Humanitarian situation

Humanitarian needs in Myanmar have increased during the first half of 2014 due to renewed conflict in Kachin as well as resurgent communal tensions and temporary disruption of aid in Rakhine, Myanmar’s second poorest state. Some 421,000 people (including 180,000 children) are affected by the crises.¹ Out of these, 91,000 people are living in internally displaced persons (IDP) camps in Kachin, and 140,000 in Rakhine. Protracted displacement, compounded by frequent natural hazards has prevented thousands of children from attending school, and has led to deteriorating water and sanitation conditions and increased malnutrition rates. Surveys conducted in Rakhine in late 2013 indicated global acute malnutrition (GAM) rates of over 16 per cent in Pauktaw Township, and over 20 per cent in the northern part of Rakhine State, where severe acute malnutrition (SAM) rates are also above 3 per cent – both well above the emergency threshold.² In Kachin, stunting (chronic malnutrition) is a major concern. In both states, children are at disproportionate risk of gender-based violence and risky migration practices, while in Kachin adolescents remain at risk of recruitment and use by armed forces and armed groups. Despite these challenges, government efforts to ensure access to populations in humanitarian need are promising.

Humanitarian strategy

UNICEF is supporting the Government of Myanmar’s humanitarian response and works through partners to deliver conflict-sensitive interventions. In nutrition, UNICEF is supporting an intervention package for children under five years and pregnant and lactating women, through community based management of acute malnutrition, micronutrient supplementation and infant and young child feeding. UNICEF is supporting the emergency provision of water, sanitation and hygiene (WASH) supplies and is encouraging sustainable, community-based solutions for water access and facility maintenance to IDPs, with expanded services to surrounding communities. In education, UNICEF and partners are working to ensure access to primary and life-skills education as well as to build the capacity of government and civil society partners on education in emergencies, including disaster risk reduction (DRR). UNICEF is also supporting adolescent programming through life-skills initiatives. As lead of the WASH cluster and nutrition sector, and as co-lead of the education sector and child protection area of responsibility, UNICEF will be coordinating with partners to provide essential life-saving and life-sustaining relief services, with continued investment in monitoring for results.

Results 2014 (January to June)

During the first half of 2014, UNICEF and partners have focused on delivering conflict-sensitive emergency assistance, strengthening local capacity, and developing targeted services for IDPs amidst constrained humanitarian space. Mobile health rapid-response teams have conducted 130,000 consultations in Kachin and Rakhine, however sustained access to basic health services remains hampered, and vast improvements in immunisation coverage are required across the entire state of Rakhine. UNICEF has supported the development of an information management system to improve the availability and use of nutrition data, and has screened over 150,000 children for acute malnutrition. Over 90,000 IDPs have improved access to WASH facilities, and men, women and children are encouraged to adopt practices that reduce key public health risks. UNICEF has supported the building or rehabilitation of 37 temporary learning spaces and 10 temporary learning tents with WASH facilities, and has trained volunteer teachers, benefitting some 20,466 children. Child protection programming is expanding to provide case management support to 100,000 children.

¹ The total affected population includes 400,000 people in southeast Myanmar, who are not targeted by UNICEF or the Strategic Response Plan (SRP), but are covered by UNHCR’s durable solutions framework, and 7,000 people in Mokintha who are no longer directly supported by UNICEF. The affected population in Kachin and Rakhine has been recalculated to 421,000.
² Surveys conducted by Save the Children in December 2013 (Sitwe, Pauktaw) and Action Contre la Faim in November/December 2013 (nRHS).
2014 PROGRAMME TARGETS AND RESULTS

<table>
<thead>
<tr>
<th>Cluster 2014 Targets (Jan-Dec)</th>
<th>Cluster Results (as of 30 June)</th>
<th>UNICEF 2014 Targets (Jan – Dec)</th>
<th>UNICEF Results (as of 30 June)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rakhine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 6 to 59 months with MAM receive supplementary feeding</td>
<td>10,008</td>
<td>5,894</td>
<td>2,200</td>
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<tr>
<td>Children aged 6 to 59 months with SAM receive therapeutic feeding</td>
<td>12,927</td>
<td>8,546</td>
<td>12,927</td>
</tr>
<tr>
<td>Children aged 6 to 59 months receiving micronutrient supplementation</td>
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<tr>
<td>Pregnant and lactating women receiving micronutrient supplementation</td>
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<td>10,061</td>
<td>50,220</td>
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<tr>
<td>Rakhine</td>
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<td>605</td>
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<tr>
<td>Rakhine</td>
<td>13,113</td>
<td>5,488</td>
<td>13,113</td>
</tr>
</tbody>
</table>

**Nutrition**
- Children aged 6 to 59 months with MAM receive supplementary feeding
- Children aged 6 to 59 months with SAM receive therapeutic feeding
- Children aged 6 to 59 months receiving micronutrient supplementation
- Pregnant and lactating women receiving micronutrient supplementation

**Health**
- Households in affected areas receive two long-lasting insecticide-treated nets
- Women and children immunised with polio, measles, pentavalent and tetanus toxoid vaccines

**Water, Sanitation and Hygiene**
- Number of people (women, men, boys and girls) reached with emergency safe drinking water intervention
- Number of people (women, men, boys and girls) reached with sanitation and hygiene education/promotion interventions
- Number of internally displaced and conflict-affected people provided with full emergency WASH package

**Child Protection**
- Children covered by child protection case management services
- Children provided with psycho-social support through access to safe community spaces for socializing, playing and learning

**Education**
- Primary- and pre-primary school children access quality education in safe temporary learning spaces with the provision of safe water, sanitation and hygiene

Funding requirements
In line with the Myanmar inter-agency Strategic Response Plan (June 2014) UNICEF is appealing for a revised amount of US$18.5 million to meet the humanitarian needs of children and their families in 2014. As of 30 June 2014, a total of US$11.1 million, or 60 per cent of requirements, was available against the appeal. Additional humanitarian funding will enable UNICEF to support the national response to the protracted displacement crises in Kachin and Rakhine States, including the rehabilitation and maintenance of WASH services, continued nutritional support to malnourished children, the provision of supplies and expansion of basic education services, and the critical expansion of child protection measures. WASH needs have increased to expand services to communities living near IDP locations. Nutrition requirements have been reduced thanks to increasing direct donor contributions to implementing partners. While UNICEF continues to provide support for HIV/AIDS programming in Kachin State, the funding requirement has been removed in line with the revised Strategic Response Plan. UNICEF is committed to a comprehensive risk mitigation approach in its programming, with a particular focus on alleviating suffering in the areas affected by conflict. UNICEF intends to increase its engagement on reducing risks related to frequent natural hazards by supporting and improving local capacity building programmes aimed at increasing community resilience.

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2 MAM support in Rakhine is now primarily supported by WFP, though UNICEF support may resume during the second half of 2014.
3 Major immunization campaigns are planned for 3rd-4th quarter of 2014.

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*Original requirements were calculated before finalisation of the SRP. The figure for Nutrition assumed full UNICEF responsibility before other funding sources were determined.
**Includes emergency funds carried over from 2013. Out of total funds available, US$8,428,239 was received in 2014 including recovery costs.