



# Myanmar: Earthquake Response

## Situation Report No. 3

As of 18 April 2025

This Situation Report is produced by OCHA in collaboration with the operating humanitarian clusters and their sub-working groups in Myanmar. The humanitarian response section is not necessarily reflective of all humanitarian interventions undertaken on the ground but rather those voluntarily reported by partners.

### HIGHLIGHTS

- Three weeks after the earthquakes, frequent strong aftershocks continue to shake central Myanmar almost daily, increasing fear and uncertainty among affected families, disrupting response efforts, and further exacerbating the pressure on already limited resources and services.
- Emergency shelter, cash assistance, safe and clean water, sanitation support, food and healthcare are immediate needs for the affected populations, while more sustained support for livelihoods, education, and essential infrastructure repair is crucial for early recovery.
- Supporting local responders and communities, humanitarian organisations continue to deliver life-saving assistance to affected communities. Technical-level assessments are underway to inform a more targeted response.
- Despite these efforts, the scale and urgency of the emergency exceed the current response capacity, with the needs of the affected people rapidly outpacing available resources.



Photo: The lack of shelter assistance is forcing earthquake-affected families to stay in open spaces or build makeshift dwellings, exposing them to the harsh elements including health and protection risks. © T. Arao, UNDAC

## SITUATION OVERVIEW

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Three weeks after catastrophic twin earthquakes hit Myanmar on 28 March, the worst-affected communities are still without safe shelter, clean water and sanitation, stable electricity, healthcare and essential services. The compounding effects of the disaster on already vulnerable communities—many of whom have been grappling with pervasive conflict, poor infrastructure, and limited services—are severe. Living conditions have deteriorated sharply, with thousands of people continuing to sleep in the open, exposed to adverse weather condition and the risk of venomous insect and snake bites. To date, 3,700 deaths have been reported, 4,800 people injured and 129 people remain missing, according to the ASEAN Coordinating Centre for Humanitarian Assistance on disaster management ([AHA Centre](#)). The real toll is likely much higher, with challenges in data collection, verification and processing and underreporting making it difficult to grasp the full scale of the disaster. The psychological toll is mounting, particularly among children and vulnerable groups, who face the uncertainty of prolonged displacement amid aftershocks, untimely rains and extreme heat.

Central Myanmar continues to experience frequent seismic activity almost daily. Since the destructive quakes, more than 140 aftershocks have been recorded, including two with 5.9 and 5.5 magnitude tremors near Nay Pyi Taw Union Territory and Wundwin Town on 29 March and 13 April, according to the Department of Meteorology and Hydrology. The United States Geological Survey indicates that aftershocks may persist for months following a major earthquake, especially in tectonically active regions like Myanmar.

The earthquakes struck at a critical time, during what is usually the driest month and pre-monsoon season, and in regions central to Myanmar's agricultural economy. These hardest-hit areas contribute about one-third of the country's cereal production, four-fifths of its maize output, and are home to nearly two-thirds of the national cattle and buffalo population. Livelihoods have been upended as widespread damage to farmland and essential infrastructure threatens food production ahead of the monsoon and other income-generating businesses.

Damage to water systems has left communities without safe drinking water, forcing reliance on unsafe sources and heightening the risk of waterborne diseases. The loss of functioning health infrastructure has left many communities without access to basic healthcare, while overcrowded displacement sites and reliance on untreated water sources have heightened the risk of water-borne and hygiene-preventable disease. Malnutrition remains a pressing concern, especially among children, as disruptions to supply chains and services have affected the availability of life-saving nutrition support. Within the education system numerous schools were damaged or rendered unusable. With the school year set to resume in early June, the reopening of schools will require clearing debris, setting up temporary learning spaces, repairs to classrooms, and restoring access to clean water, functioning toilets, and basic hygiene facilities.

Humanitarian organisations continue working to deliver life-saving assistance to affected communities, supporting local responders. In the first 10 days that followed the disaster, over 240,000 people were reached with essential supplies and food assistance. Emergency food distributions began within 48 hours, with at least 70,000 people reached in Mandalay, Nay Pyi Taw, Sagaing and southern Shan. Over 100 tonnes of medical supplies have arrived, and mobile health teams are providing trauma care, essential medicines and psychosocial support. Local partners are being supported to address rising health risks, including most affected areas. Despite these efforts, the scale and urgency of the disaster demand far greater action, resources and access.

## HUMANITARIAN RESPONSE

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### Education in Emergencies

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#### Needs:

- Findings from Rapid Needs Assessments (RNA), indicate that in just 38 townships in eight regions, at least 103,980 school-aged children were affected. In 43 affected townships, assessments of 1,656 schools reveal that 818 were damaged, while 279 were either destroyed or rendered non-functional. Communities responded that access to education services, learning spaces, and educational supplies are urgent priorities.

- With the new annual academic circle in June, the most pressing needs to enable schools to reopen include clearing debris, establishing temporary learning spaces, conducting minor repairs to classrooms and WASH facilities, and providing essential teaching and learning materials.

#### Response:

- Emergency education supplies are pre-positioned and ready for delivery for the new academic year: 18,600 ELP kits and 600 roofing sheets in Mandalay, and 72,000 early learning programme (ELP) kits, 6,099 roofing sheets, 150 early childhood care and development (ECCD) kits, and 200 recreational kits in Yangon.
- The delivery of 250 roofing sheets and 2,000 ELP kits from emergency supplies in Mandalay is underway to earthquake-affected people in Sagaing, pending transportation across the Sagaing Bridge.
- In Mandalay, distribution of recreational kits for 600 children at a monastic school to promote psychosocial wellbeing through play and social interaction is underway. Additional requests have been received for ELP kits, ECCD kits, recreational kits, and roofing sheets in two townships.
- Mental Health and Psychosocial Support (MHPSS) awareness posters are set to be disseminated across 100 learning centres in Magway and Sagaing to promote emotional well-being among students and teachers.

#### Gaps & Constraints:

- Limited transportation access, particularly across the Sagaing Bridge, delays the timely distribution of education supplies to remote and affected communities.

## Food Security

#### Needs:

- More than 301,000 people need food assistance in 14 townships in Mandalay Region and 4 townships in Sagaing Region. The townships with the highest reported needs include Amarapura, Aungmyaytharzan, Chanmyatharzi, Mahaaungmyay, Patheingyi, Pyawbwe, Sagaing, Sintgaing, Wetlet, and Yamethin. Information on people's food needs in other affected areas is not immediately available.
- Widespread damage to farmland and critical infrastructure has disrupted livelihoods threatening food production ahead of the upcoming monsoon season. Many croplands have been rendered unusable after the disaster, making timely planting impossible without immediate support. Irrigation systems need urgent repairs to ensure water access during the rainy season.
- Livestock producers are facing significant needs with shortages of veterinary services and capacity. The availability of agricultural inputs is limited due to disrupted supply chains, with many unable to access what they need for the upcoming planting cycle.

#### Response:

- Food Security Cluster partners have reached approximately 240,000 earthquake-affected people in Mandalay and Sagaing regions with various forms of food assistance. Partners also provided cooked meals and assisted community kitchens (where people gather to cook and share meals).
- Partners aim to scale up support for affected farmers with financial assistance and key agricultural inputs, enabling them to sustain their livelihoods for the upcoming seasons.
- Emergency agricultural support in accessible areas is underway aiming to reach 11,400 earthquake-affected households in Magway Region, Sagaing Region and Shan State, and 2,500 households in Mandalay Region by May.

#### Gaps & Constraints:

- Despite the number of people reached, extended food assistance is needed in some areas where only short-duration rations were provided. Significant gaps remain, particularly in Amarapura, Aungmyaytharzan, Chanmyatharzi, Mahaaungmyay, Pyawbwe, Sagaing, Sintgaing and Yamethin townships.
- Myanmar's input markets are under pressure from inflation and logistics issues, with the earthquakes worsening the already fragile supply chains. Rising prices have reduced farming viability and increased financial stress for both farmers and merchants.
- There are major challenges in restocking agricultural inputs ahead of the monsoon season due to road conditions, fuel shortages and supplier delays. Timely support is needed to avoid deeper disruptions in food production.

## Health

### Needs:

- Rapid needs assessment findings indicate that 640 health facilities were damaged, especially in Sagaing Region.
- Damage to water supply systems has left many communities without access to safe drinking water, forcing reliance on untreated sources and raising the risk of waterborne diseases, including diarrhoea.
- There is an urgent need for medicine to manage chronic illnesses, particularly diabetes and hypertension.
- Rubble and debris from destroyed buildings has created potential mosquito breeding grounds. With untimely rains, this is significantly increasing the risk of dengue outbreaks.

### Response:

- Health Cluster partners continue to deliver essential primary health services in earthquake-affected townships, including reproductive, maternal, and child health care. Emergency obstetric and newborn care is being provided through mobile and static clinics.
- Trained health workers are offering clinical management for survivors of sexual violence, along with primary health care and MHPSS. Psychological First Aid (PFA) training is also being rolled out to frontline service providers.
- Partners distributed critical supplies to support women and girls, such as dignity kits, and other essential items, including clean delivery kits for pregnant women. Additional support is being provided to help ensure access to sexual and reproductive health services.
- Of the 15 Emergency Medical Teams deployed to Mandalay, Nay Pyi Taw, and Sagaing, 4 have already departed Myanmar, and another 4 are expected to leave in the coming week.

### Gaps & Constraints:

- Chronic shortages of medical supplies are severely limiting partners' ability to deliver health services.
- Health partners continue to face restrictions trying to reach affected population in hard-to-reach areas with essential health services.
- Insecticide-treated bed nets, a key intervention to prevent malaria, are currently unavailable in affected areas.

## Logistics

### Needs:

- Sufficient storage spaces are needed in the affected areas, especially in Mandalay and Sagaing regions, to accommodate the increased demand, particularly as more relief cargo is expected to arrive in the country.

### Response:

- The [Logistics Cluster Concept of Operations](#) has been published and shared with partners. The Logistics Cluster will support storage services in Mandalay and Yangon, and transport services on a case-by-case basis. Furthermore, coordination and information management efforts will continue to avoid duplication of efforts.
- Logistics coordination hubs have been established in Mandalay, Yangon, and Nay Pyi Taw to improve coordination and information management, as well as to support cargo movements and the setup of storage consolidation hubs in key locations. A warehouse in Mandalay is in the process of being secured to support humanitarian cargo storage.

### Gaps & Constraints:

- Yangon Airport, as the primary international entry point for humanitarian cargo, is operating with limited payload and handling capacity, affecting the flow of supplies.
- The importation of nutrition specific cargo items continues to be a challenge.
- Damage to electricity and communications infrastructure hampers coordination of logistics efforts.

## Nutrition

### Needs:

- Immediate nutrition interventions are essential to prevent a deterioration of the nutrition status of people in affected communities, including emergency life-saving nutrition services and feeding programs, multiple micronutrient supplementation, and support for infant and young child feeding (IYCF) practices.

- Proper provision of breast milk substitutes (BMS) and caregiver support is critically needed to avoid further complications.

#### Response:

- Cluster partners continue distribution of nutrition supplies. Fortified biscuits were provided to 11,250 households; basic nutrition food items to 900 households; meals, essential food supplies and biscuits to nearly 1,250 households; and multiple micronutrient powder to 34 children in Mandalay Region and southern Shan.
- Screening for acute malnutrition among children under five and pregnant and lactating women has been initiated in Mandalay to ensure early detection and timely referral for treatment. This proactive approach aims to prevent the deterioration of nutritional status and reduce the risk of complications. In parallel, IYCF counselling is being provided to caregivers and lactating mothers of children under two years of age. These sessions focus on promoting appropriate feeding practices to support optimal growth and development.
- The cluster has developed a joint statement on cautions against unnecessary BMS use for partners during the earthquake response to safeguard infant health and to avoid further health complications.

#### Gaps & Constraints:

- Partner presence remains limited across the 58 worst affected townships.
- Communication barriers, including poor internet connectivity, continue to hinder effective coordination and real-time updates from field partners.

## Protection

#### Needs:

- Overcrowded and inadequate living conditions are placing a significant psychological and emotional strain on affected households. This is coupled with rising anxiety, loss of livelihoods, and uncertainty about the future. This environment heightens the risk of protection concerns, including exploitation, abuse, and other harmful practices, particularly affecting children, women, older persons, and persons with disabilities. These risks underscore the urgent need to scale up protection assistance through sustained monitoring, community-based support, and targeted interventions.
- Many survivors continue to reside in makeshift shelters or sleep outdoors, exposing them to extreme heat and safety risks. These conditions disproportionately impact women, girls, pregnant women, older persons, and persons with disabilities, significantly heightening the risk of gender-based violence (GBV).
- The absence of privacy in bathing and sanitation facilities and the lack of adequate lighting at night are major protection concerns. These factors contribute to unsafe environments and reinforce the need for interventions such as safe shelters, age- and gender-sensitive WASH facilities, and expanded psychosocial support.
- Persons with disabilities face layered and compounded protection risks. The widespread destruction of infrastructure has severely restricted their mobility, and the lack of accessible shelters and disrupted healthcare services further hinder their ability to meet basic needs. Many are unable to navigate damaged terrain or access humanitarian aid, leaving them isolated and vulnerable to neglect, exploitation, and exclusion.
- The recovery of civil documentation has emerged as a critical need. Many families lost essential documents in the disaster and are struggling to retrieve them from the rubble. Concerns are growing that, with the onset of the rains, unrecovered documents may be permanently lost, posing serious barriers to accessing aid, education, healthcare, and legal recognition.

#### Response:

- Protection partners have reached nearly 3,000 people, including persons with disabilities, with targeted protection support, such as case management for individuals at heightened risk in Mandalay, Sagaing, Bago, and southern Shan. In the same areas, 42,000 people were reached through protection needs assessments and monitoring, while over 10,000 people participated in community-based awareness sessions aimed to prevent and mitigate protection risks. In Nay Pyi Taw, protection monitoring was conducted as part of the broader assessment efforts.
- The MHPSS Working Group facilitated five psychological first aid training sessions: two in-person sessions reached 35 participants, and three online sessions engaged 46 staff from national and local organizations.
- An in-person emotional support group session reached 50 participants in an affected area, providing a safe space for emotional processing and helping to build resilience among those impacted.

**Gaps & Constraints:**

- Access to protection services remains severely constrained due to damaged infrastructure, overstretched health systems, and a shortage of trained female staff. The demand for specialized services, including MHPSS, exceeds current capacity, particularly in hard-to-reach areas.
- Access constraints, limited resources, and insufficient information on available services and the protection needs of affected populations continue to impede effective planning and response, reducing the ability of partners to deliver timely and appropriate support.
- The involvement of untrained volunteers and informal responders has raised serious concerns about potential harm, including an increased risk of sexual exploitation and abuse, particularly affecting women, girls, persons with disabilities, and other at-risk groups.

**Child Protection (CP) Area of Responsibility (AoR)****Needs:**

- Lack of privacy in sleeping, bathing, and latrine facilities puts children, particularly adolescent girls, at significant risk of violence, including GBV. This also impacts their overall dignity and safety.
- Unaccompanied and separated children are at heightened risk of exploitation, including trafficking. Communities have been providing informal, temporary care; however, there is a pressing need to scale up family tracing and reunification efforts. Where families cannot be located or have perished, alternative family-based care is required.
- Many children are suffering from psychosocial distress, caused by the trauma of the earthquake and the uncertainty about their futures. Additionally, some children have expressed fear of the humanitarian workers in the area, due to not knowing who they are or what their intentions are. This confusion increases the risks of sexual exploitation, abuse, and trafficking, as children may be vulnerable to exploitation by unfamiliar adults in the area.
- Children (especially adolescents) are often collecting distributions for their caregivers, and many younger children are left under the care of siblings when adults are waiting in long queues for aid. This situation exposes them to injuries, exploitation, recruitment by armed groups, and potential exposure to landmines in unsafe areas.

**Response:**

- The CP AoR continues to provide partners with [essential resources](#) that are concise, translated, and user-friendly, ensuring a consistent, high-quality response across all activities. Updated resources are circulated daily, and standardized [CP messages](#) are uploaded, allowing non-protection partners to utilize them for wider outreach.
- The CP AoR is focused on simplifying and strengthening Family Tracing and Reunification (FTR) processes, with a dedicated partner identified for safe referrals and FTR implementation.
- To date, despite underreporting, CP AoR partners have reached at least 9,450 people, including 8,629 children, including children with disabilities. Additionally, 2,701 CP kits have been distributed, 300 cases have been opened for case management, 200 adolescents have received targeted programming, and 227 individuals have been reached with life-saving child protection information. Moreover, 6,022 people have benefitted from psychosocial support, including psychological first aid.

**Gaps & Constraints:**

- The severe lack of data presents significant challenges in providing accurate figures. A wider multisector initial rapid assessment is expected to offer clearer insights and more reliable data.
- Additional funding is urgently needed to scale up family tracing and reunification efforts, provide alternative care, and support case management services.

**Gender-Based Violence (GBV) AoR****Needs:**

- Psychosocial distress, particularly trauma and anxiety, have significantly risen among women, single female-headed households, and displaced populations.
- There is an urgent need for gender-responsive interventions, including safe and gender-segregated WASH facilities, secure emergency shelter, and critical relief items such as dignity and hygiene kits.
- Access to life-saving GBV services (including case management, psychosocial support, and sexual and reproductive health care) remains severely limited, especially in hard-to-reach and underserved areas.

- Overcrowded and poorly designed displacement sites, with limited privacy and a lack of gender-segregated sanitation facilities, continue to compromise the safety, dignity, and well-being of women, girls, and other vulnerable groups.
- Heightened risks of GBV, including sexual exploitation and abuse, have been reported, particularly at crowded distribution points, where insufficient oversight and lack of female staff further increases exposure for women, girls, and persons with disabilities.

#### Response:

- To support the effective rollout of GBV interventions, the GBV AoR developed and shared essential tools, including GBV key messages, a pocket guide, and dignity kit guidance.
- GBV AoR partners have reached at least 6,830 women and girls across Mandalay, Sagaing, Bago, and southern Shan, providing critical information and support services. To uphold dignity and wellbeing, 5,975 dignity kits and 3,875 women's essential item kits have been distributed.
- Partners are actively delivering comprehensive GBV services in Mandalay, Sagaing, southern Shan, and Kayah, including MHPSS, health care, sexual and reproductive health, legal aid, safe shelter, and referral services. In addition, five helplines/hotlines, including the national GBV helpline, remain operational, offering immediate support for GBV survivors and those in need of mental health assistance.

#### Gaps & Constraints:

- Access to life-saving GBV services remains limited due to funding shortfalls, fragmented information, security and connectivity challenges, and limited access to people in hard-to-reach areas. These barriers hinder timely, coordinated support, particularly for women and girls facing heightened risks.

### Mine Action AoR

#### Needs:

- Explosive ordnance risk education (EORE) for impacted communities and aid workers remains a critical need due to increased risks with exposed and shifted unexploded ordnance.
- There is limited data on contamination in affected areas. Advocacy is strongly needed to permit EORE tasks and marking to protect both communities and first responders.

#### Response:

- Partners continue to share tailored EORE messages, facilitate referrals to affected communities, and support the mapping of victim assistance services.
- To expand outreach, partners have developed [digital EORE messages](#) and established a [social media page](#) targeting a broader audience in affected areas.

#### Gaps & Constraints:

- Limited data remains a significant challenge. All assessments should include a question related to mine action so that partners can program effectively and efficiently.
- Funding is a challenge to scale up victim assistance.

### Shelter, Non-Food Items (NFIs), Camp Coordination and Camp Management (CCCM)

#### Needs:

- The number of people in need of shelter, NFIs and CCCM support has surged from 1 million to 5.2 million in the affected areas.
- Preliminary assessments in accessible areas of Mandalay and Sagaing have identified over 100,000 people in urgent need of emergency shelter and NFIs, though this figure likely underrepresents the total need.

#### Response:

- The shelter response is being implemented in two phases: the first focuses on immediate life-saving assistance, including the provision of emergency shelter and NFIs; and the second phase will prioritize more sustained support, such as shelter repair and rehabilitation for households that lost their homes due to the earthquake.
- Since the beginning of the response, 81,000 people in 27 earthquake-affected townships received emergency NFIs, and 7,600 people were supported with emergency shelter.

- In central and northwestern Myanmar, including Mandalay and Sagaing, 56,000 people (33,000 in Mandalay and 23,000 in Sagaing) received NFIs, and 1,400 people in Mandalay were assisted with emergency shelter. In Nay Pyi Taw, emergency shelter support reached 4,900 people, with 2,100 also receiving NFI kits.
- In southeastern Myanmar, partners reached 19,800 people in southern Shan, 1,800 people in Bago, and 1,600 people in Kayin with NFIs. In total, 2,700 people in the region received emergency shelter assistance.

#### Gaps & Constraints:

- Delayed or limited funding is slowing the pace and scale of the response.
- Aftershocks and adverse weather conditions, including the risk of flooding, are disrupting distributions and damaging temporary shelters.
- Immediate shelter needs exceed pre-positioned or readily available supplies. The current resources and operational capacity are insufficient to meet the scale of needs. Given the severity of the disaster and the limited reach of cluster partners, it is not possible to respond to all needs nor reach all affected communities in a timely manner.
- Striking a balance between providing immediate, temporary shelter and planning for transitional or durable solutions remains a challenge.

## Water, Sanitation and Hygiene (WASH)

#### Needs:

- The RNA findings reveal extensive damage to WASH infrastructure. Over 64,000 latrines were destroyed and approximately 37 per cent of water facilities sustained damage. Sagaing Region is the most affected, with only 27 per cent of respondents reporting access to sufficient latrines and just 17 per cent having access to safe drinking water, according to the WASH Cluster emergency response standards.
- Open defecation remains widespread in Kayah State, with 40 per cent of respondents identifying it as their primary method of excreta disposal. These figures highlight critical gaps in access to safe water and sanitation, particularly in urban, peri-urban, and displacement settings.
- Partners are strongly encouraged to prioritize the installation of emergency and semi-permanent sanitation facilities to meet immediate needs and mitigate the risk of disease outbreaks. As the acute emergency phase transitions into early recovery, there is an urgent need to rehabilitate damaged WASH infrastructure and ensure consistent, sustainable service delivery.

#### Response:

- Drinking water distribution and pumping assistance reached over 62,000 people in Bago, Mandalay, Nay Pyi Taw and Sagaing. Water purification chemicals and filters were distributed to over 550,000 people, while an additional 11,200 people benefited from community water filters. Hygiene kits reached over 215,000 people, while sanitation services were provided to 36,000 people. Hygiene promotion activities are underway with a strong focus on preventing AWD.
- The WASH Cluster has completed a detailed analysis of RNA data to inform strategic response planning.

#### Gaps & Constraints:

- Temporary disruptions in water supply were reported during the holidays due to supplier and transporter closures, however contingency plans were implemented to minimize delays. Rural areas continue to face significant gaps in WASH support compared to urban centres, which generally have at least some partner presence.
- Emergency sanitation remains a critical gap, as many partners are primarily focused on water supply and hygiene promotion. WASH conditions in peri-urban and rural health facilities remain largely unknown. The Cluster is advocating for targeted assessments in these facilities to ensure they are incorporated into the overall response.

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