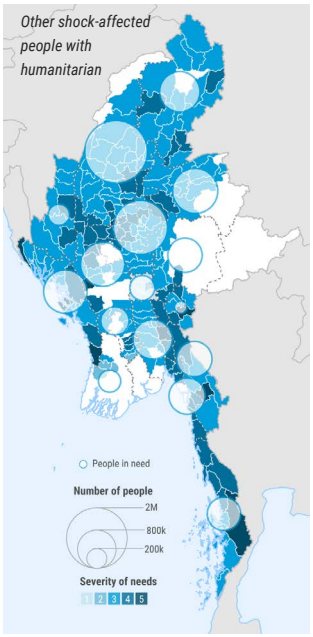
*2025 HNRP + EQ response
**Only for 227 HNRP scope townships

Inter-sectoral severity of needs and people in need

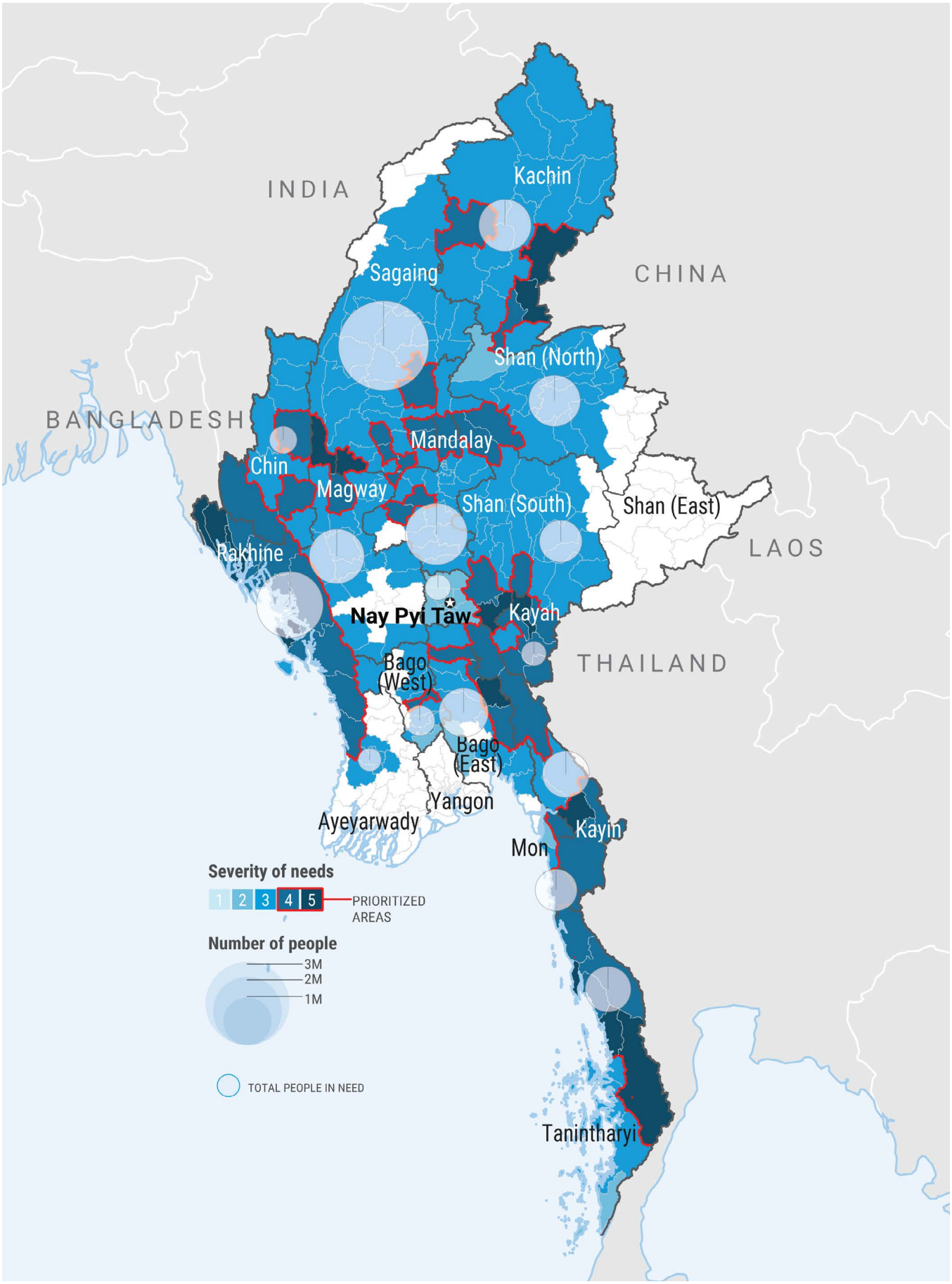
by population group







Inter-sectoral severity of needs and people in need



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Part 2: Response Plan

YANGON, MYANMAR.
A five-year-old girl drinks purified water from a clay pot at her home. The water comes from a community purification system installed nearby.
Credit: UNICEF/Minzaya/2025

2.1 Strategic Objectives

Strategic objective 1

Saving Lives & Alleviating Suffering:
Reduce crisis-related morbidity and mortality through principled, rapid, quality, inclusive, safe, dignified and accountable life-saving assistance.

4.6M
people targeted

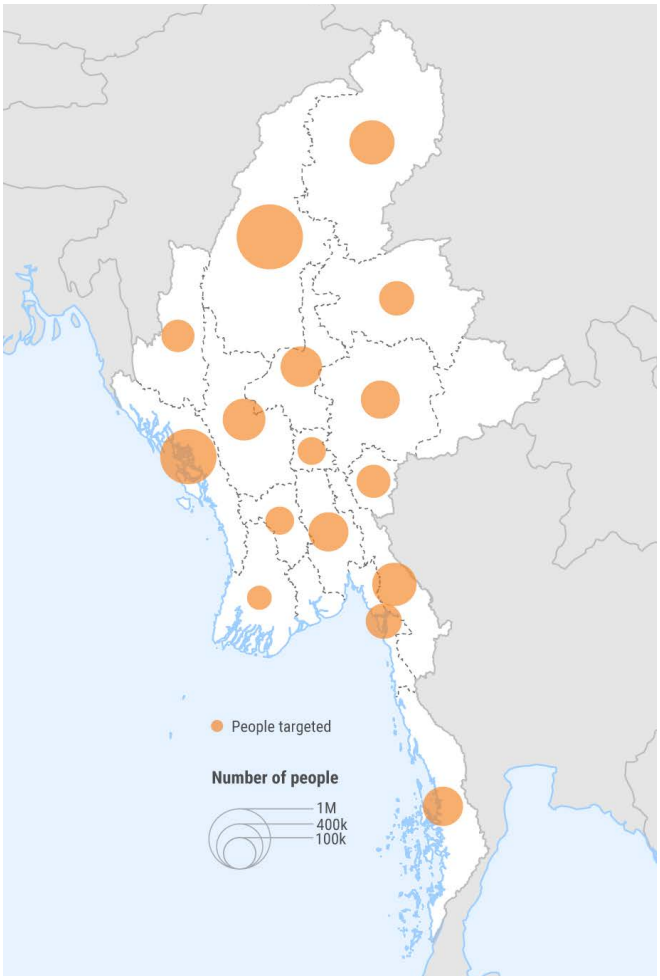
2.4M | 287K | 307K

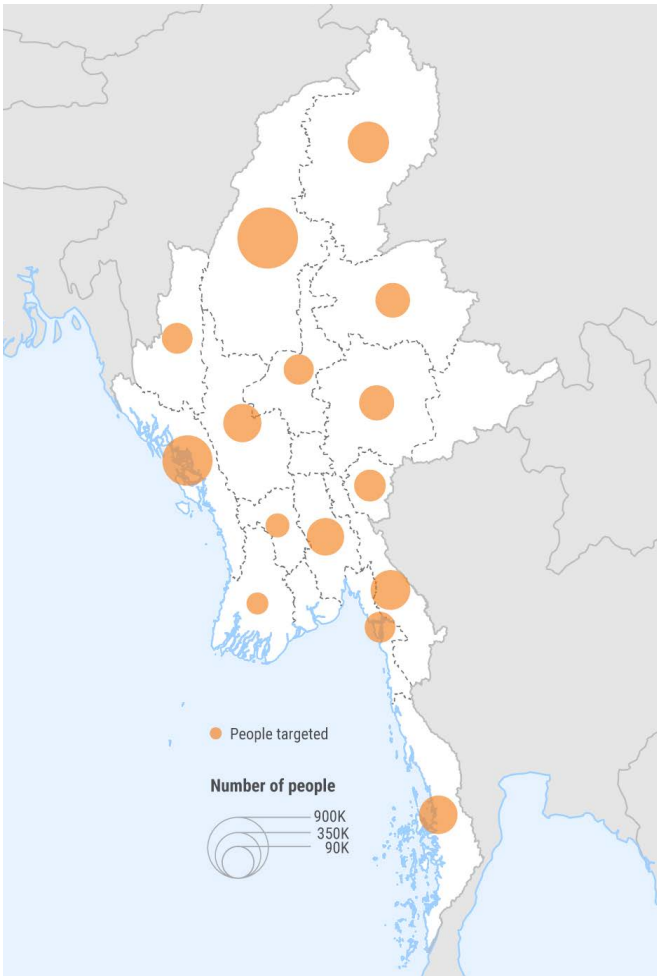
Strategic objective 2

Protecting Safety and Rights:
Protect the safety, dignity, and rights of crisis-affected people, in line with international law and standards.

3.4M
people targeted

1.8M | 393K | 424K

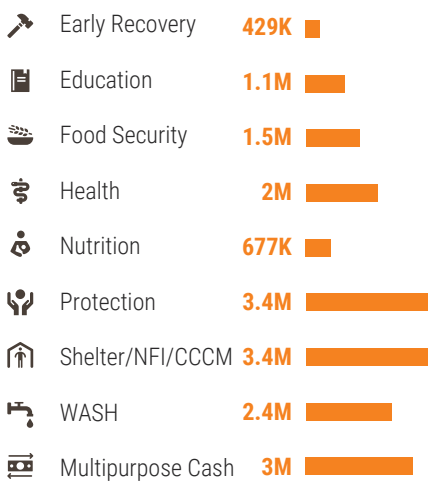




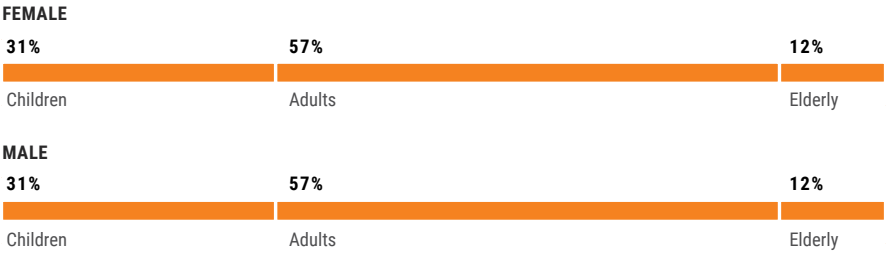
2.2 People Targeted & People Prioritized

People targeted breakdown

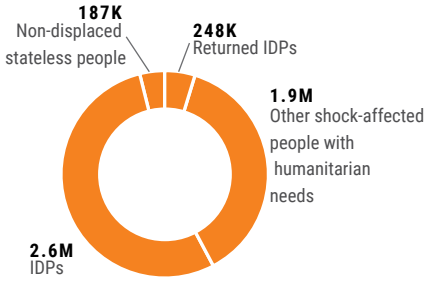
by cluster



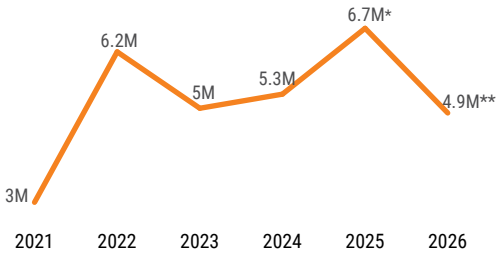
by sex and age



by population group



People targeted trend



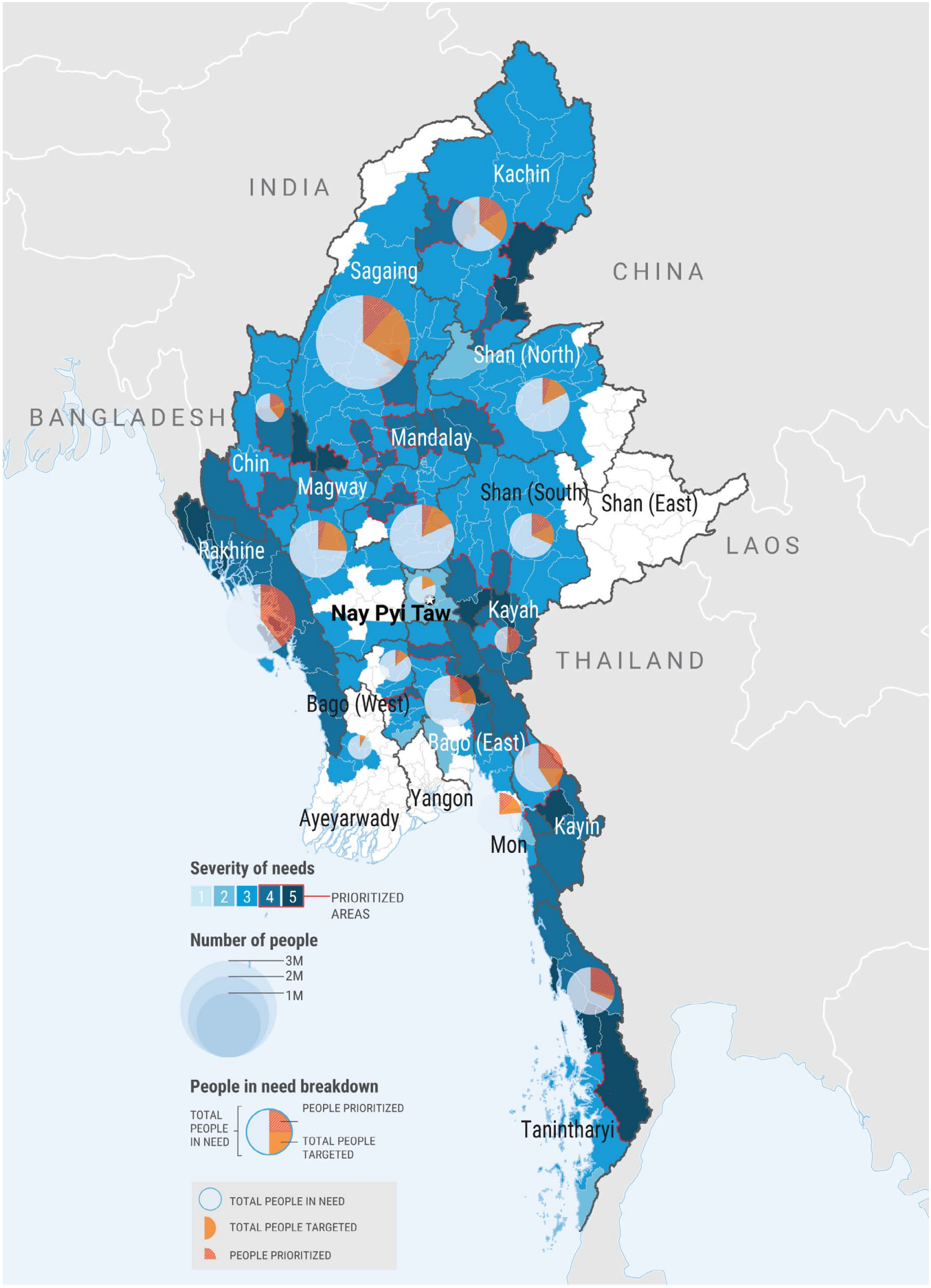
*2025 HNRP + EQ response
**Only for 227 HNRP scope townships

People targeted

The Myanmar HNRP will focus on assisting 4.9 million of the most severely affected people, which constitutes a reduction of 27 per cent compared to 2025. The reduction is largely due to the major decline in humanitarian funding, resulting in diminished response capacity of humanitarian organizations in Myanmar. In 2026, the HCT will reinforce its approach to focus on life-saving and protection activities based on the severity of needs, taking into account the operational capacity of partners and the forecast on the availability of funding. Each cluster defined quantifiable thresholds at the township level and population categories to inform its priorities—accounting for people's preferences—while ensuring that targeting remains realistic and feasible. The response focuses on the 227 townships within the scope of analysis. Resilience, disaster risk reduction, prevention and basic social services-type activities are not included in this response plan. Any potential overlap between planned activities and caseloads identified in the UN Transitional Cooperation Framework (TCF) for 2026 has been eliminated.

People prioritized

The total number of people prioritized within the response (i.e. those people targeted who fall within intersectoral severity needs levels 4 and 5) amounts to 2.6 million or 53 per cent of the total number of people targeted. Prioritization has been conducted with severity of need as a primary driver, taking into account humanitarian access, operational capacity and funding outlook. The 2026 HNRP places an increased focus on IDPs, returned/resettled/integrated IDPs, and non-displaced stateless people and less focus on the "other shock-affected people" category. Specific attention will be placed on hard-to-reach rural areas and those people with the most severe needs, while remaining realistic about potential reach given access, capacity and funding constraints.


INDIA
CHINA
BANGLADESH
LAOS
THAILAND
Kachin
Sagaing
Shan (North)
Mandalay
Chin
Magway
Shan (South)
Shan (East)
Rakhine
Nay Pyi Taw
Kayah
Bago (West)
Bago (East)
Yangon
Ayeyarwady
Kayin
Mon
Tanintharyi
Severity of needs
1 2 3 4 5
PRIORITIZED AREAS
Number of people
3M
2M
1M
People in need breakdown
TOTAL PEOPLE IN NEED
PEOPLE PRIORITIZED
TOTAL PEOPLE TARGETED
TOTAL PEOPLE IN NEED
TOTAL PEOPLE TARGETED
PEOPLE PRIORITIZED

People in need, targeted and prioritized breakdown

	by population group				by sex & age		
	IDPs	Returned IDPs	Non-displaced stateless people	Other shock-affected people with humanitarian needs	Sex	Age	Persons with disability
					Female Male	Children Adults Elderly	
PEOPLE IN NEED	4.0M	438K	314K	11.5M	8.4M 7.8M	5M 9.4M 1.8M	2M
PEOPLE TARGETED	2.6M	248K	187K	1.9M	2.5M 2.4M	1.5M 2.8M 570K	613K
PEOPLE PRIORITIZED	1.5M	186K	187K	730K	1.3M 1.3M	0.8M 1.5M 312K	348K

People in need and people targeted

by state and region

STATE/REGION	PEOPLE IN NEED`	PEOPLE TARGETED	% OF PEOPLE TARGETED	PEOPLE PRIORITIZED	% OF PEOPLE PRIORITIZED
Ayeyarwady	224K	18K	8%	-	-
Bago (East)	1.0M	276K	27%	168K	16%
Bago (West)	388K	57K	15%	15K	4%
Chin	319K	125K	39%	59K	19%
Kachin	1.2M	410K	36%	186K	16%
Kayah	257K	133K	52%	122K	47%
Kayin	920K	376K	41%	239K	26%
Magway	1.3M	334K	26%	59K	5%
Mandalay	1.6M	295K	18%	83K	5%
Mon	736K	175K	24%	82K	11%
Nay Pyi Taw	275K	52K	19%	-	-
Rakhine	1.9M	744K	40%	740K	40%
Sagaing	3.4M	1.2M	34%	398K	12%
Shan (North)	1.1M	197K	18%	54K	5%
Shan (South)	761K	244K	32%	132K	17%
Tanintharyi	877K	276K	31%	250K	28%

Mitigating against inclusion/exclusion errors

During the scope setting for the 2026 humanitarian response, the HCT initially identified two major shocks (conflict and earthquake) that guided the determination of the geographical coverage. Further analysis revealed one additional township with severe acute malnutrition classified at sectoral level 4, which led to its inclusion in the final scope of analysis, despite being initially outside the scope. Importantly, following in-depth analysis no areas were designated as 'inclusion errors,' meaning that no locations were excluded from the response due to extreme access constraints or insufficient partner capacity.

Operational capacity

Humanitarian organizations in Myanmar continue to face a range of challenges to their operational capacity, primarily pertaining to access, civic space, logistics, resources, and security. While the security situation does have an impact on presence, humanitarian organizations continue to have the ability to deliver using remote modalities, including cash response, limited primarily by resource availability. Local responders continue to lead the humanitarian response in remote and conflict-affected areas. Networks of key local interlocutors are further boosting operational capacity in areas with limited access, such as community- and camp-based staff, focal points in displacement sites, as well as faith-based and other networks. In 2026, coordination structure revisions will provide the framework for local organizations to expand their capacity and operate effectively in hard to reach and conflict affected areas.

More partners participated in humanitarian coordination efforts over the course of 2025 than ever before (347 organizations in 2025 compared to 286 in 2024), largely as the result of an increase in local organizations.

Operational logistics will continue to be challenged by limited infrastructure and equipment, and pipeline arrangements, frequently resulting in shortages and stock-outs at the subnational level. Administrative obstacles imposed on the import of adequate standard humanitarian supplies (such as for health and nutrition) from outside the country are affecting the response operation. For those supplies that can be imported or are being procured locally, challenges include physical roadblocks, confiscation of aid supplies, damage to key infrastructure by all parties to the conflict, and disasters.

Operational presence

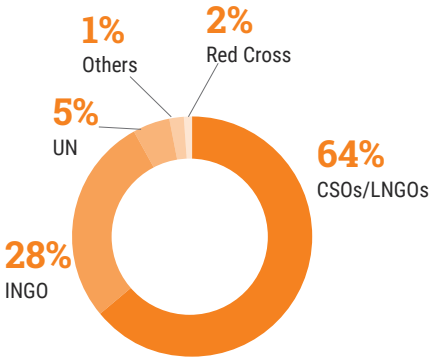
In 2026

Total partners

347

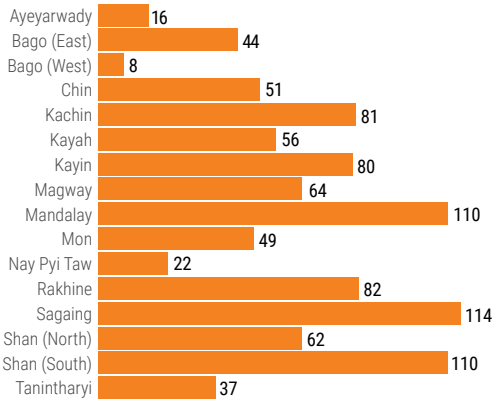
operational partners

Operational partners by type



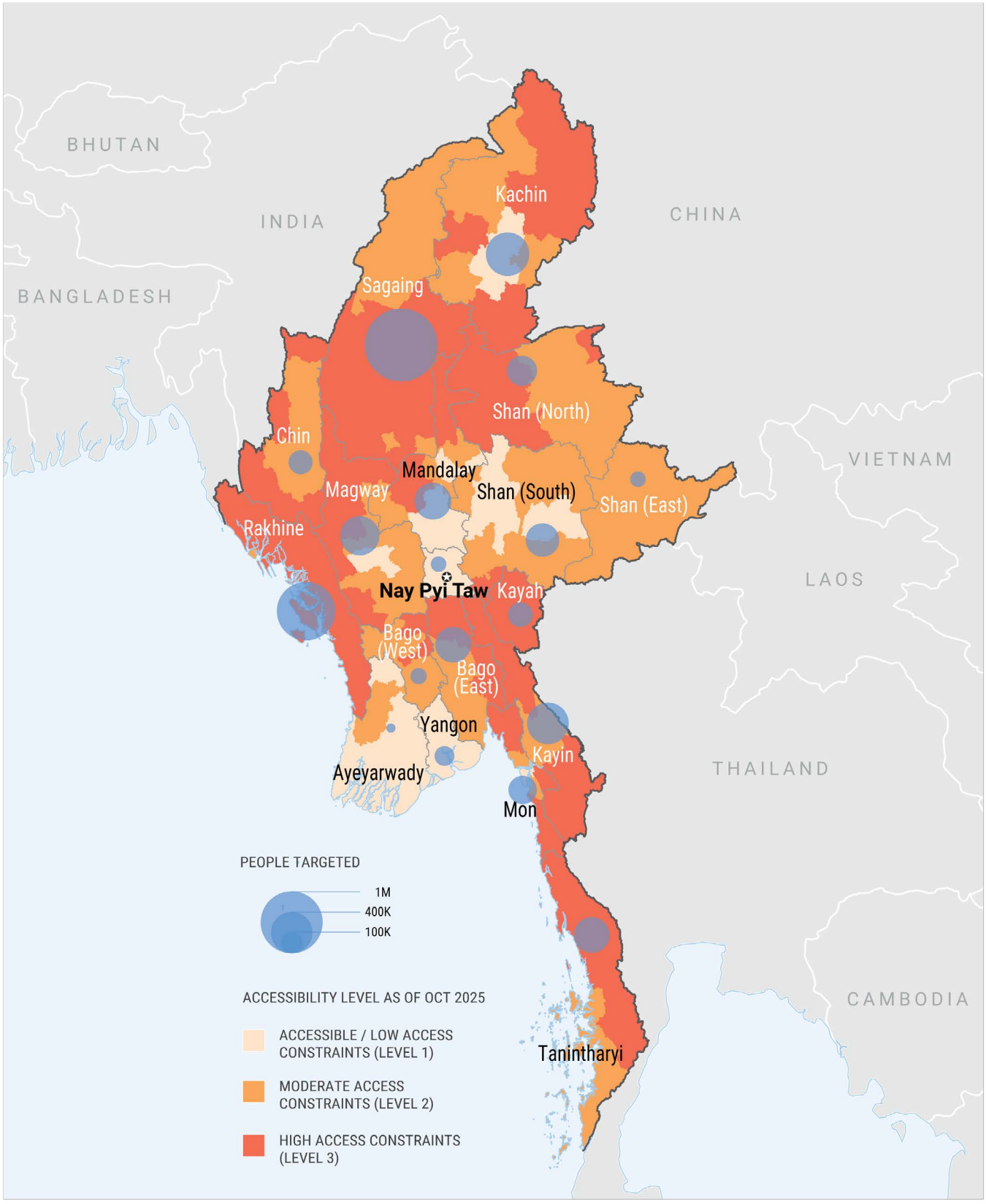
Breakdown of NGOs by State/Region

Only for 227 HNRP scope townships



Humanitarian access severity overview

by township (October 2025)



Access constraints

"We could not sleep at night, always fearing when the bombs would fall on us. Even the sound of strong winds made us afraid. We fled because staying meant waiting for our turn."

– Displaced woman in the Northwest.

Humanitarian access in Myanmar remained severely restricted throughout 2025 due to ongoing armed conflict, bureaucratic impediments, and recurrent threats to humanitarian personnel and infrastructure. The access severity monitoring exercise conducted in Myanmar in October 2025 with international and national NGOs and UN agencies confirmed the scale of these challenges. Of the 330 townships assessed, 127 townships, or approximately 37 per cent, were identified as having extremely high access difficulties (level 3). In these areas, humanitarian organizations were able to reach only a small proportion of people in need as assessed by the 2026 HNRP. The highest concentrations of level 3 townships were in the conflict-affected regions of the Northeast, Northwest, Rakhine, as well as Southeast. These areas accounted for nearly 95 per cent of all level 3 townships. Sagaing alone represented around 24 per cent of the total. The monitoring exercise also found that nearly all townships across the country experienced at least some form of access constraint. Checkpoint restrictions, conflict-related impediments, and administrative hurdles ranked high among the most commonly reported barriers resulting in limitations on freedom of movement.

Between 1 November 2024 and 31 October 2025, humanitarian organizations reported more than one thousand access-related incidents countrywide. Restrictions imposed at checkpoints, along with harassment, sexual violence, intimidation, and extortion, frequently delayed or obstructed humanitarian movements. Rakhine recorded the highest number of incidents, accounting for 15 per cent of the total. This was followed by northern Shan with 14 per cent, Sagaing with 12 per cent, and southern Shan with 10 per cent. Active conflict in the Northeast, Northwest, Rakhine, and Southeast continued to impede humanitarian operations and often prevented civilians from safely accessing assistance. Military operations accounted for 57 per cent of all reported access incidents. The use of heavy weaponry, airstrikes, and frequent shifts in control contributed to delays and disruptions. In several areas, including parts of Chin, Magway, Mon, Rakhine, and northern Shan, humanitarian organizations were required to relocate personnel or temporarily suspend activities, which affected the continuity of essential services.

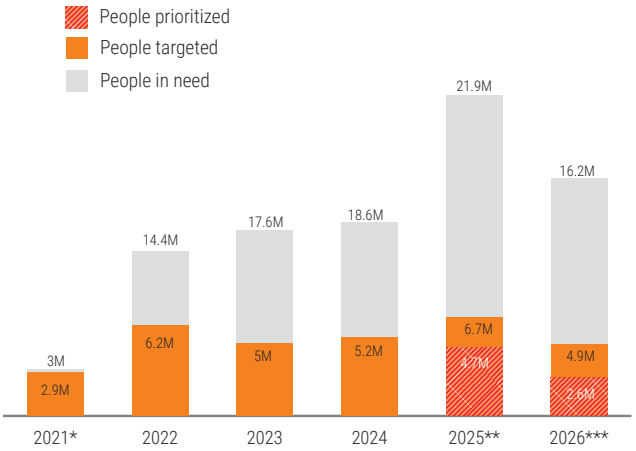
Administrative and bureaucratic impediments also significantly restricted operations. Travel authorization requirements, registration processes, and visa-related issues accounted for 25 per cent of all access incidents and continued to generate substantial delays. In Rakhine, where the highest number of incidents was recorded, humanitarian and early recovery activities were further constrained by ongoing hostilities and heightened safety risks. Since November 2023, Sittwe has remained the only township directly accessible for UN agencies with authorization from the State authorities, while access to Arakan Army-controlled townships has remained limited. The continued interruption of phone and internet services since January 2024 has further hindered access to information and complicated coordination.

Response trends

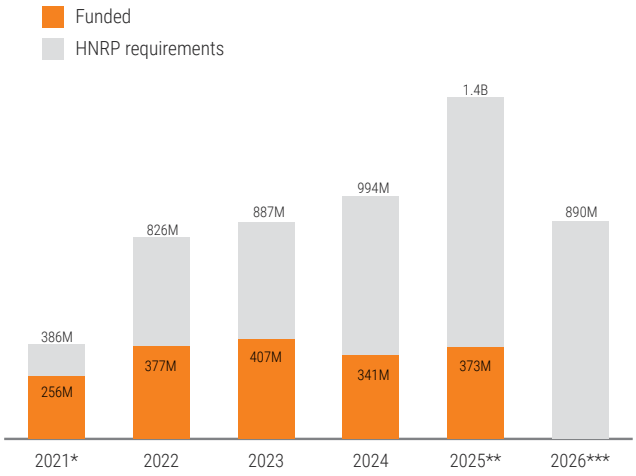
Humanitarians are working to deliver a complementary, life-saving humanitarian response via a range of modalities, addressing needs through diverse and flexible access approaches in partnership with local actors. The response is increasingly locally-led to ensure that assistance reaches people in conflict-affected and remote areas. By the end of 2025, 5.7 million people (or 85 per cent) are expected to have been reached with some form of assistance at least once. Heavy access constraints, significant underfunding, bureaucratic obstacles, and attacks on aid workers and assets continue to undermine these efforts and, as a result, the response is not as deep or as sustained in conflict areas as intended. Massive funding shortfalls have left enormous gaps

in the response. Despite the high level of needs, as of 1 December 2025, the Myanmar HNRP has received less funding in 2025 ($373 million)—with a significant part of this ($183 million) for the Earthquake Response Addendum—than throughout the entire year of 2024 ($402 million). Politicization of humanitarian assistance by all sides is making field operations much harder and is risking the safety of aid workers assisting people in need. Restrictions on civic space have also significantly reduced the operational capacity of many organizations. Humanitarian workers in Myanmar must be allowed to operate free from restrictions and harassment, in line with all the protections afforded to them under international humanitarian law. In line with global practice, the humanitarian community continues to talk with all parties to the conflict to facilitate access for the delivery of assistance to vulnerable people in need and to advocate for their protection.

Number of people in need vs targeted and prioritized for assistance



Financial requirements (US$)



* For 2021, these figures represent the combinted totals of the Humanitarian Response Plan and Interim Emergency Response Plan.
** 2025 HNRP + EQ response.
*** Only for 227 HNRP scope townships.

2.3 Humanitarian Response Strategy

PiN and target breakdown

by population group

	IDPs	Returned/resettled/ locally integrated IDPs	Non-displaced stateless people	Other shock-affected people
PEOPLE IN NEED	4M	438K	314K	11.5M
PEOPLE TARGETED	2.6M	248K	187K	1.8M
PEOPLE PRIORITIZED	1.5M	186K	187K	730K

The dire humanitarian situation in Myanmar and its increasing impact on civilians require a comprehensive and strategic response to address the growing needs. Guided by analysis of the two main humanitarian shocks that defined the crisis and the geographic areas affected, the 2026 HNRP has reduced its scope to concentrate on the people most impacted. The plan targets 4.9 million people in need of emergency assistance, with 2.6 million people at intersectoral needs severity levels 4 and 5 to be prioritized if resources are insufficient. The target has been driven by severity of needs, taking into account projected access, capacity, and funding. The decrease from previous years reflects the projected lack of resources and capacity to meet the needs of a wider group and is not reflective of a decrease in the number of people who would be targeted if more resources were available. The response will only focus on life-saving and protection interventions to address the most urgent humanitarian and protection needs, requiring a total of $890 million to reach all people targeted for humanitarian assistance, or $521 million to deliver this assistance only to the prioritized group in 2026.

The humanitarian planning process involved strong engagement with development actors on the TCF to ensure complementarity and avoid overlap.

The TCF aims to join up humanitarian action with complementary community resilience and basic service activities by development actors to prevent more people from sliding into humanitarian need.

Locally-led response

Local organizations remain the backbone of Myanmar's humanitarian response, particularly in conflict-affected and hard-to-reach areas. In the context of the broader humanitarian reset, efforts are increasingly focused on shifting from localization toward locally-led response models that place local actors at the centre of decision-making and implementation. Building on the HCT-endorsed Localization Strategy (October 2023) and the area-based coordination model for Myanmar (November 2025), the humanitarian community will advance on critical priority actions to implement the humanitarian reset agenda—strengthening local leadership and coordination capacities, fostering equitable partnerships, promoting direct access to resources, and enhancing participation and representation of local actors across coordination and strategic decision-making platforms. Donors and intermediary agencies are progressively recognizing the importance of flexible funding modalities, fair risk sharing, and

multi-year support that enable a sustainable and principled locally-led response, ultimately ensuring that humanitarian action is more contextualized, inclusive, and accountable to affected people.

Delivering in hard-to-reach areas

As part of the response strategy, humanitarian organizations will prioritize assistance to vulnerable populations in hard-to-reach, conflict-affected areas through various response modalities. The 2026 HNRP aims to assist some 3.5 million people in the most severely restricted hard-to-reach areas. Clusters are working to safely expand their operational reach, especially in areas with large-scale displacement, while advocating for more comprehensive, regular, and predictable access. The pressing need for multisectoral assistance in these hard-to-reach areas calls for innovative and practical solutions to empower local partners to reach those who are most vulnerable with a full and gender-sensitive package of assistance wherever possible.

Further information on the response can be found in section 2.5 Accountable, Inclusive & Quality Programming.

Risk-informed planning

Risk-informed planning in Myanmar is highly complex and critical due to the convergence of three major crises: protracted armed conflict, extreme vulnerability to natural hazards (including the 2025 earthquake), and an overarching humanitarian emergency.

The 2025 INFORM risk index places Myanmar at number three in the world in terms of exposure to hazards overall, with 9.2/10 for human-induced hazards (current conflict intensity and projected conflict risk) and 7.2/10 for natural hazards. It is ranked 9th globally in terms of exposure to natural hazards, largely due to the risk of river flooding (8.8/10), tsunami (8.3/10), and earthquake (8.2/10). Additionally, Myanmar was ranked as the country second most affected by the impacts of extreme climate events over the last two decades, based on the Global Climate Risk Index score. Its geographic location puts it at risk of heatwaves, flooding, and cyclones, with climate change likely to make these events more intense.

The humanitarian community in Myanmar annually updates the inter-agency Emergency Response

People in need and people targeted

by state and region

State/Region	People in need	People targeted	% of people targeted	People prioritized	% of people prioritized
Ayeyarwady	224K	18K	8%	0	0%
Bago (East)	1.0M	276K	27%	168K	16%
Bago (West)	388K	57K	15%	15K	4%
Chin	319K	125K	39%	59K	19%
Kachin	1.2M	410K	36%	186K	16%
Kayah	257K	133K	52%	122K	47%
Kayin	920K	376K	41%	239K	26%
Magway	1.3M	334K	26%	59K	5%
Mandalay	1.6M	295K	18%	83K	5%
Mon	736K	175K	24%	82K	11%
Nay Pyi Taw	275K	52K	19%	0	0%
Rakhine	1.9M	744K	40%	740K	40%
Sagaing	3.4M	1.2M	34%	398K	12%
Shan (North)	1.1M	197K	18%	54K	5%
Shan (South)	761K	244K	32%	132K	17%
Tanintharyi	877K	276K	31%	250K	28%

Preparedness Plan to reinforce its readiness to respond rapidly to a range of potential hazards, including recurrent flooding. The plan is complemented by more detailed operational inter-agency contingency planning at subnational levels. All of these plans seek to improve effectiveness of a humanitarian response by reducing both time and effort and to enhance predictability by establishing predefined roles, responsibilities, and coordination mechanisms.

The Anticipatory Action Task Force was formed to bring together humanitarian stakeholders implementing anticipatory action initiatives to jointly develop and implement the inter-agency Myanmar Anticipatory Action Framework, while aligning to the extent possible with other anticipatory action initiatives. The first collaborative Anticipatory Action Framework will focus on tropical cyclones and is to be completed ahead of the cyclone season in the first half of 2026.

Transition

Within the earthquake response area, the transition to recovery is well underway, although serious pockets of need remain and additional resources are required for effective recovery. The Early Recovery Cluster, activated in 2025 following the March 2025 earthquake, is expected to gradually phase out of the humanitarian response operation in the course of 2026 and transition to longer-term recovery activities as part of the TCF.

However, with the main driver of humanitarian needs remaining the ongoing conflict and downstream impacts on basic human needs and livelihoods, the conditions for a broader transition from relief to recovery are not yet in place.

2.4 Advocating for People Not Assisted through the HNRP

"I first thought of using the money for food and shelter, but restoring my eyesight mattered most. Now I can work again and my income has improved [...]"

– Daw Than (name changed), 71-year-old woman who suffers from poor vision, Mandalay region.*

People not assisted through the HNRP

Due to access constraints, resource limitations, mandate boundaries, or operational capacity, the HNRP will not be able to capture all people in severe need of humanitarian assistance, nor are there mechanisms within the development system well placed to address these gaps that remain largely driven by conflict.

The recent financial crisis in the humanitarian sector has notably impacted Myanmar's response planning. The 2026 target amounts to only 30 per cent of the total PiN figure of 16.2 million and the funding required to implement the plan amounts to US$890 million, a 36 per cent decrease from the $1.4 billion requested in 2025 (including the earthquake response). This reduction is the result of smaller target populations across most clusters, with cuts ranging from 17 per cent to 42 per cent.

Geographically, the HNRP will continue supporting the most vulnerable people in the most affected areas, such as Chin, Kachin, Kayah, Kayin, Rakhine and Sagaing where the proportion of targeted people versus people in need is the highest. The operation will not include people living in most of Ayeyarwady, eastern Shan, Nagaland, or Yangon, as these areas fall outside the scope of the HNRP. In terms of population groups, the HNRP will focus more on IDPs, returned/resettled/integrated IDPs, and non-displaced stateless people and significantly less on other shock-affected people.

Populations not covered by the response remain in severe, stressed or minimal humanitarian need, with significant risks of reliance on negative coping strategies, heightened protection risks, and increased psychosocial stress. A large proportion of the Myanmar population is affected by economic shocks, not covered by the scope of the HNRP. Without scaled-up support through the cooperation frameworks of development partners, these people are likely to remain largely without any assistance. These shocks, particularly rising prices and the lack of daily income, will further exacerbate poverty for many families and will be particularly acute due to the lack of development support to address underlying drivers of poverty, or to mitigate the impacts of the wider disruptions to the economy.

Humanitarian-development collaboration

The 2026 HNRP focuses on life-saving and protection action while aligning its response with medium-term recovery and resilience objectives reflected in the TCF and other cooperation frameworks. If appropriately resourced, humanitarian interventions can mitigate erosion of human capital and systems, safeguarding the foundation upon which development investments can build.

HNRP activities are designed to complement longer-term strategies where possible, while remaining grounded in humanitarian principles. Referrals from short-term interventions to early recovery and social protection programmes aim to provide more sustainable support. However, as Myanmar remains primarily a humanitarian context, these linkages are limited due to comparatively low development financing and consequently fewer people who can be reached through development assistance.

Advocacy measures towards authorities / development actors

Any potential political or institutional changes in 2026 will require close monitoring, as they may create opportunities to advocate key stakeholders

for renewed commitment to address the longer-term needs of people in the country. These developments could also enable development actors to assume a more prominent and strategic role in supporting community priorities and complement the HNRP.

However, the complex political environment could make sustainable development investments challenging and may create additional challenges for the humanitarian community in adhering to a principled approach.

2.5 Accountable, Inclusive & Quality Programming

Centrality of protection

Humanitarian organizations, supported by the Protection Cluster (including on child protection, gender-based violence, mine action, and protection of civilians), remain fully dedicated to mainstreaming protection across the entire humanitarian response in Myanmar. Through the incorporation of protection principles into aid delivery, humanitarian organizations in Myanmar will ensure that their activities target the most vulnerable, enhance their safety and dignity, ensure meaningful access, strengthening participation, empowerment and accountability, and not contribute to or perpetuate discrimination, abuse, violence, neglect, and exploitation.

Accountability to affected people (AAP)

Guided by the Myanmar Collective AAP Strategy 2025-26, the AAP & Community Engagement Working Group (AAP/CEWG) will focus on strengthening inclusive, people-centred programming through interconnected workstreams: (1) direct sub-granting to local organizations; (2) strengthening coordination capacity; (3) networking, coordination, and advocacy, and; (4) inter-agency community-based complaints and feedback mechanism (CFM). The AAP/CEWG will reinforce collective accountability, empower local leadership, and ensure community perspectives are embedded in humanitarian decision-making. The initiative will prioritize localization and equitable participation, enabling local partners in conflict-affected and hard-to-reach areas to design, implement, and sustain their own feedback and engagement systems.

Disability and other diversities

The 2025 MSNA shows that households with persons with disabilities face greater food insecurity, lower incomes, and reduced access to essential services, compounded by stigma, and lack of accessibility. These overlapping barriers place persons with disabilities at heightened risks of mental health conditions and psychosocial distress. Based on those key elements and consultations with organizations of persons with disabilities (OPDs), the Myanmar Disability & Inclusion Strategy 2026 will: 1) support participation of OPDs to Protection Cluster meetings; 2) targeted capacity-building to OPDs on organizational and soft skills, and; 3) strengthen technical, targeted support to clusters through focal points and regular participation to clusters.

Gender & the empowerment of women and girls

Women and girls are disproportionately impacted and face heightened protection risks. Gender, age, and diversity integration remain central to humanitarian planning and response in Myanmar. Building on previous efforts, clusters have further institutionalized the collection and analysis of sex-, age-, and disability-disaggregated data (SADDD) and the use of gender analysis to inform strategic and operational decision-making. For 2026, the top priority is empowering local leadership and women's participation, strengthening coordination and systemic integration of gender, age, and diversity, and designing inclusive and gender-responsive humanitarian interventions.

Protection from sexual exploitation and abuse (PSEA)

Myanmar ranks 8th among the 10 IASC priority countries identified as having the highest risk of SEA. This is largely driven by the ongoing humanitarian crisis, which has left vast numbers of vulnerable people in conflict and disaster-affected areas in urgent need of protection and assistance. Therefore, PSEA must be firmly embedded within the core commitments of all humanitarian organizations operating in Myanmar. This includes upholding a zero-tolerance policy on SEA and ensuring robust accountability mechanisms. To continue strengthening the PSEA programme in 2026, it is critical to raise PSEA awareness in communities, implement SEA risk assessments, and strengthen the capacity strengthening of network members.

Environment

The humanitarian response will integrate environmental safeguards across assessment, planning, delivery and monitoring to avoid harm to ecosystems and, where feasible, support restoration. Clusters will systematically consider environmental risks and climate impacts in programme design, including resource use, waste generation, pollution, and land degradation, and will prioritize low-waste, low-carbon and circular approaches to procurement and service delivery. Partners will seek opportunities to use nature-based and climate-smart solutions, promote sustainable management of water, soil and forests, and minimize damage to biodiversity. Environmental considerations will be reflected in targeting, site selection and infrastructure design, and coordinated with relevant development and environmental actors.

2.6 Cost of the Response

Costing methodology

As in past years, unit- or activity-based costing has been used for the 2026 Myanmar HNRP, with clusters determining an average per-person cost for each of its activities to be factored against the number of people targeted for humanitarian assistance. The HNRP cluster activity costs was further increased by up to two per cent to support risk sharing and duty of care for local partners, as well as cluster coordination-related costs.

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

Cost effectiveness

To improve cost efficiencies overall, a number of steps have been taken through the clusters and their partners, such as:

- Delivery of assistance is led by local organizations at subnational level using low-cost modalities such as localized procurement, among others.
- Tracking of the evolving situation on the ground through subnational coordination structures to avoid duplications in interventions and ensure that assistance is channeled through actors who are already operational in hotspot areas.
- Harmonized reporting, integrated service delivery, and coordinated supply pipelines.
- Whenever feasible, shared and coordinated logistics capacities across clusters to reduce transportation costs and avoid parallel supply chains.
- Optimized seasonal windows by scheduling activities and outreach during periods of safer road access and by pre-positioning supplies via land routes before the monsoon or conflict-related constraints increase reliance on costly air transport.
- Promotion of joint assessments, consultations, trainings, and coordinated field missions to reduce duplication and improve the efficiency of partner activities.
- In consultation with subnational partners, joint review and harmonization of unit prices for key interventions—averaging locally-validated costs across regions—which supports more realistic budgeting, reduces duplication, and promotes equitable, cost-effective delivery nationwide.

Average cost-per-person assisted (US$)

Cluster	2024	2025*	2026
Early recovery		20	35
Education	69	71	80
Food Security	128	125	123
Health	48	51	46
Nutrition	94	73	81
Protection	54	40	34
Shelter/NFI/CCCM	111	77	36
WASH	63	63	50
Multipurpose Cash		43	28
OVERALL	**186**	**212**	**182**

* 2025 HNRP + EQ response

2.7 Cash & Voucher Assistance Overview and Multipurpose Cash Section

"We used the money to buy medicines. It didn't cover everything, but it helped for at least a month. I cannot live without my medicine. More than that, it gave me strength, knowing we are not alone."

– Earthquake survivor, Sagaing.

Context

Given the wide range of needs across Myanmar and the continued functionality of local markets, affected populations consistently express a strong preference for cash assistance. Cash is adaptable for people on the move, provides flexibility and dignity to recipients, and offers faster, more cost-efficient assistance for humanitarian operations while enabling access to populations in all parts of the country. Global evidence shows that cash assistance is not riskier than other forms of aid and can often be tracked more effectively.

In the aftermath of the Earthquake Response in 2025, cash assistance, and multipurpose cash (MPC) in particular, were used as frontline emergency response providing quick and effective relief to the affected populations while strengthening the resilience of local markets.

Multipurpose cash

Despite the challenging environment, most partners in Myanmar increasingly see opportunities in the use of MPC because of its contextual utility.

The Cash and Markets Working Group (CMWG) updates its Minimum Expenditure Basket (MEB) annually to set the MPC transfer value: in 2026 the provisional recommended transfer per household is MMK 360,000 per month. The MEB is reviewed bi-annually with the World Bank using their country-wide market price monitoring data to check for inflation.

The MPC strategic guidance and the MEB technical notes have both been updated in 2025, outlining the principles of targeting, delivery and monitoring, using a new joint post-distribution monitoring tool.

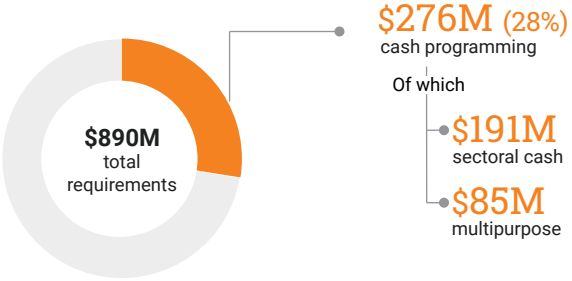
Complementarity, linkages and deduplication

The CMWG ensures that cash and voucher assistance (CVA) is closely coordinated to maintain complementarity with sectoral responses. It works with the Food Security, Nutrition, Protection, Shelter, and WASH Clusters and their partners to strengthen multisectoral outcomes and prevent overlap in assistance. Linkages with emerging social protection initiatives, such as maternal child cash transfers and disability assistance, are also being reinforced to support longer-term resilience where feasible. At the same time, in 2026, the CMWG will be prioritizing and advancing deduplication efforts through improved data sharing and interoperability to ensure that MPC assistance reaches households efficiently, equitably, and without duplication.

Humanitarian Reset & MPC

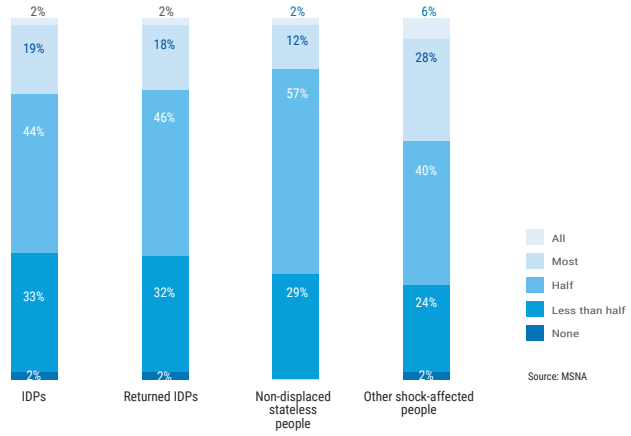
The "Humanitarian Reset" highlights the importance of cost-effective solutions, a role that CVA is well-placed to play in Myanmar's chronically underfunded context, operational markets and strong people's preference. Data collected for the 2026 HNRP indicates an increase in both the number of people targeted and the budget allocated for MPC assistance compared to 2025, despite overall financial reductions.

Cash programming requirements

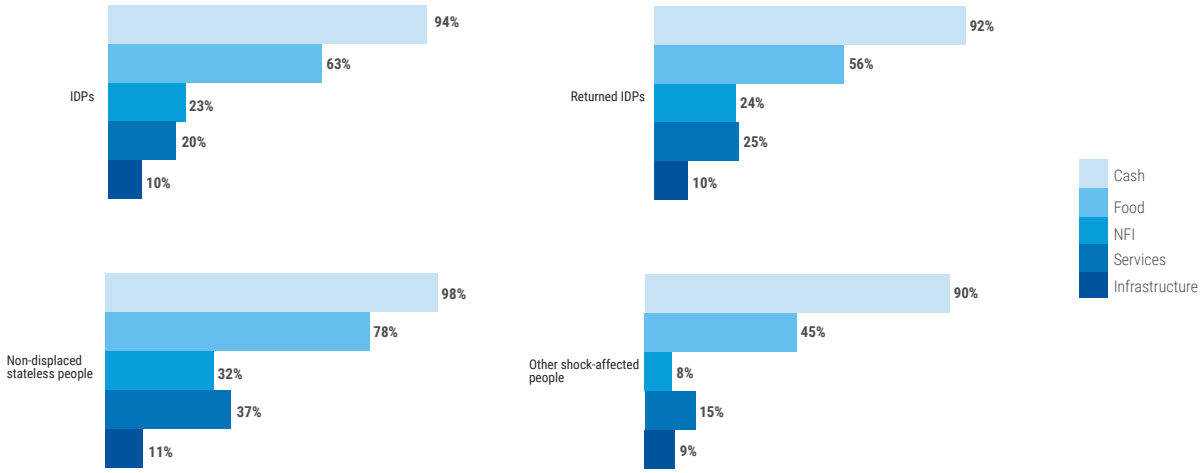


% of households with ability to meet their basic needs

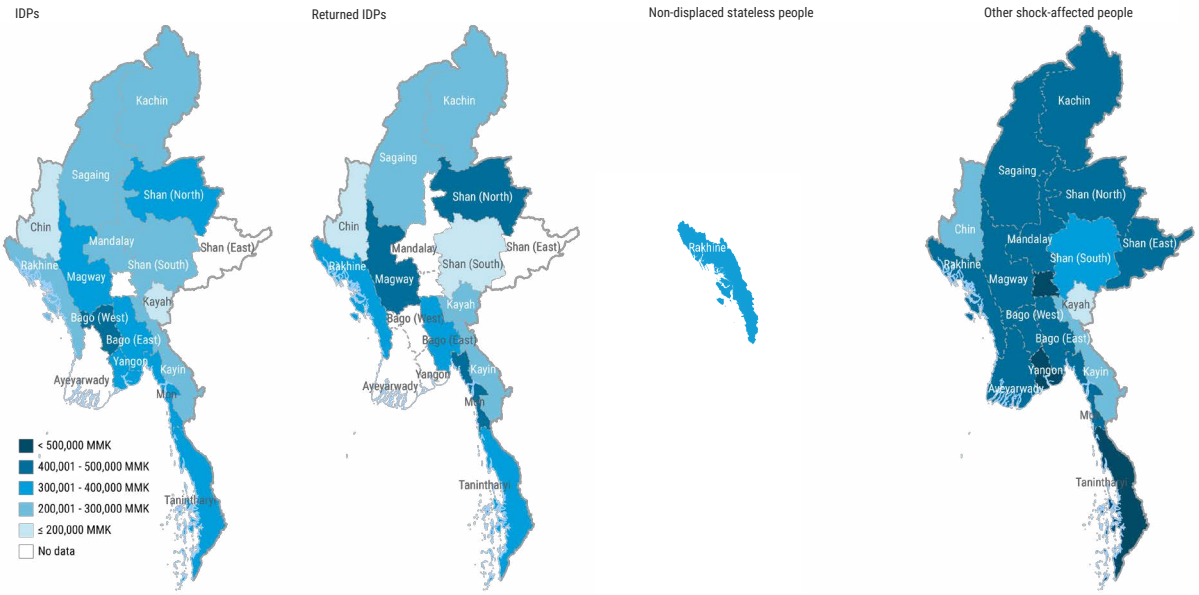
(as defined and prioritized by the households)



% of households reporting priority needs by preferred modalities of assistance by population group



Median reported monthly income (without support/donations from friends/family/community) by region and population group, in Myanmar Kyat (MMK)



2.8 Response Monitoring

The overall monitoring of the humanitarian response in 2026 will be based on the nationwide targets, objectives, and indicators set by clusters and agreed upon by the HCT in this HNRP. Monitoring data will be analysed against the severity of needs to understand whether the response is reaching those whose lives are most at risk. The Inter-Cluster Coordination Group (ICCG) will take primary responsibility for ensuring that monitoring activities are completed, including regular reporting on the implementation of cluster response plans, progress on cross-cutting issues, and analysis of challenges faced. For the 2026 HNRP, the quarterly reporting cycle will be maintained, with a concise dashboard on interim progress published for each quarter.

All partners will be encouraged to report SADDD and incorporate gender-sensitive indicators, including access barriers, use of services by women and girls, and feedback from women-led groups. Monitoring will include qualitative feedback from women and girls to adjust targeting and delivery modalities. The IASC Gender Equality Policy and Accountability Framework mandates the inclusion of women's participation in monitoring humanitarian activities, emphasizing the need to integrate their knowledge, capacities and leadership at all stages, and explicitly requiring consultations with local women's organizations to ensure their needs and priorities inform decision-making. The framework monitors this inclusion and the required mechanisms for feedback on how their contributions are addressed.

All humanitarian organizations implementing the HNRP are expected to use the online reporting tool, ActivityInfo, to facilitate simplified, secure, and fully aligned reporting—reducing operational partners' administrative burden and encouraging increased reporting across the operation. Additionally, clusters will develop or continue producing a range of reports on response activities throughout the year, and analytical reports on a monthly or quarterly cycle.

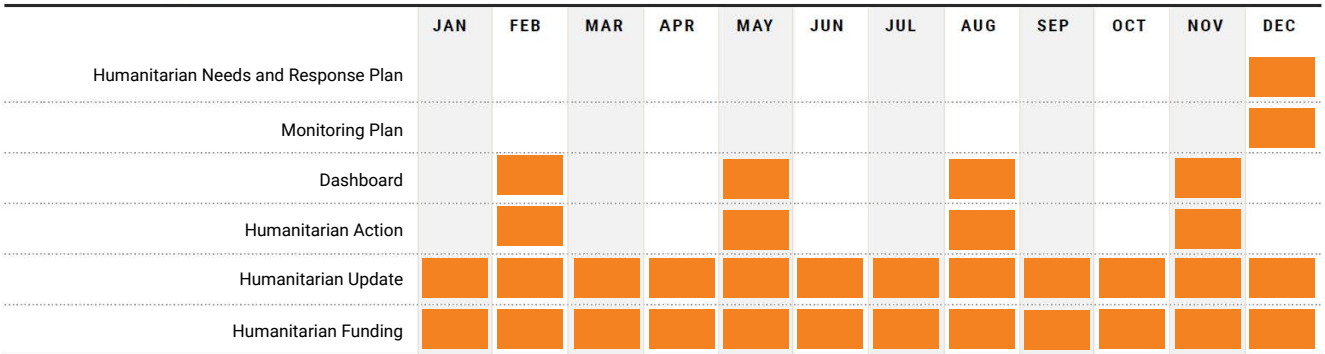
In addition to monitoring the number of people reached, IDP projections will also be monitored throughout the year, with the possibility of a revision to the HNRP should the numbers significantly diverge from planning assumptions. Monthly humanitarian updates, incorporating inputs from clusters, will be issued once a quarter, highlighting nationwide needs, response efforts, gaps, and constraints. Flash updates will be utilized as needed to emphasize sudden changes in humanitarian needs and the context.

Public platforms, including the MIMU website and ReliefWeb, will continue to disseminate various information products to a broad audience.

The 2026 HNRP monitoring framework has been designed to effectively track and assess cluster response activities delivered to those directly impacted by conflict and disasters, as well as activities benefiting other shock-affected people facing humanitarian needs due to worsening conditions. Protection-specific indicators will be used to monitor the incidence of and response to increased protection concerns of civilians resulting from conflict, including efforts to promote international humanitarian law and international human rights law.

For the first time, cash-based activities—such as cluster-specific CVA or MPC grants—are established as individual activities with cash-only indicators. Indicators associated with in-kind delivery are recorded under separate activities.

Humanitarian programme cycle timeline



Explore more at humanitarianaction.info

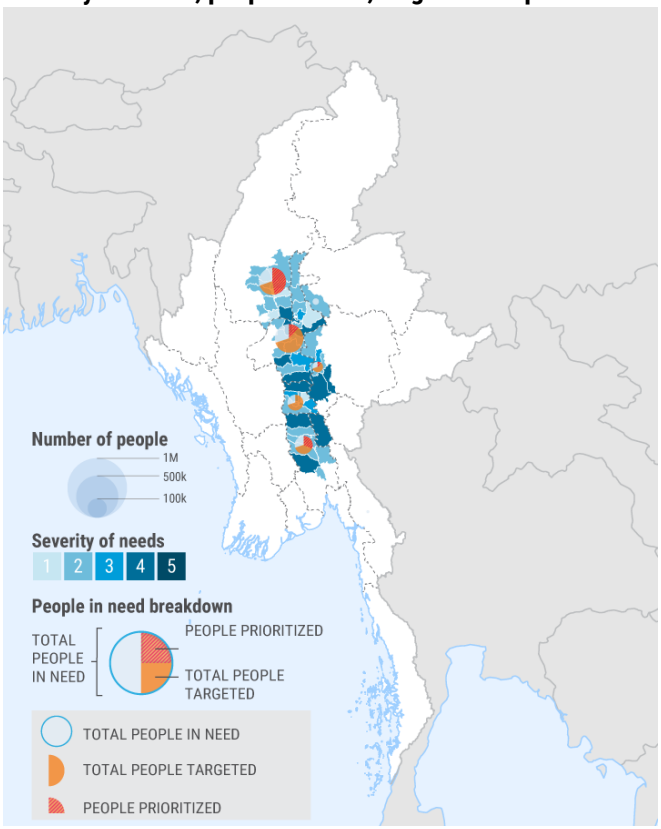
Part 3: Cluster Response Plan

MANDALAY, MYANMAR
A young woman and children receive assistance for earthquake survivors in Mandalay Region.
Credit: WFP/Yin Aye Nyein San/2025

3.1 Early Recovery

People in Need	People Targeted	People Prioritized	Requirements (US$)	Prioritized Requirements (US$)
626K	429K	154K	15M	6M

Severity of needs, people in need, targeted and prioritized



"After the earthquake took my husband and destroyed my home, I felt completely hopeless. I would sit in front of the ruins, not knowing how to start again. When the debris was cleared, it felt like the first light after a long darkness."

— Kyu Kyu Myint, 67-year-old woman in Sagaing.

Needs

The March 2025 earthquake caused extensive destruction across central and northern Myanmar, damaging homes, public buildings, roads and infrastructure. The Early Recovery Cluster estimates that over 1.2 million people need support for debris removal, recycling and safe waste management to restore living conditions and enable recovery. Needs will remain high through 2026 due to the scale of destruction, debris volume and limited national capacity for waste management. While communities have undertaken most clearance, more than 450,000 metric tonnes of debris still requires organized clearance and recycling.

People in need, targeted and prioritized breakdown

	by population group				by sex & age		
	IDPs	Returned IDPs	Non-displaced stateless people	Other shock-affected people with humanitarian needs	Sex	Age	Persons with disability
PEOPLE IN NEED	55K	-	-	571K	Female 326K, Male 300K	Children 194K, Adults 357K, Elderly 75K	75K
PEOPLE TARGETED	38K	-	-	391K	224K, 205K	133K, 245K, 51K	52K
PEOPLE PRIORITIZED	24K	-	-	130K	80K, 74K	48K, 88K, 18K	19K

Key drivers include massive debris accumulation, blocked transport routes, overwhelmed municipal waste systems, and public health risks from unmanaged rubble. Safe, inclusive livelihood opportunities are also needed during recovery.

Top areas with highest needs: Mandalay (urban damage and debris), Sagaing (collapsed infrastructure), eastern Bago and Nay Pyi Taw (urban damage and waste system overload), and southern Shan (rural areas with access challenges). These locations have the highest concentration of people requiring debris clearance, recycling and waste management.

Response

Early recovery is essential to restore access, facilitate reconstruction and prevent health and environmental risks. The main focus areas for early recovery include:

- Safe removal of debris. Clearing earthquake debris to restore access, enable reconstruction and reduce safety risks.
- Recycling of debris. Promoting environmentally sound recycling and reuse of debris materials to support local livelihoods and sustainable recovery.
- Removal of waste. Supporting community-level solid waste collection and disposal to improve living conditions and enable the restoration of essential public services.

Targeting prioritizes townships with severe damage and critical debris needs, focusing on affected households, local clearance workers and communities needing waste services. Delivery modalities include in-kind support (tools, safety gear, machinery), service contracts and community grants for debris collection and recycling, and remote modalities for monitoring and coordination. The approach promotes organized debris clearance and waste collection while stimulating local markets. Localization is key: community-based organizations will identify debris hotspots, organize clean-ups and ensure culturally appropriate disposal, supported through technical assistance and small grants. Inter-cluster collaboration ensures alignment with the Health, Protection, Shelter, and WASH Clusters. Protection and safety standards, including gender-sensitive participation, are mainstreamed throughout.

Monitoring

Progress will be tracked through quarterly partner 4Ws, cluster dashboards and verification missions. Indicators include square metres of debris cleared, volume of material recycled, and the number of communities where waste services have been restored. Partner reports will be validated through cross-checking, geospatial data and on-site verification.

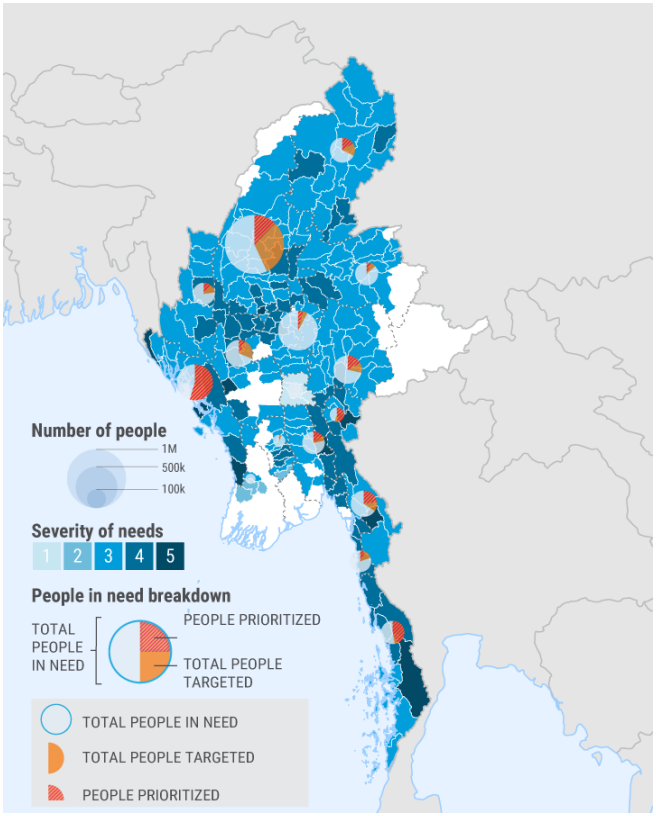
The Cluster will conduct training for local partners on safe debris management, recycling techniques, waste segregation, environmental protection and digital reporting. Simplified reporting templates will facilitate the participation of local NGOs and municipalities, improving the accuracy and timeliness of information.

Early Recovery Cluster Strategy: https://reliefweb.int/report/myanmar/humanitarian-needs-and-response-plan-myanmar-humanitarian-programme-cycle-2026-early-recovery-cluster-strategy

3.2 Education

People in Need	People Targeted	People Prioritized	Requirements (US$)	Prioritized Requirements (US$)
3.5M	1.1M	614K	88M	47M

Severity of needs, people in need, targeted and prioritized



"Seeing my children learn happily and make progress brings me great joy. I am grateful to everyone who has supported them and other students in our community."

— Daw Yu Way, a mother of two children in Magway.

Needs

Nearly five years after the February 2021 military takeover, access to safe and protective education remains severely constrained. Nationwide, 29 per cent of assessed school-aged children were not attending formal school, with rates highest among non-displaced stateless children (74 per cent), followed by IDPs (61 per cent) and returnees (48 per cent), according to MSNA 2025.

Conflict escalation has caused large-scale displacement, destruction of schools and loss of livelihoods, leaving families unable to meet education-related costs. School closures due to conflict account for 35 per cent of drop-outs, while

People in need, targeted and prioritized breakdown

	by population group				by sex & age		
	IDPs	Returned IDPs	Non-displaced stateless people	Other shock-affected people with humanitarian needs	Sex	Age	Persons with disability
					Female 1.8M / Male 1.7M	Children 3.4M / Adults 77K	
PEOPLE IN NEED	731K	82K	56K	2.7M			428K
PEOPLE TARGETED	729K	82K	56K	269K	594K / 542K	1.1M / 23K	141K
PEOPLE PRIORITIZED	378K	66K	56K	115K	321K / 293K	602K / 12K	83K

financial barriers represent 23 per cent, up from 14 per cent in 2024. Teacher shortages exceed 50 per cent due to displacement and dismissals, forcing reliance on volunteers.

Unsafe learning environments expose children to protection risks, including recruitment by armed actors, child marriage, child labour, sexual exploitation and trafficking; undermining children's mental well-being and development. Natural hazards, including floods and the March 2025 earthquake further worsened conditions, damaging more than 24,200 units of infrastructure including schools and learning centres across 422 villages. An estimated 3.5 million people (98 per cent children) need education-in-emergencies assistance. Sagaing has the highest needs (28 per cent of the Education Cluster PiN), followed by Mandalay (13 per cent) and Rakhine (10 per cent), all marked by conflict, displacement and high levels of vulnerability.

Response

In 2026, the Cluster targets 1.1 million people (32 per cent of those in need), including 519,000 boys and 594,000 girls, of whom 141,000 children with disabilities. Adults (educators and stakeholders) account for two per cent of the target. IDP, returnee and non-displaced stateless children—76 per cent of the total target—will be prioritized. Sagaing and Rakhine will receive the largest shares (38 per cent and 18 per cent respectively).

Assistance will combine in-kind support and CVA, depending on market functionality and security conditions. CVA will support access to learning materials and education costs where feasible, while in-kind modalities remain essential in areas with disrupted markets or restricted access. To continue scaling up the delivery of assistance, the Cluster will build upon already established localization efforts; onboarding and supporting more local partners to lead the response especially in locations with complicated access.

The Cluster will coordinate with the Protection Cluster on risk mitigation and PSEA, including gender-based violence (GBV)/PSEA training for educators and referral pathways. Collaboration with the WASH Cluster will promote hygiene and AWD awareness in learning spaces, while linkages with the Health and Nutrition Clusters will ensure integrated school-based services. Protection measures, including explosive ordnance risk education (EORE), child safeguarding, and safe learning environments, will be mainstreamed. The response will focus on three pillars: access to learning, quality education, and local capacity strengthening.

Monitoring

The Cluster will continue to promote the use of the ActivityInfo platform, introduced in 2024, to track and report on response progress on a quarterly basis. Periodic ActivityInfo orientation sessions will be organized for reporting focal points before each reporting cycle and whenever there are changes in personnel. Additionally, more frequent orientations will be offered to local partners to strengthen their understanding of the platform and improve the completeness and quality of their reporting.

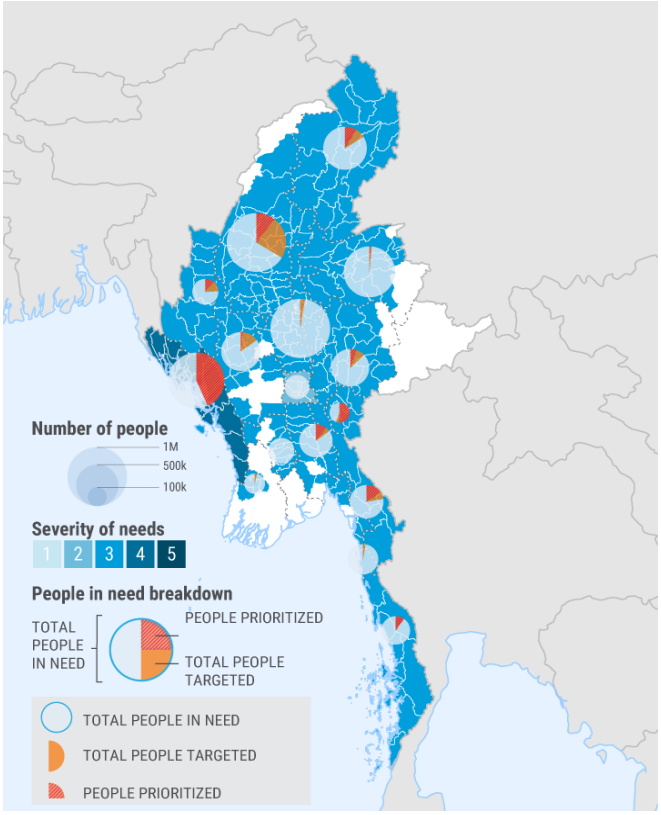
Each quarter, reported data will be consolidated and analysed, and the results presented in dashboards that visualize response progress, remaining gaps and coverage by population group and location. These dashboards will guide partners' targeting and prioritization across geographical areas throughout the year. In line with the low-visibility operating modality required by the current political context, partner identities will continue to be anonymized in public-facing products to safeguard operations. Dashboards and related analyses will be made available via the Education Cluster online platforms and MIMU.

Education Cluster Strategy:
https://reliefweb.int/report/myanmar/humanitarian-needs-and-response-plan-myanmar-humanitarian-programme-cycle-2026-education-cluster-bridging-strategy

3.3 Food Security

People in Need	People Targeted	People Prioritized	Requirements (US$)	Prioritized Requirements (US$)
8.5M	1.5M	927K	184M	115M

Severity of needs, people in need, targeted and prioritized



"The floods destroyed our crops and livestock, and I worried my children would go hungry. The seeds, fertilizer and livelihood support helped us replant – giving us food again, and hope."

– U Thein Win, southern Shan.

Needs

Myanmar's protracted conflict and recurrent disasters continue to drive high levels of food insecurity by disrupting livelihoods, reducing planted areas, and depleting livestock herds. In 2026, 8.5 million people in 227 townships within the HNRP scope are projected to face acute food insecurity. The Food Security and Nutrition Analysis projects that 964,000 people will be in phase 4 (emergency) in 2026, mainly IDPs, returnees and stateless persons. Crisis-level coping strategies remain high (40–50 per cent) in conflict-affected areas, especially among the 70 per cent of the population that depends on agriculture for their livelihoods.

The reduction in the absolute number of food-insecure people is largely attributable to the decline in the

People in need, targeted and prioritized breakdown

	by population group				by sex & age		
	IDPs	Returned IDPs	Non-displaced stateless people	Other shock-affected people with humanitarian needs	Sex	Age	Persons with disability
					Female 4.4M / Male 4.1M	Children 2.6M / Adults 4.9M / Elderly 1M	1M
PEOPLE IN NEED	1.5M	135K	138K	6.7M			
					792K / 714K	460K / 862K / 184K	202K
PEOPLE TARGETED	1.1M	60K	74K	262K			
					489K / 438K	279K / 530K / 118K	135K
PEOPLE PRIORITIZED	709K	42K	74K	102K			

baseline population projections, the more focused geographic scope of the 2026 HNRP, improved rice prices following above-average harvests and reduced exports, less severe flooding during the 2025 monsoon season, and some reduction of conflict intensity in critical areas. The main food-security hotspots are Rakhine, northern Shan, Kayah, Chin and Kachin.

Response

The Cluster has the following three objectives guiding the response:

Emergency food assistance (CO1)

Emergency food assistance will target 1.3 million people in areas highly affected by conflict and disasters, prioritizing improved physical and economic access to food for the most vulnerable households. The response will adapt its modality mix to market functionality and beneficiary preferences, combining in-kind and cash-based assistance. Cash assistance is particularly recommended where markets are functioning, including in selected hard-to-reach areas where feasible and safe. A minimum of three months of assistance will be provided for all population groups, with context-specific, more flexible support for IDPs on the move.

Life-saving food production assistance (CO2)

Emergency food production support will target 463,000 people, focusing on protecting, restoring and improving household food production capacity while promoting environmentally sustainable practices. Given that reliance on livelihood coping mechanisms remains high (40–50 per cent of households), the response will prioritize urgent provision of agricultural and livestock inputs, combined with training in climate-smart agriculture. Particular attention will be given to IDPs, returnees and stateless populations to maximize impact, reduce reliance on negative coping strategies and mitigate acute malnutrition among children and women. Approximately 262,000 people will receive both food assistance and emergency food production support.

Strengthened coordination and localization (CO3)

The Cluster operates through national and subnational coordination hubs and is co-led with national NGOs as part of strengthened localization efforts. This structure enhances field-level data analysis, supports identification of food security needs and gaps, and reduces overlap between interventions.

Monitoring

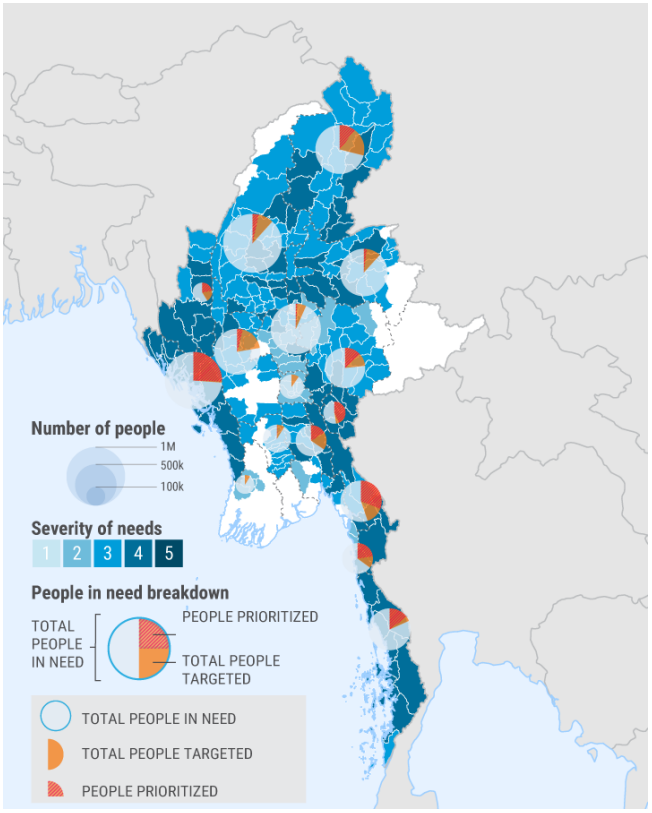
Output-level indicators will be monitored quarterly by partners across operational areas. Cross-cutting indicators on AAP, child protection, GBV will be tracked in close coordination with the relevant clusters to monitor progress and outcomes. CFMs enable continuous engagement with affected communities, ensuring that their perspectives inform programme adjustments and improve the quality and relevance of the response.

Food Security Cluster Strategy: https://reliefweb.int/report/myanmar/humanitarian-needs-and-response-plan-myanmar-humanitarian-programme-cycle-2026-food-security-cluster-glance

3.4 Health

People in Need	People Targeted	People Prioritized	Requirements (US$)	Prioritized Requirements (US$)
9.3M	2M	1.1M	92M	51M

Severity of needs, people in need, targeted and prioritized



"Sometimes, miracles come disguised in ordinary boxes… we received a donation of much needed medicines, medical and surgical supplies, and were able to save many lives and limbs after the earthquake. Without these supplies, our mobile clinic would not have been able to treat as many people as effectively as we did."

– health worker from Sagaing.

Needs

In 2026, an estimated 9.3 million people will require support to access basic health services across Myanmar. Among them, 2.4 million are women and girls of reproductive age, with an estimated 415,000 births in need of life-saving care. The majority (74 per cent) are non-displaced individuals affected by ongoing conflict and the March 2025 earthquake, followed by IDPs (22 per cent) and returned, resettled or locally integrated IDPs and stateless

People in need, targeted and prioritized breakdown

	by population group				by sex & age		
	IDPs	Returned IDPs	Non-displaced stateless people	Other shock-affected people with humanitarian needs	Sex	Age	Persons with disability
					Female 4.8M / Male 4.5M	Children 2.8M / Adults 5.4M / Elderly 1.1M	1.1M
PEOPLE IN NEED	2M	113K	251K	6.9M			
PEOPLE TARGETED	1M	47K	96K	905K	1M / 969K	637K / 1.1M / 228K	266K
PEOPLE PRIORITIZED	613K	32K	96K	361K	567K / 534K	350K / 623K / 128K	156K

populations (4 per cent). Women, children, older people, persons with disabilities and those with mental health conditions face heightened risks and barriers to care, including physical access constraints and financial limitations.

Priority areas for health interventions include Chin, Rakhine, and Sagaing, with additional needs in Kachin, Kayin, northern Shan and Tanintharyi. Key barriers identified in the MSNA include lack of cash (52 per cent), lack of nearby functional health facilities (29 per cent) and inadequate treatment availability (6 per cent). Between February 2021 and November 2025, 505 verified attacks on health care were recorded, damaging facilities and disrupting the transport of essential medical supplies and health workers.

Conflict and disasters have worsened mental health conditions, including rising concerns about severe distress and suicidality among displaced people, while crowded settlements, unsafe drinking water, poor sanitation and interrupted health programmes pose serious public health threats. A large-scale cholera outbreak occurred between June 2024 and April 2025. Malaria cases have surged by 300 per cent in four years, driven by shortages of nets, diagnostic tests and treatment. Dengue continues to rise annually, mostly among children under 15. Vaccination coverage remains critically low, with 1.5 million children under five missing basic immunizations since 2018, increasing the risk of measles, diphtheria and possible polio resurgence.

Response

In 2026, life-saving health interventions—including primary health care, sexual and reproductive health, family planning, emergency obstetric care, clinical management of rape (CMR), emergency referrals, mental health and psychosocial support, physical rehabilitation and essential medical supplies—will reach two million people. Of these, 48 per cent are IDPs, 45 per cent other shock-affected people, five per cent stateless populations in Rakhine and two per cent returned or resettled IDPs.

The Cluster applies the Do No Harm principle, focusing on antimicrobial resistance prevention through rational medicine use and awareness campaigns. Disease outbreak detection and response remain priorities, supported by expanded surveillance and collaboration with the Nutrition and WASH Clusters for rapid interventions such as supplementary feeding and water purification. Preventive measures include safe water and sanitation access, mosquito net distribution, hygiene promotion and vaccination campaigns targeting zero-dose children under five, including in hard-to-reach areas.

Of the 125 Cluster partners, 40 per cent are local organizations serving as the frontline responders, providing critical access to affected communities and enabling international partners to deliver assistance in areas that would otherwise be inaccessible. Services will be delivered through static facilities, mobile clinics and community health workers, with teleconsultation for inaccessible areas. Emergency referrals and physical rehabilitation may be supported with limited cash, but other cash-for-health modalities are avoided to prevent unsafe medicine procurement and risks of antimicrobial resistance.

Monitoring

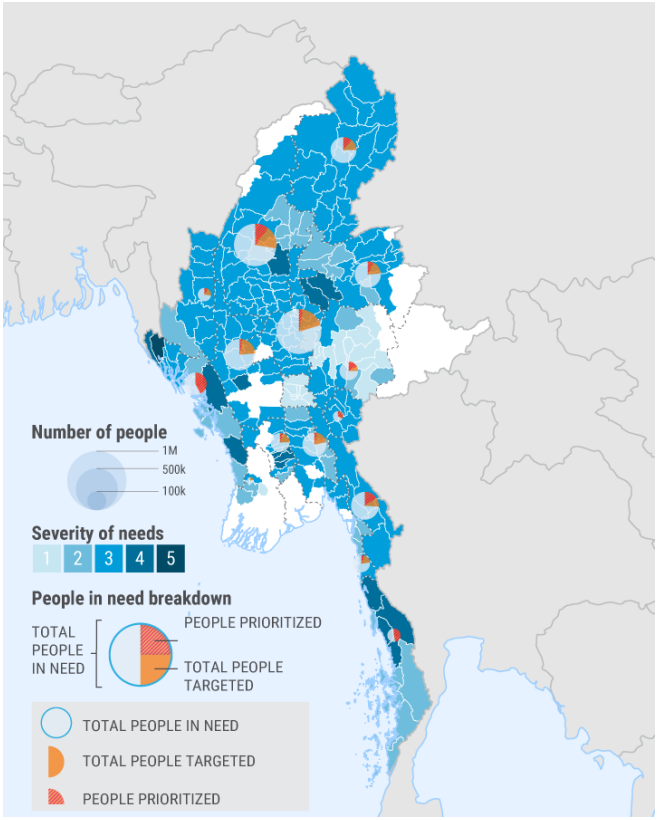
Subnational training on reporting will continue to strengthen capacity for timely, complete reporting. The Cluster will lead joint intersectoral needs assessments and monitoring, providing tailored training to partners based on local context and capacity. Data will be consolidated into dashboards for analysis and shared with partners to guide decision-making and advocacy. Mid-year and year-end reviews will assess progress against targets and adjust priorities as needed.

Health Cluster Strategy:
https://reliefweb.int/report/myanmar/myanmar-health-cluster-strategy-2026-2027-0

3.5 Nutrition

People in Need	People Targeted	People Prioritized	Requirements (US$)	Prioritized Requirements (US$)
2.7M	677K	266K	55M	24M

Severity of needs, people in need, targeted and prioritized



"When aid doesn't come, I can't even feed the children what they need, let alone treat them when they fall sick. If they can't give us rations, give us jobs so we can earn and eat. If not, it would be better to just die".

– 35-year- old mother of six children living in a Rohingya camp on the outskirts of Sittwe

Needs

In 2026, 2.7 million people will need nutrition assistance, including 2.3 million children under five and 380,000 pregnant and breastfeeding women (PBW). Over 72,000 children risk death without therapeutic feeding for severe acute malnutrition (SAM), while 288,000 face increased mortality risk without targeted supplementary feeding for moderate acute malnutrition (MAM).

Key drivers include prolonged conflict, displacement, deteriorating food security, poor infant feeding practices, limited health and WASH access, and

People in need, targeted and prioritized breakdown

	by population group				by sex & age		
	IDPs	Returned IDPs	Non-displaced stateless people	Other shock-affected people with humanitarian needs	Sex	Age	Persons with disability
					Female / Male	Children / Adults	
PEOPLE IN NEED	346K	37K	26K	2.3M	1.7M / 983K	2.3M / 372K	320K
PEOPLE TARGETED	182K	15K	15K	465K	426K / 251K	582K / 95K	83K
PEOPLE PRIORITIZED	106K	12K	15K	133K	167K / 98K	229K / 37K	34K

recurrent climate shocks. Acute malnutrition is most severe in Rakhine, Kachin, Kayin, Chin and Sagaing, where access constraints hinder early detection and treatment. Seasonal lean periods and displacement exacerbate wasting peaks during monsoon seasons.

The 2025 Food Insecurity and Acute Malnutrition Analysis shows two townships in the critical phase and 157 in the alert phase, with projections of further deterioration, including one township classified as extremely critical. Urgent preparedness and early response are needed to prevent excess morbidity and mortality.

Response

In 2026, the Nutrition Cluster aims to reach 677,000 people across 167 townships with preventive and curative services. The Cluster will target prioritized children aged 6–59 months, PBW, children with disabilities and caregivers in high-burden, hard-to-reach areas, guided by needs severity analysis and subnational consultations. Compared to 2025, the 2026 response focuses on the highest-severity areas and life-saving treatment, reducing coverage in moderate-severity zones and broader preventive interventions.

Key interventions include treatment for 26,000 children with SAM and 76,000 with MAM, plus MAM management for 22,000 PBW. Screening will transition from mid-upper arm circumference (MUAC)-only to combined MUAC and Weight-for-Height/Z-score assessments for better case identification. Blanket supplementary feeding will reach 357,000 children and 57,000 PBW, complemented by micronutrient supplementation for 582,000 children and 94,000 PBW, and vitamin A for 87,000 children. Infant and young child feeding (IYCF) counselling will target 94,000 caregivers to promote breastfeeding and complementary feeding.

CVA will support dietary diversity and access to nutritious foods for 35,000 children with acute malnutrition and 8,200 PBW, complementing treatment and counselling. Additional activities include tracking PBW and persons with disabilities reached, monitoring PSEA training, and reporting male participation in IYCF sessions.

The Cluster collaborates with Food Security, Health, and WASH Cluster partners for integrated service delivery and referrals, using AWD risk mapping to prioritize high-risk townships. Localization remains central: 49 per cent of partners are national or community-based organizations, supported through capacity strengthening, joint planning and remote supervision. Protection measures, including GBV risk mitigation and EORE, are mainstreamed across all activities through safety screening, referral protocols and staff training.

Monitoring

Progress will be tracked through monthly Nutrition Information System reporting, using 3W data, ActivityInfo inputs and partner monitoring visits. Data validation will be conducted jointly by subnational coordinators and partners, then analysed and integrated into interactive dashboards shared with partners and published on the MIMU Nutrition Dashboard.

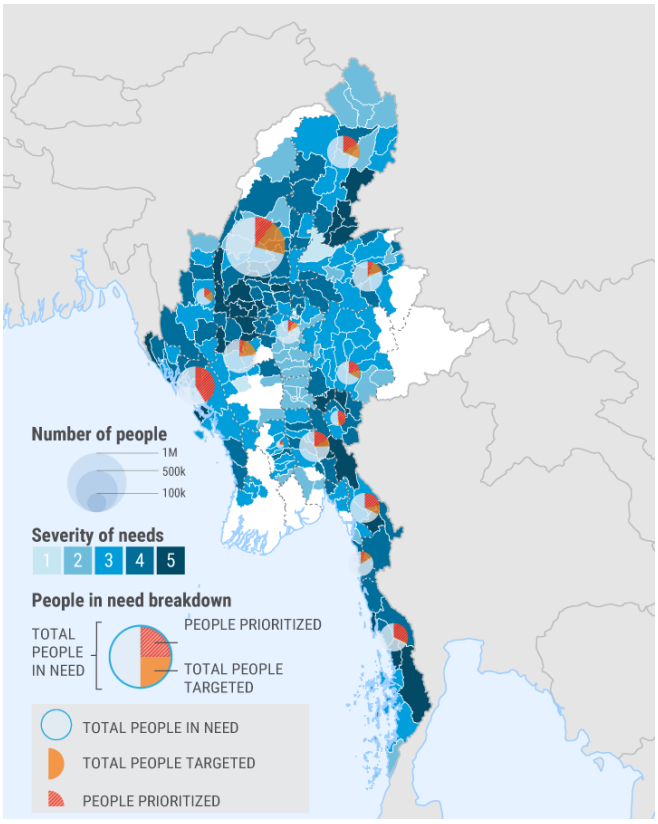
Biannual 4W data collection will produce infographics and maps showing partner presence, gaps and duplications, strengthening situational understanding and advocacy. To improve reporting quality, the Cluster will provide capacity-strengthening for local and national partners on data collection, indicator harmonization and digital reporting tools.

Nutrition Cluster Strategy:
https://reliefweb.int/report/myanmar/humanitarian-needs-and-response-plan-myanmar-humanitarian-programme-cycle-2026-nutrition-cluster-strategy

3.6 Protection

People in Need	People Targeted	People Prioritized	Requirements (US$)	Prioritized Requirements (US$)
11.6M	3.4M	2M	116M	69M

Severity of needs, people in need, targeted and prioritized



"Most of our villages are gone and turned into a jungle as there is no one living there."
—IDP from Rakhine"

Needs

Since the February 2021 military takeover, civilians in Myanmar have faced escalating multifront conflict, repeated waves of displacement, recurrent climate shocks and pervasive human rights and international humanitarian law violations, including grave violations against children, increased risks of GBV, including conflict-related sexual violence and risks of unexploded ordnance, all of which have intensified protection risks and deepened the humanitarian emergency. As violence spreads across multiple regions, an estimated 11.6 million people now require urgent protection assistance, including 3.6 million people displaced by conflict. The situation has been further compounded by the March 2025 earthquake, which killed approximately 3,800 people, destroyed

People in need, targeted and prioritized breakdown

	by population group				by sex & age		
	IDPs	Returned IDPs	Non-displaced stateless people	Other shock-affected people with humanitarian needs	Sex	Age	Persons with disability
					Female Male	Children Adults Elderly	
PEOPLE IN NEED	3.5M	370K	260K	7.5M	6M 5.6M	3.6M 6.7M 1.3M	1.4M
PEOPLE TARGETED	2.3M	245K	179K	677K	1.8M 1.6M	1.1M 1.9M 393K	424K
PEOPLE PRIORITIZED	1.3M	186K	179K	290K	1M 938K	607K 1.1M 232K	259K

tens of thousands of homes and critical infrastructure, and devastated a region hosting nearly 12 million people, including 2.1 million IDPs—67 per cent of the country's displaced population post-2021.

People living in conflict-affected areas face sustained violence, restricted mobility and systematic deprivation of services (including protection services), resulting in worsening living conditions. From January 2024 until September 2025, the Protection Incident Monitoring System (PIMS) documented 6,971 incidents resulting in 12,518 human rights violations affecting 382,918 individuals, 38 per cent of whom were children. Protection risks, including those related to child protection, GBV, and mine action, are widespread. The most frequently reported incidents include destruction of property, indiscriminate attacks on civilians, killings, maiming and physical injuries, compounded by heightened exposure to mines and explosive ordnance, placing Myanmar globally among the countries with the highest annual incident rates.

Barriers to accessing services—including discrimination, bureaucratic obstacles, military blockades and the destruction of critical infrastructure—severely limit people's ability to access state-provided protection services. Conflict and climate shocks have broken down community protection mechanisms, while the lack of livelihoods and services undermines people's self-protection capacities. Exposure to violence and prolonged stress erodes coping capacity, negatively affects mental health and drives psychosocial distress.

People face heightened risks of violence, displacement and exploitation, often shaped by age, gender and sexuality. Displaced populations are particularly vulnerable to GBV, including conflict-related sexual violence, exploitation, intimate partner violence and psychological abuse. Lack of economic opportunities and displacement often compel women and girls to resort to harmful coping mechanisms such as survival sex and child marriage. Specific risks such as trafficking, including of children, and irregular movement further exacerbate vulnerability and can result in serious harm, including death. The 2025 Security Council report on Children and Armed Conflict highlights grave risks facing children in Myanmar, including recruitment, attacks on schools, and killing and maiming. Child labour, including its worst forms, is evident across all population groups, alongside high rates of physical, emotional and sexual abuse against children within homes and communities.

Rohingya communities in Rakhine continue to face severe and systemic protection risks, including recurrent violence, discrimination, forced evictions, land dispossession and arbitrary arrests. Approximately 550,000 Rohingya remain in Rakhine, including 314,000 non-displaced and 235,000 displaced persons. The Arakan Army's recent offensive, during which it captured 15 out of 17 townships, triggered the flight of an estimated 121,000 Rohingya to Bangladesh, almost one fifth of the remaining Rohingya in Rakhine. Those who remain are subject to severe movement restrictions, lack civil documentation, and have extremely limited access to essential services. Conditions are sharply deteriorating among camp populations facing acute food shortages, poor hygiene, disease outbreaks, rising suicide attempts and near-complete isolation from livelihood opportunities, markets and humanitarian assistance. As a result, many continue to undertake perilous sea journeys in attempts to reach Bangladesh, Indonesia, Malaysia, or Thailand.

Ahead of the December 2025 elections, increased violence, enactment of repressive laws, and a surge in forced recruitment by all parties to the conflict have heightened protection risks. Misinformation, increased surveillance and disinformation are fuelling mistrust within communities, amid growing reports of arbitrary arrests.

Response

The protection response aims to prevent and mitigate key protection threats faced by affected and displaced populations, ensuring that individuals receive safe, dignified and appropriate support that promotes recovery and safeguards their fundamental rights. This approach is implemented by a diverse range of partners, including those providing specialized programmes for specific groups (such as women and children) and those addressing specific protection issues, such as mine risk exposure or lack of documentation.

Interventions will be grounded in a rights-based, inclusive and survivor-centred approach and anchored in six core, integrated response pillars:

1. monitoring and analysis of protection trends, risks and needs;
2. provision of essential life-saving services and individual assistance;
3. community-based protection and community-level child protection and initiatives that foster social cohesion and positive social and gender norms;
4. communication and provision of information to strengthen people's self-protection capacities;
5. capacity-building and institutional support to partners to enhance the overall protection environment;
6. advocacy aimed at reinforcing protection outcomes and ensuring accountability.

The Cluster will support partners to sustain specialized programmes, including interventions that respond to the needs of children, women and other at-risk groups in priority locations. Targeted support to individuals and caregivers facing the most severe and imminent risks will be prioritized through case management, tailored protection assistance, psychosocial care, legal aid and risk awareness activities. Highly specialized programming—such as clinical services including clinical management of rape, EORE, mine/explosive remnants of war victim assistance and legal representation—will be implemented by appropriately skilled partners guided by survivor-centred principles.

Case management will be implemented through specialized approaches tailored to the distinct needs of child protection and GBV responses, consistent with global standards, established case management steps, and survivor-centred principles. Child protection and GBV case management will continue to be overseen by their respective lead agencies and actors. Likewise, mental health and psychosocial support interventions will be tailored to specific target groups, such as caregivers and children (supported by child protection actors), GBV survivors (supported by specialized GBV actors), and mine survivors (supported by mine action actors).

Establishing safe spaces for vulnerable groups will remain a core intervention, including child-friendly spaces (managed by child protection actors), and women and girls' safe spaces (led by GBV specialists). Critical information-sharing with communities, including women and children, will be maintained and tailored to specific audiences and risk profiles. EORE will be undertaken by mine action actors; dedicated activities will also address specific risks for children such as unsafe migration, recruitment, child labour and child marriage, alongside awareness-raising for GBV risk mitigation and targeted GBV prevention activities.

Where feasible, CVA will be used to promote protection outcomes and restore dignity, while specialized legal services will help affected individuals secure justice, legal identity including civil documentation/birth registration, and recognition of their rights. The response will integrate victim assistance and referral mechanisms to ensure timely and appropriate support across all protection interventions.

In parallel, the Cluster will strengthen AAP by promoting meaningful participation, transparent communication and systematic feedback mechanisms that allow communities—including children—to influence priorities and hold humanitarian organizations accountable for the quality and relevance of support. Child participation and dedicated accountability to children will be a specific focus of the Cluster's approach to AAP in 2026.

The Cluster will also maintain targeted advocacy and sustained engagement with the HCT, donors and key decision-makers to reinforce the centrality of protection across the response. This includes highlighting and promoting accountability for violations; ensuring that humanitarian action is guided by international human rights and humanitarian law; and influencing policy and operational decisions that directly impact affected communities.

Monitoring

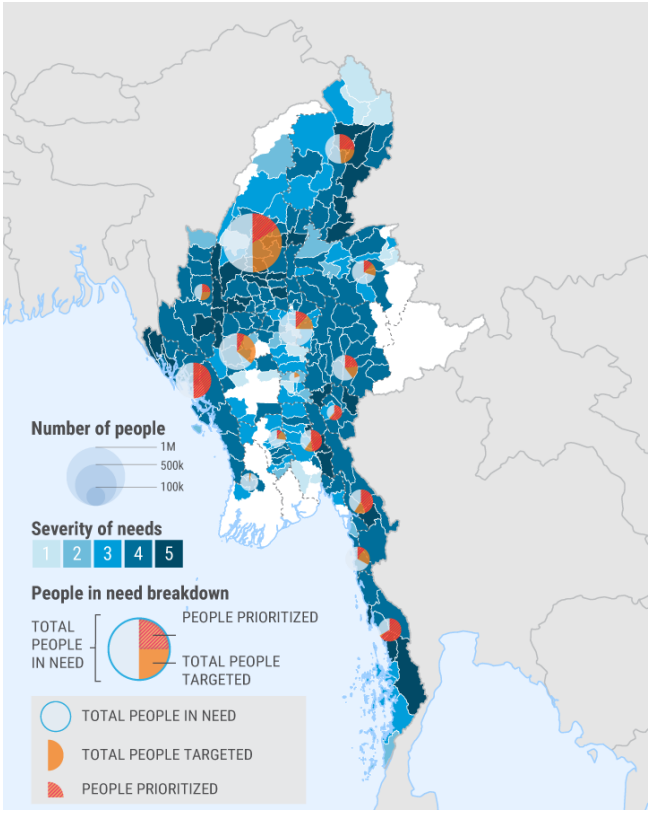
Response monitoring in Myanmar is constrained by limited access, bureaucratic barriers, capacity gaps and procedural restrictions. To address these challenges, the Cluster will adopt a layered monitoring approach grounded in continuous needs assessment and direct feedback from affected people through community consultations and feedback mechanisms. Regular feedback during implementation—including child-friendly complaints and feedback channels—will enable the Cluster and partners to adjust interventions as needs evolve, supporting accountable and responsive programming. Specialized monitoring of child protection and GBV case management will be undertaken through CPIMS+ and GBVIMS+ specialized information management systems for these cases.

Quarterly reporting will be strengthened through systematic use of the 5W framework, enabling the Cluster to capture and analyse progress against planned outputs and outcomes. This will enhance evidence-based decision-making, ensure consistency across reporting periods, and provide a clearer basis for advocacy and strategic adjustments throughout the HNRP cycle. The Cluster will also prioritize SADDD (with attention to gender) to support inclusive, equitable programming and better identify gaps affecting specific at-risk groups.

3.7 Shelter/NFI/CCCM

People in Need	People Targeted	People Prioritized	Requirements (US$)	Prioritized Requirements (US$)
7.7M	3.4M	1.8M	123M	77M

Severity of needs, people in need, targeted and prioritized



"We used to live in very difficult conditions with no privacy. I could not afford my own place, so receiving this individual shelter means a lot. It gives my family dignity and a space of our own."
—a middle-aged IDP woman in Sittwe.

Needs

In 2026, an estimated 7.7 million people in Myanmar remain in urgent need of Shelter, Non-Food Items (NFIs) and Camp Coordination and Camp Management (CCCM) support. The continued effects of protracted conflict, disasters and economic instability have driven record levels of displacement, with over 3.6 million people internally displaced.

Armed conflict continues around major cities in Rakhine, with frequent airstrikes reported in EAO-controlled areas. The majority of the population in Rakhine (including Rohingya and Kaman) continues to face a dire situation due to inadequate shelter, overcrowded displacement camps/sites and limited access to essential services and goods. The impact

People in need, targeted and prioritized breakdown

	by population group				by sex & age		
	IDPs	Returned IDPs	Non-displaced stateless people	Other shock-affected people with humanitarian needs	Sex	Age	Persons with disability
PEOPLE IN NEED	3.3M	209K	112K	4.1M	Female 4M, Male 3.7M	Children 2.3M, Adults 4.5M, Elderly 915K	1M
PEOPLE TARGETED	2.5M	146K	-	796K	1.8M, 1.6M	1M, 2M, 398K	417K
PEOPLE PRIORITIZED	1.3M	118K	-	335K	943K, 873K	565K, 1M, 215K	233K

of the 2025 monsoon season has further exacerbated vulnerabilities, destroying makeshift shelters and eroding camp infrastructure. Humanitarian access constraints, coupled with logistical challenges, limit timely assistance, particularly for the most marginalized and at-risk groups. In the Northwest, armed conflict continues to displace communities, with many IDP and returnee households at risk of further displacement. Shelter and NFI gaps remain critical, especially in Chin and Sagaing. In the Southeast, most conflict-affected IDPs are still unable to return to their places of origin, while recurrent flooding has devastated shelters, particularly in eastern Bago, Kayin and Mon. The majority of returnee households still lack stable shelter and basic services. New displacements continue due to ongoing armed conflict, and shelter and NFI gaps remain critical, while humanitarian access constraints, logistical challenges and limited resources further hinder the response. Ongoing conflict in Kachin and northern Shan continues to severely affect civilians, forcing families to live in temporary, insecure shelters with limited access to basic services. Frequent clashes and insecurity trigger repeated displacement, disrupting livelihoods, education and access to humanitarian assistance. Many displaced people face heightened protection risks, overcrowded living conditions and uncertainty regarding return or durable solutions.

Response

The Cluster aims to assist 3.4 million people in 2026, prioritizing IDPs, returnees and shock-affected communities in high-risk areas, mainly in Kachin, Kayah, Kayin, Mandalay, Rakhine, Sagaing, and Shan.

Key response components include emergency shelter kits, transitional shelter construction and shelter repairs, delivered through cash and in-kind support modalities. Shelter assistance will prioritize safety, dignity and environmental sustainability, incorporating protection principles and gender-sensitive design to reduce risks for vulnerable groups inside and outside IDP sites. In-kind NFI distributions and cash-based assistance will be provided where CVA is feasible, markets are functional and accessible, and items are available. CCCM support will include community-led site management, capacity strengthening, protection mainstreaming and AAP interventions, including CFMs. The Cluster will continue to promote localization, empowering community-based organizations and local service providers to lead camp and site management services and shelter interventions, in close coordination with other clusters.

Monitoring

Monitoring and coordination will rely on a data-driven system, including 5W reporting, gap analyses, bilateral meetings with implementing partners and cluster analysis reports. Adequate training on data collection and reporting tools will be provided to ensure data quality. Community feedback mechanisms are in place to ensure accountability, adaptive programming and adherence to technical guidelines on shelter, NFIs, environment and cash-based interventions.

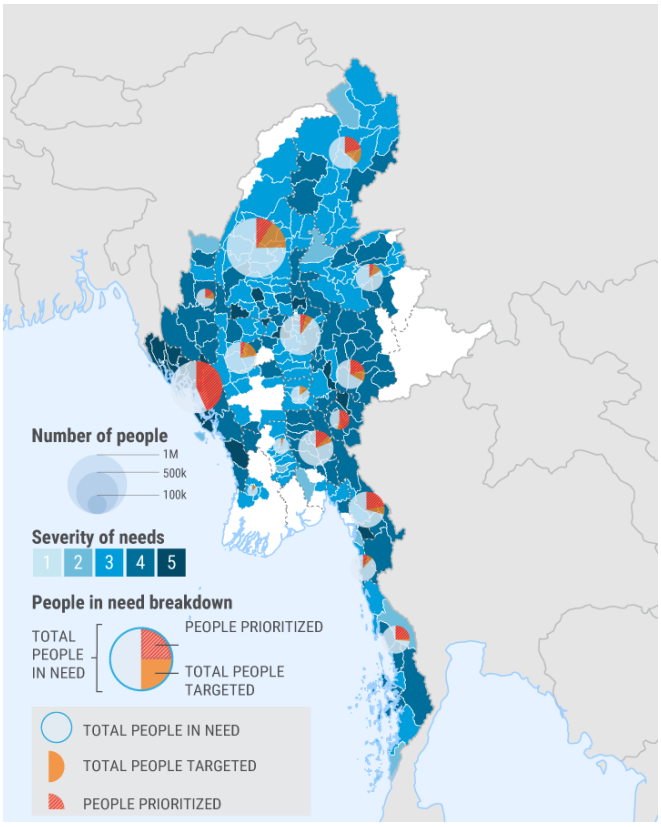
Based on recent analysis of the 2025 Q2 Wai Hmya Par database, as well as feedback received through CFM channels under CCCM operations led by various cluster partners, the Cluster has been actively referring identified needs and gaps to the relevant actors across different operational areas.

Shelter/NFI/CCCM Cluster Strategy: https://reliefweb.int/report/myanmar/humanitarian-needs-and-response-plan-myanmar-humanitarian-programme-cycle-2026-shelter-nfi-cccm-cluster-strategy

3.8 WASH

People in Need	People Targeted	People Prioritized	Requirements (US$)	Prioritized Requirements (US$)
8.9M	2.4M	1.6M	120M	80M

Severity of needs, people in need, targeted and prioritized



"When clean water finally reached our camp, it felt like life was starting again. We no longer worry every day about our children getting sick."
—May Thin, a 32-year-old displaced mother of three from northern Rakhine.

Needs

In 2026, an estimated 8.9 million people across 227 of Myanmar's 330 townships will require WASH assistance. Needs are driven by protracted and new displacement, lingering flood and earthquake damage, market disruption and inflation, as well as recurrent AWD/cholera outbreaks linked to the monsoon and deterioration of WASH services and facilities in many sites and locations. Protracted conflict and repeated displacement continue to disrupt water, sanitation and hygiene services in Chin, Kayah, Kayin, Magway, Rakhine, and Sagaing; recurrent flooding contaminate water sources and damage WASH assets; access and terrain constraints delay repairs in Chin and Kayah; dry-season water scarcity affects Magway,

People in need, targeted and prioritized breakdown

	by population group				by sex & age		
	IDPs	Returned IDPs	Non-displaced stateless people	Other shock-affected people with humanitarian needs	Sex	Age	Persons with disability
PEOPLE IN NEED	3.7M	370K	312K	4.5M	Female 4.6M, Male 4.3M	Children 2.7M, Adults 5.1M, Elderly 1.1M	1.1M
PEOPLE TARGETED	1.6M	74K	176K	501K	1.2M, 1.1M	733K, 1.4M, 280K	311K
PEOPLE PRIORITIZED	1.1M	60K	176K	277K	811K, 749K	480K, 893K, 186K	218K

Rakhine, and Sagaing; and earthquake-related damage and water-quality instability persist in pockets of the Northwest and Shan. Households continue to rely on unsafe water sources, face inadequate sanitation, and experience gaps in menstrual hygiene management and disability-inclusive facilities, increasing both protection risks and the transmission of WASH-related diseases. Compared to 2025, overall needs are rising due to new displacement, natural hazards, system deterioration, access constraints and sustained funding gaps.

Response

For 2026, the Cluster targets 2.4 million people (27 per cent of those in need), focusing on severity levels 4–5 and high public health risk groups—newly displaced people, protracted IDPs, returnees and vulnerable stateless or host communities in AWD/cholera-prone areas. Operational coverage is concentrated in high-severity locations.

Core priorities include rapid system repairs, emergency water and sanitation, hygiene and menstrual hygiene kits, and infection prevention and control support in education and health facilities. Prioritization is based on severity, outbreak risk, population density and access. Within prioritized areas, women, girls, children under five, older persons and persons with disabilities receive first-line assistance. Pre-monsoon preparedness and pre-positioning of supplies are emphasized to mitigate seasonal risks.

Delivery modalities include:

- Cash/vouchers where markets function (covering MEB WASH items and hygiene promotion).
- In-kind assistance where markets are weak, or access is limited (water trucking, latrines, cholera kits, chlorine).
- Remote delivery via mobile teams, community focal points, hotlines and third-party monitoring.

Cash assistance uses e-vouchers or restricted cash with strong safeguards and accountability, guided by a decision framework based on market, supply and protection conditions. Access to hard-to-reach areas relies on local leadership, modular kits, alternative routing and rapid AWD surge response within 48–72 hours. Locally-led responses will be strengthened: at least 50 per cent of delivery will be through local partners, supported by capacity building, mentoring and co-leadership in assessments, planning and reporting.

Inter-cluster collaboration includes education (WASH in schools and TLS), health (AWD/cholera readiness), logistics (supply coordination), nutrition (coordination on SAM/MAM cases), protection (safe design, GBV links), and shelter/CCCM (drainage, site planning). Protection and AAP are mainstreamed through safe, sex-segregated latrines, lighting, EORE, and inclusive CFMs.

Monitoring

The Cluster tracks progress through two main reporting cycles:

- Monthly reporting for new emergencies (such as new displacement or disease outbreaks).
- Quarterly reporting for ongoing or protracted responses.

All partners report using a standard indicator set covering outputs, coverage against minimum standards, timeliness, functionality and basic water-quality parameters. Results are reviewed against annual targets, with mid-year and year-end reviews to adjust priorities and approaches as needed.

WASH Cluster Strategy:
https://reliefweb.int/report/myanmar/humanitarian-needs-and-response-plan-myanmar-humanitarian-programme-cycle-2026-wash-cluster-strategy

3.9 Coordination, Thematic & System Support

People in Need	People Targeted	People Prioritized	Requirements (US$)	Prioritized Requirements (US$)
16.2M	4.9M	2.6M	11M	11M

UN Office for the Coordination of Humanitarian Affairs (OCHA)

OCHA Myanmar coordinates the response to widespread conflict-driven needs, supporting partners in navigating access constraints, large-scale displacement, rising food insecurity and other humanitarian efforts. The office leads on humanitarian planning, facilitates principled coordination with local responders, provides regular analysis to guide operational and strategic decisions, and drives systemic changes under the humanitarian reset.

Evidence-based response

In 2026, intensified efforts will be undertaken to streamline the diverse existing data collection tools to ensure complementarity and comparability between the collected datasets. A comprehensive analysis of multisectoral needs will be conducted again in 2026 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. The humanitarian community will heavily rely on the annual multisectoral assessment of the needs of shock-affected people to shape the HNRP, prioritize the most at-risk groups and locations, adjust operations, and demonstrate the impact and urgency of the response to donors and decision-makers.

Accountability to affected persons

The AAP/CEWG work plan 2026 will focus on: 1) direct sub-grants to local and community-based organizations for community feedback and engagement systems, 2) technical capacity-building and guidance for humanitarian organizations and cluster focal points, 3) coordination and networking, 4) advocacy to link community perspectives with national humanitarian leadership and donors, and; 5) inter-agency CFM system establishment and operation. The AAP/CEWG will support training sessions, mentorship, inter-agency workshops, monthly coordination meetings, and localized outreach activities to ensure participation of diverse groups, including women, children, older persons, and persons with disabilities. Work on AAP/CE will enable humanitarian organizations to remain transparent, inclusive, and responsive to the evolving needs and priorities of affected communities in 2026.

Cash

With the rollout of MPC interventions in 2025, the Joint Market Monitoring Initiative (JMMI) has been prioritized to enhance the understanding of market dynamics across Myanmar and support the effectiveness of cash-based interventions. The JMMI is operational, covering over 30 commodities and services across the country. The JMMI is now a common data source for all market-related information and is linked with the World Bank's Joint Price Inflation Monitoring tool, surveying a further 141 items. For effective data collection, the CMWG requires an IM focal point and a full-time local focal point in Mandalay.

Disability

A dedicated budget has been included to support the integration of disability inclusion across all sectors. Funding will ensure access to technical expertise to guide inclusive practices, strengthen capacity for mainstreaming efforts, and facilitate targeted initiatives led by the Technical Advisory Group on Disability Inclusion, including awareness-raising and capacity-building activities. These efforts aim to further enhance the meaningful participation of persons with disabilities in the humanitarian response and

ensure their needs are effectively incorporated into programme design and implementation.

Gender

Building on previous efforts, clusters and sectors have further institutionalized the collection and analysis of SADDD and the use of gender analysis to inform strategic and operational decision-making. For 2026, the focus remains on empowering local leadership and women's participation, strengthening coordination and systemic integration of gender, age, and diversity, and designing inclusive and gender-responsive humanitarian interventions. Priorities will include establishing gender-sensitive community feedback and communication mechanisms, linked to preparedness and adaptive early warning systems and embedding these mechanisms within community structures to ensure the protection of women, girls and vulnerable people before, during, and after crises. The Gender in Humanitarian Action (GiHA) Working Group will continue to provide technical leadership and capacity support on gender-responsive programming (see GIHA Strategy for 2026).

Localization

A critical component of the 2026 HNRP response is aimed at strengthening local coordination capacity through targeted support for local organizations to take on greater leadership roles within subnational coordination structures. This initiative will enhance the overall effectiveness and inclusiveness of humanitarian coordination by fostering stronger linkages between local coordination networks and international mechanisms. The project will provide tailored training, mentorship, and operational support to empower local coordination focal points, enabling them to lead and facilitate coordination forums, contribute to joint planning processes, and sustain meaningful engagement across humanitarian stakeholders throughout 2026. A budget has also been included to support a team of seven interpreters and translators covering national and subnational coordination hubs. This dedicated language support will facilitate coordination forums, meetings, and workshops throughout 2026, benefiting both local and international partners, and is aimed at enhancing communication and collaboration across stakeholders.

Protection from sexual exploitation and abuse

To continue strengthening the PSEA programme in 2026, securing funding is critical to ensure the continuation of PSEA awareness in the communities, the implementation of SEA risk assessments with a subnational focus, and the capacity strengthening of network members, especially local organizations, including training on administrative investigations. Funding is also critical to establish and maintain a safe, accessible, gender- and child-sensitive inter-agency CFM connected to community-based CFMs and the provision of life-saving services and livelihoods support when needed. The continued engagement of the two PSEA Coordinators, along with the recruitment of a SEA victims' rights officer, will be key to further strengthen and sustain a robust PSEA programme in the country.

Staff safety and security

In 2026, staff safety will remain a critical priority as humanitarian organizations navigate persistent insecurity and operational risks. The United Nations Department of Safety and Security (UNDSS) will continue enabling humanitarian operations through evidence-based risk management, field missions to high-risk areas, and coordination under the Saving Lives Together framework. Security incidents will be monitored and analysed to inform adaptive measures, while regular advisories and assessments will support collective awareness and access planning across agencies.

Complementing this, the International NGO Safety Organisation (INSO) will enhance safety management for local and international NGOs, CSOs, and international organizations through risk analysis, tailored advisory support, and localized capacity strengthening in Myanmar and other languages. INSO's Conflict & Humanitarian Data Centre (CHDC) will remain a key reference for incident data and analysis, while new digital security trainings will address rising cyber threats. With over 80 registered partners and expanding local outreach, INSO and UNDSS together will provide an integrated safety framework that strengthens local capacity, fosters information sharing, and ensures humanitarian organizations can operate safely and effectively across Myanmar in 2026.

Explore more at humanitarianaction.info

Part 4: Annexes

NAY PYI TAW, MYANMAR
A pregnant woman and her son with cerebral palsy at their home in Nay Pyi Taw.
Credit: UNICEF/Maung Nyan/2025

4.1 Methodology

The geographic scope of the humanitarian situation analysis for Myanmar in 2026 included 227 out of 330 townships, roughly two thirds of the country. The reduction in scope is the direct result of a more in-depth analysis of the main humanitarian shocks—conflict and earthquake—having caused high levels of humanitarian needs. As in previous years and in adherence to global guidance, the severity and number of people in need of humanitarian assistance in 2026 were calculated using the Joint and Intersectoral Analysis Framework. This approach ensures that intersectoral linkages and compounding effects are acknowledged and reflected alongside sector-specific needs and severities. The analysis was undertaken at the township level, which at times was challenging given the lack of availability of granular data at this administrative level. The analysis and presentation of needs in this HNRP aim to reflect the mainstreaming of inclusive and quality programming, with AAP, gender, disability, GBV, human rights, protection, PSEA, and other cross-cutting considerations integrated into the response.

JIAF 2 ANALYSIS FRAMEWORK MODULES

The Joint and Intersectoral Analysis Framework process was conducted through the Needs Monitoring and Analysis Working Group under the ICCG and included technical and information management focal points from each cluster, as well as MIMU and REACH. Analysed data sources include both nationwide assessments and cluster-specific surveys and data collection aligned with global best practice, such as the 2025 MSNA and Food Security & Nutrition Analysis, allowing for comparisons of the situation since 2021.

More granular data on displacement trends was also analysed, especially regarding recurring displacement. Consistent with 2025, a projection approach was taken to estimate the number of IDPs in 2026, instead of relying upon the static number of IDPs at the point of HNRP publication. This was achieved through analysis of movement trends (stock/flow) in the Population Movement Tracker and the UNHCR Statistical Report, combined with the scenarios and assumptions underlying the 2026 HNRP, expert opinion, and a severity scale analysis of displacement drivers, trends, conflict data and presence of armed groups.

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

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

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

Early Recovery

The Early Recovery Cluster defined the population in need, severity, and targets for the 2026 HNRP using the baseline population dataset as the starting point. This dataset was adjusted to reflect the specific

conditions in earthquake-affected areas, drawing on complementary data sources that provided insights on debris, affected locations, and population exposure. These inputs helped validate and refine the planning figures, ensuring alignment with ground realities. Severity levels were established based on the extent of debris, access disruptions, and impacts on essential services, while the target population—set at 70 per cent of the PiN—was determined in consultation with the Debris and Waste Management Specialist to ensure technical accuracy and operational feasibility. This approach promotes consistency across clusters while remaining grounded in the actual context of affected communities.

Education

The Education Cluster PiN calculation was conducted using the Global Education Cluster (GEC) PiN calculation platform, based on 2025 MSNA data. The methodology applied four core dimensions: access to learning, learning conditions, protective environment and individual aggravating circumstances. Aggravating circumstances included risks and barriers such as protection concerns on the way to and from school, child labour, child marriage, lack of documentation to enrol, and discrimination or stigmatization; these were classified as extreme sectoral deprivations (severity level 4), while early pregnancy and children associated with armed forces and groups were categorized as sectoral collapse (severity level 5). For educators (teachers and school administrative personnel), The Inter-agency Network for Education in Emergencies (INEE) Minimum Standards teacher–learner ratios were applied. Armed Conflict Location and Event Data (ACLED) data was used to triangulate and refine the interpretation of severity at township level. The 2025 MSNA provided nationwide coverage across four population groups (IDPs, returnees, stateless populations and other shock-affected people), enabling an evidence-based PiN calculation. Gender distribution followed the 2025 population baseline and was applied consistently to the PiN, with females representing 52 per cent and males 48 per cent.

Food Security

The Food Security Cluster's needs analysis for 2026 draws on multiple evidence streams to estimate 8.5 million people in need of food security assistance. The methodology integrates quantitative and qualitative data, with particular emphasis on the September 2025 Food Security and Nutrition Analysis, which identified phase 4 (emergency) conditions in Chin, Kachin, Kayah, Rakhine, and northern Shan. Special attention is given to the 964,000 people classified in phase 4 and to some 29,000 IDPs at risk of sliding from phase 2 (stress) into Phase 3 (crisis) if assistance is reduced or interrupted.

The analytical framework applies standard food security indicators while incorporating key contextual factors from the April–May 2025 earthquake assessments in Mandalay, Sagaing and Shan, as well as other partner-led assessments and regular rapid assessments from subnational hubs. Protection, gender and age considerations are integrated throughout the analysis, and consultations with local partners help validate findings and ensure relevance in hard-to-reach areas. Environmental considerations are also reflected where data allow. This multisource, multidimensional approach captures both immediate needs and underlying vulnerabilities and underpins a targeting strategy that considers severity, displacement status and specific needs of different population groups.

Health

The Global Health Cluster developed the PiN calculator to estimate the health PiN using country-specific data. Initial PiN estimates were reviewed and adjusted with field teams to ensure that figures reflect the situation in priority townships. All health-specific indicators are identified and agreed by the Global Health Cluster and are aligned with the SDGs and other global targets.

While the MSNA remains the primary data source for Health Cluster prioritization, earthquake-specific assessments provided additional insight into the health situation in earthquake-affected areas. The Health Cluster also used cholera and malaria risk ranking to assess severity levels across different parts of Myanmar, and records of attacks on health care to evidence constrained access. For gender- and age-disaggregated data, as well as data on disability, the MSNA remains the sole source of information,

helping to ensure that areas with limited access to health services are prioritized.

Nutrition

The Nutrition Cluster's methodology for calculating PiN and targets is aligned with Global Nutrition Analysis, focusing on the people most affected by malnutrition. Estimates were based on the number of children under five and PBW, as they were the most vulnerable and most likely to require nutrition support within the 227 townships included in the 2026 HNRP. Geographic prioritization used the September 2025 Food Insecurity and Acute Malnutrition Analysis, combined with ACLED conflict severity, to identify areas with the highest nutrition and access constraints. This resulted in an estimate of people in need, including those likely to become malnourished later. For the first time, this analysis served as the primary evidence base, complemented by the Nutrition Vulnerability Analysis and seasonal trend data.

Baseline population projections were applied to estimate PBW (4.6 per cent, of whom pregnant women 1.4 per cent and breastfeeding women 3.2 per cent). Targeting was refined using severity (143 townships) and ACLED (24 townships without coverage), applying coverage rates of 30–100 per cent with full coverage for IDPs and stateless people. The methodology also allocates resources for cross-cutting commitments (AAP and duty of care), with PSEA integrated at no additional cost.

Protection

The Protection Cluster PiN calculation is based on a composite analysis that integrates five key parameters to capture the multidimensional nature of protection risks and vulnerabilities across Myanmar. These parameters are: (1) conflict shocks, derived from ACLED to quantify the frequency and severity of incidents and fatalities; (2) protection risk severity, using all 15 core protection risks as control factors to determine the overall intensity of threats; (3) findings from the MSNA, providing household-level insights on perceived safety, access to services and exposure to risks; (4) the distribution and concentration of IDPs to identify areas under heightened stress; and (5) access to assistance, informed by 5W reporting to assess coverage gaps and operational constraints. Specific risk indicators for specialized areas of protection, including child protection, GBV and mine action, are also incorporated when determining PiN.

Each parameter is standardized and weighted to generate a composite index, which determines the proportion of the population in need within each township. This integration of conflict, protection severity, displacement and access dimensions allows the methodology to capture both acute and protracted protection risks and to reflect the complex, evolving realities faced by affected people.

Target setting prioritizes shock-affected areas with the highest severity of protection needs, guided by township-level severity analysis and multisource inputs, including PIMS data, severity mapping and partner consultations. A "reality check" process factors in partners' operational presence and capacity, access constraints, absorptive capacity, historical reach and projected funding to keep targets realistic and achievable. Targeting focuses on areas classified as severity levels 3, 4 and 5—elevated sectoral deprivation, extreme deprivation and sectoral collapse—where protection risks are most acute, essential services are severely disrupted, and communities face the greatest barriers to safety, dignity and access to assistance.

Shelter/NFI/CCCM

The Shelter/NFI/CCCM Cluster's methodology for the 2026 HNRP employed a comprehensive approach using multiple sources to calculate the PiN and define relevant indicators. Grounded in core data from the 2025 MSNA, information on needs was gathered in collaboration with camp management, site focal points, and household assessments. The Cluster then integrated critical additional layers for severity analysis, including ACLED data, IDP settlement types, and historical weather patterns to model cyclone and flood risks. These quantitative findings were continuously verified and refined through focus group discussions and key informant interviews, ensuring community-identified needs and priorities were supported to identify the final activity selection. As part of the reality check, the final target-setting was informed by the operational capacity of cluster partners. The applied methodology guarantees a needs-based, contextually aware, and operationally feasible response.

WASH

Needs indicators were selected to capture immediate public health risks and dignity: access to safe drinking water; functionality and reliability of sanitation; presence and use of handwashing facilities; facility-sharing ratios; and water-quality parameters linked to AWD and cholera. PiN figures are derived from severity mapping aligned with the inter-cluster analysis, combining multisectoral needs assessments, cluster-specific assessments, displacement tracking, market functionality reviews, flood and seasonality overlays, and partner activity reporting. Where direct measurement is missing, transparent proxy assumptions are applied.

The analysis drew on the 2025 MSNA, WASH rapid assessments in Chin, Kayah, and Rakhine, displacement tracking rounds, earthquake-related WASH technical assessments, analysis of flood-affected areas, health surveillance bulletins for waterborne diseases, and AWD risk mapping. Ongoing monitoring will use monthly reporting for new shocks and quarterly reporting for protracted contexts, combined with regular population movement updates, disease-surveillance alerts, market reviews and community feedback systems. Assessment scheduling is coordinated through the cluster calendar, with shared tools, site lists and deduplication protocols.

Gender and protection considerations inform all assumptions, including barriers for women and girls to safely use facilities, menstrual health needs, risks for persons with disabilities and older persons, lighting and travel distance to water points, and crowding at communal latrines.

4.2 What If We Fail to Mobilize Sufficient Humanitarian Funds?

"We lost everything we depended on—our home, our livelihood, our stability. Life is very difficult now, especially for our children who have lost their chance at education."
— Displaced father in the Northwest.

Severe underfunding in 2025 drastically affected the capacity of humanitarian organizations to deliver life-saving aid to people who had been prioritized for urgent assistance. With only 26 per cent of the 2025 HNRP funding requirements received as of 1 December 2025, partners were unable to provide the depth, frequency and quality of assistance that was planned, leaving millions of people without aid. By the end of 2025 it is estimated that humanitarian organizations will have reached 5.7 million people—85 per cent of the 2025 target.

Out of the prioritized target, 4.1 million people (83 per cent of the total target) had been reached at least once throughout the year. This means that 1.4 million people who had been prioritized for critical assistance received no aid at all.

The 2026 HNRP is the result of heavy prioritization to meet the most urgent needs, and includes both people targeted and prioritized figures, which represent the most critically in need of life-saving and protection assistance. Without the required funds in 2026, humanitarian organizations will have to prioritize further, favouring lower-cost life-saving and critical protection activities that do not offer the required depth of relief or contribute to people's overall well-being, offer dignified living conditions, meet global standards, or provide a chance of finding durable solutions. Persistent unmet needs will continue having residual implications for subsequent years, with needs worsening over time and requiring more expensive and elaborate interventions in future. With prior coping capacities all but exhausted, more and more lives will be at risk.

This section outlines the consequences of underfunding and how each cluster will triage its planned response activities if there is severe underfunding—50 per cent or less of requirements (either for the targeted or the prioritized target) to provide guidance on the most urgent cluster priorities and illustrate the consequences of underfunding for affected people. Donors are urged to carefully consider the programming realities and unaddressed suffering that result from funding gaps of the magnitude seen in 2025.

Early Recovery

If the Early Recovery Cluster is unable to secure sufficient funding and access, more than 1.2 million earthquake-affected people across Magway, Mandalay, and Sagaing will face prolonged exposure to unsafe conditions. Debris and waste management—critical to restoring access to life-saving health, protection, and WASH services—would be severely curtailed. Without timely clearance, roads, clinics and schools will remain obstructed, delaying humanitarian assistance, heightening protection risks, particularly for women and children, and increasing health hazards from accumulated waste and structurally unsafe buildings.

In case of severe underfunding (50 per cent or less), cash-for-work for debris removal and community rehabilitation would be among the first activities reduced or cancelled, directly affecting livelihoods and slowing recovery, especially in densely affected urban and peri-urban areas. Over time, continued service disruptions would drive deteriorating living conditions, displacement and erosion of community resilience, deepening vulnerability ahead of the monsoon season. Priority funding is therefore required for debris and waste clearance around critical infrastructure, temporary repairs to key community facilities and restoration of safe access routes—pre-conditions for other sectors to deliver assistance effectively.

Education

If the Education Cluster is significantly underfunded (50 per cent or less), up to 600,000 children would be left with no support to access any form of learning and development or continue in school for those fortunate enough to be already enrolled. In the prevailing circumstances, this means that out of frustration and hopelessness, most of these children fall victim to the multiple protection risks such as recruitment, child and early marriages, SEA, human trafficking—essentially a lost generation. Considering the nature of the education package, no activities would be dropped, but instead some geographical locations would be deprioritized and/or receive a lighter package of interventions. Response focus would concentrate on geographical locations with the highest severity of needs (severity 4 and 5); the highest conflict and displacement, marginalized and the at-risk population groups, such as non-displaced stateless people in Rakhine region, among others.

Food Security

If the Food Security Cluster cannot secure sufficient funding and access, provided assistance will not meet the 2,100 kcal/person/day standard, and the minimum three-month assistance for displaced populations will be shortened. Vulnerable households will be pushed into higher levels of emergency coping, including selling productive assets and reducing food consumption. With a 50 per cent funding reduction, food assistance would fall to around 650,000 people and food production support to about 231,000 people, undermining efforts to rebuild food production capacity and resilience. Priority would be given to households in phase 4, particularly IDPs, and to a limited number of phase 3 communities to reduce inter-community tensions, meaning non-IDP and stateless populations and non-food assistance activities would be deprioritized. Chin, Kachin, Kayah, Rakhine, and northern Shan—already identified as the most food-insecure areas—would remain top priorities, especially during the lean season (June–August), when needs spike. Continued underfunding will entrench harmful coping strategies, increase protection risks and lead to higher rates of severe and acute malnutrition.

Health

If the Health Cluster is unable to secure sufficient funding and access, 500,000 people in the hardest-hit areas will have no access to essential health services or emergency referrals, resulting in preventable illness and deaths, increased maternal and neonatal complications, and worsening psychological distress. Efforts to expand access for 800,000 highly vulnerable people—including older persons, persons with disabilities, GBV and PSEA survivors, people affected by explosive ordnance and those with mental health needs—would be among the first to be cut. Health services for the 2 million people targeted would be significantly reduced, with growing shortages of life-saving supplies and trained health workers leading to late or poor diagnosis, delayed or inadequate treatment and avoidable mortality. Limited resources would be redirected from prevention to outbreak response, increasing the risk of preventable illness, disability, and death due to infectious diseases.

Nutrition

If the Nutrition Cluster receives 50 per cent or less of the required funding, approximately 338,500 people—including children under five and PBW—would lose access to life-saving nutrition services, leading to a projected rise in preventable child deaths and irreversible developmental damage with long-term impacts on human capital. The most immediate consequence would be interruptions to therapeutic feeding for MAM and SAM, blanket supplementary feeding, micronutrient supplementation and IYCF counselling, triggering increased incidence of acute malnutrition, illness and mortality. Areas already facing severe access constraints, such as Chin, Kachin, Kayin, Rakhine, and Sagaing would be hardest hit as limited-service coverage contracts further. Underfunding would force the Cluster to focus only on the most critical life-saving interventions, suspending many preventive and community-based activities such as regular screening, community nutrition awareness, IYCF support and CVA. This would weaken early detection systems, increase treatment caseloads, and heighten the long-term risks of chronic malnutrition and stunting among the most vulnerable children.

Protection

If the Protection Cluster cannot secure sufficient funding and access, operations would be significantly scaled back, with assistance concentrated in a smaller number of locations and population groups. Around 700,000 other shock-affected people who currently fall within the target would no longer receive urgent, life-saving protection support. Individualized protection assistance, case management, legal aid, psychosocial support and victim assistance services would be sharply reduced, while some specialized GBV services – including case management, clinical management of rape referrals and safe spaces – could be forced to close, exposing survivors to heightened risks of violence, long-term physical and psychological harm and death.

Under this scenario, the Cluster would be obliged to rely more heavily on lower-cost, community-based protection initiatives, awareness-raising, EORE, support for family tracing and reunification and basic self-protection measures, which, while valuable, cannot substitute for specialized services. Evidence from recent funding shortfalls already shows that reduced protection coverage is associated with increased GBV, trafficking, unsafe migration, family separation and child labour, further deepening vulnerabilities among displaced, stateless and earthquake-affected communities.

Shelter/NFI/CCCM

In case of severe underfunding (50 per cent or less), the response will face drastic cuts, deprioritizing half the intended population. Aid will be narrowed exclusively to life-saving interventions for the most vulnerable, focusing on approximately 1.6 million newly displaced persons and areas with the most dire conditions. Consequently, shelter reconstruction and replenishment of NFIs will be halted. This leaves protracted IDPs, including those in Rakhine camps and long-term settlements, without safe shelter or site management, resulting in people having to increasingly resort to negative coping mechanisms. Support for returnees will also cease, leading to unsafe returns. The prioritized response will then concentrate on emergency NFI and shelter kits to secure life-saving shelter for people during the monsoon season.

WASH

At 50 per cent funding and with restricted access, the WASH Cluster response would contract to life-saving actions in severity level 5 and selected severity level 4 hotspots, reducing coverage to around 1.2 million people (half of the 2026 target of 2.4 million) across roughly 115 out of 227 townships. Lower-severity host communities, low-density rural areas and non-critical rehabilitations would be deprioritized. First cuts would include capital-intensive network extensions, medium-term rehabilitation and restoration, school services beyond minimum standards, major faecal-sludge works not tied to imminent disease risk, routine operations subsidies and broad behaviour-change campaigns not linked to outbreaks.

Consequences would include higher waterborne disease and avoidable mortality, greater protection risks at crowded facilities, faster asset deterioration, rising per-capita costs from repeated emergency water supply, learning loss among girls where menstrual health support is inadequate, and more communities sliding into protracted need.

Donor priorities should be: 1) time-bound pre-monsoon repairs, pre-positioning and AWD/cholera surge packages deployable within 48–72 hours; 2) emergency safe water and temporary or communal sanitation in dense displacement sites, plus market-enabling cash or vouchers where markets function, and; 3) severity level 5 townships in Chin, Kayah, Kayin, and Rakhine, high-risk river basins in Ayeyarwady and Mon, and displacement corridors in Magway and Sagaing, with targeted pockets in Kachin and Shan.

4.3 Relationship with the UN Transitional Cooperation Framework Strategic Priorities

"We left everything behind—our home, our land, even our savings. We survive with little now, but it is enough that we are alive. But if peace returns, we can rebuild our lives from the start."

– Displaced woman in the Northwest.

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

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

Early Recovery

If the TCF Strategic Priorities—particularly SP2 (Sustain essential social services and improve systems resilience) and SP3 (Empower people and strengthen community resilience)—are not funded or implemented in 2026, the humanitarian situation will deteriorate rapidly because foundational actions enabling life-saving services will not take place. Debris and waste management is central: without it, roads, clinics, schools and water points will remain blocked or unsafe, preventing health, protection, and WASH partners from reaching people and sharply increasing health, protection and displacement risks.

Education

In the event that complementary TCF strategic priorities (especially SP 2) are not supported during 2026, this will mean an automatic increase in people's vulnerability and more reliance on humanitarian assistance, including an exponential increase in the number of children in need of support to access education services on the humanitarian side, or even dropping out of school entirely. The Cluster is already struggling with limited resources to sufficiently support the current caseload, and an increase in the caseload will threaten to break down the education in emergencies provision as well.

Food Security

Food security development partners are already integrated within the cluster coordination mechanisms and strategies at the national and subnational levels, including through the Agriculture and Rural Development Group, the INGO Forum, and specific technical working groups. Collaboration with development actors is also underway to complement activities in food security, including enhancing access to critical agricultural input markets, provision of agriculture extension services, and the strengthening of agri-food systems and supply chains. Development interventions to improve communities' access to and

capacity to use early warning information, focused on community-based disaster risk reduction and anticipatory action, will reduce the impact of climate-related hazards faced by vulnerable households in many parts of the country every year. Bridging this gap will allow longer-term and more impactful assistance to be provided both before and immediately following the initial relief assistance.

If agriculture and livelihood programmes under SP2 in the TCF are not sufficiently funded, essential agricultural services and market systems will be disrupted. Failure to implement SP2 would further disrupt essential services and agricultural support systems, worsening the situation of 29,000 IDPs who could deteriorate from phase 2 (stress) to phase 3 (crisis), likely increasing the humanitarian caseload. Evidence highlights that sustained TCF investments in local market functionality and agricultural capacity are more cost-effective than repeated emergency interventions, ensuring sustainable food security and reducing long-term humanitarian costs. If support for community resilience programmes under SP3 is limited, this would severely impact local food production capacity. Without these TCF interventions, the humanitarian caseload would increase beyond the 8.5 million people currently facing acute food insecurity within the 227 townships of the HNRP.

Health

If the development sector fails to sustain relevant disease surveillance systems and routine health programmes aimed at disease prevention, deadly disease outbreaks are at risk of spreading unnoticed, potentially affecting 25 million people. If already alarmingly low immunization coverage will further deteriorate, mosquito populations will thrive and allow malaria and dengue outbreaks to expand, and water-borne diseases like cholera will multiply because of poor quality drinking water and open defecation. In the absence of adequate diagnosis and treatment, other communicable diseases like Leprosy, TB, and HIV will surge, increasing the risk of multidrug-resistant forms. Lack of access to life-saving reproductive health services, including family planning and sexually transmitted infections (STI) care, increases the risk of unintended pregnancies and STIs, including HIV/AIDS. Maternal and neonatal mortality will increase as women will not have access to safe delivery places, as well as due to a lack of trained midwives.

Nutrition

Without adequate financing or implementation of the TCF Strategic Priorities, particularly SP2 (sustaining essential services) and SP3 (livelihood and resilience strengthening) nutrition needs are projected to increase by an estimated 12-18 per cent, leading to an additional 320,000–407,000 people in need of nutrition assistance. Without continuity of basic maternal and child health services and livelihood support, the number of children requiring therapeutic feeding is projected to increase by approximately 25 per cent within 12 months, substantially increasing humanitarian response costs and placing additional strain on an already overstretched health system. A lack of development investment could lead to service collapse, worsened food insecurity, and higher rates of wasting and stunting. Investing in preventive nutrition actions, such as local food production and maternal care, is more cost-effective than emergency treatment; every $1 invested in prevention saves up to $16 in humanitarian response costs.

Protection

Failure to financially support or implement TCF strategic priorities would significantly heighten protection risks across Myanmar. Without the complementary development actions, communities will continue to face collapsed public services, deepened poverty, limited livelihood opportunities, and the erosion of local protection mechanisms. This will accelerate negative coping strategies such as survival sex, child marriage, hazardous child labour, unsafe migration, and trafficking.

In the absence of community resilience, access to basic services and social cohesion programming, community-based protection structures would remain weak or non-functional, increasing reliance on humanitarian protection actors for basic safeguarding functions that development actors normally support. The breakdown of essential services will further exacerbate risks of GBV, child abuse, forced

recruitment, family separation, and exposure to mines/unexploded ordnance.

For populations such as Rohingya communities, displaced households, women and girls, persons with disabilities, LGBTQI+ individuals, and children, the absence of TCF activities would deepen exclusion, increase their vulnerability, reduce access to livelihoods, and fuel discrimination. This would drive a significant rise in humanitarian protection needs that cannot be met through emergency programming alone.

Shelter/NFI/CCCM

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

If the TCF strategic priorities (particularly SP2 and SP3) are not adequately supported in 2026, the impact on shelter/NFI/CCCM needs will be significant. The lack of development funding will leave many affected populations without resilience-building opportunities, such as disaster risk reduction and community-based preparedness. This will likely lead to a 15-20 per cent increase in vulnerable populations requiring emergency shelter, NFIs, and CCCM support following predictable events, such as monsoon rains or floods. The absence of adequate development funding will also significantly hamper the effectiveness of the Cluster's initiatives to promote resilience and self-sufficiency among crisis-affected populations, as development programmes are essential not only in preventing more people from sliding into the humanitarian caseload, but also fostering long-term stability and self-reliance. Without robust development action, the Cluster's ability to implement critical initiatives will be severely constrained. This will likely result in a growing number of individuals backsliding into humanitarian needs, further perpetuating a cycle of dependency. Proactive investments in resilience and preparedness can prevent the higher costs associated with emergency humanitarian interventions in the future.

WASH

If the TCF—particularly strategic priority 2 (service continuity and resilience) and strategic priority 3 (community systems and risk reduction)—is not financed or implemented in 2026, WASH needs will rise and the response will remain largely reactive. Absent sustained systems investment, failure rates of small water schemes will increase, pre-monsoon repairs and light rehabilitation will be missed, reliance on costly emergency water supply will grow, surges of AWD and other waterborne diseases will become more frequent and severe, and overcrowded, poorly lit facilities will heighten protection risks, particularly for women and girls.

Without TCF action, an additional 5–10 per cent of the 2026 WASH people in need—approximately 450,000–900,000 people—is likely to fall back into humanitarian need, especially in Rakhine (protracted camps), Ayeyarwady and Mon (flood-prone lowlands), Chin, Kayah and Kayin (conflict-affected uplands), and Magway and Sagaing (displacement corridors). Funding TCF priorities stabilizes basic services, reduces disease and protection risks and lowers overall costs; without them, per capita costs increase and humanitarian caseloads grow year on year.

4.4 Myanmar 2026 HNRP Risk Management Guidelines

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

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

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

Framework for engagement

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

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

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

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

- Be transparent about intent, criteria and methodologies used to identify beneficiaries, including to parties to the conflict.
- Safeguard and protect beneficiary information in accordance with data protection guidelines.
- Conduct independent monitoring and evaluation activities to ensure that assistance reached the intended beneficiaries and create an environment for beneficiaries to safely provide feedback and participate in the design of humanitarian interventions.
- Advocate for the applicability of international humanitarian law in Myanmar.
- Where applicable, and as mandated under international humanitarian law, deliver medical assistance to all persons based on need; this may include parties to the conflict 'hors de combat'.

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

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

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

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

Acronyms

AAP/CEWG	Accountability to Affected People & Community Engagement Working Group
ACLED	Armed Conflict Location and Event Data
AWD	acute watery diarrhoea
CCCM	Camp Coordination and Camp Management
CFM	complaints & feedback mechanism
CHDC	Conflict & Humanitarian Data Centre
CMR	clinical management of rape
CMWG	Cash & Markets Working Group
CVA	cash and voucher assistance
EORE	explosive ordnance risk education
GBV	gender-based violence
GEC	Global Education Cluster
GiHA	Gender in Humanitarian Action
HCT	Humanitarian Country Team
HNRP	Humanitarian Needs and Response Plan
ICCG	Inter-Cluster Coordination Group
IDP	internally displaced person
INEE	Inter-agency Network for Education in Emergencies
INFORM	Index for Risk Management
INSO	International NGO Safety Organisation
IYCF	infant and young child feeding
JMMI	Joint Market Monitoring Initiative
MAF	Myanmar Armed Forces
MAM	moderate acute malnutrition
MEB	minimum expenditure basket
MPC	multipurpose cash
MSNA	multisectoral needs assessment
MUAC	mid-upper arm circumference
NFI	non-food item
OPD	organization of persons with disabilities
PBW	pregnant and breastfeeding women
PIMS	Protection Incident Monitoring System
PiN	people in need
PSEA	Protection from sexual exploitation and abuse
SADDD	sex-, age-, and disability-disaggregated data
SAM	severe acute malnutrition
STI	sexually transmitted infections
TCF	Transitional Cooperation Framework
UNDSS	United Nations Department of Safety and Security

How to contribute

Contribute to the Humanitarian Response Plan

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

Contribute to the Myanmar Humanitarian Fund

The MHF is a multi-donor pooled fund that provides humanitarian organizations in Myanmar with rapid and flexible funding to address the most critical funding gaps of the humanitarian response.
www.unocha.org/myanmar-humanitarian-fund

Donate to the Central Emergency Response Fund

The CERF provides funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF facility receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund, to be used for crises anywhere in the world.
cerf.un.org/donate

About

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

PHOTO ON COVER
A father who lost his leg in a flood and his wife in the earthquake cares for his 4-year-old daughter in Mandalay Region. Credit: UNICEF/2025

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Humanitarian Action
ANALYSING NEEDS AND RESPONSE

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

rw response

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

fts Financial Tracking Service

The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.
fts.unocha.org/countries/153/summary/2026

MYANMAR

HUMANITARIAN NEEDS AND RESPONSE PLAN