GENDER IN HUMANITARIAN ACTION
Myanmar

MYANMAR: EARTHQUAKE

Gender Situation Report No. 1

9 May 2025

This Situation Report was developed by the Gender in Humanitarian Action Working Group (GiHA WG). It is based on analysis and data voluntarily shared by GiHA members and their partners, highlighting emerging gendered risks, needs and gaps to inform humanitarian action.

GENDER ALERTS

- **Women and girls hardest hit:** They make up most of those reported missing, injured or killed, and face rising risks of GBV in overcrowded, unsafe shelters.
- **Shelter and WASH risks:** 80% of respondents in an assessment in Mandalay and Sagaing said shelters had no locks, privacy or adequate space and most said sanitation facilities are not sex-segregated.[1] 4.6M women of reproductive age lack access to menstrual hygiene.
- **Critical health care disrupted:** 223,000 pregnant women lack access to safe delivery and ante-natal care.
- **Child protection crisis:** 64% of unaccompanied children are girls—many living without caregivers and at risk of abuse or trafficking.[2]
- **Infant feeding challenges:** Breastfeeding disrupted due to stress and undernutrition, while formula and safe water for preparation are often unavailable.
- **Mental health strain:** 140+ aftershocks, unrecovered bodies, and trauma are fuelling distress—especially among women, adolescent girls, and responders.

GENDER HIGHLIGHTS

- **Women-led response efforts expanding:** Local Women-Led Organizations (WLOs) are leading GBV services, safe spaces, and inclusive recovery in affected areas.
- **Awareness campaigns scaling up:** 10,000 people reached with GBV and mental health sessions, linking communities to protection services.
- **Floating clinic reaches remote areas:** A mobile health team on a boat has delivered lifesaving maternal health care to over 2,000 women and girls in hard-to-reach areas.
- **Dignity kits distributed:** More than 7,000 dignity kits have been distributed in coordination with local organisations, to support women's health and safety.
- **GiHA gender guidance tools supporting gender-sensitive action:** Sector leads and partners are using GiHA checklists and the Myanmar Gender Observation Toolkit to integrate gender into field assessments and response planning.

Photo: UN Women

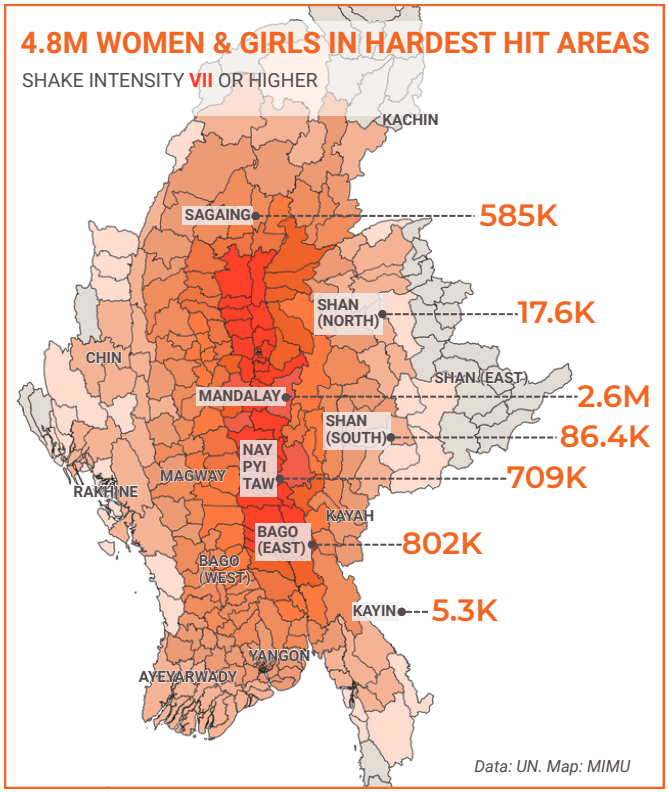
1 From a Rapid Needs Analysis (RNA) conducted by a GiHA WG member operating on the ground. The RNA is based on key informant interviews across 28 earthquake-affected sites in Mandalay and Sagaing between 31 March and 5 April 2025.
2 GiHA WG member RNA, March-April 2025.

SITUATION OVERVIEW

One month after a magnitude 7.7 earthquake struck Myanmar on 28 March 2025, the scale of the impact remains severe. An estimated 3,800 people have been killed, 5,100 injured, and 17.2 million affected across 13 states and regions—including over 4.6 million women of reproductive age, 223,157 pregnant women, and 1.5 million adolescent girls.

Displaced communities continue to face disrupted essential services, unsafe shelter, and limited access to water, sanitation, and healthcare. Pre-monsoon rains have worsened conditions in makeshift shelters, and the coming monsoon season heightens health and protection risks.

The disaster has further deepened pre-existing gender inequalities. Women and girls—already facing exclusion, limited access to services, and increased risk of violence—are disproportionately affected, particularly in conflict-affected and remote areas. Adolescent girls face heightened protection risks, while women with disabilities encounter additional layers of exclusion. Households headed by women, including widows and single women, were already more likely to live in poverty and are now among the most vulnerable.



Rapid needs assessments by GiHA members confirm that food, cash, shelter, and water are the top priorities. Women and girls also face rising protection concerns, mental health challenges, and barriers to accessing safe spaces. Assessments suggest they make up the majority of those missing, injured, or killed—highlighting the urgent need for a gender-sensitive response.

Within the 13 affected states & regions[3]

17.2M	8.9M	223K	1.5M	24K	3.8K	5K
Total people affected	**Women & girls**	**Pregnant women**	**Adolescent girls**	**Births expected this month**	People killed	People injured

GENDERED IMPACTS AND PRIORITY NEEDS

Shelter and living conditions

Most displaced people are staying in overcrowded displacement sites, makeshift roadside shelters, or temporary community spaces such as monasteries and schools—none of which are designed to safely accommodate large numbers of people. In many areas, families are forced to share confined spaces, and shelters often lack basic safety features such as locks, lighting, and secure entrances.

A rapid needs assessment conducted by a GiHA member in Mandalay and Sagaing found 80% of people interviewed said available shelters lacked privacy, locks, or sufficient space.[4] These conditions increase protection risks for women and girls — unsafe, unlit, and non-segregated environments increase the likelihood of sexual violence and distress.

People with disabilities (PWDs) are also among those sleeping outdoors due to fear of aftershocks. Their limited access to accessible, secure shelter options further compounds their exposure and vulnerability.

As pre-monsoon rains continue and the monsoon season approaches, conditions in these informal shelters are deteriorating. The combination of extreme heat (reaching up to 39°C) humidity, and limited access to clean water and sanitation is creating unsafe and undignified living environments—especially for women, girls, persons with disabilities, and older people.

3 Estimated figures for pregnant women, adolescent girls and expected births are provided by UNFPA Myanmar and based on the Minimum Initial Services Package for Sexual and Reproductive Health in Humanitarian Settings (MISP) calculator. Affected women and girls from UN OCHA data.
4 GiHA WG member RNA, March-April 2025.

Gender-based violence and protections risks

Reports of gender-based violence (GBV), including sexual exploitation and abuse, are rising—particularly in displacement sites, during nighttime hours, in areas lacking adequate lighting or security measures, and at aid distribution points. Assessments indicate that women and girls face sexual harassment while queuing for aid distributions, particularly when adequate physical distancing is not maintained. Adolescent girls have been seen queuing alone for food, raising serious concerns about child separation and the risk of exploitation. Initial findings also suggest that some adolescent girls may be engaging in transactional sex as a coping mechanism in response to economic hardship.

Negative coping strategies such as early marriage, child labour, and trafficking are also on the rise, but access to safe spaces for women and girls remains extremely limited.

In Mandalay, 70 per cent of people interviewed by a GiHA member reported feeling unsafe in displacement sites, citing the lack of secure shelter, privacy, and trusted reporting mechanisms.[5] Children—especially girls—are also facing heightened protection threats. Data from GiHA Working Group members show that 64 per cent of unaccompanied children and 35 per cent of separated children are girls. Many are living without parental care, either hosted by distant relatives or entirely unaccompanied. Those without known caregivers face significantly increased vulnerability to exploitation, abuse, and trafficking.[6]

There is an urgent need to strengthen both prevention and response efforts. Priorities include expanding the distribution of dignity kits, establishing safe spaces, and deploying mobile psychosocial support teams to reach affected populations.

Water, sanitation and hygiene (WASH)

Damage to water infrastructure has forced many communities to rely on unsafe sources, increasing the risk of waterborne diseases such as diarrhoea and cholera. Pre-monsoon rains, combined with debris from collapsed buildings, has caused water to collect among the rubble, creating stagnant pools that provide ideal breeding grounds for mosquitoes and increase the risk of dengue fever.

Observational assessments also suggest some latrines provided through private donations have been constructed without proper pits, raising concerns about the potential spread of diarrhoea and other communicable diseases.

Women and girls, who are typically responsible for collecting water, now face longer and more hazardous journeys.

These routes often pass through poorly lit and insecure areas, putting them at increased risk of harassment, violence, and health complications.

Existing sanitation facilities often lack doors, lighting, and adequate privacy. During a rapid needs assessment conducted by a GiHA member, 74 per cent of respondents in Mandalay and 86 per cent in Southern Shan reported that sanitation facilities were not sex-segregated.[7] Such conditions expose women and girls to heightened risks of gender-based violence, trafficking, and separation from caregivers, particularly after dark.

Toilets and bathing areas are rarely adapted to the needs of women, girls, or persons with disabilities. In some locations, the absence of private washing spaces has led women and girls to bathe in rivers, raising serious safety and dignity concerns.

With shops either closed or critically understocked, there is also a widespread shortage of hygiene supplies, particularly menstrual hygiene products and adult incontinence products for older people and people with disabilities.

Health and care

Among the 17.2 million people affected by the earthquake, an estimated 4.6 million are women of reproductive age. Over 223,000 women are currently pregnant, and more than 24,000 live births are expected in the coming month.[8] Yet, many remain without safe access to reproductive and sexual health care, including support for safe deliveries and care before and after pregnancy. This is particularly the case in remote or conflict-affected areas where health services were already overstretched before the disaster.

The widespread disruption of sexual and reproductive health services is significantly increasing risks of maternal mortality, unplanned pregnancies, and gender-based violence. Adolescent girls are also facing serious health challenges, including reduced access to health information.

Women with disabilities, older women, and those with chronic health conditions face additional barriers to care, as routine support has been cut off due to damage or destruction of health infrastructure.

The extreme weather, including excessive heat and pre-monsoon rains, also exacerbates existing medical conditions and increases physical and emotional stress.

5 GiHA WG member RNA, March-April 2025.
6 ibid.
7 ibid
8 UNFPA Situation Report No. 5, available online.

Women and girls with disabilities

Women and girls with disabilities face layered vulnerabilities in the aftermath of the earthquake. Assessments in Mandalay and Sagaing show they have been disproportionately affected—often evacuated last, and now staying in overcrowded shelters with limited privacy, safety, or access to services.

Communication barriers are a major concern as emergency information is often not shared in accessible formats, such as sign language or pictorial guides, leaving some women and girls without the information they need to stay safe.

Many are experiencing high levels of stress, especially those who have lost family members, homes, or access to care. Organisations of persons with disabilities (OPDs), especially those led by women, report a rise in anxiety and isolation. Despite their key role, OPDs are often left out of needs assessments and coordination meetings, limiting the reach of inclusive support.

Food security and livelihoods

Feeding infants and young children has also become a growing concern, with caregivers reporting difficulties, particularly breastfeeding mothers experiencing reduced milk supply due to emotional stress or undernutrition. Formula is scarce, and safe water for its preparation is often unavailable.

The earthquake has deeply disrupted food systems, markets, and livelihoods across affected regions. Women, people with disabilities, subsistence farmers, and casual labourers are among the most food-insecure, having lost access to income due to destroyed farmland, productive assets, and collapsed local economies.

Agricultural input markets have been particularly affected. Many farmers are unable to access seeds, tools, and fertilisers needed for the monsoon planting season—posing serious threats to both immediate food security and longer-term recovery, especially for rural women engaged in informal agricultural work.

Limited access to functioning markets, combined with damaged roads, fuel shortages, and rising transport costs, is isolating communities and pushing up prices of basic goods. Widespread bank closures have made cash access nearly impossible, deepening financial stress for already vulnerable households.

Food distributions are ongoing, but cash assistance remains limited and is only authorized in Mandalay. Disruptions to national supply chains and infrastructure continue to affect broader economic recovery and food access.

Mental health

The psychological toll of the earthquake continues to deepen, and both affected communities and frontline responders face significant mental health challenges.

Repeated aftershocks—more than 140 so far—have prolonged a sense of fear and insecurity. On top of this, slow pace of debris removal has left many families unable to recover the remains of loved ones, and the presence of unrecovered bodies, and the inability to carry out traditional burial rites, is adding emotional distress to communities already dealing with immense loss and trauma. While dead bodies do not pose a public health risk, they do carry a profound psychological burden—especially for women, who often shoulder caregiving and mourning responsibilities.

Despite the clear need, access to mental health and psychosocial support remains extremely limited. There is a severe shortage of trained mental health professionals, and existing services are overstretched. Women and girls, in particular, face barriers to accessing care, including stigma, mobility restrictions, and the lack of safe, private spaces where they can seek help.

Frontline responders—many of them women—are also experiencing emotional exhaustion, yet they have limited opportunities for self-care or debriefing. Psychosocial support for both affected populations and those delivering aid is essential not only for recovery, but for ensuring dignity, safety, and long-term resilience in the face of prolonged crisis.

RECOMMENDATIONS FOR GENDER-RESPONSIVE HUMANITARIAN ACTION

- **Prioritize gender-responsive shelter and WASH solutions**
  Emergency shelters must include safety features such as locks, lighting and privacy, and ensure that WASH facilities are sex-segregated and accessible to women, children, older persons, and people with disabilities.

- **Assure safe, dignified and inclusive aid distribution**
  Organize separate distribution queues for women and men, ensure locations are physically accessible, and actively include women, youth, and marginalized groups in planning and decision-making.

- **Strengthen community-based protection and GBV prevention**
  Partner with women-led and LGBTIQ+ organizations to establish protective networks, safe spaces, early warning systems, and survivor support services.

- **Urgently expand access to mental health and child protection services**
  Deploy mobile psychosocial support teams, rapidly scale up dignity kit distribution, and strengthen safe reporting systems and services for unaccompanied and separated children.

- **Ensure access to essential healthcare**
  Restore access to maternal, newborn and adolescent health services, particularly in underserved areas, and ensure continued care for women with disabilities, older persons, and those with chronic conditions.

- **Address urgent nutrition needs for infants and caregivers**
  Improve access to appropriate food, safe water for formula preparation, and targeted support for breastfeeding mothers, especially those facing stress or food insecurity.

- **Accelerate education recovery with gender and disability lens**
  Establish temporary learning spaces, repair damaged schools and WASH facilities, distribute materials, and integrate psychosocial support into education programmes.

- **Strengthen early recovery and livelihood support**
  Prioritize direct and sustained targeted support to women, farmers, and informal workers; facilitate access to cash and in-kind assistance; and prioritize locally led economic recovery initiatives.

- **Invest in local leadership and inclusive coordination**
  Prioritize partnerships with Women-Led Organizations (WLOs) and local actors with strong community ties as a central foundation of the response, and ensure their full integration into assessments, planning, and recovery coordination.

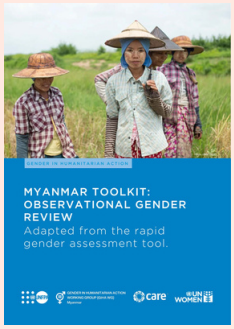
- **Scale up inclusive assessments and accountability systems**
  Expand gender analysis to under-assessed areas, ensure participation of women, children, and persons with disabilities in monitoring, feedback, and decision-making processes.

GiHA technical guidance and resources

These resources developed by the GiHA Working Group support gender-inclusive humanitarian action in Myanmar:

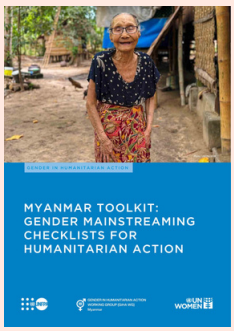
Myanmar Observational Gender Review Toolkit

Adapted from CARE's Rapid Gender Analysis Toolkit, this resource is tailored to the Myanmar context. It provides a safe and practical method for assessing gendered needs through observation, especially in situations where direct questioning may not be feasible or safe.



Myanmar Toolkit for Gender Mainstreaming in Humanitarian Action

This toolkit includes eleven sector-specific checklists designed to help integrate gender considerations into every stage of humanitarian response planning and implementation.



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