



## Myanmar

### Consolidated Emergency Report 2016



Internally displaced child attending school in Kachin State, Myanmar.  
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March 2017

## Table of Contents

<b>ABBREVIATIONS &amp; ACRONYMS .....</b>	<b>3</b>
<b>1. EXECUTIVE SUMMARY .....</b>	<b>5</b>
<b>2. HUMANITARIAN CONTEXT .....</b>	<b>6</b>
<b>3. HUMANITARIAN RESULTS.....</b>	<b>8</b>
3.1 Health.....	8
3.2 Nutrition.....	9
3.3 Water, Sanitation and Hygiene .....	10
3.4 Child Protection.....	12
3.5 Education .....	14
3.6 Disaster Risk Reduction.....	15
<b>4. MONITORING &amp; EVALUATION .....</b>	<b>16</b>
<b>5. FINANCIAL ANALYSIS.....</b>	<b>16</b>
Table 1a: 2016 Funding status against the appeal by Sector (in USD).....	16
Table 1b: 2016 Funding status against the appeal by Sector (in USD) .....	18
Table 2: Funding Received and Available in 2016 by Donor and Funding Type (in USD) .....	18
Table 3: Thematic Humanitarian Contributions Received in 2016 (in USD).....	19
<b>6. FUTURE WORK PLAN.....</b>	<b>20</b>
<b>7. EXPRESSION OF THANKS .....</b>	<b>21</b>

## ABBREVIATIONS & ACRONYMS

<b>ACF</b>	Action Contre Le Faim
<b>BHS</b>	Basic Health Staff
<b>CAAC</b>	Children and Armed Conflict
<b>CBO</b>	Community Based Organisation
<b>CCC</b>	Core Commitments for Children in Humanitarian Action
<b>CCCM</b>	Camp Coordination Camp Management
<b>CERF</b>	Central Emergency Response Fund
<b>CMC</b>	Camp Management Committee
<b>CPiE</b>	Child Protection in Emergencies
<b>CPSS</b>	Child Protection Sub-Sector
<b>CSO</b>	Civil Society Organisation
<b>CTFMR</b>	Country Task Force on Monitoring and Reporting
<b>cVDPV</b>	Circulating Vaccine Derived Poliovirus
<b>DOE</b>	Department of Education
<b>DPH</b>	Department of Public Health
<b>DRD</b>	Department of Rural Development
<b>DRR</b>	Disaster Risk Reduction
<b>DSW</b>	Department of Social Welfare
<b>EAO</b>	Ethnic Armed Organisation
<b>ECD</b>	Early Childhood Development
<b>EHO</b>	Ethnic Health Organisation
<b>EiE</b>	Education in Emergencies
<b>EMRE</b>	Emergency Mine Risk Education
<b>ERW</b>	Explosive Remnants of War
<b>GAD</b>	General Administration Department
<b>GAM</b>	Global Acute Malnutrition
<b>GBV</b>	Gender-Based Violence
<b>GCA</b>	Government-Controlled Area
<b>GOM</b>	Government of Myanmar
<b>HAC</b>	Humanitarian Action for Children
<b>HPA</b>	Health Poverty Action
<b>HRP</b>	Humanitarian Response Plan
<b>HSS</b>	Health Systems Strengthening
<b>IDP</b>	Internally Displaced Persons
<b>IMAM</b>	Integrated Management of Acute Malnutrition
<b>INGO</b>	International Non-Governmental Organisation
<b>IYCF</b>	Infant and Young Child Feeding
<b>JAP</b>	Joint Action Plan
<b>KAP</b>	Knowledge, Attitude and Practice
<b>KBC</b>	Kachin Baptist Convention
<b>KMSS</b>	Karuna Myanmar Social Services
<b>LNGO</b>	Local Non-Governmental Organisation
<b>MAM</b>	Moderate Acute Malnutrition
<b>MAPDRR</b>	Myanmar Action Plan for Disaster Risk Reduction

<b>MCH</b>	Maternal and Child Health
<b>MHAA</b>	Myanmar Health Assistants Association
<b>MHM</b>	Menstrual Hygiene Management
<b>MMN</b>	Multi-Micro Nutrients
<b>MNCH</b>	Maternal, Newborn and Child Health
<b>MOH</b>	Ministry of Health
<b>MRCS</b>	Myanmar Red Cross Society
<b>MRE</b>	Mine Risk Education
<b>MRM</b>	Monitoring and Reporting Mechanism
<b>MRWG</b>	Mine Risk Working Group
<b>NGCA</b>	Non-Government-Controlled Area
<b>NNGO</b>	National Non-Governmental Organisation
<b>NLD</b>	National League for Democracy
<b>NRC</b>	Norwegian Refugee Council
<b>ORS</b>	Oral Rehydration Salts
<b>PCA</b>	Programme Cooperation Agreement
<b>PLW</b>	Pregnant and Lactating Women
<b>PTA</b>	Parent-Teachers Association
<b>RRD</b>	Relief and Resettlement Department
<b>RUTF</b>	Ready-to-Eat Therapeutic Foods
<b>SAM</b>	Severe Acute Malnutrition
<b>SCI</b>	Save the Children
<b>SGBV</b>	Sexual Gender Based Violence
<b>SHD</b>	State Health Department
<b>SRP</b>	Strategic Response Plan
<b>SSFA</b>	Small Scale Funding Agreement
<b>TLS</b>	Temporary Learning Space
<b>UNDP</b>	United Nations Development Programme
<b>UNICEF</b>	United Nations Children's Fund
<b>UNV</b>	United Nations Volunteers
<b>UXO</b>	Unexploded Ordinance
<b>VDPV</b>	Vaccine Derived Poliovirus
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization

## 1. EXECUTIVE SUMMARY

Over the course of 2016, UNICEF responded to the needs of 99,000 people, including nearly 40,000 children across displaced and conflict-affected communities in Rakhine, Kachin and northern Shan states, ensuring essential health services were extended, minimum needs for nutritional well-being were met, water and sanitation services were assured, child protection measures were enacted, and education was provided to vulnerable children.

The UNICEF 2016 Humanitarian Action for Children (HAC) appeal for Myanmar was only partially funded, minimizing the scope of UNICEF Myanmar's response; however significant humanitarian actions were taken to assist vulnerable children and their caregivers. Through UNICEF's work with the Government of Myanmar, community based organisations (CBOs), national and international non-governmental organisations (NGOs), UNICEF led contextualized responses to two distinct protracted crises in Myanmar guided by UNICEF's Core Commitments for Children (CCC) and the 2016 Humanitarian Response Plan (HRP) for Myanmar.

In Kachin and northern Shan, UNICEF advocated with government and non-state actor (NSA) counterparts to access displaced and conflict-affected people in camps/sites across in both government-controlled areas (GCA) and non-government controlled areas (NGCA) to ensure that all children had access to essential services in health, nutrition, water, sanitation and hygiene (WASH), child protection and education. In Rakhine, UNICEF worked through seasoned partners to meet needs and promoted the rights of all children in the state, advocating for a whole-state approach to service provision.

UNICEF worked to improve access to health services across 10 townships in Rakhine and nine conflict-affected areas in Kachin and Shan. Over 7,800 children and women were vaccinated against measles and an additional 9,007 children under one year of age received other required vaccinations including polio. High achievements in the nutrition sector in Rakhine this year were largely due to an expansion in partner capacity. In all, over 27,000 children aged 6-59 months received micronutrient supplementation in Rakhine and Kachin, and over 10,000 children 6-59 months were treated for Severe Acute Malnutrition in Rakhine. Furthermore, nearly 19,500 pregnant and lactating women received support for Infant and Young Child Feeding (IYCF) through emergency programs.

In Rakhine, Kachin and Shan states, UNICEF worked with government officials to continue basic service provision to Internally Displaced Persons (IDP) in camps and promoted government leadership of services for IDPs including integration of the WASH cluster into broader sector development coordination and planning structures, operation and maintenance of WASH hardware in IDP camps, latrine desludging activities, and water supply. UNICEF supported the Government of Myanmar and communities to minimise vulnerabilities to climate-related disasters through provision of WASH supplies, funding and technical support. In addition, flood response efforts which carried over to the first half of 2016 following the August 2015 floods primarily focused on continued safe water access and support for household hygiene to nearly 250,000 individuals, including over 87,000 children.

More than 50,000 displaced and conflict-affected children received psychosocial support through UNICEF and partners in 2016. UNICEF monitored progress toward the Joint Action Plan to end the use and recruitment of children by the Myanmar Army and also accelerated engagement with ethnic armed groups listed as persistent perpetrators of the use and recruitment of children. A total of 101 children were released from armed forces/groups this year. UNICEF and partners also continued to provide social and economic reintegration support to 650 children and young people in 2016. To improve data collection on Grave Violations against children identified by the U.N. Security Council, UNICEF trained 313 frontline workers on the Monitoring and Reporting Mechanism (MRM) to track and report cases of violations against children. Additionally, over 114,900 teachers, IDPs and host communities, including over 64,000 children, received direct lessons in mine risk education.

In addition, over 26,300 children in Rakhine and over 9,000 children in Kachin and Shan benefitted from pre-primary, primary and non-formal education in safe spaces. UNICEF advocated for the Rakhine State Education Department (SED) to continue supporting community volunteers in temporary learning spaces (TLS) leading to volunteer teachers being included in in-service teacher training.

UNICEF also supported the capacity building and training of Government staff on inclusive disaster risk reduction (DRR) planning, warehouse management and promotion of inclusive and child-focused public awareness regarding eight common hazards. UNICEF received a seat on the government's Myanmar

Action Plan for Disaster Risk Reduction (MAPDRR) Task Force, thus ensuring a focus on children throughout the drafting of an action plan for the National Disaster Management Committee. In this role, UNICEF is advocating for greater emphasis on inclusion and protection of vulnerable groups, ensuring a cross-sectoral approach as well as tackling the underlying causes of vulnerability, and building resilience and adaptive capacity. UNICEF developed a Disaster Risk Reduction Youth Volunteer (DRR-YV) Programme Strategy and supported the Government's Relief and Resettlement Department (RRD) in implementing the strategy in nine townships of Mon, Rakhine and Ayeyarwaddy.

In 2016, one of the primary challenges facing UNICEF, particularly in Kachin and northern Shan, was limited access to beneficiaries, IDP camps and conflict-affected populations. The Government of Myanmar limited movement in the majority of implementation areas which resulted in UNICEF relying on national NGOs for implementation of the programmes and leaving UNICEF with little ability to conduct needs assessment, respond to small displacement flare-ups, engage in capacity building with national partners or monitor the programmes directly. Though UNICEF and other humanitarian partners, including the UN Humanitarian Country Team, advocated on this issue at all levels, access worsened consistently throughout the year. In Rakhine state, following the attacks on Border Guard Posts and subsequent security operations, all UN and NGO staff were limited to only main towns with no access to affected populations. Access will continue to be a top challenge and advocacy priority in 2017.

Despite the challenges, UNICEF remained committed to strengthening the linkages between relief, rehabilitation and development to support impactful, sustainable, local action, and consistently worked to develop the technical and operational capacities of Government departments, National NGOs (NNGO) and CBO partners. Furthermore, through its role as sector/cluster lead in WASH, Child Protection, Nutrition and Education, UNICEF focused on inclusive coordination, communication and planning with government officials and local partners, and advocated for and applied a "whole of state" approach reinforcing the importance of and focus on the holistic needs and rights of every child.

## 2. HUMANITARIAN CONTEXT

### KACHIN AND NORTHERN SHAN

Fighting between the Kachin Independence Army and government soldiers resumed in June 2011 following the collapse of a 17-year ceasefire. Widespread use of landmines, child soldiers, terror and torture have been alleged by both sides. The conflict has resulted in the deaths of thousands of people, and ongoing displacement of 87,000 civilians across 142 camps/sites. Of those displaced, 77 per cent are women and children<sup>1</sup>. Access to IDPs and other conflict-affected people significantly deteriorated in 2016, particularly to NGCA, where fighting intensified in the last quarter of 2016.

In northern Shan, fighting between ethnic armed groups and the Myanmar army caused the displacement of 12,000 people in 2016, of which 78 per cent are women and children. Of those displaced, nearly 9,000 returned to their places of origin by June 2016, while new temporary displacements occurred for the remainder of the year. Similar to Kachin, humanitarian access was mostly denied to international humanitarian organisations, leaving it to local organisations to provide humanitarian support, stretching their capacities to the limit.

Due to the escalation in fighting and restrictions on access, those affected by the conflicts in Kachin and northern Shan had significant difficulty accessing health services. This led to disruptions in outreach activities undertaken by partners, including immunisations services, as well as transportation of medicines and other health supplies. While malnutrition was not a major concern in Kachin and northern Shan in 2016, stunting and micronutrient deficiencies in children 6-59 months were high in the general population (36.1% stunting and 42.6% anemia) and slightly higher amongst IDPs (37% stunting; *no data on anemia for IDPs*). The WASH needs in IDP camps increased over the year due to newly arrived IDPs and the establishment of new camps--requiring increased funding for WASH responses. Temporary WASH infrastructure in over 150 camps/sites required frequent maintenance and operational support.

Women and children were at increased risk of gender based violence (GBV), including trafficking, Sexual Gender Based Violence (SGBV) and child marriage. Monitoring and reporting of child protection

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<sup>1</sup> 2017 Humanitarian Needs Overview: Myanmar. United Nations and Partners. Humanitarian Country Team. December 2016.

concerns was increasingly difficult due to fear of reprisals. The ongoing conflict also increased the risk of injury or death by mines or Unexploded Ordnances (UXO) and risk of forced recruitment of children into armed groups. Altogether 161 new casualties were documented in 2016 due to landmines; of these, 41 people lost their lives, including eight children.

Some 50,000 displaced and conflict-affected children remained in need of urgent education assistance, requiring increased support for pre-primary, primary and post-primary education. While Temporary Learning Centres and schools were available in most IDP camps and surrounding communities, the needs exceeded the services available. Due to the lack of post-primary learning opportunities, adolescents were particularly vulnerable to forced labour, recruitment into armed groups and exploitation.

#### RAKHINE

Poverty, inter-religious/inter-ethnic tensions, vulnerability to natural disasters, and lack of government investment make it one of the least developed places in Myanmar. As the result of inter-communal violence in 2012, 120,000 people remain displaced in camps and settlements across the state. Of these, 79 per cent are women and children.<sup>2</sup> A series of attacks on Border Guard Police posts on 9 October 2016 which left nine police personnel dead, followed by security operations by government forces, led to disruption of nearly all aid and services in Maungdaw, Buthidaung and Rathedaung townships in northern Rakhine – areas where the majority of inhabitants are Muslim.

The under-development of Rakhine State coupled with the religious conflict and lack of consistent/equitable budget allocations for social services has had a major impact on the availability and quality of basic services outside of humanitarian programmes. Children are most vulnerable, particularly displaced children, those in hard to reach/isolated areas, children from poor households, and children from minority and other groups.

Access to healthcare was severely strained in Rakhine in 2016, particularly impacting patients requiring second-level or specialized health care treatment, such as women with high risk pregnancies, HIV and TB patients. Muslims faced the greatest restrictions in access to healthcare services, having access to only one of 125 available health centres in the townships of Kyauktaw, Mrauk-U and Minbya. The state also suffers the highest rate of global and severe acute malnutrition (G/SAM) in the country (GAM 13.9 per cent; SAM 3.7 per cent)<sup>3</sup>. Acute malnutrition rates were particularly high in northern Rakhine townships, with GAM prevalence above the World Health Organisation (WHO) emergency threshold of 15 per cent (19 per cent in Maungdaw township; 15 per cent in Buthidaung township), and SAM prevalence above the internationally recognized threshold of two per cent (3.9 per cent in Maungdaw; 2 per cent in Buthidaung). Following the October events, the nutritional situation in the northern part of Rakhine further deteriorated; humanitarian services were interrupted and access to functioning treatment facilities was disrupted. During the suspension of nutrition programmes, 3,000 children in treatment for SAM and new cases of acute malnutrition went undetected and untreated, hugely exacerbating the nutritional crisis for children and pregnant and lactating women (PLW).

IDPs across the state were affected by water shortages and floods in 2016, and temporary WASH facilities in camps across the state required substantial maintenance and operational support, particularly where IDPs were affected by movement restrictions. Discrimination leading to movement and other restrictions which prevented access to essential services including healthcare and other services further impacted the psychological well-being of communities. Continued segregation in 2016 led to major protection concerns, particularly for children, including trafficking, child marriage, family separation, GBV, and child labour. Reports of child marriage during the last quarter of 2016 significantly increased. Additionally, children directly impacted by or witness to the violence in northern Rakhine in late 2016 were critically affected; their psychosocial well-being and resilience were severely shaken. The violence further impacted on the camps and communities in central Rakhine, with increased fears amongst both Muslim and Rakhine communities leading to the suspension of activities for a number of weeks.

Many children in Rakhine remained dependent on in-camp temporary education services. The recruitment and training of qualified volunteer teachers, especially female, provision of essential teaching learning materials in a timely manner, and regular maintenance and repair of facilities to ensure inclusiveness and safety of learning environment for children were major challenges in 2016.

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<sup>2</sup> Ibid.

<sup>3</sup> 2015-2016 DHS survey



Compounded by scarcity of financial resources, children were prevented from accessing their full needs and right to education.

As a result of the above restrictions to services and care in Rakhine, over 418,000 displaced and non-displaced people will continue to require support from humanitarian organizations to ensure that their basic needs are met in 2017.

### 3. HUMANITARIAN RESULTS

#### 3.1 Health

2016 PROGRAMME TARGETS AND RESULTS		Cluster / Sector 2016 Targets	Cluster / Sector 2016 Results	UNICEF 2016 Targets	UNICEF Total Results 2016
<b>HEALTH</b>					
# of conflict-affected children aged under two receive measles immunisation	Kachin	N/A	N/A	1,650	2,939
	Rakhine	N/A	N/A	30,000	6,068

UNICEF, in partnership with national and international non-governmental organizations (NGO) Myanmar Health Assistant Association (MHAA), Health Poverty Action (HPA) and Kachin Baptist Convention (KBC), provided primary health care services to children and women in conflict-affected and hard to reach areas in both Kachin and Rakhine states. Provision of basic health services to communities was carried out through various approaches such as strengthening government systems to meet health needs, as well as improving understanding and trust among staff of government, ethnic health organizations (EHO) and partner NGOs for expansion and sustainability of health services in hard- to- reach areas. Through local organizations, health interventions included: prevention and treatment of childhood illnesses; strengthening immunization services; support for control and prevention of outbreak of vaccine preventable diseases; provision of ante-natal, delivery and post-natal care to pregnant women; essential new-born care referral support; dissemination of health messages to communities; treatment-seeking behaviour; and increasing key family care practices. Support for health in emergencies was given to the Kachin State Health department for health system strengthening (HSS) to enable sustainable support for primary health care, routine immunisation, and maternal and child health (MCH). Referral support for emergency obstetric care and child illnesses was conducted through UNICEF's implementing partner, Health Poverty Action (HPA), in both areas controlled by government and ethnic armed organizations (EAO). In addition, UNICEF provided technical support the Disaster and Public Health Emergency Unit under the Department of Public Health (DPH) on preparedness and response to disasters as well as supplies and logistic support.

In 2016, a total of 62,309 consultations were conducted (25,923 Male (M) / 36,386 Female (F)) which included 29,757 children under five (15,542 M / 14,215 F) through MHAA and HPA. Against the 2016 target, 93 per cent was achieved. A lower than planned achievement occurred due to restricted access to health services by communities in three townships in northern Rakhine following the October attacks and subsequent security operations, in addition to a four month gap in services by one partner (from February to May) due to lack of sufficient funding support. Subsequently, a total of 14,878 children under five with diarrhoea (7,984 M / 6,894 F) and 8,868 children under five with pneumonia (4,286 M / 4,582 F) received appropriate treatment, including oral rehydration salts (ORS) together with Zinc tablets, and antibiotics, respectively. These two results exceeded targets 153 per cent and 191 per cent, respectively. In addition, 637 children and mothers (245 M / 392 F) were provided referral support to higher level health facilities for severe illnesses including for emergency obstetric care. UNICEF's achievement was 214 per cent against the target. Of the 298 referred cases, 210 were pregnant women who received for emergency obstetric care. Moreover, a total of 1,990 pregnant women were provided at least four antenatal care (ANC) visits by trained staff against a target of 2,050 (97 per cent achievement), and 2,235 newborns received at least three home visits with basic essential newborn care against a target of 1,170 (191 per cent achievement).

Based on lessons learned from previous years, most targets in 2016 were achieved and often exceeded the planned targets due to the increased demand of people seeking healthcare services, as well as improved capacity of staff and volunteers in prevention, diagnosis and treatment of common illnesses



including childhood illnesses, and improved quality of services leading community members to increase service utilisation. Furthermore, due to the flexibility of thematic funding received, partners were able to provide many essential services in excess of the target to address expansion of services and reduce the severity of illnesses.

Routine immunization is not provided during the mobile/outreach clinics described above due to MoH quality assurance requirements; rather it is done through traditional monthly community-based immunization services. A total of 9,007 conflict-affected children between the ages of 9 to 18 months received measles immunisations in a joint effort to expand this approach between partners and basic health staff (BHS). This result met 28 per cent of the target, due in part to the majority of BHS focusing on a polio campaign. . Starting from December 2015, with support from UNICEF and WHO, the Ministry of Health implemented an outbreak response campaign (mop-up) to cover the affected townships in Rakhine (as well as in other states and regions) with similar low coverage and susceptibility. Such polio mopping up activities were continued in early 2016 and surveillance and evaluation were continuously undertaken. In addition, due to financial constraints, another programme implemented by a UNICEF partner ceased services for four months from February to May, and recommenced activities in June.

UNICEF established standby agreements with partners in Rakhine and Kachin and northern Shan in order to provide rapid humanitarian responses when required. Moreover, in collaboration and coordination with respective state health departments and partners such as HPA, KBC, and MHAA, state health systems were strengthened through efforts to improve the capacities of health staff and volunteers in all three states and in both GCA and NGCA. As a result, capacities were developed in MCH, newborn care, immunisations through routine and non-standard approaches, supervision and monitoring, gathering health data and reporting to basic health staff by auxiliary midwife (AMW) and health volunteers. Due to expanding routine immunisations in some conflict-affected areas of Kachin with successful coordination and collaboration between government health staff, EHO and NGO partners, coverage substantially increased in the state.

Capacity building of health volunteers improved as well as enabled communities in hard to reach and or uncovered areas to also enjoy the basic health services. Strengthening linkages between BHS and health volunteers supported an expansion of provision in quality basic health services especially in hard-to-reach areas and improved sustainability and cost-effectiveness. Moreover, effective coordination with government and local EAOs allowed successful role out of activities and establishment and improvement of trust among health providers including HPA staff and people in the communities.

### 3.2 **Nutrition**

2016 PROGRAMME TARGETS AND RESULTS		Cluster/ Sector 2016 Targets	Cluster/ Sector 2016 Results	UNICEF 2016 Targets	UNICEF Total Results 2016
<b>NUTRITION</b>					
# of children aged 6-59 months with SAM admitted to therapeutic care	Rakhine	11,300	12,291	5,500	10,232
# of children aged 60-108 months with SAM admitted to therapeutic care	Rakhine	4,700	5,453	1,500	4,686
# of children aged 6-59 months receiving micronutrient supplementation	Kachin	8,893	1,617	2,500	1,617
	Rakhine	53,719	25,675	20,000	25,675
# of pregnant and lactating women receiving micronutrient supplementation	Kachin	3,744	1,622	1,500	1,622
	Rakhine	11,983	14,460	8,000	14,460
# of pregnant and lactating women access infant and young child feeding counselling	Kachin	5,000	10,292	3,400	7,266
	Rakhine	11,983	14,186	3,600	12,159
<b>Notes</b>					
In Myanmar, Education and Nutrition are sectors, not clusters.					

In 2016, UNICEF continued to provide nutrition support to all vulnerable communities, including host communities in remote areas of Rakhine, Kachin and northern Shan. This included nutritional support to children and women affected by crisis and conflict, focusing on treatment of SAM (Rakhine only), multi-micronutrient supplementation and promotion of appropriate IYCF practices.

In Kachin, UNICEF's intervention focused on micronutrient supplementation for children under five and PLW as well as on IYCF counselling. The number of children who received micronutrient

supplementation reached 64.7 per cent of the planned target. This was primarily due to lack of funds as well as limited nutrition technical partners present in Kachin, where UNICEF had only one partner – HPA – in 2016. Reporting on micronutrient supplementation and IYCF counselling targeted to PLW shows that the targets were exceeded. However there were weaknesses in the partner tracking and reporting systems that likely lead to double counting, e.g. PLW that accessed IYCF sessions more than once may have been double counted. Consequently, UNICEF has pursued discussions with partners on how to improve the system to improve tracking and monitoring in 2017.

In Rakhine, all targets were reached for SAM treatment, micronutrient supplementation and IYCF counselling. However, challenges were experienced in terms of the quality of SAM treatment provided. Mainly, the cure rate did not reach the International SPHERE standard of > 75 per cent (2016 cure rate was 67.2 per cent). This was due to a high defaulter rate—most likely as a result of cultural barriers, social norms, and lack of transport. The October 2016 military operations in northern Rakhine further exacerbated default rates when all treatment activities were suspended. Performance indicators were particularly poor for children under five, especially girls under five, which showed higher default rates than other groups as well as a higher non-respondent rate. These are currently being investigated and analysed among UNICEF and partners, and concrete recommendations to improve performance indicators will be proposed in 2017, including stronger community mobilisation.

In order to achieve results in Rakhine and Kachin and northern Shan, UNICEF signed a partnership agreement with four NGO partners: Action Contre le Faim (ACF), Save the Children (SCI) and MHAA in Rakhine, and HPA in Kachin. However, lack of funding and of additional technical partners operating in these areas was a constraint to strengthening community-based mobilisation and Social Behaviour Change Communication (SBCC) messages for increased uptake of services and improved health, hygiene and nutrition practices.



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UNICEF provided technical assistance to NGO partners, as well as procured nutrition supplies, including Ready-to-Use Therapeutic Foods (RUTF), and micronutrient powders. UNICEF also led the Nutrition sector to coordinate the humanitarian nutrition response in-country. The sector met regularly at the national and sub-national level to discuss delivery of humanitarian nutrition interventions, bottlenecks encountered and to analyse nutrition programme data.

### 3.3 Water, Sanitation and Hygiene

2016 PROGRAMME TARGETS AND RESULTS		Cluster/ Sector 2016 Targets	Cluster/ Sector 2016 Results	UNICEF 2016* Targets	UNICEF Total Results 2016*
<b>WASH</b>					
# of people (women, men, boys and girls) have equitable access to sufficient and sustainable quantity of safe drinking and domestic water	Kachin	122,728	67,365	25,000	32,502
	Rakhine	308,418	260,377	35,000	39,292
	Floods**	11,000	10,528	300,000	249,301
# of people (women, men, boys and girls) have equitable access to safe and sustainable sanitation facilities	Kachin	122,728	72,339	25,000	29,743
	Rakhine	308,418	283,126	35,000	30,303
	Floods**	11,000	10,528	300,000	85,734
# of people who have basic knowledge of diarrhoeal disease transmission and prevention	Kachin	122,728	40,296	25,000	29,809
	Rakhine	308,418	201,040	35,000	41,298
	Floods**	11,000	10,528	300,000	104,199

\* UNICEF figures include targets and results beyond geographic scope of HRP under Cluster targets.

\*\* UNICEF flood response figures includes end of response to 2015 floods, el Nino related water shortage and 2016 floods.

UNICEF, in partnership with Karuna Myanmar Social Services (KMSS), Nyein Foundation (Shalom), Solidarities International, Save the Children and Health Poverty Action (HPA) reached 25 per cent of the overall targeted population in Kachin and northern Shan and achieved 2016 targets. However, due to funding shortages in the first quarter of 2016 there were gaps in the response. UNICEF, partners and the WASH Cluster advocated with donors to successfully increase funding to cover major gaps. Funding in 2016 remained short-term which impacted the programme's scope for changing approaches and put limits on cost-effective opportunities.

Access to many of the IDP camps in NGCA in Kachin and northern Shan remained a major challenge throughout 2016 and impacted on overall quality of services delivered. Multiple small-scale temporary displacements related to armed conflict required multiple small-scale responses and Cluster coordinated actions throughout the year.

The focus in 2016 continued to be operation and maintenance of existing temporary WASH facilities in IDP camps, and capacity development of camp management committees (CMC). Through interventions with partners KMSS and Shalom, UNICEF worked to harmonize WASH committee management approaches with the Camp Coordination and Camp Management (CCCM) Cluster to simplify reporting procedures for partners and move towards eventual integration of basic WASH services with camp management structures as part of an eventual exit strategy.

UNICEF built capacity of local partners in Kachin through trainings in water quality monitoring and faecal sludge management. Improved water quality testing methods were put in place by Shalom in 2015 and this was expanded to other partners in 2016 to include camp level water safety planning activities. More training and capacity building in this area is still required. In all its activities in Kachin, UNICEF and its partners placed a special focus on increased involvement of municipal authorities in urban camps within their jurisdiction. First successes of this advocacy work were documented towards the end of 2016 with municipal authorities getting more involved in solid waste management in some camps within the urban boundaries of Kachin's capital. Local authorities were invited to all capacity building events for cluster partners in Kachin and northern Shan and collaboration in GCA was strengthened. This approach led to benefits for the wider community and aimed at bridging the humanitarian-development divide where possible.

UNICEF, in partnership with five international NGOs (Oxfam, Danish Refugee Council, Solidarities International, International Rescue Committee, and Relief International) reached 12 per cent of the WASH Cluster targets in Rakhine. These partners were primarily IDPs in rural townships of central Rakhine where relatively small camps have highly vulnerable populations that required continued support. In the Rakhine context it is paramount to highlight that UNICEF continued to fulfil its role as provider of last resort and provided funding to partners working in the most remote camps where costs are high. The flexibility of thematic funding was, and remains, essential to reaching beneficiaries in these areas. Beneficiary targets were not reached in 2016 due to funding gaps that were especially acute in the first quarter of 2016. Through the Cluster, other funds were mobilised to temporarily cover most gaps and prioritisation was given to camp communities with limited freedom of movement.

As in Kachin, the focus lay on operation and maintenance of existing WASH facilities and pushing for better integration with camp management agencies to seek efficiencies and better long term, harmonized approaches in Rakhine. Some progress was made with improvement of gender-sensitive hygiene promotion activities including Menstrual Hygiene Management (MHM). In total, UNICEF was able to provide assistance to an estimated 8,500 girls and women on MHM.



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Following the military operation in northern Rakhine in October 2016, UNICEF was amongst the first to gain access to communities directly affected and delivered humanitarian assistance. In December 2016



UNICEF distributed 2,902 Hygiene Kits to vulnerable populations in Maungdaw Township reaching an estimated population of 15,000 people.

The 2015 Flood Response WASH activities were completed within the first half of 2016. Under the 2016 HRP flood beneficiaries included the remaining IDP camps in northern Sagaing and Chin State where communities lost their homes due to floods and landslides. Support went to providing basic WASH services in camps while relocations to new homes were completed by the GoM.

Outside of the planned HRP populations, UNICEF responded across five states and regions through three local CSOs, six INGOs and two government departments. Secondary impacts of flood damage together with a strong La Niña led to extreme water shortages in many parts of the country from April – June 2016 that exceeded coping capacities of communities and the government. Through partners, UNICEF provided emergency water treatment, bulk water storage and limited water trucking activities in critical locations. In August 2016, Myanmar was hit with heavy flooding in Mandalay and Magway regions. UNICEF supported a limited 2016 Flood response through the Myanmar Red Cross Society (MRCS) and government partners to deliver emergency water treatment and hygiene kits to temporarily displaced populations reaching an estimated 54,000 people. Finally through the flexibility of thematic funding UNICEF was able to respond to displacements in the South East of Myanmar through its partner, Norwegian Refugee Council (NRC), who distributed hygiene kits and bleaching powder to reach 5,700 beneficiaries in a large camp in Kayin State.

### 3.4 Child Protection

2016 PROGRAMME TARGETS AND RESULTS		Cluster/ Sector 2016 Targets	Cluster/ Sector 2016 Results	UNICEF 2016 Targets	UNICEF Total Results 2016
<b>CHILD PROTECTION</b>					
# of children with access to psychosocial support and case management services, through safe spaces and individual counselling	Kachin	N/A	N/A	40,000	20,069
	Rakhine	N/A	N/A	60,000	30,095
# of adolescents provided with life-skills to prevent negative coping mechanisms	Kachin	N/A	N/A	3,000	16,170
	Rakhine	N/A	N/A	5,000	20,508
# of children released from armed forces and groups *	See notes	N/A	N/A	N/A	101
<b>Notes</b>					
* The number of children released from armed forces and groups is specific for 2016. The cumulative figure since 2012 is 807.					

In 2016, UNICEF worked with three partners in Kachin and northern Shan to provide access to psychosocial services to children affected by the armed conflict. An emphasis was placed on providing activities for adolescents, identified as the most at risk population during the conflict, with limited access to schooling and increased risks of resorting to negative coping mechanisms. UNICEF supported the sector to roll out an adolescent programme for boys and girls, supporting with a life skills toolkit to support the development of resilience and individual protective skills amongst adolescents. The analysis of participation showed that there were more girls than boys participating, which could be related to the content and timing of the sessions, as well as that boys. Boys are more difficult to reach as they are often out looking for work or are involved in some sort of labour. As a result of this analysis steps have been taken to add modules of interest for boys, increasing information on mine risks and to modify the implementation of the life skills programme by merging life skills with business/vocational skills training to encourage interest and participation from male adolescents.

In 2016, 20,069 boys and girls in Kachin and northern Shan had improved access to qualified case management services for child victims of violence, sexual abuse, exploitation, trafficking and child marriage. Case management services were developed in Kachin and northern Shan through partnerships with UNICEF and in collaboration with the developing Department of Social Welfare (DSW) Social Work system. Community-based child protection mechanisms to identify and refer cases were developed throughout the course of the year and were supported by a limited number of case workers. There were challenges in setting up these systems due to funding gaps and an increased need for monitoring visits to the field for capacity building and intensive on-the-job support and coaching required for complex cases.

The results reported for psychosocial services and case management services reflect the number of children accessing services, which increased throughout the year. The number of children who had access to, but not necessarily using these services, was based on camp population statistics and therefore significantly greater.

In Rakhine, adolescents were identified as a particularly vulnerable group due to movement restrictions and the resulting lack of access to services. All four UNICEF Child Protection partners reported that girls were more difficult to reach than boys, due to the cultural and religious practices in the Muslim camps and communities.



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Evaluations from the partners suggested that the term 'youth' was not well understood in the communities. Girls who reached puberty are viewed as in need of extra protection, thus often confined to the home and surrounding areas. Life skills were also not well understood by the communities and therefore not valued. This led to a low achievement against the target set. However, through an adolescent roundtable, different strategic approaches were employed by the partners to increase the participation of girls. Some successful examples shared included:

home-to-home sessions with small numbers of girls participating; recruitment of more female facilitators; parents receiving sessions on life skills to support their understanding of the objective of life skills programmes as part of prevention of abuse; and merging life skills programmes with Myanmar lessons or vocational trainings. These approaches resulted in an increase in the number of adolescent girls participating in the programme.

In 2016, 30,095 boys and girls in Rakhine had improved access to qualified case management services for child victims of violence, sexual abuse, exploitation, trafficking and child marriage. The national Case Management Standard Operating Procedures were adopted in Rakhine as part of linking humanitarian case management systems with national level systems building. The development of the child protection information management system to store all case management cases beyond only family tracing and reunification also supported the analysis of the child protection situation in central Rakhine. This will be further developed in 2017.

UNICEF, as the co-chair and secretariat of the Country Task Force for Monitoring and Reporting (CTFMR), led on monitoring the implementation of the Joint Action Plan (JAP) to end and prevent the recruitment and use of children in the Myanmar Armed Forces (signed in June 2012). The CTFMR monitored JAP compliance with military units, including Border Guard Forces, at 15 facilities in 2016. To monitor and report on grave violations against children—including forced recruitment and use, maiming and killing, rape and sexual violence, abduction, attacks on schools and hospitals, and denial of humanitarian access—a nationwide network of organisations conducted awareness-raising sessions taught communities how to identify and report on the grave violations. A total of 37 new organizations and 313 people were trained on the Monitoring and Reporting Mechanism (MRM) by UNICEF. The national hotline used by any citizen to report underage recruitment received 383 complaints in 2016 – an average of 30 cases per month. The National Awareness Campaign on the prevention of underage recruitment is ongoing with activities implemented by UNICEF through its implementing partners. Distribution of hotline cards at the grassroots level was implemented through 14 CBOs/CSOs, three NGOs and two INGOs countrywide. In addition, 101 children and youth formerly serving in the Myanmar Armed Forces were reintegrated in 2016, receiving medical support, formal education support, vocational training and/or income generation support, for a total of 807 children and young people released since the signature of the JAP in 2012.

In addition, the CTFMR engaged with all listed armed groups and accelerated dialogue with five groups to encourage the development of action plans to address and prevent the recruitment and use of children.

UNICEF continued to co-chair the Mine Risk Working Group (MRWG) at the national level and in four states. The MRWG members, consisting of 12 Government Ministries/Departments and over 40 NGOs, INGOs and CBOs, continued to meet, shared progress and challenges, and prioritized MRE and Victim Assistance interventions. Through a partnership with two INGOs, a total of 114,946 people, including 64,174 children and 50,772 adults, were reached through direct Mine Risk Education (MRE) messages in both GCA and NGCA in areas most affected by landmines and other Explosive Remnants of War (ERW). In addition, UNICEF enhanced the MRE capacity of the Department of Education (DoE) through training and technical support. In 2016, 85 DoE Officials including Directors and Township Education Officers from 37 townships participated in the trainings and workshops organized by UNICEF and partners. As a result, with support from UNICEF, the DoE was able to identify and prioritize the targeted locations, common methodologies and an appropriate timing to conduct MRE in schools. As a result, over 72,000 children will be reached with MRE lessons in 2017.

A common MRE toolkit based on Knowledge Attitude and Practice (KAP) findings was approved by the Myanmar government in 2016. UNICEF produced 500 sets of the common MRE toolkit which includes a bag, flip chart, leaflet, posters and user's guide. The trained teachers, youth facilitators and Emergency MRE (EMRE) focal persons received toolkits to provide MRE in mine-affected areas. The training and rollout of the common MRE tool kit is ongoing. UNICEF will continue to support and monitor the effective use of the toolkits in 2017.

In partnership with MRCS, 18 children (11 boys and 7 girls) who were survivors of landmines/ERW received appropriate child protection services including emergency medical services and counselling in 2016.

### 3.5 Education

2016 PROGRAMME TARGETS AND RESULTS		Cluster/ Sector 2016 Targets	Cluster/ Sector 2016 Results	UNICEF 2016 Targets	UNICEF Total Results 2016
<b>EDUCATION</b>					
# of emergency affected children accessing primary or pre-primary learning opportunities	Kachin	16,363	9,395	10,000	5,839
	Rakhine	34,724	34,304	31,000	23,043
# of adolescents who access middle school or non-formal post-primary education in safe learning spaces	Kachin	12,622	3,818	3,100	3,297
	Rakhine	17,737	6,053	5,000	3,273
<b>Notes</b>					
In Myanmar, Education and Nutrition are sectors, not clusters.					

In Kachin, funding gaps and escalation of internal conflict impeded achievements against the desired results both by UNICEF and the EiE sector.

UNICEF co-led the EiE sector, and also supported the greatest achievements; UNICEF's support to EiE programming contributed towards 66 per cent of the sector results for access to pre-primary and primary learning opportunities, and towards 67 per cent of access to post-primary learning opportunities.

Children affected by armed conflict in NGCAs live in hard-to-reach areas along the Myanmar-China border. Partnerships with active local NGOs provided avenues to deliver the services to those children through Programme Corporation Agreements (PCAs) and Small-Scale Funding Agreements (SSFA). UNICEF as sector co-lead at the national and sub-national levels played a major role in mobilising resources, building capacity of National CSOs, coordinating timely responses and maintaining continuous advocacy with Government stakeholders.

Gender-segregated data collection, validation and updating was a major bottleneck. With technical support from UNICEF, sector partners conducted trainings for volunteer teachers and caregivers.



Children's access to quality education was ensured through refresher trainings and mobilization of Parents -Teachers Association (PTA) who received awareness on the importance of education (for boys and girls) and participation in teaching learning processes in schools and TLSs.

A major challenge for IDP students in Rakhine—especially within Muslim communities—through 2016 was the movement restrictions of IDP in camps. UNICEF contributed to 90.3 per cent and 54 per cent of EiE sector results for pre-primary/primary and post-primary learning opportunities, respectively. Due to severe underfunding of both the EiE sector and UNICEF, the desired results could not be fully achieved.



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UNICEF worked to mobilised resources together with EiE sector partners to access available funding platforms such as the Myanmar Humanitarian Fund (MHF).

Through PCAs, teachers' trainings and refresher trainings were conducted for volunteer teachers from IDP camps. In addition to formal EiE support for education supplies and TLS construction and maintenance, UNICEF participated in addressing girl's education issues with strong cross-sectoral convergence to Child Protection, WASH and C4D. Moreover, UNICEF provided trainings on integration of Disaster Risk Reduction (DRR) and EiE activities to State Education Department (SED) officials, head teachers, teachers, children and communities as part of school improvement plans to support mitigation of disasters and linkages with development.

### 3.6 **Disaster Risk Reduction**

UNICEF and the Relief and Resettlement Department (RRD) of the Ministry of Social Welfare Relief and Resettlement (MSWRR) initiated implementation of its Multi Year Work Plan (MYWP) 2016/2017 with the aim to increase capacity at National and sub-national levels to incorporate child-sensitive elements of DRR and resilience building. UNICEF, through its MYWP, assured RRD prepositioned family kits and facilitated inter-agency warehouse management training, equipped the Emergency Operation Centre, and together with the DRR Working Group produced child-sensitive Information Education and Communication (IEC) materials on eight hazards in Myanmar, both in print and audio-visual for distribution in multiple ethnic languages. UNICEF enhanced RRD capacity with regards to Harmonised Approach to Cash Transfers (HACT) to establish common principles and processes for RRD to manage funds transfer from external agencies.

In 2016, UNICEF enhanced its emergency preparedness in Myanmar and improved its response capacities through lessons learnt during the 2015 floods as well as 2016 Cyclone Roanu, the latter for which UNICEF received commendation from the Government of Myanmar. UNICEF also prepositioned supplies to meet the needs of 20,000 affected children and families in all of UNICEF's key areas of work. In addition, UNICEF participated in a cash feasibility study and return on investment study with other UN colleagues to investigate opportunities for increase effectiveness of programming in the future. UNICEF also continued to solidify its network of partners for emergency response through standby partnership agreements and participated in Government-led inter-agency simulation exercises.

UNICEF was deeply engaged in the review and updating of the next Myanmar Action Plan on DRR (MAPDRR) and will continue on its the Technical Task Force and Technical Working Groups until its completion due in June 2017. UNICEF seeks to address weaknesses of the previous MAPDRR in strengthening the meaningful inclusion and prioritisation of most at-risk groups and communities throughout the process, 'leaving no one behind'. UNICEF continued to have an active role on the Steering Committee and as a member of the Policy Task Force of the DRR Working Group.

UNICEF was also a technical partner to the Myanmar Consortium on Capacity Development of Disaster Management and developed and delivered training on Inclusive DRR to 194 participants from the RRD, General Administration Departments (GAD), Department of Planning, Department of Social Welfare, Department of Health, Department of Fire Service, DoE, MRCS, CSOs, members from the National League for Democracy (NLD) and community volunteers. This training ensures that children, disabled and elderly are considered when DRR plans are being made and implemented.

UNICEF in partnership with UN Development Programme (UNDP) and UN Volunteers (UNV) reviewed RRD's programme for DRR Youth Volunteers and produced the DRR Youth Volunteer Programme Strategy. The project supported RRD to pilot the Strategy's implementation in nine townships of Mon and Rakhine states and Ayeyarwaddy Region in Myanmar.

#### 4. MONITORING & EVALUATION

UNICEF Myanmar's HPM reporting database enabled strategic progress monitoring against core humanitarian indicators in 2016. The HPM aided the Country Office in focusing on higher frequency monitoring of a set of key indicators per the UNICEF CCC, notably those identified in the "2016 Humanitarian Action for Children" appeal.

Data from the HPM was combined with that gathered through the "4W" matrices set up by individual programmes and clusters to track performance against humanitarian targets as set out in the 2016 HRP. Together with field office reporting on barriers and bottlenecks, the HPM enabled senior management to track the quality of programming across the humanitarian operations, and provided the opportunity to re-programme if deemed necessary.

#### 5. FINANCIAL ANALYSIS

**Table 1a: 2016 Funding status against the appeal by Sector (in USD)**

Sector	Requirements	Funded available as of 31 Dec 2016*	% Funded
Health	4,500,000	749,428	17%
Nutrition	3,500,000	2,433,750	70%
Water, Sanitation & Hygiene	5,000,000	4,595,216	92%
Child Protection	6,760,000	4,955,482	73%
Education	4,700,000	742,740	16%
Cluster/Sector Coordination**	500,000	927,323	185%
<b>TOTAL</b>	<b>24,960,000</b>	<b>14,403,940</b>	<b>58%</b>
*Funds received includes cost recovery and carry-forward that falls within the scope of the 2016 HAC. It excludes carry forward specific to the 2015 Floods.			
**Funds classified under Cluster/Sector Coordination included DRR.			

The figures in **Table 1a** above present funding received against the 2016 HAC for the protracted crises in Rakhine, Kachin and northern Shan only, and 2015 carry forward that also falls within its scope. Carry forward specific to the 2015 Floods are not included in the above table, as these funds were not used for the humanitarian crises identified in 2016 HAC appeal. As example of this is carry forward in the amount of \$9.84 million specific to school construction for flood-affected communities in Rakhine, which if included in the HAC table above would significantly skew the picture of funding for Education. To view funding status against the 2016 HAC appeal which includes carry forward from the 2015 floods, please see **Table 1b** below.

In reference to **Table 1a** above, against an appeal of US\$ 24.96 million, US\$ 14.4 million was received -- a gap of 42 per cent. Funding helpfully contributed to results for children, but fell below the required needs to effectively stop gap lack of health and nutrition services, WASH and education facilities and services, and access to protection. To gain the most of its funding, UNICEF strategically combined and applied different funding sources, including Central Emergency Response Fund (CERF) lifesaving assistance, flexible thematic resources, and donor assistance for emergency preparedness and DRR.

In 2016, UNICEF's Health sector received funding from Canada, Denmark, Japan and through Global funding in the combined amount of US \$749,428. This contributed to 17 per cent of the HAC funding requirement for Health in 2016. Due to the underfunding, a programme gap of about four months occurred in both Rakhine and Kachin. This greatly impacted the coverage of measles immunisations and reduced coverage of outreach basic health services, particularly in Rakhine State. However, due to the flexibility of the thematic funding received, partners were able to provide many essential services in excess of the target to address expansion of services and reduce the severity of illnesses. Another contributing factor to achieving humanitarian results was the bridging of humanitarian and development interventions, leveraging funds from the development programme.

The Nutrition sector was funded 70 per cent against its appeal with significant contributions from USAID Food for Peace, OFDA, Japan and Denmark together with Global thematic funding. With a 30 per cent funding shortage the sector's results were partially limited, including its ability to increase coverage of community-based interventions, such as community IYCF, community mobilisation and SBCC activities, which are essential to improve uptake of services and behaviour changes in terms of prevention of malnutrition. While the Nutrition Cluster members continued to respond to the high SAM caseload observed, acute malnutrition can only be fully and sustainably addressed if long term multi-sectorial interventions from nutrition development actors as well as stakeholders in WASH, Health, Livelihoods, Food Security, and Agriculture are implemented. Funding to strengthen these long term multi-sectorial community interventions was also lacking in 2016.

The UNICEF WASH sector was close to fully funded in 2016 with funding from major donors in the UK, US, Turkey, and Denmark. Focus was placed on maintenance of temporary WASH infrastructures, which remained extremely costly in 2016 due to lack of investment in previous years, and as facilities continue to deteriorate faster than they can be repaired. In 2016, prioritisation of funds was devoted to ensuring a minimum level of coverage for IDPs living in camps across Rakhine, Kachin and northern Shan.

In all, the Child Protection programme was 73 per cent funded primarily through funding from the EU, Switzerland, Denmark, Japan, US and Canada, which enabled the section to maintain existing programming in humanitarian affected areas and to establish a new protection presence in northern townships of Rakhine. In addition, considerable funding was received through Global Thematic. However, limitation of funding did not allow UNICEF to fill critical human resource needs, particularly for child protection positions at the field office level. In addition, limitation of funding s limited preparedness and investment in local networks that could play a critical role in accessing non-government controlled areas within Kachin.

The Education sector received only 16 per cent of its 2016 HAC funding requirement primarily from the governments of Denmark, Japan and Kuwait as well as Global Thematic funding. This severe lack of funding in the sector significantly hampered UNICEF and partners' achievements during the year, and this is expected to have a continuing affect into 2017; partners will remain challenged in finding the necessary resources to enable children access to quality education and life skills programmes.

Funding for DRR was classified under Cluster/Sector Coordination, as no separate line was given for the sector in the 2016 HAC. Primarily UK and Japan funds were used to enhance emergency preparedness and response capacities.

UNICEF acknowledges the generous support from Donors, which gratefully enabled programmes to proceed in 2016, reaching children and other vulnerable persons in need, yet seeks to maintain a level of support that will assure more children can have access to their full rights in 2017. UNICEF aims for improved integration in 2017, which it hopes will promote Donor's investment in the lives of children in Myanmar.

**Table 1b: 2016 Funding status against the appeal by Sector (in USD)**  
(Including all carried forward from 2015)

Sector	Requirements	Funded available as of 31 Dec 2016*	% Funded
Nutrition	3,500,000	2,433,750	70%
Health	4,500,000	812,128	18%
Water, Sanitation & Hygiene	5,000,000	5,174,506	103%
Child Protection	6,760,000	4,978,925	74%
Education	4,700,000	10,647,570	227%
HIV/AIDS	-	-	
Cluster/Sector Coordination	500,000	927,323	185%
<b>TOTAL</b>	<b>24,960,000</b>	<b>24,974,201</b>	<b>100%</b>
*Funds received includes cost recovery and all carried forward from 2015			

**Table 2: Funding Received and Available in 2016 by Donor and Funding Type (in USD)**

Donor Name/Type of funding	Programme Budget Allotment (PBA) reference	Programmable Amount 2016*	Re-phased to 2017 *	Total Programmable Amount *
<b>I. Humanitarian funds received in 2016</b>				
<b>a) Thematic Humanitarian Funds</b>				
<a href="#">See details in table 3</a>	<a href="#">SM149910</a>	620,770	592,212	1,212,982
		620,770	592,212	1,212,982
<b>b) Non-Thematic Humanitarian Funds</b>				
Canada	SM160150	208,073		208,073
Canada	SM140137		-	-
Denmark	SM160168	318,916	790,974	1,109,890
Kuwait	SM160250	38,878	8,741	47,619
Turkey	SM160304	198,161	754,220	952,381
<a href="#">The United Kingdom</a>	<a href="#">SM150476</a>	144,747	16,966	161,713
<a href="#">USA (USAID) OFDA</a>	<a href="#">SM140271</a>	791,220	1,647,699	2,438,918
USAID/Food for Peace	SM160458	163,727	176,273	340,000
Switzerland	SM160137	376,011		376,011
European Commission/ECHO	SM160190	244,089	280,522	524,611
European Commission/ECHO	SM160242	276,748	241,595	518,343
<b>b) Total Non-Thematic Humanitarian Funds</b>		<b>2,760,570</b>	<b>3,916,990</b>	<b>6,677,559</b>
<b>c) Pooled Funding</b>				
CERF grants		-	-	-
<b>d) Other types of humanitarian funds</b>		<b>-</b>	<b>613,430</b>	<b>613,430</b>
USAID/Food for Peace	KM160054		547,830	547,830
USAID/Food for Peace	KM160055		65,600	65,600

<b>Total humanitarian funds received in 2016 (a+b+c+d)</b>		<b>3,381,340</b>	<b>5,122,632</b>	<b>8,503,972</b>
<b>II. Carry-over of humanitarian funds available in 2016</b>				
<b>e) Carried over Thematic Humanitarian Funds</b>		<b>778,237</b>	<b>723,815</b>	<b>1,502,052</b>
<b>Thematic Humanitarian Funds</b>	<b>SM149910</b>	778,237	723,815	1,502,052
<b>f) Carried over of non-thematic humanitarian funds</b>		<b>3,830,327</b>	<b>7,854,147</b>	<b>11,684,474</b>
<b>Japan</b>	SM150488	2,055,215	7,054,044	9,109,259
<b>The United Kingdom</b>	SM130487	117,638	473,504	591,142
<b>The United Kingdom</b>	SM150476	81,420	9,544	90,964
<b>USA (USAID) OPDA</b>	SM140271	59,554	124,020	183,575
<b>The United Kingdom</b>	SM150317	126,241	177,854	304,095
<b>Japan</b>	SM150137	1,230,021	15,100	1,245,121
<b>Japan</b>	SM150393	160,238	81	160,319
<b>g) Carried over of CERF Grants</b>		<b>1,586,776</b>	<b>2,576</b>	<b>1,589,352</b>
<b>UNOCHA</b>	SM150445	467,290		467,290
<b>UNOCHA</b>	SM150446	183,402		183,402
<b>UNOCHA</b>	SM150456	252,223	6	252,229
<b>UNOCHA</b>	SM150457	163,630	261	163,891
<b>UNOCHA</b>	SM150380	441,581	453	442,034
<b>UNOCHA</b>	SM150385	58,597		58,597
<b>UNOCHA</b>	SM150384	20,053	1,856	21,909
<b>Total carry-over humanitarian funds</b>		<b>6,195,340</b>	<b>8,580,538</b>	<b>14,775,878</b>
<b>III. Other sources</b>				
<b>Regular resources diverted to emergency</b>				
<b>Total other resources</b>		-	-	
<b>Grand Total</b>		<b>9,576,680</b>	<b>13,703,170</b>	<b>23,279,850</b>
<i>Programmable amount of donor contributions Including rolled over amount to 2017 (excluding recovery costs)</i>				

**Table 3: Thematic Humanitarian Contributions Received in 2016 (in USD)**

<b>Donor</b>	<b>Grant Number</b>	<b>Programmable Amount (in USD)</b>	<b>Total Contribution Amount (in USD)</b>
<b>Luxembourg Committee for UNICEF</b>	SM1499101186	12,982	13,696
<b>Allocation from EMOPS: Global Thematic allocation</b>	SM149910	1,200,000	1,265,995
<b>TOTAL</b>		<b>1,212,982</b>	<b>1,279,691</b>

## 6. FUTURE WORK PLAN

In 2017, UNICEF Myanmar aims to contribute to results for children. The 2017 HRP and HAC defined priorities in Health, Nutrition, WASH, Child Protection and Education target the most vulnerable children, women and men facing multiple years now of protracted crises in Rakhine, Kachin and northern Shan. UNICEF interventions will seek to continue to strengthen government systems to manage all phases of emergency preparedness and response, and will continue to advocate for support to the most vulnerable and to build community resilience.

Key activities planned for 2017 are as below:

In Health, providing quality basic PHC services to conflict and disaster-affected people, including host communities; strengthening MNCH services with increased attention to children with disabilities; improving the referral system to hospitals including inpatient services and weekend operations; training qualified displaced persons in auxiliary health care to address critical shortages of trained healthcare workers; and strengthening health education in particular for the prevention of communicable diseases. The emphasis will be to strengthening routine immunization and supporting introduction of a vaccine for Japanese Encephalitis to improve immunization coverage as well as MNCH for conflicted affected people including IDPs in Rakhine, Kachin and Shan states. In addition, UNICEF will support the disaster and public health emergency unit under DPH in preparedness and emergency response as well as participate in health cluster activities in coordination and collaboration with WHO and cluster partners.

In Nutrition, strengthening and improving access to Integrated Management of SAM, with a focus on children between five to nine years of age, particularly those in the northern townships of Rakhine where the prevalence of GAM among children 6-59 months old is above the WHO emergency threshold; promoting appropriate IYCF practices, through a variety of interventions such as counselling, behaviour change communication, and cooking and feeding demonstrations; and supporting micronutrient supplementation provided to children and PLW.

In WASH, scaling up WASH responses in anticipation of continued deterioration of the humanitarian situation in Rakhine, Kachin and northern Shan leading to more and multiple displacements; maintaining basic WASH services in existing IDP camps; building emergency preparedness to support government and CSO partners across the country including seeking new opportunities to strengthen linkages between the government and civil society; strengthening water quality monitoring along with water safety planning as a state wide approach that is inclusive of IDP sites; continuing provision of safe water and sanitation services; conducting multi-sector needs assessments with a focus on women and girls; coordinating the promotion of safe hygiene and nutritional practices in collaboration with Health, Protection, Nutrition and Food Security actors; and supporting implementation of new government-led WASH related strategies, policies and disaster management laws, guidelines and coordination initiatives.

In Child Protection, fostering convergence between development and humanitarian response through improved integration between emergency case management and the Government-led social work system building where possible; mainstreaming Child Protection in line with the Protection sector and GBV sub-sector; supporting government and local organisations to deliver child protection services; improving the quality of adolescent programming through capacity building workshops; developing a 'communication for communities' toolkit to broaden the network of organisations nationwide to prevent grave violations against children and to inform the MRM on the six grave violations against children; conducting monthly monitoring missions to military units to ensure the implementation of the JAP; continuing dialogue with the Government and Non-State Actors groups to implement similar action plans with listed groups for recruitment and use of children; continuing to co-chair the CTFMR to lead the implementation of the JAP with the Myanmar military; rolling out of common MRE tool kits; identifying and training youth MRE facilitators and Emergency MRE focal persons in order to provide MRE to children, adolescents and adult populations; organising MRE training for schools teachers and mobile teachers operating in NGCAs and equipping them with MRE common tool kits in partnership Myanmar Indigenous Network of Education (MINE) including the Council for Rural Education Department (CERD); and continuing to co-chair MRWG at the national and state level to foster and enhance cross-ministerial collaboration as well as the linkages across the different humanitarian and development sectors to address the issues of landmines/ERW.

In Education, continuing to support pre-primary, primary and adolescent education services; strengthening adolescent learning opportunities in non-formal settings; aligning humanitarian education



support with formal education services and advocating for inclusion of EiE in government education planning; maintaining/providing education hardware – TLS and facilities and teaching/learning materials – and training of volunteer teachers; continuing UNICEF support for EiE sector coordination at the national and sub-national levels; sustaining advocacy enrolment of IDP students from NGCA; continuing to advocate for provision of teaching learning materials for IDP students; maintaining EiE assistance through local partners when necessary; providing technical assistance to partners for resource mobilization; and coordinating with State education officials.

## **7. EXPRESSION OF THANKS**

UNICEF would like to extend a heartfelt thanks to all donors and the National Committees who generously supported our work in 2016, enabling crucial humanitarian assistance in reaching those who needed it most in a year of protracted crises and disaster swiftly changing environment. UNICEF Myanmar would also like to thank the Government of Myanmar, international and local NGO partners and sister UN agencies for their cooperation and active collaboration. Together we have achieved significant results for children, helping them survive and progress despite the challenges they are facing in the crisis-affected areas of Myanmar.