

Myanmar

Consolidated Emergency Report 2021



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Children in Northern Shan State during group Mental Health Psychosocial Support activities

**Prepared by:
UNICEF Myanmar
March 2022**

Expression of Thanks

UNICEF Myanmar would like to thank the donors for their generous support to our humanitarian activities, allowing us to provide critical support to children and their caregivers in 2021. UNICEF's work for children is funded entirely through individual donations and the voluntary support of our partners in government, civil society, and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

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Abbreviations and Acronyms

AAP	Accountability for Affected Populations
CAAC	Children and Armed Conflict
CAAFAG	Children associated with armed forces and armed groups
CATI	Computer Assisted Telephone Interview
CBO	Community based Organization
ciYCF	Community Infant and Young Child Feeding
COP	Community of Practice
CP AoR	Child Protection Area of Responsibility
CRL	Child Rights Law
CSO	Civil Society Organization
CTFMR	Country Task Force on Monitoring and Reporting
ECCD	Early Childhood Care and Development
EHO	Ethnic Health Organizations
EiE	Education in Emergencies
ELP	Essential Learning Package
EORE	Explosive Ordnance Risk Education
EWARS	Early warning alert and response system
GBV	Gender based violence
HCT	Humanitarian Country Team
HRP	Humanitarian Response Plan
ICCG	Inter-cluster coordination group
IDP	Internally Displaced Persons
IEHK	Interagency Emergency Health Kits
IMNCI	Integrated Management of Newborn and Childhood Illnesses
JAP	Joint Action Plan
MAF	Myanmar Armed Forces
MCO	Myanmar Country Office UNICEF
MHPSS	Mental Health and Psychosocial Support
MNP	Multi-micronutrient powder
MoE	Ministry of Education
MRM	Monitoring and Reporting Mechanism
MRWG	Mine Risk Working Group
NFPE	Non-Formal Primary Education
NiE	Nutrition in Emergencies
PCA	Programme Cooperation Agreement
PFA	Psychological first aid
PLW	Pregnant and Lactating Women
PPE	Personal Protective Equipment
PSS	Psychosocial support services
SAC	State Administration Council
UN-SERRP	United Nations developed Socio-Economic Resilience Response Plan
WASH	Water Sanitation and Hygiene

Executive Summary

Children in Myanmar have faced immense challenges during the past year. The combination of conflict, stemming from the military takeover on 1 February 2021, COVID-19, and the resulting degradation of social services and Myanmar economy have left many children impoverished, displaced, traumatized and cut-off from basic services. UNICEF, through its Myanmar Humanitarian Action for Children appeal, estimated 3.1 million people, including 1.2 million children, needed humanitarian assistance in 2021. The political crisis has further exacerbated pre-existing vulnerabilities, resulting in deepened humanitarian needs. Consequently, the HAC revision was developed, and UNICEF appealed for funding to scale up the provision of multi-sectoral life-saving services for assisting vulnerable children and their families affected by the ongoing crisis and COVID-19 pandemic. UNICEF Myanmar received US\$ 25.1 million, including US\$ 7.3 million received in 2020 and carried forward, through generous contributions made by Australia, Denmark, European Civil Protection and Humanitarian Aid Operations (ECHO), Gavi, the Vaccine Alliance, Germany, Japan, Norway, Thailand, the Ministry of Commerce of the People's Republic of China, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), the UK, USA and UNICEF Singapore, together with invaluable financial support from global humanitarian thematic funding.

In 2021, UNICEF received 34 per cent of its Myanmar Humanitarian Action for Children appeal of US \$74.5 million. Despite this gap, UNICEF's response reached 96 per cent of its target (148,528 people) in providing access to primary health care services, 89 per cent of its target (77,758 children) in providing access to primary education, and 52 per cent of its target (227,013 people) in providing access to safe water. Moreover, during 2021, UNICEF Myanmar made an agreement with the Access to Health Fund (A2H) of United Nations Office for Project Services (UNOPS) for in-kind cold chain equipment support, through its partner organizations to the Ethnic Health Organizations (EHO) that are working across the four States. The cold chain support is intended for routine and COVID-19 vaccination readiness in such areas where EHOs have been providing basic health care services among the ethnic minorities. In terms of COVID vaccination, as per WHO dashboard as of 5th February, 35per cent (19.2m) of country's population has been fully vaccinated and 41per cent (22.4m) have received the first dose. UNICEF, WHO and Gavi (COVAX partners) have worked closely with a broad coalition of partners since the second half of 2021 to plan and implement advocacy activities, seeking to achieve buy-in from Myanmar's de facto authorities (DFAs) for the import and equitable distribution of COVAX vaccines, in line with the WHO-approved National Deployment and Vaccination Plan (NDVP), which was developed prior to the February 2021 military takeover. In terms of directly supporting children and families in humanitarian situation, UNICEF reached 5,300 pregnant and children under two years of age including those with disabilities, with cash transfer (pregnant women 2,417; girls 1,483 and boys 1,400) in Hlaing Thar Yar, peri-urban township of Yangon, where the majority of the population lives in informal settlements with very limited social services in place.

The military takeover has sparked a nationwide civil disobedience movement and has interrupted the delivery of humanitarian operations and caused disruptions to supply chains, the banking system and cash flows. UNICEF adapted its modus operandi in line with the political landscape and the third wave of COVID-19 in Myanmar. And while for child protection the system strengthening work was halted almost entirely, UNICEF focused on downstream

work targeting the most vulnerable children through expanding legal aid services, documenting and advocating for children's rights, distributing essential emergency supplies and ensuring the continuation of essential child protection services and case management, while seeking new partnerships that can deliver locally. As part of these efforts, new partnerships were developed, and coordination platforms that were formerly co-chaired with the Government were reinitiated by UNICEF with non-governmental partners including Inter-agency Case Management Task Force (CMTF) and Mine Action Areas of Responsibility (AOR) coordination group at both national and sub-national levels. UNICEF as a co-chair of the CMTF pushed the adaptation of Primero/CPIMS+ in Myanmar by securing 6 case management agencies' commitment to the pilot phase. In its capacity of co-chair and technical secretariat of the CTFMR, UNICEF continued to play a prominent role in handling communications with listed parties [i.e., Myanmar Armed Forces (MAF) and Ethnic Armed Organizations] and other armed actors. Since February 2021, the CTFMR has adjusted its communication and engagement strategy with MAF and de facto authorities (DFA) and UNICEF as a co-chair leads post-relisting engagement with the MAF.

Escalating armed conflicts have driven further displacements, and a deterioration in the security situation has had a considerable impact on communities. As of 17 December 2021, approximately 295,700 people have been internally displaced within Myanmar since the military takeover. The interest towards basic needs for those internally displaced persons (IDP) remained critical throughout 2021, including humanitarian access to the conflict affected areas.

Humanitarian Context

The worsening security situation increases the risk of sexual exploitation and abuse (SEA) by parties to the conflict, as well as during aid distributions. Lack of support systems for survivors of GBV fosters an environment where perpetrators of GBV and SEA display impunity and survivors do not seek help due to lack of trust.

The situation in northern Shan State remains unstable with continued clashes reported. Since early 2021, about 44,600 people have been displaced by conflict and insecurity across 17 townships across Shan State. Despite an absence of large-scale clashes in Kachin State since mid-2018, close to 97,000 people remain in IDP camps set up after fighting broke out in 2011. The security situation in Chin State, Magway and Sagaing regions particularly deteriorated in the second half of 2021 with an overall increase in the number of displaced people due to continued armed clashes between the MAF, EAOs and local PDFs. The arrival of MAF reinforcements and reports of explosions and landmine incidents in multiple locations across the country's southeast remain of deep concern. An estimated 165,600 people remained internally displaced across southeast.

Landmines, explosive ordnance and Improvised Explosive Devices (IEDs) continue to pose severe protection risks and threats to civilians, including women and children. Myanmar is not a party to the 1997 Mine Ban Treaty (The Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction, (often referred to as the: Ottawa Treaty, the Anti-Personnel Mine Ban Convention, or often simply the Mine Ban Treaty) and the extent of landmine contamination in Myanmar is not exactly known.²⁵ It is estimated that 11 out of 15 States are now contaminated with landmines, explosive ordnance and IEDs. Reports indicate the increased use of landmines by armed actors. Data for the first 10 months of 2021 showed that the number of countrywide casualties (217) had already reached 83 per cent of the total for the whole year in 2020 (252). Northern Shan represented 34 per cent of total casualties, followed by Rakhine with 22 per cent and Kachin with 17 per cent.²⁶ In the southeast, in September 2021 alone, at least 15 landmine incidents were reported resulting in several injuries and some deaths. Despite ongoing advocacy efforts, large-scale humanitarian demining has never been allowed to start. Existing services, either offered by the de facto authorities or other service providers, are limited to one-time clearance efforts that rarely reach areas controlled by EAOs. Humanitarians have instead focused on victim assistance and mine risk education, although this is limited and remains a significant need. Limited accessibility by service providers to affected communities is a key constraint for data collection and awareness raising programs. Explosive ordnance, landmine and IED contamination is limiting freedom of movement and access to basic services, disrupting livelihoods, and impeding IDP returns and recovery.

Children in Myanmar face an unprecedented rise in child protection risks including family separation, mistreatment, violence including GBV, mental health and psychosocial distress compounded by conflict and school interruptions, child labour, arbitrary arrest and detention. The compounded effects of the COVID-19 pandemic, armed conflict, displacement and worsening poverty have quickly dismantled the protective safety nets for children across the country including through the school system. Children continue to suffer elevated exposure to violence, abuse, neglect and exploitation. In Myanmar over the past year, anecdotal calls to GBV hotlines have increased significantly. Children also suffer nutritionally at times of

economic stress with increasing numbers of households being unable to buy sufficient food for their families. Children living in displacement sites endure poor living conditions with a lack of separate safe spaces, exposure to COVID-19 in confined areas and heightened risk of GBV.

Intensifying armed clashes and disturbances across the country are having a serious impact on children's well-being. As of 9 December 2021, at least 88 children (80 boys and 8 girls) had been killed and many more injured by the security forces post-takeover. They ranged in age from 14 months to 17 years, and their causes of death included being hit by vehicles, shot in the head on the street, and being killed by artillery shells.^{44 45}The continuing exposure of children to violence and loss of their caregivers due to conflict injuries, deaths and arrests will have long-lasting impacts on the mental and psychosocial well-being. The widespread use of schools by fighters and a growing movement to boycott education provided by the de facto authorities are reducing access to safe learning and present additional protection risks for children. Poverty and ongoing conflict mean that girls are at higher risk of sexual abuse and exploitation including early and forced marriage, in addition to trafficking for child marriage, as well as other forms of sexual and economic exploitation. The trend of reported cases of grave violations in 2021 shows that the situation has worsened outside of the Rakhine State, where 86% of grave violations took place in 2020. Therefore, incidents reported outside Rakhine State almost doubled in 2021, with a particular spike of incidents of killing and maiming, abductions and attacks on schools/ hospitals. New states and regions were particularly affected by the armed conflict such as Chin, Kayah, Sagaing, Magway and Tanintharyi.

Humanitarian Results



Child Protection

Indicators	Cluster 2021 Target	Cluster Total Results	UNICEF 2021 Target	UNICEF Total Results
# people (children, women and men) with access to psychosocial support	168,000	101,566	135,000	53,226
# Children accessing appropriate case management services	0	1425	0	1,378
# of UNICEF-targeted women, girls and boys provided with risk mitigation, prevention or response interventions to address GBV	34,500	12,463	33,000	11,266
# people with access to landmines/UXO information	80,500	124,316	80,500	46,535
# adolescents provided with life skills to prevent negative coping mechanisms	0	15,106	0	9,963

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

The 2021 Child Protection HAC targets for UNICEF were guided by the HNO and HRP for Myanmar. These targets were determined in close consultation with the Child Protection Area of Responsibility (CP AoR) and the Child Protection implementing partners at the national and state levels. But after the coup happened, the impact of the compromised security and safety situation on the capacity of implementing partners to implement and ensure continuation of service delivery, including the challenges in terms humanitarian access, the civil disobedience movement which many partner personnel attended, the large scale displacements due to the increased fighting and conflict, compounded by the severe restrictions following the third wave of the COVID-19 pandemic, have impacted the delivery of these results. In comparison to 2020, the HAC indicators on case management and GBV were reinforced to better reflect the work UNICEF was facing given the vacuum of government services and UNICEF's efforts to ensure programme-continuity through strengthening the case management system, including for GBV.

Before the military takeover in February 2021, UNICEF was closely collaborating with Government partners and respective Ministries to strengthen the national system. UNICEF's programming in humanitarian action was strongly influenced by the development-humanitarian programming approach, where top-down system strengthening initiatives with respective Government institutions are fostered and complemented by bottom-up community-based child protection responses to the humanitarian crises in the country. In the aftermath of February 1st, and in light of increased tensions in the country and its devastating impact on the well-being and protection of children, UNICEF had to refocus and reprioritize its child protection programmes, UNICEF reorganized its service delivery with an emphasis on

programme-continuity and staff security and safety. With many partners increasingly facing barriers to access vulnerable families, UNICEF focused on expanding localized partnerships, child rights monitoring and advocacy for children who were arrested and/or detained as well as experienced other grave violations.

The programme also expanded in-house technical expertise in Mental Health and Psychosocial Support (MHPSS) and Mine Action after the L2 emergency declaration and the official launch of humanitarian cluster approach in Aug 2021 to be able to make technical as well as strategic contributions to those key areas of work.

UNICEF put on hold all engagement with de facto authorities and has focused on scaling up legal aid and assistance to children arrested and/or detained, expanded partnerships with civil society organizations (CSOs) to ensure the continuation of community-based child protection service delivery, and dissemination of relief supplies. Circumstances to deliver have become onerous, and yet, UNICEF and partners have worked tirelessly to prevent the disruption of services, seeking alternative ways to deliver for children, reaching a total of 29,722 children (14,098 girls) and 5,058 adults (3,511 women) with psychosocial support services (PSS), including in child-friendly spaces, through mobile teams and remote counseling. Owing to the political situation and the COVID-19 pandemic, remote counselling modalities were adopted, ensuring targets were reached with phone calls placed through established Helplines and in response to client calls. A total of 523 children (187 girls) who had experienced various forms of violence received case management support including an individual assessment of their needs and vulnerabilities by case workers, health workers, social workers and legal aid workers. Specialized MHPSS services, such as individual counseling and therapy sessions, were delivered through UNICEF's partner Metanoia to 357 children, young people, caregivers, frontline workers, survivors of violence, and people with a mental disorder. An emergency response team was also employed to provide psychological first aid to people affected by violence. In addition, a total of 523 children (187 girls) received care tailored to their needs and vulnerabilities; and 46,535 individuals, including 21,391 children (12,693 girls) and 25,144 adults (12,951 women) attended child protection awareness sessions aiming at building their knowledge and protective skills. GBV-services remain a critical need in the country, and UNICEF managed to provide GBV awareness-raising and survivor assistance to a total of 8,865 girls, boys and women. Awareness raising sessions on the risks of GBV and tailored response service for GBV survivors were provided using a survivor-centred approach.

UNICEF has partnered with various networks of legal practitioners and signed contracts with legal aid providers to support children and young people in contact with the law to access good quality legal aid, legal advice, consultation and representation. To assist children and young people at risk of arbitrary arrest and detention, UNICEF mobilized over 80 local lawyers. Between February and November 2021, UNICEF through implementing partners provided legal aid support for 719 children (334 girls) and 752 youth (232 female) including 59 children (6 girls) allegedly associated with armed actors and 178 Rohingya children (130 girls) in migration detention (charged under the Immigration Act 1949/1951) which saw an increase in the last quarter. Additionally, UNICEF through its implementing partners supported 149 children in detention with case management services. This included initial needs assessment and provision of support services including psychosocial support, medical service and other referrals. UNICEF assisted legal aid services cover 10 out of 15 States and Regions.

Following the military takeover, the conflict increased nationwide including in townships previously not affected by armed clashes. Population movement and displacements were triggered across the country including Southeast, Chin, Shan, Kachin, Kayah, Sagain, Magwe and Yangon (Hlaing Thar Yar) requiring scaled-up access to service and assistance. UNICEF and partners quickly mobilized and distributed CP kits, adolescent kits, introduced mobile psychosocial support (PSS) and ensured psychological first aid (PFA) services are available for displaced children and their families.

In the months following the military takeover, the scale of conflict increased nationwide including townships previously unaffected by armed clashes. Child exposure to grave violations has also increased exponentially in conflict-affected areas. The CTFMR has since advocated with parties involved in ongoing conflicts to bring an end to grave violations against children. Sub-national risk assessment workshops among with CTFMR members and implementing partners (112 participants including 54 women) were conducted to prepare CTFMR members in developing a risk-informed engagement strategy with parties to the conflict.

In its capacity as the co-chair and the Secretariat of the Country Task Force on Monitoring and Reporting (CTFMR), UNICEF has provided technical leadership and ensured nationwide coordination on the Children and Armed Conflict (CAAC) agenda in Myanmar, mobilizing member agencies, including UN agencies and INGOs, for concerted advocacy to end grave violations against the children of Myanmar. Due to the military takeover, the context prevailing before the coup shifted and CTFMR has had to revise its strategy in terms of engagement with both armed forces and armed groups.

Following the CTFMR engagement strategy with the MAF agreed upon by the CTFMR members, the modalities of engagement with the MAF were limited to online communications, raising key CAAC advocacy issues and call for urgent action on specific incidents of grave violations. Whilst the implementation of the JAP with the Democratic Karen Benevolent Army (DKBA) was slowed down due to the COVID pandemic, as well as the political situation, some trainings of DKBA were conducted in October and November 2021 in collaboration with a CTFMR member. The collaboration with other EAOs, such as the Kachin Independence Army (KIA) towards the release of underage children recruited and used was maintained throughout the year. Overall, the ability of the CTFMR to sign new Joint Actions Plans with listed Ethnic Armed Organisations was hampered in 2021, due to the political situation and the increased armed clashes.

The monitoring of other grave violations remains a key priority. Heightened security risks, severe access restrictions and surveillance have hindered the ability of MRM monitors to conduct monitoring, reporting and verification of grave violations. In response, UNICEF has expanded the national monitoring network through an online training with 284 new monitors (162 women). In partnership with World Vision, UNICEF continued to provide online trainings on the monitoring and reporting mechanism on the six grave violations against children in situations of armed conflict (MRM). Overall, 411 monitors benefited from online trainings in 2021, including refresher trainings for former monitors. The training of additional monitors was therefore a key priority in 2021, considering as well that many newly affected areas were formerly not covered by the monitoring network.

In order to ensure safe and secure communication amongst MRM monitors, risk mitigation measures were adopted including use of encrypted applications. Despite the challenges posed by the security context and ongoing pandemic, online communications and the CTFMR hotline has remained operational ensuring that MRM activities continued. As a result, 74% of reported incidents of grave violations against children in armed conflict were verified. With the support of child protection partners, 250 children formerly associated with armed forces and armed groups received protection and reintegration services. Recognizing emerging armed actors and the changing landscape of conflict dynamics, UNICEF organized risk assessment workshops with CTFMR and partners to increase CTFMR's capacity to develop a risk-informed engagement strategy with parties to the conflict.

COVID-19 has had a detrimental effect on the EORE activities and that has been worsened by the military takeover of 1st February 2021 that has led to an escalation in violence and increasing armed conflicts, causing displacements in many parts of Myanmar. With the conflict spreading to previously unaffected areas, it is estimated that 14 out of 15 states are contaminated with landmines, ERW or IEDs posing severe threats to civilians, including children. In the first ten months of 2021 only, 131 incidents including 217 casualties were documented with 47% being women or children. By the end of 2021, UNICEF and the Mine Action Area of Responsibility (MA AoR) reported 284 casualties, out of whom 51% were women and children. Shan State accounts for 38% of the total casualties, followed by Kachin (18%) and Rakhine (17%) States. Children represent 27% of these casualties and Rakhine State has the highest rate of child casualties (44%). Despite UNICEF's advocacy, large-scale humanitarian demining has not been permitted to start. UNICEF continued to support EORE and Victim Assistance for survivors, family members and communities affected by landmines/ERWs. Comparing trends over the past years, the number of mine and ERW-related incidents is on the rise (In 2015: 64 incidents (112 casualties); 2016: 93 incidents (161 casualties); 2017: 119 incidents (176 casualties); 2018: 205 incidents (276 casualties); 2019: 161 incidents (227 casualties); 2020: 144 incidents (252 casualties). This is due to the ongoing active conflicts as well as improved surveillance by UNICEF and other members of the MA AoR. Moreover, safety concerns and restrictions on group gatherings introduced by the de-facto authorities have hindered the ability of UNICEF's partners to deliver face-to-face EORE in some locations. EORE activities were delivered through a hybrid model and UNICEF-supported Mine Action partners adopted virtual and remote modalities in the implementation of EORE awareness-raising initiatives with communities and used radio transmission and mobile applications as new modalities to reach communities. Despite these challenges, UNICEF reached 46,535 individuals, including 21,391 children (12,693 girls) and 25,144 adults (12,951 women) participated in child protection awareness sessions, building their knowledge and skills to recognize and avoid landmine and UXO dangers.

With increase in demonstrations and civil disobedience across the country and the ensuing violent clashes with the de facto authorities, population movement and displacements are happening in Rakhine, Kachin and the Southeast. In response, UNICEF and partners have quickly mobilized and distributed CP kits, introduced mobile PSS and put counselling services in place for displaced children and their families. In Kayah, UNICEF and local NGOs and community-based organizations (CBOs) delivered 432 child protection kits, 3,600 recreational items and 30 tarpaulins to 6,912 children which has helped them cope with stress. In Kayin, 68 child protection kits were distributed to IDP children and families in Ka Ma Maung region. In addition, 12,000 child protection tip sheets, key messages and 15,000 mine risk education

flyers, were disseminated through local child protection service providers, faith-based organizations, CSOs and community volunteers.

To reach vulnerable children and their families, UNICEF continued to work with a vast network of partners, including I/NGOs and CBOs, and through the community-based child protection networks and mechanisms, further supported through the UNICEF field offices and Child Protection AoR, while taking into account factors such as security, travel restrictions and access. UNICEF also continues to work with host communities that are part of the locations that host IDPs and displaced communities. Our partners have good relationships and a trusted rapport with local communities which helps ensure that people from host communities are selected based on needs and vulnerability and that community engagement is nurtured to the extent possible.

Challenges: The programme scope, strategy and actual delivery were hugely impacted by COVID-19 and the military takeover. All planned development-focused system-building activities were postponed indefinitely in view of the UNCT guidelines on engagement with the de facto authorities. This included planned inter-ministerial consultations and capacity development to advance the implementation of the new Child Rights Law (CRL). All the ongoing support for DSW to harmonize the national case management system by developing required processes and tools that will effectively respond to child protection violations and gender-based violence (GBV) were wholly suspended. A series of upstream work on social service workforce strengthening (SSWS) planned with DSW including a national workforce assessment, development of SSWS strategy, and drafting of a Social Work Bill have also been put on hold since February. This meant that the programme had to make a rapid shift in strategy to focus and expand service delivery with downstream partners, including local CSOs and ethnic service providers. This was to meet an increasing demand for child protection services with unfolding humanitarian and human rights crisis across the country.

Despite challenges faced due to COVID-19 and widespread violence, UNICEF continued to provide technical leadership in building a functional child protection system that can deliver coordinated services even under the State of Emergency. UNICEF, together with Save the Children, revitalized an interagency Case Management Task Force (CMTF) to coordinate case management actors and improve the practice standards of child protection/GBV case management. UNICEF also invested to fast-track the pilot of CPIMS+/Primero in Myanmar with technical support of EAPRO and set up a small working group for CPIMS+ under the CMTF. This work has been closely coordinated and assisted by the Primero team in EAPRO and HQs. UNICEF also ensured CPIMS's operational coordination with GBVIMS in Myanmar through regular exchanges of the tools, plans and updates with UNFPA who leads GBVIMS implementation. UNICEF continued to support the CP Areas of Responsibility with Save the Children at national and subnational levels. Adhoc coordination meetings were convened in hot-spot areas where there was no coordination presence. The CPAoR ensured that inputs were consultatively compiled, and humanitarian protection priorities were reflected in the Humanitarian Needs Overview. To respond to the widespread rights violations, UNICEF strengthened the monitoring, reporting and response capacity by expanding field monitors and fostering linkages between the case management system and legal aid providers.

With a programmatic shift to accelerate downstream service delivery, the programme expanded its partnerships, particularly with national NGOs and local CSOs, including ethnic service providers with the aim to access population in need in areas where the humanitarian

actors' access was not guaranteed. This progressive localization also came with some risks including child protection technical capacity gaps and organizational assurance limitation. For instance, the programme's high-/medium-risk (for PSEA) partners are all national/local organizations but one. Continued capacity building and organizational development support is required to achieve sustainable localization in humanitarian action.

The recent release of the report of the Secretary-General on Children and Armed Conflict presented during the Open Debate on Children and Armed Conflict at the Security Council on 28 June 2021 has relisted the Tatmadaw in Annex I, Section B, of the Annual Report. Since the re-listing of the Tatmadaw, the ability of MRM monitors to report incidents has been severely hampered by several factors including the significant restrictions and monitoring of internet access, increased political sensitivities and extreme fear of retaliation generated by the hundreds of arbitrary arrests and detention by security forces. In addition, the de facto authorities' intentions announced in March 2021 to revise Myanmar's Child Rights Law also remain of concern.

On mine risks, victim assistance remains a challenge. A nationwide overarching policy framework for victim assistance is urgently needed for the reason that current victim assistance interventions follow a rather "piece meal" approach and are not fully in line with the provisions of the 2019 Child Rights Law. The newly enacted CRL was expected to offer a great window of opportunity to stimulate a nationwide discussion to explore a structural and more systemic response and victim assistance in Myanmar, unfortunately but since the coup, the implementation of the law has been halted. UNICEF has therefore initiated nationwide discussions on victim assistance through the Mine Action AoR with mine actors in the country, hoping to establish a nationwide victim assistance framework in 2022.

Funding: UNICEF continued to provide a range of child protection services to children affected by emergencies in Chin, Kachin, Kayin, Shan and Rakhine including urban and peri-urban areas under martial law including in Yangon.

Against the HAC appeal amount of US\$ 14,000,000, UNICEF received funds amounting to US\$ 3,747,551 while carry over funds amounted to US\$ 1,500,303. Thus, there was a funding gap of 63% while the needs have increased after the military takeover and the devastating impact it has had on ongoing conflicts in Rakhine, Kachin and Shan and the compounding impact COVID-19 has had and continues to have on child protection outcomes, affecting the most vulnerable children and families.

Child Protection in Emergencies used USD 285,725 from UNICEF's regular resources (RR) and USD 45,524.12 from ORR. RR was utilized to partially cover programme cooperation agreements (PCAs) with two partners who implement case management services and case management systems strengthening (i.e., combination of both development and CPiE interventions). RR and ORR have been instrumental to cover the gaps in services delivery. The majority of the ORR and thematic funding was used to support deliver child protection services such as case management, psychosocial support and strengthening the monitoring and reporting mechanism on grave violations against children as well as expanding the Explosive Ordnance Risk Education nationwide. The strengthening of community-based mechanisms and efforts to localize service delivery have been key to expand coverage and maintain access to vulnerable children in hard-to-reach camps.



Many children are left to fulfil household roles (images above and below) as families are displaced in Myanmar. Photo Credit: KMSS/2022

Innovations and Lessons Learned:

Coordination of Mine Action worked well despite the non-engagement with the SAC. Mine Action AoR in placed and one national and four sub-national level coordination platforms are functioning. Mine Action AoR has also linkages with other cross-sectoral coordination mechanism such as Protection, CP AoR, Education and MHPSS. Strategic workplan for Mine Action AoR has been finalized. Additionally, Explosive Ordnance Risk Education (EORE) has been implemented in targeted communities and remains an essential component to save the lives of children and civilians. Common EORE toolkit is being used by Mine Action actors across the country. By using innovative technology, the interactive EORE mobile application is available to accelerate and scale-up EORE. To ensure that EO victim accounts are documented, monitoring and data collection of EO incidents has been ongoing. Monthly information on incidents and casualties is available. Victim Assistance to child victims of landmine and EO is integrated into the Case Management of CPIE programming. However, Data collection of the EO incidents remains incomplete, as many EO incidents across the country are under reported. This is in part due to the lack of a national accident surveillance system and common reporting mechanisms and limited access to support and reporting services. Despite the increased commitment and investment by the mine action actors, victim assistance remains to be a challenge. The overarching policy framework for victim assistance is urgently needed. To address some of these issues, Capacity building of sub-national Mine Action AoR members and support for mine risks surveillance capacity building and information management system would play a key role.

Innovations: The military takeover triggered nationwide protests, with many adolescents and young people among the protestors. As the demonstrations intensified, crowd-control measures adopted by the law enforcement agencies and security forces also became

stronger. UNICEF, through its child protection programme, quickly responded to the fast-evolving situation of the arbitrary arrests and detention of young protestors by changing its existing justice for children interventions and expanding the programme to provide legal aid services.

UNICEF shifted programme priorities from legislative reforms to “quick impact” interventions and worked with CSO partners to help those affected by the crisis.

By mid-February 2021, UNICEF had:

- mobilized implementing partners to set up justice hotlines in several ethnic languages
- disseminated a “justice tip sheet” for children and adolescents (explaining what to do when they get arrested) through various channel
- amended existing partnership agreements to expand service delivery as well as established new partnerships.

In April 2021, UNICEF also initiated the monthly Community of Practice (CoP) forum inviting all the partner lawyers and some external human rights experts. The CoP played an instrumental role in bringing together practitioners facing similar challenges.

Since the military takeover, several legal amendments have been introduced in the country, affecting the way children come into conflict with the law and their access to legal aid and other services. The CoP has helped lawyers to explore ways to assist children and adopt a collective “learning by doing” approach. Practical solutions, including how to access detainees, and how to support families to file requests at a military court, were exchanged. By May, UNICEF had more than 80 partner lawyers covering 10 out of 15 states and regions. During the May CoP, UNICEF also involved the case management task force to ensure children received necessary post-release support — much of which is usually facilitated by the case workers.

The “case management tip sheet for lawyers” was introduced to bridge a gap between lawyers and social workers. UNICEF also introduced a common monitoring and reporting template for all partner lawyers to report weekly, so that real-time data on children in conflict with the law was available. This data has been used for advocacy undertaken through various channels. Between February and November 2021 UNICEF, through implementing partners, provided legal aid support for:

- 719 children (385 male and 334 female);
 - 752 young people (520 male and 232 female) including 59 children (53 male and 6 female) allegedly associated with armed actors;
 - 178 children (48 male and 130 female) in migration detention (pre-trial detention and prosecution of children who are charged under the Immigration act 1949 and 1951)
- The number of children assisted by legal aid is on the rise, and this prolonged crisis will continue to take its toll on children.

By the end of November, 149 out of the 719 children assisted with legal aid had also received case management support and were referred to specialized services such as MHPSS and medical services. Considering the fact that only a handful of partner lawyers collaborated with social workers in February, more than 20 per cent of children being referred to child protection

case workers is a notable development. If this cross-sectoral collaboration becomes a norm it will contribute to the strengthening of the child protection system in Myanmar.

Considering that effects of the coup have been quite different in different sub-national contexts and among different stakeholders, UNICEF has conducted a series of sub-regional risk-analysis workshops with implementing partner RAFT in 8 locations (Kachin, northern Shan, southern Shan, Kayah, Karen, Mon, Tanintharyi, Rakhine, southern Chin, northern Chin). The workshops took place with the participation of staff from CTFMR UN Agencies and INGOs staffs as well as staff from other NGOs/ CSOs. These workshops led to the development of a rich analysis of the risks, opportunities and mitigation measures in engaging and not engaging with EAOs, including the increased level of risks for NGO and CSO staff. It supported the common identification with CTFMR technical members of CTFMR engagement priorities with armed actors for 2022.

To strengthen the reintegration programme for girls formerly associated with armed forces and armed groups, UNICEF undertook context analysis in non-government-controlled areas including Kachin, Rakhine and Shan North. As a result, a contextualized guidance note on the reintegration of children formerly associated with armed forces and armed groups (CAAFAG) was produced. This aims to ensure best practices are mainstreamed for sustainable reintegration efforts including building on existing community resources.

Towards engendering greater local participation and ownership in humanitarian service delivery, UNICEF as chair of the CP AoR, facilitated localisation workshops with CSOs, INGOs, and UN agencies, consultatively defining coordination within Myanmar. Consensus was reached to develop a localisation strategy and accompanying action plan to advance localisation in CP coordination in Myanmar. The localisation strategy will include measures to enhance leadership, representation, build local capacities and to allocate human and financial resources. UNICEF has progressively adopted the localization approach for child protection activities, where appropriate; however, the overall limited organizational capacity of many local CSOs still necessitates the strategic use of partnership with INGOs and NGOs especially in central and northern Rakhine. To mitigate the implementation challenges, UNICEF engages a variety of partners, including sixteen national NGOs, INGOs and civil society groups, to reach all areas where children are in need, including areas where UNICEF staff are not allowed to travel to reach the unreachable children in remote areas. The capacity of local partners in implementing the child protection programme is still weak and requires additional efforts and investment to further build their capacities.

Case Study

Top Level Results:

Despite the challenges posed by the current political context in Myanmar, UNICEF and its legal aid partners have provided legal support to children and young people facing several different charges including participation in protests and illegal migration. As of 28 February 2022, UNICEF and its legal aid partners have delivered legal support to 1,197 children (603 boys, 594 girls) and 1,244 young people (796 male, 448 female). Also included in these figures, the total number of Rohingya clients is 831, including 480 children (159 boys, 329 girls) and 343 young people (100 male, 243 female). By the end of February 2022, a total of 265 clients (157 boys, 106 girls, 1 female) assisted with legal aid also received case management support.

Issue/Background:

The military takeover on 1 February 2021 effectively reshaped the judicial landscape and legal framework across Myanmar. Since the takeover, nationwide protests have drawn a heavy-handed response from local security forces with a growing number of children and youth facing violence and arbitrary detention. As the roles, management, and accountability of security forces has changed, so too have the protection risks that children and youth face in detention including being held alongside adults, delayed trials, psychological and physical abuse, and torture. These risks are not limited to individuals facing politically related charges (i.e. participation in protests) but are also experienced by populations on the move who have been intercepted by security forces along migration routes, particularly Rohingya children and youth from Bangladesh and Northern Rakhine along the Bay of Bengal.

Regardless of the charges presented, local lawyers face numerous challenges in supporting their child and youth clients including age verification of minors – for which the burden routinely falls upon lawyers and the families of their clients rather than security forces, accessing clients in detention centres, corruption, and evidence against their client only being available during sentencing before a judge. Although many of these longstanding issues predate both the military takeover and Covid-19 pandemic, they are also amplified by these circumstances.

Resources Required/Allocated:

Funding through EU Civil Protection & Humanitarian Aid (ECHO) was used to mobilize legal support for children including the legal aid CoP which has routinely organized information sharing sessions to discuss helpful practices and resources and develop litigation strategies while support for children on the move has been provided directly through EU funding.

Progress and Results:

The legal support CoP forum expanded its reach in bringing together practitioners across Myanmar facing similar challenges while representing their child and youth clients. Since its inception in April, the CoP has grown to 88 lawyers with coverage of 10 out of 15 states and regions. Recently, UNICEF's London-based legal partner organization, Doughty Street Chambers (DSC), completed a specialized training series with over 50 local lawyers. Among the training modules, local lawyers learned about practical methods and resources for documenting torture, child-friendly interview and questioning approaches, and methods of applying international and national child rights laws to support the defence of their clients. UNICEF has also integrated involvement of the case management task force to streamline post-release support facilitated by case workers.

Criticality and Value Addition:

Amid the drastic changes to the operational context in Myanmar over the past 12 months, UNICEF, through its child protection programme, responded by adapting its existing Justice for Children interventions by expanding its reach to provide legal aid services to newly affected children and youth. In many instances, local lawyers are the first to learn and inform family members that a child or youth is being held in detention and play a critical role in helping them navigate Myanmar's justice system. As the current political context continues to unfold, UNICEF's Justice for Children interventions will continue to be an integral part of the child protection agenda in Myanmar.

Key adaptations to the Justice for Children program include setting up a justice hotline accessible in several ethnic languages, disseminating rights and practical information through 'justice tip sheets', amending existing and establishing new partnerships to align with expanded service delivery demand. Additionally, UNICEF has mobilized an engaged Community of Practice (CoP) network with over 88 local lawyers and international legal aid

experts who use the platform to share expertise and best practices among senior and junior lawyers.

Challenges and Lesson Learned:

One of the key challenges that the programme has encountered is on the delivery end of the topics and practices discussed in the CoP and related trainings. For example, detained individuals are protected under the writ of Habeas Corpus (HC) and Myanmar's Criminal Procedure Code 491, both of which are meant to ensure an expeditious judicial process and prevent arbitrary detention. Through the CoP, however, UNICEF has learned that there is a mixed understanding of whether HC is currently suspended. There also appears to be limited application of 491 in the defence of detained children and youth. Additionally, there is limited evidence that citing international law in the defence of child and youth clients, one of the key discussion topics of the CoP, has led to significant impact in courtrooms. Many of these challenges (i.e. the application of strategic litigation themes from the CoP) are linked to the pressures and risks that local lawyers shoulder in representing child and youth clients, particularly those involved in politically-related cases.

Moving Forward:

In 2022, the child protection section will continue to accelerate downstream service delivery, Looking at further expansion of partnerships especially with local NGOs, CBOs and CSOs. The issue of landmine injury prevention remains a key priority area and more work will go towards strengthening access to victim assistance for landmine victims and making sure holistic services are provided. Cross-sectoral collaboration remains important to support positive outcomes for mental health and psychosocial support services as well as legal assistance to access other protection services. To this end, the child protection section will continue to link case management services with MHPSS and legal assistance to children in conflict with the law. The significant security risks for grave violations monitoring, need to advocate to protect monitors, provide cyber security and capacity building trainings, and ensure ongoing cadre for volunteers.



Indicators	Cluster 2021 Target	Cluster Total Results	UNICEF 2021 Target	UNICEF Total Results
# of targeted girls and boys (3-17) supported to access quality and inclusive pre-primary/primary and post primary learning opportunities	273,590	107,921	87,100	77,758
# of male and female volunteer teachers/facilitators who have completed trainings to provide quality and inclusive education to children	5,791	2,001	1,010	883

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

UNICEF played a pivotal role in 2021 to respond to the multiple crises the people and children experienced. During 2021, the COVID-19 pandemic continued to impact more than 12 million school aged children due to frequent closure of schools and education spaces and significant rise in COVID-19 related morbidity and mortality. This already precarious situation became further compounded by the 1st of February military takeover, which remains a watershed moment in country's history and impacted all the people including students and children. The resultant violence and conflict aggravated the pre-existing challenges and the operating environment across the country became more challenging in several respects. In particular, the volatile security situation and communications and banking disruptions complicated Education in Emergencies (EiE) interventions countrywide. This event forced EiE sector group to draft an interim emergency response plan to prevent an unprecedented learning crisis for children. EiE partners dedicated significant support and advocacy to ensure children can be re-engaged in learning opportunities.

The Education Cluster was activated in August 2021. The activation of Education Cluster helped to draw attention to the crisis and gave the necessary impetus and framework to mobilize partners, and resources to support more children.

Education response remained constrained due to the tense political environment and restrictions imposed to control of COVID-19. Without engagement with MoE (Ministry of Education) under the de facto authorities (DFA), getting authorization and access for programme implementation by partners and programme monitoring by UNICEF and third-party monitors became challenging. UNICEF increased its engagement with civil society organizations to reach more children. UNICEF partnered with organizations that include Plan International, Save the Children and Community Family Services International in central and northern Rakhine; Kachin Baptist Convention and the Karuna Mission Social Solidarity in Kachin, Metta Development Foundation in northern Shan and Community Partners International in southeast. For distribution of learning materials like ELP (Essential Learning Package) kits, ECCD (Early Childhood Care and Development) kits and recreation kits, UNICEF also engaged with new partners in Rakhine, Chin, Kachin, Shan, Kayah, Southeast and Yangon. In delivering non formal education for out of school children, UNICEF has entered the partnership with Myanmar Baptist Convention (MBC), Karuna Mission Social Solidarity (KMSS) and Family World in Shan, Kayah, Rakhine, Chin, Ayewardy, and Sagaing.

Through the CSO partnerships, UNICEF managed to support continuity of learning for **77,758 (38,076 girls)** children across Myanmar. Below are the details of state/region wise interventions and/or support provided by UNICEF to ensure access to education for the crisis affected children.

With UNICEF support, a total of 19,124 (8,919 female) have benefited from the provision of Home-Based Learning (HBL) materials in 3 townships in Rakhine, 4 in Kachin and 1 in Kayin. In Rakhine, a total of 2,027 out-of-school children (1,012 females) were supported with remedial education for levels 1 and 2. Through partnerships, a total of 1,390 teachers from across the country were trained in using distance learning methods, including training for ethnic education providers, education in emergency educators, as well as government teachers, reach prior to the military takeover. Since March 2021, UNICEF has developed and initiated partnerships with CSOs to support 53,668 children's learning continuity.

To ensure continuity of learning for children during 2021, UNICEF started the "Bring Back Learning to Children" initiative, which seeks to partner with civil society organizations to deliver learning in these challenging circumstances, UNICEF entered a new partnership with Karen Baptist Convention-Social Mission to implement the "Extended and Continuous Education and learning (EXCEL) for 200 (90 girls) children aged 10-17+". A total of 12 facilitators and township monitors (8 females) from Kayin were trained. UNICEF and partners reached 36,506 (18,191 girls) IDP and conflict affected children in Rakhine, Kachin, Chin, Kayin and Shan. In Rakhine 26,179 (13,140 girls) children were supported to access education in temporary learning classrooms, non-formal primary centres and home-based learning. In Kachin, UNICEF with partners supported 7,901(3,810 girls) children from pre-primary to post-primary in both government-controlled areas and non-government-controlled areas. In Chin, UNICEF supported 1,960 (990 girls) IDP students with essential learning package (ELP) kits and school in a carton kit. In Shan, UNICEF supported 265 (132 girls) new IDP children with ELP kits. In northern Shan, UNICEF through CSO partnerships supported 4,614 (2,376 girls) IDP children. 5,000 newly displaced children in Kayah state were provided with (ELP) kits.

UNICEF with NGOs/CSOs supported 77,758 (38,076 girls) pre-primary, primary, and post primary children to continue their education in Rakhine, Kachin, northern Shan, and Kayin. Support included maintenance of Temporary Learning Classrooms, provision of teaching and learning materials, home-based learning, volunteer teachers' incentives and volunteer teachers' training. Out of total reached children, UNICEF provided essential learning packages, ECD (Early Child Development) kits, school kits, recreation kits to 47,516 (23,547 girls) primary children in IDP camps and conflict affected areas in central and northern Rakhine, Chin, Kachin, Shan, Kayah, and Yangon. The supplies were delivered through CSOs. Out of total reached children, 56,916 (27,603 girls) children were "children on the move" due to the prevailing humanitarian situation.

In Kachin, 2791 (1363 girls) ECD children, 3748 (1798 girls) primary children and 1,840 (862 girls) post primary children were supported to continue with their learning. About 80 % of these children were in non-government-controlled areas. Additionally, 3,230 (1,631 girls) primary children received ELP kits.

In northern Shan, 264 (136 girls) ECD children, 835 (414 girls) primary children and 504 (251 girls) post primary children were supported while another 1,471 (702 girls) were provided with ELP kits.

In Chin, 3,360 (1680 girls) primary students in Paletwa and Mindat townships were provided with ELP kits, ECD kits and recreation kits. In Kayin, 12,534 (6,267 girls) students received

ELP kits. In Kayah, 5,000 students (2,500 girls) were provided with ELP kits. In Yangon, 10,300 children received ELP kits.

Challenges: The most significant challenge to programme delivery was the negative operating environment brought about by the February 2021 military takeover. In addition to movement restrictions, safety, security issues, the prevailing takeover resulted in loss of coordination with key Government departments thereby delaying and/or complete stoppage of some interventions. While MOE (Ministry of Education) was previously becoming more involved in provision of education in emergency services, it suddenly stopped provision of textbooks, volunteer teachers' incentives and new curriculum training for volunteer teachers, which were crucial for continuation of learning especially in IDP camps. On its part, COVID-19 continued to be a key challenge, with a major third wave coming around the time the new school year had just resumed. Schools, temporary learning classrooms and community learning centres therefore remained closed most part of the year. Concerned about the safety of their children, most parents defied the de facto authorities' directive to reopen schools on 1st November, although most may not have a viable alternative readily in place, thereby resulting in further loss of learning for children. Student enrolment and teacher attendance remained extremely low, with some teachers refrained from attending schools. There are no, or limited NGO partners available to implement education programmes for OOSC i.e., Non-Formal Primary Education (NFPE).

Some major operational challenges hindering programme delivery and monitoring during 2021 are outlined below.

Lack of Humanitarian Access: Insecurity, roadblocks, and denial of 'travel authorisation' (TA) curtailed access to the affected population. Hence delivery of resources and services to the population most in need were impeded.

Movement restrictions: Delay in issuance of TAs affected the reach of the aid workers and volunteers to extend the services. The reach was further exacerbated by the lockdowns imposed during the successive waves of the COVID19 pandemic.

Limited/constrained banking and financial services: The fiscal and banking crisis in Myanmar severely affected programme delivery and cost of inputs reducing coverage due to increased cost of response.

Frequent and prolonged electricity outage: Recurrent electricity outage affected efficiency of the staff and programme operations.

Funding: Against the HAC appeal amount of US\$ 4,813,015, UNICEF managed raise funds amounting to US\$ 3,199,816 while carry over funds amounted to US\$ 1,428,272. Thus, there was a funding gap of 4% while the needs continued to increase after the military takeover and the devastating impact on people, who were yet to recover from the impact of COVID-19, by expanding the conflict landscape across the country exacerbating the ongoing conflicts in Rakhine, Chin, Kachin, Sagaing and Shan states to name a few.

Innovations and Lessons Learned:

As per the UNCT guidelines, after the takeover, UNICEF along with donors and sector partner organizations stopped engaging with the MoE and the Ministry of Social Welfare, Relief and Resettlement (MoSWRR), which were the government counterparts UNICEF used to collaborate closely and provided support to strengthen their capacity and the national systems to reach a large number of children among the 12 million school-aged populations in Myanmar.

However, without such a national level systemic engagement, it became clear that it would be almost impossible to reach such a high number.

The need for partnerships with NGOs and CSOs increased significantly to meet the education needs on the ground. UNICEF successfully utilised the long established relationships with NGOs and CSOs to forge partnerships for delivery of education services during this challenging period. First, with the NGO/CSO partnerships that were already partnering with UNICEF prior to the takeover, agreement was reached to explore options to increase beneficiary numbers and expansion of geographical coverage. UNICEF intensified its collaboration with other partners, including the education cluster partner organizations and other NGOs and CSOs especially by offering the education materials that UNICEF had already procured, so that the interested organizations could receive the materials from UNICEF and distribute them to children, families and communities. Basic requirements of receiving teaching and learning materials, including the need for adequate follow up, due diligence information provision, a risk assessment, and basic reporting and follow up for each of these partners, were also documented. This resulted in significant increase in number of children reached and also requests for the Short-Term Home-Based Learning and Early Literacy materials started pouring in. This way, UNICEF was also able to work in areas where there are not many NGOs and CSOs working on education, including Hlaing Thar Yar township in Yangon where children and families have been severely affected by the current crisis triggered by the takeover.

The dual challenges of COVID-19 and the military takeover severely impacted implementation in 2021. The context required a different approach to education service provision, where communities play a pivotal role. There's an urgent need to strengthen community capacity in providing education support to children and making education services more resilient at the grassroots level. The main strategy UNICEF has employed is to work with NGOs and CSOs to engage communities and strengthen their capacity and resilience to support children's safety and continuity of learning. A consultative approach was adopted to assess parents' and families' preferences regarding children's education and learning materials. Further, the ongoing challenge of COVID-19 has meant that UNICEF continued a blended learning approach i.e. both virtual and/or digital-driven and conventional face-to-face, when feasible.

Moving Forward:

During 2022, education section will continue to expand partnerships especially with local NGOs, CSOs and CBOs to increase coverage targeting most vulnerable children. At sectoral level UNICEF will take active leadership towards effective implementation of the Basic Education component of the JRF. UNICEF will continue to engage with interested donors to mobilise resources required to deliver the HAC commitments. Cross-sectoral collaborations especially with child protection and WASH sections remain critical to ensure that learning spaces are safe and have necessary Covid-19 prevention measures as well as children, teachers and parents have access to mental health and psychosocial support services (MHPSS). Education section will prioritise integration and follow up on AAP commitments.



Health

Indicators	Cluster 2021 Target	Cluster Total Results	UNICEF 2021 Target	UNICEF Total Results
# of children 9 to 18 months vaccinated against measles			17,000	4,835
# of affected population accessing primary health care services			154,000	117,878

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

In the context of the political situation and the paralyzed health system as a result of the Civil Disobedience Movement, health program refocused to saving lives and exploring alternate modalities for service delivery. UNICEF provided lifesaving supplies and developed partnerships with INGOs/NGOs and CSOs to deliver services to the most in need prioritized under HRP; Rakhine, Kachin and Shan including EHO areas. The increase in the number of IDPs in Kayah, Kayin, Bago, Chin, Sagaing and peri-urban areas prompted new partnerships for MNCH in integration with nutrition to scale-up health and nutrition programming.

Continuity of essential health care services: A total of 4,835 children between 9 months and 18 months old were vaccinated against measles in Kachin, Shan, Central and Northern Rakhine. Through UNICEF partners Myanmar Health Assistant Association (MHAA), Health Poverty Action (HPA), Kachin Baptist Convention (KBC), Action Contre La Faim (ACF), Karuna Mission Social Solidarity (KMSS), Suwannimit Foundation (SNF) and Terre des Hommes Lausanne (TdhL), 1,117,878 people received primary health care services in Kachin, Rakhine, Shan, Kayin states and Yangon peri-urban area.

Though essential maternal, newborn and child health (MNCH) services have been disrupted and also immunization programme has been almost completely disrupted since the military takeover, UNICEF MNCH partners continue to deliver essential MNCH services at community level and through mobile clinics. UNICEF has been successful in procuring BCG, MR, OPV, JE, Td vaccines to reach 80,000 children and 80,000 women in 37 townships.

Provision of medical supplies: UNICEF provided a total of 98 IEHKs, 450 First aid Kits: some of the distributions done for urgent needs were two Interagency Emergency Health Kits (IEHKs) for outreach primary health care services, and 35 first aid kits for volunteers in Hlaing Thar Yar township, 200 first aid kits in Kayah State use in clinics, and distributed to IDPs and host community members in 3 townships, benefiting 30,650 people (14,326 males and 16,324 females). Among them, 10,697 were children, 270 were pregnant women and 368 disabled persons. In Kayin State, 20 first aid kits and three inter-agency health kits were provided by the Suwannimit Foundation (SNF) for 10,000 displaced people in Hpapun, near the Thai border. UNICEF urgently sent 10 Interagency Emergency Health Kit (which could cover 10,000 population) for armed clashes in Kawkareik and Kyainseikkyi in Kayin State causing 5,000 people to be displaced. In Chin State, 30 First aid kits and 10 Interagency Emergency Health Kits (IEHKs) provided for clinics and provided referral support for emergency cases including pregnant women, new-borns and children, benefiting 9000 displaced people. 81 first

aid kits to partner Karuna Mission Social Solidarity (KMSS) in Shan North and Shan South. UNICEF urgently assisted International Rescue Committee (IRC) and provided oral rehydration salts, zinc tab and amoxicillin dispersible tablets for around 30,000 children in Rakhine Kachin and Shan.

Capacity-building of partners: Capacity building remains one of UNICEF's priorities for supporting implementing partners in the provision of quality health-care services in accordance with UNICEF and WHO's guidelines. In this regard, UNICEF successfully organized an eight-day virtual training on Integrated Management of Newborn and Childhood Illnesses (IMNCI) with attendance from nine partner organizations and 56 participants. UNICEF coordinated a four-day virtual training of trainers (TOT) on community case management of diarrhoea and pneumonia by volunteers and on community-based newborn care and joined 48 participants from three partner organizations.

Building capacity of Ethnic Health Organizations (EHOs) for routine and COVID-19 vaccination: In the reporting period, UNICEF entered into an agreement with the Access to Health Fund (A2H) of United Nations Office for Project Services (UNOPS) for in-kind cold chain equipment support, through its partner organizations to the Ethnic Health Organizations (EHO) that are working across the four States. The cold chain support is intended for routine and COVID-19 vaccination readiness in such areas where EHOs have been providing basic health care services among the ethnic minorities. This, in a later stage, will be bridged to strengthen the routine immunization services when applicable. The partner organizations are as follows:

1. International Rescue Committee (IRC) in Kayah State,
2. Relief International in Shan South,
3. Save the Children in Shan North, and
4. Community Partnership International in Kayin State.

UNICEF completed the distribution of the equipment in Shan South and Kayin. The installation of the equipment and training of the EHO cadres on cold chain and vaccine management is ongoing. The distribution of the equipment to the remaining areas is ongoing due to active conflicts in those areas. In view of this, UNICEF will continue to monitor the situation for safe transportation of the supplies when the situation improves. The existing guidelines and standard operating procedures (SOPs) are being reviewed and revised for non-public sectors including for use in EHO areas. Accordingly, the training plan for EHOs are under discussion with the partners; WHO and UNOPS, to further roll out the vaccination service delivery in EHO areas

COVID-19 Response: UNICEF contribution basically was to three pillars of COVID response plan: 1) Infection Prevention Control and Care Management pillar 2) Risk Communication and Community Engagement (RCCE) 3) Covid vaccination

In response to the 3rd wave of COVID-19, UNICEF procured a total of 4 oxygen plants of 300LPM capacity, 488 oxygen concentrators and accessories, 900 oxygen cylinders with flow meters and humidifiers, personal protective equipment (PPEs) including 36,390 packs of surgical masks and medicines for case management. For oxygen plant installation, UNICEF is working closely with partner, preinstallation preparation has been ongoing. Total 370 oxygen concentrator sets, PPEs including 13,500 coverall sets has been distributed to hospitals and

partners in Chin, Sagaing, Kachin, Shan and Mon state. In northern Shan and Kachin, UNICEF provided personal protective equipment, including coveralls, to meet the needs of 400 health care providers in Ethnic Health Organizations in the Liza and Wa areas.

Risk communication and community engagement for COVID prevention continued and 24,732 people were reached with messages and engagements on COVID-19 prevention and services.

According to the recent updates from the Ministry of Health (MoH), 59.6m doses of COVID-19 vaccines have been mobilized by the de facto authorities through donations and bilateral deals with vaccine manufactures, and currently three types of vaccines have been introduced in the country—Covishield, Sinopharm, Sinovac, Covaxin and Sputnik light. Approximately 12.7m doses of COVID-19 vaccines are in the pipeline, including bilateral deals and subsequent rounds of COVAX allocation planned for Myanmar. In terms of vaccination coverage, as per WHO dashboard as of 5th February, 35per cent (19.2m) of country's population has been fully vaccinated and 41per cent (22.4m) have received the first dose. Myanmar did not meet the WHO set targets to vaccinate 40 per cent of the population by end of 2021 and the feasible actions need to be accelerated to reach the WHO target 70per cent by mid-2022. An initial consignment of COVAX vaccines (Sinovac, 2.24m doses) is expected to arrive in Myanmar in late March 2022, as part of Myanmar's Round 6 COVAX allocation. UNICEF, WHO and Gavi (COVAX partners) have worked closely with a broad coalition of partners since the second half of 2021 to plan and implement advocacy activities, seeking to achieve buy-in from Myanmar's de facto authorities (DFAs) for the import and equitable distribution of COVAX vaccines, in line with the WHO-approved National Deployment and Vaccination Plan (NDVP), which was developed prior to the February 2021 military takeover. The incoming COVAX vaccines will be distributed through public sector health service providers, and in selected hard-to-reach and conflict affected areas through EHOs with the support of ICRC and UN. WHO and UNICEF conducted assessment of non-public health service providers facilities in the country (EHOs, NGOs, INGOs, CSOs and for-profit private health facilities and estimated the absorptive capacities of these facilities.

Funding: UNICEF fund requirement for health program in 2021 is 7,101,500 US\$. However, program has received only 3,065,757 US\$ and carried over from previous year was 1,088,757 leaving 41% of funding gap in 2021.

Challenges:

- Implementing partners were having restricted access to the project areas due to on-going conflicts, security incidents, covid pandemic travel restriction and no approval from SAC on travel authorization request. Consequently, reaching beneficiaries with a package of health care services was negatively impacted.
- Limitation in cash withdrawal from bank as a result of new banking policy after military take over again negatively impact on project implementation at ground.
- Also, global logistic challenge from covid pandemic ended up in significant delay in UNICEF procurement process and on top of that very long local Tax Exemption Clearance (TEC) process further affected the distribution of supplies to target areas
- Limited capacity of implementing partners in delivering MNCH interventions was one of the barriers in scaling up/ speeding up the delivery of a package of essential health care services
- As a result of Myanmar being categorised as level 2 Emergency, mentionable staff movement taken place among national as well as international staff which also interfered program continuity and overburden to existing staff in assuring delivery of quality of health care services.



© Tamu DMO, One of COVID-19 Positive Patients received O2 flow from UNICEF's supported O2 Concentrator (10L) and then; she and other (more than 50-100 patient) in Covid-19 3rd Wave Peak in July were released, recovered, and discharged from the Hospital as said by Tamu District Medical Officer



© Dr Thant Sin Aye, Tdh-L: First aid training of Mother Support Group in Hlaing Thayar Township



©UNICEF Myanmar/Ai Ying, 2019: Yu'er (Auxiliary Midwife giving a pregnant woman ante-natal care in Shandao, Mongla, EHO areas.



Nutrition

Indicators	Cluster 2021 Target	Cluster Total Results	UNICEF 2021 Target	UNICEF Total Results
No of boys and girls 6-59 months with SAM admitted for treatment	15,420	3,888	15,406	3,888
No of boys and girls 6-59 months who received micronutrient supplementation	165,372	148,294	165,253	148,294
Proportion of Pregnant and Lactating Women receiving IYCF counselling	78,556	28,533	78,487	25,402
UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively				

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

Though engagement with de facto authorities remained limited during the reporting period due to Myanmar's military takeover on 1st February, UNICEF continued with advocacy efforts and provision of support for enhancing the capacity of partners for scale up and continuation of nutrition services for most vulnerable children and women.

UNICEF developed virtual training materials for integrated nutrition program. Simplified nutrition in emergency (NiE) guideline was used for continuation of services during COVID-19 pandemic and travel restriction period. UNICEF also supported nutrition cluster for development of standard operation procedure (SOP) for IYCF-E programming in Myanmar. Alternative strategies for vitamin A supplementation and other nutrition interventions were developed and implemented through PCA, non PCA partners and private sectors. Violation of BMS order was monitored actions were taken according even without counterparts.

Nutrition program has been scaled up from 4 states and regions in 2020 to 10 state and regions in 2021 though coverage at township level is still low and needs more expansion. Number of partners providing nutrition services have been increased from 4 in 2020 to 15 partners in 2021 in Rakhine, Kachin, Shan, Sagaing, Kayin, Ayeyarwady, Yangon, Chin, Magway and Bago. cIYCF and IMAM virtual training materials were developed. As a lead agency to build capacity of the partners, UNICEF provided community infant and young child feeding (cIYCF), Integrated Management of Acute Malnutrition (IMAM), vitamin A supplementation and nutrition supply forecasting and supply chain management training serially to more than 500 partners from 15 organizations such as CPI, PUI, HPA, MHAA, Save the Children, TDH, ACF, MSF, RI, HKI, IRC, World Visions, KBC, KMSS, RCLS, MAM, SNF and Mawkun. IYCF-E training was organized virtually in collaboration with GNC and Save the Children HQ for senior level staffs of nutrition partners. UNICEF also provided training to partners on Vitamin A supplementation and deworming and provided Vitamin A and deworming tablets to conduct campaign in their respective catchment areas as national biannual campaign has been interrupted since February 2021 due to ongoing political crisis and CDM in Myanmar.

As of December 2021, total 3,888 children with severe acute malnutrition were admitted in therapeutic care; 25,402 caregivers of children aged 0-23 months were reached with MIYCF counselling messages aiming to protect, promote and support MIYCF practices in the context of COVID-19; and 148,294 children aged 6-59 months were reached with multiple micronutrient supplementation. Around 318,076 children (Boys: 143,777; Girls: 174,299) were

reached with Vitamin A supplementation program during this period. The standardization and integration of nutrition into the mobile clinics and community health volunteer package as well as partnership with Ethnic Health Organizations were important milestones achieved for improving access to nutrition services for vulnerable groups.

UNICEF created simplified note fore record (NFR) approach for providing supplies to partners because of urgent needs to scale up humanitarian response and nutrition supplies to minimize operational procedure and ensure timely responses. This initiative was supportive to expand essential nutrition services from 4 state/regions to 10 state regions within short time period and address the gaps created due to interruption of nutrition service provision from government health facilities.

Violation of BMS order was monitored and action were taken accordingly even without counterparts but fully enforcement has been affected due to the political crisis and civil disobedience movement (CDM). UNICEF as cluster lead agency reach out to community-based organization (CBOs) and one infant formula distributing company to convince them on harmful effect of blanket distribution of infant formula and successfully stopped distribution. UNICEF also released Joint statement on Appropriate Infant and Young Child Feeding and Caution About Unnecessary Use of Breast Milk Substitutes and Other Milk Products for children under 2 years old in the Covid-19 Pandemic and other Emergencies. As part of the COVID-19 response, nutrition was integrated into the Risk Communication and Community Engagement (RCCE) strategy especially the protection and promotion of breastfeeding multi-channel communication including virtual campaign in the context of COVID-19.

Challenges: Even we have achievements, there are many challenges. There are increased in displacements of population across the country because of intensified arm conflict. Even we have some substantive supplies, there are difficulty in transportation of supplies because of security and movement restriction. Security of service providers is also big concerned. COVID-19 third wave in mid-2021 suspended many planned activities. Interruption of health services from government because of CDM is big challenges especially for nationwide activities and campaign. Implementing Partners can cover only a few townships among 323 townships in Myanmar. Even in each project township, they can reach cover only 10-20% of villages. There are also delay of service provision in the field because of restriction of gathering in the community. The IPs are also facing difficulties/issues in renewing MOU with FDA.

Funding: UNICEF fund requirement for 2021 is 12,542,544 US\$. However only 22% of fund was received including carry over from 2020. The funding gap for 2021 is 9,789,958 US\$ which is 78% for total requirements.

Innovations and Lesson Learned:

Due to February 2021 military takeover and subsequent political unrest and civil disobedience movement (CDM), most of the policy and guideline related activities are delayed. As most of the nutrition services used to be provided through government health system, other implementing partners were having limited capacities to deliver integrated nutrition services. UNICEF used virtual training method to enhance the capacity of implementing partners to increase coverage of integrated nutrition services.

UNICEF created alternative strategy to work with NGOs, CBOs, EHOs and private sectors for implementation of nutrition activities. Alternative strategy for vitamin A supplementation, internal monitoring of iodized salt by Myanmar Salt Industry Association, creation of enabling environment with Myanmar Garment Factory Association will contribute for continuation and scale up nutrition program in spite of limited engagement with de facto authorities.

In collaboration with the SUN network, monitoring of International Code on Marketing of Breast-milk Substitutes (BMS) is also on-going but enforcement part has been compromised due to absence of a functional government.

Existence of functional coordination platform and consensus among partners is ensuring continuity of life-saving nutrition services in spite of limited engagement with de-facto authorities.

With the support of simplified notes for record, the supplies are reaching to the implementation partners especially during this time of challenges on international procurements by different actors. This simplified partnership contributed for expansion and coverage of nutrition program. To have more transparency and collaboration approach on nutrition response, UNICEF as a cluster lead agency, is initiating collaboration and sharing with other donors and partners (e.g., ACCESS) which will contribute for increased coverage of nutrition program response to meet increased humanitarian needs of conflict affected, displaced and vulnerable population.

Case Study:

Top Level Results:

Since Covid-19 pandemic reached Myanmar, the MOHS workforce has been fully mobilized to prioritize Covid-19 prevention, containment and response activities. In addition, military takeover since February 1, 2021, nearly all nutrition works are stopped because of civil disobedience movement. As an alternative approach, UNICEF is working with NGOs and Ethnic Health Organizations. By using the GHT fund, we developed online/virtual training programme, built the capacity of implementing partners and providing nutrition supplies and equipment for implementation in emergency affected areas. Nutrition program has been scaled up from 4 states and regions in 2020 to 10 state and regions in 2021. This fund support to CPD outcome areas of “By 2022, more children under 5 and women of reproductive age equitably access and utilize evidence-based health, HIV & nutrition interventions, including adoption of key behaviours, especially among vulnerable populations in most deprived states/regions, conflict-affected and peri-urban areas (Goal Area 1 UNICEF Strategic Framework 2018-2021).

Issue/Background:

There new IDPs are increasing throughout the country. Through our new implementing partners NGOs and EHOs, we could reach nongovernment-controlled areas of Rakhine, Kachin, Shan, Sagaing, Kayin, Ayeyarwady, Yangon, Chin, Magway and Bago. Stunting, wasting and micronutrient deficiencies are very high in these areas and only limited resources are reached before. With adjusting the programme to work with NGOs and EHOs, community infant and young child feeding counselling, screening and treatment of severe acute malnourished children, micronutrient supplementation and deworming for children and pregnant and lactating women programme are benefitted by about 150,000 children aged 6-59 months and 25,000 PLWs.

Resources Required/Allocated:

To reach these beneficiaries in 2021, about 150,000 US\$ of GHT fund was used for procurement of supplies, providing training, supplies and operational cost for implementation of emergency nutrition services to CPI, PUI, HPA, RI, HKI, IRC, KMSS and SNF etc.

Progress and Results:

Usually, nutrition programme is mainly implemented by basic health staff from MOHS. Because of the Covid-19 and military takeover, UNICEF is changing modality of working with NGOs and Ethnic Health Organizations. The most important step is the capacity building of these partners in order to implement the project effectively and efficiently. Therefore, UNICEF developed online/virtual training materials for integrated nutrition program. By using GHT,

UNICEF provided community infant and young child feeding (cIYCF), Integrated Management of Acute Malnutrition (IMAM), vitamin A supplementation and nutrition supply forecasting and supply chain management training serially to more than 500 partners from 15 organizations such as Community Partners International (CPI), Premiere Urgence Internationale (PUI), Health Poverty Action (HPA), Myanmar Health Assistant Association (MHAA), Save the Children, Terre des Hommes (TDH), Action Contre la Faim (ACF), Medecins Sans Frontieres (MSF), Relief International (RI), Helen Keller International (HKI), International Rescue Committee (IRC), World Visions, Kachn Baptist Convention (KBC), Karuna Mission Solidarity Services (KMSS), Rvwang culture and literature society (RCLS), Medical Action Myanmar (MAM), Suwannimit Foundation (SNF) and Mawkun.

After receiving the training and supplies and operational cost by using GHT fund, the implementing partners provided cIYCF counselling to 25,000 PLW. The multi-micronutrient powder (home fortification) programme reached to 140,000 children aged 6-59 months.

Criticality and value addition:

The proportion of children suffering from stunting (chronic malnutrition) is still high (26.7%). When observing acute malnutrition, 6.7% were wasted. Key causes of malnutrition in Myanmar include inadequate and inappropriate IYCF practices. Only half of infants under age 6 months were exclusively breastfed (51%). Early initiation of breastfeeding appears to be on the decline from 75.8% (2010) to 66.8% (2016) in Myanmar. Stunting increases dramatically during the complementary feeding period (from 8% in 6 months to 31% in 2 years of age). Multi-micronutrient powder (MNP) is also essential components of improving quality of complementary feeding for the children. In addition, anaemia prevalence is 36% in 6-59 months old children which can be reduced by MNPs.

Therefore, the cIYCF counselling and MNP activities are very critical for UNICEF to reduce the wasting and stunting and anaemia prevalence of children in Myanmar.

Creating and having strong partnership with NGOs and EHOs equipped with essential skill is more important because without them, we could not reach to the beneficiaries. It is value addition to the humanitarian programme. Tasks shifting to volunteers for treatment of SAM without complications and vitamin A supplementation is also crucial improvement contributed to humanitarian programme. Simplified approach of IMAM programme also promotes increasing of the coverage of the interventions within short period of time.

Challenges and Lesson Learned:

1. Nutrition programme is normally conducted by basic health staff (BHS) before. In current situation, only few percentages BHS are providing nutrition services. There are many NGOs who are working in many thematic areas but only few NGOs are working in nutrition programme in Myanmar. Even the NGO who are interested to implement nutrition activities, they do not have nutrition staff. Therefore capacity assessment and capacity building for the new staff are essential prioritized component of the new programme.
2. When nutrition programme is implemented through BHS, we did not need to use funding for human resources. However, we need huge amount of fund for staff cost when we are working with NGOs for implementation of nutrition activities.
3. NGOs can cover only small percentage of project areas e.g., 10-30% of all villages in one township. It can be improved by recruiting of nutrition volunteers.
4. Some NGOs are facing difficulties in renewing of MOU.
5. NGOs staff are facing with movement restriction due to COVID-19 and security incident.
6. Gathering of community is difficult due to COVID-19 and security issue.

7. 7. Importation of supplies and having tax exemption certificate is also difficult. Procedure for local procurement is the best solution. Restriction of the transporting of the supplies inhibits the implementation of the activities. It can be managed based on the local situation. Preposition of the supplies during feasible time is also another solution.

Moving Forward:

The alternative strategy, which includes working with NGOs, EHOs and volunteer, building the capacity of IPs, using simplified approach for service delivery, allowing local procurement of essential nutrition supplies and preposition of supplies in targeted local areas and applying online/virtual monitoring etc. is scalable, replicable and sustainable in current situation. We will find out the fund from the donors by approving how we can reach to the vulnerable and effected population in timely manner.



Water Sanitation and Hygiene

Indicators	Cluster 2021 Target	Cluster Total Results	UNICEF 2021 Target	UNICEF Total Results
# people accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	872,121	525,089	237,500	227,013
# people accessing appropriately designed and managed latrines	872,121	325,325	98,500	108,484
# children accessing appropriate WASH facilities and hygiene services in learning facilities and safe spaces			235,500	100,383
# people reached with critical WASH supplies (including hygiene items) & services	1,022,495	662,771	557,500	562,994
UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively				

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

UNICEF, as part of the Myanmar HRP, scaled-up humanitarian WASH assistance and reached 562,994 people (170,750 children) displaced and conflict affected persons in Rakhine, Kachin, northern Shan, Kayah, Southeast, Chin, Sagaing and Yangon. Multi-media campaign on handwashing through social media and radio reached 3.1 million people. The WASH assistance included:

- Provision of lifesaving WASH supplies including hygiene items,
- Assistance for safe drinking water,
- Installation and maintenance of gender segregated sanitation services including bathing facilities.
- Awareness on improved hygiene, including mitigation of COVID-19 spread, and
- WASH services in temporary learning centers and healthcare facilities.

In view of the evolving crisis, post 1st February, coup d'état, UNICEF's humanitarian WASH assistance expanded in the newer regions (Kayah, Chin, Sagaing, Kayah and Yangon) to support the affected population displaced due to the military crackdown.

UNICEF WASH humanitarian response contributed to WASH Cluster target and targeted most vulnerable people such as the IDP, temporarily displaced population and the host communities with timely, equitable and inclusive access to safe water, sanitation and hygiene. Following strategies were adopted for the effective delivery of the humanitarian response.

Access to WASH services: included direct WASH service delivery of safe drinking water including treatment; installation, repair, rehabilitation and maintenance of gender segregated latrines and bathing facilities, hygiene promotion through interpersonal communication and mass media campaigns, improvements in the WASH services in the temporary learning centers and healthcare facilities. In addition to the traditional service delivery mechanisms,

contractors and service providers were engaged to construct latrines, distribution of bottled drinking water, direct distribution and in collaboration with UN agencies.

UNICEF partnered with fifteen international and local CSO partners and UN agencies and engaged with specialised contractors to deliver the WASH response to IDPs residing in long-term camps, temporary displacements, and host communities. In view of the access constraints and increased de-facto authority control in the movement of the essential supplies, cross border assistance was arranged through an international civil society organisation.

Monitoring and Information Management: Humanitarian WASH service delivery was monitored through various ongoing partnerships and coordinated with the WASH cluster's Information Management systems of regular and routine update of 3W/4W matrices. In-house monthly monitoring and reporting mechanisms ensured timely information availability and analysis for timely decision making and reporting.

Humanitarian and Development Continuum: Sustainable WASH interventions were implemented in the conflict affected and host communities and temporary learning centers, where feasible. In Kachin State durable water systems were provided; in the martial law townships in Yangon, partnerships are developed to install decentralised water treatment units under the participatory management of the water users. Scoping is underway to provide durable solution for the IDPs in the Pauktaw camps, Rakhine.

UNICEF support reached 562,994 people in both traditional HRP areas of Rakhine, Kachin and Northern Shan and expanded HRP areas such as Chin, Sagaing, Kayin, Kayin and other conflict affected areas. Clean drinking water assistance reached 227,013 (74,789 men, 84,336 women, 36,836 boys and 41,539 girls) conflict affected people and underprivileged urban population averting life threatening disease and death. Gender-sensitive sanitation services reached 108,484 IDPs. COVID prevention and mitigation messages through interpersonal communication reached 203,001 people. Multi-media campaign on handwashing through social media and radio reached 3.1 million people.

Rakhine: In northern and central Rakhine state, UNICEF reached 58,176 IDPs and host communities with clean water through a combination of remote pumping and boating. Gender segregated sanitation services were provided to 37,565 IDPs; apart from maintenance of the existing sanitation facilities, this includes construction of 300 household latrines reaching 2,976 conflict affected host community members in Buthidaung and Maungdaw. UNICEF delivered lifesaving WASH supplies to 132,826 individuals in the camps and host communities to meet regular and post 2021 floods. 7,376 people are benefitting from the functional handwashing stations installed at communal locations.

Northern Shan State: In northern Shan, WASH assistance including provision of safe and adequate drinking and domestic water, functional toilets and basic hygiene was delivered for 9,783 people residing in 32 protracted IDP camps across seven townships. The protracted IDP camps are in 10 townships of Kyaukme, Hsipaw, Lashio, Namptu, ManTon, Hseni, Kutkai, Namnkham, Muse and Laukai. Intensified armed conflict, post military takeover, has increased the temporary new displacement and hence the humanitarian needs. UNICEF / WFP jointly supported the installation of hand-washing facilities in 124 schools in Wa Special Region 2. In response to COVID-19, eight hundred portable hand-washing stations have been distributed and installed in communal places, temporary learning spaces and schools through WASH

implementing partners. 36,580 people were reached with WASH supplies such as hygiene kits and services including access to communal handwashing basins.

Kachin: In Kachin, UNICEF reached, 49,006 affected people with safe drinking water services and 40,446 affected people with sanitation services. Lifesaving WASH supplies were distributed to 46,981 people. During the year, 37,711 affected people in Kachin gained access to durable water supply solution.

Yangon: UNICEF managed to secure safe access to 50,000 people with a daily drinking water supply in Hlaing Thar Yar township in Yangon. Since July 2021, more than 12 million litres of bottled drinking water have been distributed to households reeling from the impact of COVID-19 pandemic and martial law. The service was provided through a bottled water distribution company and community level coordination through WaterAid Myanmar and Terre des hommes (Tdh). UNICEF partnered with Myanmar Alliance for Rabies Control (MARC) | Myanmar Kitchen to establish decentralised water treatment and bottled water distribution unit in Hlaing Thar Yar. WaterAid and Terre des hommes is conducting feasibility to provide durable water supply solutions.

Kayin and Kayah: In the wake of increased displacement, after the military takeover, UNICEF expanded humanitarian WASH response in Kayin and Kayah. In Kayin and Kayah combined, UNICEF reached 25,445 affected people with safe drinking water. 5,151 people have been provided access to sanitation facilities and 115,590 IDPs and host communities reached with life-saving WASH supplies.

Challenges: Major challenges encountered during 2021 are outlined below.

Humanitarian Access: Increased armed conflict and the surveillance by the State Administrative Council (controlled by the de-facto authorities) posed significant challenges in transportation of the humanitarian assistance.

Travel restrictions/ limitations: The travel authorisations to IDP camps were either denied or delayed affecting the reach of the aid workers and volunteers to extend the services. The reach was further exacerbated by the lockdowns imposed during the successive waves of the COVID19 pandemic.

Constrained market capacity and disruption of the banking services: Local procurement of WASH supplies was limited due to the disruption of banking/ financial services and delays in custom clearance of overseas shipments. The disruption of the banking/ financial services has also impacted and slowed down the local vendor response and impacted the delivery of essential lifesaving WASH supplies to the beneficiaries. UNICEF activated the utilisation of prepositioned WASH supplies to meet the immediate needs. The disruption of banking and financial services also resulted in limited cash availability to implement the activities and affected the timeliness and quality of response.

Funding: The 2021 initial HAC appeal amount of US\$ 13,725,000 was revised to US\$ 17,725,000 in view of the increased humanitarian needs resulting from the intensified conflict after military takeover. UNICEF received funds amounting to US\$ 7,184,847 including US\$ 1,710,652 carried over from the prior year. Thus, there was a funding gap of 59%.



Starting July 2021, UNICEF secured safe access and distributed more than 12 million litres of bottled drinking water to 50,000 people (Hlaing Thar Yar, Yangon) reeling under the impact of COVID-19 and martial law, ©UNICEF/2021

Innovations and Lessons learned:

UNICEF needs to continue to embrace multiple modalities of implementation to mitigate humanitarian access challenges due to both COVID-19 and increased conflict and insecurity. Continued focus is needed to support local organisation capacity building and engagement with local contractors to enable their effective participation in UNICEF led WASH response.

UNICEF continued to maintain preposition life-saving WASH supplies in the national and field warehouses. It is strategic to maintain the core supply line in view of the decreased local capacity resulting from the constrained supply lines and disruption of the banking and financial services.

Voucher based NFI distribution was successfully tried in northern Shan through UNICEF partner = Metta Foundation. Where markets permit and is feasible, direct cash support response should be explored to overcome access and operational bottlenecks.

Experience in 2021 has shown that engagement of private sector facilitated expedited delivery of humanitarian response. It is important to identify and implement market based decentralised solutions involving, community, private players with facilitation from the civil society organisation.

Access permissions are increasingly becoming challenging; however, principled engagement with the de facto authorities for delivering humanitarian response facilitated in securing safe access to deliver lifesaving drinking water to reach 50,000 people with operational independence on a daily basis was negotiated for Hlaing Thar Yar township in Yangon. Technical engagement

Case Study: Bottled Water Distribution in Yangon peri-urban township

Top Level Results: UNICEF managed to secure access to extend daily drinking water services delivery to 50,000 people in Hlaing Thar Yar township in Yangon. Since July 2021 and till the end of the year, more than 12 million litres bottled drinking water was distributed to households reeling from the impact of COVID-19 pandemic and martial law. Each household received two 20 litre bottles once every four days (two litres per person per day).

Background: The COVID-19 pandemic, compounded by the ongoing political instability exacerbated the needs for water, sanitation and hygiene (WASH) services in Myanmar. The impact of the current situation is significant in peri-urban Yangon, where accessibility to safe drinking water evolved into a crisis that needed urgent attention. The Hlaing Thar Yar households usually buy bottled water from local vendors, where the quality is not frequently monitored; additionally, the cost of water is has been pinching on their limited resources, which had reduced due to the job losses in the COVID-19 pandemic. A household was spending 5,000 MMK (approx. \$2.5) to 10,000 MMK (\$5.0) Two locations – Ward 20 and Yay Oak Kan tract, with high number of informal settlements, were identified, where WaterAid and Terre des homme Lausanne (TdhL) were active. TdhL and UNICEF already had a partnership to extend the nutrition services to the families having malnourished children and pregnant and lactating mothers.

Approach: After monitoring the situation and exploring options, doorstep delivery of the bottled drinking water was noted as the most suited alternative and UNICEF contracted a private bottled water service provider to supply clean drinking water while the CSO (WaterAid and TdhL) partners ensured active participation of the local communities.

UNICEF sought permission from the de facto authorities for daily distribution of the bottled drinking water. After rounds of discussions and cognizance of the situation, the authorities permitted bottled water distribution. In the meanwhile, UNICEF identified a private drinking water supply company through competitive bidding process involving the verification of company registration under the food and drugs administration, capacity to meet the requirement, hygiene and cleanliness at the production and bottling site and water test results matching the WHO quality standards. UNICEF procured 20 Ltr bottles to meet the requirement.

UNICEF partners WaterAid and TdhL identified distribution and collection points jointly with the communities and stakeholders. The partners mobilized community members who faced a loss of job/ income and engaged them for distribution of bottles from collection points to households. These local distributors are also responsible for collecting empty water bottles and bringing them back to the collection points. 20L bottles of water are distributed every four days to the identified poor and marginalised households. This allows them to alleviate their financial hardships so that their limited income can be utilized to meet other critical needs.

Challenges and lessons learned: The bottled drinking water was timely intervention and supported the households in critical times. The intervention contributed in the prevention of diseases and saved money for households to buy additional necessities such as food. However, the operation is expensive and cannot be sustained in the long run. Amidst the increasing humanitarian needs across the country, it is challenging to raise funding for such operations.

The de facto authorities expect the water distribution to last only for the permitted duration and requires daily reporting on the distribution. This adds significant strain in managing the expectations while maintaining uninterrupted distribution. Longer term affordable water service - accessible on premise, available when needed and free from contamination - is

necessary to meet the daily needs of the vulnerable population living in the informal settlements.

Moving forward: UNICEF identified volunteer based local NGO – Myanmar Alliance for Rabies Control | Myanmar Kitchen (MARC) – active in Hlaing Thar Yar operating local water treatment and bottled water distribution systems. Additionally, WaterAid and TdhL were encouraged to identify longer term sustainable solutions to ensure affordable availability of the safe water for the households in Hlang Thar Yar. UNICEF partnered with MARC to establish a decentralised water treatment unit, whereas WaterAid is studying feasibility towards rehabilitation/ new installation of localised water treatment and distribution system. TdhL is experimenting the use of household sand filters to ensure safe water availability for the households.



Social protection

Indicators	Cluster 2021 Target	Cluster Total Results	UNICEF 2021 Target	UNICEF Total Results
500,000 Households benefiting from social assistance measures to respond to Covid-19 and humanitarian crises with UNICEF support	N/A	N/A	500,000	5300

The compounded crises of COVID-19 and military takeover have exacerbated existing vulnerabilities and resulted in negative socio-economic impact on children, with projections that the Myanmar economy will contract by around 18 percent in 2020/2021 (World Bank, 2021) and nearly half (48.2 percent) of country's population may be living in poverty by 2022 (UNDP 2021); 14.4 million people, including 5 million children, are to be in need of humanitarian assistance in 2022.

The provision and access to basic social services for children collapsed in 2021. This worsened the already bad situation of basic social services where, as of 2019, only less than one percent of the Myanmar's population was covered by at least one social protection benefit. Due to challenges in the availability of public funding and administrative issues at the township level in the States/Regions, on one side existing coverage of social protection programmes was constrained that resulted in the non-payment of regular entitlement to 375,000 pregnant and lactating women with children under two years of age benefitting from the Maternal and Child Cash Transfer programme. Simultaneously, planned expansion of social protection programmes was not implemented resulting in an additional hundreds of pregnant and lactating women with children under two years of age without critical social assistance.

As per United Nations engagement principles after the military takeover on 1st February 2021, UNICEF put on hold activities aiming at strengthening the capacity of Ministry of Social Welfare, Relief and Resettlement, Ministry of Planning and Finance, and other national stakeholders for social protection reform, public finance for children and making available data and evidence on children. UNICEF prioritized activities that accrue benefits directly to children, families and local communities, in terms of mitigating socio-economic impacts, resilience building and humanitarian assistance.

Though monitoring and reporting on child-focused targets of SDGs has improved in last many years, this progress was reversed, and it became extremely challenging to access data to analyze risks and vulnerabilities after the military takeover in Myanmar. To make available new data and evidence, UNICEF conducted multi-sectoral Rapid Needs Assessments using Computer Assisted Telephone Interview (CATI) in the most conflict affected areas in Yangon and Sagaing Regions, Kayah, Kayin and Chin State in partnership with the private sector, that enabled UNICEF and development partners to provide necessary humanitarian assistance more effectively and strengthening the evidence-based advocacy and coordination of humanitarian responses.

Due to large-scale protests and violence in Yangon, UNICEF prioritized six peri-urban townships i.e., Hlaing Thar Yar, Dagon Seikkan, North Dagon, South Dagon, North Okkalapa and Shwe Pyi Thar) for providing humanitarian assistance. These townships host labour migrants from neighbouring states and regions with high poverty and have a combined population of around 1,777,077 representing 32.6 per cent of the city's population and are where most of the city's urban poor reside. It is estimated that out of the 365,000 residents living in informal settlements in Yangon, 61.7 per cent (224,785 residents) live in these six townships where martial law was imposed in 2021.

In terms of directly supporting children and families in humanitarian situation, UNICEF reached 5,300 pregnant and children under two years of age including those with disabilities, with cash transfer (pregnant women 2,417; girls 1,483 and boys 1,400) in Hlaing Thar Yar, peri-urban township of Yangon, where the majority of the population lives in informal settlements with very limited social services in place. In partnership with non-governmental organization and based on learning from this programme, UNICEF envisages an expansion of this programme to two other townships Dagon Myothit (Seikkan) and Shwe Pyi Thar in peri-urban Yangon.

UNICEF also developed child-focused geographical targeting model with multi-dimensional child vulnerability index to identify the geographical areas (prioritized townships in seven States/Regions) with high child deprivation as well as to strengthen UNICEF's integrated responses to optimize implementation efficiency and promote synergy across sectoral programmes in the targeted areas. The internal processes on the procurement of financial service providers and the UNICEF's MIS system building were also initiated to build a common platform on cash programmes.

In addition, UNICEF initiated mobile-based micro-health insurance programme "Bright Start" that reached 9,090 children under six years of age and 749 pregnant women and 249 new mothers with provision of telemedicine, outpatient benefits, hospital cash and health education material in Hlaing Thar Yar and Shwe Pyi Thar, peri-urban townships in Yangon. To date, service users have received 39,889 telemedicine consultation services together with 6,581 prescriptions, 2,391 investigations, 1,640 referrals, 457 hospital cash grants, 166 outpatient antenatal care and 345 outpatient appointments for early childhood care for children. This programme is already expanded to additional 20,000 participants in six peri-urban townships of Yangon to increase access and utilization of appropriate health services for children and improve financial resiliency of families with children through reductions in out-of-pocket expenditure.

Moving forward, UNICEF is working to establish linkages between humanitarian cash transfer and health, hygiene, and nutrition services to improve the overall beneficiary wellbeing. This will include direct linkages to services or providing information on how to access services where available.

Challenges: The military takeover has disrupted the momentum of policy development, and implementation of integrated social protection programmes, particularly the plans to expand MCCT programme, develop financing strategy on social protection, disability inclusion and electronic birth registration. While engagement with the de facto authorities is on-hold, UNICEF took this as an opportunity to strengthening its partnerships with non-government stakeholders, particularly local CSOs supporting the internally displaced population and

families in conflict affected areas. The re-prioritization exercise also provided the opportunity to review child deprivation (pre-crisis), and heightened vulnerabilities by the current crisis.

The political constraints and COVID-19 restrictions also made UNICEF programming reinvigorated with innovative solutions and the use of technology has become more important (for example, replacing in-person implementation with mobile-based technology, creating on-line coordination platforms, new knowledge exchange and consultative approaches with wider stakeholders, etc.). Despite these opportunities for ensuring technology-based service delivery, there are geographic areas in Myanmar where smart phone penetration is still extremely low, internet connectivity is weak and digital and financial literacy remain inadequate, hence requiring physical interaction for programme implementation.

Amidst many political and operational challenges, UNICEF was able to quickly adapt to the situation, and make necessary adjustments in achieving the outcomes. UNICEF's long-term presence in the country with strong asset of national staff played a critical role in finding innovative solutions to programme implementation and partnership building with non-governmental organizations and local civil society organizations.

In the new context where there is no reliable banking system and challenges faced with liquidity, UNICEF was able to implement the cash transfer programme in peri-urban township in Yangon. Lessons learned and experiences from this programme will support UNICEF in progressively implementing the universal child grant programme in other States/Regions in 2022. UNICEF continues to explore more/alternate approaches that fit well with the context and local needs of the populations.

Funding: Against the HAC appeal amount of US\$ 12,750,000, UNICEF received funds amounting to US\$ 863,035. Thus, there was a funding gap of 93% while the needs have increased due to the compounding impact COVID-19 and military takeover. Social policy used USD 509,301 from UNICEF's regular resources (RR) and USD \$62,807 from ORR.

Innovations and Lessons Learned: COVID-19 pandemic and military takeover led UNICEF to rapidly adjusting and adapting to new ways of programme implementation in Myanmar. UNICEF adopted new technologies and new partnerships with the private sector for programme implementation which is critical to ensure inclusion of the most vulnerable children in challenging operational context and in overcoming COVID-19 constraints.

One main innovation that UNICEF continued to pursue during the year was the mobile health insurance "Bright Start" that serves as an entry point for providing basic health coverage in peri-urban Yangon; this is being implemented in coordination with UNICEF's Office of Innovation and in partnership with private sector. The programme leverages mobile technology to enrol customers, collect premiums and pay out claims, thus reaching the most vulnerable population with reduced transactional and administrative.

The advocacy and technical support to strengthening the national systems development and capacity of government institutions came to a halt since the military takeover, creating a considerable constraint to the achievement of 2021 planned results. In response to critical humanitarian needs, UNICEF envisioned a Humanitarian Child Grant programme targeting pregnant and lactating women, children under the age of two and children with disabilities through an unconditional multipurpose cash transfer that will contribute to the household

income and protect children's basic needs. This programme implementation approach could respond to the newly identified needs with the view to transition to the national social protection mechanism when conditions allow; and simultaneously strengthen the national systems (strategy, policy, and design) with the view to generate learning that will contribute to improvements to the social protection system when conditions allow.

In addition, UNICEF delivered cash transfers to targeted populations in partnership with Wave Money, a mobile financial services provider in Myanmar.

Sector Leadership: Throughout the year, UNICEF's focus has been on the facilitation of inter-agency coordination among development partners to realign social protection programme priorities and maximize the nexus between humanitarian and development social protection programmes. UNICEF led the Social Protection Sector Working Group that was main forum on social protection for development partners, UN organizations and non-governmental organizations.

United Nations developed Socio-Economic Resilience Response Plan (UN-SERRP) that sets out UN's immediate plans to invest in resilience to help people, in all their diversity, households and communities better withstand the adverse socio-economic effects of the current situation. As part of this plan, UNICEF led "social protection and basic social services" pillar comprising of activities that respond to critical needs and build resilience across six fundamental elements of social protection and basic social services covering: social protection, food and nutrition, water, sanitation and hygiene (WASH), education, shelter and resilience building for displaced populations, and gender-based violence and violence against children. In addition, UNICEF continued to lead social protection working group with development partners, United Nations agencies and non-government organizations that ensured coordinated approach to social protection response and linkages in development-humanitarian nexus.

Cluster Leadership and Coordination

Child Protection Area of Responsibility

In August 2021, in close consultation and with guidance from the Global Child Protection Area of Responsibility, the Myanmar CP coordination team took the strategic decision to transition from being framed as the Child Protection Working Group (CPWG) / Sub-cluster to the Myanmar Child Protection Area of Responsibility (CP AoR). This was part of the global CP strategy to ensure that coordination systems were globally aligned. Moreover, demarcating the child protection sector as its own Area of Responsibility, demonstrates that we cover a specific area under Protection and are not a "sub" to Protection. It is important that with the cluster system being activated, and the HRP covering now the entire country due to the changing humanitarian context, that CP has its own space within the coordination structure. This is necessary both for ensuring we have a strong voice within the coordination system and can individually advocate for resources.

With the introduction of Child Protection AOR, UNICEF contributed to sub-national coordination in new areas to meet increasing demand for coordinated services/assistance. Areas of Responsibility have also been established for Gender Based Violence and Mine Action. The CP AOR worked closely with the mental health and psychosocial support (MHPSS) and gender-based violence (GBV) AoRs with the aim to strengthen coordination and enhance coverage and quality of more holistic services to vulnerable children. Remote mechanism of MHPSS support for children and caregivers was also strengthened through

working closely with MHPSS and GBV AoRs and development and dissemination of colouring books in partnership with local actors, supporting training and providing supplies. The CP AoR also supported the development and dissemination of the safe play handbook for children.

UNICEF continues to lead the CP AoR at the national and sub-national (Kachin, Shan and Rakhine) levels. Coordination structures are being fired-up in the sector at the national and sub-national levels. Coordination plays a critical role in ensuring that work and activities of child protection actors, including INGOs, NGOs, and CBOs in humanitarian settings are harmonized, informed, complementary and provide lifesaving services that are in accordance with international standards and global principles, such as the minimum standards for humanitarian action. Coordination further ensures that standardized and regular monitoring is conducted and that evidence-generation happens in an independent manner. Coordination brings together interventions and ensures that duplications are prevented in funding and response to populations in need. It also ensures that interventions are in line with priorities based on evidence and joint planning and in addition, ensures linkages with other sectors for effective support to vulnerable populations which in turn optimizes the use of resources. The national level CP AoR Coordinator provides technical support and undertakes mentoring and capacity building for all the sub-national CP AoR Coordinators. During 2021, the 5W's platform was active and discussions are underway to harmonise with 4Ws to ensure non-duplicity of work around data collection and analysis.

Following the military takeover, the existing government coordination structure for mine action was halted as the UN adopted a position of non-engagement with the de facto authorities; UNICEF hired two dedicated mine action coordinators (national and Rakhine State) who are heading the Mine Action AoR under the activated Protection Cluster.

UNICEF worked with the Protection cluster in an interagency effort to complete the 2021 HNO and HRP which outline the context and impact of the situation, consequences for families, the number of people in need and the severity of these needs by locations. The Child Protection AoR's focus was to increase access to quality integrated support services for children and adolescents, tailored to their needs (gender, age and disability), with special focus on survivors of child abuse and exploitation, conflict affected children, and unaccompanied and separated children.

UNICEF is the lead agency on Mine Risk Education in Myanmar. As part of this lead role in MRE, UNICEF has established the Mine Risk Area of Responsibility (MR AoR) at the national and sub-national levels. The very first MRWG was established in 2012 as an inter-ministerial and inter-agency coordination platform where UNICEF took up the co-chair role to ensure mine action interventions are aligned with international standards and lessons learned in Myanmar. UNICEF supported and strengthened union and four state level Mine Risk Working Groups involving more than 10 ministries/departments, over 40 national and international organizations and ethnic armed groups. This has allowed better coordination among mine action actors and increased EoRE in the country.

In its capacity of the co-chair and technical secretariat of the CTFMR, UNICEF played a prominent role in all of the achievements of the CTFMR, including coordination and providing technical leadership to the CTFMR. UNICEF has managed to be the catalyst behind all major CTFMR initiatives and has been successful in building consensus and creating synergies among members with different mandates and priorities by building on the particular strengths and expertise of each. Particularly, UNICEF has supported a joint risk and conflict sensitive analysis of CTFMR engagement and fostered common agreement amongst CTFMR members on key priority engagement activities with armed actors. UNICEF also led all CTFMR advocacy initiatives.

Education cluster

After the military takeover, the education in emergencies (EiE) sector developed a provisional strategy targeting the children impacted by COVID-19 pandemic, localised emergencies, and military takeover to support their continuity of learning, integrating with non-specialized psychosocial support, life-saving messages and skills and COVID-19 prevention. The strategy also identified joint sector approaches including monitoring access to learning, subnational contingency planning, and a renewed effort to engage and support local organizations. The Education Cluster was activated nationally in August 2021 which formalized the role of EiE partners in minimizing disruptions to education for all children. The Education Cluster continued to respond to the protracted crisis in Rakhine and Kachin and supported the continuous access to education more broadly in response to the evolving humanitarian crisis. At national level, the Education Cluster is co-chaired by UNICEF and Save the Children and has a dedicated Education Cluster coordinator. During the last quarter, partners have been developing a two-year strategy built on the provisional strategy and aligned with the 2022 Humanitarian Response Plan. UNICEF contributed technical support to this strategy at national and subnational levels. The Education Cluster is also adding subnational coordination groups to cover Chin, Sagaing, Magway, Kachin, Shan, Rakhine, Kayah, and southeast Myanmar.

Due to the crisis, joint MoE-EiE sector coordination meetings were discontinued but EiE sector coordination continued at national and sub-national levels. Education Cluster was activated in September 2021 and the transition is underway with setting up of subnational coordination arrangements.

After military takeover, UNICEF played an active role in reorganisation process of different education sector coordination platforms and supported identification of priorities including the development of a Joint Response Framework.

Nutrition cluster

UNICEF, in collaboration with the global nutrition cluster and nutrition partners have developed an emergency response and preparedness plan with a focus on risk analysis, capacity mapping, contingency planning, and preparedness. Nutrition cluster contributed to the development of Emergency Preparedness and Response Plan (EPRP) and Humanitarian Response Plan (HRP). UNICEF also conducted emergency response preparedness plan (ERP) training for nutrition cluster partners in collaboration with the global nutrition cluster (GNC). UNICEF prepared scenario specific emergency preparedness and response plan in collaboration with nutrition partners after the training. UNICEF has set up information management system for nutrition program and partners are oriented on it to share disaggregated nutrition program data regularly.

Nutrition cluster including food security, protection and education are activated on 21 August 2021. There are one national level and six subnational clusters. The national nutrition cluster is led by UNICEF and has established Strategic Advisory Group (SAG) and two Technical Working Sub-Groups (TWG): (1) IYCF/IMAM and (2) Assessment and Information Management (AIM) co-chaired by NGOs partners. The objective of the TWG is supporting partners to operate, scale-up and deliver life-saving nutrition activities in the evolving humanitarian environment in Myanmar. Some immediate priorities include the carrying out of nutrition-specific rapid assessments and development of training plans for partners. Has developed an online tool to assess the capacity of partners to implement and scale-up nutrition-specific interventions across the country. Key activities at community level included

distribution of relevant commodities and hygiene-related messages, conduct cIYCF counselling, provide micronutrient supplementation, treat SAM without complications and refer SAM with medical complications.

A total of eight staff who have joined the stand-by team for the nutrition sub-cluster in Rakhine were nominated by the nutrition partners and participated in a training during the first week of June focusing on conducting rapid needs assessments. In Kachin State, nutrition partners are continuing activities through camp-based volunteers in government-controlled areas. Coordination with local authorities in non-government-controlled has not been affected by current political situation thus nutrition activities are being implemented with greater ease in non-government-controlled areas, despite the COVID control measures and quarantine procedures in these areas. Ensuring provision of supplies to affected people remains a challenge in other areas due to movement restrictions. South-East cluster (Kayin, Mon, Tanintharyi, Bago (E) and Kayah) and Shan (North) cluster are carrying out nutrition coordination for emergency nutrition response.

UNICEF also continued the regular coordination meetings took place at national and sub-national level to identify and address any issues for a harmonized nutrition response in spite of COVID-19 and political crisis in country in line with Humanitarian Need Overview and Humanitarian Response Plan 2021. Though engagement with de facto authorities was limited, coordination among UN agencies and nutrition cluster partners were very effective to ensure provision of essential nutrition services as per national guideline.

WASH cluster

UNICEF continued to lead the WASH Cluster in Myanmar, thereby providing support on coordination of humanitarian service delivery, preventing gaps and duplication, supporting strategic decision making, capacity building and preparedness. The cluster system was activated nationally in mid-2021, because of the large displacement due to the military takeover. The WASH Cluster extended its coordination beyond the five Humanitarian Response Plan locations targeted for 2021, to include northern Chin, Kayah, South Shan states, Magway, Sagaing and the southeast region of Myanmar. However, due to limited funding, the coordination in some locations was covered by the WASH programme team and other cluster team members. The WASH Cluster partners were awarded US\$ 1,623,820 (20 per cent) of the US\$ 8,056,542 Myanmar Humanitarian Fund Second Standard Allocation envelope. All projects are multisectoral and are spread out through Chin, Magway, Sagaing, Kayah, Shan, Kachin, Kayin and Rakhine. The WASH Cluster finalized the following key plans during 2021: the menstrual hygiene management guideline, the inclusion tool kit including a WASH assessment tool, the standard operation procedures, WASH designs, and a WASH Cluster and EiE guideline for reopening safe learning spaces in respect of the MoE COVID-19 school opening guideline.

The WASH Cluster fulfilled the 6+ Cluster Coordination Core Functions through dedicated teams at National and State levels (in the Cluster activated states). The dedicated WASH Cluster Coordinator maintains the responsibility for the overall coordination of the WASH response based on needs and programme criticalities per SPHERE and Myanmar WASH cluster standards, as well as analysis of the situation and gaps including qualitative data. The Cluster Coordinator meets IASC functions with independence and neutrality and is also responsible for ensuring that key concerns, issues and bottlenecks, including lack of access preventing humanitarian communities from delivering WASH services, are brought to the attention of Inter-Cluster Coordination Group (ICCG) and Humanitarian Country Team (HCT).

The WASH Cluster has well established coordination mechanisms, by which the 25 Myanmar WASH partners collectively contributed to a joint response. This collective response is monitored through the dedicated cluster teams, and corrective actions are taken four times each year. The Myanmar WASH Cluster has continued to heavily support capacity building of local actors. WASH cluster engaged effectively with the Health cluster to compare the compiled results of early warning, alert and response system (EWARS) and data analysis shared at the cluster level to update partners on hotspot Acute Watery Diarrhoea (AWD).

UNICEF is an active member of the Myanmar Humanitarian Country Team (HCT) and works closely with other UN agencies, INGO and NGO partners and donors for effective implementation of its programmes. UNICEF's response and principled engagement will be guided by the humanitarian principles of humanity, impartiality, neutrality, and operational independence and UNCT guidelines for engagement.

Assessment, Monitoring and Evaluation

MCO developed the MYWP 2021-22; while drafted and ready, these could not be signed due to the military takeover. After this event, programmes reviewed the changed context and evolving needs, and updated Results Matrix ensuring full alignment with the HAC. PME supported the programmes with the development of guidelines on partnerships including direct implementation and working with the private sector as these modalities have become all the more important given the ongoing political crisis that has impacted the presence and access of traditional INGO/NGO partners and also because UNICEF is no longer implementing programmes through/with the de facto authorities.

HACT assurance activities including programmatic visits (PV) and spot checks (SC) could not be carried out as planned due to movement restrictions because of COVID-19, insecurity and non-availability of partners. To address this constraint, MCO developed a strategy to accelerate assurance activities by identifying new modalities including design of systems, online tools, third party visits etc., to cover minimum assurance visits. Following this, assurance activities were sped-up and achieved as follows: PV: planned (minimum requirement) 97, completed 68 (70%); and SC planned (minimum requirement) 31, completed 25 (81%). PME led/facilitated a series of internal meeting/discussion with programme sections and the field offices to design PV templates and update necessary information on third party monitoring (TPM) visits, programmatic visits and checklist forms. Following this, PME organized a training session on TPM with the commissioned TPM, i.e. Mekong Economics and initiated the first 3 programmatic visits in northern Rakhine.

MCO started 2021 with 4 evaluations: The Country Programme Evaluation, the Country-Led Evaluation on Rural Water Supply Programme, the Country-led Evaluation of ECI Pilot Services and the Impact Evaluation (research) of the Brightstart health insurance pilot. All the evaluations involved partner ministries, focused on systems strengthening and worked closely in their implementation of the programmes with government agencies and were thus paused after Feb 1. The CPE is expected to be re-started including a focus on the humanitarian response in May 2022, as well as the rural water supply evaluation. The ECI pilot services evaluation was ready to be restarted with changed scope; however, no evaluation agencies were readily available to meet the needs of the evaluation. An internal evaluative lens is being planned to be incorporated within the internal M&E framework of the pilot to continue learning, even in the absence of a formal evaluation. The Brightstart impact evaluation research is ongoing and will continue to provide insights and learning for the scale up of micro health insurance in emergency situations in Myanmar.

Financial Analysis

Table 1: 2021 Funding Status against the Appeal by Sector (Revenue in USD):

Sector	Requirements	Funds Available Against Appeal as of 31 December 2021*		% Funded Gap
		Funds Received in 2021	Carry-Over	
Nutrition	12,542,544	1,387,774	1,364,812	78%
Health	7,101,500	3,065,757	1,088,757	41%
WASH	17,725,000	5,474,195	1,710,652	59%
Child Protection	14,000,000	3,747,551	1,500,303	63%
Education	4,813,015	3,199,816	1,428,272	4%
Social Protection and Cash Transfer	12,750,000	833,658	29,377	93%
Rapid Response Mechanism	4,000,000	106,703	212,685	92%
Cluster coordination	1,575,000	-	-	100%
TOTAL	74,507,059	17,815,454	7,334,859	66%

Fund available includes funds received against current appeal and carry-forward from previous year

Table 2: Funding Received and Available by 31 December 2021 by Donor and Funding type (in USD)

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount *
I. Humanitarian funds received in 2021		
a) Thematic Humanitarian Funds		
See details in table 3	SM189910	1,444,537
b) Non-Thematic Humanitarian Funds		
USA (USAID) OFDA	SM210336	3,870,124
Thailand	SM210597	95,238
Norway (2 pagers report to submit)	SM210359	534,538
Japan International Cooperation Age	SM210789	1,224,041
Japan	SM210488/SM210104	3,914,141
Germany	SM210303	1,736,460
European Commission / ECHO	SM210525/SM210233	1,687,001
b) Total Non-Thematic Humanitarian Funds		13,061,542
c) Pooled Funding		
(i) CERF Grants		
(ii) Other Pooled Funds- including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
CERF grants		2,017,493
UNOCHA	SM190267	5,823
UNOCHA	SM210769	1,682,243
UNOCHA	SM210502	329,427
d) Other types of humanitarian funds		
N/A		-
Total humanitarian funds received in 2020 (a+b+c+d)		16,523,571
II. Carry-over of humanitarian funds available in 2021		
e) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM189910	2,040,304
f) Carry over of non-Thematic Humanitarian Funds		
USAID/Food for Peace	SM200614	976,765
USA USAID	SM200097	33,466
USA (USAID) OFDA	SM170240	1,558,856
UNOCHA	SM200481	20,890
UNICEF-SINGAPORE 2 pagers report - to submit	SM200755	276,000
The United Kingdom	SM170463	8,084
Ministry of Commerce - MOFCOM	SM200293	588,051
Japan	SM200061	529,173
Global - Thematic Humanitarian Resp	SM209910	746,817

GAVI The Vaccine Alliance	SC200764	506,000
British Government (DFID)	SM200202	27,443
Australia	SM200373	23,009
Total carry-over non-Thematic Humanitarian Funds		5,294,555
Total carry-over humanitarian funds (e+f)		7,334,859
III. Other sources		
<i>RR diverted to emergency</i>	RR	4,393,157
<i>OR used for emergency</i>	SC181195	45,524
	SC180646	62,807
Total other resources		28,359,918

**Programmable amount of donor contributions excluding recovery cost.*

Table 3: Thematic Humanitarian Contributions Received in 2021

Thematic Humanitarian Contributions Received in 2021 (in USD): Donor	Grant Number	Programmable Amount (in USD)	Total Contribution Amount (in USD)
Denmark	SM1899100941	695,893	734,334
EMOPS and Regional Allocation	SM189910	748,644	790,000
TOTAL		1,444,537	1,524,334

Future Work Plan

In the light of political crisis after 1st February military coup and within the framework of the L2 status declared on 1st July 2021 UNICEF transitioned from an upstream-focused work plan to a humanitarian annual plan aiming at promoting a risk-informed and child-sensitive response in line with the Core Commitments for Children (CCC). While the five programme outcome areas remain the same, some outputs have been modified (and reduced) to align with strategic shift and programme priorities. MCO has already set out action plan for annual work plan 2022 in nine pillars to meet these priorities, in operation effectiveness and programme effectiveness (such as supplies and logistic, human resources, resource mobilization and advocacy, field operation services, access strategy, cluster support, partnership and programme convergence, planning monitoring and reporting, and financial operations.

UNICEF's humanitarian strategy in Myanmar is aligned with the final 2022 Humanitarian Needs Overview and Humanitarian Response Plan. UNICEF Myanmar Country Office (MCO) will continue to support cluster coordination, leading the MCO 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 offices²¹ and seven field offices. MCO 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 Myanmar 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. MCO will protect children from falling into extreme poverty, generating data and evidence on the impact of the crisis, and providing unconditional cash grants. MCO 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, MCO 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 Myanmar 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. MCO 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.

MCO 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 Myanmar will seek to provide durable, cost-effective solutions that will help strengthen the resilience of local communities and institutions.

Annexes: Human Interest Stories

Healing children's trauma with a simple box of crayons

Giving children a chance to be a child again



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09 December 2021

They look like any other children, happily absorbed in their colouring books. But these children are from communities in Myanmar where armed conflict has endured for generations. They are part of a programme set up to support their mental health, and one of the aid workers in charge in Kachin said, *“This programme gives children a chance to be a child again.”*

The work has been rolled out since 2017, with support from the USAID Bureau for Humanitarian Assistance, UNICEF and implementing partners. The programme has established 478 child-friendly spaces across camps for internally displaced persons (IDP), and communities in Rakhine, Kachin and Shan States where children can participate in recreational and group activities.

As part of the programme UNICEF has also provided support for positive parenting initiatives, allowing caregivers to develop stronger relationships with their children.



Doorway to healing

Each and every child-friendly space developed through this programme is an invaluable community resource where children can begin rebuilding a sense of normality and safety.

Activities centred on mental health and psychosocial support (MHPSS) allow children to communicate, socialize and, together, to develop positive coping mechanisms.

Something as simple as a colouring book can have a profound impact on a child. One front-line MHPSS worker in northern Shan State recounted the moment they witnessed the significance of a group arts activity at an IDP camp.

“When I first arrived, most of the children were quiet and hesitant to play but began opening up once they started colouring together. Many of these children had to leave their homes and run away for their own safety. But in that moment, they finally had something else to focus on, something else to talk about together.”

Across Shan, Kachin and Rakhine States, child-friendly spaces provide more than colouring and recreation activities. For many children, they are a doorway to begin healing from the traumas they have experienced in environments gripped by armed conflict.



Shining examples

The children that this programme has reached are shining examples of resilience and courage. Across all regions, UNICEF and partner staff, many of whom grew up affected by the same conflicts and who find motivation in supporting their communities, have learned valuable lessons on mental health and self-care through the activities with children.

These activities have had a positive impact on the families of partner staff as well. From a Kachin IDP camp one front-line MHPSS worker said, *“As a volunteer in my community, self-care is important because my own well-being has an effect on the*

activities that we conduct.”

Another front-line MHPSS worker from Kachin explained, *“Working with this programme has given me a greater sense of self-awareness of my own stress and mental well-being. This has helped my family life too because when one person is dealing with stress it affects everyone.”*

Unprecedented risk to child mental health

Today, children across Myanmar face an unprecedented risk to their mental health and well-being.

It has now been two years since COVID prevention measures, movement restrictions and schools closures began gradually to reduce the number of spaces where children can learn, develop and socialize.



‘Our future and our hope’

Over the past several months, this situation has worsened because children are now facing increased exposure to violence as protests and conflict continue to unfold from the current crisis. The effects will likely leave a lasting impression on the mental health and well-being of children across the country. Front-line workers report increased depression, addiction to online gaming, and drug use as schools and activities remain closed and financial pressures continue to burden families.

Affirming the growing need to support these children, one worker from Shan State shared her views on the need for efforts to step up efforts to create a positive environment where children can grow and develop. *“They are intelligent, creative and strong...” she said, “They need a strong support system.”*

Another staff member from a partner organization in Rakhine added, *“Children are the hearts of our communities. They are our future and our hope.”*

More Human Interest Stories can be found on the following links :

- Published Online - Relief Supplies in Chin: <https://www.unicef.org/myanmar/stories/unicef-relief-supplies-reach-desperate-families-cut-chin-state-myanmar>
- Published Online USAID – MHPSS Program: <https://www.unicef.org/myanmar/stories/healing-childrens-trauma-simple-box-crayons>
- Published Online – MHPSS, ‘Little Pyit Tine Htaung’ <https://www.unicef.org/myanmar/stories/unicef-and-partners-expand-mental-health-services-children-and-young-people>
- Published ICON – J4C: <https://unicef.sharepoint.com/sites/ICON/SitePages/In-Myanmar,-UNICEF-offers-legal-protection-for-children-caught-up-in-the-crisis.aspx>
- J4C Update (FB): <https://www.facebook.com/unicefmyanmar/photos/a.416623888405142/5128197483914402>

- J4C Update (Twitter):
<https://twitter.com/UNICEFMyanmar/status/1503649726796906497>
- CP Kit Update (FB):
<https://www.facebook.com/unicefmyanmar/photos/a.416623888405142/5116427158424768>
- CP Kit Update (Twitter):
<https://twitter.com/UNICEFMyanmar/status/1502102156077322240>
- MHPSS Update (FB):
<https://www.facebook.com/unicefmyanmar/photos/a.416623888405142/5108524579215026>
- 'Little Pyit Tine Htaung' (FB):
<https://www.facebook.com/unicefmyanmar/photos/a.416623888405142/5031426543591497>
- MHPSS Hotline (FB)
<https://www.facebook.com/unicefmyanmar/photos/a.416623888405142/5025679867499498>
- MHPSS Update (FB):
<https://www.facebook.com/unicefmyanmar/photos/a.416623888405142/4929751763758976>
- USAID – MHPSS Story (FB):
<https://www.facebook.com/unicefmyanmar/posts/4832771906790296>
- JfC Update (FB):
<https://www.facebook.com/unicefmyanmar/posts/4808040142596806>

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