

Situation Report No. 7

As of 31 May 2025

This Situation Report is produced by OCHA in collaboration with the operating humanitarian clusters and their sub-working groups in Myanmar. The humanitarian response section is not necessarily reflective of all humanitarian interventions undertaken on the ground but rather those voluntarily reported by partners.

HIGHLIGHTS

- Just over two months after the devastating earthquakes in Myanmar, affected families continue to face immense challenges in rebuilding their lives.
- Thousands of displaced families in Mandalay and Sagaing remain in overcrowded and insecure shelters, many of which lack adequate protection against extreme weather conditions, leaving communities increasingly vulnerable as the monsoon season approaches.
- The absence of sufficient water, sanitation, and drainage systems in displacement sites and returnee locations has led to outbreaks of acute watery diarrhoea and skin infections, further heightening health risks due to poor hygiene conditions.
- Despite significant funding constraints, the UN and partners continue to provide food, healthcare, shelter, and water, sanitation and hygiene support, sustaining emergency aid while focusing on early recovery efforts.
- Of the US\$275 million requested through the Flash Addendum that aims to reach 1.1 million earthquake-affected people, only \$63.7 million has been disbursed to date.



Photo: A water system installed at a temporary displacement site in Sagaing Town for families affected by the earthquake. Credit: OCHA/Pierre Peron/16 May 2025

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SITUATION OVERVIEW

More than two months after the destructive earthquakes hit central Myanmar on 28 March, humanitarian conditions remain dire, particularly in displacement sites across Mandalay and Sagaing, the epicentre of the quakes. Thousands of people continue to face severe socio-economic challenges, preventing them from resuming their normal lives. Many displaced families are living in makeshift tents that offer little protection against adverse weather such as extreme heat, strong winds, and heavy rains. While 34 public buildings in Mandalay have been identified as potential shelters that can withstand harsh weather conditions, these sites still lack essential water, sanitation, and hygiene (WASH) facilities.

The early onset of the monsoon season has further intensified existing vulnerabilities. Poor drainage and inadequate sanitation in overcrowded displacement sites have led to cases of acute watery diarrhoea (AWD) and skin infections, raising concerns about potential cholera, malaria, and dengue outbreaks. In returnee communities, access to clean water remains a major concern, with many relying on damaged or non-functional infrastructure. Vulnerable groups – including women, children, older persons, people with disabilities, and those with chronic illnesses – face heightened risks due to limited mobility and unsafe conditions. Despite critical humanitarian needs, 74 per cent of the hardest-hit townships have not yet received shelter assistance due to access constraints, limited operational presence, and funding shortages. Urgent action is required to enhance shelter conditions, restore WASH services, and address public health risks to prevent further deterioration of the humanitarian situation.

HUMANITARIAN RESPONSE

Early Recovery

Needs:

- Over 300 homes were destroyed by earthquake-related fires in a ward of Mandalay City on 28 March, displacing around 400 families now living in overcrowded and insecure relief camps.
- The Myanmar Earthquake Committee conducted rapid building assessments of about 22,000 structures in Mandalay, Nay Pyi Taw and Sagaing: 17,000 were marked safe, 3,000 as restricted use, and 2,000 as unsafe.
- Many of the worst-affected townships have yet to receive shelter or non-food item (NFI) support. Even in areas where
 assistance has been delivered, needs remain high.
- Recovery of lost identity documents and land entitlements is urgently needed.
- Agricultural activities, especially in Sagaing, are disrupted by infrastructure damage, asset losses, and poor market access, contributing to emerging food shortages.

Response:

- Rapid visual assessments and group discussions led to an early recovery framework, focusing on the vulnerabilities of urban poor communities.
- Screening and referral systems will be rolled out in Mandalay to assist stateless and tenure-insecure households.
- In peri-urban Mandalay, 350 buildings will be assessed, with up to 200 household repair designs and cash-for-work assistance provided based on needs.
- Health prevention measures, including WASH and dengue awareness, are being integrated into cash-for-work and food distribution activities.
- A cluster member has released a Global Rapid Post-Disaster Damage Estimation (GRADE) Report: Myanmar Earthquake to support coordinated response and recovery planning.

- Displaced families are under pressure to leave school shelters, with no viable housing alternatives due to debris, permit delays, clearance costs, and missing documentation.
- Heavy rains and prolonged wait times at security check points are causing delays in field operations and aid delivery.
- Funding constraints continue to limit shelter availability and hinder essential recovery assistance.
- · Recovery efforts are hampered by damaged infrastructure, difficult access routes, and economic constraints

Education in Emergencies

Needs:

- With schools set to reopen next week, earthquake-affected areas face major gaps in learning spaces, WASH facilities, furniture, and teaching materials. Mental health and psychosocial support (MHPSS) is urgently needed for teachers and students. These unmet needs risk excluding many children from education this academic year.
- Early recovery efforts, including debris clearance, structural safety assessments of school buildings, and minor repairs are urgently needed.
- Families still sheltering in schools require relocation support to free up classrooms for reopening.

Response:

- Cluster partners have supported 6,000 students and teachers so far. In northwestern Myanmar, 12 partners have provided assistance to nearly 300 monastic and community-based schools.
- Response continues with classroom repairs, setting up temporary learning spaces, distributing learning materials, and deploying teachers.
- Some partners are providing mosquito nets to boarding schools and working with parent-teacher associations to boost enrolment.

Gaps & Constraints:

Challenges in education delivery persist for vulnerable children in affected areas due to access constraints, security concerns, and funding limitations.

Food Security

Needs:

- Over 457,000 people (51 per cent of the 901,000 people targeted) still need food assistance. The significant unmet needs are in Mandalay (252,042 people), Sagaing (105,346), eastern Bago (76,230), Kayin (4,148), and northern Shan (2,905).
- Communities urgently need food, cash, and farming inputs like seeds and fertilizer. Food aid is the top priority in Mandalay and Nay Pyi Taw, while cash and agricultural supplies are critical in Magway, Sagaing, and southern Shan.
- Many farmers lack access to essential inputs for the monsoon season, made worse by damaged irrigation systems and limited physical access.
- Agricultural loans have become harder to get. In 53 per cent of rural areas, interest rates are higher, and 7 per cent of communities cannot meet collateral requirements due to the loss of assets and documents.

Response:

- Since the earthquake response, food security partners have provided food assistance to nearly 444,000 people (49 per cent of the target).
- From 13 to 26 May, 57,466 people received food and livelihood support in Mandalay, Sagaing, and southern Shan. Among that number, food assistance reached 56,281 people, with the largest share in Sagaing (43,249), followed by southern Shan (11,071) and urban Mandalay (1,961). Additionally, in Mandalay Region, 1,185 people in Kyaukse and Tada-U townships benefited from cash-for-work initiatives aimed at restoring community assets and livelihoods.

- Over half the targeted population (457,035 people) remains unreached mainly due to access constraints, road blockages, supply shortages and limited market functionality. No food assistance has reached eastern Bago, Kayin, and northern Shan. Mandalay and Sagaing face major gaps, with 357,388 people still in need.
- Farming input markets are disrupted in Magway, Nay Pyi Taw, and Sagaing.
- Market access remains severely constrained, with 30 per cent of farmers able to sell only locally and 10 per cent primarily in Sagaing—having no access at all. Dealers face restocking challenges due to road blockages and delays. The disaster has exacerbated existing hardships, including conflict, inflation, and weak infrastructure, placing wage workers and small businesses under additional strain.
- Recovery of livelihoods and essential services is expected to take over six months in more than 60 per cent of affected areas in Mandalay, Nay Pyi Taw, and southern Shan.

ົ່ຈີ Health

Needs:

- No major outbreaks have been reported; however sporadic cases of acute watery diarrhoea (AWD) and skin infections have emerged, likely due to poor hygiene conditions. With the onset of the monsoon season, the risk of AWD/cholera, malaria, and dengue outbreaks is increasing.
- A lack of effective disease surveillance hampers timely outbreak detection, increasing the risk of underreporting.
- Mental health issues and non-communicable diseases like hypertension and diabetes remain key concerns.

Response:

- Since the earthquake response, cluster partners have provided health assistance to 87,000 people (19 per cent of the target), mostly in Mandalay.
- Mobile health teams operated by international organizations have concluded operations as initially planned. However, partner-run mobile clinics remain operational in Mandalay and Sagaing, working closely with local health departments.
- Partners are identifying alternative delivery mechanisms to ensure continued humanitarian assistance in areas where access has become restricted.
- Mental health referrals to specialized services are being encouraged to support communities coping with trauma and loss.
- Currently, only one Emergency Medical Team remains active in Sagaing, while others have departed the country.

Needs:

 Accurate data on storage needs and specific partner requests are crucial for effectively allocating and providing storage services in earthquake-affected areas. Strengthening data collection and coordination will enhance logistical efficiency and aid distribution.

Response:

- The Logistics Cluster has provided free common storage services for partners, totalling 444.56 cubic metres in Yangon, 303.30 cubic metres in Mandalay, and 20.16 cubic metres in Taunggyi cities.
- An airport assessment has been completed in Mandalay, and plans are underway to update the national logistics capacity assessment.
- Import process mapping for humanitarian cargo is in progress. Importation procedures have reverted to pre-disaster practices.
- Following the identification of key import challenges, the cluster is planning a coordinated advocacy effort to streamline humanitarian cargo importation processes.

Gaps & Constraints:

- Stricter inspections at checkpoints along main routes from Yangon to Mandalay and Sagaing are contributing to delays and rising transportation costs.
- Additional administrative procedures for documentation are affecting the import, transport, and distribution of relief items, requiring enhanced coordination to ensure timely delivery.

Nutrition

Needs:

- The earthquakes have worsened existing nutrition challenges in Mandalay and Sagaing. Disrupted food systems, health services, and livelihoods have increased the risk of malnutrition, especially among people already affected by poverty and displacement.
- Children under five and pregnant and lactating women (PLW) are at high risk of acute malnutrition, disease, and death in the absence of timely support.
- Urgent priorities include providing ready-to-use therapeutic food (RUTF) for children with acute malnutrition; distributing
 micronutrient supplements to children and PLW; delivering infant and young child feeding (IYCF) counselling; promoting
 exclusive and safe breastfeeding; and preventing the inappropriate use of breast milk substitutes in settings with limited
 clean water and sanitation.
- There is also a need to expand training on the international code of marketing of breast milk substitutes and provide practical support for caregivers to protect infant health and nutrition.

Response:

- Since the earthquake response, cluster partners have launched a coordinated nutrition response. Key achievements to date include:
 - 2,969 children under five and 241 PLW screened for acute malnutrition;
 - 5 children treated for severe acute malnutrition, and 57 for moderate acute malnutrition;
 - 2,344 caregivers and PLW received IYCF counselling;
 - 2,887 children and 1,396 PLW received micronutrient supplements;
 - 4,535 children and 993 PLW enrolled in the blanket supplementary feeding programme;
 - distribution of nutritious food, including rice, chickpeas, and fortified biscuits, to vulnerable households.

Gaps & Constraints:

- Limited partner presence in several townships continues to affect service coverage.
- Insecurity and road damage are disrupting supply chains, causing delays in the delivery of essential relief items
- Funding constrains are impacting the reach and continuity of vital nutrition services.
- Addressing these gaps requires additional funding, timely procurement and delivery of nutrition supplies, expanded
 partner presence in priority areas, and enhanced capacity on breast milk substitutes code compliance and emergency
 IYCF practices.

Protection

Needs:

- Displaced communities urgently require secure, weather-resistant, and accessible shelters, particularly individuals with limited mobility or heightened vulnerabilities, including women, children, the elderly, persons with disabilities, and those with chronic health conditions.
- Many affected people lost identity documents during the earthquakes, limiting their access to assistance, services, and legal protections. Swift mechanisms for reissuance of these critical documents are urgently needed.
- Older persons and persons with disabilities face challenges accessing aid and relocating safely, particularly those who lost caregivers. Targeted support and inclusive infrastructure are critical.
- Residents of informal settlements and temporary shelters are at high risk of eviction. Legal support and advocacy for tenure security are essential.

Response:

- Since the earthquakes, cluster partners have provided targeted protection support and case management to 27,886 people, including persons with disabilities, in eastern Bago, Kayin, Mandalay, Nay Pyi Taw, Sagaing and southern Shan.
- In these same areas, nearly 113,525 people were reached through protection assessments and monitoring, while 115,215 people participated in community-based awareness sessions to help prevent and mitigate protection risks and human rights violations.

Gaps & Constraints:

- Protection analysis remains limited due to a lack of granular, site-level data and direct community feedback. Reliance on indirect reporting and concerns over retaliation continue to restrict meaningful risk assessments.
- Challenges in data collection and community concerns about confidentiality have impacted systematic protection assessments, reducing the ability to track emerging needs and adapt responses effectively
- Funding shortages are impacting protection efforts, leading to fragmented services, delayed responses, and persistent gaps in addressing critical protection needs.

Mental Health and Psychosocial Support (MHPSS)

Needs:

- Trauma-informed MHPSS interventions are urgently needed in response to the compounded impacts of the earthquakes and ongoing conflict-related protection risks.
- Psychosocial support for caregivers, especially those grieving lost loved ones or unable to observe cultural burial practices, remains a critical gap.
- Facing rising anxiety, isolation, and a lack of accessible services, women and girls with disabilities need urgent MHPSS support.
- Frontline responders, particularly women volunteers, continue to experience high levels of emotional distress, with few structured psychosocial care options available.

- Safe, inclusive spaces for women, adolescent girls, and persons with disabilities are severely lacking in both displacement sites and host communities.
- Integration of MHPSS into health and primary healthcare services is essential to address severe or persistent mental health needs effectively.

Response:

- In Mandalay Region, a partner provided group sessions, psychological first aid (PFA), individual counselling, emotional support assessments, and referrals to specialised care, reaching 73 people across three townships.
- MHPSS partners conducted 887 counselling sessions, online workshops and webinars reaching 2,542 people. Online
 wellness programmes engaged 5,000 participants, 236 mental health broadcasts were carried out on TV and radio,
 and targeted social media campaigns were conducted.
- A total of 501 frontline workers received training on PFA and self-care to enhance local response capacity.
- Child-focused MHPSS activities were delivered to 38 children, including distribution of emotional regulation kits.
- A new MHPSS centre is being established in Mandalay with private counselling rooms and group spaces, scheduled to open in June 2025 as a hub for community-based care, referrals, and training.

Gaps & Constraints:

- Stigma and low awareness continue to limit MHPSS service uptake, as many affected people prioritize material assistance over psychosocial care.
- A lack of trained personnel, particularly in trauma-informed approaches, is a major barrier to quality service delivery.
- Conflict-related insecurity and displacement are restricting the mobility of providers and access to earthquake-affected communities.
- Weak referral systems hinder timely access to specialised mental health care, especially for high-risk individuals.
- Current programming does not sufficiently address grief and ambiguous loss, despite significant demand—particularly among women and caregivers.
- Limited funding continues to constrain the continuity, coverage, and scale-up of MHPSS services.

Child Protection (CP) Area of Responsibility (AoR)

Needs:

- Long-term displacement, loss of livelihoods, and psychosocial distress are driving negative coping strategies, including child labour, unsupervised children, and exposure to violence, trafficking, and exploitation.
- Children are seen playing in unsafe areas and adolescents are engaged in labour at the cost of education.
- Armed group presence near villages poses major gender-based violence (GBV) and protection risks, particularly for women, girls, and children.
- The results of the multisectoral initial rapid assessment (MIRA) show boys face high risks of recruitment, child labour, and unsafe migration; girls face similar risks, along with family separation and GBV, especially in rural areas.
- Over 70 per cent of respondents report no access to MHPSS, highlighting the urgent need for scaled-up mental health support and child-friendly spaces, along with case management and family tracing.

Response:

- Since the earthquake response, the CP AoR has reached 62,825 people, including 444 persons with disabilities.
- Partners have provided 14,758 child protection kits, reunified 6 children with their families, opened 1,077 case management files, and reached 420 adolescents with gender-responsive programming.
- Life-saving information has been shared with 11,902 people and delivered psychosocial support and psychosocial first aid to 34,662 people.
- CP AoR partners are scaling up case management and MHPSS for caregivers and children, as well as establishing child friendly spaces.
- CP response tracking on biweekly dashboards guided partners to minimize duplications and gaps. Subnational training on caring for child survivors and MHPSS has been conducted.

- Security concerns continue to pose challenges for earthquake response efforts, particularly in southeastern Myanmar.
- Heavy rains and the monsoon season are further limiting humanitarian access, while also heightening child protection risks in affected areas.

Gender-Based Violence (GBV) AoR

Needs:

- GBV risks continue to rise among earthquake-affected and displaced communities, driven by overcrowded shelters, lack of privacy and gender-sensitive facilities, and weakened protection systems
- Safe, confidential GBV case management services are critically lacking in Mandalay, Sagaing, southern Shan, and Kayah. Women and girls in the affected areas have limited or no access to safe spaces.
- Early marriage, intimate partner violence, and trafficking are increasing in northwestern and southeastern Myanmar, especially in displacement settings, yet no safe shelters are available for survivors.
- Poor shelter conditions, lighting, and shared WASH facilities heighten risks for women and girls, particularly at night.
- Demand for dignity kits and menstrual supplies is growing, especially with the upcoming monsoon season and prolonged displacement.
- Women and girls collecting humanitarian aid face increased risks of GBV, including sexual exploitation and abuse.

Response:

- GBV AoR partners are providing integrated services across earthquake-affected areas. Services include GBV case management, psychosocial support, sexual and reproductive health and health referrals, awareness-raising, and distribution of dignity kits and women's essential items.
- Since the earthquake response, partners have provided GBV prevention and response services to 12,943 people, including 440 persons with disabilities, in eastern Bago, Mandalay, Nay Pyi Taw, Sagaing, and southern Shan. A total of 20,686 dignity kits and women's essential items have been distributed in the same areas.
- Partners have disseminated updated referral pathways and service maps to improve survivor access to safe, timely, and confidential care.
- Capacity-building has continued, with 409 frontline staff trained in PFA, emotional support, GBV case management, the GBV Pocket Guide, safety audits, and the CP-GBV Observational Assessment Tool.

Gaps & Constraints:

- Stigma, harmful gender norms, and low awareness continue to discourage survivors from seeking formal GBV support, with many relying on informal systems that do not fully ensure safety and dignity.
- Insecurity, displacement, and access constraints are limiting partner presence and the consistent delivery of GBV service.
- Funding shortages remain a significant barrier to expanding life-saving GBV services, particularly in high-risk areas.

Mine Action AoR

Needs:

- Mine risks remain a major concern in earthquake-affected areas, posing dangers to both local communities and humanitarian responders.
- There is a critical need to scale up explosive ordnance risk education (EORE), including institutional EORE for frontline workers.
- MIRA assessments show that nearly one-third of respondents fear landmines and explosive ordnances in and around their communities, indicating the urgency of scaling up EORE.
- Advocacy for broader humanitarian mine action remains essential across all affected areas.
- Victim assistance must be urgently scaled up, particularly in the 32 of the 58 worst-affected townships with high presence of mines.

Response:

- Since the earthquakes, Mine Action AoR partners have reached 9,132 people, including:
 - 9,027 people through EORE (8,939 via interpersonal sessions and 88 through institutional EORE).
 - 105 people have received victim assistance.
- A shared resource folder has been maintained, containing maps, EORE messages, and digital tools.
- Maps were developed to guide interventions in priority townships and assist other sectors in identifying high-risk areas.
- EORE sessions were conducted in eastern Bago and Kayin in southeastern Myanmar.

- Underreporting of mine action activities persists, worsened by communication blackouts.
- Ongoing conflict, rising water levels, and flood risks during the monsoon season are further hindering operations.

• Access constraints persist due to roadblocks and insecurity in southeastern Myanmar, making humanitarian support more difficult to reach those in need.

(i) Shelter, Non-Food Items (NFIs), Camp Coordination and Camp Management (CCCM)

Needs:

- Shelter assistance remains critically limited, with 74 per cent of the hardest-hit townships receiving no support and 50
 per cent lacking Non-Food Item (NFI) aid due to access constraints, limited operational presence, and funding
 shortages.
- 75 per cent of the targeted people remain uncovered, leaving families highly vulnerable to monsoon rains and extreme heat.
- Nearly 100 informal displacement sites lack basic Camp Coordination and Camp Management (CCCM) support, with only 17 sites having functioning site management. Overcrowding is increasing risks of gender-based violence, disease outbreaks, and fire hazards.
- Many displaced families sheltering in flood-prone areas face heightened risks with the onset of the monsoon season, further exacerbating protection and safety concerns.
- Safe and sustained humanitarian access is urgently needed to reach underserved communities, provide life-saving aid, and establish effective site coordination to manage growing needs.

Response:

- Since the earthquakes, nearly 40 cluster members have reached 160,918 people with emergency NFI assistance and 20,163 people with emergency shelter support across 6 regions and states.
- In central and northwestern Myanmar, 96,007 people (64,854 in Mandalay and 31,153 in Sagaing) received NFIs and 8,141 people (4,113 in Mandalay and 4,028 in Sagaing) received emergency shelter. In Nay Pyi Taw, 7,883 people received emergency shelter and 2,200 people received NFIs.
- In southeastern Myanmar, 62,688 people received NFI assistance, including 47,768 in southern Shan, 11,124 in eastern Bago, and 3,796 in Kayin. Emergency shelter support was provided to 4,139 people.
- The Technical Working Group is developing harmonised shelter damage assessment tools to improve data quality and better target the response.

Gaps & Constraints:

- Delays persist between delivering immediate emergency aid and establishing long-term, climate-resilient shelter solutions, impacting recovery efforts.
- Severe underfunding continues to hinder the scale-up of shelter and Non-Food Item (NFI) assistance, delaying critical Camp Coordination and Camp Management (CCCM) interventions and increasing protection risks
- Stock shortages in key locations like Mandalay are slowing rapid response capacity.
- Many informal sites remain unassessed, with no organised shelter, monitoring, or community-led solutions. Weak site planning and management have led to overcrowded, unsafe shelters and no access to basic services.
- Without an urgent scale-up of site coordination, shelter upgrades, and infrastructure support, families will face repeated displacement from flooding and landslides, further compounding needs beyond current response capacity.

Water, Sanitation and Hygiene (WASH)

Needs:

- Displacement sites and rural communities in Mandalay and Sagaing urgently need water quality testing, especially with the onset of the rainy season. Poor sanitation is likely affecting the safety of their water sources.
- Heavy rains have exposed inadequate drainage systems in newly established displacement sites in Mandalay, disrupting safe excreta disposal and increasing risks of water contamination and disease outbreaks. Hygiene promotion needs to be scaled up in displacement sites to prevent waterborne diseases, including AWD.
- Several displacement sites still lack safe, functional sanitation systems, which are essential to prevent AWD and uphold dignity and safety.
- Many returnee communities rely on damaged or non-functional water infrastructure. Rehabilitation is critical to restoring safe and reliable access.

Response:

• Since the earthquakes cluster partners have reached 401,978 people with critical WASH support, 64 per cent through hygiene kit distributions, 28 per cent via emergency water supply, and 8 per cent through sanitation services.

 To date, 1,148 emergency latrines have been installed, reaching approximately 35,935 people in eastern Bago, Mandalay, and Sagaing. Rehabilitation of water systems and construction of new water points are underway. Efforts are ongoing to shift toward more sustainable interventions through system rehabilitation.

Gaps & Constraints:

- Hygiene promotion remains limited despite being vital for behaviour change and preventing disease.
- Household water treatment remains insufficient in affected areas. Many families still rely on turbid river water or other sources exposed to faecal contamination.
- Rehabilitation work is slow and underfunded. Continued support is essential for both immediate recovery and long-term WASH solutions. Only \$6.4 million of the \$55.3 million needed for the WASH response has been received, just 11.6 per cent of the total. This major funding gap is holding back critical life-saving and recovery efforts.

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