



Ethnic Naga preschool children play before an ECCD session at Lahe town, Sagaing Region, Myanmar.



for every child

# Humanitarian Situation Report No. 10

Reporting Period







1 January to 31 December 2024

# Myanmar

## HIGHLIGHTS


- The situation in Myanmar continues to worsen amid escalating conflict, climate shocks, public health emergencies, widespread explosive ordnance and landmine contamination, and diminishing access to critical life-saving services.
- More than 3.5 million people were internally displaced by the end of 2024, an increase of nearly one million since the start of the year. Nearly 20 million people, more than one third of the population, are in need of humanitarian assistance.
- Despite the challenging environment, and amid funding constraints, UNICEF and its partners reached 2.4 million people, including 1.5 million children, in 2024. More than half a million children received measles vaccinations, nearly 524,000 children were provided with access to education and 709,058 people were given clean drinking water.

## UNICEF RESPONSE AND FUNDING STATUS\*

	Health	Measles vaccination	75%
		Funding status	31%
	Nutrition	SAM admissions	28%
		Funding status	36%
	Child protection	MHPSS access	329%
		Funding status	36%
	Education	Education access	59%
		Funding status	12%
	WASH	Critical WASH supplies	118%
		Funding status	36%
	Social protection	Cash transfer access	58%
		Funding status	25%


\* UNICEF response % is only for the indicator, the funding status is for the entire sector.

## SITUATION IN NUMBERS




6,000,000

Children in need of humanitarian assistance




18,600,000

People in need of humanitarian assistance



3,243,200

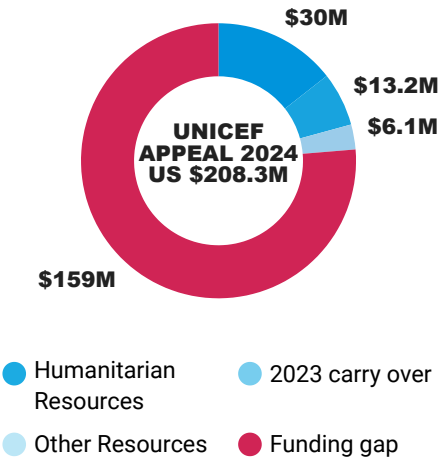
Internally displaced people since 1 February 2021



277,500

People displaced before February 2021

## FUNDING STATUS (IN US\$)\*\*



\*\* Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

## FUNDING OVERVIEW AND PARTNERSHIPS

In 2024, UNICEF Myanmar Country Office appealed for US \$208.3 million to address the needs of 3.1 million people, including 2.1 million children. By the end of 2024, UNICEF secured \$49.3 million (24 per cent of its appeal), comprising \$36.1 million received for the current year and \$13.2 million carried forward from 2023.

In 2024, UNICEF received generous funding support from the Australian Department of Foreign Affairs and Trade (DFAT), the European Commission's Civil Protection and Humanitarian Aid Operations Department (DG ECHO), the Government of France, the German Federal Foreign Office, the Government of Japan, the Government of Norway, the Government of the Republic of Korea, the Royal Thai Government, the United States Agency for International Development (USAID)'s Bureau for Humanitarian Assistance (BHA), the World Health Organization (WHO), the Central Emergency Response Fund (CERF), the Country-Based Pooled Fund (CBPF), the Education Cannot Wait Fund, the Australian Committee for UNICEF, the Danish Committee for UNICEF, the Hong Kong Committee for UNICEF, and internal allocations from global and regional humanitarian thematic funding, as well as internal loans from the Emergency Programme Fund (EPF).

UNICEF also acknowledges the contributions received in previous years from BHA, DFAT, DG ECHO, the Government of Canada, the Government of Japan, the Government of Norway, the Japan International Cooperation Agency (JICA), the Royal Thai Government, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), CERF, CBPF, the Czech Committee for UNICEF, the French Committee for UNICEF and internal allocations from global humanitarian thematic funding.

UNICEF expresses its sincere appreciation to all private and public sector donors for their contributions in supporting the children of Myanmar. These resources have enabled UNICEF and its partners to deliver humanitarian services in nutrition, health, water, sanitation and hygiene (WASH), education, child protection, gender-based violence in emergencies (GBViE), social protection and cash-based programming. Despite the funding gap and multiple constraints, UNICEF delivered life-saving humanitarian assistance to 2.4 million people, including 1.5 million children in 2024. UNICEF also continued providing humanitarian leadership roles across five clusters/areas of responsibility (AoR), and UNICEF is strengthening protection against sexual exploitation and abuse (PSEA) while promoting social behaviour-change and accountability to affected populations.

The humanitarian response in Myanmar remained one of the most underfunded responses in the world<sup>1</sup>. By the end of 2024, it is estimated that more than half a million people prioritized for critical assistance did not receive aid and that these unmet needs will worsen, with more resources required to meet them. In 2025, UNICEF is aiming to reach 4.1 million people, including 3 million children, with life-saving assistance, for which US\$ 286.4 million is required. In addition to humanitarian funding, urgent investment in development activities is also critical to curb rising humanitarian needs and foster long-term stability in the country.

## SITUATION OVERVIEW AND HUMANITARIAN NEEDS

The situation of children in Myanmar continues to worsen amid escalating conflict, climate shocks, public health emergencies,

widespread explosive ordnance and landmine contamination, and security deterioration. Civilians face extreme protection risks, acute food insecurity, the near collapse of critical public services and inflation with the loss of livelihoods.<sup>2</sup> Throughout 2024, the conflict between the Myanmar Armed Forces (MAF) and various armed groups persisted, affecting 12 of the country's 15 regions and states, with escalating fighting involving heavy weapons, airstrikes, drone attacks, artillery shelling, particularly in Rakhine and in the northeast, northwest and southeast of the country.<sup>3</sup> Myanmar ranked as the second most conflict-ridden country in the first half of 2024 and as the fourth most dangerous country for civilians, with 43 per cent of the population exposed to conflict.<sup>4</sup> According to the INFORM Risk register for 2025,<sup>5</sup> Myanmar ranks eleventh out of 191 countries, with its 'very high' risk classification driven by extremely high scores for hazards and conflict intensity.

By the end of 2024, the total number of internally displaced persons reached more than 3.5 million,<sup>6</sup> an increase of nearly one million from the past year (2.6 million in December 2023) with figures projected to rise to 4.5 million by the end of 2025.<sup>7</sup> Many displaced people remain in temporary shelters, informal camps or jungles, facing severe shortages of food, clean water, protection assistance and health care. Additionally, more than 1.3 million people from Myanmar have sought refuge in neighbouring countries,<sup>8</sup> making this a regional crisis that demands urgent attention. Humanitarian needs in Myanmar are increasing to unprecedented levels, with nearly 20 million people, more than one third of the population, including 6.3 million children, in need of assistance in 2025.<sup>9</sup>

Inflation and soaring prices for basic commodities have placed significant burdens on people, while banking and communication disruptions, infrastructure damage, border closures and transport blockages have compounded the crisis. Restrictions on cash withdrawals, access constraints, insecurity and bureaucratic impediments, and the severe funding shortage, continue to hamper the timely provision of humanitarian assistance.

In 2024, seasonal flooding severely exacerbated pre-existing vulnerabilities. Flooding in June 2024 affected more than 230,000 people in Kachin, central Myanmar, the southeast, Yangon and Ayeyarwaddy regions, causing significant damage to infrastructure and agricultural land.<sup>10</sup> The humanitarian situation was further exacerbated by flooding caused by Cyclone Yagi in September 2024, affecting an estimated one million people in 70 townships across various regions and states.<sup>11</sup> The flooding led to substantial losses in livelihoods, household assets, critical infrastructure and essential services, and exacerbated the spread of waterborne diseases such as acute watery diarrhoea (AWD), dengue fever, malaria and cholera.

The conflict has increased children's vulnerability to violence, family separation, sexual abuse and exploitation and neglect.<sup>12</sup> Between January and September 2024, more than 3,200 protection-related incidents and nearly 5,900 human rights violations reportedly affected more than 194,900 people, 39 per cent of them children.<sup>13</sup> The proliferation of landmines and explosive ordnance in Myanmar reached critical levels, with 889 casualties nationwide (28 per cent of them children) in the first nine months of 2024, representing 85 per cent of the total casualties reported in 2023. Myanmar had 1,052 landmine casualties in 2023, the highest number in the world.<sup>14</sup>

The lack of access to functional health facilities for life-saving treatment is leading to unnecessary loss of life and is further burdening an already weak health system. Disruption of services for the early detection of diseases and immunization pose a significant risk of deadly disease outbreaks, which could impact the entire region. There are 1.2 million zero-dose children aged under 5 years who are at high risk of catching vaccine-preventable diseases. By the end of 2024, nearly 94,000 children were at risk of dying from



preventable causes if they did not receive life-saving therapeutic feeding for severe acute malnutrition (SAM).<sup>15</sup>

By the end of 2024, approximately 4.7 million children needed educational support because of disruption to safe learning opportunities. More than half of the children (579,000) of internally displaced persons, returnees and stateless people could not access formal education in the 2023-24 school year, largely due to conflict-related school closures.<sup>16</sup> Limited access to education has led to increased protection risks, such as child marriage, sexual exploitation and abuse (SEA), child labour and human trafficking.

It is estimated that more than 6.9 million people require urgent water, sanitation and hygiene assistance in 2025.<sup>17</sup> WASH needs are highest among non-displaced stateless people and internally displaced persons, with insufficient drinkable water and lack of sanitation facilities. Cholera outbreaks were confirmed in nine states and regions:<sup>18</sup> Yangon, Ayeyarwady, Bago, Kayin, Magway, Mandalay, Mon, Rakhine and Tanintharyi. There are approximately 10,000 reported cases and as instability continues, the situation could be similar in 2025.

## SUMMARY ANALYSIS OF PROGRAMME RESPONSE

### Health (including public health emergencies)



Newborn care provision at community setting

In 2024, UNICEF and its partners provided health services for displaced populations and people affected by floods. Some 586,856 people (168 per cent of the target) were reached with primary health care services, including the care of pregnant women, newborns, sick children, and emergency referrals across different areas. UNICEF exceeded its target by using low-cost alternative modalities. UNICEF helped build the capacity of 1,089 health care workers on key community-based health care services and provided essential supplies, including inter-agency emergency health kits, oral rehydration salts, zinc and amoxicillin.

In response to the outbreak of cholera/acute watery diarrhoea (AWD), AWD drug kits and cholera rapid diagnosis test kits for health facilities and communities were distributed to manage 20,000 mild and moderate cases. UNICEF and its partners also responded with case management capacity, including referrals, providing preventive activities and support for the training of basic health staff and volunteers in the Yangon region. UNICEF supported reactive oral cholera vaccination campaigns from 22 September 2024, and

facilitated the procurement, distribution and administration of 2,451,847 doses of the OCV vaccines. Of these, 2,439,350 doses were administered to high-risk populations in Yangon, Mon, and Mandalay states/regions. In order to prevent the vertical transmission of HIV and syphilis, 40,000 dual HIV/syphilis test kits were distributed for pregnant women and their families.

UNICEF also supported the routine immunization programme, focusing on safeguarding the health and well-being of children, and reached nearly 600,000 children aged under one year with a first dose of the measles vaccine. In 2025, Phase 2 of the 'Big Catch-Up Vaccination' will take place across 12 states and regions, aiming to reach children who missed the scheduled doses. In addition, UNICEF will continue to collaborate with multiple stakeholders to ensure a broader goal of achieving protection nationally against vaccine-preventable diseases.

### Nutrition



A mother feeds a nutritious meal to her two-year-old child in Shan state

UNICEF and its partners delivered essential preventive nutritional services for more than 2 million children aged 6–59 months and for more than 300,000 caregivers of children aged under 2 years (achieving 99 per cent of the target in 2024). These services included vitamin A supplementation and the promotion of counselling on infant and young child feeding (IYCF). Additionally, 137,947 children (33 per cent of the annual target) were screened for acute malnutrition, with 3,024 cases of severe acute malnutrition (28 per cent of the target) identified and treated through life-saving interventions. The underwhelming performance for number of children treated with severe acute malnutrition was primarily due to serious movement restrictions of personnel and nutrition supplies to several conflict affected areas, especially in Rakhine state, where more than 80 per cent of national SAM cases were identified. Nevertheless, multiple micronutrient supplementation was given to 35,716 children aged under five years and 28,226 pregnant and lactating women.

UNICEF also supported the provision of ready-to-use therapeutic food (RUTF), anthropometric equipment,<sup>19</sup> and multiple micronutrients to ensure effective programme implementation across the country. As the technical lead, UNICEF provided critical support for the integrated management of acute malnutrition (IMAM) and IYCF capacity-building initiatives. Despite these achievements, progress was hindered by challenges such as funding constraints, limited operational access and difficulties in transporting supplies.

### Nutrition Cluster

In 2024, the Nutrition Cluster delivered essential services to 317,029 individuals, representing 52 per cent of the target set out in the Humanitarian Needs and Response Plan (HNRP), despite significant access challenges in Rakhine, in the northwest region and northern Shan. This included treatment for 3,051 children with severe acute malnutrition (SAM) and 7,716 children with moderate acute malnutrition (MAM).

Preventive interventions reached 51 per cent of the target, with 211,355 children screened for acute malnutrition (45 per cent of the target), 69,678 caregivers receiving IYCF counselling, and blanket supplementary feeding programmes covering 104,236 children (38 per cent of the target). Additionally, 24 per cent of pregnant and lactating women were provided with essential micronutrient supplementation. These interventions underscore the need for intensified efforts to close service delivery gaps and reach more vulnerable populations.

In 2024, the Nutrition Cluster strengthened partner capacity through online and in-person trainings. Standard operational guidance training on infant and young child feeding in emergencies (IYCF-E) reached 57 participants, while 50 staff were trained in ActivityInfo data entry and 60 in nutrition information system and 4W<sup>20</sup> data entry training.

The Cluster faced a substantial funding gap of US\$43.9 million, securing only US\$13.8 million (24 per cent) of the US\$57.7 million required for 2024. This shortfall poses risks to sustaining vital nutrition services. The Cluster achieved a 74 per cent cure rate for SAM treatment, slightly below the SPHERE standard of 75 per cent.<sup>21</sup> To address this, capacity-building initiatives and targeted interventions are planned for 2025. Partners are also exploring cash-based assistance to overcome supply chain challenges and enhance service delivery efficiency. Despite these obstacles, the Nutrition Cluster remains committed to improving nutrition outcomes for the most vulnerable populations, continuing to work collaboratively with partners to adapt and sustain critical interventions.

## Child protection, GBViE and PSEA



A child playing with recreational items in a Child Friendly Space at a camp for internally displaced persons in Kayin State.

Amid intensified armed conflict with unprecedented displacement, UNICEF and partners provided comprehensive life-saving child protection services reaching 617,137 people (60.6 per cent girls and women). Community-based mental health and psychosocial support activities benefited 251,414 people, 64 per cent of the targeted population (including 192,355 children), and 10,912,611 people through a digital platform on social media.

An integrated multisectoral approach was used to provide a safe and

accessible channel to report sexual exploitation and abuse. Likewise, interventions to prevent, respond to and mitigate the risk of gender-based violence benefited 21 per cent of the target. Some 52.7 per cent of targeted people were reached with risk education on explosive ordnance in person and through digital means.

Some 33,049 child protection kits were distributed to children, while 3,150 children (52 per cent girls), including children without primary caregivers and child victims of violence, abduction and landmines, received individual case management services. Legal assistance was provided for 907 people and three Rohingya boys prosecuted under migration related law. Community discussions on child protection, focusing on violence prevention, gender-based violence, parenting and the prevention of family separation reached 11,672 community members, young people, caregivers and project staff. In 2025, community-level child protection interventions will continue to be a top priority, with the capacity of local community workers being strengthened to cope with the limited access.

### Child Protection Area of Responsibility (CP AoR)

In 2024, the partners of the CP AoR provided life-saving child protection services to 820,645 people, 41 per cent of the target (477,330 children and 343,315 adults). These included case management, community-level child protection, awareness-raising, mental health and psychosocial support (MHPSS) and adolescent programming.

Throughout 2024, the CP AoR supported the capacity development of its partners through online and in-person trainings. Some 20 participants attended the training of trainers on child protection minimum standards, which was then rolled out to more than 200 people, including in subnational field hubs. More than 50 people received online training on disability inclusion in child protection, which was accompanied by the development of a tip sheet<sup>22</sup> on the topic. More than 80 participants attended community-level online training on child protection, as well as a training on the Gender and Age Marker (GAM).<sup>23</sup> The CP AoR convened quarterly trainings on completing the 5Ws<sup>24</sup> to enhance reporting and ensure all beneficiaries reached are reflected in the HNRP monitoring dashboard.<sup>25</sup>

Importantly, the CP AoR completed its 2024/25 Strategy<sup>26</sup> through a consultative process to provide guidance and direction to partners, as well as to enhance advocacy on child protection in Myanmar. Together with the Protection Cluster, the Gender Based Violence and Mine Action AoRs, more than 500 people were reached with training on mainstreaming protection, both in person and online in 2024.

### Mine Action Area of Responsibility (MA AoR)

The Mine Action Area of Responsibility (MA AoR) successfully enhanced coordination at both national and subnational levels to streamline interventions and eliminate duplication of efforts across Myanmar. This strategic coordination significantly boosted operational harmony and resource allocation, allowing the MA AoR to extend its reach to nearly 490,000 beneficiaries with explosive ordnance risk education (EORE) despite challenging conditions. Technical advancements were notable in the delivery of EORE and victim assistance, with new materials developed, field-tested and disseminated, ensuring tailored responses to the dynamic context of the region. Advocacy efforts were undertaken to foster awareness of the impact of mines. In response to Typhoon Yagi, proactive measures were taken to alert communities about potential landmine migrations, significantly increasing safety-awareness.

## Education





Children using individual learning materials in Tanintharyi region.

UNICEF and its partners supported access to formal and non-formal education, including early learning, for 523,735 children (266,850 girls) (59 per cent of the HAC target). This support has been particularly vital for internally displaced children through the provision of basic literacy and numeracy, socio-emotional learning and life-skills based sessions tailored for out-of-school children. Additionally, remedial education has been offered to help some children catch up on missed lessons. Despite limited funding and other multiple challenges, the results outlined below were achieved through diverse implementation modalities, strong collaboration with partners, and the capacity-building of educators. To enhance the quality and continuity of learning, 4,378 volunteer teachers, educators, and facilitators (3,519 women) were trained and incentivized with stipends. The training sessions included effective teaching methods on core learning subjects such as the Myanmar language, mathematics and sciences. Furthermore, 1,077 temporary learning spaces were established or maintained - 180 per cent of the target - due to the increased demand caused by the worsening situation and population displacement. These spaces provided educators, caregivers and parents with enhanced knowledge on the prevention of sexual exploitation and abuse (PSEA) and avenues for accountability to affected populations (AAP) in the crisis context.

UNICEF and its partners also provided individual learning materials, including essential learning package (ELP) kits to 50 per cent of the targeted 225,892 children (114,501 girls). In response to the severe monsoon flooding, 7,509 children (3,921 girls) in southern Shan were supported with emergency supplies such as ELP kits, recreation kits, early childhood development (ECD) kits and roofing sheets. In the southeast, 11,069 children (5,648 girls) were reached with ELP kits, tents and tarpaulins for learning spaces to promote continuous learning. In collaboration with partners, UNICEF is committed to improvements that will ensure all children affected by conflict have continuity of learning.

## Education Cluster

In 2024, the Myanmar education sector faced significant challenges, including conflict-driven displacement, resource constraints, mine risks, protection concerns, severe economic hardships, capacity gaps, logistical barriers, mental health impacts, policy limitations and communication issues, all of which severely disrupted access to safe, inclusive and quality education for crisis-affected children.

In response, the Education Cluster focused on building partner capacity and advancing a localization agenda. This was achieved through conducting nine in-person training sessions, supplemented

by one online session, designed to strengthen the skills and resources of partner organizations. Key topics covered included training for trainers on gender in humanitarian action, training on monitoring, evaluation, accountability and learning, the Education in Emergencies (EiE) Gen Kit (which promotes gender-responsive programming), contingency planning, and the mainstreaming of PSEA and child protection. Additionally, the Cluster facilitated education-specific humanitarian-programme-cycle workshops, ensuring that local priorities and partner inputs were integrated into the 2025 HNRP. This collaborative approach aimed to improve the effectiveness and responsiveness of education-focused humanitarian actions.

As part of the emergency preparedness efforts, in partnership with UNICEF, the Cluster delivered 10,000 ELP kits to Kayin state. Rapid needs assessments conducted in Magway and Sagaing led to the distribution of 5,000 ELP kits and roofing sheets to support displaced populations. By end of 2024, the Cluster reached nearly 783,842 beneficiaries, including 695,951 children (356,867 girls and 339,084 boys) and 87,891 adults, with a range of EiE support services. This achievement, which represents 57 per cent of the 2024 HRP target, includes providing nearly half of the targeted children with learning services and education supplies through a comprehensive, inclusive and gender-sensitive approach.

## Water, sanitation and hygiene



Demonstrating the installation of a water filter in Shan state.

In 2024, despite funding constraints and access challenges, UNICEF and its partners reached 832,426 people with life-saving WASH supplies and services through local partners and service providers, 98 per cent of 2024 target. An additional 167,921 people benefited from a one-time distribution of soap bars to promote improved hygiene practices. In Rakhine, Kachin and northern Shan, despite an escalation in the conflict, 81,620 people received critical WASH supplies and services, as well as 336,737 people in the southeast, including 84,771 individuals, assisted as part of flood response.

709,058 people received clean drinking water through the provision of water purification chemicals and water filters, while 46,630 people benefited from improvements to, and the installation of, new water supply systems. A large proportion of beneficiaries were supported in response to an acute watery diarrhoea outbreak. In Yangon, Mon and Rakhine, 285,017 people received water purification chemicals and assistance with disinfection and chlorination of drinking water sources.

Despite rising material costs and restrictions on the movement of supplies, UNICEF provided emergency sanitation services 174,195 people (58 per cent of its target) in long-term camps, temporary



displacement sites and host communities. 264,736 people (88 per cent of target) benefited from hygiene messages, including 177,674 people who were supported as part of integrated WASH and AWD response initiatives. UNICEF trained 36 WASH Cluster partner staff on emergency WASH interventions, including behaviour-change, AAP and PSEA services.

## WASH Cluster

In 2024, 5.6 million people required humanitarian WASH support. Despite the Cluster targeting 1.7 million people, only 28.5 per cent of the \$106 million funding requirement was met, severely limiting the response.

The WASH Cluster members faced significant challenges, including restricted access to affected sites due to conflict, logistical barriers from damaged roads and infrastructure, and delayed delivery of supplies. Advocacy during the dry season was crucial to secure access agreements and prepositioning of essential WASH materials, but these efforts were constrained by underfunding and complex negotiations.

Despite funding and other constraints, in 2024 the WASH Cluster reached 2.3 million people with multiple WASH services for at least a one-time intervention, including response to flooding and AWD. Some 1.4 million people had access to safe/improved drinking water, and approximately 589,000 people had improved access to functional excreta disposal systems. An estimated 632,000 people were reached with handwashing behaviour-change programmes and about 1.9 million people received critical WASH supplies.

As part of the flood response, WASH Cluster partners provided critical WASH supplies to 123,000 people in Nay Pyi Taw. As part of the AWD response in Yangon, WASH Cluster partners provided water services to 272,000 people and critical WASH supplies to 250,000 people. The WASH Cluster managed different AWD/cases by enhancing coordination inside and outside the WASH sector, developing tailored tools, building capacity and developing strategic plans. Key efforts included establishing a technical working group, creating a cholera toolkit and delivering training to strengthen the preparedness and response to outbreaks.

## Social protection



A child with disabilities and his family who are part of the UNICEF disability benefit programme.

### Social Protection and Cash-based Programming

In 2024, UNICEF expanded the coverage of humanitarian and social cash transfers to ensure vulnerable families could meet essential needs. These transfers included maternal and child cash transfers

during the first 1,000 days of life, cash assistance for children with disabilities, and multipurpose cash for internally displaced and disaster-affected families. These programmes collectively reached 259,530 people (in 51,906 households), up from 118,950 in 2023 and 73,220 in 2022.

UNICEF advanced disability-inclusive humanitarian action through the deployment of the Disability Management Information System (DMIS), screening 49,500 individuals by the end of 2024. Some 8,601 children (46 per cent of the target) received bimonthly disability benefits and access to assistive devices and specialized support such as physiotherapy, rehabilitation and health care.

In addition, UNICEF enhanced the knowledge and skills of 1,427 front-line workers and project staff, equipping them to deliver inclusive and gender-responsive cash-plus services more effectively. This included training for 88 staff and partners on cash transfers in emergencies, 633 community workers and mother support group volunteers on promoting social and behavioural change among cash recipients, and 706 staff from implementing partners and civil society organizations on disability inclusion and accessible services.

## Cross-sectoral (HCT, C4D, RCCE and AAP)<sup>27</sup>



A pregnant woman logs on to the Knowledge Talk Viber Channel during an event marking World Prematurity Day, raising the awareness of preterm births, in Yangon region.

### Social and Behaviour-Change (SBC) and Accountability to Affected Population (AAP)

UNICEF responded to the outbreaks of AWD and flooding through comprehensive multimedia messaging and community engagement. This included building the capacity of 1,433 partners and community volunteers, as well as supporting the oral cholera vaccine (OCV) campaign, which reached 2.2 million people in 48 high-risk townships across three states and regions.

SBC efforts further contributed to various immunization initiatives, such as a catch-up campaign for under-immunized children aged under five years, benefiting 185,000 children in three regions; a school-based diphtheria and tetanus vaccination programme targeting 635,000 children aged 5 to 7 years; and the national human papillomavirus (HPV) vaccination programme for 395,000 girls aged 9 to 10 years. Community participation in urban and rural areas helped identify local knowledge gaps and gender barriers to accessing health services.

Through digital engagement, SBC reached more than 3 million people, promoting essential health practices across diverse areas, including maternal and child health, immunization, nutrition, hygiene, mental health, gender-based violence prevention and disaster preparedness.



Community engagement efforts reached more than 315,000 people, emphasizing life-saving key messages around the need to delivery of childbirth at health centres, recognizing danger signs in newborns and infants and timely care-seeking, improved maternal and child nutritional, hygiene and sanitation practices, continued learning and protection. Additionally, SBC strengthened accountability by implementing community feedback mechanisms, engaging 281,828 individuals and providing platforms for community concerns regarding humanitarian services. AAP integration was further reinforced through training sessions for 83 UNICEF and 323 partner staff members, as well as nine satisfaction surveys involving 10,398 respondents across multiple sectors.

## HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF's humanitarian strategy focuses on working with communities, local and international partners and all stakeholders to deliver life-saving humanitarian assistance and to ensure critical services reach children in need. The protracted and complex nature of the crises impacting Myanmar requires UNICEF and partners to address acute humanitarian needs while investing in community resilience through a risk-informed approach. This is in line with the inter-agency HNRP which UNICEF contributed to, along with other agencies.

UNICEF also continues to support the expansion of humanitarian assistance to the most vulnerable people through its leadership roles in the Nutrition and WASH Clusters, the Child Protection and Mine Action AoRs, and co-leadership of the Education Cluster with Save the Children, at national and subnational levels, to strengthen emergency preparedness and to implement a multisectoral response to address needs arising from the ongoing conflict and climate shocks.

In coordination with other United Nations agencies, partners and stakeholders, UNICEF continues to maximize national coverage prioritizing all vulnerable children and families, including those in communities that have been displaced (or not) by natural disasters and conflicts. UNICEF also participates in the Myanmar Cash Working Group and facilitates the in-country inter-agency network for PSEA with the United Nations Population Fund (UNFPA). UNICEF continues to co-lead the Risk Communication and Community Engagement Working Group and participates in the Humanitarian Access Working Group.

## HUMAN INTEREST STORIES AND EXTERNAL MEDIA

### Social Media

- [International Day for Persons with Disabilities](#)
- [World Mental Health Day linked to autism](#)
- [World Prematurity Day 2024 talk show video](#)
- [2024: A harrowing year for Myanmar's children as conflict and crisis deepen](#)
- [A Second Chance: Fighting HIV with Hope and Resilience in Myanmar](#)

- [Dreams at risk: How the widespread use of landmines is threatening the future of Myanmar's children](#)

- [Behind life's beginnings: One midwife's passion makes a difference in rural Myanmar](#)

## HAC APPEALS AND SITREPS

- Myanmar Appeals  
<https://www.unicef.org/appeals/myanmar>
- Myanmar Situation Reports  
<https://www.unicef.org/appeals/myanmar/situation-reports>
- All Humanitarian Action for Children Appeals  
<https://www.unicef.org/appeals>
- All Situation Reports  
<https://www.unicef.org/appeals/situation-reports>

## NEXT SITREP: MARCH 2025

# ANNEX A - PROGRAMME RESULTS

## Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2024 targets	Total results	Progress*	2024 targets	Total results	Progress*
Health (including public health emergencies)								
Children vaccinated against measles, supplemental dose	Total	-	800,000	597,061	▲ 75%	-	-	-
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	350,000	586,856	▲ 168%	-	-	-
Nutrition								
Children 6-59 months with severe wasting admitted for treatment	Total	-	10,900	3,024	▲ 28%	17,897	3,051	▲ 17%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	316,000	312,390	▲ 99%	140,764	69,678	▲ 49%
Children 6-59 months receiving micronutrient powder	Total	-	293,000	35,716	▲ 12%	474,489	35,716	▲ 8%
Children 6-59 months receiving Vitamin A supplementation	Total	-	1 million	2 million	▲ 200%	-	-	-
Children 6-59 months screened for wasting	Total	-	418,000	137,947	▲ 33%	474,489	211,355	▲ 45%
Pregnant and lactating women receiving micronutrient supplementation	Total	-	316,000	28,226	▲ 9%	140,764	33,858	▲ 24%
Child protection, GBVIE and PSEA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	3.4 million	11.2 million	▲ 329%	1.1 million	315,323	▲ 28%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	831,000	69,028	▲ 8%	-	-	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	1.7 million	107,016	▲ 6%	-	-	-
Children who have received individual case management	Total	-	25,000	3,150	▲ 13%	10,000	7,498	▲ 75%
Children provided with landmine or other explosive weapons prevention and/or survivor assistance interventions	Total	-	940,000	495,238	▲ 53%	2 million	815,728	▲ 40%
Education								
Children accessing formal or non-formal education, including early learning	Total	-	890,360	523,735	▲ 59%	1.3 million	695,951	▲ 52%
Children receiving individual learning materials	Total	-	450,000	225,892	▲ 50%	-	-	-



Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2024 targets	Total results	Progress*	2024 targets	Total results	Progress*
Educators supported with training and/or incentives	Total	-	21,864	4,378	▲ 20%	-	-	-
Rehabilitated temporary learning centres	Total	-	600	1,077	▲ 180%	-	-	-
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	390,000	709,058	▲ 182%	1.1 million	1.6 million	▲ 142%
People accessing appropriate sanitation services	Total	-	300,000	174,195	▲ 58%	1 million	617,581	▲ 61%
People reached with hand-washing behaviour-change programmes	Total	-	300,000	264,736	▲ 88%	1.7 million	721,105	▲ 43%
People accessing functional handwashing facilities with soap	Total	-	300,000	51,309	▲ 17%	-	-	-
People reached with critical WASH supplies	Total	-	850,000	1 million	▲ 118%	1.7 million	2.1 million	▲ 126%
Social protection								
Households reached with UNICEF funded humanitarian cash transfers	Total	-	90,000	51,906	▲ 58%	-	-	-
Children and adolescents with disabilities reached with assistive technology and interventions to address disability related need	Total	-	18,600	8,601	▲ 46%	-	-	-
Cross-sectoral (HCT, C4D, RCCE and AAP)								
Peopole reached through messaging on prevention and access to services	Total	-	3 million	4.8 million	▲ 162%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	359,529	60,092	▲ 17%	-	-	-
People participating in engagement actions for social behavior change	Total	-	150,000	315,030	▲ 210%	-	-	-

\*Progress in the reporting period 1 January to 31 December 2024

# ANNEX B — FUNDING STATUS

## Consolidated funding by sector

		Funding available			Funding gap	
Sector	Requirements	Humanitarian resources received in 2024	Other resources used in 2024	Resources available from 2023 (carry over)	Funding gap (US\$)	Funding gap (%)
Health	16,750,000 <sup>28</sup>	3,615,828	-	1,527,886	11,606,286	69%
Nutrition	18,010,388 <sup>29</sup>	3,619,032	1,878,785	1,049,350	11,463,221	64%
Child protection	33,115,892 <sup>30,31,32</sup>	8,498,228	-	3,382,312	21,235,352	64%
Education	55,871,200 <sup>33</sup>	2,035,271	3,735,499	1,121,458	48,978,972	88%
WASH	35,880,000 <sup>34</sup>	9,085,581	161,166	3,558,856	23,074,397	64%
Social protection	8,195,000 <sup>35</sup>	1,625,497	-	394,809	6,174,694	75%
Cross-sectoral	29,242,348 <sup>36,37</sup>	616,475	48,684	270,710	28,306,479	97%
cluster & Field Coordination	11,221,000 <sup>38</sup>	923,334	298,274	1,885,289	8,114,103	72%
Total	208,285,828	30,019,246	6,122,408	13,190,670	158,953,504	76%

**Funding available** - funding available in the current appeal year to respond in line with the current HAC appeal.  
**Humanitarian resources**– humanitarian funding commitments received from donors in the current appeal year.  
**Other resources**– non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year  
**Resources available from 2023 (carry over)**– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

### Who to contact for further information:



## ENDNOTES

1. United Nations Office for the Coordination of Humanitarian Affairs, Myanmar Humanitarian Update No. 43, Reflecting on 2024 and preparing for 2025, UNOCHA, New York, 3 January 2025.
2. United Nations Office for the Coordination of Humanitarian Affairs, Myanmar Humanitarian Needs and Response Plan 2025 (December 2024), United Nations, Myanmar, December 2024.
3. Myanmar Humanitarian Update No. 43
4. Armed Conflict Location & Event Data, Myanmar: Mid-year metrics 2024, ACLED, June 2024.
5. The index is a global, open-source risk assessment for humanitarian crises and disasters, run by the Disaster Risk Management Knowledge Centre.
6. United Nations High Commissioner for Refugees, 'Myanmar UNHCR displacement overview 30 December 2024', UNHCR.
7. Myanmar Humanitarian Needs and Response Plan 2025
8. United Nations High Commissioner for Refugees, Myanmar Situation, <<https://data.unhcr.org/en/situations/myanmar>>, accessed 10 February 2025.
9. Myanmar Humanitarian Needs and Response Plan 2025
10. United Nations Children's Fund, Humanitarian Situation Report No. 6 (Mid-Year), 1 January to 30 July 2024, Myanmar Country Office.
11. United Nations Children's Fund, Humanitarian Situation Report No. 8, 1 September to 31 October 2024, Myanmar Country Office.
12. United Nations Children's Fund, 2025 Humanitarian Action for Children (HAC), UNICEF Myanmar, January 2025.
13. Myanmar Humanitarian Needs and Response Plan 2025
14. United Nations Children's Fund, 'Myanmar Landmine/ERW Incidents Information Factsheet (January-September 2024)', UNICEF, November 2024.
15. Myanmar Humanitarian Needs and Response Plan 2025
16. Ibid.
17. Ibid.
18. Health Cluster Myanmar, Myanmar Health Cluster Bulletin, 31 December 2024, <<https://reliefweb.int/report/myanmar/myanmar-health-cluster-bulletin-december-2024-31-december-2024>>, accessed 10 February 2025.
19. Instruments for the measurement of different parts of the body as muscle, bones, and body fat.
20. Who, what, where, when
21. SPHERE, a global movement, sets core standards for humanitarian action
22. Myanmar Child Protection AoR, 'Tip Sheet – Disability Inclusion', <[www.myanmarchildprotection.com/\\_files/ugd/5456a3\\_ec8eb73e65f34b8e9f62443cd3e99097.pdf](http://www.myanmarchildprotection.com/_files/ugd/5456a3_ec8eb73e65f34b8e9f62443cd3e99097.pdf)>, accessed 21 January 2025.
23. The GAM, a quantitative source of global data on gender and age, offers 10 programmatic actions to improve attention to gender and age in projects and programmes.
24. Who, what, when, where, and why. These question words allow students, writers, and researchers to understand the full scope of the topic being discussed.
25. Myanmar Child Protection AoR, 'HNRP Monitoring Dashboard', <[www.myanmarchildprotection.com/hnrm-monitoring-dashboard](http://www.myanmarchildprotection.com/hnrm-monitoring-dashboard)>, accessed 21 January 2025.
26. Myanmar Child Protection AoR, 'Child Protection AoR Strategy 2024-2025', <[www.myanmarchildprotection.com/\\_files/ugd/5456a3\\_e2eab695385f4b958f1ecb766272c37d.pdf](http://www.myanmarchildprotection.com/_files/ugd/5456a3_e2eab695385f4b958f1ecb766272c37d.pdf)>, accessed 21 January 2025.
27. Knowledge Talk Viber Channel disseminates critical key messages on maternal, newborn and child health, nutrition, immunization, COVID 19 vaccination, Hygiene and Sanitation, Education, Mine Risk Education, Mental Health and Psychosocial support, parenting, and gender-based violence to more than 84,000 subscribers <https://invite.viber.com/?g2=AQAIxIjb7qic1E%2FNT2SoK5NhHldeVz156Kk1rzfW2RjokreAyJbWLET2Q8hzl48>.
28. Unit costs: \$25 per immunized child. However, UNICEF to contribute \$10 per immunized child and \$25 per person for primary health care services.
29. Unit costs: \$200 per severe wasting treatment; \$5 per screening/vitamin A supplementation; \$10 per micronutrient supplementation for children and pregnant or lactating women; \$5 per infant and young child feeding counselling.
30. Unit costs: \$20 per child for community based mental health and psychosocial support, explosive ordnance risk education; \$250 per child for case management.
31. The budget for gender-based violence interventions is estimated at \$6,740,000.
32. The PSEA budget is estimated at \$2,505,892 with \$1,662,000 under child protection with a unit cost of \$20 per child, per year. An additional \$465,892 is needed for mainstreaming PSEA across other sectors.
33. Unit costs: \$20 per child; \$1,000 per educator; \$12,000 per learning centre.
34. Unit costs: \$29.7 per beneficiary for accessing water; \$22 per beneficiary for sanitation; \$18 per person for supplies; \$5 per person for handwashing behaviour change interventions; \$3 per person for functional handwashing facilities.
35. Cost per beneficiary: \$346 per child provided with disabilities services. Child disability benefits include cash assistance for caregivers, with cash transfer values based on the food and non-food components of the minimum expenditure basket; and provision of assistive technology and rehabilitation services by implementing partners.
36. The budget line includes humanitarian cash transfers, social behavior change, risk communication and community engagement and accountability to affected populations. There is a change compared to the 2023 budget because humanitarian cash transfers are now included under the cross-sectoral line item.
37. Budget breakdown: Costs for social and behaviour change: \$1.8 million (\$12 per beneficiary); costs for accountability to affected populations: \$4.3 million (\$12 per beneficiary); and cost for risk communication and community engagement: \$3 million (\$0.5 per beneficiary). The humanitarian cash transfer programme requires an estimated \$21,628,000 (\$15.75 per beneficiary per month). The monthly value for humanitarian maternal and child cash transfers is based on the food component of the survival minimum expenditure basket developed by the Myanmar Cash Working Group.
38. Funding requirement for cluster coordination both at national and subnational levels as UNICEF is cluster/area of responsibility lead agency in Nutrition, WASH, Child Protection and Mine Action, and co-lead of the Education Cluster. This funding will support the humanitarian response for all sectors in five humanitarian hubs (the northeast, the northwest, Rakhine, the southeast and national (Yangon), requiring additional resources to operationalize the clusters.