



**acted**

# Mandalay, Myanmar

## 28 March 2025 earthquake

Rapid Needs Assessment Report

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*Acted's Emergency Response Team member conducting an interview with a Key Informant in Pyawbwe township, Mandalay Region.*



The 7.7 magnitude earthquake that hit Myanmar on 28 March 2025 – with an epicentre located 16km north-west of Sagaing city and 19km north-west of Mandalay city, the second largest urban centre in the country – has caused extensive damage and loss of life. Mandalay and Sagaing are among the **hardest hit regions**. An estimated **17 million people across 57 townships** have been affected by the earthquakes, out of which **9 million were severely affected by the highest tremble** ([UNOCHA](#)). Initial data report that **more than 73,000 individuals in affected areas of Mandalay are in need of humanitarian assistance**, close to **30,000 people in Sagaing have been affected**, and more than **13,000 people have been displaced in Southern Shan** ([UNOCHA](#)).

Many aftershocks have been recorded, with more than 200 aftershocks of 5 and above magnitude since the earthquake of 28 March, including one of 6.4 magnitude twelve minutes after the initial quake. Telecommunications, internet and electricity remain severely disrupted in affected areas, which hinders access to information and to essential services.

Widespread RNA across Bago, Mandalay and Southern Shan are on-going: out of 326,000 assessed individuals, **76% have reported that no assistance has been provided yet** ([UNOCHA](#)).

## Dire humanitarian needs prior to the earthquake

This disaster is unfolding in a context of already extreme humanitarian crisis, fueled by prolonged instability and ongoing conflict since the 2022 coup. Pre-earthquake, Myanmar held **3.5 million internally displaced persons** (UNHCR), and **19.9 million people in need of humanitarian assistance** (2025 HNRP). The impacts of the earthquake are therefore exacerbating significant pre-existing humanitarian needs.

**Acted's Emergency Response Team** arrived in Mandalay on 29 March, within 24 hours of the earthquake to initiate a rapid needs assessment and inform the response, including the identification of priority and/or underserved locations, thereby maximising the coverage of the resources mobilised. The RNA has been updated as of 04 April following continued data collection.

## Key Findings & Humanitarian Priorities

- Most key informants interviewed indicated that **no assistance has been provided in their areas yet**
- Nevertheless, respondents reported that small-scale relief efforts are being provided by private actors; local NGOs; and local self-help and volunteer groups. Assistance provided includes hot meals; drinking water; tents; hygiene kits; and mobile health interventions.
- The **extreme weather conditions and the approaching monsoon** is exacerbating affected populations' vulnerability and the need for timely live-saving assistance.



**WASH:** Damages to essential water infrastructure including pipes and pumps have left affected communities with inadequate access to water. Affected people are **relying on public sanitation facilities as well as private ones that are made available** (e.g. in restaurants, markets, houses, etc.). Due to limited access to adequate washing facilities, some wash themselves in the river. Respondents reported a shortage of essential hygiene items – including for menstrual hygiene.



**Shelter:** Massive shelter damages in affected locations have left populations seeking shelter in public spaces such as monasteries, schools and hospitals, with the most vulnerable in tents or the open-air. There is **an urgent need for provision of construction materials and basic NFIs** such as sleeping mats and blankets, as well as kitchen items (cooking pots, pans, cutlery, etc.).



**Food Security:** Dysfunctional supply routes **are impacting the availability of basic items and their prices** in markets that remained open. Populations therefore face significant challenges in meeting their food needs, either due to the unavailability or unaffordability of food items. Additionally, over 3.7 million hectares of cropland were exposed to the earthquake, combined with the earthquake's impacts on livelihoods, which will negatively impact the food security situation ([UNOCHA](#)).



**Cash:** There is **limited access to cash** in the affected areas, with bank closure following the earthquake. Some markets remain open although the price of basic items have reportedly increased. Affected populations, particularly in Mandalay, also report **challenges in accessing health services** due to medicines being unaffordable.

## Methodology

Acted's Emergency Response Team arrived in Mandalay on 29 March, within 24 hours of the earthquake, to initiate a Rapid Needs Assessment (RNA). A total of 12 severely-impacted townships of Mandalay and Sagaing Regions have been covered by the RNA (see list and map on the next page).

The objectives of the RNA are to provide an initial **snapshot of the most pressing needs** in areas among the hardest-hit; to confirm the **status of markets and critical infrastructure**; and to inform the geographical targeting and design of **Acted's first-phase emergency response**. Given the limited data available from Sagaing, the RNA includes a dedicated section specifically addressing the situation in the region.

Data collection was carried out in Mandalay from 30 March to 01 April, by a team of 4 Acted staff (1 male and 3 female), and in Sagaing on 02 April by a team of 2 female Acted staff, with remote support provided from Acted's office in Yangon and HQ.

Primary data was collected through 41 Key Informant Interviews (KIIs) – including 34 Key Informants (KIs) in Mandalay and 7 KIs in Sagaing. KIs were selected according through convenience sampling, while Acted teams used purposive sampling to ensure a diversity of KI profiles linked to occupation. The data was subsequently triangulated with secondary data.

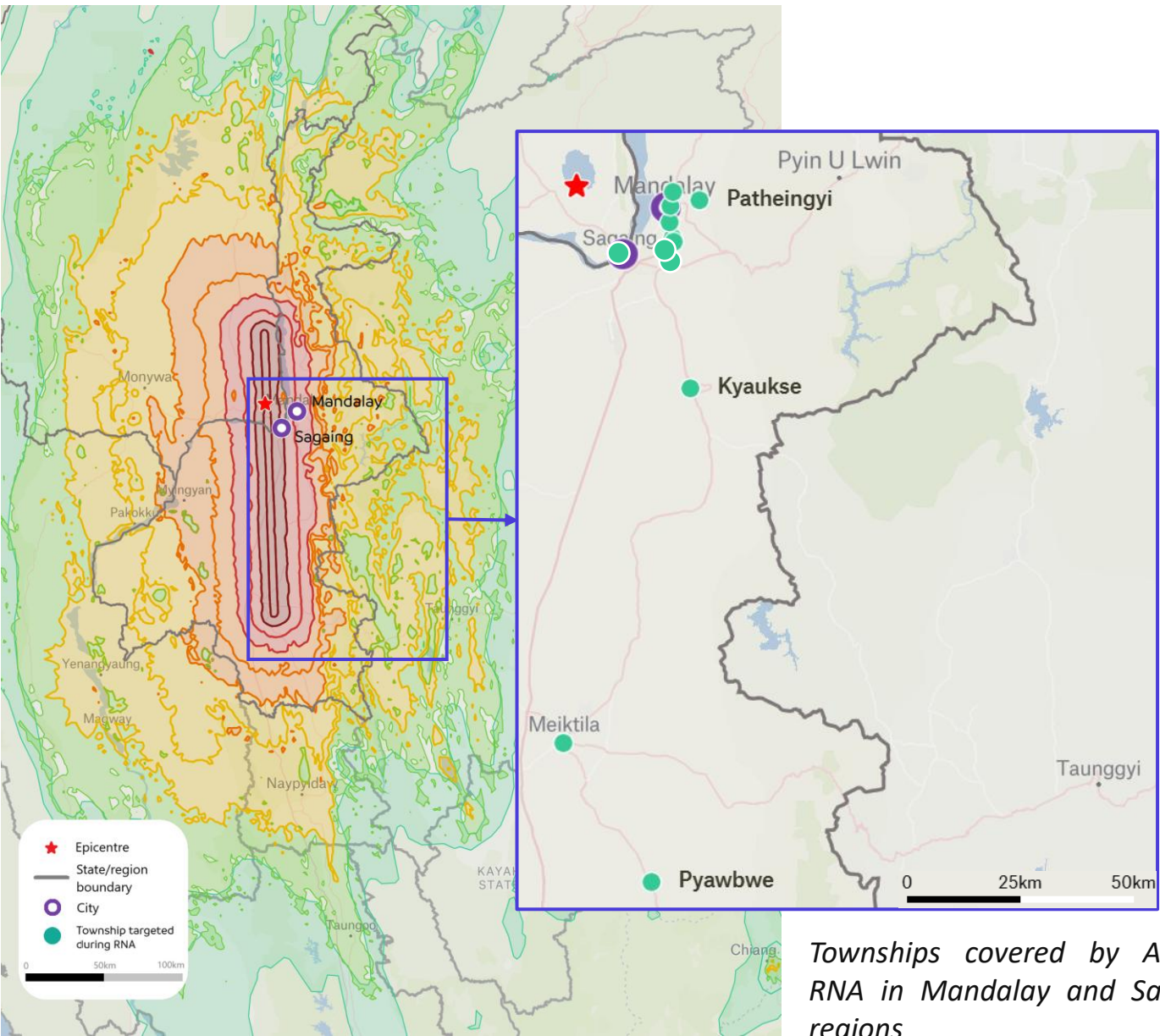


**41** Key informants (KIs) interviewed,  
including **27** women and **14** men.

## Limitations

- **Time constraint:** Rapid Needs Assessments are in nature designed to be quick. The data collected is therefore limited. To get an overall understanding of the prevalent needs in affected areas, Acted adopted a KIIs approach.
- **Lack of quantifiable and fully representative data:** A KII approach enables the collection of qualitative, estimative information rather than quantitative data representative of the whole population. However, KIIs provide the best rapidly accessible source of information for several key indicators in emergency situations.
- **Limited scope :** Due to time constraint and the specific context of Myanmar, including high insecurity, active conflict, and movement and accessibility contains, the data was only collected in 9 severely affected townships of Mandalay Region.

One of Acted's priorities was to avoid duplication of data collection and survey fatigue amongst affected communities, thus triangulating reliable secondary data with the primary information collected.



*Townships covered by Acted's RNA in Mandalay and Sagaing regions*

Townships	# KIs
Mandalay Region	
Aungmyetharzan	1
Chanayetharzan	2
Chanmyatharzi	3
Kyaukse	7
Mahaaungmyay	4
Meiktila	1
Patheingyi	2
Pyawbwe	3
Pyigyidagun	5
Singaing	5
Amarapura	1
Sagaing Region	
Sagaing	7

*Table 1: Number of KI per township covered by Acted's RNA.*



## Situation

Some local volunteer groups, community groups, neighbours and family members and private donors are providing assistance, such as provision of food, drinking water, shelter / tent. However, 69% of respondents report that no actors are providing assistance in their areas.

Additionally, the earthquake occurred **during a period marked by hot and dry weather** (March-May) in Mandalay, with **high temperatures** reaching a daily average of 30°C, followed by the **monsoon with heavy rainfall and flooding** (May-October).



## WATER, SANITATION AND HYGIENE

Access to water is limited in affected areas. **Many water pipes have been damaged, and widespread power outages render water pumps are not functional.**

To meet their water needs, the assessed communities rely on water networks (52% respondents) and daily water trucking by public or private services (38% respondents). However, **water is not always available and not in sufficient quantity**. 26% of respondents report no access to washing water, while only 44% of those who rely on water networks say water is available all the time.

The majority of respondents report access to some type of sanitation facilities, which are, for the most part, not gender-segregated, and include **public facilities such as toilets located in the market, close to restaurants**, etc.

Additionally, the vast majority of assessed informants report a **lack of hygiene items (77%), including menstrual hygiene items (67%)**. Following the earthquake, most shops are closed, while those still semi-functional have limited stock. People share their limited resources with their friends, family and neighbours.

There is therefore an urgent need to provide assistance that ensure affected populations have **adequate access to clean water, essential hygiene items, and sanitation**, as current living conditions exacerbate the risk of communicable disease outbreaks. This is all the more critical as Mandalay faces regular outbreaks of acute watery diarrhoea and spikes in cholera cases.



## SHELTER

There has been significant shelter damage and destruction due to the earthquake. Many affected individuals are seeking refuge in public or open spaces, either because their houses have been damaged or out of fear of

aftershocks, tremors and further destructions. Respondents reported affected people staying **in tents; seeking refuge in monasteries, schools, hospitals, etc.; staying with family, friends or neighbours; or sleeping directly on the street.**

Among the urgent shelter needs, more than half of the assessed individuals highlighted needs for **construction materials** (tarpaulin, bamboo, metal wires, nails, etc.) as well as **NFI materials** (floor mat, mattress, mosquito net, bucket, blanket, etc.). Additional items include **saw, shovel, hoe, hammer, gloves**, etc.



## PROTECTION

When asked about the specific population groups who are the most at risk, respondents identified the elderly, children, people with health or medical issues, and women. Indeed, these population groups have particular needs

specific to their gender, age and health status. The **living conditions in overcrowded spaces or on the street, with limited privacy, fear of robbery, combined with reliance on public or shared mixed-gender latrines exacerbate protection risks, to which women and children, especially girls, are particularly vulnerable**. Additionally, overcrowded living conditions, periods of intense stress and loss of livelihoods increase reliance on negative coping mechanisms which can lead to increase in protection cases e.g. child labour, gender-based violence ([UNOCHA](#), 2025).

**Urgent protection support**, including **mental health and psychosocial support**, is needed, particularly for those who had already faced conflict-related shocks prior to being affected by the earthquake.



## HEALTH

Secondary reports highlight **damage to hospitals and health facilities, limited medical services, and a severe shortage of medical supplies.**

In addition, the impacts of the earthquake with displacement of affected individuals in overcrowded living conditions, combined with limited access to adequate water and sanitation infrastructure **is exacerbating risks of communicable disease outbreaks.** Vulnerability to respiratory infections, skin diseases, vector-borne illnesses such as dengue fever, and vaccine-preventable diseases like measles is escalating. ([UNOCHA](#))

The assessed informants report closure of health clinics, limited access to facilities and medicine, either due to their unavailability, or because medicines are unaffordable. Due to limited capacity of Mandalay Hospital met with huge needs and demands, the Maymyo Military Hospital is also receiving patients. When asked about the specific population groups facing challenges in accessing health services, the respondents identified **people with disabilities, the elderly, people with health issues, and women, suggesting a correlation between these barriers and the difficulties faced by these groups.**

**Life-saving health interventions** are urgently required, including the **provision of tents for patients** to be treated due to limited space in hospitals and health facilities, the **provision of medical supplies, mobile health clinics**, etc.



## MARKET ACCESSIBILITY

The earthquake significantly impacted markets in affected areas, including **markets being closed** or **markets operating with reduced hours.** Though some markets remain functional, **basic items are either unavailable, or their prices have increased.**



## FOOD SECURITY

With people seeking refuge in public or open spaces, combined with limited functionality of markets, there are significant food gaps. Additionally, livelihoods have been impacted by the earthquake, which further undermines the food security situation in affected areas.

Though the majority of respondents state that people have enough food to eat, their **current food supplies are only expected to last for a couple of days.**

The negative impacts of the earthquake on food availability and accessibility represent **an additional layer of risk for individuals with specific food intake requirements**, such as **elderly, children and more particularly children under the age of 5, pregnant and lactating women.** It is therefore **urgent to provide food assistance in a timely manner.**



## CASH

Though markets have also been impacted, they remain partially functional, and **the costs of the remaining basic items have greatly increased.**

Additionally, banks in Mandalay are closed. The **SAC in Mandalay has also explicitly permitted the use of cash assistance in the response in Mandalay only** (CMWG).

In the prevailing situation, the provision of cash is therefore necessary to ensure that **affected individuals can meet their basic needs.** This modality will enable **a tailored and flexible response**, with beneficiaries able to choose and prioritise their needs according to their situation. The provision of **cash to support search and rescue operations** is also urgent.



## Situation

Key Informants reported that **some donors, local organisations, private companies, the military / army and local volunteer groups are providing urgent assistance** in Sagaing township. The support provided includes food assistance, with the provision of hot meals as well as some nutrition kits, the provision of drinking water and of single-household tents, and some hygiene kits. However, the needs remain high, and **the assistance provided insufficient**. Additionally, a temporary camp has been established in Saku Maw monastery for affected people displaced by the earthquake, as **less than half of the households living in the area have access to their house**.



### SHELTER

There has been significant shelter damage and destruction due to the earthquake. Initial assessments report that **over 70% of structures were damaged by the shocks**, including many residential buildings ([ACAPS](#), 2025). Many affected individuals are seeking **refuge in public and common buildings (monastery, schools, hospitals), living in tents or with family, friends and neighbours, with report of some households offering to share their space, while others are sleeping on the street** – either because their houses were damaged, or out of fear of aftershocks and further damage.

The extreme weather events add an additional layer of risks: **Sagaing is currently going through its dry season** (temperatures above 40° C), while the monsoon season is next month. **The lack of adequate shelter is leaving affected people vulnerable in life-threatening living conditions, exposed to natural hazards.**

One KI reports that the government is planning to repair or rehabilitate the housing of government staff before the monsoon; **this leaves the majority of the affected population in need of urgent shelter assistance**».

Among the urgent shelter needs, assessed individuals are predominantly highlighting needs for **construction materials** (tarpaulin, bamboo, metal wires, nails, etc.) as well as **NFI materials** (floor mat, mattress, mosquito net, bucket, blanket, kitchen items, etc.). Additional items include **saw, shovel, hoe, hammer, gloves**, etc.



### WATER, SANITATION AND HYGIENE

Much WASH infrastructure have been damaged by the earthquake. This combined with widespread power outages have disrupted affected populations' access to life-saving water and sanitation facilities.

Though assessed communities rely either on daily water trucking (28%) or water networks (15%) to meet their water needs, **58% of KIs (n=4) report a lack of access to safe water for drinking and cooking purposes, while only 25% (n=1) of those who rely on water networks say that water is available all the time.**

Additionally, the affected communities' access to some type of sanitation facilities has been impacted by the earthquake. However, in such conditions, some households whose house did not sustain significant damage reportedly offered the use of space or facilities such, as latrines to those who do not have access to their own shelters.

Furthermore, the access to hygiene items, including menstrual hygiene items, is limited. Close to one thirds of assessed key informants report that menstrual hygiene items are not available in their areas.

The respondents also report damage to washing facilities, and 71% state that there is no applicable showers or bathing facilities. **Only half of the one who reporting functioning latrines confirmed there were gender-segregated.**

There is therefore an urgent need to provide assistance that ensure affected populations have **adequate access to clean water, essential hygiene items, and sanitation**, as current living conditions exacerbate the risk of communicable disease outbreaks.



## FOOD SECURITY

With people seeking refuge in public or open spaces, combined with limited functionality of markets, there are significant food gaps. Additionally, livelihoods have been impacted by the earthquake, which further undermines the food security situation in affected areas. Though the majority of respondents state that people have enough food to eat, their **current food supplies are only expected to last for a couple of days**.

The negative impacts of the earthquake on food availability and accessibility represent **an additional layer of risk for individuals with specific food intake requirements**, such as **elderly, children and more particularly children under the age of 5, pregnant and lactating women**. It is therefore **urgent to provide food assistance in a timely manner**.



## PROTECTION

The **living conditions in overcrowded spaces or on the street, with limited privacy, combined with reliance on shared and mixed-gender latrines and the limited access to washing facilities (i.e., washing in the river) exacerbate protection risks; women and children, especially girls, are particularly vulnerable**. Additionally, periods of intense stress and loss of livelihoods further increase reliance on negative coping mechanisms which can lead to increase in protection cases e.g. child labour, gender-based violence ([UNOCHA](#), 2025).

**Urgent protection support**, including **mental health and psychosocial support**, is needed, particularly for those who had already faced conflict-related shocks prior to being affected by the earthquake.



## MARKET ACCESSIBILITY

The earthquake significantly impacted markets in affected areas. Most markets in Sagaing township are closed, thus **limiting affected populations' access to essential items, including food**. In markets that are open, the prices of basic items have increased. There are also reports of shops being open though their buildings have been damaged. This represents a risk for the safety of customers, as the risk of further damage and potential collapse is high.



## HEALTH

3 out of 7 KIs highlight challenges in accessing health services, mainly due to the closure of health facilities. Health interventions are currently being implemented in Sagaing township, with 5 out of 7 respondents mention that there is a mobile clinic or team, including a mobile clinic run by the government.

However, the health sector was already weak in Sagaing region prior to the earthquake, particularly due to the conflict with an increase in the number of incidents against healthcare facilities (from 17 in 2022 to 52 in 2023 and 39 in 2024) and with health workers regularly being forced to flee. The earthquake therefore further weakened an already fragile health system ([ACAPS](#)). Though some hospitals and clinics remain open, their capacity to meet the needs of all injured people is limited.

In addition, the earthquake happened during the dry season, with Sagaing experiencing temperatures rising above 40° C. The lack of adequate shelter is therefore leaving affected people vulnerable in life-threatening living conditions, exposed to natural hazards, with increased health risks such as heat stroke. This, combined with damage to WASH infrastructure, limited access to adequate water, sanitation and washing facilities, and inadequate living conditions either on the street or in overcrowded spaces **is exacerbating risks of communicable disease outbreaks**. Vulnerability to respiratory infections, skin diseases, vector-borne illnesses such as dengue fever, and vaccine-preventable diseases like measles is escalating. ([UNOCHA](#))

**Life-saving health interventions** are urgently required, including the **provision of medical supplies, mobile health clinics**, etc.

## Recommendation for swift assistance delivery

1. Assistance should account for the **specific needs of vulnerable population** groups, mainly elderly, children, women, people with illnesses or with disabilities. Indeed, these population groups face **compounded risks** due to their age, gender, physical capacity, and health status.
2. Due to the **overcrowded living conditions** in inadequate spaces, the risk of **communicable disease outbreaks** is significant; in particular, as Mandalay Region faces regular outbreaks of acute watery diarrhoea and spikes in cholera cases. Additionally, Mandalay and Sagaing Regions are **vulnerable to extreme weather events**, including the current hot and dry season with high temperatures, which will be followed by the monsoon and heavy rains. Interventions should prioritise the provision of WASH and S/NFI support.
3. As the **SAC in Mandalay has explicitly permitted the use of cash assistance** in the earthquake response in Mandalay only, and as **markets are semi-functional**, responders should prioritise the provision of Multi-Purpose Cash assistance. This modality will enable a tailored and flexible response, and **preserve beneficiaries' dignity** as they will be able to choose and prioritise their needs as per their preferences and situation. There should be close coordination with the Cash and Market Working Group to harmonise the MPCA transfer value, and mitigate the risks of community conflicts.
4. To avoid duplication of efforts, there should be **close coordination with other responders** and with the relevant clusters or working groups to identify affected areas and/or population groups which remain uncovered as well as unmet sectoral needs.



## Acted's Capacity and Response

Acted has been present in Myanmar since 2008, to provide emergency response following Cyclone Nargis. Since then, Acted has effectively positioned itself as a key humanitarian responder, with experience in providing critical food, WASH, protection, shelter, non-food items and cash support to population affected by conflict or other sudden onset crises. Following Cyclone Mocha which severely hits Myanmar in May 2023, Acted actively coordinated efforts, mobilised resources and, with support from its network of local organisations, provided emergency assistance in affected areas of Rakhine.

Based on its experience, Acted is currently mobilising resources to provide immediate assistance to affected populations, including through:

- **Multi-Purpose Cash Assistance (MPCA)**
- **Shelter and Non-Food Items (S/NFI) support**
- **WASH assistance, including provision of drinking water, hygiene and dignity kits**

Next week, Acted will provide MPCA to approximately 700 households in Mandalay Region, in close coordination with local authorities and relevant humanitarian clusters.

Acted is also coordinating to **expand its RNA coverage to further assess the needs in Sagaing and Southern Regions**, which were severely affected by the earthquake. An RNA exercise is on-going in both Regions and will be shared as soon as finalised.



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