



Photo: © UNFPA/Myanmar



# Situation Report #7

## UNFPA Maintains Critical Health and Protection Services in Myanmar

Country:	Myanmar
Emergency type:	Earthquake
Start Date of Crisis:	March 28, 2025
Date Issued:	May 16, 2025
Covering Period:	May 5, 2025 to May 13, 2025
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### Key Figures



### Highlights

- Six weeks after the catastrophic earthquakes on March 28, women and girls from impacted communities still urgently require healthcare and protection support.
- The early onset of the monsoon season has increased hardships for families in overcrowded tents and shelters, heightening health and safety risks, especially for women and girls.
- Local organizations, together with humanitarian agencies, continue to deliver life-saving services, including food, clean water, hygiene supplies, and emergency shelter.
- 17.2 million people are living in the 58 hardest-hit townships, with 6.3 million in urgent need of assistance and protection, of which 4.6 million are women of reproductive age.
- UNFPA is appealing for US\$12 million to deliver life-saving services to 680,000 women and girls in the hardest-hit areas.

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

<sup>2</sup> The estimated figures for Women of Reproductive Age, pregnant women and adolescent girls are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

## Situation Overview

### 1. Access and Infrastructure Challenges

- Transport and access challenges (especially in Sagaing) delay supply deliveries and service provision.
- Due to heightened security concerns, partners are shifting to a hybrid model of static service delivery with limited mobile outreach in affected areas.
- The monsoon season may impact roads, increase flood risks, and hamper outreach activities, disrupting the continuity of sexual and reproductive health (SRH) and primary healthcare services.

### 2. Supply Chain and Stock Management

- Prepositioning essential medical supplies is crucial to ensure continuation of service delivery during monsoon.
- While most medicines are available, shortages of family planning commodities persist.

### 3. Coordination and Communication Barriers

- Limited phone and internet connectivity, especially in remote and conflict-affected parts of Sagaing, continues to hamper coordination among partners, civil society organizations (CSOs), and community health volunteers.
- UN agencies and partners are coordinating the distribution of medicines and Information and Education Communication (IEC) materials, with some partners transitioning from emergency response to early recovery support via static clinics and referral systems.

### 4. Service Availability and Gaps

- SRHR service availability has improved in Mandalay, but affordability remains a barrier for marginalized groups, particularly in urban slum areas affected by the earthquake.
- In Sagaing, emergency referral systems for pregnant women in mixed-control areas require strengthening.
- The demand for support, particularly for menstrual health management items, exceeds current resources.
- More than half of the population is suffering from emotional distress, yet over 50% of communities do not have access to mental health and psychosocial support (MHPSS) services. Care is only very limitedly available through volunteers or religious leaders.

### 5. Data and Targeting Limitations

- Population movement and lack of reliable data hinder accurate identification of vulnerable groups, including persons with disabilities, female-headed households, and pregnant and breastfeeding women.

## UNFPA Response

### Life-saving SRH Services

- During the reporting period 1,731 individuals received health services. SRH service uptake increased to 34% (up from 15% the previous week). Women and girls comprised over 55% of all those reached.
- 41 health facilities and entry points reached over 22,000 people with essential SRH services since the start of the response.
- Antenatal and postnatal care uptake increased, while safe deliveries showed sustained levels compared to the immediate post-earthquake period. Family planning counselling rose significantly, although uptake of short-acting contraceptives declined, requiring further assessment.
- UNFPA distributed family planning and maternal health information to partners and strengthened referral networks between communities and health facilities.
- UNFPA is supporting access to obstetric and newborn care through improved referral networks, cash and voucher assistance, provision of clean delivery kits, essential supplies, and dissemination of IEC materials.
- Shipments of Inter-Agency Reproductive Health kits and basic dignity kits will be released from Europe and Dubai via humanitarian flights.



A local midwife provides maternal and newborn care to a woman from Mandalay. Photo © UNFPA Myanmar

## GBV and MHPSS

- Almost 20,000 people received integrated GBV services through Women and Girls Safe Spaces (WGSSs) and mobile teams providing GBV case management, mental health and psychosocial support (MHPSS), facilitating referrals to multi-sectoral services. Five helplines, including the National GBV Helpline, remain active.
- Mobile teams and WGSSs distributed over 12,800 dignity kits and women essentials items to women and girls, including persons with disabilities, and informed them about SRH and GBV services.
- UNFPA-supported partners provided cash assistance to women and girls, including persons with disabilities in Mandalay and Sagaing, enabling access to dignity and essential items.
- Affected individuals received group and/or individual psychosocial support, and Psychological First Aid (PFA).
- Participants from 15 humanitarian organizations took part in a UNFPA-facilitated PFA training to strengthen frontline psychosocial response capacity.



UNFPA staff disseminates GBV awareness information with women, including persons with disabilities. Photo © UNFPA Myanmar

## Coordination Mechanisms

### Gender-Based Violence:

- UNFPA leads and coordinates the GBV Area of Responsibility (AoR) at the national and sub-national levels, bringing together 49 partners from women-led organizations, UN agencies, and national and international NGOs delivering services in earthquake-affected areas. The GBV AoR updated the service mapping in the affected areas and is finalizing the GBV referral pathways for Mandalay and Sagaing.
- UNFPA's Southern Shan Sub-National Coordinator represented the GBV AoR in an inter-agency mission (7–10 May) to support coordinated response and GBV integration in assessments.
- Weekly partner reporting, safety audits, and risk assessments inform coordination updates and advocacy for safe space expansion and gender-sensitive shelter and WASH interventions, including PSEA mainstreaming.
- Sub-national coordinators are conducting capacity-building on GBV referral pathways, PSEA, PFA, and risk mitigation for both GBV and non-GBV frontline responders.
- Gaps persist in access to life-saving GBV services due to insecurity, lack of trained female staff, bureaucratic restrictions, and critical funding shortages.

### Sexual and Reproductive Health:

- UNFPA leads the SRHR coordination at national and sub-national levels, holding bi-weekly meetings to address service gaps, data sharing, SRH response efforts, and train partners on the clinical management of rape, intimate partner violence, MHPSS, and GBV integration into SRH services.
- In Mandalay, Sagaing, and Magway, the SRHR Coordination Group regularly meets to discuss service mapping, gap-filling after the departure of international medical teams, and repairs of damaged health facilities.
- The group is expanding its reach to local service providers and deepening its engagement in Magway in response to interest from new SRHR actors.
- UNFPA is contributing to the development of the Health Cluster Response Plan to address key findings from the Needs Assessment (MIRA), including:
  1. Limited access to SRH and mental health services, especially in Mandalay and Sagaing.
  2. Rapid deployment of new mobile clinics remains insufficient to meet widespread needs.
  3. The urgent need for integrated SRH and MHPSS responses.

## Results Snapshots

	<p><b>22,272</b> People reached with essential SRH services</p>		<p><b>11</b> Health facilities supported</p>
	<p><b>19,954</b> People reached with integrated GBV/MHPSS services</p>		<p><b>30</b> Health Services Entry Points supported</p>

	12,850	Dignity kits and women essential items distributed to women and girls, including persons with disabilities, in earthquake affected regions.
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## Communications

- UN Myanmar: [Delivering Hope for Pregnant Women: A Midwife’s Story Amid Myanmar’s Earthquake](#)
- UNFPA Myanmar Video: [https://youtu.be/4TRRiEfC20E?si=ehfeLGRmY\\_863Y70](https://youtu.be/4TRRiEfC20E?si=ehfeLGRmY_863Y70)

## Funding Status

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/HTF, and with support from Australia, FCDO, CERF 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.

