



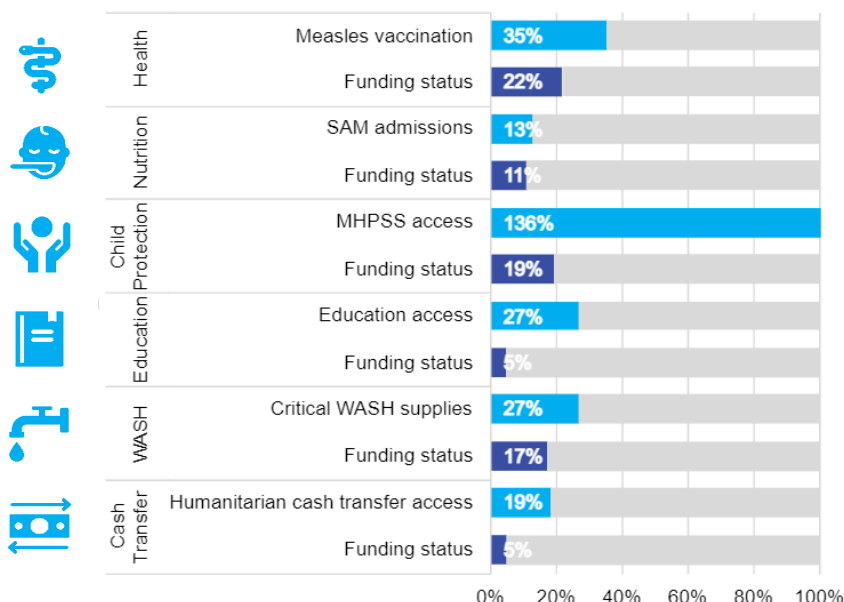
Children play card games in ECCD session at Shan state. ©UNICEF Myanmar/2024/Minzayar Oo

Reporting Period: 1 January to 30 June 2024

Highlights

- In the first half of 2024, widespread conflict continued to drive displacement, further exacerbating humanitarian needs in multiple states and regions in Myanmar.
- Seasonal flooding and increased cases of acute watery diarrhoea (AWD) have worsened pre-existing vulnerabilities, particularly for children and women.
- Against this backdrop, nearly 230,000 people were provided with life-saving WASH supplies and services. Among them, 163,210 people (including displaced and conflict affected people) received clean drinking water.
- The funding gap of 88 per cent against the Humanitarian Action for Children (HAC) Appeal impacts UNICEF's capacity to deliver life-saving assistance to millions of children and their families. In the current volatile context, with deepening needs and surging displacement, flexible, predictable, sufficient and timely funding is even more critical.

UNICEF's Response and Funding Status








Myanmar Country Office

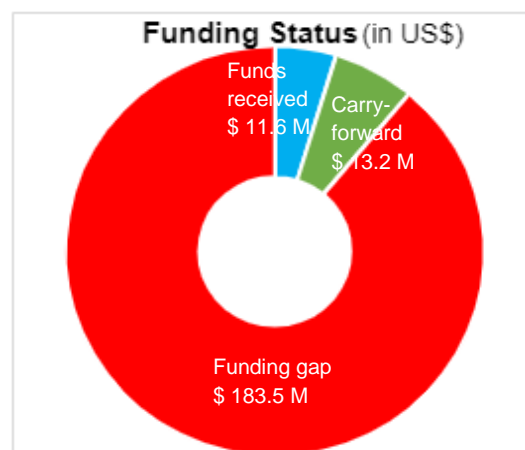
Humanitarian Situation Report No. 6

unicef 
for every child

Situation in Numbers

-  **6,000,000**
children in need of humanitarian assistance
-  **18,600,000**
people in need (HAC 2024)
-  **2,914,400**
Internally displaced people since 1 February 2021
-  **66,400**
People displaced to neighbouring countries since 1 February 2021 (UNHCR, 01 July 2024)
-  **289,000**
displacement before February 2021

UNICEF Appeal 2024 US\$ 208.3 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 and Partnerships

UNICEF Myanmar Country Office is appealing for US\$ 208.3 million in 2024 to address the needs of 3.1 million people, including an estimated 2.1 million children. During the reporting period, January to June 2024, UNICEF secured US\$ 24.8 million (12 per cent of its appealed funding), including US\$11.6 million received for the current year and US\$13.2 million carried forward from the previous year.

In 2024, UNICEF has received generous funding support from the Government of Japan, the European Commission's Civil Protection and Humanitarian Aid Operations Department (DG ECHO), the Australian Department of Foreign Affairs and Trade (DFAT), the Australian Committee for UNICEF, the Central Emergency Response Fund (CERF), as well as internal allocations from global humanitarian thematic funding. UNICEF also acknowledges the contributions in previous year by Australia's DFAT, the United States Agency for International Development (USAID)'s Bureau for Humanitarian Assistance (BHA), DG ECHO, the Government of Canada, the Government of Japan, the Japan International Cooperation Agency (JICA), the Government of Norway, the Royal Thai Government, the Czech Committee for UNICEF, the French Committee for UNICEF, and the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), along with CERF and the Myanmar Country-Based Pooled Fund. Moreover, UNICEF Myanmar received an internal loan from the Emergency Programme Fund to support the humanitarian response.

These resources enable 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. UNICEF is also providing humanitarian leadership roles in the WASH Cluster, the Nutrition Cluster, the Child Protection Area of Responsibility (CP AoR), the Mine Action Area of Responsibility (MA AoR). It also co-leads the Education Cluster and is actively strengthening protection against sexual exploitation and abuse (PSEA) while promoting social behaviour change and accountability to affected populations.

However, UNICEF's capacity to deliver these services is severely limited by the funding gap of 88 per cent against the 2024 appeal. Without immediate additional funding, targeted populations, especially children, may not be able to receive urgently needed assistance at scale. There is also a severe funding gap in UNICEF-led clusters; the Nutrition Cluster has a 93 per cent funding gap while the Education cluster received only 6 per cent of its required funding for 2024.

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

The humanitarian situation in Myanmar is dire and continues to deteriorate as fighting escalates across the country. More than 3.2 million people¹ have been displaced, including about 600,000 displaced within first half of 2024 (compared to the 345,000 displaced in the first half of 2023). One third of the population – 18.6 million people – including six million children, are in need of humanitarian assistance.²

Escalating attacks and clashes have displaced more than 1.2 million people in Sagaing Region, more than 775,000 people in the south-east, and more than 300,000 people in Rakhine state.³ About 40 per cent of all displaced people are children. Food insecurity is on the rise, with 13.3 million people, almost a quarter of the population, estimated to be facing high acute food insecurity (phase 3 or above) with 2.7 million in phase 4.⁴ More than one million children under the age of five have missed basic immunization in recent years and are at greater risk of catching vaccine preventable diseases, while 5.6 million people require urgent access to WASH services.

Children are bearing the heaviest burden of unabating violence, grave violations, mass displacement and the near collapse of critical health and education systems. It is reported that forced recruitment, the enforcement of conscription law, and telecommunication blockages in some conflict and disaster-affected areas impacted the availability and capacity of humanitarian partners. Access restrictions and funding shortages are major barriers to the delivery of life-saving assistance to millions of conflict-affected children and their families.

¹ United Nations High Commissioner for Refugees, 'Myanmar UNHCR displacement overview 01 July 2024', UNHCR.

² United Nations Children's Fund, Humanitarian Action for Children, UNICEF, New York, December 2023.

³ United Nations High Commissioner for Refugees, 'Myanmar UNHCR displacement overview 01 July 2024', UNHCR.

⁴ United Nations Office for the Coordination of Humanitarian Affairs, Myanmar Humanitarian Needs and Response Plan 2024 Addendum, UNOCHA, New York, June 2024.

The worsening insecurity and protection issues are compounded by natural and seasonal hazards. Vulnerable populations experience water scarcity during the dry season, while the monsoon season elevates the risks of water-borne diseases such as acute watery diarrhoea (AWD) due to increased rainfall and flooding, exacerbating pre-existing vulnerabilities. An outbreak of AWD since early June in Yangon region confirmed by the Ministry of Health (MoH) on 7 July. The World Health Organization also reported that severe watery diarrhoea cases have been admitted to hospitals in some townships in the eastern district of Yangon since late June.⁵

Since the end of June, seasonal flooding has severely impacted upper Myanmar, particularly Kachin State, and central Myanmar, including the Sagaing, Magway, and Mandalay regions. The flood waters are moving towards the south-east (Mon, Kayin, Kayah, Bago and Tanintharyi) as well as the Yangon and Ayeyarwaddy regions. In Kachin, 50,000 people have been affected across different townships. At least 187,200 people across Sagaing, Magway and Mandalay regions have been affected by flooding in July, causing significant displacement and damage to infrastructure and agricultural land.

Flooding continues to exacerbate existing needs as people are temporarily displaced. The damage to shelters, property, and livelihoods, along with the displacement, is causing high stress levels among those affected, especially children. Women-headed households and children may become more vulnerable to protection risks during displacement or at temporary sites, including child labour, child marriage, child trafficking, and gender-based violence (GBV). People with disabilities may face challenges due to reduced mobility or a lack of access to warnings and information tailored to their needs. Tensions with host communities may increase because of limited resources and stretched assistance capacities in displacement areas.

Landmines and explosive remnants of war (ERW) have caused 692 civilian casualties in the first six months of 2024. This is 66 per cent of the 1,052 casualties reported in the whole of 2023. All states and regions were affected by landmines and ERW during this period, with children accounting for 32 per cent of the total civilian casualties. Shan state recorded the highest number of casualties, 24 per cent of the total. Casualties in Sagaing region and Rakhine state accounted for 17 per cent and 12 per cent, respectively, of the total, with the country's remaining regions accounting for 47 per cent.

Summary Analysis of Programme Response⁶

Health

During the reporting period, UNICEF and its partners continued to provide humanitarian aid, including in some new areas of displacement. A total of 265,846 primary health care services, including the care of pregnant women, essential newborn care, sick childcare and emergency referrals, including essential supplies, reaching 76 per cent of the 2024 target of 350,000. However, the reach during the same period in 2023 was higher (85 per cent). The decline this year is due to increased conflict, which affected access, and funding shortages that forced the discontinuation of some partnerships.

There was an increase in AWD cases in the Rakhine, Chin, and Yangon regions. UNICEF and its partners responded by assisting in case management, disseminating health messages, and referring patients with severe conditions. UNICEF provided 100,000 oral rehydration salts sachets, 300,000 zinc tablets and some 3,000 antibiotic tablets for an estimated 7,000 people. The emergency procurement of rapid diagnostic kits and AWD kits is currently underway.



Care of newborn at the community level ©Sun Community Health Myanmar/2024

⁵ World Health Organization, WHO South-East Asia Region Epidemiological Bulletin, 24 July 2024 <https://cdn.who.int/media/docs/default-source/searo/whe/wheripib/2024_15_searo_epi_bulletin2.pdf?

⁶The results are as at end of June 2024.

To strengthen the routine immunization system, UNICEF support the rollout of two rounds of the catch-up immunization programme in Yangon, Mandalay, and Nay Pyi Taw in April and June. As of May 2024, more than 280,000 children under one year of age received their first dose of the measles-rubella vaccine.

Nutrition

In the first half of 2024, UNICEF and its nutrition partners continued to provide lifesaving preventive and curative nutrition services. These included identifying and treating children with severe acute malnutrition (SAM) through outpatient therapeutic care, administering multiple micronutrient supplements, and providing infant and young child feeding (IYCF) counselling. For the first six months of 2024, 66,031 children aged 6–59 months (32,961 boys and 33,070 girls) were screened for acute malnutrition, of which 1,393 (655 boys and 738 girls) children with SAM were treated with ready-to-use therapeutic food (RUTF) and routine medicines as per national guideline and standards.



MUAC measurement by a volunteer in Rakhine state ©Staff from Partner/2024

During the reporting period, 960 children (456 boys and 504 girls) who had been admitted with SAM were cured and discharged which indicates 79 per cent cure rate. Moreover, a total of 20,148 children aged 6–59 months (10,201 boys and 9,947 girls) and 23,309 pregnant and lactating women were reached with multiple micronutrient supplementations including vitamin A supplementation.

UNICEF also distributed essential nutrition supplies, including RUTF for children with SAM, vitamin A during the nutrition promotion month campaign for children aged 6-59

months, and multiple micronutrients for children aged 6-59 months and pregnant or lactating women.

To date, only 16 per cent of the nutrition screening target, 13 per cent of the children with SAM admission target, 8 per cent of the IYCF counselling target, and 7 per cent of the multiple micronutrient supplementation target have been met. These shortfalls are due to funding limitations, supply chain issues, and operational access constraints. Efforts are underway to expand reach through continued advocacy, coordination, and resource mobilization.

Nutrition Cluster

In the first half of 2024, the Nutrition Cluster reached 1,286 severely malnourished children with essential curative and preventive nutrition interventions and provided enriched supplementary foods to 3,876 children with moderate malnutrition. However, this represents only 7.2 per cent of the targeted cases for SAM and 5.8 per cent for moderate acute malnutrition (MAM). Efforts are continuing to be made to reach vulnerable groups through coordination, resource mobilization and service delivery. Additionally, the Nutrition Cluster has been collaborating with the Global Nutrition Cluster (GNC) and UNICEF at regional and global levels to address challenges related to the supply of RUTF in Myanmar. The Nutrition Cluster is also promoting community-led low-profile interventions, and, in a process supported by the GNC, the innovative use of locally enriched foods to prevent acute malnutrition when there are supply shortages due to access constraints, frequent displacements and insecurity.

In terms of preventative measures, 199,743 children aged under 5 years and pregnant and lactating women (32 per cent of the target) were reached through malnutrition screening, referral for appropriate management, and blanket supplementary feeding programmes, infant and young child feeding counselling/messaging, and the distribution of micronutrient powders and tablets.

The Nutrition Cluster estimates that US\$ 57.7 million is needed in 2024 to provide nutrition services nationwide. However, it is currently facing a 93 per cent funding gap. The cluster aims to secure the necessary funds to reach vulnerable populations, particularly in conflict-affected areas, and deliver life-saving services.

Child Protection

UNICEF and child protection partners continue to deliver life-saving services amid escalating conflict in Myanmar. In the first six months of 2024, child protection services—including mental health and psychosocial support (MHPSS), case management, distribution of CP kits, explosive ordnance risk education (EORE), and legal aid support—reached

229,794 people. MHPSS, through structured and mobile child- and women-friendly spaces, benefited 77,606 people (20 per cent of the target), including children and adolescents. Additionally, messaging via digital platforms reached 4,542,057 people (151 per cent of the target), raising awareness and promoting psychosocial well-being.

GBV risk mitigation interventions benefited 28,324 people (8.6 per cent of the target), while 42,980 people (13 per cent of the target) used safe and accessible channels to report sexual exploitation and abuse within the community. UNICEF distributed 11,037 child protection kits—containing clothes, hygiene items, stationery, and emergency supplies such as torches, raincoats, and ropes—to internally displaced children and communities.



Additionally, 1,277 children (5.1 per cent of the target), including 606 boys and 671 girls, received individual case management services.

Mobile Child Friendly Spaces Activities in Kayin state where children accessing MHPSS activities. ©Field Staff from Partner/2024

A total of 79,607 people (18.1 per cent of the target) received in-person Explosive Ordnance Risk Education (EORE), while 181,978 people (36 per cent of the target) were reached through digital platforms. Capacity-building efforts benefited 5,032 individuals, including community members, youth, caregivers, and partner staff, through a series of trainings on mental health and psychosocial support (MHPSS), violence against children and GBV, monitoring and reporting of grave violations, and community-level child protection. Legal aid services were provided to 250 children (190 boys, 60 girls) and 260 young people (187 males, 73 females) through a network of private lawyers. Additionally, UNICEF and its partners responded to recent floods in Myitkyina by distributing 257 age- and gender-appropriate child protection kits, benefiting 674 girls, boys, and women.

Child Protection Area of Responsibility (CP AoR)

The CP AoR has undertaken several important initiatives to improve child protection across the humanitarian response. These included supporting protection mainstreaming trainings for more than 300 participants, both online and in-person. Additionally, the CP AoR also ensured that child protection was reflected in key documents such as food security and protection brief, the addendum to the Humanitarian Needs and Response Plan (HNRP), multipurpose cash assistance guidance and other inter-cluster documentation.

The CP AoR has further supported members to ensure a quality response, through the development of key documents such as the Disability Inclusion Tip Sheet,⁷ the tip sheet on community-level child protection (CLCP)⁸ and online training on CLCP for AoR members. The CP AoR coordination team has also made available key child protection messages for situations caused by flooding,⁹ conflict¹⁰ and cyclones.¹¹ To enhance the monitoring of response progress against the HNRP, the CP AoR has developed an interactive dashboard.¹²

Mine Action Area of Responsibility (MA AoR)

The Mine Action Area of Responsibility (MA AoR) responded to an unprecedented number of explosive ordinance related incidents in Myanmar, driven by the escalating conflict. Despite significant access challenges, MA AoR partners reached affected communities with life-saving messages through in-person sessions, social media, community volunteers, civil society organizations (CSOs), and by integrating with other humanitarian activities. Victim assistance

⁷ Myanmar Child Protection AoR, 'Tip Sheet - Disability Inclusion', <<https://shorturl.at/Sx939>>, accessed 22 July 2024.

⁸ Myanmar Child Protection AoR, 'Community Level Child Protection (CLCP) tip sheet', <<https://shorturl.at/xYoZu>>, accessed 22 July 2024.

⁹ Myanmar Child Protection AoR, 'Child Protection Key Messages, Floods' <<https://shorturl.at/liZvz>>, accessed 22 July 2024.

¹⁰ Myanmar Child Protection AoR, 'Revised CP AoR Child Protection Key Messages of conflict for Emergency preparedness and response', <<https://shorturl.at/nQxyQ>>, accessed 22 July 2024.

¹¹ Myanmar Child Protection AoR, 'CP AoR Cyclone messages', <<https://shorturl.at/h2LRc>>, accessed 22 July 2024.

¹² Myanmar Child Protection AoR, 'HNRP Monitoring Dashboard', <<https://www.myanmarchildprotection.com/hnrp-monitoring-dashboard>>, accessed 22 July 2024.

continued, providing critical support through case management and a referral mechanism involving MA agencies, clusters/areas of responsibility, and the broader humanitarian network. This mechanism has been instrumental in ensuring individuals receive the necessary support and rehabilitation services.

The MA AoR collaborated with the Protection Cluster to integrate protection principles into the broader humanitarian response and provided training for more than 500 humanitarian workers to ensure a holistic approach. New information, education and communication materials for EORE were developed, including cyclone specific EORE messaging.

Severe delivery gaps were identified in the north-west and south-east regions, particularly in Bago due to funding shortfalls. Collaborative efforts with the Myanmar Humanitarian Fund (MHF) and the Technical Advisory Group on Disability led to special fund allocations to enhance EORE and disability inclusion. Extensive consultations resulted in a call for proposals to address gaps in EORE coverage and to improve its quality. Despite significant achievements, substantial barriers to progress here remain the restrictions to access in Shan and Rakhine states and limited funding. Collaborative efforts and advocacy initiatives continue to try to mitigate these challenges by enhancing community awareness and securing broader support for mine action activities.

Education

UNICEF and its partners supported access to formal and non-formal education including early learning for 241,456 children (122,924 girls), achieving 27 per cent of the 2024 target. These children, including internally displaced children, were supported through the provision of teaching and learning materials, basic literacy and numeracy skills, socioemotional learning, MHPSS, as well as life skills-based education for out-of-school children, with some children



Remedial education class in Rakhine state - a facilitator teaching to children ©Field Staff from Partner/2024

receiving personal hygiene and infectious disease prevention knowledge, and remedial education to catch up lessons. UNICEF and its partners also provided individual learning materials including essential learning package kits for 71,357 children (36,340 girls), achieving 16 per cent of the HAC target. Moreover, 3,171 volunteer teachers/educators/ facilitators (2,532 women) were trained and incentivized with stipends, achieving 15 per cent of the HAC target. The training sessions included teaching methods, rapid gender analysis, inclusive education and MHPSS. 862 temporary learning spaces were established or maintained, achieving 144 per cent of the HAC target, while UNICEF and its partners also supported the functioning of education committees in target areas and their monitoring of those learning spaces.

In areas where conflict has been intensifying or where there have been cyclones or floods, activities are being delayed, and consideration is being given to change to safer areas. The need for access to safe learning spaces/centres is increasing. Nationally, children need immediate education services including the establishment of safe learning spaces, as well as learning materials, educational supplies and trained facilitators. UNICEF, through its partners and relevant stakeholders, including parents, continues to help provide learning continuity for children.

Education Cluster

In the first half of 2024, the Education Cluster made notable strides in strengthening its coordination and response capabilities, despite the significant challenges that come with the general changes in context especially the conflict trends. System-strengthening, in the form of cluster partners' capacity-building initiatives, has been a central pillar of focus for the education cluster. Partners have received trainings in monitoring, evaluation, accountability and learning (MEAL), contingency planning, and gender by working closely with key stakeholders such as Gender in Humanitarian Action (GiHA), the PSEA Network, Save the Children and the Global Education Cluster. Most of the trainings have been organized at subnational level, to facilitate greater participation especially by local partners. More training sessions are planned, in accordance with the cluster partners' capacity-building plan.

The Education Cluster has made substantial progress in localization during this reporting period. It has carried out targeted outreach recruiting and onboarding local partners into the cluster, supporting them to understand, and operate

within, the coordination mechanism. To this effect, 27 local partners continue to contribute the highest percentage of reporting/ reach within the cluster. These are planned to continue through the year.

WASH

In the first half of 2024, UNICEF supported 229,050 conflict-affected population (including 73,525 children) with life-saving WASH supplies and services, achieving 27 per cent of the HAC target. This was enabled by its approach of local procurement and with the support of partners and community. 72,902 people accessed appropriately managed and gender-segregated sanitation services including latrines and bathing spaces, while hygiene awareness messages reached 38,921 people. Clean drinking water services reached 163,210 people, including internally displaced persons and other vulnerable and conflict-affected groups.

Despite the access challenges, critical WASH assistance continued in Rakhine, where safe drinking water was provided daily to 39,954 internally displaced persons in long-term camps. In Kachin and Kayah, 28,315 people now access appropriately managed gender-segregated toilets and bathing spaces. In the south-east, 7,628 people (1,238 boys, 1,211 girls, 2,421 men, 2,758 women,) received hygiene awareness messages and demonstrations, while in Shan, 94,877 people (15,399 boys, 15,057 girls, 30,114 men, 34,307 women) received critical WASH supplies.

The escalating conflict continues to pose security concerns for aid workers and restricts movement and access to displaced families. Additionally, funding shortages are hindering the delivery of humanitarian assistance, with 87 per cent of the WASH funding requirement still unmet.

UNICEF is currently providing WASH assistance in Chin and Rakhine where there are cases of AWD, in Yangon, where there is cholera, and in Kachin and Magway where people have been impacted by flooding.

WASH Cluster

WASH Cluster partners provided water, sanitation, and hygiene services to 809,550 people up to June 2024 (337,993 people in Rakhine, 100,466 in the north-west, 91,037 in the north-east and 280,054 in the south-east). However, 861,983 prioritized individuals have not received support due to severe underfunding and access restrictions, with the WASH Cluster receiving only 27 per cent of the funds it needs for 2024.

The WASH Cluster shared information on the Myanmar Humanitarian Fund standard allocation (MHF 2024 SA1) with its partners and discussed WASH activity prioritization with them. The cluster reviewed MHF grants and provided endorsements for proposals, and a contingency planning exercise was conducted for the monsoon season.

Social Protection and Cash-based Programming



A child with disability received the cash grant support in Shan state
©UNICEF Myanmar/2024/Minzayar Oo



Hygiene kit distribution in Shan state
©UNICEF Myanmar/2024/Wutt Yee Mon Oo

Disability screening was carried out for 20,637 children and adults (82 per cent of the target) in conflict-affected, hard-to-reach, and humanitarian priority areas. A total of 744 social and behavioural change communication (SBCC) sessions reached 6,480 programme participants between January and June. The sessions covered common childhood illnesses and danger signs in children; danger signs for pregnant women, preparation for childbirth, and danger signs during delivery; psychosocial care for mothers; and handwashing practices in recognition of World Water Day on 22 March. A series of training sessions for community mobilizers and mother support groups was organized from June to introduce the Smart Start Curriculum. This family-centred tool is designed to support the nutrition and care of women and children. Moreover, a total of 16,711

households (18.6 per cent of the target) with pregnant women, children and their family members received humanitarian cash transfers during January and June.

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

In the first half of 2024, a total of 290,753 community members in 19 townships across five states and regions were reached with key messages on maternal and child health, nutrition, immunization, hygiene and sanitation, landmine awareness, and COVID-19 vaccinations. SBC launched broad-based public health messaging on managing AWD through social media and community-based platforms, reaching 4,586 people in Rakhine. Engagement with FM radio was formalized with coverage across 10 Regions/States expected to reach 1.2 million people. Additionally, information on preventing AWD was developed, targeting different community groups, and is now being printed.

Through the 'Knowledge Talk' Viber Channel, UNICEF and its partners' Facebook pages have received 1,867,806 views through 223 Viber messages on maternal, newborn and child health, routine immunization, nutrition, water and sanitation, education, child protection, mental health and psychosocial support, mine risk education and menstrual hygiene management. Capacity building on SBC community engagement was conducted for 1,198 frontline workers across the country to strengthen their skills on engaging communities.

Eight AAP trainings were conducted for 83 UNICEF staff and 216 partners, focusing on practical approaches to establishing community feedback mechanisms and addressing complaints and concerns. Additionally, the AAP e-course in the Myanmar language was launched on the Learning Passport platform, with 219 users having completed the course on the previous platform. The global AAP handbooks in Myanmar language were distributed to key partners. UNICEF partners facilitated community feedback mechanisms for 213,420 people, addressing 11,222 complaints and pieces of feedback. Surveys involving 2,015 individuals were conducted in Kayin, Bago, Sagaing, Magway, and Yangon Regions to assess satisfaction with health, nutrition, education, and WASH services provided by UNICEF partners. Overall, 90 per cent of respondents expressed satisfaction with the services.



Menstrual Hygiene Management Campaign in Shan state
©UNICEF Myanmar/2024/Nyan Zay Htet

Humanitarian Leadership, Coordination and Strategy

UNICEF's humanitarian strategy for Myanmar is aligned with the inter-agency 2024 HNRP¹³ and the 2024 HAC appeal.¹⁴ UNICEF, in collaboration with the Myanmar Humanitarian Country Team, and through its cluster coordination role, contributed to the finalization of the 2024 HNRP which serves as a guiding framework for humanitarian initiatives in Myanmar. UNICEF also contributed to the addendum of the 2024 HNRP,¹⁵ which emphasized the most pressing needs and outlined the potential impacts of the current funding shortfall. UNICEF humanitarian strategy focuses on working with local CSOs, non-governmental organizations and other United Nations agencies to deliver life-saving services efficiently and to broaden the humanitarian response for children in all conflict-affected states and regions.

UNICEF continues its national presence through seven field offices in Myanmar which prioritize all vulnerable children and families, including those in communities which have been displaced (or not) by natural disasters and conflicts. UNICEF also continues supporting the expansion of humanitarian assistance to the most vulnerable people through its leadership roles in the Nutrition Cluster, the WASH Cluster, the CP AoR, the Mine Action AoR and is co-leading the Education Cluster with Save the Children at national and subnational levels. 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.

¹³ United Nations Office for the Coordination of Humanitarian Affairs, Myanmar Humanitarian Needs and Response Plan 2024, UNOCHA, New York, December 2023.

¹⁴ Humanitarian Action for Children.

¹⁵ Myanmar Humanitarian Needs and Response Plan 2024 Addendum.

Human Interest Stories and External Media

Stories

A lifeline of hope

How access to water and hygiene services is heralding hopes for newly displaced families in Kayin State, Southeast Myanmar

<https://www.unicef.org/myanmar/stories/lifeline-hope>

Building a healthier tomorrow

Hygiene awareness enhances well-being for displaced families in Chin State, western Myanmar

<https://www.unicef.org/myanmar/stories/building-healthier-tomorrow>

Community of care

Empowering families with living with disabilities in Myanmar through UNICEF's cash assistance and other social protection and inclusion programmes.

<https://www.unicef.org/myanmar/stories/community-care>

Behind life's beginnings

One dedicated midwife's passion makes a difference in communities of Myanmar with limited healthcare services

<https://www.unicef.org/myanmar/stories/behind-lifes-beginnings>

Dreams at risk

How the widespread use of landmines is threatening the future of Myanmar's children

<https://www.unicef.org/myanmar/stories/dreams-risk>

Resilience amid adversity

A story of how a dedicated teacher is inspiring Myanmar children through reading

<https://www.unicef.org/myanmar/stories/resilience-amid-adversity>

Community-based learning in Chin state helps children overcome education challenges

I used to be scared of mathematics, but now that I've been taught from the basics, I think I'm no longer scared of it."
Muang Nu, a Grade 3 student

<https://www.unicef.org/myanmar/stories/community-based-learning-chin-state-helps-children-overcome-education-challenges>

Videos

Cyclone Preparedness in Yangon Warehouse

https://youtu.be/yai_BwNbd5Q?si=l1qckr_hjpXeNINP

Dreams at Risk

How the increasing use of landmine is threatening the future of Myanmar's children.

<https://youtu.be/ko21PO2U9wU?si=ykLbLpgMYVPNUy1V>

Social Media

Emergency Responses

- **Acute Watery Diarrhoea Response in Yangon**

<https://www.facebook.com/unicefmyanmar/posts/pfbid04rcrJmkzbt7mFwEzD2ZigYiTkSGKvnRadHezwqhxpqv1YGFojHesoCZUJ5enqKTI>

- **Flooding in Myitkyina**

<https://www.facebook.com/unicefmyanmar/posts/pfbid037iHiX1XsuyNPxDSQS8XGj1vtqyLKysSMdVKf4hSrhbs9EyU1D6UDGAiFCSwg5eCjI>
<https://www.facebook.com/share/p/qBJkWyR4WEsgPmPJ/>

- **Cyclone Preparedness**

<https://www.facebook.com/unicefmyanmar/videos/802638095151955/>
<https://www.facebook.com/share/p/7iWyFndf2ioYsDqH/>

- **One year after Cyclone Mocha**

<https://www.facebook.com/unicefmyanmar/posts/pfbid036wd2x7r4DHtFkQCZqiHMu1xqCpctAau939kgna4CSj1cqft2tQSx7qYLdPAwW6Kkl>

Global days

- **International Day of Play (June 11)** - <https://www.facebook.com/share/p/pWzRQWheHVNrX2hL/>
- **Menstrual Hygiene Day (May 28)** - <https://www.facebook.com/unicefmyanmar/posts/pfbid02ScefpxDXFLntqKYPRF8CedDwnbNFJDX1p2rWGYA97EUuGMCMuJ7BF6daQGgx8jSGI>
- **International Day of the Midwife (May 5)** - <https://www.facebook.com/unicefmyanmar/posts/pfbid023fpFfsNpJE8nkcenJJNGKN1uG1jkFg6WZb14xBAwv3ajEZ3krZ2S2kn2WMX2fkEkI>
- **Immunization Week (April 24 – 30)**
<https://www.facebook.com/share/p/VhUKp34NGLcWc7q1/>
<https://www.facebook.com/share/p/7SxRSnXBKcDR8sx9/>
<https://www.facebook.com/share/p/ZHzn2VEu18oGGNvH/>
<https://www.facebook.com/unicefmyanmar/posts/pfbid0dpEUMWHAdBtg34qDGvwyUJkKkA8nbv2KscCP8xVGu6jZbRkAvzHDLJxzayYvsKTz3I>
- **International Day for Mine Awareness and Assistance in Mine Action (April 4)** - <https://www.facebook.com/share/p/H5vmS1QRvRFwWn99/>
<https://www.facebook.com/share/p/64RoAjfGCMuui2sW/>
- **World Water Day (March 22)**
<https://www.facebook.com/share/p/rxbyKCEyxwboui4g/>
<https://www.facebook.com/share/p/yAys8mGiWhRzyZ/>
- **International Women's Day (March 8)**
<https://www.facebook.com/share/p/b3K2LLZnLVM33mN8/>
<https://www.facebook.com/share/p/YjJxUzfvTcT8cVhd/>
- **International Education Day (Jan 24)**
<https://www.facebook.com/share/p/kaGoisBH7Y6jZVAu/>

Next SitRep: September 2024

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

Who to contact for
further information: Marcoluigi Corsi
Representative
Myanmar Country Office
Tel: (+95) 9765491680
Email: mcorsi@unicef.org

Julia Rees
Deputy Representative
Programmes
Myanmar Country Office
Tel: (+95) 9883768865
Email: jrees@unicef.org

Faika Farzana
Emergency Manager
Myanmar Country Office
Tel: (+95) 9883768871
Email: ffarzana@unicef.org

Annex A

Summary of Programme Results¹⁶

		UNICEF and IPs response			Cluster response		
Sector		2024 targets	Total results	Change since last report ▲ ▼	2024 targets	Total results	Change ▲ ▼
Indicator disaggregation							
Health							
# of children aged 6–59 months vaccinated against measles in UNICEF-supported areas	Boys	800 000	135 007	▲ 98 050			
	Girls		146 257				
# of children and women accessing primary health care in UNICEF-supported facilities	Boys	350 000	57 518	▲ 50 726			
	Girls		57 263				
	Women		99 936				
Nutrition							
# of children aged 6–59 months with SAM admitted for treatment	Boys	10 900	655	▲ 295	17,897	597	▲ 991
	Girls		738			689	
# of primary caregivers of children aged 0–23 months receiving IYCF counselling	Men	316 000	2 245	▲ 5 875	140,764	2 685	▲ 20 599
	Women		22 553			35 790	
# of children aged 6–59 months receiving micronutrient powder	Boys	293 000	5 522	▲ 2 492	474,489	5 886	▲ 7 766
	Girls		5 165			5 494	
# of children 6–59 months receiving vitamin A supplementation	Boys	1 014 000	4 679	▲ 904			
	Girls		4 782				
# of children screened for wasting	Boys	418 000	32 961	▲ 9 845	474,489	70 163	▲ 48 819
	Girls		33 070			68 886	
# of pregnant and lactating women receiving micronutrient supplementation	Women	316 000	23 309	▲ 22 419	140,764	25 756	▲ 24 953
Child Protection							
# of children and parents/caregivers accessing MHPSS ¹⁷	Boys	3 392 000	27 377	0	1 140 000	31 891	▲ 56 322
	Girls		32 620			36 609	
	Men		1 636 236			6 997	
	Women		2 923 430			15 462	
# of women, girls and boys accessing GBV risk mitigation, prevention and/or response interventions	Boys	831 000	6 908	▲ 12 010			
	Girls		8 626				
	Men		0				
	Women		12 790				
# of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Boys	1 654 464	9 213	▲ 12 947			
	Girls		12 109				
	Men		6 475				
	Women		15 183				
# of children who received individual case management	Boys	25 000	606	▲ 423	10 000	1 259	▲ 1 049
	Girls		671			867	

¹⁶ All the results data are as at end of June 2024.

¹⁷ 3.39 million people were targeted to be reached with MHPSS; of these 3 million were to be reached through digital means, with the remaining 392,000 reached through community-based support. By the end of June, a total of 4,619,663 million people had been reached – 4,542,057 through digital means and 77,606 through community-based support. The Cluster MHPSS target includes only people reached through interpersonal support.

# of children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions	Boys	940 000	18 984	▲174 039	2 046 062	43 120	▲329 587
	Girls		21 811			48 535	
	Men		159 842			78 619	
	Women		60 948			211 460	
Education							
# of children accessing formal and non-formal education, including early learning	Boys	890 360	118 532	▲ 23 594	1 335 945	121 632	▲116 845
	Girls		122 924			128 867	
# of children receiving individual learning materials	Boys	450 000	35 017	▲12 932			
	Girls		36 340				
# of educators supported with training and/or incentives	Male	21 864	639	▲ 910			
	Female		2 532				
# of temporary learning centres rehabilitated	centres	600	862	▲ 5			
WASH							
# of people accessing sufficient quantity of safe water for drinking and domestic needs	Boys	390 000	26 489	▲ 45 664	1 107 739		
	Girls		25 901				
	Men		51 803			187 377	▲174 565
	Women		59 017			201 558	
	PWDs		4 743			60 759	
# of people using safe and appropriate sanitation facilities	Boys	300 000	11 832	▲17 570	1 006 597		
	Girls		11 570				
	Men		23 139			173 639	▲172 810
	Women		26 361			183 676	
	PWDs		1 469			50 626	
# of people reached with handwashing behaviour-change programmes	Boys	300 000	6 279	▲1 209	1 671 533		
	Girls		6 294				
	Men		12 314			93 555	▲ 74 051
	Women		14 034			101 724	
	PWDs		595			29 690	
# of people accessing functional handwashing facilities with soap	Boys	300 000					
	Girls						
	Men						
	Women						
	PWDs						
# of people reached with critical WASH supplies	Boys	850 000	37 175	▲ 80 075	1 671 533		
	Girls		36 350				
	Men		72 700			255019	▲317 032
	Women		82 825			270574	
	PWDs		2 241			72745	
Social Protection							
# of households reached with UNICEF-funded humanitarian cash transfers		90 000	16 711	▲ 4 172			
# of children and adolescents with disabilities reached with assistive		18 600	2205	▲ 2205			

technology and interventions to address disability-related need					
Cross-sectoral (HCT, SBC, RCCE and AAP) ¹⁸					
# of people reached through messaging on prevention and access to services		3 000 000	1 867 806	▲ 246 896	
# of people sharing their concerns and asking questions through established feedback mechanisms	Men	359 529	4 148	▲ 4 967	
	Women		7 074		
# of people participating in engagement actions for social behaviour-change	Men	150 000	138 801	▲ 94	
	Women		151 952		

Annex B

Funding Status

Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2024	Resources available from 2023 (carry-over)	\$	%
Health	16,750,000	2,112,276	1,527,886	13,109,838	78.3%
Nutrition	18,010,388	937,549	1,049,350	16,023,490	89.0%
Child Protection, GBViE and PSEA	33,115,892	3,034,051	3,382,312	26,699,529	80.6%
Education	55,871,200	1,570,871	1,121,458	53,178,872	95.2%
WASH	35,880,000	2,650,634	3,558,856	29,670,510	82.7%
Social Protection	8,195,000	12,944	394,809	7,787,247	95.0%
Cross-sectoral (HCT, SBC, RCCE and AAP)	29,242,348	27,651	270,710	28,943,987	99.0%
Cluster and Field Coordination	11,221,000	1,244,661	1,885,289	8,091,050	72.1%
Total	208,285,828	11,590,637	13,190,670	183,504,522	88.1%

¹⁸ *HCT: Humanitarian Cash Transfer; RCCE: Risk communication and community engagement