



Photo: UNFPA Myanmar



Situation Report #8

UNFPA maintains Critical Health and Protection Services in Myanmar

Country:	Myanmar
Emergency type:	Earthquake
Start Date of Crisis:	March 28, 2025
Date Issued:	May 25, 2025
Covering Period:	May 14, 2025 to May 23, 2025
Contact Persons:	Jaime Nadal Roig, UNFPA Myanmar Country Representative nadal@unfpa.org

Key Figures



17.2 million

Estimated total population in the key affected areas



4,644,000

Women of reproductive age (15-49 yo)



223,157

Currently pregnant women



1,548,000

Adolescent girls (10-19 yo)



24,795

Number of live births in the next month

* The estimated figure for the total population living in the affected areas is from 13 states/regions sourced from the OCHA Humanitarian Snapshot, Myanmar Earthquake, as of April 7, 2025.

* The estimated figures for women of reproductive age, pregnant women and adolescent girls are based on the Minimum Initial Services Package for Sexual and Reproductive Health in Humanitarian Settings (MISP) calculator

Highlights

- Women and girls continue to face urgent health and protection needs, particularly in overcrowded and poorly serviced shelters. Uptake of sexual and reproductive health services rose by nearly 50 percent compared to the previous week, highlighting both increased demand and the expanded outreach efforts of partners. UNFPA and its partners have distributed dignity kits, clean delivery kits, and provided targeted cash assistance to women and girls across 18 townships.
 - Despite persistent security and infrastructure challenges, new safe spaces for women and girls have been established in four regions, offering psychosocial support and referral services. While 80 percent of respondents in the Rapid Gender Needs Assessment reported general access to health services, more than 49 percent of women and girls indicated they could not access maternal health or family planning services.
 - Access and funding constraints continue to hamper the scale-up of critical sexual and reproductive health and rights (SRHR) and gender-based violence (GBV) services, particularly in hard-to-reach and conflict-affected areas. As of now, only US\$44.2 million of the US\$275 million requested under the Flash Appeal has been received, leaving significant gaps in meeting these urgent needs.
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Situation Overview

- **Humanitarian access:** Damaged infrastructure, ongoing conflict, and administrative restrictions continue to obstruct humanitarian operations. The early arrival of the monsoon season has further intensified risks for displaced populations, particularly women and girls living in overcrowded and poorly ventilated shelters.
 - **Internally Displaced Persons (IDPs):** Many displaced families continue to reside in temporary shelters or rented homes due to concerns over structural damage and safety risks. Camp closures are underway, with both voluntary and forced returns taking place. Humanitarian access to returnee populations remains inconsistent, limiting the ability to monitor needs and deliver services.
 - **Mental health and psychosocial support (MHPSS):** Among those surveyed, 67 per cent reported experiencing emotional distress, while 84 per cent had no access to mental health or psychosocial support services. These findings underscore the urgent and unmet need for sustained MHPSS interventions, particularly for women, children, and frontline responders affected by conflict and displacement.
 - **Supply chains and markets:** Most markets remain operational but are highly unstable. Access to essential supplies — especially fuel and medicines — remains limited, with the situation particularly acute in Sagaing, where conflict and movement restrictions have severely disrupted logistics. Public health and environmental risks are rising due to inadequate waste management systems.
 - **Security risks:** Escalating violence and insecurity in Mattyar and Ngazone (Mandalay Region) have forced civil society organizations to adopt discreet and adaptive approaches to sustain operations and ensure staff safety. Access to much of Sagaing Region — excluding the main town — remains severely constrained due to persistent conflict.
 - **Camp closures and service impact:** In Sagaing, local authorities have ordered the closure or relocation of several temporary camps located in schools. This has disrupted the delivery of critical services — including primary healthcare and sexual and reproductive health services — previously provided through mobile clinics. Partners are revising schedules and routes to sustain service delivery as conditions allow.
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UNFPA Response

Life-Saving SRH Services

- During Week 8 of the response, the number of individuals reached with sexual and reproductive health (SRH) services increased by nearly 50 percent compared to the previous week. Approximately 90 percent of those reached were women and girls. Since the response began, more than 23,000 people have accessed essential SRH services across 41 health facilities and service points.
- Services were delivered across Mandalay, Sagaing, Southeast, and Southern Shan through a mix of mobile clinics, static health facilities, and outreach activities tailored to local access challenges and community needs.
- Maternal health services – including antenatal care, postnatal care, and safe delivery – continued to rise. Six emergency obstetric referrals were recorded, underscoring the ongoing need for life-saving care during the recovery period.
- In May, new service delivery points were opened in Mandalay through three General Practitioner (GP) networks and one static clinic operated by PATH. These facilities are operating with a low-profile approach in coordination with local religious leaders to promote community acceptance.
- Operational challenges persist. Partners face difficulties in collecting individual receipts, maintaining accurate documentation, and submitting timely service data. Mobile outreach teams report challenges in ensuring shelter and privacy, particularly when delivering family planning services. Tents have been requested to create temporary service points that protect client dignity and confidentiality. Approval processes for establishing new static clinics remain complex and can delay service expansion.
- Clean Delivery Kits (CDKs) are prepositioned at UNFPA's Mandalay warehouse and are available upon request. These kits are critical for ensuring safe childbirth, including for women with disabilities.
- UNFPA is leading a service mapping initiative to identify active SRH service sites and pinpoint gaps in coverage, especially in hard-to-reach areas.
- In Mandalay, SRH services are active in 10 townships through four midwife clinics, 14 mobile clinics, two static clinics, and one boat clinic. In Sagaing, six mobile clinics are currently operating across two townships.
- SRH partners are reviewing strategies in line with findings from the Multi-Cluster/Sector Initial Rapid Assessment (MIRA) to improve equitable access and coverage.

GBV and MHPSS

- UNFPA is supporting Safe Spaces for women and girls in Mandalay and Sagaing, with additional sites being established through partners in Southern Shan and Bago East. However, challenges remain in identifying secure and accessible locations, particularly in Sagaing, where safety concerns continue to limit options.
 - Partners are delivering outreach and awareness activities on GBV, SRH, MHPSS, and the prevention and reporting of sexual exploitation and abuse. Distributions of dignity kits and Women Essential Items are used as entry points to share GBV referral information and provide basic psychosocial first aid.
 - GBV and MHPSS services continue to be delivered through both static and mobile modalities, adapted to changing access conditions. A total of 582 individuals – including women, girls, men, boys, and persons with disabilities – participated in group emotional support sessions. An additional 60 individuals received one-on-one psychosocial support, 75 percent of whom were women. These sessions took place across Mandalay and Sagaing.
 - To enhance service quality, 23 frontline providers in Mandalay were trained in basic MHPSS and Psychological First Aid.
 - Access remains constrained in hard-to-reach areas due to movement restrictions, checkpoints, and damaged infrastructure. While coordination among humanitarian actors has improved, inconsistent partner presence and limited internet connectivity continue to undermine response effectiveness. Demand for mental health support is steadily rising, especially among women, children, and humanitarian staff.
 - Persistent barriers such as stigma, insecurity, and limited availability of trained personnel remain significant challenges to service uptake and provision.
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Coordination Mechanisms



Gender-Based Violence:

- GBV Area of Responsibility (AoR) partners are delivering life-saving services, including case management, psychosocial support, SRH referrals, legal aid, and distribution of Dignity Kits and Women's Essential Items.
- Over 9,500 individuals have been reached with GBV prevention and response services across Bago East, Mandalay, Nay Pyi Taw, Sagaing, and Southern Shan.
- UNFPA and IRC are establishing new WGSS in Mandalay, Sagaing, Bago, and Southern Shan to support PSS, resilience-building, awareness-raising, and dignity kit distribution.
- Coordination activities include updated referral pathways and refresher training for 73 frontline responders.
- Over 18,000 Dignity Kits have been distributed, including to women and girls with disabilities.
- Persistent access constraints, operational and funding challenges, and stigma continue to limit service coverage and uptake, particularly in hard-to-reach and conflict-affected areas.
- Over **9,500 individuals** reached with GBV services in Bago East, Mandalay, Nay Pyi Taw, Sagaing, and Southern Shan.
- New Women and Girls Safe Spaces are being set up by UNFPA and IRC in four regions.
- **73 frontline responders** trained on PFA, GBV tools, and safe referrals.
- Challenges include damaged infrastructure, lack of trained female staff, administrative constraints, and high levels of stigma deterring help-seeking behaviors.



Sexual and Reproductive Health:

- UNFPA continues to coordinate SRH partners through national and state-level SRH Coordination Groups (SRH CG), with bi-weekly meetings to support service delivery across affected regions. Regional and state-level CGs are being formalized as part of Health Cluster coordination.
- To improve reporting, SRH CG members are receiving training on 5W data collection and the Information Sharing Protocol (ISP). The group is also coordinating MHPSS training for frontline health workers, and preparing specialized trainings on Clinical Management of Rape (CMR), Emergency Obstetric Care (EmOC), Sexually Transmitted Infections, Post-Abortion Care (PAC), and the Minimum Initial Service Package (MISP).
- Logistical coordination continues through the Medical Logistics Working Group. There are no restrictions on importing general supplies for the earthquake response, but pharmaceutical imports remain subject to regulation.
- Active service mapping was completed in Mandalay (10 townships covered by 4 MW Clinics, 14 Mobile Clinics, 2 Static Clinics, and 1 Boat Clinic) and Sagaing (6 Mobile Clinics across 2 townships).
- SRH CG members trained on **5W data collection** and the **Information Sharing Protocol (ISP)** to enhance coordination and reporting.

Results Snapshots



23,066

People reached with essential **SRH services**



11

Health facilities supported





21,432

People reached with **integrated GBV/MHPSS** services



30

Health Services Entry Points supported

	15,040	Dignity Kits and Women Essential Items distributed to women and girls, including persons with disabilities, in earthquake affected regions.
	1,070	Clean Delivery Kits distributed to pregnant women including persons with disabilities, in earthquake affected regions.

Communications



Women and girls from earthquake affected communities in Mandalay receive dignity kits.
Photo: © UNFPA Myanmar

Persons with disabilities participate in mental health and psychosocial support sessions provided by UNFPA. Photo: © UNFPA Myanmar

- UN Myanmar: [Delivering Hope for Pregnant Women: A Midwife's Story Amid Myanmar's Earthquake](#)
- UNFPA Myanmar Video: https://youtu.be/4TRRiEfC20E?si=ehfelGRmY_863Y7Q

Funding Situation

UNFPA's emergency response plan for April to September 2025 requires **US\$12 million** to reinforce and expand immediate, life-saving health and protection services to women and girls. To date, **US\$3.7 million** has been mobilized through the UNFPA Emergency Fund, and with support from the Governments of Australia, South Korea, the UK (Foreign Commonwealth and Development Office) and the Central Emergency Response Fund (CERF). With the humanitarian crisis worsening and the monsoon season approaching, flexible funding is urgently needed to sustain essential services—particularly sexual and reproductive healthcare and protection from gender-based violence.

