



Swe Mar gives her children safe water provided by UNICEF.

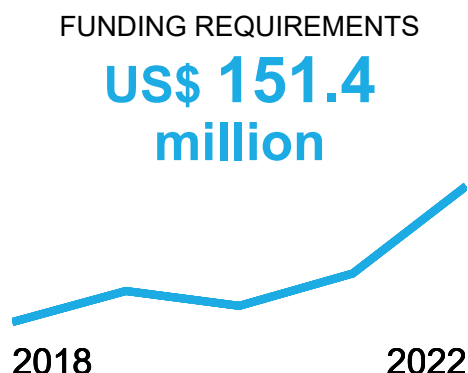
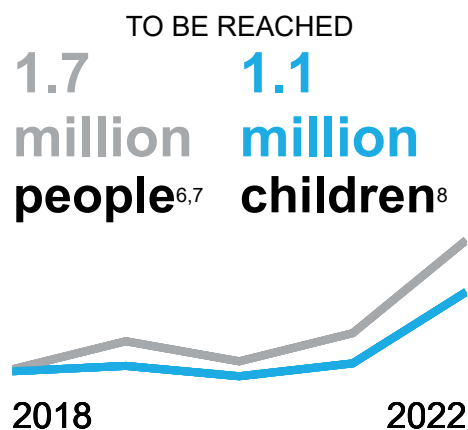
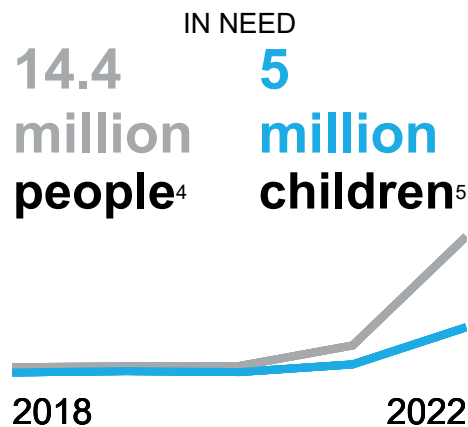
unicef   
for every child

## Humanitarian Action for Children

# Myanmar

### HIGHLIGHTS<sup>1</sup>

- Myanmar is experiencing an unprecedented humanitarian and human rights crisis. Multiple challenges, including a political crisis, escalating conflict and violence, the ongoing COVID-19 pandemic, climate-related disasters,<sup>2</sup> rising poverty and a collapse in public services, have left an estimated 14.4 million people, including 5 million children, in need of humanitarian assistance.<sup>3</sup> These inter-related risks are threatening child survival, development, and well-being across the country, and also, worsening conditions in Rakhine State for a safe and dignified return of Rohingya refugees.
- Notably, 1 million children have not been immunized against communicable diseases, 3 million children lack access to a safe water supply since early 2021, and 12 million children have no access to organized education services - some for over a year.
- UNICEF's humanitarian strategy focuses on delivering life-saving humanitarian assistance to ensure continuity of critical services at scale and promoting durable solutions that strengthen local capacities.
- Amid a constrained funding landscape, UNICEF requires US\$151.4 million to respond to the multi-sectoral humanitarian needs of children in Myanmar in 2022.



### KEY PLANNED TARGETS



**37,503**

children admitted for treatment for severe acute malnutrition



**760,000**

children vaccinated against measles



**303,000**

children/caregivers accessing mental health and psychosocial support



**1.1 million**

children accessing educational services

Figures are provisional and subject to change upon finalization of the inter-agency planning documents. HNO/HRP are being prepared and draft figures used as of 29 October 2021.

## HUMANITARIAN SITUATION AND NEEDS

Myanmar is witnessing an unprecedented escalation of conflict and violence, triggered by the military takeover of February 2021. Attacks against civilians are increasing and a peaceful civil disobedience movement has evolved into armed resistance, while armed conflict at border areas is surging. With the COVID-19 pandemic worsening<sup>9</sup> and the economy contracting, Myanmar is experiencing a profound humanitarian and human rights crisis, threatening the lives and well-being of its 17 million children.

Around 14.4 million people – 25 per cent of the population – need humanitarian assistance.<sup>10</sup> As of February 2021, approximately 211,000 people are displaced internally in Myanmar,<sup>11</sup> including 129,000 Rohingya confined since 2012.<sup>12</sup> The fighting has caused many more to flee, with an estimated 275,000 displaced, including in areas that have not seen conflict for many decades, such as Chin, Sagaing and Magway.<sup>13</sup> There are also extremely vulnerable non-displaced people, including 417,000 stateless Rohingya and communities affected by conflict, insecurity and rising poverty in rural areas and cities such as Yangon and Mandalay that are under martial law.<sup>14</sup> There are ongoing and severe human rights violations, with hundreds killed, thousands detained, and unknown numbers allegedly tortured and raped. Access to people in need of protection and assistance is severely constrained by insecurity, COVID-19 restrictions and increasing bureaucratic impediments. Furthermore, the functionality of financial and banking services and the entire supply chain, including procurement, import/export and in-country transportation of supplies, has been severely disrupted.

Prior to the military takeover, just over one third of the population were living below the poverty line and millions more could be forced into poverty, as rising prices and collapsing financial services deplete household income. Hard-won gains in child rights are being reversed, with children killed, wounded, detained and witnessing terrifying scenes of violence. Almost 12 million children are struggling to access education, due to attacks on schools and COVID-19 school closures. Already weakened health services are on the verge of collapse, with health workers experiencing intimidation and violence. Almost 1 million children are missing out on routine immunization and 5 million are missing out on vitamin A supplementation. Access to water, sanitation and hygiene are disrupted, with more than 3 million children lacking access to a safe water supply at home, threatening a large-scale outbreak of diarrhoea. Before the crisis, many children were experiencing malnutrition, with almost 30 per cent of pre-school children experiencing stunting and many experiencing wasting, including in Rakhine, where nearly 15 per cent are wasted.

## SECTOR NEEDS



**2.1 million** people in need of nutrition assistance<sup>15</sup>



**2.5 million** people in need of primary healthcare services<sup>16</sup>



**5.5 million** people in need of safe water<sup>17</sup>



**712,037** people in need of mental health and psychosocial<sup>18</sup>



**6.3 million** children/adolescents in need of education support<sup>19</sup>

## STORY FROM THE FIELD



When Swe Mar, 39, her husband and four children left their home to seek a better life in Yangon, they struggled to make ends meet.

UNICEF and partners are distributing safe bottled water to vulnerable families in Hlaing Thar Yar and other areas, prioritizing families with young children, pregnant women, and breastfeeding mothers.

“I receive two 20-litre water bottles every two days, direct to my doorstep. I don’t need to use a water filter or provide my own containers,” Swe Mar says. “I use this water for drinking only as I collect rainwater for cooking. I now have extra money.”

[Read more about this story here](#)

Swe Mar's youngest child, Kyal Sin, taking water from the safe water bottle delivered by UNICEF



## HUMANITARIAN STRATEGY

UNICEF's humanitarian strategy in Myanmar is aligned with the final 2022 Humanitarian Needs Overview and Humanitarian Response Plan. UNICEF will continue to support cluster coordination, leading the nutrition and WASH clusters and co-leading the education and child protection sub-clusters. In response to the crisis, UNICEF is adapting the way it works to achieve continuity of critical services at scale, coordinating with an extensive and diverse network of partners, including national and international NGOs and private sector partners, and drawing on its strong field presence through its two main offices<sup>21</sup> and seven field offices. UNICEF will focus on reaching the most vulnerable children, including displaced, stateless, children with disabilities and those in hard-to-reach areas, including areas under martial law.

With millions exposed to violence, abuse and exploitation, UNICEF will support children's access to mental health and psychosocial support and quality legal aid, as well as contribute to mitigating the risks posed by landmines and explosive remnants of war and monitoring and reporting of grave child rights violations. UNICEF will protect children from falling into extreme poverty, generating data and evidence on the impact of the crisis, and providing unconditional cash grants. UNICEF will increase children's access to safe learning environments, including through complementary and distance-learning opportunities for primary- and middle-school aged children, as well as non-formal education for children who were out of the formal system even prior to the current range of crisis.

With the health system under threat, UNICEF will provide life-saving emergency medical services to pregnant women, new mothers, and children, procure essential medicines and supplies to save lives, as well as COVID-19 infection prevention and control, and case management. With nationwide routine immunization suspended, UNICEF will work to carry out routine immunization at the community level throughout the country. WASH programming will focus on the delivery of clean water to vulnerable households in urban and rural areas, as well as provision of life-saving interventions to vulnerable populations, including displaced populations. UNICEF will screen and treat children with severe acute malnutrition, as well as provide life-saving micronutrient supplements and strengthen infant and young child feeding practices.

UNICEF will integrate initiatives to ensure protection from sexual exploitation and abuse, mitigate the risk of gender-based violence and promote accountability to affected populations (AAP) throughout programmes supported by UNICEF. Across its programmes, UNICEF will seek to provide durable, cost-effective solutions that will help strengthen the resilience of local communities and institutions.<sup>22</sup>

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

## 2022 PROGRAMME TARGETS



### Nutrition

- **37,503** children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- **291,068** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling
- **529,215** children aged 6 to 59 months receiving multiple micronutrient powders and vitamin A supplementation



### Health and HIV and AIDS

- **760,000** children aged 6 to 59 months vaccinated against measles
- **158,951** children and women accessing primary health care in UNICEF-supported facilities
- **75,000** pregnant and lactating women living with HIV receiving antiretroviral therapy



### Water, sanitation and hygiene

- **428,638** people accessing a sufficient quantity of safe water for drinking and domestic needs<sup>23</sup>
- **261,476** people use safe and appropriate sanitation facilities
- **638,331** people reached with hand-washing behaviour-change programmes
- **1,000,000** people reached with critical WASH supplies



### Child protection, GBViE and PSEA

- **303,000** children and parents/caregivers accessing mental health and psychosocial support
- **133,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **148,000** people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers
- **2,850** children who have received individual case management
- **386,485** children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions



### Education<sup>24</sup>

- **1,147,000** children accessing formal or non-formal education, including early learning
- **1,078,000** children receiving individual learning materials
- **18,000** children/adolescents accessing skills development programmes



### Social protection

- **90,000** households reached with UNICEF funded multi-purpose humanitarian cash transfers<sup>25,26</sup>



### Cross-sectoral (HCT, C4D, RCCE and AAP)

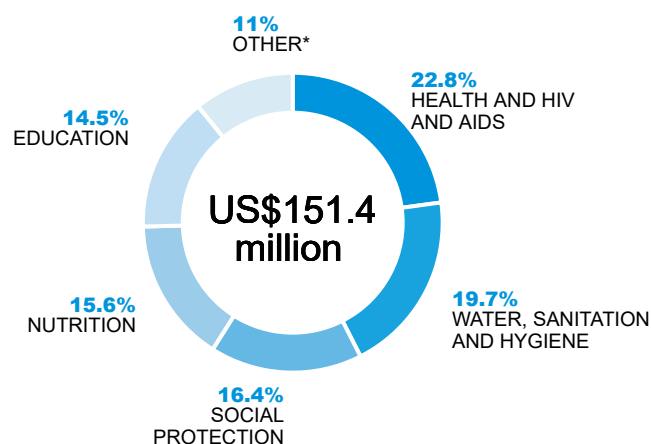
- **30,000** people with access to established accountability mechanisms

## FUNDING REQUIREMENTS IN 2022

The funding requirement for UNICEF in Myanmar for 2022 is US\$151.4 million. Due to the drastic increase in the number of displaced and affected population, nearly 400 per cent increase in people in need, with the continuing conflict, food insecurity and COVID-19, there is a significant need for increased funding to support the provision of life-saving services. UNICEF's humanitarian programmes are planned for nationwide reach, targeting populations in the areas with the most acute needs.

Without timely funding and adequate donor community support, Myanmar could also become a forgotten crisis, and UNICEF and its partners will be unable to effectively reach the most vulnerable children and families and address their urgent unmet humanitarian needs. These funds will allow UNICEF to support life-saving services with highest funding needs: measles vaccination, provision of safe water, severe acute malnutrition admission and treatment, and humanitarian cash transfers. Underfunding will lead to UNICEF being unable to support the target to reach 1.7 million people, including 1.1 million children.

The funding is also essential to be able to meet the needs of affected people, who are experiencing the devastating impacts of the conflict coupled with the crippling health and socioeconomic consequences of the COVID-19 pandemic, climate change and political crisis.



Sector	2022 requirements (US\$) <sup>27,28</sup>
Nutrition	23,645,813
Health and HIV and AIDS	34,578,000 <sup>29</sup>
Water, sanitation and hygiene	29,808,821
Child protection, GBViE and PSEA	9,870,753 <sup>30</sup>
Education	22,020,965
Social protection	24,879,956
Cross-sectoral (HCT, C4D, RCCE and AAP)	28,250 <sup>31</sup>
Cluster Coordination	6,546,432 <sup>32</sup>
<b>Total</b>	<b>151,378,990</b>

\*This includes costs from other sectors/interventions : Child protection, GBViE and PSEA (6.5%), Cluster Coordination (4.3%), Cross-sectoral (HCT, C4D, RCCE and AAP) (<1%).

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## ENDNOTES

1. UNICEF's public health and socio-economic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.
2. Out of 181 countries, Myanmar is ranked as the second most climate-risk prone country globally (Climate Risk Index 1999–2018) and was also rated as one of the high-risk countries by INFORM 2020 (Interagency Risk Assessment).
3. Based on HNO of 29 October 2021. Total people in need is 14.4 million disaggregated as 52 per cent women, 35 per cent children under 18 years, 57 per cent adults, 8 per cent elderly and 13 per cent people with disabilities.
4. Based on HNO of 29 October 2021. Total people in need is 14.4 million disaggregated as 52 per cent women, 35 per cent children under 18 years, 57 per cent adults, 8 per cent elderly and 13 per cent people with disabilities.
5. Based on HNO of 29 October 2021. This is 35 per cent of total people in need.
6. Based on utilization of the highest reach figures for the indicators by adding the number of children/adolescents accessing formal or non-formal education, including early learning, and adding men and women reached with critical WASH supplies (including hygiene items) and services. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
7. Source used to determine per cent children/girls/disabilities population groups is from the Myanmar 2022 population census projection as available in October 2021. Assumption 1: per cent of female in the total number of people to be reached is the same as that of total population, which is 52.20 per cent as per census projection. Assumption 2: per cent of girls in the total number of children to be reached is the same as that of total child population, which is 49.40 per cent as per census projection. Assumption 3: per cent of population aged five years and above with disability used is 12.80 per cent, which is the same as that of 2019 (no data available since then); and HNO 2022 draft is also using 13 per cent. Also, 91.10 per cent of the population is five years and over, age-based on census projection. Assumption 4: As advised by UNICEF Regional Office, in case per cent of children with disability is not available, 10 per cent can be applied.
8. Based on utilization of the highest reach figures for the indicator for children -- the number of children/adolescents accessing formal or non-formal education, including early learning. This includes 49 per cent girls and 10 per cent children with disabilities.
9. A deadly third wave of COVID-19 is continuing, with 484,317 cases and 18,255 deaths reported to WHO.
10. Based on HNO HRP draft figure as of 29 October 2021. Total people in need of 14.4 million is primarily based on nearly 600,000 internally displaced people and nearly 13.5 million food insecure people.
11. UNHCR Regional Bureau For Asia And Pacific (RBAP), Myanmar Emergency update, 01 July 2021, <https://reliefweb.int/sites/reliefweb.int/files/resources/Myanmar%20emergency%20update%201%20July%202021.pdf>
12. Human Rights Watch, October 8, 2020 <https://www.hrw.org/news/2020/10/08/myanmar-mass-detention-rohingya-squalid-camps>
13. OCHA Myanmar Update, <https://www.unocha.org/myanmar/about-ocha-myanmar>.
14. Acaps, Myanmar update, Briefing Note, 29 April 2021, Impact of 1 February coup, [https://www.acaps.org/sites/acaps/files/products/files/20210429\\_acaps\\_briefing\\_note\\_myanmar\\_impact\\_of\\_1\\_february\\_coup.pdf](https://www.acaps.org/sites/acaps/files/products/files/20210429_acaps_briefing_note_myanmar_impact_of_1_february_coup.pdf).
15. Based on HNO 2022 figures as of 29 October 2021.
16. Based on HNO 2022 figures as of 29 October 2021.
17. Based on HNO 2022 figures as of 29 October 2021.
18. Mental health and psychosocial support. Based on UNICEF sector data as of October 2021.
19. Based on HNO 2022 figures as of 29 October 2021.
20. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.
21. Yangon and Naypyitaw offices.
22. In line with the UN socioeconomic resilience response plan (UN-SERRP) and the Myanmar UN Health Response Contingency Plan (MUHRCP).
23. In the 2022 HAC, WASH maintained an ambitious target of 428,638 people accessing a sufficient quantity of safe water for drinking and domestic needs, which entails providing this target population with daily provision of water supply service of minimum 7.5 to 15 litres of water per person day. There is a slight decrease as UNICEF is now targeting one million people with critical WASH supplies, which includes items such as water storage containers/buckets/collapsible jerry cans, water purification tablets, water filters, buckets, bleaching powder, etc. It is important to make the distinction between periodic water supply and continued/daily water supply services.
24. Significant increase in target for education is based on very high increase in out of school children and draft cluster targets for HNO 2022. UNICEF is covering a significant portion of the cluster targets.
25. Target has been reduced with increased budget requirement due to high cost of operating and higher cost of basket of support per household.
26. The target in 2021 should not be compared to 2022, as the 2021 methodology was different and based on "one-off cash transfer top up (vertical expansion of US\$20)" to pregnant women and children under two years, to mitigate the impacts of COVID-19. Therefore, the indicator is also different in 2022: Number of households (families) benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support. In 2022, we are revising completely our programme approach and the calculation is now based on direct implementation of the humanitarian cash transfer programme by UNICEF. This will be 12 payments to 90,000 people in need, as only a "one off payment". The indicator is also changed to "number of HHs reached with UNICEF funded multi-purpose humanitarian cash transfer". This is why both the number reached and budget for HAC 2021 and HAC 2022 are not comparable.
27. All sector requirements include the 13 per cent overhead -- programme effectiveness staff cost is 5 per cent, programme effectiveness activities is 2 percent, operational effectiveness is 2 per cent, operating costs are 4 per cent.
28. Targets based on Annual Work Plan 2022 and HNO 2022 draft figures.
29. The increase in funding from 2021 is due to a substantial increase in the measles vaccination target in 2022, as agreed with government and in the annual work plan.
30. This includes US\$907,200 for PSEA activities.
31. AAP, budget linked to people with access to established accountability mechanisms.
32. There is an increased funding requirement for cluster coordination, this is due to the scale up of the humanitarian response for all sectors, requiring additional resources to operationalize the clusters.