

HUMANITARIAN RESPONSE PLAN MYANMAR

MID-YEAR REPORT

2022

1 JANUARY TO 30 JUNE 2022



About

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

PHOTO ON COVER

Internally displaced families receiving blankets, mats and other household items, Kayah State, Myanmar, 2022. Photo: UNHCR Myanmar

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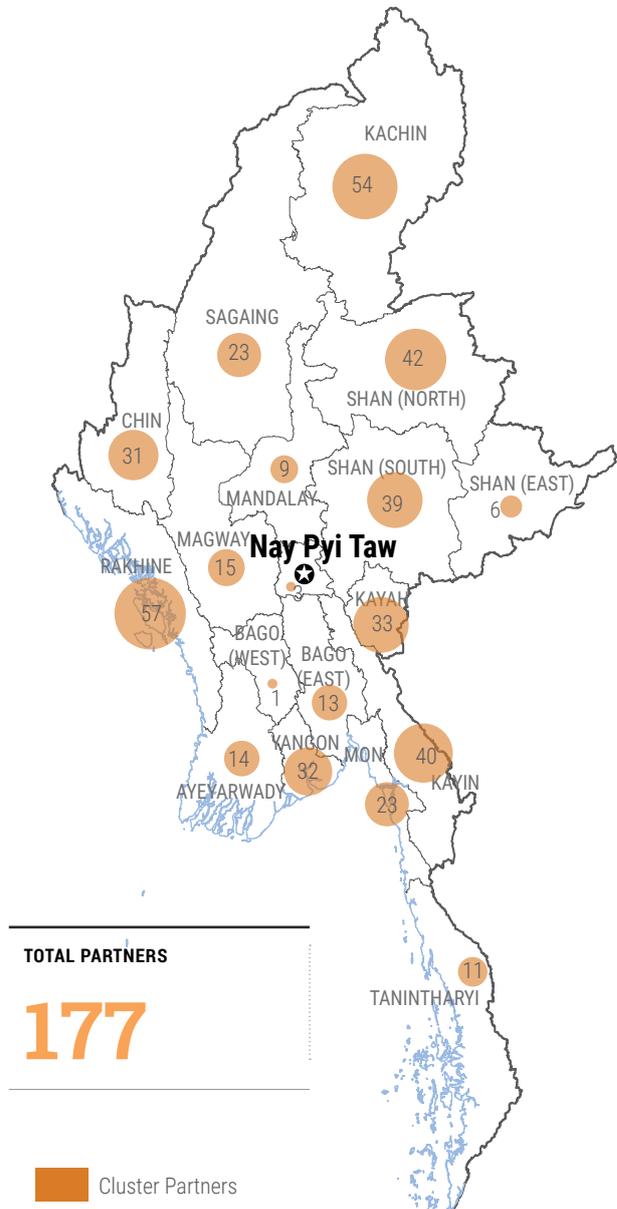
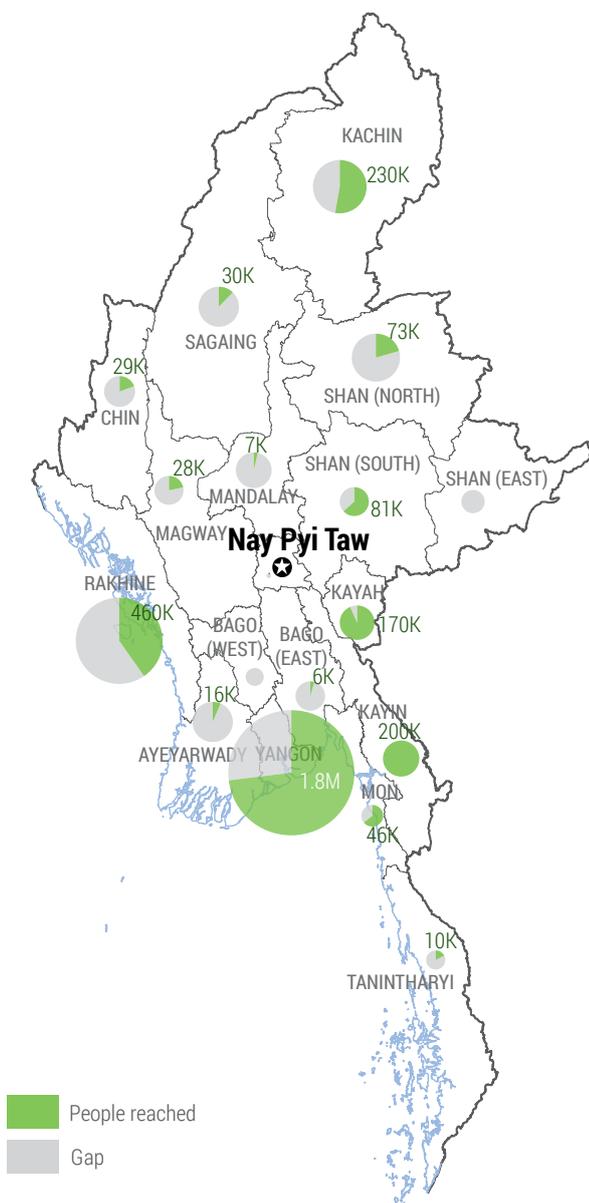
Response Plan Overview

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDED AS OF Q2 (US\$)
14.4M	6.2M	826M	99M

PEOPLE REACHED AS OF Q2	FEMALE	CHILDREN(<18YRS)	ADULTS(18-59YRS)	ELDERLY(60+YRS)	WITH DISABILITIES
3.1M	51%	36%	56%	8%	4%

PEOPLE REACHED BY STATE/REGION

PARTNERS BY STATE/REGION



TOTAL PARTNERS
177

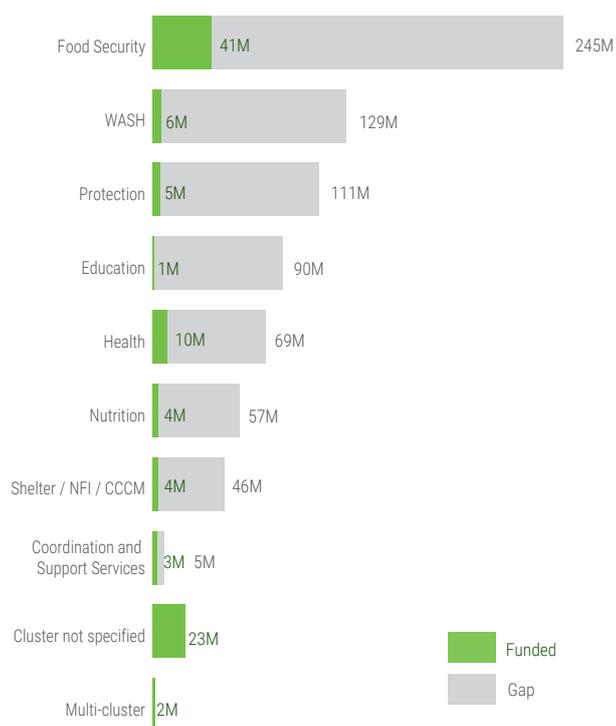
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

KEY ACHIEVEMENTS BY CLUSTER

CLUSTER	PEOPLE IN NEED	PEOPLE TARGETED	PEOPLE REACHED	WOMEN	% CHILDREN, ADULTS, ELDERLY (<18yrs, 18-59yrs, 60+yrs)	PEOPLE WITH DISABILITY ²
EDUCATION	5.4M	1.4M	22% 314K	51%	95% 5% 0%	-
FOOD SECURITY	13.2M	4.1M	67% 2.7M	51%	35% 57% 8%	-
HEALTH	2.5M	1.4M	30% 427K	55%	36% 56% 8%	6%
NUTRITION	2.0M	1.0M	12% 122K	64%	71% 29% 0%	13%
PROTECTION	9.4M	2.0M	33% 659K	51%	35% 57% 8%	1%
Child Protection	4.8M	1.5M	6% 95K	51%	35% 57% 8%	-
Gender Based Violence	5.8M	1.1M	8% 90K	51%	35% 57% 8%	1%
Mine Action	1.8M	0.4M	22% 87K	51%	35% 57% 38%	-
SHELTER/NFI/CCCM	1.7M	0.6M	44% 276K	51%	35% 57% 8%	-
WASH	5.5M	2.1M	38% 790K	51%	38% 55% 7%	15%
TOTAL	14.4M	6.2M	51% 3.1M	51%	36% 56% 8%	4%

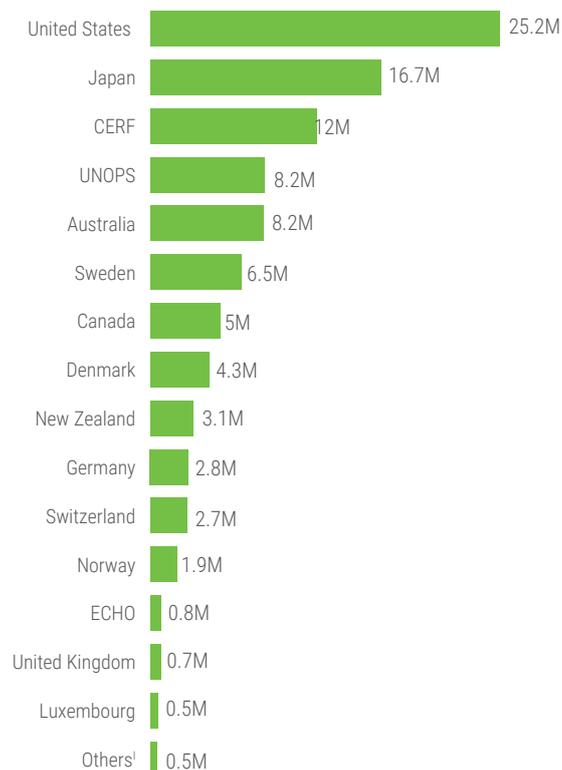
FUNDING STATUS BY CLUSTER (US\$)

As of 30 June 2022



FUNDING STATUS BY DONOR (US\$)

As of 30 June 2022



¹ Others include the private sector (individuals & organizations), MHF, South Korea, and the United Nations Foundation.

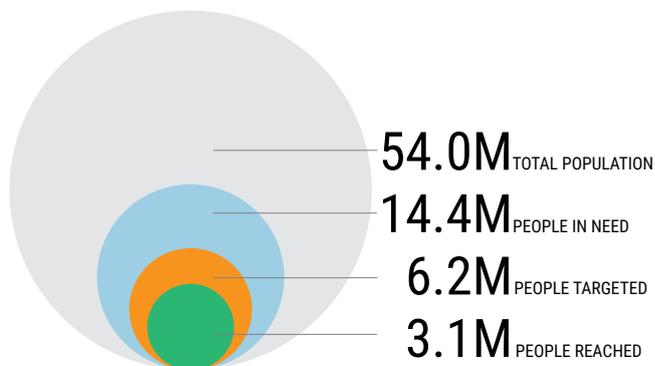
² There is significant under-reporting of disaggregated disability data with several clusters unable to provide a comprehensive breakdown. Addressing this is a priority for the second half of 2022.

Key Figures

Humanitarian Response by Targeted Groups

POPULATION GROUP	PEOPLE TARGETED	PEOPLE REACHED	TARGETED REACHED
Internally displaced people (IDPs)	556K (1.1M actual)	598K	
Returned, resettled and locally integrated IDPs	50K	37K	
Non-displaced stateless people	386K	194K	
Vulnerable people with humanitarian needs	5.2M	2.3M	

People Targeted



Humanitarian Response by Gender

GENDER	PEOPLE TARGETED	PEOPLE REACHED	TARGETED REACHED
Boys	1.0M	542K	
Girls	1.1M	575K	
Men	2.0M	987K	
Women	2.1M	1.0M	

Humanitarian Response by Age

AGE	PEOPLE TARGETED	PEOPLE REACHED	TARGETED REACHED
Children (<18 yrs)	2.1M	1.1M	
Adults (18-59 yrs)	3.6M	1.8M	
Elders (60+ yrs)	0.5M	0.2M	

Humanitarian Response for Persons with Disability

	PEOPLE TARGETED	PEOPLE REACHED	TARGETED REACHED
Persons with disability	800K	118K	

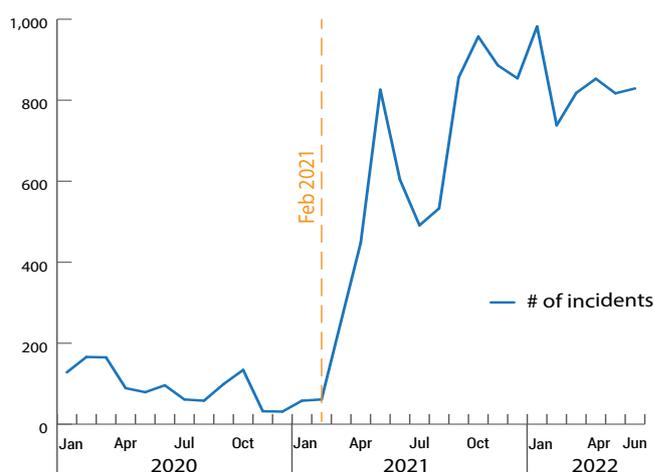
Changes in Context

The people of Myanmar continue to face an unprecedented political, human rights, and humanitarian crisis that is posing grave protection risks for civilians, limiting access to vital services including health and education, and driving deep food insecurity. Humanitarian needs have worsened across the country as conflict continues to rage, causing unprecedented levels of displacement, destruction of property, and land mine contamination especially in the country's northwest and southeast and driving grave protection risks for civilians. Forced recruitment – including of children – is being increasingly reported. The use of heavy weapons, including air strikes and artillery fire, continues to claim lives and pose risks to the safety and security of civilians, while raids, random searches and arrests are of grave concern. The destruction of civilian properties, particularly homes, combined with the protracted fighting, is prolonging the displacement of IDPs and further degrading people's fragile living conditions. The arrival of the monsoon in the second quarter of the year has been a miserable time for the hundreds of thousands of displaced people living in informal sites and in the jungle or forest without proper shelter. While there have been modest access openings, these are very localized, and the overall access environment remains heavily constrained with a strong reliance on and risk transfer to low-profile local responders. Humanitarian operating space is under increasing threat from bureaucratic blockages imposed by the de facto authorities around registration, travel, banking, and visas. While the economy has shown a glimmer of improvement in the past few months, inflation is undermining this modest recovery at the household level with fuel and food becoming increasingly unaffordable and adding to financial stress in vulnerable households.

Expansion of conflict

In the first half of the year, fighting has further escalated across multiple states and regions in Myanmar, particularly in the Northwest and Southeast, with no signs of abating. According to the UN Special Rapporteur on the situation of human rights in Myanmar, since the military takeover, nearly 2,000 civilians have been killed during hostilities and other fatal incidents, including as a result of landmines and explosive remnants of war (ERWs).¹ Nearly 20,000 civilian properties, including houses, churches, monasteries, and schools, are estimated to have been destroyed during hostilities, although figures are difficult to verify.²

Security Incident Trend (Jan 2020 to Jun 2022)



Data source: ACLED

The Northwest has seen the greatest intensification of conflict between the MAF and PDFs and the biggest surge in displacement since the original HRP was published. Now, more than half of all new IDPs are in the Northwest, with the heaviest concentration in Sagaing. There have been various waves of fighting in different states across the Southeast as the MAF has attempted to take control of EAO-controlled areas.

¹ Conference room paper of the Special Rapporteur on the situation of human rights in Myanmar, 14 June 2022.

² OCHA's data on Sagaing/Magway/Chin (up to 20 June 2022), Progressive Karenni People Force on Kayah (up to 1 June 2022), Data for Myanmar in remaining states (up to 31 May 2022).

Across the Southeast, fighting intensified in January and February as the MAF intensified campaigns in Kayin and Kayah states. In Kayin state, combined MAF/Border Guard Forces and combined KNU/PDF forces clashed frequently and intensely. Heavy artillery shelling and airstrikes in these areas caused mass displacement, including across the border into Thailand. During the same period fighting escalated substantially across nearly all of Kayah state between the MAF and the aligned Karenni resistance groups. Loikaw town, in particular, experienced a sustained campaign of aerial bombardment that caused 80 per cent of the town to be displaced to other parts of Kayah state and southern Shan. Fighting also intensified throughout other parts of the Southeast, particularly during the second quarter, with heavy clashes and sudden spikes in displacement in Mon, Tanintharyi and eastern Bago between the MAF and aligned militia groups and the KNU and PDFs.

In Rakhine, a ceasefire between the MAF and Arakan Army (AA), continued to hold at mid-year but tensions are building with sporadic confrontations presenting the very real risk that the conflict could resume in the second half of the year. Intermittent clashes, numerous mine incidents, arrests, and counter-arrests on both sides have been reported with some small-scale displacement. Contingency planning has been undertaken in case the situation worsens.

Access to services and people in need

The expansion of armed conflict across the country has made it more complicated for affected people to access essential services and has exacerbated an already restrictive operational space for humanitarian actors.

At the start of the new academic year 2022/2023, school re-openings and student enrollment trends varied per state/region. Most formal schools in Chin, Magway and Sagaing remain largely closed due to either infrastructure damage or occupation for non-educational purposes. In areas controlled by the de facto authorities, attendance has remained low, even when schools have opened. Communities report safety concerns and negative attitudes toward

military-provided services as the main reasons caregivers are not sending their children to public schools. The health sector continues to be under enormous strain, including because of limited availability of and funding for staff, health facilities, including mobile clinics, technical capacity, and medical supplies. Targeting of health workers in Myanmar is of global concern. In the first six months of 2022, 17 medical staff were killed (in 2021 a total of 29 staff were killed), amounting to 10 per cent of all medical staff killed globally.

Despite extensive high-level advocacy by the Humanitarian Coordinator, Deputy Humanitarian Coordinator and key operational agencies, and efforts to engage with key regional stakeholders to open up access, heavy access constraints are still limiting the ability of humanitarians to reach the most vulnerable people and provide life-saving assistance. Among the access challenges are checkpoints and roadblocks, increasingly slow and complex bureaucratic processes (including delays and denials of Travel Authorizations (TAs)), the volatile security situation and increased scrutiny of humanitarian supplies and personnel, all hampering the timely delivery of critical assistance to rising numbers of people in need. Humanitarian workers continue to partner with local civil society and community-based organizations (CBOs) to sustain life-saving responses in isolated areas. Since the beginning of the year, humanitarian partners succeeded in reaching new areas in the country's southeast, which were not accessible in the past, to identify the needs of affected people, including IDPs and host communities, and to deliver assistance, however access challenges continue, especially around direct delivery by international humanitarian organizations. In the Northwest, the access situation has not improved although local organizations are reaching people in need on a smaller scale and in a less visible manner, making this reach difficult to quantify.

Additionally, the de facto authorities' lack of progress in granting Memoranda of Understanding (MoUs) and providing clear registration processes for humanitarian actors continues to be a debilitating

challenge and is negatively impacting on operations. Visas for the entry of most newly recruited international staff continue to be blocked. Policy decisions by the de facto authorities are limiting access to banking services and money transfer facilities - crucial prerequisites for a response at scale.

Soaring inflation and income loss

After a surge in COVID-19 and conflict-induced poverty in late 2021, people across the country are now facing further economic distress due to the increasing price of essential commodities, including food and fuel. This inflation is partly being driven by the conflict in Ukraine which has impacted global supplies, but also partly by the banking and import issues.

Myanmar was already witnessing an increase in the price of imported fuel due to a combination of paralyzed banking and businesses, cautious trading amidst political and economic unrest, and the depreciation of the Myanmar Kyat, all triggered by the military takeover and compounded by the pandemic. With global fuel shortages triggered by the Ukraine crisis, fuel supply and price challenges are worsening. Between June 2021 and June 2022, the price of diesel increased by a massive 164 per cent nationwide in Myanmar.³ This sharp rise in fuel prices is now causing devastating spillover effects on transportation costs, nationwide supply chains, and in turn, additional increases in prices of commodities. The fuel price hikes could not come at a more challenging time with electricity supply becoming increasingly unreliable and many households, businesses and humanitarian operations becoming more and more reliant on generators to function.

Inflation is also negatively impacting on the cost of humanitarian work. Several clusters, particularly food security and shelter, which depend heavily on commodities to implement their humanitarian programming are facing issues with suppliers who are no longer honoring existing contracts because of the price increases. The cost of relief supplies and building materials needed for humanitarian infrastructure has jumped dramatically, including the

timber and cement needed for shelter construction, as just two examples. Combined with underfunding of the response, this is making it harder for humanitarians to keep up with escalating and intensified needs.

Against the backdrop of rampant inflation, the International Labour Organization (ILO) notes that Myanmar remains deeply impacted by heavy job losses. Eighteen months after the military takeover and 2.5 years after the start of the pandemic, more than 1.1 million fewer women and men are employed, compared to 2020, with the quality of jobs deteriorating and women being impacted more overall.⁴

According to the World Bank, around 40 per cent of Myanmar's population, dropped into poverty in less than 18 months, reaching a poverty rate that Myanmar has not seen for at least 15 years. This is only slightly below the 46 per cent projection used to underpin planning in the original HRP. With household incomes declining, inflation soaring and reduced livelihood opportunities, negative coping mechanisms are reportedly increasing. Household surveys from the World Bank indicate that coping mechanisms are under increasing strain, with over half of all households reporting cuts to non-food consumption, and significant proportions across the income distribution reporting cuts to food consumption, borrowing from friends and family, and selling their assets. Notably, in a worrying trend, more households in May 2022 than February 2022 reported curtailed consumption, borrowing from family and friends, and depleted savings.

Increased mine incidents

Landmines and explosive remnants of war (ERW) are an increasing threat to the lives and safety of civilians and aid workers in Myanmar. With the expansion of armed clashes, there has been an increase in landmine and unexploded ordnance (UXO) contamination affecting the lives of millions of people, particularly those on the move. It is estimated

³ Market Price Update, June 2022, WFP.

⁴ Daily Press Briefing by the Office of the Spokesperson for the Secretary-General, 2 August 2022.

that 12 States are now contaminated with UXO and landmines, which is an increase since 2021.

Consequently, a total of 185 civilian casualties from landmines or ERW were recorded countrywide between January and June 2022. In comparison, throughout 2021, UNICEF documented 169 incidents that resulted in 284 casualties (deaths and injuries).⁵ Many incidents in Myanmar remain unreported due to the lack of a national accident surveillance system or common reporting mechanism, as well as a lack of protection partner presence in conflict-affected areas.

Impact of the monsoon season

While this report covers only the first part of the season, the arrival of the monsoon has already compounded humanitarian needs, both for protracted and new IDPs, as well as vulnerable people living in areas at a high risk of flooding. In April, strong storms and heavy rain hit coastal areas of the country (mainly

low-lying areas in Kachin, Kayin, Rakhine and Shan states) causing varying degrees of damage to civilian structures, including houses and shelters. In northern Shan, almost 200 houses and a high school were damaged due to strong winds. In Rakhine, strong winds hit several townships, causing damage to some of the sites for people displaced by the AA-MAF conflict. According to the Shelter/NFI/CCCM Cluster, 485 shelters in more than 20 sites in Mrauk-U and 864 shelters in nearly all 18 sites in the Kyauktaw AA-MAF displacement sites were damaged. In June, the increasing water level of the Ayeyarwady River resulted in flooding in several townships across Kachin State. The flooding submerged shelters, destroyed food stocks and vehicles, and triggered landslides in the area. More than 500 households were temporarily relocated to evacuation sites. Change in Humanitarian Needs

⁵ UNICEF, Myanmar Landmine/ERW Incident Information, Factsheet January – December 2021, January 2022.

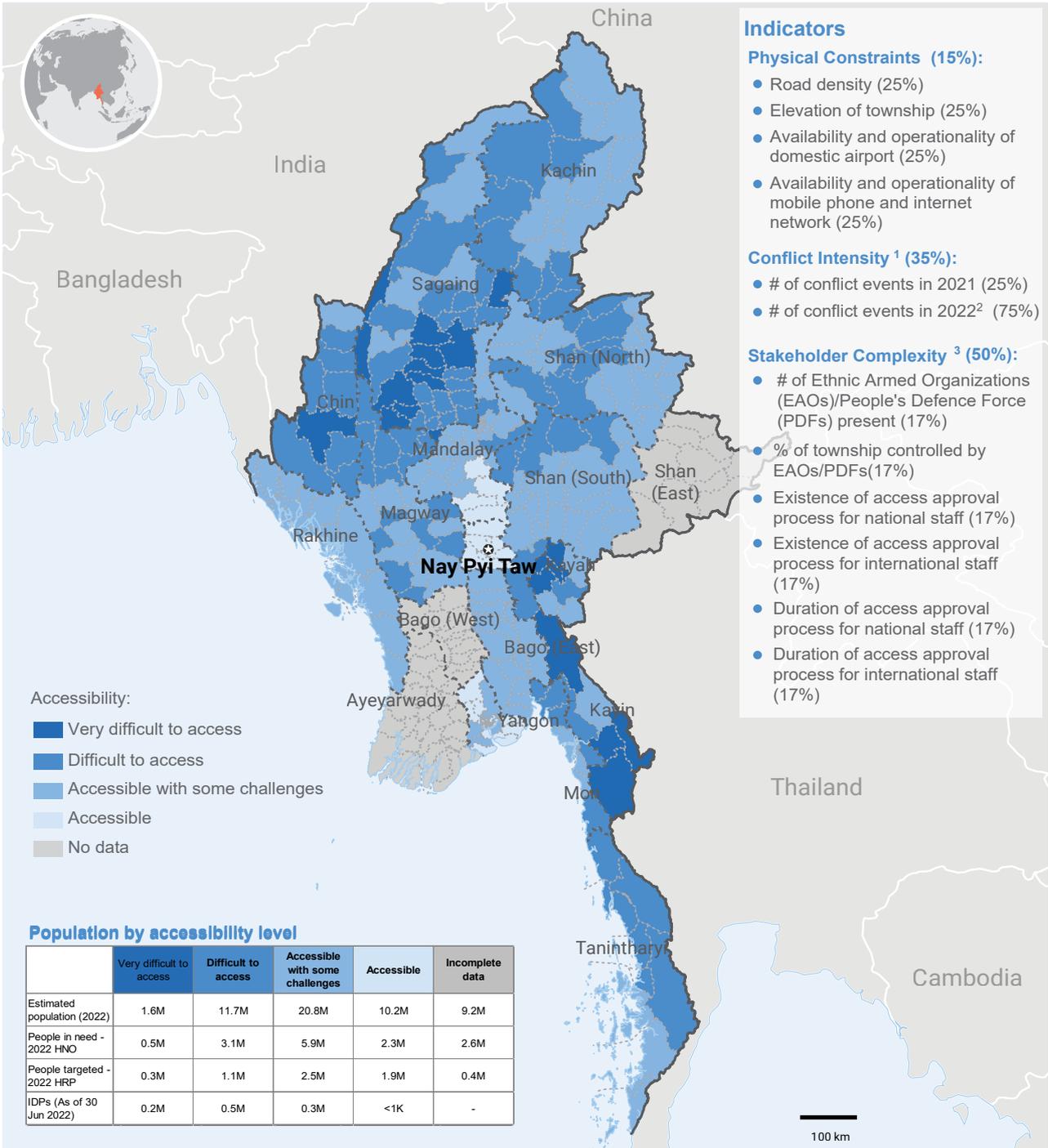
MYANMAR

Humanitarian Accessibility Map

As of 30 June 2022

The Myanmar Accessibility Map assesses the 330 townships of Myanmar according to three constraints: Physical (geographical); Conflict Intensity; and Stakeholder Complexity. Indicators employed in each constraint are listed below. The ranking is a weighted score with Physical Constraints at 15 per cent, Conflict Intensity at 35 per cent and Stakeholder Complexity at 50 per cent.

Overall accessibility



¹The conflict intensity indicator is based on ACLED data for Myanmar, taking into account incidents of battles, explosions/remote violence and violence against civilians.

²The ACLED data for 2022 takes into consideration conflict events up to 24 June 2022.

³The stakeholder complexity is assessed from the perspective of an international organization.

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
 Creation date: 8 July 2022 Sources: OCHA Feedback: ochamyanmar@un.org www.unocha.org www.reliefweb.int

Change in Humanitarian Needs

Surging displacement

The spread of conflict has driven unprecedented displacement, with the number of IDPs steeply increasing to 1.1 million as of 30 June 2022,⁶ which is far beyond the HRP planning figure of 556,000. While this is more than double the originally projected IDP caseload, many of these people are assumed to have already been counted as being in need and targeted for assistance under the 'vulnerable population' category in the original planning exercise due to the fragile situations in their places of origin at the time of publication. Having said this, it is critical to note that the type and scale of needs being encountered by these people have certainly changed as a result of their displacement, as well as their physical location with implications for supply pipelines, transport, safety, security and pre-positioning needs.

In the first six months of 2022, more than 437,000 people had been newly displaced and could not return home due to the intensity of the fighting, protection risks and destruction of their homes and livelihoods.⁷ Seven states and regions host almost all (95 per cent) of those displaced after February 2021. The Northwest (Chin, Magway and Sagaing) hosts 64 per cent of the new IDPs, while 35 per cent are in the Southeast (eastern Bago, Kayah, Kayin, Mon, southern Shan, and Tanintharyi). More than 40,000 people remain in neighboring countries after having fled since the takeover, predominantly in India.

Despite the dire humanitarian situation of affected people, including IDPs, the de facto authorities have continued to control and limit the transportation of rice, medicine, and fuel, as well as the access of humanitarian actors to people in need throughout many parts of the country, but particularly northwestern Myanmar. This has been most intense in Sagaing, where telecommunications, including

internet services, have been shut down in most townships since mid-September 2021.

In southeastern Myanmar, the number of IDPs continues to fluctuate due to new displacement and returns as conflict intensity has spiked and eased in different areas. Populations affected by conflict find themselves unable to seek sustained safety and services, with many displaced in informal sites. Arrests, casualties, destruction and looting of property continue to be reported as well as movement restrictions due to security checks and roadblocks.

Most newly displaced IDPs remain in overcrowded displacement sites, jungles, forests, or hard-to-reach areas, with limited access to essential services. IDPs and host communities face shortages of food and goods, particularly in the Northwest, due to restrictions on access, movement, and transport. Over 52 per cent of IDPs are female and 38 per cent are children. These groups are particularly vulnerable to protection risks including sexual and/or gender-based violence (GBV), exploitative labor, sexual exploitation and abuse, and negative coping mechanisms such as early and forced marriage. Quantifying and verifying instances of such practices has proven extremely challenging in the current environment and absence of data should not imply the absence of incidents.

Sporadic clashes between the AA and the MAF in Rakhine have already seen some small-scale new displacement of a temporary nature. More significant clashes in Rakhine in the second half of the year, would potentially risk new displacement, particularly in urban areas, increasing the vulnerability of already affected communities, escalating the challenges faced in affected rural areas. Other potential consequences of a resumption of clashes include a possible increase in intercommunal tensions, and

⁶ UN figures, as of 30 June 2022.

⁷ Ibid.

further access constraints for humanitarians trying to reach new and pre-existing displacement sites with life-saving assistants .

Pre-existing needs among already vulnerable groups have deepened among stateless Rohingya people (both displaced and non-displaced) and others living in protracted displacement mainly in Kachin and northern Shan. In addition to the restrictions imposed on humanitarian actors due to COVID-19 and the conflict, and the challenging operational context, funding limitations and inflation have impacted the ability of partners to deliver effective, quality, sustained assistance. The resilience of IDPs living in protracted displacement is diminishing over time, with increased negative coping strategies being seen including seeking of perilous migration avenues, falling prey to traffickers, and unsustainable debt. Delayed or missed assistance is causing IDPs to borrow money or food or buy on credit which puts people in an inescapable debt cycle. Reduced consumption in times of food scarcity has also led to health risks and contributed to malnutrition.

In May, two boats carrying some 150 Rohingya capsized in Patheingyi and in Gwa townships respectively. An estimated 20 people or more reportedly died, 40 went missing, and those who survived were detained. During the first six months of 2022 alone, at least 896 (confirmed) people were detained for irregular movement across the border from Rakhine or Bangladesh, including women and children. Given the lack of legal rights afforded to Rohingya people, very few receive fair treatment or access to due process during detention. If and when they are released, Rohingya people are often forcibly sent back to Rakhine through various transit points with little food or support for their basic needs along the way.

The escalation of conflict has presented serious setbacks to the modest return solutions being explored inside Myanmar for protracted IDPs. The current insecurity has compounded pre-existing challenges around freedom of movement, landmine

risks as well as housing, land and property rights which affect return prospects. Increased landmine contamination and heavy property damage in places of origin will remain a key obstacle to safe returns. In Rakhine, IDPs from the AA-MAF conflict have cited landmine and UXO contamination as one of the top reasons they are not willing to return to their villages of origin, alongside the lack of livelihoods opportunities.⁸ Landmines and ERW continue to claim lives and pose risks to the safety and security of civilians in Rakhine, including in return areas. At least 5 people were killed and another 7 were injured in at least 10 landmine incidents in 6 townships between 14 May and 4 July 2022. According to UNICEF, 15 incidents have been reported since January 2022 to end of June 2022 in Rakhine.

The number of IDPs who have returned, resettled, or locally integrated in the first half of 2022 is estimated to be around 130,000, although some who returned will have been re-displaced according to current trends something that remains difficult to verify.

Food Insecurity

Rising food prices and constrained agricultural production are leading to heightened food insecurity as items become more unaffordable for much of Myanmar's population. The average cost of a basic food basket in Myanmar (chickpeas, oil, rice, salt) increased by 35 per cent during a single year (June 2021 to June 2022). Global inflation, along with Indonesia's temporary ban on the export of palm oil, has also caused the price of edible oil to increase by 112 per cent over the span of one year. The most recent food security analysis (March-April) showed a slight seasonal improvement food insecurity, but this was before the worst of the inflation impacts started to bite and the outlook remains grim. The lack of livelihoods options and increased prices risk the adoption of harmful coping mechanisms, such as going into debt, selling assets, and reducing food consumption. More households reported cutting consumption, borrowing from family and friends and depleted savings in May 2022 than the three months

⁸ Joint assessments conducted by the UN in the villages of origin highlighted this as one of the main concerns. The assessments were undertaken in Ann, Kyauktaw, Minbya and Ponnagayun during the months of January, March and April 2022.

prior.⁹ The next round of food security analysis, after the harvest, will shed more light on overall trends for comparison with those used for 2022 HRP planning. This round is expected to more fully reflect the serious impacts of conflict and inflation over recent months.

Moving into the second half of the year, underfunding, inflation and interruptions to services will inevitably mean needs go unaddressed and may become compounded and more severe over time. The continued interruptions to people accessing public services, including education and health, increase needs over time. Access to education remains challenging for many children due to the impact of conflict and pressures from the Civil Disobedience Movement (CDM) to continue boycotting public schools. More than four million children – half of the school-aged children in Myanmar – have not accessed education for two full academic years. While efforts are underway to support alternative education solutions, this is only reaching a fraction of children currently. This situation places children

at much higher risk of negative coping mechanisms such as child labor, trafficking, and early marriage and reduces the likelihood of permanent disengagement from education, the longer it goes on. The health sector is facing similar strain with interruptions due to conflict, funding, availability of medical supplies and pressure from the CDM not to access public services. This is contributing to the worsening of maternal and child health outcomes, missed routine immunizations and poor emergency care for pregnant women. While ethnic and community health organizations and alternative private services are working to cover gaps, response capacity is not commensurate with needs. Private providers are also too expensive for many people amid the current economic distress and the situation will inevitably result in increased untreated illness, infant, child and maternal mortality, and avoidable deaths.

⁹ FAO/WFP, Food Security and Livelihood Assessment (March – April 2022), July 2022.

Progress Against Strategic Objectives

Despite the ongoing challenges, humanitarian partners have continued to rapidly scale up in response to new and emerging needs, reaching a total of 3.1 million people in the first half year of 2022. This figure is more than double the number of people reached in 2020 and already more than the total number of people reached in the whole of 2021 (3 million).

However, this support was not as deep or multi-sectoral as planned due to funding and access constraints and people are not receiving a full package of assistance. As needs across the country continue to increase funding remains inadequate. As of 30 June, this year's Humanitarian Response Plan was only 12 per cent funded, which amounts to only \$99 million out of a total of \$826 million required. For comparison, at the same time last year, the combined HRP and IERP were already 29 per cent funded at \$113 million out of \$386 million. In other words, even though the number of people targeted for humanitarian assistance has more than doubled since 2021, funding allocations decreased significantly (both proportionally and in real terms), leaving an overall funding gap of \$727 million at mid-year 2022. If not urgently addressed, this severe funding gap will leave millions of the most vulnerable people at risk of losing access to vital humanitarian assistance and protection.

All clusters are seriously underfunded, threatening their ability to respond to the growing needs and gaps in response. The Food Security Cluster, for example, received 14 per cent of the funding to respond to the rapidly increasing needs, while this number was already at 45 per cent at the same time last year. While it has used substantial carryover funds received at the very end of 2021 to support its initial 2022 response, these funds are now expended and there is insufficient funding available to continue assistance consistently, at scale in the second half of

the year. The Nutrition Cluster also remains severely underfunded, with only 7 per cent of required funding received as of 30 June 2022, compared to 32 per cent last year. This shortfall in funding is forcing partners to make difficult prioritization decisions for the second half of the year.

The number of people reached has remained high because people are considered as reached as soon as they have received any form of assistance once. The vast majority of the 3.1 million people were, however, reached only with life-saving food (often only once or intermittently) and not with the full package of multi-sectoral assistance. Due to the limited funding, clusters are often prioritizing lower-cost life-saving and critical activities, meaning that the response does not offer the required depth of relief needed to contribute to people's overall well-being, dignified living standards, or chance of finding durable solutions. Partners are also being forced to consider programmatic adjustments, such as downsizing the provided food assistance package, to ensure that all targeted people receive still some assistance, albeit of a lesser volume. The Food Security Cluster reports that only minimal agriculture support was provided due to the limited funding. Over time, this gap will contribute to food unavailability and/or unaffordability in rural areas where most people live and heavily rely on agriculture for survival and, by consequence, to a higher humanitarian caseload later in the year. With the current level of funding, the Nutrition Cluster has had to scale back preventive activities and prioritize life-saving activities. This means that the situation facing more than 602,000 children who receive preventative rations could deteriorate to several acute malnutrition, which is more expensive to treat. The consequences of limited and cancelled activities in 2022 will be grave across clusters, including worsening malnutrition and increasing the adoption of negative coping strategies.

The constrained operating environment, especially for international organizations, has meant that the responsibility for delivering assistance in conflict areas has fallen 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. Clusters have expanded coordination structures to be more inclusive of national organizations, allowing them to be more involved in the response and have invested considerable effort into building the capacity of local partners. This is visible through an increased number of participating organizations in the HRP, totaling 177 partners, up from 160 partners at the start of 2022. These include 28 CBOs/CSOs, 73 INGOs, 3 International Red Cross/Red Crescent Movement partners, 67 national NGOs, and 9 UN agencies. The number of organizations reporting on HRP activities has also made an impressive jump from 101 partners in the first quarter, to a total of 154 partners by the mid-year point.

Partners reporting on HRP progress by quarter

ORGANIZATION TYPE	QUATER 1 (JAN -MAR)	QUATER 2 (APR -JUN)
Civil Society Organizations	12	21
Community Based Organizations	2	7
International NGOs	42	49
National NGOs	34	64
Private Sector	3	3
Red Cross/Red Crescent Movement	2	2
United Nations	6	8
Total	101	154

Strategic Objective 1 (SO1): Lives are saved and the overall health and mental and physical well-being of people affected by conflict and natural disaster is improved through timely and integrated assistance.

The number of IDPs increased to a total of 1.1 million by the end of June, far beyond the HRP planning

figure of 556,000. This included close to 785,000 people displaced since the start of the year. SO1 aims to reduce the rate of mortality and morbidity among people affected by conflict, COVID-19 and climate-related natural disasters and improve their overall mental and physical well-being. Towards this objective, partners have been able to reach more than 598,000 IDPs, as well as other conflict and disaster affected people with integrated humanitarian assistance so far in 2022.

Ensuring adequate food security and healthy nutritional status remains one of the key priorities. More than 534,000 IDPs were assisted with in kind food support and/or with cash assistance between January and June 2022. Nearly 5,000 children with SAM or MAM were successfully treated, and more than 1,000 pregnant and breastfeeding women and girls (PWB) with acute malnutrition received blanket supplementary feeding. A further 40,000 children and 20,000 PWB were served with preventative nutrition services, improving their nutritional status.

In response to challenges for IDPs in accessing safe water, dignified sanitation and hygiene items, the WASH Cluster provided water and sanitation services to more than 530,000 crisis-affected people, with 423,000 people receiving safe drinking water and 293,000 people having access to latrines. Urgently needed health care also continued to be provided, with close to 129,000 IDPs reached with life-saving primary health care services. The Health Cluster also ensured that communicable disease outbreaks were prevented, detected and rapidly responded to for IDPs in conflict- and disaster-affected areas.

Shelter, non-food item (NFIs) and camp coordination needs have increased in scale and depth, both for new and protracted IDPs. More than 265,000 IDPs have received emergency shelter, temporary shelter, or semi-permanent shelter, as well as NFIs, enhancing their protection, dignity, security, privacy, and improving living conditions. Further, nearly 230,000 IDPs benefitted from camp management and support services, improving the quality of life for IDPs in camp settings.

Conflict in various parts of the country has been impeding access to inclusive and quality education for children and youth. Thus, the Education Cluster ensured that almost 70,000 children and youth aged 3 to 25 years were provided access to formal and non-formal education, skills development courses and/or open learning materials. In parallel, the Cluster reached educators and the parents and caregivers of crisis-affected children and youth with support.

Strategic Objectives 2 (SO2): Living standards of vulnerable people of all genders and diversities are improved and their resilience is strengthened

The cumulative impact of conflict- and economic-related shocks, as well as limited opportunities for recovery, have depleted the financial reserves of millions of people in Myanmar. SO2 aims to improve the dignity of living standards of the most vulnerable affected people with humanitarian needs and strengthen communities' coping capacity so that they can live in safety and avoid adopting dangerous coping strategies. This SO looks beyond just IDPs and targets others in the broader community who have humanitarian needs and who require urgent life-sustaining support including host communities, non-displaced stateless people, people with specific vulnerabilities, returnees, resettled people, and those who have locally integrated into communities. In line with commitments made in the 2022 HRP to extend activities that support vulnerable with humanitarian needs to sustain their lives, partners have been able to reach 2.6 million vulnerable, non-displaced stateless and returned/resettled/locally integrated people with assistance so far in 2022.

Food security action accounts for the most significant proportion of the result, reaching 2.1 million people already in severe food insecurity or at risk of soon slipping into it, with in-kind food distributions and/or cash assistance between January and June 2022. The Cluster also reached almost 80,000 people with agriculture and livelihood support, increasing the ability of communities to restore, maintain, protect, and improve their access to life-sustaining income and food. The Nutrition and Food Security Clusters worked closely to provide emergency support and

nutrition assistance to the increasing number of people in the community that are food insecure. In the first half of the year, more than 4,000 vulnerable children and 1,000 PWG with acute malnutrition received life-saving treatment. Additionally, the nutritional status of more than 30,000 vulnerable children and almost 9,000 PWG was improved through preventative nutrition services, including multiple micronutrient support services.

As the health system remains severely overstretched with a significant gap in human resources, the Health Cluster response was critical to ensuring that vulnerable people received essential health services, including life-saving maternal, newborn, child, sexual and reproductive health care services as well as treatment for non-communicable diseases, mental health, and psychosocial support. The Cluster reached more than 427,000 people in need with life-saving primary health care services and made sure that communicable diseases were prevented, detected, and rapidly responded to among the non-displaced vulnerable people

In response to the severe impact that the crisis is having on access to safe water and sanitation, close to 260,000 non-displaced people were provided access to WASH services, including some 108,000 people with clean water, almost 55,000 with latrines and more than 250,000 people with critical WASH supplies (including hygiene items) and services.

Children and youth have lost access to education due to pandemic- and military takeover-related shocks and do not have the resources to regain access to quality education without some support. Thus, almost 230,000 vulnerable children and youth, still living in their own communities, were provided access to safe, inclusive, quality learning opportunities.

More than 10,000 returnees, resettled IDPs and non-displaced stateless people were assisted with emergency, temporary shelter, or semi-permanent shelter support, including the maintenance, repair, upgrading and replacement of existing shelters. NFIs were also provided to enhance protection, dignity,

security, and privacy, improve living conditions, and assist a transition towards the achievement of durable solutions.

Humanitarian assistance was implemented in coordination with work on root causes and recovery by development actors to reduce the trend of increasing poverty and mitigate against the worst effects of poverty. While development action has been very modest in the first half of the year, clusters coordinated where they could with development and peace actors to ensure the harmonization of interventions between the HRP and the Socio-Economic Resilience Response Plan. Clusters and partners targeted the most vulnerable people identified and those facing greater barriers to meeting their critical needs. In parallel, clusters are exploring innovative ways of engaging with traditionally development-focused local organizations to bridge their work between emergency and development responses and expand delivery options.

Strategic Objective 3 (SO3): Protection risks are mitigated, protection needs are monitored and met, and respect for IHL is promoted

Conflict continued to inflict suffering on civilians and the destruction of critical public infrastructure, notably shelter, as well as health and education facilities. Ongoing hostilities across the country, including ground engagement, air strikes, landmines, and indiscriminate use of IEDs, have continued to cause extreme physical and psychological harm. Systematic violations of International Humanitarian Law (IHL) and International Human Rights Law (IHRL) continue to be reported, including deliberate attacks on health and education facilities. In response, SO3 puts protection front and center of the humanitarian response, with activities aimed at preventing, monitoring, responding to and providing remedial assistance to serious protection concerns.

Between January and June 2022, the Protection Cluster reached 561,000 people with support, contributing to their protection from further harm, as well as mitigating against and responding to risks through access to quality and inclusive

protection monitoring and services. Individuals and households with protection needs were identified through various mechanisms, including effective cross-sectoral referral mechanisms. Around 45 functional inter-agency GBV referral pathways/service mapping exercises were implemented nationwide. Protection services were tailored to individual and household needs, with the GBV and Child Protection AoRs providing case management services. In total, more than 2,800 children received individual case management services. In recognition of the enormous psychological toll the current situation is taking on the community, mental health and psychosocial support (MHPSS), as well as legal services, were made available to a broader group of affected community members. In total, almost 10,000 people received legal support and/or counselling.

Systematic investments were made to enhance community capacities for protection services to localize the protection response and promote community-based protection approaches. The Cluster strengthened almost 400 community-based structures and supported nearly 70 community-led initiatives across the country.

The Protection Cluster closely collaborated with other sectors to ensure protection, including child protection, GBV and Mine Action are effectively mainstreamed into activities across all sectors. Thus, more than 8,000 humanitarian actors were trained on protection-related topics, including case management, MHPSS, GBV, PSEA and general protection.

The Protection Cluster, in close coordination with the ICCG, strengthened protection monitoring activities to safely collect, verify, and analyze information to track violations of rights and protection risks faced by affected communities. The information was regularly shared with the ICCG and HCT to inform and guide decision-making and advocacy. Overall, protection partners reached 52 per cent of the targeted communities with protection monitoring and conducted rapid protection assessments in 81 new displacement sites.

Mine Action organizations started scaling-up a preventative response focusing on Explosive Ordnance Risk Education (EORE) in high-risk areas. Since the beginning of 2022, Mine Action partners have been disseminating awareness-raising messages among affected people in local languages, using various communication channels, including the radio, social media platforms and other applications. The ICCG is also working to mainstream this kind of risk education work across the work of all clusters. Training and awareness materials were made available by the Mine Action AoR to support this effort.

Respect for IHRL and IHL was promoted and supported, including through dialogue with duty bearers to mitigate against the effects of armed conflict on civilians. Concerted efforts were made at senior levels by the Humanitarian Coordinator, Deputy Humanitarian Coordinator, HCT, and others involved in humanitarian diplomacy to strengthen constructive dialogue with duty bearers to increase compliance with IHRL and IHL and to reduce the negative safety and protection impacts of conflict on communities.

Additionally, the Protection Cluster strengthened advocacy efforts and carried out 34 local and national level advocacy interventions and dialogues with duty bearers and critical stakeholders to mitigate against rights violations. In close coordination with the ICCG, OCHA developed regular HCT key messages around the most concerning humanitarian and protection concerns and challenges facing the response. These key messages are circulated to HCT members for use in their private advocacy efforts to ensure consistency. In addition, a ProCap Senior Protection Adviser is leading the revision of the HCT Protection Strategy, aiming to enable and strengthen the delivery of protection services in the field, identifying where HCT-level decisions and actions facilitate this. The strategy complements the Protection Cluster strategy by focusing on the strategic aspects of action and decisions required at the HCT and HC levels. Protection and related concerns were discussed in the majority of the HCT meetings in 2022, including specific topics such as Mine Action, demonstrating the HCT's increased focus on this work.

Trends in Targeting

Humanitarians have been able to reach more than half of the people they prioritized for assistance during the first half of the year, however, there are two significant trends in this response that require adjustments in the second half of the year that are related to access and lack of resources.

Firstly, people have mostly not received a full package of assistance due to access constraints and underfunding, with food accounting for the largest proportion of reach. This means that even people who are reached still have significant unmet needs, particularly around nutrition, education, and protection. This will have long-term consequences if a deeper response is not provided. The second trend relates to the geographical spread of assistance which is heavily weighted towards urban areas where populations are larger and access is more straightforward, while high needs, harder-to-reach locations are underserved. The very significant

reach by food security partners in urban areas has saved lives and prevented millions of people from slipping into more severe food insecurity at a time when many development activities aimed at building people's resilience to shocks had been paused. There is recognition by humanitarian partners that deeper response efforts in conflict areas are also urgently needed, but also that this remains challenging due to the de facto authorities denying travel authorizations for large-scale distributions in areas outside their control. Encouragingly, between Q1 and Q2, reach in southeastern Myanmar modestly improved but delivery of assistance reported in the Northwest remained very limited despite this zone hosting more than half of all new IDPs since the military takeover. It is expected that there is significant underreporting of responses by local actors in the Northwest due to data security concerns but there is also collective commitment to scale-up efforts in this zone of severe need in the second half of the year.

Adjustments to Response Priorities

With funding at just 13 per cent at mid-year and still only 17 per cent at the time of publication, clusters are being forced to make tough decisions about prioritizing their work in the second half of the year. This prioritization will manifest differently across clusters but collectively means that many of the 6.2 million people targeted for assistance in the original HRP will either not be reached at all or will not be reached with the full package of assistance they need to live with dignity.

Clusters are using a combination of approaches to narrow their reach, commensurate with the most urgent needs and available funds. In terms of population groups, most have prioritized displaced people (new and protracted) for assistance with the funds they have, although their ability to reach new IDPs in the Northwest and, to a slightly lesser extent in the Southeast, is being heavily impacted by access constraints which means progress may be slower and lower in volume.

In terms of geographical spread, urban and peri-urban humanitarian responses were justifiably assessed as urgent at the beginning of the year to help people still reeling from COVID-19, the military takeover and inflation, and undoubtedly prevented millions of people from slipping into more severe need at a time when development activities were mostly paused. However, the gradual re-start of development action over the coming months may allow some of this vulnerable population group to transition to more 'social safety net' type support with a development focus on resilience building and livelihoods activities. This work will be evidence-based and will be heavily dependent on an analysis of needs in the second half of the year. As part of the prioritizations process, some clusters are also narrowing the scope of activities they plan to implement with a heavier focus on emergency life-saving interventions and less investment in preventative work and resilience work.

Some clusters are also managing the funding shortfall by reducing the volume of assistance that they provide to each person assisted.

Expanding access to hard-to-reach areas

Expanding reach to people in need in conflict-affected parts of the country will be the humanitarian community's main priority in the second half of the year. Humanitarian organizations are developing strategies to more heavily focus of their efforts on regions that have experienced large-scale new displacement, particularly in the Northwest and Southeast. Clusters have been working on tailored strategies for safely expanding reach in this environment, considering creative and new approaches, while continuing advocacy for wider access in parallel.

More multi-sectoral assistance is desperately needed in hard-to-reach areas, and creative solutions are required to facilitate local partners reaching acutely vulnerable people in conflict-affected parts of the country. Donors are also encouraged to ensure funding is spread across clusters to support this deeper response in conflict areas. Many of those willing and able to respond in these locations are, and will continue to be, local partners who are shouldering an increasing burden of the response. The humanitarian operation is benefiting from the wider local acceptance and diversified access channels of this growing network of smaller national and local organizations. In these circumstances, special effort is needed to moderate the transfer of risk to these smaller organizations. To address the lack of operational partners in some regions, clusters have prioritized identifying and strengthening the capacity of local partners to widen their coverage. Significant investment has been made in training of local partners in both general humanitarian coordination and specific technical themes so that they can be better

integrated into the wider response and their scope of work can be broadened. To improve inclusion in coordination forums, the Myanmar Humanitarian Fund services at coordination meetings in the second half of the year.

Parallel high-level efforts to advocate for broader access to these areas will continue, and donors are encouraged to support and incentivize efforts by partners to enter or expand their programmes in underserved locations where needs are severe, while understanding that this work may take longer, require more human resources and funding flexibility, and deliver results on a smaller scale because of the access constraints.

Address elevated protection risks

The escalation of conflict is leading to elevated protection risks, including human rights violations, protection of civilians issues, and increased threats to children, women, people with disabilities and other vulnerable groups during the ongoing humanitarian crisis. Critical protection services will be prioritized in the second half of the year, particularly in conflict areas. The focus will be on identifying people with specific needs and reaching the most vulnerable with lifesaving and emergency protection services that build their resilience, including their mine risk awareness, and reduce the adoption of negative coping strategies. Advocacy will be undertaken to protect civilians affected by the conflict, including limiting the effects of hostilities on civilians and civilian objects, and will be concentrated around efforts to enhance compliance with IHL by armed actors. This work requires ongoing engagement with all parties to the conflict in line with humanitarian principles and is in line with the priorities in the new HCT Protection Strategy that is currently under development and expected to be endorsed in the second half of the year. The humanitarian community will continue to carefully engage with all relevant stakeholders on the ground, using formal and informal formats, to facilitate humanitarian access and secure operational humanitarian space using Joint Operating Standards developed and endorsed by the HCT in March 2022 as a guide. The ICCG is also working to

improve protection considerations in relation to data security through implementation of the Information Sharing Protocol adopted in the second quarter of the year.

Mainstreaming mine action

Despite unrelenting advocacy efforts to draw attention to the risk of mines and explosive ordnance, as well as their impact on the civilian population, humanitarian organizations working on mine action do not have the required funding, equipment, human resources, or necessary authorizations to engage in demining/clearance activities, or even mapping in many areas. Additional funding is desperately needed for this work, as well as advocacy around the important role clearance will play in durable solutions for returning or relocating IDPs in years to come.

Given this situation, humanitarian actors are scaling up a preventative response in the second half of the year that focuses on EORE and victim assistance services, including support for victims to receive emergency and ongoing medical care, rehabilitation, psychological and psycho-social support, and socio-economic inclusion assistance. In the second half of 2022, humanitarian actors will continue to scale-up lifesaving EORE in high-risk areas, expanding their geographical coverage. Since the beginning of 2022, Mine Action partners have been disseminating awareness-raising messages among humanitarian responders and affected people in local languages, using various communication channels, including the radio, social media platforms and other applications. The ICCG is also working to mainstream risk education across the work of all clusters as a joint responsibility, especially where humanitarian activities are supporting IDPs. Training and awareness materials will be made available by the Mine Action AoR to support this effort.

Contingency planning for Rakhine

In consideration of the rising tensions in Rakhine, a contingency planning exercise for any potential expansion of the AA-MAF conflict in Rakhine has been developed and integrated into the national Emergency Response Preparedness Plan. As part of the activities

outlined in the HRP, partners will work in the second half of the year on pre-positioning supplies in high-risk areas (Ann, Buthidaung, Kyauktaw, Maungdaw, Minbya, Mrauk-U, Myebon, Ponnagyun, and Rathedaung townships).

Funding is required to address shortages in contingency supplies, allow for replenishment of items that would have to be diverted from regular programs, and address warehouse capacity shortages.

Adapting to inflation

Clusters are already attempting to respond to the impacts of inflation on households wherever they can, and this will continue into the second half of the year. Earlier this year, Food Security Cluster partners increased the transfer value of cash assistance based on their regular price monitoring, which had showed a steady rise in market prices, particularly of edible oils. Other organizations have been using flexible funds to cover unexpected additional procurement costs due to inflation. When flexible funds are no longer available, programmatic adjustments will need to be considered, such as downsizing the volume of the food assistance package provided to ensure that all targeted people can still receive some assistance. For now, favorable USD to MMK exchange rates have been offsetting some of the inflationary impacts for locally procured goods but new import policies are affecting the availability of some items. Given the significant lack of livelihoods opportunities that is preventing many from being able to afford basic necessities, partners are providing critical cash assistance where they can, especially to those in IDP camps and sites but banking constraints are making this challenging.

Increasing use of cash and voucher assistance (CVA)

The use of cash continues to play a growing but changing role in the humanitarian response. There is a need to prioritize the shift to cash assistance, where practical and appropriate. Partners have a strong desire to switch to CVA and affected people appreciate the added flexibility to meet different needs, but practical logistical considerations mean cash is not always viable in this environment. To support this shift, the Cash Working Group (CWG) and

partners will prioritize the capacity-building of local organizations to safely implement CVA.

The CWG and its partners will prioritize using multi-purpose cash (MPC) assistance where possible and appropriate, especially given the severe restrictions on the transportation of some humanitarian relief items in conflict areas. Besides offering people a maximum degree of choice, flexibility, and dignity, MPC provides a buffer against constantly shrinking demand in local markets, helps people keep their jobs, and creates a semblance of normalcy at the household level.

A new Myanmar Minimum Expenditure Basket (MEB) and Survival Minimum Expenditure Basket (SMEB) have been developed and are available for partners to use to create their transfer values. The CWG will work to ensure partners harmonize their transfer values with the MEB/SMEB. An expansion of market price monitoring will also help support responsiveness through future updates to the MEB/SMEB. The scope and scale of market price monitoring for non-food items is a crucial priority for expansion. In addition, financial service providers (FSPs) need to be operational and provide secure cash liquidity at low rates. Therefore, the CWG will prioritize mapping these FSPs, particularly looking at actual capacities on the ground.

Strengthening Accountability to Affected People (AAP)

AAP mechanisms will be strengthened in planning, implementation, monitoring and reporting stages of programming, while noting that this has not been a strong element of the response in the first half of the year. Response operations will be guided by the affected communities so that they have the power to influence their situation and the decisions and humanitarian activities impacting on them. The AAP-Community Engagement Working Group will continue its efforts towards a collective approach that involves systematic information sharing about humanitarian services; improved, meaningful community participation; and community access to regularly provide feedback on humanitarian assistance. Efforts are being made to incorporate increased consultations with affected people into

the next Humanitarian Programme Cycle for 2023. Humanitarian actors will further promote access to feedback mechanisms with data tracked and disaggregated, particularly on gender, age, disability, and other diversities.

Disability Inclusion

Many clusters and sectors have efforts underway to strengthen disability inclusion in their work. The revitalized Technical Advisory Group (TAG) on Disability Inclusion will strengthen work in the second half of the year to increase the efforts of each cluster towards a humanitarian response that builds on the strengths and meets the needs of

people with disabilities in Myanmar. This will include mainstreaming disability into preparedness, needs assessment and analysis, strategic planning, resource mobilization, implementation, and monitoring. Work in the second half of the year will focus on mapping organizations of people with disabilities (OPDs), with the aim of strengthening their involvement in all phases of the humanitarian response and developing guidance for clusters to improve the sharing and capturing of data on disability during assessments, implementation, and monitoring of activities.

AYARWADDY REGION

A mother holds her 8-month-old baby while his middle upper arm circumference is measured, Ayarwaddy Region, Myanmar, 2022. Photo: UNICEF Myanmar/Minzayar Oo



Cluster Objectives and Response

KAYAH STATE

IDPs receiving hygiene supplies, Kayah State, Myanmar, 2022.

Photo: UNICEF Myanmar/Minzayar Oo



Education



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDED AS OF Q2 (US\$)
5.4M	1.4M	91M	1M

PEOPLE REACHED	FEMALE	CHILDREN(<18YRS)	ADULTS(18-59YRS)	ELDERLY(60+YRS)	WITH DISABILITIES
314K	51%	95%	5%	-	-

The Education Cluster reached more than 298,000 people in the first half of the year, representing 21 per cent of the overall target. The highest number of people have been reached in Rakhine, followed by Kayin and Kachin. The Cluster increased its coordination capacity with expanded staffing resources, particularly to activate coordination at the sub-national level, namely in the Northeast, Northwest, and Southeast. This has led to more engagement in the field and increased participation of local partners, representing an essential step towards the Cluster's localization agenda.

While the uptake in education services was extremely low during COVID-19 and immediately after the events of February 2021, the start of the new 2022-2023 school year has seen a reversal of this trend. Families have widely enrolled their children in alternative non-formal education options (such as ethnic, monastic, and community-run education centers), and others have returned their children to schools of the de facto authorities. Increased Cluster engagement has helped drive this increase through the coordination of alternative service providers and advocacy with key stakeholders at various levels. It is important to note that while attendance at alternative education services is up, the quality and depth of learning offered through these mechanisms remains below the education that students would have received in more formal settings prior to the military takeover with potential long-term consequences as this situation becomes more protracted.

Limited resourcing has, however, hindered the urgently needed scale-up of the response required to support this shift to a community-based education model that is clearly being demanded by many affected families. With only 1.2 per cent (\$1.1 million out of \$91 million) of required funding received as of 30 June 2022, essential basics for education provision such as teacher incentives, temporary education infrastructure and supplies remain unavailable at scale. This is particularly challenging given the prevailing economic hardships facing families who are struggling to meet the costs associated with education and cannot afford to supply their own materials.

Attacks on education, ranging from burning down schools to arresting and harassing teachers and children attending both formal and informal schools, as well as humanitarian workers engaged in education, are a significant challenge and breach the principle of schools and education facilities being apolitical spaces. The Cluster continues to advocate at various levels for increased funding and prioritization of education, as well for the de-politicization of education.

Prioritization

If funding remains at current levels, the Cluster will have to primarily focus on facilitating access to quality and safe learning for children from both IDP and host communities (conflict-sensitive programming). Basic infrastructure, materials, capacity building and incentives for teachers will be part of the priorities. However, the Cluster would

only be able to support a limited number of the most vulnerable and crisis-affected children.

Linking humanitarian and development planning

The Cluster has worked closely with the Education Sector Group to harmonize and coordinate teacher capacity-building initiatives in both the humanitarian and development sectors. This has resulted in streamlining structures to improve information sharing and avoid duplication of efforts. The Joint Education Response framework (JRF) has been

aligned to the humanitarian Education Cluster Strategy, notably keeping uniform pillars on access, quality and system strengthening.

Food Security



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDED AS OF Q2 (US\$)
13.2M	4.1M	286M	41M

PEOPLE REACHED	FEMALE	CHILDREN(<18YRS)	ADULTS(18-59YRS)	ELDERLY(60+YRS)	WITH DISABILITIES
2.7M	51%	35%	57%	8%	-

Since January 2022, Food Security Cluster partners have reached 2.7 million people with assistance, representing 67 per cent of the 2022 annual target, although this assistance has sometimes been intermittent and often has only been received once. The largest part of the response was food assistance to vulnerable populations other than IDPs (Strategic Objective two), with 2.2 million people reached. The response was heavily concentrated in peri-urban Yangon, which accounted for 64 per cent of people reached. Rakhine ranked second with 17 per cent, followed by Kayah (6 per cent). The response in Kayah has advanced significantly - in quarter one, the number of people reached in Kayah was nearly 49,000, compared to more than 170,000 by the end of quarter two. This demonstrates the modest success of the Cluster’s efforts to operate in hard-to-reach areas in the Southeast, predominantly through local partners. In the Northwest, efforts to respond in hard-to-reach areas are ongoing, with only nearly 27,000 people reached in Chin, Magway, and Sagaing. The complex situation in this part of the country with limited international access, heavy reliance on local partners, active conflict, communication challenges and ongoing underfunding, remains a major obstacle to providing much-needed assistance, especially to the growing number of IDPs in this area. Cluster partners have relied mainly on cash assistance in conflict areas to avoid transportation of relief items and keep the operation low-profile.

Support for agriculture and livelihoods is still minimal. Nevertheless, there has been a significant

improvement compared to quarter one when only 38,500 people were reached. By the end of quarter two, partners had reached close to 81,000 people with assistance, including the provision of agriculture kits, such as quality seeds and tools, supporting livestock activities and technical trainings for farmers.

Surging inflation has forced partners to adjust their programming. The Cluster anticipated 40 per cent inflation in its overall projection when the HRP was originally developed, which has now been exceeded. Cluster partners involved in agriculture responses are struggling with the high cost of fertilizer. Additionally, the provision of fertilizers has become sensitive and often creates suspicion from the de facto authorities that it is being bought to make explosives. Thus, even when fertilizer is available locally, purchasing it for medium- or large-scale distribution requires discretion.

Prioritization

If funding remains scarce, the approximately one million IDPs will be prioritized for support ahead of those in other population groups. In particular, IDPs living outside formal camps in hard-to-reach areas remain among the most vulnerable groups and will be priority targets for food security support. Therefore, in the second half of 2022, priority areas will include the Northwest (Chin, Magway, Sagaing) and Southeast (Kayah, Kayin, Tanintharyi).

The consequences of this prioritization will be serious for the other population groups who have been identified as having needs but who will not be reached

with assistance. The enormous scale of food security needs due to the current crisis (13.2 million people) versus the limited humanitarian response capacity (4.1 million people targeted) already leaves 9.1 million people in need without humanitarian assistance and this gap will only grow as a result of further prioritization.

With many of the targeted people being de-prioritized and not reached, severe hunger may increase overall. Only the most food insecure people will be prioritized to receive humanitarian assistance, where access is possible, and there will be little capacity to support moderately food insecure people, particularly in urban areas. Overall, compared to the current target of 4.1 million, insufficient funding may result in the following gaps:

- Approximately 150,000 IDPs and 700,000 other vulnerable people will not receive food assistance
- Around 750,000 vulnerable people will not receive planned agricultural and livelihood assistance

Reduced access to food results in increased malnutrition and adoption of negative coping strategies over time, including depletion of production assets with long-term implications for people's resilience and recovery. As supporting livelihoods remains crucial, the Cluster will encourage members to support livestock activities after the rainy season ends, vegetable production and winter season cropping. However, without additional funding, only minimal agriculture support will be feasible. Agriculture-related activities are following the seasonal calendar, and in the second half of the year will focus on:

- Providing technical support to farmers
- Supporting vegetable production and livestock production, including programming on animal feeding and animal health related to small ruminants
- Provision of tools, including, inter alia, tarpaulins to dry rice after the harvest or to protect vegetables plants during the monsoon.

Not supporting these activities due to low funding will contribute to food availability and affordability problems and potentially, a higher humanitarian caseload by year's end.

Linking humanitarian and development planning

The Cluster has been actively engaging with development actors, also by broadening its membership base to include more organizations implementing in both work streams. A first workshop was held in June to discuss plans and opportunities for stepping up nexus programming. Agreement was reached to transition some of the humanitarian programming to development agencies now that their activities are partially resuming, especially in the peri-urban areas and other response locations with relative stability. Those transitioned remain in need of a social safety net provided by development actors to prevent them slipping back into humanitarian need. Income generating activities, micro credits, and support to farmers through projects aimed at improving food security at community level need to be prioritized in the second half of the year to address underlying factors that are increasing food insecurity.

Health



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDED AS OF Q2 (US\$)
2.5M	1.4M	79M	10M

PEOPLE REACHED	FEMALE	CHILDREN(<18YRS)	ADULTS(18-59YRS)	ELDERLY(60+YRS)	WITH DISABILITIES
427K	55%	36%	56%	8%	6%

In the first half of the year, the Cluster reached nearly 427,000 people living in conflict-affected areas and vulnerable settings with primary health care services, including close to 129,000 IDPs . This represents 30 per cent of the Cluster’s target for 2022. The highest number of people were reached in Kayin, followed by Rakhine and Kayah. People were reached with the following activities: primary health care, referrals of serious patients to secondary level of care, antenatal and postnatal care, delivery care (maternal and child), family planning, malaria testing and treatment, tuberculosis screening and referral to secondary care, non-communicable disease treatment, injury and trauma care, supporting the delivery of rehabilitation services and provision of assistive devices for people with physical injuries and different forms of impairments, disease surveillance and outbreak response, and awareness raising on common health topics.

Health partners used various modalities, including mobile clinics, fixed health facilities, outreach services, tele-consultation, in-kind assistance (hygiene kits, clean delivery kits, dignity kits) and cash assistance (patients’ referral-transportation, meal costs, investigation, and treatment costs). In several areas, due to challenges around access, procurement, logistics, import and inflation, people are receiving a smaller package of assistance than originally planned. A total of 157 communicable disease outbreak notifications were verified and responded to in a timely manner through the Early Warning, Alerts and Response System (EWARS).

Inflation has negatively impacted on the Cluster’s response by increasing costs for medical supplies, transportation, and patient referrals. Patient referral costs include transportation, investigation referrals, medicines, and meal costs – all of which have been heavily affected by price rises. Furthermore, the intensified armed clashes and military presence at checkpoints continued to impact on critical primary and emergency health service provision by mobile clinics and outreach activities, including delays in transportation and distribution of essential medical supplies in conflict areas where needs are high.

Prioritization

If funding remains low, the Health Cluster response will focus on providing life-saving and primary care through mobile clinics, including reproductive, maternal, newborn, child and adolescent health (RMNCAH), trauma care, referral of severe cases, communicable disease detection and response, and rehabilitation services. Priority locations include Chin, Kachin, Kayah, Kayin, Magway, Rakhine, Sagaing and northern and southern Shan. In these locations, IDPs, stateless people and people with specific needs, including children, pregnant and lactating women, and people with disabilities will be prioritized.

If no additional funding is received, training for health workers, stockpiling of contingency medical supplies, COVID-19 prevention, and continuity of treatment for HIV/AIDS, tuberculosis, and non-communicable diseases such as diabetes and hypertension might be provided. With existing mobile clinics, health

commodities are needed for use in these clinics. To cover the health needs of the remaining displaced and non-displaced vulnerable people, roughly 90 additional mobile clinic teams are urgently needed.

Over time, this necessary prioritization will contribute to increased untreated illness, infant, child and maternal mortality, and avoidable deaths. Without funding for life-saving support, lives which could have been saved with basic health services will be lost.

Linking humanitarian and development planning

During the first half of the year, the Cluster conducted advocacy around de-politicizing the health sector and promoting the participation of development partners in its coordination meetings at national and sub-national levels. The Cluster will continue engaging with development partners around revitalizing routine immunization and mobilizing essential medical supplies and health services such as RMNCA, HIV/AIDS, malaria, tuberculosis, and non-communicable disease management.

Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDED AS OF Q2 (US\$)
2M	1M	61M	4M

PEOPLE REACHED	FEMALE	CHILDREN(<18YRS)	ADULTS(18-59YRS)	ELDERLY(60+YRS)	WITH DISABILITIES
122K	64%	71%	29%	-	13%

The Nutrition Cluster reached more than 122,000 people (12 per cent of its target) with nutrition assistance. Most people reached live in Rakhine (49 per cent), followed by Yangon (26 per cent) Kayin (9 per cent) and Kachin (7 per cent). Ayeyarwady, Chin, Magway, northern Shan, and Sagaing combined accounted for the remaining people reached (9 per cent).

Low funding levels have impeded the nutrition response, leading to more severe nutrition needs for children below five years and pregnant and lactating women. In many parts of the country, it has not been possible to provide the consistent, full course of treatment for severe malnutrition that is required for full recovery. The Cluster also faced the risk of a pipeline break regarding the release of therapeutic supplies, which were held in bonded warehouses by the de facto authorities until early July 2022. Even after the release of supplies, the risk of a pipeline rupture later in the year continues as delays persist for subsequent deliveries.

The lack of current and representative needs analysis results to inform programming remains challenging. Regular reporting of achievements through the nutrition information system is limited to a few townships only (mainly in Kachin, Rakhine, southeast Myanmar, and Yangon), with several areas reporting inconsistently. In the second half of the year, the Cluster will aim to conduct rapid analyses of needs in identified high-risk areas to expand available data sources.

Prioritization

If funding remains low, the Nutrition Cluster will have to prioritize life-saving interventions by treating children affected by severe acute malnutrition (SAM) at the expense of prevention activities. Without additional funding, 20 per cent of children affected by SAM will inevitably die if no treatment for acute malnutrition can be provided. This translates to 12,000 of the approximately 60,000 SAM children targeted. All children with SAM are 9 to 11 times more likely to die when compared to healthy children.

While the Cluster will strive to continue to meet SPHERE minimum standards, preventative activities will have to be scaled back. This means, the situation facing more than 602,000 children targeted to receive preventative rations could deteriorate to SAM – a condition that is more expensive to treat and which presents a higher risk of mortality. Failure to fund preventative micronutrient services to children also results in delayed physical and cognitive development and is linked with poor learning capacity .

Additionally, more than 331,000 pregnant and lactating women originally targeted for preventative micronutrient services would face the risk of birth and other complications if they cannot be supported. This has potential long-term consequences. Undernourished pregnant and lactating women will have children pre-disposed to low birth weight, malnutrition, short stature, low resistance to infections, and a higher risk of disease and mortality.

Linking humanitarian and development planning

The Nutrition Cluster has strengthened the humanitarian-development nexus by forging a close working relationship between actors under both workstreams in the nutrition sector. A joint Strategic Advisory Group (SAG) under the Nutrition Cluster has been created to provide policy and strategic

support to the overall nutrition sector. Partners will explore other areas of collaboration, including information management and analysis, infant and young child feeding, and improving children's and women's nutrition

Protection



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDED AS OF Q2 (US\$)
9.4M	2M	116M	5M

PEOPLE REACHED	FEMALE	CHILDREN(<18YRS)	ADULTS(18-59YRS)	ELDERLY(60+YRS)	WITH DISABILITIES
659K	51%	35%	57%	8%	1%

The Protection Cluster reached nearly 660,000 people, representing 33 per cent of the 2022 target, predominantly with protection assistance and targeted life-saving and other protection services. The highest number of people was reached in Kachin, followed by Kayin, Rakhine, and northern Shan. In the Northwest, almost 29,000 people have been reached in Chin, around 18,000 in Sagaing and 1,100 in Magway.

The Cluster made efforts to strengthen coordination, particularly at the sub-national level. A new coordination structure was set up in the Northwest to support partners and mobilise response programs. Local CSO representatives have also been appointed in co-ordination roles to enhance localization and inclusion. Advocacy has been strengthened as well, including through engagement at national, regional and international levels by the Cluster and AoRs on various issues, including mines, child protection, protection of civilians and GBV.

Protection Cluster partners have been flexible and adapted their response to the needs of affected communities. For example, partners quickly responded to the growing need for legal aid and counselling, resulting in an impressive increase in people reached in 2022 compared to what was envisaged when the HRP was published. In addition, the Mine Action Area of Responsibility (MA AoR) has been revitalized, engaging in strong advocacy and capacity building, and conducting village contamination analyses in response to increasing

casualties from explosive ordnance. Other activities that have been strengthened include referral pathways, service mapping, legal services and developing contingency plans.

The Cluster has prioritized AAP in the first half of the year. The 4W mapping and Rapid Information, Communication, and Accountability Assessment (RICAA) tool were developed and are now being used by partners through the sub-national coordination platforms to capture information needs, preferred communication channels, and functioning accountability mechanisms of at-risk communities and affected people.

Access constraints coupled with a changing context have created operational obstacles in the Northwest and Southeast. In direct response, the Child Protection AoR (CP AoR) has pivoted and expanded its reach by identifying and supporting local actors in these areas. Ongoing monitoring and data from quarter one has been used to identify areas that are at high risk and underserved.

The limited number of available partners in some geographical areas is another challenge. The GBV AoR, notably, lacks operational partners in the Northwest. The Protection Cluster, CP AoR and GBV AoR are working on identifying CSO partners to expand the coverage and are working with existing partners in other AoRs who may be willing to diversify their response with appropriate training.

Prioritization

Without a substantial increase in funding, the Cluster will have to solely focus on protection monitoring, community-based protection, direct assistance, referrals for persons with specific needs, and legal aid support, targeting mainly IDPs. Prioritization would mean that a high number of newly displaced IDPs and conflict-affected host communities, particularly in the Northwest and Southeast, will not receive critical protection services despite escalating needs. Prioritizing IDPs also means that many of the 1.5 million targeted vulnerable, non-displaced stateless and returned, resettled, and locally integrated people will not be reached with urgently needed protection assistance. More funding is needed to meet the increased need for legal aid and targeted assistance (including financial support) for persons with specific needs. Additionally, Mental Health and Psychosocial Support (MHPSS) has become a critical priority, as needs have increased significantly and urgent funding for MHPSS-related interventions is needed.

For the CP AoR, given the rising numbers of children encountering the law (through arrest and detention) and a jump in the number of children from Rohingya communities being detained outside of Rakhine (due to smuggling and trafficking), the provision and expansion of legal services will be prioritized. Expanding specialized services and assistance to emerging crisis areas, such as the Northwest and the Southeast, will not be possible without additional funding due to the complex, labor-intensive and time-consuming work required to make responses happen in these areas. Incomplete coverage will mean more children will be vulnerable to violence, separation from their families, unlawful detention, risks of recruitment by armed actors, severe psychosocial distress, child labor, early and forced marriages and sexual exploitation.

For the GBV AoR, priorities will mainly focus on life-saving services, including case management, providing safe houses, and psychosocial support for IDPs and stateless people, particularly in locations with ongoing interventions. In contrast, awareness-raising, and community engagement activities,

especially for men and boys, as well as camp or community leaders, and activities to contribute to economic empowerment and resilience building for women, girls and other vulnerable groups will have to be deprioritized. The Cluster will prioritize support for existing women and girls' centers and safe houses but expanding such services into areas with emerging needs may not be possible. The distribution of dignity kits will be prioritized for newly displaced people with the most urgent needs, while other vulnerable women and girls may not be reached. Funding is urgently needed to expand GBV interventions, notably in the Northwest and Kayah State, where GBV risks have rapidly increased. Almost 146,000 people are targeted for GBV support in the Northwest and Kayah, and it will not be possible to reach most of these people without additional funding. Failing to respond means that women, girls, and other vulnerable groups are exposed to GBV and cannot access lifesaving support, leading to long-term physical and mental implications and death for severe physical and sexual violence cases.

Linking humanitarian and development planning

The Protection Cluster is collaborating with existing networks at national and sub-national levels, including area-based coordination structures such as the Maungdaw Inter-Agency Group (MIAG) and the Southeast Working Group (SEWG), to enhance a nexus approach. Engagement opportunities with peace and development partners are being explored, identifying areas that can benefit from joined-up planning and response. The Cluster supports capacity building of organizations that were providing development activities to enhance their understanding of protection and related services. The MA AoR has developed a guide focused on promoting safety and security for humanitarian and development actors operating in areas potentially contaminated by landmines and ERW. As more detailed information about explosive ordnance contaminated locations is collected and compiled, it will be used to inform the interventions of development actors.

Finally, the Cluster is establishing a Housing, Land and Property (HLP) Working Group in collaboration with development actors, which will be critical in

supporting returns in the longer-term given the level of property destruction in conflict areas.

Shelter/NFI/CCCM



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDED AS OF Q2 (US\$)
1.7M	0.6M	50M	4M

PEOPLE REACHED	FEMALE	CHILDREN(<18YRS)	ADULTS(18-59YRS)	ELDERLY(60+YRS)	WITH DISABILITIES
276K	51%	35%	57%	8%	-

In the first half of the year, the Cluster reached more than 276,000 people, representing about 45 per cent of the target. The highest number of people reached were in southern Shan and Kayah, mainly with live-saving shelter and NFI assistance.

The targets set by the Cluster at the end of 2021 no longer fully reflect the reality of demands on the ground given the dynamic environment and the expansion of conflict and displacement. The massive surge in internal displacement over the first half of the year has led to a significant increase in the need for Shelter, NFI and CCCM assistance. As more people are forced to flee in the Northwest and Southeast, the Cluster is enhancing coordination to support the provision of effective and timely response – for example, with the development of an IDP settlement mapping tool in the Southeast to collect data on needs. With the escalating conflict, there is growing concern about the destruction of homes (reports of villages burned to the ground, shelling damaging houses, etc.) and the dire conditions being endured in spontaneous and unplanned displacement sites often in the jungle or forest.

Challenging access and underfunding remain the key obstacles to expanding reach. Additionally, this commodity-based Cluster is being heavily impacted by inflation and rising prices for relief and construction supplies. Across the country, the need for support in new displacement sites (including shelter construction) is rapidly increasing, with current temporary sites (e.g monasteries, churches)

ill-equipped to provide the necessary support and infrastructure to manage IDPs in a safe, hygienic, and dignified manner.

Prioritization

In the absence of adequate funding, the cluster will prioritize urgent emergency shelter construction and repairs, NFI activities and CCCM services in displacement sites. Notably, the most pressing priorities are 8,500 shelter reconstructions in the Kachin, northern Shan, and northern Rakhine, the distribution of 75,000 Shelter/NFI kits across the Northwest, Northeast, Southeast, and northern Rakhine, 4,700 shelter constructions in the Kachin and northern Shan, and site infrastructure and CCCM services in Kachin, central Rakhine, and northern Shan. Without additional funds, the response would only target new displacement and people from the protracted crisis with the most urgent needs, meaning that many will be left without dignified shelter, infrastructure, or transitional support. The lack of access to life-saving emergency shelter and basic essential items will expose vulnerable groups to extreme protection risks and heightened dangers from disease transmission. Additionally, the maintenance of existing camp infrastructure would be extremely limited, exacerbating protection, safety, and health risks. Many new sites could not be supported, leaving newly displaced people in dangerous informal settings without any assistance.

Linking humanitarian and development planning

More tangible linkages between emergency and development organizations have been established in the Cluster, particularly in the Northwest and Southeast, as various development-oriented local organizations have engaged in providing humanitarian services (e.g., local procurement of goods, emergency cash assistance) to meet the needs of affected communities. In the longer-term, any future returns

of IDPs to villages of origin across the Northwest and Southeast will be hampered by the dramatic level of civilian property destruction as a result of both arson attacks and aerial bombardment. This will require increased investment in reconstruction by development actors when conditions allow.

Water, Sanitation and Hygiene



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDED AS OF Q2 (US\$)
5.5M	2.1M	135M	6M

PEOPLE REACHED	FEMALE	CHILDREN(<18YRS)	ADULTS(18-59YRS)	ELDERLY(60+YRS)	WITH DISABILITIES
790K	51%	38%	55%	7%	15%

Despite the many challenges faced in the first half of the year, WASH Cluster partners made significant progress towards their 2022 objectives. In total, the Cluster reached nearly 790,000 people with critical WASH services and supplies, representing around 38 per cent of the target.

- In Kachin state, 65 per cent of the targeted population was reached with water, 77 per cent with sanitation services, and 70 per cent with hygiene interventions.
- In Rakhine state, 55 per cent of the target population was reached with water, 65 per cent with sanitation services, and 79 per cent with hygiene interventions.
- In northern Shan, 30 per cent of the target population was reached with water, 65 per cent with sanitation services, and 51 per cent with hygiene interventions.
- In the Northwest (Chin, Magway and Sagaing) 16 per cent of the targeted population was reached with water, 19 per cent with sanitation services, and 34 per cent with hygiene interventions.
- In the Southeast (Bago, Kayah, Kayin and Mon), 56 per cent of the target population was reached with water, 34 per cent with sanitation services, and 60 per cent with hygiene interventions.
- Finally, in Yangon, 72 per cent of the target population was reached through the distribution of safe/purified drinking water, and 17 per cent reached with hygiene interventions to vulnerable people living in informal settlements in Hlaingtharya.

A major challenge for WASH interventions is access for partners to implement WASH services in a low-profile, small-scale manner due to sensitivities in conflict areas, particularly in the Northwest and Southeast. With this trend expected to continue, the Cluster is looking at creative modalities, such as cash or market-based approaches, to overcome some of the challenges.

Another significant impediment is insufficient funding to meet the WASH Cluster standards. With only four per cent of the overall cluster funding requirements received to date, many people have not received the full WASH service package envisioned in the Cluster's minimum standards.

Prioritization

Given that the Cluster is insufficiently funded so far in 2022, partners will not be able to meet SPHERE, WASH Cluster and/or other international standards, reducing the scope and quality of the response provided. This will result in partners reaching as many people with WASH service as possible, but with more limited services, rather than the full package that would be required to address people's most pressing needs. Additionally, because of the overall funding gap for WASH, around 73 per cent of the target population lack enough water, 68 per cent sanitation services, and 78 per cent hygiene items. Using unsafe water sources, lack of hygiene and unimproved sanitation facilities are contributing to increased risk of acute watery diarrhea, a major underlying factor in children

suffering acute malnutrition and extending the duration of their treatment.

Without additional funds, there will be severe challenges in ensuring continuity of water supply and maintenance of latrines for more than 300,000 people in protracted camp settings and displacement sites. The lack of operational support for and maintenance of existing WASH services will negatively impact on the living conditions and health of IDPs and can lead to the spread of diseases.

Another critical gap expected to worsen without funding, is the lack of monthly consumable items such as water purification tablets. Replenishment of contingency stocks for unforeseen emergencies will not be possible, presenting a significant health risk.

Linking humanitarian and development planning

The Cluster continues to strongly coordinate with development actors and other sectors to identify and explore combined humanitarian and development financing mechanisms, collaborative planning processes, and durable solution to address WASH needs.

Coordination and Common Services



Expanded reach through more robust and localized coordination

Throughout the first half of the year, Cluster Lead Agencies and OCHA stepped up efforts to ensure effective, principled, and timely humanitarian response by coordinating humanitarian partners' operational and advocacy efforts, including engagement with local organizations at the national and sub-national levels. Of particular importance are the efforts to coordinate the scale-up of humanitarian assistance in areas with new and emerging needs and little or no pre-existing humanitarian footprint. In this respect, collaboration with humanitarian partners was intensified through additional meetings of the HCT, ICCG at national and field levels, with donors, and within thematic working streams. HCT and ICCG retreats were held in February to provide space for reflection and prioritization. Cluster Lead Agencies have invested significant additional resources in recruiting new sub-national cluster focal points. To support the national scale-up of clusters, trainings of new sub-national cluster focal points were organized by OCHA and national cluster coordinators. System-wide trainings on the use of the Financial Tracking Service were also provided by OCHA to improve reporting. The ToR for a 'fit-for-purpose' coordination architecture review has been finalized with plans for a virtual P-2-P mission in Q4 of 2022. A new HCT Protection Strategy is close to finalization and the HCT endorsed new Joint Operating Standards for the response to support principled access negotiations. The Humanitarian Access Working Group (HAWG) is now fully operational with increased OCHA capacity to provide strategic guidance and the development of regular analytical products. The groundwork has also been laid for the reinvigoration of the Humanitarian Communications Working Group (HCWG) early in the second half of the year. Humanitarian partners expanded nexus coordination efforts with development actors via the Cooperation Partners Group (CPG) and its thematic groups.

Localization efforts were prioritized, including expanding the representation and participation of CSOs, local and national NGOs in all coordination mechanisms at the national and sub-national levels. Most of the new sub-national coordinators are national staff who can better engage with national partners and run meetings in Myanmar language. Plans are also in place to make interpretation and translation services available to all clusters in the second half of the year to improve inclusion and participation of local partners.

Also, of particular note is the progress in several of the critical cross-cutting areas and thematic workstreams, including AAP, gender in humanitarian action (GiHA), the inclusion of persons with disabilities, PSEA, and cash among others. This included, inter alia, revitalizing the TAG on Disability Inclusion, expanding the strategic focus on cash, and supporting the roll-out of trainings and developing a concept note on the systematization of AAP and Community Engagement in the Myanmar humanitarian response at all levels.

Evidence-based response

In the first half of the year, the ICCG has worked to address the significant lack of data available in the HPC process by securing funds for the implementation of a Multi-Sector Needs Analysis (MSNA) platform. This work will ensure a more accurate and informed planning by improving the evidence base for humanitarian needs analysis and response. The MSNA team has engaged the ICCG in the development and roll-out of the tool. To support the new MSNA project and the broader humanitarian needs analysis, a new Needs Monitoring and Analysis Working Group was established to bring a more consistent approach across the response. The ICCG has also worked to improve the quality, accuracy, and frequency of response monitoring with the publication of quarterly HRP progress reports and dashboards. This has been accompanied by extensive outreach by

clusters to partners on the importance of reporting to inform strategic and operational decision making. OCHA plans to continue this capacity building work on monitoring in the second half of the year with a focus on national partners to ensure their contributions are being fully reflected in the progress reports. A new Information Sharing Protocol has also been endorsed

by the ICCG at the national level to give partners greater confidence in their data security.



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MYANMAR
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