



Photo: UNFPA Myanmar



Situation Report #10

UNFPA maintains critical health and protection services in Myanmar

Country:	Myanmar
Emergency type:	Earthquake
Start Date of Crisis:	March 28, 2025
Date Issued:	July 7, 2025
Covering Period:	June 17 2025 to July 2, 2025
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Key Figures



17.2 million

Estimated total population in the key affected areas¹



4.6 million

Women of reproductive age (15-49 y.o)²



223,157

Currently pregnant women²



1,548,000

Adolescent girls (10-19 y.o)²



24,795

Number of live births in the next month²

¹ 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.

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

Highlights

- **Shift to Early Recovery:** The de facto authorities have announced the end of the emergency period since the 7.7 earthquake that struck Myanmar on 28 March 2025, prompting UNFPA and other humanitarian organizations to transition towards early recovery efforts and regular programming.
- **Persistent SRH Needs:** Significant challenges remain in ensuring access to essential sexual and reproductive health (SRH) services, particularly antenatal, postnatal, emergency obstetric and neonatal care and family planning, due to damaged facilities, limited supplies, and access barriers.
- **Rising Protection Needs:** Overcrowding, lack of lighting, and shared sanitation facilities in shelters exacerbate safety and privacy risks, especially for women, girls, persons with disabilities, and older people, leading to increased risks of Gender-Based Violence (GBV).
- **MHPSS Gaps:** There are increased mental health and psychosocial support (MHPSS) needs amidst a shortage of specialized services and skilled workers, under-resourced services, and significant underreporting due to stigma and limited awareness.

Situation Overview

- **Transition and Coordination Challenges:** The shift to early recovery requires intensified monitoring and more liaising with local authorities on approvals for activities. 34 displacement sites in Mandalay and 4 in Sagaing plan to retain displaced populations until December 2025, after which populations are expected to return home. However, population movements complicate accurate counting for planning and response.
- **Camp Closures and Service Access:** The closure of some Sagaing camps by June 2025 hampered SRH service access. Partners are assessing new camp locations and adapting mobile clinic routes. UNFPA has initiated a mapping exercise to identify challenges related to camp relocation or closure, aiming to support service access.
- **Health Concerns:** The health cluster reports a risk of water- and vector-borne diseases due to poor sanitation and waste management in overcrowded areas.
- **Protection Risks:** Heavy rainfall exacerbates flood risks and heightens protection concerns in earthquake-affected regions. Risks of GBV are increasing, including intimate partner violence, trafficking, and negative coping strategies, including transactional sex and early marriage, particularly in fragile and displacement-affected settings.
- **Underreporting of GBV and MHPSS:** Widespread underreporting of GBV and MHPSS needs is attributed to stigma, restrictive social norms, limited mobility, and low awareness of available services.
- **Resource and Capacity Limitations:** Funding limitations and a shortage of trained personnel hinder service expansion and survivors' access to GBV and MHPSS services. Frontline staff often lack adequate training, supervision, or materials for trauma-informed care for MHPSS services.
- **Access barriers:** Humanitarian partners continue to face supply chain barriers, including restricted access to SRH supplies, hindering response efforts to reach affected populations.

UNFPA Response

Life-saving SRH Services

- Since the beginning of the earthquake response, a total of 26,233 individuals have received SRH services, including lifesaving maternal and newborn care, across 41 health service entry points.
- During the reporting period, the uptake of antenatal and postnatal care services continued to grow.
- UNFPA continues to coordinate with partners to distribute Inter-Agency Reproductive Health Kits in Yangon and Mandalay.
- During the reporting period, UNFPA has distributed 4,835 clean delivery kits to health facilities, including 5 midwife-led health posts and 20 sub-centres in Sint Gaing Township, Mandalay, where kits will be provided to pregnant women.

GBV and MHPSS Services

- Nearly 20,000 people received GBV risk mitigation and response services across Bago East, Mandalay, Nay Pyi Taw, Sagaing, and Southern Shan, including around 526 persons with disabilities since the beginning of the response. Additionally, over 18,777 dignity kits and women's essential items have been distributed since the start of the response.
- During the reporting period, at least 3,719 women, girls, men, and boys, including persons with disabilities, received MHPSS services, provided at 4 mobile and static Women and Girls Centers. Additionally, 10 camp management committee members were trained on core MHPSS principles.

Coordination Mechanisms



Gender-Based Violence:

- GBV Area of Responsibility (AoR) partners continue to provide response services, including GBV case management, psychosocial support, and referrals, while also conducting GBV awareness sessions and implementing risk mitigation measures.
- A total of 482 frontline responders received training in Psychological First Aid, GBV core concepts, safety audits, referral tools, and survivor-centred care.
- To address service gaps, the GBV AoR partners are establishing seven Women and Girls Centres in Southern Shan, Kayah, Mandalay, and Sagaing. In the Southeast, two new safe houses have been established, and two additional WGCs are planned.
- The GBV referral pathways are being updated and shared with partners on a regular basis.

Sexual and Reproductive Health:

- UNFPA continues to lead national and state-level coordination to strengthen SRH service delivery, holding monthly national and bi-weekly state level meetings to avoid data duplication, reduce service gaps and guide localized, inter-agency strategies and responses.
- The WHO-UNICEF Perinatal Mental Health Training Package was introduced to enhance partner capacity in MHPSS integration.
- Updates to service mapping and technical support are improving integrated SRH, GBV, and MHPSS services.
- In Northwest/Mandalay SRH service provision and demand generation efforts are progressing. Partners are developing a coordinated referral pathway to map and link primary and secondary SRH service points to facilitate referrals. Information is also being shared across sectors through coordination platforms.
- The working group supports distribution of Inter-Agency Reproductive Health kits and integrated GBV services in emergencies (including Clinical Management of Rape) through static and mobile health clinics.
- UNFPA is involved in the logistics coordination group, working with WFP, UNOCHA, and other UN agencies to streamline the importation and distribution of emergency supplies.

Results Snapshots



26,233

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



11

Health facilities supported



24,326

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



30

Health Services Entry Points supported



18,777

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



4,835

Clean delivery kits distributed to pregnant women including persons with disabilities.

Communications

- UN Global News: [‘Still reeling’: Myanmar quakes worsen humanitarian crisis in fractured country](#)
- Impact International: [Humanitarian Fallout of Myanmar Earthquake Amplifies Suffering](#)



Women at the temporary displaced shelter participate in GBV awareness sessions provided by UNFPA.



A woman from a Mandalay shelter receives a dignity kit.

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, **\$3.7 million** has been mobilized through the UNFPA Emergency Fund, and with support from the Govt of Australia, the Ministry of Foreign Affairs of Korea, the UK Foreign, Commonwealth and Development Office, and the Central Emergency Response Fund. With the humanitarian crisis worsening and monsoon season approaching, flexible funding is urgently needed to sustain essential services, particularly SRH and protection from GBV.

