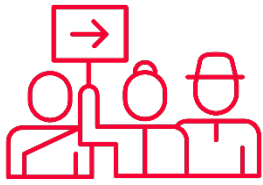


Myanmar – April 2021



Rapid needs assessment of the effects of the military coup on older people in Myanmar

Context

The coup of the 1st of February and the resulting violent crackdowns and restrictions imposed by the Tatmadaw (Myanmar armed forces) have severe socio-economic consequences on the population of Myanmar, especially for vulnerable people including many older people and people with disabilities.

There are around 5.5 million older people (60 years and older) in Myanmar, comprising 10 % of the population. Due to reducing fertility rates, this percentage is predicted to increase to around 12 million or nearly 20% of the total population by 2050. Additionally, migration and urbanisations are largely driven by younger generations, leaving many older people living in rural areas.

In June 2020, HelpAge conducted a COVID-19 rapid needs assessment of older people. This highlighted the severe challenges older people faced in accessing food, healthcare, and other basic services, as well as the impact on their mental wellbeing.

The coup exacerbates vulnerabilities that were the result of the COVID-19 pandemic. Many people were forced to leave their workplace, obliged to continue living without a regular income, while fears rise about increase in terms of violence. For humanitarian, development, and peace-building actors to understand the consequences of the restrictions on older people at this time, HelpAge International in Myanmar conducted a multi-sector rapid needs assessment through phone interviews with 76 older people in April 2021 to inform programming and international policy decision-making.

Key Findings

Income & cash delivery

- **75% of older people** have less than two of months' worth of savings, highlighting the urgent need for cash assistance
- **87 % of older people** are not able to receive money through mobile money delivery mechanisms or do not have knowledge about the existence of this service.



Food

- **26% of older people** struggle to access basic food items. Those that can rely on local shops and village farms to access food safely.
- Limitations arise when there is an **issue with the supply chain** for local shop owners to get food items transported by road, due to travel restrictions and the current safety situation.



Health

- **Although 83% of older people** are still able to access healthcare services and medicine, **17% are facing increasing problems** because of the political situation
- Limitations include the **closure of public health infrastructure** and the unavailability of public health staff.
- These closure puts additional strains on **financial means** to pay for medicine and access private healthcare services.



Wellbeing

- **88% of older people** indicate that they and their surrounding community members experience anxiety and stress.
- Factors include the **political situation** and its impact on civilians, as well as the medium to longer-term impacts on their **income-generating activities** and their ability to pay for basic food items, health care services (including medicine) and other essential needs.



Safety

Most respondents expressed increased levels of insecurity, perceived as moderately unsafe or fully unsafe. Some respondents also expressed an acute need for shelter repair due to violence post-military coup as well as a fear of stray or aimed gunshots. Some areas were stated to contain landmines that pose a threat, especially in areas where people have to flee

their villages. Additionally, the effects of the coup on their livelihoods pose threats to food security and health.

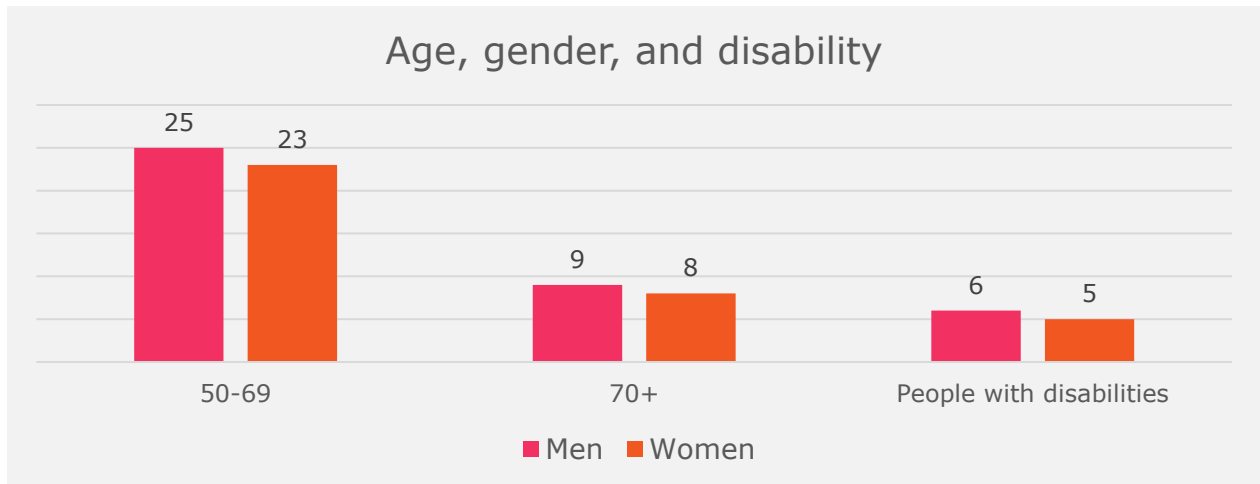
"Regime troops regularly come to the surrounding of our village. Locals are anxious about those troops' presence near their places." – Older woman, Mawlamyine township.

"Due to the unpeaceful situation, we dug underground bomb shelters and created village security groups for the village's security. Villagers serve as watchmen and they also work together with other villages' watchmen." - Older man, Thandaung Gyi township.

"Our village is safe enough, but the price of food is rising and there are no job opportunities like before. Even in COVID times, food prices were stable, and we could work with preventive measures, but this situation is very difficult. People seem frightened by the recent situation." – Older man, Nahtogyi Township.

Methodology

Data on people over the age of 50 was collected through phone surveys with community members across 17 locations in six states and regions of Myanmar: Shwe Thaung Yan, Patheingyi, Kangdyidaung, Kyaik Latt, Day Da Ye, Mawlamyine, Pakokku Madaya, Pyin Oo Lwin, Myingyan, Patheingyi, Yesagyo, South Dagon, East Dagon, Hpa-Pun, Thandaunggyi, and Hpa-An



HelpAge relied on its existing beneficiary database for this exercise as remote data collection required an established beneficiary list with active phone numbers. A total of 76 people (37 women, 39 men, including 11 people with disabilities) were interviewed between 5-9 April 2021.

Due to (perceived) security issues, including the possibility of wiretapping and overhearing of conversations by military informants, the interviews were done on a completely anonymous basis. 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 five topics: food security, financial means, healthcare, mental health, and safety. Collected data were entered into a previously finalized word template transcribing answers

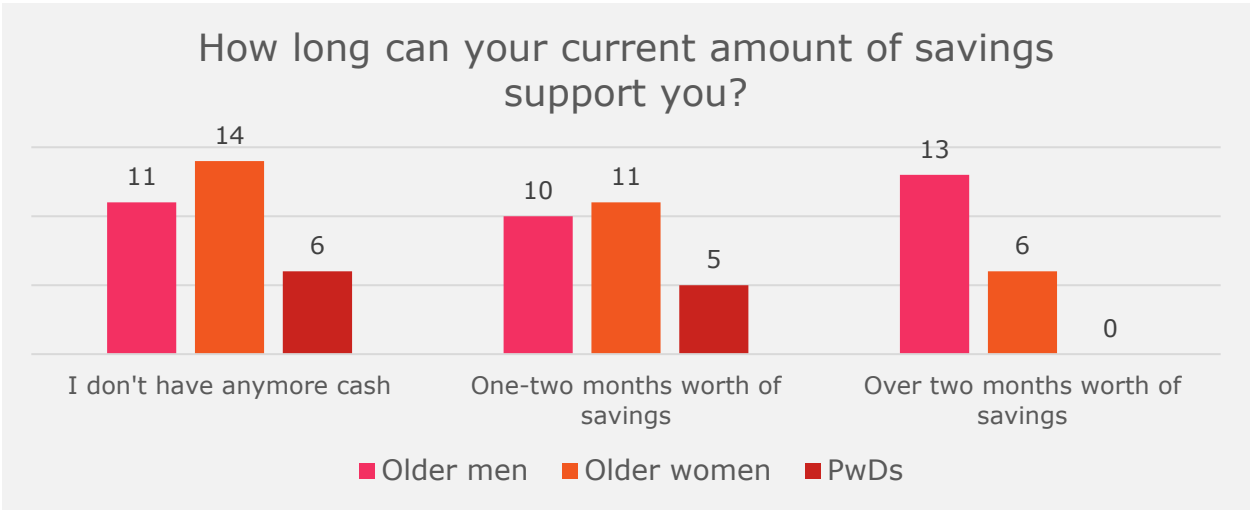
from the phone into text messaging (including template), then from text messaging into the final word template.

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 areas of interest: income and cash delivery, access to food items, access to healthcare, and wellbeing (including mental health).

Income & Cash Delivery

As most businesses of interviewed people had to stop because of the security situation, most income generating activities were stopped. Most people declared at the time of data collection that they had either no more saving, or at most two months' worth of available savings before cash runs out. Bank closures put further constraints on their abilities to access cash.

In addition, some declared lack of remittance and support from younger generations (children, grandchildren, etc.), their own livelihoods being impacted by the coup, and difficulty to transfer if located far away from the respondents. Only a few respondents reported having access to their public pensions or having village groups /neighbourhoods support them financially.

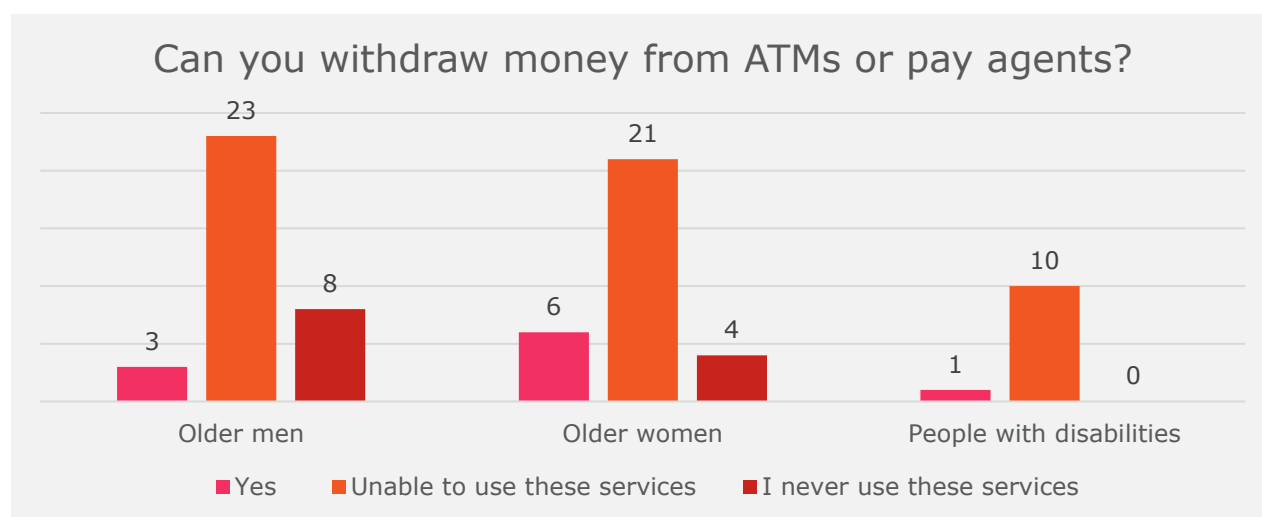


Over 40 % of the respondents indicate that they have no more cash, and only 25% have savings that will last for more than 2 months. While many of them are supported by their families or neighbours, independence and agency are limited, which in turn limits coping capacity and increases the need for an approach that gives them greater control over income and spending.

Answers on access to mobile money pay agents as well at bank ATMs varied according to locations and people interviewed. Some mentioned that the internet shutdown was not allowing for mobile money cash transfers, in some areas pay agents were reported to function (although with limited cash withdrawal within a certain amount of time) and in other areas they were reported not to function. Some of the people also mentioned that they did not have any knowledge about how mobile money pay agents and bank ATMs work, and it had never

seemed relevant to them, as they usually do not feel like they need to refer to this kind of services (sometimes because of lack of proximity with existing service, mostly in the case of villagers interviewed who would have to go downtown to benefit from it). Only a few reported using mobile money to receive cash.

"I never use pay agents, as nobody ever transfers money to us. I don't know how this works" – Older woman, South Dagon township



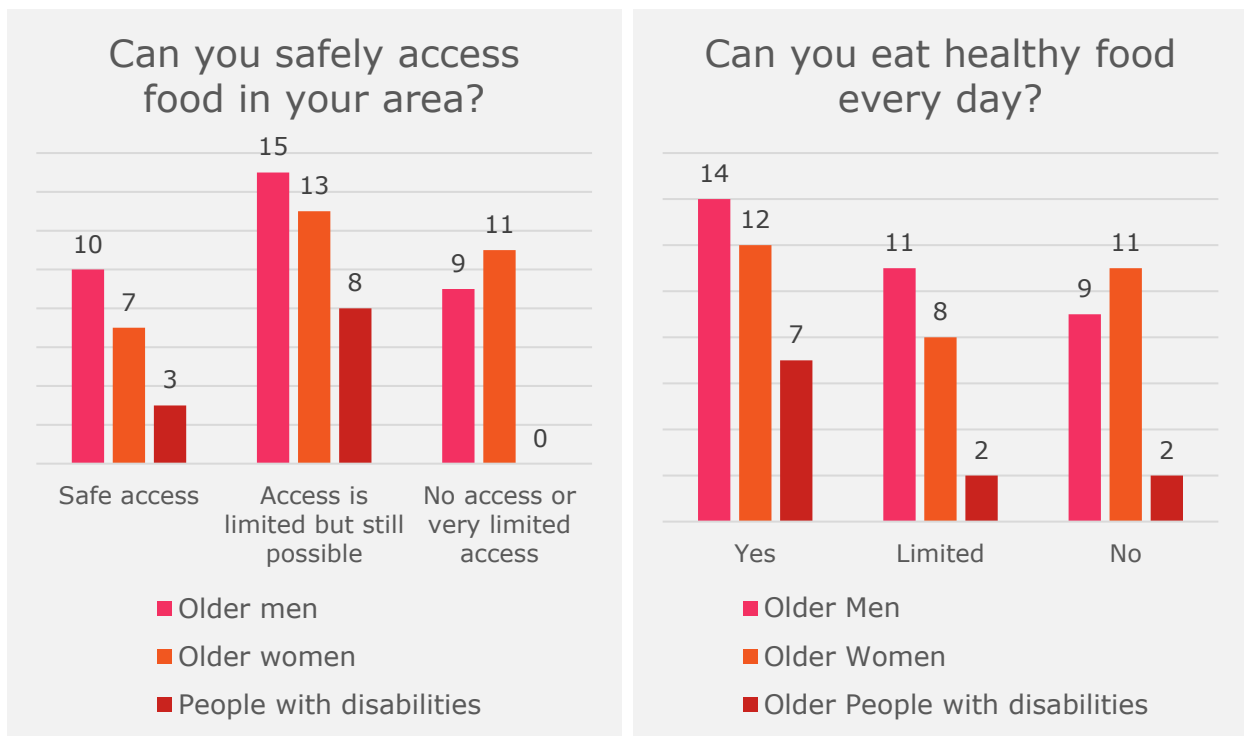
Food

Overall, most interviewed people can still have access to basic food items, however constrained due to the limitations in the available range of products, increases in prices, closure of vendors since the military coup, and travel restrictions that have made it harder for people who need to travel to buy food (especially people living in hard-to-reach areas without close-by shops and markets). Therefore, they are usually limiting themselves to basic food items (i.e., rice, oil, salt, and vegetables) in order to survive. In some cases, specifically in rural areas, people can eat healthy and diversified products growing in village farms.

The access limitations are compounded by personal mobility difficulties, or by difficulties to find a family member, a friend, or a neighbour available to bring them food in case of difficulty to purchase food by themselves.

"In our area, not only do farmers not get good prices for their crops, but extreme weather also increases the risk of large-scale crop failure. Commodity prices also rise. Amid of these bad things, we do have difficulties in the food situation. Due to the uncertain political situation, foodstuffs are out of supply as well." – Older woman, Kyaik Latt township.

"I'm only focusing on daily needs, and I'm not focusing on healthy food, as I'm afraid to go to the bigger market and buy expensive food during this period." – Older woman, South Dagon township.



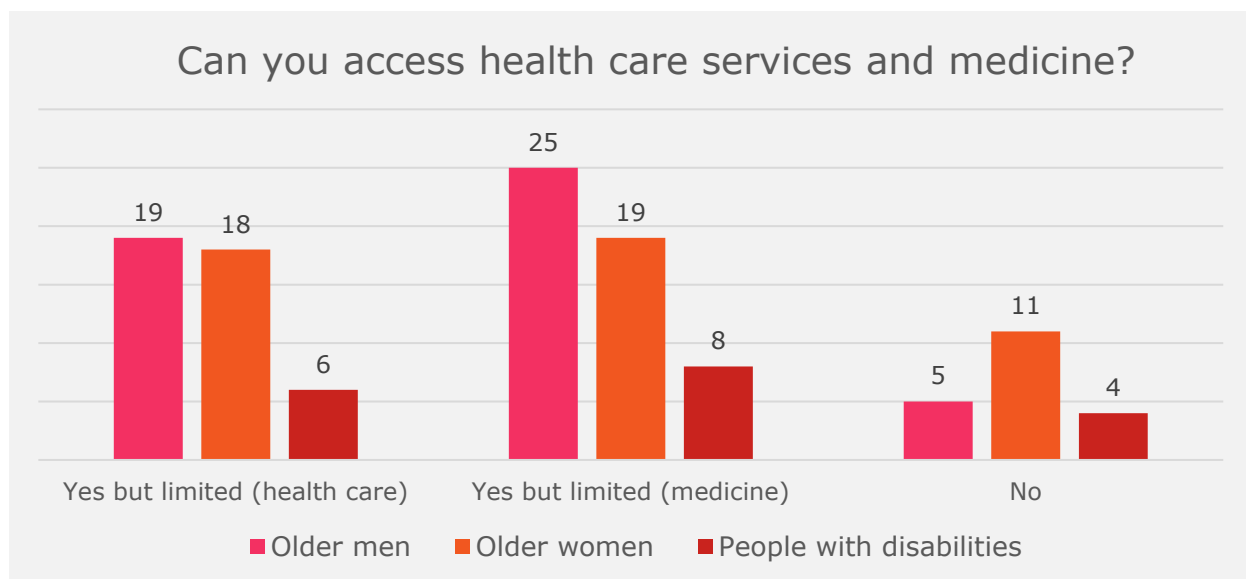
Health

Older people and people with disabilities' health had initially been severely affected by the COVID-19 outbreak in Myanmar, with one in three stating they were not able to access their regular medication, many people indicating that local medicine stocks had been running out, and supply chain being deeply negatively affected due to travel restrictions (cf. previous RNA assessment on impact of COVID-19). Given that a large proportion of interviewed older people have existing health conditions, concerns had already been on the rise about risks of comorbidity during the COVID-19 pandemic, and their potential impact with a focus on non-communicable diseases (diabetes, hypertension, and oral cancer).

Following the current RNA, access to healthcare varies according to locations (case-by-case basis), although it seems that most of time public health services are closed (no staff available, as they are joining the civil disobedience movement). Some private hospitals are open, while others are closed. In some areas, nearby clinics may be open, and even in some of the villages, rural health care workers and other indigenous medical practitioners can be available to assist the villagers. Lastly, nearby medicine shops are usually open (although some provide only traditional medicine). However, because of the coup's impact on the supply chain and the closure of health infrastructure, some prices for medicine are increasing, and many respondents indicate they must use their savings to afford their medicines. Some respondents declared they had turned more towards traditional medicine and the use of indigenous medical practitioners to compensate for the lack of modern medicine available, specifically in rural hard-to-reach areas where movement restrictions from rural to urban areas are not possible.

*"Our nurse has joined the civil disobedience movement. I can no longer resort to her if needed. I am not fine because of my diabetes, and I can't buy regular medicine as I can't find them easily, and I don't have enough money to pay for them." – **Older woman, Kangyidaung township.***

*"All the healthcare workers from the civilian hospitals are participating in the civil disobedience movement. Therefore, we would be in trouble if we become seriously ill. For common illness, we can get treatment from rural healthcare workers and indigenous medical practitioners." – **Older man, Thandaunggyi township.***



NB: as one interviewee could provide up to two answers, data collected reached numbers higher than the number of people interviewed.

Wellbeing (including mental health)

Similar to access to health, the COVID-19 outbreak had initially taken a severe mental toll on many older people, especially on those living alone and those dependent on family, friends, or community members. The military coup gave another dimension to already widespread feelings of stress and anxiety, with respondents fearing for their safety and the safety of their respective families, friends, and neighbours (some expressing increased concerns about older people and children) amidst gunshots and arbitrary detentions. Nevertheless, some expressed a certain lack of trust, including a fear of betrayal, a fear of being abducted by the armed forces, and generally fearing for their lives.

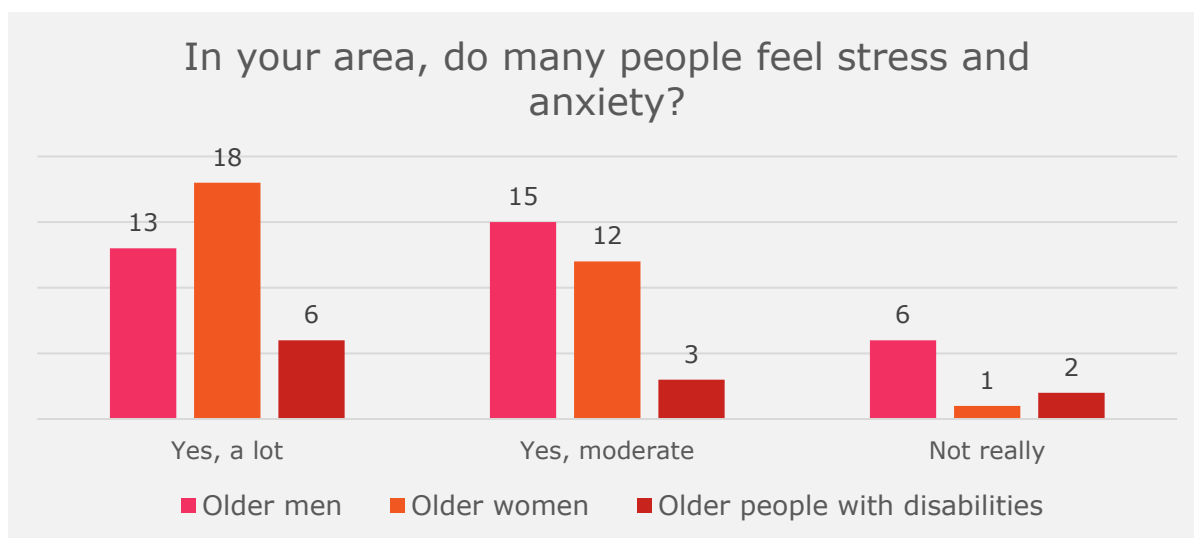
*"Political instability and the regular presence of Myanmar soldiers in the surroundings are the main reasons for local people to experience stress." – **Older man, Thandaunggyi township.***

Worries were expressed across several themes, especially access to food and health, and many expressed increased concerns about lack of income-generating activities, including the loss of livestock, mounting debts, and a lack of cash support.

Coping mechanisms were found by some of these people, including increased praying, increased talking about feelings to surrounding people (except for the ones fearing betrayal from close people), increased physical work out, or house chores to forget about the situation.

"I'm worried about my financial situation because I lost my breeding animals and I have debts to reimburse. I'm also worried about my family's safety and security. I try to pray as much as possible, and I'm cautious of not being involved in any political matters to feel safe." – **Older man, Pathein township.**

"I'm worried about the situation, and if it lasts any longer, I'm afraid we might face many difficulties, especially the needs of basic things such as food, health care, etc. To stay mentally strong, I listen to Buddha speeches (Dhamma). I also talk to my family, friends and the Buddhist monks about my feelings to try to feel better." – **Older man, Nahtogyi township.**



Gender

The military coup brings gender dimensions to light. Savings are lower among older women and they indicate more frequently that they cannot access healthcare services or medicine. Although the differences are smaller than for income and health, more older women indicate a lack of access to food and healthy diets.

These differences should be accounted for in programming decisions and analysis by stakeholders.

Recommendations

- 1. There is an acute need for cash assistance for older people and people with disabilities to afford their basic needs, especially food, health care, and home or shelter repair.**

HelpAge recommends stakeholders to implement unconditional multi-purpose cash transfer to address those needs.

- 2. There are challenges regarding the availability of and accessibility to mobile money pay agents for older people and people with disabilities.**

HelpAge recommends partners to collaborate with financial service providers facilitating cash transfers to allow for people to receive their cash, and in parallel work with community groups and volunteers to enable older people and people with disabilities to access cash grants.

- 3. Mobile internet cuts constrain the options for electronic cash transfers.**

Mobile money operators and other stakeholders should consider over-the-counter (OTC) transfers facilitated by SMS messages, as well as increasing withdrawal limits to reduce travelling frequency and to enable existing community groups to withdraw cash for multiple recipients at once through trusted intermediaries.

- 4. There are increasing challenges with the supply chain of basic food items, medicine, and other essential items for people to be able to answer their basic needs.**

HelpAge recommends partners and international actors to work on easing the supply chain to enable the flow of basic goods.

- 5. There is a lack of provision of health care services at local level, and more specifically when it comes to rural hard-to-reach areas.**

HelpAge recommends partners to work on expanding the ISHG (Inclusive Self-Help Group) model, including home care volunteers who can be trained to assist with first aid and basic health care issues.

- 6. Local contexts differ highly in terms of safety, access to health/food, and level of wellbeing, and within those contexts there are differences for target group.**

HelpAge recommends tailored approaches according to the needs of each township, through conducting local-specific assessments.

- 7. There will be severe mental health issues that will need to be addressed over longer-term periods.**

HelpAge recommends psycho-social support programming that will help easing up some of the mental health issues related to COVID-19 and the political situation. Existing community-based structures can be provided with simple training tools to address acute needs.