



acted

Mandalay, Myanmar

28 March 2025 earthquake

Rapid Needs Assessment in South Shan Report

1. Situation Overview
2. Key Findings
3. Methodology
4. Assessed villages and township in South Shan
5. Detailed Findings – South Shan
6. Conclusion & Recommendations
7. Acted's Response
8. Contacts



Zayat Gyi Village, Inle Lake, Nyaung Shwe

The 7.7 magnitude earthquake that hit Myanmar on 28 March 2025 – with an epicenter located 16km northwest of Sagaing city and 19km northwest of Mandalay city, the second-largest urban center in the country – has caused extensive damage and loss of life. Mandalay and Sagaing are among the **hardest hit regions**. An estimated **17.2 million people across 58 townships** have been affected by the earthquakes, out of which **9.1 million were severely affected by the highest tremble** ([UNOCHA, April 2025](#)) 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**. More than **13,000 people have been displaced in Southern Shan** ([UNOCHA, March 2025](#)).

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.

As of 7 April 2025, the widespread initial RNA across 31 townships in seven states and regions, including South Shan and Nay Pyi Taw Union Territory are assessed have identified: out of 588,000 assessed individuals, **47% have reported that no assistance has been provided yet** ([UNOCHA, April 2025](#)). In Southern Shan State, the earthquake caused the most severe shaking across eight townships including Hopong, Hsi Hseng, Kalaw, Langkho, Lawksawk, Nyaungshwe, Pinlaung, and Taunggyi townships—resulting in at least 89 deaths, damage to over 3,500 houses and 28 hospitals, and the displacement of more than 13,000 people across South Shan. ([UNOCHA, March 2025](#))

Dire Humanitarian Needs Prior to the Earthquake: This disaster is unfolding within the context of an already **severe humanitarian crisis** in Myanmar, exacerbated by prolonged conflict, political instability since the 2021 coup, and previous climate shocks. **Before the earthquake of March 2025**, Myanmar faced **3.5 million internally displaced persons** (UNHCR) and **19.9 million people in need** of humanitarian assistance (2025 HNRP). These pre-existing vulnerabilities have only deepened in the aftermath of the disaster..

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. In addition, **Acted's partner CSOs in South Shan** conducted a rapid needs assessment from 2 April to 5 April in Nyaung Shwe Township, the most affected area, to assess regional gaps and needs.

Key Findings & Humanitarian Priorities – South Shan Region



- Respondents reported that **small-scale relief efforts are being provided** by collective donors, private actors, local and international NGOs, and local self-help and volunteer groups. Assistance received in most villages in Nyaung Shwe includes food kits, tarpaulins/tents for shelter, hygiene kits, drinking water, and cash assistance. However, the assistance has not covered all communities. The majority (63%) of aid is easy-to-consume foods (e.g., lunch boxes) and basic food supplies that last for a maximum of two days, **offering limited long-term support**.
- The **extreme weather conditions and the approaching monsoon** are exacerbating affected populations' vulnerability and the need for timely live-saving assistance.



WASH: The villages around Inle Lake are especially vulnerable due to their proximity to water, which worsens the impact of the earthquake on WASH facilities. The destruction of water pipes, water storage tank and latrines have drastically limited access to safe drinking water and sanitation. Many people are now relying on unsafe sources like contaminated lake water, increasing the risk of waterborne diseases. Respondents reported a shortage of essential hygiene items including for menstrual hygiene.



Shelter: The earthquake has caused massive shelter damage in affected villages, with some houses collapsing and falling into the water. These left people to seek temporary shelter made with bamboo and tarpaulin in open space, floating islands, boats, and public spaces such as monasteries, and schools. Reconstruction seems massive barrier due to high material and carpentry cost. There is an urgent need for provision of basic NFIs such as sleeping mats and blankets, as well as kitchen items (cooking pots, pans, cutlery, etc.)



Food Security: The earthquake has severely impacted food security in Nyaung Shwe Township, with significant needs for rice, oil, dry food, and other essential items. Dysfunctional supply routes and damaged infrastructure have disrupted food availability, leading to inflated prices in remaining open markets. Populations are facing difficulties meeting their food needs due to both the scarcity and high cost of food. Many villagers are relying on food donations to survive. Elderly individuals and persons with disabilities are particularly vulnerable, experiencing additional challenges in accessing food.



Cash: Cash is in limited supply due to bank closures following the earthquake, and although some markets remain open, the prices of basic items have increased. Many affected populations, particularly are struggling to access health services due to the unaffordability of medicines and the distance to health clinics.

Acted's partner CSOs presence in the South Shan namely **Arr Mhan Thit (AMT), Treasure Land Development Association (TLDA)/Precious Lady, Women and Peace Action Network (WAPAN), Kyun Tha Htaung Myay (KTHM)** conducted a Rapid Needs Assessment (RNA) from 2nd April to 5th April 2025. The RNA has covered 15 severely-impacted villages in Nyaung Shwe township of South Shan Region (see map 1 and table 1).

The objectives of the RNA are to provide an initial **snapshot of the most pressing needs** in areas among the most brutal 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**.

Data collection in Nyaung Shwe was conducted by 4 CSO groups: 10 staff (5 men, 5 women) from WAPAN, 2 women staff from AMT, 5 staff (3 men, 2 women) from KTHM, and 2 men from TLDA. Remote support was provided by Acted's office in Yangon and HQ.



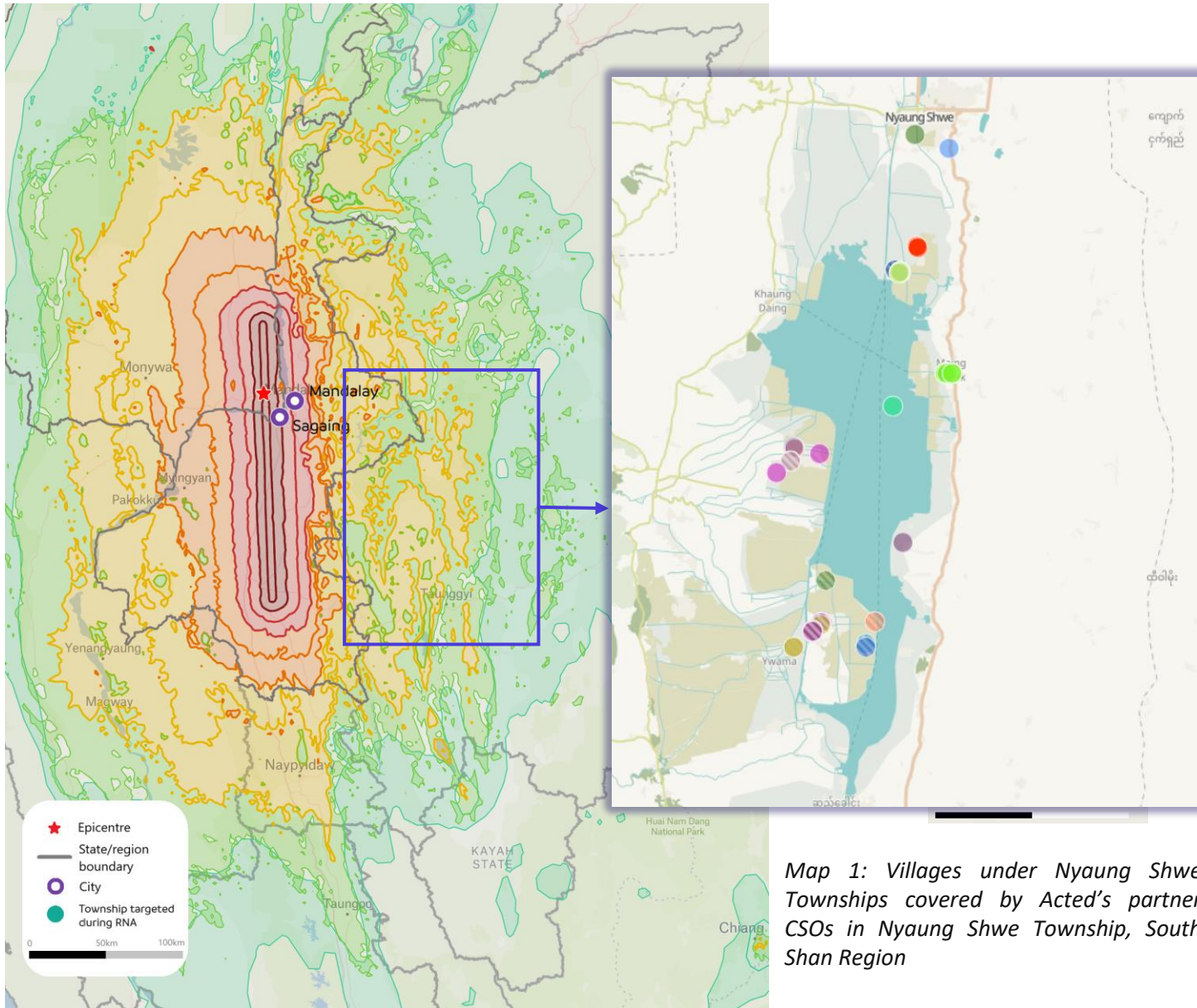
123 Key informants (KIs) were interviewed, including **55** women and **68** men.

Primary data was collected using KOBO tool through 123 Key Informant Interviews (KIIs) in 15 villages situated around Inlay Lake of Nyaung Shwe township in South Shan. KIIs were selected through convenience sampling, while Acted used purposive sampling to ensure a diversity of KI profiles linked to each location. The data was subsequently triangulated with secondary data.

Limitations

- **Time constraint:** Rapid Needs Assessments are by 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 emergencies.
- **Limited scope:** Due to time constraints and the specific context of Myanmar, including high insecurity, active conflict, and movement and accessibility constraints, the data was only collected in 15 severely affected villages in Nyaung Shwe township in South Shan state.
- **Accuracy of Responses:** Some respondents may not have fully conveyed accurate or complete information, whether due to misunderstanding, fear of repercussions, or expectations around receiving aid. This may have impacted the overall reliability of the data collected.

Assessed villages and township in South Shan Region



Map 1: Villages under Nyaung Shwe Townships covered by Acted's partner CSOs in Nyaung Shwe Township, South Shan Region

Nyaung Shwe Township		
CSO	Village	# KIs
AMT	Kay Lar	8
	Kyat Taw	8
	Pauk Par	8
	Za Yat Gyi	8
KTHM	Kyay Sar Kone	7
	Kyay Sar Kone (Lower)	4
	Kyay Sar Kone (North)	18
TDLA	Aing Htaut Gyi	7
	Shey Wa Gyi	8
	Tha Le U Inn	7
WAPAN	Mong Thauk Inn	8
	Mway Pway Auk	8
	Mway Pway Htet	8
	Myaug Wa Gyi	8
	Nyaung Wun	8
Total		123

Table 1: Number of KII per township covered by CSOs's RNA.

Detailed Findings – Nyaung Shwe Township, South Shan Region



Situation

Nyaung Shwe Township, located around Inle Lake in South Shan, has recorded the most extensive impact from the March 28 earthquake, with **2,337 houses damaged** across multiple villages ([Eleven Myanmar](#), 2025). The respondents reported that the disaster has affected **2,496 people across the assessed 15 villages**, resulting in **4 deaths and 17 injuries**. While various humanitarian actors—including International and national NGOs, charity groups, and volunteers—are providing **food, water, shelter, and medical assistance**, **two villages report receiving no aid**. The earthquake compounds existing vulnerabilities in the area, which is already burdened by **armed conflict, climate-related disasters** (notably the 2024 flooding), and **public health risks** like acute watery diarrhoea. With temperatures soaring above 30°C and the monsoon season approaching, the **urgent need for shelter and sustained humanitarian support** is critical.



WATER, SANITATION, AND HYGIENE

The earthquake caused severe damage to WASH infrastructure in Nyaung Shwe, where an estimated 60% of latrines were destroyed. ([UNOCHA, 2025](#)). This has significantly reduced access to safe sanitation, contributing to widespread open defecation and **increasing the risk of acute watery diarrhoea (AWD) and other communicable diseases**.

Access to clean water is critically limited. Most water points were destroyed, and many displaced populations—now residing in boats, floating islands, or open spaces—lack consistent access to safe drinking water. Only **20% of respondents reported access to safe water for drinking and cooking, with 25% of these paying for access**. Water sources include existing **water networks (77%)** and **water trucking (13%)**, but supply is often insufficient and irregular. Distances to water sources vary, with some needing to travel up to 7 miles or an hour to collect water. Sanitation access is nearly nonexistent, with no functioning latrines reported. Only **13% have access to bathing facilities, with no gender disaggregation**. There is a widespread shortage of hygiene items, with **72% lacking basic hygiene items** and **93% without menstrual hygiene supplies**. Following the earthquake, local markets are largely non-operational or have very limited stock. People are relying on and sharing the limited supplies from friends and family.

Given the **heightened risk of disease outbreaks**, particularly in areas prone to recurrent **AWD and cholera (e.g., Mandalay and Southern Shan)**, there is an **urgent need for emergency WASH interventions for adequate access to clean water, essential hygiene items, and sanitation**. Additionally, **the lack of gender-segregated latrine or bathing spaces, and menstrual hygiene supplies** are a priority need for women, while privacy issues of communal space are common for both men and women.



SHELTER

As per the observation of the assessment team, there has been significant infrastructure damage and destruction in Nyaung Shwe, with many located on or around Inle Lake. Affected populations are currently sheltering in **floating islands, boats, open spaces with temporary shelters made with bamboo and tarpaulin, stilt houses, and public spaces such as schools and monasteries**—raising significant protection concerns related to **privacy, safety, and access to essential services particularly for pregnant women, elderly and children.**

Shelter needs are **critical and immediate**. Approximately **80% of assessed individuals** expressed urgent needs for cash for rehabilitation needs, construction materials such as tarpaulin, bamboo, metal wires, nails, etc., as well as essential NFIs, including kitchen sets, solar lights, floor mats, mattresses, mosquito nets, buckets, blankets, etc. The combination of infrastructure damage and precarious living conditions underscores the urgent need for **emergency shelter support** and **targeted NFI distributions** to restore safety, dignity, and basic living standards for the affected populations.

Moreover, people report that the **transportation** in Inle Lake faces a major challenge, especially due to the earthquake, which destroyed and damaged the boats (partially or completely, including the engine) due to earthquake.



PROTECTION

Respondents identified **elderly persons, children, individuals with health conditions, and women** as the **most at-risk groups** following the earthquake. These groups have **distinct needs based on age, gender, and health status**, which are being exacerbated by their current living conditions.

Many are residing in **overcrowded, mixed-gender public shelters**, tents, or open spaces with **limited privacy and inadequate safety**, raising concerns of **theft, gender-based violence (GBV), and child protection risks**. The lack of **separate spaces for men and women** has further heightened community fears around safety and protection—especially for **women and girls**. Periods of **heightened stress**, the **loss of livelihoods**, and **poor living conditions** have also increased the risk of **negative coping mechanisms**, including **child labour and GBV**, particularly among those already affected by **conflict-related trauma**. ([UNOCHA](#), 2025). Only **2% of respondents** reported access to **protection or psychosocial services** in the assessed areas.



FOOD SECURITY

The earthquake has had a **significant impact on food access and availability** in Nyaung Shwe Township. While **63% of respondents reported receiving food kits**, only **37% felt they had adequate food**, and most households **lacked kitchen sets and fuel**, hindering their ability to prepare meals. Many displaced individuals are currently sheltering in **public buildings or open spaces**, where **market access is limited** and **food distributions have not reached all communities**, creating urgent **food gaps**. Although most respondents indicated that people currently have enough food to survive, **supplies are only expected to last a few days**, underscoring the need for **timely, widespread food assistance**. These compounding factors are increasing vulnerability, particularly among children under five, pregnant and lactating women, the elderly, and persons with specific dietary needs.

The **primary source of income in the area—floating tomato farming—has remained largely unaffected**, offering a degree of economic resilience. However, **partial damage to paddy fields** could threaten future food production and income for households dependent on rice farming. In addition to immediate food assistance, there is a pressing need for **agriculture recovery support** and **vocational training programs** to help affected populations rebuild their livelihoods and ensure longer-term food security.



HEALTH

In Nyaung Shwe Township, the earthquake has significantly impacted the health sector, with **damage to hospitals and health facilities** leading to limited medical services and a **severe shortage of essential medicines and supplies**. Secondary reports highlight **damage to hospitals and health facilities, limited medical services, and a severe shortage of medical supplies**. ([UNOCHA](#)). This RNA revealed that **67% of respondents reported facing barriers in accessing healthcare**, citing issues such as **long travel distances to facilities**, lack of available healthcare providers, **unaffordable services**, and **limited access to pharmacies and medication**. Vulnerable groups—including the **elderly (58%)**, **girls (26%)**, and **persons with disabilities (PwDs) (16%)**—face heightened challenges in accessing specific health care needs.

The displacement of affected populations into **overcrowded and unsafe temporary shelters** has further increased the **risk of communicable diseases**, including **diarrhoea, skin infections, respiratory illnesses, and chickenpox**, with **24% of respondents specifically expressing concern about diarrhoeal outbreaks**. The combination of **poor water, sanitation, and hygiene (WASH) conditions** and **inadequate shelter** raises the risk of **vector-borne and vaccine-preventable diseases** such as **dengue fever and measles**.

Additionally, mental health concerns are emerging, with **affected individuals expressing fear of future disasters** and the need for **psychosocial support (PSS)**. There is an urgent need for **life-saving health interventions**, including the **deployment of mobile health clinics, provision of medical tents to treat patients, distribution of essential medicines and supplies**, and the **integration of mental health and PSS services** into the response.



MARKET ACCESSIBILITY

The earthquake has significantly disrupted market access and functionality in affected areas of **Nyaung Shwe**. While 69% of respondents reported that markets remain open, **essential items are not fully available**, and **prices—especially for construction materials—have significantly increased**. Additionally, **32% of respondents observed limited stock and reduced operating hours**, reflecting supply chain disruptions and logistical constraints. Notably, **5% of respondents reported that markets in their areas remain completely closed**, leaving some communities without access to essential goods. These challenges are further compounded by **reduced household income** and **increased transportation barriers**, making it difficult for vulnerable populations to purchase basic necessities. While **market-based responses such as cash assistance remain feasible**, they must be **accompanied by efforts to stabilize supply chains and restore infrastructure** to ensure equitable access.



CASH

Markets in affected areas remain **partially functional**, although **prices for essential goods have sharply increased**. In this context, the provision of **cash assistance** is crucial to help affected individuals meet their **basic needs**. This approach offers **flexibility**, allowing beneficiaries to **prioritize their needs**, whether for shelter, food, medical services, or other essential items. It is reported that **40% of respondents need urgent cash assistance for immediate shelter, construction materials, latrines, necessities, and medical services**. Cash assistance also plays a key role in supporting **search and rescue operations**, enabling rapid response in the immediate aftermath of the disaster.

Recommendation for swift assistance delivery

1. Assistance should account for the **specific needs of vulnerable population** groups, mainly the elderly, children, pregnant and lactating women, and people with illnesses or disabilities. Indeed, these population groups face **compounded risks** due to their age, gender, physical capacity, and health status. Therefore, protection services, including psychosocial support, should for the vulnerable group should be provided.
2. Due to the **overcrowded and unsafe living conditions** in inadequate spaces, the risk of protection issues, privacy issues, and **communicable diseases such as malaria** is high. In particular, the monsoon is approaching, which will be followed by heavy rains. Interventions should prioritise the provision of WASH and S/NFI support.
3. The most urgent need in the area is to rehabilitate the **shelters** that were damaged and uninhabitable. Shelter kits and restoration materials are recommended to assist in restoring and relocating the disaster-affected population.
4. Additionally, **transportation** in Inle Lake faces a major challenge, especially due to the earthquake, which destroyed and damaged the boats, considering that assistance for transportation barriers is essential. Non-food items such as rain covers, tents, kitchen kits, Long-Lasting Insecticide-Treated Nets (LLINs), stoves, solar bulbs, street solar lamps, and fuel for cooking (such as rice husk briquette and charcoal) should be considered.
5. The **WASH** basic needs are highly demanded in the affected regions in South Shan for clean water and WASH facilities such as latrines and bathing facilities or shower spaces, as well as sufficient hygiene items. To address the gaps, the following are recommended;
 - Enhance gender-segregated sanitation facilities (latrines and bathing space) and Hygiene Awareness
 - Ensure Water Supply: Rehabilitate the water sources and water storage, providing a clean water supply, water purification tablets, Lifestraw water filter or bio-sand water filter for home use, water pumping engines, and pipes.

Recommendation for swift assistance delivery - Continued

5. Responders should prioritize the provision of Multi-Purpose Cash assistance such as cash for shelter, cash for food security, cash for work, cash for livelihood recovery or business grants, and cash for the repair of transportation means for a tailored and flexible response that preserves beneficiaries' dignity. **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.**
6. It is recommended to support mobile clinics to deliver essential healthcare services, especially in hard-to-reach affected areas.
7. It is essential to promote education on disaster risk reduction and preparedness, environmental protection, and climate change adaptation for **enhancing long-term resilience**.
8. There should be **close and strengthened coordination with other responders**, relevant clusters or working groups to identify coverage gaps, avoid duplication, and ensure equitable and efficient service delivery.

ACTED has been operational in Myanmar since 2008, initially providing emergency response following Cyclone Nargis. Since then, it has established itself as a key humanitarian actor with extensive experience delivering critical assistance in food security, WASH (Water, Sanitation and Hygiene), protection, shelter, non-food items, and cash support to populations affected by conflict and natural disasters. Most recently, ACTED mobilized rapid emergency responses following **Cyclone Mocha in Rakhine State (May 2023)** and **flooding in Shan State (2024)**, working closely with local partners to reach affected communities.

Based on its experience, Acted is currently mobilizing 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, rehabilitation of WASH infrastructure, hygiene and dignity kits**

Starting from **8 April 2025**, Acted has provided **MPCA** to earthquake-affected populations in the **Mandalay Region**, reaching **700 households in Amarapura**, **724 households in Thazi**, and **Saintgaing Townships**, in close coordination with local authorities and relevant humanitarian clusters. Acted is planning to **scale up MPCA and implement additional emergency interventions—including shelter, WASH, and NFI support—in Mandalay** while also planning to **expand these efforts to the Sagaing and Southern Shan regions based on RNA findings**.





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