

Site Observation



Myanmar
Earthquake
Response



April 2025

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Executive Summary

On March 28, 2025, a powerful earthquake of magnitude 7.7 struck Myanmar, with its epicenter near Sagaing and Mandalay, causing widespread devastation among 8.5 million people and 3471 deaths. A series of aftershocks followed, complicating recovery efforts. A rapid site observation was conducted 48–72 hours later in 53 sites (affected villages, wards, and temporary settlements) in Mandalay, Sagaing, and Southern Shan to assess immediate needs using the SCI Global RNA Tool. Data was gathered from 200 participants, including local leaders, humanitarian workers, and affected community members. The teams provided urgent relief, including food, drinking water, and mental health support.

Urgent needs: The observation revealed that many families were displaced, with over 25,000 individuals in observed sites seeking shelter in temporary sites such as religious compounds and open spaces. In severely impacted areas like Sagaing and Mandalay, in-kind aid such as food, water, and emergency healthcare was prioritized due to non-functional markets and disrupted communication. In contrast, Southern Shan's intact networks made cash assistance more effective.

Shelter and communication: The need for safe, accessible shelter was critical, especially for vulnerable groups such as women and children. In areas with reparable damage, housing repair kits were priority needs, while tents and tarpaulins were urgently needed in more heavily damaged regions. Communication infrastructure was severely impacted, limiting coordination and access to essential information. The need for charging stations and network restoration was particularly highlighted in Southern Shan and Sagaing.

Food, Health and Nutrition: Many reported limited access to drinking water and food immediately after the shock. While some markets in were operating, others were disrupted, limiting access to essential goods. Healthcare facilities faced immense strain due to overcrowding, structural damage, and resource shortages. Common health issues included physical injuries and mental health for both adults and children. Caregivers across all areas faced hardships in feeding infants. Breastfeeding mothers struggled with reduced milk supply due to emotional stress and lack of food.

WASH: Drinking water remained the top priority across all regions, along with storage solutions and improved toilet facilities. Menstrual hygiene items and adult diapers were identified as critical needs for women with disabilities.

Education: Education facilities suffered significant damage, with 50% of schools in Sagaing and 33% in Mandalay fully collapsed. Key education needs include temporary learning spaces, psychosocial support, school repairs, and provision of teaching and learning materials.

Protection and MHPSS: Major protection risks included damaged buildings and, in Sagaing, emotional and physical abuse. Children displayed behavioral changes, withdrawal, refusal to eat, unusual crying, and sleep disturbances were reported in all assessed areas.

GEDSI and participation: Internally displaced persons and persons with disabilities were commonly identified as the most likely to face discrimination. Most respondents were unaware of any mechanisms for children to express their views.

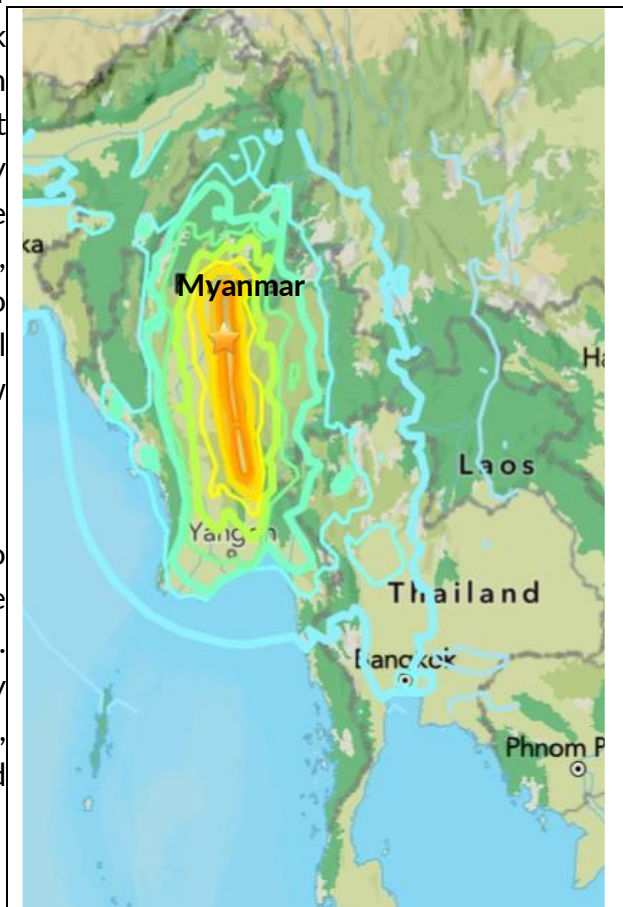
Key recommendations

1. Provide safe and secure emergency shelters in severely impacted areas, and support early recovery in moderately affected areas
2. Continue provision of In-kind food assistance to the severely affected populations and cash assistance in the contexts where markets are operational
3. Provided targeted livelihood supports to those who are in need
4. Support access to proper health care and medications, monitor any post-disaster infectious diseases outbreak
5. Improve access to WASH facilities in all the affected areas with the proper consideration of women, children, elders and people with disabilities
6. Conduct structural assessments, provide repair kits for damaged schools, distribute teaching and learning materials, and carry out detailed education needs assessments
7. Strengthen child protection mechanisms, including community-based reporting systems for child safety concerns.
8. Ensure meaningful participation of children in decision making
9. Ensure timely, equitable and inclusive access to information regarding where and how to contact aid organizations and how to access services

Background

On March 28, 2025, at 12:51 PM Myanmar standard time, a very strong earthquake of magnitude 7.7 on the Richter scale struck Myanmar, causing widespread destruction and devastating humanitarian challenges. It had its epicenter near Sagaing and Mandalay cities. The tremors were felt across the country and beyond. As of March 30, 2025, at least 20 aftershocks ranging from 4.1 to 6.7 on the Richter scale have hit several locations in central Myanmar and with a few affecting the Eastern regions.

The purpose of this site observation is to evaluate the immediate impact of the earthquake and identify the urgent needs. The site observation includes assessing key information from local leaders, volunteers, rescue team members and affected population.



Map: 7.7 magnitude earthquake Myanmar¹

¹ Source: USGS; <https://earthquake.usgs.gov/earthquakes/eventpage/us7000pn9s/map>



A collapsed house in an urban area of Sagaing Township

Situation overview

The quake impacted across the country, with the worst-hit areas including Sagaing, Mandalay, Nay Pyi Taw and parts of Bago region and Shan State. Initial reports indicated that 5,223 buildings including housing collapsed, and a fire had broken out in parts of Mandalay city. Several critical infrastructures such as 1,824 schools, 4,817 pagodas and temples, 167 hospitals and clinics, 169 bridges, 198 dams and 184 sections of the country's main highway have been severely damaged. Mobile and internet outages occurred in several regions which limit the communication and aid coordination. Hospitals and healthcare facilities have also sustained damage, limiting medical response capacity.

The critical lack of medical supplies such as trauma kits, blood bags, anesthetics, essential medicines, assistive devices and tents for healthcare providers is hindering the response efforts. Thousands of people are forced to shelter on the streets or in open spaces without access to basic needs due to the destruction of their homes or fear of further tremors. The extreme heat has exacerbated the affected people's vulnerability particularly for those in central Myanmar.

As of April 6, 2025, the number of death toll has risen to 3,471, with over 4,671 injured, and approximately 214 still missing, particularly in central and northwestern Myanmar. The lack of proper equipment delays the rescues efforts of people trapped beneath the rubbles of collapsed buildings.

Site observation

A site observation was launched within 48–72 hours following the earthquake to capture the immediate needs of affected populations. The observation was carried out in epicenter-proximal areas in Mandalay, Sagaing and Southern Shan State. The assessment employed the SCI Global RNA Tool for Earthquake Response to ensure standardized data collection and analysis. Daily field briefings were conducted to gather real-time observations, enabling timely situational understanding and informing programmatic and operational decisions.

While conducting the site observation, field teams simultaneously carried out essential humanitarian interventions. These included the distribution of urgent relief items such as food and drinking water, as well as the provision of mental health and psychosocial support (MHPSS) by Child Protection team members. MHPSS activities were delivered to both children and adults in affected communities, helping to address immediate emotional and psychological needs.

Observation was carried out in total seven areas (Sagaing, Mandalay, Amarapura, Kyaukse, Myittha, Naung Shwe and Pinlaung). The assessment involved Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) with a diverse group of stakeholders, including community members, local leaders, humanitarian workers, volunteers, and partner staff. The voices of children were specifically documented following MHPSS sessions, offering valuable insights into their challenges and needs. Additionally, secondary data from local Organizations of Persons with Disabilities (OPDs) were reviewed to support the analysis.

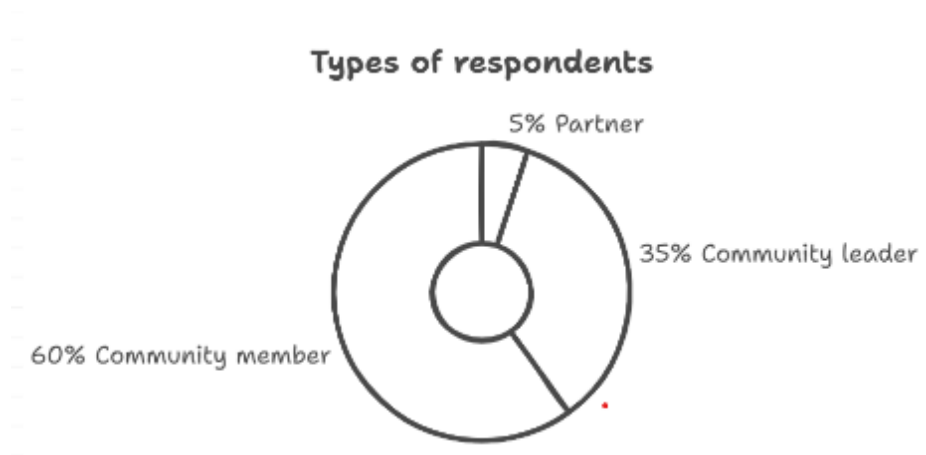
In total, 200 participants contributed to the assessment through KIIs and FGDs, forming a comprehensive overview of the immediate needs and conditions in the affected areas.

Respondent per Districts/ State	
<i>Observed Districts/State</i>	Total number of participants
<i>Mandalay (Amarapura and Mandalay)</i>	29
<i>Kyaukse (Myittha and Kyaukse)</i>	25
<i>Sagaing</i>	23
<i>Southern Shan (Pinlaung and Naung Shwe)</i>	129

Respondents Gender

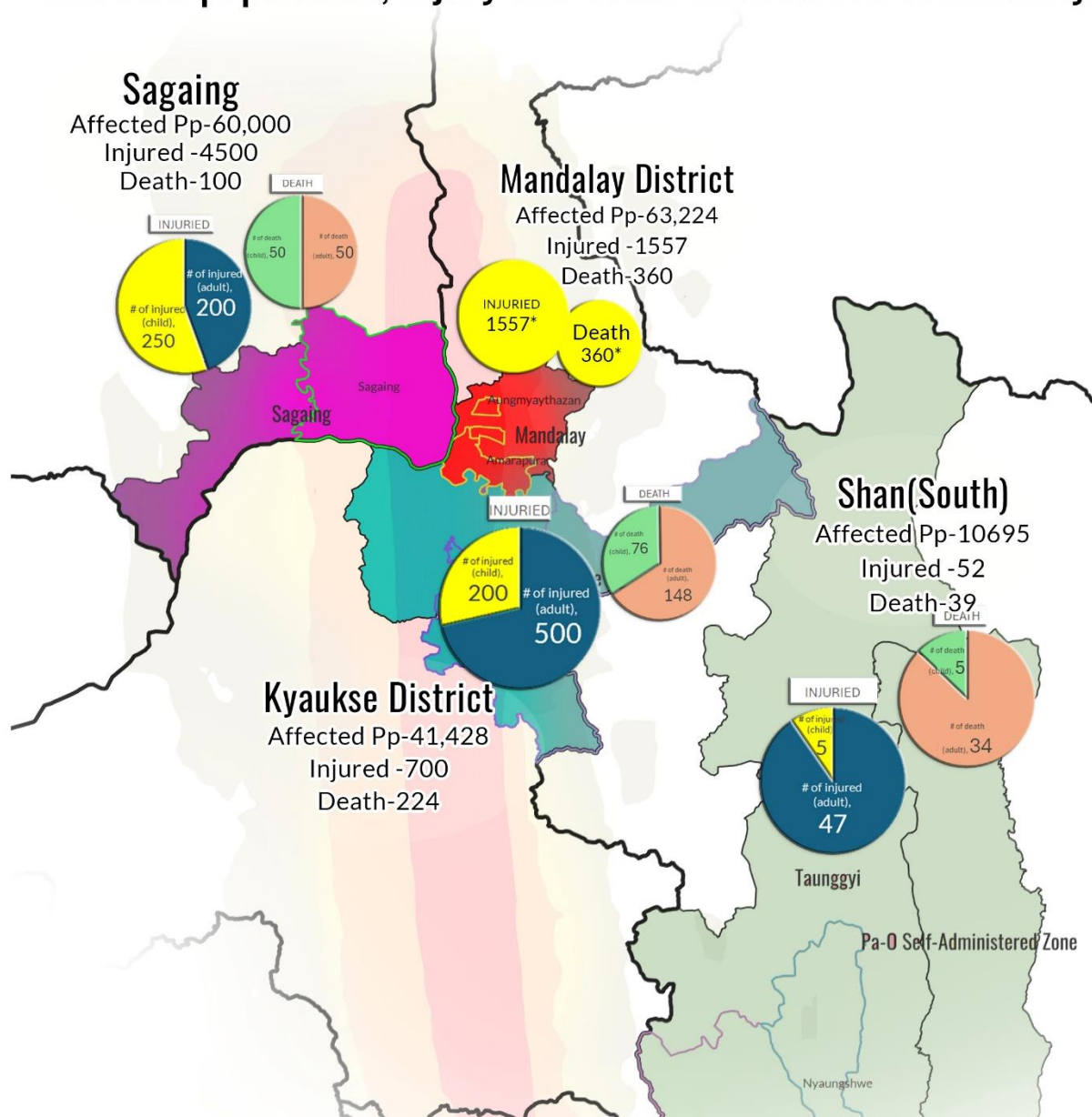
Gender	Number
Men	121
Women	77
Others	2

Respondent types



Impact in observed areas

Affected population, injury and death in observed community.



Map 1 The estimated number of affected population, injuries and deaths in observed communities

	Kyaukse	Mandalay	Sagaing	Southern Shan
Total sites visited	14	14	12	13
Death (adult)	148	360*	50	34
Death (child)	76		50	5

*Disaggregated data is not available

Priority needs

The varying degrees of infrastructure damage influenced the immediate needs and aid priorities of affected populations. Sagaing and Mandalay, being at or close to the earthquake's epicenter, experienced extensive destruction, hindering communication, transportation, and relief efforts. The widespread destruction rendered cash assistance less effective in the immediate aftermath, as markets were non-operational and basic goods were inaccessible. Consequently, in-kind aid such as food, drinking water, and emergency healthcare became crucial to address the urgent needs of the survivors. Conversely, Southern Shan experienced comparatively less infrastructure damage, with communication networks remaining largely intact. Therefore, cash assistance was more viable, enabling affected individuals to procure necessary supplies directly. *(To assess the functionality of markets in the affected areas and determine the most appropriate form of aid, a thorough market assessment was conducted 4–5 days after the earthquake. Initial findings are presented in the Market Assessment section).*

The following charts show the priority needs of adults, children, women and girls, and persons with disabilities immediately after the earthquake.

Figure 1 Priority needs of adults and children





	Kyaukse	Mandalay	Sagaing	Southern Shan
	Cash (91%)	Food (70%)	Drinking Water (74%)	Cash (63%)
	Drinking water (57%)	Drinking water (48%)	Food (70%)	Food (63%)
	Healthcare (30%)	-	Cash (35%)	Drinking water (18%)
	Cash (91%)	Food (78%)	Food (65%)	Food (63%)
	Drinking water (57%)	Drinking water (41%)	Drinking water (52%)	Drinking water (45%)
	Healthcare (26%)	NFI (diapers, etc) (22%)	Cash (30%)	-

Figure 2 Priority needs of women & girls and people with disabilities

	Kyaukse	Mandalay	Sagaing	Southern Shan
	Healthcare (48%)	Menstrual hygiene materials (63%)	Women and girls' specific sanitation facilities (52%)	Menstrual hygiene materials (82%)
	Safe shelter (35%)	Women and girls' specific sanitation facilities (30%)	Menstrual hygiene materials (48%)	Women and girls' specific sanitation facilities (45%)
	Safe space for girls (30%)	Healthcare (22%)	Safe space for girls (26%)	Healthcare (27%)
	Cash (74%)	Food (70%)	Drinking Water (61%)	Cash (55%)
	Drinking water (43%)	Drinking water (52%)	Food (48%)	Food (45%)
	Healthcare (26%)	Cash (22%)	Cash (35%)	Appropriate shelter (45%)

Furthermore, the following account captures the lived experience of a teenage girl displaced by the earthquake in Mandalay. Her story sheds light on the urgent and often overlooked needs of adolescent girls in crisis settings.

A 15-year-old girl lost her home in the 7.7 magnitude earthquake and now lives with her family on the street by the Mandalay Palace Moat, specifically on an area between a busy road and the damaged moat. Her mother got minor injuries while saving others. She said that after the earthquake, she stayed close to her mother as it made her feel safe.

Without a proper shelter or a bed net, she can't sleep at night, feeling too embarrassed to sleep in the open space. They have access to food and water through donations. However, basic needs remain unmet. Bathing is particularly challenging. There is a mixed-gender public bath nearby which she is too embarrassed to use. She only goes there with her mother as she feels safer that way. They don't have a soap as it is not available in town.

Using toilet is another struggle. The only option is at a religious temple, it is always crowded. She often has to wait in line with 15 others before she can use it. Although there are separate areas for men and women, the only division is a curtain.

She identified urgent needs for girls like her, including menstrual hygiene products, wet tissue, underwear, clothes, bed net and diapers for young children.

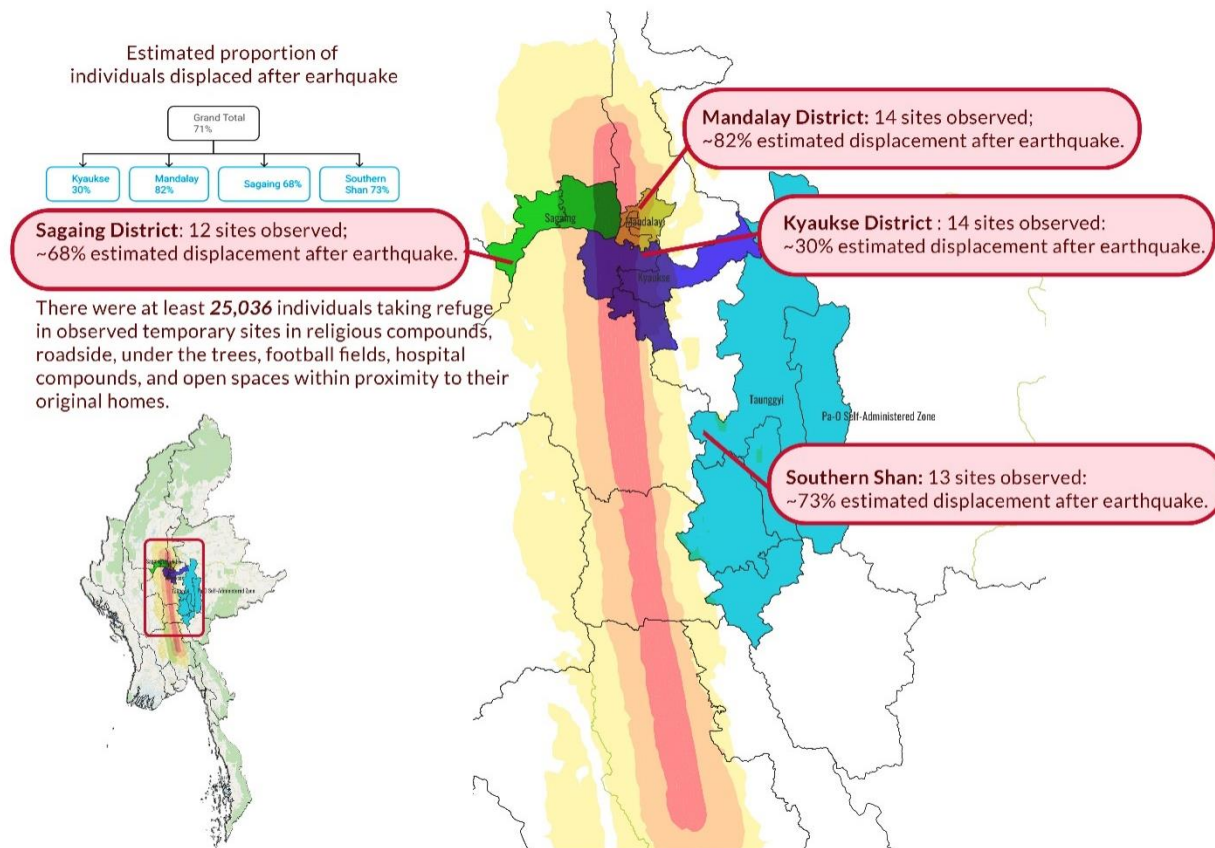
When asked about action to be taken, she emphasized the need for rebuilding of houses, protecting children and better information about safety. She also highlights provision of snacks and toys for children.

Before the earthquake, she was often beaten by her father, once even with a security chain for motorcycle. She continued to be scolded, shouted or cursed by him after earthquake. She also mentioned a quarrel that occurred near their shelter this morning, which further heightened her sense of vulnerability.

Displacement and evacuation

Following the earthquake, many individuals reported profound disruption to their living arrangements. According to the respondents, damages are more pronounced among brick houses and hence impact is more prominent in the urban areas where houses made of bricks are common. The destruction and collapse of homes have forced numerous families to search urgently for alternative places to stay. A limited proportion of respondents reported the presence of designated evacuation points in the assessed areas, with 30% in Kyaukse, 28% in Mandalay, 4% in Sagaing, and none in Southern Shan.

There were at least **25,036** individuals taking refuge in observed temporary sites in religious compounds, roadside, under the trees, football fields, hospital compounds, and open spaces near their original homes. A pervasive sense of fear, particularly of potential aftershocks, has prevented people from returning home, even when their houses remained standing but structurally impaired. The ongoing political instability has made it extremely challenging, particularly those affected people in Sagaing, to identify or access alternative housing options, intensifying feelings of uncertainty and vulnerability. The observation revealed a critical need for safe, accessible, and dignified temporary shelter, as well as psychosocial support to address the emotional toll of displacement and loss.



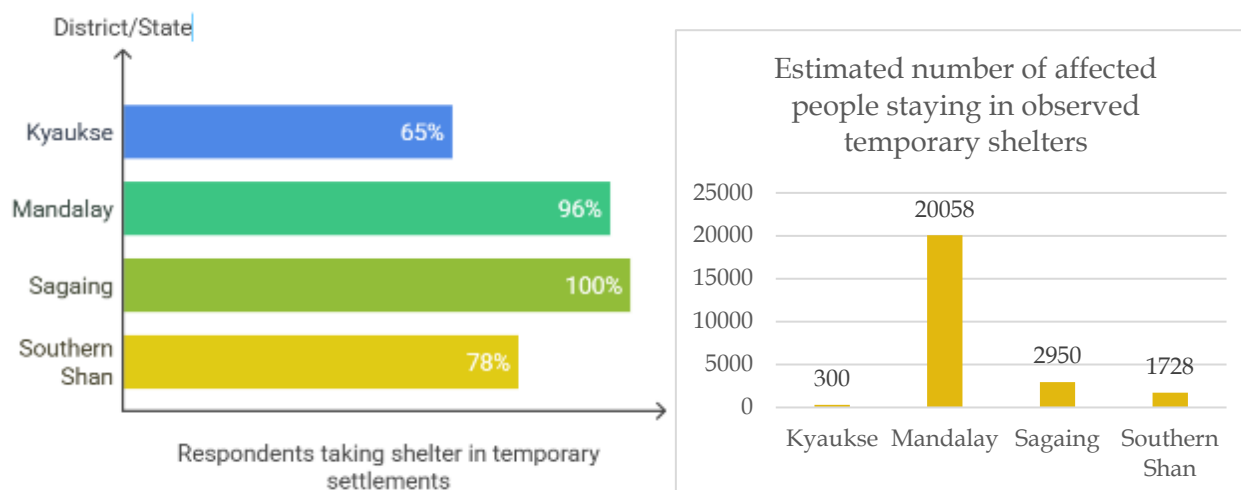


Figure 3 Proportion of displaced respondents and estimated number of displaced individuals in the observed sites

Table 1 outlines the total number of people in different types of evacuation or shelter locations in observed areas.

Table 1 Types of temporary shelters and estimated number of displaced individuals utilizing them

	Kyaukse	Mandalay	Sagaing	Southern Shan
Planned camp	-	1550	290	-
Informal evacuation place	60	12,410	60	-
Informal settlement	-	5,098	1,600	1,728
School	-	-	1,000	-
Football ground	-	1,000	-	-
Hospital compound	240	-	-	-
Total	300	20,058	2,950	1,728

In addition, an estimated 2,800 individuals in four observed areas were reported to be outside of evacuation places and needed relief assistances.

Table 2 Estimated Number of People in Need Outside Designated Evacuation Places

District/State	Number of individuals
Kyaukse	1,320
Mandalay	570
Sagaing	910
Southern Shan	-
Total	2,800

Shelter

Perceived safety of current shelter

Although the majority of the affected population was currently residing in temporary settlements, a significant concern remains regarding the safety, particularly for girls, women, and young children. Only a few participants in Mandalay, Sagaing, and none in Southern Shan reported sense of safety in their current shelters, which were often open spaces, with little to no provisions for privacy or protection.

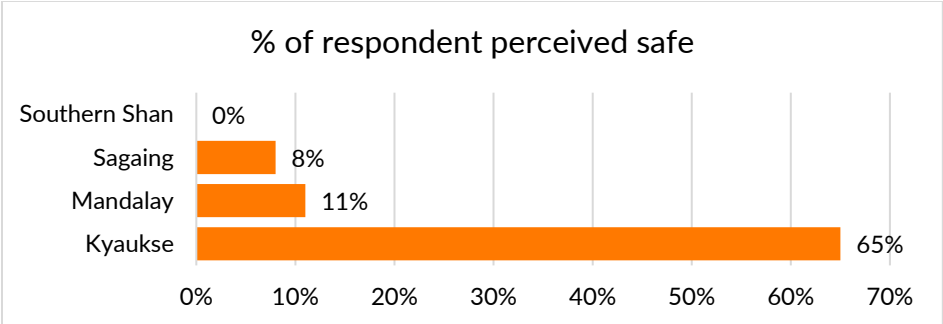


Figure 4 Proportion of respondent reported perceived safety of the current shelter

Urgent shelter needs

In areas where the damage was still reparable, such as Kyaukse and Southern Shan State, housing repair kits were a priority. In contrast, in regions with more extensive damage, where entire structures had collapsed, tents and temporary shelter materials like tarpaulin were essential to provide immediate housing solutions. The demand for safe shelters for girls, women, and children was also highlighted, particularly in Mandalay and Sagaing. The repair of religious buildings (such as damaged Mosques) and schools was also a significant concern for the community. Further, the affected community showed significant concerns about the timely repair or reconstruction of the damaged houses before the rainy season. Some community members were traumatized and fearful to use bricks again in renovating their houses.

Table 3 Proportion of respondents reporting various shelter needs

Items need	Kyaukse	Mandalay	Sagaing	Southern Shan
Housing repair kit	65%	11%	30%	64%
Roofing sheets	22%	30%	4%	45%
Tarpaulin/plastic sheet	22%	67%	43%	64%
Cash	78%	33%	61%	45%
Tent	22%	48%	26%	27%
Winterization kit	13%	37%	9%	18%
Safe shelter for girls/women	13%	30%	35%	27%

Safe shelter for children	4%	30%	35%	18%
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Relief assistance

The severe infrastructure damage hindered the aid delivery, making it difficult for humanitarian actors and local charities based outside the affected areas to access and support the hardest-hit communities. Although some assistance was provided by local networks, such as family members, friends, and community-based organizations, overall coverage remained highly uneven during the initial phase of emergency. Mandalay received a relatively broad range of support but with limited population coverage (5%), while Sagaing and Southern Shan received very limited assistance (5% and 6%, respectively). In both Mandalay and Sagaing, assistance often comes to convenient places like along the main road or popular places, making distribution unequitable. Food and drinking water were the most commonly distributed items across all locations; however, respondents consistently highlighted a critical gap in psychosocial support, particularly for children and families.

Table 4 Relief items received immediately after earthquake

Items received immediately after earthquake	Kyaukse	Mandalay	Sagaing	Southern Shan
Blankets		✓		
Tents		✓		
Cooking utensils		✓	✓	
Clothes	-	-	-	-
Food	✓✓	✓✓	✓	✓
Hygiene kits		✓		
Medicine		✓		
Emergency healthcare	✓✓	✓		✓
Evacuation/search and rescue	✓	✓		
Family re-unification		✓		
Baby/children's formula		✓		
Other items for babies (diapers, etc.)		✓		
Drinking water	✓✓	✓✓	✓	✓
Jerry cans		✓		
Voucher/Cash	✓	✓		✓
Psychosocial Support				

Table 5 Estimated proportion of affected population receiving assistance

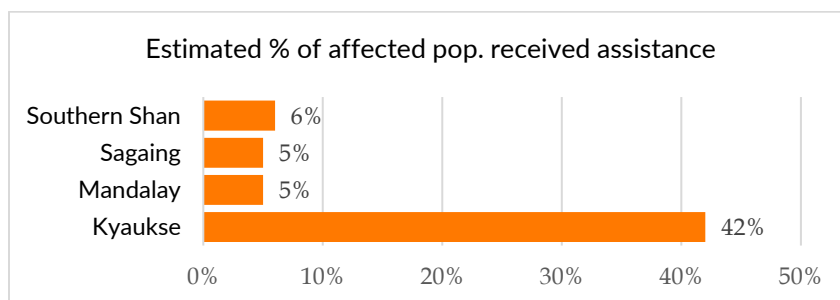


Table 6 Current actors delivering relief assistances

Actors delivering relief assistance	Kyaukse	Mandalay	Sagaing	Southern Shan
Gov/ State agencies			√	
Private companies		√		
Friends/families (local)	√	√	√	
Friends/families (outside)	√	√	√	
Local NGO, charities	√	√		
Red cross		√		
INGOs		√		
Local authorities	√			
Religious leader				√

Communication and information

The earthquake disrupted phone and internet services nationwide immediately after the shock, with connectivity remaining extremely limited in several areas, particularly those in hardest-hit areas. This destruction in communication infrastructure complicated the assessment and relief efforts. Furthermore, it hindered coordination among rescue teams and delayed the dissemination of critical information to affected populations.

Table 7 Functioning communication channels

Actors delivering relief assistance	Kyaukse	Mandalay	Sagaing	Southern Shan
Landline		√	√	√
Mobile network	√	√	√	√
Internet	√	√	√	√
Radio network		√		
TV network			√	

Preferred communication channels varied across regions. Social media was the top choice in Kyaukse and Mandalay, while in-person communication through volunteers and aid workers was most preferred in Sagaing. In Southern Shan, phone calls were cited as the most trusted method.

Burmese was the most commonly used language across all assessed areas. In Southern Shan, additional local languages such as Paoh and Insa were also spoken.

Table 8 Most preferred communication channels

Ranking	Kyaukse	Mandalay	Sagaing	Southern Shan
1 st	Social media (65%)	Social media (74%)	In-person via volunteers, aid workers (65%)	Phone call (100%)
2 nd	Phone call (61%)	Phone call (44%)	Phone call (61%)	Social media (54%)
3 rd	In-person via community or religious leaders (52%)	-	Community group (35%)	In-person via volunteers, aid workers (36%)
4 th	In-person via volunteers, aid workers (43%)	-	In-person via community or religious leaders (26%)	Community group (36%)

Current information sources also differed. In Kyaukse and Sagaing, in-person communication, particularly through aid workers and community or religious leaders, was dominant. In contrast, Southern Shan relied heavily on social media, and Mandalay respondents mostly cited family and friends due to widespread loss of mobile and internet connectivity due to the earthquake.

Table 9 Main source of current information

Ranking	Kyaukse	Mandalay	Sagaing	Southern Shan
1 st	In-person via volunteers, aid workers (70%)	Family/friends (56%)	In-person via community or religious leaders (61%)	Social media (82%)
2 nd	Community group (61%)	Social media, unconfirmed sources (41%)	In-person via volunteers, aid workers (57%)	In-person via community or religious leaders (36%)
3 rd	In-person via community or religious leaders (48%)	NGOs' social media pages (26%)	Family/Friends (43%)	Community group (27%)

4 th	Social media, unconfirmed sources (35%)	-		
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Information needs varied by area. While safety updates were the top priority in Kyaukse and Mandalay; Sagaing respondents mentioned information on available services as a priority need. In Southern Shan, the highest demand was for general context updates including earthquake related information.

Table 10 Information that affected people need most

Ranking	Kyaukse	Mandalay	Sagaing	Southern Shan
1 st	Safety information (70%)	Safety information (70%)	Sources of Services (74%)	General context updates (73%)
2 nd	Sources of services (65%)	Weather forecast (41%)	Safety information (70%)	Safety information (45%)
3 rd	Health advice (52%)	Sources of services (33%)	General context updates (57%)	Channels to aid organizations (37%)
4 th	Channels to aid organizations (39%)	General context updates (26%)	Channels to aid organizations (52%)	

The most immediate communication-related needs included access to charging stations, network connection, and mobile phone top-ups, with respondents from Southern Shan and Sagaing particularly highlighting the need for improved infrastructure to restore communication capacity.

Table 11 Most immediate communication needs

Ranking	Kyaukse	Mandalay	Sagaing	Southern Shan
1 st	Charging station	Mobile network, internet, phone bill	Network connection, Charging Stations, Communication lines	Charging stations
2 nd	Mobile network		Phone bill	Phone bill
3 rd	Phone bill		Mobile phones	

Note: quantification not available

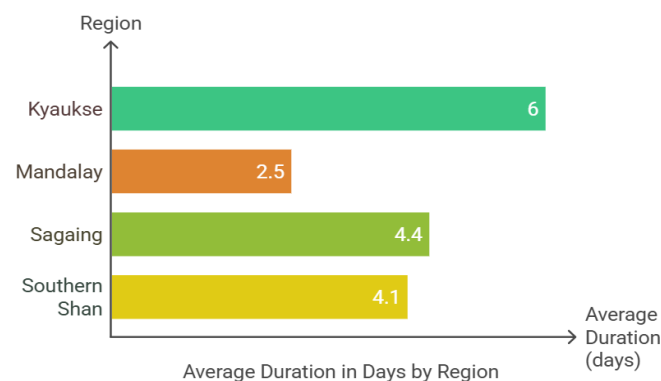
FSL

Sixty percent of respondents from Sagaing and 30% from Mandalay reported a lack of access to food within the affected communities. Among the remaining respondents, food stocks in stores were reported as the primary source of dietary supplies in Sagaing and Southern Shan, while in Mandalay, food was mainly accessed through aid immediately after the earthquake, with food stocks lasting only for two days.

Table 12 The main source of food after earthquake

Food sources	Kyaukse	Mandalay	Sagaing	Southern Shan
Food stocks in store	17%	7%	35%	36%
Local markets	26%	15%	-	27%
Household garden/farm	13%	4%	-	9%
In-kind remittance	48%	4%	4%	9%
Food distribution points	9%	7%	-	-
Aid from CSO, NGO	22%	19%	-	-
Aid from local charity	39%	22%	9%	-

Figure 5 Average duration of food stock lasts



In terms of livelihood, agriculture and irregular or causal work remained the primary sources of income among the observed communities. The earthquake caused significant disruption to their livelihoods leaving vulnerable communities even more fragile.

Table 13 Main source of livelihood

Livelihood	Kyaukse	Mandalay	Sagaing	Southern Shan
Agriculture	40%	17%	9%	100%
SME	80%	33%	17%	-
Irregular/causal work	100%	67%	48%	22%
Regular paid employment	60%	33%	13%	22%
Fishing	-	-	-	44%

Table 14 Most impacted livelihood after earthquake

	Livelihood	Kyaukse	Mandalay	Sagaing	Southern Shan
	Agriculture	26%	11%	26%	63%
	SME	74%	30%	22%	-
	Irregular/causal work	91%	85%	83%	18%
	Regular paid employment	17%	22%	9%	-
	Fishing	4%	-	2%	36%

CVA and market access

Although mobile money agents were operational across all earthquake-affected areas prior to the disaster, the earthquake disrupted mobile networks and internet connectivity in several locations, impeding digital financial transactions. In addition, some agent shops were either closed or restricted the amount of cash that could be withdrawn. Limited access to phone charging facilities further constrained the use of mobile money services. In certain cases, individuals also lost their identification documents, creating further barriers to conducting banking transactions.

Table 15 Respondents' ranking on most preferred method of receiving assistance

Ranking	Kyaukse	Mandalay	Sagaing	Southern Shan
1st	Cash transfer (91%)	In-kind package (67%)	In-kind packages (87%)	Cash transfer (91%)
2nd	Direct services (52%)	Cash transfer (41%)	Cash transfer (57%)	In-kind package (55%)
3rd	In-kind package (48%)	Direct service (30%)	Direct Services (30%)	Direct service (36%)

Table 16 Means of financial transfer after earthquake

Financial transfer method	Kyaukse	Mandalay	Sagaing	Southern Shan
Cash in hand	✓	✓	✓✓	✓✓
Mobile money	✓	✓	✓	✓
Banks		✓	✓	✓
Money agents	✓	✓	✓	✓

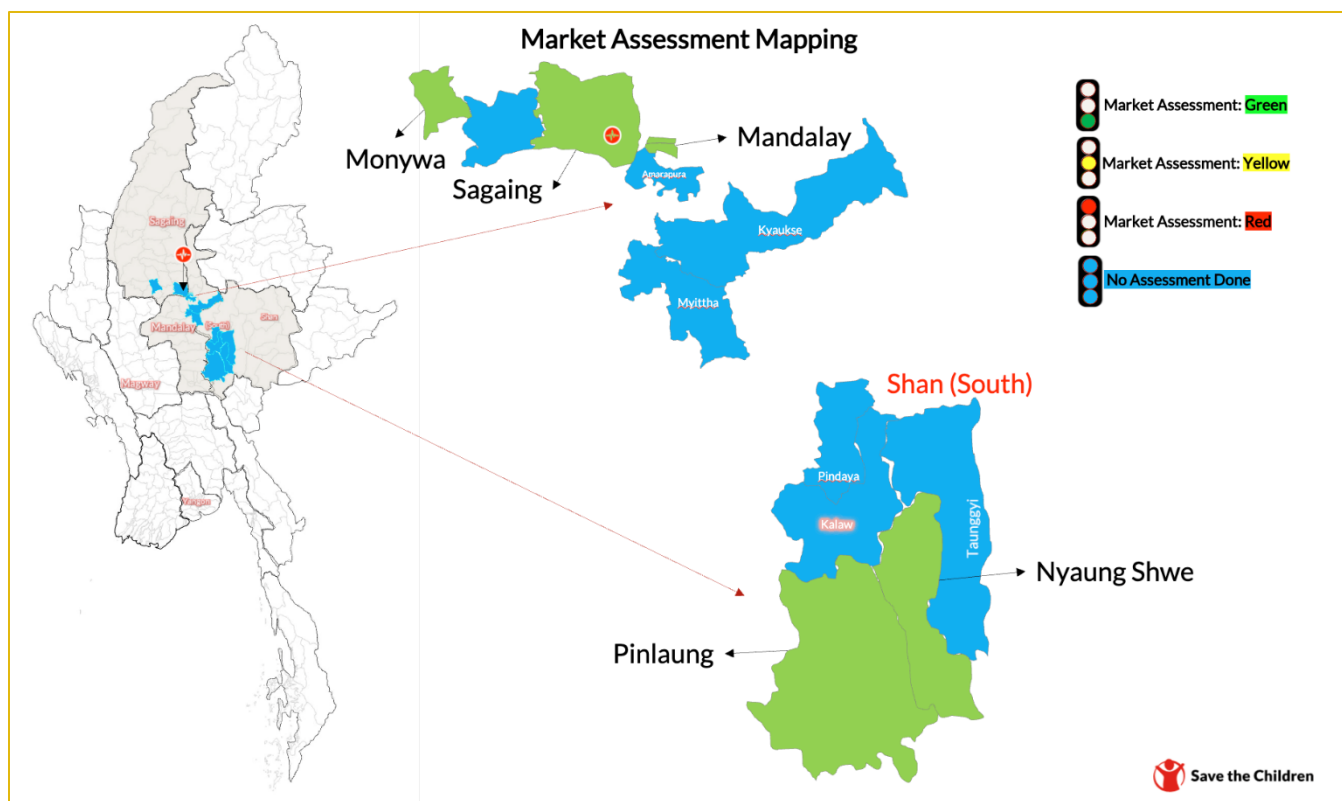
Table 17 Level of market accessibility in assessed areas

Market accessibility	Kyaukse	Mandalay	Sagaing	Southern Shan
<i>Fully access</i>				
<i>Reduced capacity</i>	√		√	√
<i>No or very limited capacity</i>		√		

Market assessment

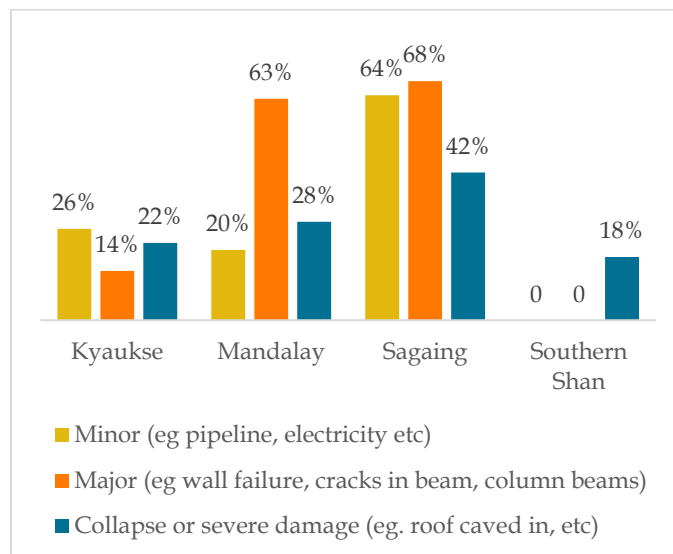
A thorough market assessment was conducted four to five days after the earthquake to determine whether local markets remain functional and accessible after the earthquake, and to evaluate their capacity to support emergency and early recovery interventions. This helps inform decisions on the feasibility of cash-based assistance versus in-kind support, ensuring that aid aligns with local supply capacities and community preferences.

The initial assessment results showed that markets in Monywa (located in Sagaing region), as well as in parts of Mandalay, Sagaing and Pinlaung (in Southern Shan), are operating nearly normally with the availability of essential goods and services, indicating that cash-based interventions are feasible.



Health and Nutrition

Health facilities damage



Sagaing and Mandalay reported significant levels of major damage and collapse. Access to health facilities within a one-hour walking distance was the lowest in Sagaing. Even operational facilities struggled to provide adequate care due to structural damage, overcrowding, and limited resources. For instance, secondary-level hospitals referred patients to tertiary hospitals, which, in turn, were unable to manage the influx of patients due to overcrowding. As a result, patients were forced to stay outside the hospital premises, often on the ground, while waiting for care.

Figure 6 Estimated proportion of health facilities damage in observed areas

Table 18 Proportion of respondents reported presence of health facilities within one hour walking distance

District/State	% of respondent reported presence of health facility
Kyaukse	96%
Mandalay	40%
Sagaing	9%
Southern Shan	45%

Table 19 Type of health facility existing in each observed area

District/State	Type of health facilities
Kyaukse	Hospitals, clinics, community clinics
Mandalay	Hospitals, community clinics
Sagaing	Hospitals (including Sidagu hospital), clinics, unverified healthcare provider
Southern Shan	Community clinics

Common health issues and access to medicines for chronic illnesses

Across all assessed areas, physical injuries and mental health were the most frequently reported health issues among both adults and children. Access to medicine for chronic conditions was also a significant issue in Mandalay and Sagaing. Additionally, in Sagaing, there were concerns of animal bites, such as snake and dog bites, reflecting the risks faced by displaced populations living in open spaces.

Table 20 Common health issues (Adult)

Ranking	Kyaukse	Mandalay	Sagaing	Southern Shan
1 st	Physical injuries (87%)	Mental health (48%)	Dehydration (78%)	Physical injuries (54%)
2 nd	Access to medicine (83%)	Physical injuries (44%)	Mental health (61%)	Mental health (54%)
3 rd	-	-	Physical injuries (57%)	-

Table 21 Common health issues (children)

Ranking	Kyaukse	Mandalay	Sagaing	Southern Shan
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1 st	Physical injuries (78%)	Mental health (44%)	Dehydration (70%)	Mental health (54%)
2 nd	Access to medicine (74%)	Physical injuries (44%)	Mental health (65%)	Physical injuries (54%)
3 rd	Mental health (43%)	-	Physical injuries (65%)	-

Table 22 Proportion of respondents reporting community's access to medicine for chronic illnesses

District/State	% of respondent reported access to medicine
Kyaukse	35%
Mandalay	11%
Sagaing	0
Southern Shan	54%

Challenges to access healthcare

The issues related to transport, such as distance, road disruption, and transportation, were ranked highest among the respondents across the assessed areas. Furthermore, overcrowded facilities contributed to longer waiting times and limited access to timely emergency care for injuries sustained due to the earthquake. This situation was exacerbated by an influx of patients, a shortage of human resources, and a lack of essential medicines, which worsened the overall condition and strained the healthcare system even further.

Table 23 Common challenges to access healthcare

Ranking	Kyaukse	Mandalay	Sagaing	Southern Shan
1 st	Overcrowded (61%)	Cost (59%)	Distance (57%)	Transportation (45%)
2 nd	Distance (39%)	Road disruption (52%)	Transportation (57%)	Distance (27%)
3 rd	Road disruption (35%)	Distance (41%)	Road disruption (49%)	-
4 th	-	Overcrowded (33%)	Overcrowded (43%)	-

Although cost is not commonly mentioned as a challenge, in Sagaing, a parent of a 4th-grade girl who sustained a leg injury reported paying about 7 lakhs for the care but couldn't afford the fees, leaving the family under significant financial burden.

Nutrition

Hardships for feeding babies are also encountered after the earthquake among caregivers in all areas. One in two caregivers from either Mandalay or Sagaing experienced such challenges. In all areas, for breastfeeding mothers, the most common challenges included inadequate breastmilk to feed the baby either due to emotional shock or inadequate food. For formula feeding, infant formula is not readily available at the moment and when it was accessible, no safe water was available for preparation. Little food appropriate for young children was also a problem in Sagaing.

Challenges feeding babies after earthquake

Table 24 Proportion of respondents reporting feeding challenges for babies and young children

<i>District/State</i>	<i>% of respondent reported presence of challenges</i>
Kyaukse	Observed in only one site
Mandalay	59%
Sagaing	57%
Southern Shan	27%

Table 25 Common challenges to breast-feeding and young child feeding

Ranking	Kyaukse	Mandalay	Sagaing	Southern Shan
1 st	Inadequate breastmilk*	Inadequate breastmilk (41%)	Inadequate food for mother to breastfeed (21%)	Emotional stress/shock*
2 nd		No access to infant formula (30%)	No safe water for infant formula preparation (21%)	
3 rd		No safe water for infant formula preparation (26%)	Little or no food (21%)	

*Quantification unavailable

A case from Southern Shan-

In one documented case, a mother experienced acute psychological trauma as a result of the earthquake, leading her to jump into a body of water in a state of distress. Consequently, she has been unable to lactate and is currently hospitalized, receiving ongoing medical treatment.

WASH

The earthquake has caused widespread devastation, severely impacting water and sanitation infrastructure. In Mandalay and Sagaing, heavy rains nine days after the strong earthquake have exacerbated the situation, affecting temporary shelters and further contaminating water sources. This combination of factors has led to a heightened risk of waterborne diseases among the affected populations.

Common source of drinking water

Safe drinking water was reported to be unavailable in the majority of affected sites in Southern Shan within 48 hours of the strong earthquake. The common source of drinking water in Sagaing and Kyaukse was bottled water, while observed affected people in Mandalay commonly used water from tube and shallow well for drinking purpose. Distribution of drinking water via water trucks was observed in Kyaukse and Sagaing.

Table 26 Ranking of common sources of drinking water

Ranking	Kyaukse	Mandalay	Sagaing	Southern Shan
1 st	Bottled water (65%)	Tube and shallow well (59%)	Bottled water (52%)	Unavailable (45%)
2 nd	Water truck (39%)	Bottled water (48%)	Spring, river, natural source water (52%)	Spring, river, natural source water (36%)
3 rd	Tube well (35%)	-	Tube and shallow well (39%)	Tube well (18%)
4 th	Spring/water (35%)	-	Water truck by donors (35%)	

Challenges in access to primary source of water

In Kyaukse, contamination was the most frequently reported issue, along with damaged water sources in need of repair and affordability challenges. Mandalay also struggled with damaged infrastructure and the cost of accessing water. In Sagaing, the main concern was damage to the water sources, compounded by the inability to afford fuel for pumping or boiling water. Similarly, Southern Shan faced a significant disruption due to damaged water points, and communities also reported cost and contamination issues.

Table 27 Common challenges to access primary source of water

Ranking	Kyaukse	Mandalay	Sagaing	Southern Shan
1 st	Contamination (61%)	Damaged (repair need) (37%)	Damaged (repair need) (65%)	Damaged (repair need) (73%)
2 nd	Damaged (repair need) (52%)	Unaffordable (37%)	Unaffordable (39%)	
3 rd	Unaffordable (43%)	-	Can't afford to buy fuel for pumping/boiling (39%)	
4 th	No fuel for pumping/boiling (39%)	-	Contamination (30%)	

Access to sanitary latrine

In Kyaukse and Southern Shan, most respondents reported access to safe latrines, though a portion of facilities are unhygienic and damaged. In Mandalay, there is a lack of available latrines in about one fifth of the temporary sites assessed, and some existing ones are unsafe due to earthquake impacts. Sagaing also experienced major challenges, with many latrines became unsafe or unsuitable for persons with disabilities.

Table 28 Respondents' ranking on access to sanitary latrine

Ranking	Kyaukse	Mandalay	Sagaing	Southern Shan
1 st	Access to safe latrine (57%)	Lacking facility (26%)	Unsafe due to earthquake (48%)	Access to safe latrine (36%)
2 nd	Unhygienic, no gender segregation, not suitable for people with disabilities and elders, damaged (17%)	Unsafe due to earthquake (22%)	Unhygienic, no gender segregation, not suitable for people with disabilities and elders, damaged (43%)	Lacking facility (36%)
3 rd		Unhygienic, overcrowded, poor/no lighting, no gender segregation, not suitable for people with disabilities (22%)	Lacking facility (26%)	

Access to safe washing facilities

Access to safe washing facilities was reported by majority of respondents in Kyaukse, Mandalay and Southern Shan. However, about one fifth of respondents articulated the lacking facility appropriate for elders and people with disabilities. In addition, overcrowding, lacking gender segregation, distance and lacking safety were also reported by the respondents. In **Sagaing**, facilities often lack gender segregation and are unsuitable for children, with earthquake damage further complicating access.

Table 29 Respondents' ranking of access to washing facilities

Ranking	Kyaukse	Mandalay	Sagaing	Southern Shan
1 st	Access to safe washing facilities (65%)	Access to safe washing facilities (26%)	No gender segregation (30%); Not suitable for children (30%), Lacking facility (30%)	Access to safe washing facilities (45%)
2 nd	Not suitable for people with disabilities/elders (17%)	Lacking/overcrowded (22%)	Unsafe due to earthquake (26%)	Lacking facility (27%)
3 rd		No gender segregation (22%)	Not suitable for elderly (22%)	
4 th		Too far away, unsafe due to earthquake (22%)	Using river (17%)	

Challenges accessing hygiene items

In Kyaukse, financial limitations and high prices were a commonly reported barrier. In Mandalay, hygiene supplies were largely unavailable in the local market, and even when available, they were often unaffordable. Sagaing also faced significant difficulties, with many respondents' reporting unaffordability and unavailability in the markets. In Southern Shan, similar challenges existed, including limited cash and restrictions on travel to markets.

Table 30 Respondents' ranking on challenges accessing hygiene items

Ranking	Kyaukse	Mandalay	Sagaing	Southern Shan
1 st	No cash to buy (52%)	Items unavailable in the market (74%)	Too expensive (91%)	No cash to buy (36%)
2 nd	Too expensive (43%)	Too expensive (44%)	No cash to buy (74%)	Cannot travel to market (27%)
3 rd	No challenge (43%)	Cannot travel to market (33%)	Items unavailable in the market (48%)	Too expensive (27%)
4 th		No cash to buy (30%)	Cannot travel to market (43%)	

Common hygiene needs

Water for drinking and use was the most prioritized need across all regions. Water storage options were also highlighted in Mandalay, Sagaing and Southern Shan state. Toilet facilities were also mentioned as the most and second most priority hygiene needs in Mandalay and Southern Shan. Cash assistance for hygiene needs was mentioned in Kyaukse, while hygiene kit was noted in Sagaing. Additionally, menstrual hygiene items and adult diapers were highlighted as crucial needs for women with disabilities.

Table 31 Respondents' ranking on common hygiene needs

Ranking	Kyaukse	Mandalay	Sagaing	Southern Shan
1 st	Cash (91%)	Toilet facilities (63%)	Bottled water; Hygiene kit (70%)	Bottled water (73%)
2 nd	Water (87%)	bottled water (41%)	Water (61%)	Toilet facilities (64%)
3 rd	Purification tab (43%)	Jerry can, hygiene kit (37%)	Jerry can (43%)	Jerry can (54%)
4 th		Cash (33%)	Toilet facilities (39%)	

Education

Education facilities damage

Almost all the education facilities in the area sustained some damages due to the impact of the earthquake. Around 1 in 10 schools/ education centers (8%) in Kyaukse District (Kyaukse and Myittar townships), 1 in 3 (33%) in Mandalay District, half (50%) of the education institutions in Sagaing and 1 in 4 (27%) in Southern Shan have fully collapsed. In suburban areas and many villages, formal schools have been closed till the next academic year, while the remaining private schools have opened for summer classes. Priority needs for education include temporary safe space, repair damaged schools, psychosocial supports for children and teaching and learning materials. Teaching and learning supplies are also mentioned as needs.

Under GPE areas in Southern Shan State,

Nyaung Shwe: A high school and a monastery, where Community-based Education activities under SCI GPE program are being implemented, collapsed completely. Five Early Childhood Care and Development (ECCD) centers under the GPE project were damaged.

Pinlaung: Seven ECCD centers under the GPE project were affected, with four sustaining major damage. Additionally, three schools were reported as damaged. No student injuries were reported in the damaged ECCD centers.

Key needs reported in both townships included rebuilding education facilities and providing psychological support for students. Participants in Nyaung Shwe reported the need for temporary learning space, and teaching and learning supplies.

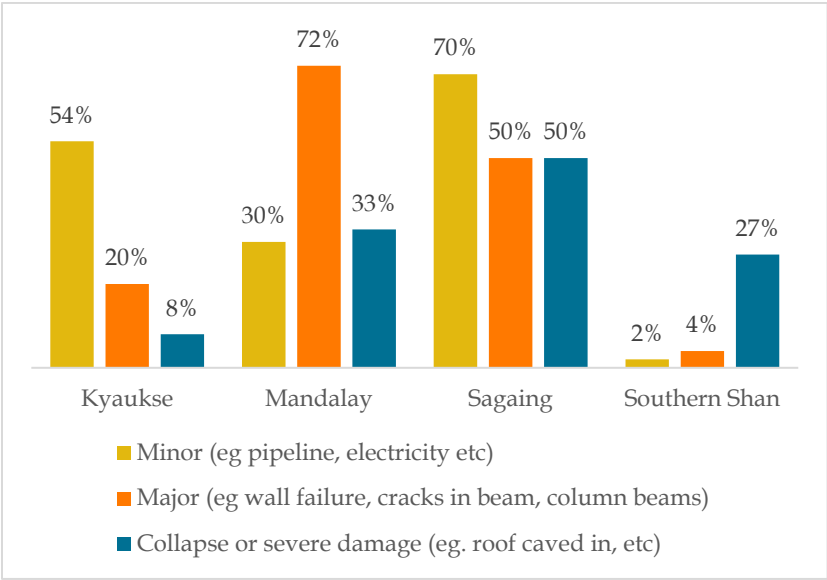


Figure 7 Estimated proportion of education facilities experiencing damage in assessed areas



Photo: Kawng Htain ECCD center damage in Southern Shan State (GPE area)



Photo: Bu Warr ECCD damage in Southern Shan State (GPE Area)

Table 32 Reported use of education facilities as evacuation sites

<i>District/State</i>	
<i>Kyaukse</i>	Not using them
<i>Mandalay</i>	Use in some sites
<i>Sagaing</i>	Use in only a few sites
<i>Southern Shan</i>	Not using them

Immediate education needs

To rebuild or repair the damaged schools was the major need expressed in all areas. Most of the children including ECCD children were affected emotionally by the earthquake, and psychosocial support was mentioned as an urgent need in all areas.

Table 33 Respondents' ranking of immediate education needs

Ranking	Kyaukse	Mandalay	Sagaing	Southern Shan
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1 st	Repair schools (57%)	Temporary safe space (56%)	Temporary safe space (83%)	Repair schools (54%)
2 nd	Psychological support for children (43%)	Repair schools (41%)	Psychosocial support for children (65%)	Psychological support for children (45%)
3 rd	Teaching and learning supplies (26%)	Teaching and learning supplies (41%)	Teaching and learning supplies (61%)	
4 th		Psychological support for children (41%)	Repair schools (43%)	

ECCD teacher in Southern Shan reported children's extreme fear after the earthquake. She recalled about one ECCD child asking her in fear where to stay if the child's house would have collapsed.

Protection and MHPSS

The earthquake has amplified existing protection concerns for children and vulnerable groups, with protection needs predicted to soar notably in its aftermath. The effects are both physical and psychosocial – with affected children and adults in critical need of timely MHPSS support to overcome trauma induced by their experiences of the devastating earthquake which resulted in loss of lives, properties, and traumatic experiences. Given the gravity of the catastrophic earthquake, site observations assessed protection and MHPSS needs of the affected children and adults.

Separated or unaccompanied children

Respondents in Kyaukse and Southern Shan reported that there was no child separation, while those in Mandalay and Sagaing noted that no information was available at the time of observations.

Table 34 Proportion of respondents observed separated children

<i>District/State</i>	<i>% of respondent observed separated children</i>
<i>Kyaukse</i>	No child separation
<i>Mandalay</i>	No information available
<i>Sagaing</i>	No information available
<i>Southern Shan</i>	No child separation

Main protection risks

In Kyaukse and Sagaing, 91% of respondents identified damaged buildings as the primary protection risk, while more than a third from Southern Shan also identified it as a concern. In Sagaing, physical and emotional abuse were also noted as protection concerns. Family separation, although noted by almost a-fifth of respondents in Mandalay as a concern, was not discussed by respondents elsewhere. Similarly, harmful or exploitative work was solely mentioned by a small proportion of respondents in Sagaing.

Table 35 Main protection risks identified by respondents

Ranking	Kyaukse	Mandalay	Sagaing	Southern Shan
1 st	Damaged buildings (91%)	Damaged buildings (56%)	Damaged buildings (91%)	Damaged buildings (36%)
2 nd	-	Family separation (19%)	Physical abuse and violence within (43%)	
3 rd	-		Emotional abuse within home (26%)	
4 th			Harmful or exploitative work (13%)	

Protection services available

The availability of protection services varied across regions. Respondents in Kyaukse reported better availability of protection services compared to other areas, including access to safe shelters, safe spaces for women and girls, safe spaces for children, and information. In contrast, only less than 10% of respondents in Mandalay reported access to these services, with 63% stating they did not know whether such services were available. While higher than Mandalay, Sagaing also had relatively low access to protection services, with 61% of respondents from Sagaing reporting a lack of knowledge on the availability of protection services.

Table 36 Proportion of respondents reporting the availability of different protection services in the assessed areas

Protection services	Kyaukse	Mandalay	Sagaing	Southern Shan
Safe shelter	35%	-	-	9%
Safe space for women and girls	30%	4%	17%	-
Reporting mechanisms for incidence of violence	-	7%	-	-
Safe space for children	22%	-	9%	-
Information sharing	43%	4%	17%	27%
Don't know	26%	63%	61%	-

Recommended actions to address issues related to GBV

Recommended actions to address GBV issues, as identified by respondents, varied across the assessed areas. In Kyaukse, the most frequently recommended action was cash distribution (48%), followed by support for healthcare access (43%). In Mandalay and Sagaing, counselling support was the most and second most recommended action, respectively, with information access being the most recommended action in Sagaing. Safe spaces for women and girls were ranked relatively low compared to other supports. Surprisingly, a high percentage of respondents—43% in Kyaukse and 27% in Southern Shan—indicated that no action was needed to reduce GBV risks.

Table 37 Proportion of respondents recommending specific actions to address GBV-related issues

<i>Recommended actions to SCI</i>	<i>Kyaukse</i>	<i>Mandalay</i>	<i>Sagaing</i>	<i>Southern Shan</i>
<i>Nothing needed</i>	43%	7%	-	27%
<i>Support to access Healthcare</i>	43%	33%	48%	-
<i>Support to access legal action</i>	-	7%	4%	-
<i>Counselling</i>	26%	48%	52%	-
<i>Information sharing</i>	22%	19%	61%	18%
<i>Girl safe space</i>	9%	19%	39%	-
<i>Women safe space</i>	9%	15%	22%	-
<i>Cash distribution</i>	48%	7%	26%	-
<i>Referral to GBV providers</i>	-	-	-	-

MHPSS

Children behaviors after earthquake

Post-earthquake behavioral changes observed in children also differed. In Sagaing, the most common changes were withdrawal behaviors, with the majority of respondents reporting that children did not talk or play as much as normal after the earthquake. The pattern, while to a lesser extent, was observed in Kyaukse and Southern Shan (where another withdrawal behavior in the form of children refusing to eat was also observed). More than half of the respondents in Sagaing and Southern Shan also reported children exhibiting signs of distress such as unusual screaming or crying. Sleep disturbances among children was also reported, with 30% of respondents in Kyaukse and Sagaing reporting observing such behaviors.

Table 38 Proportion of respondents reporting post-earthquake changes in children's behaviors

Observed children behavior	Kyaukse	Mandalay	Sagaing	Southern Shan
Unusual screaming/crying	17%	30%	52%	54%
More aggressive behaviour	17%	11%	-	-
Violence against other children	-	-	4%	-
Committing crimes	-	-	-	-
Not talking as much as normal	9%	4%	83%	27%
Not playing as much as normal	43%	22%	87%	45%
Having nightmares and/or not being able to sleep	30%	15%	30%	9%
Startled, accompanying parents all the time)	-	30%	22%	-
Children refuse to eat	-	-	-	27%

The emotional impact of the earthquake lingers deeply among children. Many are frightened and refuse to leave their parents' side. One father in Southern Shan shared, "My daughter doesn't want to stay away from her mother."

Similarly, in Sagaing, children disclosed, "We keep staying close to our parents all the time, never out of our sight, worrying that we might not see each other again. Now we keep on carrying NRC (National Registration Card) and other important documents in our bags, fearing another disaster might strike at any moment."

Existing sources of mental health support for children and families before earthquake

Respondents identified schools, religious institutions, and local charities as the primary sources of mental health support for children before the earthquake. While schools were identified as a source of mental health support in all regions, they were the most frequently mentioned in Sagaing. Local charities were crucial sources of mental health support in Kyaukse and Sagaing, where religious institutions also played a vital role. Government and private support were identified by only a small number of respondents. Alarming, there was widespread unfamiliarity with sources of mental health support for children across all regions, with the highest level of unfamiliarity reported by more than half of the respondents in Mandalay.

Table 39 Proportion of respondents identifying existing sources of mental health support for children and families

Existing sources of Mental Health Support	Kyaukse	Mandalay	Sagaing	Southern Shan
Schools	22%	26%	65%	27%
Religious institutions	13%	15%	35%	-
Private mental health support (counseling etc)	-	4%	-	9%
Government provided mental health support	9%	-	4%	-
Local charities	43%	7%	30%	-
International charities/UN	17%	4%	9%	-
Don't know	43%	56%	30%	27%

Adult stress since earthquake

Finding a safe shelter was identified by respondents in Southern Shan and Mandalay was the primary stressor for adults after the earthquake. In Sagaing, however, respondents identified having inadequate cash to meet basic needs as the main stressor, followed by finding a safe shelter. In Kyaukse, hearing the news about family and friends and lost income were equally identified as the main stressors (both 26%), followed by inadequate cash to meet basic needs (21%), and finding a safe shelter (17%). Notably, concerns about lost family and friends were consistently low across all assessed areas, ranging from 4% to 9%.

Table 40 Proportion of respondents identifying stressors for adults since the earthquake

Observed stressors	Kyaukse	Mandalay	Sagaing	Southern Shan
News about family and friends	26%	33%	4%	9%
Finding safe shelter	17%	44%	22%	64%
Inadequate cash to meet basic needs	21%	18%	39%	9%
Lost family/friends	4%	7%	9%	9%
Lost income	26%	11%	13%	9%

Priority needs for children and adult to manage stress

Grief counselling was identified by a majority of respondents across Kyaukse, Mandalay, an Sagaing as a priority need for both children and adults to manage stress. No information was available for Southern Shan.

Table 41 Proportion of respondents identifying priority needs for children and adults to manage stress

Priority needs for children and adults to manage stress	Kyaukse	Mandalay	Sagaing	Southern Shan
<i>Grief counselling for children</i>	83%	81%	78%	
<i>Grief counselling for adult</i>	78%	81%	87%	

GEDSI and participation

Needs assessment conducted by a grassroots OPD in Mandalay

A Lin Thit, a Mandalay-based OPD advocating for disability rights and supporting women and low-income families first established in 2006 and currently keeping a low operational profile, conducted an initial needs assessment with 93 persons with disabilities in Chan Mya Thazi, Pyigyidagun, Amarapura, Tada-U, Chan Aye Thar Zan, and Maha Aung Myay townships. The assessment comprised 7 children with disabilities (5 males, 2 females), 73 persons with disabilities aged 18-54 (5 males, 68 females), and 13 persons with disabilities aged above 55 (4 males, 9 females). The majority of the assessed individuals had physical disabilities, with a small representation of persons with other disabilities including visual, hearing, and intellectual.

Priority Needs

- Basic food, clean water, kitchen utensils, shelter, blankets, pillows, mosquito nets, bedding, and cash support to cover medical expenses for persons with disabilities.
- Hygiene kits for women with disabilities, including menstruation pads and undergarments.
- Milk powder, nutritional supplements, and clothing for children with disabilities.
- Crutches and other mobility devices for persons with disabilities.
- Mental health and psychosocial support (MHPSS)

Impact of earthquake on persons with disabilities (including children)

Death: Three children with disabilities died. Two children with cerebral palsy died during building collapses, while one child with intellectual disability after being hit by falling debris while running away in fear. Many persons with disabilities also sustained injuries.

Shelter & Safety: There were no proper safe shelters, forcing many persons with disabilities to stay with relatives or in open spaces and sleep outdoors due to the fear of aftershocks. Despite having to stay outside, women with disabilities reported feeling safe as they did so in familiar surroundings.

Sanitation & Hygiene: Outdoor living conditions made it difficult for persons with disabilities to use toilets, while women with disabilities especially struggled to obtain sanitary pads and undergarments.

Mobility & Accessibility: Persons with visual and physical disabilities faced challenges navigating unfamiliar environments, compounded by the loss of mobility devices during the earthquake.

Food & Clothing: The earthquake disrupted access to essential food items, nutritional supplements, and clothing, leaving many families unable to meet their basic needs.

Education: With schools collapsing and ongoing safety concerns from aftershocks, children with disabilities are facing significant challenges in returning to education.

Healthcare & Medicine: Although clinics remain accessible, the collapse of hospitals and rising medicine prices have made healthcare more challenging for persons with disabilities.

Livelihood & Income: Many persons with disabilities lost their jobs due to business closures and economic instability, forcing them to rely on low-income activities for survival.

Communication Barriers: Poor phone and internet connections, along with limited knowledge of mobile phone use among some persons with disabilities, have hindered effective communication and access to earthquake and other updates.

Psychological Impact: The earthquake and aftershocks have caused significant distress and ongoing psychological challenges among persons with disabilities.

Humanitarian Assistance: Persons with disabilities received aid distributed through house-to-house visits yet often missed out those that required queueing at distribution points due to

Communities at risk of discrimination

Internally displaced persons and persons with disabilities were most frequently identified by respondents across Kyaukse, Mandalay, and Sagaing as groups that are most likely to face discrimination. In Sagaing, many respondents identified persons with disabilities and women and girls, and elderly persons as groups highly vulnerable to discrimination, although some respondents believed that no one was discriminated against, a belief also held by respondents in Southern Shan. Some respondents across Kyaukse, Mandalay, and Sagaing reported being unaware of communities that are likely to face discrimination.

Table 42 Community at risk of discrimination in assessed areas

Community	Kyaukse	Mandalay	Sagaing	Southern Shan
IDP	✓	✓	✓	
People with disabilities	✓	✓	✓✓	
Women and girls			✓✓	
Older person			✓✓	
Respondents unaware of such community in some sites	✓	✓	✓	
No one is discriminated			✓	✓

When asked to identify access barriers for women and girls, respondents in Sagaing mentioned a wide range of challenges, including safety concerns, time constraints, limited decision-making power, and transport barriers, with some also highlighting financial barriers. Safety concerns were the most frequently cited access barrier across all regions except Kyaukse, followed by time and transport barriers. In addition, some respondents in all regions noted that there are no specific access issues for women and girls, while others in Mandalay, Sagaing, and Southern Shan reported being unaware of any access barriers for women and girls.

Table 43 Access barriers for women and girls

Access barriers for women and girls	Kyaukse	Mandalay	Sagaing	Southern Shan
Don't know		✓	✓	✓
No access issues	✓	✓	✓	✓
Safety concerns		✓	✓✓	✓
Time barriers			✓✓	✓
Literacy barriers			-	

Limited decision-making power			√√	
Financial barriers			√	√
Transport barriers	√		√√	
Language barriers			-	

Most powerful actors in community

Community leaders, religious leaders, and local government officials were identified as the most powerful and influential actors in their respective communities by respondents across all accessed areas. Some respondents in Southern Shan identified the communities themselves as the most powerful actor, while those in Kyaukse identified community-based relief groups as the most influential.

Table 44 Most influential actors in the assessed community

Actors	Kyaukse	Mandalay	Sagaing	Southern Shan
Community leader	√	√	√√	√
Religious leader	√	√	√√	√
Local government official	√	√	√√	√
Community itself			-	√
Community-based relief groups	√		-	

Existing mechanisms where children can share their views

The majority of respondents, ranging from 43% in Kyaukse to 70% in Sagaing, reported not knowing the existing mechanisms in which children can share their views. Direct communication to community leaders and community meetings or discussions were two common mechanisms (4% to 27% respectively) across all regions. Child-led networks were also mentioned in all but Sagaing, although the proportion of respondents describing it as a mechanism for children to express their views was quite low. In Sagaing, parents or family members and religious leaders were also mentioned.

Table 45 Proportion of respondents identifying existing mechanisms for children to raise concerns

Mechanisms	Kyaukse	Mandalay	Sagaing	Southern Shan
Don't know	43%	48%	70%	64%
Child led network	9%	4%	-	9%

Direct communication to community leader	13%	11%	4%	27%
Community meeting/discussion	17%	19%	4%	27%
No Mechanism			4%	
Parents/Family members			9%	
Religious leader (including head of nun)			4%	

Major barriers to humanitarian efforts

Roadblocks and damages were widely mentioned as the major barrier to humanitarian efforts in Kyaukse, Mandalay, and Sagaing. In Mandalay, ongoing insecurity and terrain or climate obstacles posed additional challenges, while in Kyaukse, limited access to some areas hampered delivery of humanitarian interventions to affected populations.

Table 46 Key barriers to humanitarian efforts

Barriers to humanitarian efforts	Kyaukse	Mandalay	Sagaing	Southern Shan
Road to locations blocked or damaged	✓	✓	✓	-
Ongoing insecurity		✓		-
Terrain/ climate obstacles		✓		-
Accessible to some areas	✓			-

Actors required for coordination in humanitarian assistance delivery

Local authorities were identified as key actors for coordinating the delivery of humanitarian assistance in Kyaukse, Mandalay, and Sagaing. Respondents from both Mandalay and Sagaing also mentioned humanitarian affairs or relief offices as important actors, while the government was additionally identified by respondents in Mandalay.

Table 47 Actors required for coordination

Actors	Kyaukse	Mandalay	Sagaing	Southern Shan
Local authority	✓	✓	✓	NA
Humanitarian affairs/relief office		✓	✓	NA
Government		✓		NA

Recommendations

Based on the rapid site observation findings, the following actions are recommended to address the identified challenges in the aftermath of the earthquake and improve the overall well-being of children and affected individuals. It is imperative that gender sensitivity and disability inclusion are mainstreamed in the design, planning and implementation of these actions to address the unique needs of children and adults from diverse backgrounds.

1. Emergency shelter and housing support

- a. Provide safe and secure emergency shelters in severely impacted areas, where many community members continue to shelter in unsafe and informal open spaces. Particular attention should be paid to the needs of women, girls, children, and persons with disabilities.
- b. Support early recovery in moderately affected areas, by supplying housing repair kits and roofing materials to enable rapid shelter reconstruction ahead of the approaching rainy season.

2. Food and Cash assistance

- a. Continue provision of In-kind food assistance to the severely affected populations who lack access to alternative sources.
- b. Provide cash assistance to the affected communities located in the contexts where markets are operational.

3. Livelihoods

- a. Provide alternative livelihoods support, such as vocational training and small-scale business grants to causal workers whose income is severely impacted and those who are unable to resume farming or fishing to facilitate economic recovery.
- b. Support the affected community in the agricultural and fishery sectors by providing essential tools such as seeds, fertilizers, and farming equipment to help restore crop production and food security.

4. Access to healthcare and MHPSS

- a. Support access to proper health care and medications to affected community and those having chronic medical conditions.
- b. Provide MHPSS support services, including grief counseling, for affected children and families to promote their mental well-being.

- c. Set up disease surveillance systems to monitor any post-disaster infectious diseases in the temporary shelters. Notification and reporting mechanisms and plan for response should be in place in case of any disease outbreaks.

4. WASH

- a. Improve access to water for use and drinking by restoring damaged water sources and distributing bottled waters in all the affected areas.
- b. Provide temporary safe and proper sanitation facilities and facilities like ready-made latrines to ensure proper sanitation and hygiene to prevent further disease outbreaks such as diarrhea.

5. Education

- a. Conduct structural integrity assessments for all education facilities in the impacted areas.
- b. Provide housing repair kits to repair earthquake-impacted school buildings.
- c. Distribute teaching and learning materials in affected communities to ensure learning continuity.
- d. Conduct detailed education needs assessments in targeted areas at village and community levels not covered by the current rapid site observations (which primarily covered townships and urban areas most affected by earthquakes.)

6. Protection and participation

- a. Strengthen community level child protection mechanisms, including community-based reporting systems for child protection concerns.
- b. Strengthen existing mechanisms and child networks in Pinlong Township and initiate child-led networks in other areas to encourage children's participation in decision-making processes since many children seem to have been left out in decision making.
- c. Ensure the meaningful participation of children in decisions that affect their lives. This may include supporting children's participation in the monitoring of response activities, listening to children's views and experiences and adapting response efforts based on their feedback.
- d. Support children to develop child-led initiatives/actions contributing to post-earthquake recovery and rebuilding of communities, disaster risk reduction, and protection of children's rights.

Child Protection

- a. Establishment of mobile child friendly space (CFS) and girl friendly spaces (GFS) to facilitate and provide psychosocial support activities, psychoeducation and other

recreational activities to prevent and mitigate severe or prolonged distress and to reduce exposure protection concerns (i.e. abuse, violence, neglect, exploration, trafficking and other risks).

- b. Psychosocial support and psychoeducation for caregivers, on self-care, normalizing children's distress and coping with stress without violence and promote positive parenting skills.
- c. Reinforcing early recognition and safe referral of child protection concern. All frontline aid workers and communities are aware of child protection concerns and risks and know where and how to report or refer. This includes the development of updated services available in the affected villages and townships level.
- d. Strengthen community-based protection mechanisms, collaborate with local actors and key community people including children and adolescents to identify harm against children and empower them to act for protection, child development and well-being.
- e. Raise awareness and disseminate of life-saving child protection messages including the Explosive Ordnance Risk Education (EORE) messages, particular in Sagaing region.
- f. Provide child protection case management including caring for child survivor of sexual assaults, ensuring appropriated family-based alternative care, conduct family tracing and reunification (FTR) for unaccompanied and separated child.
- g. Working closely with community including women and girls and all stakeholder to prevent and mitigate the heightened risks of sexual and gender-based violences.

7. Information Sharing

- a. Ensure timely, equitable and inclusive access to information regarding where and how to contact aid organizations and how to access services. Updated information should be regularly provided through partner network channels to the community in-person or via phone calls. Efforts should be made to ensure persons with disabilities have equal access to information shared.
- b. Update information regularly on the organization's social media sites and channels and boosted to ensure it reaches targeted populations.