

# Because I can't run like the others.

## Rapid needs assessment of the situation of older people in Myanmar.

October 2021

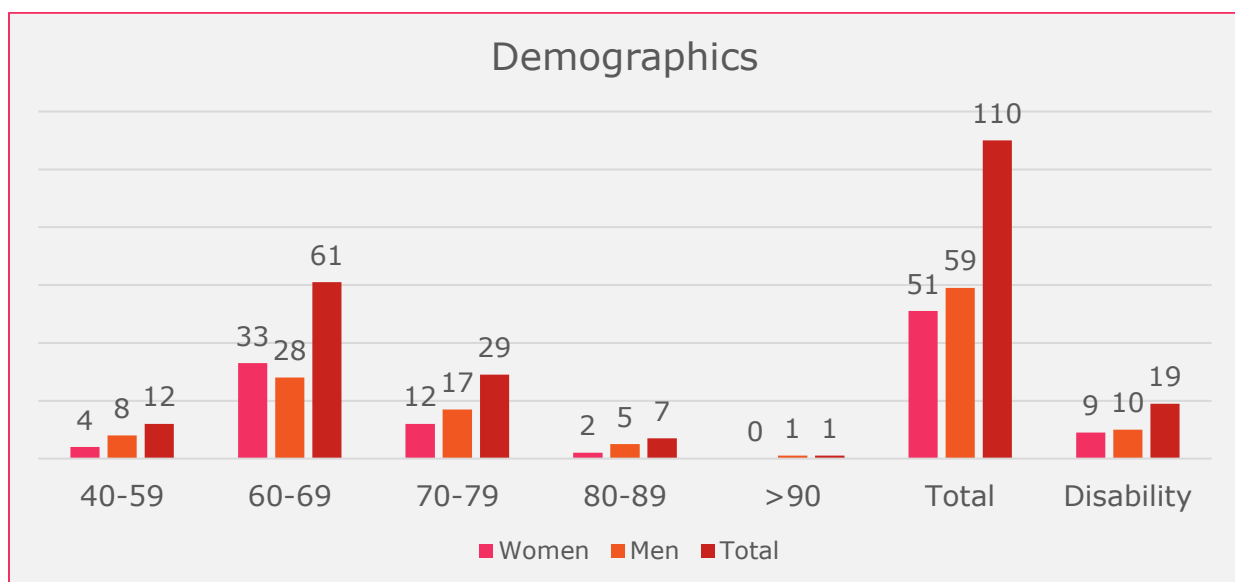
### Context

The socio-economic effects of the military coup in Myanmar are affecting the most vulnerable more severely, including many older people. In April 2021, HelpAge International conducted a rapid needs assessment, which highlighted difficulties in accessing food, healthcare, and income. This study is a more thorough follow-up, taken into account six additional months of crises, including the COVID-19 wave.

### Methodology

For this RNA, 110 people were interviewed, of which 98 were above the age of 60, with the oldest being 92. 19 of the people interviewed self-identified as having a disability. An additional 12 people over the age of 40 were interviewed, who play an important role in community-based activities that support older people.

Data was collected through phone surveys with community members across 17 locations in six states and regions of Myanmar: Shwe Thaung Yan, Pathein, Kangdyidaung, Kyaik Latt, Day Da Ye, Pakokku, Madaya, Pyin Oo Lwin, Myingyan, Patheingyi, Yesagyo, South Dagon, East Dagon, Natogyi, Thandaunggyi, Hpa-An, and Hpa-Pun.



Due to (perceived) security and trust issues, including the possibility of wiretapping and overhearing of conversations by military informants, the interviews were done on a completely anonymous basis. HelpAge leveraged its network of community groups throughout Myanmar to identify people who were able and willing to speak to the enumerators. All people consented to being interviewed despite the critical security situation.

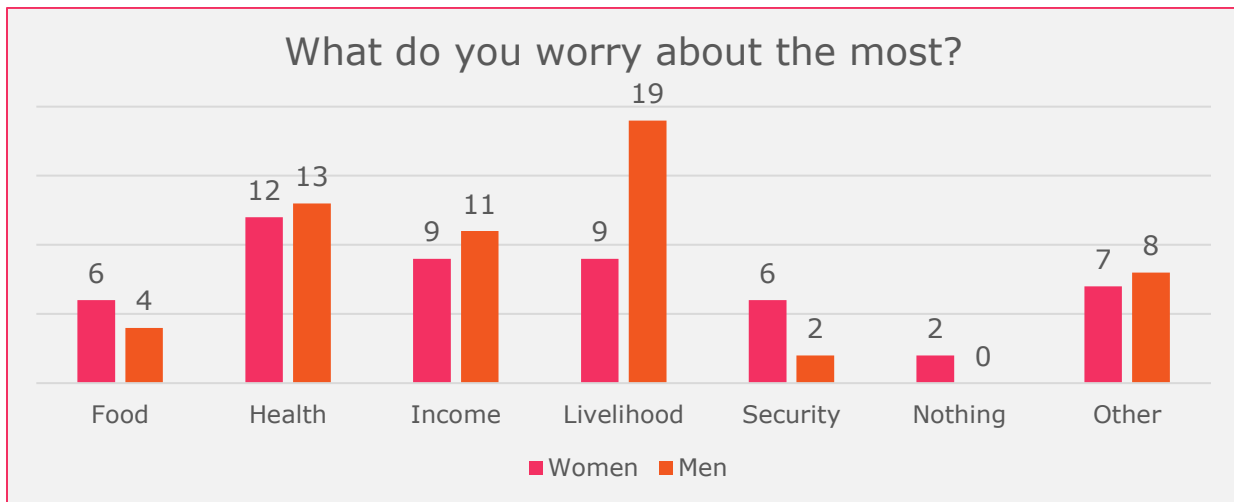
Questions were raised about the local situation, feelings and needs of respondents, covering a total of four topics:

- food security.
- finances.
- healthcare.
- safety.

Collected data were entered into a word template by transcribing answers from the phone. Data were disaggregated according to gender, age, and disabilities. The results of this disaggregation have only been reported where information was considered significant enough to be included, and wrapped up into four main topics of interest.

## Key findings

The overall observation is that needs are increasing both horizontally and vertically<sup>1</sup>, and that needs vary highly across the geographical areas.



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<sup>1</sup> Meaning, people responded that they have needs in more topics than before (horizontal), and that the needs in each topic are more severe (vertical).

<sup>2</sup> Note: Livelihood is used as a broad term, and represents mid-term worries, such as reduced prices for harvests, declining business income, or deteriorating public services. It is separated from immediate needs such as no income, urgent need for health services, or violent conflict.

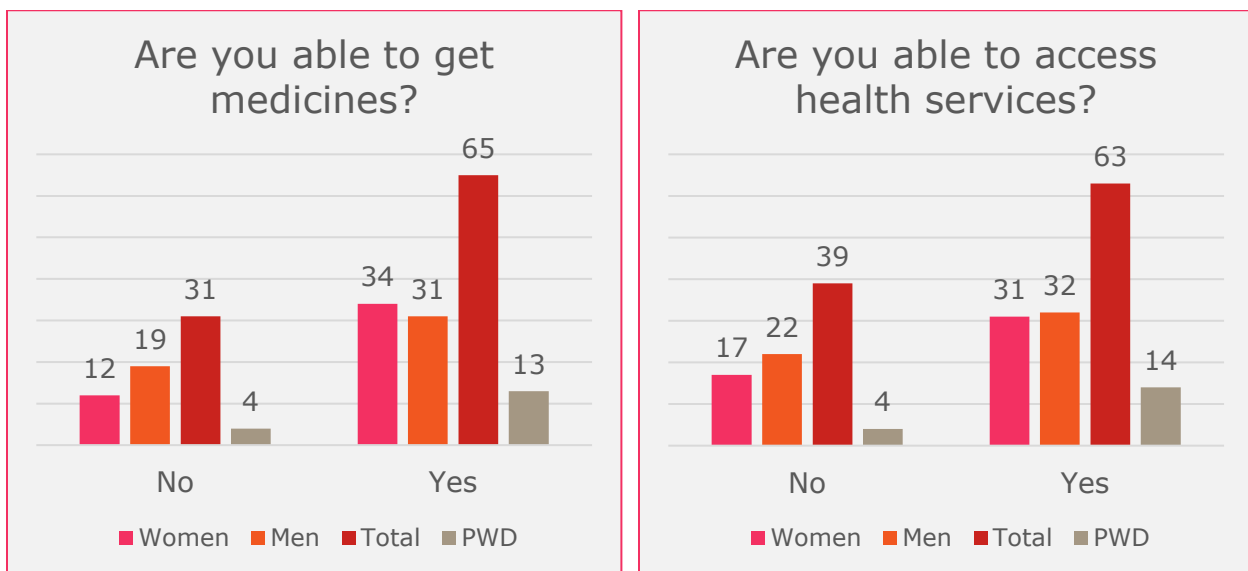
TO DO: Add graphics on percentages, compared to last time

- Savings 89% 2 months or less, 57% a week or less
- Add mobile money, Or focus on cash
- Food: 19% skipped meals in last 7 days, 45% can't eat health meal every day
- Health 86% need some kind of support to access health services, 32% can't access medicine, 38% can't access health services
- Wellbeing: stress in community

## Health

**The collapse of the public health system has severe consequences for older people and people with disabilities, especially those that need regular medication and check-ups to control their health conditions.**

A third of the respondents indicates that they can't access health services or medicine. This is the result of public health services having collapsed, as well as reduced options to travel to larger towns where clinics and hospitals are still operating. Public transport was for many older people the only way to get there – with those no longer operating, they have to pay for motorbike or car rides. In many cases, people were unable to travel at all due to restrictions and therefore unable to access health services and medication.



Importantly, many of those that are able to access, mention that the prices for medicine and services are spiking, and that they are not sure if they can keep

Note 2: other includes reduced community activities, safety of family members far away, or the political situation in the country.

affording this. Basic consultations and treatment costs range between 1,500 and 4,000 MMK, but transportation costs range between 5,000 and 35,000 MMK. Many report resorting to traditional medicines, and a lack of medicines for their health conditions, which often includes noncommunicable diseases such as hypertension, diabetes, or respiratory diseases. On top of this, private services are often lacking quality care.

Nonetheless, there is an eclectic mix of impromptu healthcare services witnessed throughout the country. In many villages, midwives and nurses continue to provide basic care, outside of the public health system. In addition, many health staff that joined the Civil Disobedience Movement since February, are providing care in their home villages. Additionally, many retired health staff have picked up their services as well. In several villages, local monasteries, community-groups, or church organisations provide services, ranging from transport, home care, or basic items, especially to families that were affected by COVID-19.

Compared to the previous report from April 2021, there is worrying trend among older people who consider themselves as less important than younger people. This is reflected in several answers where older people state they don't want to be a burden to others:

*"When it is time come for us to have an illness, we only want to suffer an illness which cost not much. I don't want to give burdens to my children". **Older woman, 64, Thaketa***

*"I told my daughter not to spend on healthcare cost for me and my wife". **Older man, 80, Daunt Boe village***

## **COVID-19**

The third wave of COVID-19 had a severe impact on older people's wellbeing, both physically and mentally. Many reported either contracting the virus, or having family members who fell ill. The lack of health services meant that many resorted to traditional medicine and breathing exercises. Even those that were able to get services were not always better off:

*"My husband was sick, and a health worker himself. He had diabetes and a high blood pressure, and needed to go to the hospital because of COVID, but the hospital staff didn't care enough, and he lost his life there. It was the biggest loss for me." **Older woman, 66, Nyaung Pin Thar village***

This is a stark reminder that the healthcare situation in Myanmar prior to the coup was unsatisfactory – 68% of all deaths were caused by noncommunicable diseases, and primary healthcare services were often not adequately equipped to diagnose, control, or treat these diseases.

## Wellbeing (including mental health)

Regardless of the area of living, most older people and people with disabilities reported feeling stress and anxiety themselves (as well as their family, friends, and neighbours) as part of an uncertain environment. Many mentioned being relieved while talking to friends and family but were not feeling very keen on talking to others. This has consequences for any mental health and psycho-social support services, which need to consider working through locally accepted solutions, such as home care volunteers that have a trusted relationship with the older person or person with disability.

Many older people and people with disabilities mentioned mitigation measures to relieve stress and anxiety such as: worship, praying, meditation, seeing family and friends (surroundings), to help each other and remain united. Impressively, when asked what advice they might have for others, strong words of wisdom and insight are displayed:

*"This time of darkness will not last ever, there are many challenge but do not lose hope. Everything will be fine one day, [so] keep supporting each other". **Older woman, 67, In Chaung village***

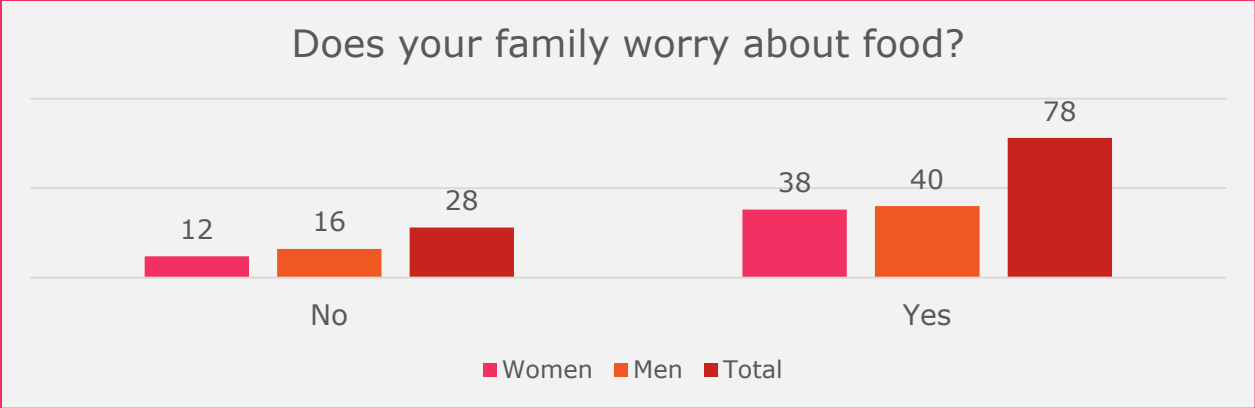
*"I want to tell you to stay on the side of truth. Be united". **Older man, 67, Hpet Yin village***

## Food security

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**Although markets remain open and food is available, the substantial increase in commodity prices was considered as one of the biggest concerns for many older people and people with disabilities when it came to their food security.**

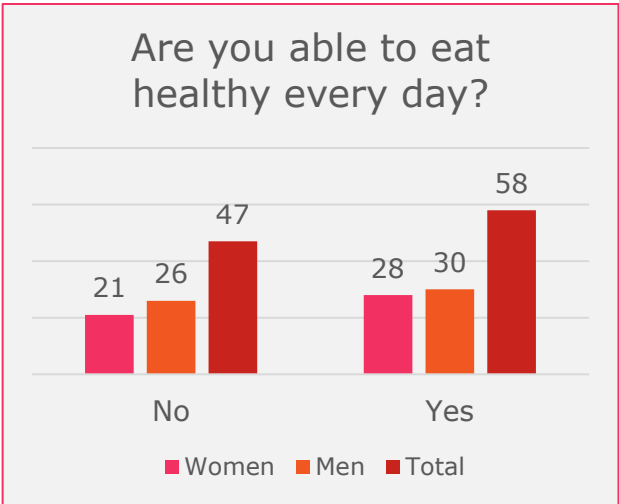
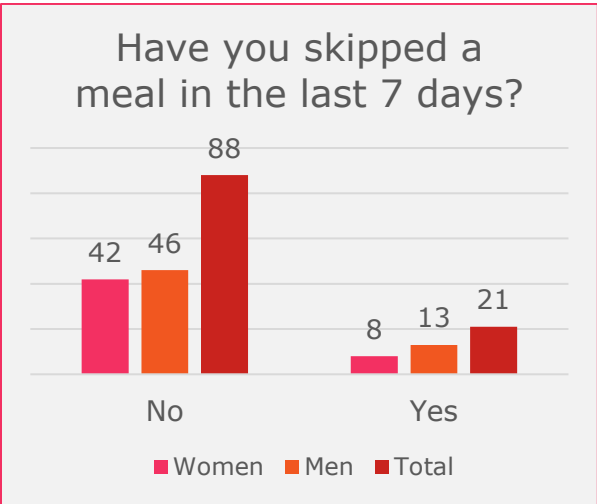
Markets were often open in nearby villages or towns, allowing those that are more mobile to access food. Street vendors were named as an alternative source of food, and more easily accessible. Despite this access, the majority expressed concerns about their food security.



Moreover, respondents indicated had to reduce the quality and quantity of their meal intake. Many reported feeling anxious about not being able to afford food, especially more diverse foods such as fish, chicken, meat, vegetables, instead having to stick to more basic meals of rice, oil, and eggs.

A sharp contrast in access to diversified food can be seen between those respondents who grow their own crops, either on their farm or home gardens, and those who don't.

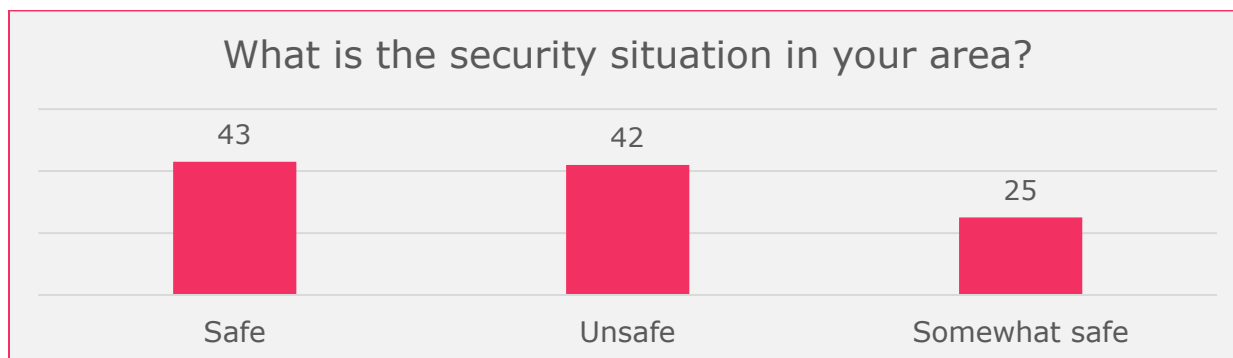
*"Food is available in the market, but the price is rising. We use money wisely like buying cheap food than quality food. We usually grow home garden so no need to worry for vegetables. I heard casual labour households face more difficulties to access food." **Older woman, 92, In Chaung Village***



**Security**

**The (perceived) security situation in the areas as reported by the respondents is in line with security assessments made by other organisations and companies. However, the effects of deteriorating security have a more severe impact on older people and people with disabilities.**

In some cases, older people and people with disabilities had to deal increasingly unsafe situations, while others would consider them sufficiently safe most of the time. Nevertheless, most of them declared preferring to stay at home, whether a curfew had been imposed by local authorities or not.



Some respondents' answers included that extra work had been done on their respective houses to feel more protected in front of what could potentially happen in their surroundings. Others indicated that the communities shared information with neighbouring villages, in case military forces were conducting raids: this would allow the villagers to flee in time. This is also where the discrepancy between older people and people with disabilities is most striking, as several of them indicated that they couldn't flee even if they wanted to:

*"In case of a war, how can I carry my husband who is lying in bed? This worries me more than how to fill my stomach". **Older woman, 66, Ywar Si village North***

*"[I am] afraid of security forces raiding the village like they did in neighbouring villages, because I can't run like the others". **Older woman, 67, Hta Naung Pin Le village***

*"[I worry the most about] money and safety. I am afraid that I might not be able to escape to the safe zone. I am scared that I will be left behind". **Older woman, 70, Dagon Seikkan***

Further compounding this security concern is the forced recruitment of porters, especially among youth and middle-aged men.

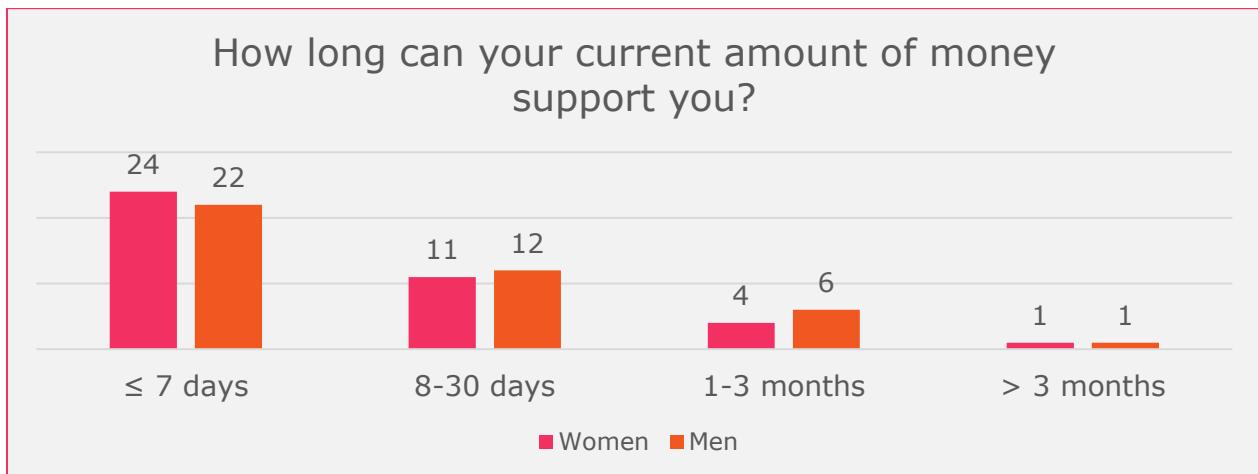
*In the early days, military security groups entered neighbouring villages frequently, arresting and shooting civilians, so we are always worried. Almost all the boys flee and hid in the forest and slept there. Especially youth and middle-aged men frequently flee, because they*

*were going to be recruited as a porter if the military would come to the village. We live in anxiety everyday as long as there is no peace.*  
**Older woman, 63, Ywar Thit village**

## Income

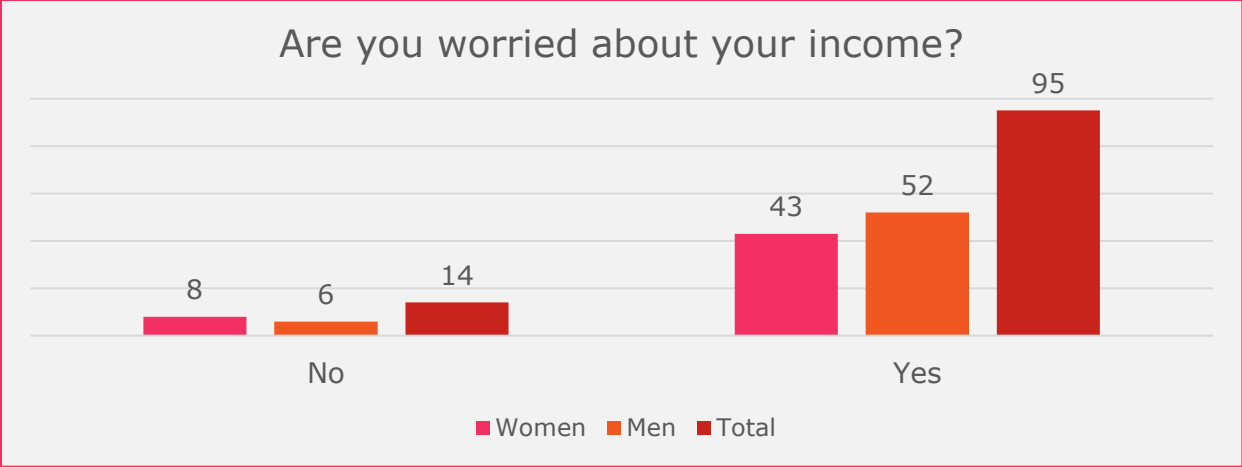
**Most older people and people with disabilities who had been interviewed reported relying on children for their income. However, many of them also reported they wouldn't receive any / as much remittance from family or relatives anymore because of general decrease in income generating opportunities.**

Most respondents reported feeling anxious about their lack of income, job scarcity when confronting these gaps to their needs to have access to food, medicine, health services, and other needed expenditures for themselves and their families, friends and neighbours. Compared to the RNA from April 2021, a significant reduction in savings can be seen. Where in April around 75% of respondents stated to have less than two months' worth of savings, this time around 85% has less than one month, and 57% has even less than a week:



The worries about income are also increasing. The reasons for this are a combination of increasing prices for basic needs, reduced prices for harvest, and a decline in casual labour. The latter is particularly important for older people and people with disabilities who rely on their children for income. Many report reducing incomes of their children, due to closures of factories, hospitality, and farm labour. Additionally, many migrant workers that went overseas are unable to send remittances due to banking disruptions.

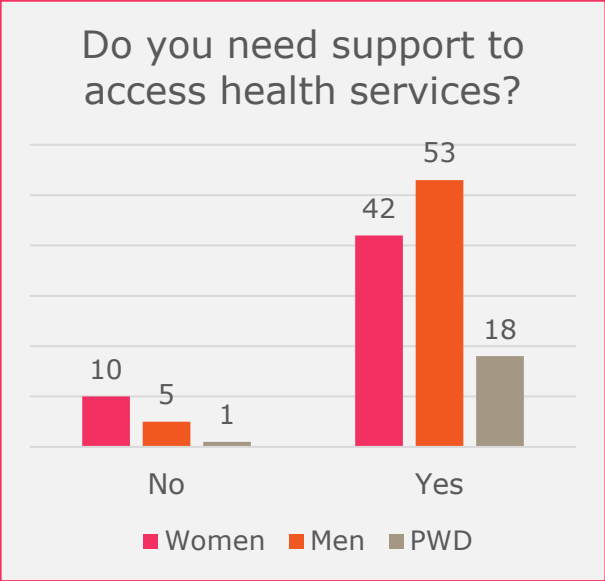
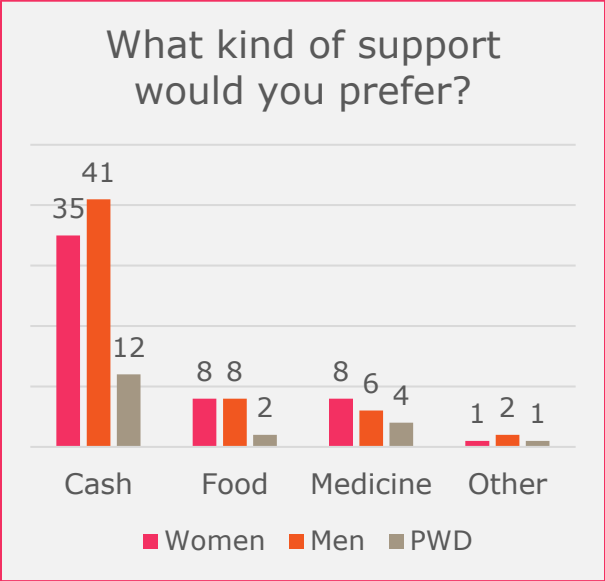




**Support needed**

**An overwhelming majority of older people and people with disabilities state that their preferred support would be cash, followed by food and medicine.**

The respondents state that cash would allow them to procure the items they need, showing that affordability is a bigger challenge than accessibility, especially for food and medicines. However, 86% of respondents indicate that they need support in accessing health services, which corresponds to the collapse of the public health system and the distance between villages and private healthcare services in towns, but is also related to the higher prices of private healthcare services.



In addition to accessing health services, home care services are considerably important for many bed-bound people. This comes through in the graphs above,

where 95% people with disabilities state they need support to access health services, compared to 86% of those without disabilities.

## Recommendations

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**The findings from this Rapid Needs Assessment confirm findings from HelpAge’s previous RNA in April 2021. Overall, older people and people with disabilities face compounding difficulties as the result of lacking income, health status, and mobility. Nonetheless, older people show immense resilience and resourcefulness in overcoming these challenges, and should be supported in these self-identified solutions.**

Specific recommendations:

- In-kind programming should focus on cash interventions first, with adaptations to include food and medicine based on the local context.
- There is a severe need to address mental wellbeing. As many older people are wary of talking to strangers, MHPSS services should link with local volunteers or work through trusted community-based groups.
- As adequate health services (including consultations, treatment, and medication) are often out-of-reach for older people and people with disabilities, locally identified solutions should be supported to improve their services.
- To ensure access to food remains stable, markets need to be kept open and street vendors need to be supported to reach remote villages.