

Photo: UNFPA Myanmar








Situation Report #2

UNFPA Mobilizes Life-Saving Services Following Myanmar Earthquake

Country:	Myanmar
Emergency type:	Earthquake
Start Date of Crisis:	March 28, 2025
Date Issued:	April 5, 2025
Covering Period:	April 1 2025 to April 4, 2025
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Key Figures (Figures currently being compiled based on ongoing assessments and will be updated as soon as available)

 13.4 million Estimated total population in the key affected areas	 2,295,000 Women of reproductive age (ages 15-49)	 110,281 Currently pregnant women	 765,000 Adolescent girls (ages 10-19)	 12,253 Number of live births in the next month
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* The total population of 13.4 million is based on 2024 census data for the four regions most affected by the earthquake (Nay Pyi Taw, Sagaing, Shan and Mandalay). At this time, there is no consolidated figure on the affected population.

* The estimated figures for Women of Reproductive Age, pregnant women and adolescent girls is based on the Minimum Initial Services Package for Sexual and Reproductive Health in Humanitarian Settings (MISP) calculator

Highlights

- The earthquakes on March 28, 2025 resulted in significant destruction across Myanmar, with Mandalay, Sagaing, Magway, Naypyidaw, Kayin, Bago and Southern Shan among the hardest hit.
- Over 3,000 people have died, and thousands are injured or missing. Massive destruction to infrastructure, including hospitals, homes, and public buildings have been reported.
- According to the [OCHA](#), the earthquakes have affected more than 17 million people in 57 of the country's 330 townships.
- UNFPA's response includes distributing dignity kits, clean delivery kits and 'Women Essential Item' kits, and mobilizing Sexual and Reproductive Health (SRH), Gender Based Violence (GBV) and Mental Health and Psychosocial Support (MHPSS) services.
- An allocation of US\$500,000 has been made from the UNFPA Emergency Fund to support an immediate response.

Situation Overview

- The situation remains dire as continuous aftershocks exacerbate the vulnerabilities of affected communities. Critical infrastructure, including homes, health facilities, schools, and bridges, has been severely damaged, displacing thousands and exacerbating vulnerabilities, particularly for women, girls, and marginalized groups, and severely hindering rescue and relief efforts.
- A state of emergency remains in effect in Sagaing, Mandalay, Magway, Bago, Kayin, Southern Shan State, and Naypyidaw.
- Electricity and water supplies are disrupted, complicating the humanitarian response. The hardest-hit areas are still without basic services, making the affected populations, especially women and girls, highly vulnerable.
- As of 2 April, 67 Rapid Needs Assessments (RNAs) have been conducted, covering 311,000 affected people. The findings from the RNAs show that displaced people are living in makeshift shelters, football stadiums, schools, churches and open spaces. The rising temperature adds more challenges, and overcrowding in the informal sites can lead to heightened risks of GBV. Families are sleeping on the ground and are using blankets to protect their privacy. In some locations in Mandalay, more than 1200 persons are sharing 14 toilets with no gender segregation.
- The health systems have been overwhelmed, with some hospitals either damaged or closed, creating an urgent need for medical supplies, pharmaceuticals and equipment.
- Food insecurity is rising, exacerbated by the disruption of local markets and increased food prices.
- The destruction of the Sagaing bridge is impacting the transportation of goods, including food, oil and fuel, and hindering humanitarian response efforts. In Kayin and Bago, the earthquake led to landslides, the collapse of houses in mountainous areas, and damaged the irrigation canals in flat areas.
- The mental health impact of an earthquake is profound; people face immediate trauma, grief, and heightened anxiety due to the sudden loss of loved ones, destroyed homes, and ongoing fear of aftershocks. There is an urgent need for Mental Health and Psychosocial Support (MHPSS).
- Urgent needs include emergency shelter, food, drinking water, health services including SRH services, and non-food items, including dignity and hygiene kits, mosquito nets, and first aid kits.

UNFPA Response

UNFPA Myanmar continues to prioritize urgent health and protection support for women and girls in severely impacted areas such as Mandalay and Sagaing. An allocation of US\$500,000 has also been made from the UNFPA Emergency Fund to support an immediate response.

1. Provision of Lifesaving SRH Services:

- UNFPA, in collaboration with partners, is delivering emergency primary and SRH services to approximately 5,000 people affected by the crisis in Mandalay and Sagaing, including women, girls, and pregnant women. Services include life-saving maternal and newborn care as well as the distribution of essential supplies.
- In Mandalay, three health teams are operational—one static clinic in Aung Myay Thar San Township and two mobile clinics covering seven surrounding townships. In Sagaing, one static clinic in the city and three mobile clinics in Sagaing Township are reaching an estimated 2,000 people in need across both regions.

2. Mental Health and Psychosocial Support (MHPSS):

- The UNFPA MHPSS Specialist was deployed to Mandalay to provide support to frontline responders, including Mandalay Yang Sin and local civil society organizations (CSOs).

3. Distribution of Essential Supplies:

- UNFPA and its partners are actively delivering essential supplies to women and girls in the hardest-hit areas, with a focus on dignity, safety, and informed access to services. Distributions include dignity kits, clean delivery kits, and Women Essential Items (WEIs), tailored to meet the specific needs of women and girls, including those with disabilities. These efforts are paired with information on available protection and health services, ensuring that recipients are not only supported with critical items but also connected to the care they need.

4. GBV Coordination and Training:

- UNFPA, as the lead of the GBV Sub-Cluster (SC), continues to coordinate efforts for the prevention, mitigation and response to GBV. An ad hoc coordination meeting for the Northwest GBV working group was held to share updates on the situation, map members' response efforts and coordinate to avoid duplication. Weekly coordination meetings will be held for the earthquake response.
- To ensure the proper integration of GBV risk mitigation measures in the humanitarian response, UNFPA participates in various interagency meetings, including the Inter-cluster Coordination Group (ICCG), at the national and sub-national levels and closely coordinates with other clusters, including the protection cluster, child protection sub-cluster, and the health cluster. and national GBV SC meetings.
- The GBV Referral Pathways for the Mandalay region were updated and disseminated to the GBV SC members to facilitate timely access to life-saving GBV response services.
- On 2 April 2025, UNFPA conducted a refresher training on the [GBV Pocket Guide](#) for GBV SC working group members, particularly front-line workers responding to the earthquake, with plans for in-person orientation sessions in Mandalay.

5. Coordination with Partners

- UNFPA is actively participating in ICCG and ACT Alliance meetings to coordinate with other UN agencies and NGOs for a unified response. Ongoing assessments by partners in Southern Shan and Sagaing are guiding targeted interventions.

Key Challenges and immediate priorities

The response continues to face critical challenges, including ongoing aftershocks that are causing further damage and complicating relief efforts. Damaged roads and bridges pose severe logistical barriers, while displaced populations continue to lack adequate shelter and basic necessities. Gaps in disability inclusion remain a serious concern, with many persons with disabilities still without sufficient support or accommodations. Immediate priorities include expanding the Rapid Response Team with additional SRH, MHPSS, and GBV specialists; enhancing logistical capacity to ensure the timely delivery of essential supplies; and strengthening coordination with local authorities and international partners to improve the reach and effectiveness of aid distribution.



A woman affected by the earthquake in Myanmar receives primary healthcare at a UNFPA-supported mobile clinic in Mandalay on 30 March 2025. Photo © AFXB Myanmar/UNFPA Myanmar



A woman affected by the earthquake receives relief items including UNFPA's dignity kits during the UN joint distribution in Sagaing. Photo © UNFPA Myanmar



A woman affected by the earthquake in Mandalay appreciates receiving the items included in a Women Essential Items (WEI) kit. Photo © UNFPA Myanmar

Communications

- [News: “Everything fell apart in seconds”: Women and girls need urgent support after disastrous earthquake in Myanmar](#)
- [Emergency Appeal Campaign: Urgent Help Needed in Earthquake-Hit Myanmar](#)
- [Story: How Humanitarian Aid Restores the Hope and Dignity for Women and Girls affected by Myanmar Earthquake](#)
- [Story: Myanmar quake: UN calls for urgent protection for vulnerable women and girls](#)
- [Story: Women and Girls Urgently Need Lifesaving Health Care Amid the Aftermath of Myanmar Earthquake](#)
- [Press Release: At least 173,855 pregnant women at risk following Myanmar Earthquake](#)
- [Press Release: UNFPA Myanmar mobilizes rapid response following devastating earthquake](#)

Voices from the Field

- “Women are always the hardest hit during disasters and conflict—especially those of us from rural and remote areas. Receiving these dignity kits has meant so much to me. I was too afraid to return home to retrieve even the most basic personal items. These kits show care and thoughtfulness for women like us. Without them, I honestly don’t know how we would maintain our hygiene or sense of dignity. Every woman affected by crisis deserves this kind of support. It’s more than just supplies—it restores our hope.” — Thet, a 38-year-old expectant mother from Sagaing
- “I’m even afraid to use the toilet, worried another earthquake might strike while I’m inside. As a person with a disability, I live in constant fear—what if it happens again while I’m trapped in a damaged building? The anxiety never leaves.” — A woman with a disability, Mandalay
- “Standing on our own is already difficult—even in normal times. Now, with roads damaged and transport nearly impossible, it’s become even harder for people like me. We need support not just for our physical needs, but to lift us emotionally and help us feel seen.” — A man with a disability, Mandalay