



Reporting Period: 1 January to 30 June 2022

# Myanmar Country Office

## Humanitarian Situation Report No.6 2022



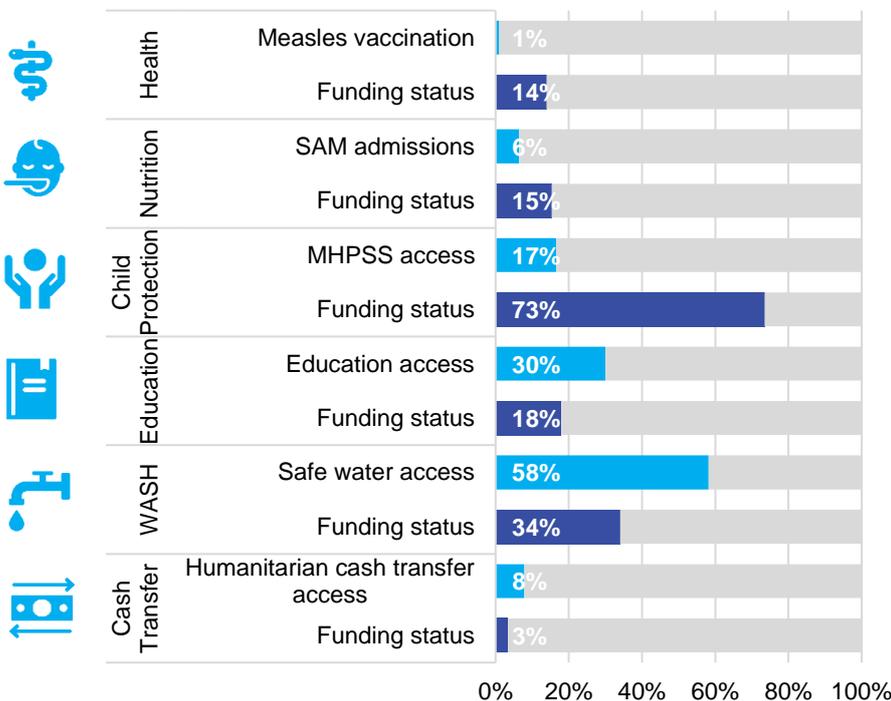
### Highlights

- From January to June 2022, the number of people fleeing from conflict-affected locations has increased by nearly 200 per cent, bringing the current number of people displaced since the military takeover to 866,400. 346,600 people who were displaced prior to February 2021 remain living in displacement sites.
- The “Bright Start: Mobile-based Health Microinsurance” programme for primary health care services has so far helped 27,500 people (69 per cent of the annual target).
- Despite the reopening of schools in June, UNICEF estimates that 6 million children currently have restricted or no access to learning.
- During the first half of 2022, UNICEF and its 12 health programme partners have provided 203,277 women and children with primary health care services. COVID-19 has led to increasing health needs and primary health care consultations, responsible for UNICEF HAC target to be exceeded mid-way through the year.
- Child protection case management interventions have reached 69 per cent of the annual target, helping 1,962 children (49 per cent girls), most of whom have experienced multiple deprivations including physical abuse, neglect, and maltreatment.

### Situation in Numbers

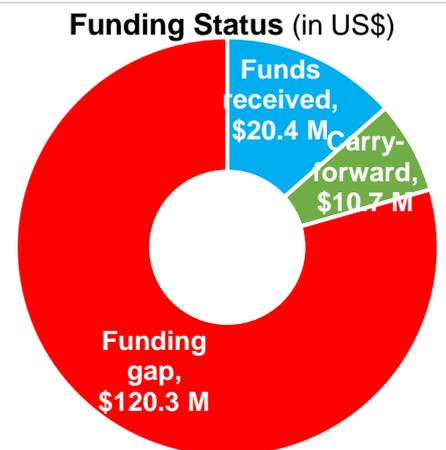
- 5,000,000** children in need of humanitarian assistance (HRP 2022)
- 14,400,000** people in need (HRP 2022)
- 866,400** Internally displaced people after 1 February 2021 (UNHCR)
- 41,900** People displaced to neighbouring countries since 1 February 2021
- 346,600** people living in protracted displacement before February 2021 (OCHA)

### UNICEF’s Response and Funding Status\*



### UNICEF Appeal 2022

#### US\$ 151.4 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 and Partnerships

The UNICEF Myanmar Country Office is appealing for US\$151.4 million to deliver humanitarian assistance to displaced and host populations across the country. The Myanmar Humanitarian Needs Overview (HNO) estimates that, in 2022, a total of 14.4 million people, including 5 million children, need assistance. From January to June 2022, UNICEF has received generous contributions from the Bureau for Humanitarian Assistance (USAID/BHA), the governments of Denmark, Japan and Norway, the European Commission/ECHO, the German Federal Foreign Office (the Korean Committee for UNICEF, the Government of Norway, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), and the Global Humanitarian Thematic Funding. The contributions are helping UNICEF to deliver much-needed assistance through its programmes covering Nutrition, Health, HIV/AIDS, Water Sanitation and Hygiene (WASH), Education, Child Protection, Gender-based violence in emergencies (GBViE), prevention of sexual exploitation and abuse (PSEA), Social Protection, Accountability to Affected Population (AAP) and Cluster coordination. Although US\$31.13 million has been received so far through the UNICEF Humanitarian Action for Children (HAC) appeal, the funding gap of 79 per cent is severely affecting the ability to provide aid to the targeted 1.7 million people in need of humanitarian assistance and services, including 1.1 million children. Continued donor support is critical in ensuring a scaled-up response, allowing UNICEF to continue help providing lifesaving services such as: measles vaccinations, provision of safe water, treatment for severe acute malnutrition admission and humanitarian cash transfers. UNICEF would like to express its sincere appreciation to all private and public sector donors for their contributions to supporting the children of Myanmar.

## Situation Overview & Humanitarian Needs

The humanitarian and human rights needs in Myanmar continue to increase in severity as a result of escalating insecurity. The widespread clashes, as well as the use of heavy weapons, aerial strikes and artillery, has led to an approximate 200 per cent increase in the number of people internally displaced since the beginning of the year.<sup>1</sup> The southeast and northwest regions are the most impacted, with Sagaing accounting for approximately 55 per cent of all people displaced since the military takeover of February 2021. In total, there are an estimated 1.2 million internally displaced persons (IDPs) nationally. This figure includes 866,400 displaced since February 2021 and 346,600 people displaced prior to the current conflict, who remain in situation of protracted displacement. These people are displaced across hundreds of sites, living in extremely challenging conditions with children and their families in need of basic supplies for health, sanitation, nutrition, safe water as well as safe spaces and shelter.

Humanitarian access continues to be significantly constrained with insecurity, administrative processes and restrictions on movement limiting UNICEF and its partners ability to reach populations in need, particularly in rural areas. This is exacerbated by internet and telecommunication network shutdowns in many areas. Concerns that many areas have been contaminated with mines and explosive remnants of war further impede access and movements of people, as well as giving rise to significant protection concerns. Engagement with relevant stakeholders is critical to safely access the most vulnerable children in remote and conflict-affected areas, for the delivery of WASH, health, nutrition, education and child protection supplies. UNICEF and partners will continue their advocacy efforts and build on recent experience to expand reach to previously inaccessible areas.

The volatile operational environment, economic challenges including disruptions in the financial systems, the shortage of health and educational professionals among others have resulted in interruptions of basic services such as health, education and child protection. As a result, access to and uptake of services has been significantly reduced. For example, the general economic challenges in the country have negative effects on education, with more families unable to afford the related costs, leading to a need for more resources. Additionally, UNICEF estimates that as many as six million children currently have restricted or no access to education. While schools under the Ministry of Education reopened in June, many remain closed due to security concerns including fears of attacks on schools and educational professionals, and teachers' absence. Children remain in need of safe spaces to learn, quality learning materials and trained teachers, particularly in areas accommodating newly displaced populations. UNICEF and its partners are continuing to promote the continuity of learning for those vulnerable children.

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<sup>1</sup> United Nations High Commissioner for Refugees, Myanmar UNHCR displacement overview 25 Jul 2022, <[Myanmar UNHCR displacement overview 25 Jul 2022](#)>.

## Summary Analysis of Programme Response

### Health

During the first half of 2022, UNICEF and its 12 health programme partners have provided a total of 203,277 primary health care services in Rakhine, Kachin, Shan, Kayin, Kayah, Sagaing, Chin and peri-urban Yangon. With the significant reduction in the availability of public sector health services since February 2021, communities are relying on the services provided by international non-governmental organizations (INGOs) and non-governmental organizations (NGOs) through mobile and fixed clinics. COVID-19 has led to an increase in health needs, and primary health care consultations have exceeded the UNICEF HAC annual target. Given the challenges facing the health services in country, UNICEF has supported the capacity-building of 130 health care providers from 21 organizations to deliver basic child health services, ensuring the provision of quality treatments. These 21 organizations cover a population of over 2 million across the country with delivery of basic health care services. Supplies, including 109 emergency health kits, 692 first aid kits and 3,200 clean delivery kits, have been distributed to 19 partners and will cover the needs of over 300,000 people. In response to COVID-19, UNICEF provided personal protection equipment and also helped install oxygen plants at four sites, namely Hinthada, Taunggyi, Kalay and Loikaw. In Hinthada, the plant is almost ready to start and will serve the local community as well as nearby eight townships. In Kalay and Taunggyi, preparations for installation continued while, in Loikaw, security concerns are creating further delays. Other problems affecting access to communities include the clearance and distribution of medical supplies, and the issue of cash from banks.

During the first half of 2022, UNICEF facilitated a series of capacity-building trainings. As an example, ethnic health organization partners among the most underserved, vulnerable and conflict-affected populations in Kachin, northern Shan, Mon and Thanintaryi, benefitted from a training on the prevention of mother to child transmission of HIV/AIDS (PMTCT) and syphilis. People taking part learned about delivering the PMTCT awareness messages, HIV testing service, networking for treatment services, safe delivery of babies, nutrition practice for infant and referral support. Over the same period, UNICEF partners, the Myanmar Health Assistant Association and Health Poverty Action contributed to vaccinating 7,453 children against measles aged 9–18 months in Rakhine, Kachin and Shan. UNICEF supported the resumption of routine immunization services in public health facilities to reach nearly half a million children. However, the official coverage data is yet to be available from the health authority.

### Nutrition

During the first half of 2022, UNICEF and its partners expanded the coverage of nutrition programmes aimed at children and pregnant and lactating women (PLW) in Rakhine, northern Shan, Kachin, Kayin, Yangon and Ayeyarwaddy. These covered multiple micronutrient supplementation (MMS), infant and young child feeding (IYCF) counselling and outpatient therapeutic treatment of children with severe acute malnutrition. 300,673 children aged 6–59 months (147,330 girls) were screened for malnutrition, of which 2,421 (1,321 girls) were treated for severe acute malnutrition (SAM), 106,361 children aged 6-59 months (52,823 girls) and 25,299 PLW were reached with MMS. During the same period last year, the number of children admitted for SAM treatment was reportedly 1,653 children (921 girls), showing an increased in malnutrition cases admitted this year. However, progress on reaching the planned number of children was hampered due to volatile operating context, disruptions to the health system and limited resources. To date, only 6.5 per cent of the SAM target, 8.7 per cent of the IYCF target and 20 per cent of the MMS target have been reached.



UNICEF in coordination with Myanmar Garment Manufacturer Association, four of the company's factories are being helped to provide breastfeeding, childcare rooms and hygienic promotion to access healthy and nutritious diets.

UNICEF, as a technical lead on the Integrated Management of Acute Malnutrition (IMAM) programme, has trained 327 people virtually in this reporting period and has distributed essential nutrition supplies such as Ready to Use Therapeutic Food for children suffering from SAM, and multiple micronutrients for preventive supplementation programmes.

### Cluster:

The Nutrition Cluster is operating at the national and sub-national levels, working with partners to identify and respond to critical nutritional needs across the country. In addition to this, two technical working groups are focusing on

strengthening Assessment and Information Management and Integrated Management of Severe Acute Malnutrition. Nutrition remains one of the least funded clusters – barely 10 per cent of the required funding has been received, limiting on efforts to implement approaches to better understand the nutritional situation in areas around the country. Nevertheless, these efforts are underway, and will be used to target interventions to those most in need.

## Child protection

UNICEF worked with more than 30 child protection partners in its response to an upsurge in the humanitarian crisis, including new displacements. An increase in localized partnerships and strengthened coordination enabled a total of 113,256 individuals (40,137 girls, 38,496 boys, 25,465 women, 9,158 men) to access child protection services, with 10,250 children nationally receiving child protection kits. The most positive increase has been in the number of case management interventions, reaching 69 per cent of the yearly target, and helping 1,962 children (49 per cent girls), most of whom have experienced multiple deprivations, including physical abuse, neglect and maltreatment (including 122 cases of sexual abuse). To further harmonize case management processes, the child protection information management system (CPIMS+/Primer) was launched in Myanmar for the first time. This initiative will promote effective case management for vulnerable children and help caseworkers move away from the cumbersome paper-based system, while adhering to high standards.

UNICEF is supporting access to justice for children by partnering with 89 legal aid providers and lawyers (which covers all the states except for Mon). Legal aid support was provided for 635 children (359 boys and 276 girls) and 545 young people (365 male) under 25 years, including 216 Rohingya children with migration charges (142 girls) and 66 children (61 boys) charged with affiliation to the People's Defence Force. UNICEF is currently rolling out a multisectoral mental health and psychosocial support (MHPSS) strategy for 2022–2025, focusing on the provision of good quality MHPSS services to children and caregivers. UNICEF introduced a targeted MHPSS activity for adolescents and young people in crisis: training U-Reporters as youth leaders in “I Support My Friends” - a psychological first aid toolkit which helps widen safety nets and links to referral support in the case of peer-to-peer disclosure of protection concerns. Implementing partners from across sectors are being trained on “Psychological First Aid and Stabilization and Relief for Children” to strengthen their ability to identify children in need of support, reduce immediate distress, and provide referrals.



Children playing in a camp of northern Shan State

## Child Protection Area of Responsibility (CP AoR)

The CP AoR has focused on building the capacity of its coordinated response and service provision. This has included supporting the development of the technical expertise and skills of civil society organizations and local networks, who have taken on an increasing role in responding to this issue. The child protection AoR has also been rolling out a series of nationwide trainings on child protection and has continued to seek opportunities for including the involvement of Civil Society Organisations (CSOs) within the coordination system. For example, in 2022, a CSO in Chin has joined UNICEF in coordinating the subnational CP AoR. This sets an example to other sectors of how local actors should be involved within the coordination system. Technical capacity-building trainings for partners and needs assessments were implemented. The CP AoR and GBVSS collaborated to review referral pathways and mapping of services as well as training of child protection partners and nurses on care for child survivors. A response plan was drawn up to deal with the deteriorating humanitarian situation in Sagaing region. The national CP AoR has worked closely with the subnational coordinators and UNICEF information management to ensure timely data collection, giving the child protection sector specific insights into the reach of its work, and enabling it to confidently advocate for more resources in particular areas. The CP AoR has also launched its own website [www.myanmarchildprotection.com](http://www.myanmarchildprotection.com) which offers essential resources that can be accessed by all child protection (and non-child protection) actors.

## Mine Action Area of Responsibility (MA AoR)

The MA AoR was established in December 2021 to ensure predictable, accountable and effective responses to the threat posed by landmines and explosive remnants of war in Myanmar. UNICEF coordinates the MA AoR, engaging with United Nations partners and NGOs to ensure that action on mines is at the centre of humanitarian planning and responses. The goal is to better coordinate and prioritize activities to save more lives, facilitate assistance to victims and advocate for all parties to stop using landmines. In the first six months of 2022, the MA AoR members provided training on explosive ordnance risk to approximately 150,000 people including 68,434 children. Further risk education, victim assistance and the establishment of a comprehensive Myanmar Victim Information System is being prioritized for the remaining half of the year. MA AoR members are providing safety awareness briefings to partners in order to ensure that staff are adequately prepared for field missions in potentially contaminated areas. Furthermore, MA AoR members conduct contamination assessments of accessible villages, prioritizing those that are likely to be affected. Information on contamination assessments is being compiled in Rakhine with the aim of replicating the data sharing tool at other subnational AoRs and ensuring that the data are shared with other clusters which may need to factor contamination into their planned interventions

## Education

During January to June 2022, UNICEF supported access to education for 344,687 children (175,786 girls). UNICEF facilitated children's access to formal and non-formal education, including early learning by providing education supplies, learning materials and education services. Key activities included the development of open learning materials to reach the most vulnerable children, the repairs and construction of learning centres, the provision of volunteer teachers' incentives, and the promotion of hygiene and awareness enhancement for COVID-19 prevention. UNICEF and its partners also provided individual essential learning packages for 90,779 children (46,600 girls). In addition, 15,554 children/adolescents (7,830 girls) were reached through UNICEF-supported skills development interventions.



Children at temporary learning school in a camp. Northern Shan State

## Cluster

The first half of the year has seen the finalization of the Education Cluster Strategy and Education Sector Joint Response Framework, both aligned with the Humanitarian Response Plan (HRP) and providing broad and clear response frameworks to partners. Subnational level cluster coordination has been boosted by staffing with full-time dedicated cluster coordinators across the three hubs, including the northwest, southeast and northeast. To strengthen AAP, as well as to ensure active beneficiary participation in education response, the education cluster has worked with partners to conduct community consultations to gain a better understanding of preferences, barriers and the required support for education in preparation for the new academic year. While analysis continues, preliminary findings and anecdotal evidence point to people seeking education from monastic, ethnic and community-led education, which have seen a general increase in enrolment, causing an urgent need for support to ensure that supply meets demand. The cluster is advocating for this accordingly.

## WASH

With more than a million IDPs spread across the country, lifesaving WASH needs continue to escalate while the chronic need for humanitarian assistance in long-term camps persists. Vulnerable populations in IDP camps and informal settlements, especially young children, remain exposed to the risk of preventable disease and death associated with poor WASH services. The Country office is instituting varying methods of implementing WASH interventions including direct implementation, partnerships with over 25 organizations and partnership with three private companies. Together, these methods have reached almost half a million people, including an estimated 143,000 children, representing 43 per cent of the HAC target. Lifesaving humanitarian WASH assistance is comprised of the provision of sufficient quantity of safe water for drinking, cooking and personal hygiene, sex-separated safe and appropriate latrines, the provision of critical WASH supplies including those for menstrual hygiene, and hygiene promotion.

Between January to June 2022, about 253,000 people were provided with access to clean drinking water. This was carried out by using bulk storage, treatment and distribution in temporary storage tanks and distribution network. Wherever feasible, longer-term durable water supply systems are also provided, including extending services to the



Water treatment unit at Hlaing Tharyar – installed and operated by Myanmar Alliance for Rabies Control (MARC)

host communities to promote social cohesion. While continuing to deliver daily WASH services for the long-term camps in Rakhine, northern Shan and Kachin, UNICEF and its partners rapidly responded to a surge in humanitarian needs in the northwest and southeast regions. UNICEF and its partners reached about 76,600 IDPs and conflict-affected host communities in Chin and Sagaing, and UNICEF is currently working with three partners in the humanitarian response in Chin, Sagaing and Magway. Nevertheless, an estimated 200,000 IDPs in the northwest are still in dire need of WASH assistance. There is a funding gap of more than 50 per cent, and persistent challenges, based on access and insecurity as well as cash liquidity and supply, are all severely hampering the response. Continued and immediate lifesaving WASH assistance is needed to reach vulnerable children.

#### Cluster:

WASH interventions for 2022 continue to remain underfunded. To date, only US\$5.6 million (4.2 per cent) of the WASH HRP requirement of US\$135 million has been received. This is needed to provide 2.1 million vulnerable and crisis-affected people with improved access to safe water, and sustainable, durable and cost-effective sanitation facilities. In collaboration with the Global WASH Cluster, the Myanmar WASH cluster will trial in Rakhine the “Accountability & Quality Assurance (AQA) Initiative”, already introduced in selected countries by the Global WASH Cluster’s Technical Working Group on Quality Assurance and will complement other activities with accountability to affected populations (AAP). The AQA initiative supports results-oriented, evidence-based decision-making with the aim of ensuring that standards for quality and accountability in humanitarian WASH responses are met and maintained, with continuous improvement. The AQA initiative is being tried in Rakhine first, with the hope that it will then be implemented nationally.

The cluster’s key challenges during the reporting period include landowner issues in the Sittwe protracted camps, blocking activities for the rehabilitation and new WASH infrastructures. The Rakhine WASH Cluster and heads of United Nations agencies (UNICEF, UNHCR, OCHA) continue to advocate for a solution with the de facto state authorities. Delays in extending agreements have created challenges for operational staff (national and international) in gaining travel authorizations to enable access for WASH interventions. Some partners are having to work through camp base staff as they have no travel authorizations. The limited numbers of WASH partners in Chin, Sagaing and Magway have minimized WASH responses, especially in the hard-to-reach locations. The cluster has tried hard to address those issues in the first half of 2022 and will continue to take appropriate measures in order to support partners.

#### Social Protection and Cash-based Programming

In the first six months of 2022, the UNICEF Maternal and Child Cash Transfer (MCCT) programme has reached 7,096 households (including pregnant women and children under 2 years of age, and those with disabilities) with multi-purpose humanitarian cash transfers with a total value delivered of US\$0.5 million, out of the planned US\$24 million. The programme remains the least funded and has reached only 7.9 per cent of the 90,000 participants planned in the 2022 HAC. Currently, the UNICEF MCCT programme has been carried out in two peri-urban townships in Yangon in partnership with Terre de Hommes Lausanne. However, due to the limited funding, more than 80,000 children are still not able to benefit from this programme. Setting up common cash facilities and management information system for cash transfer programmes is being finalized. UNICEF is ready to implement its cash transfer programme to reach the most vulnerable populations, especially families with children in crisis-affected areas. In addition, UNICEF reached around 3,000 households with pregnant women and children under 2 (including those with disabilities), providing essential and key messages about health, nutrition and hygiene practices via home visit and tele-messaging.



A pregnant woman receiving health counselling service via mobile phone

Some key challenges faced in the first six months include banking and cash liquidity issues. However, UNICEF, in collaboration with NGO partners and its financial service provider managed to make three payments in the first half of 2022. The Bright Start mobile health microinsurance programme for primary health care services has covered 27,500 participants (69 per cent of the total target of 40,000 set out in 2022 HAC). By the end of June 2022, the Bright Start expansion programme had reached 20,589 active programme participants, including 18,598 children under 5 and 1,991 pregnant women in Yangon peri-urban townships. UNICEF also continued to provide the Bright Start pilot programme for primary health care services in the Yangon peri-urban townships of Hlaing

Thar Yar and Shwe Pyi Thar. By the end of June, the services had been provided for 10,549 programme participants, including 9,510 children under 7 and 1,039 pregnant women. The programme requires additional funding of US\$475,000 to be able to reach an extra 12,500 peri-urban vulnerable children and pregnant women with mobile emergency primary health care services.

### Communications for Development (C4D)

UNICEF continues to co-lead the Risk Communication and Community Engagement (RCCE) Working Group at national level and also leads in responding to rumours and concerns that arise from social media. It monitors updates related to COVID-19 preventive measures and key messages for the public and health care providers, as well as how to treat suspected COVID patients at home. A total of 654,800 posters and 45,000 vinyl posters have been distributed, reaching more than 4.5 million people. COVID-19 prevention and vaccine-related key messages have been developed and are posted through UNICEF social media channels, reaching 2.2 million people and have achieved 240,000 engagements. UNICEF translated 11 messages on vaccine-related information into 22 ethnic versions, in addition to translating a home-care animation video into 18 ethnic versions which were shared with RCCE partners including ethnic health organizations. In addition, with partners' support, SBCC activities were carried out at community level to increase awareness of COVID-19 prevention and the promotion of COVID-19 vaccinations in Special Region (2) and (4) in Kachin State. These reached nearly 50,000 people, including pregnant mothers and caregivers. A similar project is being carried out in partnership with the Parami Development Network. This is focusing on six townships of southern Shan and aiming to reach more than 40,000 people to promote awareness and good practices around maternal, newborn and child health (MNCH), nutrition, the expanded programme on immunization, COVID-19 prevention and promotion of vaccination.

Despite the difficulties caused by the political situation and COVID-19, 60,000 MNCH handbooks were printed and distributed to pregnant women and the mothers of children under five through UNICEF partners in Rakhine, Kachin and northern Shan. As part of efforts to build capacity, training on interpersonal communication and on communicating to communities about COVID-19 vaccination was also provided for 100 partner staff and volunteers. Materials and tools to support the efforts of community mobilizers and volunteers are also being developed.

### Accountability to Affected Population (AAP)

A UNICEF mapping exercise has identified common challenges to the development and implementation of AAP activities with communities and the findings will be taken forward in the next period to strengthen engagement across all sectors. Working with partners in Rakhine, AAP components have been integrated into community education activities to further strengthen these areas. An AAP strategy note for the WASH Cluster was developed to support cluster partners in a systematic and collective process of setting standards, effective quality monitoring, taking action to address issues and learning for continuous improvement.

## Humanitarian Leadership, Coordination and Strategy

UNICEF's humanitarian coordination and strategy in Myanmar is aligned with the 2022 HNO and HRP, as well as clusters and programmes priorities. UNICEF continues to support the coordination of humanitarian actors, leading the Nutrition Cluster, the WASH Cluster and co-leading the Education Cluster and the Child Protection AoR, with Save the Children. Since December 2021, UNICEF has also been leading the Mine Action AoR. In response to the crisis, UNICEF is adapting the way it works to achieve continuity of critical services at scale, coordinating with the Myanmar Humanitarian Country Team and with an extensive and diverse network of partners, including United Nations agencies, national and international NGOs, private sector partners and local organizations to efficiently deliver lifesaving services. In addition to taking part in the Inter-cluster Coordination Group led by OCHA, UNICEF facilitates the in-country inter-agency PSEA network with the United Nations Population Fund (UNFPA). UNICEF continues to co-lead the RCCE Working Group and is an active participant in the Humanitarian Access Working Group. UNICEF ensures the coordination and monitoring of its programme implementation across Myanmar, drawing on its strong field presence through its main offices and seven field offices, namely Yangon and Nay Pyi Taw, Lashio and Taunggyi in Shan, Sittwe and Maungdaw in Rakhine, Myitkyina in Kachin, Hakha in Chin and Hpaan in Kayin. UNICEF will continue to focus on reaching the most vulnerable children, including those who are displaced and stateless, children with disabilities and those in hard-to-reach areas, including areas under martial law.

## Human Interest Stories and External Media

### Press releases

<https://www.unicef.org/myanmar/press-releases/unicef-statement-death-two-boys-grenade-round-explosion-magwe-region-myanmar>

<https://www.unicef.org/myanmar/press-releases/statement-access-learning-millions-children-myanmar>

<https://www.unicef.org/myanmar/press-releases/breast-milk-remains-safest-and-most-economical-option-children>

### Stories

<https://www.unicef.org/myanmar/stories/cash-transfers-lift-poor-families-out-despair>

<https://www.unicef.org/myanmar/stories/bringing-basic-services-children-remote-areas-kayah-state>

<https://www.unicef.org/myanmar/stories/parents-relief-clean-water-arrives>

<https://www.unicef.org/myanmar/stories/child-landmine-survivors-receive-critical-assistance>

<https://www.unicef.org/myanmar/stories/unicef-and-partners-expand-mental-health-services-children-and-young-people>

### Tweets

<https://twitter.com/UNICEFMyanmar/status/1486515563358830599>

<https://twitter.com/UNICEFMyanmar/status/1493404697406758916>

<https://twitter.com/UNICEFMyanmar/status/1504661389599723524>

<https://twitter.com/UNICEFMyanmar/status/1517058090629275648>

<https://twitter.com/UNICEFMyanmar/status/1523595639866732549>

<https://twitter.com/UNICEFMyanmar/status/1534028083044286464>

### Facebook posts

<https://www.facebook.com/unicefmyanmar/photos/a.416623888405142/4995849620482523/?type=3>

<https://www.facebook.com/unicefmyanmar/photos/a.416623888405142/5044804715587013/?type=3>

<https://www.facebook.com/unicefmyanmar/photos/a.416623888405142/5111489202251897/?type=3>

<https://www.facebook.com/354768004590731/posts/5192930684107748/>

<https://www.facebook.com/unicefmyanmar/photos/a.416623888405142/5257744634293019/?type=3>

<https://www.facebook.com/unicefmyanmar/photos/a.416623888405142/5351488871585261/?type=3>

<https://fb.watch/emfm6kpzlo/>

<https://www.facebook.com/unicefmyanmar/photos/a.416623888405142/5289886367745512/?type=3&mibextid=n8mXaU>

## Next SitRep: September 2022

UNICEF Myanmar HAC Appeal: <https://www.unicef.org/appeals/myanmar>

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## Annex A

## Summary of Programme Results

Sector Indicator   Disaggregation		UNICEF and IPs			Cluster Response		
		2022 targets	Total results	Change ▲ ▼	2022 targets	Total results	Change ▲ ▼
<b>NUTRITION</b>							
# children aged 6_59 months with SAM admitted for treatment	Girls	37,503	1,321	▲ 559	39,477	1,321	▲ 559
	Boys		1,100			1,100	
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	Women (PLW)	291,068	25,299	▲ 5,018	363,835	29,158	▲ 5,238
# children aged 6_59 months receiving multiple micronutrient powders and vitamin A supplementation	Girls	529,215	52,823	▲ 10,481	661,519	52,823	▲ 10,481
	Boys		53,538			53,538	
<b>HEALTH</b>							
# children 9 to 18 months vaccinated against measles		760,000	7,453	▲ 2,289			
# of children and women accessing primary health care in UNICEF-supported facilities		158,951	203,277	▲ 81,072			
# of pregnant women received HIV testing and post-test counselling		75,000	0	0			
<b>WATER, SANITATION AND HYGIENE PROMOTION</b>							
# male and female accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene		434,468	252,911	▲ 13,673	1,163,474	524,368	▲ 84,746
# male and female use safe and appropriate sanitation facilities		271,632	121,722	▲ 3,201	701,921	344,337	▲ 47,675
# of people reached with handwashing behaviour change programmes**		635,683	55,072	▲ 962	548,070	315,276	▲ 96,630
# male and female reached with critical WASH supplies		998,710	433,157	▲ 60,488	1,317,325	739,032	▲ 195,312
<b>CHILD PROTECTION</b>							
# children, adolescent boys and girls and male and female caregivers accessing mental health and psychosocial support	Girls	303,000	21,524	▲ 10,283	348,000	72,877	▲ 19,055
	Boys		21,205				
	Women		6,143				
	Men		1,346				
# women, girls and boys accessing GBV risk mitigation, prevention and/ or response interventions	Girls	133,000	4,112	▲ 3,842	150,000	21,041	▲ 12,741
	Boys		3,752				
	Women		3,809				
	Men		0				
# people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Girls	148,000	2,005	▲ 2,726	170,000	11,895	▲ 2,722
	Boys		1,679				
	Women		4,280				
	Men		1,346				

# children who received individual case management	Girls	2,850	1,053	▲ 302	4,400	2,357	▲ 255
	Boys		909				
# children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions	Girls	386,485	11,443	▲ 5,958	444,000	191,490	▲ 48,157
	Boys		10,951				
	Women		11,233				
	Men		6,466				
<b>EDUCATION*</b>							
# of children accessing formal and non-formal early education, including early learning		1,151,160	344,687	▲ 132,246	1,326,250	351,116	▲ 133,734
# of children receiving individual learning materials		1,078,000	90,779	▲ 40,486			
# of children/ adolescents accessing skills development programmes		18,000	15,554	▲ 2,780			
<b>SOCIAL POLICY</b>							
# households reached with UNICEF funded multi-purpose humanitarian cash transfers		90,000	7,096	N/A			
<b>AAP (NOTE: C4D/RCCE included in sectors)</b>							
# people with access to established accountability mechanisms	Women	30,000	605	▲ 160			
	Men		589				

\*Education data were reviewed and verified after publishing of the last SitRep.

## Annex B

### Funding Status

Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2022	Resources available from 2021 (Carry-over)	\$	%
Health	34,578,000	759,500	4,040,180	29,778,320	86%
Nutrition	23,645,813	2560336	1,052,874	20,032,603	85%
Child protection	9,870,753	6,398,042	851,505	2,621,206	27%
Education	22,020,965	1,117,129	2,834,082	18,069,754	82%
WASH	29,808,821	8,901,915	1,234,970	19,671,935	66%
Social protection	24,879,956	147,187	697,548	24,035,221	97%
Cross-sectoral (AAP)	28,250	0	32,029	0	0%
Cluster Coordination	6,546,432	500,000	0	6,046,432	92%
<b>Total</b>	<b>151,378,990</b>	<b>20,384,110</b>	<b>10,743,187</b>	<b>120,251,693</b>	<b>79%</b>