



Situation Report #6

UNFPA Delivers Critical Health and Protection Services in Myanmar

Country:	Myanmar
Emergency type:	Earthquake
Start Date of Crisis:	March 28, 2025
Date Issued:	May 6, 2025
Covering Period:	April 25, 2025 to May 5, 2025
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Key Figures (Figures will continue to be updated as assessments are ongoing)



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 total population living in the affected areas in 13 states/regions -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

- Five weeks after the 28 March earthquakes, access to clean water, sanitation, and healthcare remains critically limited.
- Women and girls face heightened protection risks in overcrowded, under-resourced settings, underscoring the urgent need for accessible, integrated sexual and reproductive health (SRH) and gender-based violence (GBV) services, including Mental Health and Psychosocial Support (MHPSS).
- In the 58 hardest-hit townships, 17.2 million people are affected, including 6.3 million in urgent need of assistance and protection. Of these, 4.6 million are women of reproductive age.
- Shelter conditions are severely strained. Overcrowded displacement sites and makeshift shelters offer little relief from extreme heat, with temperatures reaching 39°C, and high UV exposure, and humidity in central Myanmar, worsening health and safety risks.
- UNFPA is appealing for US\$12 million to deliver life-saving services to 680,000 women and girls in the most severely affected areas from April to September 2025.

Situation Overview

- While search efforts continue, the ASEAN Coordinating Centre for Humanitarian Assistance reports 3,800 deaths, 5,100 injuries, and 116 people – approximately 1.6 per cent of the total reported casualties – still missing.
- According to rapid needs assessments by OCHA and partners, 395 health facilities have been damaged or are non-functional. The highest proportions were reported in Sagaing (29 per cent), Eastern Bago (17 per cent), Kayin (14 per cent), Mandalay (13 per cent), Naypyitaw (10 per cent), and Southern Shan (5 per cent).
- Mental health and psychosocial support (MHPSS), along with basic healthcare—including maternal, newborn, and rehabilitation services – remain critically needed.
- Awareness of available SRH services remains low among women and girls.
- Many pregnant women are unsure whether public hospitals have resumed services and are turning to private clinics, where cost is a major barrier. Family planning services are largely limited to short-term contraceptives, which account for the vast majority of available methods.
- UN agencies are coordinating the delivery of essential resources, including medicines, communication materials, nutrition support, and non-food items to frontline providers. Some emergency clinics are now phasing out, with discussions underway to transition from mobile units to more stable, static service points.
- Humanitarian access remains highly constrained in remote areas due to damaged infrastructure, security checkpoints, armed conflict and reported gunfire at crossings, administrative obstacles, and ongoing disruptions to telecommunications.
- Concerns about counterfeit medicines entering the market have prompted WHO to issue advisories and support quality assurance for all internationally procured and donated medical supplies.

UNFPA Response

Life-Saving SRH Services

- Over 2,100 individuals received health services, with 15 per cent accessing SRH services. 60% are women and girls.
- UNFPA and its partners provided critical SRH services through clinics, mobile outreach, clean delivery kits, and continuous availability of post-abortion, antenatal and postnatal care, including in crisis-affected and underserved communities, integrating SRH into the broader health response.

- UNFPA continues to coordinate with implementing partners and healthcare providers to increase SRH service uptake and ensure implementation of the Minimum Initial Service Package (MISP) for SRH in crisis situations.
- UNFPA's Disability Inclusion focal point has been deployed to Mandalay to support coordination of supplies between Organizations of Persons with Disabilities and UN/INGO/NGO actors. The focal point is currently conducting a service mapping exercise and results will be shared with OPDs to enhance their access to essential services.

GBV and MHPSS

- GBV services are delivered through Women and Girls Safe Spaces, mobile health teams and community outreach teams, offering case management, MHPSS, referrals, legal aid, and the distribution of Dignity Kits and Women's Essential Items. Five helplines, including the National GBV Helpline, remain active.
- UNFPA and its partners provided women and girls in Mandalay and Sagaing with cash assistance to facilitate access to dignity items and GBV services, including those with disabilities.
- In Mandalay and Sagaing, over 1,000 women, girls, and persons with disabilities benefited, including activity-based, group emotional support, and individual psychosocial support tailored to GBV survivors.
- In-person Psychological First Aid training was conducted for implementing partners in Mandalay.

Coordination Mechanisms



Gender-Based Violence

- As Sub-Cluster lead, UNFPA continues to coordinate GBV risk mitigation and response across all affected areas. A total of 49 partners are providing GBV services in earthquake-affected regions. Service mapping and referral pathways have been updated and shared with members, and partners have received relevant training. Sub-national AoR coordinators have facilitated refresher sessions on Psychological First Aid and provided orientations on the GBV Pocket Guide and the Child Protection-GBV Observational Assessment Tool, which was introduced during a sub-national coordination meeting in Southern Shan.
- Weekly reporting on activities, reach, and service gaps feeds into OCHA Situation Reports and Protection Cluster updates. Safety audits and risk assessments are ongoing, alongside sustained advocacy for expanded safe spaces, gender-sensitive shelter and WASH facilities, and the integration of PSEA across clusters.
- Partners also participated in the Multi-Sector Initial Rapid Needs Assessment. Findings indicate rising protection risks for women and girls, including violence, harassment, lack of privacy, and limited access to hygiene and services amid insecurity and restricted movement. These conditions underscore the urgent need for an integrated GBV response across sectors.



Sexual and Reproductive Health

SRHR Partners Coordination Group: UNFPA leads SRHR coordination forums at national and state levels, organizing bi-weekly meetings. Data on service availability and needs were collected and shared with SRHR Coordination Group members and the Health Cluster. UNFPA also coordinates with partners in Mandalay and Sagaing on the delivery of services and emergency supplies. This remains a priority, given the security and safety challenges.

Key Priorities to Increase SRH Access

- **Strengthen Regional Coordination:** Focusing on enhancing SRHR coordination mechanisms in Mandalay and Sagaing, with a potential expansion of forums.
- **Data Sharing:** Ensuring consistent sharing of data with the Health Cluster and SRH partners to inform service delivery, prevent duplication, and facilitate referrals.
- **Monitor Supply Distribution:** Continuing to monitor the distribution of Clean Delivery Kits and other supplies to ensure they reach those in need.
- **Prioritize Safety and Security:** Maintaining a strong focus on the safety and security of staff and service users, particularly in light of operational challenges and restrictions.

Results Snapshots



20,514

People reached with essential SRH services, including life-saving maternal care and clean delivery kits



11

Health facilities supported



19,472

People reached with integrated GBV/MHPSS support



30

Health Services Entry Points supported



12,850

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

Communications

- Press Release: [UNFPA appeals for \\$12 million to support women and girls affected by Myanmar earthquakes](#)
- UN News: [Myanmar aid workers brave conflict and harsh conditions to bring aid to earthquake victims](#)
- Mizzima News: [UNFPA Appeals for \\$1.2 Million to Support Women and Girls Affected by Myanmar Earthquake](#)
- China Daily: [More assistance urged for quake-hit Myanmar](#)
- ECNS.CN: [More assistance urged for quake-hit Myanmar](#)
- Video: [UNFPA's floating clinic](#)



A local midwife provides antenatal care to a pregnant woman from the earthquake-affected community of Mandalay. Photo © UNFPA Myanmar



A baby was successfully delivered at an earthquake-affected community in Mandalay through the assistance of a UNFPA-supported midwife. Photo © UNFPA Myanmar



Women with disabilities in Mandalay and Sagaing receive dignity kits provided by UNFPA. Photo © UNFPA Myanmar



Pregnant women in Mandalay receive essential health care, including maternal and newborn care, at a floating clinic operated by AFXB. Photo © UNFPA Myanmar

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 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.

