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Situation Report #5

UNFPA Mobilizes Urgent Health and Protection Support in Myanmar

Country:	Myanmar
Emergency type:	Earthquake
Start Date of Crisis:	March 28, 2025
Date Issued:	April 25, 2025
Covering Period:	April 18, 2025 to April 24, 2025
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Key Figures (Figures will continue to be updated as assessments are ongoing)



¹ The total population living in the affected areas in 13 states/regions. [OCHA Humanitarian Snapshot, Myanmar Earthquake as of April 7, 2025.](#)

² Estimated figures are based on the Minimum Initial Services Package for Sexual and Reproductive Health in Humanitarian Settings (MISP) calculator.

Highlights

- Three weeks after the earthquakes of 28 March 2025, frequent, strong aftershocks continue to shake central Myanmar, causing psychological distress, disrupting response operations, and increasing risks in already precarious living environments.
- The earthquakes have created conditions that severely compromise the safety and dignity of vulnerable groups, including women, girls, persons with disabilities and older persons.
- 17.2 million people are living in the 58 hardest-hit townships, with 6.3 million people in urgent need of assistance and protection. Of these, an estimated 4.6 million are women of reproductive age. Many were already facing pre-existing vulnerabilities related to conflict, displacement, and poverty.
- Women and girls in affected areas face serious barriers to accessing essential sexual and reproductive health (SRH) services and are at heightened risk of gender-based violence (GBV). UNFPA continues to prioritize life-saving SRH and GBV in the hardest-hit areas, through the establishment of safe spaces, mobile clinics, and psychosocial support, working closely with local partners and communities.
- Despite the efforts of humanitarian actors, the scale and urgency of needs continue to outpace current response capacities and available resources.
- To support life-saving services for 680,000 women and girls in the most severely affected regions from April to September 2025, UNFPA is urgently appealing for US\$12 million.

Situation Overview

- On 28 March, powerful earthquakes struck Myanmar, affecting millions of people across Mandalay, Sagaing, Nay Pyi Taw, Magway, Bago, and Southern Shan. Many of those affected were already coping with conflict, displacement, and economic hardship.
- According to the ASEAN Coordinating Centre for Humanitarian Assistance on disaster management, the earthquakes resulted in over 3,700 deaths, 4,800 injuries, and 129 people reported missing.³
- Rapid assessments indicate that over 640 health facilities have been damaged, particularly in Sagaing, significantly reducing access to life-saving reproductive, maternal, newborn, and emergency care.⁴
- Damage to water infrastructure has left thousands reliant on unsafe water sources, increasing the risk of waterborne diseases. In Sagaing, only 25 percent of respondents reported access to functional latrines and fewer than 20 percent to safe drinking water. Limited access to safe, private sanitation facilities undermines women and girls' ability to manage their menstrual health with dignity, and also increases risks of GBV.
- More than 140 aftershocks, combined with unseasonal rains and extreme heat, have worsened conditions for displaced populations and severely hampered humanitarian operations. In-person coordination has been constrained by a lack of secure venues.
- Many earthquake-affected communities and frontline responders are experiencing severe mental health challenges, exacerbated by the ongoing aftershocks. Needs assessments, including the Rapid Needs Assessment and Multi-Sector Initial Rapid Assessment, highlight that a significant portion of earthquake survivors are also conflict-displaced. In areas such as Mandalay and Sagaing, these individuals face layered vulnerabilities and severely limited access to healthcare and humanitarian support.

Health and Protection Access Constraints

- Barriers to accessing SRH services for women and girls include damaged infrastructure, fear of aftershocks, security-related curfews, high transportation costs, and shortages of essential commodities such as family planning supplies.
- Outreach by mobile clinics has been challenged by limited operational hours, communication gaps with affected communities, and delays in obtaining local authority approvals, which have restricted timely service delivery.

³ These figures may be higher due to reporting and verification limitations.

⁴ [UNOCHA Myanmar Situation Report 3](#).

- Community feedback highlights the urgent need for broader primary healthcare services beyond SRH, reinforcing the need for a flexible, gender-responsive, and integrated service delivery model that can adapt to rapidly evolving conditions.

Escalating Protection Risks

- Overcrowded shelters, lack of privacy, and poor sanitation have heightened protection risks, particularly for women, girls, older persons, and persons with disabilities. Reports indicate an increase in incidents of GBV, including sexual exploitation and abuse, particularly in displacement sites and during aid distribution.
- The Gender in Humanitarian Action Working Group, co-led by UNFPA and UN Women, has raised concerns over the re-emergence of negative coping mechanisms such as early marriage, child labour, and human trafficking. Access to safe spaces for women and girls remains limited, and demand for psychosocial support continues to grow among both affected populations and frontline workers.

Operational Constraints

- Logistical bottlenecks persist due to limited cargo capacity at Yangon Airport, fuel shortages, damaged transport routes, and insufficient warehouse space in Mandalay and Sagaing.
- UNFPA Partners report persistent communication and connectivity issues, particularly in Sagaing, along with logistical challenges in reaching remote and conflict-affected areas.
- The complex operating environment—marked by ongoing conflict, constrained humanitarian access, and politicized aid structures—underscores the urgent need for inclusive, localized, and conflict-sensitive coordination to ensure that the most at-risk populations are not left behind.

UNFPA Response

Life-Saving SRH Services

- In response to the urgent needs of affected individuals in the hardest-hit areas, UNFPA and partners continue to deliver life-saving SRH services across Sagaing, Mandalay, Southern Shan, and Southeast Myanmar. During this reporting period, 2,534 people received essential SRH services, including women and girls and persons with disabilities. They accessed antenatal and postnatal care, family planning counselling and the provision of short-acting modern contraceptives — ensuring safe pregnancies, supporting maternal recovery, and helping prevent unintended pregnancies.
- To ensure continued availability of lifesaving maternal and child health care including Emergency Obstetric and Newborn Care (EmONC) and referrals, UNFPA consolidated a list of health facilities operated by international medical teams in Mandalay and shared it with partners and service providers. This critical information strengthened the referral network and ensured that women and girls requiring additional treatment received timely and appropriate care at secondary-level health facilities in Sagaing and Mandalay.



A woman with her new born baby receives post-natal care at one of the mobile clinics supported by UNFPA for earthquake affected communities in Mandalay. Photo © AFXB Myanmar

GBV and Mental Health and Psychosocial Support (MHPSS)

- UNFPA is establishing eight Women and Girls Safe Spaces (WGSS) in Mandalay, Sagaing, Bago and Southern Shan to provide psychosocial support, recreational and resilience- building activities, and information sessions on GBV, MHPSS, SRH, and Protection from Sexual Exploitation and Abuse.

- In Mandalay, women from Aungmyaythazan and Patheingyi received cash assistance to access essential dignity items.
- Communities in Htantabin (Bago) and Madaya (Mandalay) joined awareness-raising sessions on GBV, MHPSS, and SRH, helping them safely access care and protection services.
- In-person and group MHPSS sessions offer safe space for collective healing, stress relief, and peer connection.
- In-person Psychological First Aid (PFA) training reached frontline workers from 16 local organizations, building their capacity to support communities' resilience and recovery.
- UNFPA and partners have distributed Dignity Kits, Women's Essential Items Kits, and Clean Delivery Kits to women and girls across the most affected regions. Distributions—led by UNFPA, UNHCR, CFSI, and UNICEF, in coordination with UNOCHA—are ongoing in high-need areas. Kits are delivered alongside orientation sessions and PFA, supporting both dignity and emotional well-being.



Earthquake-affected women and girls receive Women Essential Items at AFXB's floating clinic in Mandalay supported by UNFPA. Photo © AFXB Myanmar

Coordination Mechanisms

Gender-Based Violence:

- As the GBV Sub-Cluster lead, UNFPA coordinates GBV risk mitigation and response across all affected areas. Regular inter-agency coordination (including the Inter-Cluster Coordination Group) at national and sub-national levels ensures a gender-sensitive response.
- UNFPA and around 49 partners are delivering MHPSS, legal aid, health services, counselling and referral services, dignity and essential item kits. GBV hotlines are supporting survivors, however, coverage in remote areas remains limited due to funding shortfalls, connectivity issues, and security constraints.
- Refresher trainings are ongoing for frontline responders, along with GBV-Child Protection Observational Assessments and regular interventions to identify GBV risks and inform appropriate mitigation measures.
- Key resources, including the GBV Key Messages, GBV Pocket Guide, and Dignity Kits Guidance Note, are available on <https://themimu.info/> to support partners in implementing GBV interventions.

Sexual and Reproductive Health:

- UNFPA leads the SRHR coordination group, comprised of partners in Mandalay and Sagaing, to ensure an effective and coordinated response.
- A referral emergency support network has been established to identify and address service gaps and overlaps, enhance capacity for SRHR, integrate GBV and MHPSS into intervention, ensure referrals for women and girls are facilitated effectively.
- SRHR coordination group partners also participated in the Multi-sector Initial Rapid Assessment in Sagaing, Nay Pyi Taw, and Mandalay to inform strategic response planning. Findings confirm that while mobile and static clinics are providing essential SRH, mental health and psychosocial support services, access remains limited in some areas where needs are acute and services are scarce.

Results Snapshots

	<p>18,367 People reached with essential SRH services, including life-saving maternal care and clean delivery kits</p>		<p>11 Health facilities supported (including mobile and static clinics)</p>
	<p>18,259 People reached with integrated GBV/MHPSS support</p>		<p>30 Health Services Entry Points supported in severely affected regions</p>

	12,236	Dignity Kits and Women Essential Items distributed to women and girls, including persons with disabilities, in earthquake affected regions
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Communications

- UNFPA: [Myanmar Flash Appeal](#)
- UN Myanmar: [“These Small Things Reminded Us That We are Not Forgotten”: A Mother’s Story Amid Myanmar’s Devastating Earthquake](#)
- The European Stings: Myanmar: [Thousands remain in crisis weeks after deadly earthquakes](#)
- India Times: [Myanmar earthquake: Search and rescue efforts continue in race against time](#)

Funding Status

UNFPA’s emergency response plan for April to September 2025, requires **US\$12 million** to address the escalating humanitarian needs by reinforcing and expanding ongoing efforts to provide immediate, life-saving health and protection services to affected women and girls.

To date, **US\$2.9 million** has been mobilized through the UNFPA Emergency Fund, and with support from Australian Government, FCDO, and the Government of Korea.

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. Support through direct funding or in-kind contributions remains critical to meeting the immediate needs of affected communities.

