The most severe and recent hardships affecting children and women in Myanmar are attributable to cyclones. As the worst natural disaster to ever befall the country, the legacy of Cyclone Nargis includes housing devastation, destruction of agricultural land and declining job opportunities for the many labourers who inhabit the delta. Children in hard-to-reach areas continue to suffer from undernutrition and inadequate sanitary facilities. Another cyclone, Giri, hit the impoverished area of Rakhine State in October 2010, affecting at least 260,000 people; more than 100,000 were left homeless and most infrastructure was destroyed in the most severely hit townships. Young children, in particular, have been placed at high risk of undernutrition and disease.

According to the most recent assessments in post-Cyclone Nargis Myanmar, humanitarian interventions have stabilized access to health services and improved child mortality and undernutrition rates. Support to education has prompted high rates of attendance (about 84 per cent) at primary levels, with little or no gender disparity. Despite these improvements, the slow recovery of the delta economy and the uneven distribution of support received across affected areas continue to pose challenges to the well-being of children and women, particularly in hard-to-reach areas.

The remote rural areas bordering Bangladesh, China, India and Thailand contain some of the most vulnerable populations and have endured protracted conflict and severe privation of basic public services during the past decades. The adverse impact of seasonal calamities, including floods, cyclones, landslides and crop loss due to rodent infestations, further threatens the health and welfare of children and women, particularly in hard-to-reach areas.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Children in the central dry zone are susceptible to seasonal droughts and floods that lead to food insecurity, poverty and restricted access to adequate nutrition, health care and education. In June 2010, mudslides in the Northern Rakhine State affected more than 28,000 households already suffering from some of the worst socioeconomic conditions in the country. Cyclone Giri, which made landfall in Rakhine in October 2010, left more than 100,000 people homeless and destroyed 339 schools. Occurring only weeks before the harvest and flooding large parts of the farmland, the cyclone has undermined the food security of the affected population and threatens the nutritional status of vulnerable children.

Local sentinel data suggest that the most significant child undernutrition occurs in remote border areas, with global acute malnutrition rates in parts of the Northern Rakhine State amounting to 16 per cent, compared with the national average of 11 per cent. In Northern Rakhine...
State, the portion of households lacking sustainable access to safe water is 48.5 per cent, more than twice the national average of 20 per cent,9 while the coverage of antenatal care (7–22 per cent)10 is only a fraction of the national average of 64 per cent.11

Despite improved circumstances for the people affected by Cyclone Nargis two years ago, critical needs remain. According to the latest assessments, the prevalence of diarrhoea is still 13 per cent among children.12 Also, since only 41 per cent of births are attended by skilled health personnel,13 there is high risk of unnecessary complications for both mother and child. The slow recovery occurring in many communities across the delta and the high drop-out rates of primary school children (about 7 per cent in the worst-affected township of Labutta in 2009)14 exacerbates the problem of increasing numbers of adolescent boys and girls moving to urban centres in search of jobs (with more than 900 working children identified in the 195 villages supported in the delta).15

A main concern for many of the Nargis-affected villages, particularly during the dry season, is access to safe water and hygiene. The delayed monsoon rains and unprecedented high temperatures in April and May 2010 required UNICEF to launch yet another emergency intervention in support of 55 delta villages, compared with the 24 villages provided with safe water during the 2009 dry season.

**KEY ACHIEVEMENTS IN 2010**

In 2010, UNICEF estimated that US$15,899,722 was needed to fund its humanitarian work in Myanmar. As of October 2010, a total of US$3,624,422 had been received, 23 per cent of the goal. Despite the shortfall in funding, UNICEF was able to improve the well-being of women and children affected by the cyclones. In 2010, UNICEF assisted up to 30,000 households in Rakhine State affected by the landslide and Cyclone Giri with family kits, emergency health kits, water purification tablets, bleaching powder and oral rehydration salts to prevent outbreaks of waterborne disease. Collapsed schools received school tents and temporary learning spaces, benefiting 27,000 children, who also received essential learning materials. Additionally, 1,700 severely and moderately undernourished children received therapeutic and supplementary feeding.

The areas affected by Cyclone Nargis received a strengthening of basic health services and supplies of essential assets, such as boats for the hard-to-reach areas. Due to the essential drug packages made available, 98 per cent of children under age 5 seeking treatment for diarrhoea received oral rehydration salts and zinc tablets. Twenty-four health centres were rebuilt according to new cyclone-resistant standards, and 51,700 households received insecticide-treated mosquito nets to stave off malaria.

**CORE COUNTRY DATA**

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (thousands 2009)</td>
<td>50,020</td>
</tr>
<tr>
<td>Child population (thousands 2009)</td>
<td>16,124</td>
</tr>
<tr>
<td>U5 mortality rate (per 1,000 live births, 2009)</td>
<td>71</td>
</tr>
<tr>
<td>Infant mortality rate (per 1,000 live births, 2009)</td>
<td>54</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births 2008)</td>
<td>240</td>
</tr>
<tr>
<td>Primary school enrolment ratio (net male/female, 2005–2009*)</td>
<td>– / –</td>
</tr>
<tr>
<td>% U1 fully immunized (DPT3, 2009)</td>
<td>90</td>
</tr>
<tr>
<td>% population using improved drinking-water sources (2008)</td>
<td>71</td>
</tr>
<tr>
<td>HIV/AIDS prevalence (% aged 15–49, 2009)</td>
<td>0.6</td>
</tr>
<tr>
<td>% U5 suffering from moderate and severe wasting (2003–2009*)</td>
<td>11</td>
</tr>
</tbody>
</table>

*Data refer to most recent year available during the period specified.
In 2010, 280,000 children – an estimated 94 per cent of all children under age 5 in the nine townships worst affected by Cyclone Nargis – received vitamin A supplementation. In two of the worst-affected townships, UNICEF reached 60 percent – or 650 – of the severely undernourished children with therapeutic feeding. Micronutrients were provided to 81,150 pregnant and breastfeeding women. UNICEF support to the national nutrition network continued to improve the coordination and the application of common international standards among all nutrition partners.

Through its continued coordination of the WASH cluster, UNICEF addressed such problems as the lack of household water storage and potential water shortages due to erratic rainfall. UNICEF met urgent drinking-water needs by providing 7.5 million litres of water and improved water storage capabilities for approximately 53,000 families. The provision of latrines and community awareness campaigns helped improve health risks from poor sanitation, and UNICEF provided technical training for seven local NGO partners to strengthen local capacity in the sector.

The child-friendly school initiative continues to see greater involvement from parent-teacher associations in school planning and management. The 49 child-friendly schools completed in the delta in June 2010 now demonstrate the required quality and safety standards suitable for schools in the Nargis-affected areas.

Through the 194 community support groups established in the delta with UNICEF support, 7,000 vulnerable children were protected and assisted, and community members continue to prevent and respond to cases of child abuse. Children in dire need can now benefit from stronger referral systems because social welfare officers in selected townships are receiving support in case management.

UNICEF, as sector lead for nutrition and WASH and co-lead for education, will work together with the Government of Myanmar, other UN agencies and NGOs to focus on assisting the most vulnerable and hard-to-reach children in areas of Rakhine State (including Northern Rakhine State), Chin State and the Irrawaddy Delta. In 2011, UNICEF expects to reach more than 1 million people, including 190,000 women, over 380,000 girls and 370,000 boys living in emergency conditions.

**PLANNED HUMANITARIAN ACTION FOR 2011**

**NUTRITION (US$970,000)**

In 2011, UNICEF will address acute undernutrition in the most vulnerable areas by expanding the existing nutrition surveillance, micronutrient support and therapeutic feeding programmes in the delta, Rakhine State (including North Rakhine State) and Chin State. This work may also expand to the central dry zone.

- UNICEF, along with the Government of Myanmar and other partners, will strengthen the national nutrition network; a key goal is to agree on standards and benchmarks.
- To prevent the deterioration of the nutritional status of children, at least 2,400 children with severe and moderate acute malnutrition in the delta, Rakhine State and Chin State will receive therapeutic and supplementary feeding.
- To maintain basic health, at least 90 per cent of children 6–59 months old will receive vitamin A supplements and at least 60 per cent of pregnant women will benefit from micronutrient support, including vitamin A, B1, iron and folic acid in areas in the delta, Rakhine State and Chin State targeted with the expanded immunization package.
- The nutrition surveillance system for timely warning and intervention will continue to be expanded to reflect emerging situations.

**HEALTH (US$1,300,000)**

UNICEF will address the health needs of children and women in the underserved and hard-to-reach areas in the delta, Rakhine State and Chin State by providing an integrated health and nutrition package (the...
Some 62,000 children under age 5 in hard-to-reach villages will receive routine vaccinations and up to 55,000 pregnant and lactating women will benefit from a basic package of maternal and child health services, health education and essential drugs to treat diarrhoea and acute respiratory infections.

Planning and implementation at the local level can make the difference in outcomes for women and children. Micro-planning at the township level and below as a part of the strategy of reaching every community can help improve the access to health services of children and women in hard-to-reach areas in selected townships.

Approximately 1,000 community members will be trained – including on providing first aid – to prepare and effectively respond to any type of natural disaster. This programme, initiated in the delta, may be expanded, in cooperation with the national Red Cross, to other disaster-prone areas of the country.

**WATER, SANITATION AND HYGIENE (WASH) (US$1,860,000)**

UNICEF aims to increase access to safe and sufficient water supply and increased proper sanitation and hygiene services in the delta, Rakhine State and dry zone.

Since clean water is a key to better health, about 70,000 families will gain access to satisfactory water and good storage receptacles, while 4,100 will receive materials to construct and use sanitary latrines.

A quality education is made up of many components, an important one being proper water and sanitation. UNICEF aims to provide 55 schools in the delta with adequate water and sanitation facilities and 50 schools in the areas affected by Cyclone Giri with adequate sanitation facilities.

To take best advantage of the improved water resources, 5,500 schoolchildren will be taught how to apply improved hygienic practices by training teachers regarding school sanitation and hygiene education.

**CHILD PROTECTION (US$350,000)**

In 2011, children in 215 villages in nine townships in the delta, Rakhine State, Chin State and Sagaing Division will have access to child protection services through the establishment and continuous support of community-based child protection systems and the mobilization of community support groups.

Child protection preparedness and a contingency plan for 2011 will be developed with all stakeholders, including the Department of Relief and Resettlement, the Department of Social Welfare, the Myanmar Red Cross Society, implementing partners (national and international non-governmental organizations) and UN agencies.

Approximately 8,000 vulnerable children will benefit from interventions to protect them from abuse, violence and exploitation through community-based child protection as well as community mobilization.

800 of the children most severely affected by Cyclone Giri will have access to child-friendly spaces for psychosocial support and recreational activities.

The child protection system will be strengthened in four of the targeted townships in collaboration with the Department of Social Welfare and partners, with a focus on prevention, response and the referral mechanism from the community level up to the Township Committees on the Rights of the Child.

The capacity of more than 235 staff from nine implementing partners and 205 community support group members will be strengthened in the areas of family tracing and reintegration.

**EDUCATION (US$5,270,000)**

The focus in 2011 will be on improving educational quality, with an emphasis on training teachers to use child-centred teaching methods, strengthening community involvement in school planning and management, and improving school facilities and their supplies.

All children in targeted townships in the delta and North Rakhine State – about 360,000 children altogether – will experience an improved quality of primary education through improved teaching methodologies and the availability of learning materials.

An additional 20 cyclone-resistant schools will be constructed in the delta, and the problem of existing schools lacking proper water and sanitation facilities will also be addressed.

Disruption to the education of some 23,000 children most affected by Cyclone Giri will be minimized by setting up 150 temporary learning spaces.

Life-skills-based disaster risk reduction activities will continue in 1,500 schools.

500 schools will conduct educational self-assessments and will develop and implement school improvement plans.

Early childhood development services will be made available for 5,000 preschool children.

1,000 out-of-school adolescents will gain access to non-formal life-skills education programmes.
CLUSTER COORDINATION (US$200,000)

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs (national and sub-national) need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

6. Livelihood and food security assessment in the Cyclone Giri affected areas, World Food Programme and FAO.
10. Ibid.
11. Ibid.
14. Based on information collected during UNICEF’s regular monitoring visits in the affected areas; national or pre-Nargis (baseline) figures on drop-out rates are not available for comparison.
15. Ibid.
16. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals. Gender data are based on national projections of sex ratio.
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<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>970,000</td>
<td>289,000</td>
<td>107,830</td>
<td>108,920</td>
</tr>
<tr>
<td>Health</td>
<td>1,300,000</td>
<td>117,000</td>
<td>30,840</td>
<td>31,160</td>
</tr>
<tr>
<td>WASH</td>
<td>1,860,000</td>
<td>380,000</td>
<td>75,620</td>
<td>76,380</td>
</tr>
<tr>
<td>Child protection</td>
<td>350,000</td>
<td>8,000</td>
<td>3,820</td>
<td>4,190</td>
</tr>
<tr>
<td>Education</td>
<td>5,270,000</td>
<td>383,200</td>
<td>188,000</td>
<td>195,200</td>
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<tr>
<td>Cluster coordination</td>
<td>200,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9,950,000</td>
<td>1,060,200</td>
<td>375,270</td>
<td>384,680</td>
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