

The situation of older people in cyclone-affected Myanmar

Nine months after the disaster



In partnership with

Acknowledgements

We want to thank all the older people taking part in this assessment who lived through the cyclone and opened up their lives to help us understand their situation.

We are most grateful to Professor Khin Aye Win and Dr. Myint Myint Khin for their advice on health and psychological issues and for their support throughout the process of this study.

Many thanks are extended to Dr. Tobias Bauer for his great support in all statistical matters and with the data processing.

Research team members

Team leaders

U Kyaw Hun
Dr. Moe Thant Sin
U Kan Nyunt
Dr. Phyo Phyo Thu
U Thein Lwin
Dr. Myint Mi Mi
U Kyaw Nyein
Dr. Thiha Lay Swe

Researchers

Dr. Zin Phyu Tun
Dr. Thinn Thinn
Dr. Win Wah
Dr. Thiri Aung
Dr. Wint Wah Maung
Dr. Nilar Aye
Dr. Thinn Thandar Win
Dr. Myat Thinn Kyu

Amanda Heslop and Stefan Hofmann

Contents

Executive summary	2
Introduction	5
The situation of older people nine months after Nargis	8
• Socio-economic situation and livelihoods of older people	
• Nutrition and food security	
• Shelter	
• Health	
• Psychological well-being	
Inclusion of older people in the emergency response	22
Conclusions	26
Lessons and recommendations	29
References	30
Annexes	30
1. Timeline of assistance in Kha Naung village, Kyaik Lat	
2. Summary of HelpAge's emergency assistance programme in Kyaik Lat and Dedeye	
3. Description of HelpAge's shelter programme for older people and their households in Kyaik Lat and Dedeye	
4. Summary of research sites and methods	

Foreword

There are moments in life when solidarity is put to the test. The deadly cyclone Nargis and its aftermath created one of those moments. Leading the initial response, local communities, individuals, village leaders and monasteries prioritised the protection of vulnerable groups, including older people. It was on the basis of this solidarity that the bigger relief and rehabilitation effort by the government and international humanitarian organisations developed.

This report focuses on older people and on an assessment study that sought to learn from their experiences in the relief operations for the cyclone affected population and the rehabilitation of their material world. The report presents a comparison of areas where older people were specifically targeted with an area where they were only part of a general relief effort. The findings of the research survey and various interviews clearly show that targeting, or including older people into the response, has a positive impact on the well-being of both older people and their families. The report also identifies the most appropriate areas of intervention for older people in disasters.

We want to thank the research team, the local authorities, the Department of Social Welfare of Myanmar, the United Kingdom Department for International Development (DFID), the Disasters Emergency Committee (DEC) and the older people who made this research possible. In particular, we want to acknowledge the commitment and support of the YMCA in the cyclone Nargis programme.

Eduardo Klien

Regional Representative

HelpAge International - Asia/Pacific



Executive summary

The cyclone that struck Myanmar on 2 May 2008 quickly became the country's most devastating disaster.

Cyclonic winds, heavy rainfall and in some coastal areas, a 4 metre tidal surge, left a death toll of 84,537 victims, with 53,836 people regarded as missing and 19,359 injured. Overall, cyclone Nargis severely affected some 2.4 million people (of an estimated 7.35 million people living in the affected townships). Of them, an estimated 200,000 were 55 years or older at the time of the disaster.

In addition to the human toll, the cyclone ruined most of the fertile fields, contaminated most of the water supply and destroyed hundreds of thousands of unstable houses and other vital infrastructure such as health facilities.

Emergency response

The immediate action of individuals, village leaders, community organisations and monasteries was followed by relief from the government and where (and when) possible, a number of national and international non-government organisations. The scale of the destruction and the difficult access to some areas left some people still unreachable by the end of May.

HelpAge International, a network of organisations concerned with improving the lives of older persons, was the only responding agency that included a specific focus on the needs of older people. HelpAge's relief programme targeted two townships (Kyaik Lat and Dedeye) with four components: 1) food distribution, 2) provision of non-food items, 3) mobile medical units and 4) shelter repair and reconstruction. Although food was distributed to any household and anyone could access the HelpAge medical service, the non-food items and shelter relief were targeted towards households with occupants aged 55 years or older.

At the time of this nine-month assessment, many relief programmes (including from HelpAge) were being phased out or had ended already. Distribution of food and non-food items had ceased in most areas by the end of December 2008; in a few of the worst affected areas, government and non-government mobile health services remained in operation.

The nine-month assessment

HelpAge conducted an assessment of the situation of older people 100 days after the Nargis cyclone created its destruction across Myanmar's delta region. Nine months later, HelpAge returned for a second assessment on the situation of older people in three townships (two where HelpAge had worked and one where it did not) and to determine how older people had been included in the emergency response and with what outcomes.

Research methodology

A total of 326 older respondents (106 in Kyaik Lat, 109 in Dedeye and 111 in Bogale townships) were questioned through a standardised survey about their socio-economic situation, nutrition and food security, shelter, health and psychological well-being and their perceptions of the emergency response. More in-depth interviews on livelihood were conducted with a total of 18 older persons (six in each township). Six focus group discussions centred on the psychological impact of the cyclone and the inclusion of older people in the emergency response. All the participants were 55 years or older; the largest proportion of respondents were 70 years or older. All of the respondents in two of the townships had received some HelpAge assistance. The third township, where HelpAge did not conduct any relief programme, was included for comparative purposes.





Both qualitative and quantitative methods were applied in the nine-month assessment, which was carried out in the three townships: Kyaik Lat, Dedeye and Bogale. Ten villages in Kyaik Lat and ten in Dedeye where HelpAge implemented its emergency programmes were selected as the 'project' group. Another ten villages in Bogale, where HelpAge had not directed any relief work, were chosen as the 'control' group. Bogale differed from the other two areas in that older people were not specifically targeted for service delivery, despite the comparable emergency situation.

The assessment was designed to look for observable differences in the situation of older people nine months after the Nargis disaster and how older people were included in relief programmes in different settings.

Main findings

Community cohesion, underpinned by a traditional support system, was evident in the immediate aftermath of the cyclone. Local communities and individuals, despite their condition, led the initial relief response and made efforts to prioritise and protect vulnerable groups, including older people.

The longer-term livelihood security of older people had not been sufficiently restored nine months after the Nargis disaster. About half of the respondents whose cultivated land was destroyed had regained it, and only one-third of those whose poultry had been swept away had replaced them. Severely diminished opportunities for wage labour posed a further threat to livelihood security. While 61 per cent of older people in the assessment study reported doing occasional work for cash before the Nargis disaster, only 42 per cent reported that they still did so.

Despite the loss of productive assets, income-earning opportunities and evident contributions of older people to household livelihoods, none of the study participants reported being a beneficiary of any livelihood-support programme. This was a critical gap in the relief assistance identified by older people in all research sites, who viewed this as important for their future livelihood security.

For many of the older respondents, weakened livelihoods and reduced earning opportunities also threatened their food security. Half of their monthly household income was spent on food; many people expressed concern about their ability to manage since the food relief had stopped.

Older people reported eating smaller amounts and less often since the cyclone. Overall, an average of 37 per cent of the respondents reported having enough to eat most of the time, while 11 per cent said they were often hungry.

A large proportion of respondents reported their house had been totally destroyed; this was especially the case in Bogale where cyclone damage was most severe. However, 71 per cent of the respondents in Kyaik Lat and 59 per cent in Dedeye reported their home had been totally repaired. In Bogale where HelpAge did not direct any relief operation, the situation was less positive, with only 25 per cent of respondents reporting a repaired home.

The targeting of shelter repairs in project areas had an obvious and significant impact on older people. Those who received repairs spoke of regaining a sense of security and independence and an easing of the burden they felt they placed on others because of their dependency.

Mobile health services were also highly valued by older people because they were accessible, regular and free of charge. Many survey respondents and other assessment participants expressed concern about the loss of these services, fearing they could no longer afford the same level of healthcare in future.

Older people strongly related their psychological well-being to material support they received during the emergency. A greater sense of well-being was found among those who lived in HelpAge project areas, whose material situation appeared better off compared with the control area.

The older respondents reported two persistent anxieties: their future well-being and another cyclone. Comparing their life nine months after the disaster to what it had been before the cyclone struck, only 21 per cent acknowledged it was 'back to normal'. Some 14 per cent of the respondents noted that life was still 'more difficult than before Nargis'.

Lessons and policy recommendations

Strong community cohesion was evident during the initial stages of the emergency. Relief assistance programmes that reinforce and build on this capacity, for example, the ability to identify the most vulnerable people, would strengthen community ownership of relief efforts and their involvement in planning longer-term recovery processes.

Older people need many services, such as healthcare and livelihood support. These needs have either not been addressed or are under threat as the relief phase

ends. Health services that are accessible, regular, reliable and free of charge proved essential for older people. Efforts to support the development of such permanent services with specialist knowledge of common health conditions of older people would benefit older people and those who care for them. Measures to ensure the longer-term recovery of older people and their households would also include inputs or loans to support livelihoods of older people.

Interventions targeted to older people had positive benefits to their households. Appropriate integration of older people in all recovery programmes, including livelihood support, would enable more older people to maintain their contributions and independence and, as a consequence, strengthen the community capacity to support older people – even in the event of another cyclone. Programmes should ensure the participation of older people in planning and implementation (as HelpAge did in its shelter programme) to ensure their needs are addressed and that communities are aware of their needs and how they can include older people appropriately.

Older people are among the most vulnerable in times of food shortage. Although food aid reached all households, it may be important to recognise the longer-term food security needs of vulnerable groups such as older people.

In the emergency phase, material support was the most significant factor contributing to older people's psychological well-being. Spiritual health, other psycho-social support activities and home-visiting programmes could be considered in the post-emergency recovery phase.

There is need for greater coordination among humanitarian agencies to develop programmes that are inclusive and meet the essential needs of vulnerable people, including older people, as highlighted in this assessment.

Government and other agency assessments and data collection need to include information on older people in order to develop appropriate responses in the relief and recovery phases.

Disaster preparedness remains weak. Many older people expressed fear of another cyclone. These fears could be justified in light of the apparent fragility of basic infrastructure. Village water storage tanks, a strong food store and strong community building might be priorities.

Existing community support systems were found to work well in terms of including older people. These systems may be weakened in the future if economic out-migration from rural areas follows the trend of other Asian countries. It will thus be vital to ensure that disaster risk reduction programmes, including a strong component of preparedness, are developed and based on the experiences in the Nargis-affected areas of Myanmar. In addition, using the momentum created, it would be wise to discuss with the Government of Myanmar the expansion of a disaster risk reduction programme in regions other than those affected by cyclone Nargis.



Introduction

Cyclone Nargis, the most devastating disaster in Myanmar's history, struck on the Friday afternoon of 2 May 2008 and didn't ease until after midnight. Cyclonic winds with speeds up to 200 km per hour accompanied by heavy rainfall were followed in some coastal areas by a tidal surge nearly 4 metre tall.

By 24 June, the official death toll stood at 84,537, with 53,836 people still missing and 19,359 injured. Assessment data shows that some 2.4 million people were severely affected by the cyclone, of an estimated 7.35 million people living in affected townships.¹ Given that 8 per cent of the population were 60 years or older at that time, it can be assumed that roughly 200,000 older people were affected by the cyclone.²

Devastation was widespread, with near-total destruction of fertile fields and hundreds of thousands of stilted houses in the delta region, which was regarded as the country's rice bowl and was directly hit by the cyclone. The extreme winds and storm surge also contaminated much of the water supply and destroyed vital infrastructure such as health facilities.

Emergency response

The immediate action of individuals, village leaders, community organisations and monasteries was followed by relief from the government and a number of national and international NGOs (which increased as government approval expanded). This provided to be immeasurable support to those affected by the cyclone and prevented much greater loss of life due to illness or starvation. However, the scale of the destruction and the difficult access to some areas left some people unreached as late as the end of May.³

The humanitarian support provided or delivered by the numerous national and international agencies included food, non-food items, water and sanitation, agricultural inputs, shelter repair, health services, nutrition and education. With the scale and nature of the damage caused by cyclone Nargis differing between townships and villages, so too did the form and timescale of assistance from the many agencies working in the affected areas.

With a little support

***older people make
a big difference***

At the village level, typically more than one organisation (including the government) operated, providing different types of assistance. As an example, Annex 1 includes an overview of the regular or one-off inputs from five local, national and international organisations in one of the villages in Kyaik Lat township that was included in the assessment study. Delivery of food and other essential services was organised among agencies at the village tract level (five to seven villages) to ensure there was no overlap.

At the time of HelpAge's nine-month assessment study, many relief programmes (including those from HelpAge) were being phased out or had ended. The distribution of food and non-food items had ceased in most areas by the end of December 2008. In a few of the worst affected areas, government and non-government mobile health services remained in operation at the time of the assessment.

Focus on older people

Certain groups such as children are recognised as particularly vulnerable in an emergency. This is not always the case with older people. Yet their state of health, their limited mobility, their reduced self-sufficiency and increased dependency on others make them especially vulnerable.

HelpAge's emergency programme in Myanmar during the Nargis disaster was the only one that included a specific focus on the needs of older people. HelpAge is a network of organisations focused on improving the lives of older people through partnerships and programmes in 75 countries.

In Myanmar, where HelpAge has operated a Home Care programme since 2003, its relief response targeted the two townships of Kyaik Lat and Dedeye with four components: 1) food distribution, 2) provision of non-food items, 3) mobile medical units and iv) shelter repair and reconstruction. (A third township, Pyapon, received food distribution only in the first month of the disaster.) In contrast to most other agencies working in Myanmar, HelpAge has an institutional policy to specifically target older persons. Although food was distributed to any household and anyone could access the HelpAge medical service, the non-food items and shelter relief were directed to households with occupants aged 55 years or older. (Details of the assistance provided and the coverage is listed in Annex 2.)

Food distribution began on June 2008 in villages in Kyaik Lat, Dedeye and Pyapon townships; after the first month, food delivery concentrated only in Kyaik Lat and Dedeye. One sack (50 kg) of rice, oil and salt were provided to each household, regardless of the number of occupants. Delivery of non-food items to households with older persons began in August 2008 and reached 1,700 households in 54 villages in Kyaik Lat and Dedeye

townships. This entailed four delivery rounds of mosquito nets, ceramic water storage jars, bedding materials and water containers with filters.

The HelpAge mobile medical service operated in Kyaik Lat and Dedeye townships. By September 2008, there were two teams of doctors, nurses and ophthalmology specialists running the mobile units in both townships. They set up some 40 clinic sites every two weeks, covering an area of about 60 villages.

The shelter repair component, also targeting older people living alone or in family households, is notable for its strong community mobilisation process, as outlined in Annex 3. The HelpAge team of 15 persons consisted of 11 community mobilisation officers – five working in Kyaik Lat and six in Dedeye townships – and four monitoring staff. Their core task was to encourage community mobilisation and capacity building to ensure that older people and community members were involved in all decisions and activities at the village level regarding shelter repairs. Shortly after the assessment, HelpAge completed repair and reconstruction work on 1,420 homes in which an older person resided with their family.

At the time of the nine-month assessment, HelpAge's mobile medical service and shelter programmes were in their final weeks. Shelter staff were performing final monitoring activities to complete the programme in March 2009. Although the medical programme ended in February in Dedeye township, in Kyaik Lat, the teams were increasing their focus on community health training, which will continue until June 2009. The provision of food and non-food items stopped in December 2008.

The nine-month assessment

As a follow-up to an assessment that HelpAge conducted in the cyclone-affected areas 100 days after the disaster, a second assessment nine months after the disaster aimed:

- to learn about the situation of older people in three townships in a comparative review between areas where HelpAge directed its response and where it did not, and
- to determine how older people had been included in the emergency response and with what outcomes

The assessment took place over 3 weeks in February 2009.

Research methodology

Both qualitative and quantitative methods were applied in the assessment study, which was carried out in the three townships of Kyaik Lat, Dedeye and Bogale (where HelpAge did not provide any relief programming). Ten villages in Kyaik Lat and ten in Dedeye where HelpAge implemented its emergency programmes were selected as the 'project' group. Another ten villages were chosen in Bogale as a 'control' group; Bogale is an area

comparable with the other townships in regards to the emergency situation, but differed in that older people were not specifically targeted in the relief response.

This comparative design was introduced to determine any observable differences in the situation of older people nine months after the Nargis disaster and how older people were included in relief programmes in different settings.

Study sample

All participants were 55 years or older, with the largest proportion aged 70 years or older. All the participants of the project group had received all or part of the HelpAge assistance. The control group respondents had to meet the same conditions for receiving assistance of the HelpAge programmes in terms of poverty status, state of health, disability and household ability to earn income.

The main limitation of the assessment has been the comparability of the project and control groups due to a lack of good data as well as information on the scale of destruction and relief provided by other agencies.

The study

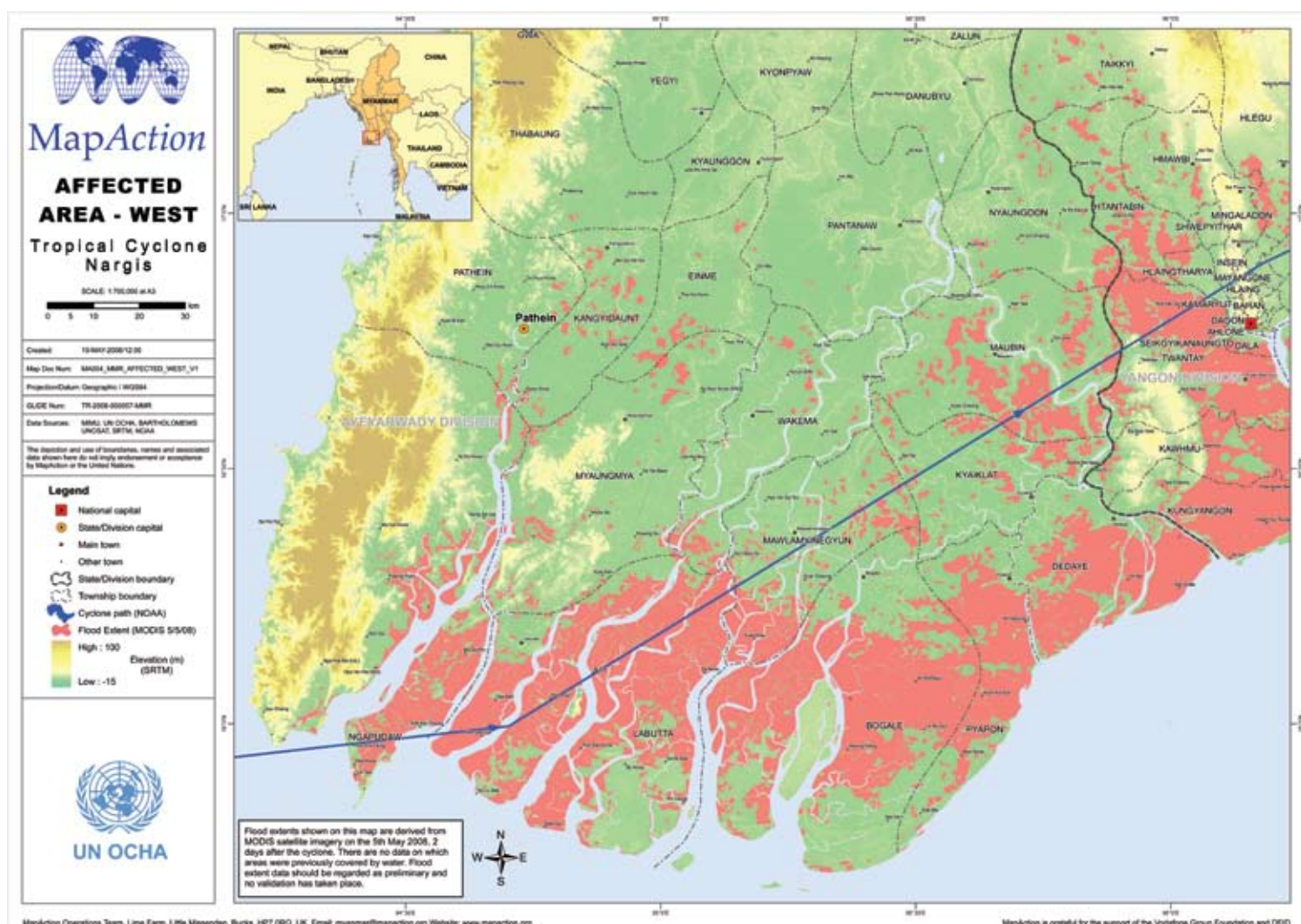
The assessment study entailed the following:

- A standardised questionnaire involving 326 older respondents: 106 in Kyaik Lat, 109 in Dedeye and 111 in Bogale townships. Themes included the respondents' socio-economic situation, nutrition and food security, shelter, health and psychological well-being and their perceptions of the emergency response. The questionnaire also included a number of open questions.
- Eighteen livelihood interviews (six in each township) took a more thorough review of the spending and income situation of older people and of changes in livelihood activities. An equal share of older people living on their own and older people living with their family were selected. An older person living alone is very rare – about three or four per village.
- Six focus group discussions focused on two main themes: the psychological impact of the cyclone and the inclusion of older people in the emergency response. An equal share of older people living on their own and older people living with their family were selected.
- Interviews with key informants in the three research areas aimed to assess how the community perceived the situation of older people during and after the Nargis disaster.

Details of the villages, village tracts and the research methods used in the assessment are listed in Annex 4.

Research areas

Figure 1: Map of research areas, illustrating the path of cyclone Nargis and areas that were subsequently flooded



Bogale and Dedeye, both coastal townships, were affected by the intense winds and severe flooding. Kyaik Lat, further inland but also laying directly in the cyclone's path, was battered by storms and to a lesser extent by flooding from river tributaries.

The Ayeyarwaddy Division of the delta region is predominantly an agricultural zone, dominated with rice farms fed by streams from the Ayeyarwaddy River. Prior to the cyclone disaster, the majority of families engaged in agriculture (50–60 per cent); others drew sustenance from fishing. A large proportion of the population worked as labourers. An estimated one-third of the population in this area are now landless⁴, and rely on agricultural work, fishing, home gardening and small-scale trading for their livelihood.

Eight of the ten villages selected for the study in both Bogale and Kyaik Lat were located in village tracts labelled 'most affected'. Research villages in Bogale and Dedeye were south of the main towns and thus closer to the coastal areas. Selected villages in Kyaik Lat were west and north of urban Kyaik Lat. Visible differences in the storm's impact were observed among the villages where the assessment study was conducted. Villages at sea level where flood damage was greater featured recently repaired and rebuilt houses and an absence of trees. Villages on higher ground affected by wind rather than flooding contained more damaged homes and temporary shelters, particularly in Bogale.

The situation of older people nine months after Nargis

Socio-economic situation and livelihoods of older people

“There was no one to support me. I was living alone... after Nargis I had to struggle to live. During the distribution time I got food from the donations so I didn’t need to buy food, and I spent all my money on treatment and medicine. If I had any left I would donate cash for religious affairs. Now I cannot go to work as many days as before so I have reduced my work.... Now I have less money and the food distribution has stopped and I have to borrow money.”

older women aged 60, Kyaik Lat

The situation

- Nine months after the night-time cyclone drove across Myanmar and despite many improvements, longer-term livelihood security had not yet been sufficiently restored: Only part of the lost productive assets had been replaced, only part of agricultural land had been recovered, and opportunities to earn income were still clearly reduced.
- As noted in the first HelpAge assessment, many older people and their families experienced an overnight and near-total destruction of their livelihood.⁵ Strong winds and floods that followed swept away or damaged their physical assets, including farm equipment, boats, fruit trees, livestock and food and seed stores and destroyed large areas of cultivated land. An equally devastating consequence for those who lived alone or in households with minimal assets to begin with, was the sudden reduction in their income-earning opportunities.
- Older people remained particularly affected: It has been harder for them to replace assets accumulated over a lifetime with their reduced physical capacity, and it has been harder to find earning opportunities when less labour is required. Only 69 per cent of those who had worked for income before the Nargis disaster were doing so nine months after; only half the number of those with a regular monthly income before Nargis still had a regular income nine months later.
- By far the largest portion of older persons’ daily expenditure was food; thus, the continuing loss of income automatically impacts their food security.

Productive assets

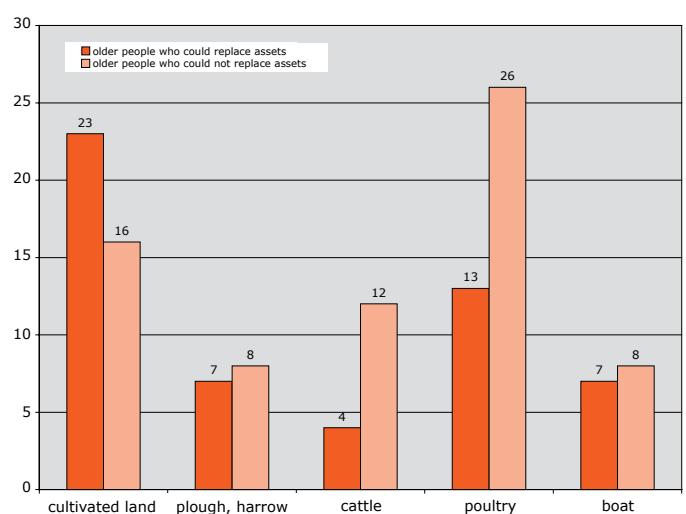
“In the morning [after the disaster] all cattle was destroyed, all of the rice flooded and washed out. My granary was destroyed as well. I was so sad and depressed I just wanted to die.”

older farmer aged 71, Bogale

Nine months after Nargis, less than half (42 per cent) of the older people participating in the survey reported that they or their households owned cultivated land. Although land is the main productive asset owned overall, this reflects the fact that over half of the population in this region is landless. Very few of the respondents (17 per cent) owned a plough or harrow, suggesting a minimum level of large-scale rice farming. Most households (regardless of whether they owned land) plant vegetables for household consumption or fruit trees, such as coconut and betel nut. A quarter of the respondents owned poultry and boats, and only 8 per cent owned cattle.

Current ownership of productive assets among older people and their households is clearly related to the losses sustained during the Nargis destruction and how much people have been able to regain since. As illustrated in figure 2, none of the assets that were lost have been completely restored. An estimated 57 per cent of the paddy fields in the HelpAge project areas were flooded.⁶

Figure 2: Proportion of older people who could and could not replace productive assets within the first nine months after the disaster



**OP = older persons*

The biggest losses reported in the nine-month assessment study were of cultivated land and poultry, with 39 per cent of respondents reporting losses (the sum of both bars in figure 2).

Just over half of the respondents who lost land had resumed cultivation, and along with this, about half of those who lost the means to plough the land had replaced their ploughs or harrows. Older people in the group discussions and key informants echoed this finding, reporting that much of the land that was flooded by seawater remained saline and infertile, resulting in reduced productivity and requiring the use of expensive fertilisers that many farmers could not afford.

In addition, the loss of large livestock has had a significant impact on production on larger farms. Over 50 per cent of the cattle in this region are buffalos used as draught animals in the fields.⁷ Only a quarter of the survey respondents who lost cattle during the Nargis disaster have replaced them.

Boats used for fishing and as an important means of transportation to markets are important livelihood assets, especially for those without land. Although fewer older people owned boats before the Nargis disaster, only about half of the survey respondents who lost a boat reported they had been replaced.

“I used to sell green vegetables using my boat before Nargis. I lost my boat in the storm. As a result I can’t resume my work. If I got a boat, I would sell vegetables again for sure.”

woman aged 70+, Dedeye

Another important activity for small-scale farmers and landless agricultural workers is the rearing of small livestock, such as chickens and ducks. Although a large proportion of respondents (39 per cent) lost poultry, only one-third of them had replaced their loss by the time of the nine-month assessment. Several older people participating in group discussions stated a desire to rebuild or to start poultry rearing but lacked the needed funds.

“My main source of income is labour wages from harvesting paddy fields. The amount is about 60,000 kyat per year. One of my sources of income had been poultry farming. It was lost in the cyclone, and I can’t afford to invest in it currently.”

older woman aged 68, living alone, Dedeye

Given the meagre asset base that most older people had to begin with, losses of productive assets and only partial replacement represent a severe impact on their livelihood security.

Restoration of rice planting and rice storage

As illustrated in figure 3, the number of respondents’ households who had planted rice was greatest in Bogale (51), followed by those in Kyaik Lat (36). However, the majority of farmers in Kyaik Lat planted only 1–4 acres, while the majority of farmers in Dedeye and Bogale planted between 5 and 9 acres. Only 15–29 per cent of the respondents overall said they had planted more than 20 acres.

Figure 3: Proportion of households who had planted rice and proportion of households planting different acreages in the three townships

% of older persons’ households planting rice	Kyaik Lat (36)	Dedeye (20)	Bogale (51)
acreage	% of households	% of households	% of households
1–4 acres	48	27	18
5–9 acres	22	32	35
10–19 acres	15	12	21
20+ acres	15	29	26
Largest number of acres	23 acres	30 acres	27 acres (2)

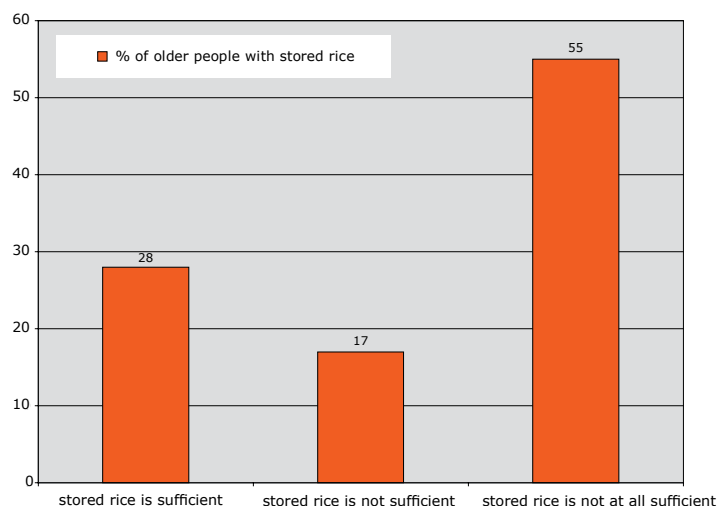
The amount of rice planted by older people and their households was well below pre-Nargis levels. Just over half of those who planted rice in the previous season (53 per cent) reported planting the same number of acres as before Nargis.

More seriously, one-third of those who resumed rice farming planted only half or less of their normal acreage. A number of factors contributed to this: a reduction in land that is fit for cultivation due to seepage of salted seawater, the loss of farm machinery and draught animals, the increased need for expensive inputs such as fertilisers and a lack of seeds to plant.

The survey respondents who own a granary were also asked whether the rice they had stored was sufficient for what they needed at the moment. Nine months after Nargis, 55 per cent of these older people reported that the rice they had stored was much less than needed. Only 28 per cent reported having enough rice stored (figure 4).



Figure 4: Proportion of respondents with a granary and proportion who said it is sufficient or not



This nine-month assessment underscores other appraisals noting that asset replacement and agricultural production have not yet returned to pre-Nargis levels.

Cash income

The majority of the population in the three townships and of older people participating in the assessment study are smallholder farmers or landless agricultural workers, typically dependent on wage labour for a proportion of household income. This important source of income remained critically diminished at the time of the assessment. Reduction in available cultivated land and the lack of inputs to restore productivity meant that fewer farmers could afford to hire farm workers. Wages were reported to be lower than pre-Nargis rates.

“For the farmers, their farms are damaged. To prepare for new cultivation, they have to spend a lot more than before the cyclone. Although they spend more on fertiliser, the rate of production has decreased... In the market, the price of rice has decreased, and yet they have to spend more to produce it – so their troubles are great. The casual labourers who depend on these farmers also have trouble as a consequence of this.”

key informant, Dedeye

Regular cash income before and after Nargis

Just over a quarter (26 per cent) of all older people in the survey reported that they had a regular monthly cash income before Nargis. Exactly half of them (13 per cent) indicated they still had a regular cash income at the time of the assessment. As well as reduced opportunities for wage labour, the research found that the daily rate for agricultural labour (working in paddy fields and other small farms) was lower than before Nargis, in some cases by half.

A comparison of the reduction in cash income across the three townships revealed a drastic reduction in Bogale – 30 per cent of the respondents had a cash income before Nargis but only 7 per cent reported it at the time of the assessment. Because Bogale had a greater proportion of rice farm owners than in the other townships, this was not surprising. Although the reduction of cash income was less severe in Kyaik Lat (from 40 per cent to 25 per cent), it has to be viewed in the context of an overall greater dependency on cash income in the township. The situation in Dedeye was reported as stable.

Most of the survey respondents who lacked capacity to engage in agricultural labour said the impact was felt at the household level. However, a small number of older people who lived alone reported combining some casual labour with other sources, such as cash support from relatives, loans and small businesses. The provision of food aid during the recovery period (May to December 2008) may have mitigated the effects of reduced cash-earning opportunities to some extent. The assessment took place shortly after the food aid was phased out; respondents expressed a need for cash (mainly for medical expenses and investing in small businesses). Some reported they had to increasingly borrow money.

“I can’t do anything for earning. So I have no income. Food is supplied by a donor, neighbours and my nephew. Before Nargis, I had some money from selling land. I got 150,000 kyat from selling 1 acre. From this money, I used some for housing. I built my house in my nephew’s compound. I used some money for buying 50 chickens and the rest I loaned to others with interest. My house and all the chickens were destroyed by Nargis. Now my lending money is only 5,000 kyat. What will I do in the future? My nephew supplies me when he can afford it. But his family is also poor.”

older woman aged 74, living alone, Bogale

Household spending and sources of income

“I have no income. I have to live on whatever assistance is provided and also rice given to me by other people. Sometimes I buy rice. Now all the leftover rice is gone. I spend money going to Bogale to get medical treatment. I use rice for eating and feeding my chickens. If I feel unhealthy or ill, I ask for money from my niece. When I need money, she gives it to me. If I have money, I give a little amount to make a donation.”

older woman aged 74, living alone, Bogale

Older people were asked to describe their spending patterns, using counters to demonstrate approximate proportions of monthly household income spent on key items. Food was the main item of spending across all households, accounting for an average of 48 per



Older people's contribution to their family and community

Some 12 per cent of all the survey respondents reported they were part of a village group that provides support to older people. All but one of them declared that they would gladly contribute their time to help vulnerable people. Some 43 per cent of the respondents who were a group member noted that such groups had existed before Nargis, whereas 57 per cent of them said their group had been set up after the cyclone disaster.

Older people in Myanmar are respected and receive a lot of support from their family and their community. This proved to be vital during the crisis of cyclone Nargis, in which external assistance in most cases arrived only after a delay of several days – if not several weeks in the more remote areas.

It was also evident that older people also do much to support their family, though sometimes even they are not aware. For example, older people who lived with their family were asked with which activities they regularly contributed to the household well-being. Their initial responses reflected an underestimation of their support. Their contribution examples grew in number when they heard activities read from a list.

Most prominent among their regular contributions were domestic work, preparing food and fetching water. Also important were caring for sick people, looking after the grandchildren and sharing their life experiences with younger members of the family.

Their contribution to the livelihood of their family was also substantial, with agricultural work and working for income. Both these activities were clearly reduced after Nargis. Whereas 41 per cent stated that they had worked in the fields before Nargis, only 33 per cent were doing so at the time of the assessment. Even more significant is the decrease in income: 61 per cent of respondents had a regular or irregular income before the cyclone hit, but that proportion had dropped to 42 per cent after the disaster.

It is likely that in an economic environment in which income opportunities are limited, the oldest competitors don't have the best odds in securing a place. Increased health problems may also account for some of the decreased ability to work.

Although 'money donation to family members' was not on the list of household contributions, it was apparent. In all of the livelihood interviews (18), each older person acknowledges that donating within the family or community on certain occasions was one of their priorities, even for those with very tight budgets. Indeed, older people chose to cut down on house repairs rather than on their donations.

cent (Dedeye) to 68 per cent (Bogale) of all monthly expenditure. Rice was the main component of the food spending, accounting for about a quarter of all income, followed by oil and curry ingredients. Other main items of expenditure were medicine and healthcare (10–14 per cent) and social welfare contributions (10–13 per cent). Smaller proportions of cash were spent on fuel, repayment of debts and clothing. Not surprisingly, when spending patterns were compared, older people living alone reported spending slightly larger proportions on food and medicine than the other households.

Spending on medical care included vitamin injections at private clinics, tablets bought in the market and transport to village tract hospitals. During the assessment, the older people expressed concerns about the phasing out of free mobile health facilities provided by the government and NGOs. Social welfare contributions included funerals and weddings (money given to the family), building and maintenance of pagodas, donations to monks, initiation ceremonies and religious feast days. Such contributions underpin a tradition of collective action supported by religious teaching and provide an essential community support system in the absence of wider social security programmes. Debt repayments were reported by 4 of the 18 older persons interviewed.

The main source of household income reported by older people was a combination of two or three of the following: small businesses, family support, casual work and loans. Respondents from Bogale reported a much greater proportion of income from small businesses than those in other townships; this was true of older people in family households and living alone. Income from casual work in all townships was less than the cash support from family members and small businesses.

Three older persons who lived alone earned income from casual work; in the family households, it was younger persons who did this work. Casual work included working in paddy fields, a rice mill or a bamboo shop or fishing. Some older people living alone generated income by selling coconuts, trapping and selling mice for food, weaving handicrafts and lending money.

Nutrition and food security

“The next morning we went to the monastery. Other people were there already. There was only wet rice that couldn’t be cooked so younger people went to the village to get rice from the rice mill. The first time we ate was the following afternoon. We ate curry and chicken that had died in the storm.”

man aged 56, Kyaik Lat

The situation

- Nine months after Nargis, the food situation for older people had not been restored to the pre-disaster situation. People ate less and less often.
- The number of meals eaten per day was reduced compared with the number before Nargis, and the degree of satisfaction after a meal was significantly lower.
- A total of 73 per cent of all respondents stated that their need for staple food and rice was not fully met nine months after Nargis. This situation was observed in all three research areas, although there were also clear differences between the areas regarding the scale of destruction after Nargis and the forms of external input.
- Given their age and health status, older people were more at risk with the shortage of food.

Part of the food deficit may be connected to the timing of the survey. By December 2008, most of the external food provision had ceased. Respondents frequently expressed their concerns when interviewed in early February.

Another important factor was the reduced livelihood security described in the previous section. Reduced income-generation opportunities among poorer older people impacted the amount of food they could buy.

Immediately after Nargis there was an acute shortage of food and fresh water in the affected areas. Rice stalks were washed away, granaries were destroyed (up to 88 per cent in Bogale) and most of the stored rice was lost or ruined by the water. Wells and communal ponds were flooded with seawater and debris. In the worst hit areas, the large jars for storing rainwater were also destroyed.

Initially, villagers coped by obtaining water by boat from distant and less affected villages and urban areas. Monasteries and better-off villagers were often the first to share their provisions with the community, and some rice mills opened their doors to contribute to the rice distribution. But for most older people, it meant a long period of shortage and a reduced variety of food and drink.

Food aid started within a couple of days in more accessible areas, while more remote areas, such as villages in Bogale, had to wait up to 30 days before receiving any external support.

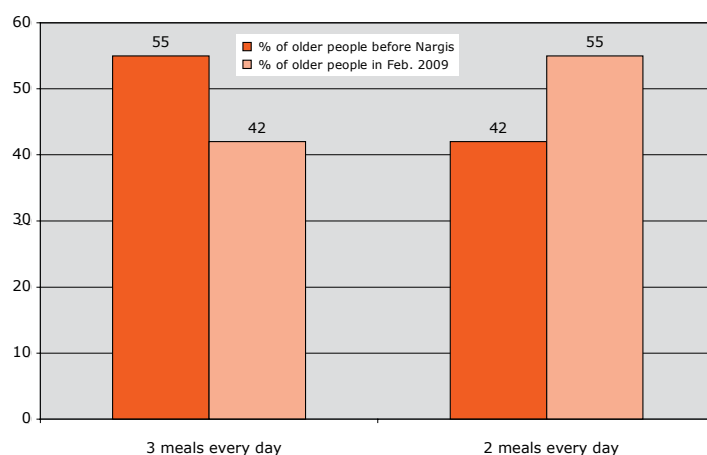
All the villages that were included in this assessment had received monthly food aid; the main component was rice, although in different forms. HelpAge, for example, provided a 50-kg bag of rice every month to every household in its project areas, irrespective of the number of household members; other agencies in those same areas offered 12.5 kg of rice per person per month to their targeted households. Food provision was more irregular in other areas.

Food distribution was phased out in all areas by December 2008.

A previous survey⁸ carried out three months after the cyclone showed a slight decrease in the number of meals per day that older persons were consuming; the findings also revealed that older people coped with the scarcity by reducing the amount they ate each meal in order to make their food supply last longer.

Nine months after the Nargis disaster, this situation remained in Kyaik Lat and Dedeye. However, when the survey findings from Bogale were factored in, there appeared a more distinct shift from three to two meals per day (figure 5).

Figure 5: Proportion of older people reporting number of meals per day before the Nargis disaster and nine months later



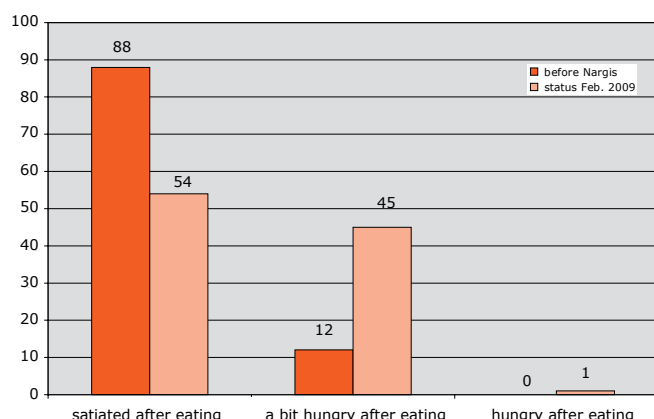
“Before Nargis, we used to have as much as we wanted to eat, but now we have very little food for each meal.”

older man aged 71, Bogale

Another common indicator on the state of food consumption is the extent of fullness or satisfaction after each meal. The survey findings indicate a significant change of responses before and after Nargis: Only 54 per cent of all 326 respondents reported that they were ‘satiated after a meal’ at the time of the survey, compared with 88 per cent who said they felt that way prior to the cyclone disaster (figure 6). There were significant differences across the townships: In Kyaik Lat, the proportion of older people who were satiated fell from 90 per cent (before Nargis) to 76 per cent (after Nargis); in Dedeye, it slipped from 84 per cent to 70 per cent; and in Bogale it plunged from 90 per cent to 17 per cent.

However, even in Kyaik Lat and Dedeye, two of three respondents reported that their needs for rice were insufficiently met.⁹

Figure 6: Proportion of older people satiated after eating, before Nargis and nine months later



Compared with Kyaik Lat and Dedeye, where the respondents had received regular provision of food, most older people in Bogale reported they had received irregular food assistance. Another explanation for the clear difference was the more critical livelihood situation in Bogale, including the greater dependency on rice farming.

The variety of the food intake – at least during a one-month period – seemed to be re-established to a fairly high degree. In terms of staple food, it was mainly fish that remained reduced nine months after the disaster compared with the time before. This is not surprising given that many fish habitats were destroyed or severely affected during the cyclone. Significant reductions were reported in the consumption of red meat, poultry and eggs, which was consistent with the finding that much of the cattle and poultry that were lost had not yet been replaced.



Drinking water

“During this night [when the cyclone struck] about four older people died. In the morning the water levels returned to normal, but we still had no drinking water or rice. We had to eat wet rice and drink coconut water. No one knew how to eat or how to live – they were trembling.”

older person

The accessibility of drinking water and its quality was not assessed in detail in this survey and was not raised as an issue during the study. Diarrhoea was mentioned as one of the most frequent health problems by 17 per cent of the respondents, but rather surprisingly, only 2 per cent reported that this condition had become worse since the Nargis disaster.

Supplies of water in the villages came mainly from natural ponds, wells and household rainwater-storage systems. Especially with the distribution of jars and other storage containers (some households could afford to buy new ones), the rainwater stores had been replenished during the rainy season (May–August). As well, ponds and wells were gradually being cleaned, either naturally or with purification measures provided by donors.

However, wells were not fully restored in many villages within the research areas; residues of saltwater still diminished the quality and taste. People reported that ponds were not as clean as before, requiring them to boil their water for consumption. Even before Nargis, some villagers had to collect water (by boat) from other villages or urban areas. This was still the case in an estimated 14 of the 30 villages where there was no functioning well.

The provision of ceramic water jars and filters for water collection and purification certainly lightened the burden for clean water among the recipients. One village in Bogale also received a purifying machine so that villagers can collect clean water at certain times.

Food security

Older people reported dramatic changes in the ‘providers’ of food as a consequence of the Nargis destruction, as reflected in figure 7. Older people were asked to identify who their most important food providers were before and after Nargis and who they expected to be the main providers in the future.

Figure 7: Number of times main ‘food providers’ were identified across all townships for the periods before Nargis, nine months later and in the future



Immediately after the cyclone, support from the community, among neighbours and from monks was most prominent. Nine months later, the most important providers were the government and NGOs. At the time of the survey, most of the food aid had stopped. Although respondents were aware that in the future the main responsibility would be back with them and their family, the anxiety and uncertainty of providing for themselves was reflected by some expectation of ongoing external support.

In terms of food security at the time of the assessment, several factors were observed: The last rice harvest was good despite the reduced acreage of paddy fields as a consequence of the Nargis destruction. And the price for buying rice, which had risen considerably after Nargis, had dropped and was, according to various sources, nearly back to the pre-Nargis level.

These positive factors were obviously not enough for the older people who had not sufficiently regained their livelihoods, for small rice planters and – if landless – for those who had to rely on casual labour and other sources of income.

Even if there is plenty of rice and the price is low

people cannot afford to buy it

Shelter

“Twelve houses were still left – of 280 houses. The rest were largely destroyed.”

key informant, Bogale

The situation

- Nine months after Nargis struck, more than 50 per cent of all older people reported that their house was totally repaired or rebuilt. However, there were significant differences across the three research areas.

- In the villages where HelpAge had a shelter programme especially focused on older people, the proportion of people reporting repaired or rebuilt house were much better, with 71 per cent in Kyaik Lat and 59 per cent in Dedeye, compared with only 25 per cent in Bogale, where shelter assistance had been clearly neglected (and where HelpAge had not worked).

- When talking about different forms of emergency assistance, older people participating in the assessment often emphasised how important shelter was for their sense of security and their independence.

The ferocious winds and the surging waves of Nargis completely destroyed an estimated 450,000 houses. The cyclone’s strongest speed hit the coast around the township of Labutta. It then moved north-eastwards with slightly decreasing force to the townships of Bogale, Dedeye and Kyaik Lat before passing through Yangon.

Although all three townships in this assessment were classed as ‘most affected areas’ within the delta, the form and the scale of destruction was different. Generally, in low-lying areas close to the sea the destruction was more comprehensive because the wind force was followed by massive flooding. Villages that were in townships more distant from the sea, such as Kyaik Lat, were also severely hit, with most houses totally destroyed, depending on how exposed they were.

A large proportion of the survey respondents described their house as totally destroyed – 88 per cent in Bogale, 90 per cent in Dedeye and 57 per cent in Kyaik Lat.

Hardly any of the respondents had migrated as a consequence of Nargis. Only three of the 326 participants in the survey (all of them in Bogale) had left the village in which they lived before Nargis and moved to another village tract.

During the first weeks after Nargis, family and community members made sure that most older people had at least some temporary shelter.

“After two weeks, the younger villagers repaired their houses first and many of the older people living alone stayed at the monastery. Later, before doing other things, younger men from the village repaired the houses of the older people so that they could move back.”

monk aged 72, key informant in Kyaik Lat

Nine months after Nargis, the shelter situation varied greatly across the three research areas. In Kyaik Lat, 71 per cent of older respondents indicated that their house had been totally repaired or rebuilt. Taking into account that many houses in Kyaik Lat were reported to have minor damages, only a small number of houses were still in need of repair or reconstruction nine months after the cyclone disaster. (Some of them were completed by the HelpAge shelter programme after the assessment was conducted in February 2009). Many older people reported that they had a better house after the cyclone

than before (see Annex 3 for a description of the HelpAge shelter programme, which specifically targeted older people).

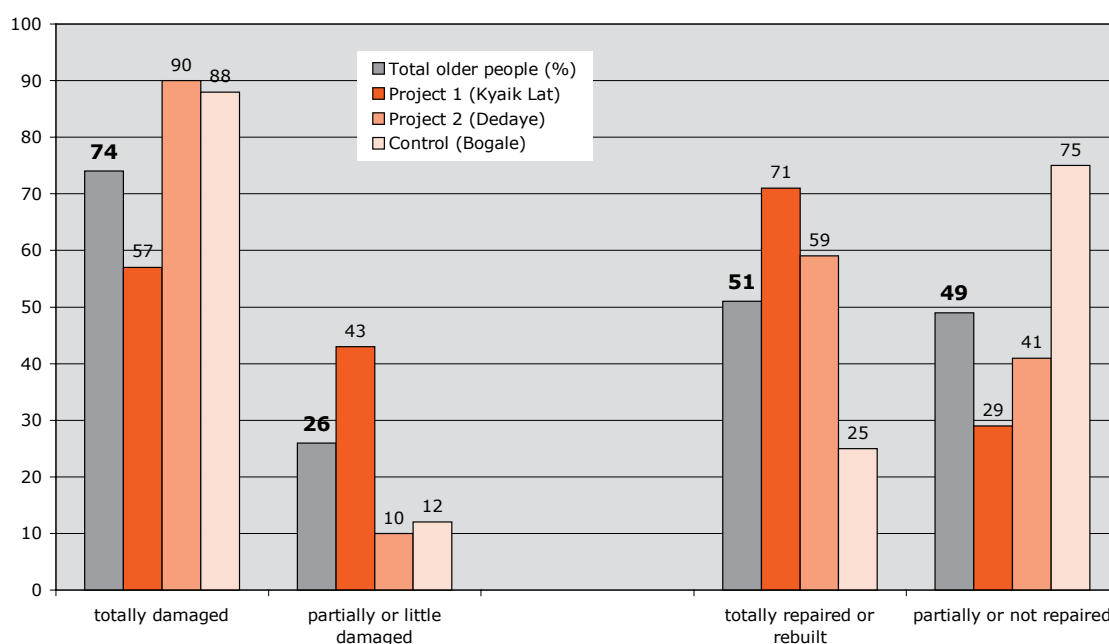
In Dedeye, which was more severely hit than Kyaik Lat and where 90 per cent of older people reported houses totally damaged, 59 per cent were fully reconstructed, with 41 per cent of the survey respondents reporting their house had not been repaired or only partially fixed.

In Bogale, which was the most affected of the three areas, the state of reconstruction was well behind. Only 25 per cent of the survey respondents described their house as fully repaired, and 75 per cent reported there had been no repair or only partial repairs.

Not surprisingly, shelter was one of the themes highlighted in Bogale during the survey and was most often mentioned by key informants and in group discussions with older people. When the survey respondents in Bogale were asked what support they needed most but did not get, more than 70 per cent mentioned house repairs. Only 11 per cent expressed the same need in the other two research areas (which were HelpAge project areas).

Although respondents described their situation as positive in Kyaik Lat and, to a lesser extent, in Dedeye, many of the repairs they received were temporary or semi-permanent. Only 16 per cent of all older people described their house as a permanent shelter, whereas 44 per cent characterised it as semi-permanent and 40 per cent as temporary. Consequently, the proportion of those still in a temporary shelter was much higher in Bogale (69 per cent) than in Kyaik Lat and Dedeye (22 per cent and 27 per cent, respectively) at the time of the nine-month assessment.

Figure 8: Proportion of older people reporting their house as damaged or reconstructed nine months after the Nargis disaster



Older people particularly suffered from the loss of shelter after Nargis. They were not only more affected by the cold, dampness or heat if living in a temporary shelter, but they also felt they placed a burden on their family if they had to stay for a long period in other houses. The re-establishment of their home was thus particularly appreciated. They frequently spoke of how this improved their sense of security and their sense of independence.

“We feel free from being a burden to the family because of this shelter – we do not have to stay anymore in other people’s houses.”

older person, Dedeye

Health

“I was afraid of the flood and the coconut trees collapsing, so I had to spend the whole night with my family with rainwater up to my knees until morning.”

older man aged 56, Kyaik Lat

The situation

- The previous HelpAge assessment at 100 days after the cyclone¹⁰ found that only 2 per cent of all respondents did not suffer from any kind of disease. When they were asked how they had been before Nargis, 30 per cent reported they had been healthy.
- The majority of older people participating in the nine-month assessment considered their state of health as stabilised, although many reported an increase of health problems with a psychosomatic connection, such as hypertension, headache or respiratory problems, or an increase of chronic pains in their joints.
- Mobile medical units introduced by the government and by NGOs proved to be the most important health service during the nine months after the cyclone.
- For older people, it was particularly important that the mobile health service was easy to access and free of charge. Understandably, older people expressed concern about the phasing out of these medical units.

Cyclone Nargis was a massive shock, both physical and psychological, particularly for older people. Participants of the assessment study vividly remembered the cold and dampness during the night of the storm, the heat afterwards, the shortage of food and water, the lack of hygienic facilities and the breakdown of health services. But they even more acutely remembered the loss of lives, the loss of their shelter and the sudden loss of their sense of security.

Health problems in the past two months

When older people were asked about their health problems during the previous two months, chronic pains (35 per cent of all older people affected) were clearly on top of their list, followed by fever and hypertension (22 per cent reporting each). Respiratory problems and diarrhoea were both reported by 17 per cent of



respondents, headache by 14 per cent and gastritis by 7 per cent of respondents.

The assessment survey did not explore the issue of disability among older people. The previous assessment carried out 100 days after the Nargis disaster in a similar research area found that among other disabilities, such as problems related to seeing or hearing, 35 per cent of all older people had difficulty with mobility.¹¹ This could relate to the equally large number of people who reported chronic pains in the nine-month assessment that were most often described as pain in the joints. This underlines the importance of health services that are easily accessible for older people.

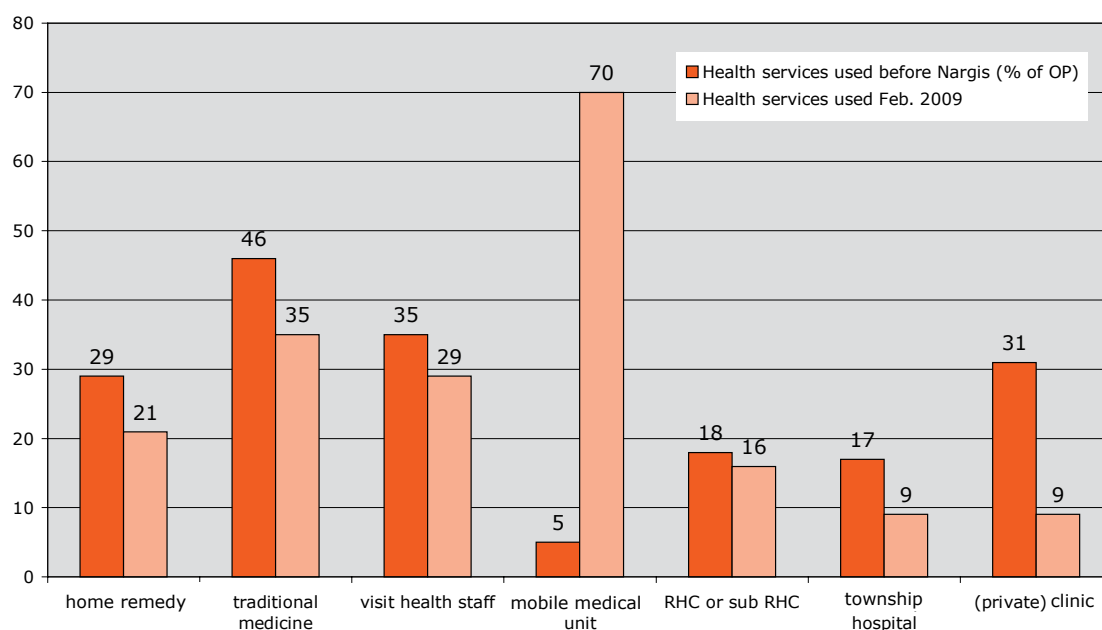
Diseases that have become worse since Nargis

When respondents were asked which diseases had become worse since the Nargis disaster, they most often mentioned chronic pain (16 per cent of respondents), hypertension (14 per cent) and headache or dizziness (14 per cent). Gastritis and eye or ear problems were mentioned by 6 per cent, while 5 per cent of the respondents noted that their respiratory problems had worsened. Many of these complaints could be explained by the physical and psychological shock caused by Nargis.

“Regarding my health, there used to be a mobile medical team that came to our village every week. Now there are no more medical treatments. I feel sorry for that as I have hypertension and I need regular medicine. I am afraid that I won’t get the treatment for free. If I visit the assistant [in the village government dispensary], I need money.”

older woman aged 75, Dedeye

Figure 9: Proportion of older people using health services before the Nargis disaster and nine months later



Most health services were used less frequently after Nargis, with the biggest differences where costs are highest (private clinics, hospital). This was compensated by the mobile medical units, which surged to be the most important health service in the nine months after Nargis. Not surprisingly, concern was often mentioned about the expected ending of the mobile medical unit service.

How health staff and health services are perceived

Older people were also asked how satisfied they were with the services of the health staff who treated them and how much the staff seemed aware of the special needs of older people.

In the two townships where HelpAge mobile medical units were operating (with government staff), the approval rates were quite high, with 94 per cent of older people reporting staff were aware of their needs and 93 per cent reporting satisfaction with the health staff. The responses in Bogale were far less positive, with 49 per cent of respondents reporting staff awareness of their needs and only 30 per cent reporting satisfaction with health staff in the clinics or other facilities they used.

The positive ratings most likely were influenced by the fact that some of the researchers were doctors from the mobile medical units whom the respondents recognised. However, a significant portion of the difference in responses between the HelpAge project areas and Bogale reflects the fact that hardly any services were provided in many of the Bogale villages. Only one or two villages, for example, had government midwives living in the community, and there were no village health centres in any of the villages that were part of the assessment.

Psychological well-being

“We got items that we had never seen before – that makes us not think about the bad feelings....The donors treated us as if we were their parents, and there is nothing more to ask. We feel happy.”

older woman aged 75, Dedeye

The situation

- Older people living in areas where the material situation appeared better indicated a significantly better psychological well-being. Older people considered material support as the best way to improve their psychological well-being.
- Nine months after Nargis, many worries persisted: Only 21 per cent of all older people in the survey found that ‘life was nearly back to normal’, while 42 per cent found that ‘life was still much more difficult’ than before Nargis.
- Two of the most often mentioned difficulties were ‘worries about the future’ and feeling ‘anxious about another cyclone’.

The shock, dismay and grief that survivors experienced in the aftermath of the cyclone can only be imagined by anyone not there. One of this assessment’s purposes was to learn more about the psychological health of older people nine months after the disaster and what factors older people perceived to have helped most in the recovery process. In addition to focus group discussions, a set of questions with a comparable scale were included in the survey to measure current psycho-social well-being.

In general, older people reported many positive improvements in their lives. Relief assistance, particularly for those who received household goods, health services and shelter repairs, was perceived to have made the most important contribution to their ability to overcome bad feelings. However, across all townships, older people expressed fears about the future. The findings from the psychological well-being scale showed that overall psychological well-being was greater among participants in Kyaik Lat and Dedeye (HelpAge project areas) than in Bogale (non-HelpAge project area).

Psychological well-being of older people nine months after the Nargis disaster

Older people's accounts of their traumatic experiences during and immediately after the cyclone highlighted the swiftness and scale of destruction and the shock and disbelief they felt in its wake. However, their stories also conveyed a strong sense of the care and respect with which they were treated by their families and communities in the face of this disaster.

"I have never faced such things before... I was so sad that I wanted to die. I was frightened at this moment. All the houses and trees were destroyed. We saved our lives by going to the monastery or by climbing up trees. Those who went to the strong houses were saved."

older woman aged 63, Bogale

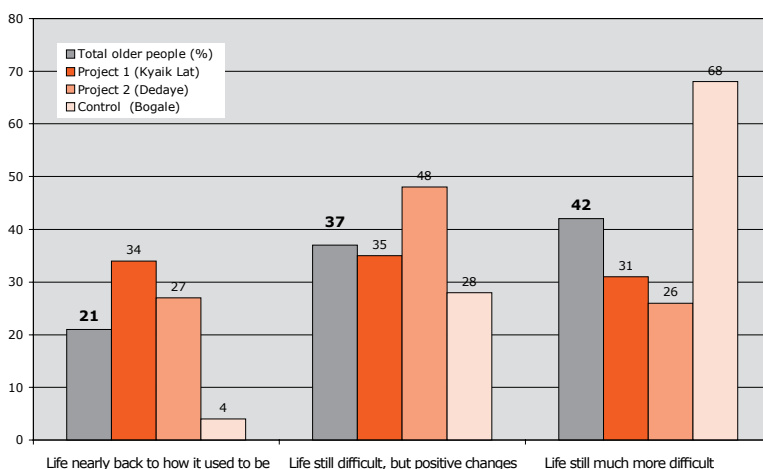
Immediately after the storm, the doors of monasteries and stronger shelters on higher ground were opened to those whose homes had been swept away. Family and community members helped older people to reach safety, often assisting them before other family members. One 57-year-old woman carried her 80-year-old mother on her back to the monastery. Another man rescued his mother before returning to collect other family members (although in his absence, the wall of the shelter where he left his mother had collapsed, killing her).

In all the research areas, the role of the monasteries in the immediate aftermath proved lifesaving. In some cases, they sheltered hundreds of people for days and weeks before relief assistance arrived or until declining sanitation conditions forced them to leave. Farmers with rice stores also donated food that the monks cooked and shared among the survivors. While older and more vulnerable people remained in the monasteries long after the disaster, younger and fitter family members returned home to repair their shelters with whatever materials they could find.

Nine months later, many older people reported improvements in their material situation. However, when asked to compare life at that time with how it had been before Nargis (figure 10), only 21 per cent reported that 'life was nearly back to how it used to be'.

Some 37 per cent found that 'life was still difficult but there were many positive changes', and 42 per cent of all older people in the survey stated that 'life was still much more difficult' than before Nargis.

Figure 10: Perceptions of older people regarding their situation nine months after the Nargis disaster: Percentage overall and in each township

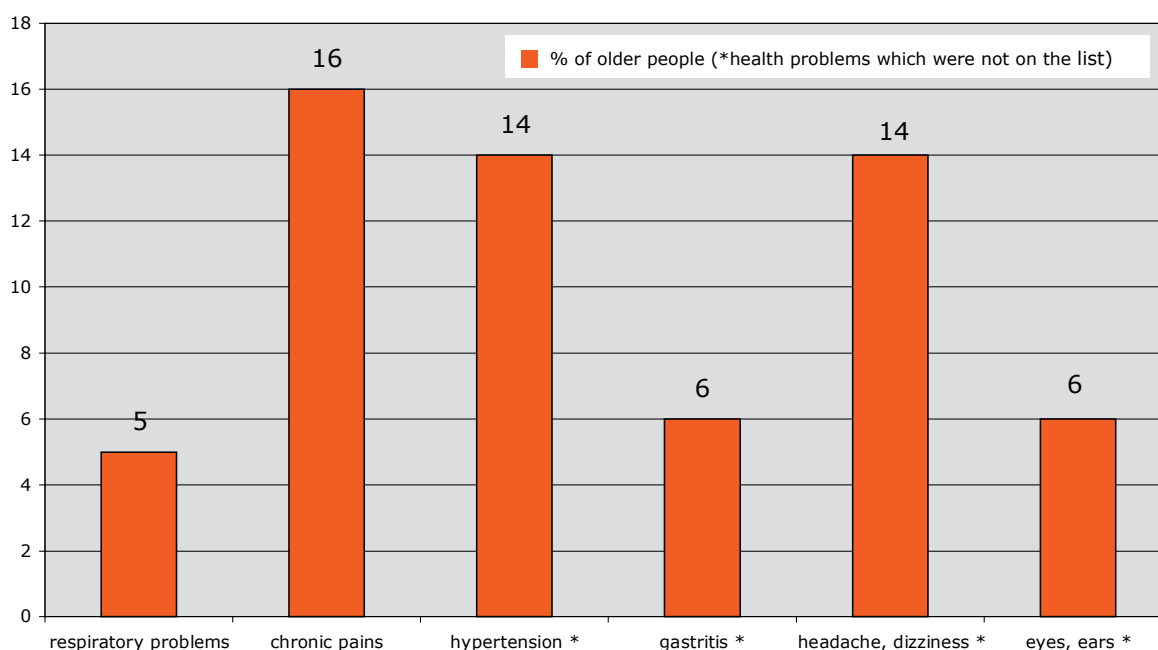


This finding is not surprising given the greater scale of destruction and indications throughout this study of a less positive recovery process in Bogale. In Kyaik Lat, where the overall situation regarding income-earning opportunities, food security, shelter and health was clearly the best of all research areas, the rating was more positive.

Healthcare was an important issue raised by older people throughout this study and is likely to be a key factor in perceptions of general psychological well-being. At the time of the assessment survey, older people were first asked to select from a list of health problems which ones they were experiencing and then indicate which problems they thought had become worse since the Nargis disaster. As illustrated in figure 11, most of the problems – hypertension, gastritis, headache and dizziness – could be related to psychological health. Moreover, these problems (marked with an asterisk in the diagram) were not on the list and were mentioned only when asked about health conditions that had worsened.

Again, when the findings are compared across townships, a significantly larger percentage of older people in Bogale reported a worsening of their problems than respondents in the other townships. For instance, only 10 per cent of the project group respondents reported a worsening of their hypertension while 20 per cent of the respondents in Bogale cited this condition. A similar pattern was evident for worsened gastritis (3 per cent of project group and 11 per cent of control group) and headache, dizziness and weakness (7.5 per cent for the project group and 18 per cent for the control group).

Figure 11: Proportion of older people reporting health problems that had worsened since the Nargis disaster



“Now some people can go back to normal work. Their situation is a bit better and relief food is coming regularly. They are afraid of a storm coming again and worry about how to handle another storm.”

older man aged 71, Bogale

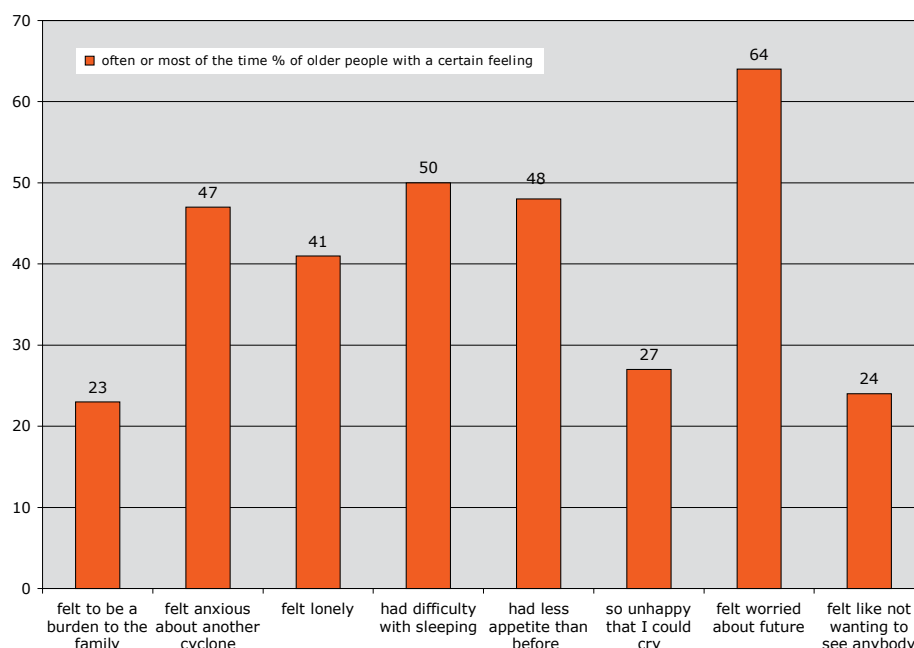
A psychological well-being scale was included in the survey to assess older people's feelings and worries. The respondents were asked to respond to a series of statements describing a range of feelings, stating how often they experienced these feelings ('most of the time, quite often, not very often or not at all'). Figure 12 shows the proportion of older people stating 'often' or 'most of the time' to five of these statements. More than two-thirds of the respondents overall (68 per cent) stated they worried about the future often or most of the time, while just less than half reported that they were anxious about another cyclone (47 per cent) and that they had less appetite than before Nargis (48 per cent). Some 23 per cent of the respondents worried often or most of the time that they were a burden to their family, and 27 per cent said that they often or most of the time felt so unhappy they could cry.

A significantly greater psychological well-being was found among participants in Kyaik Lat and Dedeye when compared with respondents in Bogale. When eight of the statements were analysed on an index on which 100 was the best result, the project group (Kyaik Lat and Dedeye) scored an average of 61 while the control group (Bogale) scored an average of 49.5.

A smaller difference was found when comparing older people living alone and older people in a family household. Those who lived in with their family scored better on the well-being scale (58.6) compared with those who lived alone (52.9). Although understandable, this finding can only be interpreted as indicative because only a small number of older people (29) in the sample were living alone.



Figure 12: Proportion of older people reporting on psychological indicators that they felt often or most of the time, nine months after the Nargis disaster



These overall findings were strongly confirmed by other findings in the assessment. For instance, lower scores for psychological well-being in Bogale can be related to the fact that cyclone damage was more extensive in this township and a worse recovery situation reported regarding shelter, food and income-earning opportunities. Anxieties about future livelihood security were raised across all townships; in particular, worries about the future food situation and access to healthcare were expressed in relation to the phasing out of relief programmes.

“I’m worried about food because the distribution has stopped. My mother is sick and I haven’t any other relatives to help me. I have to look after my mother and I cannot work outside to earn money.”

*older woman aged 57
living with her 80-year-old mother
in Kyaik Lat*

What helped older people cope with bad feelings and their future priorities

Older people’s descriptions of their experiences and feelings over the past nine months convey a general trend across the townships. The depression felt immediately after the cyclone was followed by mixed feelings, but generally increased well-being during the arrival and provision of relief assistance. At the time of the assessment, most respondents expressed both positive feelings about their current situation but felt anxious about the future.

When asked in the survey about the most positive moments after Nargis, the receipt of assistance was the most common response in all townships. Of a total of 174 responses in Kyaik Lat, 156 referred to this

assistance – food (mentioned 63 times), non-food items (31 times), shelter (32 times), mobile medical unit (26 times) and happy for support (4 times). In Dedeye, distributed items were also mentioned most often by respondents, while spending time with family was the second most often-mentioned moment. Likewise in Bogale, the distribution of supplies was mentioned most frequently, followed by time of worship and meditation.

This finding is supported by numerous reports in the group discussions. When older people were asked what helped them to overcome the bad feelings, answers always referred to the provision of shelter, food or other items.

“I have received materials like blankets that I didn’t expect to get in my whole life.”

older woman aged 57, Kyaik Lat

“Before Nargis I lived in the monastery compound. I had to mingle with the monks and novices, which was not appropriate. I felt upset for that. Now I am happy, and I feel safe in my new house.”

older man aged 67, living alone, Dedeye

Some older people stated that life was now better than before Nargis. However, such an outlook was expressed in Kyaik Lat and Dedeye but not in Bogale.

“Now we have so many people helping us we are living even better than before...we don’t have to worry that our granddaughter is pregnant now because she can have regular medical check ups. The house was small but now it is larger.”

older woman aged 81, Kyaik Lat

Not surprisingly, when asked about what type of support was best during the emergency to help with the bad feelings, there was universal agreement that material support was crucial for their psychological well-being.

“What helped with the bad feelings was getting a new house and house repairs and also the items that we hadn’t had before. Our standard of living has now improved.”

older women living alone, Dedeye

“Because of the material support, we feel happy and safe.”

older man aged 67, living alone, Dedeye

“I also agree. If we can live and eat well, we will have less bad feelings. Because living and eating is our basic need.”

woman aged 75, living alone, Dedeye

“Yes it’s better to give material support. We lost almost everything so to get anything that we need is very important to us. The bad feeling is very hard to cure because bad feelings are buried in the heart as long as he or she has love for the family members who were lost in the storm.”

older man, 71, Bogale

Older people were also asked what they thought would help people in their communities to cope with the bad feelings now and in the future. Not surprisingly given the winding down of relief programmes, a desire to have continued health services was expressed (see the previous section on health), together with home visiting schemes, meditation and religious ceremonies.

“The bad feelings of older people cannot be cured in a short time. The bad feelings are imbedded and will stick in your mind. The only way is meditation. But even with meditation it cannot be cured completely. Regular medical treatment such as the mobile medical unit and the attention of the doctor will help – the feeling that someone cares for you.”

older man aged 71, Bogale

“If I could do something now in the community, I would share my things with those who are more in need and encourage them to follow the Lord Buddha’s teaching. As we are all Buddhist, that is the best medicine for us. ... And to make the mind calm, I would like to have a camp for seven to ten days...with a preaching ceremony in which monks or nuns address some of Buddha’s teachings.”

older woman, Dedeye



Inclusion of older people in the emergency response

“We have little physical strength and psychologically we are also weak. We suffer more health problems than others and we cannot work for ourselves.”

older woman, Kyaik Lat

“Although older people have family support, many families are also poor and cannot afford to support their parents.”

older woman, Dedeye

The situation

- In the areas where HelpAge had provided assistance, older people were significantly better off compared with their peers in the control area of Bogale.
- A focus on needs that are particularly essential for older people in an emergency situation proved extremely important. Mobile health services greatly improved accessibility to healthcare for older people with reduced mobility. Shelter repairs enabled older people to regain their sense of security and eased their feelings of being a burden to others. Water filters improved their access to clean water.
- Although older people’s situation overall was better in the HelpAge project sites than in the control site, much of Bogale respondents’ despair was attributed to the more comprehensive destruction there and less provision of some services than in the other two townships.

- There were many indications that the traditional support system in which older people are looked after by the family or by the community held firm in the emergency in all research areas. Even the relatively few older people who did not live with their family appeared to be well looked after.

- A significant gap highlighted by older people across the townships was support for income-generating activities – regarded as especially important for the longer-term recovery of older people’s livelihoods.

Comparison between project and control areas

HelpAge’s emergency programme in Myanmar was the only one that included a specific focus on the needs of older people. Although all households in its project areas received food and access to the medical services, two of the services – non-food items and shelter – were specifically targeted at households with people aged 55 or older (see Annex 2 for a detailed summary of the programme).

As previously noted, the assessment was designed for comparative analysis between areas that had received HelpAge assistance and those that did not to see if there were any significant differences in relief assistance impact on older persons.

Figure 13: Some of the significant differences between the project and control groups

		Project sites Kyaik Lat, Dedeye (% of respondents)	Control sites Bogale (% of respondents)
Nutrition	I had sufficient amounts to eat most of the time	49	13
	I ate two meals per day before and after Nargis	46, 46	34, 69
	I ate three meals per day before and after Nargis	53, 51	59, 25
	I was fully satiated after a meal before and after Nargis	87, 73	90, 17
Shelter	House totally repaired or rebuilt	65	25
Health	I mostly felt healthy in the past two months	37	14
	I have had an increase of chronic pains	13	23
	I have had an increase of hypertension	10	20
	I have had an increase of headache or dizziness	8	18
Psychological well-being	Set statements on well-being with a score, 100 being the best	61	49.5
General assessment of the situation	Life is still much more difficult	28	69
	Life is nearly back to how it used to be	30	4

The results show clear and often great differences between the project and control groups, indicating that the assistance provided to the older people in areas where HelpAge was active was very effective in comparison with the control area. However, this is not to suggest that older people in the control area, where they were not specifically targeted, were excluded from relief assistance.

In the focus group discussions and in the in-depth interviews, there was little evidence of exclusion of older people from relief assistance in any of the three assessment areas. Indeed, statistical and anecdotal evidence has shown that older people affected by the cyclone destruction were generally well looked after. Even older people living alone appeared to receive sufficient support and attention from their families and village communities during the emergency.

Figure 14 provides indications from the survey on the different scale of destruction after Nargis, the different degree of recovery and the different forms of external support.



Figure 14: Differences in destruction, recovery and external support between project and control groups

		<i>Project sites</i> Kyaik Lat, Dedeye (% of respondents)	<i>Control sites</i> Bogale (% of respondents)
Destruction	House totally damaged	73	88
	Granary totally destroyed	35	81
Recovery	Assets lost and not replaced by February 2009		
	Cultivated land	13	22
	Cattle	7	22
	Cultivation tools	5	14
	Poultry	23	32
	Older persons with regular monthly income before and after Nargis	23, 16	30, 7
	Only half or less rice planted as before the cyclone	16	52
Support received	Regular provision of food	78	18
	Irregular provision of food	21	83
	House repairs	64	11

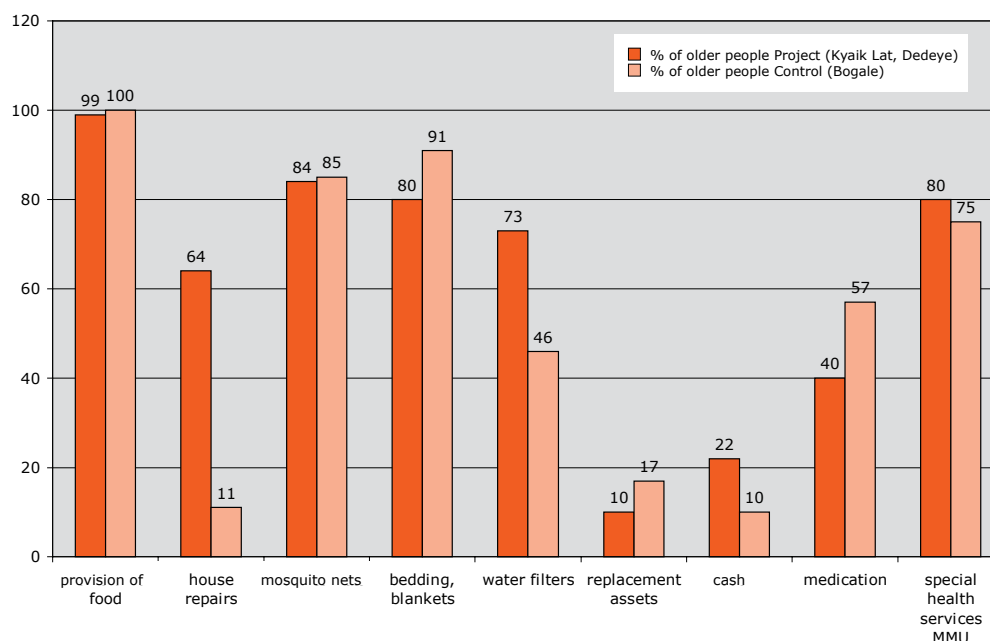
There were also significant differences between the project sites where HelpAge operated. For example, respondents in Dedeye experienced far greater destruction of houses and worse food security and health status than those in Kyaik Lat.

Figure 15 shows that all or nearly all the survey respondents reported receiving food, bedding/blankets and mosquito nets and that most had access to the mobile medical unit. Significant differences were reported regarding house repairs (see section 3 on shelter), for water filters and for cash. The relatively large number of people mentioning receipt of cash in the project areas may be due to the fact that many of them got cash from HelpAge and other agencies for the reconstruction of their shelter.

Although food relief in general reached all affected areas, 84 per cent of the survey respondents described food provision in the more remote villages of Bogale as 'irregular', probably for logistical reasons. In contrast, 78 per cent of respondents in Kyaik Lat and Dedeye stated they received regular provision of food.

That the mobile medical unit operated by HelpAge was especially aware of the needs of older people was reflected in its extremely high approval rating: 93 per cent of the project group regarded the health staff as sufficiently aware of their needs compared with only 49 per cent of respondents in the control group.

Figure 15: Proportion of older people by what assistance they reported they received



While all older people reported having received various forms of assistance, they did not always receive what they thought they needed most. When older people were asked which support they would have needed but didn't get, 78 per cent of respondents in Bogale stated it was shelter. The previous section on shelter, for instance, highlights the huge deficit in reconstruction in Bogale compared to other areas.

The second most important unmet need in Bogale was cash for investment in income-generating activities (59 per cent of respondents). This was by far the most important unmet need reported in the project areas, but by 28 per cent of respondents.

Although very few participants in the assessment had been beneficiaries of livelihood-support programmes, they had heard that some households received cash grants for investing in small businesses, loans for betel tree planting and fertiliser and that some villages in Bogale (though not villages included in the assessment) received buffalos to restart agricultural work.

**Older people
contribute so much**

**it's time to
invest in them**

Inclusion of older people in the emergency response

When respondents were asked why their family or household was selected to receive relief assistance, 61 per cent of the respondents in the project area attributed it to their presence as older people. Only 6 per cent of the respondents in Bogale cited the same reason, while 57 per cent of them said because everyone was targeted.

This reflects a more general observation from the research: In this extraordinary emergency situation, older people were generally included in the relief programmes, either specifically targeted or as part of their family. Although very few in number, older people living alone were also generally included: The findings from the survey and group discussions show no significant difference overall in what the single and family households received.

However, there were clear positive implications for older people who were part of targeted programmes in the project villages. The most obvious impact for older people, highlighted often in group discussions, was a sense of security and a diminished sense of being a burden to others. Non-food items given to households with older people were obviously shared among the family. An older woman in Dedeye, for example, described with huge delight how her grandchildren and other family members gathered together under her mosquito net.

For older people who lived alone, the impact was significant. Those who had to depend on others for shelter regained their security and confidence. Although all households were included in the food provision, the quantity (50 kg) proved a kind of windfall for older people who lived alone.



Only two cases of accidental exclusion of older people who lived alone were reported during the assessment. One older person had left the village in Dedeye to stay with relatives at the time of the food distribution, and an older woman in Bogale missed the food distribution because she was not on the village leader's list.

Apart from the food and medical services that were provided to all households, there was an obvious and general need to prioritise delivery of the other services, such as the productive assets and shelter repairs, to those who needed them most. HelpAge's shelter programme is a good example of how older people were selected through a careful process of community involvement at all stages (see Annex 2).

Given the logistical difficulties of the relief operation, the different services and necessarily uneven coverage of the response, it is not surprising that older people confirmed the need for transparency when asked how they would ensure inclusion of the most vulnerable older people in future programmes of support.

"We can ensure that the most vulnerable are included by discussing with the village leader and respected persons from the village. If only one person is targeted, they would become biased. So we need to include everyone and prioritise those with no cultivatable land, homeless people who have to live with other families and disabled persons."

older person, Dedeye

Support for older people in the future: Older people's views

Participants in the focus group discussions were asked what they thought were the priorities for supporting vulnerable older people in their communities now and in the future. Access to regular and affordable healthcare was often highlighted as an important need. Support for rebuilding or starting small enterprises to generate income was equally emphasised as something that could be organised at the community level. The various

assessment participants cited examples of activities that older people could manage for themselves or with the help of more able older people, such as running a small grocery store, selling vegetables or raising small livestock.

"If there was an organisation for older people in the village, we could contribute to improving the situation of older people. They [older people] should get some cash investment so that they don't have to rely on others, for example, for a grocery shop because older people cannot do heavy work. Also to help them start rearing livestock and poultry, which is not so much hard work. You can buy a small pig for 30,000 kyat and sell it when it is big for 100,000 kyat."

older person, Dedeye

"There could be investment for older people to buy a small shop. Younger old people would work in it and generate income that would be shared among the most vulnerable older people."

older person living alone, Kyaik Lat

In addition, older people spoke of ways in which groups and individuals could help each other, such as forming religious and cultural groups or through home-visiting schemes.

"Older people could participate as members of a group for religious, social and cultural activities. That group would provide assistance to the most vulnerable people in the community."

older person, Dedeye

A participant in Kyaik Lat noted the example of the HelpAge home-visiting scheme, pointing out the favourable tradition of community care for older people.

"We should train volunteers to help older persons in the village. There is the home-visiting project – younger people who live near old and vulnerable people visit and care for those who are about 70 years or older. They visit about two times a week. Before this disaster, older people were treated well in the village and during the cyclone they were helped and cared for in the monastery."

older person, Kyaik Lat

Conclusions

Community strength

A strong community cohesiveness and tradition of respect for older people was evident in the immediate aftermath of the cyclone. Despite the widespread devastation, the initial relief response was led by communities and individuals who made efforts to prioritise and protect more vulnerable survivors, including older people. Older people's own accounts gave a strong testimony of the care and respect they received from their families and communities during the hardest days.

Livelihoods

While older people reported many improvements in their situation nine months after the cyclone, their long-term livelihood security had not yet been sufficiently restored. None of the productive assets that were destroyed in the Nargis disaster had been completely regained. The main losses reported by older people were cultivated land and poultry, with 39 per cent of the respondents reporting such losses. Just over half of the older people who had lost cultivated land had regained it, and only one-third were able to restock their poultry. Only half of those who lost farm equipment, such as ploughs and harrows, and half of those who lost boats had replaced them.

The livelihood security of older people and their households was further weakened by critically diminished opportunities for wage labour, which the majority of households depend upon for income. Only half of the respondents whose household had a regular cash income before Nargis reported a regular income nine months later.

The impact on older people was particularly severe; assets accumulated over a lifetime have been harder to replace with their physical capacity reduced, and their chances of securing waged work was significantly lower in a climate of overall reduced labour opportunities.

Older people's contributions to their families entailed indirect support such as domestic help in the house (freeing up others to pursue economic activities) and direct support through field work and working for income. While 61 per cent of the survey respondents occasionally worked for cash income before Nargis, only 42 per cent reported they still did so afterward. The main reason is likely to be the reduced labour demand.

An important aspect of the reduced livelihood security for all older people was the fear of placing a greater burden on their family as a consequence.

Despite the remaining loss of productive assets and evident contributions of older people, none of the participants in this assessment reported being a beneficiary of a livelihood-support programme.

Nutrition and food security

For many older people, especially those living alone and depending in part on occasional cash income, weakened livelihoods and reduced earning opportunities also pose a threat to their future food security. While food aid may have mitigated some effects of reduced cash, some older people expressed concern about their ability to manage now that the food aid had ceased. This is particularly poignant in light of the finding that half of all household spending is on food.

Despite that spending priority, nine months after Nargis older people reported eating smaller amounts and less often than before the cyclone; this trend was more evident in the control villages of Bogale. While overall consumption of rice, oil, vegetables and fish was fairly well re-established, there was a distinct reduction in the percentage of people eating poultry, red meat and eggs.

Overall, an average of 37 per cent of the survey respondents reported having enough to eat most of the time, while 11 per cent said that they were often hungry.

The strategies employed to cope with this situation, such as reducing the number of meals and the amount consumed, are likely to impact on vulnerable groups such as older people if perpetuated. Although the situation was not reported to be critical, old age and weakened health status are clear indicators of vulnerability when there is sustained food shortage.



**Teach older people
new skills**

**and they regain
their dignity**

Shelter

Large proportions of older people described their houses as totally destroyed by Nargis, the greater proportion in Bogale and Dedeye where damage was most severe. Nine months after the cyclone disaster, 50 per cent of the survey respondents reported that their houses were totally repaired or rebuilt. However, there were clear differences in the state of repairs between the study townships. In the project areas where HelpAge operated a shelter programme targeting households with older people, repairs were significantly greater than in the control area. Some 71 per cent of respondents in Kyaik Lat and 59 per cent in Dedeye reported that their home had been totally repaired compared with only 25 per cent of the respondents in Bogale.

Given that villages in Bogale were probably the most seriously affected of all the assessment sites, the state of reconstruction was especially poor, with 75 per cent of the respondents there reporting their homes had been only partially repaired or not at all.

The targeting of house repairs in the project areas had an obvious and significant impact on the well-being of older people and their family. In group discussions, older people highlighted the fundamental relationship between their home and their sense of security and independence. These critical factors of well-being were regained among those who had their house repaired. For older people whose capacity for contributing to reconstruction has been much reduced, this had enormous significance.

Another important impact was the lifting of the burden they felt they placed on their family because of their dependency. While many people had to shelter with others during the crisis, older people were aware that their family was also struggling.

The method employed in the HelpAge shelter programme included strong community participation. Given that shelter repairs were an expensive investment, care was taken to ensure that community members understood the process of selection and that older people were engaged in decision-making on the extent of repairs that were needed.

Health

Nine months after the cyclone, the general state of health of older people appeared to have stabilised. Overall, 71 per cent of respondents reported that they mostly felt fine or only sometimes felt ill in the past few months, and only 6 per cent said that they felt sick most of the time. Differences were again evident across the townships, with 81 per cent of respondents in Kyaik Lat stating they felt mostly fine or sometimes sick, and only 59 per cent in Bogale reporting the same.

However, across all the study areas, several older people (5–16 per cent) reported an increase in health problems with a psychosomatic link, such as hypertension, headache, respiratory problems and joint pains. Again, these were more often reported by older people in Bogale.

Healthcare was an important issue raised in the focus group discussions. Older people highly valued the mobile medical units run by the government and NGOs, which had become the most important health service after Nargis.

In the project townships where HelpAge operated mobile units, approval rates were extremely high, with 94 per cent of older people reporting that staff were aware of their needs and 93 per cent reporting satisfaction with the health staff. This contrasted with only 49 per cent of respondents in Bogale noting that staff were aware of their needs and 30 per cent being satisfied with the health staff. However, respondents in Bogale also said they received less in terms of health services to begin with – only 55 per cent of them had accessed a mobile health clinic, compared with 77 per cent in the project areas.

The mobile health services were particularly appropriate for older people because they were accessible, regular and free of charge. These features addressed some of the specific health issues of older people, such as their reduced mobility and increased incidence of chronic conditions that need regular attention or medication, such as hypertension. Many older people expressed concern about the phasing out of such services. Not only would they miss the regular contact and the feeling of being professionally cared for, they feared that the cost of transport and medication would be barriers to accessing healthcare in future.

Psychological well-being

Nine months after the Nargis disaster, older people clearly related their psychological well-being to the material support they received. When older people were asked in the focus group discussions what helped them to overcome the bad feelings experienced during the emergency, they all cited the provision of food, shelter and other items. Although spending time with family and spiritual activities were later mentioned later, there was universal agreement that in the face of such huge and sudden loss, the first priority was to regain a degree of material security.

A significantly greater sense of psychological well-being was found among participants in the project areas than those in Bogale. Given the overall greater improvement reported on the material situation in the project sites, this underlines the connection made by older people between their psychological well-being and material support.

Comparing life now with how it was before the cyclone, only 21 per cent of the 326 respondents stated that life was nearly back to normal, while 41 per cent reported that life was still more difficult than it was before the Nargis disaster.

Evidently worries have persisted for older people. Two of the most often-reported worries were the future and another cyclone. To have lived through Nargis at a stage of life when physical resilience is naturally reduced was an achievement in itself; but as outlined previously, older people in all the research areas still expressed anxieties about their livelihood security and concern about their future food security and healthcare.

Inclusion of older people in the emergency response

In the areas where HelpAge programmes were implemented, older people were significantly better off compared with their peers in the control group. While older people's situation overall was clearly better in the project sites than in the control site, much of this was explained by the more comprehensive destruction in Bogale and less provision of some services. A focus on the needs that are especially important for older people, such as shelter repair and mobile medical services, proved extremely important.

An important need for older people that was so far unmet was support for income-generating activities. In the context of reduced productive assets and wage earning opportunities, the respondents viewed this as extremely important for their longer-term recovery of livelihood security.



Lessons and recommendations

Strong community cohesion was evident during the initial stages of the emergency. Relief assistance programmes that reinforce and build on this capacity, for example, the ability to identify the most vulnerable people, would strengthen community ownership of relief effort and their involvement in planning longer-term recovery processes.

The research identified a number of key services that older people need, such as health services and livelihood support, that have either not been addressed or are under threat as the relief phase ends. Health services that are accessible, regular, reliable and free of charge proved essential for older people. Efforts to support the development of such permanent services with specialist knowledge of common health conditions of older people would benefit older people and those who care for them. Measures to ensure longer-term recovery of older people and their households should also include inputs or loans to support livelihood generation for older people.

Interventions targeted to older people had positive benefits to their household. Appropriate integration of older people in all recovery programmes, including livelihood support, would enable more older people to maintain their contributions and independence and, as a consequence, strengthen the community capacity to support older people, even in the event of another cyclone. Programmes should ensure the participation of older people in programme planning and implementation (as in the example of HelpAge's shelter programme) to ensure their needs are addressed and that communities are aware of their needs and how they can include older people appropriately.

Older people are among the most vulnerable in times of food shortage. Although food aid reached all households, it may be important to recognise the longer-term food security needs of vulnerable groups such as older people.

In the emergency phase, material support was the most significant factor contributing to older people's psychological well-being. Spiritual health, other psycho-social support activities and home-visiting programmes could be considered in the post-emergency recovery phase.

There is need for greater coordination among humanitarian agencies to develop programmes that are inclusive and meet the essential needs of vulnerable people, including older people as highlighted in this assessment.

Assessment and data collection by the government and other agencies need to include information on older people in order to develop appropriate responses in the relief and recovery phase of an emergency.

Disaster preparedness remains weak. Many older people expressed fear of another cyclone. These fears could be justified in light of the apparent fragility of basic infrastructure. Village water storage tanks, a strong food store and strong community building might be priorities.

Existing community support systems were found to work well in terms of including older people. These systems may be weakened in the future if economic out-migration from rural areas follows the trend of other Asian countries. It will thus be vital to ensure that disaster risk reduction programmes, including a strong component of preparedness, are developed and based on the experiences in the Nargis-affected areas of Myanmar. In addition, using the momentum created, it would be wise to discuss with the Government of Myanmar the expansion of a disaster risk reduction programme in regions other than those affected by cyclone Nargis.

References

Aung Hla Tun (9 January 2009). “Fall in rice price hurts Myanmar exporters, farmers”. Reuters

HelpAge International (2008). *Older people and cyclone Nargis: A study of the situation of older people 100 days on*.

Myanmar Information Management Unit (June 2008). *Summary of preliminary assessments of areas affected by cyclone Nargis*. (Based on assessments submitted by local authorities and relief agencies in May 2008)

Post-Nargis joint assessment (2008). A report prepared by the Tripartite Core Group, involving representatives of the Government of Myanmar, the Association of Southeast Asian Nations and the United Nations, with the support of the humanitarian and development community.

Annex 1

Timeline of assistance in Kha Naung village, Kyaik Lat Assistance targeted to older people in bold

Time	Type of assistance	Organisation
Day 1–7	Villagers stay together and share food in the monastery	
Day 7	One egg & packet instant noodle per person (lucky draw); pulses & 4 tins condensed milk per person (lucky draw)	Government
Week 3	15 shelter boxes: 1 box per household with 5 or more members (lucky draw); pulses & 4 tins condensed milk per person in households with less than 5 members, 1 litre purified water per person in households with less than 5 members (lucky draw); 1 tin per person in household with less than 5 members (lucky draw)	Myanmar Red Cross
Week 4	1 blanket per person who didn't win lucky draw	Myanmar Red Cross
Week 5	10 tickels oil, 12.5 kg rice & bag clothing per household	Myit Tar War Di (Local)
Week 6	1 sack rice, 1 packet salt and 1 viss oil per household; mobile medical services	HelpAge International
Month 2	1 sack rice, 1 packet salt and 1 viss oil per household. Mobile medical services. 1 longyi per person aged 55 years or older	HelpAge International
Month 3	1 sack rice, 1 packet salt and 1 viss oil per household; mobile medical services; 1 blanket & 1 mosquito net per person aged 55 years or older	HelpAge International
Month 4	12.5 kg rice, 50 tickels oil, pulses, 12 tins condensed milk & 50 tickels salt per person	FXB
Month 5	12.5 kg rice, 50 tickels oil, pulses, 12 tins condensed milk & 50 tickels salt per person	FXB
Month 6	12.5 kg rice, 50 tickels oil, pulses, 12 tins condensed milk & 50 tickels salt per person	FXB
Month 7	12.5 kg rice, 50 tickels oil, pulses, 12 tins condensed milk & 50 tickels salt per person	FXB
Month 8	12.5 kg rice, 50 tickels oil, pulses, 12 tins condensed milk & 50 tickels salt per person	FXB
	1 ceramic pot, one mattress, 1 bed sheet, 1 pillow & 1 pillow case per person aged 55 years or older	HelpAge International
Month 9	1 water filter per person aged 55 years or older; shelter programme for persons 55 years or older	HelpAge International

Annex 2

Summary of HelpAge's emergency assistance programme in Kyaik Lat and Dedeye

Type of assistance	Description	Frequency of delivery and no. of recipients	Began	Ended
Food (all households)	25 kg rice 1 bottle oil 1 packet salt	Kyaik Lat: June 2008, first delivery to all households in 40 villages (4,720) July 2008, second delivery to all households in 26 villages (1,885) Aug-Dec 2008, monthly deliveries to all households in 29 villages (1,951)	June 2008	Dec 2008
	As above	Dedeye: once, to all households in 28 villages (3,543)		
	As above	Pyapon: once, to all households in 7 village tracts (3,158)		
Non-food items (older people)	Blanket & mosquito net	Kyaik Lat and Dedeye (54 villages) one-off delivery to people aged 55 or older, living alone or with family (1,564 households)	Aug 2008	Dec 2008
	Ceramic water storage and collection jar	As above but more households (1,700)	Sept 2008	
	Mattress, pillow, pillow case, bed sheet	As above (1,700 households)	Oct/Nov 2008	
	Water filter & training	As above (1,700 households)	Dec 2008	
Mobile medical service (all people, reaching over 60 villages)	May began with 1 team. July increased to 2 teams	Kyaik Lat: Access to all people in 29 villages where food and non-food items delivered	May 2008	June 2009
	2 teams from September	Dedeye: Access to all people in 28 villages where food and non-food items delivered	Aug 2008	Feb 2009
Shelter repair or rebuilding (older people)	Training of community team, village vulnerability ranking, committee feedback, cost assessment, building & repair work	Kyaik Lat and Dedeye (total 1,458 houses with older people repaired or rebuilt) Kyaik Lat: 626 repaired or rebuilt Dedeye: 832 repaired or rebuilt Total repaired: 800 Total new houses: 658	Oct 2008	Mar 2009

Annex 3

Description of HelpAge's shelter programme for older people and their households in Kyaik Lat and Dedeye

Community participation

The programme targeted people aged 55 or older living alone or in a family household. HelpAge's team of 15 persons was composed of 11 community mobilisation officers (CMOs) – five working in Kyaik Lat and six in Dedeye – and four monitoring staff. Their core task was to facilitate a process of community mobilisation and capacity building to ensure that older people and community members were involved in all decisions and activities at village level. The stages of the process were as follows:

1. **CMOs meet with community leaders** and community-based organisations from all villages to discuss the programme and request community meetings in each village.
2. **Leaders organise a community meeting** in each village to discuss the scope and limitations of the shelter programme. A village shelter committee is set up to include at least one older person.
3. **CMOs train village shelter committees** (two or three committees together) to mobilise community members, develop a shelter repair list, conduct a vulnerability ranking and use prepared forms for accurate record-keeping. At the end of the training, each committee produces an action plan to implement the shelter activities in their village.
4. **CMOs provide practical training** on vulnerability and shelter damage assessments and community mobilisation processes.
5. **Village shelter committee members conduct the vulnerability assessment and ranking exercise and compile household repair budgets with older people.** Households are identified through the vulnerability ranking using the following criteria: age, income level, possessions, shelter condition, health status and disability. Once identified, a shelter repair list is drawn up and discussed with members of each household, identifying the repairs required.
6. **CMOs follow up** by providing assistance and suggestions.
7. **Village shelter committees revise plans** and agree on the final village budgets for shelter assistance with CMOs.
8. **Village shelter committee organise community meeting** to share plans and decisions on houses to be repaired and individual house repair budgets. Community members have two to three days to make complaints about those decisions to the village shelter committee, who then discusses the issues with the CMOs. If necessary, they revise the plan and budgets.
9. **CMOs and older people sign a shelter repair assistance agreement**, which outlines the budget for materials and labour. The CMOs provide cash assistance. Village shelter committee members assist household members to organise repairs and labour and monitor the progress. The CMOs assist with the monitoring and conduct a final assessment when repairs or rebuilding is completed.

Annex 4

Summary of research sites and methods

Township / village tract	Research villages	Survey respondents	Focus groups	Livelihood	Key informant interviews
Kyaik Lat					
Total		106	2	6	3
Ward No. 6	Quarter 6	13			Village leader
Hle Seik	*Kwa Ma	13			
	*Ka Nyin Ke	13			Monk
Kha Naung	*Ywa Ma	13			Headmaster
	*Sin Paung We	13			
	*Ywa Thit	13			
Tapetamaw	*Set Kyee Gone	14			
Htain Kyun	*Ywa Ma	14			
Bone Lone Chaung	Ywa Ma	-		6	
Pan Be Su	*Ywa Ma	-	Inclusion Psychological well-being		
Dedeye					
Total		109	2	6	3
Kadar	KadarYwarMa	15			
	Kadar Outsu	12			
Kan Seik	Kan Seik	14			
	Kyon Tamin	13			
	PhoShanGyi	12			
Thauk Kyar Akal Chaung Wa	Thauk Kyar Ywar Ma	14			
	Gwe Chaung	14			
Thone Htet	Kwin Pone	15			Village leader
	Tadar Chaung	-	Inclusion Psychological well-being		Village leader
	Akal Chaung Wa	-		6	Village leader
Bogale					
Total		111	2	6	3
Mya Thein Tan	*Kan Kone	19			
	*Kyan Khin	10	Inclusion		
	*Aye Ywar	12			Village leader
Pandamya Kone	*Painnaechaung	16		6	
Kyun Nyo Gyi	*KunThi Chaung	16			Village leader
Pyin Boe Gyi	*Dama Thu Kha	10			
Thit Toe	Kalagyi Chaung	8			
Thit Phyu	Kalagyi Chaung	8	Psychological well-being		
Malott	*Aung Hlaing	-			Village leader
Thar Paund	*Thar Paund	12			

* **Most affected villages.** See Myanmar Information Management Unit (June 2008), Summary of preliminary assessments of areas affected by cyclone Nargis (based on assessments submitted by local authorities and relief agencies in May 2008).

Footnotes

- 1 Figures from the *Post-Nargis Joint Assessment* (2008).
- 2 HelpAge International (2008). *Older people and cyclone Nargis: A study of the situation of older people 100 days on*. p 2.
- 3 Myanmar Information Management Unit (June 2008). *Summary of preliminary assessments of areas affected by cyclone Nargis*.
- 4 *Post-Nargis joint assessment* (2008). A report prepared by the Tripartite Core Group comprised of Representatives of the Government of Myanmar, the Association of Southeast Asian Nations and the United Nations with the support of the Humanitarian and Development Community
- 5 HelpAge International (2008). *Older people and cyclone Nargis: A study of the situation of older people 100 days on*.
- 6 *ibid.*
- 7 *Post-Nargis joint assessment* (2008). pg 85.
- 8 HelpAge International (August 2008). *Older people and cyclone Nargis: A study of the situation of older people 100 days on*
- 9 Concluding the standardised section of the questionnaire, respondents were asked: Which are the biggest needs for food and which at present can't be met?
- 10 HelpAge International (August 2008). *Older people and cyclone Nargis: A study of the situation of older people 100 days on*
- 11 *ibid.*

HelpAge International - Myanmar office

263 Mahabandoola Street
National YMCA's Building 2nd Floor
Botataung Township, Yangon, Myanmar
Tel :+95 1 380 856, 951 296434
mcpu@helpageasia.org

HelpAge International - Asia/Pacific

6 Soi 17, Nimmanhemmin Road,
Suthep, Muang, Chiang Mai 50200
Thailand
Tel: +66 (0)53 225 440
Fax: +66 (0)53 225 441
hai@helpageasia.org
www.helpage.org

HelpAge International

PO Box 32832
London N1 9ZN, UK
Tel +44 (0)20 7278 7778
Fax +44 (0)20 7713 7993
hai@helpage.org
www.helpage.org

Photos by: Hein Lat Aung/HelpAge International

Copyright (C) HelpAge International 2009

Registered charity no. 288180 | Company limited by guarantee | Registered in England no. 1762840