



Situation Analysis

MYANMAR CRISIS

Period: 25/05/26 – 31/05/26

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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 June 9, 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 1 February 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 regime, 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 March 2026, approximately 3.7 million people are internally displaced across the country—a dramatic increase from roughly 300,000 pre-2021—with cross-border displacement projected to rise toward 5.2 million in 2026.

In attempt to seek international legitimacy, the military held general elections in three phases over December 2025 and January 2026 for the first time since the coup. The overwhelming majority of seats were won by the pro-military Union Solidarity and Development Party (USDP) and saw SAC chairman Min Aung Hlaing elected as president in April 2026. The elections have been widely denounced as neither free nor fair. Despite the transition to a quasi-civilian presidency, armed clashes have continued in multiple parts of the country, including Sagaing, Magway, northern Shan, Kayah, Kayin, Kachin, and Rakhine. The Arakan Army (AA) now controls all but three of Rakhine State's 17 townships, while resistance forces including the Karen National Liberation Army (KNLA) have consolidated influence across parts of central and southeastern Myanmar. The UN's 2026 Humanitarian Needs and Response Plan (HNRP), released 10 December 2025, projects over 16 million people will require humanitarian assistance this year.

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 10 December 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, funding shortages, and humanitarian access constraints exacerbate vulnerabilities nationwide.

The 28 March 2025 earthquake remains a defining event in the humanitarian landscape. Official figures from SAC confirm 3,770 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. Following the junta-run general elections held over December 2025 and January 2026, as well as ceasefires between the regime and some ethnic armed organizations in northern Shan, the number of armed conflict incidents has gradually decreased. Nonetheless, air and ground offensives continue in the Central Dry Zone, as well as Rakhine, Kayah, and Kayin States. The new government's 100-day roadmap announced on 21 April 2026, which invites resistance groups to enter peace talks and to surrender, have not been widely accepted.

Between January and November 2025, the military conducted 2,165 airstrikes, up from 1,716 in all of 2024. On 10 December 2025, 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.

IDPs have reached approximately 3.7 million people as of March 2025, with projections indicating it could rise further through 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 6.3 million people at the end 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 12 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 10 December 2025 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 cancelled voting in over 67 townships where it cannot secure control, while nationwide "silent strikes" signalled popular rejection of the military's December 2025 elections. EU and Australia have declared the vote "not credible" amid junta repression. The junta denied responsibility for civilian casualties, accusing "terrorists" of being targeted, while humanitarian organizations stated that the pre-election environment has driven further escalation rather than de-escalation.

6. After taking office on 10 April 2026, president Min Aung Hlaing announced a 100-day program inviting resistance groups — both NCA signatories and non-signatories, including People's Defense Force (PDF) units — to enter peace talks by 31 July 2026. However, the Karen National Union (KNU), All Burma Student's Democratic Front (ABSDF), and the Chin National Front (CNF) quickly rejected the offer, with the KNU stating it has no intention of negotiating under frameworks linked to military rule, underscoring the deep erosion of trust between the junta and resistance forces.

Economy

Current Economic Situation

Myanmar's economy faces severe and compounding pressures. Since late April 2026, commodity prices have surged in Arakan (Rakhine) State after the junta blocked the Saw–Magway trade corridor, cutting a primary supply lifeline; the WFP reported basic food prices up 18% nationwide and up to 31% in Arakan State [6]. Examples of reported wholesale/retail price changes in Arakan include:

- Blue menstrual pads: 24,000 35,000 MMK per pack [6]
- Shwe Wah soap: 180,000 240,000 MMK per carton [6]
- Secif birth-control pills (blister): 6,000 8,000 MMK [6]

Illicit fuel deliveries have reportedly sustained the military's air campaign while civilians face rising energy and transport costs, worsening household coping capacity and market functioning [14][1]. The March 2025 earthquake added major economic damage, with the World Bank estimating reconstruction and repair needs of up to USD 11 billion [17]. Myanmar's leader, Min Aung Hlaing, travelled to India starting 30 May 2026 in a push to rebuild regional ties and seek security and resource cooperation amid diplomatic isolation and Western sanctions [4][28][21].

Conflict Economic Landscape

Conflict has severely disrupted Myanmar's economic landscape across multiple sectors. The military has intensified offensives to retake border areas in Kachin, Chin, and Karen states — targeting rare-earth mining belts and key trade routes that analysts say supply a large share of global heavy rare earths — heightening risks to extractive industries and cross-border trade [9][27][21][14]. These trade-route closures and military blockages have driven sharp local price rises and undermined logistics and territorial control over resource-rich corridors, drawing strategic interest from China and India and complicating investment and supply stability [27][14][21][6].

Agriculture is under acute strain from fuel and fertiliser shortages and looming El Niño-related drought risks, threatening sowing, yields, and farmer livelihoods across the country [18]. Economic deterioration and the breakdown of services have reduced household coping capacities, increased reliance on harmful coping strategies, and amplified humanitarian needs [5]. Key figures reflecting the scale of the crisis:

- An estimated 45% of the population required humanitarian assistance by March 2026 [5][1]
- Nearly 3.7 million people (approximately 6% of the population) were internally displaced, compounding livelihoods loss [5][1]

In sum, fighting over mineral assets, disrupted trade routes, shortages of agricultural inputs, and rising food prices are constraining livelihoods, discouraging investment, and complicating reconstruction and restoration of basic services in Myanmar [27][14][18][6][5].

Stability of Currency and Bank System

Myanmar's banking and monetary environment is fragmented and under significant stress. A private bank licensed by the Ta'ang National Liberation Army, The Mountain Bank, is expected to begin operations in mid-June with branches in Namkham, Namtu, and Namhsan, launching with initial capital of approximately US\$500,000 (≈2.1 billion kyat) and initially offering deposits, withdrawals, and money transfers in kyat [2]. Myanmar's military-controlled Central Bank warned on 19 May that operating banks without official authorisation is prohibited and cautioned against conducting business with unlicensed entities, signaling limited regulatory recognition of armed-group-run banks [2]. Local residents expressed distrust, and economic analysts warned that the long-term stability of such an institution is uncertain given the absence of formal central-bank oversight and no backstop mechanism if it fails [2].

Constraints on formal banking for NGOs and partners — including sanctions, domestic banking surveillance, restrictions on NGO financial access, and a liquidity crisis — have prompted alternative payment approaches; Mercy Corps piloted USDC stablecoin disbursements in Myanmar in 2024, using informal Hundi agents to cash out as a faster, lower-risk channel for partner payments [40]. These dynamics, combined with elevated inflationary pressures reflected in rising food prices, underscore the fragility of Myanmar's monetary and financial system [6].

Employment

Conflict, large-scale displacement, and economic decline have sharply reduced employment and incomes across Myanmar. ACAPS and field responders identify unemployment and loss of income as primary drivers of needs, with job and service losses concentrated in conflict-affected and rural areas where formal employment is limited and livelihoods are increasingly informal [5].

Agricultural livelihoods face acute stress during the May 2026 planting season as fuel and fertiliser shortages threaten production; the WFP warned that a possible 50% fall in fertiliser use could reduce output by up to 15%, risking farm incomes and labour demand [18]. Supply shocks and trade disruptions since late April–May 2026 have further eroded purchasing power for daily-wage workers and low-income households [6].

Formal health-sector employment and service availability have also contracted due to violence and administrative measures — at least 32 health workers were reportedly arrested in 2025, and the March 2025 earthquake destroyed or damaged multiple hospitals — reducing formal jobs in health and shifting reliance onto community-based responders [17].

Reductions in foreign assistance, including decreased USAID funding in early 2025, and persistent access constraints from ongoing conflict further limit humanitarian job-creation and impede formal employment recovery across affected areas [17][5].

Politics

Governance Structures and Rule of Law

The Myanmar military (Tatmadaw) has mounted renewed offensives since early 2026 to recover strategic border territories and trade routes in Kachin, Chin and Karen states under new military chief Ye Win Oo, who took office in March 2026 [111][78]. On 19 May 2026 the Tatmadaw and allied forces recaptured Tonzang, and earlier in May reclaimed Falam, reflecting a priority on seizing urban centres and border access points [78]. The Arakan Army (AA) asserted it had secured almost the entire territory of Rakhine and reported intensified junta bombardments of towns and villages in a 29 May 2026 statement, underscoring competing claims to territorial authority and gaps in civilian protection [115]. Large parts of the country remain territorially fragmented: many villages are effectively outside state administration, and resistance authorities reportedly administer areas hosting roughly 300,000 people, including about 200,000 internally displaced persons [102]. Non-state actors are establishing parallel regulatory and financial structures — for example, a TNLA-licensed bank was reported set to begin operations in June 2026 while the central bank warned on 19 May against transacting with unlicensed entities — illustrating competing legal and institutional frameworks [101]. According to WHO and UNHCR, by March 2026 an estimated 45% of the population required humanitarian assistance, around half were directly exposed to armed conflict, and nearly 3.7 million people were displaced, while health, education and protection systems have been severely disrupted, constraining access to justice and accountability mechanisms [62][72]. These developments point to weakened civilian oversight, fragmented authority, and constrained rule-of-law institutions across large parts of Myanmar [102][101][62].

Political Freedoms and Recent Laws

ACAPS's 29 May 2026 thematic report and related sources document pervasive restrictions on political freedoms in Myanmar, including intensified controls over information, civic actors and physical security that have eroded civic space and participation [72][73][62]. The military operates an AI-powered "Person Scrutinization and Monitoring System" that systematically profiles people from conflict zones and ethnic minority areas as suspected resistance supporters, triggering arbitrary arrest, detention and torture, and driving self-censorship that excludes women from political discourse [62]. Technology-facilitated gender-based violence (including doxing) has been deployed as a state tool to silence politically vocal women, with analyses showing a fivefold rise in politically motivated online abuse after the coup and incidence rates in some datasets up to 500 times higher than international benchmarks [62]. Authorities have intensified restrictions on media, civil society and humanitarian organisations since the 2022 coup, and arrests of humanitarian personnel have continued, undermining freedom of expression, association and the ability of civil society to operate [73]. Independent and exile media were heavily targeted during the junta-organised 2025–26 elections; reporting found widespread digital removals, attacks and monetisation losses, including: 69% of surveyed outlets said online threats worsened in the lead-up to the elections and 91% experienced digital attacks [93]; 76% reported deletion of journalistic photographs and 59% reported loss of video content to automated moderation [93]; 88% attempted to appeal content removals but 82% described appeals as ineffective, and about half of outlets received no platform monetisation revenue [93]; and 77% of women journalists reported technology-facilitated gender-based violence, deepening barriers to civic participation [93]. The reenactment of the conscription law and expanded recruitment practices have raised youth insecurity and reduced willingness to engage publicly, with UNDP data noting over 40% of youth reporting feeling unsafe when walking alone at night [62]. Escalating military tactics — indiscriminate night air strikes, systematic arson (more than 100,000 homes destroyed since 2021) and extensive landmine contamination (2,029 landmine casualties reported in 2025) — have driven displacement and constrained freedoms of assembly and association in affected areas [62]. Restrictions on independent reporting since the 2022 coup are also likely contributing to under-reporting of abuses, complicating accountability and independent monitoring of political rights [73].

Influence of Non-State Actors and Political Factions

Large areas of Myanmar are effectively governed by non-state actors: resistance administrations host roughly 300,000 people, including about 200,000 internally displaced persons, who rely on resistance governance rather than junta institutions [102]. Resistance forces remain fragmented and largely autonomous — weapons distribution and logistics are decentralized, and recent clashes between factions (e.g., in Moebye) have raised concerns about cohesion and unified military coordination under growing junta pressure [102]. The Tatmadaw regained momentum in early 2026, recapturing key towns by leveraging air and UAV capabilities against ethnic armed organisations (EAOs) weakened by internal dissension, aiming to reassert control over strategic corridors and border areas [78]. Armed groups sustain operations through economic networks including mineral extraction and illicit commerce; an accidental detonation of stored mining explosives in TNLA-controlled Namhkan, Shan State, on 31 May 2026 killed between 46 and 59 people and injured over 70, illustrating the security and civilian risks tied to such revenue streams [71][107][106][64]. Non-state and community actors — international and national NGOs, community-based organisations, religious groups and grassroots NGOs — are primary providers of mental health, psychosocial support and other basic services in conflict-affected states such as Kayah, Rakhine and Sagaing, but interventions are largely non-specialist, rely on capacity-building and face constrained referral pathways for complex cases [62][72]. Overall, authority in many parts of Myanmar is fragmented among militias, ethnic armed organisations, mining networks, criminal economies and transnational supply chains, eroding the state monopoly on power, complicating humanitarian access and encouraging external actors (notably China) to maintain ties with multiple local actors to protect economic and strategic interests [64][78]. Myanmar's junta leader visited India from 30 May–3 June 2026; the National Unity Government protested the visit and urged non-recognition of the military-organised election, reflecting persistent political exclusion and contested representation for opposition groups [119].

Public Trust in State Institutions

State authority in many parts of Myanmar has fragmented, with power shared among militias, ethnic armies, mining networks and other non-state actors, undermining citizens' confidence in formal institutions [64]. The military's deployment of AI-powered surveillance and profiling has been reported to trigger arbitrary arrest, detention and torture of people from conflict zones and ethnic minority areas, contributing to fear and reduced trust in security and judicial institutions [62]. State-linked technology-facilitated gender-based abuse — including sharp increases in politically motivated online doxxing of women — has been used to silence civic participation and amplify public distrust of state actors [62]. Fighting over rare-earth regions and key border highways (including the Myawaddy–Kawkareik corridor) has intensified competition for resources and trade routes, further weakening perceptions of state legitimacy in affected areas [112][111]. In Rakhine, the Arakan Army declared on 29 May 2026 that it controls almost the entire state and reported that junta forces have resorted to heavier bombardments and airstrikes on civilian towns, a dynamic that undermines confidence in the junta's capacity and legitimacy [115]. Ethnic armed organisations and their representatives have publicly stated an absence of trust in the military's peace commitments, citing repeated violations of pledges and skepticism that military-led initiatives can restore public confidence [112]. International and national NGOs and community organisations have become primary providers of mental-health, psychosocial and other basic services in conflict-affected states such as Kayah, Rakhine and Sagaing, reflecting citizen reliance on non-state actors over state service providers [62].

Role of Marginalized Groups

Women — particularly from ethnic minorities — face intensified technology-facilitated gender-based violence and algorithmic surveillance that profiles people from conflict and ethnic-minority areas as resistance supporters, contributing to arbitrary arrest, detention, torture and widespread self-censorship that removes women from political discourse [62]. The breakdown of health, education and protection systems has reduced access to formal services and weakened community-level support structures relied on by marginalized groups, with attacks on healthcare and wider erosions of protection further restricting their access to essential services and safe civic space [72][65]. The Tatmadaw's renewed offensive in Chin State in early 2026 and its long-running blockade of Rakhine since November 2023 have displaced civilians and sustained refugee flows into neighbouring Indian states such as Mizoram, undermining cross-border livelihoods and political networks [78]. Control of mineral-rich borderlands has fragmented state authority and provided revenue sources for armed groups, altering economic inclusion and livelihoods of ethnic and local communities in resource areas [64][107]. Bangladesh has opened a cultural memory centre in Cox's Bazar to preserve Rohingya heritage, collecting pre-1989 documents that reflect prior official recognition and political participation (including Rohingya MPs before 1980), while the 1982 Citizenship Law excluded the Rohingya from recognised groups, institutionalising their legal marginalisation [108].

Security And Stability

Security Overview

Active, widespread armed conflict continues across multiple states, with intensified military night airstrikes and use of cluster munitions reported in Chin, Kayah, Mon and Rakhine states and Sagaing region [121][128]. The military has executed systematic arson campaigns that have destroyed more than 100,000 homes since 2021, sustaining displacement and perceptions of insecurity [121]. Extensive use of antipersonnel landmines and reports of civilians being forced into mine-clearing have heavily contaminated Chin, Kayah, Mon, Rakhine and Tanintharyi, and the country recorded 2,029 landmine casualties in 2025 — the highest number reported globally [121]. By March 2026, an estimated 45% of the population required humanitarian assistance, around half the population was directly exposed to armed conflict, and nearly 3.7 million people were internally displaced, contributing to breakdowns in health, protection and basic services [128].

The Tatmadaw's offensive in Chin State has recaptured key towns and border corridors, intensifying frontline clashes and raising cross-border security risks with Bangladesh [129]. The Arakan Army/ULA claims control over almost the entire territory of Arakan/Rakhine, while reporting that junta forces have escalated bombardments and airstrikes on civilian towns and villages [176]. Non-state armed actors are also consolidating governance and economic functions in areas they control; for example, the Ta'ang National Liberation Army (TNLA) licensed a bank set to begin operations in mid-June to provide local financial services, indicating de facto territorial administration by armed groups [175]. Technology-facilitated abuses — including systematic online doxxing and targeted digital harassment of politically active women — and rising GBV in conflict-affected areas are being used as tools of control and compound protection threats [121].

Security Forces and Law Enforcement

Since the 2021 coup, the State Administration Council (SAC) and the Myanmar Armed Forces (Tatmadaw/MAF) have pursued intensified offensive operations to reassert control over border and strategic regions, including Kachin, Chin, Karen/Karenni and areas producing rare earths [120][131][135]. Military leadership changes in March–April 2026 — Ye Win Oo becoming military chief in March and Min Aung Hlaing sworn in as president in April — have coincided with stepped-up operations and diplomatic outreach, including Min Aung Hlaing's visit to India [131][135][126]. Junta forces have increased use of heavy artillery, airstrikes and bomber/kamikaze drones, with analysts reporting enhanced drone capabilities aided by foreign components, contributing to civilian harm [136][126]. Illicit cross-border logistics, including reported deliveries of jet fuel and smuggling, have sustained the military's air campaign despite wider regional constraints [134]. Human Rights Watch and the UN Secretary-General have documented a marked increase in attacks on health care and emergency services in recent years, with a majority attributed to state forces [155].

Operationally, the junta has secured urban centres and key transport corridors — for example, Falam and routes linking Mandalay–Myitkyina — while resistance forces retain control over many rural peripheries, resulting in uneven law enforcement presence and accessibility [131][135][136]. Non-state armed actors, including ethnic armed organisations and local People's Defence Forces (PDFs), control large rural areas, producing fragmented authority that complicates law enforcement and public service provision [120][138].

Demography

Demographic Overview

By March 2026, an estimated 45% of Myanmar's population was in need of humanitarian assistance and around half the population was estimated to be directly exposed to armed conflict, including widespread air strikes and other human rights abuses, according to WHO and Fortify Rights [178]. According to UNHCR, displacement affects nearly 3.7 million people (about 6% of the population), creating a large internal IDP caseload [178]. As of 31 March 2026, humanitarian partners had reached 1.6 million people (33% of the 2026 target of 4.9 million) and 832,000 people (32% of the hyperprioritized caseload of 2.6 million), per the Humanitarian Needs and Response Plan Q1 Dashboard [180]. Localized displacement patterns are notable in conflict-affected zones, including nearly 20,000 people left homeless after raids near Bagan and an estimated 300,000 people (including around 200,000 IDPs) living in IECadministered areas [183][195]. At the subnational level, Chin State covers roughly 36,018 sq km with a population of nearly half a million, populated primarily by Christian Chin peoples who speak KukiChin languages, reflecting notable ethnic and religious composition [182].

Socio-Cultural

Socio-Cultural Overview

Communities across Myanmar rely heavily on informal support networks — family, community groups, religious leaders, monasteries, and community-based organisations — for emotional support, practical assistance, non-specialised psychosocial support and referrals, which help sustain social cohesion amid limited formal services [220][232]. Protracted armed conflict, repeated displacement, and the 2025 earthquake have eroded community coping capacities and increased mental health and psychosocial needs among IDPs and host communities [220][232]. Ethnic and religious identities shape belonging and vulnerability: the Rohingya are a predominantly Muslim group effectively stripped of citizenship under the 1982 law, with large refugee populations in Bangladesh (around 700,000 arrived in 2017 and about 1.3 million remain in Cox's Bazar camps), where initiatives have emerged to preserve Rohingya language and heritage [263]. Chin and other Kuki-Chin peoples are predominantly Christian, experience historical marginalisation and underdevelopment, and Chin State is contested by multiple Chin armed groups whose internal divisions affect local governance and displacement dynamics [233]. A fragmented power landscape — the Tatmadaw, multiple ethnic armed organisations (including the Kachin Independence Army, Arakan Army, TNLA/Three Brotherhood Alliance), and parallel resistance governance structures — has reshaped traditional authority, constrained access to services, and increased tensions between groups [231][228][240][218]. Independent and exile media and civil society face intensified digital censorship, online threats and operational restrictions around the 2025–26 junta-organised elections, undermining information flow and accountability within communities [249].

Gender Dynamics

Protracted conflict and displacement have increased gender-specific protection risks, notably higher risk of gender-based violence (GBV) and constrained access to mental health and psychosocial support (MHPSS) services [220][232]. Displacement conditions — including fear of air strikes, forced eviction and livelihood loss — are explicitly linked to heightened GBV and MHPSS needs in affected communities [220]. MHPSS services remain under-resourced and concentrated in urban areas, leaving rural and conflict-affected women and girls with especially limited access to specialised care [220][232]. Caregivers, often women, face elevated mental health burdens, limited ability to identify and respond to children's trauma, and a lack of caregiver-focused MHPSS interventions, increasing longer-term psychosocial risks for children [220]. A survey of independent media outlets reported 77% of women journalists experienced technology-facilitated GBV [249], and the UN's annual listing of parties credibly implicated in conflict-related sexual violence includes Myanmar [264][261].

Impact of Socio-Cultural Drivers on Aid

By March–April 2026, an estimated 45% of the population required humanitarian assistance and approximately 3.7 million people were internally displaced (around 6% of the population), with basic service breakdowns reducing access to community MHPSS supports and weakening informal coping networks [232][220]. In Cox's Bazar (Rohingya response), only 23% of refugee households earned income through permitted cash-for-work in 2025, 42% had temporary or unstable income, and 35% had no income and relied fully on assistance [280]. Conscription, lack of information on conscripted family members, and AI-enabled surveillance that profiles ethnic minority areas have increased fear, hypervigilance, and self-censorship — especially among ethnic-minority women — eroding the social networks crucial for collective resilience and aid acceptance [220]. The flight, hiding, or detention of male household members has shifted caregiving and economic burdens onto women, increasing protection and economic needs and shaping who is able to access assistance [220]. Local non-state actors can serve as primary relief providers in contested areas: following a large explosion in Kaung Tat village on 31 May 2026, the Ta'ang National Liberation Army — controlling the area — assumed relief, healthcare and rehabilitation responsibilities for affected families [278]. Community-led initiatives, such as Rohingya-run heritage and cultural centres in camps, demonstrate reliance on informal networks for identity preservation and service delivery, though crowded camps and funding shortfalls increase protection risks and strain host-refugee relations [263][280]. Restrictions on independent Myanmar media and platform removals, coupled with high levels of technology-facilitated gender-based abuse reported by women journalists, undermine trusted communication channels and compound language and contextual barriers to community engagement and accountability [249]. Taken together, these dynamics — fear from conscription and surveillance, gendered caregiving burdens, reliance on informal and local actors, weakened community cohesion, and degraded communications — are shaping aid acceptance, targeting, and the feasibility of culturally appropriate MHPSS and protection programming across Myanmar [220][232][280][278][249].

Environment

Environmental Conditions

The 2025 earthquake and its aftershocks introduced acute geophysical shocks in Mandalay and parts of Magway, while compounding hazard exposure in already conflict-affected areas such as Sagaing [311][319]. Regional monitoring in late May 2026 recorded seven significant earthquakes ($M \geq 5.0$), as reported by Myanmar's Department of Meteorology and Hydrology during that reporting week [318]. Global climate outlooks in May 2026 forecast the likely development of El Niño conditions during May–July 2026 (about 61% chance) and a high probability of El Niño from mid-2026 to early-2027 (87–92% chance), raising the risk of extreme climate impacts – including increased heat and drought – in the region in the coming months [327][318]. By April 2026, an estimated 3.7 million people were internally displaced in Myanmar, many living in informal settlements or displacement sites with limited access to basic services, increasing their vulnerability to environmental hazards and placing added pressure on local water, sanitation, and land resources [311].

Environmental Challenges

The Rohingya influx led to camps being established in protected forest areas around Cox's Bazar, causing deforestation and ecosystem disruption, and prompting reforestation and slope-stabilization efforts [314]. Monsoon heavy rainfall, high winds, and flash floods increase landslide susceptibility, soil erosion, and crop washout in sloped camp areas [314]. Explosive-weapon use and hostilities in Myanmar have damaged civilian infrastructure, including water systems, reducing safe water access and raising risks of waterborne disease [329][336]. Human Rights Watch noted that attacks on and obstruction of health services further impeded emergency response following the March 2025 earthquake [336]. Damaged water-supply systems and overcrowded shelters have heightened risks of cholera and other waterborne disease outbreaks, while disrupted vaccination coverage – with an estimated 1.5 million children missing routine immunization – has increased overall vulnerability, prompting humanitarian agencies including UNICEF to warn of major outbreak risks in affected and conflict-affected areas [304][311].

Environmental Risks and Mitigation

To address landslide and flash-flood susceptibility during the monsoon season, camp-focused guidance recommends pit and sack planting on slopes, zero or minimal tillage, avoiding the cutting or removal of steep slopes and saplings, conserving ground vegetation and trees, using REACH landslide-vulnerability maps to site activities, and integrating slope-stabilization through reforestation alongside gardening and livelihood interventions to reduce erosion and landslide risk [314]. WFP warned that concurrent fuel and fertiliser supply shocks during the May 2026 planting season could cut fertiliser use by up to 50% and reduce agricultural output by as much as 15%, exacerbating food-security and livelihood risks ahead of an El Niño-linked dry season [293].

Conflict

Overview of the Ongoing Armed Conflict

The conflict escalated after the military seized power in a February 2021 coup and has since become a multi-front civil war pitting the junta against pro-democracy resistance forces and numerous ethnic armed organisations [401][367]. The junta has intensified use of heavy artillery, night aerial bombardment (including cluster munitions), bomber and kamikaze drones and sequential shelling, while resistance forces have conducted rocket and improvised-weapon attacks, producing frequent high-intensity clashes and civilian harm [354][393][398][408][411]. A coordinated rocket attack on the junta's North-Western Military Command in Monywa on 19 May 2026 killed eight and wounded more than 20, illustrating intensified attacks on senior military positions and subsequent junta reprisals against nearby villages [398][408]. On 31 May 2026, an explosion at a building storing mining explosives in Kaungtup (Namhkam township, northern Shan State), an area under Ta'ang National Liberation Army (TNLA) control, killed approximately 40–59 people and wounded around 70 [401][392][400][388].

Territorial control remains fragmented: the military has reclaimed several towns and key highways in fronts such as Karenni (Kayah) State, yet resistance groups continue to administer large rural areas and contest transport corridors, sustaining prolonged localised governance and displacement [393]. Control of mineral-rich borderlands – including rare earths, rubies and other resources – is a growing driver of operations and competition between the junta and ethnic armed groups, adding a resource dimension to territorial fighting and complicating prospects for stabilisation [404][367][401]. Active hostilities, deliberate arson of villages, attacks on health services and contaminated frontlines have severely constrained humanitarian access and basic service delivery across multiple states and regions [354][355][408].

Key humanitarian figures as of mid-2026:

- By March 2026, an estimated 45% of the population was in need of humanitarian assistance [354][397].
- Nearly 3.7 million people are internally displaced (UNHCR data accessed 28 May 2026) [397].
- More than 100,000 homes have been destroyed by systematic arson since 2021 [354].
- Myanmar recorded 2,029 landmine casualties in 2025, the highest number globally that year [354].

Conflict Stakeholders

The principal state actor is the military junta (Tatmadaw), opposed by a fragmented coalition of non-state actors including People's Defence Forces, local resistance groups and numerous ethnic armed organisations such as the Kachin Independence Army, Ta'ang National Liberation Army, Arakan Army, Myanmar National Democratic Alliance Army, Chin National Front and Karen National Union, with intense fighting across multiple fronts as of May–June 2026 [354][393][367][392][387].

Alliances are fluid and often local: pro-junta militias such as the Pa-O National Organisation/Army have supported military offensives, while resistance fronts coordinate under loose umbrellas — including the Karenni Joint Chiefs and the Three Brotherhood Alliance — but retain decentralised command structures and have experienced internal clashes and risks of fragmentation under military pressure [393][392].

Foreign involvement includes reported Russian and Chinese provision of drone components and other military technologies to the Tatmadaw, illicit Iranian jet-fuel deliveries sustaining the junta's air campaign, and active Chinese diplomatic brokerage and economic interests [372][371][357][367][404][392]. The junta's immediate political and territorial goals focus on retaking strategic border trade routes and resource-rich mining belts — notably heavy rare-earth deposits in Kachin and key highways to Thailand — while ethnic armed organisations and resistance groups seek to hold territory, secure local governance and control resource revenues that fund operations [367][357][404][393].

Non-state actors increasingly perform governance and service functions in contested areas, administering villages and displacement support (e.g., the Karenni Interim Executive Council), delivering health and psychosocial services where state provision has collapsed, and generating revenue through mining and economic departments — as with TNLA economic activities — giving them substantial local power and influence [393][354][392][394]. International monitors and humanitarian actors report systematic attacks on health care and obstruction by the military that have degraded emergency response capacity [355][347][397][354].

Peace Negotiations

Timor-Leste President José Ramos-Horta proposed at the Shangri-La Dialogue on 30 May 2026 that a retired Southeast Asian four-star general convene Myanmar's Tatmadaw, ethnic armed leaders and the democratic opposition "under a tent" with no preconditions, seeking a humanitarian-focused dialogue and unrestricted humanitarian access [369][349][350]. Ramos-Horta presented the idea as a practical alternative to slow ASEAN consensus-building, noting that the Five-Point Consensus agreed in 2021 has produced little substantive progress on ending violence or expanding humanitarian access [369][350].

The proposal coincided with junta leader Min Aung Hlaing's visit to India from 30 May–3 June 2026, including talks with Prime Minister Narendra Modi on 1 June, as the military government pursues diplomatic consolidation and re-engagement with ASEAN and neighbouring states [399][391][372]. Min Aung Hlaing has publicly urged opposition groups, including the Karen National Union, to attend talks by 31 July 2026, but ethnic leaders have expressed deep mistrust and warned that the military has repeatedly violated pledges, undermining confidence in negotiation efforts [357][360][367].

Some localised, China-mediated pacts exist — for example, the TNLA signed a ceasefire with the military following China-led talks in October 2025 — but those agreements have left relations tense and have not produced a durable settlement at the national level [388][389]. ASEAN has continued limited engagement through a special envoy and virtual contacts, yet regional mediation has so far achieved only modest results, and some diplomatic steps have raised concerns about weakening pressure on the junta [350][372][371]. Overall, externally proposed inclusive dialogue mechanisms face major obstacles — persistent mutual mistrust, ongoing military offensives to secure strategic territory, and the junta's focus on diplomatic normalisation rather than concessions — constraining prospects for a lasting political settlement [357][360][372][396].

Conflict Outlook

Myanmar's military mounted a battlefield comeback in early 2026, reclaiming the initiative in areas including Chin State through intensified use of air power, unmanned aerial vehicles and fresh conscription-driven offensives [387][372]. The Tatmadaw offensive in Chin State aims to recover strategic towns, secure the border with India and tighten blockades on the Arakan Army, increasing the likelihood of further population displacement and contestation of rural areas formerly held by ethnic armed organisations [387]. Analysts attribute recent opposition losses and deeper thrusts into strongholds to improved drone and aircraft capabilities supported by Russian — and to a lesser extent Chinese — components and tactics introduced since early 2026 [372][387].

The conflict carries significant regional spill-over risks: operations along northern and western frontiers affect India and Bangladesh border security and refugee pressures, while intensified fighting around rare-earth mining areas — notably in Kachin — raises geopolitical stakes and external interest in resource corridors [387][404]. Humanitarian analysis from 29 May 2026 warned of rising mental health and psychosocial support needs driven by overlapping shocks — prolonged conflict, conscription anxieties and the 2025 earthquake — with immediate post-quake air strikes in opposition areas further compounding needs [354].

The junta's diplomatic outreach, including renewed engagement with ASEAN, appears aimed at political consolidation, but ASEAN's Five-Point framework has not produced a ceasefire or substantive political settlement as of late May 2026, limiting near-term prospects for a negotiated resolution [371][369]. Given these trends — strengthened Tatmadaw air and drone capabilities, renewed offensives, limited external leverage and rising humanitarian needs — the conflict is more likely to intensify in the short term, with increased displacement, health-system impacts and escalating protection needs unless regional mediation and restraint are rapidly strengthened [347][354][363].

Displacement

Displacement Overview

By April 2026, an estimated 3.7 million people were internally displaced in Myanmar (about 6% of the population), many living in informal settlements or displacement sites with limited access to basic services [422][425]. By March 2026, around 45% of the population was in need of humanitarian assistance and roughly half were directly exposed to armed conflict [422][425]. Localized regime raids near Bagan in late May 2026 reportedly left nearly 20,000 people homeless [448].

In Karenni (Kayah) State, resistance-administered areas host roughly 300,000 people, including about 200,000 internally displaced persons, and recent junta offensives displaced around 1,000 villagers in a single attack [439]. Ongoing Tatmadaw offensives in Chin and other states, coupled with repeated air strikes and the 2025 earthquake, are driving new and repeated internal movements and eroding community coping capacities [464][473][422]. The broader civil war has produced large-scale mortality underpinning displacement dynamics, with ACLED estimating more than 90,000 killed since 2021 [437]. Cross-border displacement remains significant: Rohingya refugees in Cox's Bazar camps number over 923,179, and the 2026 Joint Response Plan seeks to reach up to 1.56 million refugees and host-community beneficiaries [435][450].

Living Conditions of the Displaced Population

Access to health, education, protection and specialised MHPSS services is highly constrained and uneven — services are largely urban-based, poorly integrated into primary care, and insufficient relative to needs in conflict-affected areas [425]. The healthcare system has been decimated in parts of the country due to junta obstruction and attacks on medical services, impeding both emergency and routine care [441]. Protracted conflict, repeated exposure to violence (including air strikes), movement restrictions and displacement have increased protection risks — including forced evictions and rising gender-based violence — while survivor-centred services remain limited [422]. Humanitarian coverage remains insufficient: as of 31 March 2026, partners had reached 1.6 million people, approximately 33% of the 2026 target, indicating substantial gaps in assistance delivery [426]. Rohingya displaced from Myanmar remain heavily aid-dependent — approximately 1.2 million are in Bangladesh — and recent food assistance reductions and funding shortfalls have deepened hardship [444][436]. Finland provided a targeted contribution of EUR 2 million on 31 May 2026 to UNHCR to help fill protection and basic-assistance gaps under the 2026 Joint Response Plan [436][450]. In areas where formal banking and markets are disrupted, locally based initiatives aim to restore economic access: a private bank licensed by the Ta'ang National Liberation Army planned to begin operations in mid-June to offer deposit, withdrawal and money-transfer services to populations cut off from regular financial services [481].

Drivers of Displacement

Armed conflict — including widespread air strikes, Tatmadaw offensives and clashes with ethnic armed organisations — is the primary driver of displacement and has eroded household and community coping capacities by repeatedly exposing civilians to violence and restricting access to services [422][464][439]. Attacks on and obstruction of health and protection systems, together with increased risks of forced eviction and gender-based violence, compound displacement impacts and impede safe returns [441][422]. Economic deterioration, shortages of agricultural inputs and fuel, and looming El Niño-driven drought risks have reduced livelihoods and pushed populations to move or seek assistance [422][437]. In Karenni State, junta offensives have not only displaced populations but also curtailed local rice production, with local rice prices rising from roughly 90,000 kyat to about 150,000 kyat per bag, increasing household stress and host-community strain [439]. Nationally, basic food prices rose by about 18% and by as much as 31% in Arakan (Rakhine) State, worsening food access for IDPs and host communities alike [454]. Secondary displacement and barriers to return are driven by deteriorating conditions in areas of origin, with protracted conflict, movement restrictions and the destruction of livelihoods and services making durable solutions increasingly difficult to achieve [422].

Integration

Nearly 1.2 million stateless Rohingya remain in Bangladesh's Cox's Bazar camps, where livelihood opportunities are severely limited: in 2025 only 23% of refugee households earned income through permitted cash-for-work, 42% relied on temporary or unstable income sources, and 35% had no income and depended fully on assistance [450][444]. Around 150,000 new arrivals since early 2024 remain without shelters, exacerbating protection and access-to-services challenges for both refugees and host communities [450][436]. Rohingya refugees have restricted access to education in the camps, though some donor funding is directed to skills and resilience programmes to partially address vocational training gaps [433][450]. Inside Myanmar, IDPs in informal settlements or displacement sites face highly constrained and uneven access to social services; communities increasingly rely on informal support networks — including family, religious leaders, monasteries and community-based organisations — and non-specialised psychosocial interventions to meet MHPSS needs [422][425]. Host communities and local hosting areas are under growing strain: in Karenni State, residents report declining capacity to share resources with IDPs, raising tensions and exposing limits in resistance and local governance capacity to provide consistent food, healthcare, education and shelter [439]. Cox's Bazar host communities face mounting pressure from protracted displacement and declining donor engagement, compounding challenges for both refugees and hosts [450][436]. Myanmar's ongoing military offensives and limited state administration across large areas have undermined civilian governance and public service provision, while local resistance administrations provide some services but lack resources for sustained integration support [439][464]. Donor efforts and UN appeals — including the 2026 Joint Response Plan seeking USD 710.5 million — include components for skills, resilience and protection, but reduced appeals and variable funding levels risk the sustainability of programmes that support long-term settlement and socio-economic integration [450].

Humanitarian Access

Humanitarian Access Overview

By March 2026, an estimated 45% of Myanmar's population was in need of humanitarian assistance, with around half the population directly exposed to armed conflict and nearly 3.7 million people internally displaced [498]. Humanitarian partners reported reaching 1.6 million people (33% of the 2026 overall target of 4.9 million) and 832,000 people (32% of the hyper-prioritized caseload) by 31 March 2026, with coverage described as uneven due to operational constraints and prioritization choices [492]. Access to services is highly constrained by ongoing armed conflict and related access limitations, leaving high-needs areas such as Rakhine State and Sagaing Region under-served, and concentrating MHPSS and other specialized services in urban areas [498]. The military junta's obstruction of medical supplies and the long-term weakening of the health system since the 2021 coup have undermined humanitarian access and

impeded emergency responses, including to the March 2025 earthquake [493][498]. The Rohingya response under the UN-led Joint Response Plan appeals for USD 710.5 million to reach up to 1.56 million people in 2026, with the mid-year update reporting approximately 60% funding coverage and donor contributions such as Finland's EUR 2 million to UNHCR to sustain lifesaving assistance for refugees and host communities [514][510].

Barriers to Humanitarian Access

Armed conflict — including widespread air strikes, frequent armed violence, and shifting territorial control by multiple armed groups — is a primary constraint on aid delivery, particularly in high-severity areas such as Rakhine State and Sagaing Region [498][490]. Attacks on health care, systematic obstruction of lifesaving medical goods and services by the military junta, and large-scale departures of health workers (reported as over 70% in some areas such as Sagaing) have decimated service availability and hindered humanitarian operations [493][488]. Damage from the March 2025 earthquake further disrupted roads, health facilities, and other civilian infrastructure, compounding physical access constraints in conflict-affected areas [498][493]. Bureaucratic and political obstacles — including denial of access, movement restrictions, and operational limits in opposition-held and remote areas — continue to restrict NGO and UN ability to assess needs and deliver assistance at scale [490][493]. Volatile border areas, landmines, and recent explosions near the Bangladesh–Myanmar frontier and in northern Shan State have created acute movement hazards and local displacement that impede both cross-border and local response efforts [536][531][521]. Service-capacity gaps include highly constrained, urban-centred MHPSS and protection services and insufficient specialized support in rural and conflict-affected locations, leaving many communities reliant on informal coping mechanisms [490]. Longstanding discrimination, neglect, and limited governance capacity in areas such as Chin State have contributed to conflict drivers and reduced community access and acceptance of humanitarian actors in parts of the country [513].

Humanitarian Access Gaps

Significant access gaps persist across conflict-affected border and ethnic-minority areas in Myanmar, constraining delivery of healthcare, MHPSS, food, shelter, and WASH services [490][544][493]. Roughly 300,000 people live under IEC/resistance administration in Karenni areas, including about 200,000 internally displaced persons, placing severe strain on host communities and humanitarian access to basic services [501]. Renewed Tatmadaw offensives in early–mid 2026 have concentrated on Kachin, Chin, and Karen border corridors to retake mining belts and trade routes, intensifying front-line fighting and increasing risks to humanitarian access and displacement [544][513].

The Safeguarding Health in Conflict Coalition documented 2,546 reported incidents of attacks on health care in 2025 — including 936 incidents involving killing, kidnapping, or arrest of health or aid workers — underlining systemic barriers to safe health service delivery and further degrading service availability and safety [493]. A large accidental explosion on 31 May 2026 in Namhkam township (Shan State) — a TNLA-controlled area where mining gelignite was stored — killed between approximately 45–59 people and injured over 70, with local rescuers and authorities providing medical care and relief on site [521][547][548].

MHPSS and basic health coverage are mainly delivered by international and national NGOs, community-based organisations, and non-specialist providers operating at levels two and three of the IASC intervention pyramid; this approach expands reach but leaves complex mental-health cases without specialist referral, disrupts continuity of care amid high displacement, and is constrained by digital-connectivity and trust barriers for remote services [490]. Opposition- or EAO-controlled areas frequently lack formal financial supervisory bodies, forcing humanitarian actors to rely on unlicensed money-service providers or alternative payment workarounds that complicate cash assistance and compliance [500]. Current access strategies — including NGO/community-based service delivery, remote/online platforms, and fintech workarounds — partially mitigate gaps but remain limited by insecurity, connectivity and trust issues, regulatory fragmentation, and operational risks that frequently disrupt programming and referrals [490][500].

Information, Communication and AAP

Information Landscape

By March 2026, an estimated 45% of Myanmar's population was in need of humanitarian assistance, about half the population was directly exposed to armed conflict, and nearly 3.7 million people were displaced [559]. Primary sources informing the crisis picture include UN agencies (WHO, UNHCR, OCHA), humanitarian clusters and partners, key informant interviews, community-based organisations, and reports from non-state actors and local authorities [559][560][552]. Humanitarian partners' Q1 2026 dashboard reported that as of 31 March 2026 they had reached 1.6 million people (33% of a 4.9 million annual target) and 832,000 people (32% of a 2.6 million hyper-prioritized caseload), indicating early but uneven coverage of needs [560].

Overall, humanitarian information production is uneven geographically and constrained by access, protection, and digital censorship, resulting in gaps in data availability, delayed verification, and limited two-way information flows with affected communities [560][554]. Data collection and sharing face operational and ethical constraints — incident-monitoring coalitions (SHCC/Insecurity Insight) apply strict data-responsibility protocols to protect sources, yet verification is often delayed or limited by access and protection issues [554][601]. Independent monitoring found that Human Rights Myanmar (with IPCM) reported in May 2026 that exile and independent outlets faced extensive digital attacks and automated removals during the junta-organised elections (Dec 2025–Jan 2026), with high rates of content deletion and loss of monetisation that reduced independent documentation and distribution of conflict reporting [578]. Platform moderation policies, opaque appeals processes, and technology-facilitated abuse (disproportionately affecting women journalists) have further undermined the reliability and continuity of independent reporting, while local event reporting increasingly relies on statements from authorities and armed groups shared via channels like Telegram [578][609][594].

Information for affected populations is often delivered through informal community networks, religious leaders, monasteries, and local NGOs that provide non-specialised MHPSS and referral identification where formal services and official communication are limited [552][559].

Communication Channels

Humanitarian actors and affected communities primarily exchange information through community-based and faith networks, local civil society actors, independent and exile media using social platforms, and messaging apps such as Telegram [552][578][570]. Formal MHPSS communication and referral pathways are limited outside urban areas, so information-sharing and referrals frequently occur via family, religious leaders, community-based organisations, and peer networks [552][559].

Independent exile media were heavily reliant on Facebook, YouTube, and TikTok during the junta's Dec 2025–Jan 2026 elections and experienced widespread censorship and digital attacks that disrupted information flows [578]:

- 69% of surveyed independent outlets said online threats worsened in the lead-up to the elections [578].
- 91% reported experiencing digital attacks during the electoral period [578].
- 76% had journalistic photographs removed by automated moderation and 59% lost video content [578].
- 88% attempted to challenge removals but 82% described appeals as ineffective; about half received no platform monetisation revenue [578].

Repeated internet restrictions, low internet penetration, and fear of reprisals further reduced the transmission of information from inside Myanmar, constraining reach and reliability [554][578]. The 31 May 2026 explosion in Namhkam illustrates these dynamics: the Ta'ang National Liberation Army issued a statement via Telegram while casualty figures and damage assessments were variably reported across local and international outlets, reflecting fragmented and sometimes inconsistent information flows in conflict-affected areas [570][581]. Overall, platform moderation failures, security-driven access limits, and low digital penetration undermine the timeliness, accuracy, and correction of information in Myanmar's information environment [578][552].

Barriers to Information

Myanmar's security-sensitive context and conflict-driven access constraints have severely limited information-sharing and the coverage of assessments across the country [552][559]. Limited internet connectivity, low digital literacy, and a heavy reliance on remote or online service delivery, combined with insecurity in conflict-affected areas, reduce people's ability to access information and services [552]. Territorial fragmentation — with many villages effectively outside state administration and large areas under resistance governance — disrupts state information channels and leaves communities dependent on informal, local networks [571]. High displacement and population mobility force repeated turnover of service providers and disrupt continuity of information provision and community outreach efforts [552]. Digital-platform moderation policies also undermined independent media during the junta elections: content removals, ineffective appeals, lost monetisation for exile outlets, and widespread technology-facilitated abuse of journalists (especially women) curtailed public access to reliable reporting and accountability [578].

Misinformation and Rumors

Since 2021, social media platforms have become central information sources in Myanmar, and the rapid circulation of unverified, graphic content and rumours has aggravated mental health needs and reinforced perceptions of insecurity [552]. By the end of 2022, politically motivated online abuse targeting politically vocal women had increased at least fivefold, with analysis of 1.6 million social-media posts indicating incidence rates up to 500 times higher than international benchmarks, reflecting the scale of harmful online content [552]. Primary sources of misinformation include social media platforms, proxy propaganda channels linked to armed groups operating along border areas, and information gaps created by repeated internet restrictions that limit reporting and verification [552][616][554].

The circulation of rumours and disinformation has concrete impacts: it heightens psychosocial distress and MHPSS needs, inflames tensions, and increases risks to civilians and humanitarian workers by spreading fear and misinformation about security incidents [552][559][573]. Platform actions that remove or suppress independent conflict coverage have undermined reliable reporting and penalised witness accounts, while exiled media face blocked monetisation and ineffective appeals, reducing the availability of verified information [578]. Calls for Myanmar-specific moderation and reform of platform policies to better protect public-interest reporting and curb online harms have been made, but internet restrictions and degraded local reporting capacity complicate verification and counter-misinformation efforts [578][554]. At the community level, affected people continue to rely heavily on informal networks — family, religious leaders, community groups, and CBOs — for information, emotional support, and referrals, which both sustains social cohesion and serves as a primary trusted channel in the absence of robust official or digital sources [552].

Accountability Needs and Transparency

Formal feedback and accountability channels are limited across Myanmar, leaving affected people to rely on informal community networks that provide psychosocial support and ad hoc referrals while specialised services remain scarce and unevenly accessible [552][559]. Humanitarian partners reported uneven transparency and coverage under the 2026 Humanitarian Needs and Response Plan, with achievements described as uneven across clusters and geographic areas [560]. In May 2026, Human Rights Myanmar documented pervasive digital censorship and failing platform appeals that removed conflict reporting and constrained independent media, reducing public oversight and channels for affected communities to report abuses or hold actors to account [578]. Following the large explosion in Namhkam on 31 May 2026, the Ta'ang National Liberation Army acknowledged that explosives had been stored by its economic unit and announced an investigation, illustrating reliance on local actor-led inquiries rather than independent, transparent accountability mechanisms [565][570].

International and civil-society reports have repeatedly called for stronger legal and institutional accountability in Myanmar — including independent investigations, ICC and universal-jurisdiction avenues, and improved domestic reporting on attacks against health care and civilians, issues highlighted across 2025–2026 advocacy and sectoral analyses [554][573][599]. Overall gaps flagged across sources include limited formal complaint and community-engagement mechanisms in conflict-affected areas, operational and access constraints that impede meaningful participation and referrals, media censorship that restricts civic oversight, and uneven public disclosure of aid coverage and outcomes [552][559][560][578].

Legal and Policy

Legal and Policy Framework

The international legal and normative framework governing the Myanmar crisis draws on both global and regional instruments. UN and expert recommendations call on states to report actions under UN Security Council Resolution 2286, and to strengthen domestic and international legal measures — including regulating drones and autonomous weapons, restricting arms transfers, repealing counterterrorism laws that penalize health workers, and referring allegations of attacks on health care to the International Criminal Court, with Myanmar specifically named among situations for potential ICC referral [626]. Human Rights Watch and the Safeguarding Health in Conflict Coalition documented 2,546 incidents of attacks on health care in 2025, and the UN Secretary-General's May 7, 2026 report similarly highlighted a significant increase in violence against health care driven by State actors [629]. At the UN Security Council protection-of-civilians debate on 20 May 2026, the UN reported more than 1,350 attacks on healthcare in 2025 and substantial civilian deaths from drone strikes between January–April 2026, raising possible war-crime concerns and highlighting failures to uphold international humanitarian law [628].

At the regional level, ASEAN's Five-Point Consensus remains the primary framework for mediation and humanitarian access but has seen little progress since 2021 [635][646]. Regional diplomacy in late May 2026 included calls for greater access by the ASEAN special envoy, and proposals at the Shangri-La Dialogue on 30 May 2026 to convene all parties under a neutral regional mediator — specifically, Timor-Leste President José Ramos-Horta proposed convening all parties "under a tent" guided by a retired four-star Southeast Asian general — to advance humanitarian access and dialogue [635][646]. An ongoing international legal accountability pathway is the *Gambia v. Myanmar* case before the International Court of Justice, which forms part of broader efforts to pursue accountability for alleged mass atrocities [673]. At the subnational level, the Ta'ang National Liberation Army reported a China-mediated ceasefire with the Tatmadaw in October 2025, illustrating localized negotiated mechanisms to pause hostilities in parts of the country [656].

Humanitarian Impact of Legislation

Myanmar's legal and policy environment has significantly constrained humanitarian action since the 2021 coup. The junta has obstructed access to medical goods and decimated the health system, undermining both emergency and routine care [629][626]. Reported restrictions include confiscation of medicines, checkpoint and movement limits, internet shutdowns, and blockades consistent with the military's "four cuts" approach, which have disrupted supply routes and humanitarian access — notably into Rakhine State since November 2023 [626][662][632]. These constraints have coincided with widespread attacks on health care and civilians, including approximately 1,140 incidents of attacks on health care in 2025, the destruction of more than 100,000 homes, and over 1,800 deaths in detention since 2021, further eroding compliance with IHL and protection obligations [626].

Domestic counterterrorism and related laws have been flagged for criminalising or penalising health workers and exposing humanitarian personnel to liability, prompting calls for repeal or reform to protect impartial medical and humanitarian services [626]. The breakdown of state and civil-society protection systems, near 3.7 million IDPs, and acute needs affecting an estimated 45% of the population by March 2026 have limited access to legal identity, documentation, and basic services for displaced populations [625][624]. Operationally, humanitarian partners reached only 1.6 million people — 33% of the 2026 target — by 31 March 2026, amid uneven access driven by these legal, security, and administrative barriers [636]. Suppression of independent media and widespread digital content removals during the junta's 2025–26 electoral period further hindered documentation and reporting of abuses, complicating accountability and monitoring of IHL and human rights compliance [642].

International Agreements Impacting the Crisis

The UN Security Council's adoption of Resolution 2664 in December 2022 created a humanitarian exemption across UN sanctions regimes, but divergent national wording, limited analogous protections in domestic criminal laws, and private-sector "derisking" continue to complicate humanitarian transactions and cause delays for items and services needed for crisis response [623]. UN Member States were urged to report on measures implementing UN Security Council Resolution 2286 and to use diplomatic and economic levers — including targeted sanctions, suspension of bilateral agreements, and arms restrictions — against perpetrators of attacks on health care, but few have formally done so [626].

ASEAN engagement with Myanmar has shown signs of easing restraint toward the junta, including the bloc's agreement (at Thailand's urging) to a virtual meeting with Myanmar's new foreign minister, Tin Maung Swe, a development critics say risks legitimizing the military government [634]. The Philippines' ASEAN special envoy visited Naypyitaw in early January 2026 and Manila publicly pressed on 6 May 2026 for access to meet detained leader Aung San Suu Kyi [635][646]. Myanmar's head of state, Min Aung Hlaing, conducted a high-profile visit to India in late May 2026 as part of a diplomatic strategy to normalize regional ties — moves that analysts and rights groups warned could shore up junta legitimacy despite Western condemnation [634][630]. China continues to act as a key power broker, mediating ceasefires including agreements involving the Three Brotherhood Alliance in 2024, and maintaining ties that afford it leverage with both the junta and some ethnic armed groups [643][657].

On the humanitarian funding side, the 2026 update to the Rohingya Joint Response Plan appealed for USD 710.5 million, with mid-year funding at approximately 60% of the appeal. Donors such as Finland announced contributions — EUR 2 million alongside broader UNHCR flexible core funding pledges — to sustain assistance for refugees and host communities [676][670].

Limitations of Current Policies

Myanmar's policy framework exhibits significant structural and operational gaps. Mental health lacked an up-to-date national policy and implementation plan prior to 2022, with services highly centralised in a handful of specialised hospitals and almost no community-based mental health or substance-abuse rehabilitation services, constraining access for conflict-affected populations [625][624]. Many specialised MHPSS practitioners and other health professionals withdrew or left the country after the 2021 coup, reducing service capacity. While WHO's 2025 translation of the Mental Health Gap Action Programme may bolster non-specialist capacity, operational challenges — including displacement, mobility, connectivity, and training turnover — limit rapid scale-up [625]. Health-worker departures have been extreme in some areas, exceeding 70% in parts of Sagaing, alongside widespread damage to facilities [626][629].

The Tatmadaw's use of blockade and "four cuts" tactics — including the longstanding blockade in Rakhine State — and intensified offensives to reclaim resource and border corridors have further restricted humanitarian access and civilian relief options, deepening contradictions between Myanmar's practices and its international humanitarian obligations [632]. External legal and commercial pressures compound these constraints: complex sanctions and counter-terrorism measures, combined with private-sector derisking, create a fragmented compliance environment that restricts financial and logistical services for aid delivery and increases bureaucratic and liability risks for humanitarian actors [623].

Civic-space and information-policy gaps further undermine accountability: digital censorship, monetisation barriers, and platform content removals during the junta-organised elections (December 2025–January 2026) weakened independent media oversight, while the regime's parallel diplomatic moves — including the president's May 2026 visit to India — highlight tensions between claims of normalisation and persistent deficits in rights protection and humanitarian access [642][652]. At the accountability level, international monitoring bodies and civil society coalitions report persistent failures to prevent or remedy attacks on health care and to enforce IHL and IHRL obligations, indicating weak enforcement mechanisms and limited domestic accountability for violations [629][628].

Food Security and Livelihoods

Access to Food and Market Functionality

Since late April 2026, junta restrictions that effectively cut the Saw–Magway trade corridor have sharply reduced mainland-sourced goods into Arakan (Rakhine) State, producing shortages and rapid price inflation. The WFP reported basic food prices up 18% nationwide and up to 31% in Arakan, and warned on 18 May that rising costs are pushing low-income families beyond their ability to afford basics [686]. Local traders report stocks running low, and early-monsoon landslides and transport delays have further constrained market access into Arakan since late April [686]. Reported wholesale and retail price increases in Arakan include Blue menstrual pads (24,000–35,000 MMK), Shwe Wah soap cartons (180,000–240,000 MMK), and Carbolic soap (147,000–180,000 MMK), with similar large rises across common household items [686]. In Karenni (Kayah) State, intensified junta offensives have restricted access to farmland, reduced local rice production, and pushed a locally produced rice bag price from about 90,000 MMK to roughly 150,000 MMK, while recent attacks and offensives have displaced civilians and strained hosting communities' food resources [704]. Nationwide, farmers face critical fuel and fertiliser shortages. Myanmar imports about 90% of its fuel and up to 95% of chemical fertilisers; fertiliser prices have reportedly risen (a 50kg bag cited as high as ~200,000 MMK), and the WFP warned that a 50% drop in fertiliser use could reduce output by up to 15%, threatening current-season planting and yields [687]. These input and transport disruptions are undermining market functionality, reducing staple availability in conflict-affected areas, and eroding household purchasing power—particularly for displaced and low-income households [704][686][687]. In Cox's Bazar refugee camps, since April 2026 WFP revised food assistance from a flat allocation to a tiered model (USD 12, USD 10, USD 7 per person per month), leaving around 67% of camp residents receiving less than the previous flat rate and contributing to acute hardship at Eid in May–June 2026 [693]. In response to these cuts, Saudi KSR relief distributed food baskets to more than 60,000 Rohingya and host-community families in Cox's Bazar in the weeks before Eid Al-Adha 2026 to partially offset reduced assistance [699].

Coping Mechanisms

Households across Myanmar are increasingly unable to afford basic food due to rising prices, reduced local production, and constrained market access, driving greater dependence on humanitarian assistance and the adoption of harmful coping strategies [686][704][690]. Internal displacement has eroded household coping capacity, with an estimated 3.7 million people internally displaced by April 2026, increasing pressure on host households and local resources [690]. In frontline and displacement-affected areas, children have been observed engaging in child labour and other risky unsupervised activities, reflecting negative coping among households [684][690]. Rohingya refugees in Cox's Bazar have faced cuts to food assistance following WFP's April 2026 ration revision: around 67% now receive less than the previous flat allocation, with roughly 50% receiving USD 10 per person per month and 17% receiving USD 7, leaving families reporting days without food and reduced ability to afford celebrations or basic items [693]. Nearly 1.2 million Rohingya remain aid-dependent in camps; in 2025, only 23% of refugee households earned income through the sole permitted cash-for-work scheme, while 35% had no income and relied fully on assistance, exacerbating vulnerability to food shocks [710][722]. Humanitarian coverage remains limited: as of 31 March 2026, partners reached 1.6 million people (33%) of the 2026 target of 4.9 million, underscoring continued reliance on but insufficient reach of external assistance [685].

Livelihood Disruption

Economic decline, widespread conflict, and displacement have sharply reduced incomes and market access across Myanmar, with an estimated 45% of the population in need of humanitarian assistance by March 2026 [690]. Nearly 3.7 million internally displaced people (IDP) face disrupted livelihoods and constrained household coping capacity [690]. Informal sectors—including market trading, daily wage labour, and other income-generating activities—are being undermined by movement restrictions, market disruptions, and monsoon-related transport delays, reducing earnings for low-income households [686][690][684]. Fear of conscription and forced recruitment has led many men to limit movement or flee, reducing access to employment for youth, removing primary earners from households, and increasing economic burdens on women and caregivers [684]. Humanitarian cash assistance and alternative payment modalities have been used to restore purchasing power and reach people more efficiently; Mercy Corps' stablecoin/digital-wallet pilot in Myanmar reduced transaction costs and expanded coverage by enabling direct disbursements convertible via hundi networks [698]. These combined shocks have eroded household purchasing power and pushed vulnerable families toward harmful coping strategies, worsening food and income insecurity [690][686].

Impact on Agricultural Activities and Production

Myanmar faces acute fuel and fertiliser shortages that are undermining planting and input use; the country imports about 90% of its fuel and up to 95% of chemical fertilisers, and farmers report rationing fertiliser or considering leaving farming altogether [687]. According to the WFP, a 50% drop in fertiliser use could reduce national farming output by as much as 15% [687]. Active fighting, movement restrictions, and displacement are limiting access to land and labour, reducing local rice production, and raising local food prices—reports from Karenni State note households losing access to farmland and a rise in locally produced rice prices from about 90,000 MMK to roughly 150,000 MMK per bag in affected areas [704]. Conflict-related destruction of water and food supply infrastructure, combined with the 2025 drought, have further degraded the food system and contributed to elevated malnutrition in agriculture-dependent areas [683]. By March, an estimated 45% of the population needed humanitarian assistance, around half were directly exposed to armed conflict, and nearly 3.7 million people were displaced—factors that have compounded market disruption, income loss, and weakened household resilience for farming families [690][684].

Food and Livelihood Needs and Current Response

Humanitarian food and livelihood assistance for people displaced from Myanmar and Rohingya refugees primarily comprises in-kind food distributions and cash-based food assistance, alongside donor-funded skills and resilience programming for refugees in Cox's Bazar [699][693][710]. As of 31 March 2026, humanitarian partners reached 1.6 million people (33% of the 2026 target of 4.9 million), with 832,000 people reached within the hyper-prioritised caseload [685][682]. Rohingya in Bangladesh number roughly 1.2–1.3 million in Cox's Bazar camps, nearly all aid-dependent [710][699]. Finland contributed EUR 2 million to UNHCR, and the 20 May 2026 Joint Response Plan (appeal: USD 710.5 million) guides funding priorities for the refugee response [710][722].

Available evidence indicates assistance is only partially mitigating needs: WFP's April 2026 ration revision and broader donor shortfalls have increased hardship among refugees, while recent in-kind distributions such as Saudi food baskets have provided short-term relief but do not replace sustained funding [693][699]. Remaining gaps include funding shortfalls, uneven geographic coverage, constrained access to some camp areas (Teknaf), strained host communities, and severe livelihood disruptions with rising food prices and restricted market access in conflict-affected areas such as Arakan and Karenni states [693][686][704].

Coordination mechanisms active in the response include the Cox's Bazar Food Security Sector (led by FAO and WFP and co-chaired by BRAC), government actors such as the RRRC engaging in camp-level coordination, and the Joint Response Plan that frames donor allocations [682][693][710][685].

Education

Learning Environment and Facility Conditions

In parts of Karenni State and other frontline areas, intensified fighting and displacement have left education provision inconsistent, with local and resistance administrations and humanitarian actors lacking resources to provide regular schooling, shelter, and health services to displaced populations [749]. School closures and destruction in frontline areas, notably in Arakan State, have deprived children of safe, structured learning environments and increased risks such as unsupervised exposure to ordnance, child labour, and substance abuse [739][740]. Education-linked MHPSS and specialised services remain highly constrained and concentrated in urban areas, leaving rural and conflict-affected populations with especially limited access to school-based support and referral pathways [739][740].

Access to Education and Barriers

Conflict-related displacement — an estimated 3.7 million IDP by April 2026 — together with widespread exposure to armed violence, has reduced access to education and weakened education, protection, and MHPSS structures at community and household levels [739][740]. Movement restrictions and access constraints in conflict areas disrupt basic services and livelihoods, undermining households' capacity to support children's education [739]. Forced recruitment and conscription in conflict-affected areas constitute a direct protection barrier that limits children's ability to attend school and strains caregivers' capacity to maintain children in learning pathways [739]. Rohingya refugees in Bangladesh camps — nearly 1.3 million in Cox's Bazar — continue to face limited access to education amid prolonged displacement and constrained services, sustaining education gaps for refugee children and adolescents [750].

Education Needs and Current Response

The breakdown of education and protection systems in conflict-affected areas has broadly reduced access to essential learning structures and school-based psychosocial services across Myanmar, compounding MHPSS risks for children [739][740]. In Karenni State specifically, resistance governance lacks sufficient resources to provide consistent education across the region, contributing to service gaps amid ongoing military offensives and displacement [749]. Reported gaps include limited school-based psychosocial support, insufficient formal education provision, and inadequate teacher capacity in conflict-affected and displaced communities [739][749]. Education and MHPSS responses are further constrained by access limitations and insufficient capacity relative to needs, leaving many communities reliant on informal and community-based coping mechanisms [739][740]. Humanitarian partners reached 1.6 million people — 33% of the 2026 target of 4.9 million — by 31 March, with achievements remaining uneven across clusters and geographic areas, indicating persistent gaps in education coverage [743].

Health

Availability and Access to Healthcare Services

Since 2021, at least 1,900 incidents of violence against the healthcare system have been reported across Myanmar, degrading service delivery and access to care [796]. Large-scale departures of health personnel—more than 70% leaving some areas such as Sagaing—have created major staffing gaps and reduced facility functionality [797]. Parties to the conflict have restricted movement and confiscated medicines and supplies (including antiretrovirals and anti-venom), while military and opposition checkpoints have blocked patients and humanitarian access into Chin, Kachin, Rakhine, Sagaing and northern Shan [797][799]. Attacks, closures and punitive measures have damaged or shut private hospitals and pharmacies, led to arrests and intimidation of health workers, disrupted cold chains and vaccine storage, and worsened maternal and neonatal care access, with nearly half of women and girls reporting lack of access to maternal and reproductive health services in affected areas [797]. Access and affordability of essential medicines have also worsened in some areas, with reported price increases for common medicines and contraceptives undermining access to primary and reproductive health services [813]. Funding shortfalls and operational constraints continue to limit the scale of health and humanitarian responses and the delivery of essential medical commodities across conflict-affected areas [797].

On 31 May 2026, a large explosion in Kaungtpu/Namhkam killed dozens and injured around 70 people, overwhelming local health services and prompting reports of acute blood shortages at Namhkam Hospital [831][821][843].

Disease Outbreaks

Major outbreaks of dengue, malaria, acute watery diarrhea and COVID-19 were reported in 2025, with cholera, measles and malaria recorded across multiple regions; post-earthquake overcrowding and damaged water systems following the March 2025 earthquake further raised the risk of cholera and other waterborne diseases [797][799]. An estimated 1.5 million children missed routine immunisation in 2025, increasing risks of diphtheria, measles and polio resurgence [797]. Destruction of health infrastructure, disrupted vaccination programmes, limited humanitarian access and obstruction of medical supplies have severely weakened outbreak prevention and response capacity across conflict-affected areas [797][796][799]. Overcrowding, damaged WASH systems and limited access to safe water and sanitation in displacement sites remain key drivers of waterborne and respiratory disease transmission, increasing demand for treatment where services are already constrained [797]. Humanitarian agencies warned that without urgent, sustained international support, vaccine-preventable and vector-borne disease outbreaks could worsen [797][796][799].

Health System Challenges

Since the 2021 coup, violence and attacks have decimated Myanmar's health system, with repeated attacks on facilities, looting, and damage to water, electricity and fuel infrastructure reducing hospital functionality and emergency response capacity [797][796]. Movement restrictions, confiscation of medicines and limits on humanitarian access have disrupted medical supply chains, including cold chain systems critical for immunisation [797][796][799]. By March 2026, an estimated 45% of the population was in need of humanitarian assistance, with around half directly exposed to armed conflict, and nearly 3.7 million people displaced—all compounding pressure on an already weakened health system [798]. Where formal services have collapsed, parallel and community-based providers, including mobile and remote services, continue to operate but remain under-resourced and unable to meet rising needs [797][796]. As of 31 March 2026, humanitarian partners had reached 1.6 million people, representing only 33% of the 2026 target, indicating significant gaps in coverage driven by underfunding and access constraints [800].

Mental Health and Psychosocial Support (MHPSS)

Formal MHPSS services in Myanmar are historically under-resourced, concentrated in urban areas and poorly integrated into primary healthcare, leaving rural and conflict-affected populations with especially limited access to specialised care; Myanmar has fewer than one mental health worker per 100,000 people [796]. Humanitarian organisations provide some MHPSS services, but response capacity is insufficient relative to needs due to conflict-related access limitations, notably in high-need areas such as Rakhine State and Sagaing Region [796]. The March 2025 earthquake and its aftershocks, together with economic deterioration and ongoing displacement, have compounded trauma and reduced household coping capacity, while attacks on healthcare have further decimated available services [796][799]. IDPs—numbering nearly 3.7 million by April 2026—face heightened anxiety, including fear of airstrikes and uncertainty about the future [796][798]. Caregivers' weakened mental health and the absence of adequate caregiver-focused MHPSS interventions increase risks for children's long-term psychosocial wellbeing, and disruptions to education have reduced access to school-based psychosocial services [796]. Consequently, many affected people rely on informal community- and family-based coping mechanisms rather than specialised MHPSS care [796].

Health Needs and Current Response

Health needs across Myanmar remain acute and multidimensional. Maternal, reproductive and emergency obstetric care access is severely constrained, with nearly half of women and girls reporting lack of access and rising maternal and neonatal risks [797]. Mental health and psychosocial support needs are widespread but MHPSS capacity is insufficient to meet demand, and many affected populations rely on informal or community-based support in the absence of formal services [796][798]. Acute emergency care demands spiked following the large explosives-storage blast in Namhkam (Kaungtpu) on 31 May 2026, which killed dozens and injured around 70 people; local hospitals reported acute blood shortages as responders provided medical care [821][831][843]. On the response side, humanitarian partners reached 1.6 million people (33% of the 2026 target) by 31 March 2026, with coverage uneven and concentrated in the highest-severity areas [800]. Coordination between humanitarian actors, community-based services and local authorities continues, but access constraints, workforce depletion and funding shortfalls hinder the scale-up of health and MHPSS responses [796][800][797].

Nutrition

Availability and Access to Nutrition Services

Nutrition and related healthcare services are highly constrained and concentrated in urban areas, poorly integrated into primary care, and often rely on community-based or informal support, leaving rural and conflict-affected populations with especially limited access [862][863]. Attacks on and obstruction of the health system since 2021 have decimated infrastructure and reduced availability of specialised care, further limiting nutrition and health service delivery [862][876]. By April 2026, an estimated 3.7 million people were internally displaced, many living in informal settlements or displacement sites with limited access to basic services including nutrition and maternal care [862][863]. Health workforce shortages are acute in some areas, with reports that more than 70% of health workers had left parts of Sagaing, creating significant gaps in service provision [861]. People in displacement sites and hard-to-reach areas face barriers to routine services—including immunisation, maternal and neonatal care, and treatment for common childhood illnesses—due to insecurity, supply gaps, and access constraints [861].

Food affordability has worsened significantly: WFP reported basic food prices up by about 18% across Myanmar and by as much as 31% in Arakan (Rakhine) State, while local rice prices have risen sharply in some areas (e.g., from approximately 90,000 to 150,000 MMK per bag in parts of Karenni) [867][869][873]. Agricultural input shortages—including fertiliser and fuel—and restricted access to farmland are reducing local production prospects and threatening food availability and dietary diversity, with WFP warning that a 50% drop in fertiliser use could cut farming output by up to 15% [871][869].

Rohingya refugees remain heavily dependent on food assistance, with assessments indicating that without assistance more than 51% of refugee households could not afford the minimum expenditure basket, and recent cuts to food rations have deepened hardship in camps [864][872][881]. Humanitarian and health responses—including nutrition screening and supplementary feeding—are under-resourced and constrained by access limitations, funding shortfalls, and operational restrictions, which limits the scale and geographic coverage of nutrition interventions [861][862]. Mitigation measures reported include homestead gardening, seed distribution, and small-scale vegetable production in Rohingya camps to increase access to nutritious foods and improve household dietary diversity [864].

Nutrition Needs and Current Response

Humanitarian coverage remains uneven, with partners reaching only 1.6 million people (33% of the 2026 target) by 31 March 2026, indicating severely constrained reach for sector responses including nutrition [865]. Major gaps persist, including shortages of trained nutrition and health staff, disrupted supply chains, looting of medical and nutrition supplies, and underfunded programmes that limit treatment and prevention of malnutrition across conflict-affected areas [861][876].

For Rohingya populations in Cox's Bazar, WFP has shifted to a tiered food-assistance model (USD 12, USD 10, and USD 7 per person per month) since April, with roughly 67% of camp residents receiving less than the previous flat allocation [872]. Complementary distributions—such as KShrelief food baskets reaching around 60,000 families and a EUR 2 million UNHCR contribution from Finland—are being used to try to fill the resulting gaps [881][897]. Community-level nutrition actions include camp gardening initiatives coordinated with sector partners (WFP, FAO, and others) to increase household access to fresh vegetables and dietary diversity in Rohingya camps; these programmes have been implemented since 2018 and scaled by multiple Food Security Sector partners [864]. Military blockades and displacement have further reduced access to farmland and lowered local production, tightening supplies along key corridors such as routes into Arakan [869][873].

WASH

Availability of Water Sources

Conflict- and disaster-driven infrastructure damage and supply-chain disruptions have constrained access to safe potable water in many affected and remote areas, increasing contamination risks and service interruptions [905][920]. Damage to water supply systems following the March 2025 earthquake, combined with displacement and overcrowded shelters, raised the risk of cholera and other waterborne diseases and undermined health-facility functionality in affected areas [905]. Prolonged and intensifying heat through at least midMay 2026 further raised the risk of water shortages, threatening agricultural output and straining community water availability [920].

Access to Sanitation Facilities and Hygiene Practices

Years of unlawful attacks and obstruction by the military have decimated health services and impeded emergency response, while conflict and explosive violence have damaged water systems and other civilian infrastructure, reducing sanitation service availability [919][926][910]. Nearly 3.7 million IDPs face constrained access to sanitation services and hygiene supplies [910]. Since late April, the junta's closure of the Saw–Magway trade corridor sharply reduced the availability and affordability of hygiene items in Arakan State, worsening conditions for IDPs and host communities [935]. Price increases for key hygiene and related items illustrate the scale of affordability pressures:

- A pack of Blue menstrual pads rose from 24,000 MMK to 35,000 MMK [935].
- A carton of Shwe Wah soap increased from 180,000 MMK to 240,000 MMK [935].
- A carton of Carbolic soap rose from 147,000 MMK to 180,000 MMK [935].
- A blister pack of Secif birth control pills rose from 6,000 MMK to 8,000 MMK [935].
- WFP reported basic food prices rose by an average of 18% nationwide and by up to 31% in Arakan State, reflecting broader affordability pressures that also affect the purchase of hygiene items [935].

Waste Management and Vector-Borne Disease Risks

No data available for this section.

Main WASH Needs and Humanitarian Response

Human Rights Watch and monitoring groups have documented that attacks on infrastructure and obstruction by the junta have damaged water and sanitation systems, undermining access to potable water and sanitation services across parts of the country [919][926]. Key constraints to scaling the WASH response include active conflict and access restrictions, repeated attacks on health and WASH infrastructure, and humanitarian funding shortfalls that have reduced response capacity [919][943]. According to the Myanmar Humanitarian Needs and Response Plan Q1 2026 dashboard, as of 31 March 2026 humanitarian partners reached 1.6 million people (33% of the 2026 target) and 832,000 people (32% of the hyperprioritised caseload), with achievements remaining uneven across clusters and geographic areas [903]. UNHCR reports nearly 1.2 million Rohingya from Myanmar remain in Bangladesh, where camp guidance notes seasonal reductions in water access and recommends reuse of greywater for household gardening during summer shortages [927][907].

Shelter and Non-Food Items (NFI)

Damage to Housing and Shelter Needs

On 31 May 2026, an explosion in Kaungup (Namhkam township, Shan State) destroyed and severely damaged more than 100 residential buildings, with local authorities providing immediate relief, medical care and resettlement assistance to affected residents [986][964][975][966][973][969]. The March 2025 earthquake previously damaged or destroyed more than 100,000 homes and health facilities, contributing to widespread displacement and ongoing shelter needs [958]. Separately, regime raids near Bagan in late May 2026 left nearly 20,000 people homeless, adding to acute shelter demands [962]. Large-scale displacement across Myanmar—estimated at approximately 3.6–3.7 million IDPs—continues to drive high demand for shelter and reliance on temporary accommodation [958][956]. Nearly 1.2–1.3 million Rohingya remain in extremely congested camps in Cox's Bazar, with around 150,000 new arrivals since early 2024 still without shelters due to lack of space, placing sustained pressure on shelter capacity and host communities [989][1000][972]. Shelter integrity in camps and conflict-affected areas is threatened by environmental hazards including landslides, monsoon rains, high winds and cyclone risk, compounded by the predominance of single-storey, makeshift structures on slope-prone terrain [960]. Damage to community infrastructure—including repeated attacks on health facilities in 2025—has reduced local service capacity to support shelter repair and recovery, while access constraints and funding shortfalls limit rebuilding and durable shelter interventions in contested areas [958][956]. As of 31 March 2026, humanitarian partners had reached 1.6 million people (33% of the 2026 target), indicating significant remaining gaps in shelter assistance; the 2026 Joint Response Plan aims to reach up to 1.56 million people, reflecting continued urgent needs among refugees and host communities [959][1000].

Living Conditions in Camps or Settlements

By April–May 2026, an estimated 3.7 million people were internally displaced in Myanmar, many residing in informal settlements or displacement sites with limited access to basic services and reporting fear of airstrikes and other protection risks [957][956]. Rohingya settlements in Cox's Bazar are highly congested, hosting around 1.2–1.3 million refugees across roughly 33 camps; recent cuts to food assistance have deepened household hardship, while rising food prices—up approximately 18% nationwide and as much as 31% in Arakan State—are worsening food access for camp residents and IDPs alike [989][972][1000][971][987][970]. High population density, degraded vegetation and slope instability have raised landslide and heat risks in Rohingya camps, and limited WASH programming in some displacement settings increase the likelihood of disease outbreaks [960][958]. Displacement sites and conflict-affected areas have experienced severe reductions in healthcare access due to repeated attacks on health services (at least 1,900 incidents since 2021) and infrastructure damage including from the March 2025 earthquake, increasing disease and injury risks in shelters and temporary settings [957][958]. Protection concerns include heightened risks of gender-based violence, forced eviction, reduced privacy and disproportionate impacts on women, children and persons with disabilities, with limited service coverage and constrained MHPSS capacities across many displacement sites [957][956].

NFI and Shelter Needs and Current Response

As of March 2026, an estimated 45% of Myanmar's population required humanitarian assistance, with conflict-driven displacement creating large and persistent shelter and NFI needs [956]. In Karenni State, IEC-administered areas host roughly 300,000 people including about 200,000 IDPs, while local resistance governance lacks sufficient resources to provide consistent shelter and related services; recent junta offensives displaced around 1,000 villagers in a single attack [963]. Supply and logistics constraints are worsening access to household essentials: the junta blockade of the Saw route and early monsoon impacts have sharply increased commodity costs and caused transport delays and landslides that complicate resupply to conflict-affected areas [970]. High transport costs and limited access to distant camp areas have further reduced partner willingness to reach remote locations, undermining timely NFI and shelter distributions [971]. For Rohingya refugees, the 2026 hyper-prioritized Joint Response Plan appeals for USD 710.5 million to reach up to 1.56 million people and was roughly 60% funded mid-year, while approximately 150,000 arrivals since early 2024 remain without shelters in already congested camps, indicating persistent shelter and NFI shortfalls [1000]. Humanitarian partners reached 1.6 million people (33% of the 2026 target) by 31 March 2026, but achievements were uneven across clusters and geographic areas, reflecting operational constraints that continue to limit shelter and NFI coverage [959].

Protection

Impact on civilians

Between late May and early June 2026, civilians in Myanmar faced both new mass-casualty events and continuing protection and access crises. A large explosion on 31 May 2026 in Namhkam, Shan State, reportedly killed between 40 and 59 people and injured around 70, damaging nearby homes and overwhelming local health facilities' blood supplies [1022][1021]. By April 2026, an estimated 3.7 million people were internally displaced, many living in informal sites with limited services, and by March 2026 roughly 45% of the population were assessed to be in need of humanitarian assistance [1005][1006]. Humanitarian partners had reached 1.6 million people (33% of the 2026 target) by 31 March 2026, with coverage uneven across areas of need [1014].

Attacks on healthcare, declining health workforce availability, and damage to medical facilities have severely limited access to health services, including maternal and reproductive care. Over 1,800 deaths in detention have been reported since 2021, and widespread hospital damage from the March 2025 earthquake further strained services [1007][1028]. Junta blockades and trade-route closures have disrupted supplies into conflict-affected areas, notably Arakan (Rakhine) State, driving basic food prices up by an average of 18% nationwide and by as much as 31% in Arakan State, exacerbating food access problems for displaced and host communities [1009][1011]. Intensified military offensives, including in Chin and other states, continue to displace civilians and constrain humanitarian access. Overall, humanitarian access remains uneven and underfunded, limiting the scale of protection, health, shelter, and food responses despite prioritised interventions in the most severe areas [1014][1007].

Factors Driving protection risks

Protracted armed conflict — characterised by widespread airstrikes, indiscriminate night bombardments including use of cluster munitions, systematic arson (more than 100,000 homes destroyed since 2021), and extensive landmine contamination (2,029 landmine casualties in 2025) — has eroded community coping capacities and driven acute protection needs across Myanmar [1005]. State and non-state attacks on healthcare and obstruction of medical access have decimated services and amplified protection risks, with state forces responsible for the majority of violence against health facilities and infrastructure [1007][1028]. The growing use of explosive weapons and armed drones in populated areas has increased civilian casualties and destruction of civilian infrastructure, expanding the scale and geographic reach of protection threats [1023][1030].

Tactics attributed to the junta — raids, movement restrictions, arrests, conscription, and blockade-style "four cuts" — have constrained access to services, contributed to mass displacement, and increased risks of gender-based violence and exploitation in displacement sites [1007][1005]. Economic deprivation and resource scarcity, manifested by restricted access to farmland, rising food prices, and limited livelihood options for vulnerable populations including Rohingya refugees, are driving harmful coping mechanisms, dependence on aid, and heightened risk of exploitation [1024][1063]. Fragmented territorial control and competition over strategic minerals and border routes, including rare-earth mining areas, are incentivising intensified offensives and cross-border pressures, further compounding displacement and protection vulnerabilities in frontier regions [1016][1025][1011]. A large accidental detonation of stored mining explosives in Namhkam, Shan State, on 31 May 2026 also highlighted the risks posed by unstable munitions and hazardous storage in areas controlled by armed groups [1022][1021][1045].

Psychological and mental health impacts

Armed conflict is the central driver of mental health and psychosocial support (MHPSS) needs in Myanmar, with protracted violence, repeated exposure, displacement, and weakening coping capacities eroding psychosocial resilience across communities [1005][1006]. Reported mental health outcomes include high levels of anxiety, emotional exhaustion, trauma effects, chronic hypervigilance, sleep disturbances, and acute stress reactions, with stressors linked to increased risks of self-harm and suicide in some areas [1005][1006]. Conflict tactics — including indiscriminate airstrikes, systematic arson, and extensive landmine contamination — have amplified fear, unpredictability, and long-term psychosocial harm [1005]. Recent violent incidents in late May 2026, including the large blast in Namhkam on 31 May 2026 and junta drone strikes killing civilians in the Mandalay area, have produced acute trauma and increased immediate MHPSS needs on the ground [1057][1050][1005].

Access to MHPSS remains highly constrained and uneven: breakdowns in health, education, and protection systems; limited formal MHPSS provision; and eroded community support networks impede service delivery and surge capacity [1006]. Displacement, fear of airstrikes, heightened risk of gender-based violence, and economic deterioration are key barriers driving harmful coping strategies and disproportionately affecting vulnerable groups — IDPs, survivors of violence, children, and humanitarian responders — who report anxiety, guilt, and limited psychosocial support [1005][1006].

Protection Needs and Current Response

Populations across Myanmar face widespread and severe protection and MHPSS needs driven by prolonged armed conflict, displacement, and the March 2025 earthquake [1005][1006]. Humanitarian partners reached 1.6 million people (33% of a 4.9 million 2026 target) as of 31 March 2026, including 832,000 people (32% of a 2.6 million hyper-prioritised caseload) [1014]. Access to MHPSS and protection services is highly constrained and uneven, with specialised services concentrated in urban areas and response capacity insufficient in high-severity areas including Arakan State and Sagaing Region [1005][1006]. Attacks on healthcare and obstruction by the military have decimated healthcare provision and impeded emergency medical and protection responses [1028].

The 31 May 2026 blast at an explosives storage site in Namhkam township prompted local relief, medical care, and resettlement assistance for affected residents [1045][1032]. Overall humanitarian coverage remains uneven and insufficient compared with needs, leaving gaps in legal assistance, safe spaces, case management capacity, and community-based protection mechanisms [1014][1006]. Protection monitoring and reporting are hampered by access and security constraints, with key informant interviews used to fill information gaps and identify protection and MHPSS drivers [1005][1006]. Community-based support remains a primary coping and protection resource in many areas but do not substitute for scaled specialist services and strengthened referral and case management systems [1006][1005].

For Rohingya refugees in Bangladesh, UNHCR's Joint Response Plan appeals for USD 710.5 million to reach up to 1.56 million people, with mid-year funding at approximately 60%, while roughly 1.2 million Rohingya remain in displacement [1062][1063].

Child Protection concerns

The 31 May 2026 explosion in Namhkam, Shan State, killed dozens and wounded around 70 people, including children, and destroyed houses, sharply increasing immediate protection and safety risks for children in the affected community [1022][1021]. The Ta'ang National Liberation Army (TNLA) stated the detonation occurred at a site storing explosives used in mining, highlighting the hazard posed by armed group-held munitions near civilian areas and children's living spaces [1021][1022].

Disruption and destruction of schools, notably reported in Rakhine, and widespread displacement have eroded safe, structured environments for children, increasing exposure to mental health and psychosocial risks and unsafe behaviours such as playing in ordnance-contaminated areas, child labour, and substance abuse [1005]. MHPSS and specialised child protection services in Myanmar are highly constrained and uneven — largely urban and insufficient in conflict-affected and rural areas — limiting children's access to protection and psychosocial support [1005]. Authorities linked to the National Unity Government reported arrests over alleged forced recruitment of minors under 18 by the Student Revolutionary Force in Sagaing's Mingin Township, indicating ongoing risks of child recruitment in areas of armed group activity [1047].

Violence against women and girls

Conflict has significantly heightened gender-based violence risks in Myanmar, with reports indicating rising incidents of sexual violence, intimate partner violence, exploitation, forced marriage, and trafficking, especially in conflict-affected and access-constrained areas. The UN's annual reporting process lists Myanmar among countries credibly suspected of systematic conflict-related sexual violence [1005][1006][1054][1033]. Underreporting is widespread: the collapse of community protection mechanisms, movement restrictions, overcrowded displacement sites, and reduced access to healthcare and legal support have increased vulnerabilities and impeded survivors' access to services, while insecurity and fear of stigma further constrain reporting [1005][1006].

Technology-facilitated gender-based violence has been used systematically to silence and target women: analyses indicate politically motivated online abuse of politically vocal women increased at least fivefold by end-2022, and doxxing has enabled offline threats, arrests, and attacks [1005]. A Human Rights Myanmar survey found 77% of women journalists reported technology-facilitated gender-based violence — including harassment, deepfakes, and attacks targeting families — during the junta-organised elections between December 2025 and January 2026 [1012].

Access to specialised gender-based violence services — including medical care, psychosocial support, legal aid, and survivor-centred MHPSS — is highly constrained and uneven across the country [1006][1005]. Community groups and some NGOs provide psychosocial and protection support, but prevention programming, specialised services, and safe reporting pathways remain limited, and prevalence data are unlikely to reflect the true scale of gender-based violence in emergency settings [1005][1006].

Vulnerable Groups / Special Needs Groups

Unaccompanied and Separated Children

Displacement affecting nearly 3.7 million people is a major driver of psychosocial stress and increased risks for children separated from caregivers [1080]. Caregivers in conflict-affected areas face elevated mental health risks and extremely limited MHPSS services, constraining their ability to identify and respond to children's psychosocial needs and limiting early support and referral pathways [1079]. Disruptions to education and school closures have further reduced children's access to structured environments and school-based psychosocial services that help identify and refer children in need of protection [1079]. Specialised MHPSS and formal protection services are under-resourced and concentrated in urban areas, leading communities to rely on informal support networks, community-based organisations, religious groups, and monasteries to provide non-specialised psychosocial support and case referrals [1079]. Reports of forced conscription and recruitment pressures — including forced conscription of Rohingya youths — indicate heightened risks of child recruitment by armed actors in affected localities [1092].

Pregnant and Lactating Women

The breakdown of Myanmar's health system and repeated attacks and obstructions since the 2021 coup have severely reduced availability of maternal and reproductive health services and impeded emergency responses, including after the March 2025 earthquake [1095][1080]. Assessments report constrained and uneven access to prenatal, postnatal, and reproductive care across conflict-affected and displacement settings, with services concentrated in urban areas and community/mobile providers operating with limited capacity [1079][1080]. Health-worker depletion and restrictions on the movement of medical supplies — with reports that in some areas such as Sagaing more than 70% of health workers had left — have created critical gaps in service provision for pregnant and lactating women [1081][1079]. Nearly half of women and girls in displacement settings reported lack of access to maternal and reproductive health care [1081]. Maternal nutrition programs and breastfeeding support remain under-resourced, with many populations reliant on informal community networks and limited humanitarian MHPSS capacity due to funding and access constraints [1079][1080]. Documented sexual violence and other forms of gender-based violence increase needs for specialised gender-based violence protection and referral services for pregnant and lactating women at a time when such services are severely constrained [1118][1080].

Adolescents and Youth

A 29 May 2026 thematic report documents widespread and severe MHPSS needs across Myanmar, noting that by March 2026 an estimated 45% of the population required humanitarian assistance and around half were directly exposed to armed conflict — factors that compound risks for young people [1080][1079]. Access to specialised MHPSS services is highly constrained and uneven, especially in rural and hard-to-reach conflict zones, while disruptions to education further reduce access to school-based psychosocial support [1079]. The Tatmadaw's early-2026 mobilisation — including conscription of new troops — and intensified offensives have increased exposure to armed violence and displacement, worsening protection and safety risks for youth in affected areas [1087][1085]. Young people have remained politically active: university students and others led protests against plans to restart the Myitsone Dam in Myitkyina on 25 May 2026 [1100]. Rohingya refugees from Myanmar continue to face limited access to education and livelihoods in Cox's Bazar camps. The 20 May 2026 Joint Response Plan update appealed for USD 710.5 million, and UNHCR reported Finland's EUR 2 million contribution (announced 31 May 2026) to fill gaps including skills development and resilience programming [1124][1091]. Camp-level livelihood programming includes homestead/camp gardening initiatives run by Food Security Sector partners since 2018 that provide agricultural training, inputs, and psychosocial benefits, but formal livelihood options remain limited — in 2025 only 23% of refugee households earned income through the only permitted formal activity, cash-for-work [1114][1124]. Humanitarian capacity to deliver youth-focused MHPSS, protection, and livelihood support remains insufficient relative to needs due to access constraints and funding shortfalls [1079][1095].

People with Disabilities

An ACAPS thematic report (29 May 2026) documents that since 2021 at least 1,900 incidents of violence have targeted Myanmar's health system, degrading access to MHPSS and specialised healthcare services – with reduced availability reported particularly in Ayeyarwady, Bago (West), Chin, Kachin, Magway, Rakhine, and Tanintharyi [1079]. MHPSS services in Myanmar are historically under-resourced, largely urban-centred, and poorly integrated into primary health care, leaving rural and conflict-affected populations – including people with disabilities – with especially limited access [1079][1080]. Caregivers often lack the knowledge or referral pathways to identify and respond to children's trauma-related needs, further limiting early support for children with disabilities or additional support needs in affected communities [1079]. UNHCR has highlighted that funding shortfalls and declining aid in Cox's Bazar have left the most vulnerable – including persons with disabilities, older people, and female-headed households – disproportionately affected, with many new arrivals since early 2024 still without shelters [1124][1126].

Elderly

LRC's 2025–2026 DREF flood operation identified older persons among targeted vulnerable groups – alongside pregnant and lactating women, children under five, persons with disabilities, and large households – who faced increased barriers in accessing food, healthcare, and WASH services within the 2,094 targeted households [1082]. The operation used multipurpose cash assistance to help households cover immediate health-related costs, explicitly supporting medicines and transport to health facilities [1082]. Protection, Gender and Inclusion (PGI) measures were integrated into beneficiary selection and site organisation to mitigate exclusion risks, though inconsistent use of sex-age-disability-disaggregated data (SADDD) was flagged and refresher trainings planned to strengthen age-inclusive programming [1082]. UNHCR reported on 31 May 2026 that declining funding and worsening camp conditions in Cox's Bazar are increasing vulnerability among Rohingya, with older people identified among the groups most affected and dependent on aid [1124]. Saudi food-basket distributions in Cox's Bazar prioritised the most vulnerable households, explicitly including elderly persons among recipients to mitigate recent cuts to assistance [1139].

Displaced

By April 2026 an estimated 3.7 million people were internally displaced in Myanmar, many living in informal settlements or displacement sites with limited access to basic services and increasing reliance on community-based coping mechanisms [1079]. Humanitarian partners reached 1.6 million people (33% of the 2026 target) as of 31 March 2026, with coverage uneven across clusters and geographic areas [1083]. Recent regime raids near Bagan displaced thousands and left nearly 20,000 people homeless [1084]. In Karenni State, roughly 300,000 people – including about 200,000 IDPs – live under resistance administration; recent junta offensives displaced around 1,000 villagers in a single attack, while host communities report dwindling resources and restricted access to farmland [1085]. Nearly 1.2 million stateless Rohingya remain in Bangladesh camps facing severe livelihood constraints: in 2025, 42% of refugee households had temporary or unstable income sources and 35% had no income at all, while voluntary, safe, and dignified return to Myanmar remains uncertain [1124]. Basic food prices have risen sharply – an average 18% nationwide and up to 31% in Rakhine State –, thus exacerbating food insecurity for IDPs and host communities [1107]. Health services have been decimated in conflict-affected areas: low immunisation coverage left an estimated 1.5 million children missing routine vaccinations, increasing outbreak risks in displacement settings [1081]. Health workers were targeted and arrested (at least 32 reported incidents in 2025), and junta obstruction, attacks, and restrictions on healthcare have impeded aid delivery and emergency response [1081][1095]. IDPs face heightened anxiety from airstrikes, forced evictions, gender-based violence risks, and livelihood loss, while MHPSS services remain scarce and poorly integrated into primary care [1079]. Recurrent airstrikes and the growing use of armed drones have increased civilian harm and threats to displacement sites, complicating safe access and protection [1079][1099]. Mercy Corps piloted stablecoin payments in 2024 using digital wallets and informal hundi agents to facilitate cash transfers to local partners and support operations for IDPs, experimenting with alternative payment mechanisms to bypass financial access constraints [1138][1125]. Reports of deportation fears and exploitation risks for Myanmar migrant workers in neighbouring countries have added cross-border protection concerns [1084].

Minorities

Humanitarian and medical access has been systematically obstructed in ethnic-minority areas – including Kachin, Rakhine, and Shan States – with reports of medicine seizures, checkpoints restricting patient movement, punitive measures against health workers, and constrained humanitarian response capacity [1081][1095]. The military's blockade of Rakhine since November 2023, described as a "four cuts" strategy to deny supplies and funding to opposition-held areas, has intensified civilian suffering and been tightened through operations in neighbouring Chin State [1087]. Communities in Rakhine face particularly limited access to services and heightened anxiety relative to other conflict-affected areas [1080]. A major accidental detonation of mining explosives in TNLA-controlled Namhkam (Shan State) on 31 May 2026 killed an estimated 40–59 people and injured about 70, illustrating acute civilian protection risks where armed groups store explosives [1103][1120]. Rohingya refugees remain stateless and concentrated in Cox's Bazar camps, where UN and humanitarian partners presented a 20 May 2026 Joint Response Plan (USD 710.5 million) to reach up to 1.56 million people; a camp-based Rohingya heritage centre established in February 2026 represents an effort to preserve cultural identity and support inclusion [1126][1091]. Declining donor support and cuts to food assistance have increased hardship among Rohingya in 2026, including reduced food availability ahead of Eid, exacerbating risks of exclusion and protection concerns [1093]. Regional policy actions – including directives in India to open detention centres and reports of forced returns affecting Rohingya and other minorities – have added protection pressures across borders [1086][1097]. The UN's May 2026 listing of parties credibly implicated in systematic sexual violence included Myanmar, underscoring documented patterns of gender-based and conflict-related sexual violence affecting civilians [1144].

Operational Environment

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