



## Situation Report #9

UNFPA maintains critical health and protection services in Myanmar

Country:	Myanmar
Emergency type:	Earthquake
Start Date of Crisis:	March 28, 2025
Date Issued:	June 17, 2025
Covering Period:	May 24 2025 to June 16, 2025
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### Key Figures



**17.2 million\***

Estimated total population  
in the key affected areas



**4.6 million \*\***

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

- The earthquakes that struck Myanmar on 28 March have severely disrupted health services, leaving women and girls with limited access to essential, life-saving sexual and reproductive health (SRH) services. This includes emergency obstetric and newborn care, menstrual hygiene items, women's essential supplies, and long-term family planning options.
- Gender-based violence risks are rising in already fragile settings. Overcrowded shelters and chaotic aid distribution points are linked to increased incidents of exploitation and abuse, particularly targeting women, children, and vulnerable populations.
- Security constraints and ongoing heavy rainfall are delaying the safe and timely delivery of humanitarian supplies. The flooding is also compounding public health risks, with heightened threats of cholera, malaria, and dengue outbreaks.
- UNFPA requires US\$12 million from April to September 2025 to scale up life-saving health and protection services for women and girls. So far, only US\$3.7 million has been mobilized. Urgent and flexible funding is needed to reach those most at risk.

## Situation Overview

- While access to healthcare remains severely constrained, mobile health clinics and SRH agencies continue to operate. However, many internationally deployed Emergency Medical Teams (EMTs) have now exited the country.
- There is a growing demand for long-term family planning (FP) methods due to displacement and flood-related risks, yet there is a significant shortage of commodities.
- GBV risks have surged in overcrowded, poorly lit shelters lacking privacy—especially affecting women, children, older people, and persons with disabilities. Fragile conditions are contributing to rising early marriage, intimate partner violence (IPV), trafficking, and sexual exploitation and abuse (SEA) during aid distribution, as informally reported by women and girls.
- Stigma, harmful gender norms, and lack of awareness continue to hinder survivors from seeking GBV support. Many turn to informal community channels that do not ensure confidentiality, safety, or survivor-centered care.
- There are limited GBV case management services and few operational women and girls safe spaces, further constrained by insecurity and shortages of trained personnel. Mental Health and Psychosocial Support (MHPSS) is urgently needed, particularly for women and girls with disabilities, caregivers, and frontline responders.
- Heavy rains are impeding access to MHPSS and the delivery of supplies, especially in remote and conflict-affected areas where security risks and checkpoints are on the rise.
- Additional needs include safe shelter, legal support, and replacement of lost identity documents for affected individuals.
- There are growing concerns around non-communicable diseases (e.g. hypertension, diabetes) and increased risks of outbreaks such as cholera, malaria, and dengue due to poor sanitation and monsoon conditions.

## UNFPA Response

### **Life-Saving Sexual and Reproductive Health (SRH) Services**

- 41 health entry points reached 24,718 people with essential SRH services since the start of the response.
- While overall SRH service uptake remained steady, there was a 54 per cent increase in the uptake of SRH services in weeks 8 and 9 compared to the preceding week.
- There was an increase in FP counselling and antenatal care (ANC) consultations. A total of 1,652 beneficiaries accessed health services during the reporting period, of which 74 per cent utilized SRH services.
- 1,131 Clean Delivery Kits (CDKs) were distributed to pregnant women, including persons with disabilities.

## GBV and MHPSS

- UNFPA continues to provide GBV case management and psychosocial support (PSS) in women and girls safe spaces, reaching 21,729 people with integrated GBV and SRH services since the start of the response.
- UNFPA offered group and individual MHPSS to women and girls, including persons with disabilities and trained 171 frontline service providers on MHPSS core concepts.
- Four additional safe spaces are being set up in the Southern Shan and Southeast regions.
- 20,686 dignity kits and women's essential items have been distributed to women and girls, including persons with disabilities.

## Coordination Mechanisms



### Gender-Based Violence:

- GBV Area of Responsibility partners are providing life-saving services in earthquake-affected areas, including GBV case management, psychosocial support, and SRH referrals. So far, 12,943 people, including 440 persons with disabilities, have been reached across Bago East, Mandalay, Nay Pyi Taw, Sagaing, and Southern Shan.
- A total of 20,686 dignity kits and women's essential items have been distributed, including to 575 persons with disabilities.
- Updated GBV referral pathways and service maps have been shared to improve access.
- To strengthen service delivery, 482 frontline staff were trained on MHPSS, GBV, safety audits, and the Child Protection GBV Observational Assessment Tool.



### Sexual and Reproductive Health:

- Here is the refined version of your points, each kept as a standalone paragraph without bullets for easier pasting:
- UNFPA leads national coordination with SRH partners at the state and regional levels to strengthen collaboration, expand the functionality and coverage of SRH services, coordinate logistics, and build capacity for integrated MHPSS, GBV, and SRH service delivery.
- The SRH Working Group convenes on a bi-weekly basis, while the national SRH Coordination Group meets monthly to support strategic planning and coordination.
- In collaboration with the Health Cluster, UNFPA is identifying gaps in SRH service delivery and is planning a comprehensive assessment on Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health.
- The working group has supported the distribution of 1,050 Clean Delivery Kits (CDKs) to pregnant women through general practitioner clinics, midwives, and implementing partners. An additional 900 CDKs are being prepared for distribution through Rural Health Centers and Sub-Rural Health Centers.
- UNFPA is also preparing to distribute Interagency Reproductive Health Kits as part of the Minimum Initial Service Package (MISP) to ensure continuity of essential reproductive health care in emergency settings.

## Results Snapshots



24,718

People reached with essential **SRH services** since the start of earthquake response



11

Health facilities supported



21,729

People reached with **integrated GBV/MHPSS** services since the start of earthquake response



30

Health Services Entry Points supported



20,686

Dignity kits and women's essential items distributed to women and girls, including persons with disabilities.



1,131

Clean Delivery Kits distributed to pregnant women including persons with disabilities.

## Communications



Pregnant women in earthquake-affected communities in Mandalay receive UNFPA's clean delivery kits and women's essential items.



Women at the displaced shelter participate in mental health and psychosocial support sessions provided by UNFPA.





The UNFPA reproductive health emergency kits arrive at Yangon International Airport.

## Other:

- UN Myanmar: [Delivering Hope for Pregnant Women: A Midwife's Story Amid Myanmar's Earthquake](#)
- UNFPA Myanmar Video: [https://youtu.be/4TRRIefC2OE?si=ehfelGRmY\\_863Y70](https://youtu.be/4TRRIefC2OE?si=ehfelGRmY_863Y70)

## 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 Government of Australia, the Ministry of Foreign Affairs of Korea, the UK Foreign Commonwealth and Development Office (FCDO), 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.

