



Myanmar: Earthquake Response

Situation Report No. 2

As of 12 April 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

- The earthquakes in Myanmar on 28 March have pushed 2 million people into critical need of assistance and protection, intensifying already severe needs in a country that had nearly 20 million people in need of aid before the disaster.
- Urgent needs include emergency shelter, food, cash assistance, safe drinking water and water sources for domestic use, healthcare, and sanitation support. The earthquake exposed and shifted unexploded ordnance, significantly increasing the risks for affected communities.
- The United Nations and its humanitarian partners are providing medical care, shelter, clean water, sanitation support, and food in the affected areas – working closely with local organizations to reach those in need.
- On 11 April the UN and partners launched a \$275 million addendum to the 2025 Humanitarian Needs and Response Plan to reach 1.1 million earthquake-affected people with urgent aid.
- The UN Central Emergency Response Fund has allocated an additional \$5 million to the earthquake response, in addition to the \$5 million already provided.

3.6K

People killed

141

People missing

4.8K

People injured

2M

New people in need since the earthquakes

1.1M

People targeted in the addendum to the 2025 HNRP

SITUATION OVERVIEW

Just over two weeks since the devastating earthquakes struck central Myanmar, the humanitarian response continues to ramp up with emergency assistance and ongoing needs assessments. The earthquakes have pushed 2 million people into critical need of assistance and protection – this is in addition to the 19.9 million people who were estimated to be in need of assistance prior to the disaster. According to the ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre), 3,600 people have died, 4,800 have been injured and 141 remain missing nationwide. Initial rapid needs assessments have been completed in 40 townships across 7 states and regions, including Nay Pyi Taw Union Territory. Among the more than 857,000 people assessed in both urban and rural areas, urgent needs include cash assistance, emergency shelter, food, safe drinking water and water sources for domestic use, healthcare, and sanitation support. At the time of data gathering, forty-four per cent of those assessed had yet to receive some form of assistance. Access to essential services has been decimated. People in the hardest-hit areas face tremendous challenges to access electricity or clean water, while phone and internet access remains severely disrupted due to the destruction. The state-run media reported that more than 6,730 telecommunications stations across the country have been damaged by the earthquakes.

In addition to the physical destruction to homes and public infrastructure, the earthquakes have had a psychological impact on people in affected areas. Levels of distress among earthquake-affected families, particularly for children, have heightened. Many people continue to feel unsafe due to ongoing aftershocks. High levels of emotional exhaustion, grief and fear have been reported as common reactions, especially among those who have lost family members or remain in

unsafe housing and crowded living conditions. In addition, communities in conflict-affected areas are facing the further risk of unexploded ordnance that have been exposed due to the earthquakes.

The UN and its humanitarian partners rapidly mobilized to provide emergency assistance, working closely with local responders and communities to provide shelter, medical care, clean water, sanitation support and food. Local authorities have provided cash assistance to affected people in Sagaing Township. To guide the response to earthquake-affected communities, the UN and partners launched a \$275 million addendum to the [2025 Humanitarian Needs and Response Plan \(HNRP\)](#) on 11 April to reach 1.1 million people with urgent aid. To further strengthen efforts on the ground, the UN Central Emergency Response Fund has allocated an additional \$5 million to the earthquake response, in addition to the \$5 million already provided.



Photo: On 31 March 2025, a 5-year-old poses for a photograph holding a box of UNICEF WASH supplies in the Sagaing Region, following the 7.7-magnitude earthquake that struck Myanmar on 28 March. © UNICEF/Nyan Zay Htet

HUMANITARIAN RESPONSE

Education in Emergencies

Needs:

- In northwestern Myanmar, 1,384 educational facilities have been damaged, including 281 high schools, 324 middle schools, 663 primary schools, 101 monastic schools, and 15 education department buildings.
- In southeastern Myanmar, 40 public schools and community-based schools in Bago, Kayin, and southern Shan have been damaged. This damage highlights the urgent need to restore educational facilities and ensure children can continue their education.

Response:

- Regarding emergency stockpiles, the Education Cluster currently has 18,600 essential learning packages (ELPs) and 600 roofing materials in Mandalay, along with 72,000 ELPs and 6,100 roofing materials in Yangon. These resources are being mobilized to support the ongoing emergency response.
- Cluster partners are currently verifying targeted areas for response and developing proposals for a comprehensive post-emergency education recovery strategy. Most partners have completed RNA in Mandalay and Sagaing and the data are being compiled into the dashboard.
- An assessment working group has been established to enhance post-earthquake analysis and guide early recovery planning. Additionally, the multi-sector initial rapid assessment (MIRA) tool has been revised to assess earthquake-related impacts on education.

Gaps & Constraints:

- Funding is a major challenge, hindering the ability of cluster partners to scale up the response. There is an urgent need for engineering teams to assess the safety of affected schools before the 2025-2026 academic year begins in early June. Temporary learning spaces and tents are required, but stocks are currently low. Renovating schools, including WASH facilities, is critical for ensuring safe access to education. Additionally, psychosocial support and materials for affected children and teachers are urgently needed.

 **Food Security****Needs:**

- The earthquake-affected regions are vital to Myanmar's agricultural sector, contributing approximately one-third of the nation's cereal production, four-fifths of its maize output, and housing about two-thirds of the country's cattle and buffalo population. Reports indicate that 3.7 million hectares of cropland—mainly rice and oil seed—and 3.6 million cattle were exposed to the earthquake.
- Preliminary reports from affected areas highlight damage to irrigation infrastructure, especially in the central dry zone, where agricultural activity relies heavily on a complex system of dams, weirs, and embankments.
- Early recovery efforts are crucial to ensure that rebuilding and livelihood activities commence immediately. With the approaching rainy season in mid-May any delay will significantly hinder these efforts, making it increasingly challenging to restore communities and support livelihoods.

Response:

- As of 9 April, the Food Security Cluster's rapid earthquake response has provided assistance, including food, to over 127,000 people. Partners have provided assistance to nearly 13,800 people in 4 townships in Sagaing Region; around 11,250 people in 5 townships in Mandalay Region; and 11,200 people in 3 townships in southern Shan.
- More than 112,800 people in Mandalay Region and over 29,000 people in Sagaing Region have been provided with food items, high-energy biscuits and meals.
- Cluster partners are preparing to support earthquake-affected farmers through a combination of financial assistance and agricultural inputs to help farming communities restore their livelihoods and prepare for the upcoming cropping seasons.

Gaps & Constraints:

- Limited internet access and phone connectivity, untimely rainfalls, and poor road access – especially in Mandalay, Sagaing, and southern Shan – have disrupted distributions. Logistics are further slowed by bridge weight limits, long wait times, and a shortage of cash transfer options.
- Poor telecommunication connectivity has hindered the collection of beneficiary data amid fluid population movements and resulted in discrepancies across different sources, complicating response coordination and planning.
- Gaps between assessed needs and the response provided have been observed in rural villages of Sagaing and Mandalay regions, but response planning is underway.

🇲🇲 Health

Needs:

- The absence of proper machinery is delaying the recovery of the deceased, compounding trauma and grief among surviving families. At the same time, inadequate treatment for the large number of injured people is expected to raise the death rate, increase preventable amputations, and drive greater demand for assistive devices such as wheelchairs and crutches.
- Severe shortages of essential medicines are disrupting treatment for both communicable diseases (HIV and tuberculosis) and non-communicable conditions (diabetes and hypertension), increasing the risk of drug resistance, disability, and death.
- Damage to over 190 health facilities that was observed via satellite imagery and is now being verified by Health Cluster partners, has further constrained access to medical care, especially in rural and hard-to-reach areas.
- The combination of rising temperatures, lack of shelter, and impending rains heightens the risk of heat-related illness and mosquito-borne diseases such as malaria and dengue.
- Reports of waterborne disease outbreaks, including diarrhoea, are emerging due to damaged water supply systems and the absence of proper sanitation, forcing many to rely on unsafe drinking water and open defecation.

Response:

- Nearly 70 health partners are delivering emergency and trauma care, along with essential primary health services – including reproductive, maternal, and child health – in 18 earthquake-affected townships.
- A total of 16 Emergency Medical Teams (EMTs) deployed to Mandalay, Nay Pyi Taw and Sagaing. Four EMTs are expected to depart Myanmar next week.
- The Cluster lead agency conducted online training sessions for over 600 partners on Psychological First Aid and Disease Surveillance.

Gaps & Constraints:

- The Health Cluster is facing significant shortages of essential medical supplies and equipment, which is hindering the effectiveness of the response efforts.
- Lacking or incomplete data due to communication barriers is impeding the cluster's ability to accurately assess needs and track health trends.

🇲🇲 Logistics

Needs:

- Key logistics needs include adequate storage facilities in the affected areas of Mandalay and Sagaing, as well as transport facilitation to these regions.

Response:

- Logistics coordination hubs will be established in Mandalay, Yangon, and Nay Pyi Taw to improve coordination and information management, as well as to support cargo movements and the setup of storage consolidation hubs in key locations for the earthquake response. A warehouse in Mandalay is in the process of being secured to support humanitarian cargo storage.
- Efforts are underway to collect updated information on physical access constraints in Myanmar through [LogIE](#). Partners are encouraged to report these constraints via the [Logistics Cluster App](#), and relevant information and updates will continue to be shared on the [Logistics Cluster website](#).
- The Logistics Cluster Concept of Operations is currently under development and will be published shortly.

Gaps & Constraints:

- Storage space in Sagaing is limited, and untimely rainfall has added further challenges; however, the exact requirements and available capacity remains unclear. Engagement to understand the needs is ongoing.
- Yangon Airport, as the primary international entry point for humanitarian cargo, is operating with limited payload and handling capacity, affecting the flow of supplies.
- Several partners have reported challenges in importing cargo due to various requirements.

Nutrition

Needs:

- Life-saving nutrition supplies, particularly for preventing and treating acute malnutrition, remain critical.
- There is an urgent need to support infants who are unable to breastfeed, ensuring that care aligns with the breast milk substitute (BMS) standard and guidance. Proper provision of BMS and caregiver support is essential to avoid further health complications.
- Displacement and overcrowded shelter conditions have disrupted optimal infant and young child feeding (IYCF) practices, with limited facilities and privacy in shelters impacting breastfeeding and complementary feeding. There is a need for IYCF-friendly spaces to address these challenges.

Response:

- The Nutrition Cluster is coordinating response efforts with partners across Mandalay, Sagaing, and southeastern Myanmar, where rapid needs assessments are ongoing.
- Partners continue the distribution of basic food baskets, and water. They are also conducting mid-upper arm circumference (MUAC) screenings for children and providing IYCF counselling to caregivers and mothers of children under two, particularly in Mandalay and Sagaing.
- Three training sessions have been provided to partner staff and frontline humanitarian workers, including a refresher course to strengthen integrated management of acute malnutrition (IMAM) services, re-lactation training, and a session on IMAM in emergency contexts, including care for non-breastfed children.

Gaps & Constraints:

- Partner presence remains limited across the 58 affected townships. Before the earthquake, cluster partners were providing services in just 20 of these townships. While partners from less affected areas are temporarily assisting with the emergency response, significant challenges remain in reaching all impacted communities.
- Communications with field-level partners have been hindered due to limited internet connectivity.

Protection

Needs:

- Protection concerns, including heightened psychosocial distress, continue to emerge. Communities are facing overlapping vulnerabilities with many experiencing a combination of conflict, displacement, and disaster. Severe infrastructural damage, high levels of distress, and trauma caused by the earthquake and repeated aftershocks have put populations further at risk, particularly for the most vulnerable groups, such as women, children, persons with disabilities, and the elderly who have lost caregivers.
- Increased risk of human trafficking and negative coping mechanisms such as survival sex have been reported, particularly among girls and women in Mandalay. Many people who displaced are being hosted in overcrowded public buildings and temporary sites located along roads and near markets with limited or no WASH facilities, increasing the risks related to lack of privacy, gender-based violence (GBV), including domestic violence. There are also heightened reports of theft and insecurity in these sites.
- Some communities have lost their civil documentation, restricting their access to services.
- Cash for protection and multi-purpose cash assistance are urgently required to respond to the immediate needs of the affected population, including covering medical and transportation costs.

Response:

- Cluster partners are prioritizing life-saving interventions by strengthening community-based protection measures and promoting localized, inclusive approaches. In Mandalay and Sagaing, the cluster is establishing a protection response working group to address immediate protection needs. Mobile protection teams will play a key role in monitoring, identifying needs, sharing information, providing assistance, and facilitating referrals to other service providers.
- Protection partners have collaborated in Mandalay City to identify persons with specific protection needs, monitor the protection environment, and ensure that assistance is distributed in a safe, dignified, and equitable manner. Those identified with specific needs have been referred to relevant partners for appropriate support.
- Mental health and psychosocial support (MHPSS) partners conducted online and in-person orientation sessions for humanitarian staff, including local first responders, on psychological first aids (PFA) and psychosocial support (PSS) in earthquake-affected areas. Additionally, MHPSS partners in Mandalay, Nay Pyi Taw and Sagaing are integrating MHPSS services into their response efforts on the ground.

Gaps & Constraints:

- Access challenges continue. Damaged roads, collapsed bridges, and landslides are impeding physical access to affected areas and communication breakdowns are limiting information sharing and coordination.
- Resource mobilization for the protection response continues to remain a challenge, particularly for more resource-intensive activities such as individualized support and case management.

Child Protection (CP) Area of Responsibility (AoR)**Needs:**

- Following the earthquakes there are many child protection concerns. Psychosocial distress is visible amongst children who are afraid of the future, and about what has happened. Many are sleeping in open fields with both adults and caregivers sleeping together with no separation by gender or age. Limited privacy in latrines and lack of lighting increases the risks of violence, including GBV. Some children are increasingly left unsupervised, often as caregivers spend time in long distribution queues for assistance. Moreover, as many humanitarian actors are deployed, children are afraid of who they are and what they are doing, the risks of trafficking are extremely high in this context. There is also an urgent need to build capacity to identify unaccompanied and separated children for case management and reunification.
- More child protection concerns are expected in the coming weeks and months as caregivers are under increased stress due to overcrowded living conditions, anxiety, and loss of livelihoods. These concerns include negative coping mechanisms affecting children, such as violence in the home and child labour.

Response:

- Partners are distributing CP kits and PFA, and working to establish child-friendly spaces, scale up MHPSS for caregivers and children, and provide life-saving information to prevent family separation, unsafe migration, and trafficking.
- At least 4,535 people have been reached with life-saving CP activities, including 3,912 children. This includes 1,796 CP kits, 298 cases opened for case management, and 2,366 people reached with PFA or PSS.
- The Case Management Task Force and CP AoR are working to strengthen systems to respond to the growing need to scale up family tracing and reunification and case management as unaccompanied and separated children continue to be identified.

Gaps & Constraints:

- The CP AoR has undertaken some qualitative assessments, but there is still limited information on the situation of affected children.
- Resource mobilization remains a challenge, particularly for more resource intensive activities such as case management and family tracing and reunification. Moreover, these activities require dedicated training which is critical but expensive.

Gender-Based Violence (GBV) AoR**Needs:**

- The earthquake has deepened existing vulnerabilities for people in affected areas, particularly for women and girls. Psychosocial distress including trauma and anxiety has significantly increased, especially among women, single female-headed households, and displaced populations. There is a critical and urgent need for gender-sensitive WASH facilities, emergency shelter, and essential relief supplies such as dignity and hygiene kits.
- Access to protection services, including GBV case management, psychosocial support, and sexual and reproductive health services, remains limited across the affected areas. Overcrowded living conditions in displacement sites, lack of privacy, and the absence of gender-segregated sanitation facilities further compromise the safety and dignity of affected individuals. Additionally, overcrowding at distribution sites heightens the risk of gender-based violence, including sexual exploitation and abuse, particularly for women, girls, persons with disabilities, and other at-risk groups. These vulnerabilities are likely to be further compounded by the upcoming monsoon season, placing affected communities particularly women and girls at greater risk of gender-based violence and reducing their access to essential services.

Response:

- GBV AoR partners have quickly mobilized to provide a range of life-saving interventions in affected areas. These efforts include the provision of PFA, distribution of dignity kits, women's essential kits, and other assistance. Several partners implemented integrated services, such as GBV case management, psychosocial support, and sexual and reproductive health services. To extend their reach, service delivery has been expanded into areas previously hard-to-reach through mobile health teams and community-based outreach.
- Sub-national GBV AoR coordinators provide active support to front-line partners to ensure a coordinated response. The GBV service mapping for the Mandalay Region has been updated, strengthening coordination to ensure that GBV risk mitigation is integrated across all sectors and that services are effectively delivered to the most vulnerable populations.
- GBV AoR partners provided capacity-building training on PSA and emotional support to a total of 214 frontline responders from various national, local, and international organizations in Mandalay and Sagaing.

Gaps & Constraints:

- Gaps remain in critical areas, including the lack of adequate shelter, gender-segregated WASH facilities, and limited availability of life-saving GBV services, including case management, psychosocial support, sexual and reproductive health services, legal services, and safe shelter for women and girls.
- There are operational challenges, including the lack of funding for GBV-specific interventions.

Mine Action AoR**Needs:**

- The earthquake has exposed and shifted unexploded ordnance, significantly increasing the risks for affected communities. There is an urgent need to scale up explosive ordnance risk education (EORE) for both impacted communities and aid workers.
- Victim assistance is critical, with a focus on healthcare, rehabilitation, MHPSS, and livelihoods support.
- There is limited data on contamination in affected areas. Advocacy is strongly needed to permit EORE tasks and marking to protect both communities and first responders.

Response:

- The Mine Action AoR has shared standardized EORE messages with partners and circulated contextualized earthquake-specific EORE key messages to both national and subnational partners, as well as the broader humanitarian community through other clusters, ensuring wider reach.
- The provision of EORE and limited victim assistance is underway in Sagaing, with support being distributed as part of victim assistance efforts in affected areas. Partners are delivering EORE and facilitating referrals to affected communities and response organizations in Magway and Sagaing.
- To expand outreach, partners are creating audio messages and launching a social media campaign targeting a broader audience in affected areas.

Gaps & Constraints:

- Communities face limited availability of services and materials.

 Shelter, Non-Food Items (NFIs), Camp Coordination and Camp Management (CCCM)**Needs:**

- The disaster has severely affected many houses and buildings, with some structures completely collapsed and many others significantly damaged. Remaining shelters are unsafe, with a high risk of further collapse. This has made many affected people reluctant to return without proper structural strengthening, repair, or safety assessments. The high cost of dismantling damaged shelters and renting machinery and labour has further hindered recovery for affected families. There is a critical need for support to remove unsafe shelters and facilitate the reconstruction or renovation of homes.
- Cluster members have assessed 389 locations across earthquake-affected townships in Mandalay, Sagaing, Bago, and southern Shan, identifying emergency shelter and NFIs as critical priorities. A coordinated response is required, and both existing and new partners are working closely with the cluster to address these urgent needs.
- Improvement is needed in site/camp coordination and management, particularly to enhance coordination between relief actors and local authorities.

Response:

- To date, cluster members have reached 63,200 affected people across 108 locations in 18 townships in Mandalay, Sagaing and southern Shan, providing emergency shelter materials, and essential household items including mosquito nets, blankets, sleeping mats, and kitchen sets. Additionally, 32 family tents were distributed to hospitals in Amarapura Township in Mandalay.
- In addition, over 3,100 families in Mandalay received NFIs, about 67 families in Nay Pyi Taw received emergency shelter materials. In southeastern Myanmar, the distribution of NFIs is ongoing for nearly 3,800 families.
- A market assessment for emergency shelter items in Mandalay has been shared with cluster members
- The cluster is developing an earthquake response strategy in collaboration with the Global Shelter Cluster, which will be published following consultations with the strategic advisory group.

Gaps & Constraints:

- Displaced people, especially those already affected by conflict, are experiencing compounded stress after losing shelter, making them highly vulnerable.
- There is a significant gap in providing transitional shelter and improving living conditions before the onset of rainy season in mid-May. Many affected townships are prone to seasonal monsoons, and those in makeshift shelters, especially in flood-prone IDP sites, face increased risks.
- Aid distribution is occurring independently across various entities. Coordinated site mapping, registration, and tracking of needs and gaps is needed. Coordination is also needed with entities assessing post-earthquake shelter and building damage across affected townships to determine the scope of damage and required interventions.
- The local markets in Sagaing are non-functional, highlighting the urgent need for in-kind assistance.

Water, Sanitation and Hygiene (WASH)

Needs:

- The recent earthquake has created urgent WASH needs across all affected areas, damaging water infrastructure such as boreholes, pipelines, and storage facilities. Water quality has deteriorated, with some tubewells drying up, leaving communities without safe drinking water. Between 20-60 per cent of water sources were completely destroyed.
- Over 43,500 latrines have been damaged, severely limiting access to sanitation and increasing the risk of disease outbreaks, such as acute watery diarrhoea (AWD), especially with the onset of early rains.
- Displaced populations are living in overcrowded and unsanitary conditions with limited access to hygiene supplies lost in the earthquake. Immediate needs include emergency drinking water, temporary sanitation facilities, hygiene kits, handwashing stations, and WASH services in health facilities and schools. Additionally, there is a need for the rehabilitation of damaged WASH infrastructure and support to maintain services during the early recovery phase.

Response:

- 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, drinking water distribution and pumping support have reached 44,248 people, while water purification chemicals and filters have been distributed to over 500,000 people in Mandalay and Nay Pyi Taw. Additionally, hygiene kits have been provided to 103,115 people, sanitation services to 35,935 people in Mandalay, Nay Pyi Taw and Sagaing and household water storage items to 15,000 people. Hygiene promotion activities are being carried out concurrently.
- Efforts are underway to conduct WASH assessments in health facilities to ensure an effective response. A rapid market assessment in Mandalay identified one operational water bottling factory, producing approximately 600 20-liter bottles daily. Essential WASH items, including tarpaulins, soap, sanitary pads, and steel water tanks, are available, though in limited quantities. A mapping exercise has been completed and is now available to guide coordination and implementation.

Gaps & Constraints:

- Key gaps in the response include inadequate water storage capacity for effective water trucking, a lack of handwashing facilities in toilets and public areas, and the need for education materials to raise hygiene and AWD awareness in public spaces.
- There is a significant gap in emergency sanitation facility construction and the rehabilitation of existing WASH infrastructure. Some rural and peri-urban areas remain unassessed. The cluster is working closely with partners to address these gaps and scale up response efforts.

COORDINATION

OCHA continues to coordinate the emergency response on behalf of humanitarian partners through a series of Inter-Cluster Coordination Group (ICCG) meetings, as well as ad-hoc Humanitarian Country Team (HCT) meetings. The UN Resident and Humanitarian Coordinator a.i. and OCHA continue to advocate for extended humanitarian access to all earthquake-affected areas. Continued access to earthquake-affected people is crucial to delivering life-saving aid and helping vulnerable communities recover from the disaster.

OCHA facilitated the rapid deployment of the United Nations Disaster Assessment and Coordination (UNDAC) team in the country. Currently, 30 UNDAC personnel are deployed across Yangon, Nay Pyi Taw, and Mandalay. A total of 31 Urban Search and Rescue teams from 13 countries were deployed in Myanmar for search and rescue efforts and left by 8 April. Meanwhile 16 international Emergency Medical Teams have deployed, establishing field hospitals in central Myanmar to provide essential health services.

MULTI-PURPOSE CASH ASSISTANCE (MPCA)

Following the earthquakes, the Cash and Markets Working Group (CMWG) partners have been actively monitoring market conditions. Preliminary findings show that most markets remain functional, with fewer than 25 per cent reporting minor infrastructure damage, primarily in Mandalay. Markets are generally accessible in Mandalay, with initial data now coming from Sagaing. Commodities such as food, NFIs, and fuel remain available in towns and urban centres. While vegetable prices spiked briefly after the earthquakes, overall prices have been relatively stable, with only slight increases (2 to 10 per cent) in most food items—except for chickpeas and salt, which rose by 33 per cent and 25 per cent respectively. Construction material prices in Mandalay and Nay Pyi Taw reportedly increased two- to threefold. Nonetheless, commodity flows to Mandalay continue.

Rapid needs assessments highlight cash assistance as a top priority in rural villages and a second priority in urban wards, while most commodities can be purchased locally. Many of the private sector market actors are themselves affected people. The CMWG recommends that humanitarian response should support the existing market environment through injections of short-term MPCA, which creates a 'multiplier effect', resulting in wider benefits to the local economy.

According to the Center for Operational Analysis and Research, 84 per cent of the assessed population in northwestern Myanmar prefer receiving aid in cash. The same analysis found this region had the highest pre-earthquake debt levels in the country.

Many people in Myanmar do not have access to communication networks, particularly when living in rural areas. The recent disaster disrupted connectivity further.

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