Myanmar

HIGHLIGHTS

- The situation of children has worsened and remains a significant concern in Myanmar, with ongoing and escalating conflict leading to multiple displacements and the deterioration of social services in conflict-affected communities. Cyclone Mocha, which hit in May 2023, caused widespread destruction in five states, and seasonal monsoons negatively impacted already vulnerable communities. More than 18.6 million people, including 6 million children, are in need of humanitarian assistance.

- UNICEF’s humanitarian strategy focuses on working with local civil society organizations, non-governmental organizations and other United Nations agencies to broaden the humanitarian response for children in all conflict-affected states and regions.

- For 2024, UNICEF is appealing for $208.3 million to provide life-saving humanitarian assistance to 3.1 million people, including 2.1 million children. UNICEF aims to reach 850,000 people with critical WASH supplies; 350,000 children and women with primary health care services; and more than 890,000 children with education.

KEY PLANNED TARGETS

- 418,000 children screened for wasting
- 1.7 million people with safe and accessible channels to report sexual exploitation and abuse
- 890,360 children accessing formal or non-formal education, including early learning
- 850,000 people reached with critical WASH supplies

Figures are provisional and subject to change upon finalization of the 2024 inter-agency planning documents.
The worsening situation of children remains a significant concern in Myanmar, with ongoing and escalating conflict leading to multiple displacements and the deterioration of social services in conflict-affected communities. Nearly 2 million people were displaced internally as of the end of October 2023, including 306,200 people who had been displaced prior to the military takeover in February 2021. Adding to this, in 2023, Cyclone Mocha caused widespread destruction in five states, and seasonal monsoons negatively impacted already vulnerable communities. Altogether, more than 18.6 million people, including 6 million children, require humanitarian assistance.

Grave child rights violations persist, mainly due to the indiscriminate use of heavy weapons, airstrikes, explosive ordnance and recruitment and use of children. Attacks on schools and hospitals continue at alarming levels. Approximately 4.5 million children need education support because of disruption to safe learning opportunities. Women and children face significant risks of violence, including gender-based violence, exploitation and abuse. Children and adults with disabilities are especially vulnerable and have limited access to services that meet their disability-specific needs.

A deteriorating economic situation has limited livelihood opportunities, further worsening the plight of the most vulnerable people. More than 55 per cent of children live in poverty, while three quarters of displaced households’ basic needs are unmet.

Access to water and life-saving services has deteriorated: a significant number of children are still not able to access basic health and nutrition interventions due to insecurity and other forms of restriction. The under-five mortality rate of 42 deaths per 1,000 live births in 2022 remains the highest in the region, and up to 75 per cent of children aged 6–23 months do not eat a minimum acceptable diet. Although immunization coverage increased to approximately 70 per cent in 2022 from 37 per cent in 2021, an estimated 1 million children missed basic vaccines from 2018 to 2022.

Camp closures and the forced return or relocation of displaced people, particularly in Kachin, Shan and Rakhine States pose protection risks for children. Armed clashes, widespread presence of landmines and unexploded ordnance and a lack of basic services remain obstacles to return. And the proposed Rohingya repatriation from Bangladesh in the absence of conditions for voluntary and safe returns will present further protection concerns in 2024. Military operations, ongoing hostilities and administrative constraints (e.g., travel authorization-related delays and movement restrictions) impede access of humanitarian actors to people in need, impacting the timely delivery of programme supplies. The politicization of humanitarian assistance compounds this challenge.

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**STORY FROM THE FIELD**

Lar Luu, 8, didn’t speak for two weeks after a landmine exploded while he and his friends were playing after school in a field near their home. He suffered severe injuries. One of his friends was killed. “We didn’t know there were landmines there,” says his mother.

The number of civilian casualties of landmines is rising dramatically in Myanmar, with children like Lar Luu making up 34 per cent of the victims. UNICEF works with local partners to educate children about the risks of landmines and other explosive ordnance and how to avoid them, and supports families affected by landmines.

Read more about this story here
HUMANITARIAN STRATEGY

UNICEF will implement evidence- and experience-based strategies to broaden the humanitarian response for children through its leadership roles in five inter-agency clusters and areas of responsibility. UNICEF will work with other United Nations agencies, non-governmental organizations and civil society organizations to ensure that humanitarian strategies reflect the inter-agency Humanitarian Needs Overview and Humanitarian Response Plan for 2024. It will also complement the transitional cooperation framework 2024–2025, which will strengthen the humanitarian-development-peace nexus approach, focusing on localization and accountability to affected populations. UNICEF will maintain its nationwide focus in 2024, maximizing the coverage of its seven field offices in all conflict-affected states and regions.

Protection will remain central to UNICEF’s response in Myanmar; a holistic approach will provide integrated packages of life-saving child protections services. UNICEF, as part of the country task force on monitoring and reporting, will continue to build the capacity to monitor, report and respond to grave violations against children in armed conflict. UNICEF will also continue its dialogue with parties to conflict to prevent and address grave violations.

UNICEF will provide life-saving WASH services and supplies to the affected population through local partnerships. Local procurement, direct distribution and cash transfer modalities will maximize reach to affected populations.

UNICEF will support the continued access of crisis-affected children to safe learning through complementary learning opportunities tailored to school-age children, including pre-primary school aged children, and for those who were out of the formal system even before the current crises. This includes access to safe temporary learning spaces, critical education supplies and quality teaching and learning materials and support for educators.

UNICEF will deliver life-saving, high-impact maternal, newborn and child health interventions using a primary health care platform, with interventions jointly delivered, managed and integrated with nutrition; WASH and child protection sectors. Up to 1 million children will be reached with vaccination services.

UNICEF will also strengthen existing community feedback mechanisms, focusing on the most marginalized communities, as a way to inform interventions and ensure accountability to affected populations. Capacity building of staff and volunteers on principles, integration and standard reporting for such accountability will continue. Evidence generation will leverage digital innovations and social media channels to ensure two-way communication. UNICEF has set up a Disability Management Information System and is expanding disability screening and identification processes in collaboration with organizations of persons with disabilities and community networks. UNICEF will continue to integrate initiatives to ensure protection from sexual exploitation and abuse into programmes and partnerships.

2024 PROGRAMME TARGETS

Health (including public health emergencies)
- 800,000 children vaccinated against measles
- 350,000 children and women accessing primary health care in UNICEF-supported facilities

Nutrition
- 418,000 children 6-59 months screened for wasting
- 10,900 children 6-59 months with severe wasting admitted for treatment
- 316,000 primary caregivers of children 0-23 months receiving infant and young child feeding counselling
- 293,000 children 6-59 months receiving micronutrient powder
- 1,014,000 children 6-59 months receiving vitamin A supplementation
- 316,000 pregnant and lactating women receiving multiple micronutrient supplementation

Child protection, GBViE and PSEA
- 3,392,000 children, adolescents and caregivers accessing community-based mental health and psychosocial support
- 631,000 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- 1,654,464 people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations
- 25,000 children who have received individual case management
- 940,000 children provided with landmine or other explosive weapons prevention and/or survivor assistance interventions

Education
- 890,360 children accessing formal or non-formal education, including early learning
- 450,000 children receiving individual learning materials
- 21,864 educators supported with training and/ or incentives
- 600 temporary learning centers rehabilitated

Water, sanitation and hygiene
- 390,000 people accessing a sufficient quantity and quality of water for drinking and domestic needs
- 300,000 people accessing appropriate sanitation services
- 300,000 people reached with handwashing behaviour-change programmes
- 850,000 people reached with critical WASH supplies
- 300,000 people accessing functional handwashing facilities with soap

Social protection
- 18,600 children and adolescents reached with disability-specific services and assistive technology

Cross-sectoral (HCT, SBC, RCCE and AAP)
- 90,000 households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)
- 3,000,000 people reached with messages on prevention and access to services
- 359,529 people sharing their concerns and asking questions through established feedback mechanisms
- 150,000 people participating in engagement actions for social and behavioural change

Progress against the latest programme targets is available in the humanitarian situation reports: [https://www.unicef.org/appeals/myanmar/situation-reports](https://www.unicef.org/appeals/myanmar/situation-reports)
In 2024, UNICEF appeals for $208.3 million to provide life-saving humanitarian assistance to children and families in Myanmar. This funding will allow UNICEF to reach 3.1 million people, including 2.1 million children. UNICEF and its partners will deliver much-needed services in nutrition, health, WASH, education, child protection, gender-based violence in emergencies, protection from sexual exploitation and abuse, mine action, social protection and cash-based programming, social behaviour change, accountability to affected populations, humanitarian leadership and cluster coordination. UNICEF aims to reach 850,000 people with critical WASH supplies; 350,000 children and women with primary health care services; 392,000 children, adolescents and caregivers with community-based mental health and psychosocial support (an additional 3 million children and community members will access social media and messaging on psychosocial support); and more than 890,000 children with education support. UNICEF will continue to deliver humanitarian maternal and child cash transfers to 90,000 households to meet basic needs; and 18,600 children with disabilities will be targeted for disability-specific services.

This 2024 appeal is slightly lower than that of 2023 because the national immunization programme received a commitment from development partners and is expected to be prioritized under the national health budget. However, financing remains critical for delivering effective and efficient service in all sectors. Inadequate funding will hamper UNICEF’s ability to respond to the vital needs of the most vulnerable children and their families in conflict-affected, displaced and host communities across the country.

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**Sector 2024 requirements (US$)**

<table>
<thead>
<tr>
<th>Sector</th>
<th>2024 requirements (US$)</th>
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<tbody>
<tr>
<td>Health (including public health emergencies)</td>
<td>$16,750,000</td>
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<tr>
<td>Nutrition</td>
<td>$18,010,388</td>
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<td>Child protection, GBViE and PSEA</td>
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<td>Education</td>
<td>$55,871,200</td>
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<td>Water, sanitation and hygiene</td>
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<td>Social protection</td>
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<td>Cross-sectoral (HCT, SBC, RCCE and AAP)</td>
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<tr>
<td>cluster &amp; Field Coordination</td>
<td>$11,221,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$208,285,828</strong></td>
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</tbody>
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*This includes costs from other sectors/interventions: Health (including public health emergencies) (8.0%), cluster & Field Coordination (5.4%), Social protection (3.9%).*
1. **ENDNOTES**

   **1.** UNICEF is committed to needs-based targeting, which means covering the unmet needs of children in need, and will serve as the provider of last resort where it has cluster coordination responsibilities.

   **2.** The number of people to be reached is lower than in 2023 because it excludes those people reached through mass media campaigns or digital awareness sessions.

   **3.** The population to be reached has been estimated on the basis of location overlapping of current e-PDs, assuming it can be maintained for the next year. It includes: a) 800,000 children under 5 years of age receiving measles immunization; b) 18,000 children with disabilities benefiting from assistive technology; c) 89% of 0.9 million people accessing critical WASH supplies (750,000); d) 67 per cent of 0.4 million people accessing mental health and psychosocial support, reach through media already excluded (280,000); e) 50 per cent of 0.44 million children accessing explosive ordnance risk education, reach through media already excluded (220,000); overlapping between the two previous categories excluded already; f) 50 per cent of 0.45 million people receiving cash transfer assistance (220,000); and h) educators supported (22,000). The total is 3.1 million.

   **4.** UNICEF is committed to needs-based targeting, which means covering the unmet needs of children, and will serve as the provider of last resort where it has cluster coordination responsibilities.

   **5.** The budget line includes humanitarian cash transfers, social behavior change, risk communication and community engagement and accountability to affected populations. There is a change compared to the 2023 budget because humanitarian cash transfers are now included under the cross-sectoral line item.

   **6.** The budget for gender-based violence interventions is estimated at $6,740,000.

   **7.** The number of children receiving individual learning materials has been reduced based on achievements in 2022 and January to August 2023.

   **8.** The revised Core Commitments made investing in strengthening the capacities of local actors in the humanitarian response a mandatory benchmark for UNICEF action. A more localized response will improve humanitarian action and will be instrumental to achieving better accountability to affected populations.

   **9.** The reporting of case management does not include a wider range of case management in different components of the programme due to siloed reporting. Primero only reports cases that are dealt with through case management coordination. The main focus in 2024 is to strengthen reporting within the case management system and increase the social workforce.

   **10.** The budget for gender-based violence interventions is estimated at $6,740,000.


   **12.** UNICEF is committed to supporting the leadership and coordination of humanitarian response through its leadership or co-leadership of cluster coordination for the WASH, Nutrition and Education Clusters and the Child Protection Area of Responsibility. All cluster coordinator costs are included in sectoral programme budgets.

   **13.** UNICEF is committed to empowering local responders in humanitarian crises in a variety of ways. The revised Core Commitments made investing in strengthening the capacities of local actors in the humanitarian response a mandatory benchmark for UNICEF action. A more localized response will improve humanitarian action and will be instrumental to achieving better accountability to affected populations.

   **14.** The Humanitarian Needs Overview calculated the total number of children in need as 32 per cent of total people in need. The revised 2023 UNICEF Humanitarian Action for Children appeal was calculated based on 35 per cent of children, which also included people in need from Cyclone Nida-affected areas.

   **15.** The number of people to be reached is lower than in 2023 because it excludes those people reached through mass media campaigns or digital awareness sessions.

   **16.** The population to be reached has been estimated on the basis of location overlapping of current e-PDs, assuming it can be maintained for the next year. It includes: a) 800,000 children under 5 years of age receiving measles immunization; b) 18,000 children with disabilities benefiting from assistive technology; c) 89% of 0.9 million people accessing critical WASH supplies (750,000); d) 67 per cent of 0.4 million people accessing mental health and psychosocial support, reach through media already excluded (280,000); e) 50 per cent of 0.44 million children accessing explosive ordnance risk education, reach through media already excluded (220,000); overlapping between the two previous categories excluded already; f) 50 per cent of 0.45 million people receiving cash transfer assistance (220,000); and h) educators supported (22,000). The total is 3.1 million.

   **17.** UNICEF is committed to needs-based targeting, which means covering the unmet needs of children, and will serve as the provider of last resort where it has cluster coordination responsibilities.

   **18.** The children to be reached has been estimated as: a) 800,000 children under 5 years of age receiving measles immunization; b) 18,000 children with disabilities benefiting from assistive technology; c) 89% of 0.9 million children accessing formal, non-formal education (800,000); d) 89 per cent of 0.9 million people accessing critical WASH supplies (750,000); e) 67 per cent of 0.4 million people accessing mental health and psychosocial support, reach through media already excluded (280,000); f) 50 per cent of 0.45 million people receiving cash transfer assistance (220,000); and h) educators supported (22,000). The total is 3.1 million.