

GENDER-IMPACT FLASH UPDATE: MYANMAR EARTHQUAKE

No. 2

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This update has been prepared by the Gender in Humanitarian Action Working Group (GiHA WG), based on initial reports from GiHA WG members and partners on the ground in Myanmar, including women-led organisations. It provides an overview of the specific needs of women and girls affected by the earthquake and the gender-responsive elements of the ongoing humanitarian response.

The GiHA Working Group is ensuring the needs of women and girls, including youth and adolescents, and those who are pregnant, older, or have disabilities, are prioritised throughout the humanitarian response.

BACKGROUND

On 28 March 2025, two powerful earthquakes—measuring 7.7 and 6.4 in magnitude—struck central Myanmar, with epicentres near Mandalay and Sagaing. An estimated 17.2 million people across 58 townships have been affected, including more than 9 million in the hardest-hit areas.¹ According to publicly available information, more than 3,500 people have died, around 4,500 have been injured, and hundreds are still missing. The earthquakes caused extensive damage to homes, health facilities, water systems, and power infrastructure. Many people are now sleeping out in the open and exposed to extreme heat.

Over 200 aftershocks have added to the psychological distress and disrupted rescue operations.

The situation is especially critical for women and girls. More than 10 million were already in humanitarian need before the earthquake. This disaster has further intensified their risks—cutting off access to essential health and protection services, and exposing them to unsafe shelter, heightened risk of violence, and barriers to safe, private sanitation and hygiene facilities.



GENDER SNAPSHOT

WOMEN & GIRLS AFFECTED BY THE EARTHQUAKE

SHAKE INTENSITY **VI** OR HIGHER

8.8M

Women and girls living in the 13 affected states & regions

OF A TOTAL

17.2M

EARTHQUAKE IMPACTS

From publicly available information

>3.6K **KILLED**

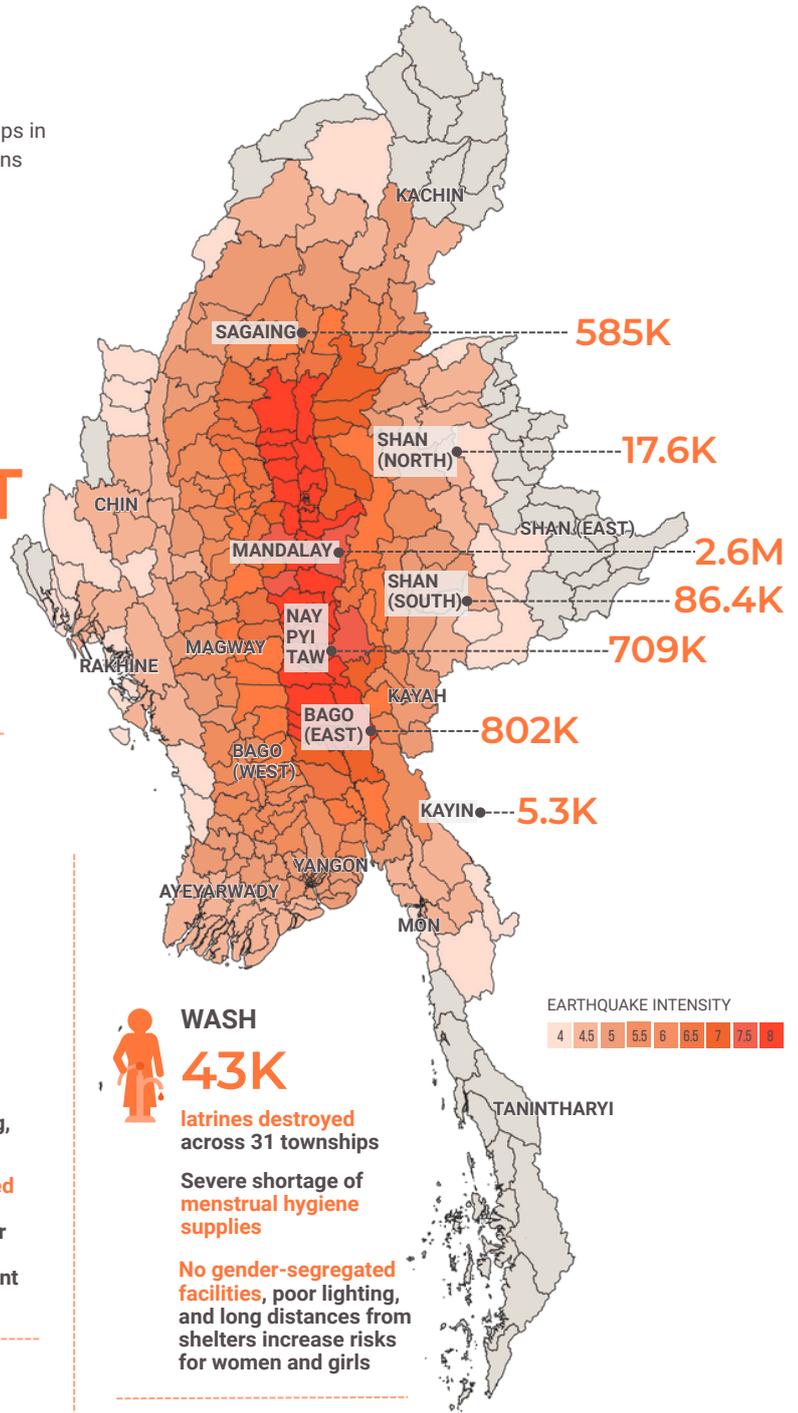
>5K **INJURED**

SHAKE INTENSITY **VII** OR HIGHER

4.8M

Women and girls in 58 townships in 7 worst-affected states & regions

WOMEN & GIRLS IN THE HARDEST HIT AREAS



RISKS FOR WOMEN & GIRLS

GBV & PROTECTION

Negative coping mechanisms increase:

- family violence
- child marriage
- trafficking

Overcrowded, insecure makeshift shelters increase GBV risks

WOMEN WITH DISABILITIES

Lack of accessible communications for people with intellectual and physical disabilities

Loss of assistive devices and no accessible shelter options

Toilets and bathing facilities are not accessible to people with disabilities

HEALTH & CARE

223K pregnancies at risk

61 health facilities damaged in Bago, Nay Pyi Taw, Sagaing, Shan South

Critical care disrupted including for women with disabilities, older women with chronic conditions, & pregnant women

FOOD & LIVELIHOODS

Prices rising with markets disrupted or closed

Cash shortages widespread, with banking system disrupted

WASH

43K latrines destroyed across 31 townships

Severe shortage of menstrual hygiene supplies

No gender-segregated facilities, poor lighting, and long distances from shelters increase risks for women and girls

MENTAL HEALTH

Frontline responders experiencing secondary trauma and emotional exhaustion

Widespread fear, grief and anxiety reported among women, children, & caregivers

MINES

Lack of risk awareness puts women & children at risk during their daily tasks

Mines have shifted into roads, homes, and fields

Sources: MIMU (map) and Gender in Humanitarian Action Working Group members

GENDER-SPECIFIC NEEDS, RESPONSE & GAPS

The UN and its humanitarian and development partners are conducting rapid needs assessments in parallel with delivering aid in severely affected areas. Initial assessments have covered more than 588,000 people across 31 townships. In the immediate aftermath of the earthquake, local women's organisations, UN agencies and other partners also began using the GiHA Working Group's [Myanmar Observational Gender Review Toolkit](#) and [Myanmar Gender Mainstreaming Checklists for Humanitarian Action](#) to identify gender-specific needs and assess services and infrastructure to inform targeted, gender-responsive emergency response efforts.

Shelter, exposure & safety

Tens of thousands of people remain displaced and are sleeping outside in makeshift shelters made of salvaged materials or overcrowded public buildings such as schools and monasteries. Some families are sleeping on the street next to their homes to secure their properties, or sharing shelters with multiple households, often without mosquito nets or essential items including fuel for cooking.

Women and girls are at risk in overcrowded shelters, where hygiene facilities are inadequate, and privacy is lacking. Unsafe, unlit, and unsegregated spaces increase the risk of sexual violence and distress. People with disabilities (PWDs) are among those sleeping outdoors due to aftershock fears—even if homes remain standing. They lack access to safe, accessible shelter options, increasing their exposure and vulnerability.

With temperatures above 40°C and monsoon season approaching, children, the elderly, and pregnant women are particularly vulnerable to life-threatening exposure to heatstroke, heavy rains, and waterborne diseases such as cholera and dengue fever.

Response

- Ongoing needs assessments.

Response gaps

- Severe shortage of adequate, gender-sensitive shelters.
- Inadequate safe spaces and lighting in displacement sites.
- Insufficient mosquito nets, floor mats, construction materials, cooking supplies, and fuel to run water pumps.
- Limited case management, psychosocial support, and female personnel in displacement sites.

GBV & protection risks

Families in temporary shelters and displacement sites report severe privacy concerns, particularly at night and in areas lacking adequate lighting or security measures. Adolescent girls face heightened risks of gender-based violence (GBV), trafficking, and separation from caregivers. There are reports of adolescent girls queuing alone at food distribution points, raising concerns of child separation and exploitation. Initial assessments also indicate that some adolescent girls are engaging in sex work as a coping mechanism in response to severe economic hardship. Stress among caregivers is contributing to increased risks of family violence, child labour, and unsafe migration.

Access to protection services—including case management and psychosocial support—is severely disrupted. There is an urgent need to scale up prevention and response efforts, including the distribution of dignity kits, establishment of safe spaces, and deployment of mobile psychosocial support teams to support affected communities.

Response

- Ongoing GBV and child protection assessments.
- Mobile GBV case managers deployed with health teams.
- Distribution of child-friendly mental health information and child protection kits.
- Updated referral systems and service mapping tools.
- Family tracing.
- Emergency education materials distributed to schools serving as shelters.

Response gaps

- Urgent scale-up required in hard-to-reach and underserved areas.
- Limited access to specialised GBV and child protection case management.
- Shortage of trained female staff for GBV and child protection services.
- Urgent need for expanded family tracing and alternative care.

Water, sanitation & hygiene

Widespread damage to water infrastructure has left communities without safe access to water and sanitation, including drinking water. Most displacement sites lack gender-sensitive WASH facilities, forcing women and girls—who are primarily responsible for collecting water—to travel long distances. In some areas women and girls are bathing in rivers due to the lack of facilities, raising serious safety and privacy concerns. Existing facilities often lack doors, lighting, and privacy, exposing women and girls to heightened risks of GBV, trafficking, and separation from caregivers, particularly at night.

Assessments also indicate a critical shortage of hygiene supplies, including menstrual hygiene items. With most shops closed or severely understocked, families are forced to share limited resources. Toilets and bathing facilities are rarely adapted to meet the needs of women, girls, or people with disabilities.

Poor sanitation, reliance on stagnant water, overcrowding, and extreme heat further heighten the risk of waterborne disease outbreaks, including cholera and diarrhoea.

Response

- WASH Cluster partners conducting needs assessments and delivering essential services.
- Drinking water provided to over 44,000 people in affected areas, including Mandalay and Nay Pyi Taw.
- Latrine construction where feasible.

Response gaps

- Inadequate gender-sensitive WASH infrastructure, including safe and private latrines.
- Severe shortage of menstrual hygiene and basic hygiene items.
- Lack of adapted facilities for people with disabilities.
- Emergency latrine construction hindered by space constraints and regulatory limitations, particularly in urban areas.

“There are only 14 toilets for 1,200 people.

The camp managers are very worried about diseases spreading.”

GIHA MEMBER OBSERVING NEEDS IN MANDALAY

Health & care

Access to essential health services has been severely disrupted due to damage to clinics, overwhelmed hospitals, and widespread medicine shortages. Women—particularly those who are pregnant, elderly, living with disabilities, or have existing chronic conditions—face acute challenges in accessing the care they need.

Over 200,000 pregnant women are at heightened risk following the collapse of maternal health services and critical shortages of reproductive health supplies. Mobile health coverage is limited, and most clinics are either closed or operating beyond capacity.

There is also an increased risk of waterborne disease outbreaks, including cholera and acute watery diarrhoea, particularly in Sagaing, Mandalay, Magway, Shan, and Bago, where displacement and poor sanitation have further strained health systems.

Response

- Mobile health teams providing integrated SRH and GBV services.
- Basic care delivered for trauma and chronic conditions.
- Patient referrals for higher-level medical care.

Response gaps

- Overcrowded health facilities and a lack of temporary treatment tents.
- Critical gaps in sanitary items and clean delivery kits.
- Limited access to services for high-risk groups including older women, women with disabilities, and pregnant women.
- Urgent gaps in mobile health coverage and medical stock availability.



A woman affected by the earthquake in Myanmar receives primary healthcare at a UNFPA-supported mobile clinic in Mandalay. Photo: AFXB Myanmar/UNFPA Myanmar

Women with disabilities

Women and girls with disabilities face compounded risks. Physical and intellectual disabilities intersect with gender to create distinct barriers to safety, access, and dignity in humanitarian settings.

Assessments from Mandalay and Sagaing indicate that women with disabilities have been disproportionately affected by the earthquake. They often reported being the last to evacuate or deprioritised during evacuation efforts, and many have lost their homes, assistive devices, and sources of income. Those who are displaced are often sheltering in unsafe and unsanitary public spaces, with limited privacy or protection.

Damage to facilities run by organisations for persons with disabilities (OPDs) has disrupted essential support services. Pre-existing shortages of assistive devices have worsened, with many wheelchairs, crutches, and communication aids damaged or destroyed.

Communication about emergency assistance frequently excludes accessible formats—such as sign language, easy-to-read text, or pictorial guides—leaving many women and girls with intellectual or sensory disabilities without life-saving information. The broader disruption of telecommunications and internet services has also severely impacted those with visual and hearing impairments, cutting off access to emergency alerts, health updates, and psychosocial support.

Psychological distress is widespread among women who have lost family members, homes, and access to care.

OPDs focused on women report a significant rise in anxiety, fear of aftershocks, and social isolation. Despite their crucial knowledge and networks, OPDs are rarely included in needs assessments or coordination mechanisms. A lack of disability awareness among humanitarian actors further undermines the delivery of inclusive, effective assistance to those most at risk.

"Please provide disaster management training and support to our OPDs, as we need capacity in this area."

A MOTHER OF A CHILD WITH AN INTELLECTUAL DISABILITY

Response

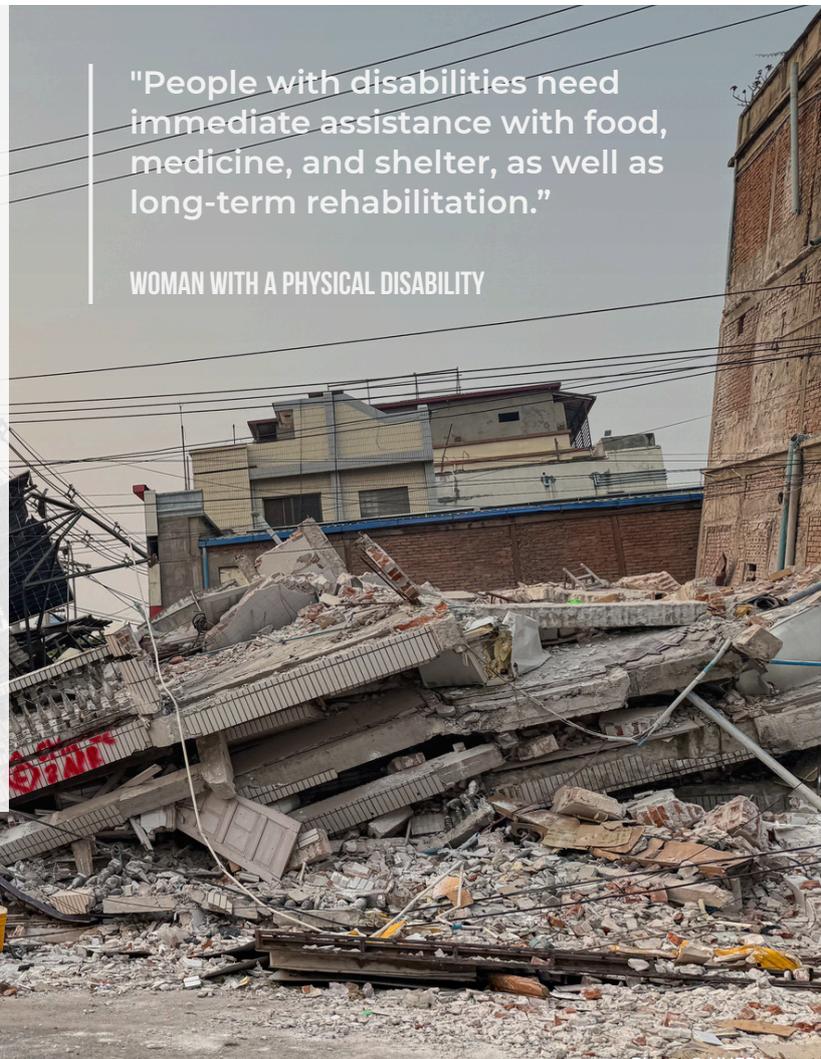
- Local OPDs advocating for inclusive services and mobilizing to assess and support members, despite limited funding.

Response gaps

- Lack of targeted aid addressing specific needs of women with disabilities.
- Inadequate inclusion of disability data in needs assessments and planning.
- Absence of accessible shelters, hygiene kits, and reproductive health services.
- Limited participation of women-focused OPDs in coordination mechanisms.
- Critical funding shortfalls preventing OPDs from delivering direct support.
- Humanitarian staff lack disability inclusion training.
- Emergency information not provided in accessible formats for both physical and intellectual disabilities.

"People with disabilities need immediate assistance with food, medicine, and shelter, as well as long-term rehabilitation."

WOMAN WITH A PHYSICAL DISABILITY



Mental health

Women, children, and caregivers—particularly those who have lost loved ones or are in unsafe shelters—are experiencing severe psychological distress. Widespread grief, fear, and emotional exhaustion are reported among both affected families and frontline responders. Continued aftershocks, caregiving burdens, and disrupted routines are exacerbating mental health needs.

Children separated during the earthquake or who have lost caregivers are especially vulnerable. Misinformation on social media and a lack of safe spaces contribute to persistent insecurity and stress. Sustained, culturally sensitive mental health support remains critical for both communities and responders facing secondary stress.

Response

- Mobile psychosocial support teams deployed.
- Psychological first aid, caregiver psychoeducation, field assessments.
- Helplines and online emotional support offered where connectivity allows.
- Coordination by the MHPSS Working Group, including a centralized online resource hub: mhpsmyanmar.org/earthquakeresponse

Response gaps

- Insufficient coverage in rural and high-impact areas.
- Limited connectivity and power outages hindering online support access.
- Lack of sustained care for responders experiencing secondary trauma.
- Continued need for culturally and gender-sensitive MHPSS services for women, adolescents, and caregivers.

Food and livelihoods

The earthquake has severely disrupted food systems, markets, and livelihoods, particularly in Sagaing, Magway, and Mandalay. Many markets are closed or operating at reduced capacity, with rising prices and scarce basic goods. Assessments from GiHA Working Group members indicate that households in severely affected areas expect their cash reserves to run out within a week, while widespread bank closures have made cash access nearly impossible.

Food insecurity is increasing, especially for pregnant and breastfeeding women, young children, and the elderly, who face heightened risks of undernutrition. Overcrowding at food distribution sites raises GBV risks due to limited crowd control. While some food distributions are underway, cash assistance remains restricted, with Mandalay currently the only area where this modality is authorized.

Beyond the immediate impact zones, damaged infrastructure and market closures are disrupting national supply chains, posing broader threats to food access and economic recovery.

Response

- Food distributions in accessible areas.
- Cash coordination underway in Mandalay.
- Initial livelihood impact assessments integrated into broader needs analysis.

Response gaps

- Lack of tailored food assistance for nutritionally vulnerable groups, especially pregnant and breastfeeding women, young children, & elderly.
- Inability to use cash as a modality in many affected areas.



Mines

Landmine exposure has increased in earthquake-affected areas due to soil displacement, landslides, and ground shifts. Mines and explosive ordnance have been dislodged and moved into roads, fields, and even residential spaces, posing significant risks to civilians—especially those returning home or relocating in search of safety. Women and children face heightened threats while carrying out daily activities, particularly in areas where they have not had access to explosive ordnance risk education (EORE).

Response

- Dissemination of earthquake-specific EORE messages.
- Use of child-friendly materials to improve community-level awareness.
- Mobilisation of victim assistance services and mine action efforts.

Response gaps

- Limited reach of EORE messaging in remote and displacement areas.
- Inadequate mine clearance capacity and lack of mapping of affected zones.

URGENT ACTION NEEDED

Support local women's organizations on the frontline of the response

Local organisations, including women-led and women's rights organisations are on the ground and ready to provide support. They play a vital role as frontline responders, drawing on their deep community ties and understanding of the context to effectively identify and respond to the specific needs of women and girls. Direct, flexible, and sustained funding is urgently needed to strengthen their capacity, ensure an inclusive and equitable response, and build resilience for the long term.

Despite the scale of the crisis, the humanitarian response remains critically underfunded—less than 5% of the 2025 Humanitarian Needs and Response Plan has been funded. Funding shortfalls last year hindered the delivery of life-saving assistance—urgent action is needed now to avoid the same outcome.

About the Gender in Humanitarian Action Working Group

The Gender in Humanitarian Action Working Group works to ensure gender is integrated across all areas of humanitarian response and coordination.

It brings together women-led and women's rights organisations, community groups, NGOs, UN agencies, donor gender focal points (as observers), and cluster leads.

The group is co-led by UN Women and the United Nations Population Fund (UNFPA).

For more information:

MIMU 2025 Myanmar Earthquake resource page: themimu.info/emergencies/earthquakes

Contact the GiHA Working Group

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