



Children at an Early Childhood Care and Development session, eastern Shan






Reporting Period: 1 January to 28 February 2025

# Myanmar Country Office

## Humanitarian Situation Report No. 1, 2025



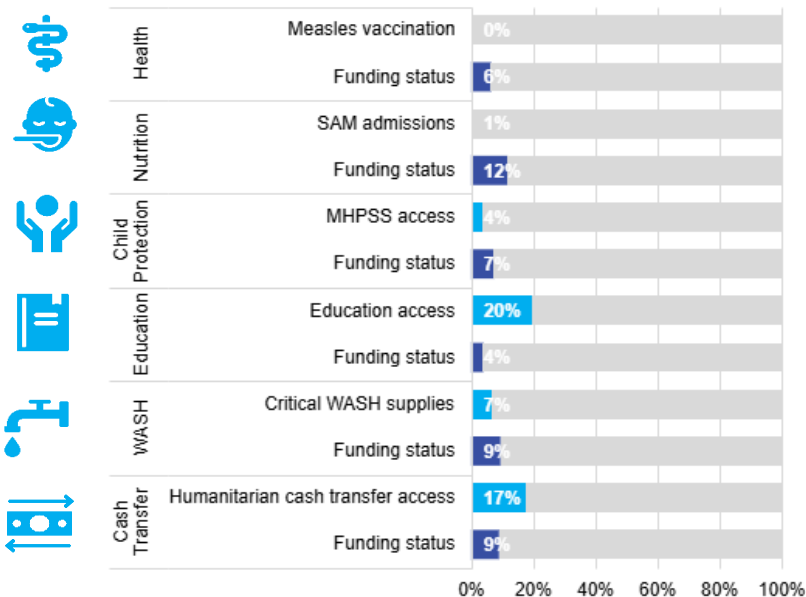
### Situation in Numbers

-  **6,300,000** children in need of humanitarian assistance
-  **19,900,000** people in need (HAC 2025)
-  **3,257,900** Internally displaced people since 1 February 2021
-  **56,800** People displaced to neighbouring countries since 1 February 2021 (UNHCR, 24 February 2025)
-  **277,500** People displaced before February 2021

### Highlights

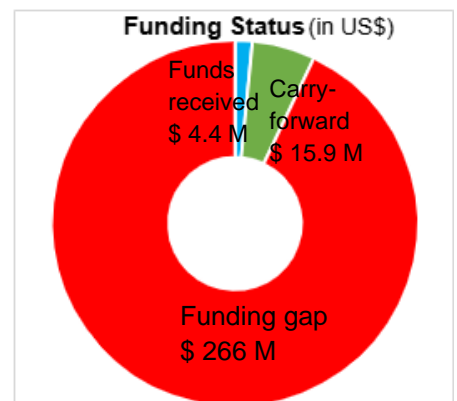
- The humanitarian situation in Myanmar continues to struggle with growing humanitarian needs, increasing protection concerns and internal displacements that have reached more than 3.5 million.
- Acute watery diarrhoea (AWD) outbreaks were reported in five states and regions during the reporting period. UNICEF provided basic communication and accountability to affected populations, and AWD training to partners to enhance their capacity for effective community engagement to provide life-saving information to at-risk communities.
- 11,128 people received primary health-care services in UNICEF targeted areas and 66,956 individuals were provided with access to safe drinking water and sanitation services. 179,529 children were supported with access to formal and non-formal education.
- The reduction in ODA in 2025 has substantially affected life-saving assistance, including EORE integration into broader humanitarian initiatives, while the country has the highest number of landmine casualties globally.

### UNICEF's Response and Funding Status



### UNICEF Appeal 2024

## US\$286.4 million



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

## Funding Overview & Partnerships

UNICEF Myanmar has appealed for US\$286.4 million in 2025 to address the needs of 4.1 million people, including an estimated 3 million children. At the end of February 2025, UNICEF had secured US\$20.3 million (7.1 per cent of required funding), comprising US\$4.4 million received this year and US\$15.9 million carried forward from the previous year.

So far in 2025, UNICEF has received generous funding support from the Australian Department of Foreign Affairs and Trade (DFAT). UNICEF also acknowledges the contributions received in previous years from USAID's Bureau for Humanitarian Assistance (BHA), DFAT, the European Commission's Civil Protection and Humanitarian Aid Operations Department (DG ECHO), the Government of Canada, the Government of France, the Government of Japan, the Government of Norway, the Government of the Republic of Korea, the Royal Thai Government, the Central Emergency Response Fund, the Country-Based Pooled Fund (CBPF), the Education Cannot Wait Fund (ECW), the World Health Organization (WHO) and the Czech Committee for UNICEF. UNICEF also received internal allocations from global humanitarian thematic funding to support the humanitarian response.

With these resources, UNICEF and its partners are delivering humanitarian services in health, nutrition, HIV/AIDS, child protection, gender-based violence in emergencies, protection against sexual exploitation and abuse, education, water, sanitation and hygiene (WASH), social protection and cash transfers, cross-sectoral services such as social and behaviour change, accountability to affected populations, and clusters and field coordination.

Despite facing severe funding shortages, UNICEF remains committed to the humanitarian responses to fulfil the needs of children and women in Myanmar. UNICEF continues its efforts to mobilize resources and expresses its sincere appreciation to all private and public sector donors for their contributions to supporting the children of Myanmar.

## Situation Overview & Humanitarian Needs

Myanmar continues to struggle with widespread conflict and growing humanitarian needs, with more than 3.5 million people internally displaced. Clashes between the Myanmar Armed Forces (MAF) and various non-state armed groups continue and 13 of Myanmar's 15 states and regions are now affected by the ongoing conflict.<sup>1</sup> Multiple additional and overlapping crises are simultaneously affecting civilians, including natural disasters, disease outbreaks, food insecurity, inflation, loss of livelihoods, electricity shortages, interrupted or limited Internet and telecommunications services, and disrupted public services. Since the start of the outbreak in June 2024, nine states/regions have reported AWD/cholera cases and according to a multifactor priority index assessment by WHO, 20 hotspot townships have been categorized at high risk of cholera including in Chin, Kayin, Saging, Kachin, Bago (east), Magway and Rakhine.<sup>2</sup>

Protection of civilians remains a serious concern in Myanmar, with recurring reports of casualties from airstrikes, shelling, and drone attacks, as well as alarming threats from landmines and unexploded ordnance. A number of civilians were reportedly killed or injured by ongoing airstrikes and other attacks in Kachin, Rakhine, northern Shan and across northwest and southeast Myanmar.<sup>3</sup>

According to recent monitoring of landmine and explosive ordnance (EO) incidents in 2024, a total of 1,082 civilian casualties have been reported nationwide. This represents a slight increase from the 1,052 casualties recorded in 2023. Delving into the regional breakdown, Shan State has the highest number of incidents (159) and total of 256 casualties (24 per cent), with a significant increase from the previous year. Sagaing Region followed with 106 incidents and 186 casualties (17 per cent). Rakhine State ranked third with 91 incidents and 130 casualties (12 per cent). The remaining states and regions collectively accounted for 47 per cent of the total casualties. Children constitute 29 per cent of the total casualties arising from landmine and other EO explosions across the country.<sup>4</sup> The persistent threat posed by these devices not only endangers lives, but also severely disrupts agricultural activities and displaces communities, perpetuating a cycle of poverty and instability.

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<sup>1</sup> United Nations Office for the Coordination of Humanitarian Affairs, Myanmar Humanitarian Update No. 44, UNOCHA, New York, 19 February 2025.

<sup>2</sup> [Myanmar Health Cluster Bulletin February 2025](#)

<sup>3</sup> United Nations Office for the Coordination of Humanitarian Affairs, Myanmar Humanitarian Update No. 44, UNOCHA, New York, 19 February 2025.

<sup>4</sup> [Myanmar Landmine/Explosive Ordnance Incidents Information | UNICEF Myanmar](#)

Ongoing conflict and roadblocks, coupled with checkpoints, have severely restricted the movement of essential humanitarian supplies and increased security risks for humanitarian workers. Severe access restrictions and heightened scrutiny at checkpoints, particularly in Rakhine, Sagaing and northern Shan, have further impeded aid delivery.

The situation in Kachin State, particularly in Bhamo, which worsened in February 2025 due to ongoing armed conflict and the humanitarian crisis, has been further complicated due to depleted livelihoods, inadequate social services, market disruptions and significant operational challenges, such as blackouts in banking, telecommunications and phoneline services. As of 24 February 2025, 163,200 individuals remained displaced since 2021, and displaced persons are reported to be sheltering in different locations across six townships, concentrated highly in Mansi and followed by Bhamo.

Clashes continue to increase in the northwest region and especially in nine townships in the Magway and Sagaing regions people were displaced to temporary locations in February 2025 due to airstrikes and urgent needs for health, food and WASH services.<sup>5</sup> More than 3,000 local communities from Hpapun township in Kayin State fled to Hpa An and Myinegying.<sup>6</sup> In southern Shan, clashes have intensified, particularly in Moebyae, Pinlaung and Pekon townships; combined with airstrikes, this has led to increased population displacement.

## Summary Analysis of Programme Response<sup>7</sup>

### Health

UNICEF and its partners continue to provide life-saving health-care services, including emergency referral support, in the northwest, southeast, northeast and Yangon peri-urban areas. During the reporting period, 11,128 people received primary health-care services in UNICEF target areas. UNICEF provided partners with inter-agency emergency health kits to cover the needs of 4,000 people for three months. UNICEF also provided 2,106 clean delivery kits to assist the safe delivery of babies and 2,625 family newborn kits to support essential care for them.

Demonstrating UNICEF's commitment to safeguarding children's health and supporting Myanmar's national immunization efforts, in 2025 UNICEF extended vital support for the Phase-2 catch-up vaccination programme, which focused on reaching children across 12 states and regions in Myanmar, with the aim of addressing the gaps in immunization coverage and ensure that children were protected from preventable diseases. Additionally, UNICEF supported the oral cholera vaccine (OCV) campaign in Yangon, Mon and Mandalay during 2024. Looking ahead, the OCV campaign is also scheduled for the third and fourth weeks of February 2025, focusing on the Tanintharyi and Magway regions.

### Nutrition

During the reporting period, UNICEF and its partners continued delivering essential nutrition services. For the early detection of severe acute malnutrition (SAM), 6,275 children aged 6–59 months (3,271 boys and 3,004 girls) were screened, among which 85 children (34 boys and 51 girls) were identified with SAM and received treatment. Additionally, a total of 1,227 children aged 6–59 months (630 boys and 597 girls), along with 15 pregnant and lactating women, were provided with multiple micronutrient supplementation for the prevention and treatment of micronutrient deficiencies including anaemia.

Building on efforts to prevent all forms of malnutrition, a total of 1,158 primary caregivers (19 males and 1,139 females) of children under two years old received infant and young child feeding (IYCF) counselling services, to promote optimum nutrition and caregiving practices. UNICEF is also currently actively coordinating and providing support for the upcoming nationwide vitamin A supplementation campaign, which is scheduled for implementation in the coming months.

### Nutrition Cluster

The Nutrition Cluster has identified 3 million people in need and aims to assist 643,437 individuals through the 2025 Humanitarian Needs and Response Plan (HNRP), requiring an estimated US\$64 million in funding. As of 31 January

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<sup>5</sup> UNICEF northwest field office data

<sup>6</sup> UNICEF Southeast field office data

<sup>7</sup> The results are as at end of January 2025.

2025, 83,957 vulnerable people, accounting for 13 per cent of the HNRP target, have received nutrition services. This includes treatment for 129 children with SAM and 865 children with moderate acute malnutrition (MAM).

Efforts to combat malnutrition have reached 69,403 (16 per cent) of the target population through screening for children, 4,424 for infant and young child feeding counselling, 5,061 for micronutrient powder supplementation, and 15,633 children through blanket supplementary feeding programmes. Despite ongoing insecurity and operational restrictions, national and subnational nutrition clusters remain committed to delivering life-saving nutrition services to children and women with partner support.

The prolonged humanitarian crisis in Myanmar has exposed critical gaps in coordination and technical capacities, particularly at the subnational level. Implementing partners continue to face challenges in adapting to complex emergencies, highlighting the urgent need for targeted capacity-building efforts. To address this, the Nutrition Cluster is strengthening competencies across six key functional areas to enhance coordination among partners, including local organizations. In February 2025, the cluster conducted a three-day Global Nutrition Cluster blended training reaching 27 participants, to reinforce technical expertise and improve response effectiveness in the nutrition sector.

## Child Protection

With ongoing conflict and intensified armed fighting, UNICEF and child protection partners continued life-saving services reaching 55,115 people (14,534 boys, 16,592 girls, 5,537 men and 18,452 women). Community-based mental health and psychosocial support activities delivered through mobile child and women-friendly spaces benefited 20,553 people (7,068 boys, 7,518 girls, 1,852 men and 4,115 women). With social media channels, 11,901 people were reached on awareness-raising activities to promote psychosocial well-being and psychosocial first aid.

3,140 people (556 boys, 787 girls, 501 men and 1,296 women) had access to safe channels to report sexual exploitation and abuse while gender-based violence risk mitigation, prevention and response intervention benefited a total of 3,042 people (485 boys, 649 girls, 1,908 women). 3,073 people (768 boys, 820 girls, 368 men and 1,117 women) were provided with comprehensive mine and explosive ordinance risk education (EORE). 758 children and young people received legal assistance, including 317 children (236 boys and 81 girls). Among 758 clients, 132 clients (38 boys, 6 girls, 78 male and 10 female) were charged with political-related offences.

469 child protection kits were distributed to internally displaced children. 365 children (186 boys and 179 girls) received individual case management service. Regarding capacity-building to community members, caregivers, actors from cross-sector activities and project staff, 294 people (93 men and 201 women) benefited.

## Child Protection Area of Responsibility (CP AoR)

In 2025, the CP AoR is planning a detailed subnational analysis of the target and areas reached to support partners to prioritize activities in townships with less coverage and to shift away from townships with multiple actors, to maximize reach and minimize duplications. The CP AoR HNRP monitoring dashboard<sup>8</sup> supported the discussions and sharing sessions associated with these plans. The CP AoR, together with the Protection Cluster, GBV AoR and Mine Action AoR completed the [Protection Analytical Update \(PAU\)](#)<sup>9</sup> for 2024. As irregular migration of children within Myanmar and across borders is increasing, the CP AoR, with support of UNICEF, developed some key safe migration messages<sup>10</sup> for caregivers and for children, to raise awareness of risks of trafficking and other risks.

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<sup>8</sup> Myanmar Child Protection AoR, <[www.myanmarchildprotection.com/\\_files/ugd/5456a3\\_ba4986b3626d4a60be27bb5974906daa.pdf](http://www.myanmarchildprotection.com/_files/ugd/5456a3_ba4986b3626d4a60be27bb5974906daa.pdf)>, accessed 06 March 2025.

<sup>9</sup> Global Protection Cluster, Myanmar Protection Analysis Update, 2025/02/20 <<https://globalprotectioncluster.org/publications/2137/reports/protection-analysis-update/myanmar-protection-analysis-update>>

<sup>10</sup> Myanmar Child Protection AoR, <[www.myanmarchildprotection.com/\\_files/ugd/5456a3\\_ba4986b3626d4a60be27bb5974906daa.pdf](http://www.myanmarchildprotection.com/_files/ugd/5456a3_ba4986b3626d4a60be27bb5974906daa.pdf)>, accessed 06 March 2025.



Through its commitment to community-level child protection, the working group Terms of Reference<sup>11</sup> was revised to ensure that progress towards this new way of working has more sustainable impacts for child protection through systems building focusing on existing community strengths. An in-person training on community-level child protection was held in the northwest with AoR partners in February. The GBV-CP Working Group<sup>12</sup>, a part of both GBV and CP AoRs, translated the guidance on communicating with child survivors of sexual or gender-based violence<sup>13</sup> for non-case workers. This is critical to ensure the dignity and safety of child survivors as they await much-needed case management services.

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

The year 2025 began with significant operational challenges. A primary concern has been the impact of the US funding freeze. Although it does not directly affect traditional mine action organizations because they do not rely on direct US funding, it has substantially affected other organizations that integrate EORE into their broader humanitarian initiatives, potentially reducing the reach of EORE beneficiaries this year.

In Rakhine, the requirement for travel authorizations has emerged as a major barrier, complicating logistics and operations even for volunteers. The incidence of landmines in Rakhine has increased, making it the third highest state for incident reports. Continuous internal displacement within the state, along with new reports of landmines on beaches injuring fishermen, highlight increasing security challenges. Despite these challenges, partners within the MA AoR are finding innovative ways to maintain operations and communication.

A collaboration with the Myanmar Information Management Unit (MIMU) has resulted in the mapping of all clinics treating victims of explosive ordnance, which facilitates better physical rehabilitation referrals. Initial discussions with the Health Cluster have started, focusing on how to enhance support for these clinics, with ongoing dialogues planned. Furthermore, EORE messages are being standardized as part of the AoR strategic approach and are set to be released in March, allowing all partners to use consistent messaging for risk education sessions across Myanmar.

### Education

UNICEF and its partners supported access to formal and non-formal education, including early learning, for 179,529 children (86,441 boys and 93,088 girls). This support has particularly benefited internally displaced children through the provision of teaching and learning materials, basic literacy and numeracy, socio-emotional learning, and life skills-based sessions such as nutrition and hygiene knowledge improvement. Additionally, catch-up-learning has been offered to help some children improve their learning outcomes. Moreover, UNICEF and its partners also provided individual learning materials, including essential learning package (ELP) kits, to 22,798 children (11,208 boys and 11,590 girls). To enhance the quality and continuity of learning, 2,752 volunteer teachers, educators and facilitators (491 men and 2,261 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. To support educational continuity, 34 temporary learning spaces were established or maintained.

In areas severely affected by armed conflict, including Sagaing, Chin, Kachin, Kayah, Tanintharyi, Kayah, Northern Shan and Rakhine, the demand for education supplies to enhance children's learning access and for mental health and psychosocial support (MHPSS) to care for children remains high. Across the country, safe learning spaces are urgently needed for children, with immediate access to education services, which includes teaching and learning materials, and trained educators. In collaboration with partners and relevant stakeholders, UNICEF is committed to enhancing education assistance to ensure learning continuity for all children affected by conflict.

### Education Cluster

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<sup>11</sup> Myanmar Child Protection AoR, <[www.myanmarchildprotection.com/\\_files/ugd/5456a3\\_5e1472405f5440ae848b1f6210b32f1d.pdf](http://www.myanmarchildprotection.com/_files/ugd/5456a3_5e1472405f5440ae848b1f6210b32f1d.pdf)>, accessed 06 March 2025.

<sup>12</sup> Myanmar Child Protection AoR, <[www.myanmarchildprotection.com/gbv-and-child-protection](http://www.myanmarchildprotection.com/gbv-and-child-protection)>, accessed 06 March 2025.

<sup>13</sup> Myanmar Child Protection AoR, <[www.myanmarchildprotection.com/\\_files/ugd/5456a3\\_4449492e861b4c18aafa8703c2e0c04b.pdf](http://www.myanmarchildprotection.com/_files/ugd/5456a3_4449492e861b4c18aafa8703c2e0c04b.pdf)>, accessed 06 March 2025.

The Education Cluster participated in the consultation on the Myanmar Humanitarian Fund (MHF) 2025 Standard Allocation 1 and prioritized education needs for effective education response. Regarding the emergency supply distribution, 34,799 ELP kits, 13,439 roofing sheets and 1,975 resilience storybooks were distributed to support children's psychosocial well-being in the northwest. As regards the prepositioning of education supplies, southeast Education Cluster updated its stockpile with 6,482 ELPs, 1,890 roofing sheets, and additional emergency learning materials. Regarding capacity-building for partners and psychosocial support, 14 southeast partners were trained in child-focused psychological first aid and multi-sector initial rapid assessment (MIRA) for emergency response. Seven southeast cluster members completed a training for trainers on MHPSS stabilization for field support. The Technical Working Group (TWG) was established to analyse cluster coordination performance monitoring (CCPM) findings and integrate them into the 2025 cluster planning. The TWG reviewed the 2024 results, compared them with the 2023 findings, and assessed progress on action points.

Conflict, insecurity and the conscription law drive high volunteer teacher dropout rates and limit the number of trained educators. Restricted humanitarian access, delayed aid, and limited telecommunications disrupt education services. Displaced students in Kachin face grade promotion challenges due to missing certificates, while supply shortages of student kits and learning materials further hinder education.

## WASH

UNICEF and its partners have provided safe drinking water and sanitation services to 66,956 affected individuals (7,191 boys, 7,054 girls, 24,689 men 28,022 women), through water system rehabilitation, purification tablet distribution and hygiene promotion. 15,790 individuals in Chin, Kachin, Kayin and Rakhine, including 3,054 boys, 3,093 girls, 4,664 men and 4,976 women now have access to safe drinking water. 15,496 individuals (4,147 boys, 4,338 girls, 3,332 men, 3,679 women) in Kachin, Mon, Chin and Rakhine received gender-segregated semi-permanent latrines and participated in hygiene awareness sessions. Critical WASH supplies, including soap for handwashing and sanitary pads, were distributed to displaced families across Rakhine, Shan, Chin, Sagaing and Kachin.

Despite ongoing efforts, limited funding and security challenges continue to affect WASH service delivery, especially in conflict-affected areas. Reaching affected communities in Bhamo and Shwe Gu remains difficult due to restricted access, cash withdrawal issues, and disruptions in supply movements, particularly between Myitkyina and Bhamo. These obstacles have caused delays in delivering essential assistance to the affected population.

Through partnerships with local organizations in Yangon and the northwest regions, 88 staff and volunteers were trained on acute watery diarrhoea (AWD), basic communication, and accountability to affected populations (AAP). This training enhanced partners' capacity for effective community engagement to provide life-saving information to at-risk communities.

## WASH Cluster

The WASH Cluster continues to address critical water, sanitation and hygiene needs across Myanmar amid increasing displacement and logistical challenges. In Rakhine, movement restrictions hinder the delivery of hygiene kits to protracted camps in Sittwe, while declining water levels signal an early onset of water scarcity. WASH partners responded with a low-profile approach, distributing 12,798 hygiene kits and water purification supplies, yet severe shortages persist in newly displaced areas.

In the northwest, displacement continues to strain WASH services, particularly in Sagaing, where only 17 per cent of the affected population has received assistance. Despite efforts covering 28 townships – providing hygiene kits to 19,690 households and WASH awareness to more than 150,000 people – gaps remain significant, particularly in sanitation. Kachin faces transport restrictions, delaying WASH supply deliveries and leaving nearly 95,000 people without essential services. Partners continue to support 15 camps with water supply operations, while new displacement sites remain underserved. Similarly, in Shan, China border closures have disrupted supply chains, exacerbating WASH material shortages. UNICEF and partners have reached 13,312 internally displaced persons with water, sanitation and hygiene support, yet access constraints persist. In the southeast, more than one million people remain displaced, with a growing need for WASH services. The cluster responded to an AWD outbreak in Myawaddy by distributing hygiene and AWD kits. However, restricted access limits further response efforts. National and regional coordination efforts remain active, with AWD preparedness, training and strategic planning under way to enhance response capacity.

## Social Protection and Cash-based Programming

In January, UNICEF conducted a review of its humanitarian cash transfer programmes implemented in 2024, which include peri-urban maternal and child cash transfers, child disability benefits, and one-time cash provisions for families affected by conflict or natural disasters. UNICEF will continue providing cash transfer support to pregnant women, children aged under two years, children with disabilities, and other vulnerable children and their families in 2025 through regular cash transfers and multipurpose cash transfers. In February, UNICEF provided peri-urban maternal and child cash transfers to 8,196 pregnant women and children aged under two years, and child disability benefit to 9,518 children 2–18 years. Social and behaviour change communication sessions were conducted for a total of 4,841 programme participants through 504 mother support group sessions, focusing on “WASH essential actions and dental hygiene” in January and “Enriching the nutrition value of the family meal” in February.

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

Promotion of hygiene and sanitation practices reached 886,000 people on AWD prevention through community and social media platforms such as TikTok and Facebook, emphasizing home-based care for mild AWD cases using oral rehydration solution and seeking health services for severe cases. Key social influencers and stakeholders joined the public dissemination through their platforms, which reached more than 100 people through a TikTok dance challenge on hygiene practices.

Promotion of essential family care practices in 10 townships reached 8,873 community members with an integrated package on maternal and child health, nutrition, immunization, water, sanitation and hygiene, including AWD. The key messages are reinforced through the “Knowledge Talk” Viber Channel, with the focus on maternal newborn and child health, routine immunization, nutrition, water sanitation and hygiene promotion, education, child protection, MHPSS and mine risk education, which has reached 276,681 people. Capacity-building on community engagement was provided to 88 staff and volunteers in Yangon, northwest and southeast regions on the prevention of AWD, communication, community feedback mechanisms and protection from sexual exploitation and abuse (PSEA).

To ensure community voices are heard, parental satisfaction surveys for two education in emergency (EiE) programmes were conducted with 7,302 parents and caregivers of children receiving UNICEF learning support. The findings shows that more than 90 per cent of the respondents were satisfied with the quality of the education services being provided by UNICEF and partners. In addition, community consultations were conducted in 42 villages across Kayah townships, through focus groups with 661 parents, teachers, education support committee members and students to discuss the community context including barriers and enablers to education programmes, including cultural norms.

## 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 2025 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

<https://x.com/UNICEFMyanmar/status/1887099551871619256>

<https://x.com/UNICEFMyanmar/status/1891327536472240205>

[https://x.com/UNICEF\\_EAPRO/status/1889872204239872404](https://x.com/UNICEF_EAPRO/status/1889872204239872404)

How to talk to your children about conflict and war

<https://www.unicef.org/myanmar/how-talk-your-children-about-conflict-and-war-Eng>

Six things to watch in Myanmar in 2025

<https://www.unicef.org/myanmar/stories/six-things-watch-myanmar-2025>

How can I protect my child from air pollution?

<https://www.unicef.org/myanmar/stories/how-can-i-protect-my-child-air-pollution>

## Next SitRep: April 2025

UNICEF Myanmar Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/myanmar>

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## Annex A

### Summary of Programme Results<sup>14</sup>

Sector Indicator   disaggregation		UNICEF and IPs response			Cluster response					
		2025 targets	Total results	Change since last report ▲ ▼	2025 targets	Total results	Change ▲ ▼			
<b>Health</b>										
# of children aged 6–59 months vaccinated against measles in UNICEF-supported areas	Boys	800,000		0						
	Girls									
# of children and women accessing primary health care in UNICEF-supported facilities	Boys	400,000	2,034	▲ 9,659						
	Girls		2,183							
	Women		5,442							
# of children aged 6–59 months with SAM admitted for treatment	Boys	16,608	34	▲ 85				33,215		
	Girls		51							
# of primary caregivers of children aged 0–23 months receiving IYCF counselling	Men	200,059	19	▲ 1,158	220,379					
	Women		1,139							
# of children aged 6–59 months receiving micronutrient powder	Boys	253,834	630	▲ 1,227	423,057					
	Girls		597							
# of children 6–59 months receiving vitamin A supplementation	Boys	2,000,292		0	165,887					
	Girls									
# of children screened for wasting	Boys	450,135	3,271	▲ 6,275	423,057					
	Girls		3,004							
# of pregnant and lactating women receiving micronutrient supplementation	Women	119,723	15	▲ 15	199,539					
<b>Child Protection</b>										
# of children and parents/caregivers accessing MHPSS	Boys	552,000	7,068	▲ 20,553	861,009					
	Girls		7,518							
	Men		1,852							
	Women		4,115							
# of women, girls and boys accessing GBV risk mitigation, prevention and/or response interventions	Boys	1,375,000	485	▲ 3,042						
	Girls		649							
	Men		0							
	Women		1,908							
# of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Boys	1,375,000	556	▲ 3,140						
	Girls		787							
	Men		501							
	Women		1,296							
# of children who received individual case management	Boys	5,000	186	▲ 365	10,000					
	Girls		179							
# of children in areas affected by landmines and other explosive weapons provided with relevant	Boys	920,000	768	▲ 3,073	1,034,638					
	Girls		820							
	Men		368							

<sup>14</sup> All the results data are as at end of January 2025.

prevention and/or survivor-assistance interventions	Women		1,117				
# of girls, boys, women and men reached through Child Protection awareness-raising activities (including community events related to CP)	Boys	720,000	5,471	▲ 24,942	1,722,018		
	Girls		6,639				
	Men		2,816				
	Women		10,016				
<b>Education</b>							
# of children accessing formal and non-formal education, including early learning	Boys	917,000	86,441	▲ 179,529	330,025		
	Girls		93,088				
# of children receiving individual learning materials	Boys	600,000	11,208	▲ 22,798	330,025		
	Girls		11,590				
# of educators supported with training and/or incentives	Male	20,400	491	▲ 2,752	29,104		
	Female		2,261				
# of temporary learning centres rehabilitated	centres	800	34	▲ 34	3,664		
<b>WASH</b>							
# of people accessing a sufficient quantity of safe water for drinking and domestic needs	Boys	400,000	3,054	▲ 15,790	1,915,520		
	Girls		3,093				
	Men		4,667				
	Women		4,976				
	PWDs		125				
# of people using safe and appropriate sanitation facilities	Boys	350,000	4,147	▲ 15,496	1,850,803		
	Girls		4,338				
	Men		3,332				
	Women		3,679				
	PWDs		546				
# of people reached with handwashing behaviour change programmes	Boys	350,000	7,614	▲ 46,075	2,234,015		
	Girls		7,949				
	Men		13,856				
	Women		16,656				
	PWDs		216				
# of people reached with critical WASH supplies	Boys	1,000,000	7,191	▲ 66,956	2,234,015		
	Girls		7,054				
	Men		24,689				
	Women		28,022				
	PWDs		302				
<b>Social Protection</b>							
# of households reached with UNICEF-funded humanitarian cash transfers (MPC, Disability and MCCT)		102,112	17,714	▲ 17,714			
# beneficiaries of cash transfers, including children with disabilities, who are linked with other programmes, information and services		18,600		0			

Cross-sectoral (HCT, SBC, RCCE and AAP) <sup>15</sup>							
# of people reached through messaging on prevention and access to services		3,000 000	1,162,681	▲ 1,162,681			
# of people sharing their concerns and asking questions through established feedback mechanisms	Men	380,000	4,306	▲ 14,377			
	Women		10,071				
# of people participating in engagement actions for social and behaviour change	Men	150,000	7,747	▲ 14,395			
	Women		6,648				

## Annex B

### Funding Status

Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2025	Other resources used in 2025	Resources available from 2024 (carry-over)	\$	%
Health	24,192,000			1,518,649	22,673,351	93.7%
Nutrition	25,976,983	900,459		2,107,969	22,968,555	88.4%
Child protection, GBViE and PSEA	50,996,615	363,479		3,325,251	47,307,885	92.8%
Education	94,439,288	1,184,821		2,352,381	90,902,086	96.3%
WASH	54,406,768	996,639		4,121,126	49,289,003	90.6%
Social protection	21,796,232	930,961		1,013,514	19,851,757	91.1%
Cross-sectoral (HCT, SBC, RCCE and AAP)	6,091,546	14,395		172,483	5,904,668	96.9%
Cluster and field coordination	8,521,979	-		1,334,309	7,187,670	84.3%
<b>Total</b>	<b>286,421,411</b>	<b>4,390,754</b>		<b>15,945,681</b>	<b>266,084,977</b>	<b>92.9%</b>

<sup>15</sup> \*HCT: Humanitarian Cash Transfer; RCCE: Risk Communication and Community Engagement