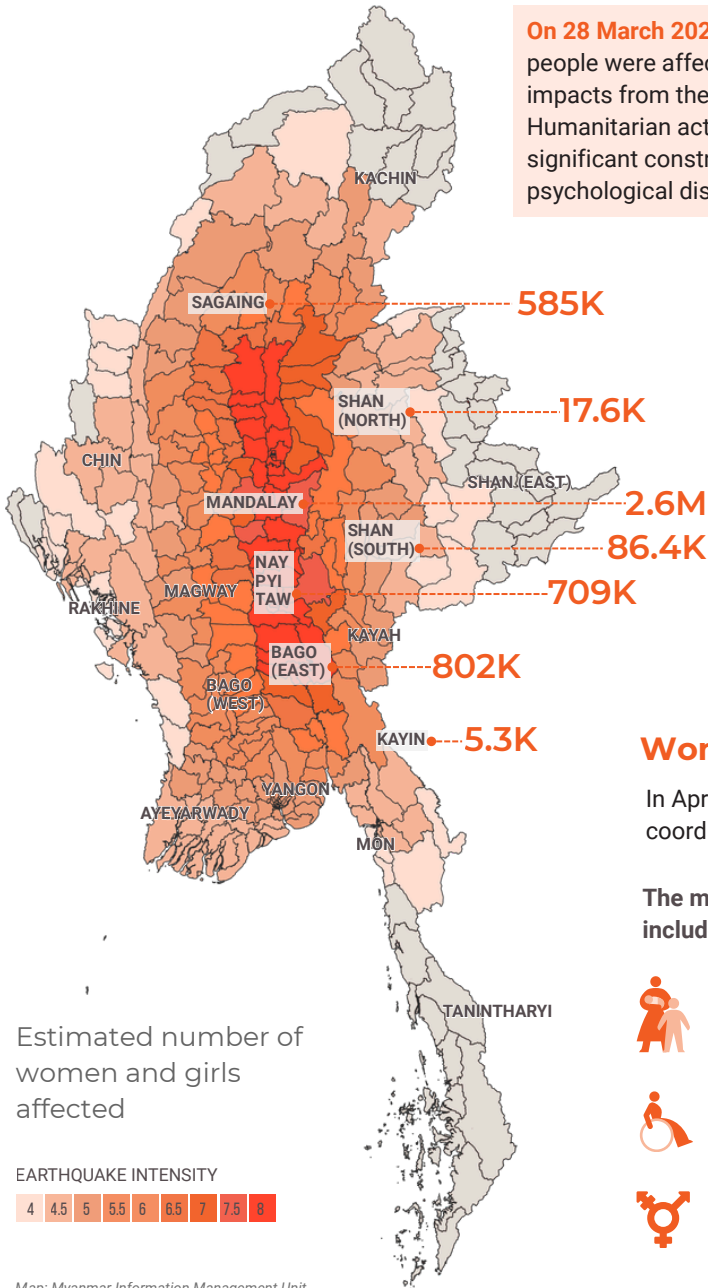


MYANMAR EARTHQUAKE: ONE YEAR ON

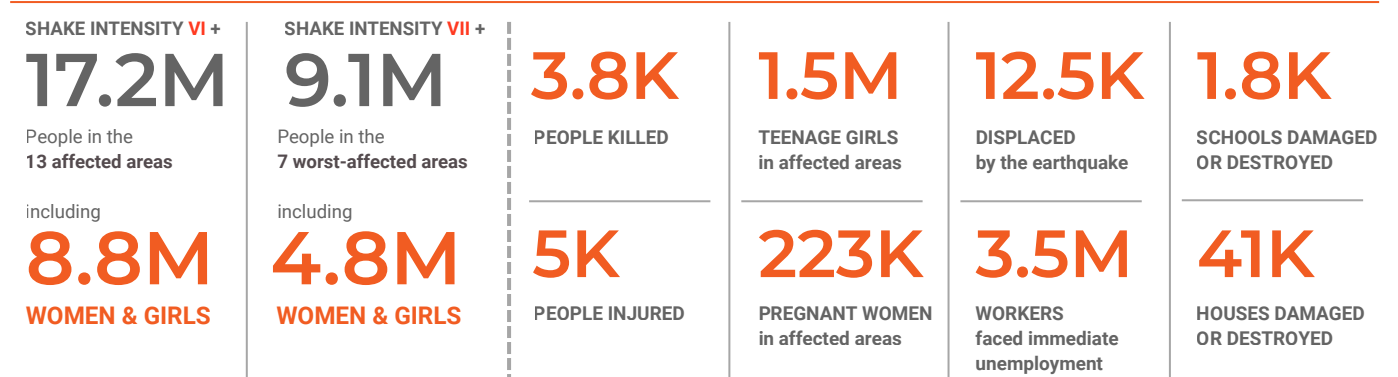
Gendered impacts and inclusive recovery priorities

30 March 2026

On 28 March 2025, a 7.7 magnitude earthquake struck Myanmar, compounding an already severe humanitarian crisis. An estimated 9.1 million people were affected across the six hardest-hit states and regions, including 4.8 million women and girls. Women and girls faced disproportionate impacts from the outset, with displacement, disrupted services and economic pressure increasing protection risks and limiting access to support. Humanitarian actors mobilised rapidly, with local organisations, including women-led organisations (WLOs), at the forefront of the response despite significant constraints. One year on, recovery remains uneven, with many still facing unsafe conditions, limited access to services, and lasting psychological distress affecting recovery.



Key figures



Women and girls hardest hit

In April 2025, a Rapid Gender Analysis (RGA) coordinated by the GiHA Working Group showed:

The most affected included:

- Women-headed households
- Persons with disabilities
- LGBTIQ+ persons

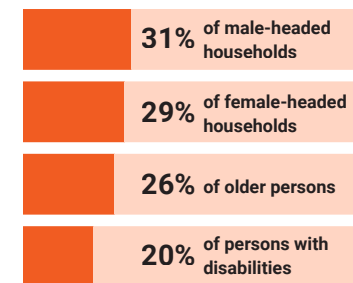
These groups experienced:

- social and economic vulnerability
- access to support and services

Inclusive participation and leadership are critical to recovery

The RGA highlighted gaps in participation and access to decision-making during the response:

Who was consulted?



Women and marginalised groups faced barriers to participation and access to information



Decision-making structures remained largely male-dominated



LGBTIQ+ persons were largely invisible in community activities, highlighting barriers to participation

ONE YEAR ON, THE GENDERED IMPACTS HAVE DEEPENED

Insights from the GiHA Working Group highlight immediate impacts and ongoing needs for inclusive, gender-responsive recovery

- Overcrowded shelters increased GBV risks and harmful coping mechanisms, including family violence, child marriage and trafficking
- Access to life-saving GBV services, including clinical management of rape and case management, was severely limited
- Critical care was disrupted particularly for older persons with chronic conditions and people with disabilities
- Access to sexual and reproductive health services was severely limited
- Widespread fear, grief and anxiety
- Less than 25% of women and girls could access menstrual hygiene products
- Water sources were often far from shelters, increasing safety risks during collection
- Sanitation facilities often lacked privacy and were not accessible for people with disabilities
- 36% of women skipped meals, compared with 28% of men
- Jobs and income were lost rapidly
- Families lost tools, stock & savings
- Women's informal work was disrupted and harder to restart
- Cash shortages widespread, with banking system disrupted
- Limited accessible communication for people with disabilities
- Assistive devices were lost, damaged or unavailable
- Shelters & services were often inaccessible
- Evacuation was difficult due to mobility barriers and limited support

2025 ⚡ IMMEDIATE IMPACTS

GBV & PROTECTION

“
When we slept on the streets, some men would circle around us on motorbikes, watching
23-year-old woman

HEALTH & MENTAL HEALTH

“
Even clinics have collapsed, so we have to travel far
45-year-old woman

WATER, SANITATION & HYGIENE

“
Girls feel ashamed because there is no safe or discreet way to manage menstruation
22-year-old woman

FOOD & LIVELIHOODS

“
Fewer people pay me to wash clothes now
48-year-old woman

DISABILITY INCLUSION

“
Without my crutch, it would be impossible for me to escape
Woman with a disability

2026 🕒 ONGOING NEEDS

- Ongoing displacement, especially for women-headed households
- Many still live in unsafe or damaged shelters
- GBV risks remain high; limited safe spaces and support services
- Ongoing barriers to care, including distance, cost and damaged services
- Barriers persist in accessing life-saving SRH services, including emergency obstetric care and clinical management of rape.
- High psychological distress & limited access to mental health support
- Safe, private and accessible sanitation remains limited
- Menstrual hygiene access continues to affect health and dignity
- Barriers persist for older women and persons with disabilities
- Water collection remains time-consuming and unsafe
- Women face greater barriers to earning and increased care burdens
- Women-headed households face higher financial pressure
- Women continue to reduce food intake to reduce costs
- Nutrition risks persist for girls and pregnant and breastfeeding women
- Lack of assistive devices limits mobility, work and independence
- Newly disabled people face isolation and loss of income
- Marginalised groups—including LGBTQ+ persons, women with disabilities, and older women—remain excluded from assistance due to stigma, mobility barriers, and lack of targeted outreach

Priorities for inclusive recovery

-  Safe, dignified shelter
-  Strengthen protection & GBV services
-  Restore health & mental health care services
-  Support women's livelihoods
-  Ensure inclusive access for persons with disabilities and other marginalised groups, including LGBTQ+ persons
-  Support local WLOs