UNICEF’s support to the COVID-19 response in Myanmar

Date: May 2020

The situation

Reporting its first case of COVID-19 on 24 March 2020, the Government of Myanmar has put in place a number of mitigating measures including: increasing testing and treatment capacity for COVID-19; providing quarantine facilities; restricting public gatherings; screening of temperatures during land and border crossings; closing most international flights with the exception of relief and cargo flights; and closing restaurants, day care facilities, learning facilities, and non-essential businesses.

Children are the hidden victims of this pandemic. In addition to the evident risk of contracting the deadly virus, social distancing measures are disrupting daily routines, threatening children’s ability to play and learn and placing additional stressors on parents. UNICEF is concerned about the short and long-term impacts on children’s health, wellbeing, development and prospects.

Hand washing with soap, when done correctly, is critical in the fight against COVID-19. Yet even this most basic step is simply out of reach for many children and families in Myanmar who do not have access to basic hand washing facilities. The urban poor, migrant, internally displaced and refugee populations are especially at risk, as they tend to live in overcrowded settings where it is very difficult to practise social distancing. These settings often also lack continuous access to water and sanitation services.
People living in camps for the internally displaced are further exposed to the disease as basic essential and life-saving services are hindered due to control measures, movement restrictions, border closures, and discriminatory access to testing and other health services.

How UNICEF is helping

UNICEF’s response to the COVID-19 outbreak focuses on preventative actions to reduce human-to-human transmission and protect children and their families from the coronavirus, supporting access to critical services and mitigating the secondary impacts of the crisis. The areas of strategic priority are as follows:

Risk communication and community engagement to reach and protect specific vulnerable groups, and the public at large with targeted, accurate information on COVID-19, decreasing personal risks, mitigating rumours, reducing stigmatization through social media, TV and radio broadcasts, and other communication channels, as well as involving communities in the response to control the outbreak.

Providing critical supplies and logistical support, distributing equipment including sanitisers, disinfectant, masks and personal protective equipment to schools, early childhood development centres, and health and nutrition facilities.

Supporting continued access to crucial health and nutrition services to ensure women and children receive life-saving services such as institutional deliveries, essential newborn care, and treatment of severe diarrhoeal disease, pneumonia and malnutrition; as well as maintaining water, sanitation and hygiene (WASH) services, to ensure families have access to improved water sources and sanitation.

Mitigating the secondary impacts of physical distancing measures by ensuring children, parents and caregivers continue to have access to child protection services, and that alternative systems are in place for continuous learning during temporary school closures.

Social science research to assess the socio-economic impact and support the emergency social protection response, including introducing a pilot health micro-insurance scheme particularly for vulnerable communities, to limit the effect of large health expenditure, and expanding existing cash-based interventions.
Key results

The production of **5.8 million** flyers, posters and other information, education and communication materials, in Myanmar language and 17 ethnic languages, which are being distributed in key areas such as quarantine centres, hospitals, public markets and bus terminals.

The procurement of **20,000** COVID-19 testing kits, 100 oxygen concentrators, 10 ventilators and 107,000 sets of personal protective equipment, which is underway.

The launch of a **counselling hotline** providing mental and psychosocial support for children and care givers, and the training of case managers within the Department of Social Welfare, to help address cases of violence against children and women.

The repositioning of **lifesaving nutrition supplies** such as ready-to-use therapeutic foods, F-100 and F-75, multiple micronutrient powder, and multiple micronutrient supplements to Chin, Rakhine, and Kachin States and Magway Region.

The distribution of hygiene kits and installation of emergency hand washing facilities in high-risk areas, including IDP camps, schools and health facilities. Together with the Government of Myanmar and other partners, UNICEF has constructed close to **4,000** hand washing stations reaching an estimated **194,000** people.

The reaching of more than **3,000 children** with lifesaving preventive and curative nutrition services.

The development of response plans and distance learning options, together with the Ministry of Education, to benefit **9 million** children who may not be able to return to school.

**Funding**

UNICEF Myanmar acknowledges USAID/Global Health, the Government of Japan, CERF, Global Partnership for Education, the GAVI Alliance, and the Asian Development Bank for their generous contributions to support the COVID-19 response in Myanmar.

**Requirement** US$25.7 million

**Funding gap** 50.7%