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Myanmar Earthquake Flash Update No.7

Date: 11 April 2025

Situation Overview & Humanitarian Needs

Two weeks have now passed since the devastating 7.7 and 6.4 magnitude earthquakes that hit central Myanmar on 28 March 2025. Since then, over 110 aftershocks ranging from magnitudes 2.8 to 7.5 have been reported. Over 3,600 people are confirmed dead and over 5,000 have been injured, while a further 145 remain missing (as of 10 April).

More than 9.1 million people (including 2.7 million children) are estimated to live in the worst affected areas across 58 townships in Bago East, Kayin, Magway, Mandalay, Nay Pyi Taw, Shan South, and Sagaing. Of these, 6.3 million people are estimated to be in urgent need of assistance and protection as indicated in the Earthquake Flash Addendum.¹ The number of people in need of humanitarian assistance has increased by 2 million as a result of the earthquake impacts.²

The full extent of the damage continues to emerge as reports from multiple Rapid Needs Assessments come in from across the impacted areas. Vital power, communications and transport infrastructure have been disrupted, leaving affected communities without access to electricity, phone and internet services, and hampering efforts to restart markets as well as to get relief goods into the worst affected areas. Damage to local markets and businesses is impacting the availability and cost of food and other essential items, further exacerbating concerns, in particular for the nutritional status of children and women.

The latest figures show almost 50,000 homes have been damaged or destroyed, and ongoing aftershocks threaten further damage. Many of the hardest-hit townships were already contaminated with landmines, and the earthquake has shifted or exposed explosive remnants, significantly increasing the danger for families forced to flee their homes. Many families are sleeping outside – exposed to extreme heat and off-season rains, as well as mosquito-borne diseases, including dengue and malaria. There has been widespread destruction of water systems, including broken boreholes and damaged piped networks, along with the collapse of over 43,500 latrines. There is a growing concern among communities about the risk of infectious diseases due to improperly managed corpses and the lack of access to safe water and sanitation facilities. A cluster of mild to moderate acute watery diarrhoea (AWD) cases has been reported in Sagaing township and urban areas of Mandalay.³ With over 193 healthcare facilities damaged and remaining health facilities overwhelmed and reporting critical shortages of medical supplies, there is an urgent need to support access to basic health services, safe drinking water and water for hygiene, and adequate sanitation facilities.

The earthquake has sharply intensified risks of violence, exploitation, and abuse, especially for women and girls staying in overcrowded shelters, where privacy and safety are limited, and it is critical that all sectors integrate gender-based violence mitigation measures into their responses. For children separated from their families, case management, family tracing and reunification needs to be immediately undertaken. Psychosocial distress is widespread as parents and

¹ [OCHA, Myanmar: HNRP Earthquake Flash Addendum - At A Glance, April 2025](#)

² [ibid](#)

³ [WHO, Sagaing earthquake in Myanmar: Situation report - 5th Edition, 08 April 2025](#)

children cope with trauma, aftershock fears, and uncertainty about the future. Provision of safe spaces for children to learn, play and receive essential mental health and psychosocial support is critical.

Funding Overview

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

UNICEF Response

WASH

As of 8 April, using the prepositioned stocks, UNICEF and partners have delivered water purification chemicals, including flocculant and tablets to meet the needs of over 350,000 people for 30 days at 7.5 litre per day. 60,000 gallons of domestic water have been delivered to meet the needs of 28,000 people in the affected areas. 163,465 people have received WASH NFIs, including hygiene kits, buckets/ jerry cans and sets of tarpaulin and ropes. Drinking water is being delivered daily to 2,500 people. 52 drums of bleaching powder have been made available for management of dead bodies. Sanitation services are being provided to over 1,000 people in Mandalay. Through partners, 150 twin latrine units and handwashing facilities will be installed in Mandalay town to further improve sanitation services. Additional partnerships are being finalised to further scale up the WASH response.

Health and Nutrition

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

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

Child Protection

Four UNICEF implementing partners have re-directed resources and are scaling up the delivery of core child protection services for earthquake affected communities. Priority interventions include 1) provision of community based mental health and psychosocial support (MHPSS) for children and care-givers; 2) individualized support with distribution of Child Protection in Emergencies (CPIE) kits and referral to essential services, with a focus on protection and care of unaccompanied and separated children (UASC); and 3) community-based awareness and protection risk mitigation including for gender-based violence and explosive ordnance.

Over 1,300 people are being reached directly with MHPSS. 3,420 children in affected areas have benefitted from the distribution of 830 CPiE kits. Mobile child-friendly spaces (CFS) are being rolled out to maximise reach across regions. Two new CFS have been established in Mandalay this week, reaching over 500 children. The UNICEF quick guide to ensure disability inclusive and accessible child spaces was translated and is being integrated in orientation sessions for recreational and psychosocial support activities. Psychological First Aid (PFA) refresher and parenting support initiatives are underway. A psycho-education session was organized on 10 April 2025 for partner agencies.

Inter-agency tools for rapid identification, documentation and family tracing and reunification (FTR) have been updated and streamlined to ensure coordinated and timely response for unaccompanied and separated child (UASC) programming. Priorities include working with partners to enhance MHPSS provision in Mandalay and Sagaing and building child protections stakeholders capacities on UASC programming, including FTR and community-based alternative care.

Education

UNICEF is mobilizing a comprehensive package of support to ensure learning continues and children are protected. This includes the distribution of individual Essential Learning Packages (ELP kits), teaching and learning materials, recreation kits, Early Childhood Development (ECD) kits and roofing sheets for temporary learning spaces (TLS). Plans are underway to rehabilitate destroyed or damaged temporary learning centres. Recognizing the profound stress and fear experienced by children, there is a critical need for MHPSS to help them feel safe and provide vital opportunities to play, socialize, learn, and simply be children.

UNICEF continues to lead and collaborate with partners on Rapid Needs Assessments (RNAs) across affected areas. As the new school year approaches in June, there has been a high demand from many schools for tents, tarpaulins and roofing sheets to establish safe spaces to ensure learning can resume. Communities are also requesting additional support, including ECD kits, recreation materials, and individual learning supplies, to ensure the continuity of learning in TLS. Currently, 2,000 roofing sheets and 5,000 ELP kits are being distributed to partners in the northwest to support children's continuous learning.

In collaboration with Child Protection, child-friendly spaces are being established in Mandalay and displacement sites. These safe environments offer structured learning, play, life-skills, protection activities, and parenting sessions – all designed to restore a sense of normalcy, safety, and support for affected children and families.

Social Protection and Cash



UNICEF is scaling up multi-purpose cash assistance for families affected by the earthquake, in partnership with local organisations. Against the target of 38,075 people (with a focus on vulnerable households with children in Mandalay, Sagaing, and southern Shan—including families with children and persons with disabilities), to date 2,738 households have received cash transfers in the earthquake affected areas, benefiting around 13,690 children and adults in total. UNICEF is coordinating with the Cash Working Group and UN partners to align targeting and delivery.

Social and Behaviour Change

UNICEF, in collaboration with WHO and IFRC, is strengthening Risk Communication and Community Engagement (RCCE) to prevent disease outbreaks following the recent earthquake. Efforts include social listening to counter harmful misinformation circulating within affected communities. To expand access to life-saving information, UNICEF

is working with media partners—including local radio stations, social media platforms, and community networks—to disseminate key messages. These focus on coping with trauma (for both adults and children), hygiene and sanitation to prevent waterborne and communicable diseases, and protection measures against gender-based violence, especially towards children.

Social listening has revealed worsening health and sanitation conditions in makeshift shelters. In response, additional Public Service Announcements (PSAs) have been broadcasted, promoting safe water management through the use of purification tablets and the importance of oral rehydration for diarrhoea treatment.

UNICEF is also distributing hygiene and clean delivery kits, accompanied by health education on the "four cleans"—clean water, food, hands, and toilets—and the use of chlorine tablets to reduce disease risk. Over 9,878 households in Mandalay Region and Nay Pyi Taw have been reached to date. Furthermore, approximately 1,500 pregnant and lactating women have received guidance on newborn care and breastfeeding in emergencies, along with clean delivery and newborn kits. To support these efforts, UNICEF has recruited 15 local community mobilizers in Pyinmana, Yamaethin, and Pyaw Bwe Townships to assess community needs, monitor misinformation, and deliver accurate health information to promote safe practices among the affected population.

SUPPLY AND LOGISTICS

A flight carrying 80 metric tons of Health, Nutrition, Education, Child Protection and Shelter items is on the way to Yangon from Copenhagen, arriving on 12 April, to further expand and accelerate the ongoing earthquake response.

In collaboration with partners, UNICEF is distributing essential supplies such as medicine, health kits, hygiene and sanitation kits, water treatment tablets, and tarpaulins to people and communities affected by the earthquake in locations including Mandalay, Nay Pi Taw, and Taunggyi.

Humanitarian Leadership and Coordination

OCHA is coordinating the overall humanitarian response with all clusters through coordination mechanisms established at the national and sub-national levels. UNICEF will continue to provide leadership for the WASH Cluster, Nutrition Cluster, Child Protection and Mine Action AoRs, and is co-leading the Education Cluster (with Save the Children). Cluster discussions at the national and sub-national levels are ongoing to obtain information about immediate needs and to coordinate the response. All clusters were engaged in the interagency processes towards the finalisation of the Earthquake Flash Addendum issued on 11 April 2025.

The WASH response to the earthquake is currently focused on addressing urgent needs, while laying the groundwork for rehabilitation. In the immediate phase, partners are providing safe drinking water through water trucking and bottled water distribution, setting up emergency latrines, handwashing stations and distributing hygiene kits to affected communities. To date, over 500,000 individuals have been reached with WASH services. Drinking water distribution and support for water pumping in Mandalay and Nay Pyi Taw reaching 44,248 people. Sanitation has been provided to nearly 36,000 people, and household water storage items distributed to 15,000 people in central regions. Key gaps in the response include rehabilitation of existing WASH infrastructure, water storage capacity for effective water trucking, handwashing facilities in toilets and public areas, IEC materials for hygiene and AWD awareness in public spaces and emergency sanitation facility construction. The cluster continues to coordinate closely with partners to address these gaps and scale up response efforts.

Nutrition cluster partners are participating in RNA data collection in Sagaing, Mandalay and southeast region. There is a critical need to support infants who cannot be breastfed during this time, ensuring they are managed in line with the Breast Milk Substitute (BMS) code and guidance. Proper provision of BMS and caregiver support is essential to avoid further health complications. Displacement and overcrowded shelter conditions have also disrupted optimal infant and young child feeding practices (IYCF). The lack of adequate facilities and privacy in collective shelters is impacting exclusive breastfeeding and complementary feeding practices, underscoring the need for appropriate IYCF-friendly spaces. Cluster partners are responding to the ongoing emergency by distributing basic food items and fortified biscuits. A total of 11,250 households across eight townships in Mandalay received fortified biscuits. Basic nutritious food items were distributed to 235 households in Mandalay and 182 households in Sagaing. In Mandalay, 247

households received fast food kits. Furthermore, 1,500 households in Southern Shan were reached with essential food supplies. Screening for acute malnutrition among children under five and pregnant and lactating women has begun in Mandalay. IYCF counselling is being provided to caregivers and lactating mothers of children under two years of age. To support the response, three capacity building trainings were conducted for frontline workers, including re-lactation during emergencies, non-breastfed children programme and refresher session on strengthening IMAM.

The Child Protection Area of Responsibility (AoR) partners are mobilising to provide immediate child protection services such as rapid reunification, MHPSS, distribution of Child Protection Kits, as well as the establishment of child-friendly spaces and scaling up of community level child protection to support children when agencies are not present. The GBV-CP observational assessments consistently reveal critical child protection concerns, including children playing unsupervised in dangerous environments leading to separation, injury, and exposure to violence or exploitation; inadequate WASH facilities with a lack of privacy in bathing areas and unsafe alternatives like streams, coupled with unsecure, insufficient lighting, and no gender separated latrines, increasing GBV risks; and widespread heightened anxiety, distress, and fear among both children and caregivers, urgently requiring scaled-up MHPSS interventions. The CP AoR has issued a guidance note and partners have been distributing CP kits and psychological first aid (PFA). Partners are mobilizing to establish temporary child-friendly spaces, scale up MHPSS, and provide life-saving information. The CP AoR at subnational level is coordinating efforts across the affected area, identifying and supporting partners to different townships to ensure maximum reach and minimal duplication. Taking account of underreporting, at least 4,535 people have been reached with life-saving CP activities, of which 3,912 were children (Boys – 1,730 and Girls – 2,182, 4 with disability). These interventions include distribution of 1,796 CP kits, 298 cases opened for Case Management (including for unaccompanied and separated children) and 2,366 people reached with PSS or PFA. As unaccompanied and separated children continue to be identified, there is a need to scale up Family Tracing and Reunification and case management.

The Mine Action AoR has finalised the standardized EORE messages in both English and Myanmar and shared with AoR partners, child-friendly mine safety messages, and earthquake-specific safety messages outlining the dangers of explosive ordnance following an earthquake. Of the 58 most severely affected townships, 32 of these were already contaminated with explosive ordnance, putting all people affected by earthquakes in immediate danger. Child-friendly EORE one-pager was shared with both MA AoR and CP AoR partners. In Sagaing and Magway, partners are delivering EORE and supporting referrals to communities and responding organizations. Partners are working on creation of audio messages and a social media campaign to reach a wider number of people in affected areas. Additionally, partners are further distributing cash support as Victim Assistance in affected areas. Victim assistance is crucial with particular focus on agency and continuing health, rehabilitation, MHPSS and livelihoods.

The Education Cluster is coordinating with partners on the ground to get critical information on the impact, critical needs and ongoing responses in relation to the provision of education services to children affected by the recent earthquake. Partners participating in multi-sector needs assessments reported a total of 129 monastic schools have been affected in Nay Pyi Taw, Mandalay and Sagaing. In the Northwest Region, 1,384 educational facilities have been reported as damaged, including 1,268 Ministry of Education (MoE) schools, which are composed of 281 high schools, 324 middle schools, and 663 primary schools. Additionally, 101 monastic schools and 15 education department buildings have also been affected. The scale of damage in this region poses a significant challenge to the continuity of education. In the southeast region, a total of 7 public schools, 31 community-based schools have reported damage. The Education Cluster is meeting regularly at the national and sub-national level to share the impact assessments and feed into the interagency Earthquake Flash Addendum development and implementation. The Cluster has also formed an Assessment Working Group to enhance post-earthquake analysis and guide early recovery planning. Additionally, the Multi-Cluster/Sector Initial Rapid Assessment (MiRA) tool has been revised to assess earthquake-related impacts on education. There are urgent needs include engineering teams for safety assessments before the 2025–2026 academic year, temporary learning spaces and tents (with low current stocks), school renovation (including WASH facilities), and psychosocial support and materials for affected children and teachers. Limited funding remains a major challenge, hindering the ability to scale up the response.

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

Human Interest Stories and External Media

WASH support (mention EU ECHO)

<https://www.facebook.com/share/p/1FccnLSxGL/>

<https://x.com/UNICEFMyanmar/status/1910260386768843221>

<https://www.instagram.com/p/DIQsNaiTNgm/?igsh=Z2FzcXo3dXR2eXcw>

<https://www.facebook.com/share/p/1ECfFeBYDQ/>

<https://x.com/UNICEFMyanmar/status/1910174100078907669>

<https://www.instagram.com/p/DIQEzh3TnaW/?igsh=MWg5ODZ3YmV5czRvcg==>

Video

<https://www.instagram.com/reel/DIQTqUKSZgT/?igsh=cXhub3B2Z3Z2dm9s>

<https://x.com/UNICEFMyanmar/status/1910208200085016875>

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