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Reporting Period: 1 July to 31 August 2024

Myanmar Country Office

Humanitarian Situation Report No. 7

for every child

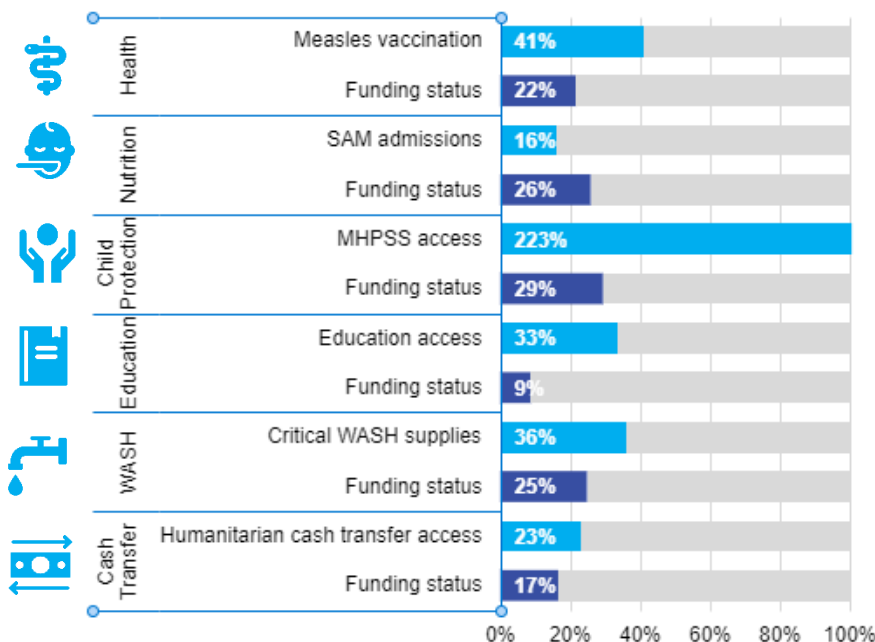
Highlights

- More than 3.3 million people have been internally displaced and are in need of life-saving assistance, with children needing profound protection amid grave violations.
- UNICEF helped conduct first-stage vaccinations against measles-rubella for more than 300,000 children aged under one year, and supported access to formal and non-formal education, including early learning, for more than 56,000 children.
- In response to the increase of acute watery diarrhea cases reported across the country, UNICEF has ramped up support in Yangon, Rakhine, and other regions on WASH, Health and Risk Communication and Community Engagement through supplies and capacity building activities with the objective of containing the outbreak. Preparations for an Oral Cholera Vaccine campaign are underway.
- The severe funding gap against the Humanitarian Action for Children (HAC) Appeal persists. Timely and sufficient funding is crucial to help children and their families who are suffering from the impacts of complex emergencies.

Situation in Numbers

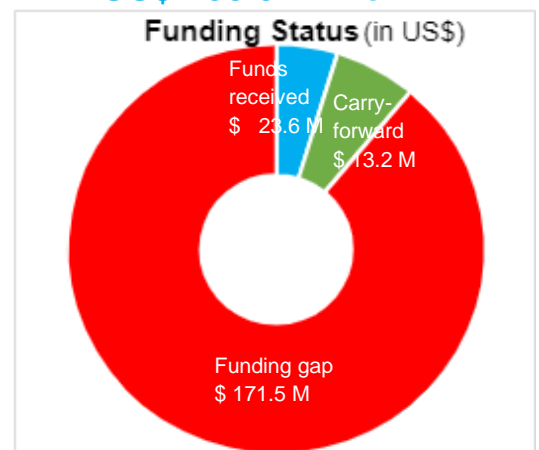
- 6,000,000** children in need of humanitarian assistance
- 18,600,000** people in need (HAC 2024)
- 3,056,500** Internally displaced people since 1 February 2021
- 68,600** People displaced to neighbouring countries since 1 February 2021 (UNHCR, 26 August 2024)
- 277,500** displacement before February 2021

UNICEF's Response and Funding Status



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, at the end of August 2024, UNICEF secured US\$ 36.8 million (18 per cent of its appealed funding), comprising US\$23.6 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 Hong Kong Committee for UNICEF, the United States Agency for International Development (USAID)'s Bureau for Humanitarian Assistance (BHA), the Government of Norway, the Education Cannot Wait Fund, the Central Emergency Response Fund (CERF), the Country-Based Pooled Fund (CBPF), and internal allocations from global humanitarian thematic funding. UNICEF also acknowledges the contributions in previous years by DFAT, 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 CBPF. UNICEF Myanmar also received an internal loan from the Emergency Programme Fund to support its 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. While digital modalities are enabling UNICEF and partners to reach populations through mental health and psychosocial support (MHPSS) for example, direct individual and group MHPSS is being implemented contingent on access and resource availability. 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) and it co-leads the Education Cluster. It is strengthening protection against sexual exploitation and abuse (PSEA) while promoting social behaviour-change and accountability to affected populations.

However, UNICEF capacity to deliver these services is severely limited by the funding gap of 83 per cent against the 2024 appeal. Without additional funding, targeted populations, especially children, will not be able to receive urgently 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

The situation in Myanmar continues to deteriorate as fighting escalates. More than 3.3 million people have been internally displaced, including more than 142,000 people displaced¹ since early July. Nearly 40 per cent of displaced people are children. Since February 2021, Sagaing region has suffered the highest displacement (more than 1.2 million people) followed by the southeast (Mon, Kayin, Tanintharyi, Kayah, southern Shan and Bago east) with more than 935,000 displaced people.

Grave violations have been increasing, including the destruction of property, indiscriminate attacks on civilians and extortion. Arbitrary detention, forced recruitment, early marriage and unsafe migration have been on the rise. The increased risk of forced recruitment and the use of child soldiers has been reported in several areas.² Incidents involving landmines and explosive ordnance are being reported across all states and regions.

Nationally, more than 4.5 million people need education support in 2024; the insufficient number of teachers has been an issue since 2021, and there is a massive need for education materials and resources to recruit, train and pay teachers, to keep learning classes functioning. The shortage of education infrastructure has increased and heightened the sense of insecurity, forcing more children to drop out.³

¹ United Nations High Commissioner for Refugees, 'Myanmar UNHCR displacement overview 26 August 2024', UNHCR.

² United Nations Office for the Coordination of Humanitarian Affairs, Myanmar Humanitarian Update No.40, UNOCHA, New York, 16 August 2024.

³ Ibid.

Seasonal flooding has exacerbated pre-existing vulnerabilities and impacted more than 393,000 people⁴ across several states and regions since the end of June. Flooding affected Kachin State in early July, affecting Sagaing region across the northwest around mid-July, before moving downstream to the southeast and Rakhine in the last week of July. Many townships were submerged, causing significant displacement and damage to infrastructure, agricultural land and livelihoods and closing schools.

There has been a significant increase in reports of people suffering from acute watery diarrhoea (AWD) across multiple townships since late June, and the Ministry of Health issued an official statement confirming the presence of cholera in the Yangon Region on 7 July. According to the World Health Organization (WHO), as of 25 August 2024, there has been a total of 3,421 hospitalized cases of AWD in the Yangon Region since June 24, 2024, including 160 cases with severe dehydration. Since week 31 (starting on 28 July 2024), more than 400 hospitalized AWD cases have been reported every week. A total of 464 hospitalized AWD cases was reported in the week 34 (19 to 25 August 2024). No new cases of severe dehydration were reported after 4 August 2024.⁵ A surge in AWD cases in Rakhine State, including those involving severe dehydration, has been observed since late July. According to WHO, cholera has also been confirmed in some of the Rakhine AWD cases. From 18 to 24 August (week 34), a total of 364 new AWD cases were reported, including 22 AWD cases with severe dehydration.⁶

In northern Shan state, the Myanmar National Democratic Alliance Army and allied forces took full control of the northeastern command in Lashio from the Myanmar Armed Forces (MAF), following intense fighting in early July and August. Multiple heavy artillery attacks and airstrikes were reported, resulting in civilian casualties, causing thousands of people to flee and the destruction of numerous civilian properties and infrastructures. The Ta'ang National Liberation Army (TNLA) took control of Kyaukme and Mongmit townships. Fighting between the MAF and TNLA continues in Hsipaw and Mongmit townships for control of the territory. An estimated 33,000 people have been displaced from Hsipaw, Kyaukme, Lashio and Nawngkhio townships primarily to southern and eastern Shan, and to the Mandalay region since late June.⁷

In the Mandalay region, the fighting has been intensifying between MAF and various armed groups, especially in Madaya, Mogoke, Patheingyi, Pyinoolwin, Singu and Thabeikkyin townships with artillery shelling and airstrikes also affecting urban areas. Thousands of people from Madaya, Mogoke and Singu townships have reportedly fled to safer locations, while many people have been stuck in conflict areas due to roadblocks. On 4 August, 15 civilians including 2 children died and 19 suffered serious injuries after airstrikes on two villages in Singu Township.⁸ Armed clashes have also intensified in Myingyan, Natogyi and Taungtha townships in mid-August. An estimated 83,000 people have been reportedly displaced in 10 townships in the Mandalay region since late June.

The escalation in the conflict has worsened conditions across Rakhine State. Many communities left their homes and moved to safer locations. People in northern Rakhine are in urgent need of protection and support, while their access to critical services and assistance remains extremely challenging. As the conflict escalates in northern Rakhine, civilians, especially children and families, are being targeted or caught in the crossfire, resulting in casualties and severe injuries.⁹ The ongoing conflict in Rakhine has displaced an estimated 343,000 people since November 2023, with the total displacement in Rakhine reaching more than 524,000 people.¹⁰ The intense fighting between the MAF and Arakan Army has continued in several townships in the south and in Maungdaw township in northern Rakhine causing people to flee their homes. The situation in Maungdaw is rapidly deteriorating with intense fighting, aerial bombardment and shelling in the downtown area. On 5 August, artillery shelling and drone attacks were reported to have killed approximately 180 people, including women and children, near the bank of the Naf River, which marks the border between southeastern Bangladesh and northwestern Myanmar. An estimated 20,000 people were reportedly displaced¹¹ from three downtown

⁴ United Nations Office for the Coordination of Humanitarian Affairs, Myanmar Flood Update, as of 13 August 2024, UNOCHA, New York.

⁵ World Health Organization, 'Myanmar Acute Watery Diarrhea/Cholera Outbreak External Situation Report', 3rd edition (2024), WHO Regional Office for South-East Asia, 11 September 2024.

⁶ World Health Organization, 'Myanmar Acute Watery Diarrhea/Cholera Outbreak External Situation Report', 2nd edition (2024), WHO Regional Office for South-East Asia, 28 August 2024.

⁷ Myanmar Humanitarian Update No.40.

⁸ Ibid.

⁹ United Nations Children's Fund, 'Distressing reports of civilian casualties as conflict escalates in Rakhine State, Myanmar', UNICEF Statement, 9 August 2024 <https://www.unicef.org/myanmar/press-releases/distressing-reports-civilian-casualties-conflict-escalates-rakhine-state-myanmar>.

¹⁰ Myanmar UNHCR displacement overview.

¹¹ United Nations Children's Fund, 'Seven years after forced mass displacement of Rohingya from Myanmar, deadly attacks on children continue in Rakhine State', UNICEF Press release, New York, 24 August 2024, <<https://reliefweb.int/report/myanmar/seven-years-after-forced-mass-displacement-rohingya-myanmar-deadly-attacks-children-continue-rakhine-state-enar>>.

Maungdaw wards. On 6 and 19 August, boats carrying dozens of people – including women and children – sank in the Naf River, with children among the casualties.¹²

The Rohingya population, who fled attacks and violence seven years ago in 2017, joined refugees already in Bangladesh from previous waves of displacement.¹³ Bangladesh continues to host 994,124 Rohingya refugees from Myanmar, 52 per cent of them are children.¹⁴

Summary Analysis of Programme Response¹⁵

WASH

The intensification of the conflict, increasing displacements, continuing floods and AWD, continue to compound the acute WASH needs across the country. UNICEF and its partners continued to provide life-saving WASH services to conflict-affected populations. During the reporting period, UNICEF provided clean drinking water to 323,731 people (52,542 boys, 51,376 girls, 102,752 men, and 117,061 women) affected by conflict, floods and the AWD outbreak in Yangon and Rakhine. As part of an integrated package of services, water purification chemicals were provided to disinfect household drinking water and mass chlorination as a preventive and containment measure in AWD hotspots and potential risk areas. Social and behaviour change (SBC) interventions promoted the adoption of improved hygiene behaviours. Additionally, 18,039 people (2,928 boys, 2,863 girls, 5,725 men, 6,523 women) were supported with access to sanitation services, while 79,137 people (12,844 boys, 12,559 girls, 25,118 men, 28,616 women) received critical WASH supplies. Some 5,610 people (911 boys, 890 girls, 1,780 men, 2,029 women) received WASH behaviour-change awareness interventions.

With flooding and heavy rainfall expected through October 2024, the risk of AWD-related illnesses in affected areas is expected to increase. UNICEF has continued its support in Rakhine and Chin states by providing essential supplies, renovating water systems and sanitation facilities to address AWD outbreaks. UNICEF is also, as a preventive measure, strengthening rapid response mechanisms to address potential AWD cases.

WASH Cluster

The WASH and Health Clusters have initiated a collaborative response to the AWD situation in Yangon. An integrated response plan is being developed, with region-specific strategies to follow in preparation for any eventualities. This effort will be driven by a technical working group formed by the WASH Cluster, in partnership with the Health Cluster, with input from other clusters to ensure a comprehensive approach.

In response to the increased AWD cases in Rakhine, cluster partners have implemented containment activities at household, community and hospital levels. Strong coordination between WASH and the Health Cluster's partners is being emphasized at the camp and village levels to ensure a focused response. To further strengthen the response, the Global WASH Cluster, which is supporting the Myanmar AWD response, conducted training for partners in Rakhine on AWD management.

Health

During the reporting period, UNICEF and its partners continued to deliver humanitarian aid, including to new areas of displacement. Primary health care services for a total of 68,973 people (28,137 male, 40,836 female) were provided, covering essential care for pregnant women, newborns and sick children, as well as emergency referrals and essential supplies. UNICEF provided 60,000 oral rehydration salts sachets and 250,000 zinc tablets to support an estimated 15,000 people. Additional AWD kits are being procured, and steps are being taken to distribute these as part of the response to acute watery diarrhoea.

UNICEF has continued to help strengthen the national routine immunization programme, resulting in more than 300,000 children aged under one year receiving first doses of the measles-rubella vaccine as of July 2024. Moreover, UNICEF has stepped up its assistance for the third round of the catch-up immunization programme in Yangon, Mandalay and

¹² Ibid.

¹³ 'Seven years after forced mass displacement of Rohingya'

¹⁴ [Document - Joint Government of Bangladesh - UNHCR Population Factsheet as of August 2024](#)

¹⁵The results are as at end of July 2024.

Naypyitaw in August 2024. Peri-urban areas have been prioritized because they are home to large numbers of zero-dose or unvaccinated children and remain accessible to vaccination teams. In response to the AWD/cholera outbreak in Myanmar, UNICEF is supporting the rollout of the Reactive Oral Cholera Vaccination programme in September 2024, in collaboration with WHO and various levels of health authorities.

Nutrition

In the last quarter, UNICEF and its partners reached 3,954 children aged 6–59 months (1,890 boys, 2,064 girls) with preventive nutrition services, such as multiple micronutrient powders and vitamin A supplementation. About 1,661 primary caregivers (146 men and 1,515 women) of children aged under two years, were supported with infant and young child feeding (IYCF) counselling services for optimal breast feeding and child feeding practices. Some 11,655 children aged 6–59 months (5,899 boys, 5,756 girls) were screened for acute malnutrition, with 231 found to have severe acute malnutrition (SAM), and 765 moderate acute malnutrition (MAM). UNICEF provided life-saving SAM treatment services for 382 children (145 boys, 237 girls). There have been fewer cases reported in the current reporting period, due to communication challenges in the conflict-affected areas.

Nutrition Cluster

The Nutrition Cluster has reached 214,270 people with curative and preventive humanitarian assistance. Reporting has also been affected due to connectivity challenges. Fewer children were treated, compared with the same reporting period in 2023, however, the cluster's achievements reached 35 per cent of the target. Among these, 1,629 children with SAM (9.1 per cent of the 17,897 target) have been treated and 4,677 children with MAM (7.1 per cent of the 66,428 target) have been treated. Preventive services reached 212,490 children under five years and pregnant and lactating women out of the targeted 615,252 beneficiaries. Services included micronutrient treatment, micronutrient powders, a blanket supplementary feeding programme and IYCF counselling.

Child Protection

Life-saving child protection services reached 53,867 people (15,261 boys, 16,802 girls, 9,116 men, 12,688 women) in the reporting period despite continuing restrictions on movement, limited telecommunications and poor internet connectivity. Community-based structured mental health and psychosocial support (MHPSS) activities, particularly psychosocial first aid delivered through static and mobile child and women-friendly spaces, benefited 22,942 people (8,772 boys, 9,347 girls, 1,848 men, 2,975 women). Awareness-raising activities through social media to promote psychosocial well-being and psychosocial first aid also reached 2.9 million people, including caregivers (21.8 per cent of them young people). Orientation on storytelling for children by using flipbooks and other MHPSS resources was provided for 24 participants from 7 partners from Shan state.

A total of 3,806 people (974 boys, 1,319 girls, 1,513 women) benefited from gender-based violence (GBV) risk mitigation, prevention, and response intervention while 12,098 people (1,901 boys, 2,493 girls, 3,762 men and 3,942 women) had access to a safe channel to report sexual exploitation and abuse. 8,466 child protection kits were distributed to internally displaced children across the country. 385 children (261 boys and 124 girls) received individual case management services, with 14,636 people (3,353 boys, 3,519 girls, 3,506 men, 4,258 women) receiving explosive ordinance risk education, and 259 children (197 boys and 62 girls) and 303 young people (223 male and 80 female) receiving legal aid services.

Some 201 people benefited from capacity-building training for community members, young people, caregivers and partner staff. These trainings focused on MHPSS, GBV, case management, community-based child protection, parenting, adolescent facilitation and mine-risk education.

Child Protection Area of Responsibility (CP AoR)

The CP AoR has been supporting partners across Myanmar with quality child protection programme initiatives. It convened a four-day in-person Training of Trainers on Child Protection in Emergencies and Child Protection Minimum Standards for 20 participants from United Nations agencies, INGOs and local/national agencies, with representatives from different subnational regions. The training will be rolled out by participants before December 2024, reaching more

than 300 participants in total. Additionally, the CP AoR finalized the tip sheet on community-level child protection,¹⁶ in both Myanmar and English languages.

As floods have ravaged Myanmar, the CP AoR has re-circulated key child-protection messages for flood response,¹⁷ with a view to prevent families from being separated and to minimize dangers and injuries due to flooding, to subnational and national CP AoR members. In an effort to ensure gender and age-inclusive child protection training, CP AoR, with the support of UN Women, convened an online training on the Gender and Age Marker in August. To support monitoring of CP AoR responses against the Humanitarian Needs and Response Plan (HNRP), the CP AoR produced the Q2 HNRP response monitoring dashboard.¹⁸

Mine Action Area of Responsibility (MA AoR)

The Mine Action Area of Responsibility (MA AoR) has continued to respond to an unprecedented surge in explosive ordnance-related incidents across Myanmar, a direct consequence of the intensifying conflict. The escalating violence has exacerbated the proliferation of landmines and explosive ordnances (EO), creating an increasingly hazardous environment for civilians.

Monitoring of landmine and EO incidents nationally in the first six months of 2024 shows a total of 692 civilian casualties¹⁹ with 32 per cent of them children. Urgent and coordinated efforts are needed to address this growing threat and to mitigate the impact on affected communities. Despite significant challenges in accessing certain areas, due to the escalation in fighting, MA AoR partners have reached affected communities with life-saving Explosive Ordnance Risk Education messages and victim assistance services through mine action agencies and the broader humanitarian network.

Education

UNICEF and its partners supported access to formal and non-formal education, including early learning, for 56,469 children (28,676 girls). The children, including internally displaced children, were supported through providing teaching and learning materials, basic literacy and numeracy, socioemotional learning, and life skills-based education for out-of-school children, with some children receiving safe drinking water, hygiene and infectious disease prevention knowledge, and remedial education to catch up on lessons and to improve their learning. UNICEF and its partners also provided individual learning materials, including essential learning kits, to 34,018 children (17,111 girls). Moreover, 210 volunteer educators/facilitators (198 women) were trained and incentivized with stipends. The training sessions included teaching methods on basic learning subjects such as Myanmar language, maths and sciences. Some 62 temporary learning spaces were established or maintained. UNICEF and its partners also supported the functioning of education committees in target areas and their monitoring of the learning spaces.

In several areas where conflicts have been intensifying such as Rakhine, Chin, Magway, Sagaing, Shan, Kayah, Kayin, Tanintharyi, Bago East and Mandalay, children require safer learning spaces. Nationally, the need to access immediate education service delivery is increasing, including safe learning spaces, learning materials, educational supplies and trained facilitators. Through partners and relevant stakeholders, including parents, UNICEF continues to provide education assistance to promote learning continuity for conflict-affected children.

Education Cluster

An ad hoc northwest Education Cluster meeting was held to address the flood response, focused on conducting rapid needs assessment (RNA) and the allocation of resources in various townships in Magway and Sagaing. Some 5,000 essential learning package (ELP) kits and roofing sheets for the northwest emergency response was shared with partners, prioritizing displaced children and families. Additionally, the southeast Education Cluster participated in ad hoc

¹⁶ Myanmar Child Protection AoR, 'Community Level Child Protection (CLCP) tip sheet', [CLCP WG | Myanmar Child Protection Area of Responsibility](#), accessed 21 August 2024.

¹⁷ Myanmar Child Protection AoR, 'Protecting Children during Cyclones', [Myanmar CP Resources | Myanmar Child Protec \(myanmarchildprotection.com\)](#), accessed 21 August 2024.

¹⁸ Myanmar Child Protection AoR, 'HNRP Monitoring Dashboard', <www.myanmarchildprotection.com/hnrp-monitoring-dashboard>, accessed 21 August 2024.

¹⁹ United Nations Children's Fund, Myanmar Landmine/ERW Incidents Information, Factsheet (January-June 2024), <www.unicef.org/myanmar/reports/myanmar-landmineerw-incidents-information-31>.

flood response meetings led by OCHA, sharing essential resources such as the RNA link and the multi-sector initial rapid assessment (MIRA) form with Education Cluster partners.

Since late July, telecommunication blackouts in Kachin State have disrupted many activities by cluster partners. In response, the partners have adopted in-person meetings and adaptive modalities to ensure critical services remain accessible to affected children and communities.

Social Protection and Cash-based Programming

During July and August, UNICEF delivered social protection and humanitarian cash assistance to 30,995 households. This support included maternal and child cash transfers to address the basic needs of 8,500 pregnant women and children aged under two years, disability benefits for the parents and caregivers of 6,595 children with severe disabilities, and one-off emergency cash support for 15,900 displaced and conflict-affected families across various regions of the country.

In addition, UNICEF organized training sessions for mother support groups to introduce the Smart Start Curriculum, a family-centred toolkit designed to convey key messages related to nutrition, care and maternal and child development. During the reporting period, community mobilizers and mother support groups conducted 191 social and behavioural change group sessions, reaching a total of 3,081 cash transfer participants.

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

The AWD outbreak led to the development of joint Response Plan of Action with WHO on the Risk Communication and Community Engagement. Technical support was provided in the development of the plan for Yangon, targeting 43 townships with AWD cases. AWD messages disseminated through social media reached 184,992 people, including 11,685 online interactions on AWD preventive actions. In Rakhine and the northwest 46,420 people (mostly internally displaced) were reached by community volunteers. Partnership with FM Radio was established to broadcast AWD messages across 10 regions/states including 200 townships reaching about 1.2 million people. Upskilling on community engagement during disease outbreaks was provided for 37 staffs from 19 organizations. Community engagement, in 42 townships in 12 states/regions, reached about 96,332 community members (23,557 males and 72,775 females) with key messages on maternal and child health, nutrition, immunization, water, sanitation and hygiene and COVID vaccinations.

The dissemination of 55 messages through the 'Knowledge Talk' Viber Channel and Facebook received 1.5 million views, covering maternal newborn and child health, routine immunization, nutrition, water sanitation and hygiene, education, child protection, mental health and psychosocial support and mine-risk education. The online Breastfeeding Talk Show, as part of World Breastfeeding month, reached 1 million people, promoting early initiation and exclusive breastfeeding, support for working mothers and breastfeeding at least up to 2 years of age.

Two AAP assessments covering six townships of Bago East region were completed, with the participation of 467 community members. Findings have informed the improvement of community feedback through establishment of suggestion boxes; a hotline number and regular sessions will be held by volunteers and religious leaders. A total of 179 feedback messages, received on health and nutrition services, have been resolved by partners.

Humanitarian Leadership, Coordination and Strategy

UNICEF's humanitarian strategy for Myanmar is aligned with the inter-agency 2024 HNRP²⁰ and the 2024 HAC appeal.²¹ 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, in collaboration with the Myanmar Humanitarian Country Team, and through its cluster coordination role, contributing to the Humanitarian Programme Cycle HPC process and to the development of 2025 HNRP which serves as a guiding framework for humanitarian initiatives in Myanmar. The WASH,

²⁰ United Nations Office for the Coordination of Humanitarian Affairs, Myanmar Humanitarian Needs and Response Plan 2024, UNOCHA, New York, December 2023.

²¹ United Nations Children's Fund, 'Myanmar Appeal, Humanitarian Action for Children,' UNICEF, New York, December 2023.

Education, Nutrition Clusters, CP AOR and MA AOR have been actively participating in both national and subnational levels cluster discussions. The cluster team led specific HPC consultation workshops with the respective partners across all hubs. This inclusive approach ensured that the HNRP is more representative of local needs and priorities, enhancing its relevance and effectiveness.

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.

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>

Social Media

World Humanitarian Day (August 19)

<https://www.facebook.com/unicefmyanmar/posts/pfbid0DuPdXEVcqcYfK7q1KMwE56ZUQ7y9kgtQ6GW5MGa6fKCo6ToqJYmjfsfARfdvajUnl>

<https://x.com/UNICEFMyanmar/status/1825373089267605781>

World Breastfeeding Week (August 1-8)

<https://www.facebook.com/unicefmyanmar/posts/pfbid0yYSkqVs4aB4HHfwm1v7FUWbV3Uu7yvodnbS6YX1icd1qEMwuTYAjUFeVUTiH7hXtl>

<https://x.com/UNICEFMyanmar/status/1819267109710668264>

Flood Response for Myitkyina

<https://www.facebook.com/share/p/d2Uct3vygXju587y/>

<https://www.facebook.com/share/p/XeKNuVa3PiRL1FWWh/>

<https://x.com/UNICEFMyanmar/status/1813872049225625908>

Acute watery diarrhoea response

<https://www.facebook.com/unicefmyanmar/posts/pfbid028VX7sYUmGpoeNeDjL5iCYqSo7hmv8iKC3YDj6UZiWRSUrDiEEPmDVfMBmxd6XibSI>

Next SitRep: October 2024

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

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Annex A

Summary of Programme Results²²

Sector indicator disaggregation		UNICEF and IPs response			Cluster response					
		2024 targets	Total results	Change since last report ▲ ▼	2024 targets	Total results	Change ▲ ▼			
Health										
# of children aged 6–59 months vaccinated against measles in UNICEF-supported areas	Boys	800,000	156,609	▲ 45,005						
	Girls		169,660							
# of children and women accessing primary health care in UNICEF-supported facilities	Boys	350,000	71,819	▲ 68,973						
	Girls		72,523							
	Women		125,512							
Nutrition										
# of children aged 6–59 months with SAM admitted for treatment	Boys	10,900	788	▲ 382	17,897	597	▲ 991			
	Girls		969			689				
# of primary caregivers of children aged 0–23 months receiving IYCF counselling	Men	316,000	2,391	▲ 1,661	140,764	2,685	▲ 20,599			
	Women		24,068			35,790				
# of children aged 6–59 months receiving micronutrient powder	Boys	293,000	6,517	▲ 2,179	474,489	5,886	▲ 7,766			
	Girls		6,349			5,494				
# of children 6–59 months receiving vitamin A supplementation	Boys	1,014,000	5,574	▲ 1,775						
	Girls		5,662							
# of children screened for wasting	Boys	418,000	38,860	▲ 11,655				474,489	70,163	▲ 48,819
	Girls		38,826						68,886	
# of pregnant and lactating women receiving micronutrient supplementation	Women	316,000	23,583	▲ 274				140,764	25,756	▲ 24,953
Child Protection										
# of children and parents/caregivers accessing MHPSS ²³	Boys	3,392,000	36,149	▲ 247,773	1,140,000	31,891	▲ 56,322			
	Girls		41,967			36,609				
	Men		2,433,638			6,997				
	Women		5,055,682			15,462				
# of women, girls and boys accessing GBV risk mitigation, prevention and/or response interventions	Boys	831,000	7,882	▲ 3,806						
	Girls		9,945							
	Men		0							
	Women		14,303							
# of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Boys	1,654,464	11,114	▲ 12,098						
	Girls		14,602							
	Men		10,237							
	Women		19,125							
# of children who received individual case management	Boys	25,000	867	▲ 385	10,000	1,259	▲ 1,049			
	Girls		795			867				
	Boys	940,000	22,337	▲ 14,636		43,120	▲ 329,587			

²² All the results data are as at end of July 2024.

²³ 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 July, a total of more than 7.5 million people had been reached 7,466,888 through digital means and 100,548 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	Girls		25,330		2,046,062	48,535	
	Men		163,348			78,619	
	Women		65,206			211,460	
Education							
# of children accessing formal and non-formal education, including early learning	Boys	890,360	146,325	▲ 56,469	1,335,945	121,632	▲ 116,845
	Girls		151,600			128,867	
# of children receiving individual learning materials	Boys	450,000	51,924	▲ 34,018			
	Girls		53,451				
# of educators supported with training and/or incentives	Male	21,864	651	▲ 210			
	Female		2,730				
# of temporary learning centres rehabilitated	centres	600	924	▲ 62			
WASH							
# of people accessing sufficient quantity of safe water for drinking and domestic needs	Boys	390,000	79,031	▲ 323,731	1,107,739		▲ 174,565
	Girls		77,266				
	Men		154,565			187,377	
	Women		176,079			201,558	
	PWDs		11,680			60,759	
# of people using safe and appropriate sanitation facilities	Boys	300,000	14,760	▲ 18,039	1,006,597		▲ 172,810
	Girls		14,430				
	Men		28,866			173,639	
	Women		32,885			183,676	
	PWDs		2,181			50,626	
# of people reached with handwashing behaviour-change programmes	Boys	300,000	7,228	▲ 5,610	1,671,533		▲ 74,051
	Girls		7,066				
	Men		14,135			93,555	
	Women		16,102			101,724	
	PWDs		1,158			29,690	
# of people accessing functional handwashing facilities with soap	Boys	300,000	159	▲ 979			
	Girls		155				
	Men		310				
	Women		355				
	PWDs		34				
# of people reached with critical WASH supplies	Boys	850,000	50,019	▲ 79,137	1,671,533		▲ 317,032
	Girls		48,902				
	Men		97,824			255,019	
	Women		111,442			270,574	
	PWDs		8 017			72,745	
Social Protection							
# of households reached with UNICEF-funded humanitarian cash transfers		90,000	20,883	▲ 16,108			
# of children and adolescents with disabilities reached with assistive		18,600	2,205	▲ 2,205			

technology and interventions to address disability-related need					
Cross-sectoral (HCT, SBC, RCCE and AAP) ²⁴					
# of people reached through messaging on prevention and access to services		3,000,000	3,550,366	▲ 1,682,560	
# of people sharing their concerns and asking questions through established feedback mechanisms	Men	359,529	4,227	▲ 646	
	Women		7,641		
# of people participating in engagement actions for social and behaviour-change	Men	150,000	162,358	▲ 386,794	
	Women		224,727		

Annex B

Funding Status

Sector	Requirements	Humanitarian resources received in 2024	Funds available		Funding gap	
			Other resources used 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	3,604,217		1,049,350	13,356,821	74.2%
Child Protection, GBViE and PSEA	33,115,892	6,338,814		3,382,312	23,394,766	70.6%
Education	55,871,200	2,000,871	1,735,427	1,121,458	51,013,444	91.3%
WASH	35,880,000	5,337,300		3,558,856	26,983,844	75.2%
Social Protection	8,195,000	961,141	-	394,809	6,839,050	83.5%
Cross-sectoral (HCT, SBC, RCCE and AAP)	29,242,348	616,475	48,736	270,710	28,306,427	96.8%
Cluster and Field Coordination	11,221,000	854,518 ²⁵	18,093	1,885,289	8,463,100	75.4%
Total	208,285,828	21,825,611	1,802,257	13,190,670	171,467,290	82.3%

²⁴ *HCT: Humanitarian Cash Transfer; RCCE: Risk Communication and Community Engagement

²⁵ The figure is less than previous month due to the deduction of unallocated amount.