



Minutes of Information Management Network Meeting

22nd July 2025, 2PM MMT, online via Zoom

Agenda

1. Situational Analysis of Gender Based Violence (GBV) and Mental Health and Psychosocial Support (MHPSS) (*UNFPA*)
2. Highlights and Lessons Learnt from Earthquake Response (*MIMU*)
3. General Discussion and AOB

Attendance

Chair: Ole Hansen (MIMU)

Participants: Health Cluster, OCHA, WWF, RCO, MAU, ICRC, UNFPA, MIMU (11 participants from 8 organisations)

1. Situational Analysis of Gender Based Violence (GBV) and Mental Health and Psychosocial Support (*UNFPA*)

Continuing from the presentation at the previous IM Network meeting, the overview of the study was briefly reintroduced. It was conducted from February to April 2025 in 6 states/regions (Yangon, Sagaing, Kachin, Kayin, Shan, and Rakhine). Methodology was a mixed method involving key informant interviews, focus group discussions, in-depth interviews, secondary data reviews, and quantitative surveys. The target groups included the general population (ages 15-49), pregnant and lactating women, persons with disabilities, LGBTQI+, and internally displaced persons (IDPs).

The country context highlighted the ongoing crises, including displacement, forced recruitment, weakened health systems, and supply shortages, increasing vulnerabilities particularly for women, girls, youth, and marginalized populations. Approximately 12.9 million people require health assistance: basic maternal, child, and mental health services.

Highlighted Key findings on GBV included:

- Significant setbacks in gender initiatives at the national level following the military takeover.
- Women detained for political reasons have been subjected to GBV.
- Conflict-related GBV incidents are increasing and GBV case management is complicated, especially in areas controlled by armed groups.
- Under-reporting is also increasing.
- Breakdown of protection systems, legal measures, and accountability
- Persons with disabilities face additional barriers
- Economic instability has worsened the situation of forced marriages, notably in Rakhine and rural areas.
- Online and digital GBV incidents are rising, particularly in urban areas such as in Yangon.

Early marriage and pregnancy remain one of the registered harmful practices: median age of first marriage is 23 years, with 1.1% of girls married by age 14 (child marriage) and 31% of females vs. 10% of males married by age 19 (early marriage). Rakhine shows the higher rates compared to other state and regions. The earliest recorded age of pregnancy was 14, reported in Rakhine, Sagaing, and Kayin. Teenage pregnancy is prevalent, with 17% reporting first pregnancies at age 19 or younger, with highest at 23% in Rakhine.

Domestic violence has increased by 22% since 2021. 69% of women do not feel safe walking alone in the neighbourhood after dark. Fear of GBV is high among vulnerable groups (72-74%). Harmful perceptions persist as significant percentages justified violence based on women's behavior or dress or family stability.

GBV service awareness and access remain limited, especially in rural areas. Clinical management of rape and STI/HIV services show critically low awareness and access (30% in Sagaing and Kayin, 27% in rural areas for

STI/HIV/AIDS, 21% unaware of clinical rape management services). Services like case management and psychosocial support are limited to selected areas particularly in NGO project areas. Safe houses exist in theory but are often underfunded or inaccessible for many rural and conflict-affected communities. Top vulnerable groups identified include young females, young girls, and persons with disabilities.

Overview of MHPSS Situation:

- Increased trauma and psychological distress since 2021
- Limited access to services especially in rural and conflict zones
- Shortages of qualified professionals
- Stigma surrounding mental health
- Weak referral systems and limited integration in primary care
- Capacity and funding challenges faced by many CSOs and local actors that are providing support

43% of respondents needed MHPSS services in the past years, but among them, 57% did not receive them. Different scores such as GAD7 and PHQ9 were used for MHPSS Needs. Anxiety and depression scores vary with notable high numbers among IDPs, youth, LGBTQI+, persons with disabilities, and pregnant and lactating women. Youth expressed concerns and distress over disrupted life plans and educational losses.

Common coping mechanisms included avoidance (42%), talking to family or friends (39%), and religious/spiritual guidance (older adults).

Recommendations included expanding GBV and MHPSS service awareness, addressing under-reporting, strengthening integration, service systems and remote service models, using innovative methods to expand outreach, building capacities of local organisations, and ensuring gender-responsive and inclusive approaches.

During the discussion, a question was raised regarding the possibility / feasibility of surveying health service delivery points to complement the data. Significant challenges were acknowledged coming from limitations with engagement post-2021, but noted that yearly push for these types of assessments will continue. Further collaboration with WHO and other agencies was suggested, while being mindful of potential data-sharing constraints and mandate limitations.

2. Highlights and Lessons Learnt from Earthquake Response (MIMU)

In the immediate aftermath of the earthquake, numerous organizations, including UNOSAT, UNDP, Microsoft, and Copernicus, started doing remote sensing assessments using high-resolution satellite imagery. Due to sheer number of assessments and varying degree of discrepancies among them, MIMU collaborated with partners such as Asian Disaster Preparedness Centre (ADPC) to consolidate data and produce maps. The lesson highlighted the importance of collaborative efforts in remote sensing analyses. With the value of remote sensing being said, ground validation is still important. A GIS team member was dispatched to Mandalay / Sagaing to collect geo-tagged photos and support UNDP's ground response.

Social sensing came out as a valuable tool, making use of crowd-sourced observations from platforms like Facebook, which is much used in Myanmar. Within hours of the earthquake, MIMU launched a dedicated [earthquake webpage](#) featuring an [interactive map](#) updated with reports of damages from social media and volunteer contributors. For images without location, they were geolocated through landmarks and store signage.

Information overload was addressed through careful curation. MIMU produced daily newsletters in the initial days following the earthquake, summarising resources for decision-makers. Complementing this, the dedicated earthquake webpage acted as a curated information hub.

Two other dashboards were developed as useful information management tools:

- [Myanmar Earthquake Dashboard](#): Provided population statistics overlaying earthquake intensity data alongside the HDP Nexus 5W dataset, serving as a baseline of organizations active prior to the earthquake.

- [Interactive Earthquake Monitoring Dashboard](#): Tracked seismic events near Myanmar since April 2007, combining data from the US Geological Survey and Thai Meteorological Department.

Coordination was highlighted as essential for effective disaster response. MIMU actively supported the Early Recovery (ER) cluster by maintaining regular communications with partner agencies, facilitating inputs for flash appeals and situation reports, supporting assessments, and assisting with development frameworks and coordination matrices.

Looking ahead, MIMU plans to enhance pre-disaster baseline data using very high-resolution imagery and digital elevation models (DEMs). Social sensing methodologies will be considered for other disasters such as floods, recognizing the limitations of satellite imagery for short-duration events. MIMU's website and newsletters will continue serving as platforms for curated disaster response information and updates.

In the discussion, questions were raised regarding data availability on damaged health facilities and the overall quality and limitations of satellite imagery. Clarifications were provided by MIMU team members and representative from the Health Cluster, acknowledging ongoing efforts and challenges in collecting detailed health facility data.

Participants were encouraged to engage actively with the dashboards and [subscribe to MIMU's newsletter](#).

3. General Discussion and AOBs

The next regular meeting will be tentatively scheduled in two months' time.