

EARTHQUAKE RESPONSE SITUATION REPORT | 06

As of I MAY 2025



IOM mobile clinic provides health consultations to patients in earthquake-affected Mahaaungmyay Township, Mandalay | © IOM April 2025

HIGHLIGHTS



Over one month since the earthquake, officials report over 3,800 fatalities, over 5,000 injured and hundreds still missing¹. Numbers are expected to be higher, linked to underreporting and challenges in connectivity and data collection.



Challenging weather conditions, including extreme heat and heavy rainfall, pose additional challenges for people residing outside in makeshift camps without protection against the elements, leading to their exposure to protection and health risks



IOM's <u>Flash Appeal</u> calls for **USD** 17.3M to provide life-saving assistance to earthquake-affected people during the first three months of the response. So far, **USD** 9.1M has been confirmed or is in the pipeline, with a current funding gap of **USD** 8.2M.²



As the response is moving into early recovery, the vast recovery and reconstruction needs are becoming increasingly evident, as well as support for restoring access to essential services and people's livelihoods.

² The IOM Flash Appeal for the Myanmar Earthquake Response, is in line with Myanmar Humanitarian Needs and Response Plan Flash Addendum, and the IOM Myanmar Crisis Response Plan. For more information, please visit the **Myanmar Crisis Response Plan 2025 | Global Crisis Response Platform.**



I AHA Centre and OCHA

SITUATION UPDATE

Just over a month after the earthquake, humanitarian and local response partners continue to provide assistance and support early recovery for survivors and affected communities. With widespread destruction and damage to homes and infrastructure, those not able to stay with relatives or friends remain in sub-standard living conditions in camps, camp-like settings and makeshift shelters, overcrowded and with limited access to clean drinking water and sanitation facilities, increasing exposure to protection and health risks, including waterborne and communicable diseases. These makeshift tents also offer little protection against both extreme heat and heavy rainfall, with reports of up to 40 degrees Celsius and predicted pre-monsoon rainfall across all earthquake-affected areas in the coming week.

With markets largely functioning, cash remains the top priority need of households in all affected regions, but to a lesser extent in rural areas. While the response is shifting to early recovery, emergency response needs remain critical, also in consideration of pre-existing humanitarian needs and vulnerabilities prior to the earthquake. Top needs include food and emergency shelter, while shelter repair needs, such as construction material and tools, are growing. There are varying reports and feedback from response partners on the availability and soaring prices for shelter material at local markets.

IOM appealed for USD 17.3 million to reach 293,560 crisis-affected persons during the first three months of the response. Currently around 30 per cent funded, IOM is calling for additional support to respond to the most urgent needs and to support affected people to rebuild their lives. While humanitarian emergency needs remain high, the vast recovery and reconstruction needs are becoming increasingly evident, as well as support for restoring access to essential services and people's livelihoods.

HUMANITARIAN NEEDS

Findings from the 229 rapid needs assessments (RNAs) conducted by IOM's Population Mobility and Needs Tracking (PMNT) programme, covering 130 towns and village tracts across 27 townships affected by the earthquake, show that personal losses and the destruction of property and productive assets, combined with acute food needs and infrastructure collapse, has disrupted mobility and local supply chains, contributing to insecurity, anxiety, and psychosocial distress, especially in rural and peri-urban areas. Below are key interconnected contributing factors highlighted by RNA findings, as reported by 599 key informants.



75,797 people living in displacement (IDPs), with 56,631 living in makeshift shelter

6,886 casualties, including 1,529 deaths, 5,207 injuries, and 150 people reported missing

73,331 people are in urgent need of food

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56,456 people are in urgent need of NFIs, including sleeping mats, personal hygiene items, mosquito nets, kitchen sets

12% of roads are impassable or inaccessible, with 22% of roads and 14% of bridges damaged or destroyed

59% of people reported emotional or psychological distress affecting their safety and wellbeing

To address the multifaceted, devastating impacts of the earthquake, it is vital to integrate psychosocial support and inclusive livelihood interventions into health, protection, shelter, camp coordination and camp management (CCCM), and education activities across the humanitarian, early recovery, and reconstruction phases of the earthquake response. Findings show that immediate investments in agricultural inputs and restoring transport and market infrastructure are essential to revitalize local market mechanisms and economies. These investments are crucial for early recovery and sustainable access to food, essential commercial goods, and lifesaving medical supplies. These interventions, with a strong emphasis on cash-for-work modalities, are urgent and mutually reinforcing.

Addressing food, infrastructure, income, and mental health recovery in tandem will reduce aid dependency and restore dignity and agency among earthquake-affected communities.



IOM RESPONSE

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Local partners in affected townships

60

IOM staff based in Sagaing and Mandalay offices 2,608

In 580 households, received multipurpose cash assistance in Min Lan, Sagaing 2,994

Patients accessed medical consultations/care by IOM mobile clinics 229

Rapid needs assessments completed by IOM's PMNT partners

PROTECTION, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Protection staff deployed to Mandalay facilitated protection risk assessments, including as part of Multi-sector Initial Rapid Assessments (MIRA) led by OCHA. The assessments identified various protections risks, concerns and threats to be addressed by IOM and other humanitarian actors as part of their response. To name a few, reported risks include unsafe shelters with no privacy especially for women and girls, limited sanitation facilities, and lack of lighting in IDP camp toilets at night, which increases the risk of snakebites and gender-based violence particularly for women and girls.

MHPSS staff also joined IOM mobile health clinics to enhance multi-sectoral response for people with specific needs and provided focused MHPSS support, including MHPSS assessments, emotional support, psychological first aid, group wellbeing sessions, lay counselling and psycho-education. Fifty-one individuals been supported in Mahar Aung Myay and Amarapura townships.



Individual counselling session, Mandalay | © IOM April 2025

CASH ASSISTANCE

IOM is working with 10 local organizations to provide cash assistance to 57,000 individuals who were affected by the earthquake in Mandalay, Sagaing, Shan, Magway, Bago, and Nay Pyi Taw. This includes cash for food, health, shelter and settlements, protection and water, sanitation and hygiene. Partners are preparing their responses, coordinating with other response partners on the ground.



HEALTH RESPONSE

IOM mobile clinics, composed of doctors, nurses, midwives, and health educators, have been deployed to various townships in Mandalay Region since 5 April, providing direct healthcare services to earthquake-affected populations. In the past week, mobile teams covered multiple villages and wards in Mahar Aung Myay and Amarapura townships. Cumulatively, IOM mobile clinics have attended to 2,99 4individuals (823 males and 1,706 females). Health needs have shifted from trauma care for injuries to the treatment of common illnesses, including non-communicable diseases. The most common health conditions identified were:

- Diabetes
- Hypertension
- Acute respiratory infections
- Psychosocial support needs



IOM mobile teams also emphasized primary disease prevention by delivering information on behavioral and medical health risks and conducting health promotion and education activities. Health educators provided tailored health education to patients and caretakers during their clinic visits, empowering them to improve and maintain better control over their health. For patients requiring further investigations or secondary and tertiary care, IOM facilitated referral support to the Japan Medical Center, Mandalay General Hospital, Ye Loon Kyaw Station Hospital (Amarapura Township), and Mandalay Children's Hospital.

DELIVERY OF RELIEF ITEMS

In the last week, IOM received 59,000 items from its Global Stocks warehouse in Manila, including 20,000, tarpaulins, 7,500 blankets, 10,000 sleeping mats and mosquito nets, rope as well as rechargeable solar lamps. IOM also received donated relief items from Germany and Sweden including tents, kitchen sets, and water purification tablets. This forms part of the over 70,000 relief items received by IOM so far. IOM is also expecting additional donations from Bulgaria and Poland. Air transport was made possible with the logistical and financial support of the European Civil Protection and Humanitarian Aid Operations (ECHO). IOM is now finalizing plans for distribution to over 45,000 earthquake-affected populations that have not yet received assistance.

IOM is also coordinating donations from the private sector, including companies based in Myanmar for relief items already incountry. This includes hygiene products, water filters, solar rechargeable lamps and batteries, and shelter items. Previously donated menstrual pads were handed over to mobile health and MHPSS clinics, distributing pads to women and adolescent girls receiving care and support.

IOM is working in close coordination with the Logistics Cluster, ECHO and UPS on the transportation from the WFP Warehouse in Yangon to the final distribution locations, with movement planned for the coming days.



IOM MYANMAR EARTHQUAKE RESPONSE IS FUNDED BY:











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