

# HUMANITARIAN RESPONSE PLAN

## MONITORING REPORT

JANUARY – DECEMBER 2021

### SITUATION OVERVIEW

In 2021, the people of Myanmar faced an unprecedented political, socioeconomic, human rights and humanitarian crisis with needs escalating dramatically since the military takeover on 1 February and a severe COVID-19 third wave.

The expansion of armed conflict into new areas and the formation of new armed elements drove increased displacement, as well as exacerbating existing or generating new protection and assistance needs. The number of Internally Displaced Persons (IDPs) within Myanmar rose substantially in 2021. According to the UN, of the 690,000 IDPs in Myanmar as of 27 December 2021, an estimated 52 per cent were women and 34 per cent were children. Of these, 320,000 were displaced by armed conflict and unrest since 1 February 2021. The majority of the new displacement occurred in Myanmar's northwest and southeast, as well as in Kachin and Shan states. IDPs have been forced to live in terrible conditions – some in camps, some in host communities and others in the jungle, without adequate food, shelter, sanitation, and medical care. In 2021, local organizations and partners provided basic assistance to previously and newly displaced people and host communities, where possible. However, IDPs and host communities continued to face shortages of food and livelihoods support, clothes, relief items and COVID-19 preventative supplies, largely due to the fighting, as well as restrictions on access, movement and transport. The new IDPs are in addition to the hundreds of thousands of people

already living in protracted displacement in Kachin, Kayin, Rakhine and Shan states prior to February 2021.

The military takeover and the large-scale Civil Disobedience Movement (CDM) that followed heavily impacted the economy and the already fragile public service sector in 2021, further restricting people's access to essential basic social services such as education and health. The crisis caused severe interruptions to basic health services, risking long-term consequences for the health and well-being of Myanmar's population. The health sector has been under enormous strain due to both the CDM and COVID-19. The CDM resulted in severe reductions in the available public health workforce with many health staff walking out of public facilities in protest, at a time when health services were needed most due to the pandemic. The impact of staffing interruptions was compounded by repeated attacks on healthcare and the occupation of health facilities by parties to the conflict, further reducing the options available to affected people and resulting in unmet needs. Significant portions of the community were also unwilling to seek care through public services where they were provided by the de facto authorities. While NGOs, Ethnic Health Organizations (EOs) and private health services tried to cover the gap, they were not able to fully compensate for the breakdown of public services. Access to education was also heavily disrupted. Due to the combined effects of COVID-19 and the military takeover, nearly all of Myanmar's 12 million school-

### KEY FIGURES



**3M**  
PEOPLE IN NEED

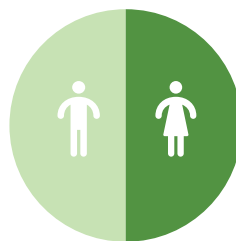


**3M**  
PEOPLE TARGETED



**3M**  
PEOPLE REACHED

#### PEOPLE REACHED BREAKDOWN



**50%**  
FEMALE

**50%**  
MALE

**40%**  
CHILDREN  
(0 - 18 yrs)

**43%**  
ADULTS  
(18 - 59 yrs)

**17%**  
ELDERLY  
(60+ yrs)

aged children missed out on almost two years of education in 2020 and 2021.

These inter-related risks also exacerbated pre-existing needs among already vulnerable women, girls, men and boys, including stateless Rohingya people and people living in protracted displacement, predominantly in the country's northeast and southwest. The crisis deepened the needs of these population groups because of reduced livelihoods opportunities, aggravated by the increase in prices of basic goods. At the same time, access constraints due to COVID and the current political crisis undermined the quality and predictability of humanitarian assistance delivered to extremely aid-dependent communities. This was especially true of assistance to stateless Rohingya people in Rakhine, who are among the country's most vulnerable people. As with new conflict areas, access to people with pre-existing needs in rural locations was particularly affected, leaving considerable gaps and unmet needs.

According to UNDP, the 2021 economic and political turmoil has driven almost half of the population (25 million people) into poverty in 2022, wiping out the impressive gains made since 2005. Increasing numbers of vulnerable women, girls, men and boys exhausted their coping capacity and slipped into humanitarian need for the first time. Price hikes, COVID-19 movement restrictions and ongoing insecurity forced the most marginalized and vulnerable people to resort to emergency coping strategies in order to buy food and other essential supplies, often negatively impacting their safety, well-being and dignity. The sale of productive assets was especially worrying as this is very difficult to reverse. In some states and regions, prices for crucial household commodities rose significantly, making some food items increasingly unaffordable. Farming incomes were affected by lower wholesale prices for some crops, higher input prices, lower farm gate prices and limited access to credit, affecting agricultural livelihoods and food supplies. COVID-19 related border closures reduced agricultural export earnings and made essential farming inputs less available and more expensive.

Monsoon floods in July and August 2021 affected more than 120,000 people across various parts of the country, resulting in crop losses and further contributing to food insecurity.

The compounding crises of 2021 profoundly and disproportionately impacted women and girls, as well as people with disability in Myanmar. The impacts of COVID-19 restrictions and the worsening security situation resulted in a continued heavy burden of care for women looking after sick family members and children who were unable to return to school. This impacted women's availability to engage in paid work and further strained households financially. Women-headed households and women previously employed in sectors such as the garment industry were

particularly affected. Women health workers involved in the CDM and those previously employed at health facilities that were targeted, occupied or shut down also faced negative financial impacts. People with disabilities faced additional safety and security risks. They also regularly faced challenges in accessing basic services as they were unable to reach service points due to their impairment and stressed communities were unable to provide the same level of support.

## Responding to changing needs in 2021

In an effort to cover emerging needs outside the original scope of the response, the humanitarian community released an addendum to the 2021 Humanitarian Response Plan (HRP) in July 2021. This Interim Emergency Response Plan (IERP) highlighted the significant increase in people requiring humanitarian assistance in new areas of the country. The IERP covered the period from June to December 2021 with the objective of enabling prioritized emergency humanitarian response activities in locations outside the geographical scope of the initial HRP. The Interim Plan particularly focused on the following areas: 1) urban and peri-urban townships in Mandalay and Yangon, which had seen dramatic increases in humanitarian needs due to the impacts of the pandemic and the political situation since 1 February; 2) a scale-up of the emergency response in Chin and Kayah states, as well as other areas where clashes led to large-scale displacement in previously stable areas; and 3) more flexible inter-agency rapid response in other areas upon identification of new emergency needs related to violence, insecurity, and displacement.

## Targets and Achievements

The HRP 2021 and IERP 2021 jointly targeted 3 million people (40% children, 43% adults aged 18-59 yrs, and 17% elderly people aged +60 yrs) to receive humanitarian assistance and protection services in 2021. This includes 1 million people identified at the start of 2021 as part of the original HRP and an additional 2 million people identified after 1 February. The total requirement for the two plans amounted to US\$385 million (HRP 2021 at US\$276 million and IERP 2021 at US\$109 million).

In the face of rising needs, humanitarians stayed and delivered, maintaining a presence and expanding overall capacity to reach more people than ever in 2021 in line with these two plans. Despite the multi-dimensional crisis with escalating conflict and the continued burden of COVID-19 in 2021, humanitarian partners managed to rapidly scale-up the response to new needs and adapted to flexible delivery modalities in the face of the new reality. In total, humanitarians met their target of reaching 3 million people with some form of assistance at least once in 2021. However, access and funding constraints meant that humanitarians were not able to deliver the depth of assistance to these people that they had planned, with food assistance accounting for the bulk of the result. Donors contributed a total of \$230 million (60 per cent of the combined HRP and IERP requirements) in support of the two plans.

As a direct consequence of the funding gap, humanitarian partners were not able to deliver a complete package of multi-sectoral assistance to all those reached. Access constraints also meant it was not always possible to deliver the full course of assistance over time, as repeat deliveries were not always permitted or services were often interrupted. Sensitive protection activities, for example, were also not always possible in the current environment and many activities, deemed “non-life-saving” by the de facto authorities, were put on hold for much of the year in areas including Rakhine, under COVID-19 mitigation measures. Assessments and post-distribution monitoring were also limited due to unpredictable access. Access impediments in conflict areas also meant the geographical spread of the assistance was also heavily weighted towards urban areas (predominantly Yangon with 1.8 million) and locations where humanitarians had a pre-existing footprint (Rakhine 424,000, Kachin 237,000 and Shan 61,000). Facilitated by a considerable scale-up of operations and work by local organizations, substantial assistance was nevertheless possible in newly-affected areas in the southeast with almost 300,000 people reached in Bago, Kayah, Kayin, Mon, and Tanintharyi during the year. Newly affected areas in the northwest were less accessible and were reached with more modest volumes of assistance (Chin 52,000, Sagaing 24,000 and Magway 5,000).

## Response Environment Overview

Most partners temporarily paused humanitarian operations for a short period immediately after the 1 February events, however, they were later able to resume activities in most areas, albeit with heavy access constraints that required new ways of working, particularly in partnership with local and national organizations. The political crisis also resulted in disruptions to the banking sector, logistical challenges caused by new customs and import rules, and rising insecurity. The COVID-19 waves also required COVID-safe delivery modalities by humanitarian organizations throughout 2021.

**Access and Localization:** With more parts of the country affected by conflict, an expansion of the humanitarian footprint was required in many new areas where international organizations previously had only limited infrastructure and access. Unfortunately, access delays and denials, as well as other bureaucratic measures remained critical obstacles to the delivery of timely humanitarian assistance at-scale in 2021. Humanitarian access to rural conflict areas, especially in the northwest and southeast remained heavily restricted. Processes for securing travel authorizations, LOAs/MOUs and visas for international staff in 2021 were slow and cumbersome with unpredictable outcomes, reducing the effectiveness, depth and quality of the assistance provided. This constrained operating environment, especially for international organizations, meant that the responsibility for the delivery of assistance in conflict areas fell heavily on the shoulders of a growing network of smaller national and

local organizations, allowing the response to benefit from their wider local acceptance and diversified access channels. This is visible through an increased number of participating organizations in the HRP, with a total of 160 partners at the end of 2021 compared to 147 at the start of the year. These include: 14 CSOs and CBOs, 72 INGOs, 6 International Red Cross/Red Crescent Movement, 56 national NGOs, and 12 UN agencies. In 2021, the Humanitarian Country Team (HCT) included four representatives of national organizations as members and will add two more in 2022 in recognition of this shift in operations. A national organization will also be added as an observer on the Inter-Cluster Coordination Group.

Given the centrality of access to the response by the end of 2021, OCHA secured resources for a dedicated Civil-Military Coordination and Access Unit. This unit has started providing the broader humanitarian community in Myanmar with increased support on access and civil-military coordination issues. The Unit will focus on ensuring information on access constraints is collected, monitored, and analyzed across the country through a dedicated tracking tool, and that subsequent analysis is disseminated to humanitarian partners. The unit will issue regular access products, including access snapshots, access reports, and maps on territorial control or hard-to-reach areas. The OCHA Access Adviser will chair the Humanitarian Access Working Group, alongside the INGO Forum, to support its development in 2022 as a sustainable and output-orientated forum that ensures a joint approach on principled access and engagement with parties to the conflict on humanitarian issues.

**Strategic Use of Pooled Funding:** The two OCHA-managed pooled funds – the Central Emergency Response Fund (CERF) and the Myanmar Humanitarian Fund (MHF) – continued to support a coordinated, efficient, and principled humanitarian response in Myanmar, directly linked with the 2021 HRP and IERP. With the support of donors, both funds provided \$31 million to the humanitarian response in Myanmar in 2021, representing 13 per cent of the total funding received against the 2021 HRP and IERP. More than 51 per cent of MHF funding went directly or indirectly to local CSOs and national NGOs in 2021, more than twice the World Humanitarian Summit’s target of 25 per cent. Still, efforts will continue in 2022 to make pooled funds even more accessible to local and national organizations as a critical way of facilitating physical access to people in need and ensuring assistance can be delivered in hard-to-reach locations.

## Progress on Cross-Cutting Issues

**AAP:** Coordination around inter-agency accountability to affected people (AAP) and community engagement (CE) was firmly established through the formation and expansion of the AAP/CE Working Group at the national level, and dedicated AAP consultations at sub-national level. Linkages

between the various AAP initiatives and other forums, such as the Protection from Sexual Exploitation and Abuse (PSEA) Network, were further strengthened. A Myanmar language inter-agency AAP CE training was developed to support CSOs and NGOs.

**PSEA:** The PSEA Network established a pool of trained SEA investigators and an SEA Survivor Fund. A PSEA Risk Assessment was carried out and, in line with its results, resources, guidelines and IEC materials were developed. Training and capacity building were undertaken, especially to support organisations that did not yet have SEA policies. Sub-national PSEA Networks were established to support PSEA implementation at the local level.

**Gender in Humanitarian Action (GiHA):** In 2021, the GiHA area of work was primarily supported through a work stream led by two UN organizations – UN Women and UNFPA. The gender profile for 2021 was developed and shared with the intent of informing clusters, local and international organizations about the gendered impact of the crisis. Technical support continued for the MHF, the Protection Cluster and its areas of responsibility, as well as involvement in preparation of the HNO. The escalation of the humanitarian crisis in Myanmar presented growing needs for gender technical support to ensure a people- and human-rights centered approach. This requirement added to the already pressing need to collect and analyze sex and age disaggregated data to inform effective humanitarian response targeting. In the final quarter of 2021, the GiHA work stream was formalized to a Community of Practice.

**Disability:** A small group on disability was established under the Inter-Cluster Coordination Group (ICCG). Actions included the first-ever mapping of disability inclusion to determine good practices and available services for people with disability in the wider community and in humanitarian settings in particular. The group held a consultation with Organizations for People with Disabilities (OPDs) to inform humanitarian programming and feed into the Humanitarian Programme Cycle (HPC).

**Cash:** Throughout 2021, humanitarian agencies continued to implement Cash and Voucher Assistance (CVA), despite a cash liquidity crisis and humanitarian access constraints, delivering more than \$35 million in assistance through this modality. Many agencies found flexible ways to continue delivering assistance where it was needed. To be successful, agencies had to stay dynamic in their approaches and, in many cases, found new financial service providers (FSPs) to continue implementation. Increasing service fees charged by FSPs and their agents stabilized during the second half of 2021 and settled into a more manageable range. Partner organizations continue to share crucial market price information through the Cash Working Group (CWG). Above normal inflation, especially for imported goods, led many agencies to review and increase their transfer values. A minimum expenditure basket (MEB) was made available as a useful tool for agencies to define appropriate transfer values for their programmes. 2021 saw a significant increase in the number of local CSOs and NGOs implementing CVA with support and funding from international organizations. In total, international actors reported working through 51 local implementing partners on cash and voucher programming, up from 36 in 2020. Supporting local actors to deliver CVA, particularly in the difficult-to-access areas was and remains a key priority of many agencies. To support this effort, the CWG offered a CVA Training of Trainers to local staff of international and national organizations. These efforts will continue in 2022.

## FUNDING OVERVIEW - HRP & IERP COMBINED



REQUIREMENT (US\$)

**\$386M**

FUNDED (US\$)

**\$230M**

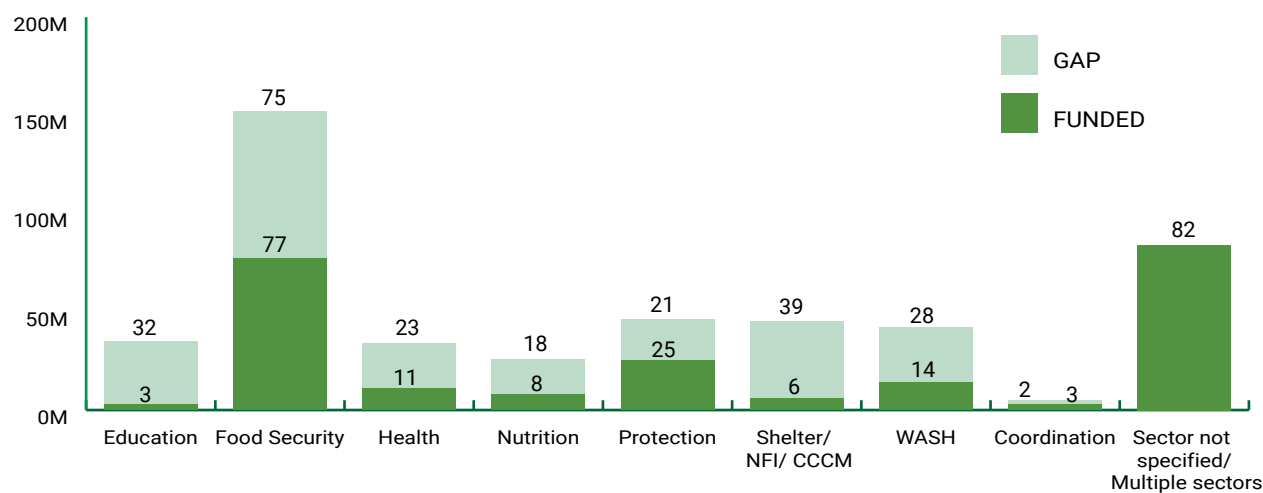
GAP (US\$)

**\$156M**

**\$82M**

Humanitarian funding reported outside the HRP+IERP

## FUNDING BY SECTOR/CLUSTER (in US\$ million)



% of HRP+IERP requirement received



9%



51%



32%



31%



54%



13%



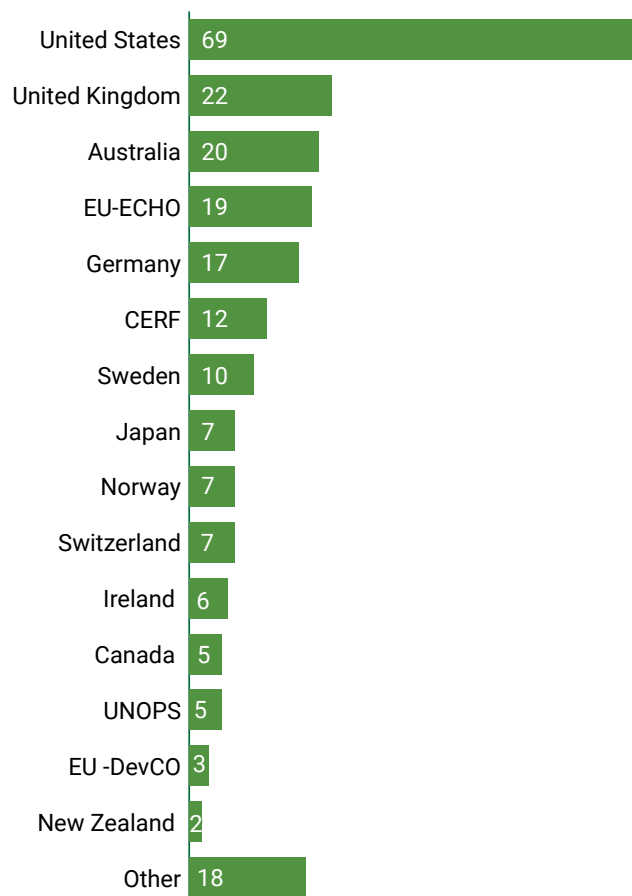
33%



59%

Source: FTS

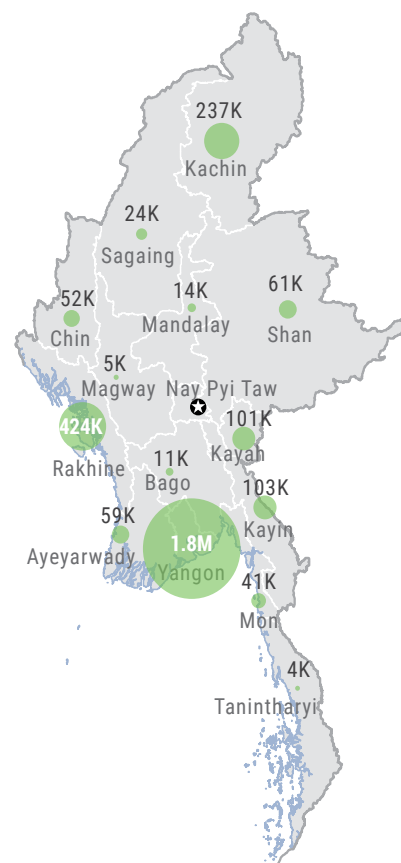
## CONTRIBUTIONS BY DONORS (in US\$ million)



Source: FTS

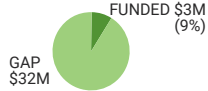


## PEOPLE REACHED BY STATE/REGION in 2021





## EDUCATION

PEOPLE IN NEED	TARGETED	REACHED	FEMALE(%)	CHILDREN (0-18 yrs)	ADULTS (18-59 yrs)	ELDERLY(%) (60+ yrs)	REQUIREMENT (US\$)	FUNDED
336K	268K	105K	51	96	4	-	35M	


In the face of unprecedented interruptions to schooling, the Education Cluster supported 105,000 children to access quality and inclusive learning opportunities, as well as through the provision of emergency learning supplies in 2021. To advance quality learning, 1,735 educators completed capacity-building training related to pedagogy, curriculum, social-emotional learning, and other topics. Education was a venue for other life-saving interventions, with more than 15,750 people reached with COVID-19 prevention supplies and messaging, and at least 1,200 receiving non-specialized mental health and psychosocial support through educational activities. The greatest number of people were reached in Rakhine (more than 40,000) followed by Kachin (more than 24,000), then Shan, Kayah and Kayin.

In 2021, cluster partners reached 39 per cent of the targeted number of children at pre-primary and primary level education with some form of assistance. A significant gap remained in supporting access to quality post-primary learning opportunities due to various factors, including limited infrastructure for learning in many locations and the funding focus on younger children. The cluster will address this gap in 2022, including a greater prioritization of post-primary education in funding opportunities and youth inclusion in education objectives and activities. The cluster was able to reach of 39 per cent of its target despite the low funding recorded in FTS partially due to children benefitting from multi-sector contributions and multi-sectoral assistance delivered through education partners. Additionally, the children who were assisted, were not all reached with the complete package of education support needed. Limited funding meant that many received basic learning materials only, without sufficient support for ensuring standards for quality and inclusion.

In response to the compounding crises in 2021, the Education Cluster expanded its coverage. By mid-year, sub-national coordination groups in areas such as Chin and Kayah states were formalized, and regular coordination meetings took place. The country-wide activation of clusters in August 2021 led to outreach into additional areas, including Magway and Sagaing regions. The involvement of new actors in the response was supported through capacity-building for cluster partners, especially local staff.

**Disability inclusion:** To support and fulfil the learning needs of children with disabilities and those with learning difficulties, Humanity & Inclusion (HI) adapted a series of open learning materials under the Inclusive Education Project with funding through a Global Partnership for Education (GPE) COVID-19 grant. In consideration of diversity, accessibility, and needs in evolving contexts, materials were also adapted into local ethnic languages and shared with all partners.

## FOOD SECURITY

PEOPLE IN NEED	TARGETED	REACHED	FEMALE(%)	CHILDREN (0-18 yrs)	ADULTS (18-59 yrs)	ELDERLY(%) (60+ yrs)	REQUIREMENT (US\$)	FUNDED
2.8M	2.6M	2.8M	51	41	52	7	152M	


Despite restricted access to beneficiaries throughout 2021, the cluster was able to exceed its target, reaching 2.8 million people across 140 townships in most states and regions of Myanmar. Beneficiaries received vital food and/or cash assistance, emergency agriculture, and livelihoods support, as the country grappled with widespread economic disruption, worsening food insecurity, severe interruptions to markets and increased adoption of negative coping strategies. It is important to note, however, that not all the people reached received the full package of support due to a lack of funding. The cluster provided 2.6 million people with in-kind food and/or cash assistance (cluster objective 1) and reached another 200,000 people with activities targeted at strengthening people's resilience to restore, protect, and improve livelihoods (cluster objective 2). The latter was designed to help avoid serious long-term consequences of food security, particularly as the conflict has seriously affected food production.

Due to access challenges, the cluster had to focus its response. The greatest numbers of people reached with assistance were in Yangon and Rakhine. In Rakhine State, the main target townships were Buthidaung, Maungdaw, and Sittwe with nearly 400,000 people reached. In Yangon, the top three townships were Dagon Myothit (Seikkan), Hlaingtharya, and Shwepyithar with 1.8 million people reached.

As of 31 December 2021, the cluster counted 71 members (41 CSOs/NNGOs/private sector, 25 INGOs, 2 research institutes and 3 UN agencies). This is compared to December 2020, when Cluster membership was limited to 9 INGOs, 5 NNGOs, 2 UN (WFP/FAO). The inclusion of an additional 16 INGOs in 2021 has significantly increased the number of national implementing partners mainly coordinating at sub-national level. However, efforts have been made in 2021 to increase national partner participation in national coordination. In 2021, UNDP has become an active member of the Cluster, while an additional two donors were added to the membership. The cluster now includes development and humanitarian actors for strengthened nexus programming.

**Disability inclusion:** Food Security Cluster partners implemented special arrangements for people with disabilities in food distributions, including home delivery of food if they could not be represented at the distribution point, as well as monitoring that the package was well received.

## HEALTH


PEOPLE IN NEED	TARGETED	REACHED	FEMALE(%)	CHILDREN   ADULTS   ELDERLY(%)	REQUIREMENT (US\$)	FUNDED
				(0-18 yrs) (18-59 yrs) (60+ yrs)		
898K	659K	603K	53	38   54   8	34M	

Amid widespread health service interruptions since the military takeover, around 600,000 people living in conflict-affected areas and vulnerable settings received essential health and life-saving COVID-19 services through the combined efforts of Health Cluster partners in 2021. The cluster reached the greatest number of people in Kachin (more than 236,000 people), Rakhine (more than 173,000 people) and Kayin (close to 102,000 people). The cluster also reached a modest number of people in new areas, for instance in Yangon (some 8,000 people). The beneficiaries reached exceed the conservative targets in some locations due to use of alternative modalities for service provision such as teleconsultation. However, limited funding had consequences for the deployment of field teams, the procurement and delivery of essential supplies, preparedness actions and community mobilization.

To address new challenges around access, human and financial resources, the cluster explored alternative ways of supporting service delivery, for example through faith based CSOs. The Early Warning, Alert and Response System (EWARS) continued to be an invaluable tool, with more than 400 potential disease outbreak alerts identified and responded to in Kachin and Rakhine states.

**Disability Inclusion:** The Health Cluster observed the triage system at numerous clinics where priority was given to persons with disabilities. Furthermore, the cluster implemented home care visits for disabled persons. Rehabilitation assistance to landmine victims was mainstreamed across mobile clinics, as well as fixed health facilities.

## NUTRITION

PEOPLE IN NEED	TARGETED	REACHED	FEMALE(%)	CHILDREN   ADULTS   ELDERLY(%)	REQUIREMENT (US\$)	FUNDED
				(0-18 yrs) (18-59 yrs) (60+ yrs)		
496K	460K	322K	60	75   25   -	26M	

Amid rising poverty and food insecurity, the Nutrition Cluster reached 322,000 people in 2021, the majority in new areas, including in Yangon (about 138,000 people), followed by Rakhine State (close to 119,000 people).

The cluster reduced morbidity and mortality among children between 6-59 months through severe acute malnutrition (SAM) treatment that reached nearly 4,000 children, mostly in Rakhine state. Also, a targeted supplementary feeding programme was delivered to approximately 7,000 children. Other preventative measures led by the cluster included a blanket supplementary feeding programme (BSFP) supporting more than 31,000 children (33 per cent of the target), and micronutrient powder (MNP) supplementation supporting more than 86,000 children (89 per cent of the target). Similarly, the cluster assisted pregnant and breastfeeding women and girls (PBW/G) with both BSFP (more than 1,000 people reached- 34 per cent of the target) and MNP supplementation (some 28,000 reached – 65 per cent of the target). Partners also reached PBW/G with Infant and Young Child Feeding (IYCF) support (61 per cent of the 39,000 people targeted) and COVID-19 messaging (41 per cent of the 51,000 people targeted).

The Nutrition Cluster expanded service delivery to new conflict areas, including Kayah (BSFP for some 8,000 people), Kayin (maternal IYCF counselling for close to 100 people) and Yangon (SAM treatment for over 100 children, BSFP for some 133,000 children, and maternal IYCF counselling for close to 5,000 PBW/G).

The limited funding mobilized and interruptions to services previously delivered through public health facilities constrained coverage of other areas in 2021 despite increasing needs and a deepening humanitarian crisis. This will have flow-on consequences for malnourished and at-risk people who were not supported and for overall needs heading into 2022 with people graduating into more serious conditions (Moderate Acute Malnutrition into SAM) due to the absence of adequate interventions. For instance, the 39 per cent of children requiring treatment for SAM who missed out on support face serious consequences in terms of their development and very survival. SAM increases their chance of dying from other preventable causes nine-fold compared to an average child.

**Disability Inclusion:** The Nutrition Cluster deepened its awareness of the needs of persons with disabilities in humanitarian settings and 13 per cent of targeted people in need were persons with disabilities.

## PROTECTION

PEOPLE IN NEED	TARGETED	REACHED	FEMALE(%)	CHILDREN   ADULTS   ELDERLY(%)	REQUIREMENT (US\$)	FUNDED
				(0-18 yrs) (18-59 yrs) (60+ yrs)		
1.2M	1.1M	676K	52	48   47   5	46M	<div> <div></div> <div> GAP \$21M  FUNDED \$25M (54%) </div> </div>

Amid a worsening protection environment in 2021, protection partners reached more than 676,000 people with protection services. The cluster reached the highest number of people in Rakhine State (more than 423,000 people) and Kachin (more than 176,000 people), however, protection partners also provided comprehensive activities outside the geographical scope of the initial HRP, for instance to more than 10,000 people in Kayah within the scope of the IERP.

Provision of protection services and assistance, including child protection (CP), gender-based violence (GBV), mine action (MA) and mental health and psychosocial support services (MHPSS), were significantly impeded by operational challenges across the country, including the new conflict dynamics, intensifying armed clashes, COVID-19, access constraints, natural hazards, and the shortage of cash. While the provision of critical protection services and assistance continued throughout the year, these obstacles and limited funding meant that not all activities from the minimum protection services package could be effectively implemented. Protection Cluster partners adapted their responses and conducted activities that could be carried out through different modalities (e.g. community-based structures, local partners, or remotely).

In certain regions of the country, the number of people reached is higher than the projected people in need and targeted. This is largely due to a significant increase in displacement in 2021 and intensified service provision in certain locations compared to previous reporting cycles. Partners contributed to the protection and needs analysis of the situation through protection monitoring and rapid needs assessments, receiving training and other technical support to respond. To strengthen the protection response, the cluster also reinforced community-based protection.

**Disability Inclusion:** The cluster developed a Disability Inclusion Action Plan to implement more coordinated and systematic disability-inclusive protection services across the country.

## SHELTER/NFI/CCCM

PEOPLE IN NEED	TARGETED	REACHED	FEMALE(%)	CHILDREN   ADULTS   ELDERLY(%)	REQUIREMENT (US\$)	FUNDED
				(0-18 yrs) (18-59 yrs) (60+ yrs)		
277K	271K	367K	50	50   46   4	45M	<div> <div></div> <div> GAP \$39M  FUNDED \$6M (13%) </div> </div>

With surging displacement in new areas, the Shelter, NFI and CCM Cluster scaled up its response including in new areas. In 2021, partners reached more than 367,000 people, including in areas outside the initial HRP locations within the scope of the IERP (for example, more than 49,000 people in Kayah) in response to new displacement. A total of 2,895 shelter units were completed (new construction, repair and renovation) in camps in Kachin and northern Shan (out of 3,381 units planned) reaching 27 per cent of the overall needs in camps. Partners further constructed 226 makeshift shelters to support newly displaced people and 455 new transitional shelter solutions to support IDPs' transition out of camps.




In central Rakhine, the cluster reconstructed more than 600 shelters in camps throughout the year. However, the needs remain great in camps for Rohingya people and AA-MAF IDP sites with about 600 longhouses sheltering more than 25,000 Rohingya people needing urgent renovation. Cluster partners reached more than 116,000 people with NFI assistance, providing essential household items to vulnerable households during a time of rapid market deterioration and increased displacement.

Due to the sharp increase in armed clashes leading to further displacement, sectoral needs across the country were higher than expected. Additional activities were provided to respond to the situation, such as CCCM activities in new displacement sites, the construction of emergency shelters or the distribution of NFI kits. However, the ability of cluster partners to efficiently address the majority of new needs was severely hindered by limited funding in 2021 and heavily constrained access to conflict areas where new IDPs required assistance.

**Disability Inclusion:** In Kachin and northern Shan, the Shelter Cluster supported construction of shelters with improved design and additional features appropriate for persons with disabilities. In central Rakhine, camp management agencies continued to provide services tailored to persons with disabilities at the camp level, offering door to door visits to receive complaints, feedback and assistance with distributions (taking supplies to people's houses) to ensure beneficiaries do not need to pay unnecessary labour charges to receive assistance.

## WASH

PEOPLE IN NEED	TARGETED	REACHED	FEMALE(%)	CHILDREN (0-18 yrs)	ADULTS (18-59 yrs)	ELDERLY(%) (60+ yrs)	REQUIREMENT (US\$)	FUNDED
1.6M	1.3M	641K	51	39	44	17	42M	

Despite the many challenges faced in 2021, WASH Cluster partners made significant progress towards their 2021 objectives. In total, the cluster supported around 641,000 people with critical WASH services and supplies, while strengthening COVID-19 prevention for affected people throughout Myanmar. In Kachin state, some 82 per cent of the target population was reached with hygiene interventions, while 64 per cent of people targeted in the northwest (Chin, Magway and Sagaing) were reached with water, 25 per cent with sanitation, and 49 per cent with hygiene interventions. Cluster partners in Rakhine state assisted 63 per cent of the target population with water, 68 per cent with hygiene, and 42 per cent with sanitation services. In Shan, cluster partners assisted 63 per cent of the target population with water, 27 per cent with sanitation, and 99 percent with hygiene interventions. In the southeast (Bago, Kayah, Kayin, Mon), the cluster reached 39 per cent of the target population with water, 16 per cent with sanitation, and 80 per cent with hygiene interventions. Finally, in Yangon, 61 per cent of the target population was reached through the distribution of safe/purified drinking water to vulnerable people living in informal settlements in Hlaingtharya.

While the cluster reached close to 50 per cent of its overall target, many people did not receive the full WASH service package foreseen under the cluster minimum standards due to the limited funding available. As a result, beneficiaries were, for example, provided with less than 15 liters of water per person per day, which is the minimum standard to cover a person's average needs. A total of 325,325 people were reached with emergency sanitation and equitable, inclusive, and safe access to functional excreta disposal systems. However, the number of people per latrine exceeded the WASH Cluster's minimal standards of 20 people per latrine. Equitable, inclusive and safe access to hygiene items and community-tailored messages, enabling health-seeking behavior were provided, though not on a monthly basis throughout the year.

**Disability Inclusion:** WASH Cluster partners and other relevant organizations formed the WASH Cluster Inclusion Task Force. This group developed an Inclusion Tool Kit for the WASH Cluster to mainstream issues related to inclusion throughout Cluster SOPs, guidelines, and WASH designs, and to support WASH programming by providing pathways, methods, tools and learnings.