



**URGENT ACTION
FUND** FOR WOMEN'S HUMAN RIGHTS
ASIA & PACIFIC

Rapid Gender Analysis

Myanmar Earthquake

2 April 2025

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It was developed by the Gender in Emergencies Group, a feminist social enterprise and non-profit dedicated to advancing gender equality in humanitarian action, and the Urgent Action Fund for Women's Human Rights Asia & Pacific, UAF A&P supports the resilience and resistance of movements led by women and non-binary activists in Asia and the Pacific by co-creating a safe environment for them to sustain their work and thrive. Guided by feminist values, individuals, organisations, and their communities are provided urgent grants and strategic support to strengthen their safety and well-being.

Image: Shutterstock

Abbreviations

CRSV	Conflict-related sexual violence
CSO	Civil society organisations
GBV	Gender-based violence
HNRP	Humanitarian Needs and Response Plan
HLP	Housing, land and property
ID	Identity documentation
IDPs	Internally displaced person
IPV	Intimate partner violence
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/questioning and other sexually or gender diverse people
MHPSS	Mental health and psychosocial support services
MNSA	Multi-Sectoral Needs Analysis
NFI	Non-food items
PiN	People in need
RGA	Rapid Gender Analysis
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health & Rights
WASH	Water, Sanitation & Hygiene

Introduction

A 7.7 magnitude earthquake struck Myanmar on 28 March 2025. The current death toll is 1,700 and rising with the distinct possibility of higher rates for women, girls, and people with disabilities. Sagaing was closest to the epicentre, while Mandalay, Magway, Bago, Shan State and Nay Pyi Taw were also affected along with parts of Thailand¹. The earthquake is expected to have a devastating impact because it struck many of the same areas impacted by previous displacement and ongoing conflict.

The amplified humanitarian crisis does not impact everyone in the same way. Pre-existing vulnerabilities worsen access to humanitarian resources and services and disproportionately challenge the ability of certain groups to respond to new shocks, especially women, girls, female-headed households, lesbian, gay, bisexual, transgender, intersex, queer/questioning and other sexually or gender diverse (LGBTIQ+), people with disabilities, older people and women with children.

In the ongoing civil war, contested territories across the country are controlled by a patchwork of militias formed by the military junta and ethnic armed groups. This makes some of the most impacted areas less accessible to international aid. Internet and communication blackouts, checkpoints and lack of access to affected areas due to damage of key roads and ongoing conflict-related insecurity further exacerbate the humanitarian situation for the most marginalised and vulnerable populations.

Methodology

This Rapid Gender Analysis (RGA) Brief is designed to provide progressive series of gender analysis reports to inform the humanitarian response. It follows the [Gender in Crisis: Infographic](#) (28th March 2025) and the Gender in Briefs at organisational level including from Plan International. This RGA Brief was developed using a mixture of qualitative and quantitative secondary data sources. The secondary data review was a collective process with different experts working on different sectors/sections. Assessment findings and recommendations were shared by Feminist Funds including the [Global Resilience Fund](#), [Urgent Action for Women's Human Rights Asia & Pacific](#), and [Women's Fund Asia](#). The analysis took place over four days from 28-31 March 2025. It was reviewed by gender experts from Myanmar.

This RGA Brief has several limitations: the context of Myanmar is highly sensitive; data is contested, and access issues are ongoing. In addition, the report is selective in its focus: It does not include information on key areas like child protection, food security and livelihoods. More research is needed in these areas. There is some primary assessment data included but much more is required to gain a fuller picture of the impact of the earthquake.

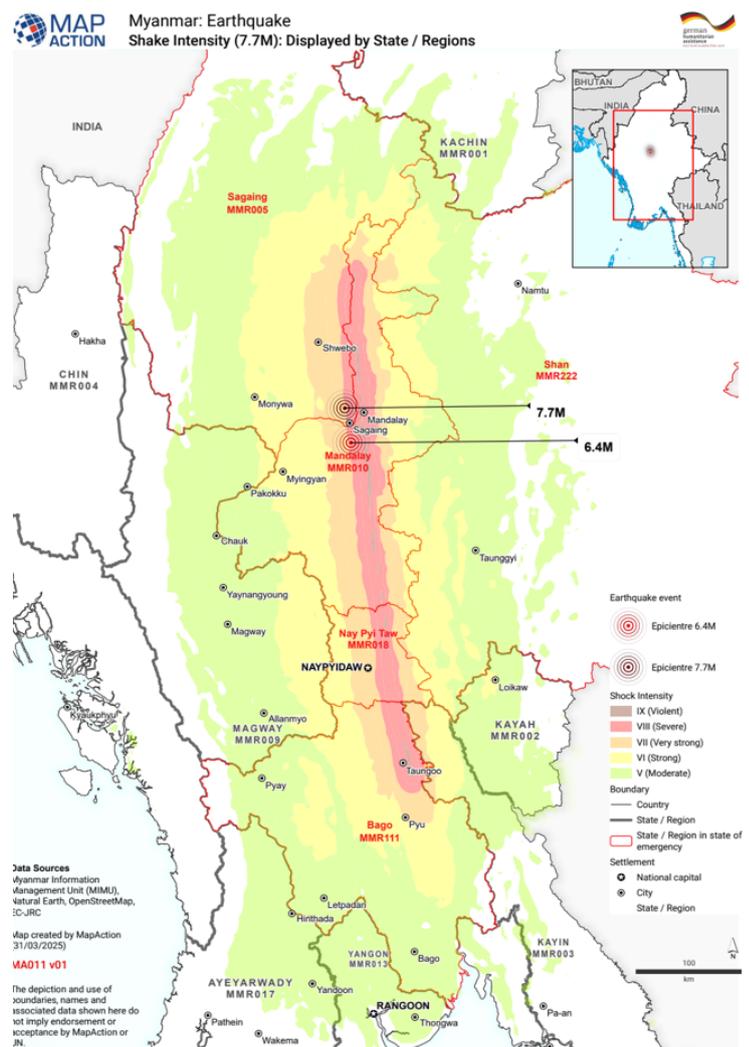
Demographic analysis

According to the 2014 Census, the population of Myanmar is 50,279,900 millionⁱⁱ with 21.9 million people living in the regions most impacted by the earthquake: Mandalay, Bago, Magway, Sagaing, Shan and Nay Pyi Taw.

- There are significantly more women than men in Myanmar.
- Migration is a significant issue with almost 25% of the population of Myanmar living overseas.ⁱⁱⁱ Mandalay, Bago, Mon, Kayin, Shan and Tanintharyi have high rates of out-migration to Thailand. Young men are more likely than women to have migrated to other countries, especially Malaysia.^{iv} This may have contributed in part to the greater percentage of women than men across the regions (See table 1).
- Household size is an average of 4.4 people.^v
- One in five households is headed by a woman: the majority of whom are widows and older than their male counterparts.^{vi}
- Overall, women and girls in all population groups make up 60% of those with at least one disability. The majority of people with disabilities reside in rural areas. It is also noted that the earthquake has placed people with intellectual disabilities at high risk in Mandalay.^{vii,viii}

Pre-earthquake, more than one third of the population was already in need of humanitarian assistance.^{ix} Reports indicate that before the earthquake humanitarian assistance was required to cover an average of 54% of household needs.^x Over the last year, the IDP population has increased 72%^{xi} including 51% women and 49% children^{xii} and only 15% live in overstretched formal camps while the majority face harsh conditions in informal shelters with limited safe access to healthcare, water and food.^{xiii} About 1.3 million IDPs are hosted in Sagaing alone, representing over one third of the national total.^{xiv}

As of 6 December 2024, Myanmar's annual HNRP was 34% funded. Current humanitarian profiles for the earthquake are available at country and at Mandalay level^{xv}. These specific earthquake updates contain limited sex or gender disaggregated data. The long-term impacts in Myanmar of Cyclone Nargis (2008) highlights the need to monitor the impacts of the earthquake and its aftermath by gender and age.^{xvi} Gender disaggregated data is available per State in the 2014 Census.^{xvii}



Map used with permission from Map Action. Last updated 31 March, 2025.

Table 1: Regional disaggregated data

State / Region	Population ^{xviii}	Female %	Male %	Average Household Size	Rural population %	PiN (HNRP, 2024)
Sagaing	5,325,347	52.7	47.3	4.6	83	2.7m
Magway	3,917,055	53.7	46.3	4.1	85	1.1m
Bago	4,867,373	52.3	47.7	4.3	78	1.932m
Shan	5,824,432	50.0	50.0	4.7	76	2.1m
Mandalay	6,165,723	52.5	47.5	4.4	65	2.1m
Nay Pyi Taw	1,160,242	51.3	48.7	4.1	68	0.31m

Myanmar is a country of enormous ethnic diversity, with 135 major ethnic groups speaking more than 100 languages. The main ethnic groups are the Karen, Shan, Mon, Chin, Kachin, Bamar, Rakhine and Karenni. Minority ethnic communities are estimated to make up at least one-third of the country's total population. Some of the minorities share Theravada Buddhism with the country's majority, though there are also substantial communities of Muslims, Hindus, Christians and animists. Community engagement efforts must reflect this linguistic, cultural, and religious diversity to be as effective as possible.

Gender roles and relations differ across regions and ethnic groups. Myanmar's deeply entrenched patriarchal structure, underpinned by concepts such as *hpon* (men's perceived spiritual superiority),^{xix} confines many women to domestic roles and limits their access to education, healthcare, and economic opportunities. Women are underrepresented and with limited influence in formal and informal leadership roles at local and national levels, with women often relegated to supporting roles.^{xx} Land inheritance and property rights heavily favour men, and women often lack financial independence, with gender discrimination particularly evident in rural and conflict-affected areas. Women and girls with disabilities face compounded discrimination, struggling to access basic services in displacement camps.^{xxi}

Research has shown that in disasters, mortality among women is often higher than men. For example, research in Aceh showed that three women for every man died during the tsunami.^{xxii} While it will be extremely challenging to determine the mortality rates based on gender, age and location in the context of Myanmar recognising the devastation and chaos that follows a disaster of this magnitude, this data is key to a more accurate understanding of the impacts of the earthquake in all sectors.

In terms of livelihoods, there are huge gender disparities in work and pay across Myanmar, including the risks associated with migration, which will continue to grow under the worsened conditions.

While the focus is often on people in households and communities most affected by the earthquake, attention must also be given to people living in institutions as well as the homeless. These places will often accommodate vulnerable groups of people. This includes hospitals, boarding schools, prisons, religious centres, nursing homes, training centres and orphanages.

Pre-earthquake, the absence of legal identity documentation (ID) hindered access to services, with three quarters of non-displaced stateless households reporting they did not have valid ID. The most cited reason was denial of requests for ID. The lack of ID in Myanmar prevents people from exercising many fundamental human rights such as freedom of movement, access to services, and protection of

housing, land, and property (HLP) assets.^{xxiii} It is expected that the earthquake will exacerbate this situation.

Findings and Analysis

Women's Participation & Leadership

"Women in emergencies are often the first responders and are key in delivering life-saving humanitarian aid especially in hard-to-reach areas including playing important roles in making life-saving contributions and building resilience."^{xxiv}

While women's active participation in public decision-making and leadership roles across Myanmar has increased to some extent over the past five years, women remain vastly underrepresented and with limited influence in formal and informal leadership roles at local and national levels, with women often relegated to supporting roles.^{xxv} Entrenched gender biases remain and limit the impact of these achievements and women's leadership at camp, village, township and state levels remains low.^{xxvi}

Barriers to women's meaningful participation and decision making are multi-faceted and are further exacerbated in times of crisis, causing increased marginalisation of women's voices and their needs.

For example, during a crisis social expectations and gendered roles are exacerbated with "women being expected to care for the social and reproductive aspects of internally-displaced persons' (IDP) assistance activities, while male counterparts in the community assume decision-making and leadership roles."^{xxvii}

The primary barriers found restricting women's participation, influence and leadership include:^{xxviii}

- Gendered social norms and expectations
- Lack of attention to or prioritisation of women's concerns
- Social stigmas by men towards women as ineffective leaders
- Restricted freedom of movement of women within and across communities
- Limited access to information and resources for women
- Care responsibilities of women for the household and family members
- Security concerns such as sexual and physical violence
- Limited funding and capacity building opportunities for women's rights organisations

Even with the many challenges women face to participate and lead in formal and informal capacities, women activists and women's rights civil society organisations (CSOs) continue to serve as frontline responders despite ongoing conflict, providing crucial humanitarian assistance to affected communities, especially in hard-to-reach areas and vulnerable communities, providing lifesaving assistance and building resilience.^{xxix,xxx} Women's rights CSOs and women's networks are active across Myanmar, including in Nay Pyi Taw territory and Shan State, yet often do not receive the same level of funding or access to platforms to advocate and influence policy.^{xxxi} Through their understanding of their communities' needs, women and women's rights CSOs play a key role in responding to the different needs of populations during a crisis – such as pregnant women, nursing infants, older people and people with disabilities, as well as fostering peace and building social cohesion. It is reported that women and women's CSOs have already emerged and will continue to emerge as first responders in the earthquake response. It is critical that this role be acknowledged and promoted in the broader response.

Regional feminist funds are actively working with women's rights CSOs responding within Myanmar, as they continued to do before this crisis. For example, the Urgent Action Fund for Women's Human Rights Asia Pacific and the Women's Fund Asia have already begun grant-making to its diverse

intersectional partners for the earthquake response in addition to their on-going support for the protracted crisis. It is important to note, as local organisations have flagged in [this](#) statement, that the earthquake is an exacerbation of the crisis and highlighted the risk of the weaponisation of aid. Local organisations on the ground face structural and security challenges to receiving foreign funds. This requires donors to collaborate with WROs in finding best ways to fund the emergency response, such as through rapid small grants. Feminist funds recommend using a holistic protection and security framework to inform humanitarian response work.

With limited influence in public decision-making and leadership roles, women's (and girl's) needs are more likely to go unmet and with women and girls facing increased vulnerabilities in times of crisis, the participation and leadership of women critical to achieve a gender equitable humanitarian response.^{xxxii}

Shelter and Housing

The earthquake has caused widespread damage and destruction to critical infrastructure, including reports of collapsed and damaged residential, government and commercial buildings, hospitals and temples in urban and rural areas.^{xxxiii} It is important to note that Mandalay and Naypyidaw are very urban areas. Following the earthquake people spent nights out in the streets or open spaces due to damage and destruction, aftershocks and fearing further earthquakes.^{xxxiv} While the extent of the destruction is still being calculated, the need for safe emergency shelter will be a priority in the coming days and weeks, including in areas where shelter was already limited. It is critical that the emergency shelter response is designed in a way that addresses the gender, age, ability and culturally distinct needs and priorities of individuals, including ensuring that the most vulnerable groups and those disproportionately affected are able to access safe, appropriate shelter.

Prior to the earthquake, insufficient, inadequate and unsafe shelters disproportionately affected women and girls and LGBTIQ+ individuals in Myanmar.^{xxxv} As of early 2025, an estimated 5.1 million people were in urgent need of shelter and non-food items' (NFI) assistance, driven by a combination of protracted insecurity, persecution and recurrent natural disasters including flooding.^{xxxvi} In conflict affected areas, the destruction and burning of homes, damage to critical infrastructure, the disruption of services and widespread displacement further exacerbated shelter needs.^{xxxvii} Many internally displaced people (IDPs) suffered repeated displacements, and targeted strikes by the military junta, leaving families insecure in the face of livelihood disruptions, and temporary shelter arrangements.^{xxxviii} Air strikes have continued even since the earthquake struck. Widespread flooding and climate-related displacement during the second half of 2024, increased shelter needs and led to heightened risks for women-headed households, people with disabilities, and children. The 2024 Multi-Sectoral Needs Analysis (MSNA) found that female-headed households experienced greater housing insecurity compared to male-headed households with a higher proportion living in collective centres rather than individual shelters.^{xxxix}

Many parts of the country faced shelter shortages prior to the earthquake, despite high numbers of IDPs. Emergency shelter assistance was insufficient with only 15% of IDPs living in structured sites/camps, leading millions to seek shelter in resource-scarce and insecure informal sites and temporary makeshift shelters, or in jungles and remote areas, where they face shortages of food, clean water, assistance and healthcare.^{xl} Such insecure environments may pose increased risks for women and girls. Funding and resource constraints, combined with barriers to assistance and safe shelter and challenges to humanitarian access, particularly in conflict zones, increased the difficulties of meeting shelter needs.^{xli}

Many IDP camps and sites are characterised by overcrowding and poor design, lack of separate spaces for women and girls, inadequate sanitation and lack of privacy. This contributes to women and

girls' insecurity and increases their vulnerability to sexual harassment, assault and exploitation.^{xlii} Specific shelter needs of diverse groups such as older people, people with disabilities, LGBTIQ+ individuals, pregnant women, are often overlooked, which limits accessibility.^{xliii} A lack of culturally-sensitive site planning may inadvertently curtail the mobility of some women and girls, who face cultural or religious gender mobility restrictions, with implications for their well-being.^{xliv}

Protection assessments found that across IDP settings, there was a heightened risk of early marriage, gender-based violence (GBV), exploitation and abuse.^{xlv} Safety audits in displacement sites highlight poor living conditions where women and girls do not have private spaces, lighting is poor, and sanitation facilities are not separated for women and girls. This has resulted in distress and insecurity for women and girls, further aggravated for those with disabilities.^{xlvi}

In Myanmar, camp management and coordination tends to be dominated by men, with a lack of women representation. In cases where women's groups and forums exist their functioning has been limited in promoting women's meaningful representation, participation and leadership.^{xlvii} Lack of inclusive participation and representation has implications for the well-being, health and security of under-represented groups.

Some of the areas most affected by the earthquake include large urban centres, including Myanmar's second and third largest cities, Mandalay and Nay Pyi Taw (populations of 1,319,452 and 950,000 respectively according to the 2014 Census). While ongoing political unrest in areas such as Mandalay and Sagaing had already resulted in the displacement of residents to forests, monasteries, churches, and other places of refuge, the earthquake will complicate the situation of displacement and, in the longer term, ownership of homes and who will influence reconstruction of residential and commercial buildings and of transport routes, schools, etc. may have different impacts for women, girls, boys and men.

Water, Sanitation & Hygiene (WASH)

The earthquake has led to the disruption of water supplies in most if not all affected locations, with reports of water resources damaged in some areas. Humanitarian actors note the delivery of dry food and clean drinking water are amongst the pressing emergency needs.^{xlviii} Rescue operations are challenging in areas within limited search and rescue personnel. As recovery efforts expand, it will be critical to reduce the risk of disease transmission including by maintaining water sources and waste management systems, reducing environmental health risks, and promoting good hygiene practices.^{xlix} Ensuring such efforts are designed with a view to meeting the distinct WASH needs and priorities of women and diverse population groups will be critical to effectively reaching all affected communities.

Prior to the earthquake, access to clean water, sanitation and adequate hygiene for crisis-affected populations in Myanmar was limited, and made worse by the conflict, particularly for women, girls and LGBTIQ+ individuals.^l The collapse, non-functionality, or destruction of water systems infrastructure has furthermore left many communities without access to clean water, disproportionately affecting women and girls who are traditionally tasked with household water collection.^{li} Women and girls in conflict areas often face severe shortages of menstrual hygiene products due to high costs/economic hardship and limited availability due to supply chain disruptions and transport restrictions, with IDP women and girls and non-displaced stateless women and girls being disproportionately affected.^{lii} Limited access to menstrual hygiene products may also limit their overall well-being, dignity, mobility and participation in public life.

Displacement camps are characterised by onsite water scarcity, electricity shortages and existing WASH facilities are often overcrowded, poorly maintained and lack gender-segregated, safe and

private sanitation options.^{liii} This disproportionately affects the safety, health and dignity of women and girls who are often forced to use unsafe alternatives.^{liv}

Health

Prior to the earthquake, nearly 70% of health care workers are believed to have fled the country^{lv} and lack of safe access for those remaining has led to a depletion of professional and specialised medical expertise, especially of females and within remote communities.^{lvi} Myanmar health system is weak and underfunded: this will hamper its ability to respond to the current complex humanitarian emergency.^{lvii,lviii}

Myanmar faced significant unmet health needs pre-earthquake, particularly among women, low-income groups and rural populations, who experienced the highest levels of unmet care.^{lix} Many health facilities, particularly in Sagaing, Mandalay and Magway, were already non-functional, or had been closed by the military junta, making rapid response of essential health services even more critical.^{lx} Priority health needs before the earthquake included communicable and non-communicable diseases, malnutrition, dermatosis related to sanitation issues, sexual and reproductive health (SRH), trauma and surgical care and mental health. Rural and ethnic minority women are less likely to seek healthcare.^{lxi} The near collapse of the healthcare system increases the reliance on private facilities, humanitarian assistance and local community-based organisations for services in conflict-related zones and hard-to-reach areas.^{lxii}

Pre-existing inequalities and discrimination hinder access to essential health services, such as SRH care, for marginalised and vulnerable populations, such as women, including female-headed households, girls, people with disabilities, LGBTQ+ individuals, stateless Rohingya people, factory workers, farmers and sex workers. Women in these population groups face increased challenges accessing resources and coping with new shocks compared with male-headed households across those groups.^{lxiii}

The 2025 Humanitarian Needs & Response Plan (HNRP) reports that there are 3 million people in Myanmar in need of urgent nutrition support.^{lxiv} In December 2024, three months before the earthquake, they further projected 2 million children below five years of age and 1 million pregnant and breastfeeding women will need nutritional support in 2025. Issues of inadequate diet, poor care practices, unsafe water, sanitation and hygiene and an extremely weak healthcare system are exacerbated by factors ranging from food insecurity, conflict, climate shocks and displacement to create a dire food security and nutrition situation across the country. Women have primary responsibility for nutritional care with limited engagement of men while, at the same time, men often have primary control over the household's finances, including cash assistance.^{lxv} The destruction of the earthquake and resulting displacement only add to this dire situation. Children and pregnant and breastfeeding women, as well as older people and those suffering from chronic diseases must be at the top of a long list that includes nearly every population group.

Sexual and Reproductive Health & Rights (SRHR)

Pregnant and breastfeeding women, as well as newborns and children under five years old, struggle to obtain basic health services amid ongoing violence and logistical challenges. Myanmar has the highest under-five mortality rate in Southeast Asia (40 per 1,000 live births),^{lxvi} while 179 women die per 100,000 births due to pregnancy related causes.^{lxvii} Complications due to abortion are the leading cause of maternal mortality, correlating with the limited capacity of health services to provide adequate family planning options and care for women to reduce unwanted and unintended pregnancies.^{lxviii} Additional causes of death for pregnant women include postpartum hemorrhage, hypertension disorders (i.e.

eclampsia), and infection that can be reduced or significantly improved by basic antenatal care and adequate facilities and personnel (especially midwives and frontline community health workers).^{lxxix}

Maternal mortality is significantly higher in rural areas and conflict-affected zones, where women report more limited access to reproductive health services (including emergency obstetric care) and fewer skilled birth attendants are available. Amidst cultural stigma, data suggests that mental distress among women is disproportionately high, particularly related to postpartum depression, fear of childbirth without adequate support systems available and experiences of physical violence during pregnancy. Prolonged mental health needs during pregnancy, birth and postpartum leads to compromised birth outcomes for mothers and newborns. Additionally, female IDPs face increased barriers and health risk, as 85% of IDP households report unmet basic needs including reduced dietary quality and diversity necessary for healthy pregnancy and development.^{lxxx}

Gender-Based Violence

Before the earthquake, the availability and awareness around multi-sectoral gender-based violence (GBV) response services for survivors, including case management and safe houses were reported to be insufficient and difficult to access. In the absence of no functioning or limited policing, legal and justice systems, survivors have little recourse to lodge complaints of incidences of GBV and perpetrators are not punished, leading to their impunity.

The 'low-profile approach' to GBV response services, including clinical management of rape and mental health and psychosocial support services (MHPSS), makes it difficult for many survivors to access services in a timely manner.^{lxxxi} Trends around GBV are driven by ongoing conflict and displacement, poverty, food insecurity, high unemployment rates and job losses and substance abuse. Intimate partner violence (IPV), sexual violence (including conflict-related sexual violence (CRSV)), trafficking, and forced/early marriages are the main forms of GBV.^{lxxii}

Negative coping mechanisms also increased in 2025, such as transactional sex, to deal with economic shocks, such as income shortfalls.^{lxxiii} The adoption of harmful coping mechanisms increases the risk to violence, early or forced marriage, child labour, human trafficking and sexual exploitation.^{lxxiv} Thus in the aftermath of the earthquake, as living standards and conditions deteriorate further there could be heightened needs for GBV risk mitigation measures and services.

Since 2021, there have been extensive reports of human rights violations. These violations, including torture, sexual violence, forced detentions and damage to civilian properties are often gendered and disproportionately impact already marginalised and vulnerable groups.

Social norms within Myanmar amplify the risk of discrimination and violence for women and marginalised and vulnerable groups in accessing life-saving humanitarian resources. Confined to domestic roles, women and marginalised and vulnerable groups have limited access to services, facilities and opportunities. In addition, as noted under the Shelter and Housing, WASH and Health sections above, these groups experience reduced access to sanitation and health care and face significantly reduced privacy and increased risks of GBV in overcrowded and unsafe living conditions, such as in displacement camps and sites. Furthermore, IDPs, female-headed households and households that include people with disabilities face the "double burden" of household management alongside increased economic responsibilities,^{lxxv} increasing their likelihood to be forced into high-risk situations for income generation.

Just three months before the earthquake, the HNRP warned that funding cuts were expected to result in the continued closure of camps in 2024/2025 leading to further displacement and negatively impacting IDPs' access to basic services and humanitarian assistance and protection. The impact of the earthquake with its resultant further deterioration of disrupted, destroyed or fragile social structures

and support systems has most certainly led to and will continue to accelerate this further displacement and further stressors on basic, humanitarian and community-based assistance and protection needs. The dire situation heightens concerns about GBV, human trafficking and illegal migration and unsafe movement of marginalised and vulnerable groups seeking refuge in safer locations.

Recommendations

The [Myanmar HNRP 2025](#) and other reports contain strong recommendations on how to reflect gender and diversity into humanitarian response. These recommendations should be considered by humanitarian actors.

This RGA supports these recommendations, notes the need for consideration of the specificities of the different regions and their diverse ethnic and linguistic populations. Partners have highlighted the impact of and, therefore, the importance of paying attention to intersecting marginalisations of key populations. Reaching out to these communities will take time and deliberate commitment.

As such, this Rapid Gender Analysis highlights the following areas:

Women's Participation in Decision-Making

- Humanitarian actors need to include women, women's groups and women's rights organisations in consultations and decision-making around the communities' needs and women's needs to ensure an inclusive and equitable response.
- Donors should provide funding for women's rights CSOs and feminist funds to respond to the crisis directly, while creating opportunities for them to participate in the humanitarian coordination system as well as access to external platforms to influence resourcing and policy. This should include both organizations from within different communities and those that had been forced to relocated outside the country for security reasons.
- Prioritise direct response through local women's CSOs and CSOs representing the rights of marginalised groups with demonstrable commitment to the lives and well-being of the Myanmar people.^{lxxvi}
- Humanitarians should implement targeted programming activities to support women's collective organising and empowerment to support young women's leadership during the crisis and beyond.
- Collaborate with local CSOs to improve acceptance of humanitarian actors, particularly those focused on women and LGBTQI+ communities to secure access and distribute aid to hard-to-reach groups.

Gender-Based Violence

- With the support of women's organisations wherever possible, establish what static and mobile GBV response services, including MHPSS, remain operational, are relocated or are established in response to the earthquake. Revise referral pathways accordingly and ensure information about their availability is shared in the relevant surrounding area.
- Include key messages on GBV response services and on the prevention of sexual exploitation and abuse at all displacement and distribution sites.

- Create designated accessible safe spaces for women, where psychosocial support can be provided sensitively.

Shelter & Housing

- Ensure minimum standards for emergency and temporary shelters are in place including adaptations to ensure privacy, dignity, accessibility and safety for different gender, age, ability and cultural and religious group; ensure targeted and affirmative actions are integrated into shelter allocation and shelter construction to ensure groups with limited mobility or resources are not excluded; Ensure safe access to essential services in sites including WASH facilities, health, food distribution and other critical services; engage with diverse women and underrepresented groups in shelter and site planning needs assessments, programme design and prioritisation, and promote inclusive representation, leadership and decision-making in site management; strengthen community engagement including collaboration with women's rights CSOs as first responders.

Water, Sanitation & Hygiene

- Address the emergency and medium-term WASH needs of the affected population, taking the privacy, hygiene and cultural needs of different gender, age, ability and minority groups into account; ensure the safety and accessibility of WASH facilities (including ensuring toilets and showers are separated for women and men, and positioned in safe locations, with adequate lighting, doors that lock from the inside); ensure menstrual hygiene management needs are addressed; design hygiene promotion efforts in an inclusive way; and involve women and other underrepresented groups in needs assessments, programme design, prioritisation and operations of WASH facilities.

Health

- Earmark direct and flexible funding to strengthen community-based health facilities considering the needs and existing vulnerabilities of women and girls, female-headed households, people with disabilities, LGBTQ+ individuals, older people, stateless Rohingya people, factory workers, farmers and sex workers. Incorporate mental health support as a key priority within a holistic framework.
- A mixed modality of in-kind distributions and cash-based transfers to support recovery (including improved food security and accessibility of health services), depending on market functionality and community preferences.

Sexual and Reproductive Health & Rights

- Ensure a culturally relevant and multidimensional approach with an emphasis on strengthening local capacity to provide SRH services such as skilled birth support, lactation counselling, newborn care practices and monitoring of developmental milestones.
- Address stigma and discrimination by ensuring information is targeted to IDPs, LGBTQ+ individuals, adolescents, ethnic minority groups, female-headed households, and people with disabilities (especially in harder to reach communities).
- Increase the availability of essential services for family planning, remote and mobile antenatal and postpartum care, mental health and psychosocial support services (including screen

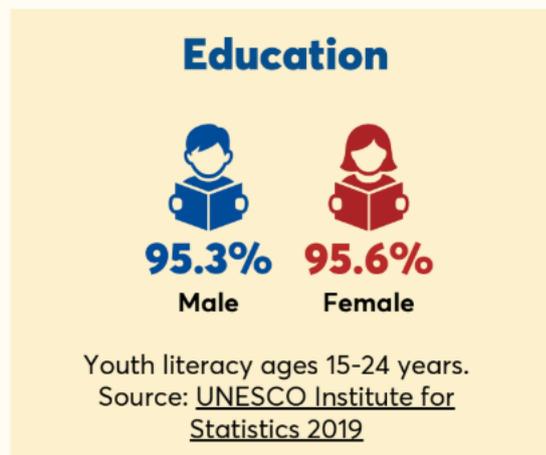
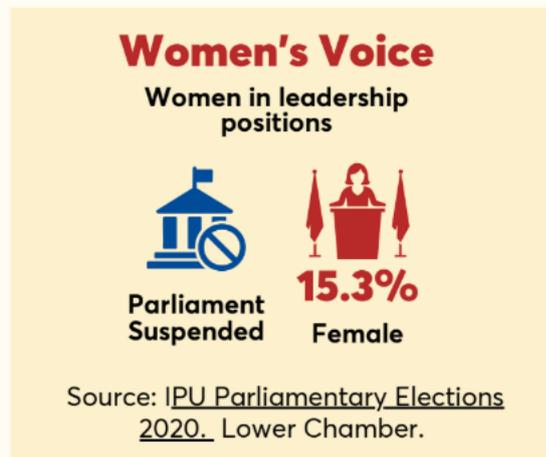
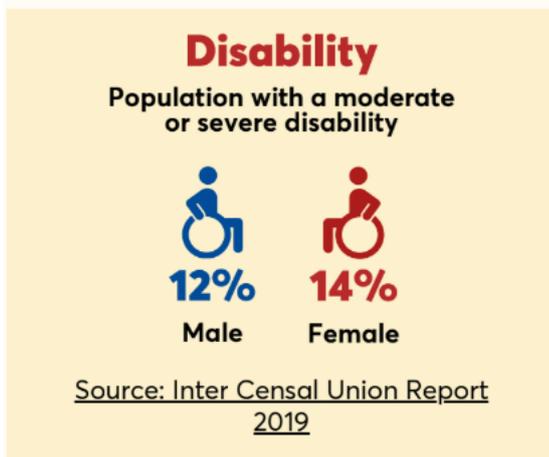
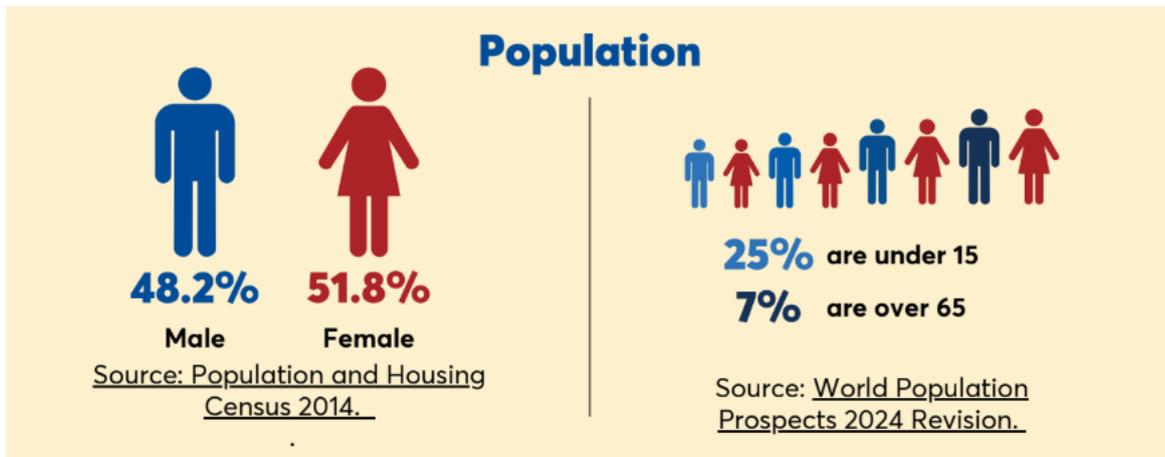
pregnant women for risk factors associated with mental distress during their antenatal care) and case management for GBV survivors.

Rapid Gender Analysis

- Humanitarian Information Management Systems and reports should work in partnership with gender focused actors to be able to include sex, gender, age and disability data to reflect the different impacts on different groups in their datasets including for mortality and ongoing impact of the crisis.
- Recognising the low acceptance of humanitarian interventions, it is important to rapidly collect qualitative data on the response with real-time analysis in collaboration with local actors and those working on accountability to affected populations.
- Further Rapid Gender Analysis is needed to collective primary data. This should be funded, and it should include the findings from the assessments currently being carried out by women's rights CSOs.

Annexes

Annex 1: Gender in Brief



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About Us

The Gender in Emergencies Group is a social enterprise working on gender in humanitarian action. We make equality training and expertise available to everyone at an affordable price. We then reinvest the majority of funds generated back into advancing gender equality in emergencies. Together we can help make gender equality a reality.

Endnotes

- ⁱ OCHA, 29 March 2025, [Myanmar Earthquake Flash Update #1 \(As of 29 March 2025\)](#)
- ⁱⁱ MIMU Myanmar Information Management Unit, [Myanmar Census, 2014](#)
- ⁱⁱⁱ UNDP Asia and the Pacific, 19 September, 2024, [Migration in Myanmar: Moving to Cope](#)
- ^{iv} See, for example, the [Mekong Migration Network](#)
- ^v Government of Myanmar, UNFPA, 31 December 2016, [The 2014 Myanmar Population and Housing Census - Thematic Report on Population Dynamics - Census Report Volume 4-E](#)
- ^{vi} Report. Name withheld. March 2025.
- ^{vii} HelpAge International, 2018, [Disability and ageing in Myanmar](#)
- ^{viii} Correspondence. Special Olympics. IFRC. 1 April 2025
- ^{ix} UNICEF, 28 February 2015, [UNICEF Myanmar Humanitarian Situation Report No. 1 - 01 January - 28 February 2025](#)
- ^x Cash & Markets Working Group, November 2024, [Myanmar Minimum Expenditure Basket November 2024 Update](#)
- ^{xi} OCHA, 13 December 2024, [Humanitarian Needs and Response Plan 2025](#)
- ^{xii} UNHCR Regional Bureau for Asia and the Pacific, October 2024, [Myanmar Emergency Update as of end October 2024](#)
- ^{xiii} OCHA, 13 December 2024, [Humanitarian Needs and Response Plan 2025](#)
- ^{xiv} MMR Earthquake Situational Analysis. Anonymous. March 2025.
- ^{xv} ACAPS, 29 March 2025, [Myanmar earthquake: Mandalay pre-crisis profile](#)
- ^{xvi} UNDRR, 2008, [Cyclone Nargis 2008: rehabilitation in Myanmar](#)
- ^{xvii} MIMU Myanmar Information Management Unit, [Myanmar Census, 2014](#)
- ^{xviii} Ibid
- ^{xix} OHCHR, 2 July 2024, [A/HRC/56/CRP.8: Courage amid Crisis: Gendered impacts of the coup and the pursuit of gender equality in Myanmar](#), cited in MSNA 2025
- ^{xx} IDEA International, 18 March 2024, [Women's Political Participation and Empowerment in Post-Coup Myanmar](#)
- ^{xxi} A Working Group, March 2025, [Gendered Insights from the Myanmar 2024 Multi-Sectoral Needs Assessment](#)
- ^{xxii} Tonnelier et al., 2024, [Gender Differences in Years of Life Lost resulting from the 2015 Gorkha Earthquake in Nepal](#)
- ^{xxiii} OCHA, December 2023, [Myanmar Humanitarian Needs and Response Plan 2024 \(December 2023\)](#)
- ^{xxiv} UN Women, 13 December 2024, [Myanmar 2025 Gender Humanitarian Strategy](#)
- ^{xxv} IDEA International, 18 March 2024, [Women's Political Participation and Empowerment in Post-Coup Myanmar](#)
- ^{xxvi} IDEA International, 18 March 2024, [Women's Political Participation and Empowerment in Post-Coup Myanmar](#)
- ^{xxvii} Leap4Peace, 2024, [Women's participation in peace processes in Myanmar](#)
- ^{xxviii} Report. Name Withheld. 2022.
- ^{xxix} Leap4Peace, 2024, [Women's participation in peace processes in Myanmar](#)
- ^{xxx} IDEA International, 18 March 2024, [Women's Political Participation and Empowerment in Post-Coup Myanmar](#)
- ^{xxxi} UN Women Asia and the Pacific, 2019, [Gender Profile for Humanitarian Action, and across the Humanitarian-Peace-Development Nexus | Rakhine, Kachin and Northern Shan](#)
- ^{xxxii} UN Women, 13 December 2024, [Myanmar 2025 Gender Humanitarian Strategy](#)
- ^{xxxiii} DFS, 28 March 2025, [Area Profile Report: Affected Myanmar Regions](#)
- ^{xxxiv} OCHA, 29 March 2025, [Myanmar Earthquake Flash Update #1 \(As of 29 March 2025\)](#)

-
- xxxv Report. Name withheld. 2024.
- xxxvi OCHA, 13 December 2024, [Humanitarian Needs and Response Plan 2025](#)
- xxxvii DFS, 28 March 2025, [Area Profile Report: Affected Myanmar Regions](#)
- xxxviii OCHA, 13 December 2024, [Humanitarian Needs and Response Plan 2025](#)
- xxxix Report. Name withheld. 2025.
- xl OCHA, 13 December 2024, [Humanitarian Needs and Response Plan 2025](#)
- xli Report. Name withheld. 2025.
- xlii Report. Name withheld. 2025.
- xliii Report. Name withheld. 2025.
- xliv Report. Name withheld. 2020.
- xliv Myanmar Protection Cluster, December 2024, [Myanmar Protection Analysis Update](#)
- xlvi *ibid.*
- xlvii *ibid.*
- xlviii OCHA, 29 March 2025, [Myanmar Earthquake Flash Update #1](#);
- xlivx Oxfam, January 2014, [Gender-sensitive WASH programming in post-earthquake Haiti](#); WHO and Public Health England, 2017, [Health Emergency and Disaster Risk Management WASH](#)
- l Report. Name withheld. 2025.
- li OCHA, 13 December 2024, [Humanitarian Needs and Response Plan 2025](#)
- lii Report. Name withheld. 2025.
- liii Report. Name withheld. 2025.
- liiv Report. Name withheld. 2025.
- liv Krugman, *Think Global Health*, 4 March, 2024, [In Myanmar, Health Care Has Become a Battleground](#)
- lvi UNICEF Myanmar, 5 February 2025, [Six Things to Watch in Myanmar in 2025](#)
- lvii Humanitarian Action, December 2024, [Myanmar Humanitarian Needs and Response Plan](#)
- lviii Yang et al., 18 May 2023, [Current status and needs in the primary healthcare system in Yangon, Myanmar: a mixed-method evaluation](#)
- lix Tinn et al., 2024, [Unmet healthcare needs and their determining factors: addressing inequalities in access to healthcare in Myanmar](#)
- lx WHO, 30 March 2025, [Earthquake response in Myanmar](#)
- lxi Tang and Zhao, March 2019 [Health system strengthening in post-conflict ethnic regions of Northeastern Myanmar: a qualitative study](#)
- lxii OCHA, December 2023, [Myanmar Humanitarian Needs and Response Plan 2024 \(December 2023\)](#)
- lxiii Situational Overview Myanmar. Anonymous. March 2025.
- lxiv OCHA, 13 December 2024, [Humanitarian Needs and Response Plan 2025](#)
- lxv Report. Name withheld. 2025.
- lxvi UNICEF, 2025, [Myanmar](#)
- lxvii World Bank Group. [Gender Portal Data, Myanmar](#)
- lxviii UNFPA, 2025, [Sexual & Reproductive Health, Myanmar](#)
- lxix UNFPA, 2025, [Sexual & Reproductive Health, Myanmar](#)
- lxx UNICEF, 2025, [Myanmar](#)
- lxxi Humanitarian Action, December 2024, [Myanmar Humanitarian Needs and Response Plan](#)
- lxxii *ibid.*
- lxxiii *ibid.*
- lxxiv OHCHR, 2 July 2024, [A/HRC/56/CRP.8: Courage amid Crisis: Gendered impacts of the coup and the pursuit of gender equality in Myanmar](#)
- lxxv UN Women & UNDP. (2022). Gender-Responsive Conflict Analysis: Myanmar. March 2022.
- lxxvi 265 CSOs, 30 March 2025, [Press Statement: Civil society calls for disaster relief for earthquake survivors and affected communities in Myanmar](#)