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Myanmar Earthquake Flash Update No.6

Date: 9 April 2025

Situation Overview & Humanitarian Needs

As of 7 April, according to the Department of Meteorology and Hydrology, 109 aftershocks ranging from magnitudes 2.8 to 7.5 have been reported since the devastating 7.7 and 6.4 magnitude earthquakes that hit central Myanmar on 28 March 2025,

The number of deaths has crossed 3,600, with over 4,800 people injured, while 184 remain missing (as of 8 April).¹ More than 9 million people (including 2.7 million children) are estimated to be the worst affected across 58 townships in Bago East, Kayin, Magway, Mandalay, Nay Pyi Taw, Shan South, and Sagaing.

Latest reports indicate continued infrastructure damage which include 193 healthcare facilities, and 2,311 schools.² Remaining health facilities are overwhelmed and are reporting critical shortages of medical supplies. The destruction of health facilities has significantly reduced access to essential nutrition services, including lifesaving interventions and preventive services for acute malnutrition. This poses a serious risk to vulnerable populations, particularly women and young children. Damage to local markets and businesses is impacting the availability and cost of food and other essential items, further exacerbating concerns in particular for the nutritional status of children and women.

The damage caused by the earthquake is compounding existing vulnerabilities in the impacted areas. There is a growing concern among communities about the risk of infectious diseases, due to improperly managed corpses and the lack of access to safe water and sanitation facilities. A cluster of mild to moderate acute watery diarrhoea (AWD) cases has been reported in Sagaing Township and urban areas of Mandalay.³ WASH cluster partners have so far identified over 42,000 damaged latrines and report significant damage to urban water systems and rural aquifers, with the latter affecting wells in rural areas. There is an urgent need to support access to basic health services, safe drinking water and water for hygiene, and adequate sanitation facilities.

Extreme heat - reaching 44°C (111°F) – and off-season rains are further exacerbating the situation for responders and survivors, many of whom are still sleeping outdoors. These conditions, combined with ongoing aftershocks, place considerable stress on affected families. Provision of safe spaces for children to learn, play and receive essential mental health and psychosocial support is critical. There is an urgent need to protect vulnerable people, particularly women, children, and persons with disabilities as protection risks, including child protection, gender-based violence and mine risks have severely increased.

¹ AHA Centre, Situation Update No. 6 - M7.7 Earthquake in Myanmar and Thailand (8 April 2025)

² *ibid*

³ WHO, Sagaing earthquake in Myanmar: Situation report - 5th Edition, 08 April 2025

Funding Overview

UNICEF's initial funding requirements for the earthquake response stands at US\$28 million. This figure is likely to increase as the extent of the damage to infrastructure, public facilities, and communities becomes better understood. UNICEF has received a loan from its internal Emergency Programme Fund (EPF) mechanism as well as flexible global humanitarian thematic funds to kickstart the response but urgently requires additional contributions to sustain the initial response. UNICEF Myanmar expresses its appreciation for the generous contributions received from its National Committee partners. The impact of the earthquake is stretching humanitarian operations in the impacted states and regions. UNICEF's Humanitarian Action for Children Appeal for 2025 will be updated to reflect the higher funding requirements once the earthquake response and recovery plan has been finalised.

UNICEF Response

WASH

As of 8 April, using the prepositioned stocks, UNICEF and partners have delivered water purification chemical including flocculant and tablets to meet the needs of over 305,000 people for 30 days at 7.5 litre per day. 58,200 gallons of domestic water has been delivered to meet the needs of 27,485 people in the affected areas. Drinking water is being delivered daily to 2,500 people. Sanitation services are being provided to over 1,000 people in Mandalay. Through partners, 150 twin latrine units and handwashing facilities will be installed in Mandalay town to further improve sanitation services. Additional partnerships are being finalised to further scale up the WASH response.

Health and Nutrition

With over ten partners operating in the earthquake-affected areas, UNICEF is delivering essential health and nutrition services through mobile clinics and temporary emergency health facilities. Through the distribution of emergency health kits and other essential supplies, UNICEF is supporting over 250,000 people in the affected areas of Sagaing, Mandalay and Southern Shan States/Regions for a period of three months. The deployment of trauma care equipment, PPEs, and kits for managing Acute Watery Diarrhoea, along with medicine and equipment for newborn care, is crucial for supporting around 100,000 people. Additional supplies are being dispatched to ensure pregnant mothers and children under five receive necessary screening and treatment, including for severe malnutrition.

In response to the disruption of routine immunization and the vaccine supply chain caused by the earthquakes, UNICEF continues to dispatch additional solar-powered refrigerators, a freezer, and vaccine carriers to Mandalay. This equipment is crucial as the cold storage facility in some areas has collapsed or became non-functional.

Child Protection

Key child protection priority interventions include the identification of separated and unaccompanied children, including those who lost their parents and caregivers during the earthquake; care support (medical, psychological, shelter, alternative care); family tracing and reunification.

Orientation and refresher trainings on psychological first aid (PFA) and mental health and psychosocial support (MHPSS) is ongoing this week for frontline workers in Mandalay. Rapid needs assessments continue to inform the programmatic response with 30 assessments completed by child protection partners in Sagaing and Mandalay. Gender based violence-child protection observational assessments have been completed in two townships in Shan South. 300 CP kits were distributed by UNICEF partners across six affected townships, and an additional 250 CP kits are planned for distribution in coming days.

Specific agencies have been designated to support the family tracing and reunification of separated and unaccompanied children (UASC). While reporting remains a challenge, 16 UASC have been identified in Mandalay.

Education

UNICEF is preparing a package of support to affected children, including individual Essential Learning Packages (ELP kits), roofing sheets, teaching and learning materials and recreation kits. Plans are underway to rehabilitate destroyed or damaged temporary learning centres. Recognizing the overwhelming stress and fear experienced by children, there is also an urgent need for MHPSS to help them feel safe and offer critical opportunities to play, socialize, learn, and simply be children.

Some UNICEF partners in Northwest have advanced a Rapid Needs Assessment (RNA) activities towards emergency relief. One of the partners in Northwest is elaborating a RNA tool, which includes education-related questions such as numbers of school totally or partially damaged; numbers of affected school-aged children with Gender disaggregated data; numbers of affected teachers; and numbers of latrines, or water resources in schools.

In collaboration with Child Protection, another partner has begun to secure some Child-Friendly Spaces in Mandalay to provide learning and recreational opportunities. The plans include creation of the Child-Friendly Spaces in displacement camps and implementation of education-related relief efforts, focusing on PFA, MHPSS, Structured play, education, life-skills, and protection activities; and Parenting sessions and community engagement. These activities aim to restore a sense of normalcy, safety, and support for affected children and families.

Social Protection and Cash

UNICEF is scaling up multi-purpose cash assistance for families affected by the earthquake, in partnership with local organisations. The initial response aims to reach around 38,075 people, with a focus on vulnerable households with children in Mandalay, Sagaing, Nay Pyi Taw and southern Shan—including families with children and persons with disabilities. To date, over 2,518 households have received cash transfers in the earthquake affected areas, benefiting around 12,590 children and adults in total. UNICEF is coordinating with the Cash Working Group and UN partners to align targeting and delivery.

Findings from the [UNICEF post-earthquake rapid needs assessment of families with persons and children with disabilities](#), highlighted numerous specialised requirements essential for maintaining health, mobility, and dignity of children and persons with disabilities. Medical support ranked as the top priority for 42 per cent, closely followed by hygiene products (39 per cent) and information in accessible formats (22 per cent). Significant numbers also reported requiring assistive devices (18 per cent), incontinence products (15 per cent), and specialised food or clothing (12 per cent). Additionally, 7 per cent expressed the need for counselling, reflecting both emotional and practical support gaps in the disaster's aftermath for families with disabilities.

Open-ended responses further illustrated the critical, personalised needs of individuals with disabilities. Families specifically mentioned the need for mobility aids such as wheelchairs and walking supports; specialised medicines (e.g., medication for seizures or respiratory conditions); and everyday essentials like infant formula and protective flooring for children with disabilities. Several respondents emphasised their anxiety about obtaining these specialised products due to disrupted local supply chains. Some parents also highlight the need for stable electricity to operate medical equipment or to charge essential devices, while others requested practical adaptations to living environments, including ramps or accessible toilets. These findings underline the importance of targeted support tailored explicitly to families' disability- related needs.

Social and Behaviour Change

UNICEF has expanded dissemination of lifesaving information to affected populations through partnerships with local radio stations, social media platforms, community outreaches, and risk communication networks. Messaging focuses on personal safety during aftershocks, identifying safe shelters, coping with trauma for both adults and children, locating separated family members, and seeking reliable sources of information to reduce anxiety. Social listening findings highlighted deterioration of health and sanitation conditions in in the makeshift and temporary shelters, additional Public Service Announcements (PSAs) were added on safe water management using water purification tablets and the importance of Oral Rehydration for diarrhoea. Along with distribution of hygiene and clean delivery kits

in the affected communities, health education is being undertaken on the "four cleans" (water, food, hand, and toilet cleanliness), use of chlorine tabs to mitigate the increase risks of water-borne disease outbreaks. Within Mandalay Region and Nay Pyi Taw, over 7,378 households have been reached. With regard to health, 400 pregnant and lactating mothers received health education on childcare practices on home care for newborn in emergencies, and 300 Clean Delivery Kits were given to pregnant mothers and 100 newborn kits to 100 mothers of newborn babies.

Information and communication approaches have been tailored to meet the needs of affected communities. Rapid AAP (Accountability to Affected Communities) questions have been developed to collect communities' needs on the humanitarian assistances and to track rumours and misinformation which are creating fears and mistrust in communities.

SUPPLY AND LOGISTICS

UNICEF has continued delivering supplies from Yangon to Mandalay, Nay Pyi Taw, Taungoo and Taunggyi and is collaborating with partners on last-mile distribution of supplies in the affected areas. Mostly these supplies include essential medicines, medical kits, hygiene and sanitation kits, water treatment tablets, tarpaulins etc.

Another flight carrying 80MT of Health, Nutrition, Education and Child Protection items is expected to arrive within this week from Copenhagen.

Humanitarian Leadership and Coordination

OCHA is coordinating the overall humanitarian response with all clusters through coordination mechanisms established at the national and sub-national levels. UNICEF will continue to provide leadership for the WASH Cluster, Nutrition Cluster, Child Protection and Mine Action AoRs, and is co-leading the Education Cluster (with Save the Children). Cluster discussions at the national and sub-national levels are ongoing to obtain information about immediate needs and to coordinate the response.

The WASH Cluster emergency response is now fully underway across all affected areas. A total of 35 organizations including INGOs, CSOs, the Red Cross Society, and UN agencies are actively delivering life-saving interventions. These interventions include drinking water supply, hygiene promotion, hygiene kit distribution, installation of handwashing stations, and emergency sanitation solutions. To date, over 500,000 individuals have been reached with WASH services. In Mandalay, approval has been obtained for the construction of latrines in designated areas. This is a critical development since the early onset of the rainy season poses a heightened risk of disease outbreaks if excreta are not properly managed. A rapid market assessment in Mandalay found one water bottling factory still operational, producing approximately 600 x 20-litre bottles per day. Essential WASH items such as tarpaulins, soap, sanitary pads, and steel water tanks are available in limited quantities. Partner mapping exercise has been completed. Key gaps in the response include rehabilitation of existing WASH infrastructure, water storage capacity for effective water trucking, handwashing facilities in toilets and public areas, IEC materials for hygiene and AWD awareness in public spaces and emergency sanitation facility construction. The cluster continues to coordinate closely with partners to address these gaps and scale up response efforts.

Nutrition cluster partners are participating in RNA data collection in Sagaing, Mandalay and southeast region. As of 8 April, RNA data indicates that over 3,700 pregnant and lactating women have been affected in the areas where assessments are being conducted. There is a critical need to support infants who cannot be breastfed during this time, ensuring they are managed in line with Breast Milk Substitute (BMS) code and guidance. Proper provision of BMS and caregiver support is essential to avoid further health complications. Displacement and overcrowded shelter conditions have also disrupted optimal infant and young child feeding practices (IYCF). The lack of adequate facilities and privacy in collective shelters is impacting exclusive breastfeeding and complementary feeding practices, underscoring the need for appropriate IYCF-friendly spaces. Capacity building remains a priority, with ongoing and planned training sessions on IMAM to strengthen partner capacity to respond effectively in emergency settings.

The Child Protection Area of Responsibility (AoR) partners are mobilising to provide immediate child protection services such as rapid reunification, MHPSS, distribution of Child Protection Kits, as well as the establishment of child

friendly spaces and scaling up of community level child protection to support children when agencies are not present. As partners engage in rapid needs assessments, they are encouraged to also use the GBV-CP Observational Assessment so that the AoR coordination team can get a better understanding of the impact on children. The GBV-CP observational assessments consistently reveal critical child protection concerns, including children playing unsupervised in dangerous environments leading to separation, injury, and exposure to violence or exploitation; inadequate WASH facilities with a lack of privacy in bathing areas and unsafe alternatives like streams, coupled with unsecure, insufficient lighting, and no gender separated latrines increasing GBV risks; and widespread heightened anxiety, distress, and fear among both children and caregivers, urgently requiring scaled-up MHPSS interventions. The CP AoR continues to support partners through key, simple, user-friendly resources tailored to Myanmar and the current earthquake. Resources are urgently needed to scale up critical child protection services on the ground.

The Mine Action AoR has finalised the standardized EORE messages in both English and Myanmar and shared with AoR partners, child-friendly mine safety messages, and earthquake-specific safety messages outlining the dangers of explosive ordnance following an earthquake. Of the 58 most severely affected townships, 32 of these were already contaminated with explosive ordnance, putting all people affected by earthquakes in immediate danger. Child friendly EORE one-pager was shared with both MA AoR and CP AoR partners. Partners are engaging in victim assistance but prioritizing MHPSS as well as cross-sectoral activities. Earthquake specific EORE messages are widely disseminated with partners.

The Education Cluster is coordinating with partners on the ground to get critical information on the impact, critical needs and ongoing responses in relation to the provision of education services to children affected by the recent earthquake. Partners have been taking part in the multi-sector needs assessments. Partners reported a total of 129 monastic schools have been affected in Nay Pyi Taw, Mandalay and Sagaing, and increased demand for roofing for affected communities particularly in Sagaing. Cluster partners are encouraged to consider post-response education planning, as many are addressing immediate needs based on RNA results. Some schools have been reported to be used as temporary shelters for displaced population. Partners have distributed critical education in emergency supplies to a few schools that are open (roofing sheets and learning materials).

UNICEF is also working with partners and the Technical Advisory Group on Disability Inclusion to ensure that the earthquake response is inclusive of persons with disabilities, including through identification of specific needs, provision of assistive devices, and technical support to sectors on inclusive programming.

Human Interest Stories and External Media

UNICEF delivers clean water to communities in Pyinmana.

<https://www.facebook.com/unicefmyanmar/posts/pfbid02musgyiSvd5Rn6aR4VhmJkTKbYZojyLBxfdmDd8a3u56UHFpRZobkcd1uNGQrQACI>

Distribution of hygiene kits in Sagaing.

<https://www.facebook.com/unicefmyanmar/posts/pfbid02qwoVWbT5MG5VeUCKjtYpwYyLJkt57st7HYdJQXifcSZraAHDHRdfeaVZDx14Lnw9I>

How to talk to children after earthquake – Parenting Guide.

<https://www.facebook.com/unicefmyanmar/posts/pfbid0Gv3HFrRqAKX7iNQcw5FitQoTWrQzw9kV5G816Koe9iYNZp q6S7XqRf5hDwsLK6HHI>

<https://www.unicef.org/myanmar/reports/guide-parents-how-talk-children-after-earthquake-Eng>

Appeal from David, 19, earthquake survivor from Mandalay.

https://x.com/UNICEF_EAPRO/status/1909455382453665908

UN Relief Chief Tom Fletcher talks about devastation after earthquake.

<https://x.com/UNReliefChief/status/1909067438500561052>

What to avoid while providing psychological first aid PFA.

<https://www.facebook.com/share/v/18izBfyJHU/>

3 Ls (Look, Listen, Link) of psychological first aid PFA.

<https://www.facebook.com/share/v/16EehL3ws/>

Who can provide psychological first aid PFA?

<https://www.facebook.com/share/v/1B9qg2MvGY/>

What is psychological first aid PFA?

<https://www.facebook.com/share/v/1BrWLGQx9T/>

Who can provide psychological first aid?

<https://www.facebook.com/share/v/1BrWLGQx9T/>

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