

UNICEF HUMANITARIAN ACTION UPDATE

Myanmar

11 November 2010

Urgent support required to respond to humanitarian needs of children and women affected by the Cyclone Giri

- More than 100,000 children under 18 years of age are affected by the Cyclone
- Revitalization of health service delivery to the affected population, including resumption of immunization, is an urgent priority
- If food security is not adequately addressed, severe acute malnutrition in young children could increase rapidly
- An estimated 40,000 people are in urgent need of clean water, with ponds and wells in rural communities contaminated by seawater and debris
- An estimated 350 schools have either been totally destroyed or partially damaged, severely affecting 23,000 students
- Psycho-social support urgently needed for children and young people who witnessed total destruction of their homes, schools and communities



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1. ISSUES FOR CHILDREN

Myanmar has a population of approximately 59 million, of whom 19 million are children under 18 years of age.¹ Around 69 per cent of the population live in rural areas. The UN interagency Group estimated the infant and under-five mortality rates at 54 per 1,000 live births and 71 per 1,000 live births, respectively. Though recent data is lacking, the percentage of children under five who were underweight was 31.8 per cent in 2003² and the nationwide prevalence of severe acute malnutrition is currently estimated at about 7 per cent. The remote rural areas bordering China, Thailand, India and Bangladesh contain some of the most vulnerable populations, who also tend to be adversely impacted by seasonal calamities, including floods, landslides, cyclones and crop losses. Rakhine State has some of the worst social indicators relating to children's survival and well-being in Myanmar ranking amongst the highest of all State and Divisions in terms of malnutrition, with prevalence rates of chronic malnutrition of 39 per cent, Global Acute Malnutrition of 9 per cent, and Severe Acute Malnutrition of 2.1 per cent, according to 2003 MICS.

Cyclone Giri made landfall in Rakhine State during the evening of 22 October and moved inland during the course of the night, where it lost force and was downgraded to a tropical depression. It caused severe damages in four low-lying coastal and near-coastal townships (Myebon, Pauktaw, Kyaukpyu and Minbya), in which up to 100,000 people lost their homes and left around 260,000 people affected. More than 100,000 children under 18 years of age are affected. The cyclone also caused damages further inland, in Magway and Saigang Divisions, but to a lesser extent. The Government has confirmed 45 casualties. This relatively low figure is partly attributed to the government's and local Red Cross' proactive efforts to alert and evacuate the populations from the coastal areas to safer areas. The readiness may also be partially attributed to the lessons learnt from Cyclone Nargis, which hit Myanmar only two years ago and claimed more than 140,000 lives.

According to the initial rapid assessments, the greatest devastation was inflicted on people's houses, belongings, and on the fragile public infrastructure including water sources, schools and rural health centres. The cyclone occurred only weeks before the harvest and more than 240,000 acres of farm land were either damaged or destroyed. The humanitarian community is estimating the number of people in need of food assistance to be around 200,000 over the coming three months. If the household food security is not adequately addressed, severe acute malnutrition in young children could increase rapidly from the baseline rate of 2.1 per cent³. Ponds and wells in an estimated 70 villages, with a population of about 40,000, were contaminated with seawater. As a result, there is acute water shortages in the hard-to-reach islands and the available surface water (springs and streams) are expected to run dry over the next month, as the rainy season draws to a close. The storm surge that followed the cyclone demolished most of the existing rudimentary sanitary facilities. Compounded by the few hygiene items now available, people's ability to practice safe hygiene is limited which causes concerns for the spread of diseases.

The Government estimates that over 350 schools were damaged to various degrees. Out of these, the assessments undertaken by the Ministry of Education (MOE) and partners suggest that 150 schools have been completely destroyed or heavily damaged resulting in interrupted schooling for approximately 23,000



¹ Ministry of Immigration and Population, 1 July 2010.

² Multiple Indicator Cluster Survey (MICS) 2003.

³ Rakhine State, MICS 2003

children in the four affected townships. The indicators prior to the cyclone show that the state of education facilities in Rakhine state is among the worst in the country⁴.

Though no cases of separated, unaccompanied or orphaned children has been reported as of yet, children and young people in the affected areas witnessed total destruction of their homes, schools and communities; lost their belongings over night, and may be staying at temporary shelters while their parents go off during the day in search of work or to rebuild their houses. These factors are known to have a possible severe and long term impact on children's psycho-social well being.

A total of 28 rural health facilities were either severely damaged or totally destroyed in the four worst affected townships. In addition, five solar refrigerators were also damaged and most of the boats that are used by midwives for their outreach activities were either swept away or destroyed, severely limiting their mobility and thus disrupting health care service delivery. Damage to the cold chain system and the breakdown of the basic health services will lead to the temporary suspension of immunization sessions for November unless additional support is provided. With the resurfacing of wild polio virus in 2007 and the reported low coverage of routine immunization, resumption of immunization is an urgent priority.

2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

In response to **Cyclone Giri**, the Humanitarian Country Team decided to activate the clusters in key priority sectors to ensure a coordinated response. UNICEF has assumed it designated lead roles in Nutrition, Education, and WASH, and is an active member of Health and Vulnerability clusters.

Soon after the cyclone struck, UNICEF dispatched a team to conduct an Initial Rapid Assessment together with Government officials and local partners. Based on the emergency needs identified, immediate measures were undertaken to address the Core Commitments for Children in Humanitarian Action.

Tarpaulins, family kits, and water purification items already prepositioned in Sittwe and Yangon were sent to the severely affected areas of Meybon, Minbya, Pauktaw and Kyaupyu to meet the immediate shelter, clothing, hygienic and safe water needs of the affected population. So far, 2,000 family kits⁵ have been distributed to some of the worst affected households in Meybon and Kyaukpyu.

In order to revitalize health services and ensure access to essential primary health care for vulnerable women and children, Interagency Health Kits (IEHK⁶) kits were dispatched to Meybon (15), Pauktaw (5) and Minbya (5) ensuring availability of essential drugs at the rural health facility level. UNICEF also rapidly positioned nutrition supplies on the ground, including supplies for therapeutic feeding for two months for an initial 500 children under five years of age suffering from severe acute malnutrition.

As the scale of the disaster became evident through the early findings of the initial assessment, UNICEF deployed an emergency response team in Meybon to coordinate UNICEF's field level response with local partners and authorities and to support the distribution of relief supplies and conduct further needs assessments in the affected villages. The Humanitarian Country Team has set up three operational hubs in Sittwe, Meybon and Kyaupyu and UNICEF is able to contribute to the interagency response through its presence in Meybon.

In scaling up the ongoing emergency relief/early recovery assistance, UNICEF has developed a 90-day operational plan to address the urgent needs of the children affected by Cyclone Giri. The following activities are planned for each of the sectors. Monitoring mechanisms are in place to track progress.

Health

The main focus of the health response is to revitalize the health service delivery to the affected population especially women and children in the four severely affected townships. Given the low immunization coverage, malaria endemic area, high prevalence of diarrhoea and with the last wild polio virus being detected in 2007, the priority is the delivery of immunization services integrated with high impact

⁴ Education For All, Mid-Decade Assessment, 2007

⁵ Family kit contains 26 essential household items, including blankets and towels, clothing, cooking utensils, hygiene and WASH items, mosquito nets, buckets, toys, etc.

⁶ IEK contains essential drugs and medical equipment for emergency care, each kit sufficient to cover 10,000 person for 3 months

interventions such as Ante Natal care, iron and folic supplementation, Vitamin A administration, treatment of diarrhea and ARI among under five children etc. Thus, the cold chain system needs to be re-established and access improved to life saving essential health services in the hard-to-reach areas where most of the vulnerable to morbidity due to communicable diseases reside.

Malaria outbreak prevention and control activities comprising of distribution of long lasting insecticide impregnated bed nets (ILLN) will be implemented in the malaria high-risk areas where 20,000 households with under 5 and/or pregnant women will be provided with ILLNs. To enable early diagnosis and prompt treatment of malaria by Basic Health Services (BHS), UNICEF will provide rapid diagnostic test kits sufficient to screen 17,500 suspected malaria cases and anti-malaria drugs to treat 7,000 cases of malaria.

UNICEF will work with Myanmar Red Cross Society (MRCS) for the distribution of 2,000 family kits, 2,000 pieces of tarpaulin and 10,000 bottles of water guards and to conduct health education for personal hygiene and sanitation, and immunization covering 7,200 households in 56 villages of Myebon.

Nutrition

UNICEF's nutrition response has four main components; (i) nutrition assessment and surveillance, (ii) therapeutic and emergency supplementary feeding of under 5 children, (iii) micronutrient supplementation, and (iv) infant feeding in emergency. UNICEF will conduct further nutrition assessments and surveillance to inform the response in the hardest hit townships, target 60 per cent of acutely malnourished children with therapeutic feeding and emergency supplementary feeding (approximately 400 children), target 90 per cent of pregnant and lactating women and under 5 children with micronutrient supplementation, and protect and promote proper infant feeding practices in emergency, including the monitoring and blocking of Breast Milk Substitutes and joint statements on infant feeding in emergencies (IFE). UNICEF will support vitamin A supplementation for at least 15,000 under five children, multi-micronutrient sprinkles for at least 5,000 under five children and multi-micronutrient tablets and vitamin B1 supplementation for at least 6,000 pregnant and lactating women in four affected townships. UNICEF will implement this response through Ministry of Health (MOH), Save the Children and Action Contre la Faim (ACF) in the affected areas.

Water, Sanitation and Hygiene

The most immediate priority is to provide improved water to the households and villages that are currently facing acute water shortages. UNICEF will support local partners in the direct transportation of safe water to the most remote villages where water needs are greatest. Water purification items will be provided to each affected household and for the treatment of communal water sources (bleaching powder). Implementing partners will offer awareness raising sessions to individual and communities to ensure that the chlorination is properly used. To urgently replace lost household storage capacity, UNICEF will provide 7,000 households with buckets and pots. To restore the community water storage capacity UNICEF will support the cleaning and drilling of wells, which will be the only source of clean water during the upcoming dry season in some of the remote areas. Before the onset of the next rainy season, UNICEF will need to support communities to rehabilitate the contaminated ponds to restore the longer-term water supply.

To 40,000 of the people left homeless, UNICEF plans to undertake hygiene promotion to raise awareness on safe hygiene practices and environmental sanitation along with the provision of hygiene items. UNICEF will adopt a community-led approach to encourage people to reconstruct and build new latrines on their own.

To address these urgent needs, there are a large number of international and local agencies already operational in the affected areas. The WASH activities will be implemented directly by UNICEF, by local partners with proven capacity to deliver effective assistance (Noble Compassionate Volunteers and Myanmar Red Cross), and with the direct involvement of recipient communities.

Education

UNICEF will help establish up to 150 temporary learning spaces with tarpaulins and bamboos at government schools together with the Ministry of Education for 21,000 children and 15 community and monastic schools together with Save the Children for 2,000 children. The assistance will be provided through transferring small cash envelope to Parents and Teachers Associations (PTA), which will be responsible for establishing temporary learning spaces. Temporary latrines (two each for boys and girls) with buckets will be provided and basic hygiene messages will be communicated in close coordination with the WASH Cluster. Essential learning packages, school kits, and recreation kits will also be provided for 23,000 children. Training will be

provided to teachers in order to provide psychosocial support to 21,000 children in affected government schools.

An education sector assessment together with MOE and partners started in the first week of November to collect more detailed information regarding the damages on affected schools in all four worst-affected townships. The outcome of the assessment will further guide future UNICEF intervention to ensure medium- to longer-term recovery of the affected communities and schools.

Child Protection

UNICEF plans to set up Child Friendly Spaces in 50 of the most severely and hard-to-reach communities in Myebon and Kyaupyu, where children may not be able to access temporary learning spaces, benefiting approximately 6,000 children and 8,000 community members. Community volunteers will be trained and guided by two experienced national implementing partners (Myanmar Red Cross Society and Catholic Bishop Conference of Myanmar) to provide age and gender-appropriate educational and recreational activities in order to build a sense of self-support amongst the community. The CFS will also be used for community meetings to raise awareness on how families and communities can improve care and protection of children and prevent and respond to abuse and exploitation of children and women. The Child Friendly Spaces will further offer a safe environment where children can discuss with their peers (with guidance from the volunteers) as way of coping with their loss and can regain some confidence through play and learning.

Communities will also receive Community Support Kits with recreational and educational materials to be used in the community and Child Protection Kits meant for individual children consisting of basic non food items such as clothes, some basic hygiene items and some educational and recreational materials.

3. FUNDING REQUIREMENTS AND RECEIPTS

In addition to funds requested through the UNICEF Humanitarian Action Report 2010, UNICEF urgently requires US\$ 2.1 million in order to respond to humanitarian needs of children and women affected by the Cyclone Giri. In the first phase of the emergency response, UNICEF has relied on available prepositioned supplies and on the reprogramming of existing resources including thematic humanitarian funds. The additional expenses for transport of supplies and the deployment of staff to the affected areas during the immediate response have been covered by regular resources.

However, additional funding is still needed to revitalise health service delivery, strengthen malaria prevention and resume the Expanded Programme on Immunization (EPI). Prevention of severe acute malnutrition and provision of micronutrients needs to be ensured. UNICEF will set up Child Friendly Spaces in the most severely and hard-to-reach communities and help establish up to 150 temporary learning spaces. UNICEF will further need funding to provide safe water to households that are currently facing acute water shortages and promote safe hygiene practices.

Table 1: Funds Received Against the HAR 2010 * (all figures in US\$)

Appeal Sector	HAR 2010 Requirements by Sector** (a)	Revised requirement (b)	Funds Received in 2010 (c)	Unmet Requirements (d=b-c)	Additional funds utilized in 2010 *** (e)	Final Funding Gap (d-e)	Unfunded %
Health and Nutrition	3,339,048	4,039,048	1,366,750	2,672,298	875,383	1,796,915	44%
Water, Sanitation and Hygiene	5,067,003	5,667,003	1,720,486	3,946,517	2,616,320	1,330,197	23%
Education	4,999,100	5,499,100	463,247	5,035,853	2,999,100	2,036,753	37%
Child Protection	2,494,571	2,794,571	73,939	2,720,632	994,571	1,726,061	61%
Total	15,899,722	17,999,722	3,624,422	14,375,300	7,485,374	6,889,926	62%

*The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF's Executive Board Decision 2006/7 dated 9 June 2006.

** As per Mid-year review

*** In 2010, the additional amount of US\$ 7.5 million (carry over from 2009 of humanitarian funds and funds from UNICEF regular programme) was utilized

Table 2: Funding Priorities as of November 2010 for next 3 months

Project	Beneficiaries/coverage	Amount Required (US\$)
Health and Nutrition: Resume the Expanded programme on immunization (EPI), revitalise health systems and strengthen malaria prevention. Prevention of severe acute malnutrition and provision of micronutrients	The EPI plus is expected to cover 5,000 children under 1 year of age, 9,000 children under 5 and 4,600 pregnant and lactating women	700,000
Water, Sanitation and Hygiene: Meet urgent fresh water requirements and promote safe hygiene practices	40,000 people of which 5,000 are children under 5	600,000
Education: Set up of temporary learning spaces/semi-permanent schools to minimise disruption to education	23,000 school aged children	500,000
Child Protection: Establishing Child Friendly Spaces	6,000 children (direct beneficiaries) and 8,000 community members (indirect beneficiaries)	300,000
Total Priority Needs		2,100,000

*The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF's Executive Board Decision 2006/7 dated 9 June 2006.

UNICEF Myanmar wishes to express gratitude to all donors who continue to provide the unwavering support that enables UNICEF to address the humanitarian issues of the most vulnerable children and women in Myanmar.

Further information on the UNICEF emergency programme in the Myanmar can be obtained from:

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