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Myanmar Country Office Humanitarian Situation Report No. 8

unicef for every child

Reporting Period: 1 September to 31 October 2024

Highlights

- Severe flooding affected an estimated 1 million people, including more than 300,000 children, in at least 70 townships of Myanmar - increasing the need to provide health, nutrition and WASH services, child protection services and ensure the continuity of children's education.
- UNICEF provided essential WASH supplies to 532,586 people affected by conflict, floods, and acute watery diarrhea, and 66,567 people received primary health care services in UNICEF-targeted areas.
- Despite growing humanitarian needs, significant funding gaps persist. UNICEF's appeal is only 23 per cent funded, and the recent severe flooding has strained our ability to deliver life-saving assistance and humanitarian aid to conflict- and flood-affected populations.

Situation in Numbers

6,000,000
children in need of humanitarian assistance

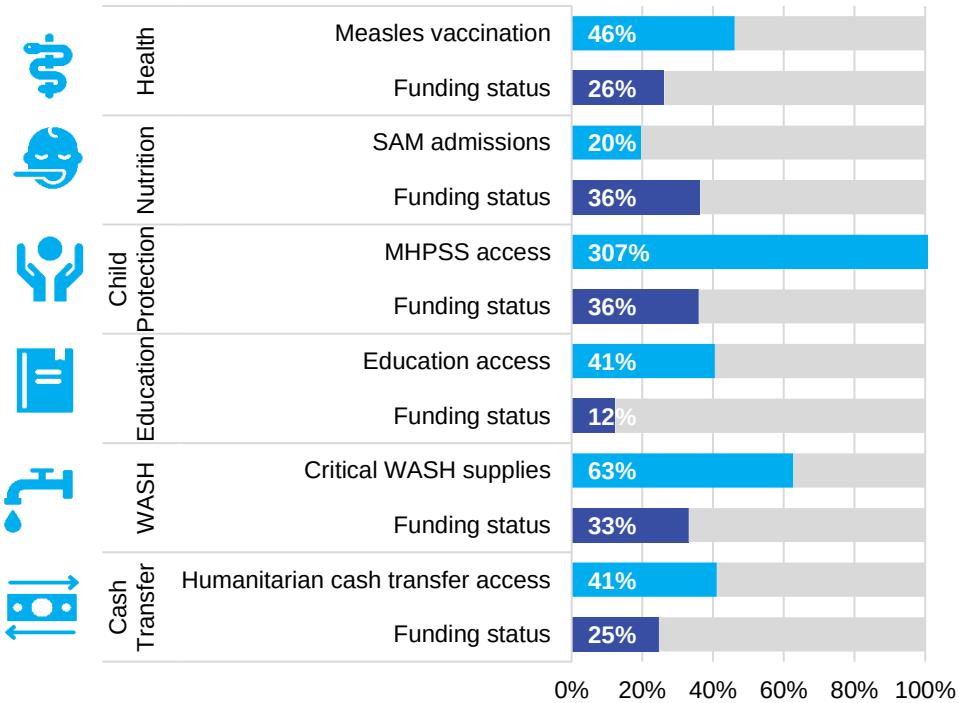
18,600,000
people in need (HAC 2024)

3,178,700
Internally displaced people since 1 February 2021

69,900
People displaced to neighbouring countries since 1 February 2021 (UNHCR, 28 October 2024)

277,500
displacement before February 2021

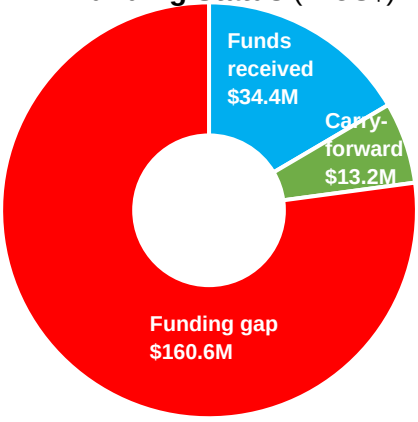
UNICEF's Response and Funding Status



UNICEF Appeal 2024

US$ 208.3 million

Funding Status (in US$)



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

Funding Overview & 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. By the end of October 2024, UNICEF secured $47.6 million (23 per cent of its appeal), comprising $34.4 million received for the current year and $13.2 million carried forward from 2023.

In 2024, UNICEF has received generous funding support from the Australian Department of Foreign Affairs and Trade (DFAT), the European Commission's Civil Protection and Humanitarian Aid Operations Department (DG ECHO), the Government of France, the Government of Japan, the Government of Norway, the Government of the Republic of Korea, the Royal Thai Government, the United States Agency for International Development (USAID)'s Bureau for Humanitarian Assistance (BHA), the Central Emergency Response Fund (CERF), the Country-Based Pooled Fund (CBPF), the Education Cannot Wait Fund, the Australian Committee for UNICEF, the Hong Kong Committee for UNICEF, and internal allocations from global humanitarian thematic funding. UNICEF also acknowledges the contributions in previous years by BHA, DFAT, DG ECHO, the Government of Canada, the Government of Japan, the Government of Norway, the Japan International Cooperation Agency (JICA), the Royal Thai Government, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), along with CERF and CBPF, the Czech Committee for UNICEF, the French Committee for UNICEF, as well as global humanitarian thematic funding. 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), delivering MHPSS directly to individuals and groups is contingent on physical access and the availability of resources. 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 also co-leads the Education Cluster. UNICEF is strengthening protection against sexual exploitation and abuse (PSEA) while promoting social behaviour-change and accountability to affected populations.

A severe funding shortfall of 77 per cent is significantly reducing the services UNICEF can provide. Without additional funding, vulnerable 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 humanitarian situation remains volatile, with continued intense fighting and armed clashes escalating across the country, particularly in Rakhine, northern Shan, Kayah, Sagaing and Chin; as of end of October, more than 3.4 million people are internally displaced.[1] Between 19 September and 1 October, multiple sources indicate that various forms of shelling led to the deaths of at least 38 civilians, with 58 more injured, in townships in Chin state, Magway, Mandalay and Sagaing regions in the northwest, and in eastern Bago and Kayin state in the southeast.[2] Numerous homes, schools, religious buildings and public assets were damaged or destroyed. Humanitarian aid continues despite operational challenges such as insecurity, access restrictions and unstable telecommunications. The recent widespread flooding has further exacerbated the scarcity of resources to deliver lifesaving assistance and has increased the need for more funding to provide immediate aid to people who have been affected by conflict and severe flooding.

In September, heavy rainfall, severe flooding, and landslides in the wake of Typhoon Yagi affected an estimated 1 million people. Many of these were already displaced by conflict and include more than 300,000 children in at least 70 townships.[3] The weather caused significant damage to homes, household assets and critical infrastructure, including health facilities, schools, water sources, major highways, bridges, and WASH infrastructure. Livelihoods have been destroyed, forcing many families to evacuate, and communication challenges persist due to flooded roads and downed electric lines. Numerous schools were forced to close or are being used as shelters, affecting the access to education for thousands of children. Child protection is a major concern, with risks such as family separation, psychological

[1] United Nations High Commissioner for Refugees, 'Myanmar UNHCR displacement overview 28 October 2024', UNHCR.

[2] United Nations Office for the Coordination of Humanitarian Affairs, Myanmar Humanitarian Update No. 41 | 10 October 2024 | OCHA.

[3] Affecting Bago, Kayah, Kayin, Magway, Mandalay, Mon, Nay Pyi Taw, Rakhine, Sagaing, eastern and southern Shan, and Tanintharyi. United Nations Children's Fund, 'Myanmar Flash Update No. 4 (Flood) 7 October 2024 | UNICEF'.

distress, exposure to explosive ordnance and drowning. Initial assessments indicate that more than 270,000 children and more than 180,000 parents and caregivers are in urgent need of child protection services.[4]

The flooding has also exacerbated the spread of waterborne diseases such as acute watery diarrhoea (AWD), dengue fever, malaria, cholera and measles, putting increased demands on health, nutrition and WASH services. According to the ministerial authorities for health, 3,997 cases of AWD were reported in Yangon region since 24 July. This included 576 hospitalized cases of AWD reported between 9 September to 6 October 2024, although no severe cases were reported during that period.[5] Reactive vaccination campaigns using oral cholera vaccine (OCV) were carried out in Yangon region in September and three townships in Mon state in October. According to early warning and response systems supported by the Health Cluster in Myanmar, the AWD cases in Sittwe, the capital of Rakhine State, steadily decreased between weeks 36–41. However, initial reports in week 42 show a resurgence.

In northern Shan, armed clashes continued between the Myanmar Armed Forces (MAF) and Ta'ang National Liberation Army (TNLA). More than 5,000 people in Hsipaw township fled their homes, and an estimated 46,300 people remain displaced in 12 townships across northern Shan.[6] The population movement in Lashio town is fluid due to unpredictable airstrikes. All border crossings between northern Shan and China have been closed and the economic hardship of communities in border areas is increasing as prices soar. In the border areas of Kayah and southern Shan, intense fighting between the MAF and ethnic armed organizations (EAOs) is increasing, as is population displacement. United Nations humanitarian agencies received permission to respond to the flooding in some townships in southern Shan, except Pinlaung, Pekone, Hsiseng, and Hopong, where active armed conflict persists.

There has been severe monsoon flooding in the southeast, where fighting has also escalated. More than 825,000 people have been displaced in Mon, Kayin, Kayah states, Bago (East) and Thanintharyi regions.[7] Since 18 August, more than 5,000 people in Kyainseikgyi township in Kayin state have been displaced due to intense fighting. In Bago, conflict has escalated in Kyauktaga, Okpho, Letpadan, Phyu and Yedashe townships; nearly 380 houses in Okpho and Letpadan townships were destroyed, forcing the displacement of more than 3,500 people.[8]

In Rakhine, heavy fighting between the MAF and Arakan Army is affecting 16 out of 17 townships. An estimated 380,000 people have been displaced in Rakhine and Paletwa Township in southern Chin state and, in Rakhine state overall, the total displacement is more than 570,000 people.[9] Access constraints persist, including continued closure of roads and waterways and restrictions to the movement of supplies and staff outside Sittwe. Communication and electricity blackouts, banking restrictions, reports of arbitrary arrests in Sittwe and risks to humanitarian workers also hinder the delivery of humanitarian aid. Travel authorizations for camps and areas in Sittwe township were approved for October for the specific access of inter-agencies and agencies to newly displaced sites and protracted camps.

In Kachin state, fighting between the MAF and the Kachin Independence Army intensified in Chipwi, Hpakant and Tsawlaw townships. An estimated 220,000 people have been displaced and are in critical need of WASH services, shelter and food. Roads are largely inaccessible and there have been virtually no telecom services across the state since 21 July, hampering contact with affected communities and further assessments of emerging needs. Additionally, electricity was cut off in Bhamo, Mansi, Sumprabum, Chipwe, Pan Wa and Lwegel. Due to the shut-down of border crossing areas and the closure of the main trade route from central Myanmar to Myitkyina, prices are rising for essential commodities, including fuel and food.

In the northwest, conflict between the MAF and various EAOs continues in Chin state, Magway, Mandalay and Sagaing regions and an estimated 1.7 million people are displaced, accounting for nearly half of the national total of internally displaced people. Mandalay region experienced severe flooding in July and September. In Chin state, shortages of food have been reported, particularly among conflict-affected populations, because of restrictions on the transportation of all commodities into Chin state since late August.

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[4] United Nations Children's Fund, 'Myanmar Flash Update No. 4 (Flood) 7 October 2024 | UNICEF'.

[5] World Health Organization, 'Myanmar Acute Watery Diarrhoea/Cholera Outbreak External Situation Report', 5th edition (2024), WHO Regional Office for South-East Asia, 16 October 2024.

[6] United Nations Office for the Coordination of Humanitarian Affairs, 'Myanmar Humanitarian Update No. 41', 10 October 2024, UNOCHA.

[7] United Nations High Commissioner for Refugees, 'Myanmar UNHCR displacement overview 28 October 2024', UNHCR,

[8] United Nations Office for the Coordination of Humanitarian Affairs, 'Myanmar Humanitarian Update No. 41', 10 October 2024, UNOCHA.

[9] Ibid.

Summary Analysis of Programme Response[10]

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, 66,567 people (26,117 male and 40,450 female) received primary health care services in UNICEF target areas. UNICEF provided partners with inter-agency emergency health kits to cover the needs of 7,000 people for three months. UNICEF also provided 1,436 clean delivery kits to assist the safe delivery of babies and 1,945 family newborn kits to support essential care for them.

During this reporting period, UNICEF also provided assistance for the acute watery diarrhoea (AWD) outbreak response. AWD drug kits and cholera rapid diagnosis test kits for health facilities, as well as for communities, are being urgently procured and distributed. These will be enough to manage 9,500 mild and moderate cases. Support for training of basic health staff and volunteers in Yangon region on AWD is being provided, A total of 172 staff received a training-of-trainers course, leading to multiplier training in 43 townships of Yangon region. UNICEF partners provided essential health care services to the flood-affected communities, providing essential medicines, clean delivery kits and newborn kits.

As of August 2024, approximately 370,000 children under the age of 12 months had received their initial doses of the measles-rubella vaccine through the national routine immunization programme. Additionally, UNICEF continued its support for the three rounds of the catch-up immunization programme for unvaccinated children in peri-urban areas of Yangon, Mandalay and Naypyitaw. It estimated that 75 per cent of targeted children received the measles and rubella vaccine from big catch-up campaign strategy. Furthermore, UNICEF facilitated the joint monitoring visits of the Reactive Oral Cholera Vaccination (OCV) campaign in Yangon in October 2024. As of 16 October, more than 1.97 million people (98 per cent coverage) in Yangon received the OCV vaccine.

Nutrition

UNICEF maintained its collaboration with partners to implement life-saving nutrition activities in several states and regions throughout Myanmar during this reporting period. Despite continuing challenges with access, travel and movement of supplies, UNICEF reached 8,464 children aged 6–59 months (4,091 boys and 4,373 girls) and 520 pregnant and lactating women with preventative nutrition services, including multiple micronutrient powder and vitamin A supplementation, and multiple micronutrient tablet supplementation.

Additionally, 31,086 children aged 6–59 months (15,970 boys and 15,116 girls) were screened for the early detection of acute malnutrition. Among them, 379 children suffering from severe acute malnutrition (SAM) (168 boys and 211 girls) were provided with life-saving treatment. Moreover, 12,357 primary caregivers (885 men and 11,472 women) of children aged under 2 years were provided with infant and young child feeding (IYCF) counselling services.

UNICEF, working through its partners, also distributed 896 sets of nutrition (complementary feeding) bowls and nutrition educational posters to flood-affected communities, ensuring that vulnerable children and families received essential IYCF support. This initiative helped raise awareness about proper nutrition among mothers and caregivers of children aged under 2 years.

Nutrition Cluster

By the end of September 2024, 2,242 children (12.5 per cent) out of the targeted 17,897 were treated for SAM, while 5,811 children (8.7 per cent) out of the targeted 66,428 received enriched supplementary foods for moderate acute malnutrition. Preventative measures reached approximately 259,482 individuals (42 per cent) of the targeted (615,252) through malnutrition screenings, referrals and blanket supplementary feeding programmes, as well as IYCF counselling and the distribution of micronutrient powders. Cumulatively, by the end of September 2024, nutrition services reached 263,478 people, representing 43 per cent of the target set out in the current Humanitarian Response Plan (HNRP).

Efforts to expand outreach are supported by regular coordination meetings, benchmarking progress and addressing challenges through tackling specific issues collaboratively. Despite these efforts, the cluster faces a critical funding gap, receiving only 20 per cent of funding needs in 2024 to sustain these vital services. Active advocacy with stakeholders aims to secure urgent funding, including life-saving nutrition interventions. The cluster is finalizing the 2025 HNRP to

[10]The results are as at end of September 2024.

estimate the needs and advocate for funding, particularly in conflict-affected areas, to ensure continuity in meeting protracted and growing humanitarian needs in Myanmar.

Child Protection

Some 100,466 people (31,205 girls, 27,006 boys, 30,692 women and 11,563 men) were reached through life-saving child protection services, despite continuing restrictions on movement, limited telecommunications and poor internet connectivity, alongside recent flooding and the increase in more displaced populations. Community-based mental health and psychosocial support (MHPSS) activities, particularly psychosocial first aid, delivered through static and mobile child and women-friendly spaces, benefited 45,596 people (16,679 girls, 15,572 boys, 9,770 women and 3,575 men). In addition, through social media, awareness-raising activities to promote psychosocial well-being and psychosocial first aid also reached 2,573,213 people.

Gender-based violence risk mitigation, prevention, and response interventions benefited a total of 10,860 people (2,390 boys, 3,022 girls, 5,448 women) while 16,595 people (3,083 boys, 4,521 girls, 2,590 men and 6,401 women) had access to a safe channel to report sexual exploitation and abuse. Child protection kits were distributed to 6,563 internally displaced children affected by recent floods and the ongoing crisis. 642 children (328 boys and 314 girls) received individual case management services, while 26,773 people (5,633 boys, 6,669 girls, 5,398 men, 9,073 women) received explosive ordinance risk education (EORE). Information on EORE reached 126,731 people through social media. Legal assistance was provided for 645 people, including 326 children (255 boys, 71 girls) and 319 young people (233 male, 86 female). “Laha—Myanmar’s Virtual Safe Space platform”, designed to provide information on sexual and reproductive health, gender-based violence and access to services, was officially launched.

Some 646 people benefited from capacity-building to community members, youths, caregivers and actors from cross sectors. Trainings included sessions on MHPSS, gender-based violence (GBV), case management coaching and mentoring, community-based child protection, parenting, adolescent facilitation and training on mine risk education.

Child Protection Area of Responsibility (CP AoR)

The CP AoR has been supporting partners with key child protection messages[11] on floods and cyclones to prevent family separation, reduce dangers and injuries and minimize child protection risks. The CP AoR has simultaneously been monitoring the flood response with partners to support them with key activities appropriate to different phases of the flood response. This has been done through guidance to support key activities such as family tracing and reunification, mobile/temporary child friendly spaces, MHPSS, awareness-raising and community-level child protection activities. As with any natural disaster, immediate child protection needs are different to the needs that emerge after the initial weeks. As families remain displaced, often in crowded living conditions, with livelihoods destroyed and anxiety increasing, their negative coping mechanisms also increase, thereby requiring different CP activities at different phases of the response. CP AoR has reached 297,628 people with awareness-raising activities, 5,349 (2,825 boys and 2,524 girls) with case management, 191,788 (67,468 boys, 74,190 girls, 13,543 men and 36,587 women) with MHPSS activities, 22,982 (6,008 boys, 6,697 girls, 3,066 men, 7,211 women) with community-level child protection, 3,834 people with capacity-building activities and 16,529 with adolescent programming. Despite underfunding, CP AoR members work tirelessly to provide services to those in need, including reallocating resources for the distribution of 6,121 child protection kits (for 2,827 boys, 3,294 girls) in response to the floods.

Mine Action Area of Responsibility (MA AoR)

The Mine Action AoR has been actively working to standardize Explosive Ordnance Risk Education (EORE) messages across organizations. With an increasing number of local actors delivering EORE, it is essential to maintain consistency, clarity and conflict-sensitivity in all materials. The team has been developing standardized guidelines and templates to ensure that messages remain socially acceptable, relevant, understandable, realistic and persuasive across all delivery platforms.

In response to recent flooding, the MA AoR has distributed information, education and communication materials specifically tailored to the flooding. These materials focus on addressing potential risks in flood-affected areas,

[11] Myanmar Child Protection AoR, ‘CP IEC Awareness Materials, CP Key Messages for cyclone, flood and earthquake’, <www.myanmarchildprotection.com/iec-materials>, accessed 29 October 2024.

particularly where explosive ordnance might pose additional threats. Encouragingly, no reports of landmine migration have been recorded during this flooding season.

Over the past year, the MA AoR has also expanded its volunteer network by training local community leaders, teachers and volunteers to deliver EORE in high-risk areas. This initiative has grown in scope, and discussions are continuing to identify lessons learned, and how the network can be further strengthened to enhance the effectiveness of EORE delivery.

Education

During the reporting period (August and September 2024), UNICEF and its partners facilitated access to formal and non-formal education, including early learning, for 62,990 children (30,067 boys and 32,923 girls). This support has been especially crucial for internally displaced children, providing them with teaching and learning materials, as well as learning opportunities to strengthen their foundational literacy and numeracy, socio-emotional learning, and life skills. To address learning gaps, remedial education programs have been offered to help children catch up on lessons and improve their learning outcomes.

Additionally, UNICEF and its partners distributed individual learning materials, including essential learning package (ELP) kits, to 46,593 children (22,322 boys and 24,271 girls). Moreover, 595 volunteer teachers, educators, and facilitators (112 men and 483 women) were trained and received incentives. The training sessions focused on effective teaching methods in core subjects such as the Myanmar language, mathematics, and sciences. To ensure continued access to education, six temporary learning spaces were established and maintained.

In response to the flooding, emergency education supplies were delivered to 7,509 children (3,588 boys and 3,921 girls) in southern Shan. Plans are underway to distribute 10,100 ELP kits to children in flood-affected townships in the southeast, further enhancing their learning opportunities.

In areas severely affected by armed conflict or flooding, including Kayin, Kayah, Shan, Rakhine and Sagaing, the demand for education supplies to continue children's learning, particularly ELP kits, has significantly increased. Across the country, there is an urgent need for safe learning spaces and immediate access to quality education services, which include teaching and learning materials, MHPSS, and trained educators and facilitators. In collaboration with partners and relevant stakeholders, UNICEF is committed to scaling its education assistance efforts to ensure continuity of learning for all children affected by crisis and conflict.

Education Cluster

A total of 901 student kits were distributed to newly displaced students in Sittwe, including 509 boys and 392 girls. Six monastic education centres received 14 school kits, hygiene kits, recreational kits, menstrual hygiene management kits and first aid kits. Supplies for 614 additional displaced students were distributed in Sittwe. The Education Cluster facilitated efforts to prevent duplication and address gaps in education services among partners in Sittwe Rohingya camps for internally displaced people. The cluster participated in discussions on the hand-over of education services between two partner organizations, providing essential support for the transition. Five southeast education cluster partners benefited from the EORE training of trainers in September, organized by southeast Mine Action AoR, enhancing their technical skills and knowledge.

September 2024 floods severely impacted the southeast and northwest regions, destroying approximately 375 schools and making them inaccessible. Many facilities are completely destroyed, leading to prolonged closures and logistical challenges in delivering educational materials. Existing vulnerabilities have worsened due to ongoing conflict, displacement, and economic hardships. One UNICEF partner in the southeast is responding to the needs of 2,500 students in Hlaingbwe township with a conditional cash support of MMK80,000 (approximately 18.6 USD) per student affected by the flooding. As part of the readiness, contingency stocks of educational supplies are available for 17,870 students in southern and central Rakhine state and for 4,521 students in northern Rakhine state. Additionally, 30,000 ELP kits are ready for emergency response in the northwest hub.

WASH

UNICEF and its partners continued to deliver life-saving WASH services and supplies to conflict-affected populations. By the end of September, UNICEF had supported 541,551 people with access to clean drinking water, 123,852 people with gender-segregated and appropriately managed sanitation services, and 74,529 people with improved hygiene awareness. Additionally, essential WASH supplies have been given to 532,586 people affected by the conflict, floods and the AWD outbreak in Yangon, and Rakhine and Mon states. Water purification chemicals were distributed to disinfect household drinking water and mass chlorination in high-risk areas as a preventative measure.

During August and September, UNICEF continued to provide clean drinking water to 80,976 people (13,142 boys, 12,850 girls, 25,703 men and 29,281 women), sanitation services to 57,812 people (9,382 boys, 9,175 girls, 18,352 men and 20,903 women), and hygiene awareness to 56,425 individuals. Critical WASH supplies reached 216,382 people, including 50,000 flood-affected people reached with soap distribution. With continued rainfall through October 2024, the risk of AWD outbreaks remains high. UNICEF is actively supporting AWD and flood-affected regions by providing essential supplies and rehabilitating water systems and sanitation facilities.

UNICEF, with other United Nations agencies, is strengthening rapid response mechanisms to address potential AWD cases and mobilizing resources to assist flood-affected families in Kachin, Kayin, Magway, Sagaing and Bago. UNICEF is adopting various approaches to deliver life-saving WASH services and hygiene supplies to ensure that the most vulnerable are reached.

WASH Cluster

The WASH Cluster response included the distribution of hygiene kits, water purification supplies and basic shelter materials. Significant interventions were made in Nyaung Shwe, Kalaw, Mong Pan and Linkhay, where most of the 11,074 households received urgent relief, including hygiene kits and water buckets. Smaller, but essential, responses were also carried out in Maukmai, Nansang, and Loilen, ensuring immediate needs were met swiftly.

In Rakhine, the WASH Cluster urged authorities to grant access for humanitarian staff and supplies to repair damaged WASH facilities. Technical Working Groups on water quality, AWD, and cash and voucher assistance (CVA) have been activated to develop field-based water quality testing and sector CVA guidelines by the end of the year. Flood assessments in 18 villages in Mrauk U and Minbya identified their urgent need for safe water, purification tablets and hygiene kits. Response efforts, including dewatering 12 ponds and rehabilitating a water system in Minbya, reached 20,147 people since September 2024. AWD cases initially decreased but rose again in Thet Kal Pyin, prompting efforts to prevent this spreading to nearby villages.

In the northwest, a joint Health and WASH Cluster meeting focused on AWD preparedness, leading to a capacity assessment that identified the need for multisector response training, to be facilitated by the Global WASH Cluster. Despite Mandalay not being in the 2024 HNRP, partners provided water, purification sachets, and hygiene kits to 39,155 flood-affected individuals. Limited resources have slowed mobilization, particularly for safe water and sanitation in Mandalay.

Social Protection and Cash-based Programming

During September and October, UNICEF provided bi-monthly maternal and child cash transfers to 8,100 programme participants to support pregnant mothers and children aged under 2 years. UNICEF also provided child disability benefit to 7,918 programme participants to children under 18 years. A total of 324 complementary social and behavioural change (SBCC) group sessions reached 4,903 programme participants. The key message was “positive parenting and co-parenting”. Additionally, UNICEF provided one-off emergency cash support to 4,600 flood-affected households, benefiting a total of 23,045 children and family members in southern Shan, Kayah and Bago East.

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

The OCV campaign was carried out in 37 townships in Yangon and Mon which had been identified as high-risk areas for AWD, with significant numbers of confirmed cases. Technical support on risk communication and community engagement was provided, and on the development and dissemination of communication materials targeting about 2.4 million people eligible for the vaccination. Some 4,490 volunteers were mobilized to engage targeted communities to promote the uptake of the OCV, and preliminary findings in Yangon indicate that this was successful.

Flood response continued, with about 81,862 flood-affected people reached with messages on preventing AWD, and mosquito-borne diseases. There were also messages on child protection, particularly about the prevention of gender-based violence in temporary shelters. To scale-up community reach, a partnership with Cherry FM radio station was established to broadcast continuous flood-related messages. About 810,000 listeners across 10 states and Naypyitaw heard the broadcasts, which focused on family safety during and after floods, potential risks of landmines washed out during floods and clean-up actions. The messaging was reinforced through social media and Viber channel, resulting in 434,921 views, with 9,581 people engaged in interactive dialogue on flood safety and child protection in the temporary shelters.

The integrated childcare package reached 154,229 community members with messages on maternal and child health, nutrition, immunization, WASH and COVID-19 vaccinations across 41 townships in 12 states and regions by UNICEF implementing partners.

Some 50 staff and volunteers received training on community feedback mechanisms. A parental satisfaction survey, conducted in Chin, Sagaing, Kayah and southern Shan by education partners, engaged 2,900 parents and caregivers on the quality of education services and goods provided by partners.

Humanitarian Leadership, Coordination and Strategy

UNICEF's humanitarian strategy focuses on working with communities, local and international partners and with all stakeholders to deliver life-saving humanitarian assistance and ensure that critical services reach children in need. UNICEF also continues to support the expansion of humanitarian assistance to the most vulnerable people through its leadership roles in the Nutrition and WASH Clusters, the Child Protection and Mine Action AoRs, and is co-leading the Education Cluster with Save the Children at national and subnational levels. UNICEF, in collaboration with the Myanmar Humanitarian Country Team, and through its cluster coordination role, contributes to the 2025 Humanitarian Programme Cycle process and to the development of the 2025 HNRP, which is a framework for humanitarian initiatives in Myanmar. The WASH, Education, and Nutrition Clusters, CP AoR and MA AoR have been participating in both national and subnational level cluster discussions. UNICEF is developing its Myanmar Humanitarian Action for Children appeal for 2025 in accordance with the HNRP to provide the critical life-saving services to conflict-affected and vulnerable children and women.

UNICEF continues its national presence through seven field offices in Myanmar, which prioritize all vulnerable children and families, including those in communities that have been displaced (or not) by natural disasters and conflicts. UNICEF also participates in the Myanmar Cash Working Group and facilitates the in-country inter-agency network for PSEA with the United Nations Population Fund (UNFPA). UNICEF continues to co-lead the Risk Communication and Community Engagement Working Group and participates in the Humanitarian Access Working Group.

As part of the flood response, OCHA is coordinating the overall humanitarian response with all clusters, through the coordination mechanisms established at the national level as well as in subnational levels. Joint rapid needs assessment and response is being undertaken with other United Nations agencies, and other partners in the most affected areas. Cluster discussions at national and subnational levels are being carried out to meet the most pressing needs of people affected by the flooding.

Human Interest Stories and External Media

Stories:
Building Together: www.unicef.org/myanmar/stories/building-together
Flood safety information for parents: www.unicef.org/myanmar/stories/flood-safety-information-parents

Social Media:
World Teachers Day photo stories:
https://x.com/UNICEFMyanmar/status/1842543533556904153

www.facebook.com/unicefmyanmar/posts/pfbid0EKZYEsEWu1apQZfbkdPWhUsx3KKEVbNHVSxAfrpeMm7DZch77vCR8dSa6mrjhTgrl

www.facebook.com/unicefmyanmar/posts/pfbid02RS1Y8pfXcTG2n69foAyFvQ1v2kWgmgrmy4MGiM3yvinTazPvxkkgArfFQgt28Pryl

International Day of the Girl photo stories:
www.facebook.com/unicefmyanmar/posts/pfbid0a2tAFqCBqWoYTWx2rUWPAJFidfN5TD9HvVH8kVMbY3mJZheNXgXLoGgWMfbxwzGHl

www.facebook.com/watch/?v=1070926881147496

www.facebook.com/unicefmyanmar/posts/pfbid02g3opr8fxYeZpJcwjMDUuwUCsXQMbVnvC7md9yTb6wewwUEVPgLMSLsP2rtsbt7hRl

Landslide warning before the storm:
www.facebook.com/unicefmyanmar/posts/pfbid02ZcxtWzNHFcNdNvVApaYkq2WYdpfMhhTz6jhvAoqZU6fBbF8Dve9YYQboz9q4iPc9l

Next SitRep: December 2024

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

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Annex A

Summary of Programme Results[12]

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	177,150	▲42,793			
	Girls		191,912				
# of children and women accessing primary health care in UNICEF-supported facilities	Boys	350,000	86,272	▲66,567			
	Girls		87,913				
	Women		150,572				
Nutrition							
# of children aged 6–59 months with SAM admitted for treatment	Boys	10,900	956	▲379	17,897	984	▲956
	Girls		1,180			1,258	
# of primary caregivers of children aged 0–23 months receiving IYCF counselling	Men	316,000	3,276	▲12,357	140,764	4,367	▲14,367
	Women		35,540			48,475	
# of children aged 6–59 months receiving micronutrient powder	Boys	293,000	9,060	▲5,208	474,489	10,196	▲9,002
	Girls		9014			10,186	
# of children 6–59 months receiving vitamin A supplementation	Boys	1,014,000	7,122	▲3,256			
	Girls		7,370				
# of children screened for wasting	Boys	418,000	54,830	▲31,086	474,489	93,542	▲46,639
	Girls		53,942			92,146	
# of pregnant and lactating women receiving micronutrient supplementation	Women	316,000	24,103	▲520	140,764	28,648	▲2,892
Child Protection							
# of children and parents/caregivers accessing MHPSS[13]	Boys	3,392,000	129,485	▲2,618,810	1,140,000	67,468	▲100,829
	Girls		147,742			74,190	
	Men		3,166,580			13,543	
	Women		6,967,849			36,587	
# of women, girls and boys accessing GBV risk mitigation, prevention and/or response interventions	Boys	831,000	10,272	▲10,860			
	Girls		12,967				
	Men		0				
	Women		19,751				
# of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Boys	1,654,464	14,197	▲16,595			
	Girls		19,123				
	Men		12,827				
	Women		25,526				
# of children who received individual case management	Boys	25,000	1,195	▲642	10,000	2,825	▲3,223
	Girls		1,109			2,524	
	Boys	940,000	27,970	▲153,504		62,648	▲212,801

[12] All the results data are as at end of September 2024.

[13] 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 September, 10,186,245 people had been reached; 10,040,102 through digital means and 146,144 through community-based support. The Cluster MHPSS target includes only people reached through interpersonal support.

Sector Indicator | disaggregation		UNICEF and IPs response			Cluster response		
		2024 targets	Total results	Change since last report▲▼	2024 targets	Total results	Change ▲▼
# of children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions	Girls		31,999		2,046,062	70,471	
	Men		22,491			62,253	
	Women		38,556			94,115	
Education							
# of children accessing formal and non-formal education, including early learning	Boys	890,360	176,392	▲62,990	1,335,945	230,184	▲223,349
	Girls		184,523			243,664	
# of children receiving individual learning materials	Boys	450,000	74,246	▲46,593			
	Girls		77,722				
# of educators supported with training and/or incentives	Male	21,864	763	▲595			
	Female		3,213				
# of temporary learning centres rehabilitated	centres	600	930	▲6			
WASH[14]							
# of people accessing sufficient quantity of safe water for drinking and domestic needs	Boys	390,000	87,896	▲51,610	1,107,739		
	Girls		85,930				
	Men		171,898			413,997	▲469,715
	Women		195,827			444,652	
	PWDs		12,491			120,617	
# of people using safe and appropriate sanitation facilities	Boys	300,000	20,101	▲34,206	1,006,597		
	Girls		19,653				
	Men		39,313			227,250	▲110,552
	Women		44,785			240,617	
	PWDs		2,759			62,556	
# of people reached with handwashing behaviour-change programmes	Boys	300,000	12,097	▲29,998	1,671,533		
	Girls		11,825				
	Men		23,657			127,862	▲ 70,151
	Women		26,950			137,568	
	PWDs		1,724			38,455	
# 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	86,440	▲224,399	1,671,533		
	Girls		84,508				
	Men		169,053			540,954	▲592,104
	Women		192,585			576,743	

[14] WASH HPM data and narrative results differ due to differences in total reached and actuals. Where the narrative results show total reached by intervention, while HPM data indicate actual, as the same beneficiaries may benefit from more than one WASH intervention (e.g., beneficiaries maybe supported with access to both water and sanitation).

Sector Indicator | disaggregation		UNICEF and IPs response			Cluster response		
		2024 targets	Total results	Change since last report▲▼	2024 targets	Total results	Change ▲▼
	PWDs		9,721			144,205	
Social Protection							
# of households reached with UNICEF-funded humanitarian cash transfers		90,000	36,991	▲16,108			
# of children and adolescents with disabilities reached with assistive technology and interventions to address disability-related need		18,600	2,306	▲101			
Cross-sectoral (HCT, SBC, RCCE and AAP) [15]							
# of people reached through messaging on prevention and access to services		3,000,000	3,985,287	▲434,921			
# of people sharing their concerns and asking questions through established feedback mechanisms	Men	359,529	8,782	▲11,275			
	Women		14,361				
# of people participating in engagement actions for social behaviour-change	Men	150,000	201,554	▲154,229			
	Women		339,760				

Annex B

Funding Status

Sector	Requirements		Funds available		Funding gap	
		Humanitarian resources received in 2024	Other resources used in 2024	Resources available from 2023 (carry-over)	$	%
Health	16,750,000	2,859,167		1,527,886	12,362,946	73.8%
Nutrition	18,010,388	3,619,032	1,878,785	1,049,350	11,463,222	63.6%
Child Protection, GBViE and PSEA	33,115,892	8,501,138		3,382,312	21,232,442	64.1%
Education	55,871,200	2,035,271	3,735,499	1,121,458	48,978,972	87.7%
WASH	35,880,000	8,328,475		3,558,856	23,992,668	66.9%
Social Protection	8,195,000	1,625,497	-	394,809	6,174,694	75.3%
Cross-sectoral (HCT, SBC, RCCE and AAP)	29,242,348	616,475	48,684	270,710	28,306,479	96.8%
Cluster and Field Coordination	11,221,000	906,380	298,274	1,885,289	8,131,057	72.5%
Total	**208,285,828**	**28,491,435**	**5,961,242**	**13,190,670**	**160,642,482**	**77.1%**

[15] *HCT: Humanitarian Cash Transfer; RCCE: Risk Communication and Community Engagement