Situation Analysis

MYANMAR CRISIS

Period: 23/02/26 - 01/03/26

DATA FRIENDLY SPACE

Generated: 2026-03-20T14:23:24.350Z

Table of Contents

1. Introduction 3

2. Overview 4

3. Operational Environment 6

- 3.1. Economy 6
- 3.2. Politics 6
- 3.3. Security And Stability 8
- 3.4. Demography 8
- 3.5. Socio-Cultural 8
- 3.6. Environment 9
- 3.7. Conflict 10
- 3.8. Displacement 11
- 3.9. Humanitarian Access 12
- 3.10. Information, Communication and AAP 13
- 3.11. Legal and Policy 14

4. Sectoral Analysis 16

- 4.1. Food Security and Livelihoods 16
- 4.2. Education 17
- 4.3. Health 17
- 4.4. Nutrition 18
- 4.5. WASH 19
- 4.6. Shelter and Non-Food Items (NFI) 20
- 4.7. Protection 20
- 4.8. Vulnerable Groups / Special Needs Groups 22

5. Sources 24

- 5.1. Operational Environment 24
- 5.2. Sectoral Analysis 30

Introduction

Purpose

This report provides a comprehensive overview of the current humanitarian situation, focusing on both operational environment factors and sectoral analysis. It aims to support informed decision-making for humanitarian partners and stakeholders.

About GANNET

GANNET is a Generative AI Initiative from Data Friendly Space, offering AI-powered tools built to make knowledge and real-time information accessible to our community in a resource-efficient and ethical way. It provides tools such as the GANNET Virtual Assistant and GANNET SituationHub to help humanitarian actors access, analyze, and utilize critical information for their operations.

GANNET SituationHub

The GANNET SituationHub is a generative AI-powered digital public good designed to identify and analyze humanitarian data from thousands of trusted sources in real time. By transforming complex data into clear insights, it enables faster, more effective response strategies and improved coordination among stakeholders.

GANNET Virtual Assistant

The GANNET Virtual Assistant is a verified chatbot designed for humanitarian quick decision-making. Built on cutting-edge Generative AI and trained with humanitarian expert-reviewed data, it provides real-time information. The GANNET Virtual Assistant facilitates rapid data access and synthesis for crisis response.

Methodology Overview

The Situation Hub's analytical process uses a structured Human-in-the-Loop workflow that combines automated analysis retrieval through GANNET Virtual Assistant, DFS's AI-powered humanitarian assistant, with expert review by the DFS analysis team. GANNET automates the extraction and generation of crisis-related insights based on structured prompts, which are aligned with a tailored analytical framework. These outputs are then reviewed, validated, and refined by analysts to ensure accuracy, contextual relevance, and operational utility. The workflow is organized into four key phases: planning and setup, ongoing operations, quality assurance, and system evolution, ensuring a balance between speed and analytical rigor.

Planning, Setup & Quality Control

In the planning phase, analysts develop a contextualized analytical framework, largely based on the Joint Intersectoral Analysis Framework (JIAF), and convert it into structured prompts for AI-assisted data extraction. These prompts are refined over time to improve output quality. Data sources are vetted for reliability, and translations are reviewed for accuracy. Using a centralized Content Management System (CMS), analysts review and curate AI-generated outputs, validate them against external sources, and make refinements to enhance clarity and relevance. The CMS enables collaborative editing and version tracking, ensuring outputs align with humanitarian needs.

Bias Mitigation

To minimize bias, the team diversifies data sources, cross-verifies information, and continuously evaluates the AI's performance. Analysts are crucial in identifying and correcting inaccuracies, especially in automated categorization. Future improvements aim to enhance source credibility checks and sentiment analysis, further strengthening the reliability of the Situation Hub's outputs.

Crisis Overview

The SituationHub landing pages use a standardized yet customizable template to deliver consistent, comprehensive crisis overviews. These pages integrate static content with dynamic data from sources like ACLED and DTM via open APIs, enabling interactive visuals with real-time updates. Regular reviews and verification with in-country partners ensure accuracy, while manual updates are used for sources not connected to APIs.

Media Monitoring

The media monitoring process has evolved from a manual, list-based approach to an AI-assisted system integrated into the CMS. This allows analysts to efficiently review, filter, and contextualize media narratives, while automation helps track emerging trends.

Overview

The following overview has been generated using the information available up to March 20, 2026. It provides a synthesized summary and key insights into the crisis based on the most recent data accessible at that time.

Summary

Myanmar has been in crisis since February 1, 2021, when the military (Tatmadaw) overthrew the democratically elected government. This coup sparked widespread protests and armed resistance, leading to a severe political, economic, and humanitarian crisis. The military junta, known as the State Administration Council (SAC), has responded with brutal force, resulting in thousands of civilian deaths and widespread human rights abuses.

As of December 2025, approximately 3.6 million people are internally displaced across the country—a dramatic increase from roughly 300,000 pre-2021—with displacement projected to rise toward 4 million in 2026. Intensified clashes continue in Sagaing, Magway, northern Shan, Kayah, and Mandalay, where junta forces have launched renewed ground and air offensives ahead of military-run elections starting December 28, 2025. The Arakan Army now controls all but three of Rakhine State's 17 townships, while resistance forces including the Karen National Liberation Army have consolidated influence across much of central and southeastern Myanmar. The UN's 2026 Humanitarian Needs and Response Plan, released December 10, projects over 16 million people will require humanitarian assistance.

Recovery from the March 2025 earthquake remains slow, with an estimated 3.5 million tonnes of debris and reconstruction hampered by insecurity, shortages of heavy machinery (43%) and labour (40%), and limited access. Many affected communities, particularly in Magway, Sagaing, and Mandalay, continue to live in temporary shelters, while essential services remain disrupted. Approximately 24,200 houses were damaged (24% completely destroyed), and 132 health facilities were damaged—half in Mandalay.

The Rohingya crisis continues to worsen, with the junta's blockade of Rakhine preventing international aid delivery since late 2023, leaving hundreds of thousands of IDPs with severely limited assistance. On December 10, 2025, a military airstrike destroyed Mrauk-U General Hospital, killing at least 33 people and injuring 76-80—one of the deadliest attacks on healthcare in the conflict. Chronic poverty now affects over 80% of the population, the World Bank projects GDP will contract 2.0% in FY2025/26 with inflation remaining above 20%, and market disruptions have deepened food insecurity nationwide. The 2026 HNRP appeals for approximately $890 million but reflects severely constrained funding and narrowed operational space, forcing agencies to prioritize only 2.6 million people with the most severe needs for life-saving support.

Key Insights

1. Myanmar's humanitarian crisis continues to deepen amid persistent conflict, economic collapse, and the lingering impacts of the March 2025 earthquake. An estimated 16 million people—nearly one in three citizens—are projected to require humanitarian assistance in 2026, as conflict-driven displacement, natural disasters, and funding shortages exacerbate vulnerabilities nationwide.

The March 28 earthquake remains a defining event in the humanitarian landscape. Official figures confirm 3,745 deaths and over 5,000 injuries, with the Early Recovery Cluster reporting over 24,200 houses damaged (24% completely destroyed), 4,857 apartments affected, and 132 health facilities damaged. An estimated 3.5 million tonnes of debris blocks roads and markets, with clearance impeded by shortages of heavy machinery (43%) and labour (40%). Nearly three-quarters of the most affected townships continue to face critical shelter and livelihood gaps—64% of communities reported job losses and 30-31% reported damage to crops and workplaces—while disrupted water systems (44% of groundwater sources contaminated) have fueled outbreaks of cholera and dengue.

2. Conflict has escalated dramatically ahead of junta-run elections starting December 28, 2025. The military has intensified air and ground offensives, conducting 2,165 airstrikes between January and November 2025—up from 1,716 in all of 2024. On December 10, a military airstrike destroyed Mrauk-U General Hospital in Rakhine State, killing at least 33 people and injuring 76-80—prompting UN, WHO, and Amnesty International condemnation and calls for investigation as a possible war crime.

Total displacement has reached approximately 3.6 million people as of late 2025, with projections indicating it could rise to 4 million in 2026. The Arakan Army now controls all but three of Rakhine's 17 townships, while resistance forces have captured extensive border areas in the southeast. Attacks on healthcare are widespread: Insecurity Insight recorded 1,815 attacks on health care between February 2021 and November 2025, with WHO verifying 67 attacks in 2025 alone. Access restrictions, including the junta's blockade of Rakhine since late 2023, continue to endanger civilians—particularly Rohingya communities facing persistent protection risks, restricted mobility, and limited access to aid.

3. Humanitarian access remains severely limited by insecurity and deliberate obstruction. The 2026 HNRP appeals for approximately $890 million but reflects severely constrained funding and narrowed operational space, prioritizing only 2.6 million people with the most severe needs at a cost of $521 million. Partners reached some 5 million people in the first nine months of 2025, but access constraints—including roadblocks, landmines, telecommunications blackouts, and the Rakhine blockade affecting 600,000 IDPs—force reliance on low-profile, community-led delivery modalities. WFP warns that hunger has reached "unacceptable" levels, with over 400,000 young children and mothers surviving on nutrient-deprived diets of plain rice or watery porridge.

4. The Food Security Cluster estimates about 8.5 million people face moderate-to-severe food insecurity in 2026, driven by conflict, displacement, rising food and fuel prices, reduced market access and supply-chain disruptions. September 2025 analyses reported "Serious" to "Critical" Global Acute Malnutrition in multiple conflict-affected townships, notably in Northern Rakhine, Kachin, Sagaing, Southern Shan, and Kayah—with nutrition and treatment services suspended or operating at minimal capacity due to access constraints.

Economic conditions continue to deteriorate: the World Bank projects real GDP will contract 2.0% in FY2025/26, with inflation remaining above 20%. Rising poverty and fear of forced conscription have driven male migration, leaving women, girls, and older people as household heads. More than four in ten households identify lack of income as their top challenge, and 83% of internally displaced families can meet half or less of their basic needs. The convergence of conflict, disaster, and economic decline continues to erode coping capacities, pushing Myanmar further toward a protracted humanitarian emergency with no signs of de-escalation.

5. International condemnation has intensified following the December 10 airstrike on Mrauk-U Hospital. The UN High Commissioner for Human Rights called for an investigation, warning the attack could amount to a war crime. WHO's Director-General condemned the strike as among dozens of verified attacks on healthcare in 2025. Amnesty International and the Burma Human Rights Network have urged the UN Security Council to refer Myanmar to the International Criminal Court, impose an arms embargo, and authorize emergency cross-border humanitarian aid.

Peace negotiations remain effectively stalled: resistance leaders and the National Unity Government publicly rejected Chinese-brokered terms for northern Shan State. The junta has cancelled voting in thousands of wards where it cannot secure control, while nationwide "silent strikes" signalled popular rejection of the military's December elections. EU and Australia have declared the vote "not credible" amid junta repression. The junta denies responsibility for civilian casualties, accusing "terrorists" of being targeted, while humanitarian organizations warn the pre-election environment is driving further escalation rather than de-escalation.

Operational Environment

Economy

Current Economic Situation

Myanmar's economy remained under severe stress through early 2026, shaped by prolonged conflict, displacement, disasters and infrastructure damage. Humanitarian reporting described a highly fragmented operating environment driving needs through 2025 [2][1]. Late February 2026 media reported empty shelves and market disruptions as Thai imports vanished after tightened import controls, border gate closures and crackdowns on "illegal" trade [6]. Garment workers in Yangon cited rising living costs and demanded pay increases in late February 2026, indicating domestic inflationary pressure [12]. Cash assistance remained central in 2025, with partners delivering $94 million—nearly 25% of HNRP funding—reaching 3.4 million people, while adapting delivery methods to banking, access and compliance constraints [1]. Humanitarian funding was severely constrained in 2025, with the original HNRP securing about $200 million of $1.1 billion required, while earthquake-specific financing covered $201 million of the $275 million needed [1]. By February 2026, partners had received only $409 million—29% of requirements [1]. Restrictions on NGO registration and limits imposed by de facto authorities on community health workers are forcing some partners to cease activities and risk interrupting services [13].

Conflict Economic Landscape

The 28 March 2025 earthquakes caused extensive damage to transport, utilities and public infrastructure—including severe damage to Mandalay International Airport, major expressway cracks, bridges and widespread destruction of homes—constraining movement of goods and people [5]. Over 6.3 million people required urgent assistance after the earthquake, and up to 9.1 million people lived in the hardest-hit areas according to assessments [5][1]. OCHA issued a Flash Addendum requesting an additional $275 million, and the ERC allocated $5 million from CERF [5]. Sectoral recovery was uneven: Protection, WASH and Health achieved relatively high earthquake-response coverage while Early Recovery, Education and Nutrition faced substantial gaps, limiting medium-term economic recovery and resilience [1]. Health services—a key element of economic stability—remained strained into early 2026 due to damaged facilities, severe medical supply shortages, rising attacks on health care and the prospect that partners may discontinue services because of funding and registration barriers [3][7]. Continued access constraints and insecurity, particularly in Sagaing and other conflict-affected areas, limited reconstruction, private and international investment, and operational presence, increasing reliance on local partners and remote support for recovery activities [5].

Stability of Currency and Bank System

No information available on currency or banking system stability during this reporting period.

Employment

The HNRP notes significant gaps in Early Recovery and livelihoods support in 2025 [1]. Formal manufacturing wage pressure emerged in Yangon, where garment workers protested for higher wages citing rising living costs and increased production targets [12]. Excessive expansion of gold mining since the 2021 coup has created informal income opportunities but damaged agriculture and local economies, drawn migrant workers including children into mining, and undermined sustainable local livelihoods in Kachin State and Putao District [14]. Cross-border trade disruptions—tightened Thai import controls and border gate closures—removed formerly available consumer goods including medicine from markets, worsening economic hardship for households and traders [6]. Violence against health services directly affected health sector employment: monitoring projects documented at least 170 health workers killed and 909 arrested between February 2021 and January 2026 [7][9]. Funding and NGO registration constraints are forcing some health partners to consider ending services, risking further job losses among health providers [3].

Politics

Governance Structures and Rule of Law

The Karenni State Interim Judiciary Court's 2025 annual report, released 23 February, recorded 126 new complaints and 36 carried-over cases, with 151 cases adjudicated in 2025 and 11 remaining under trial, finding drug-related offences accounted for 33% and violent crimes 25% of filings [21]. Chief Justice Khu Poe Reh said the high number of drug-related cases highlights weaknesses in enforcement of the rule of law and called for coordinated action by all stakeholders, including revolutionary forces, to strengthen legal standards and public protection [21]. The interim judiciary reported sentencing 253 individuals in 2025, with 71% receiving terms under three months, 10% under six months, 18% under one year and 1% over one year, and confiscated assets including over 8.2 million kyats in seized funds and more than 5.6 million kyats in fines plus 20 mobile phones, six motorcycles and one walkie-talkie transferred to the public treasury [21]. A junta court applied anti-money-laundering laws in February 2026 to extend mining magnate Soe Htun Shein's prison term by five years, illustrating use of financial-crime legislation in high-profile prosecutions [32]. Burma News International reported allegations that the Arakan Army/ULA is constructing settlements on land formerly occupied by Rohingya in Maungnama, with claims of bulldozed religious sites and infrastructure that could complicate future repatriation and raise property-rights and minority-protection concerns [25]. The State Administration Council (SAC) led the national earthquake response in March 2025, declaring a state of emergency in severely affected areas and activating national emergency coordination with the Department of Disaster Management (MoSWRR/DDM) central to search, rescue and relief, while sub-national coordination was led by de-facto authorities and operational access for international actors remained constrained by security, bureaucratic hurdles and administrative restrictions [36].

Insecurity Insight documented at least 1,869 incidents of violence against or obstruction of health care in Myanmar since the 2021 coup through 20 January 2026, attributing about 70% of incidents to the Myanmar Armed Forces, with 471 reports of health-facility damage,

227 uses of facilities for non-medical purposes, at least 170 health workers killed and 909 arrested, and 74 incidents involving armed drones between February 2021 and December 2025 [29][28]. The Myanmar Health Cluster Bulletin (February 2026) reported record deadly attacks on health care in 2025 (70 attacks in 2025 versus 31 in 2024, and 148 fatalities in 2025 versus 51 in 2024), widespread access blockages to humanitarian aid driven by rising armed activity (notably in Chin, Rakhine and Sagaing), severe shortages of medical supplies, and risk of service discontinuation by health partners due to funding and registration constraints [27]. The 2025 HNRP quarter-four dashboard reported that humanitarian partners reached 6.3 million people (94% of a 6.7 million target) by 31 December 2025 with strong sector coverage (Protection 95%; Health and Education 76%; Food Security and WASH 69%), but broader HNRP financing remained severely underfunded as the original 2025 HNRP secured approximately $200 million of $1.1 billion required, the earthquake addendum secured $201 million of $275 million required, and overall 2025 HNRP funding covered about 29% of requirements (roughly $409 million received), highlighting constrained public-sector capacity and reliance on local partners to deliver services under limited funding [26].

Political Freedoms and Recent Laws

Local resistance authorities announced mandatory military drafts for residents aged 16–35 in Tonzang Township beginning 22 February 2026 and warned that those who refuse face deportation, indicating coercive measures by non-junta governing bodies in some areas [34]. Reports allege that the Arakan Army detained Rohingya returnees, subjected detainees to forced labour, torture and sexual violence, imposed extortion payments (reported at 2 million kyats per person), and held some detainees for between 45 and 90 days, highlighting arbitrary detention and abuses by an armed non-state actor; these allegations were not independently verified at the time of reporting [31]. Community sources reported fear of forced recruitment in Buthidaung after a Rohingya teenager reportedly died while fleeing alleged AA conscription, prompting families to hide or move daughters between villages to avoid recruitment [22].

Influence of Non-State Actors and Political Factions

Armed non-state actors—notably the Arakan Army (AA) and allied ULA, the People's Defence Forces (PDF), the Kachin Independence Army (KIA) and other local defence forces—are exercising de facto control over territory, security and civilian affairs in parts of Rakhine, Sagaing and other areas, affecting land use, return prospects and local governance arrangements [25][31]. AA/ULA have been accused of building new settlements on abandoned Rohingya land and of detaining returnees with allegations of sexual violence, extortion and forced transfers, raising concerns about demographic change and obstacles to voluntary, safe and dignified returns [25][31]. Junta-aligned militias and other informal networks are enabling and profiting from resource extraction (notably expanded gold mining), strengthening local patronage ties and informal economic control in Kachin State and Putao District since the coup [37]. Recent shifts in armed-group loyalties and leadership (for example reports around the Bo Nagar surrender and ensuing junta troop advances in late February 2026) underscore fluid alliances and operational fragmentation among anti-regime forces, with immediate security and governance consequences on the ground [40]. The State Administration Council (SAC)/de-facto authorities have centralised disaster-response authority and constrained international engagement through access restrictions and bureaucratic controls during the 2025 earthquake response, reinforcing asymmetries between the junta and non-state/local actors in humanitarian and governance spaces [36]. Humanitarian access and service delivery have therefore been increasingly mediated by non-state actors and local partners, with partners relying on localized, remote or negotiated approaches to reach affected populations in Chin, Rakhine and Sagaing and other contested areas as documented by the Myanmar Health Cluster and humanitarian coordination reports [27][26]. Allegations of abuses by both the AA and the military (including air strikes, detention, sexual violence, forced labour and land reallocation) are intensifying governance fragmentation and create heightened legal and accountability risks that may further complicate returns and reconciliation processes; references to ICJ proceedings are noted in reporting on land and demographic issues [41][25][31].

Public Trust in State Institutions

The Arakan Army/United League of Arakan (AA/ULA) has gained significant public support for its armed resistance against Myanmar's military, but allegations of property appropriation and land redistribution have raised concerns among local communities and critics, who question whether the group is acting as a protective authority for all communities or moving toward a more exclusionary governance model; analysts warn these actions will draw scrutiny if the AA/ULA seeks to present itself as a legitimate political actor in Rakhine State [25]. Local and national humanitarian partners remained at the frontline of delivery in 2025, operating with heightened risk and limited buffers; localization efforts were incremental and focused on practical barriers (flexibility, risk-sharing, duty of care), while engagement with organizations of persons with disabilities was sustained and area-based coordination structures were planned for 2026 to bring decision-making closer to communities [26][33]. Severe arsenic contamination detected in Kayah (Salween River 4–9 times above standards; Mo Lo Creek up to 55 times above safe levels) prompted local authorities to prohibit consumption of water or fish from affected areas, a public-health action with implications for perceptions of local authority effectiveness [27].

Role of Marginalized Groups

Burma News International reported allegations that the Arakan Army (AA/ULA) is constructing new settlements on abandoned Rohingya land in northern Maungdaw while displaced Rohingya remain prevented from returning to Buthidaung and Maungdaw townships [25]. Observers warn that bulldozing of mosques, religious schools, wells and other community infrastructure (reported in Tanpan village) and the reallocation of land risk complicating voluntary, safe and dignified repatriation, may entrench demographic changes, and carry long-term legal implications amid the ongoing ICJ genocide case brought by The Gambia [25]. Collectively, these reports indicate Rohingya communities remain effectively stateless, lack legal protections or formal repatriation guarantees, and face exclusion from property rights and local governance that undermine their participation, representation and influence in northern Rakhine State [31][25].

Security And Stability

Security Overview

Between 23–27 February 2026 multiple junta air and paramotor strikes killed and injured dozens in Sagaing and Rakhine, including an attack on a Rakhine market in Yoe Ngu that local sources put at least 17–18 dead, and strikes that injured dozens in Paungbyin Township; UNICEF publicly condemned child deaths reported in strikes on 23–24 February 2026 [48][63][44][67]. Airstrikes and the broader use of explosive weapons in populated areas increased civilian harm and damaged civilian infrastructure, and humanitarian reporting notes that civilian deaths from airstrikes reached the highest levels verified since 2021 and healthcare attacks surged in 2025, with WHO's SSA recording 70 attacks and 148 fatalities in 2025 versus 31 attacks and 51 fatalities in 2024 [46]. Frontlines and territorial control remain fluid: KIA and PDF forces held Banmauk township for months before the military retook it and reported finding bunkers in a township hospital and other civilian buildings, while clashes for border checkpoints intensified in Tanintharyi where antijunta forces have seized weapons and prisoners [47][43]. Armed nonstate actors, notably the Arakan Army, continue to exert control in parts of Rakhine and face allegations of arbitrary detention, extortion and sexual violence against Rohingya returnees, even as the junta steps up air campaigns in AAheld areas [60][63]. Security constraints—shifting frontlines, restricted mobility, telecommunications disruptions and bureaucratic access barriers—are severely impeding humanitarian access and operations, contributing to a highly fragmented operating environment reported by HNRP and OCHA partners in 2025 and persisting into early 2026 [65]. Tightened border controls and gate closures have disrupted crossborder trade and supply chains, producing empty shelves and increasing economic and logistical pressure in border areas [45]. Access restrictions and insecurity—especially in Sagaing—also constrained national response capacity and limited the presence and activities of international actors during emergencies such as the 2025 earthquakes, according to UNDAC reporting [64].

Security Forces and Law Enforcement

Monitoring by Insecurity Insight shows longterm, systematic threats to health services: at least 1,869 incidents of violence against or obstruction of health care since February 2021, 70% attributed to the Myanmar Armed Forces, 471 reports of facilities damaged or destroyed, 227 of facilities used for nonmedical purposes, 170 health workers killed and 909 arrested, and 74 incidents involving armed drones through December 2025 [47]. Specific documented incidents in February 2026 include a township hospital in Mogoke occupied by the Myanmar military that was attacked on 06 February 2026, reports of bunkers found at a Banmauk township hospital following re-seizure of the town on 09 February 2026, and a clinic in Tlangkhua, Htantlang township, Chin State, struck by bombs from a Myanmar military fighter jet on 10 February 2026, causing multiple deaths and injuries and forcing relocation of health services [51][47]. Escalating armed activity has increasingly blocked humanitarian access and impeded health service delivery, with Chin, Rakhine and Sagaing identified as particularly affected areas in the Myanmar Health Cluster Bulletin (February 2026) and partners warning of service disruptions and shortages of medical supplies [46]. At the subnational justice and lawenforcement level, the Karenni State interim judiciary reported more than 100 new complaints filed in 2025 (151 cases adjudicated, 11 ongoing), with drugrelated offences comprising 33% and violent crimes 25% of cases—indicating heavy caseloads dominated by narcotics and violence-related prosecutions in parts of the country [50]. Non-state armed actors have also detained civilians and been accused of serious abuses: the Arakan Army detained returnee Rohingya families in Maungdaw in June 2025 with allegations of forced labour, extortion and sexual violence reported by survivors [60].

Demography

Demographic Overview

According to the 2025 Humanitarian Needs and Response Plan (HNRP) Quarter Four dashboard, key population caseloads in 2025 included 4.0 million internally displaced persons (IDPs) in need with 3.0 million targeted and 2.1 million reached; 386,000 non-displaced stateless people in need with 328,000 targeted and 85,000 reached; 447,000 returned, resettled and locally integrated IDPs in need with 325,000 targeted and 277,000 reached; and 17.0 million other crisis-affected people with humanitarian needs with 2.9 million targeted and 3.8 million reached [72]. By 31 December 2025, humanitarian partners had reached 6.3 million people, equivalent to 94% of the 6.7 million people targeted under the 2025 response plan [72].

The 7.7 magnitude earthquake on 28 March 2025 affected six regions and an estimated 9.1 million people in the hardest-hit areas, generating immediate assistance needs for over 6.3 million people, including roughly 2.0 million newly affected. Official reporting as of 6 April 2025 recorded at least 34,500 deaths and more than 455,000 injured [72][80]. Remote and satellite analysis used during the earthquake response assessed structures in over 520 village tracts across 36 of 58 priority townships and identified more than 20,000 damaged structures, informing prioritization between urban and rural assessments [80].

Local reporting indicates ongoing obstacles to Rohingya returns in northern Rakhine State, with allegations that Arakan Army/ULA-led settlement construction is occurring on land formerly occupied by displaced Rohingya in Maungnama, Maungdaw Township, and that returns to areas such as Buthidaung and Maungdaw remain restricted [77]. Separately, testimonies reported to local media allege arbitrary detention, forced labour, extortion and sexual violence against some Rohingya returnees in areas under Arakan Army control, raising protection and repatriation concerns [83].

Socio-Cultural

Socio-Cultural Overview

Myanmar's social fabric is highly fragmented, with approximately 4 million internally displaced persons and about 386,000 stateless people in need according to HNRP 2025 [86]. Escalating violence has profoundly eroded social cohesion and civilian protection. The Health Cluster documented a record 70 verified attacks on health care in 2025, resulting in 148 fatalities [89][93].

Open-source monitoring recorded at least 1,869 incidents affecting health care between February 2021 and January 2026, with approximately 70% attributed to the Myanmar Armed Forces. These attacks resulted in hundreds of facilities damaged or repurposed and many health workers killed or arrested [89][93]. The growing deployment of explosive weapons and armed drones has significantly increased risks to civilians, health infrastructure, and service continuity [93].

In northern Rakhine—specifically Maungdaw and Buthidaung—displaced Rohingya remain largely prevented from returning. Reports indicate that settlement expansion linked to the Arakan Army/United League of Arakan is occurring on abandoned Rohingya land, with mosques, religious schools, and other community sites bulldozed, raising serious property rights and repatriation concerns [87]. Allegations of detention, forced labour, extortion, and sexual violence against Rohingya returnees, reportedly linked to the Arakan Army, have deepened fear and undermined prospects for voluntary, safe, and dignified return [95].

Restrictions imposed by de facto authorities on community health workers and NGO registration, combined with intensifying conflict in Chin, Rakhine, and Sagaing, have fractured service delivery and eroded community trust [94][89]. Despite these pressures, local and national organisations remained on the frontline throughout 2025. Humanitarian actors emphasised area-based coordination, enhanced leadership of local organisations, and sustained engagement with organisations of persons with disabilities, even as local partners operated under heightened risk and with limited buffers [86].

Gender Dynamics

The impact of violence on girls increased markedly in 2025 [89]. Rohingya community sources report families in the Buthidaung area hiding or moving daughters to avoid alleged conscription, creating a climate of fear about recruitment of girls [92]. Former detainees who returned to Maungdaw from Bangladesh allege that women were subjected to rape and physical assault during detention by the Arakan Army following their return, alongside reports of arbitrary detention and extortion [95].

Health partners are responding by maintaining availability of Inter-Agency Reproductive Health kits and conducting Clinical Management of Rape service mapping to strengthen referral pathways and service availability [89][94]. Humanitarian planning and reporting emphasise prioritising women, girls, children, and persons with disabilities in assistance delivery and protection activities [86]. However, UNDAC/OCHA reporting observed that Protection from Sexual Exploitation and Abuse considerations were integrated during mission activities but were not consistently visible across all activities, indicating gaps in prevention and accountability measures [88].

Impact of Socio-Cultural Drivers on Aid

The humanitarian response relied heavily on national and local actors, with the State Administration Council and de facto regional authorities leading coordination and many international organizations depending on local partners to deliver aid amid access constraints [88]. Local, informal networks and community-led responses—including search-and-rescue teams, local NGOs, and the Myanmar Red Cross—were essential for immediate lifesaving action, sustaining access where international presence was limited but increasing risk exposure for local responders [88].

UNDAC's consistent field engagement in hard-to-reach areas during the 2025 earthquake response helped build trust with local stakeholders and reinforced OCHA's coordination role [88]. However, language barriers limited engagement; UNDAC recommended hiring or contracting translators after team members relied heavily on OCHA national staff for interpretation [88]. Guidance from responders called for cultural sensitivity, gender, protection, and Protection from Sexual Exploitation and Abuse to be systematically embedded in national response planning to improve acceptability and local ownership [88].

Polarised public digital narratives shaped perceptions of humanitarian legitimacy and influenced access and safety for agencies operating in restrictive information environments [93]. Marginalised groups—notably Rohingya in northern Rakhine—face discrimination and barriers to return or assistance. Allegations of land appropriation, detention, and abuse by armed actors complicate both repatriation efforts and humanitarian access [87][95]. Escalating attacks on health care and intensified armed activity in 2024–2025 severely undermined community access to services and the perceived safety of humanitarian actors, with rising fatalities and service disruptions reported [93][89].

Environment

Environmental Conditions

UNDAC's environmental assessment of the 28 March 2025 earthquake identified damaged infrastructure and a dam breach; resulting flooding was reported as contained within the riverbed and not affecting populated areas [107]. UNDAC and related earthquake response reports documented widespread disruption to electricity, water supply and communications after the March 2025 earthquakes, aggravating water, sanitation and hygiene (WASH) risks in affected areas [107][102].

Environmental Challenges

Since the 2021 coup, excessive gold mining has surged across Putao District in Kachin State and expanded along the Ayeyarwady River, including areas around Bala Min Htin Bridge in Myitkyina, with mining sites extending into villages and urban areas [101]. Mining has been enabled in many parts of Putao District by junta-aligned militia arrangements allowing extraction where landowners consent and taxes are paid [101]. Reported environmental impacts from these mining activities include destruction of agricultural land, contamination and severe muddiness of streams with near disappearance of aquatic animals, increased soil erosion and landslide risk that hinders digging ponds and latrines, and hotter local conditions attributed by residents to mining operations [101]. Mining-related land degradation has been linked to mountain erosion, recurring monsoon flooding, and incidents such as reservoir breaches and soil-dump collapses that have caused deaths [101]. In February 2026, Karenni IEC warned that wastewater from mines had heavily contaminated the Salween River and Mo Lo Creek [99]. The Myanmar Health Cluster reported laboratory findings showing

arsenic levels 4–9 times above standards in the Salween River and as high as 55 times above safe levels in Mo Lo Creek, with local authorities prohibiting consumption of water or fish from these contaminated areas [100][99]. The Health Cluster also reported an increase in preventable skin infections in temporary settlements driven by overcrowding, inadequate hygiene, and lack of access to water, and warned of severe shortages of medical supplies to treat these conditions [100].

Environmental Risks and Mitigation

An environmental expert embedded in the UNDAC earthquake response identified damaged infrastructure, hazardous facilities and a Sedawgyi dam breach, with resulting flooding contained to the riverbed, and supported satellite-based flood and damage analysis to prioritise hazard areas and assessments [107]. UNDAC and partners used satellite imagery and EU Joint Research Centre flood simulations to assess structures across more than 520 village tracts and identify over 20,000 damaged structures, informing re-prioritisation of field assessments and remote dam assessment needs where physical access was limited [107]. Assessments and modelling of the Sedawgyi dam breach were used to inform operational prioritisation and were integrated into the remote Assessment & Analysis (A&A) cell and Flash Addendum planning where possible [107]. Environmental assessment and response were constrained by limited on-site access and communication outages, prompting heavy reliance on remote analysis and recommendations to formalise liaison and data-sharing protocols with regional partners, including ASEAN-ERAT/AHA Centre, to improve situational awareness [107]. Reports recommended embedding environmental safeguards into national response activities and providing advice on environmental issues and both lifesaving and long-term solutions, including establishing UNDAC-style contracts for environmental experts to ensure legal clarity and sustained support [107]. Across documents, recommendations converge on strengthening national capacity for environmental assessment, formalising environmental expertise within coordination and A&A structures, and ensuring environmental safeguards are mainstreamed into immediate response and early recovery planning to reduce long-term damage from disasters and extractive activities [107].

Conflict

Overview of the Ongoing Armed Conflict

Myanmar's armed conflict has intensified dramatically in late February 2026, with widespread aerial bombardments, artillery strikes, and ground clashes across multiple regions. Between 23–27 February 2026, intensified air and paramotor strikes and artillery in Rakhine and Sagaing killed and injured dozens of civilians, including an airstrike on Yoe Ngu market that killed at least 18 and other strikes that killed at least 17, with multiple reports of market and refinery hits and mass injuries in Paungbyin on 27 February [137][133][143][136][130]. Fighting is geographically widespread, with active hostilities reported in Sagaing, Rakhine and Chin (most affected for health access), and significant incidents also recorded in Kachin, Kayin, Bago and Tanintharyi regions [124][126][142][121].

Violence against health care and civilians is intense and escalating. WHO verified 70 attacks on health care in 2025 (148 fatalities) versus 31 attacks (51 fatalities) in 2024, and Insecurity Insight recorded at least 1,869 incidents of violence against or obstruction of health care since the 2021 coup, with 70% attributed to the Myanmar Armed Forces [124][126]. The use of explosive weapons and armed drones has risen, with 74 reported armed-drone incidents affecting health care between February 2021 and December 2025 [126][137][136]. Health facilities were damaged or destroyed hundreds of times (471 reports), makeshift hospitals and clinics were struck in February 2026—including a high school used as a hospital in KhinU on 17 February and a station hospital staff house damaged in Hlaingbwe on 9 February—and partners report that intensified fighting prevents patients and health workers from reaching facilities [126][123][124].

Humanitarian access is increasingly blocked by armed activity and administrative constraints, with registration restrictions forcing some partners to cease activities and OCHA/HNRP reporting restricted mobility, shifting frontlines and uneven access across townships in 2025–early 2026 [124][120][122]. Armed group dynamics show engagements among the Myanmar Armed Forces, ethnic armed organisations (including the Arakan Army), local Peoples Defence Forces and Kachin-linked forces, with reports of PDF/KIA bunkers in hospitals and seizure of arms and a drone during clashes [126][137][123][131].

Conflict Stakeholders

Key conflict parties include the Myanmar Armed Forces (MAF/junta) and a mix of antijunta prodemocracy guerrilla units and ethnic armed organisations, notably the Arakan Army (AA/ULA) and various local defence forces [133][121][144]. The junta has conducted air and naval strikes and mounted counteroffensives to retake strategic border outposts and routes, employing Chinese- and Russianmade jets in its operations [133][121]. The AA/ULA is a dominant antijunta actor in Rakhine State, reportedly pushing junta forces back around Sittwe while facing allegations of building new settlements on ancestral Rohingya land that could effect territorial and demographic change [133][134].

Clashes intensified in late February 2026 in multiple regions (including Tanintharyi), with antijunta forces using guerrilla tactics to capture weapons and prisoners while the junta advanced into areas following notable defections or surrenders (e.g., the Bo Nagar case referenced in late Feb 2026) [121][144]. Insecurity Insight documented at least 170 health workers killed and 909 arrested between February 2021 and 20 January 2026, with 227 facilities used for nonmedical purposes [126].

Humanitarian access and coordination remain highly constrained and fragmented, forcing reliance on local partners and complicating international engagement, as reflected in UN humanitarian reporting and UNDAC mission findings from the 2025 response period [125][129]. International humanitarian actors (UNICEF, WFP, WHO, UNHCR) and Movement partners engaged in relief efforts where possible, but operations were limited by security, access restrictions, and bureaucratic barriers [129].

Peace Negotiations

No formal peace negotiations or substantive diplomatic engagement channels are currently active. The fragmentation of armed actors and limited formal engagement with defacto authorities mean prospects for nearterm negotiated settlement appear low [129].

Conflict Outlook

The security environment showed clear signs of escalation in late February 2026, with heavy airstrikes indicating intensifying aerial campaigns against population centres [133][136][121]. Junta counteroffensives to retake strategic border outposts and border checkpoints—paired with antijunta forces' increasing use of guerrilla tactics, seizures of weapons and prisoners, and localized defections—are driving frontline shifts and localized changes in territorial control [121][144].

Humanitarian consequences are acute and likely to deepen. Localized displacement surged (e.g., around 10,000 people reportedly forced from Ngazun Township), markets and crossborder supply lines tightened producing empty shelves, and communities face compounded shocks from conflict and economic disruption [138][140][122]. Humanitarian coordination and response capacity remain constrained by restricted mobility, shifting frontlines, and underfunding; the 2025 HNRP reported chronic underfunding and a planned shift toward areabased, locally led coordination in 2026 to manage expected funding declines and access limitations [122][125].

Given ongoing intensified military air operations, the risk of further escalation with widening humanitarian impact is high unless substantive diplomatic pressure, secure humanitarian access, and major funding increases alter incentives on the ground [129][122]. Absent rapid improvements in access and resourcing, the conflict trajectory points toward continued intensification, further degradation of health and basic services, and additional displacement across Sagaing, Rakhine, Chin and southern border areas in the coming weeks to months [124][126][121].

Displacement

Displacement Overview

According to OCHA's Humanitarian Needs and Response Plan (HNRP) 2025 Q4 dashboard, humanitarian planning for internally displaced persons listed roughly 4 million people in need, with 3 million targeted and about 2.1 million IDPs reached in 2025 [151]. The same HNRP reported 447,000 returned, resettled or locally integrated IDPs in need, with 325,000 targeted and 277,000 reached [151]. HNRP data also identified approximately 386,000 nondisplaced stateless people (Rohingya) with humanitarian needs [151]. Displacement remained largely protracted and driven by ongoing conflict, access restrictions and successive shocks—including the March 2025 7.7 magnitude earthquake that produced large new caseloads and aggravated prior displacement trends [151][159]. Areas most affected or with constrained access include Sagaing, Chin and Rakhine, while the earthquake caused major displacement and damage in Mandalay, Magway, Sagaing and parts of Shan State [145][159]. Crossborder dynamics include selfinitiated Rohingya returns from Bangladesh followed by reports of detention and alleged abuses, and reporting that new settlements have been constructed on land formerly owned by Rohingya—factors complicating repatriation and restitution prospects [146][147]. Local reporting notes obstacles to safe, voluntary returns including allegations of detention and abuse of returnees in northern Rakhine [146]. Humanitarian partners reported heavy reliance on local actors, constrained international access, and prioritisation of the most severe caseloads amid funding shortfalls that reduced the frequency and scale of assistance to displaced populations [151].

Living Conditions of the Displaced Population

Humanitarian partners reached 6.3 million people (94% of the 6.7 million targeted) by 31 December 2025 [151]. The earthquake response reached 1.7 million people (96% of its target) during the 2025 response [151]. Despite these reach figures, assistance was often minimal, short-term, or insufficient because of funding shortfalls (29% of total HNRP requirements, US$409 million received), leaving many households assisted only once or with reduced amounts [151]. Cash assistance reached 3.4 million people in 2025 (approximately US$94 million) but delivery faced banking, access and compliance constraints that limited its effectiveness for displaced households [151]. Earthquake response cluster data show relatively better coverage for Protection (85%), WASH (81%) and Health (78%) but persistent gaps in Nutrition and Education remain [151]. As of 27 February 2026, the Health Cluster reported that de-facto authorities' restrictions on community health workers, NGO registration barriers forcing some partners to cease activities, intensifying conflict, and limited funding prospects threaten continuity of health services and impede delivery of care to displaced populations [150]. WHO's Surveillance System for Attacks on Health Care recorded a record 70 attacks on health care in 2025 with 148 fatalities, up from 31 attacks and 51 fatalities in 2024, further undermining access to services [145]. Documented attacks and damage to health infrastructure in early-to-mid February 2026 included clinic and hospital damage, bombing of a clinic in Chin state, and destruction of a school used as a makeshift hospital in Sagaing that forced patient and staff evacuation, illustrating direct risks to displaced people's access to care and shelter [149]. Severe arsenic contamination was detected in Kayah — Salween River levels 4–9 times above standards and Mo Lo Creek up to 55 times above safe levels — prompting local prohibitions on consuming water or fish from affected areas [145]. Preventable skin infections are increasing in temporary settlements because of overcrowding, inadequate hygiene, and lack of water, while severe shortages of medical supplies for treatment have been reported [145]. OCHA data indicate access to humanitarian aid is increasingly blocked in Chin, Rakhine and Sagaing due to rising armed activity, constraining humanitarian reach and health service delivery [145]. Registration constraints and the lack of sustainable funding were explicitly flagged as likely to force health partners to discontinue services in coming months, increasing risks for displaced populations [145][150].

Drivers of Displacement

Conflict is the principal driver: junta airstrikes, widespread use of explosive weapons and armed drones have caused large-scale civilian harm and displacement across Sagaing, Rakhine and other areas, with recent reports of deadly market and village strikes in late February 2026 [145][149][164][156][152]. Insecurity Insight documented at least 1,869 incidents of violence against or obstruction of health care from the 2021 coup to 20 January 2026, and WHO's Surveillance System for Attacks on Health Care recorded 70 attacks on health care in 2025 with 148 fatalities, further undermining access to services and prompting displacement [149][145]. Armed-group dynamics and ethnic-driven exclusion are compounding displacement: the Arakan Army (AA/ULA) has been accused of detaining Rohingya returnees, alleged sexual violence and forced labour, and of building Rakhine settlements on land abandoned by Rohingya—actions that impede safe, voluntary returns and risk long-term restitution issues [146][147]. The 7.7 magnitude earthquake on 28 March 2025 produced massive destruction, causing tens of thousands of deaths, hundreds of thousands injured and large new humanitarian caseloads that produced secondary displacement and amplified pre-existing vulnerabilities [159]. Environmental degradation and contamination—including severe arsenic pollution in the Salween River and Mo Lo Creek (reported at many times safe levels) and expanded gold mining in Putao/ Kachin—are damaging livelihoods and driving displacement pressures in affected areas [145][161][160]. Economic drivers and supply-chain disruptions, including tightened border controls and disappearance of Thai imports, have led to shortages of food, medicines and essential goods across Myanmar in late February 2026, increasing economic-driven displacement risk [153]. Political instability, bureaucratic barriers, access restrictions and funding constraints have limited international humanitarian access and registration, forcing reliance on national and local actors and reducing continuity of assistance—factors that sustain and prolong displacement [159][151]. Social exclusion rooted in statelessness and movement restrictions for Rohingya continues to heighten vulnerability and impede safe returns and reintegration [147][146].

Integration

Early recovery and livelihoods support remained underfunded and showed major gaps—Early Recovery coverage was ~34%—limiting economic integration opportunities for displaced people and leaving persistent shortfalls in recovery, education and nutrition programming [151]. Education services achieved relatively high overall coverage (76% reached in 2025) but schooling was repeatedly disrupted by conflict and airstrikes, notably in Arakan/Rakhine where schools frequently closed and children faced acute psychosocial impacts, undermining integration prospects [151][154]. Access to health and other essential social services is increasingly constrained by severe medical supply shortages and restrictions by defacto authorities that are forcing some partners to cease activities in coming months [145][150]. Reports of land appropriation and settlement expansion in northern Rakhine by the Arakan Army/ULA, together with allegations of detention, sexual violence and extortion of returnees, are eroding property rights and undermining prospects for voluntary, safe and dignified return and social cohesion [147][146]. The State Administration Council's declaration of a state of emergency for earthquakeaffected areas and ongoing administrative and access barriers have constrained international engagement and NGO registration, increasing reliance on local and national partners to deliver assistance [159][150][151]. UNDAC/OCHA reviews and the HNRP emphasised strengthening areabased coordination hubs and local leadership in 2026 to improve national ownership and support sustained integration and longterm settlement planning [159][151].

Humanitarian Access

Humanitarian Access Overview

Humanitarian presence is concentrated in Yangon, Nay Pyi Taw and Mandalay, with field engagement extending to affected regions including Mandalay, Sagaing, Magway, Bago and parts of Shan State, where OCHA and a 31-member UNDAC deployment established hubs and surge support to strengthen coordination and assessments [169]. Key actors engaged in delivery include UN agencies (WHO, WFP, UNICEF, UNHCR), international NGOs, Red Cross/Red Crescent actors including IFRC and Myanmar Red Cross Society, regional responders such as ASEAN-ERAT and the AHA Centre, and technical partners TSF, MapAction, Atlas Logistique and Humanosh for ICT, geospatial, logistics and medical support [169].

Delivery modalities use a mix of land and air-supported relief, including USAR and EMT deployments with airport reception of teams, remote coordination and information management, and logistics cluster/WFP support for cargo consolidation [169]. Telecommunications outages have necessitated provision of satellite phones and Starlink by TSF to maintain connectivity [169]. Legal and administrative factors shape access significantly: while the State Administration Council declared a state of emergency and formally requested international assistance on 29 March 2025 [169], political sensitivities, bureaucratic hurdles and restrictions on formal engagement with de-facto authorities limit international presence and increase reliance on local partners and remote support [169].

Security conditions critically affect access, with intensified armed activity and blockades increasingly impeding humanitarian deliveries. WHO reported that access is increasingly blocked, with Chin, Rakhine and Sagaing most affected [165]. Attacks on health care rose sharply in 2025, with WHO's SSA recording 70 attacks and 148 fatalities that year, while Insecurity Insight documented at least 1,869 incidents of violence against or obstruction of health care since the 2021 coup through 20 January 2026, including the growing use of armed drones [165][168]. These conditions constrain field mobility and service delivery [169].

Partners reported reaching 6.3 million people—94% of the 6.7 million target by 31 December 2025 [167]—demonstrating high operational coverage where they could operate, but access remains uneven and frequently contingent on area-based prioritisation, use of national/local implementers, and remote modalities in insecure or bureaucratically restricted locations [169].

Barriers to Humanitarian Access

Security incidents represent the most severe barrier to access. Between 4–17 February 2026, multiple reported attacks on hospitals and clinics in Mogoke, Banmauk, Myaing Gyi Ngu, Tlangkhua and Nyaung Pin Gyi Su forced evacuations, caused facility damage and civilian casualties that disrupted health service delivery [168][176].

Bunkers and military occupation of health facilities, including documented use for non-medical purposes such as at Banmauk, degrade neutrality and impede humanitarian access [168].

Administrative and bureaucratic restrictions further constrain operations. Restrictions by de-facto authorities on community health workers and prolonged NGO registration barriers have forced some partners to stop activities, further constraining service delivery [170]. Operational logistics are hampered by entry and visa delays, unclear liaison arrangements with regional actors and local authorities, and coordination challenges for international teams, leading to ad-hoc remote deployments and limited international presence as noted in the UNDAC review [169].

Infrastructure and communication damage significantly obstruct field operations. Telecommunications outages, damaged roads and destroyed health infrastructure—documented during the 2025 earthquake response and persisting in conflict-affected areas such as Sagaing—continue to obstruct assessments and field mobility, undermining coordination and access [169].

Financial constraints compound these challenges, with only 29% of 2025 HNRP requirements received [167], forcing humanitarian operations to rely increasingly on remote support and local implementing partners while reducing the frequency and scale of assistance [169].

Humanitarian Access Gaps

Geographic access gaps are most acute in Chin, Rakhine and Sagaing, where intensifying armed activity is impeding humanitarian deliveries and health service access [165]. Operational constraints include damaged roads, infrastructure and telecommunications outages that limit field mobility and delay assessments, with restrictions particularly severe in Sagaing [169].

Funding shortfalls create critical coverage gaps. The 2025 HNRP attracted roughly 29% of requirements (about USD 409 million) by 9 February 2026, and despite strong earthquake-specific financing, major gaps persisted in Early Recovery, Education and Nutrition [167]. Vulnerable groups with critical unmet needs include internally displaced persons—2.1 million reached, about 70% of those targeted—and non-displaced stateless people, who had only 85,000 reached against 328,000 targeted in 2025 [167].

Partners increasingly rely on local and national actors, remote support and cash assistance, with about USD 94 million delivered to 3.4 million people in 2025 [167]. Coordination is shifting toward area-based, locally led models to preserve operational reach [169]. However, registration restrictions by de-facto authorities and inability to access multi-sector funding are forcing some health partners to cease activities, and severe shortages of medical supplies threaten further service interruptions [170][165].

Information, Communication and AAP

Information Landscape

UNDAC deployed a remote Assessment & Analysis cell that produced 12 analytical updates and integrated satellite damage analysis covering some 520 village tracts—identifying over 20,000 damaged structures—to compensate for restricted physical access and inform prioritization of assessments and response planning [194]. Primary sources feeding the information picture included national authorities (DDM/SAC), the Myanmar Red Cross Society, UN agencies (OCHA, WHO, UNICEF, WFP, UNHCR), regional partners (ASEANERAT/AHA Centre), MapAction and the EU Joint Research Centre, and local NGOs and community actors [194]. Emergency Medical Team coordination engaged 14+ EMTs and issued regular SitReps [194]. Information management used Kobo and Power BI for data collection and visualization, but incountry IM capacity was limited and IMO staff were overextended, constraining integrated data products and timely reporting [194]. Datasharing was constrained by political sensitivities and access restrictions—partners reported limited exchange with ASEAN ERAT/AHA Centre and a reliance on local implementers and remote support where direct sharing with authorities was sensitive or blocked [194]. OCHA produced a Flash Addendum and CERF allocations to support the response while UNDAC contributed SitReps and Flash Updates, but partners reported that diversion of time and resources to the Flash Addendum delayed some field assessments [194]. The Health Cluster and partner reporting highlighted growing barriers to information and service access—attacks on health care rose and defacto authority restrictions and NGO registration issues increasingly blocked community health workers and aid delivery in areas including Chin, Rakhine and Sagaing [188][198]. Opensource monitoring cautions that incident lists are incomplete and not fully verified, and UNDAC/partners warned that official casualty and damage figures were likely undercounts due to communication outages and reporting gaps, underscoring persistent verification challenges despite improved geospatial inputs [184][194].

Communication Channels

Humanitarian actors and affected populations rely mainly on mobile networks and internet-based digital platforms and social media, supplemented by in-person coordination and community engagement [184][194]. Face-to-face coordination and community convenings took place in Yangon, Nay Pyi Taw and Mandalay with regular meetings, but reach into conflictaffected areas (e.g., Sagaing) remained constrained by insecurity and access restrictions [194]. Mobile, landline and internet services were unstable or disrupted—notably after the March 2025 earthquakes—which obstructed humanitarian coordination and operations in several areas [194]. During outages, Telecoms Sans Frontières provided emergency satellite ICT (satellite phones, Starlink units) to restore critical connectivity for agencies [194]. Digital tools are used for information management and data collection—UNDAC/OCHA used Kobo and Power BI and integrated remote A&A and MapAction satellite/geospatial analysis—while Insecurity Insight documents a highly restrictive, polarised online environment shaping public narratives about aid and health services [194][184]. UNDAC recommended clearer public messaging SOPs and dedicated public information staff to minimise misinformation risks [194].

Barriers to Information

De facto authorities imposed restrictions on community health workers and ongoing NGO registration issues have forced some health partners to cease activities, constraining official channels for community information (reported 27 February 2026) [198]. Intensified armed activity and access blockages—particularly in Chin, Rakhine and Sagaing—are preventing patients and health workers from reaching facilities and disrupting information flows about services and safety [188]. The Health Cluster warned that lack of funding and inability to register will force many health partners to discontinue services, further reducing channels through which vital information about aid, rights, and safety can reach communities [188][198]. Telecommunications and internet disruptions obstructed humanitarian coordination, limited timely information-sharing, and delayed needs reporting during response operations [194]. Telecoms Sans Frontières had to deploy satellite phones and Starlink units to maintain agency connectivity, indicating significant local communications gaps that impede community access to critical information [194]. UNDAC identified information-management constraints, including limited in-country IM capacity and overextended IM personnel, while public information officers were operationally restricted (PIO staff confined to Yangon), reducing on-the-ground content collection and verification [194]. The mission reported reliance on national teams and limited access to translators—adding verification and engagement barriers—and recommended pre-contracted translator arrangements to improve communications [194]. Insecurity Insight described Myanmar's digital environment as highly restrictive and polarised, with social media narratives shaping access, safety, and the perceived legitimacy of aid, complicating humanitarian messaging and accountability to affected people [184].

Misinformation and Rumors

According to Insecurity Insight, seven months of public social media monitoring show that digital narratives about aid delivery, health care, displacement and access blockades are widespread and intersect with conflict dynamics, shaping access, safety and the legitimacy of aid actors [184]. Their monitoring identified recurring public briefs and narratives with titles such as "Let The World Know", "We Haven't Received A Single Bottle Of Water", "Is This Another Propaganda Campaign", "Myanmar's People Are Bombed", and "The UN Shouldn't Even Exist Anymore", reflecting common misconceptions and strong distrust toward humanitarian actors [184]. Open-source incident reporting is compiled from local, national and international news outlets and online databases, making social media and online rumours prominent sources of contested information in reporting on health and aid incidents [184]. Official narratives from de-facto authorities also appear in public reporting—for example, the Ministry of Information reported that bunkers belonging to KIA and PDF were found at a township hospital in Banmauk (reported 9 February 2026), a claim that interacts with online narratives and can polarize perceptions of health facilities [184]. These contested narratives undermine perceptions of neutrality and can affect operational access, staff and patient safety, and community trust, prompting calls to adapt humanitarian communication strategies accordingly [184][194]. UNDAC and OCHA mission reviews recommend institutionalizing media engagement SOPs, appointing dedicated public information officers (including field-based PIOs within the first 24 hours), training and pre-identifying national communications staff, simplifying content clearance, and requiring partners to share usable multimedia to ensure unified, timely and accurate messaging and reduce misinformation risks [194]. Those communication measures are also framed as essential for maintaining donor visibility and public fundraising while protecting staff and sustaining trust with affected communities [194].

Accountability Needs and Transparency

In 2025, partners prioritised sustaining existing feedback and participation mechanisms and engagement with organisations of persons with disabilities across coordination platforms, preparing groundwork for area-based coordination to bring decision-making closer to communities [193]. Humanitarian coordination shifted toward stronger area-based engagement and enhanced leadership of local organisations to improve local ownership and accountability in the response architecture [193][194]. Partners adapted delivery (including cash assistance) to banking, access and compliance constraints while progressing harmonisation of cash modalities and improving support for persons with disabilities [193]. However, PSEA and accountability principles were integrated into coordination but were not consistently visible across all activities; during the UNDAC mission a PSEA briefing was shared by email rather than in-person because of time constraints [194]. Access restrictions, telecommunications outages, and reliance on local partners constrained humanitarian access and operations, limiting direct two-way communication with affected populations [194]. Information-management capacity was overstretched—in part because effort and resources were diverted to the Flash Addendum—and the absence of a clearly defined plan of action and organigram at the outset hindered early strategic alignment and timely information flow needed for accountability processes [194]. Key gaps remain: inconsistent AAP/PSEA integration, limited engagement mechanisms in contested areas, and bureaucratic/registration barriers that risk service discontinuation and reduce transparency to affected communities [194][198].

Legal and Policy

Legal and Policy Framework

The State Administration Council (SAC) declared a state of emergency in severely affected areas—including Bago Region, Mandalay Region, Nay Pyi Taw Union Territory, Sagaing Region and parts of Shan State—and formally requested international assistance on 29 March 2025 [202]. Sub-national coordination was led by de-facto authorities with the Department of Disaster Management (DDM) and the Myanmar Red Cross Society prominent in response efforts, while interaction with international actors occurred primarily through the UN Resident Coordinator's Office and OCHA amid bureaucratic and political access constraints [202]. Emergency coordination mechanisms included a UNDAC deployment (29 March–16 April 2025) that supported coordination, needs analysis and liaison with regional actors, and the establishment of an Emergency Medical Teams Coordination Cell chaired by the Ministry of Health in Nay Pyi Taw on 8 April 2025, but formal engagement with de-facto authorities remained limited [202].

OCHA issued a Flash Addendum to the 2025 Humanitarian Needs and Response Plan requesting an additional USD 275 million for the earthquake response, and the Emergency Relief Coordinator allocated USD 5 million from the Central Emergency Response Fund (CERF) to support urgent needs [202]. At the international legal level, The Gambia has brought genocide proceedings against Myanmar at the International Court of Justice relating to the 2017 military operations, and analysts warn that evidence of property confiscation and demographic restructuring in Rakhine could have long-term implications under international law for restitution and the rights of displaced populations [209]. At sub-national level, an interim judiciary in Karenni State processed over 150 cases in 2025, with local judicial authorities noting weaknesses in rule-of-law enforcement and calling for coordinated action across stakeholders [213]. Attacks on health care and impediments to medical services have significant legal and protection implications: WHO recorded 70 verified attacks on health care in 2025 with 148 fatalities, and Insecurity Insight documented at least 1,869 incidents of violence against or obstruction of health care from February 2021 through 20 January 2026 (70% attributed to the Myanmar Armed Forces; 471 health facilities damaged or destroyed; at least 170 health workers killed and 909 arrested), underscoring widespread violations of IHL and protection obligations [201][205].

Humanitarian Impact of Legislation

De-facto authorities have imposed restrictions on community health workers and on NGO registration, forcing some partners to cease activities and threatening discontinuation of health services [207][201]. Bureaucratic hurdles and access restrictions have limited direct engagement with international actors, forcing many organisations to rely on local partners or remote support [202]. Telecommunications and internet disruptions and damaged infrastructure have further impeded coordination and field access [202]. Key operational impacts include multiple strikes and bombings that damaged hospitals and clinics between 4–17 February 2026 and prompted evacuation of patients and staff, including a 17 February 2026 attack on a makeshift hospital in Khin-U township that caused civilian casualties [205][210]. Occupation of health facilities by the Myanmar military and use of medical sites for military purposes have been reported, further undermining legal protections for medical care and impeding aid delivery [205]. Rohingya remain largely stateless and lack formal legal protections or guarantees; displaced Rohingya have been prevented from returning and reports of property confiscation and construction of new settlements on abandoned Rohingya land risk complicating restitution and future repatriation [209][212]. These legal and administrative barriers have translated into restricted mobility, uneven access across townships, and high operational risk for national and international responders [200][206].

International Agreements Impacting the Crisis

OCHA issued a Flash Addendum to the Myanmar Humanitarian Needs and Response Plan requesting an additional USD 275 million for 58 priority townships affected by the March 2025 earthquakes, and the Emergency Relief Coordinator allocated USD 5 million from the CERF to support urgent response efforts [202]. A 31-member UNDAC team deployed to support OCHA coordination in early April 2025, concluded its on-ground deployment in mid-April with select members extending remote support into late April, and UN agencies active in the response included UNICEF, WFP, WHO and UNHCR alongside the UN Resident Coordinator's Office [202]. ASEAN mechanisms were engaged—ASEAN-ERAT mobilised to support Myanmar's Department of Disaster Management and the AHA Centre was involved—and mission reviews recommended formalising ASEAN–UN protocols, mainstreaming ASEAN centrality, and pre-coordinating with ASEAN and local authorities to reduce visa and entry frictions for external teams [202]. International technical partners including the EU Joint Research Centre, MapAction, Telecoms Sans Frontières, Atlas Logistique and Humanosh provided geospatial, connectivity, logistics and medical support, and WHO-facilitated Emergency Medical Team coordination established Myanmar's first EMT Coordination Cell (chaired by the Ministry of Health) on 8 April 2025 [202]. The operational environment for international engagement remained highly constrained by access restrictions, bureaucratic hurdles, insecurity and consequent reliance on local partners, limiting international presence and shaping coordination arrangements [202]. Earthquake-specific financing had secured about USD 201 million of the USD 275 million required while the broader 2025 HNRP remained underfunded (approximately USD 200 million of USD 1.1 billion required), and overall HNRP funding coverage was low (roughly 29 percent, or USD 409 million of total requirements) as of late 2025 [206].

Limitations of Current Policies

UN and OCHA coordination repeatedly identified the absence of a clear plan of action (PoA), undefined terms of reference, and unclear roles between UNDAC, OCHA RO and CO as causes of initial delays and fragmented response planning [202]. Visa delays, restrictions on public information staff movement, and limited formal engagement with de-facto authorities impeded timely deployments and interoperability with regional partners [202]. Security constraints—particularly in Sagaing—disrupted needs assessments and coordination, forcing reliance on remote analysis and local partners [202]. WHO recorded 70 attacks on health care in 2025 (148 fatalities), up from 31 attacks (51 fatalities) in 2024, with Insecurity Insight documenting at least 1,869 incidents of violence against or obstruction of health care since 1 February 2021–20 January 2026, including 471 incidents of health facilities damaged, 227 uses of facilities for non-medical purposes, at least 170 health workers killed and 909 arrested [201][205]. Such attacks rose sharply in 2025, degrading civilian protection and service delivery and increasingly blocking humanitarian access in Chin, Rakhine and Sagaing [201][205]. Despite comparatively strong earthquake-specific financing ($201 million of $275 million required), major gaps in early recovery, education and nutrition highlighted misaligned resource distribution that limits progress beyond immediate relief [206]. Public digital narratives and contested information spaces have affected the perceived legitimacy and safety of aid operations, complicating impartial engagement and accountability efforts [205]. Recommended policy responses in official reviews include establishing area-based coordination hubs staffed primarily by national personnel, formal two-way information protocols between sub-national and national coordination bodies, and embedding cross-cutting safeguards (PSEA, gender, protection) to improve national ownership and adaptability of response policies [202].

Food Security and Livelihoods

Access to Food and Market Functionality

On 26 February 2026, reports described empty shelves across Myanmar as goods normally imported from Thailand vanished following tightened import controls, border gate closures and a crackdown on "illegal" trade [216]. Clashes for border checkpoints and intensified fighting in Tanintharyi Region have further strained crossborder trade routes and transport access [225]. LateFebruary airstrikes struck local markets in Rakhine and Sagaing (23–27 February), damaging market infrastructure and killing civilians, further disrupting local market access for displaced and host communities [232][220]. The 28 March 2025 earthquakes caused widespread damage to transport and market infrastructure—including Mandalay International Airport, major roads, bridges and the Yangon–Nay Pyi Taw–Mandalay expressway—and disrupted electricity and water supplies, constraining movement of goods and access to agricultural markets and services [221]. The Myanmar Health Cluster reported that almost 25% of the population faced high levels of acute food insecurity in 2025 [218]. Access to humanitarian aid is increasingly blocked by rising armed activity—most acutely in Chin, Rakhine and Sagaing—and many international actors have had to rely on local partners to deliver food and other relief in constrained areas [218][221]. The military blockade in Rakhine and cuts in international aid were reported to have driven increases in hunger and malnutrition in the state, according to WFPreferenced reporting [226].

Coping Mechanisms

Humanitarian partners reported that assistance often remained minimal or shortterm and that many households received support only once or at reduced levels due to funding shortfalls and operational constraints [219]. Chronic underfunding constrained assistance: only 29% of 2025 HNRP requirements (about $409 million) had been received, leading partners to provide smaller or less frequent food assistance in many locations [219]. Children are reportedly being drawn into goldmining work at the expense of schooling in parts of Kachin State, reflecting a negative, longterm coping mechanism among affected households [229].

Livelihood Disruption

Garment workers in Yangon demanded higher pay in late February 2026, citing rising living costs and increased production targets that squeezed wages and working conditions [228]. Restrictions by de facto authorities, obstacles to NGO registration and intensifying conflict have impeded humanitarian and health service delivery and forced some partners to cease activities, limiting health workers' ability to operate in early 2026 [224][218]. Excessive gold mining—which expanded since 2021 into residential and agricultural areas in Kachin State—has destroyed farmland, contaminated streams, reduced fish stocks, attracted migrant workers and pushed some children into mining, undermining local agricultural and fishing livelihoods [229]. The March 2025 7.7 magnitude earthquake and its aftermath deepened economic stress and needs [221]. Persistent underfunding of early recovery, education and nutrition limited prospects for sustained livelihood recovery [222][219].

Impact on Agricultural Activities and Production

Severe arsenic contamination of the Salween River and Mo Lo Creek in Kayah was reported in February 2026, with laboratory results showing arsenic levels 4–9 times and up to 55 times above safe limits, and local authorities prohibiting consumption of water or fish from the affected areas [218][235]. Excessive and expanding gold mining in Putao District and along sections of the Ayeyarwady River has damaged agricultural land, contaminated streams, and made fish increasingly scarce, undermining local livelihoods and aquatic resources [229]. Satellite and remote analysis used in the earthquake response identified over 20,000 damaged structures across some 520 village tracts in 36 priority townships, indicating significant losses to rural buildings that support farming livelihoods and storage facilities [221]. Ongoing conflict and access restrictions—notably in Sagaing, Chin and Rakhine—continue to block humanitarian access and impede delivery of assistance and services to farming and fishing communities, with some areas (Sagaing township) reporting over 70% of structures significantly damaged and insecurity limiting field access and assessments [218][221]. Humanitarian reporting also documents large-scale displacement and prolonged crisis-driven livelihood stress across rural areas, with roughly 4 million internally displaced people and widespread crisis-affected populations increasing risks to future agricultural production and rural incomes [219].

Food and Livelihood Needs and Current Response

Humanitarian assistance in Myanmar has centered on emergency food aid and cash-based assistance, including Cash and Voucher Assistance and multi-purpose cash, delivered alongside broader emergency relief by UN agencies and partners [219][221]. By 31 December 2025, humanitarian partners had reached 6.3 million people (94% of the 6.7 million target), with the Food Security cluster reaching 69% of its target in 2025 [219]. The earthquake response (March–April 2025) reached 1.7 million people, or 96% of its earthquake target, while earthquakespecific food security interventions reached about 585,000 people (approximately 65% of that sector target) [219]. In 2025, approximately $94 million was delivered as cashbased assistance, reaching 3.4 million people, reflecting a continued reliance on cash where markets functioned; partners adapted delivery approaches to banking, access and compliance constraints and discussed harmonization to reduce duplication and improve inclusion [219]. Despite high reported reach, effectiveness was limited by funding shortfalls and access constraints: overall HNRP funding covered about 29% of requirements ($409 million received), leaving many households supported only once or with reduced rations and limiting longer-term impact on food security [219]. To respond to earthquakerelated needs, OCHA issued a Flash Addendum requesting an additional US$275 million and the ERC allocated US$5 million from the CERF to urgent relief efforts [221]. Key gaps included under-resourced Nutrition, Early Recovery and Education sectors and constrained delivery in conflict-affected areas such as Sagaing, Chin and Rakhine due to insecurity, administrative barriers and disrupted logistics; NGO registration and funding limitations also risk service discontinuation in some areas [219][218][221][224]. Coordination was led by OCHA with UNDAC surge support during the earthquake, and humanitarian partners emphasized area-based coordination, stronger localization and national-led hubs to improve reach and prioritization going into 2026

[219][221].

Education

Learning Environment and Facility Conditions

Insecurity Insight documented that on 17 February 2026 three bombs damaged a public high school in Nyaung Pin Gyi Su village, Khin-U township (Shwebo district, Sagaing), which was being used as a makeshift hospital; the school was closed and patients and health workers evacuated, with nearby civilian casualties reported [246][244]. Airstrikes on 23–24 February 2026 struck Ponnagyun Township (Rakhine) and Myinmu Township (Sagaing), killing at least five children and injuring three, displacing families and further disrupting children's access to schooling [245]. Local reporting by Burma News International and civil society actors describes repeated airstrikes and displacement in Arakan State forcing frequent school closures, causing fear and concentration difficulties among students, and prompting CSOs to deploy mobile library programmes offering books, activities and psychosocial/learning support as temporary measures [237].

Access to Education and Barriers

Civil society organisations and teachers in Arakan (Rakhine) State reported frequent school shutdowns, widespread panic among students when aircraft are heard, parents too fearful to send children to class, and reduced classroom concentration due to stress [237]. Repeated displacement and airstrike threats have caused children to abandon lessons and seek shelters, contributing to interrupted attendance and learning loss in conflict-affected areas [237][245]. Rohingya communities in northern Rakhine remain stateless with severe movement restrictions and limited safe return options, conditions that constrain access to schooling and education services for displaced and returnee children [241][248]. Reports of forced or early recruitment pressures and concerns over drafting 16–18-year-olds have also led families to hide or move children, undermining school continuity in some areas (notably parts of Chin and other conflict-affected states) [241][250]. The UN-led HNRP Quarter Four dashboard shows Education partners reached 76% of their 2025 target by 31 December 2025, indicating sustained humanitarian education delivery amid access constraints but leaving gaps where violence, displacement, and administrative barriers persist [238].

Education Needs and Current Response

UNICEF reported responding to affected children and families following airstrikes on 23–24 February 2026 that hit Ponnagyun Township (Rakhine) and Myinmu Township (Sagaing), killing at least five children and further disrupting children's access to education and other essential services [245]. Civil society organisations have launched mobile library programmes to provide temporary learning and psychosocial relief to students experiencing stress and anxiety from repeated displacement and frequent school closures [237]. The 2025 Humanitarian Needs and Response Plan (HNRP) Flash reporting highlighted persistent, major response gaps in Education (alongside Early Recovery and Nutrition) despite comparatively strong earthquake-specific financing, while humanitarian partners reported Education reached approximately three-quarters of its 2025 target by 31 December 2025 [238]. Coordination continued through regular national and sub-national convenings and localisation efforts, with national and local partners remaining at the frontline of delivery and area-based coordination and strengthened local leadership prioritised for 2026 to sustain education responses in hard-to-reach and contested areas [238]. Significant gaps remain for sustained recovery, rehabilitation of schools, and expanded education services and financing in affected areas [237][245][238].

Health

Availability and Access to Healthcare Services

Access to health care in Myanmar is severely constrained by escalating attacks on health facilities, increasing armed activity that blocks humanitarian aid, and administrative restrictions on health partners and community health workers [251][252]. WHO's Surveillance System for Attacks on Health Care recorded 70 attacks on health care in 2025 (compared to 31 in 2024) and 148 fatalities in 2025 (compared to 51 in 2024) [251]. Insecurity Insight reported at least 1,869 incidents affecting health care from February 2021 to 20 January 2026, with 70% attributed to the Myanmar Armed Forces; it documented 471 occasions when health facilities were damaged or destroyed, 227 instances of facilities used for non-medical purposes, at least 170 health workers killed and 909 arrested, and 74 incidents involving armed drones [255]. Between 4–17 February 2026 multiple reported incidents damaged or forced evacuation and closure of health facilities and makeshift hospitals in Mandalay (Mogoke), Sagaing (KhinU/Yone Su), Chin (Tlangkhua/Htantlang) and HpaAn (Myaing Gyi Ngu) [258][255]. Access to services is increasingly blocked by rising armed activity, with Chin, Rakhine and Sagaing most affected [251][252]. Restrictions by de facto authorities on community health worker movements and NGO registration barriers, combined with limited funding prospects, are forcing some partners to cease activities and risk interruption of services in highly vulnerable areas, while humanitarian funding shortfalls (about 29% of 2025 HNRP requirements received) further limit partners' capacity to maintain services [252][251][254]. Severe shortages of medical supplies—including for treatment of widespread skin infections—are reported, and market disruptions and tightened import controls have led to medicines vanishing from shelves in parts of the country [251][259]. Inter-Agency Reproductive Health (IARH) kits (clean delivery, midwifery and post-rape treatment kits) are currently available from UNFPA for partners, while clinical management of rape service mapping and consultations to strengthen adolescent sexual and reproductive health services in Shan and Kachin are ongoing [252].

Disease Outbreaks

According to the Myanmar Health Cluster Bulletin (February 2026), there is an ongoing increase in preventable skin infections across the country, concentrated in temporary settlements where overcrowding, inadequate hygiene and lack of access to water are driving spread, and partners report severe shortages of medical supplies for treatment and risk of service discontinuation due to funding and registration constraints [251][252]. The Health Cluster noted intensifying conflict is impeding health service delivery as patients and health workers are unable to visit facilities, further raising outbreak risk and reducing containment capacity [251][252]. Severe arsenic

contamination of river water in Kayah was reported with laboratory findings showing Salween River levels 4–9 times above standards and Mo Lo Creek up to 55 times above safe levels, prompting local prohibitions on consuming water or fish from affected areas and posing additional publichealth risk for communities reliant on contaminated sources [251][262]. Response measures noted include the upcoming launch of a Mobile Clinic Quality of Care Toolkit on 4 March 2026, availability and coordinated distribution of InterAgency Reproductive Health (IARH) kits via UNFPA, ongoing Clinical Management of Rape service mapping, and planned health facility and market surveys to support procurement and service planning [252].

Health System Challenges

Intensified conflict, repeated attacks on health care, damaged health infrastructure, severe medical supply shortages, restrictions on health workers and NGOs, and funding shortfalls are collectively undermining health service delivery across Myanmar [251][254][255]. WHO's Surveillance System for Attacks on Health Care recorded 70 attacks on health care in 2025 with 148 fatalities, up from 31 attacks and 51 fatalities in 2024 [251]. Insecurity Insight reported at least 1,869 incidents affecting health care between 1 February 2021 and 20 January 2026, with 70% attributed to the Myanmar Armed Forces; facilities were damaged or destroyed 471 times, used for non-medical purposes 227 times, at least 170 health workers were killed and 909 arrested [255]. Between 4–17 February 2026, publicly reported incidents included an attack on Mogoke township hospital (06 Feb), discovery of bunkers at Banmauk township hospital after reseizure (reported 09 Feb), damage to staff housing at a station hospital in Hlaingbwe (09 Feb), bombing of a clinic and construction site in Tlangkhua, Chin state with at least six killed (10 Feb), and bombing of a makeshift hospital and school in Khin-U township with evacuations and casualties (17 Feb) [258][255]. Many hospitals and health facilities were extensively damaged or destroyed during the March 2025 earthquakes, and the emergency response faced constrained capacity and access in conflict-affected areas such as Sagaing, limiting treatment for the injured and routine care [256]. Severe shortages of medical supplies have been reported, including trauma kits, blood bags, assistive devices, essential medicines, and specific shortages for treating skin infections in overcrowded temporary settlements [256][251]. Funding constraints remain acute: overall humanitarian funding for 2025 reached only around 29% of requirements (approximately $409 million received), the earthquake flash addendum requested an additional $275 million, and the earthquake-specific response received $201 million of the $275 million required—leaving gaps that constrain sustained health programming [254][256]. Some mitigation efforts are noted: inter-agency SRH/IARH kits are available through UNFPA for partners providing sexual and reproductive health services, and the Health Cluster planned a Mobile Clinic Quality-of-Care Toolkit launch on 4 March 2026 to support service quality in mobile settings [252].

Mental Health and Psychosocial Support (MHPSS)

The Myanmar Health Cluster announced in its February 2026 bulletin that Phase II of the national health facility survey will include questions on mental health services, signaling a planned assessment of MHPSS availability across facilities [252]. Health Cluster updates on 27 February 2026 note ongoing Clinical Management of Rape (CMR) service mapping to strengthen referral pathways and service availability for survivors of sexual violence, alongside availability and distribution coordination of InterAgency Reproductive Health (IARH) kits via UNFPA [252]. WHO and the Health Cluster reported severe constraints on health service delivery threatening continuity of MHPSS and health services with many partners at risk of discontinuing services due to registration and funding barriers [251][252]. Civil society organisations reported acute psychosocial harm among children in Rakhine (Arakan) State from repeated airstrikes, with mobile library and childfocused activities used by CSOs as shortterm psychosocial support in affected areas between 2023–2025 [261]. The 2025 HNRP dashboard highlighted sustained engagement with organizations of persons with disabilities and continued feedback and participation mechanisms, which underpin efforts to include vulnerable groups in areabased responses and MHPSS planning [254].

Health Needs and Current Response

Most urgent healthcare needs include a surge in preventable skin infections in overcrowded temporary settlements with inadequate hygiene and water access, acute arsenic contamination of river water in Kayah (Salween River 4–9 times above standards; Mo Lo Creek up to 55 times above safe levels), and increased demand for trauma and emergency care as attacks on health services escalate [251][255]. Current humanitarian health services include a Mobile Clinic Quality-of-Care Toolkit rollout planned for 4 March 2026, availability and coordinated distribution of Inter-Agency Reproductive Health (IARH) kits through UNFPA, ongoing Clinical Management of Rape (CMR) service mapping, and consultations to strengthen adolescent SRH in Shan and Kachin [252]. Coverage by humanitarian partners remained substantial in 2025, with partners reaching 6.3 million people overall and the Health cluster achieving roughly 76% of its HNRP targets (with earthquake-related health response coverage reported around 78%) by 31 December 2025 [254]. Key gaps are severe shortages of medical supplies (including treatments for skin infections), lack of trauma kits, blood bags and essential medicines, widespread damage to health infrastructure, access blockages in Chin, Rakhine and Sagaing, funding shortfalls and registration barriers that may force partners to cease operations, and reported restrictions on community health workers' ability to deliver services [251][256][254][252]. Health response coordination involves Cluster-level SRH coordination with UNFPA for commodity release and distribution, planned health facility and market surveys supported by UNFPA to improve procurement and service monitoring, and a precedent of Emergency Medical Team coordination established with WHO and the Ministry of Health during the 2025 earthquake response [252][256].

Nutrition

Availability and Access to Nutrition Services

In 2025 intensified conflict and access restrictions increasingly blocked delivery of health and nutrition services, with Chin, Rakhine and Sagaing most affected and restrictions reported on community health workers' ability to reach communities [264][267]. Attacks on health care rose sharply in 2025, with WHO reporting 70 attacks and 148 fatalities that year, further undermining availability and safety of service points [264].

Monitoring by Insecurity Insight documents widespread, sustained violence against health care since February 2021 (including hundreds of damaged facilities and dozens of health worker deaths and arrests), which has disrupted malnutrition screening and nutrition service continuity [272]. Severe shortages of medical supplies, combined with NGO registration barriers and funding uncertainty that may force partners to cease activities, threaten continued provision of nutrition commodities and outreach [264][267]. The Health Cluster is supporting quality improvements for mobile clinics via a Mobile Clinic Quality of Care Toolkit launched 4 March 2026 to strengthen planning and minimum service packages for mobile outreach [267].

Nutrition Needs and Current Response

Almost 25% of the population faced high levels of acute food insecurity in 2025, with risk of further deterioration [264]. By 31 December 2025 humanitarian partners reached 6.3 million people—94% of the 6.7 million targeted—with the Nutrition cluster reaching nearly half or more of its 2025 targets [266]. Major response gaps persisted in Nutrition alongside Early Recovery and Education, particularly within the earthquake response where nutrition had 312,000 people targeted and 87,000 reached (28% coverage) in prioritized townships [266]. Funding constraints were significant: the original 2025 HNRP secured $200 million of $1.1 billion required, overall HNRP funding received was $409 million (29% of requirements), and the earthquake response received $201 million of the $275 million requested [266]. These funding shortfalls meant assistance was often delivered less frequently or in smaller quantities, reducing the scale and consistency of nutrition services [266]. Cash-based assistance accounted for $94 million (nearly 25% of HNRP funding), reaching 3.4 million people in 2025, representing a major modality to support households' access to food and basic needs [266]. Key operational constraints limiting nutrition response include restricted humanitarian access and shifting frontlines, notably in Chin, Rakhine and Sagaing, and the risk that funding shortfalls and NGO registration barriers will force partners to discontinue services, undermining continuity of nutrition and related health interventions [264][266].

WASH

Availability of Water Sources

In late February 2026, severe arsenic contamination was reported in Kayah State: laboratory findings showed the Salween River at 4–9 times above safe standards and Mo Lo Creek as high as 55 times above safe levels, prompting local authorities to ban consumption of water and fish from the contaminated areas [274][275]. Karenni State authorities report that wastewater from mines has heavily contaminated both rivers [275]. Reporting from Kachin State (Putao District) documents extensive gold-mining contamination that has made streams very muddy, reduced fish stocks, and damaged land and ponds used for local sanitation, degrading water quality and local hygiene conditions [283]. Residual impacts from the March 2025 earthquakes included significant disruptions to utility systems and water supply across multiple regions, including in Yangon, further constraining access to potable water in affected areas and leaving many communities without basic services [279]. The 2025 HNRP Q4 dashboard (data consolidated as of 9 February 2026) showed uneven WASH coverage overall—WASH reached 69% of its target in 2025 while the earthquake-specific WASH response achieved 81% coverage—indicating persistent gaps in service availability [277]. Ongoing access constraints, conflict and administrative barriers continue to impede WASH service delivery and humanitarian access in hard-to-reach areas, particularly in Chin, Rakhine and Sagaing [277][279][274].

Access to Sanitation Facilities and Hygiene Practices

The Myanmar Health Cluster Bulletin (February 2026) reported an ongoing increase in preventable skin infections in temporary settlements driven by overcrowding, inadequate hygiene, and lack of access to water [274]. Health partners face severe shortages of medical supplies for treating these skin infections, and lack of funding together with NGO registration constraints risk forcing many health partners to discontinue services [274][278]. Funding shortfalls (29% of total requirements received in 2025) led to assistance being provided less frequently or in smaller quantities, reducing consistency of WASH and hygiene service delivery [277]. Earthquake damage and ongoing conflict disrupted utility systems including water supply and degraded sanitation infrastructure across affected areas, increasing needs for WASH items and complicating access to sanitation services [279]. Difficulties in digging latrines have been reported in areas affected by mining contamination in Kachin State [283]. Telecommunications outages further hinder coordination of sanitation and hygiene services [279].

Waste Management and Vector-Borne Disease Risks

Damage from the March 2025 earthquakes disrupted electricity and water supplies and degraded sanitation infrastructure across affected areas, increasing risks of waterborne and hygiene-related disease transmission [279]. These WASH gaps increase publichealth risks from unsafe water and inadequate sanitation, undermining efforts to reduce waterborne and hygienerelated disease in affected communities [274]. Intensifying conflict and access restrictions are further impeding health service delivery and community health worker operations, undermining disease-prevention and vector-control efforts in affected areas [274][278].

Main WASH Needs and Humanitarian Response

The 2025 earthquakes disrupted utility systems and water supply across affected areas, leaving many communities without potable water and basic services [279]. Overcrowding, inadequate hygiene and lack of access to water in temporary settlements have driven an increase in preventable skin infections and other hygiene-related conditions, compounded by shortages of medical supplies [274]. Severe arsenic contamination in Kayah State—with Salween River levels 4–9 times above standards and Mo Lo Creek up to 55 times above safe levels—led local authorities to prohibit consumption of water or fish from contaminated areas [274]. Under the 2025 HNRP partners reported WASH reached roughly 69% of planned coverage overall, while the earthquake response achieved about 81% coverage for WASH (approximately 1.3 million targeted and 1.0 million reached) by end2025 [277]. Immediate WASH interventions reported in rapid assessments included distribution of emergency WASH items and supplies as part of multi-agency relief efforts involving UNICEF, WFP, WHO, UNHCR, the Myanmar Red Cross Society and Red Cross/Red Crescent partners [279]. Earthquakespecific

financing ($201 million of the $275 million requested) supported stronger WASH performance in the emergency response, but chronic underfunding and limited resources meant assistance was often minimal or provided only once for many households [277]. Scaling the WASH response remains constrained by funding shortfalls (HNRP received about $409 million, ~29% of requirements), damaged infrastructure, ongoing conflict and access restrictions (notably in Sagaing), telecommunications outages that hinder coordination, and registration/administrative barriers forcing some partners to cease activities [277][279][278].

Shelter and Non-Food Items (NFI)

Damage to Housing and Shelter Needs

Multiple attacks documented by Insecurity Insight in February 2026 caused extensive damage to communal shelter spaces, health facilities, and homes across Myanmar, compounding shelter needs and reducing availability of safe displacement sites. On 17 February, three bombs struck a public high school used as a makeshift hospital and nearby homes in Nyaung Pin Gyi Su village, Khin-U township (Shwebo district, Sagaing), forcing the school's closure and evacuation of patients and health workers [295]. Earlier that month, artillery shelling damaged a station hospital staff house in Myaing Gyi Ngu, Hlaingbwe township on 9 February, and bombs struck a local clinic and housing construction site in Tlangkhua village, Htantlang township on 10 February, causing civilian casualties, damage to homes and displacement [292][295]. An attack on a township hospital in Mogoke occurred on 6 February, and reports emerged on 9 February of bunkers in a Banmauk township hospital [292]. These attacks combined with overcrowded, water-scarce temporary settlements have reduced availability of safe communal shelters, interrupted the use of schools and health facilities as displacement sites, and increased immediate shelter and NFI needs in affected areas [290][295][292]. UNDAC assessments identified immediate NFI needs including emergency shelters, clothing, blankets, kitchen sets and WASH items for earthquake-affected communities [288]. Distribution and logistics were constrained by damaged roads, debris, telecommunications outages and ongoing insecurity—particularly in Sagaing—forcing reliance on local partners and remote support to deliver NFIs [288].

Living Conditions in Camps or Settlements

Health Cluster reporting in February 2026 indicates temporary settlements and camps are overcrowded with inadequate hygiene and limited access to safe water, driving an increase in preventable skin infections and worsening hygiene conditions [290]. The same February 2026 bulletin documents severe arsenic contamination in Kayah—Salween River measured 4–9 times above standards and Mo Lo Creek up to 55 times above safe levels—and local authorities have prohibited consumption of water or fish from affected areas [290]. Intensifying conflict and access blockades—notably in Chin, Rakhine and Sagaing—are impeding delivery of aid and preventing health workers and patients from reaching facilities [290][294]. As a result of the multiple attacks between 4–17 February 2026, health workers and patients have been displaced from facilities and temporary settlements lack adequate protection, privacy and basic services amid rising violence and access constraints [292][290]. Health partners face severe shortages of medical supplies including treatments for skin infections, while funding shortfalls and NGO registration constraints threaten continuation of services [290][294]. Cluster support in late February 2026 included availability of Inter-Agency Reproductive Health (IARH) kits through UNFPA and ongoing Clinical Management of Rape service mapping to strengthen referral pathways [294].

NFI and Shelter Needs and Current Response

OCHA reported Shelter/NFI/CCCM reached 545,000 of 1.1 million people targeted (approximately 53% coverage), indicating substantial gaps in shelter/NFI coverage [287]. Despite high overall reach in 2025, limited funding meant assistance was often minimal or one-off, leaving many households with insufficient or short-term NFI support [287]. UN system members, including UNICEF, WFP, WHO and UNHCR, alongside international NGOs and Red Cross/Red Crescent partners, provided emergency relief and incoming relief facilitation [288]. OCHA reported cash and voucher assistance remained central to meeting urgent needs, with USD 94 million delivered through cash-based assistance reaching 3.4 million people, partially offsetting NFI access gaps where in-kind distributions were constrained [287]. Health-sector and response reports also flagged severe shortages of medical supplies and tents for health workers, further straining shelter and NFI-related capacities in affected locations [288][290]. OCHA launched a Flash Addendum requesting an additional USD 275 million for the earthquake response while the Emergency Relief Coordinator allocated USD 5 million from the CERF for urgent needs [288]. Earthquake-specific financing had secured USD 201 million of the USD 275 million required while the broader 2025 HNRP secured only USD 200 million of USD 1.1 billion, contributing to persistent gaps in shelter and early-recovery assistance [287]. To strengthen response coordination and NFI/shelter delivery, UNDAC recommended establishing dedicated area-based coordination hubs staffed primarily by national personnel to improve national ownership and operational reach [288].

Protection

Impact on civilians

LateFebruary 2026 airstrikes caused multiple civilian deaths and injuries across Rakhine and Sagaing, including an attack on Yoe Ngu village market in Ponnagyun (24 Feb) that killed at least 17–20 people, including children [302][312]. UNICEF reported at least five children killed and three injured by strikes between 23–24 February in Ponnagyun (Rakhine) and Myinmu (Sagaing), warning of disrupted access to health, education and protection for children [309]. Additional air operations in late February produced dozens of casualties and dozens injured, including strikes on markets in Paungbyin Township and other population centres [319][310]. Attacks on health care have escalated sharply: WHO's Surveillance System for Attacks on Health Care verified 70 attacks in 2025 with 148 fatalities, up from 31 attacks and 51 fatalities in 2024 [300]. Monitoring by Insecurity Insight recorded at least 1,869 incidents affecting health care from February 2021–January 2026, with 70% attributed to the Myanmar Armed Forces; health facilities were damaged or destroyed 471 times, used for nonmedical purposes 227 times, at least 170 health workers were killed and 909 arrested, and armed drones affected health care 74 times between Feb 2021 and Dec 2025 [311][301]. Documented incidents in February 2026 included artillery damage to a station hospital staff house in Myaing Gyi Ngu (9 Feb), bombs hitting a clinic and a construction site in Hakha district killing at least six

(10 Feb), and bombs damaging a public high school used as a makeshift hospital in KhinU township with nearby civilian deaths and multiple injuries (17 Feb) [301][311]. Humanitarian access is increasingly blocked—OCHA and the Health Cluster report intensified armed activity limiting aid delivery, particularly in Chin, Rakhine and Sagaing, while funding shortfalls and NGO registration constraints risk discontinuation of health services in vulnerable areas [300][317]. Severe environmental health risks were reported in Kayah state where laboratory tests found arsenic levels 4–9 times above standards in the Salween River and up to 55 times above safe levels in Mo Lo Creek, prompting local prohibitions on consuming water or fish from those areas [300][316]. Market and livelihood access were also disrupted in late February 2026, with reports of empty shelves as Thai imports declined following tightened border controls and trade restrictions [307]. Humanitarian response coverage remained significant but strained: partners reached 6.3 million people by 31 Dec 2025 amid chronic underfunding (29% of requirements received), leaving many needs unmet as displacement and access constraints persist [306].

Factors Driving protection risks

Escalating use of explosive weapons and airstrikes has driven widespread insecurity and damaged civilian infrastructure and health services [301]. Armed drones and improvised explosive munitions have increasingly targeted health facilities and personnel, forcing evacuations and service closures [301][311]. Humanitarian access is increasingly blocked by intensified armed activity, with OCHA and health cluster reporting that Chin, Rakhine and Sagaing are among the worst affected, hindering delivery of aid and health services [306]. Conflictdriven displacement combined with economic shocks—including disrupted crossborder trade and empty supermarket shelves—plus almost 25% of the population facing high levels of acute food insecurity in 2025, is elevating risks of exploitation, trafficking and forced labour [300][307]. Statelessness and lack of formal protection amplify risks for Rohingya returnees, who have been reported arbitrarily detained, extorted and subjected to alleged sexual violence after returns to northern Rakhine (returns documented June 2025), increasing their exposure to protection abuses [303]. Severe shortages of medical supplies, funding shortfalls and restrictions on partner registration are forcing health partners to scale back and risk discontinuing services in coming months [300]. Environmental contamination—notably severe arsenic levels reported in Kayah's Salween River and Mo Lo Creek—creates additional health and protection hazards for affected communities [316].

Psychological and mental health impacts

Children in Arakan (Rakhine) are experiencing profound psychological trauma from repeated airstrikes, repeated displacement, loss of homes and loved ones, and constant fear triggered by aircraft noises, with aid workers reporting drawings dominated by airplanes and children abandoning lessons in panic [304]. Schools have shut frequently, many students struggle to concentrate due to stress and anxiety, and civil society organisations have launched mobile library programs and similar activities to provide temporary psychosocial relief and a sense of normalcy [304]. The widespread use of explosive weapons in populated areas and rising violence have intensified trauma and undermined community mental wellbeing by damaging civilian infrastructure and health services [301]. Reported attacks on clinics and makeshift hospitals have forced patients and health workers to evacuate and led to closure or relocation of services, further reducing access to mental health and psychosocial support (MHPSS) in affected areas [301][311]. The Myanmar Health Cluster (February 2026) reports that intensifying conflict is impeding health service delivery, that restrictions on community health workers and NGO registration and funding shortfalls risk service discontinuation, and that mental health services will be included in upcoming health-facility surveys to better capture needs [317][300]. Observed coping and behavioural changes include panic responses to aircraft, avoidance/withdrawal from school and public life, and persistent anxiety among children and displaced populations, with monitoring groups calling for urgent psychological assistance to prevent long-term harm [304].

Protection Needs and Current Response

Intensified conflict and access restrictions—most acute in Chin, Rakhine and Sagaing—are increasingly blocking humanitarian and protection service delivery and impeding safe access to health services and shelters [300]. Humanitarian partners reported strong Protection cluster coverage in 2025, with Protection reaching about 95% of its target by 31 December 2025, while Shelter/NFI/CCCM and Nutrition reached roughly half or more of their targets, indicating partial capacity to meet protection needs amid constraints [306]. The earthquake response delivered high Protection coverage (85%) and reached 1.7 million people, but funding shortfalls and access limitations left persistent protection gaps in early recovery, education and nutrition sectors [306]. Accountability and community engagement mechanisms were maintained in 2025, including sustained feedback and participation mechanisms and targeted engagement with organizations of persons with disabilities, while localization efforts focused on flexibility, risksharing and duty of care [306]. Clinical Management of Rape (CMR) service mapping and efforts to strengthen SRH referral pathways were ongoing in late February 2026, with UNFPA coordinating availability and distribution of IARH kits to support survivors and services [317]. Protectionrelated standards such as PSEA and AAP were emphasized in coordination and briefings, but UNDAC noted inconsistent integration across activities and recommended more dedicated, consistent PSEA/AAP implementation and monitoring [308]. OCHA/UNDAC surge support expanded protection monitoring and reporting capacities during the earthquake response through enhanced assessment & analysis (remote A&A cell), geospatial damage analysis and informationmanagement tools, helping to sustain protection monitoring despite telecommunications disruptions and access constraints [308].

Child Protection concerns

Repeated airstrikes in late February 2026 killed and injured multiple children, including strikes on Ponnagyun Township (Rakhine) and Myinmu Township (Sagaing) between 23–24 February that UNICEF reported killed at least five children and injured three [309]. On 14 February a Rohingya girl was killed while fleeing alleged Arakan Army conscription in Buthidaung, and residents say families are hiding or moving daughters to avoid recruitment [299]. On 22 February the junta abducted an underage internally displaced person (IDP) in Hpakant Township who remained unaccounted for as of reporting [321]. Tonzang Township authorities announced mandatory conscription in late February that drafts men and women starting from age 16, prompting many youths to flee and raising concerns about underage recruitment [298]. Returnees and displaced families—including women and children—have reportedly been detained

after returning to Maungdaw and subjected to forced labour, extortion and sexual violence during detention [303]. Reports indicate children are increasingly drawn into gold mining and other labour instead of attending school, heightening childlabour risks in affected areas [313]. Repeated airstrikes, frequent school closures and attacks on facilities (including schools used as makeshift hospitals) have severely disrupted education and caused widespread psychosocial trauma among children, as reported by civil society and monitoring briefs [304][301]. Humanitarian partners note scaled childprotection activities in 2025 but say access constraints, attacks on health care and funding shortfalls limit service delivery despite Protection cluster reporting high coverage (around 95% of its target) by end2025 [306][300].

Violence against women and girls

Allegations of sexual violence against Rohingya returnees were reported in Maungdaw, where former detainees said women were raped during detention and families were extorted and forced into labour after returning from Bangladesh in June 2025; these claims were documented by Kaladan Press Network but could not be independently verified and detainees reported being warned not to speak about the incidents [303]. Community sources reported that families are reportedly hiding or moving daughters between villages to avoid potential recruitment by the Arakan Army, with observers warning recruitment of minors raises serious international law concerns and that limited humanitarian access complicates documentation in northern Rakhine [299]. The Myanmar Health Cluster and partners reported an increased impact of violence on girls in 2025 and noted record deadly attacks on health care, while UNFPA and SRH partners have IARH kits (including post-rape treatment kits) available and ongoing Clinical Management of Rape (CMR) service mapping to strengthen referral pathways and service availability as of February 2026 [300][317]. Restrictions by de facto authorities on community health workers, barriers to NGO registration forcing some partners to cease activities, intensifying conflict and access blockages were reported as impediments to GBV service delivery, reporting, and continuity of care [317][299][300]. Consultations with youth networks in Shan and Kachin are underway to enhance adolescent sexual and reproductive health services, but no systematic information on availability of safe spaces, shelters, legal aid, or prevention programmes for GBV survivors was provided in the available documents [317].

Vulnerable Groups / Special Needs Groups

Unaccompanied and Separated Children

UNICEF reported that airstrikes on 23–24 February 2026 killed at least five children and injured three, noting that strikes hit homes and a market in a village hosting displaced families and further disrupted children's access to healthcare, education and protection services [340]. Documented cases of abduction or detention of underage IDPs in February 2026 further increase protection risks [328]. Civil society groups describe profound psychological trauma among children in Arakan/Rakhine and have implemented mobile library and other psychosocial activities to provide temporary relief [343]. Health agencies have documented a sharp rise in attacks on health care and escalating insecurity that impede child protection and health service delivery, particularly in Chin, Rakhine and Sagaing regions [329]. The Health Cluster in February 2026 reported that Inter-Agency Reproductive Health kits, including post-rape treatment kits, are available for partners and that Clinical Management of Rape service mapping is ongoing to strengthen referral pathways [334].

Pregnant and Lactating Women

UNFPA reported that InterAgency Reproductive Health (IARH) kits—including clean delivery kits, midwifery kits and postrape treatment kits—are currently available for partners, with an updated IARH manual and coordinated distribution based on identified needs and service capacity [334]. The Health Cluster launched a Mobile Clinic Quality of Care Toolkit to support planning, minimum mobileclinic service standards, quality monitoring and an elearning course, with the launch event scheduled for 4 March 2026 [334]. Access to maternal and reproductive health services is being severely constrained by intensified conflict, restrictions by defacto authorities on community health workers, NGO registration barriers and funding shortfalls that risk forcing partners to discontinue services in coming months [329][334]. Attacks on health care increased substantially, with the Health Cluster recording 70 attacks on health care in 2025 that resulted in 148 fatalities, undermining safety and access for pregnant women and health workers [329]. Key verified trends reported by Insecurity Insight include: at least 1,869 incidents of violence against or obstruction of health care since February 2021 to 20 January 2026; 70% of incidents attributed to the Myanmar Armed Forces; health facilities damaged or destroyed 471 times; at least 170 health workers killed and 909 arrested; and 74 incidents involving armed drones affecting health care [333]. Severe shortages of medical supplies, earthquake damage to hospitals and ongoing insecurity have impeded facility operations and patient/healthworker movement, and the Health Cluster is preparing a Phase II health facility survey (including mental health) and a market survey to identify reliable medical suppliers to support local procurement of qualityassured medicines [329][334][338].

Adolescents and Youth

Civil society organisations report frequent air raids and repeated school closures are severely disrupting education and causing deep psychological trauma among children, who panic at the sound of aircraft and often abandon lessons [343]. Myanmar Health Cluster bulletins in late February 2026 warned that intensifying conflict and access constraints are impeding delivery of health and mental health services, and that Phase II of the health facility survey will include mental health to assess service availability [329][334]. The Health Cluster is mapping clinical management of rape referral pathways and conducting consultations with youth groups in Shan and Kachin to strengthen adolescent sexual and reproductive health and related referral services [334]. Reports in February 2026 indicate youths face coercive recruitment: a Rohingya teenager reportedly died while fleeing alleged Arakan Army conscription in northern Rakhine, and resistance-run authorities in Tonzang began mandatory drafts for 16–35 yearolds, prompting concealment, flight and widespread fear among families [330][339].

Attacks on health care and bombings that have damaged hospitals, clinics and schools (including schools used as makeshift hospitals) are forcing evacuations and closures, reducing adolescents' access to health, psychosocial support and safe learning spaces and creating elevated protection and mental health needs across conflict-affected areas [333].

People with Disabilities

Humanitarian partners explicitly included persons with disabilities among groups reached in 2025, alongside women, girls and children [331]. Post-earthquake and during 2025 partners reported severe shortages of assistive devices alongside trauma kits, blood bags and essential medicines, constraining healthcare and rehabilitative support [338][329]. The Health Cluster warned in February 2026 that intensified conflict and access blockades in Chin, Rakhine and Sagaing were impeding health service delivery, and that registration constraints and lack of funding risked forcing many health partners to discontinue services in the coming months [329][334]. Cash and voucher programming in 2025 reached 3.4 million people and discussions progressed on harmonizing assistance amounts and improving support for persons with disabilities [331]. Localization and coordination efforts sustained engagement with organizations of persons with disabilities and maintained feedback and participation mechanisms rather than expanding new systems [331]. An Emergency Medical Teams Coordination Cell was established on 8 April 2025, engaging over 14 EMTs to support emergency medical response after the earthquake [338].

Elderly

No specific information available for elderly populations.

Displaced

According to the 2025 HNRP dashboard, key displacement figures included: Internally displaced persons (IDPs): 4,000,000 people in need; 3,000,000 targeted; 2,100,000 reached. Non-displaced stateless people: 386,000 people in need; 328,000 targeted; 85,000 reached. Returned, resettled and locally integrated IDPs: 447,000 people in need; 325,000 targeted; 277,000 reached [331]. Humanitarian coverage was high in 2025 but largely short, intermittent, or reduced in size because overall funding met only around 29% of requirements (approximately USD 409 million), forcing partners to prioritise minimal or one-off assistance rather than sustained support [331]. In February 2026 the Myanmar Health Cluster reported that access to humanitarian aid and health services is increasingly blocked by rising armed activity, with Chin, Rakhine and Sagaing most affected, and warned that registration restrictions and lack of funding threaten to force many health partners to discontinue services [329][334]. Overcrowding, inadequate hygiene and insufficient water in temporary settlements were linked to an increase in preventable skin infections and other WASHrelated health problems, while severe shortages of medical supplies undermine treatment capacity [329]. Access constraints, conflict and administrative barriers have forced many international actors to rely on remote support and local partners to reach displaced people, limiting international presence in insecure areas and increasing operational risk for frontline national responders [338][331]. Rohingya returnees face acute protection and legal vulnerabilities: media reporting alleges arbitrary detention, forced labour, extortion and sexual violence against returnees in areas under Arakan Army control, and observers report that new settlements and land appropriation on abandoned Rohingya land could obstruct voluntary, safe and dignified return and restitution processes [326][332]. Deportations and returns from neighbouring countries have exposed some returnees to coercion and forced recruitment into military service, highlighting specific vulnerabilities for people deported or returned from third countries [337]. Overall, protracted conflict, repeated displacement and economic stress have eroded livelihoods and housing security and constrained prospects for safe return, local integration or sustainable resettlement for large displaced and stateless populations across Myanmar [331][338].

Minorities

Local sources report that the Arakan Army/ULA has been constructing new Rakhine settlements on land historically owned by displaced Rohingya in Maungnama, Maungdaw Township, with allegations that mosques, religious schools, wells and other community infrastructure were bulldozed during 2024 [332]. Observers warn that such settlement expansion and alleged property reallocation could complicate future voluntary, safe and dignified repatriation and carry longterm restitution implications under international law, including in the context of The Gambia's ongoing ICJ case against Myanmar [332]. Former detainees and local testimonies allege that the Arakan Army detained Rohingya returnees in Maungdaw—reportedly subjecting men to forced labour and torture, and women to rape and physical assault—followed by extortion and reported transfers back to Bangladesh; these allegations were reported by local press and could not be independently verified [326]. Community sources report heightened fears of forced recruitment in northern Rakhine, prompting families to hide or move daughters between villages [330]. Humanitarian access to minorityaffected areas is increasingly constrained, with the Health Cluster reporting that access to aid is increasingly blocked—particularly in Chin, Rakhine and Sagaing—which is impeding delivery of health and protection services [329]. The Health Cluster also reported restrictions by defacto authorities on community health workers' ability to deliver services and ongoing NGO registration issues that have forced some partners to cease activities, risking interruption of services to vulnerable communities [334]. Progress on localization and inclusion was incremental: local and national partners remained at the frontline and coordination reforms planned for 2026 aim to strengthen areabased engagement and local leadership, while practical barriers such as flexibility, risksharing and duty of care continue to limit fuller inclusion of minority communities in recovery and decisionmaking processes [331].

Sources

Operational Environment

Economy

[1] https://reliefweb.int | HUMANITARIAN NEEDS AND RESPONSE PLAN 2025 QUARTER FOUR DASHBOARD (JAN - DEC 2025)

[2] https://reliefweb.int | Myanmar: Humanitarian Needs and Response Plan 2025, Quarter 4 Dashboard (Jan - Dec 2025)

[3] https://reliefweb.int | Myanmar Health Cluster Bulletin February 2026

[4] https://reliefweb.int | End of Mission Report United Nations Disaster Assessment & Coordination (UNDAC) - Earthquak […]

[5] https://reliefweb.int | Earthquake 7.7M Response – Myanmar

[6] https://myanmar-now.org | Empty shelves across Myanmar as Thai imports disappear

[7] https://reliefweb.int | Attacks on Health Care in Myanmar 04-17 February 2026

[8] https://www.bnionline.net | Arakan Army accused of detaining Rohingya returnees, raping women in Maungdaw | Bur […]

[9] https://reliefweb.int | Attacks on Health Care in Myanmar: 04-17 February 2026

[10] https://www.lemonde.fr | In Burma, an air strike by the junta killed at least 17 people

[11] https://myanmar-now.org | Dozens injured in two days of airstrikes on remote Sagaing village

[12] https://myanmar-now.org | Yangon garment workers demand pay rise at factory supplying Polish fashion brand

[13] https://reliefweb.int | Myanmar 27 February 2026

[14] https://www.bnionline.net | Excessive gold mining in Putao District threatens environment and local livelihoods | Burm […]

[15] https://news.un.org | World News in Brief: Arab economies rise, rights experts call for police reform in India, Ukraine sc […]

[16] https://www.bnionline.net | AA/ULA accused of building Rakhine settlements on Ancestral Rohingya land in Maungna […]

[17] https://myanmar-now.org | Clashes for border checkpoints intensify in Myanmar's southernmost region

[18] https://myanmar-now.org | Myanmar junta carries out eight airstrikes in Kachin State after attack on Myitkyina Airport

[19] https://myanmar-now.org | Karenni IEC warns of 'toxic' levels of arsenic in Salween River and Molo Creek

[20] https://www.bnionline.net | Airstrikes leave deep psychological scars on Arakan State children | Burma News Internati […]

Politics

[21] https://www.bnionline.net | Over 100 Cases Filed in 2025; Drug-Related and Violent Offenses Most Prevalent | Burma N […]

[22] https://www.bnionline.net | Rohingya teen dies fleeing alleged AA conscription in Buthidaung | Burma News International

[23] https://www.bnionline.net | Airstrikes leave deep psychological scars on Arakan State children | Burma News Internati […]

[24] https://reliefweb.int | Myanmar 27 February 2026

[25] https://www.bnionline.net | AA/ULA accused of building Rakhine settlements on Ancestral Rohingya land in Maungna […]

[26] https://reliefweb.int | HUMANITARIAN NEEDS AND RESPONSE PLAN 2025 QUARTER FOUR DASHBOARD (JAN - DEC 2025)

[27] https://reliefweb.int | Myanmar Health Cluster Bulletin February 2026

[28] https://reliefweb.int | Attacks on Health Care in Myanmar 04-17 February 2026

[29] https://reliefweb.int | Attacks on Health Care in Myanmar: 04-17 February 2026

[30] https://www.bnionline.net | Arakanese youths, sent back from Thailand, forced to serve the military | Burma News Inte […]

[31] https://www.bnionline.net | Arakan Army accused of detaining Rohingya returnees, raping women in Maungdaw | Bur […]

[32] https://myanmar-now.org | Mining magnate who funded ultranationalists to serve five more years for money laundering

[33] https://reliefweb.int | Myanmar: Humanitarian Needs and Response Plan 2025, Quarter 4 Dashboard (Jan - Dec 2025)

[34] https://www.bnionline.net | Young adults in Tonzang who refuse mandatory military service face risk of deportation | […]

[35] https://reliefweb.int | End of Mission Report United Nations Disaster Assessment & Coordination (UNDAC) - Earthquak […]

[36] https://reliefweb.int | Earthquake 7.7M Response – Myanmar

[37] https://www.bnionline.net | Excessive gold mining in Putao District threatens environment and local livelihoods | Burm […]

[38] https://myanmar-now.org | Clashes for border checkpoints intensify in Myanmar's southernmost region

[39] https://myanmar-now.org | Empty shelves across Myanmar as Thai imports disappear

[40] https://myanmar-now.org | Junta troops advance into western Pale Township in wake of Bo Nagar surrender

[41] https://www.lemonde.fr | In Burma, an air strike by the junta killed at least 17 people

[42] https://news.un.org | World News in Brief: Arab economies rise, rights experts call for police reform in India, Ukraine sc […]

Security And Stability

[43] https://myanmar-now.org | Clashes for border checkpoints intensify in Myanmar's southernmost region

[44] https://myanmar-now.org | Dozens injured in two days of airstrikes on remote Sagaing village

[45] https://myanmar-now.org | Empty shelves across Myanmar as Thai imports disappear

[46] https://reliefweb.int | Myanmar Health Cluster Bulletin February 2026

[47] https://reliefweb.int | Attacks on Health Care in Myanmar 04-17 February 2026

[48] https://www.lemonde.fr | In Burma, an air strike by the junta killed at least 17 people

[49] https://myanmar-now.org | Karenni IEC warns of 'toxic' levels of arsenic in Salween River and Molo Creek

[50] https://www.bnionline.net | Over 100 Cases Filed in 2025; Drug-Related and Violent Offenses Most Prevalent | Burma N […]

[51] https://reliefweb.int | Attacks on Health Care in Myanmar: 04-17 February 2026

[52] https://www.bnionline.net | Excessive gold mining in Putao District threatens environment and local livelihoods | Burm […]

[53] https://www.bnionline.net | AA/ULA accused of building Rakhine settlements on Ancestral Rohingya land in Maungna […]

[54] https://myanmar-now.org | Junta troops advance into western Pale Township in wake of Bo Nagar surrender

[55] https://myanmar-now.org | Airstrikes kill dozens in Sagaing Region, Rakhine State

[56] https://reliefweb.int | Myanmar: Humanitarian Needs and Response Plan 2025, Quarter 4 Dashboard (Jan - Dec 2025)

[57] https://myanmar-now.org | Yangon garment workers demand pay rise at factory supplying Polish fashion brand

[58] https://myanmar-now.org | Myanmar junta carries out eight airstrikes in Kachin State after attack on Myitkyina Airport

[59] https://www.bnionline.net | Rohingya teen dies fleeing alleged AA conscription in Buthidaung | Burma News International

[60] https://www.bnionline.net | Arakan Army accused of detaining Rohingya returnees, raping women in Maungdaw | Bur […]

[61] https://myanmar-now.org | Woman, two girls killed in Myanmar junta attack on Buddhist festival

[62] https://www.bnionline.net | Airstrikes leave deep psychological scars on Arakan State children | Burma News Internati […]

[63] https://myanmar-now.org | Airstrike on Rakhine market kills 18 as junta steps up attacks in AA-held areas

[64] https://reliefweb.int | Earthquake 7.7M Response – Myanmar

[65] https://reliefweb.int | HUMANITARIAN NEEDS AND RESPONSE PLAN 2025 QUARTER FOUR DASHBOARD (JAN - DEC 2025)

[66] https://reliefweb.int | End of Mission Report United Nations Disaster Assessment & Coordination (UNDAC) - Earthquak […]

[67] https://news.un.org | World News in Brief: Arab economies rise, rights experts call for police reform in India, Ukraine sc […]

[68] https://reliefweb.int | Myanmar 27 February 2026

[69] https://www.bnionline.net | Arakanese youths, sent back from Thailand, forced to serve the military | Burma News Inte […]

Demography

[70] https://reliefweb.int | Myanmar: Humanitarian Needs and Response Plan 2025, Quarter 4 Dashboard (Jan - Dec 2025)

[71] https://reliefweb.int | Myanmar Health Cluster Bulletin February 2026

[72] https://reliefweb.int | HUMANITARIAN NEEDS AND RESPONSE PLAN 2025 QUARTER FOUR DASHBOARD (JAN - DEC 2025)

[73] https://reliefweb.int | End of Mission Report United Nations Disaster Assessment & Coordination (UNDAC) - Earthquak […]

[74] https://myanmar-now.org | Dozens injured in two days of airstrikes on remote Sagaing village

[75] https://myanmar-now.org | Empty shelves across Myanmar as Thai imports disappear

[76] https://reliefweb.int | Attacks on Health Care in Myanmar 04-17 February 2026

[77] https://www.bnionline.net | AA/ULA accused of building Rakhine settlements on Ancestral Rohingya land in Maungna […]

[78] https://reliefweb.int | Myanmar 27 February 2026

[79] https://www.bnionline.net | Arakanese youths, sent back from Thailand, forced to serve the military | Burma News Inte […]

[80] https://reliefweb.int | Earthquake 7.7M Response – Myanmar

[81] https://reliefweb.int | Attacks on Health Care in Myanmar: 04-17 February 2026

[82] https://www.bnionline.net | Excessive gold mining in Putao District threatens environment and local livelihoods | Burm […]

[83] https://www.bnionline.net | Arakan Army accused of detaining Rohingya returnees, raping women in Maungdaw | Bur […]

[84] https://www.lemonde.fr | In Burma, an air strike by the junta killed at least 17 people

[85] https://www.bnionline.net | Rohingya teen dies fleeing alleged AA conscription in Buthidaung | Burma News International

Socio-Cultural

[86] https://reliefweb.int | HUMANITARIAN NEEDS AND RESPONSE PLAN 2025 QUARTER FOUR DASHBOARD (JAN - DEC 2025)

[87] https://www.bnionline.net | AA/ULA accused of building Rakhine settlements on Ancestral Rohingya land in Maungna […]

[88] https://reliefweb.int | Earthquake 7.7M Response – Myanmar

[89] https://reliefweb.int | Myanmar Health Cluster Bulletin February 2026

[90] https://reliefweb.int | Myanmar: Humanitarian Needs and Response Plan 2025, Quarter 4 Dashboard (Jan - Dec 2025)

[91] https://reliefweb.int | End of Mission Report United Nations Disaster Assessment & Coordination (UNDAC) - Earthquak […]

[92] https://www.bnionline.net | Rohingya teen dies fleeing alleged AA conscription in Buthidaung | Burma News International

[93] https://reliefweb.int | Attacks on Health Care in Myanmar 04-17 February 2026

[94] https://reliefweb.int | Myanmar 27 February 2026

[95] https://www.bnionline.net | Arakan Army accused of detaining Rohingya returnees, raping women in Maungdaw | Bur […]

[96] https://www.bnionline.net | Excessive gold mining in Putao District threatens environment and local livelihoods | Burm […]

[97] https://www.lemonde.fr | In Burma, an air strike by the junta killed at least 17 people

[98] https://reliefweb.int | Attacks on Health Care in Myanmar: 04-17 February 2026

Environment

[99] https://myanmar-now.org | Karenni IEC warns of 'toxic' levels of arsenic in Salween River and Molo Creek

[100] https://reliefweb.int | Myanmar Health Cluster Bulletin February 2026

[101] https://www.bnionline.net | Excessive gold mining in Putao District threatens environment and local livelihoods | Burm […]

[102] https://reliefweb.int | End of Mission Report United Nations Disaster Assessment & Coordination (UNDAC) - Earthquak […]

[103] https://reliefweb.int | Myanmar: Humanitarian Needs and Response Plan 2025, Quarter 4 Dashboard (Jan - Dec 2025)

[104] https://reliefweb.int | HUMANITARIAN NEEDS AND RESPONSE PLAN 2025 QUARTER FOUR DASHBOARD (JAN - DEC 2025)

[105] https://myanmar-now.org | Clashes for border checkpoints intensify in Myanmar's southernmost region

[106] https://www.bnionline.net | AA/ULA accused of building Rakhine settlements on Ancestral Rohingya land in Maungna […]

[107] https://reliefweb.int | Earthquake 7.7M Response – Myanmar

[108] https://myanmar-now.org | Airstrikes kill dozens in Sagaing Region, Rakhine State

[109] https://www.bnionline.net | Arakan Army accused of detaining Rohingya returnees, raping women in Maungdaw | Bur […]

[110] https://www.lemonde.fr | In Burma, an air strike by the junta killed at least 17 people

[111] https://news.un.org | World News in Brief: Arab economies rise, rights experts call for police reform in India, Ukraine sc […]

[112] https://myanmar-now.org | Myanmar junta carries out eight airstrikes in Kachin State after attack on Myitkyina Airport

[113] https://www.bnionline.net | Airstrikes leave deep psychological scars on Arakan State children | Burma News Internati […]

[114] https://reliefweb.int | Attacks on Health Care in Myanmar 04-17 February 2026

[115] https://www.bnionline.net | Rohingya teen dies fleeing alleged AA conscription in Buthidaung | Burma News International

[116] https://reliefweb.int | Attacks on Health Care in Myanmar: 04-17 February 2026

[117] https://myanmar-now.org | Dozens injured in two days of airstrikes on remote Sagaing village

[118] https://reliefweb.int | Myanmar 27 February 2026

[119] https://myanmar-now.org | Empty shelves across Myanmar as Thai imports disappear

Conflict

[120] https://reliefweb.int | Myanmar 27 February 2026

[121] https://myanmar-now.org | Clashes for border checkpoints intensify in Myanmar's southernmost region

[122] https://reliefweb.int | HUMANITARIAN NEEDS AND RESPONSE PLAN 2025 QUARTER FOUR DASHBOARD (JAN - DEC 2025)

[123] https://reliefweb.int | Attacks on Health Care in Myanmar: 04-17 February 2026

[124] https://reliefweb.int | Myanmar Health Cluster Bulletin February 2026

[125] https://reliefweb.int | Myanmar: Humanitarian Needs and Response Plan 2025, Quarter 4 Dashboard (Jan - Dec 2025)

[126] https://reliefweb.int | Attacks on Health Care in Myanmar 04-17 February 2026

[127] https://www.bnionline.net | Airstrikes leave deep psychological scars on Arakan State children | Burma News Internati […]

[128] https://reliefweb.int | End of Mission Report United Nations Disaster Assessment & Coordination (UNDAC) - Earthquak […]

[129] https://reliefweb.int | Earthquake 7.7M Response – Myanmar

[130] https://news.un.org | World News in Brief: Arab economies rise, rights experts call for police reform in India, Ukraine sc […]

[131] https://myanmar-now.org | Woman, two girls killed in Myanmar junta attack on Buddhist festival

[132] https://myanmar-now.org | Airstrike on Rakhine market kills 18 as junta steps up attacks in AA-held areas

[133] https://www.lemonde.fr | In Burma, an air strike by the junta killed at least 17 people

[134] https://www.bnionline.net | AA/ULA accused of building Rakhine settlements on Ancestral Rohingya land in Maungna […]

[135] https://www.bnionline.net | Arakan Army accused of detaining Rohingya returnees, raping women in Maungdaw | Bur […]

[136] https://myanmar-now.org | Dozens injured in two days of airstrikes on remote Sagaing village

[137] https://myanmar-now.org | Airstrike on Rakhine market kills 18 as junta steps up attacks in AA-held areas

[138] https://myanmar-now.org | Woman, two girls killed in Myanmar junta attack on Buddhist festival

[139] https://www.bnionline.net | Rohingya teen dies fleeing alleged AA conscription in Buthidaung | Burma News International

[140] https://myanmar-now.org | Empty shelves across Myanmar as Thai imports disappear

[141] https://www.bnionline.net | Excessive gold mining in Putao District threatens environment and local livelihoods | Burm […]

[142] https://myanmar-now.org | Myanmar junta carries out eight airstrikes in Kachin State after attack on Myitkyina Airport

[143] https://myanmar-now.org | Airstrikes kill dozens in Sagaing Region, Rakhine State

[144] https://myanmar-now.org | Junta troops advance into western Pale Township in wake of Bo Nagar surrender

Displacement

[145] https://reliefweb.int | Myanmar Health Cluster Bulletin February 2026

[146] https://www.bnionline.net | Arakan Army accused of detaining Rohingya returnees, raping women in Maungdaw | Bur […]

[147] https://www.bnionline.net | AA/ULA accused of building Rakhine settlements on Ancestral Rohingya land in Maungna […]

[148] https://reliefweb.int | Myanmar: Humanitarian Needs and Response Plan 2025, Quarter 4 Dashboard (Jan - Dec 2025)

[149] https://reliefweb.int | Attacks on Health Care in Myanmar 04-17 February 2026

[150] https://reliefweb.int | Myanmar 27 February 2026

[151] https://reliefweb.int | HUMANITARIAN NEEDS AND RESPONSE PLAN 2025 QUARTER FOUR DASHBOARD (JAN - DEC 2025)

[152] https://myanmar-now.org | Airstrike on Rakhine market kills 18 as junta steps up attacks in AA-held areas

[153] https://myanmar-now.org | Empty shelves across Myanmar as Thai imports disappear

[154] https://www.bnionline.net | Airstrikes leave deep psychological scars on Arakan State children | Burma News Internati […]

[155] https://reliefweb.int | End of Mission Report United Nations Disaster Assessment & Coordination (UNDAC) - Earthquak […]

[156] https://myanmar-now.org | Dozens injured in two days of airstrikes on remote Sagaing village

[157] https://myanmar-now.org | Karenni IEC warns of 'toxic' levels of arsenic in Salween River and Molo Creek

[158] https://myanmar-now.org | Clashes for border checkpoints intensify in Myanmar's southernmost region

[159] https://reliefweb.int | Earthquake 7.7M Response – Myanmar

[160] https://www.bnionline.net | Excessive gold mining in Putao District threatens environment and local livelihoods | Burm […]

[161] https://www.bnionline.net | Rohingya teen dies fleeing alleged AA conscription in Buthidaung | Burma News International

[162] https://www.bnionline.net | Arakanese youths, sent back from Thailand, forced to serve the military | Burma News Inte […]

[163] https://reliefweb.int | Attacks on Health Care in Myanmar: 04-17 February 2026

[164] https://www.lemonde.fr | In Burma, an air strike by the junta killed at least 17 people

Humanitarian Access

[165] https://reliefweb.int | Myanmar Health Cluster Bulletin February 2026

[166] https://reliefweb.int | Myanmar: Humanitarian Needs and Response Plan 2025, Quarter 4 Dashboard (Jan - Dec 2025)

[167] https://reliefweb.int | HUMANITARIAN NEEDS AND RESPONSE PLAN 2025 QUARTER FOUR DASHBOARD (JAN - DEC 2025)

[168] https://reliefweb.int | Attacks on Health Care in Myanmar 04-17 February 2026

[169] https://reliefweb.int | Earthquake 7.7M Response – Myanmar

[170] https://reliefweb.int | Myanmar 27 February 2026

[171] https://reliefweb.int | End of Mission Report United Nations Disaster Assessment & Coordination (UNDAC) - Earthquak […]

[172] https://www.bnionline.net | Rohingya teen dies fleeing alleged AA conscription in Buthidaung | Burma News International

[173] https://www.bnionline.net | AA/ULA accused of building Rakhine settlements on Ancestral Rohingya land in Maungna […]

[174] https://www.bnionline.net | Arakan Army accused of detaining Rohingya returnees, raping women in Maungdaw | Bur […]

[175] https://myanmar-now.org | Dozens injured in two days of airstrikes on remote Sagaing village

[176] https://reliefweb.int | Attacks on Health Care in Myanmar: 04-17 February 2026

[177] https://www.bnionline.net | Excessive gold mining in Putao District threatens environment and local livelihoods | Burm […]

[178] https://myanmar-now.org | Empty shelves across Myanmar as Thai imports disappear

[179] https://www.bnionline.net | Airstrikes leave deep psychological scars on Arakan State children | Burma News Internati […]

[180] https://www.lemonde.fr | In Burma, an air strike by the junta killed at least 17 people

[181] https://news.un.org | World News in Brief: Arab economies rise, rights experts call for police reform in India, Ukraine sc […]

Information, Communication and AAP

[182] https://myanmar-now.org | Empty shelves across Myanmar as Thai imports disappear

[183] https://myanmar-now.org | Clashes for border checkpoints intensify in Myanmar's southernmost region

[184] https://reliefweb.int | Attacks on Health Care in Myanmar 04-17 February 2026

[185] https://www.bnionline.net | Arakan Army accused of detaining Rohingya returnees, raping women in Maungdaw | Bur […]

[186] https://reliefweb.int | Myanmar: Humanitarian Needs and Response Plan 2025, Quarter 4 Dashboard (Jan - Dec 2025)

[187] https://myanmar-now.org | Dozens injured in two days of airstrikes on remote Sagaing village

[188] https://reliefweb.int | Myanmar Health Cluster Bulletin February 2026

[189] https://myanmar-now.org | Myanmar junta carries out eight airstrikes in Kachin State after attack on Myitkyina Airport

[190] https://www.bnionline.net | Rohingya teen dies fleeing alleged AA conscription in Buthidaung | Burma News International

[191] https://reliefweb.int | Attacks on Health Care in Myanmar: 04-17 February 2026

[192] https://www.lemonde.fr | In Burma, an air strike by the junta killed at least 17 people

[193] https://reliefweb.int | HUMANITARIAN NEEDS AND RESPONSE PLAN 2025 QUARTER FOUR DASHBOARD (JAN - DEC 2025)

[194] https://reliefweb.int | Earthquake 7.7M Response – Myanmar

[195] https://reliefweb.int | End of Mission Report United Nations Disaster Assessment & Coordination (UNDAC) - Earthquak […]

[196] https://news.un.org | World News in Brief: Arab economies rise, rights experts call for police reform in India, Ukraine sc […]

[197] https://www.bnionline.net | AA/ULA accused of building Rakhine settlements on Ancestral Rohingya land in Maungna […]

[198] https://reliefweb.int | Myanmar 27 February 2026

[199] https://www.bnionline.net | Airstrikes leave deep psychological scars on Arakan State children | Burma News Internati […]

Legal and Policy

[200] https://reliefweb.int | Myanmar: Humanitarian Needs and Response Plan 2025, Quarter 4 Dashboard (Jan - Dec 2025)

[201] https://reliefweb.int | Myanmar Health Cluster Bulletin February 2026

[202] https://reliefweb.int | Earthquake 7.7M Response – Myanmar

[203] https://myanmar-now.org | Empty shelves across Myanmar as Thai imports disappear

[204] https://reliefweb.int | End of Mission Report United Nations Disaster Assessment & Coordination (UNDAC) - Earthquak […]

[205] https://reliefweb.int | Attacks on Health Care in Myanmar 04-17 February 2026

[206] https://reliefweb.int | HUMANITARIAN NEEDS AND RESPONSE PLAN 2025 QUARTER FOUR DASHBOARD (JAN - DEC 2025)

[207] https://reliefweb.int | Myanmar 27 February 2026

[208] https://www.bnionline.net | Rohingya teen dies fleeing alleged AA conscription in Buthidaung | Burma News International

[209] https://www.bnionline.net | AA/ULA accused of building Rakhine settlements on Ancestral Rohingya land in Maungna […]

[210] https://reliefweb.int | Attacks on Health Care in Myanmar: 04-17 February 2026

[211] https://www.bnionline.net | Excessive gold mining in Putao District threatens environment and local livelihoods | Burm […]

[212] https://www.bnionline.net | Arakan Army accused of detaining Rohingya returnees, raping women in Maungdaw | Bur […]

[213] https://www.bnionline.net | Over 100 Cases Filed in 2025; Drug-Related and Violent Offenses Most Prevalent | Burma N […]

[214] https://myanmar-now.org | Dozens injured in two days of airstrikes on remote Sagaing village

[215] https://www.lemonde.fr | In Burma, an air strike by the junta killed at least 17 people

Sectoral Analysis

Food Security and Livelihoods

[216] https://myanmar-now.org | Empty shelves across Myanmar as Thai imports disappear

[217] https://reliefweb.int | Myanmar: Humanitarian Needs and Response Plan 2025, Quarter 4 Dashboard (Jan - Dec 2025)

[218] https://reliefweb.int | Myanmar Health Cluster Bulletin February 2026

[219] https://reliefweb.int | HUMANITARIAN NEEDS AND RESPONSE PLAN 2025 QUARTER FOUR DASHBOARD (JAN - DEC 2025)

[220] https://myanmar-now.org | Dozens injured in two days of airstrikes on remote Sagaing village

[221] https://reliefweb.int | Earthquake 7.7M Response – Myanmar

[222] https://reliefweb.int | End of Mission Report United Nations Disaster Assessment & Coordination (UNDAC) - Earthquak […]

[223] https://reliefweb.int | Attacks on Health Care in Myanmar 04-17 February 2026

[224] https://reliefweb.int | Myanmar 27 February 2026

[225] https://myanmar-now.org | Clashes for border checkpoints intensify in Myanmar's southernmost region

[226] https://www.lemonde.fr | In Burma, an air strike by the junta killed at least 17 people

[227] https://reliefweb.int | Attacks on Health Care in Myanmar: 04-17 February 2026

[228] https://myanmar-now.org | Yangon garment workers demand pay rise at factory supplying Polish fashion brand

[229] https://www.bnionline.net | Excessive gold mining in Putao District threatens environment and local livelihoods | Burm […]

[230] https://www.bnionline.net | Airstrikes leave deep psychological scars on Arakan State children | Burma News Internati […]

[231] https://www.bnionline.net | Arakan Army accused of detaining Rohingya returnees, raping women in Maungdaw | Bur […]

[232] https://news.un.org | World News in Brief: Arab economies rise, rights experts call for police reform in India, Ukraine sc […]

[233] https://www.bnionline.net | AA/ULA accused of building Rakhine settlements on Ancestral Rohingya land in Maungna […]

[234] https://www.bnionline.net | Rohingya teen dies fleeing alleged AA conscription in Buthidaung | Burma News International

[235] https://myanmar-now.org | Karenni IEC warns of 'toxic' levels of arsenic in Salween River and Molo Creek

Education

[236] https://reliefweb.int | Earthquake 7.7M Response – Myanmar

[237] https://www.bnionline.net | Airstrikes leave deep psychological scars on Arakan State children | Burma News Internati […]

[238] https://reliefweb.int | HUMANITARIAN NEEDS AND RESPONSE PLAN 2025 QUARTER FOUR DASHBOARD (JAN - DEC 2025)

[239] https://reliefweb.int | End of Mission Report United Nations Disaster Assessment & Coordination (UNDAC) - Earthquak […]

[240] https://reliefweb.int | Myanmar Health Cluster Bulletin February 2026

[241] https://www.bnionline.net | Rohingya teen dies fleeing alleged AA conscription in Buthidaung | Burma News International

[242] https://reliefweb.int | Myanmar 27 February 2026

[243] https://reliefweb.int | Myanmar: Humanitarian Needs and Response Plan 2025, Quarter 4 Dashboard (Jan - Dec 2025)

[244] https://reliefweb.int | Attacks on Health Care in Myanmar 04-17 February 2026

[245] https://news.un.org | World News in Brief: Arab economies rise, rights experts call for police reform in India, Ukraine sc […]

[246] https://reliefweb.int | Attacks on Health Care in Myanmar: 04-17 February 2026

[247] https://www.bnionline.net | Arakan Army accused of detaining Rohingya returnees, raping women in Maungdaw | Bur […]

[248] https://www.bnionline.net | AA/ULA accused of building Rakhine settlements on Ancestral Rohingya land in Maungna […]

[249] https://www.bnionline.net | Excessive gold mining in Putao District threatens environment and local livelihoods | Burm […]

[250] https://www.bnionline.net | Young adults in Tonzang who refuse mandatory military service face risk of deportation | […]

Health

[251] https://reliefweb.int | Myanmar Health Cluster Bulletin February 2026

[252] https://reliefweb.int | Myanmar 27 February 2026

[253] https://reliefweb.int | Myanmar: Humanitarian Needs and Response Plan 2025, Quarter 4 Dashboard (Jan - Dec 2025)

[254] https://reliefweb.int | HUMANITARIAN NEEDS AND RESPONSE PLAN 2025 QUARTER FOUR DASHBOARD (JAN - DEC 2025)

[255] https://reliefweb.int | Attacks on Health Care in Myanmar 04-17 February 2026

[256] https://reliefweb.int | Earthquake 7.7M Response – Myanmar

[257] https://reliefweb.int | End of Mission Report United Nations Disaster Assessment & Coordination (UNDAC) - Earthquak […]

[258] https://reliefweb.int | Attacks on Health Care in Myanmar: 04-17 February 2026

[259] https://myanmar-now.org | Empty shelves across Myanmar as Thai imports disappear

[260] https://news.un.org | World News in Brief: Arab economies rise, rights experts call for police reform in India, Ukraine sc […]

[261] https://www.bnionline.net | Airstrikes leave deep psychological scars on Arakan State children | Burma News Internati […]

[262] https://myanmar-now.org | Karenni IEC warns of 'toxic' levels of arsenic in Salween River and Molo Creek

[263] https://myanmar-now.org | Dozens injured in two days of airstrikes on remote Sagaing village

Nutrition

[264] https://reliefweb.int | Myanmar Health Cluster Bulletin February 2026

[265] https://reliefweb.int | Myanmar: Humanitarian Needs and Response Plan 2025, Quarter 4 Dashboard (Jan - Dec 2025)

[266] https://reliefweb.int | HUMANITARIAN NEEDS AND RESPONSE PLAN 2025 QUARTER FOUR DASHBOARD (JAN - DEC 2025)

[267] https://reliefweb.int | Myanmar 27 February 2026

[268] https://reliefweb.int | Earthquake 7.7M Response – Myanmar

[269] https://reliefweb.int | Attacks on Health Care in Myanmar 04-17 February 2026

[270] https://myanmar-now.org | Empty shelves across Myanmar as Thai imports disappear

[271] https://reliefweb.int | End of Mission Report United Nations Disaster Assessment & Coordination (UNDAC) - Earthquak […]

[272] https://reliefweb.int | Attacks on Health Care in Myanmar: 04-17 February 2026

[273] https://news.un.org | World News in Brief: Arab economies rise, rights experts call for police reform in India, Ukraine sc […]

WASH

[274] https://reliefweb.int | Myanmar Health Cluster Bulletin February 2026

[275] https://myanmar-now.org | Karenni IEC warns of 'toxic' levels of arsenic in Salween River and Molo Creek

[276] https://reliefweb.int | Myanmar: Humanitarian Needs and Response Plan 2025, Quarter 4 Dashboard (Jan - Dec 2025)

[277] https://reliefweb.int | HUMANITARIAN NEEDS AND RESPONSE PLAN 2025 QUARTER FOUR DASHBOARD (JAN - DEC 2025)

[278] https://reliefweb.int | Myanmar 27 February 2026

[279] https://reliefweb.int | Earthquake 7.7M Response – Myanmar

[280] https://reliefweb.int | End of Mission Report United Nations Disaster Assessment & Coordination (UNDAC) - Earthquak […]

[281] https://reliefweb.int | Attacks on Health Care in Myanmar: 04-17 February 2026

[282] https://reliefweb.int | Attacks on Health Care in Myanmar 04-17 February 2026

[283] https://www.bnionline.net | Excessive gold mining in Putao District threatens environment and local livelihoods | Burm […]

[284] https://www.bnionline.net | Arakan Army accused of detaining Rohingya returnees, raping women in Maungdaw | Bur […]

[285] https://www.bnionline.net | AA/ULA accused of building Rakhine settlements on Ancestral Rohingya land in Maungna […]

Shelter and Non-Food Items (NFI)

[286] https://www.bnionline.net | Arakan Army accused of detaining Rohingya returnees, raping women in Maungdaw | Bur […]

[287] https://reliefweb.int | HUMANITARIAN NEEDS AND RESPONSE PLAN 2025 QUARTER FOUR DASHBOARD (JAN - DEC 2025)

[288] https://reliefweb.int | Earthquake 7.7M Response – Myanmar

[289] https://reliefweb.int | Myanmar: Humanitarian Needs and Response Plan 2025, Quarter 4 Dashboard (Jan - Dec 2025)

[290] https://reliefweb.int | Myanmar Health Cluster Bulletin February 2026

[291] https://reliefweb.int | End of Mission Report United Nations Disaster Assessment & Coordination (UNDAC) - Earthquak […]

[292] https://reliefweb.int | Attacks on Health Care in Myanmar 04-17 February 2026

[293] https://www.bnionline.net | AA/ULA accused of building Rakhine settlements on Ancestral Rohingya land in Maungna […]

[294] https://reliefweb.int | Myanmar 27 February 2026

[295] https://reliefweb.int | Attacks on Health Care in Myanmar: 04-17 February 2026

[296] https://www.bnionline.net | Airstrikes leave deep psychological scars on Arakan State children | Burma News Internati […]

[297] https://myanmar-now.org | Dozens injured in two days of airstrikes on remote Sagaing village

Protection

[298] https://www.bnionline.net | Young adults in Tonzang who refuse mandatory military service face risk of deportation | […]

[299] https://www.bnionline.net | Rohingya teen dies fleeing alleged AA conscription in Buthidaung | Burma News International

[300] https://reliefweb.int | Myanmar Health Cluster Bulletin February 2026

[301] https://reliefweb.int | Attacks on Health Care in Myanmar 04-17 February 2026

[302] https://www.bnionline.net | Junta's airstrike in Ponnagyun, death toll rises to 20 including 6 children | Burma News Inte […]

[303] https://www.bnionline.net | Arakan Army accused of detaining Rohingya returnees, raping women in Maungdaw | Bur […]

[304] https://www.bnionline.net | Airstrikes leave deep psychological scars on Arakan State children | Burma News Internati […]

[305] https://reliefweb.int | Myanmar: Humanitarian Needs and Response Plan 2025, Quarter 4 Dashboard (Jan - Dec 2025)

[306] https://reliefweb.int | HUMANITARIAN NEEDS AND RESPONSE PLAN 2025 QUARTER FOUR DASHBOARD (JAN - DEC 2025)

[307] https://myanmar-now.org | Empty shelves across Myanmar as Thai imports disappear

[308] https://reliefweb.int | Earthquake 7.7M Response – Myanmar

[309] https://news.un.org | World News in Brief: Arab economies rise, rights experts call for police reform in India, Ukraine sc […]

[310] https://myanmar-now.org | Dozens injured in two days of airstrikes on remote Sagaing village

[311] https://reliefweb.int | Attacks on Health Care in Myanmar: 04-17 February 2026

[312] https://www.lemonde.fr | In Burma, an air strike by the junta killed at least 17 people

[313] https://www.bnionline.net | Excessive gold mining in Putao District threatens environment and local livelihoods | Burm […]

[314] https://myanmar-now.org | Airstrike on Rakhine market kills 18 as junta steps up attacks in AA-held areas

[315] https://www.bnionline.net | AA/ULA accused of building Rakhine settlements on Ancestral Rohingya land in Maungna […]

[316] https://myanmar-now.org | Karenni IEC warns of 'toxic' levels of arsenic in Salween River and Molo Creek

[317] https://reliefweb.int | Myanmar 27 February 2026

[318] https://reliefweb.int | End of Mission Report United Nations Disaster Assessment & Coordination (UNDAC) - Earthquak […]

[319] https://myanmar-now.org | Airstrikes kill dozens in Sagaing Region, Rakhine State

[320] https://myanmar-now.org | Myanmar junta carries out eight airstrikes in Kachin State after attack on Myitkyina Airport

[321] https://www.bnionline.net | Junta abducts underage IDP in Hpakant | Burma News International

[322] https://myanmar-now.org | Yangon garment workers demand pay rise at factory supplying Polish fashion brand

[323] https://www.bnionline.net | Over 100 Cases Filed in 2025; Drug-Related and Violent Offenses Most Prevalent | Burma N […]

[324] https://myanmar-now.org | Woman, two girls killed in Myanmar junta attack on Buddhist festival

[325] https://www.bnionline.net | Arakanese youths, sent back from Thailand, forced to serve the military | Burma News Inte […]

Vulnerable Groups / Special Needs Groups

[326] https://www.bnionline.net | Arakan Army accused of detaining Rohingya returnees, raping women in Maungdaw | Bur […]

[327] https://myanmar-now.org | Dozens injured in two days of airstrikes on remote Sagaing village

[328] https://www.bnionline.net | Junta abducts underage IDP in Hpakant | Burma News International

[329] https://reliefweb.int | Myanmar Health Cluster Bulletin February 2026

[330] https://www.bnionline.net | Rohingya teen dies fleeing alleged AA conscription in Buthidaung | Burma News International

[331] https://reliefweb.int | HUMANITARIAN NEEDS AND RESPONSE PLAN 2025 QUARTER FOUR DASHBOARD (JAN - DEC 2025)

[332] https://www.bnionline.net | AA/ULA accused of building Rakhine settlements on Ancestral Rohingya land in Maungna […]

[333] https://reliefweb.int | Attacks on Health Care in Myanmar 04-17 February 2026

[334] https://reliefweb.int | Myanmar 27 February 2026

[335] https://reliefweb.int | Myanmar: Humanitarian Needs and Response Plan 2025, Quarter 4 Dashboard (Jan - Dec 2025)

[336] https://reliefweb.int | Attacks on Health Care in Myanmar: 04-17 February 2026

[337] https://www.bnionline.net | Arakanese youths, sent back from Thailand, forced to serve the military | Burma News Inte […]

[338] https://reliefweb.int | Earthquake 7.7M Response – Myanmar

[339] https://www.bnionline.net | Young adults in Tonzang who refuse mandatory military service face risk of deportation | […]

[340] https://news.un.org | World News in Brief: Arab economies rise, rights experts call for police reform in India, Ukraine sc […]

[341] https://www.bnionline.net | Excessive gold mining in Putao District threatens environment and local livelihoods | Burm […]

[342] https://reliefweb.int | End of Mission Report United Nations Disaster Assessment & Coordination (UNDAC) - Earthquak […]

[343] https://www.bnionline.net | Airstrikes leave deep psychological scars on Arakan State children | Burma News Internati […]

[344] https://myanmar-now.org | Karenni IEC warns of 'toxic' levels of arsenic in Salween River and Molo Creek

[345] https://www.lemonde.fr | In Burma, an air strike by the junta killed at least 17 people