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A flood-affected family receives supplies from UNICEF during a distribution of emergency supplies for flood response in Myanmar.

unicef for every child

Humanitarian Action for Children

Myanmar

HIGHLIGHTS

- The situation of children and their families continues to worsen in Myanmar amid escalating conflict that has displaced more than 3.4 million people; climate shocks; and public health emergencies. Access to critical life-saving services has sharply diminished, particularly for conflict-affected and vulnerable children and women. In 2025, 19.9 million people, including 6.3 million children, will require humanitarian assistance.
- UNICEF's humanitarian strategy focuses on working with communities, local and international partners and all stakeholders to deliver life-saving humanitarian assistance and ensure critical services reach children in need.
- UNICEF is appealing for $286.4 million to provide life-saving humanitarian assistance to 4.1 million people, including 3 million children. UNICEF aims to reach 1 million people with critical WASH supplies; 400,000 children and women with primary health care services; 2 million children under age 5 with vitamin A supplementation; 552,000 children and caregivers with mental health and psychosocial support services; and 917,000 children with access to education.

KEY PLANNED TARGETS

800,000
children vaccinated against measles

917,000
children accessing formal or non-formal education, including early learning

400,000
people accessing a sufficient quantity and quality of water

1 million
people reached with critical WASH supplies (including hygiene items)

Figures are provisional and subject to change upon finalization of the inter-agency planning documents.

IN NEED

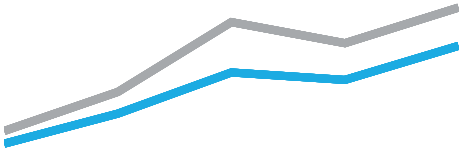
19.9 million people[1]

6.3 million children[2]

TO BE REACHED

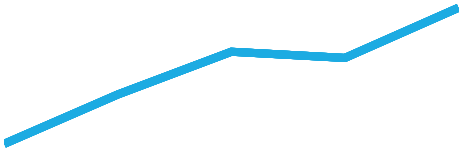
4.1 million people[3]

3 million children[4]



FUNDING REQUIREMENTS

US$286.4 million



HUMANITARIAN SITUATION AND NEEDS

Children and families in Myanmar remain in dire need of life-saving assistance and vital services amid escalating conflict. More than 3.4 million people are internally displaced.[5] The situation is compounded by floods and remnants of Typhoon Yagi, which affected more than 1 million people.[6] Altogether, 19.9 million people – more than one third of the population, including 6.3 million children – will require humanitarian assistance in 2025.[7]

Conflict-affected and vulnerable children and pregnant women struggle to obtain basic health care amid violence and logistical challenges.[8] The under-five mortality rate is at 40 per 1,000 live births[9] – the highest in Southeast Asia. Outbreaks of acute watery diarrhoea[10] threaten children's well-being and survival. More than 1 million children under age 5 were either zero-dose or under-immunized between 2018 and 2022, and progress of the 2024 catch-up campaign[11] remains limited.

The deteriorating economic situation has drastically reduced livelihood opportunities, with nearly 55 per cent of children living in poverty. Approximately 85 per cent of internally displaced households face unmet needs, with one in four resorting to emergency or crisis strategies to cope with food and income shortages.[12]

High food inflation and declining household incomes severely impact dietary quality, with more than 40 per cent of children aged 6–23 months[13] unable to access a diverse and nutritious meal, crucial for their survival, growth and development.

The ongoing conflict has severely weakened the protective environment for children and has exacerbated pre-existing risks,[14] increasing children's vulnerability to violence, family separation, sexual abuse and exploitation and neglect. In 2023, grave child rights violations rose by 128 per cent compared with 2022, including a near tripling of the number of explosive ordnance casualties.[15] This alarming trend has continued in 2024, with children constituting 32 per cent of the total casualties recorded, increasing the number of children with disabilities.[16]

Nearly one third of school-age children remain out of school due to the ongoing and protracted crisis,[17] with seasonal disasters further disrupting education and safe learning environments. The limited access to education increases protection risks and risks a lost generation of children.[18]

There is an urgent need for access to water, sanitation and hygiene (WASH) services, especially for the increasing numbers of people living in displacement settings.[19] Safe WASH services are crucial, particularly during the summer and monsoon seasons, to prevent disease outbreaks, including acute watery diarrhoea.

The humanitarian context is further complicated by the complex access environment, with active conflict, administrative constraints and changes in territorial control in parts of the country.

SECTOR NEEDS[20]

12.9 million
people in need of essential health care services

2 million
children under five in need of nutrition support

8.8 million
people in need of protection services

4.7 million
children in need of education support

6.9 million
people lack access to safe water

STORY FROM THE FIELD

UNICEF Myanmar/2024

Primary school children practise handwashing at a temporary learning space in Kayin State, Myanmar.

Amid escalating conflict in Kayin State, Daw Aye Tin and her family, like many others, fled to another township, where acute water scarcity and poor hygiene became daily struggles.

"Water was our biggest worry – scarce and unsafe," says Daw Aye. "The fear of my children getting sick kept me awake at night." Overcrowded facilities and distant, unsafe toilets left families vulnerable to disease and protection risks.

Recognizing the extremely difficult circumstances faced by displaced families like Daw Aye's, UNICEF and partners collaborated to implement an integrated water, sanitation and hygiene project targeting the most affected households in five priority townships.

Read more about this story here

HUMANITARIAN STRATEGY

The protracted and complex nature of the crisis impacting Myanmar requires UNICEF and partners to address acute humanitarian needs while investing in community resilience through a risk-informed approach. This is in line with the interagency Humanitarian Needs and Response Plan 2025 and the Transitional Cooperation Framework 2024-2025.[21] In coordination with other United Nations agencies, partners and stakeholders, UNICEF will maximize the nationwide coverage of its seven field offices and leadership across five clusters/areas of responsibility[22] to strengthen emergency preparedness and to implement a multisectoral response to address needs arising from the ongoing conflict and climate shocks.[23]

UNICEF will deliver life-saving WASH services and supplies to affected populations, prioritizing localization and community networks. Direct distribution, especially in hard-to-reach areas, will be integrated with health, nutrition, education and child protection services to ensure maximum impact. Durable solutions will accompany capacity building for local WASH partners and communities.

UNICEF will continue delivering integrated maternal, newborn and child health interventions through primary health care platforms, including support for children with disabilities and mental health interventions for pregnant women.[24] This will be achieved through both fixed and outreach approaches to reach the most vulnerable populations.

UNICEF will provide preventive and curative nutrition services to children, pregnant women and breastfeeding mothers through screening, treatment of children with wasting and counseling on maternal and child feeding. Key micronutrient supplements, such as vitamin A, will be distributed; pre-positioned nutrition supplies will help maintain service continuity.

UNICEF will deliver an integrated package of life-saving child protection services, including mental health and psychosocial support, case management, explosive ordnance risk education and awareness-raising on gender-based violence and protection from sexual exploitation and abuse. To address system fragility, UNICEF will invest in strengthening existing community systems and the local social service workforce to enhance child protection capacities.

UNICEF will ensure safe, inclusive and quality learning opportunities for crisis-affected children, especially the marginalized and displaced. This includes providing safe learning spaces, essential teaching and learning materials, and integrating psychosocial support.

Humanitarian cash transfers will complement other sector activities. Additionally, UNICEF will continue to invest in social protection programming across the humanitarian–development nexus, with a focus on reaching pregnant women, children under age 2 years and children with disabilities through integrated 'cash plus' services.

Social and behaviour change interventions will prioritize life-saving behaviours, promote preventive health measures and foster vaccine acceptance. UNICEF will strengthen community feedback systems to ensure multisectoral integration and to amplify community engagement and accountability.

Progress against the latest programme targets is available in the humanitarian situation reports: https://www.unicef.org/appeals/myanmar/situation-reports

2025 PROGRAMME TARGETS

Health (including public health emergencies)

- **400,000** children and women accessing primary health care in UNICEF-supported facilities
- **800,000** children vaccinated against measles [25]

Nutrition

- **450,000** children 6-59 months screened for wasting
- **16,600** children 6-59 months with severe wasting admitted for treatment
- **200,000** primary caregivers of children 0-23 months receiving infant and young child feeding counselling
- **254,000** children 6-59 months receiving micronutrient powder
- **2,000,000** children 6-59 months receiving vitamin A supplementation
- **120,000** pregnant and lactating women receiving multiple micronutrient supplementation

Child protection, GBViE and PSEA

- **552,000** children, adolescents and caregivers accessing community-based mental health and psychosocial support[26]
- **1,375,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions[27]
- **1,375,000** people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations[28]
- **5,000** children who have received individual case management[29]
- **920,000** people provided with landmine or other explosive weapons prevention and/or survivor assistance interventions[30]
- **720,000** girls, boys, women and men (disaggregated by age, gender, and disability) reached through Child Protection awareness raising activities (including community events related with CP)

Education

- **917,000** children accessing formal or non-formal education, including early learning
- **600,000** children receiving individual learning materials[31]
- **20,400** Educators/ facilitators supported through training and/ or incentives
- **800** temporary learning centers renovated/ rehabilitated

Water, sanitation and hygiene

- **400,000** people accessing a sufficient quantity and quality of water for drinking and domestic needs
- **350,000** people accessing appropriate sanitation services[32]
- **350,000** people reached with handwashing behaviour-change programmes
- **1,000,000** people reached with critical WASH supplies (including hygiene items)

Social protection

- **102,112** households reached with UNICEF-funded humanitarian cash transfers
- **18,600** beneficiaries of cash transfers, including children with disabilities, who are linked with other programmes, information and services

Cross-sectoral (HCT, SBC, RCCE and AAP)

- **3,000,000** people reached with messaging on risk prevention measures and access to services
- **380,000** people sharing their concerns and asking questions through established feedback mechanisms
- **150,000** people participating in engagement actions for social behaviour change

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

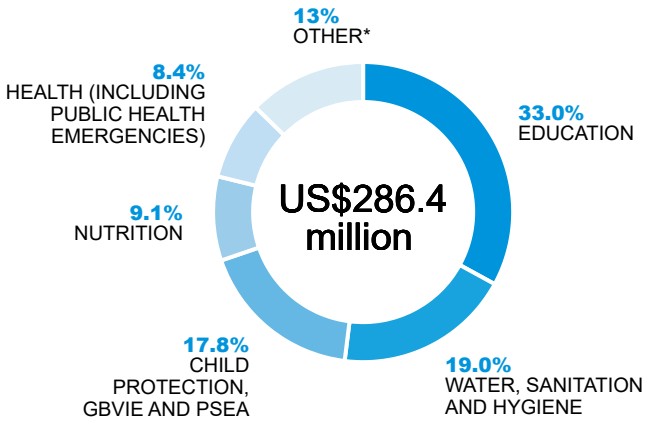
Programme targets are provisional and subject to change upon finalization of the inter-agency planning documents.

FUNDING REQUIREMENTS IN 2025

UNICEF is requesting $286.4 million for 2025 to meet the humanitarian needs of 4 million people, including 3 million children. Needs remain high throughout the country due to multiple and overlapping crises.

The 2025 funding requirement considers the dynamic and fast-changing operating environment in Myanmar, diverse implementation approaches and increasing operating costs due to inflation and logistical challenges. Funding support will provide 400,000 children and pregnant and lactating women with primary health care services and 552,000 children and caregivers with mental health and psychosocial support services. It will enable 400,000 people to gain access to safe water; and provide vitamin A supplements to 2 million children under 5 years of age. In addition, this appeal will ensure 917,000 children have access to safe learning environments and critical educational resources. UNICEF will enhance social protection measures, offering support to vulnerable families and helping to mitigate the impact of the crisis on livelihoods. Cross-sectoral interventions will promote collaboration across sectors, ensuring a holistic response to the needs of affected communities. This appeal aligns with the preliminary figures of the Myanmar Humanitarian Needs and Response Plan 2025.

The need for flexible funding has never been more evident in the volatile operating context of Myanmar. Funding flexibilities have enabled UNICEF and its partners to respond to sudden-onset disasters (including widespread floods in 2024) and disease outbreaks. Without sufficient, flexible and timely humanitarian funding, UNICEF will be unable to support the response to Myanmar's continuing crises, including climate-related and public health emergencies. Complementary to humanitarian funding, urgent investment in development activities is also critical to curb rising humanitarian needs and foster long-term stability in the country.



**This includes costs from other sectors/interventions : Social protection and cash transfers (7.6%), cluster & Field Coordination (3.0%), Cross-sectoral (SBC, RCCE and AAP) (2.1%).*

Sector	2025 requirements (US$)
Health (including public health emergencies)	**24,192,000**[33]
Nutrition	**25,976,983**[34]
Child protection, GBViE and PSEA	**50,996,615**[35,36,37]
Education	**94,439,288**[38]
Water, sanitation and hygiene	**54,406,768**[39]
Social protection and cash transfers	**21,796,232**[40]
Cross-sectoral (SBC, RCCE and AAP)	**6,091,546**[41]
cluster & Field Coordination	**8,521,979**
Total	**286,421,411**

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ENDNOTES

1. Estimate from the provisional inter-agency Humanitarian Needs and Response Plan 2025, as of 21 October 2024.

2. The number of children in need is calculated taking 32 per cent of the total population, as per the provisional Humanitarian Needs and Response Plan 2025.

3. The number of people to be reached is comprised of the following: 3,021,024 children and 1,058,132 adults. The calculation of adults takes into account: 1) 680,000 adults reached with critical WASH supplies, including hygiene items (68 per cent of the total 1 million target are adults); 2) 20,400 educators supported with training and/or incentives; 3) 100,000 primary caregivers of children aged 0–23 months receiving infant and young child feeding counselling (50 per cent of overall target, given potential overlap with WASH, education and primary health care targets); 4) 52,239 adult women accessing primary health care in UNICEF-supported facilities (25 per cent of overall target to reduce double counting with other targets), and 5) 205,493 people reached with humanitarian cash transfers (assuming 25 per cent overlap with other programme interventions).

4. The children to be reached has been estimated based upon 2 million children under age 5 receiving vitamin A supplementation; 825,300 children over age 5 being reached with formal or non-formal education; and 195,724 children being provided with humanitarian cash transfers.

5. Office of the United Nations High Commissioner for Refugees (UNHCR), displacement figures as of 14 October 2024.

6. OCHA, Myanmar Humanitarian Update no. 41, 10 October 2024.

7. Preliminary figures from the Humanitarian Needs and Response Plan 2025.

8. This includes insecurity, multiple restrictions and disruptions including road access for essential medical supplies.

9. United Nations Inter-agency Group for Child Mortality Estimation, Levels & Trends in Child Mortality: Report 2022, January 2023, available at <https://childmortality.org/wp-content/uploads/2023/01/UN-IGME-Child-Mortality-Report-2022.pdf>.

10. A total of 5,897 AWD cases have been reported from July to October 2024, WHO Global Cholera and AWD Dashboard

11. Catch-up campaign with four vaccines (bOPV, Penta, IPV, and MR).

12. United Nations Deveopment Programme, UNDP People's Pulse Survey 2023 and UNICEF analysis of Myanmar's 2024 Multi-Sector Needs Assessment (MSNA).

13. Multi-Sector Needs Assessment (MSNA) 2023, and Myanmar Household Welfare Survey, 2023, International Food Policy Research Institute.

14. Including risk of children witnessing or experiencing violence in their home or community and risk of neglect.

15. United Nations, Children and armed conflict: Report of the Secretary-General, A/78/842–S/2024/384, New York, 3 June 2024.

16. Myanmar Landmine/ERW Incident Information 2024 (Q2), UNICEF, July 2024.

17. Estimate derived from the Multi-Sector Needs Assessment (MSNA, 2022).

18. Children and youth face escalating risks of child labour, trafficking, forced recruitment into armed conflict and early or forced marriage.

19. Such displacement settings include forests, monasteries, host communities and temporary sites.

20. As per the preliminary Humanitarian Needs and Response Plan 2025, as of 21 October 2024.

21. The Humanitarian Needs and Response Plan 2024 has been integrated into the Transitional Cooperation Framework 2024–2025, where it is one of the pillars.

22. UNICEF leads five clusters/areas of responsibility: WASH, Education, Nutrition, Child Protection and Mine Action.

23. UNICEF has two main offices, in Yangon and Naypyitaw, as well as five field offices and two sub-offices.

24. People with disabilities, identified by health care providers, will be assisted to receive specialized assistance, including disability benefits. Antenatal and postnatal mental health of women will be enhanced by integrating perinatal mental health services into primary health care packages.

25. The vaccination target is children under 1 year of age.

26. This target includes at least 70 per cent (386,400) reached in-person and the rest (165,600) digitally.

27. 300,000 women, girls and boys will be targeted for gender-base violence response and prevention, which will be mainly under child protection interventions. The remaining 1,075,000 will be reached through gender-based violence risk mitigation in education, health, nutrition, social protection and WASH programming.

28. 300,000 people will be targeted under child protection while the remaining 1,075,000 will be accessing reporting channels for protection from sexual exploitation and abuse through health, nutrition, education, WASH and social protection as a cross-cutting initiative.

29. This target includes children released or exited from armed forces/groups provided with protection or reintegration support; unaccompanied and separated children provided with alternative care or reunified; and legal aid support for children and adolescents/youth, including children identified through the legal aid support project.

30. 500,000 people will be reached through digital explosive ordnance risk education messaging, and 420,000 people will be reached through community-based mechanisms.

31. More than 65 per cent of targeted children will receive individualized learning materials. Additionally, all children accessing learning opportunities will be provided with appropriate teaching and learning materials through the distribution of teaching, learning and recreation kits, as well as the utilization of the Learning Passport, where feasible.

32. Access to safe water continues to be a priority across all displacement settings and in some instances requires a continuous supply. In comparison, sanitation services may be of a lower priority in settings such as displacement sites, where sanitation facilities already exist.

33. Unit costs: $10 per immunized child and $30 per person for primary health care services.

34. Unit costs: $5 per child for vitamin A supplementation, screening for wasting, infant and young child feeding counseling; $10 per person for multiple micronutrient supplementation for pregnant and lactating women and children; and $210 per severe wasting treatment.

35. The budget for gender-based violence interventions is estimated at $16,500,000.

36. Unit costs: $26.75 per child for community-based mental health and psychosocial support; $20 per person for explosive ordinance risk education; $275 per child for case management.

37. The budget for interventions for protection from sexual abuse and exploitation is estimated at $0.9 per person, with a total budget of $1,237,500.

38. The unit costs align with the Education Cluster's costing. Education activities include 3 per cent of funding for protection from sexual exploitation and abuse.

39. Unit costs: $30 per person accessing water; $28 per person for sanitation; $18 per person for supplies; $8 per person for handwashing behaviour change interventions.

40. Unit cost: $262.50 per beneficiary per year for cash transfers, including children with disability linked with other programmes, information and services.

41. Unit costs: $0.5 per beneficiary for messaging; $12 per person for community outreach; $4 per person for accountability to affected populations.