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Myanmar Country Office Humanitarian Situation Report No. 2, 2024

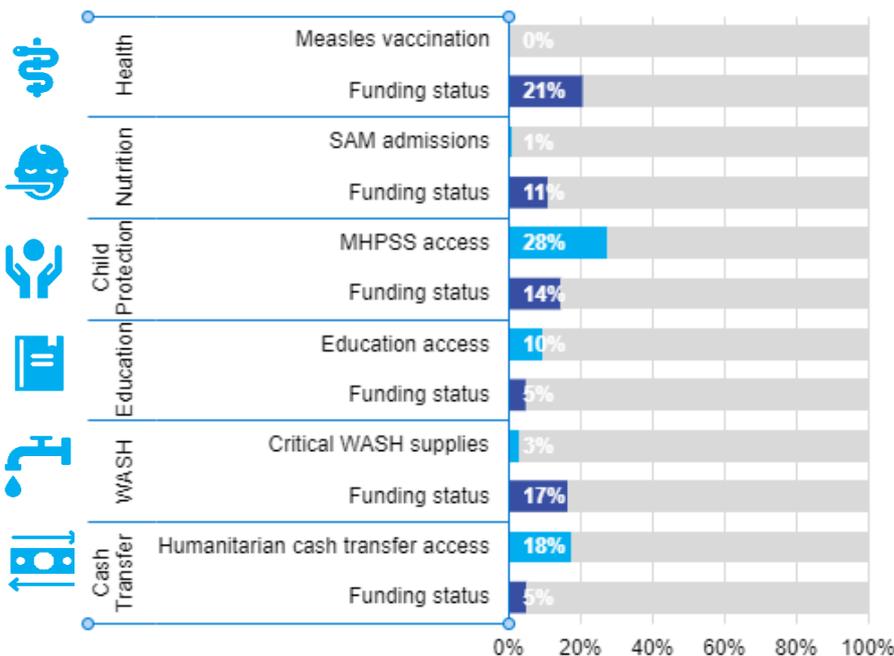


Reporting period: 1 March to 31 March 2024

Highlights

- Internal displacement continues to rise with more than 2.8 million people displaced country-wide, who are in need of humanitarian assistance amid access challenges.
- The heightened conflict in Rakhine is driving displacement, raising protection concerns and exacerbating pre-existing vulnerabilities.
- Over the past month, UNICEF and its partners provided 39,815 people with primary health care services.
- UNICEF also supported 67,661 internally displaced children (including 34,451 girls) with access to formal and non-formal education, including early learning.
- At the end of Q1 of 2024, UNICEF's HAC is only 11 per cent funded, limiting UNICEF's ability to scale up and address the lifesaving needs of the most vulnerable people.

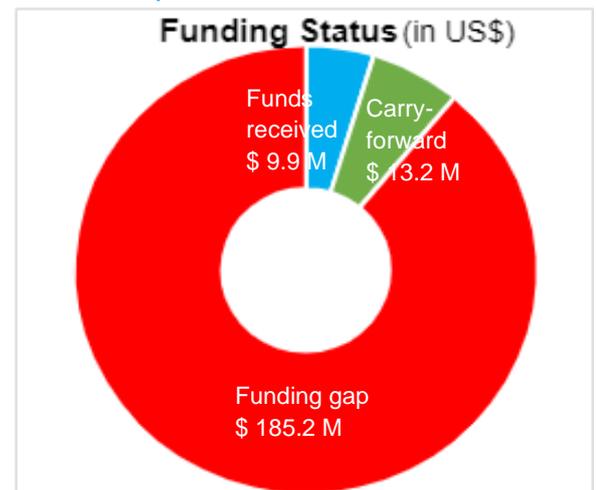
UNICEF's Response and Funding Status*



Situation in Numbers

- 6,000,000** children in need of humanitarian assistance
- 18,600,000** people in need (HAC 2024)
- 2,574,500** Internally displaced people since 1 February 2021 (UNHCR)
- 59,700** People displaced to neighbouring countries since 1 February 2021
- 306,200** people living in protracted displacement before February 2021 (OCHA)

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 has appealed for US\$ 208.3 million in 2024 to address the needs of 3.1 million people, including an estimated 2.1 million children. As at the end of March 2024, UNICEF secured US\$ 23.1 million (11.1 per cent of its appealed funding), comprising US\$9.9 million received for the current year and US\$13.2 million carried forward from the previous year.

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

With these resources, UNICEF and its partners are delivering humanitarian services in nutrition, health, HIV/AIDS, 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 and cluster coordination and is strengthening protection against sexual exploitation and abuse (PSEA), social behaviour-change and accountability to affected populations. However, UNICEF is limited by the funding gap of 89 per cent that is severely affecting its capacity to respond. Without these resources, targeted populations, especially children, who need basic social services, will not be able to receive the much needed assistance. 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

Armed conflict has been spreading in many parts of the country especially in Rakhine state, the northwest, Kachin and the southeast. Displacement continues to increase, and more than 2.8 million people have been internally displaced.¹ About 18.6 million people across Myanmar will need humanitarian assistance in 2024² and rising inflation affects people's ability to meet their basic needs, further exacerbating vulnerabilities. People, especially children, are struggling to survive because of threats to their security and protection. Enforcement of conscription across the country and forced recruitment by different armed groups are increasing people's anxiety and insecurity. The ongoing clashes and the restrictions imposed by all parties still pose the main obstacles in accessing affected people and in providing lifesaving support and social services.

The conflict in northern Shan State has been stable since the ceasefire was agreed in January, despite continuing tensions between the Myanmar Armed Forces and armed groups in Kayukme and Hsipaw. United Nations staff, who had been temporarily relocated from Lashio, returned as the security situation improved. Most of the internally displaced population have returned to their places of origin, with only approximately 20,000 people still temporarily displaced. However, landmine incidents have significantly increased in northern Shan, and travel restrictions remain in place for civilians. Transportation costs have also significantly risen due to road accessibility issues and checkpoints set up by both parties.

In southern Shan, the armed conflict has escalated in Hopong, Loilen (Mongpaw), Hsihseng, Mawkmai, Pinlaung, Pekon, Ywarngan and near Taunggyi. More than 10,000 people flee from 17 villages in Pinlaung Township since early March. Approximately 80 per cent of Hsihseng town has been destroyed by airstrikes, bombings, and heavy artillery fire. This has caused the number of internally displaced persons to rise in conflict-affected areas and neighbouring townships. In Kayah state, armed conflict escalated mainly in Hpasauung and Loikaw and the number of internally displaced is increasing due to the conflicts, and because of the relocation of people from southern Shan.

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

² Office for the Coordination of Humanitarian Affairs, Humanitarian Needs and Response Plan Myanmar, Humanitarian Programme Cycle 2024, OCHA, December 2023.

In Kachin state, intense gunfire, artillery shelling and aerial attacks have been reported in Bhamo, Mansi, Sumprabum townships since 3 March. Consequently, 27 civilians, including 6 children, were allegedly killed and 7 people including a child, were injured.³ More than 18,000 people have been displaced in 10 townships since the Kachin Independence Army (KIA) launched a new offensive on 7 March⁴. Roads from Myitkyina-Bhamo and Myitkyina-Sumprabum remain blocked and hindering access to the displaced people for humanitarian aid. Electricity was cut off in Bhamo, Mansi and Sumprabum townships due to the destruction of power lines during the fighting. Mobile communication and internet services remain severely limited in Mansi and Sumprabum townships. Roadblocks and restrictions on telecommunications hamper the further assessment of emerging needs to inform humanitarian responses.

In Rakhine State, fighting intensified in March with artillery fire and deadly aerial bombardment, particularly in Kyaukpyu, Maungdaw, Ponnagyun, Ramree and Rathedaung townships, 15 townships have been affected out of 17 townships. Artillery shelling incidents impacted civilian areas in Sittwe, killing a total of at least 29 civilians and injuring 42 others, while also damaging buildings, including a school⁵. Waterways and road closures are causing shortages of food and other commodities, as well as a rise in the prices of essential goods. Refusal of travel authorisations have impeded accessing to affected communities for the provision of humanitarian assistance and poor internet and telephone network connectivity also hampers the gathering of information on the needs of the displaced population. More than 157,000 people are estimated to have been displaced in Rakhine and Paletwa in Chin since the ceasefire failed and most townships have travel restrictions. Most health services facilities are badly affected with very limited numbers of health workers and health supplies are running out. The displacements and restrictions are also affecting learning facilities. Landmines are a major issue across Rakhine state with communities, including children, being injured by landmines with regular incidents.

In the northwest, clashes in Kale township resulted in civilian casualties, the destruction of houses and people's displacement. Approximately 28,000 people from Kale town fled to safer locations⁶, about 25,000 people from Monywa and more than 6,400 people have been displaced in Katha district. Reportedly, there are civilian casualties in, or surrounding, Kale town due to continuous clashes. As fighting intensified there, all major roads in and out of the town were blocked, as well as the road to Chin state, with the price of goods rising by between three to five times. Reportedly, landmines have been planted; some close to civilian areas. Those people remaining in Kale are in serious danger from shelling and airstrikes, as well as landmines. Some 7,000 people were reported as newly displaced as of 19 March and this number is expected to increase. In Sagaing, intensifying clashes in Kani Township have displaced more than 12,000 people since 1 March. The conflict reportedly killed more than 30 civilians, injured many more, and damaged or destroyed more than 500 houses in Chin, Magway, Sagaing, and Mandalay between 7 and 17 March⁷.

Summary Analysis of Programme Response

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, 39,815 people (15,638 males, 24,177 females) received primary health care services in UNICEF target areas (Rakhine, Kachin, Shan, Kayah, Chin and Sagaing). UNICEF provided partners with first aid kits and inter-agency emergency health kits and essential medicines such as oral rehydration solutions, zinc and amoxicillin, to provide care for affected populations, especially children and women. UNICEF also distributed 800 family newborn kits to support essential care for newborns, and personal protective equipment for health care providers.

UNICEF, together with the World Health Organization (WHO), reinforces the national programme to implement catch-up vaccinations against severe childhood diseases for about one million unvaccinated and under-vaccinated children under-five who have not been reached in the last five years. As part of its preparedness strategy, UNICEF ensures the effective and timely allocation of required vaccines supporting the procurement of vaccines and maintenance of cold chain equipment for routine immunization and will also support for the upcoming catch-up vaccination campaign and special immunization activities. The catch-up vaccination campaign has been starting from first week of April 2024.

³ UNICEF field office data

⁴ United Nations Office for the Coordination of Humanitarian Affairs, [Myanmar Humanitarian Update No. 37 | 5 April 2024 - Myanmar | ReliefWeb](#)

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

Nutrition

During the reporting period, UNICEF and its partners screened 13,571 children aged 6–59 months (6,886 boys, 6,685 girls) for acute malnutrition. Among them, 613 children, of which 76 severe acute malnutrition (SAM) and 537 with moderate acute malnutrition (MAM) were identified and referred to treatment services. UNICEF also provided therapeutic services for a total of 128 children with SAM (61 boys, 67 girls) as of February 2024. A total of 204 pregnant and lactating women received multiple micronutrient tablets and 5,002 children aged 6–59 months received vitamin A and multiple micronutrient powders for the prevention and treatment of multiple micronutrient deficiencies, including anaemia. Additionally, across Myanmar, 4,687 primary carers (888 males, 3,799 females) of children under the age of two years were offered infant and young child feeding (IYCF) counselling to promote optimal child feeding practices.

Micronutrient supplements were provided by UNICEF for 25,000 pregnant and lactating women in Yangon, Mandalay, Bago and Ayeyarwady. Challenges persist in terms of operational and travel access, as well as the transportation of nutrition supplies to conflict-affected communities.

Nutrition Cluster

Heightened conflicts have limited humanitarian access to project areas and caused shortages of supplies, hampering the delivery of nutrition services to displaced populations, stateless individuals, returnees, and other vulnerable groups. Nevertheless, the Nutrition Cluster remains committed to providing life-saving services and is collaborating with cluster members to prevent the worsening of acute malnutrition.

As of February 2024, the cluster has extended nutrition assistance to a total of 77,120 vulnerable individuals (13 per cent out of the targeted population). Specifically, treatment services were administered to 151 children with SAM (including 128 SAM reached by UNICEF) and to 937 children with MAM. Where there were limited supplies of stock and challenges to transportation, cluster members implemented cash-based approaches and focused on preventive response strategies, reaching 77,057 (13 per cent of the 2024 target of the Humanitarian Needs and Response Plan). Activities included malnutrition screening, blanket supplementary feeding programmes, IYCF counselling and the distribution of multiple micronutrient powders and tablets.

Child Protection

Despite escalating challenges including movement restrictions, and ongoing population displacement, UNICEF and partners continued to provide life-saving child protection services, reaching 595,790 people. Community-based structured mental health and psychosocial support (MHPSS), particularly psychosocial first aid delivered through child and women-friendly spaces, benefited 7,693 people of whom 51 per cent were children and adolescents. Awareness-raising activities through social media and other online platforms to promote psychosocial well-being and psychosocial first aid reached 579,187 people (1,953 boys, 3,044 girls, 230,818 men, 343,372 women).

A total of 4,083 people (797 boys, 971 girls, 2,315 women) benefited from gender-based violence (GBV) prevention and response interventions while 473 people (62 boys, 85 girls, 84 men, 242 women) used safe and accessible channels to report sexual exploitation and abuse. In the reporting period, 1,169 child protection kits were distributed to internally displaced children nationally. Some 98 children (40 boys, 58 girls) received individual case management services while 276 clients, including 148 children (110 boys, 38 girls) and 128 young people (109 males, 19 females) were provided with legal assistance in Yangon (37.3 per cent), Sagaing (28 per cent), Rakhine (10 per cent), Ayeyarwady (10 per cent), Magway (3 per cent) and Bago (4.3 per cent). Explosive Ordnance Risk Education (EORE) awareness was delivered to 20,534 people.

Some 635 community members, youths, caregivers, local groups, and project staff, (15 youth boys, 33 youth girls, 188 men and 399 women) benefited from training on MHPSS, GBV, mobile child friendly spaces, community-based child protection and care for child survivors etc.

Child Protection Area of Responsibilities (CP AoR)

During the reporting period, the CP AoR focused on improving child protection programming for its partners. This includes a tip sheet on Child Friendly Accountability to Affected Populations/ Complaints and Feedback mechanisms in English and Burmese.⁸ This tip sheet will support all cluster members working with children to ensure the voices of children are heard and that programmes are adjusted accordingly.

⁸ [Myanmar Child Protection AoR, Tip Sheet of Complaint and Feedback Mechanisms for Child-Friendly](http://www.myanmarchildprotection.com/myanmar-cp-resources), accessed 28 March 2024.

The CP AoR has also been working with other clusters through the Inter-Cluster-Coordination Group to establish and implement the Localization Dashboard⁹ to monitor progress towards localization across other clusters' response. The CP AoR has been liaising with the Protection Cluster, GBV and Mine Action AoRs, to support them on the mainstreaming of protection within their programming in 2024. Training to other cluster members on child protection mainstreaming will be delivered.

The CP AoR members continued to deliver life-saving child protection programming. In communities that humanitarian workers are having difficulty in reaching, members have focused on supporting communities to protect children in the absence of humanitarian actors' presence. AoR members were given guidance on community-level child protection in several locations, including Rakhine.

Furthermore, through close collaboration with the GBV AoR; [key conflict-related child protection messages](#)¹⁰ have been shared with GBV actors so that they can be more widely disseminated to communities and families. The CP AoR has also established a CP AoR Disability Steering Committee to support partners to ensure their child protection programming is disability inclusive.

Mine Action Area of Responsibilities (MA AoR)

EORE delivery and victim assistance continued in accessible areas. The MA AoR convened a one-day, strategic planning session for improvements across all mine action pillars, laying the groundwork for more sessions in April with broader sector involvement.

Collaboration between the MA AoR, Myanmar Humanitarian Fund (MHF), and Technical Advisory Group (TAG) Disability has resulted in a special allocation of funds to support EORE and disability inclusion. Following extensive consultations with MHF partners, a call has been launched to address gaps in EORE coverage, improve EORE quality across MHF partners and the provision of EORE to aid workers. The MA AoR is engaged in multisector needs assessment (MSNA) to develop a comprehensive questionnaire and identify the latest needs in relation to mine action response. It is also working on integrating advocacy messages into EORE sessions, recognizing their pivotal role in raising awareness.

Discussions on referral pathways continued and are leading to initiate work at the subnational level. The referral form and guide can be used by any service provider for example, a doctor can refer a child to a child friendly space or a nutrition feeding programme, or a case manager can refer a client for physical rehabilitation. It can also be used by persons who are providing psychological first aid, depending on the person's role/responsibilities, after a distressing event. In relation to it, MA AoR is looking into mapping referrals to support survivors of landmines. Progress in this area has already been made by MA AoR in southeast, which will continue its endeavours, with coordinators from both national and subnational level also collaborating with TAG Disability to pilot this initiative. Upon successful implementation, expansion to other states and regions will be considered.

Education

UNICEF and its partners supported access to formal and non-formal education including early learning for 67,661 internally displaced children (34,451 girls) by providing teaching and learning materials, basic literacy and numeracy, social and emotional learning and psychosocial support, as well as life skills-based education for out-of- school children. UNICEF and its partners also provided individual learning materials including essential learning package kits for 13,239 children (6,896 girls). Moreover, 557 (451 women) volunteer teachers/educators/facilitators were trained and incentivized with stipends. Some 608 temporary learning spaces were established or maintained.

The conflict has negatively impacted education in several areas and some children lost their chances to take their final exams for the academic year. In these situations, the immediate establishment of safe learning spaces and the provision of learning materials, educational supplies and trained facilitators are needed. Through partners and relevant stakeholders, including parents, UNICEF continues to provide education assistance to promote children's learning continuity.

⁹ Myanmar Child Protection, 'Child Protection AoR Localization Dashboard – Myanmar', <www.myanmarchildprotection.com/localization-wg>, accessed 28 March 2024.

¹⁰ Myanmar Child Protection AoR, 'Resources', <www.myanmarchildprotection.com>, accessed 28 March 2024.

Education Cluster

The reporting period coincided with the university entrance examinations for the 2023/2024 academic year. Some 146,509 students registered for the exams in 841 test centres across the country,¹¹ but 35,584 candidates nationwide (24 per cent) could not take their final exams due to conflict-related obstacles such as fighting, roadblocks, and economic difficulties.

Rakhine region features the highest percentage of candidates that missed their examination (54 per cent) and only 8,534 out of the 18,602 registered candidates sat for their exams. In Kachin state, some townships were inaccessible to set up the exam centres because of the security concerns, and many students missed exams because they could not afford the additional travel costs to other centres.

Test administrators in some townships in Kayah state, where fighting is intense, also could not open exam centres. In Chin state, more than 1,300 registered students did not take the exam. This year saw an 85 per cent drop in the number of people taking their exams, compared to 2019/2020, with nearly one million candidates took exams. This trend underscores major challenges in educational access and continuity, forecasting a grim future for many young people facing protection risks and losing opportunities for a more dignified life.

The Education Cluster demonstrated to the members of Northwest Cash Working Group on the practical ways of integrating the cash voucher assistance component in its programming; using the teacher incentives comprised in the cluster quality standards. Staff from all national and subnational partner organizations attended a five-day training on Education in Emergencies-Gender Kit led by Education Cannot Wait Multi-Year Resilience Programme (ECW MYRP) agents.

WASH

UNICEF and its partners have reached 39,672 affected people (8,745 boys, 10,009 girls, 10,259 men, 10,659 women) with safe water for drinking and domestic use since the beginning of the year. This includes an additional 2,075 people (337 boys, 329 girls, 659 men and 750 women) reached in March 2024, through the rehabilitation of existing water systems in host communities, and the installation of new water supply networks in camps for internally displaced persons. Some 3,049 people (479 boys, 478 girls, 990 men, 1,102 women) in Kachin and Mon received access to gender-segregated semi-permanent latrines as well as awareness sessions on good hygiene practices and environmental cleanliness. Life-saving WASH supplies, such as soap for handwashing and sanitary pads to support menstrual hygiene, were distributed to internally displaced families in Rakhine and Shan, reaching 11,379 (1,847 boys, 1,806 girls, 3612 men, 4,114 women) people.

A range of WASH solutions and technologies like water pond improvements to increase capacity and volume, the installation of portable desalination units, and the installation of rainwater harvesting tanks, are being put together to continue the provision of safe drinking water to protracted camps in Rakhine, as part of the efforts to mitigate water scarcity, despite continuing conflict and access issues.

In Yangon, local partnerships are being strengthened to continue providing safe drinking water to peri-urban settlements through improving the provision of the water kiosk service, and by establishing new kiosks in communities that face high rates of water-borne illnesses. Additionally, pregnant women, lactating mothers, and caregivers will be targeted with key WASH behaviour-change initiatives, including critical WASH supplies, to empower families with information and supplies, to create a healthier living environment which will contribute to the overall well-being of mothers and young children, with an estimated 4,000 people to be reached over the next 6 months.

WASH Cluster

The WASH Cluster, with its partners, has concluded the cluster coordination performance monitoring final report, presenting recommendations and plans. This report has been communicated to the global WASH Cluster to identify areas requiring immediate support.

However, WASH Cluster partners have received less than 5 per cent of the requested funds for 2024 and this shortfall threatens the collapse of essential WASH services in numerous protracted camps and newly established displacement sites.

¹¹ Global New Light of Myanmar, '128,725 students take English on 2nd day of 2024 matric exam', 13 March 2024.

Additionally, the WASH Cluster finalized an advocacy note addressing water scarcity in Rakhine. This note has been disseminated to key stakeholders including the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), donors and cluster members. The note emphasizes the urgent need for WASH interventions in Rakhine and highlights the necessity of securing safe passage for humanitarian actors. Immediate attention and support are critical to address these pressing challenges and to ensure the provision of life-saving WASH services to vulnerable populations.

Social Protection and Cash-based Programming

The disability assistance programme is comprised of disability screening and registration, cash transfer programming and linkages to services and assistive devices. During March, disability screening was carried out for 3,654 children and adults in conflict-affected, hard-to-reach and humanitarian-priority areas.

Under the maternal child cash transfers (MCCT) programme; complementary sessions for groups and individuals on social and behavioural change reached 1,401 participants. To commemorate World Water Day on 22 March, the key message focused on the importance of handwashing. A total of 759 pregnant women and children aged under two years were registered in INFORM, the UNICEF self-service data-collection platform, for the MCCT programme. The verification process was conducted by partner staff and 569 pregnant women successfully enrolled as programme participants in the next disbursement list. The next disbursement will roll out at the end of March to a total of 7,000 programme participants (3,266 boys, 3,139 girls, 595 pregnant women).

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

Some 10,394 community members (6,087 males, 4,307 females) were reached with key messages on maternal and child health (MCH), nutrition, immunization, WASH and COVID-19 in 42 townships in 10 states and regions.

Through the 'Knowledge Talk' Viber channel and 'Healtppy' Facebook page, 308,613 people were reached through 33 key messages on MCH, nutrition, routine immunization, WASH, education and MHPSS. Through the in-person promotion of the Viber channel in Kengtung Township, more than 400 new subscribers joined the 'Knowledge Talk' channel. Some 29,844 people have been reached with life-saving key messages in Kachin, Shan states and the southeast since the beginning of 2024.

Four batches of AAP in-person trainings were conducted for 117 staff from implementing partners and UNICEF, which was further cascaded, reaching 69 volunteers from 9 states and regions. Some 17 partner staff were provided with SBC training and 839 health workers were given interpersonal communication trainings. The workshop on risk communication and community engagement (RCCE) was held with 33 RCCE members. The way-forward action plan was developed for the RCCE Working Group to be well functioned and serve the country in pandemic and emergency situations. A satisfaction survey for the health and nutrition project in Magway and Sagaing regions has begun with 300 sample respondents to assess whether the programme meets the needs of the communities.

Humanitarian Leadership, Coordination and Strategy

UNICEF continues its national presence through seven field offices in Myanmar which prioritizes humanitarian assistance to 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 WASH Cluster, the Nutrition Cluster, the CP AoR, the MA AoR and its co-lead role of 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 RCCE Working Group and participates in the Humanitarian Access Working Group.

UNICEF's humanitarian strategy focuses on working with local civil society organizations, 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.

Human Interest Stories and External Media Stories

Resilience Amid Adversity

A story of how a dedicated teacher is inspiring children through reading
<https://www.unicef.org/myanmar/stories/resilience-amid-adversity>

Social Media

March 4 - Emergency Key Messages for Internally Displaced people
<https://bit.ly/4cnKKpV>

March 8 - International Women Day 2024
#IWD2024 #InvestInwomen #GenderEquality

Facebook/Instagram

Post #1 - <https://bit.ly/3TL8g9n>

Post #2 - <https://bit.ly/4afTfI8>

Post #3 - <https://bit.ly/3vfHmgn>

We did photo essays for IWD2024 interviewing four of our own female staff members! Check out below.

Photo Essay #1 - <https://bit.ly/3x9jziw>

Photo Essay #2 - <https://bit.ly/3x0hi9B>

Photo Essay #3 - <https://bit.ly/3x4yniE>

Photo Essay #4 - <https://bit.ly/3TEziPv>

Twitter

Tweet #1 - <https://x.com/UNICEFMyanmar/status/1765989402029998167?s=20>

Tweet #2 - <https://x.com/UNICEFMyanmar/status/1766084856445071822?s=20>

Tweet #3 - <https://x.com/UNICEFMyanmar/status/1766087975148872137?s=20>

Tweet #4 - <https://x.com/UNICEFMyanmar/status/1766116665501086003?s=20>

Next SitRep: May 2024

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

For further information,
contact:

Marcoluigi Corsi
Representative
Myanmar Country Office
Tel: (+95) 9765491680
Email: mcorsi@unicef.org

Julia Rees
Deputy Representative
Programmes
Myanmar Country Office
Tel : (+95)98 8376 8865
Email: jrees@unicef.org

Faika Farzana
Emergency Manager
Myanmar Country Office
Email: farzana@unicef.org

Annex A

Summary of Programme Results

Sector indicator disaggregation		UNICEF and IPs response			Cluster response		
		2024 targets	Total results	Change since report ▲ ▼ last	2024 targets	Total results	Change ▲ ▼
HEALTH							
# of children aged 6–59 months vaccinated against measles in UNICEF-supported areas	Boys	800 000	0	0			
	Girls		0				
# of children and women accessing primary health care in UNICEF-supported facilities	Men	350 000	36 318	▲ 39 815			
	Women		52 030				
NUTRITION							
# of children aged 6–59 months with SAM admitted for treatment	Boys	10 900	101	▲ 128	17,897		
	Girls		122				
# of primary caregivers of children aged 0–23 months receiving IYCF counselling	Men	316 000	1 003	▲ 4 687	140,764		
	Women		6 246				
# of children aged 6–59 months receiving micronutrient powder	Boys	293 000	1 069	▲ 1 938	474,489		
	Girls		1 035				
# of children 6–59 months receiving vitamin A supplementation	Boys	1 014 000	1 904	▲ 3 064			
	Girls		2 109				
# of children screened for wasting	Boys	418 000	11 622	▲ 13 571	474,489		
	Girls		11 347				
# of pregnant and lactating women receiving micronutrient supplementation		316 000	221	▲ 204	140,764		
CHILD PROTECTION							
# of children and parents/caregivers accessing MHPSS	Boys	3 392 000	6 075	▲ 579 187	1 140 000		
	Girls		8 032				
	Men		552 821				
	Women		947 363				
# of women, girls and boys accessing GBV risk mitigation, prevention and/or response interventions	Boys	831 000	1 775	▲ 4 083			
	Girls		2 480				
	Men		0				
	Women		2 925				
# of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Boys	1 654 464	82	▲ 473			
	Girls		125				
	Men		373				
	Women		626				
# of children who received individual case management	Boys	25 000	153	▲ 98	10 000		
	Girls		119				
# children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions	Boys	940 000	4 153	▲ 11 949			
	Girls		4 695				
	Men		4 568				
	Women		7 118				
EDUCATION							
# of children accessing formal and non-formal education, including early learning	Boys	890 360	75 527	▲ 67 661	1 335 945		
	Girls		77 389				
# of children receiving individual learning materials	Boys	450 000	12 397	▲ 13 239			
	Girls		13 067				

# of educators supported with training and/or incentives	Male	21 864	258	▲ 557			
	Female		1 125				
# of temporary learning centres rehabilitated	centres	600	623	▲ 608			
WATER, SANITATION AND HYGIENE PROMOTION							
# of people accessing sufficient quantity of safe water for drinking and domestic needs	Boys	390 000	10 511	▲ 2 075	1 107 739		
	Girls		10 135				
	Men		10 163				
	Women		8 863				
	PWDs		220				
# of people using safe and appropriate sanitation facilities	Boys	300 000	3 178	▲ 3 049	1 006 597		
	Girls		3 235				
	Men		2 609				
	Women		2 487				
	PWDs		51				
# of people reached with handwashing behaviour-change programmes	Boys	300 000	3 462	▲ 2 550	1 671 533		
	Girls		3 085				
	Men		1 654				
	Women		1 489				
	PWDs		64				
# of people accessing functional handwashing facilities with soap	Boys	300 000		0			
	Girls						
	Men						
	Women						
	PWDs						
# of people reached with critical WASH supplies	Boys	850 000	5 845	▲ 1 1 379	1 671 533		
	Girls		5 672				
	Men		7 531				
	Women		6 295				
	PWDs		166				
SOCIAL POLICY							
# of households reached with UNICEF-funded humanitarian cash transfers		90 000	15 855	0			
# of children and adolescents with disabilities reached with assistive technology and interventions to address disability-related need		18 600		0			
Cross-sectoral (HCT, SBC, RCCE and AAP)							
# of people reached through messaging on prevention and access to services		3 000 000	606 064	▲ 308 613			
# of people sharing their concerns and asking questions through established feedback mechanisms	Men	359 529	2 472	0			
	Women		4 688				
# people participating in engagement actions for social behaviour-change	Men	150 000	6 087	▲ 40 238			
	Women		4 307				

* All the results data are as of end of February 2024.

*Cluster results data to be reported quarterly.

* The Cluster target for MHPSS only includes the number of people reached through interpersonal support; whereas UNICEF reports on the number of people reached by both interpersonal support and online engagement.

*PWDs: People with disabilities.

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	1 935 652	1 527 886	13 286 462	79%
Nutrition	18 010 388	937 549	1 049 350	16 023 489	89%
WASH	33 115 892	1 415 490	3 382 312	28 318 090	86%
Child Protection, GBViE and PSEA	55 871 200	1 560 708	1 121 458	53 189 034	95%
Education	35 880 000	2 380 854	3 558 964	29 940 182	83%
Social protection	8 195 000	9 696	399 148	7 786 156	95%
Cross-sectoral (HCT, SBC, RCCE and AAP)	29 242 348	26 483	270 710	28 945 155	99%
Cluster and field coordination	11 221 000	1 600 828	1 885 289	7 734 883	69%
Total	208 285 828	9 867 260	13 195 117	185 223 451	89%