



Myanmar Country Office Humanitarian Situation Report No. 1, 2026

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for every child

Reporting period: 1 January to 30 June 2026

Highlights

- Myanmar's humanitarian situation continued to deteriorate over the reporting period. Ongoing conflict and displacement, compounded by the fuel crisis and economic decline, continued to drive acute needs, with 16.2 million people, including 4.9 million children, requiring humanitarian assistance. Nearly 3.8 million people were internally displaced, as of June 2026.
- Landmine incidents, displacement and protection risks continued to escalate, while seasonal flooding and disease risks further increased vulnerabilities among affected populations.
- Despite escalating humanitarian needs and access constraints, UNICEF and partners reached 326,503 people with primary health care, 472,742 children with education support, 487,036 people with MHPSS services, and 315,169 people with critical WASH supplies during the first half of 2026.
- UNICEF appealed for US\$267.2 million to address the needs of 3.3 million people in 2026. By mid-2026, the funding level stood at US\$95.4 million, with a gap of US\$171.7 million (64 per cent).

Situation in Numbers

	4,900,000 children in need of humanitarian assistance
	16,200,000 people in need (HNRP 2026)
	3,793,800 Internally displaced people (UNHCR, 29 June 2026)
	204,300 People displaced to neighbouring countries since 1 February 2021 (UNHCR, 29 June 2026)

Situation Overview & Humanitarian Needs

The humanitarian situation in Myanmar continued to deteriorate with ongoing conflict, recurrent natural hazards, and economic decline in 2026. Ongoing hostilities, including airstrikes, resulted in widespread displacement and civilian casualties.¹ The humanitarian situation remained acute, with 16.2 million people, including 4.9 million children, in need of humanitarian assistance.² By the end of June 2026, nearly 3.8 million people were internally displaced³ - an increase of 154,400 newly displaced since the end of 2025 - while an additional 1.6 million people were refugees and asylum seekers in neighbouring countries.⁴

The humanitarian situation was aggravated by recurrent natural hazards and seasonal climatic shocks. Communities already affected by conflict and displacement faced acute water shortages during the dry season, while the monsoon season heightened the risk of flooding, landslides, and outbreaks of water-borne diseases. These hazards further strained limited coping capacities and exacerbated existing vulnerabilities. In the last week of June 2026, heavy rains caused flooding in five townships in Kachin State, disrupting livelihoods and access to essential services in affected communities.

¹ United Nations Office for the Coordination of Humanitarian Affairs, 'Myanmar Humanitarian Update no.51 (9 March 2026)', OCHA, March 2026.

² United Nations Office for the Coordination of Humanitarian Affairs, Myanmar Humanitarian Needs and Response Plan 2026 (December 2025), United Nations, Myanmar, December 2025.

³ United Nations High Commissioner for Refugees, 'Myanmar UNHCR displacement overview 29 June 2026', UNHCR.

⁴ United Nations High Commissioner for Refugees, 'A Route-Based Snapshot: Data & Trends for Refugees from Myanmar, as of end-May 2026', UNHCR, June 2026.

The spillover effects of the ongoing Middle East conflict and associated disruptions to global energy markets contributed to rising fuel prices, fuel shortages, and increased transportation costs. According to WFP market monitoring, the average food basket cost in June was estimated to be 20 per cent higher than in February 2026, with significant price increases reported in Rakhine and Magway due to transport disruption and reduced market availability.⁵ If these conditions persist, an estimated 3.5–5 million additional people could become food insecure, adding to the 12.4 million people already facing food insecurity nationwide. Rising poverty is compounding these pressures, with growing numbers of families adopting negative coping strategies, including reduced food consumption, child labour and early marriage. These overlapping shocks are compounding humanitarian needs and increasing vulnerabilities among vulnerable communities with limited access to markets, livelihoods, and basic services.⁶

During the first half of 2026, a total of 327 landmine and explosive ordnance (EO) incidents resulting in 487 civilian casualties were reported. Of these casualties, 113 were children (23 per cent).⁷ This was an increase over the second quarter of 2025, when there were 229 incidents with 357 casualties reported, of whom 33 were children (27 per cent).⁸

Access to basic health services was still critically constrained, particularly in Rakhine, Kayah, and Sagaing, where close to half of the population faces serious access challenges.⁹ Overcrowded living conditions, inadequate WASH services, and limited access to basic health care continued to elevate the risk of water-borne and water-related diseases. Cases of acute watery diarrhoea (AWD) and skin infections were reported in Kachin, Sagaing, Mandalay, Chin and Rakhine.¹⁰

¹¹ Vaccination coverage remained low, with 1.5 million children under five missing basic vaccinations since 2018, resulting in increased risk of vaccine-preventable disease.¹²

Increasing displacement continued to disrupt children's access to education, with an estimated 3.4 million children¹³ in urgent need of educational support. Conflict-affected areas, including Sagaing, Magway, Chin, Kachin, Shan, Kayah, Kayin, Tanintharyi, and Rakhine faced increasing demand for safe and continuous learning opportunities for displaced and out-of-school children. Damage to education infrastructure, inadequate WASH facilities, shortages of learning materials, and limited availability of qualified educators persisted in displacement-affected and hard-to-reach areas. Funding gaps, economic pressures, and rising costs increased drop-out risks, particularly among adolescents, while over-age and conflict-affected children faced continued barriers to structured learning pathways and transition to formal education, due to the lack of recognized accreditation. This highlights the urgent need for expanded learning pathways, safe learning spaces, individual learning materials, and mental health and psychological support (MHPSS).

Kachin state continued to face a worsening humanitarian crisis with prolonged armed conflict, widespread displacement, economic collapse, deteriorating livelihoods, and climate shocks. The intensified conflict around Bhamo and Hpakant area in early 2026 and renewed clashes in Shwegu township caused sustained displacement, with over 228,000 people displaced internally during the reporting period,¹⁴ including the newly displaced population from the Sagaing region.

Ongoing armed clashes, intensified military operations and airstrikes severely impacted civilians in the northwest, leading to large-scale displacement and exposing children and women to heightened protection risks. Magway region was among the hardest-hit areas, with more than 100,000 people displaced across Myaing, Pakokku, Pauk and Saw townships since mid-May.¹⁵ Many families in the northwest region had been displaced multiple times and were sheltering in monasteries or makeshift structures, with an urgent need for shelter, non-food items, hygiene kits, lighting, and educational supplies. During the reporting period, over 1.8 million people remained internally displaced in the northwest region.¹⁶

⁵ World Food Programme, Market Monitor June 2026, WFP

⁶ World Food Programme, Spillover Effects: How the Middle East crisis threatens food security - Focus on Myanmar, WFP, 9 July 2026.

⁷ [Myanmar Landmine and Explosive Ordnance Incidents Information | UNICEF Myanmar](#) (January – June 2026)

⁸ [Myanmar Landmine and Explosive Ordnance Incidents Information | UNICEF Myanmar](#) (January – June 2025)

⁹ World Health Organization, 'Myanmar: Public Health Situation Analysis (PHSA) Conflict and humanitarian crisis (9 March 2026)', WHO.

¹⁰ Health Cluster Myanmar, 'Myanmar Health Cluster Bulletin', March 2026.

¹¹ Health Cluster Myanmar, 'Myanmar Health Cluster Bulletin', June 2026.

¹² United Nations Office for the Coordination of Humanitarian Affairs, Myanmar Humanitarian Needs and Response Plan 2026 (December 2025), United Nations, Myanmar, December 2025.

¹³ Ibid.

¹⁴ United Nations High Commissioner for Refugees, 'Myanmar UNHCR displacement overview 29 June 2026', UNHCR.

¹⁵ United Nations Office for the Coordination of Humanitarian Affairs, 'Myanmar Humanitarian Update no.52 (13 July 2026)', OCHA, July 2026.

¹⁶ Ibid.

The security situation was volatile in Kayah state and along the Shan-Kayah border due to renewed armed clashes, while eastern Shan was relatively stable. Approximately 280,000 internally displaced persons (IDPs) remained displaced across Shan and Kayah states, while many returnees continued to face significant challenges, including insecurity, landmine contamination, and limited access to basic services, livelihoods, and humanitarian assistance. Access constraints and protection risks in return areas continued to heighten the risk of negative coping mechanisms and further displacement.¹⁷

As of the end of June 2026, the number of IDPs across the Southeast region exceeded 945,000, marking the highest displacement level recorded since 2021. The situation in Rakhine state remained highly volatile, characterized by intensified clashes between the Myanmar Armed Forces (MAF) and the Arakan Army (AA), particularly across Kyaukphyu, Sittwe, Ponnagyun, Ann, and Mrauk-U townships. Displacement was high, with over 423,700 people displaced across the state, including 73,500 people displaced in northern Rakhine.¹⁸

Across the country, humanitarian access was severely constrained, with ongoing military operations and armed hostilities, in addition to administrative and bureaucratic impediments across the country during the reporting period.¹⁹ Severe access constraints, particularly in the northwest, including movement restrictions, checkpoints, landmine contamination, poor telecommunication connectivity and road disruptions, hampered humanitarian access and service delivery.

Summary Analysis of Programme Response

Health

During the reporting period, UNICEF and its partners provided essential health-care services to vulnerable populations through capacity-building initiatives, training of health workers, and provision of critical health supplies.

By the end of June 2026, over 326,000 people had accessed primary health-care services, including perinatal care, essential newborn care, management of childhood illnesses, and emergency referral services, through mobile and fixed clinics, as well as outreach activities across multiple geographic areas, despite ongoing operational challenges. Among them, over 40,000 pregnant women received antenatal care, contributing to improved access to essential maternal health services.

From January to June 2026, 87,393 pregnant women and children under five benefited from maternal, newborn and child health (MNCH) services including antenatal and postnatal care, safe delivery assistance, essential newborn care, perinatal mental health support, and treatment for diarrhoea and pneumonia. A total 14,453 pregnant women and children under five identified with high-risk conditions or danger signs were referred to higher-level health facilities for specialized care.

UNICEF also continued delivering integrated MNCH and nutrition services in areas affected by the 2025 earthquake. Through its partners, UNICEF distributed essential health supplies and sustained the provision of primary health-care services to support affected communities.



Children and women receiving health-care services at a mobile clinic. ©UNICEF Myanmar/ 2026/Minzayar Oo

Routine immunization services for children under one year of age continued across the country during the reporting period, supporting the delivery of vaccines in accordance with the national immunization schedule. As of the end of June 2026, 259,370 children in UNICEF-supported areas had been vaccinated against measles. UNICEF supported the installation, repair and maintenance of cold chain equipment in health facilities to help ensure appropriate vaccine storage and handling. In collaboration with WHO, UNICEF supported World Immunization Week 2026 activities in April

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ United Nations Office for the Coordination of Humanitarian Affairs, 'Humanitarian Access Snapshot – June 2026', OCHA.

2026, including social media campaigns and community engagement events across the country. These activities focused on promoting awareness of immunization and encouraging timely vaccination of eligible children.

Nutrition

Throughout the reporting period, UNICEF and its partners expanded access to nutrition services for vulnerable children and pregnant and lactating women.

A total of 260,649 children aged 6–59 months (131,427 boys and 129,222 girls) were screened for acute malnutrition. Among those screened, 2,960 children (1,332 boys and 1,628 girls) were identified with severe acute malnutrition (SAM) and admitted for treatment. To promote appropriate infant and young child feeding practices, over 122,000 caregivers of children aged 0–23 months received infant and young child feeding (IYCF) counselling.

Essential micronutrient interventions reached 97,363 children through the provision of multiple micronutrient powder (MNP), while 13,131 children received vitamin A supplementation. In addition, 197,743 pregnant and lactating women received multiple micronutrient supplements to support maternal nutrition.

Nutrition Cluster

From January to June 2026, 199,427 children aged 6–59 months were screened for acute malnutrition to ensure early detection and treatment, with 2,122 children receiving treatment for SAM, and 5,674 children treated for moderate acute malnutrition (MAM). Preventive services reached 236,763 people, including 14,217 children with Vitamin A, 24,537 with micronutrient powders, and 34,762 children through the Blanket Supplementary Feeding Programme (BSFP).

In addition, 40,773 caregivers received IYCF counselling, 6,999 pregnant and lactating women were reached through micronutrient supplementation, and 6,747 benefited from BSFP support.

The ongoing fuel crisis significantly disrupted humanitarian operations, leading to increased transportation costs, delays in delivery of nutrition supplies and reduced frequency of outreach activities.

Child Protection

During the reporting period, UNICEF and its partners sustained the delivery of life-saving child protection services to vulnerable children and families. By the end of June, UNICEF provided psychosocial first aid and structured mental MHPSS to 487,036 people. During the same period, UNICEF provided individual case management to 2,430 children. Additional support, including psychological first aid (PFA), stress management sessions, and MHPSS services, were provided through mobile child-friendly space (CFS) activities. An additional 290,220 people were reached through social media and digital platforms with messaging to promote psychosocial well-being, strengthened resilience, and positive coping mechanisms.

UNICEF's gender-based violence (GBV) risk mitigation and response services supported 137,601 people. To support vulnerable and displaced families, UNICEF distributed 10,975 age- and gender-sensitive child protection kits, while 2,430 children (1,175 boys, 1,255 girls) received individualized case management to address complex protection needs.



Infant and young child feeding counselling session with a mother.
© UNICEF Myanmar/ 2026/ Nyan Zay Htet



Family unpack a UNICEF child protection kit outside their temporary shelter
©UNICEF Myanmar/2026/Mnzayar Oo

Explosive Ordnance Risk Education (EORE) reached 212,837 people with life-saving information, complemented by digital outreach, which engaged 28,239 people.

Comprehensive child protection awareness-raising activities benefited 246,076 community members.

Child Protection Thematic area of the Protection Cluster

By the end of June 2026, Child Protection (CP) Thematic Area partners had reached 650,179 individuals, including 405,248 children and 244,931 adults, of whom 3,167 were persons with disabilities. Interventions focused on psychosocial and social-emotional support, case management actions, life-saving awareness-raising on child protection risks, and community engagement to strengthen local protection systems.

Psychosocial and social emotional support services were provided to 343,911 people,²⁰ with a strong emphasis on children and caregivers, to reduce stress, improve emotional well-being, and strengthen family coping mechanisms. Children benefited from safe spaces and structured activities that promoted resilience and positive social interaction. In addition, 6,165 children accessed case management services. These actions supported family tracing and reunification and facilitated access to specialized services, reducing children's exposure to harmful practices.

Awareness-raising sessions on key child protection risks – such as recruitment, exploitation, and gender-based violence – reached 264,819 people, empowering caregivers and communities to identify risks early and adopt preventive measures. Community-based risk mitigation activities engaged a further 18,347 individuals.

The CP Thematic Area strengthened partner capacity through the roll-out of the Child Protection Minimum Standards (CPMS) Training of Trainers (ToT). Building on the successful trainings conducted in 2025, additional sessions were delivered in April and May 2026 to further enhance partners' understanding and application of the Minimum Standards. Furthermore, the CP Thematic Area co-facilitated a Protection Mainstreaming Training for non-protection humanitarian partners, strengthening the integration of protection principles across humanitarian programming.

Mine Action Thematic area of the Protection Cluster

By the end of June 2026, Mine Action partners had reached 376,913 people through prevention and/or survivor assistance interventions. Of these, 360,997 people were reached through EORE awareness-raising activities and 15,916 people received victim assistance, including 4,102 children.

Education

UNICEF and its partners supported 472,742 children in accessing education, including early learning. This support particularly benefited internally displaced children through the provision of teaching and learning materials, basic literacy and numeracy instruction, socio-emotional learning, and life skills sessions covering topics such as nutrition and hygiene. Back-to-learning campaigns were also implemented to raise awareness of available education opportunities and encourage conflict-affected children, especially internally displaced and out-of-school children, to re-engage with learning.

In addition, 126,758 children received individual learning materials. A total of 12,781 volunteer teachers, educators, and facilitators were trained and provided with incentives. Training covered effective teaching methods for core subjects, including Myanmar language, maths, and science, as well as cross-cutting topics such as climate change education and gender-based violence prevention.



'Back to Learning' campaign for conflict-affected children, including internally displaced and out-of-school children, in a temporary learning space
©UNICEF Myanmar/ 2026/ Saw Ahkhee Chel

²⁰ The cluster result is lower than the UNICEF result given that the UNICEF result includes children and educators reached through MHPSS activities implemented through education partners in learning facilities.

To support continuity of learning, 522 temporary learning spaces were established or maintained. Furthermore, 147,056 children and educators received MHPSS, while children also participated in recreational activities, including drawing and other arts-based activities, to promote their psychosocial wellbeing.

Education Cluster

By the end of June 2026, the Education Cluster had reached 452,576 people, including 384,557 children and 68,019 adults.

During the first half of 2026, Education Cluster partners expanded access to learning support through the distribution of 12,733 kits, including essential learning packages and recreational kits, alongside 500 corrugated galvanized iron roofing sheets to support the rehabilitation of learning spaces.

The Cluster continued strengthening partner capacity through targeted training and coordination activities, including on MHPSS.

WASH

During the reporting period, UNICEF and partners expanded life-saving WASH interventions to address the needs of vulnerable populations.

Distribution of critical emergency WASH supplies and services reached 315,169 people including 4,943 people with disabilities, through hygiene kits, soap, water containers, household water treatment products, and other essential supplies distribution. Safe drinking water was provided to 183,440 people, including 3,822 people with disabilities, through water trucking, rehabilitation of damaged water systems, distribution of water treatment chemicals, household water filters, and safe water storage solutions. Of these, 45,623 people accessed durable water services through solar-powered systems, upgraded infrastructure, and pond improvements.



Zal Naw, 31, and her daughter received hygiene kits at a displacement camp. © UNICEF Myanmar/ 2026/ Nyan Zay Htet

Sanitation services reached 95,011 people, including 4,488 people with disabilities, through the construction, rehabilitation and maintenance of gender-segregated latrines, bathing facilities, drainage, septic tanks and desludging. Hygiene promotion reached 126,052 people, including 350 people with disabilities, through community, household and school-based activities.

Improved WASH systems and infection prevention supplies also supported improved functionality of health-care facilities. In addition, 6,194 children gained access to WASH services in learning facilities and safe spaces, contributing to improved hygiene practices and safer water use among children in affected communities.

WASH Cluster

By mid-2026, the WASH Cluster partners reached 645,042 people with multiple water, sanitation and hygiene interventions. Of these, 269,793 people received short-term humanitarian assistance for a period up to three months, while 178,979 people benefited from sustained interventions. Funding continues to constrain the response, with only 14 per cent of requirements secured during the reporting period.

The WASH Cluster also began rolling out the Global WASH Cluster's WASH Insecurity Analysis (WIA), which will strengthen the identification of populations with the greatest WASH vulnerabilities and support response prioritization, preparedness planning and resource mobilization.

To strengthen partner capacity, the Cluster provided training on data analysis and evidence-based decision-making, contributing to improved reporting quality and programme planning. In parallel, specialized training on gravity-fed water

supply systems was delivered to enhance capacity for the design, operation and maintenance of sustainable water systems.

Social Protection and Cash-based Programming and Disability Supportive Services

Between January and June 2026, UNICEF provided humanitarian cash transfers to 41,337 households. Women and girls accounted for about half of the people reached, and more than 12,000 people with disabilities were reached. In post-distribution monitoring, 60 per cent of surveyed recipients reported that the transfer met most or all of their basic needs, and recipients reported spending mainly on food and health care.

Children with disabilities face compounded risks and often have limited access to specialized services. Between January and June 2026, 5,173 children with disabilities were reached with disability support services. Services included assistive products provided with individual assessment, fitting and training; physiotherapy and rehabilitation delivered at centres and in children's homes; special education; and support to access preventive and primary health care. Children were identified and registered through UNICEF's Disability Management Information System, which screened each child individually and records functional difficulties, assistive-product needs, providing the basis for referrals to services. By the end of June 2026, more than 81,000 people had been screened, including some 29,000 children. Among registered children with disabilities, 48 per cent were assessed as needing an assistive product they did not have, and half of those of school age had never attended school, indicating substantial unmet need for inclusive services.



Child with disabilities plays with learning materials alongside her mother. ©UNICEF Myanmar/ 2026/ Nyan Zay Htet

Social and Behaviour Change (SBC), Accountability to Affected Populations (AAP), and Protection from Sexual Exploitation and Abuse (PSEA)

UNICEF reached 1,139,935 people with life-saving messages disseminated through multiple digital platforms, including social media and mobile communication channels. UNICEF also engaged 1,283,888 people – around 70 per cent of whom were women and girls – through community dialogues promoting key family practices, prevention of acute watery diarrhoea, and other communicable and water-borne diseases, as well as preparedness for natural disasters.

To raise awareness about every child's right to continued learning and immunization, UNICEF implemented Back-to-Learning and World Immunization Week campaigns through both digital platforms and community-based engagement activities involving children, caregivers, and social influencers. The campaign engaged more than 2,100 children attending community-based learning centres, temporary learning centres, religious-based schools, and public schools serving both internally displaced and host-community children. To further promote public support for children's education and well-being, UNICEF launched digital campaigns featuring theme songs and a social media competition, which engaged more than 800,000 individuals.



UNICEF staff explaining the principles of AAP (Accountability to Affected Populations) and CFM (Community Feedback Mechanism) using child-friendly materials at a temporary displaced site for earthquake-affected families in Mandalay. ©UNICEF/2026/Nyan Zay Htet

UNICEF strengthened accountability to affected populations through its community feedback mechanisms, providing 890,360 people with access to feedback channels. A satisfaction survey on child protection services, including parenting

and mental health interventions, was conducted, reaching 487 respondents. The findings were incorporated into programme enhancements and service improvements.

UNICEF also continued to strengthen the capacities of 1,400 frontline workers and volunteers through training on effective risk communication and community engagement for acute watery diarrhoea response, promotion of preventive health practices, and increased uptake of essential services. Job aids and information, education and communication (IEC) materials were developed and translated into ethnic languages to ensure that culturally appropriate messages reached the most marginalized and hard-to-reach communities. This contributed to improving access to essential information and promoting equitable engagement across diverse population groups.

To strengthen understanding of the core principles of Protection from Sexual Exploitation and Abuse (PSEA) and promote the timely reporting of SEA concerns or incidents, UNICEF conducted a series of PSEA capacity-strengthening activities for affiliated personnel.

Raising community awareness of PSEA and ensuring knowledge of safe and accessible reporting channels remain fundamental to the effective implementation of UNICEF programmes. During the reporting period, 1,265,869 individuals were reached through non-digital communication channels with information on safe and accessible mechanisms for reporting SEA. This was done through community awareness sessions, trainings, capacity-building activities, and group consultation sessions designed to enhance understanding of SEA risks and available reporting pathways.

Humanitarian Leadership, Coordination and Strategy

UNICEF continued to support the expansion of humanitarian assistance to the most vulnerable people in Myanmar through its cluster leadership roles, strengthened emergency preparedness, and implementation of a multi-sectoral response. This support addressed needs arising from ongoing conflict, natural hazards, public health emergencies, and displacement, with a continued focus on the most vulnerable children and families, including displaced populations and affected host communities.

UNICEF's humanitarian strategy emphasizes close collaboration with communities, United Nations agencies, national and international partners, and other relevant stakeholders to deliver life-saving assistance and ensure that essential services reach children most in need. Given the protracted and complex nature of the crisis, UNICEF and its partners continued responding to immediate humanitarian needs while also investing in community resilience through a risk-informed and adaptive approach.

UNICEF remained actively engaged in humanitarian coordination at national and subnational levels through its cluster coordination leadership in WASH, Nutrition Clusters, co-leadership on Education (with Save the Children) and its technical leadership on Child Protection and Mine Action within the consolidated Protection Cluster.

UNICEF-led and co-led clusters also contributed to the 2026 HNRP Light Review by supporting the validation of humanitarian needs in 66 hyper-prioritized townships with JIAF Severity 4 and 5 classifications and reviewing an additional 42 townships to ensure sector priorities remained aligned with the evolving humanitarian context.

UNICEF also actively participated in the Humanitarian Access Working Group, PSEA Network, and Cash and Markets Working Group contributing to the inter-agency PSEA action plan and the 2026 multi-purpose cash guidance to help prevent overlapping assistance and identify underserved areas. UNICEF also continued to co-lead the Risk Communication and Community Engagement Working Group to strengthen collective community engagement and risk communication across the response.

Human Interest Stories and External Media

A Simple Turn of a Tap

<https://www.unicef.org/myanmar/stories/simple-tap-brings-good-health-myanmar>

Clean Water Means Hope for the Future

<https://www.unicef.org/myanmar/stories/clean-water-brings-hope-families-mandalay>

After years away from home, children from conflict-affected Myanmar continue to dream

<https://www.unicef.org/myanmar/stories/after-years-away-home-children-conflict-affected-myanmar-continue-dream>

From Paper Shoes to a Bright Future

<https://www.unicef.org/myanmar/stories/legacy-of-protection-three-generations-of-immunization>

Dreams Built on Vaccines

<https://www.unicef.org/myanmar/stories/dreams-built-with-vaccines-generational-health-legacy>

The journey of life-saving supplies into the hands of children

<https://www.unicef.org/myanmar/stories/eu-supported-emergency-supplies-reach-earthquake-affected-children>

Joint Statement by UNICEF and UNFPA Myanmar on Menstrual Hygiene Day

<https://www.unicef.org/myanmar/press-releases/joint-statement-unicef-and-unfpa-myanmar-menstrual-hygiene-day>

China strengthens support for children amid overlapping crises in Myanmar

<https://www.unicef.org/myanmar/press-releases/china-strengthens-support-children-amid-overlapping-crisis-myanmar>

Breaking the cycle

How climate-resilient sanitation is transforming lives in Myanmar's dry zone

<https://www.unicef.org/myanmar/stories/breaking-cycle>

The day water came home

How solar power and community strength reshaped life in Kin Mon Chon, northwestern Myanmar

<https://www.unicef.org/myanmar/stories/day-water-came-home>

The sun brought us clean water

How solar power is transforming life and dignity in Myanmar's dry zone

<https://www.unicef.org/myanmar/stories/sun-brought-us-clean-water>

Listening to communities; restoring hope

UNICEF supports displaced children and families in Southern Shan, Myanmar in partnership with Japan

<https://www.unicef.org/myanmar/stories/listening-communities-restoring-hope>

Small steps, big resilience

Reclaiming independence and confidence

<https://www.unicef.org/myanmar/stories/small-steps-big-resilience>

One Year After the Earthquake

Why Child-Friendly Spaces Still Matter for Children in Myanmar

<https://www.unicef.org/myanmar/stories/one-year-after-earthquake>

When Laughter Returns

Helping Children Heal After the Earthquake in Myanmar

<https://www.unicef.org/myanmar/stories/when-laughter-returns-helping-children-heal-after-earthquake-myanmar>

Now When I Sing, I Forget All My Pain

Yati's Journey of Recovery After the Myanmar Earthquake

<https://www.unicef.org/myanmar/stories/now-when-i-sing-i-forget-all-my-pain>

If Our Water Is Clean, We Can Stay Healthy

A 14-year-old girl in Shan State shares how clean water is helping her community recover from Myanmar's devastating earthquake

<https://www.unicef.org/myanmar/stories/if-our-water-clean-we-can-stay-healthy>

Sunday Morning Shattered

A Child's Story from Myanmar's Frontlines

<https://www.unicef.org/myanmar/stories/sunday-morning-shattered>

Any step could be our last

In conflict-torn Myanmar, children are growing up surrounded by hidden killers

<https://www.unicef.org/myanmar/stories/any-step-could-be-our-last>

Everyone I know has been affected

Youth turn fear into action amid growing landmine threat in Myanmar

<https://www.unicef.org/myanmar/stories/everyone-i-know-has-been-affected>

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

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