



Myanmar Country Office

Humanitarian Situation Report No. 9

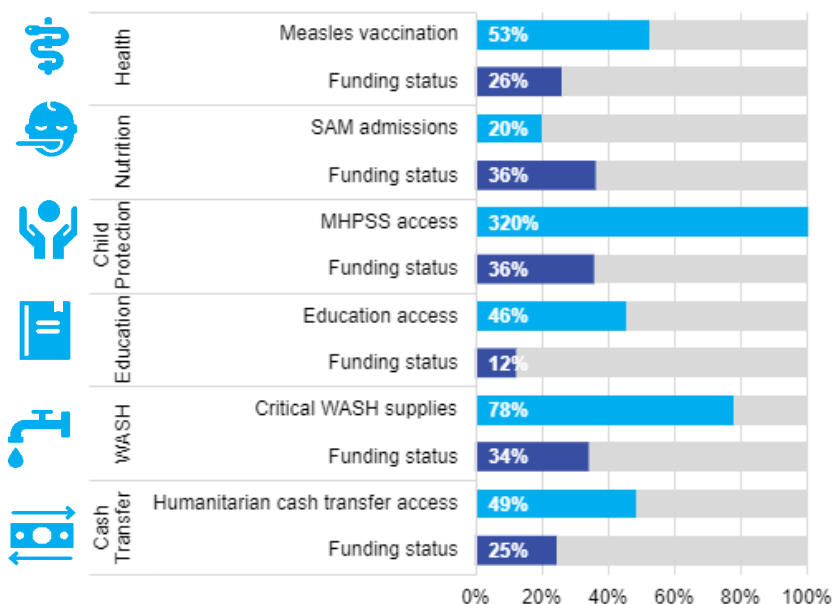
unicef 
for every child

Reporting Period: 1 to 30 November 2024

Highlights

- Nearly 3.5 million people are internally displaced across the country and facing severe shortages of food, clean water, healthcare, and education support.
- In the first nine months of 2024, 889 casualties were reported from incidents involving landmine and explosive remnants of war (ERW), which highlights the urgent need for targeted interventions to mitigate risks and protect civilians.
- More than 2 million children aged between 6–59 months have been reached with vitamin A supplementation, and more than 0.4 million children aged under one year have been vaccinated against measles with the support of UNICEF.
- The significant funding gap against the Humanitarian Action for Children (HAC) appeal persists. Timely and sufficient funding is crucial in providing immediate assistance for children and their families.

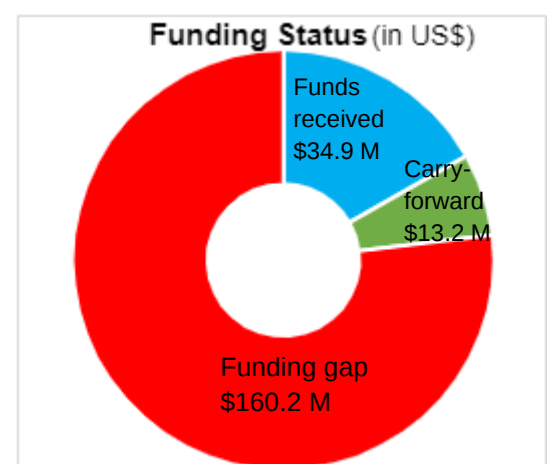
UNICEF's Response and Funding Status



Situation in Numbers

-  **6,000,000**
children in need of humanitarian assistance
-  **18,600,000**
people in need (HAC 2024)
-  **3,178,700**
Internally displaced people since 1 February 2021
-  **69,900**
People displaced to neighbouring countries since 1 February 2021 (UNHCR, 28 October 2024)
-  **277,500**
People displaced before February 2021

UNICEF Appeal 2024 US\$ 208.3 million



*Funding available includes: Funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors.

Funding Overview & Partnerships

UNICEF Myanmar Country Office is appealing for US \$208.3 million in 2024 to address the needs of 3.1 million people, including an estimated 2.1 million children. By the end of November 2024, UNICEF secured \$48.1 million (23 per cent of its appeal), comprising \$34.9 million received for the current year and \$13.2 million carried forward from 2023.

In 2024, UNICEF has received generous funding support from the Australian Department of Foreign Affairs and Trade (DFAT), the European Commission's Civil Protection and Humanitarian Aid Operations Department (DG ECHO), the Government of France, the German Federal Foreign Office, the Government of Japan, the Government of Norway, the Government of the Republic of Korea, the Royal Thai Government, the United States Agency for International Development (USAID)'s Bureau for Humanitarian Assistance (BHA), the Central Emergency Response Fund (CERF), the Country-Based Pooled Fund (CBPF), the Education Cannot Wait Fund, the Australian Committee for UNICEF, the Hong Kong Committee for UNICEF, and internal allocations from global and regional humanitarian thematic funding. UNICEF also acknowledges the contributions in previous years by BHA, DFAT, DG ECHO, the Government of Canada, the Government of Japan, the Government of Norway, the Japan International Cooperation Agency (JICA), the Royal Thai Government, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), along with CERF and CBPF, the Czech Committee for UNICEF and the French Committee for UNICEF. UNICEF Myanmar also received an internal loan from the Emergency Programme Fund to support its humanitarian response.

These resources enable UNICEF and its partners to deliver humanitarian services in nutrition, health, water, sanitation and hygiene (WASH), education, child protection, gender-based violence in emergencies (GBVIE), social protection and cash-based programming. While digital modalities are enabling UNICEF and partners to reach populations through mental health and psychosocial support (MHPSS), delivering MHPSS directly to individuals and groups is contingent on physical access and the availability of resources. UNICEF is also providing humanitarian leadership roles in the WASH Cluster, the Nutrition Cluster, the Child Protection Area of Responsibility (CP AoR) and the Mine Action Area of Responsibility (MA AoR). It also co-leads the Education Cluster. UNICEF is strengthening protection against sexual exploitation and abuse (PSEA) while promoting social behaviour-change and accountability to affected populations.

A severe funding shortfall of 77 per cent is significantly reducing the services UNICEF can provide. Without additional funding, vulnerable populations, especially children, will not be able to receive urgently needed assistance. UNICEF continues its efforts to mobilize resources and expresses its sincere appreciation to all private and public sector donors for their contributions to supporting the children of Myanmar.

UNICEF has released the Myanmar Humanitarian Action for Children appeal for 2025, asking for \$286.4 million funding, in accordance with the Humanitarian Needs and Response Plan, to provide the critical life-saving services to conflict-affected and vulnerable children and women.

Situation Overview & Humanitarian Needs

The humanitarian situation in Myanmar continues to deteriorate, with fighting between the Myanmar Armed Forces (MAF) and various armed groups across multiple states and regions. The situation has led to increasing displacement, with nearly 3.5 million people¹ fleeing their homes by the end of November. People in temporary shelters or informal camps are facing severe shortages of food, clean water and health care. Myanmar is ranked the highest in conflict index and has the most armed splinter groups² and mounting civilian casualties caused by persistent conflict. Twelve states and regions out of 15 are affected with the fighting and people, especially children, are struggling to survive because of threats to their security and protection. Enforcement of conscription across the country and forced recruitment by different armed groups are increasing people's anxiety and insecurity.³ The continuing problems caused by landmines and unexploded ordinance (UXO) remains a serious threat. The clashes, and the restrictions imposed by all parties, are the main obstacles in accessing affected people and in providing life-saving support and social services. Humanitarian agencies have also been forced to postpone or delay activities due to unexpected road closures, and bureaucratic

¹ United Nations High Commissioner for Refugees, 'Myanmar UNHCR displacement overview 25 November 2024', UNHCR.

² Armed Conflict Location & Event Data, 'Conflict Index: July 2024', <<https://acleddata.com/conflict-index>>.

³ United Nations Office for the Coordination of Humanitarian Affairs, [Myanmar Humanitarian Update No. 42 | 27 November 2024 - Myanmar ReliefWeb](#)

barriers, including travel authorization refusals and heightened scrutiny at checkpoints. Continued violence against, and threats to, humanitarian workers, assets and facilities have severely disrupted operations.⁴

The current humanitarian situation and displacement have also had a significant impact on the ability to deliver health and WASH services in general. *Vibrio Cholerae* is endemic to Myanmar, with outbreaks recorded since 2005. Acute watery diarrhoea (AWD) cases have also been reported in Rakhine, through Early Warning Systems (EWARS), since 2022. Yangon had the highest number of reported AWD cases with 4,743 as of week 45, followed by Rakhine with 2,753. Other states with significant numbers reported in 2024 include Mon, Mandalay and Ayeyarwady. In areas severely affected by armed conflict or flooding, including Kayin, Kayah, Shan, Rakhine, Sagaing and Kachin, the demand for education supplies remains high. Across the country, safe learning spaces are urgently needed for children, with immediate access to education services, which includes teaching and learning materials, and trained educators.

In Rakhine State, armed conflict between the Arakan Army (AA) and the MAF has persisted, particularly in Maungdaw, Ann, Toungup and Gwa townships, with frequent airstrikes reported in other areas claimed by the AA. An estimated 362,000 people have been displaced in Rakhine and neighbouring Paletwa Township in southern Chin, bringing the total number of internally displaced people in Rakhine to nearly 570,000. In Ann Township, an estimated 1,000 people from rural areas have been displaced since 21 October and nearly 260 houses were also burned. In Toungup Township, fighting has escalated since the end of October, displacing an estimated 20,000 people from urban areas. In Maungdaw Township, aerial bombardments displaced thousands of people, reportedly killed four displaced people, injured two civilians, and destroyed or burned thousands of empty houses in a village during the first week of November.⁵

Rakhine has been facing a drastic reduction in the cultivation of crops, domestic production, skyrocketing prices, widespread unemployment and heightened insecurity. With trade routes closed and severe restrictions on aid, Rakhine risks becoming a fully isolated zone of deep human suffering – it is in imminent danger of facing acute famine, according to the United Nations Development Programme (UNDP). Predictions by UNDP indicate that domestic food production will cover only 20 per cent of the people's needs by March–April 2025.⁶ The lack of adequate health care services further endangers lives, particularly in northern Rakhine. According to a partner organization's report, severe acute malnutrition (SAM) has been identified in at least 3 per cent of children under the age of five, among recently displaced people in a major township in Rakhine. This figure is significantly higher than the usual rates and is likely to be even higher in other populations and townships. While authorities have permitted the transport of supplies from Yangon to Sittwe for selected humanitarian agencies, continued advocacy is urgently needed to expand access to more conflict-affected townships across Rakhine.

Northwestern Myanmar has seen a continued escalation in conflict and affected more than 1.6 million people displaced in that region; nearly half of the countrywide caseload. There have been widespread reports of dozens of civilian casualties and hundreds of houses burned down in Budalin and several townships in Sagaing during military operations since around mid-October. Shortages of food, shelter, WASH and educational support for displaced communities have been reported. This includes approximately 1,500 displaced people, including 800 children, who are at risk of food insecurity in Kale Township in Sagaing.⁷ There has been fighting in Chin state since the beginning of November 2024. In Falam township, approximately 90 per cent of residents have left their homes and an estimated 5,000 people are displaced in Kalay town and seeking refuge in border areas.

In Shan state, armed clashes between the MAF and ethnic armed organizations (EAOs) have intensified and the security situation remains volatile, with several airstrikes in Nawnghkio, Lashio, Kyaukme, Kutkai, Namkhan townships in northern Shan, and Pinlaung and Pekon townships in southern Shan. These indiscriminate airstrikes have resulted in civilian casualties, including the deaths of children, and left many others injured. Border trade posts between China and Myanmar remain blocked, causing a spike in the prices of essential commodities, including fuel. Due to the conflict and airstrikes, many internally displaced people who had previously returned to northern Shan are being forced to move once more, often heading to southern Shan. The MAF has restricted access routes from southern Shan, such as those

⁴ Ibid.

⁵ Ibid.

⁶ United Nations Development Programme, 'Rakhine: A Famine in the Making', 7 November 2024, <www.undp.org/asia-pacific/publications/rakhine-a-famine-in-the-making>.

⁷ United Nations Office for the Coordination of Humanitarian Affairs, [Myanmar Humanitarian Update No. 42 | 27 November 2024 - Myanmar | ReliefWeb](#)

from Lawksawk, Lecha and Mongshu. Humanitarian entry to Pinlaung, Pekon and parts of Nyaungshwe is also severely limited. The World Food Programme (WFP), UNICEF and the United Nations High Commissioner for Refugees (UNHCR) are negotiating with Shan state authorities to get access to internally displaced population sites, particularly in Pinlaung, Kyae Thee, Hsiseng townships in southern Shan. Access to Kayah remains completely restricted, and artillery shelling has struck two villages in Loikaw township, and Thayetpin and Nokoe villages in Moebyae township, killing and injuring numerous civilians, including children.

According to the recent monitoring of incidents caused by landmines and explosive remnants of war (ERW), 889 casualties were reported in the first nine months of 2024. This, so far, represents 85 per cent of the total recorded in 2023 (1,052). Shan state accounted for 25 per cent of these casualties, followed by Sagaing region (17 per cent) and Rakhine state (12 per cent). Alarming, children made up 28 per cent of the total casualties, underscoring the disproportionate impact of the conflict on the country's most vulnerable populations.⁸ The 2024 Landmine Monitor further confirms Myanmar as the country with the highest global landmine casualties in 2023, surpassing Syria (933), Afghanistan (651), and Ukraine (580).⁹ This highlights the urgent need for targeted interventions to mitigate risks and protect civilians.

Summary Analysis of Programme Response¹⁰

Health

UNICEF and its partners continue to provide life-saving health care services, including emergency referral support, in the northwest, southeast, northeast and Yangon peri-urban areas. During the reporting period, 48,689 people (19,305 male and 29,384 female) received primary health care services in UNICEF target areas. UNICEF provided partners with essential medicines to cover the needs of 12,000 children and their families. UNICEF also provided 915 clean delivery kits to assist the safe delivery of babies and 2,084 family newborn kits to support essential care for them.

In 2024, UNICEF supported 30,000 dual HIV/Syphilis test kits for pregnant women and the exposed children to prevent the mother to child transmission of HIV and syphilis in Myanmar. HIV testing is integrated into antenatal care services in primary health care for pregnant women.

UNICEF has been actively supporting the routine immunization programme to ensure the health and safety of children. As part of these efforts, more than 0.4 million children aged under one year have been vaccinated against measles as of September 2024. In addition to routine immunization, a cholera vaccination campaign (OCV) was initially launched in Yangon Region and Mon State, aiming to curb the spread of cholera and safeguard communities. Given the success and need for further outreach, the OCV campaign was later extended to some selected townships of Mandalay Region in November 2024. Through these initiatives, UNICEF works alongside local health authorities and WHO to improve overall immunization rates and reduce the burden of vaccine-preventable diseases in the country, reflecting a collaborative approach to tackling public health challenges in Myanmar.

Nutrition

During the reporting period, UNICEF and its partners reached 1,140 children aged 6–59 months (561 boys, 579 girls) with preventive nutrition services, such as multiple micronutrient powder. Similarly, more than 2 million children 6-59 months have also been reached with vitamin A supplementation supported by UNICEF.

A total of 4,722 children aged 6–59 months (2,407 boys, 2,315 girls) were also reached with rapid nutrition screening to identify acute malnutrition and refer for management. Among them, 38 children (19 boys, 19 girls) with severe acute malnutrition were detected and provided with life-saving SAM treatment services. Moreover, a total of 3,355 primary caregivers (631 males and 2,724 females) of children aged under two years, were supported with infant and young child feeding (IYCF) counselling services for optimal breast feeding and child feeding practices. There has been lower reporting due to communication challenges in active conflict-affected areas.

⁸ United Nations Children's Fund, 'Myanmar Landmine/ERW Incidents Information Factsheet (January-September 2024)', UNICEF, November 2024.

⁹ <https://www.the-monitor.org/reports/landmine-monitor-2024>

¹⁰ The results are as at end of October 2024.

Nutrition Cluster

As of November 2024, a total of 278,011 people have been provided with both preventive and curative nutrition services, representing 45 per cent of the 2024 Humanitarian Needs and Response Plan's (HNRP) target. This includes the treatment of 2,302 children for severe acute malnutrition (SAM), as well as 6,297 children with moderate acute malnutrition. Children aged 6–59 months and pregnant or lactating women, and 273,352 individuals (44 per cent of target) have been reached with preventive services through malnutrition screenings, referrals, blanket supplementary feeding programmes and IYCF counselling, along with the distribution of micronutrient powders.

The SAM treatment programme was within the SPHERE¹¹ minimum standards – a cure rate of 75 per cent, a defaulter rate of three per cent and zero deaths. However, non-respondents accounted for the remaining 22 per cent, above SPHERE standards. The Nutrition Cluster faces a significant funding shortfall of \$45.2 million (78 per cent) out of a total requirement of \$57.7 million for 2024. Despite these challenges, nutrition cluster partners are endeavouring to provide support to vulnerable populations, with vital contributions from various partners.

Child Protection

UNICEF and child protection partners continued life-saving child protection services reaching 102,602 people (31,019 girls, 27,830 boys, 31,247 women and 12,506 men). Community-based mental health and psychosocial support (MHPSS) activities delivered through structure and mobile child and women-friendly spaces benefited 34,746 people (12,967 girls, 12,712 boys, 5,723 women and 3,344 men). 649,968 people were reached through social media with awareness-raising activities to promote psychosocial well-being and psychosocial first aid.

Some 15,148 people (2,954 boys, 3,492 girls, 2,611 men and 6,091 women) had access to a safe channel to report sexual exploitation and abuse while gender-based violence risk mitigation, prevention, and response intervention benefited a total of 10,589 people (2,708 boys, 3,263 girls, 4,618 women). To enhance information on explosive ordinance risk (EOR) education, 41,875 people (11,199 girls, 9,310 boys, 14,815 women and 6,551 men) were given comprehensive information on mines and EOR. Some 1,109 child protection kits were distributed to internally displaced children; 244 children (146 boys and 98 girls) received individual case management services; 742 clients received legal assistance including 393 children (317 boys and 76 girls) and 349 young people (264 male and 85 female). 1,770 people (141 girls, 129 boys, 998 women and 502 men) including adolescents and youths benefited from capacity-building on child protection, violence against children, gender-based violence, positive parenting and psychosocial support.

Child Protection Area of Responsibility (CP AoR)

The CP AoR has been working consistently to support AoR partners to deliver good quality services across the country. As of September, CP partners have reached 538,110 people, 304,473 children and 233,637 adults with life-saving child protection services. With the Q3 HNRP monitoring dashboard completed,¹² CP AoR has been working with partners to identify gaps and duplications to ensure wider reach in 2024 and 2025, in line with the CP AoR strategy.¹³

Furthermore, the CP AoR has consulted with a wide range of partners to complete the HNRP planning figures and strategy for 2025 with a view to reaching those most in need with life-saving services. To ensure CP activities remain disability inclusive, the CP AoR provided an online training on disability inclusive child protection to all CP AoR members in November 2024 to complement the disability tip sheet developed¹⁴ earlier this year.

Furthermore, more than 50 protection and non-protection staff in the northwest were trained on protection mainstreaming, including child protection. With a view to improved integration, CP AoR and WASH Cluster collaborated

¹¹ SPHERE Minimum Standards are a set of principles and minimum humanitarian standards in four technical areas of humanitarian response: water supply, sanitation and hygiene promotion (WASH), food security, and nutrition. They were developed by the Sphere Project and aim to ensure quality and accountability of assistance and protection in line with humanitarian principles. The Sphere Minimum Standards for shelter and settlements are also grounded in the beliefs, principles, duties, and rights declared in the Humanitarian Charter.

¹² Myanmar Child Protection AoR, 'Myanmar: Humanitarian Needs and Response Planning Dashboard', accessed 11 December 2024.

¹³ Myanmar Child Protection AoR, 'Child Protection AoR Strategy 2024-2025', <www.myanmarchildprotection.com/_files/ugd/5456a3_e2eab695385f4b958f1ecb766272c37d.pdf>, accessed 11 December 2024

¹⁴ Myanmar Child Protection AoR, 'Tip Sheet – Disability Inclusion', <www.myanmarchildprotection.com/_files/ugd/5456a3_ec8eb73e65f34b8e9f62443cd3e99097.pdf>, accessed 11 December 2024

to produce key messages for parents and caregivers¹⁵ on prevention of Acute Watery Diarrhoea (AWD), together with guidance for CP partners to integrate into their regular programme activities.

Mine Action Area of Responsibility (MA AoR)

The MA AoR and its partners have continued delivering explosive ordnance risk education and victim assistance activities across affected areas in Myanmar, and partners are adopting innovative methods to reach hard-to-access communities with critical safety messaging.

Of particular concern is the situation in Chin state, where potential returns from India may expose returnees to land contaminated with mines, significantly increasing the risk of incidents. In response, the MA AoR is collaborating with partners to disseminate safety messages to refugees upon their arrival in villages, warning them of the dangers. A comprehensive strategy is set for release in early December and continued engagement will be vital to its successful implementation.

Education

UNICEF and its partners supported access to formal and non-formal education, including early learning, for 45,838 children (22,626 boys and 23,212 girls). This support has particularly benefited internally displaced children through the provision of basic literacy and numeracy and life skills-based sessions tailored for out-of-school children. UNICEF and its partners also provided individual learning materials, including essential learning package (ELP) kits, to 42,594 children (21,205 boys and 21,389 girls). Moreover, 69 volunteer teachers, educators, and facilitators (11 men and 58 women) were trained and incentivized with stipends. The training sessions included effective teaching methods on core learning subjects such as Myanmar language, maths and sciences. To support educational continuity, 42 new temporary learning spaces were established or maintained. In response to the flooding, ELP kits were distributed to 11,069 children (5,421 boys and 5,648 girls) in the southeast. In southern and eastern Shan, 175 children (68 boys and 107 girls) were supported with ELP kits, recreation kits and early childhood development kits. In collaboration with partners and relevant stakeholders, UNICEF is committed to enhancing and expanding education assistance to ensure learning continuity for all children affected by conflict.

Education Cluster

The Education Cluster was alerted to the fact that 400 primary students have been facing difficulties in education access in Ponnagyun township, Rakhine and have been asked to address this. In the southeast, UNICEF and its partners distributed ELP kits to 11,069 students from Kyar Inn Seik Gyi, Thandaunggyi, Leik Tho and Hlaingbwe townships from Kayin state, Bilin and Thaton townships in Mon state and Taungoo, Zaung Lyar Khone, Yaytarshay townships from Bago region and Palaw township in Thanintharyi region. In the northwest, Education Cluster partners requested 18,143 ELP kits and 2,100 roofing sheets for displaced children in Chin, Sagaing and Mandalay regions. Distribution is set to begin in late November. Educational supplies have been stocked, as a contingency, for 10,450 students in Sittwe and Maungdaw townships in Rakhine state.

In Rakhine State, communities have established self-help learning centres in homes, however, parents face significant challenges in contributing to teachers' salaries and providing learning materials due to livelihood hardships and rising commodity prices. The Education Cluster will work with partners to ensure that emergency stocks in Sittwe are distributed to these community-based learning centres, providing the necessary support to sustain education for displaced children in these hard-to-reach areas.

WASH

Despite access challenges, UNICEF and partners reached 598,221 people with safe water for drinking and domestic use, 129,234 people with improved sanitation services, and 123,335 people with handwashing behaviour-change programmes. Additionally, 662,053 people received critical WASH supplies. During the reporting period, soap was distributed to 71,465 flood-affected individuals across Lewe, Pobbathiri, Zay Yar Thiri, Pyinmana and Tatkon townships

¹⁵ Myanmar Child Protection AoR, 'Incorporating AWD messaging into your child protection work!' <www.myanmarchildprotection.com/files/ugd/5456a3_dc801ef6bfb4069ad08e8dced3b11e9.pdf>, accessed 11 December 2024.

in Naypyitaw. More than 16,500 flood-affected households in the northwest, Hpa-An and Hlaingbwe townships received essential WASH supplies including water purification chemicals, hygiene kits, buckets and soaps.

UNICEF provided one million water purification tablets to health cluster agencies for rapid response to AWD/Cholera outbreaks in Ye and Thanbyuzayet townships, Mon State. In Yangon, portable handwashing devices, soap and hygiene promotion materials were distributed to street food vendors as part of AWD prevention measures. These interventions have been critical in addressing immediate health risks and promoting better hygiene practices in AWD/ cholera high-risk areas.

UNICEF continues its efforts to provide essential WASH supplies, rehabilitate water systems, and promote improved sanitation and hygiene and environmental cleaning in communities and health centres. These targeted interventions aim to reduce the spread of waterborne diseases and enhance community resilience in affected regions.

WASH Cluster

In Rakhine, high-level advocacy emphasized improving access to WASH services and expediting travel authorization approvals. WASH partners supported displaced populations in downtown Sittwe, distributing monthly hygiene kits, maintaining latrines and water points, and conducting hygiene promotion. In Shan state, flood response operations reached 10,492 households (44,220 people) across nine townships in October and November through multisectoral distributions of critical WASH supplies. In the northwest, hygiene kits were distributed in one township, benefiting 1,225 individuals (245 households), bringing the total number of flood-affected people the cluster has helped, to 75,384. A joint assessment in Mandalay revealed significant water and sanitation needs due to unaddressed damage to facilities – however, repairs have been planned.

WASH Cluster has been undertaking the AWD response with targeted interventions and the Cluster Area Targeted Interventions; however, additional funding is needed to combat prolonged transmission. The Global WASH Cluster facilitated AWD response training for health and WASH partners in the northwest, with further capacity-building initiatives planned.

Social Protection and Cash-based Programming

A total of 125 complementary social and behavioural change (SBCC) group sessions reached 1,978 programme participants using the Smart Start curriculum, a family-centred tool to support the nutrition and care of women and children. The theme for this month addressed common childhood illnesses, including vaccine-preventable diseases, vaccine schedules, warning signs for care-seeking in sick children, and proper nutrition during illness.

Social and Behaviour-Change (SBC) and Accountability to Affected Population (AAP)

The OCV campaign extended to Mandalay covered 11 townships targeting 373,249 people. Some 800 community volunteers were deployed to promote the uptake of the vaccination, and preliminary results indicate the campaign achieved optimal coverage. The 2024 Global Handwashing Day, celebrated through schools in Hlaing Thar Yar and Shwe Pyi Thar Townships, engaged 144 students, teachers and parents with hygiene messages. Additionally, 70 street food vendors were engaged with the installation of portable handwashing stations, the distribution of soap and the dissemination of handwashing messages. Through online media, a TikTok Dance Challenge was launched with a playful handwashing video demonstrated by eight young influencers. Their videoed dance was well received with more than 350,000 engagements and reactions. This innovative approach effectively amplified handwashing practices, showcasing the power of digital platforms in public health promotion.

Through community engagement across 42 townships in 10 states and regions, 17,342 community members (4,548 males and 12,794 females) were reached with an integrated package on maternal and child health, nutrition, immunization, water, sanitation and hygiene and COVID-19 prevention. In social media platforms, the Knowledge Talk and Healtpy Facebook page, reached 88,169 people with key messages on essential family care practices. These platforms continue to serve as vital space for disseminating public health communication. An AAP satisfaction survey was conducted for the education programme through six implementing partners, which engaged 3,161 parents and caregivers (1,888 mothers, 1,019 fathers, 254 other caregivers) in Chin, Kayah, southern Shan, Kachin states and Sagaing region. The survey focused on children's access to different learning pathways, the quality of teaching and learning, community and parent engagement, and safety around learning centres. Another satisfaction survey for the

child protection programme has been initiated in Kachin and will be conducted in three townships of Kachin (Myitkyina, Moegaung, Waingmaw).

Humanitarian Leadership, Coordination and Strategy

UNICEF humanitarian strategy focuses on working with communities, local and international partners and with all stakeholders to deliver life-saving humanitarian assistance and ensure that critical services reach children in need. UNICEF also continues to support the expansion of humanitarian assistance to the most vulnerable people through its leadership roles in the Nutrition and WASH Clusters, the Child Protection and Mine Action AoRs, and is co-leading the Education Cluster with Save the Children at national and subnational levels. UNICEF, in collaboration with the Myanmar Humanitarian Country Team, and through its cluster coordination role, contributes to the 2025 Humanitarian Programme Cycle process and to the development of the 2025 HNRP, which is a framework for humanitarian initiatives in Myanmar. The WASH, Education and Nutrition clusters, CP AoR and MA AoR have been participating in both national and subnational level cluster discussions.

UNICEF continues its national presence which prioritize all vulnerable children and families, including those in communities that have been displaced (or not) by natural disasters and conflicts. UNICEF also participates in the Myanmar Cash Working Group and facilitates the in-country inter-agency network for PSEA with the United Nations Population Fund (UNFPA). UNICEF continues to co-lead the Risk Communication and Community Engagement Working Group and participates in the Humanitarian Access Working Group.

Human Interest Stories and External Media

Social Media

World Children's Day campaign

<https://www.facebook.com/photo?fbid=976058457890795&set=a.476805917816054>

<https://www.facebook.com/photo/?fbid=979670640862910&set=a.476805917816054>

<https://www.facebook.com/photo?fbid=980535484109759&set=a.476805917816054>

<https://x.com/UNICEFMyanmar/status/1856177393637167568>

<https://x.com/UNICEFMyanmar/status/1854802625243628010>

Next SitRep: January 2025

UNICEF Myanmar Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/myanmar>

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Annex A

Summary of Programme Results¹⁶

		UNICEF and IPs response			Cluster response		
Sector		2024 targets	Total results	Change since last report ▲ ▼	2024 targets	Total results	Change ▲ ▼
Indicator disaggregation							
Health							
# of children aged 6–59 months vaccinated against measles in UNICEF-supported areas	Boys	800,000	202,123	▲ 52,027			
	Girls		218,966				
# of children and women accessing primary health care in UNICEF-supported facilities	Boys	350,000	96,532	▲ 48,689			
	Girls		97,087				
	Women		170,782				
Nutrition							
# of children aged 6–59 months with SAM admitted for treatment	Boys	10,900	975	▲ 38	17,897	984	▲ 956
	Girls		1,199			1,258	
# of primary caregivers of children aged 0–23 months receiving IYCF counselling	Men	316,000	3,907	▲ 3,355	140,764	4,367	▲ 14,367
	Women		38,264			48,475	
# of children aged 6–59 months receiving micronutrient powder	Boys	293,000	9,621	▲ 1,140	474,489	10,196	▲ 9,002
	Girls		9,593			10,186	
# of children 6–59 months receiving vitamin A supplementation	Boys	1,014,000	947,827	▲ 2,001,499			
	Girls		1,068,164				
# of children screened for wasting	Boys	418,000	57,237	▲ 4,722	474,489	93,542	▲ 46,639
	Girls		56,257			92,146	
# of pregnant and lactating women receiving micronutrient supplementation	Women	316,000	24,103	0	140,764	28,648	▲ 2,892
Child Protection							
# of children and parents/caregivers accessing MHPSS ¹⁷	Boys	3,392,000	64,433	▲ 684,714	1,140,000	67,468	▲ 100,829
	Girls		71,613			74,190	
	Men		3,623,702			13,543	
	Women		7,111,211			36,587	
# of women, girls and boys accessing GBV risk mitigation, prevention and/or response interventions	Boys	831,000	12,980	▲ 10,589			
	Girls		16,230				
	Men		0				
	Women		24,369				
# of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Boys	1,654,464	17,151	▲ 15,148			
	Girls		22,615				
	Men		15,438				
	Women		31,617				
# of children who received individual case management	Boys	25,000	1,341	▲ 244	10,000	2,825	▲ 3,223
	Girls		1,207			2,524	
	Boys	940,000	37,280	▲ 41,875		62,648	▲ 212,801

¹⁶ All the results data are as at end of October 2024.

¹⁷ 3.39 million people were targeted to be reached with MHPSS; of these, 3 million were to be reached through digital means, with the remaining 392,000 reached through community-based support. By the end of October, 10,870,960 people had been reached; 10,690,070 through digital means and 180,890 through community-based support. The Cluster MHPSS target includes only people reached through interpersonal support.

# of children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions	Girls		43,198		2,046,062	70,471	
	Men		29,042			62,253	
	Women		53,371			94,115	
Education							
# of children accessing formal and non-formal education, including early learning	Boys	890,360	199,018	▲ 45,838	1,335,945	230,184	▲ 223,349
	Girls		207,735			243,664	
# of children receiving individual learning materials	Boys	450,000	95,451	▲ 42,594			
	Girls		99,111				
# of educators supported with training and/or incentives	Male	21,864	774	▲ 69			
	Female		3,271				
# of temporary learning centres rehabilitated	centres	600	972	▲ 42			
WASH ¹⁸							
# of people accessing sufficient quantity of safe water for drinking and domestic needs	Boys	390,000	97,093	▲ 18,403	1,107,739		
	Girls		94,923				
	Men		189,887			413,997	▲ 469,715
	Women		216,318			444,652	
	PWDs		12,497			120,617	
# of people using safe and appropriate sanitation facilities	Boys	300,000	20,974	▲ 4,087	1,006,597		
	Girls		20,507				
	Men		41,022			227,250	▲ 110,552
	Women		46,731			240,617	
	PWDs		2,759			62,556	
# of people reached with handwashing behaviour-change programmes	Boys	300,000	20,018	▲ 48,806	1,671,533		
	Girls		19,569				
	Men		39,149			127,862	▲ 70,151
	Women		44,598			137,568	
	PWDs		1,724			38,455	
# of people accessing functional handwashing facilities with soap	Boys	300,000	1,005	▲ 6,194			
	Girls		983				
	Men		1,966				
	Women		2,239				
	PWDs		105				
# of people reached with critical WASH supplies	Boys	850,000	108,038	▲ 129,467	1,671,533		
	Girls		105,662				
	Men		209,698			540,954	▲ 592,104
	Women		238,655			576,743	
	PWDs		9,721			144,205	
Social Protection							
# of households reached with UNICEF-funded humanitarian cash transfers		90,000	43,813	▲ 6,822			

¹⁸ WASH HPM data and narrative results differ due to differences in total reached and actuals. Where the narrative results show total reached by intervention, while HPM data indicate actual, as the same beneficiaries may benefit from more than one WASH intervention (e.g., beneficiaries maybe supported with access to both water and sanitation).

# of children and adolescents with disabilities reached with assistive technology and interventions to address disability-related need		18,600	2,306	▲ 101			
Cross-sectoral (HCT, SBC, RCCE and AAP) ¹⁹							
# of people reached through messaging on prevention and access to services		3,000,000	4,796,705	▲ 811,418			
# of people sharing their concerns and asking questions through established feedback mechanisms	Men	359,529	8,782	0			
	Women		14,361				
# of people participating in engagement actions for social behaviour-change	Men	150,000	206,102	▲ 17,342			
	Women		352,554				

Annex B

Funding Status

Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2024	Other resources used in 2024	Resources available from 2023 (carry-over)	\$	%
Health	16,750,000	2,859,167		1,527,886	12,362,947	73.8%
Nutrition	18,010,388	3,619,032	1,878,785	1,049,350	11,463,221	63.6%
Child Protection, GBViE and PSEA	33,115,892	8,498,228		3,382,312	21,235,352	64.1%
Education	55,871,200	2,035,271	3,735,499	1,121,458	48,978,972	87.7%
WASH	35,880,000	8,585,580	161,166	3,558,856	23,574,398	65.7%
Social Protection	8,195,000	1,625,497	-	394,809	6,174,694	75.3%
Cross-sectoral (HCT, SBC, RCCE and AAP)	29,242,348	616,475	48,684	270,710	28,306,479	96.8%
Cluster and Field Coordination	11,221,000	923,334	298,274	1,885,289	8,114,103	72.3%
Total	208,285,828	28,762,584	6,122,407	13,190,670	160,210,167	76.9%

¹⁹ *HCT: Humanitarian Cash Transfer; RCCE: Risk Communication and Community Engagement