



Reporting Period: 1 July to 31 August 2022

Myanmar Country Office Humanitarian Situation Report No.7



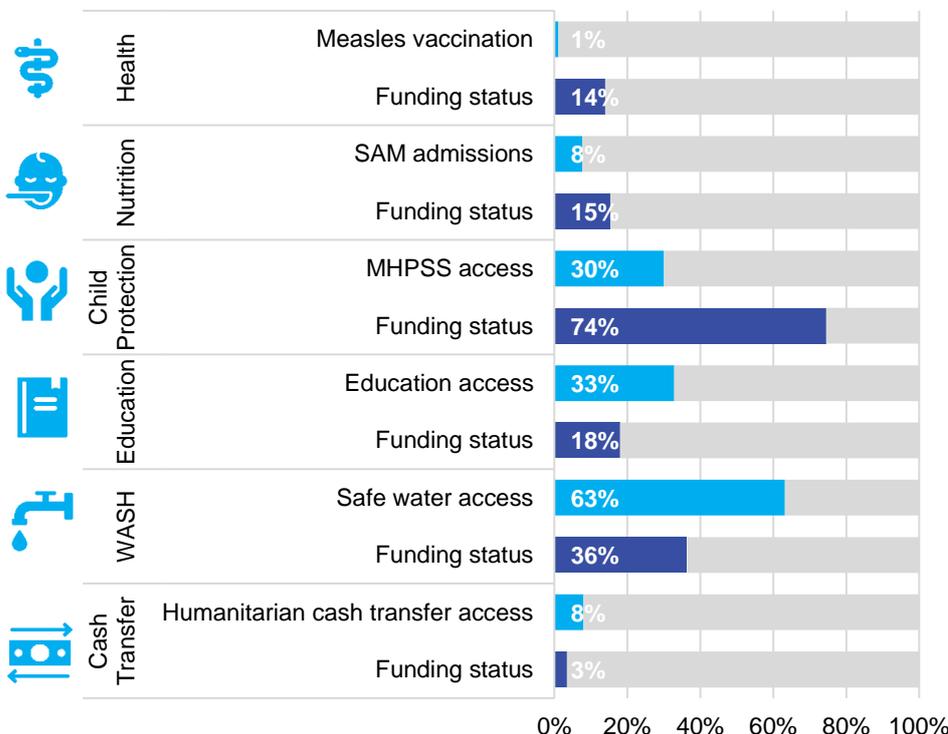
Highlights

- As of 29 August, the number of displaced people has reached 1.3 million nationally, including displacement since February 2021 and protracted displacement prior to the military takeover.
- Some schools reopened across the country, as the school year began in June, but many more remain closed, particularly in rural areas. Only 33 per cent opened in Kachin, Kayah, and Chin states while, in Sagaing region, around half the schools are closed because of the conflict. Levels of violence and instability have worsened, causing large-scale internal displacement and disrupting children's opportunities to learn safely.
- The Mine Action Area of Responsibility (AoR) reported 185 incidents of landmines and explosive ordnance from January to June 2022 of which 33 per cent of the casualties are children. UNICEF continues to work towards providing assistance to the victims and increasing explosive risk education for children and their parents.
- UNICEF and its partners have seen a marked improvement in Mental Health and Psychosocial Support (MHPSS) indicator. 40,834 people were assisted during the period, a 53 per cent increase compared to the previous month, due to the implementing a variety of methods including virtual access and hotlines, capacity building and communities empowering, allowing expanded access in hard to reach areas.
- A total of 3,568 children aged 9 to 18 months were vaccinated against measles in Rakhine, Kachin and Shan during the reporting period.

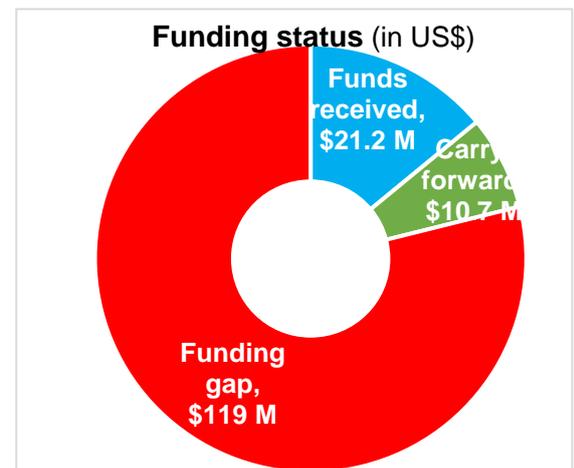
Situation in Numbers

- 5,000,000** children in need of humanitarian assistance (HRP 2022)
- 14,400,000** people in need (HRP 2022)
- 974,400** Internally displaced people after 1 February 2021 (UNHCR)
- 45,500** People displaced to neighbouring countries since 1 February 2021
- 330,400** people living in protracted displacement before February 2021 (UNHCR)

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

UNICEF Myanmar Country Office is appealing for US\$151.4 million to deliver humanitarian assistance to displaced people and host communities across the country. The Myanmar Humanitarian Needs Overview (HNO) estimates that, in 2022, 14.4 million people, including 5 million children, need assistance. From January to August 2022, UNICEF has received generous contributions from the Bureau for Humanitarian Assistance (USAID/BHA), the European Commission/ECHO, the German Federal Foreign Office, Global Thematic Humanitarian Funds, Denmark, Japan, Norway, the Korean Committee for UNICEF and the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA). UNICEF Myanmar has so far received US\$31.93 million; an increase of US\$0.8 million from the previous reporting period. This fund has already contributed to delivering much-needed assistance through UNICEF programmes for Nutrition, Health, HIV/AIDS, Water Sanitation and Hygiene (WASH), Education, Child Protection, Gender-Based Violence in Emergencies (GBViE), Protection of Sexual Exploitation and Abuse (PSEA), Social Protection, Accountability Affected Population (AAP) and Cluster coordination. The Humanitarian Action for Children (HAC) appeal had a funding gap of 79 per cent by the end of August. This affects humanitarian assistance and services to the targeted populations, especially children in need. Continued support from donors means that UNICEF can scale up responses and accelerate service deliveries to the population in dire need. UNICEF expresses its sincere appreciation to all private and public sector donors for their contributions to supporting the children of Myanmar.

Situation Overview & Humanitarian Needs

Overall, the humanitarian situation continues to deteriorate across the country, with an escalation in armed conflict in the northwest and southeast regions and in Kachin state, resulting in increased displacement. As of 29 August 2022, an estimated 974,400¹ people had been internally displaced since February 2021, which has resulted in more than 1.3 million internally displaced people living in camps, protracted settings and informal displacement sites across the country. The northwest region remains the most affected by the crisis with more than 665,700 displaced people; these are mainly in Sagaing (528,300), Magway (98,100), and Chin (39,300). An estimated 44,300 people crossed the border to the Indian states of Mizoram and Manipur. More than 22,544 civilian properties including houses, churches and monasteries have been destroyed or burnt in the northwest region. Access to the area for aid workers has not improved, as the de facto authorities maintain tight control on issuing travel authorizations. The United Nations continues to engage with the authorities to try to gain better access to more townships in the northwest region. The Humanitarian Country Team has approved an Inter Cluster Coordination Group (ICCG) for the northwest, which will address strategic operational issues.

The number of displaced people in Kachin state increased from 1,600 as of 25 July to 10,000 by the end of August. This is in addition to the 91,500 displaced people living in protracted situations since before 2021. During the first week of August, more than 2,300 people (53 per cent women) were displaced in Hpakant township, Kachin State due to intensified clashes. UNICEF, in partnership with Karuna Mission Social Solidarity (KMSS), provided WASH supplies to 111 households in the displacement sites.

In Rakhine, the humanitarian situation remains unpredictable due to the heightened tension and clashes between the Arakan Army and the Myanmar Armed Forces. Access to locations with high humanitarian needs, such as Maungdaw north, remains severely constrained, impacting the ability of humanitarian actors to provide assistance to the population in need. Across the state, 219,000 people remain in a situation of protracted displacement.

In northern Shan state, a total of 656 people were displaced in Nawngkhio township due to armed clashes during 5 August and 7 August, but they returned to their homes on 12 August. Humanitarian agencies are finding it harder to access camps for displaced people in southern Shan and Kayah due to increased restrictions on movement of humanitarian assistance. The security situation in Kayah state is deteriorating as clashes continue, particularly in Hpruso and Demoso townships. In the southeast, armed conflicts have escalated across the region, specifically in Bago East where the number of displaced people has risen sharply to 33,800 by the end of August.

Summary Analysis of Programme Response

Health

The situation continues to affect people's access to good quality health care services. UNICEF is continuing to support the implementation of health care programmes in Rakhine, Kachin, Shan, Kayin, Chin, Kayah and the Yangon peri-urban area. A total of 120,883 people received primary health care services in these areas and 3,568 children aged 9 to 18 months were vaccinated against measles in Rakhine, Kachin and Shan. To date, UNICEF has received only 14

¹ Myanmar UNHCR displacement overview 29 August (<https://data.unhcr.org/en/documents/details/95213>)

per cent of its required health funding, and more supplies are necessary to ensure the provision of life-saving treatment to newborn children and women, as the need for humanitarian aid has increased due to new displacements. UNICEF expanded its partnership with Sun Community Health, and with private sector general practitioners to enhance the access to, and quality of, maternal, newborn and child health care. Service provision will be done through their network in 18 townships, covering 300,000 people across 7 states and regions. Delivering health supplies to partners continued despite all the challenges and restrictions on transportation. These included 86 First Aid Kits, 6 IEHKs, 7,012 clean delivery kits to support women during childbirth and essential medicines such as oral rehydration salts, zinc tablets and amoxicillin. These were dispatched to partners including Health Poverty Action, the Myanmar Health Assistance Association, Medical Action Myanmar (MAM), and KMSS. The stock is expected to meet the needs of more than 100,000 children in Chin, Shan, Kachin, Kayin, and Kayah, including areas looked after by ethnic health organizations (EHOs).

Despite the conflict, UNICEF has worked hard to sustain its activities on preventing mother to child transmission (PMTCT) of HIV by adapting its implementing strategy with its partners Community Partners International (CPI), working with five EHOs in different states and regions, and Suwannimit Foundation (SNF) for people in border areas. In July, 28 EHO staff, including backpack health workers, were trained on conducting testing services for PMTCT. UNICEF is also continuing to sustain the programme for preventing mother to child transmission of HIV and syphilis. Some 77 EHO staff in four states and regions have also been given extra training to provide good quality primary health care, particularly for people who have inadequate medical services.

Nutrition

UNICEF and its partners have continued to provide essential services to children, and pregnant and lactating women in Rakhine, Kachin, Kayin, Shan, Ayeyarwaddy, Yangon and Kayah despite access and travel challenges. During the reporting period, UNICEF reached 22,936 children aged 6–59 months (11,738 boys and 11,198 girls) with nutrition services to prevent diseases, and multiple micronutrient powder supplementation. Additionally, 450 children (211 boys and 239 girls) with severe acute malnutrition (SAM) were provided with life-saving treatment and 3,067 pregnant and lactating women were supported with multiple micronutrient tablet supplementation. During the reporting period, UNICEF supported partners nationally to reach a total of 2,871 children (1,312 boys and 1,559 girls) suffering from SAM, and 273 children (121 boys and 152 girls) who were moderately malnourished, with a blanket distribution of ready-to-use-therapeutic food (RUTF) in the Ayeyarwaddy region. During the reporting period, UNICEF gave 249 cartons of RUTF and 2,629 packages of micronutrient supplements to its partners for distribution in Kayah and Shan (south) townships. This is expected to benefit 800 children and 2,100 pregnant and lactating women.

UNICEF, as co-Chair of the Assessment and Information Management (AIM) technical working group, facilitated and provided technical support on delivering online training on measuring children's mid-upper arm circumference (MUAC) and assessing infant and young child feeding (IYCF). More than 30 partners participated in the session which will help the Nutrition Cluster estimate the nutrition situation for the 2023 HNO, and for the humanitarian response plan (HRP). The assessments will be expanded to remote areas and the results are expected to help gauge the progress of the response, the current nutrition situation of children and women and the advocacy need for intensifying the humanitarian response. In order to expand community nutrition services, especially counselling and promotion, 46 partners took part in a three-day community support group training and 6,401 caregivers of children aged 0–23 months received IYCF counselling.

Nutrition Cluster

The Nutrition Cluster coordination meeting was conducted virtually with partners at national level, and at four subnational levels in Rakhine, Kachin, the southeast and Shan north and south. There are not enough nutrition cluster partners in the northwest and central Myanmar, or in Yangon and Mandalay to set up subnational nutrition clusters in those areas. However, intensified armed conflict has led to the northwest being prioritized for the second Myanmar Humanitarian Fund (MHF) allocation. It is planned to activate a subnational nutrition cluster in the northwest to address the increased nutritional needs and to increase the number of partners. A subnational nutrition cluster co-coordinator for Rakhine has now been appointed, supported by Save the Children. This follows attempts to address some of the concerns raised around increasing NGO involvement and supporting the localization plan to delegate subnational coordination to INGOs/NNGOs. The Nutrition Cluster needs to mobilize resources to respond to the increasing humanitarian needs in the northwest and southeast where crises are becoming protracted, due to conflict and displacement. The Nutrition Cluster is supporting the disbursement of the US\$ 11.5 million second reserve allocation of the MHF which is expected to be concluded by mid-September 2022.

The Nutrition Cluster's projected pipeline breakage for life-saving therapeutic foods and preventive specialized nutrition food was averted after more than 8,000 cartons of ready to use therapeutic foods (RUTF) was released. The inordinate delay in issuing a tax exemption certificate (TEC) for the food items was the primary reason for the delayed release of supplies and threatened the pipeline's integrity. Nevertheless, more advocacy of TEC issuance needs to be done to avoid the untimely release of supplies being imported into the country. Looking ahead, it is projected that there will not be a pipeline break for both therapeutic and preventative nutrition supplements until the end of 2022.

Child Protection

A notable highlight for this reporting period is the 53 per cent increase in the Mental Health and Psychosocial support (MHPSS) indicator count compared to June. A key contributing factor is that activities are rolled out through a variety of approaches, including remote methods of contact and hotlines, which has expanded access even in the hardest to reach areas. Key components of the strategy are capacity-building and community empowerment, beginning with a Training of Trainers on 'I support my Friends' and a peer-to-peer psychosocial first aid kit, for 22 young people and 123 partners (58 females and 65 males). Following the training, the trainees will use the skills they have acquired in their communities to raise awareness on mental health and assist people as first responders.

Humanitarian action has continued to be driven by new displacements in Sagaing, Chin, Magway and Bago East. To respond, UNICEF and partners helped 175,583 individuals access child protection services (62,251 girls, 59,078 boys, 37,520 women and 16,734 men). In addition, 1,592 child protection kits were distributed to children and families in Kayah, Kayin, South Shan and Lashio. Since the military coup in February 2021, UNICEF and its partners have provided legal aid and other humanitarian support to 3,462 people; 1,722 children (48 per cent girls) and 1,740 young people (35 per cent females). They faced charges of belonging to people's defence forces or were in migration-related detentions. UNICEF convened the Community of Practice workshop for its legal aid partners and, as the co-Chair of the Human Trafficking Working Group, led the discussion on the new law against people trafficking.

In partnership with UNFPA, UNICEF is developing a pilot community-based intervention on Clinical Management of Rape (CMR) to scale up and provide access and quality medical care to children and adolescent survivors of rape, sexual violence and domestic violence in high-risk areas where access is not available or limited. The intervention will include the provision and accessibility of quality, survivor-centred, preventive and curative management of rape services, the provision of mobile clinics in the absence of static clinics, and referral pathways to associated services. For the period, UNICEF and partners have reached 5,397 individuals in accessing gender-based violence (GBV) risk mitigation, prevention and/or response interventions.

Child Protection Area of Responsibility (CP AoR)

The child protection AoR has also been rolling out a series of nationwide trainings on child protection since the beginning of the year. With the successful completion of the first set of trainings, more trainings are planned for Q3 and Q4 of 2022 which will cover child protection topics including MHPSS, children associated with armed groups and forces, family tracing and alternative care, environmental dangers and risks for children, Monitoring and Reporting Mechanism (MRM), child participation and children in conflict with the law. CP AoR members welcomed the trainings, which included virtual and face to face sessions for more than 100 participants. Intense coordination ensured a marked improvement in reporting on the 5W Process (Who's doing What, Where, When and for Whom) for the second quarter, which is largely attributed to trainings and follow-ups with partners for feedback. The CP AoR continues to monitor and advocate for freedom of movement for internally displaced Rohingya and Kaman people across Rakhine State. In camps for internally displaced people, children are exposed to risks of child labour, trafficking, drugs and child marriage. An emerging child protection concern noted across states is the presence of street children. The introduction of a mobile application course on the prevention of sexual exploitation and abuse (PSEA) to CP AoR partners has increased reporting on PSEA. Coordination efforts are continuing to seek a suitable response to the Bago East displacement.

Mine Action Area of Responsibility (MA AoR)

Mine Action AoR partners meetings are being held at national and subnational levels in Kachin, Shan, Rakhine and the northwest. The Mine Action AoR has been working on high level advocacy and continues to stress the need for all parties to the conflict to cease using landmines, and for victims of explosive ordnance to be provided with continuing care. There were 185 incidents from January to June 2022, with children numbering 33 per cent of casualties. Victim assistance services are scarce and more needs to be done to support children and their families who are victims of explosive ordnance. Victims need continuing care, from emergency and ongoing medical care, physical rehabilitation, psychological and psychosocial, education, socioeconomic inclusion and multipurpose cash support. The MA AoR is planning a workshop for other clusters and sectors to discuss gaps in assistance and coordinating with other clusters and AoRs to support more children and their families.

Concerns have been raised around the increased use of landmines which are deliberately laid where children could be harmed. A recent report by Amnesty International documented mines being found in homes, outside churches, in latrines and along paths to rice fields. Two children were injured in an accident on 2 July in Sagaing region, south of Ba Mawk township, while playing with unexploded ordnance. Accidents can be prevented through explosive risk education for children and their parents, and the MA AoR is appealing to donors to support UNICEF and its partners in continuing to deliver this life-saving activity. The MA AoR has finalized a guide for aid workers on how to protect themselves if they encounter unexploded ordnance or find themselves in a minefield. The guide, in Burmese and English, has been shared with clusters and sectors, with offers for follow-on safety training.

Education

During the reporting period, UNICEF and its partners facilitated children's access to formal and non-formal education (including early learning) for an additional 33,764 children (16,986 girls, 16,778 boys). This included providing teaching and learning materials, rehabilitation and maintenance of learning facilities, incentives and capacity-building of volunteer teachers/facilitators/caregivers, and recreational activities. UNICEF and its partners also provided individual essential learning packages to an additional 6,137 children (3,041 girls, 3,096 boys). Moreover, an additional 225 children/adolescents (111 girls, 114 boys) were reached through UNICEF-supported skills development.

Many schools under the Ministry of Education reopened in June as the new school year (2022–2023) began, while many more remain closed, particularly in rural villages. As of 17 August 2022, the number of schools reopening were 71 per cent in Kayah, 92 per cent in Mon and 96 per cent in Rakhine. The number of schools reopening in Shan state is also high. In Shan south, some internally displaced students were allowed to attend the Ministry of Education schools, even though they need the School Transfer Certificate to move up a grade in the school new year. However, only 33 per cent of schools opened in Kachin, Kayah, and Chin states, while 50 per cent of schools in Sagaing region are closed, mainly due to the conflict. Levels of violence and instability have worsened recently, causing large-scale internal displacement and disrupting children's opportunities to learn safely. Although many schools reopened nationwide, UNICEF estimates that as many as 6 million children nationwide have restricted access to learning or are not accessing learning since the start of the school year. Engagement with relevant stakeholders including parents, community leaders and UNICEF partners is critical to ensure safe and immediate access to the most vulnerable children, notably to ensure the safe transportation and delivery of education supplies to remote and conflict-affected areas. UNICEF and its partners continue to help to promote continuity of learning for those vulnerable children.

Education Cluster

The Education Cluster has continued with its monitoring and evidence-generation activities as well as advocating and coordinating for the effective response to the needs and gaps. The Cluster has completed its second quarter of monitoring education responses at national level, and by midyear, reported that education activities reached about 22.4 per cent of the people targeted in the HRP. Out of the total reach, 95 per cent are children. The Joint Education Needs Assessment is going to plan, with data-collection expected to start in mid-September. The Cluster has been working with the technical support of Global Education Cluster and in collaboration with child protection AoR as well as Global Partnership for Education, Accelerated Funding Grant Agents (UNICEF and Save the Children). To better understand the difficulties children are having in accessing education and barriers, the Cluster and its partners conducted community consultations in 10 townships, and 5 states/regions. The findings indicated that the top barriers include financial constraints (related to school fees) and other indirect costs such as transportation fees and pocket money, safety concerns and fear of Covid-19. There is also a lack of qualified teachers, and problems with incentive payments for them. In terms of resource mobilization and coordination, the Cluster is taking part in the MHF proposal review process at national and subnational level. It is also facilitating and engaging with the 'Education Cannot Wait Myanmar Multi-Year Resilience Plan'.

WASH

During the reporting period, UNICEF provided life-saving WASH supplies to 35,359 people in Chin, Sagaing, Kachin, Rakhine and northern Shan. The clean drinking water services provided through bulk storage, treatment and distribution in temporary storage tanks and distribution network were extended to 21,561 extra people in Chin, Sagaing and northern Shan. Gender-segregated sanitation services were expanded to reach 683 additional people in Kayah. Between January and July 2022, UNICEF delivered clean drinking water to 274,472 people affected by the conflict. Some 122,405 people have been reached with gender-segregated sanitation services. Life-saving WASH supplies were distributed to 461,586 affected population and 92,474 people reached with the handwashing behaviour change programme.

UNICEF's humanitarian WASH response was further strengthened through partnerships with Relief International, the Community Development Association and KMSS to reach an estimated 45,000 people in the southeast. UNICEF continues to explore the possibility of durable WASH services for the camps and areas in Rakhine and Kachin as well as martial law townships in Yangon. Two water treatment kiosks have been set up in peri-urban Yangon and preliminary plans have been prepared to extend the durable water supply for the Pauktaw camp in Rakhine.

WASH Cluster

Subnational cluster coordinators participated in the subnational Strategic Review Committee for the MHF Reserve Allocation 2 (RA2) in Rakhine, the northwest region, Kachin/North Shan and the southeast region. The cluster participated in the subnational HPC 2023 workshops organized by OCHA in each state/region for the 2023 HRP/HNO process, to review the 2023 planning scenarios and humanitarian needs. Key areas of discussion included projections on the continued conflict according to state, overall needs, population groups, displacements and returns.

Social Protection and Cash-based Programming

UNICEF and partner have been implementing the Maternal and Child Cash Transfer (MCCT) programme in peri-urban Yangon. The three cycles of bi-monthly payments have been made to 5,789 people (1,999 girls, 2,024 boys, 708 children with disability, and 1,247 pregnant women). The programme is currently registering 1,000 children and pregnant women in Shwe Pyi Thar township, and the next payment is planned at the end of September. Activities including Social Behaviour Change Communication (SBCC) have also been introduced. The topics of messaging and SBCC include the danger signs of pregnancy, birth planning, the importance of antenatal and postnatal care, exclusive breast feeding, IYCF, immunization and personal hygiene. In the reporting period, 540 people have taken part in the SBCC sessions. The MCCT programme only reached 7.9 per cent of its target against HAC plan for 2022 due to its low funding.

By the end of July 2022, the Bright Start programme for mobile-based primary health care had provided services for 20,247 people, including 18,699 children aged under five, and 1,548 pregnant women from the Yangon peri-urban townships of Shwe Pyi Thar, North Okkalapa, North Dagon, South Dagon and Dagon Seikkan. Programme participants received 14,813 telemedicine consultation services together with antenatal care for 999 pregnant women, 2,188 medications for (mostly) children aged under 5, and the provision of 786 hospital cash grants. UNICEF also continued to provide the Bright Start pilot programme for primary health care in Hlaing Thar Yar and Shwe Pyi Thar townships. To date, the programme has provided 94,498 follow-up and telemedicine consultation services together with 11,356 prescriptions, 2,614 investigations, 2,929 referrals, and 663 hospital cash grants.

Communications for Development (C4D)

A COVID-19 rapid survey was designed to understand the communities' knowledge, perceptions and behaviours around available types of COVID-19 vaccines, and to establish an evidence baseline for Myanmar in strengthening immunization interventions. The survey questionnaire has been developed in an online platform and briefing was provided to partners. The final report of the evidence-based findings will be developed by the end of September. The methodology and implementation of activities based on the evidence collected will be initiated when approval is obtained from the Ministry of Health. During the period, a total of 75 partner staff from two local NGOs, Medical Action Myanmar (MAM) and Myanmar Health Assistant Association (MHAA), were provided with basic behaviour change and interpersonal communication skills training. Following this training, a total of 350 community-based volunteers will be trained by MAM for community mobilization to support maternal, child health and nutrition activities in the hard-to-reach area of Nagaland.

Accountability to Affected Population (AAP)

During the reporting period, some 40 members of MAM staff in Khamti, Sagaing region, received AAP training. A field visit was conducted to two peri-urban townships in Yangon where the UNICEF Mother and Child Cash Transfer and Bright Start programmes are being implemented. One of the findings from the field monitoring is that communities need a more confidential means of providing feedback to the partner organization on the quality and satisfaction of service delivery. To address this issue, Social Behavior Change proposed the Community Voice Platform, a digital platform to enable communities to give their opinions on key programmatic interventions and services provided by UNICEF. It was generally agreed by partners to pilot this platform and UNICEF is in the stage of developing the plan and targets.

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

Stories

<https://www.unicef.org/myanmar/stories/conflict-affected-adolescents-change-their-and-others-lives-kachin-myanmar>

<https://www.unicef.org/myanmar/stories/mobile-based-emergency-healthcare-eases-family-worries-myanmar>

<https://www.unicef.org/myanmar/stories/new-family-latrines-welcomed-displaced-families>

Tweets

<https://twitter.com/UNICEFMyanmar/status/1547881677275680768>

<https://twitter.com/UNICEFMyanmar/status/1547067363404959745>

<https://twitter.com/UNICEFMyanmar/status/1559012336798617600>

Facebook posts

<https://www.facebook.com/354768004590731/posts/5538750392859107/>

<https://www.facebook.com/unicefmyanmar/photos/a.416623888405142/5561649290569217/?type=3>

<https://www.facebook.com/354768004590731/posts/5576810485719764/>

Next SitRep: October 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 ▲ ▼ |
| NUTRITION | | | | | | | |
| # of children aged 6–59 months with SAM admitted for treatment | Girls | 37,503 | 1,559 | ▲ 450 | 39,477 | 1,559 | ▲ 450 |
| | Boys | | 1,312 | | | 1,312 | |
| # of primary caregivers of children aged 0–23 months receiving IYCF counselling | Women (PLW) | 291,068 | 29,585 | ▲ 6,401 | 363,835 | 34,315 | ▲ 7,302 |
| | Men | | 2,115 | | | 2,145 | |
| # of children aged 6–59 months receiving multiple micronutrient powders and vitamin A supplements | Girls | 529,215 | 68,743 | ▲ 32,364 | 661,519 | 29,761 | ▲ 32,364 |
| | Boys | | 69,982 | | | 30,327 | |
| HEALTH | | | | | | | |
| # of children aged 9–18 months vaccinated against measles | | 760,000 | 8,732 | ▲ 1,279 | | | |
| # of children and women accessing primary health care in UNICEF-supported facilities | | 158,951 | 243,088 | ▲ 39,811 | | | |
| # of pregnant women received HIV testing and post-test counselling* | | 75,000 | 0 | 0 | | | |
| WATER, SANITATION AND HYGIENE PROMOTION | | | | | | | |
| # of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene | | 434,468 | 274,472 | ▲ 21,561 | 1,163,474 | 554,088 | ▲ 29,720 |
| # of people with safe and appropriate sanitation facilities | | 271,632 | 122,405 | ▲ 683 | 701,921 | 347,154 | ▲ 2,817 |
| # of people reached with handwashing behaviour change programmes | | 635,683 | 92,474 | ▲ 37,402 | 548,070 | 317,024 | ▲ 1,748 |
| # of people reached with critical WASH supplies | | 998,710 | 468,516 | ▲ 35,359 | 1,317,325 | 766,141 | ▲ 27,109 |
| CHILD PROTECTION | | | | | | | |
| # of children, adolescent boys and girls and male and female caregivers accessing MHPSS | Girls | 303,000 | 36,946 | ▲ 40,834 | 348,000 | 113,711 | ▲ 40,834 |
| | Boys | | 35,931 | | | | |
| | Women | | 12,629 | | | | |
| | Men | | 5,546 | | | | |
| # of women, girls and boys accessing GBV risk mitigation, prevention and/or response interventions | Girls | 133,000 | 6,592 | ▲ 5,054 | 150,000 | 26,438 | ▲ 5,397 |
| | Boys | | 5,203 | | | | |
| | Women | | 4,932 | | | | |
| | Men | | 0 | | | | |
| # of people who have access to a safe and | Girls | 148,000 | 3,399 | ▲ 7,421 | 170,000 | 19,316 | ▲ 7,421 |
| | Boys | | 3,135 | | | | |

| | | | | | | | |
|---|-------|-----------|---------|----------|-----------|---------|----------|
| accessible channel to report sexual exploitation and abuse by aid workers | Women | | 6,827 | | | | |
| | Men | | 3,370 | | | | |
| # of children who received individual case management | Girls | 2,850 | 1,144 | ▲ 586 | 4,400 | 2,628 | ▲ 271 |
| | Boys | | 1,404 | | | | |
| # of children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions | Girls | 386,485 | 14,170 | ▲ 8,432 | 444,000 | 220,918 | ▲ 29,428 |
| | Boys | | 13,405 | | | | |
| | Women | | 13,132 | | | | |
| | Men | | 7,818 | | | | |
| EDUCATION** | | | | | | | |
| # of children accessing formal and non-formal education, including early learning | | 1,151,160 | 378,451 | ▲ 33,764 | 1,326,250 | 351,116 | 0 |
| # of children receiving individual learning materials | | 1,078,000 | 96,916 | ▲ 6,137 | | | |
| # of children/ adolescents accessing skills development programmes | | 18,000 | 15,779 | ▲ 225 | | | |
| SOCIAL POLICY | | | | | | | |
| # of households reached with UNICEF-funded multipurpose humanitarian cash transfers | | 90,000 | 7,096 | N/A | | | |
| AAP (NOTE: C4D/RCCE included in sectors) | | | | | | | |
| # of people with access to established accountability mechanisms | Women | 30,000 | 605 | ▲ 93 | | | |
| | Men | | 589 | | | | |

*HIV testing and post-test counselling data will not be available due to limitation of data accessibility.

**Education Cluster results to be reported quarterly.

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 | 6,500,731 | 851,505 | 2,518,518 | 26% |
| 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% |
| Total | 151,378,990 | 21,187,323 | 10,743,187 | 119,448,480 | 79% |