Rapid needs assessment of the situation of older people in Myanmar
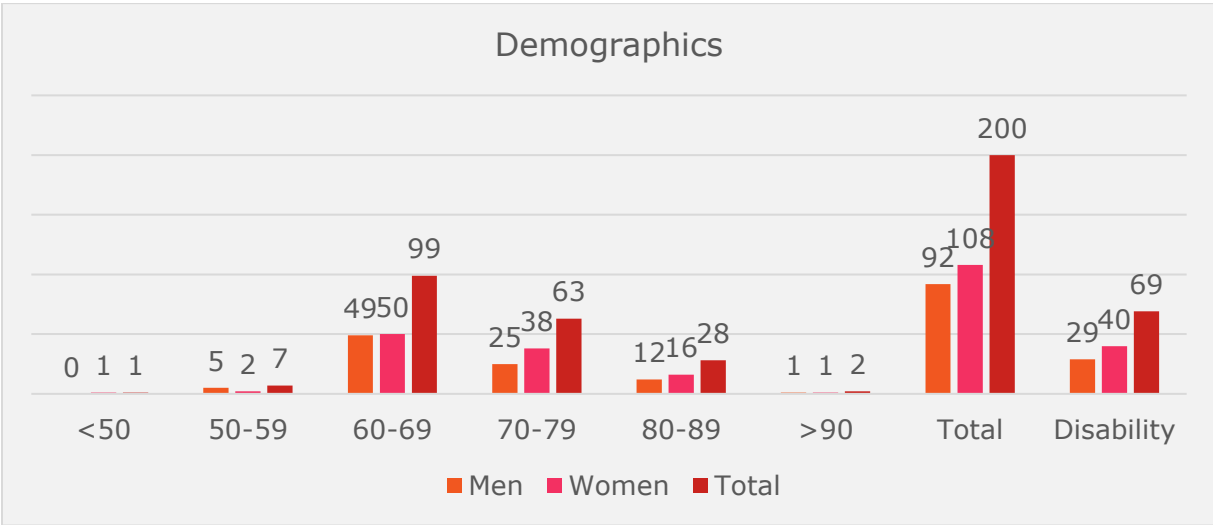
May 2022

Context

Financial constraints, lack of access to services, and a deteriorating safety situation continue to negatively impact the lives of older people and people with disabilities. In its third rapid needs assessment (RNA) since 1 February 2021, HelpAge International continues to highlight the needs of these groups when it comes to accessing food, healthcare, and income. The current study explores the linkages between income and food and healthcare, and recommends a significant scaling-up of targeted and inclusive cash transfers.

Methodology

For this RNA, 200 people were interviewed, of which 192 were above the age of 60, with the oldest person being 90 years old. 69 of the people (35%) interviewed self-identified as having a disability (PWD). An additional 8 people over the age of 50 were interviewed, who play an important role in community-based activities that support older people. Due to (perceived) security and trust issues, 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.

Demographics

	<50	50-59	60-69	70-79	80-89	>90	Total	Disability
Men	0	5	49	25	12	1	92	29
Women	1	2	50	38	16	1	108	40
Total	1	7	99	63	28	2	200	69

Three major topics were covered:

- **food security**
- **finances**
- **healthcare**

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 summarised into four main topics of interest.

Key findings

There is a continuing, downward trend when it comes to income, health, and food security among older people. Across all areas, needs have increased, and buffers have further depleted. Constraints around cash are particularly high.

Compared to the RNA from November 2021, the majority of those interviewed indicate that their worries across all topics have increased:
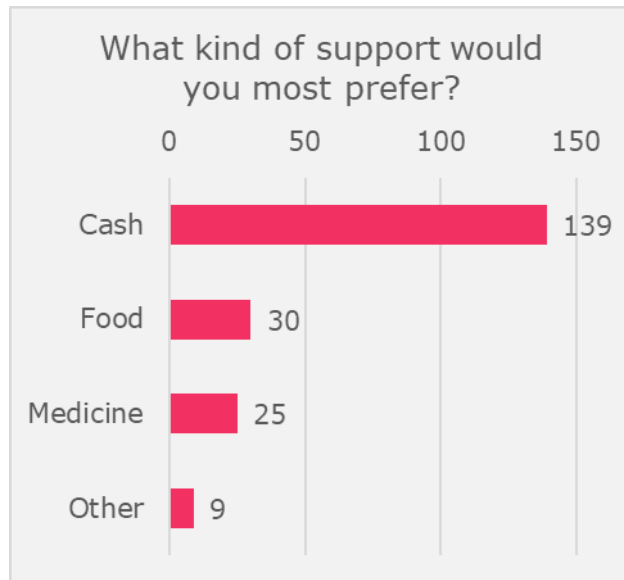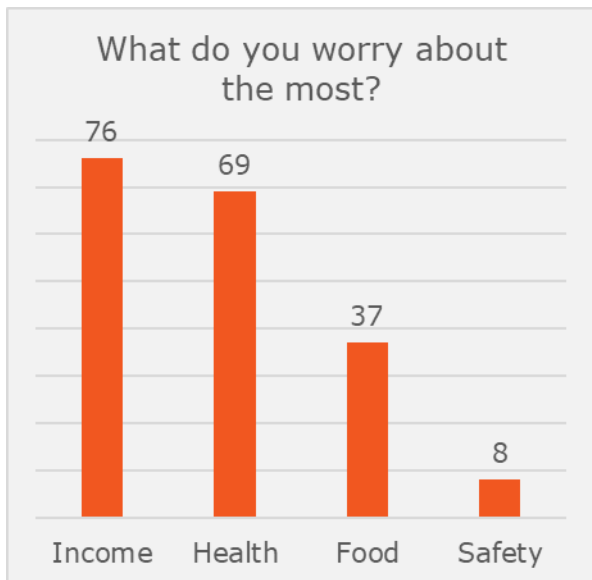

Comparison to previous RNA

- **76% of respondents** worry more about **income** compared to 6 months ago

- **72% of respondents** worry more about **food security** compared to 6 months ago

- **58% of respondent** worry more about **their health** compared to 6 months ago

This is reflected when asked the what the biggest worries are, with income at 37% followed by health at 34%.

When it comes to preferred types of assistance, there is a continuation of the answers in the previous RNAs, with cash being the preferred modality (68%), followed at a distance by food and medicine (15% and 12%).

What do you worry about the most?

Income	Health	Food	Safety
76	69	37	8

What kind of support would you most prefer?

Cash	139
Food	30
Medicine	25
Other	9

Income

- **73% of older people** have no income.

- **37%** state that their biggest worry is about finances.

Food security

- **45% of older people** can't eat healthy food everyday

- **One in three** state they can't afford it.

Health

- **30% of older people** are unable to access medicine, it being too expensive.

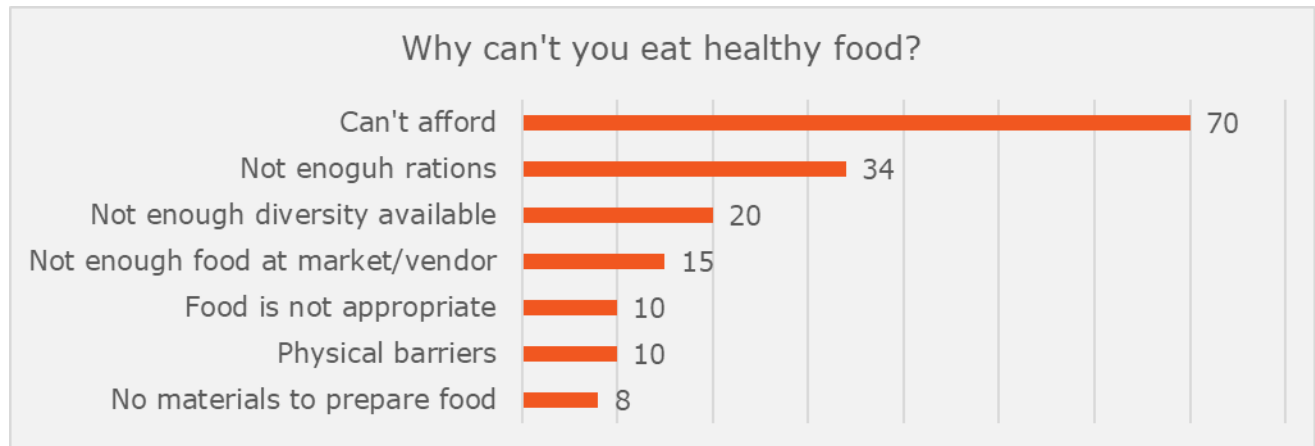- **85% of older people** need support to reach health services.

Food security

Financial constraints pose significant challenges for older people to afford healthy and diverse foods.

Nearly half of all respondents (45%) say that they are unable to eat healthily daily (similar to November 2021), with a lack of money being the main issue. More women than men are unable to eat healthy, with the answers for older men split 50/50 between yes and no, while 60% of older women indicate they are unable to do so.

Are you able to eat healthy food everyday?

	Men	Women	Total
Yes	57	55	112
No	38	53	91
Total	95	108	203
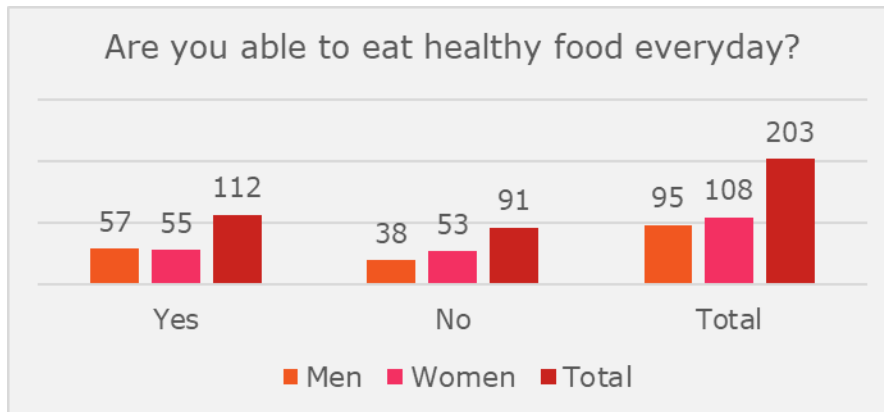
When asked why they were unable to do so, 42% of respondents point towards a lack of finances, followed by a lack of rations (20%) and a lack of diversity (12%).

Why can't you eat healthy food?

Can't afford	70
Not enoguh rations	34
Not enough diversity available	20
Not enough food at market/vendor	15
Food is not appropriate	10
Physical barriers	10
No materials to prepare food	8

One in ten has skipped meals in the last seven days, slightly up from 8%, despite food being available at markets and street vendor. Only 12% grow food themselves, but are also facing difficulties to afford agricultural inputs.
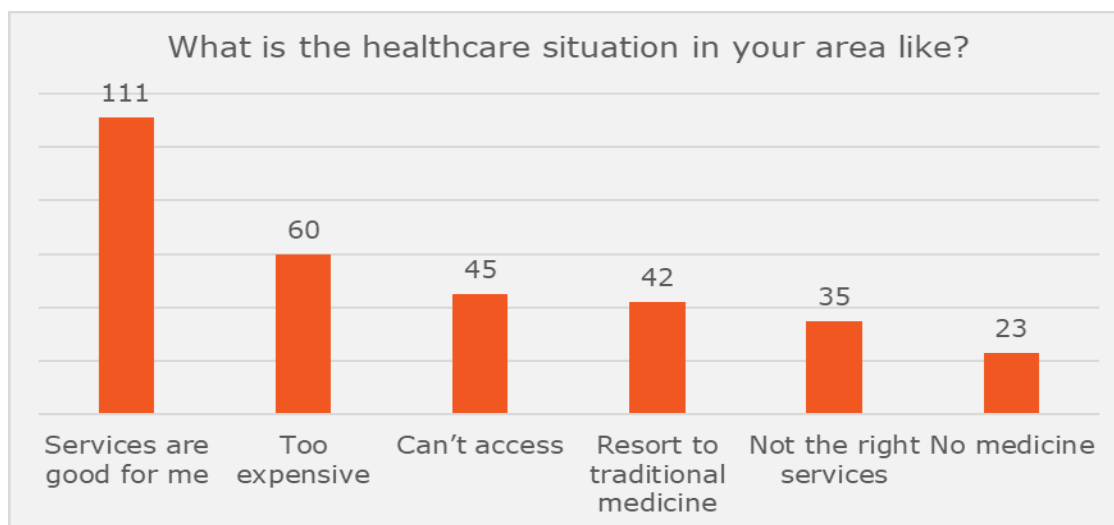
> *"We have no income currently because this is the time of planting the crops. Fertilizer prices have more than doubled. Commodity prices are skyrocketing,"* **older man, 67.**

Health

Similarly to food, access to health is impeded by a lack of finances.

30% of respondents state that they can't afford health services, and out of the respondents that need medicine, 54% indicate that prices are too high. With no other options, loans are taken out to afford the medication.

> *"Since I do not have money, I must borrow from my neighbour to buy medicines",* **older woman, 62**.

What is the healthcare situation in your area like?

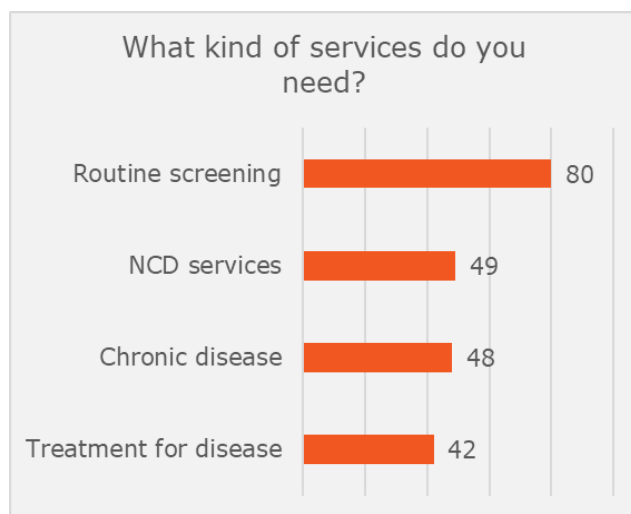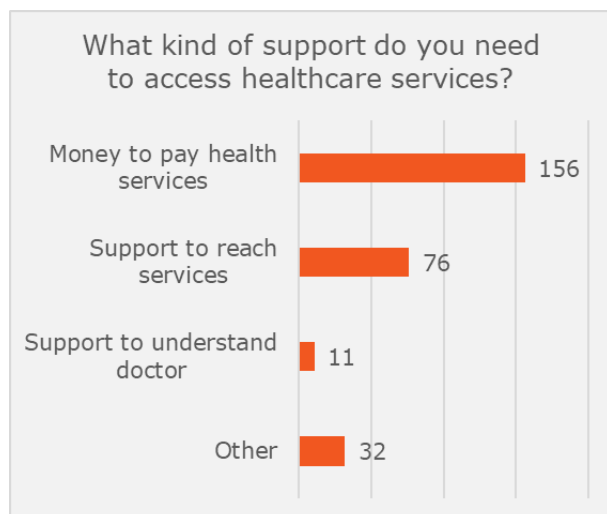| Category	Value
Services are good for me	111
Too expensive	60
Can't access	45
Resort to traditional medicine	42
Not the right services	35
No medicine	23

> *"People in our village need to go to the other village to buy medicine. But there are checkpoints along the way, and it makes them difficult to bring back the medicines",* **older woman, 82.**

Additionally, the collapse of the health system means that services are less likely to be available at village level, and 85% of respondents indicate that they need support to access health services – a similar level to that reported in November. Similar to food, financial constraints are the main reason: 80% of those who need support, need financial support, while 39% need transportation support.

This current RNA also explored what kind of services are needed. 52% need routine screenings, while 32% need NCD care services. 31% of respondents need chronic disease care, and 27% need treatment for their disease.
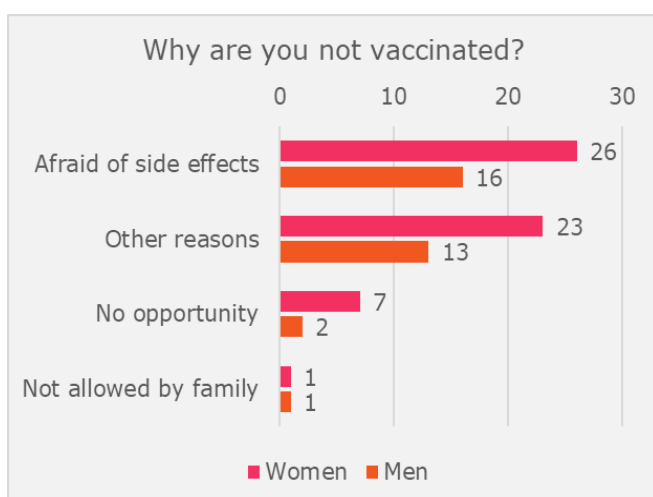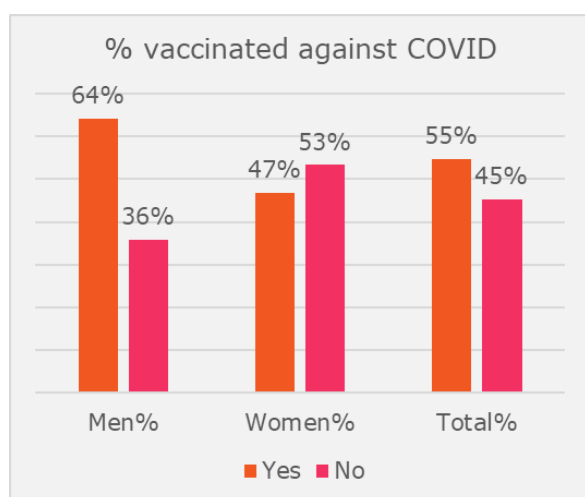
"I have asthma. I cannot walk and speak for a long time. I feel very tired and have difficulty breathing." **older woman, 80**

What kind of support do you need to access healthcare services?	What kind of services do you need?
Money to pay health services — 156	Routine screening — 80
Support to reach services — 76	NCD services — 49
Support to understand doctor — 11	Chronic disease — 48
Other — 32	Treatment for disease — 42

COVID

55% of those interviewed have been vaccinated, but stark differences between men and women. For the reasons, most often worries about the side effects are mentioned. This indicates both a need to better target older women to access the vaccination sides, as well as raising stronger awareness on the vaccination benefits.

"I am afraid of the side effects of COVID-19 vaccine and my family would not allow me to get vaccinated either. I was terrified to hear that some people died after being vaccinated." **Older woman, 65.**

% vaccinated against COVID

	Men%	Women%	Total%
Yes	64%	47%	55%
No	36%	53%	45%

Why are you not vaccinated?

	Women	Men
Afraid of side effects	26	16
Other reasons	23	13
No opportunity	7	2
Not allowed by family	1	1

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Income

73% of all respondents do not have an income, which is also the biggest cause of concern, and is a greater concern compared to 6 months ago.
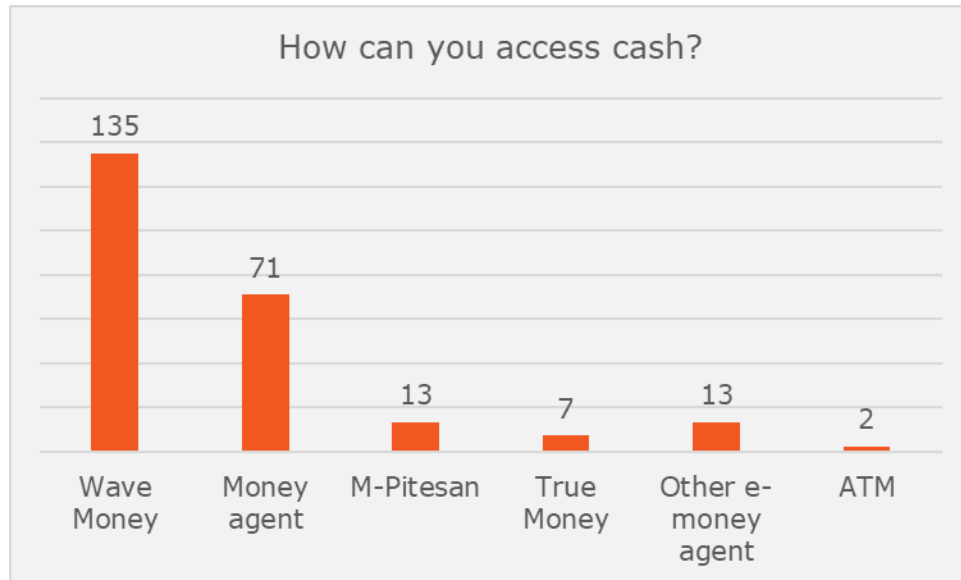
There is a stark difference between men and women: while 2 out of 3 men (67%) do not have an income, 80% of all interviewed women don't have an income. Furthermore, one in four older people (25%) are unable to access any form of cash, stating that it is either not available, or that they have no one to help them to access cash. Many rely on their families, but that support is also dwindling due to a lack of job opportunities and a contracting economy.

*"I need any kind of support. My children can't find any jobs and now they are going to Thailand to look for jobs", **older man, 78.***
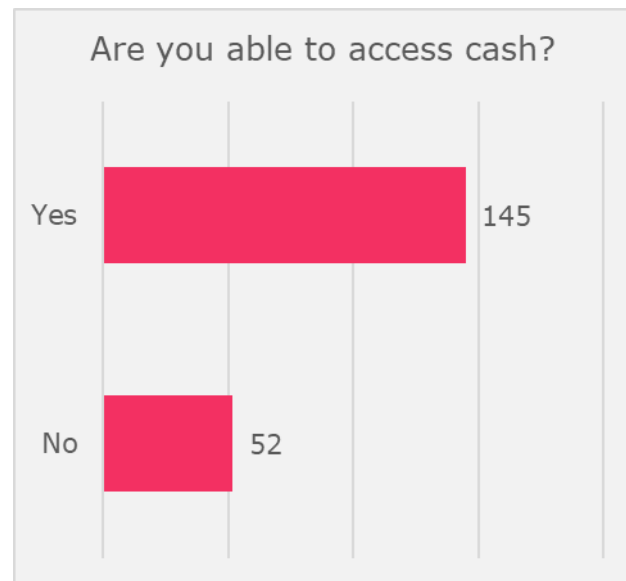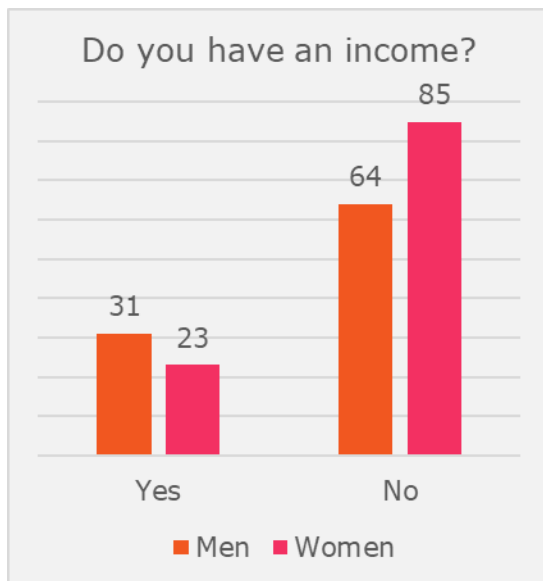
*"Things used to go well when I got support from both my daughter and son. But my son's business has not been good lately and my daughter passed away", **older woman, 63.***

For those who are able to access cash, it is clear that mobile money operates (MMOs) are the key providers, countrywide. 89% of respondents state that they use any type of MMO, including WAVE Money, M-Pitesan, K-Pay, True Money, or other pay agents. 35% state that regular money agents are also an option to gain access to cash. Only 2 people (1%) used ATMs for cash.

How can you access cash?

Category	Value
Wave Money	135
Money agent	71
M-Pitesan	13
True Money	7
Other e-money agent	13
ATM	2

Recommendations

The findings from this RNA emphasise the need for targeted support to older people, especially financial support.

Older people face reduced income, limited opportunities, and increased reliance on family members, neighbours, and communities. Options for cash transfers, including electronic options, should be considered as types of support by humanitarian agencies.

Recommendations:

- In-kind support activities should focus on cash interventions first, with adaptations to include food and medicine based on the local context.

- Local actors need to be supported to provide community-based services, as public services are unable to provide adequate services.

- COVID-19 vaccination campaigns should include an increased effort to address concerns about side effects.

- Support for transportation to and from health services for older people should be enabled through community-based solutions.

Annex

Data was collected through phone surveys, using the KoboCollect toolbox to standardise the data. Respondents came from across 18 locations in six states and regions of Myanmar:

Ayeyarwady	Magway	Mandalay	Kayin	Yangon	Shan State (south)
• Shwe Thaung Yan • Pathein • Kangdyidaung • Kyaik Latt • Day Da Ye	• Pakokku • Yesagyo	• Madaya • Pyin Oo Lwin • Myingyan • Patheingyi • Natogyi	• Thandanggyi • Hpa-An • Hpa-Pun	• South Dagon • East Dagon	• Pindaya