



Minutes of Information Management Network Meeting

24th June 2025, 2PM MMT, online via Zoom

Agenda

1. Price and supply data updates from earthquake and conflict areas (MAU)
2. Rapid Gender Assessment (UN Women)
3. Situational Analysis of Population Dynamics (PD), Sexual and Reproductive Health and Rights (SRHR), Gender Based Violence (GBV) and Mental Health and Psychosocial Support (MHPSS) (UNFPA)
4. Updates on Cluster/Sector/Agency initiatives
5. Activity Updates from MIMU
6. AOB and other discussions

Attendance

Chair: Ole Hansen (MIMU)

Participants: UN Women, MIMU, FAO, UNOPS/LIFT, Food Security Cluster, UNDP, WFP, PI, Health Cluster, UNFPA, ICRC, MAU, SIPRI, WVM (17 participants from 14 organisations)

1. Price and supply data updates from earthquake and conflict areas (MAU)

The recent work of the Market Analysis Unit (MAU) was presented, featuring the Market Price Report May 2025 (40 markets assessed) and Rapid Market Assessment May 2025 (60 markets assessed). These aim to support planning and operations, especially for cash assistance. In that context, the assessments are designed with these 3 questions in mind: Are markets functioning and open? Are goods available in those markets? Can goods reach downstream villages and beneficiaries?

Key findings presented:

- About 77% of assessed markets experienced no closures.
- Around 21% of markets are considered unsafe. Infrastructure or inventory damage reported in 18% of markets.
- The food supply is generally stable and in a better situation than Non-Food Items (NFIs). Hygiene-related NFIs remained relatively strong, a positive outlier as the demand of these will likely increase as the rainy season begins.
- Supply was strongest in Mandalay and weakest in Sagaing, with declines in Rakhine and some improvements in Kayin.
- Regarding downstream access, 95% of markets reportedly serve the surrounding villages and some extended reach even to neighboring townships.

Trends and patterns across States and Regions were also presented:

- In Northern Rakhine State, relatively low price increase compared to last month and year on year but there are notable variations where price increases significantly in some categories such as vegetables and food and decreases in medicine and meat/fish that are balanced out. There are also variations across townships.
- In Southern Sagaing Region, prices are fairly stable this month partly due to prices coming down from sudden spike immediately after the earthquake.
- In the Northern Magway Region, some decrease in prices and a picture similar to Sagaing.
- In Southern Shan State, 1% price increase with geographically variations. Vegetable prices decreased as the supply remained stable a bit later than last year.
- In Kayin State, there is a different picture than elsewhere. A few months ago, prices were increasing in Kayin State, and it had so far stabilized but there were some increase last month driven by increases in food prices. Geographical variations are present due to weather as well as conflict dynamics.

Discussions and Questions:

- Data on imports vs local products was discussed. Analysis on this is qualitative and inferred through price changes. E.g. substitutes to higher-quality more expensive mosquito nets signal import dependency.
- The Cash Working Group currently uses the analysis contextually. Though transfer values are currently set using expenditure-based data, there is interest in integrating MAU findings further.
- Regarding the feasibility of cash assistance in Rakhine, market functionality and continued supply generally supports using cash assistance, although challenges remain in monsoon season.
- Discussed that interpreting supply resilience as a guarantee against famine to be done cautiously, considering logistics and ongoing conflict.
- Suggested expanding to also include monitoring of reproductive health items and contraceptives.

Review the Market Analysis Unit's dedicated page on MIMU for latest products. <https://themimu.info/market-analysis-unit>

2. Rapid Gender Assessment (*UN Women*)

Findings from the Rapid Gender Assessment were presented. The assessment was conducted in coordination with the GiHA (Gender in Humanitarian Action) Working Group after the earthquake in late April – early May. 35 townships from 6 states/regions were covered: 33 ICCG/OCHA-identified priority earthquake-affected townships + 2 based on access. Gender-diverse voices are represented which is notable for humanitarian datasets.

Impacts and Needs:

- Significant damage to homes, with 40% of respondents citing partial damage and 35% complete damage.
- Significant Psychological and Physical Impact: 65% of women reported psychological distress while physical injury is reported higher by men.
- Displacement was also a major concern.
- Needs: Cash, food, and healthcare were most cited. PWD (People with Disability) and LGBTQ+ households also highlight specific needs like education and hygiene support more prominently than others.

Humanitarian Assistance:

- Men and boys more likely to receive aid, particularly in male-headed households.
- Barriers: Discrimination, inaccessible distribution points, lack of female staff, and security concerns.
- Consultation gaps: many were not consulted on their needs and did not know how to give feedback on aid received.

Food Security:

- Coping Mechanisms: Households resorted to borrowing food, skipping meals, and reducing portions.
- In about 50% of cases, women and girls collected food aid and made most decisions about distribution.

Shelter:

- Privacy and Safety Issues: 40% of households lacked adequate bedding or private space for women and girls. Overcrowding, damage from natural disasters, and exposure to robbery or violence were leading causes of discomfort or insecurity in shelters.
- Post-Earthquake Shift: Women and girls now bear more responsibility for shelter upkeep.
- Most Cited Needs: Cash, construction tools, and materials.

Health:

- Over 80% reported access with LGBTQ+ having highest access rates but there are those that cannot access due to cost, distance, or facility closures.
- Many women cited no female health staff and lack of maternal health services as barriers.
- Higher prevalence of respiratory and skin diseases among women and girls.

Water, Sanitation and Hygiene (WASH):

- Water Collection mostly done by women/girls, often under unsafe conditions (1 of 3 reported feeling unsafe). Distance to water points and mobility constraints were common.

- 40% lacked access to safe latrines. Poorly located, gender-mixed, and unlocked facilities were cited as unsafe. Over 30% lacked access to safe bathing spaces. Only 27% of women and girls have adequate menstrual hygiene access; sanitary pads were the top need.

Mental Health and Psychosocial Support (MHPSS):

- Low Availability: Only 25% reported access; mostly from local NGOs and community leaders.
- Sleep disturbance, and anxiety were common.

Perception of Security:

- 60% reported heightened security concerns post-earthquake.

Freedom of Movement:

- Only 28% of women had unrestricted movement vs. 41% of men.
- LGBTQIA+ individuals are more constrained; only 6% reported unrestricted access to health centers, and 18% can move freely to the nearest town.

Gender-Based Violence (GBV):

- 62% reported access to some GBV services, but only 27% said they were safe, confidential, and accessible.
- Only 19% of women and 7% of men knew how to report GBV. Awareness was lowest among gender-diverse groups.
- 27% said GBV survivors cannot report abuse if the perpetrator is in the same home. Public transport, latrines, and night travel were avoided due to fear of GBV.

Disability:

- Female and diverse gender respondents reported more challenges in mobility, communication, and self-care.

Challenges and Lessons Learned:

- The questionnaire was too long and time-consuming; future versions should include more direct and modular questions. Open-ended questions were valuable but hard to quantify.
- Translation inconsistencies occurred between English and Burmese.
- Enumerator training was crucial, especially on SOGIESC (sexual orientation, gender identity, gender expression, and sex characteristics) terminology.
- No formal sampling strategy was implemented due to rapid deployment needs

An internal dashboard has been developed and is hosted on MIMU's restricted page (accessible via request).

3. Situational Analysis of Population Dynamics (PD), Sexual and Reproductive Health and Rights (SRHR), Gender Based Violence(GBV) and Mental Health and Psychosocial Support(MHPSS) (UNFPA)

For the interest of time, only the first two areas were presented in this meeting, and the remaining two areas are to be presented at the next meeting.

The study aimed to access the current landscape of these four thematic areas, to identify gaps and opportunities, and generate evidence-based insights. It was conducted from February to April 2025 in 6 states/regions (Yangon, Sagaing, Kachin, Kayin, Shan, and Rakhine). Methodology was mixed method + secondary data review.

Targeted groups: General population (age 15-49), pregnant women and lactating mothers, persons with disabilities, LGBTQI+, and internally displaced persons (IDPs)

Contextual background was presented, including protracted crisis in Myanmar, IDPs and outmigration, especially among youth, collapse of health services, workforce shortages, and supply chain issues that have ultimately increased vulnerabilities for women, girls, youth, and marginalized groups.

Key findings on Population Dynamics included:

- Household size: Average of 3.8, with variations across states (e.g., 4.6 in Kachin)
- 6.5% of respondents reported at least one disability; 2.1% had multiple disabilities
- Age structure: Evidence of youth emigration, lower proportion of younger populations compared to 2019
- Median age at first marriage: 23.3 years, 1.1% of girls married before age 14, 31% of females vs. 10% of males married by age 19, Rakhine has the highest early marriage rates
- Teenage pregnancy: 17% of first pregnancy at age 19 or younger among survey pregnant women. Highest in Rakhine at 23%.
- 14% of all recent pregnancies are among girls under 24
- 31% of respondents had a migration history, 54% migrated after 2021, Highest migration rates: Kachin (57%). 39% in Yangon is driven by economics or safety. Short-term migration is common (up to 3 months), especially in conflict areas.

These findings led to the conclusion that changing population dynamics has led to growing demand for SRHR, GBV, and MHPSS Services. Key findings include:

- There are many service disruptions and barriers such as stockouts of SRH commodities, including contraceptives, health facilities being under attack, staffing gaps, economic hardship and remoteness affecting service access, significant reliance on NGOs and ethnic organizations

Access challenges to SRHR services include:

- Only 87% could access contraceptives; lower in Sagaing (74%)
- Antenatal, delivery, and postnatal care: urban vs rural access disparity (urban 96–98%, rural 60-65%), 40% of women in Rakhine and 41% in Sagaing had no postnatal care, 40% of pregnant women had to borrow money for antenatal care
- Post-abortion care: only 66% overall; lowest in Sagaing (49%)
- STI/HIV services: as low as 30% in Sagaing and Kayin
- Clinical management of rape: awareness very low; only 39% overall
- Traditional birth attendants are relied on by 37% of women in Rakhine
- Contraceptive use: 31% overall; lowest in Rakhine (21%), cost and transport cited as key barriers to service access

Recommendations:

- Increase investment in data generation and usage
- Promote data sharing across humanitarian actors
- Conduct focused studies on migration, early marriage, adolescent pregnancy, and maternal mortality
- Build capacity of local CSOs on core concepts of population dynamics
- Develop a population dynamics toolkit for local implementation
- Expand outreach for SRHR, especially post-abortion and GBV services
- Promote antenatal and delivery care access
- Enhance maternal health literacy, especially danger signs of pregnancy and abortion
- Tailor adolescent SRHR strategies and outreach
- Increase community awareness on family planning
- Ensure inclusive integration with gender-responsive approach

4. Updates on Cluster/Sector/Agency initiatives

Other participants did not provide any updates on their activities.

5. Activity Updates from MIMU

MIMU updates were not presented for the interest of time and deferred to the next meeting.

6. AOB and other discussions

A follow-up meeting will be tentatively scheduled in two/three weeks' time.