

Because I can't run like the others

Rapid needs assessment of the situation of older people in Myanmar

October 2021

Context

The socio-economic effects of the political instability in Myanmar are affecting the most vulnerable more severely, including many older people and people with disabilities. HelpAge International conducted a rapid needs assessment (RNA) in October 2021, as a follow-up to its RNA of April 2021. That study highlighted difficulties in accessing food, healthcare, and income. This current study is a more thorough follow-up, taking into account six additional months of crises, including the third COVID-19 wave.

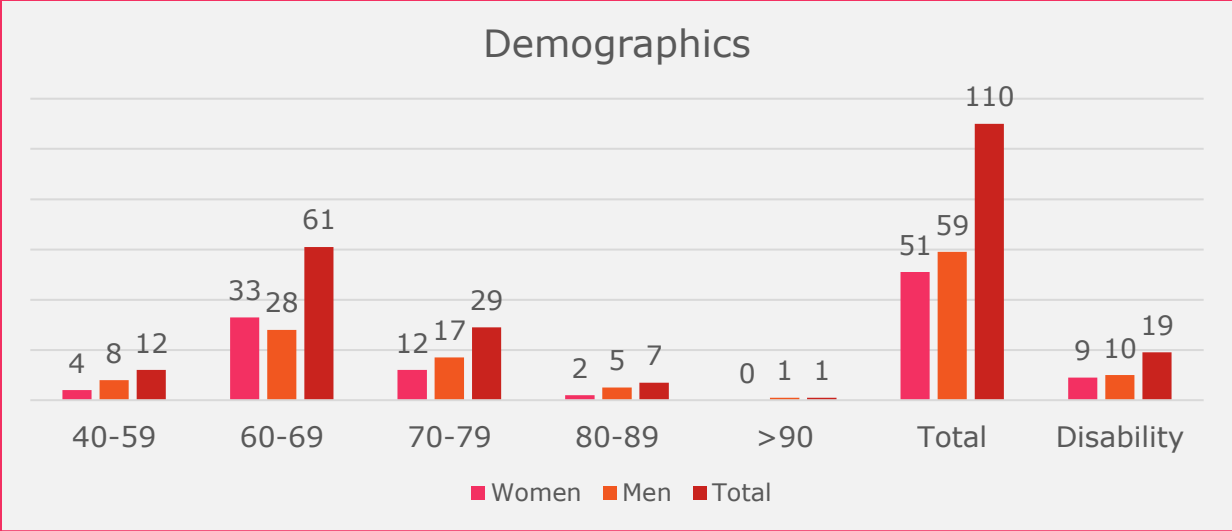
Methodology

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

Data was collected through phone surveys with community members across 17 locations in six states and regions of Myanmar:

Ayeyarwady	Magway	Mandalay	Kayin	Yangon
<ul style="list-style-type: none"> • Shwe Thaug Yan • Pathein • Kangdyidaung • Kyaik Latt • Day Da Ye 	<ul style="list-style-type: none"> • Pakokku • Yesagyo 	<ul style="list-style-type: none"> • Madaya • Pyin Oo Lwin • Myingyan • Patheingyi • Natogyi 	<ul style="list-style-type: none"> • Thandanggyi • Hpa-An • Hpa-Pun 	<ul style="list-style-type: none"> • South Dagon • East Dagon

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



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

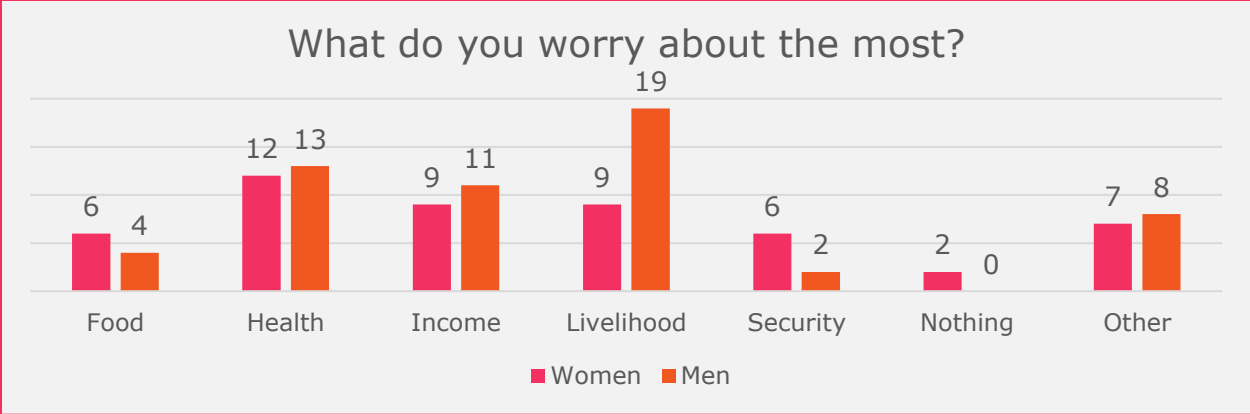
- food security.
- finances.
- healthcare.
- safety.

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

Key findings

The overall observation is that the needs of older people interviewed are increasing across all major sectors such as food, health, income, livelihood and security and within each of them, and that needs vary highly across the geographical areas.


As shown in the graph below, the biggest worries expressed include livelihood and health, which reflect the disruptions in the economy and public healthcare system. Perhaps interestingly, food is not the most pressing worry; many respondents indicate that they are able to access markets, street vendors, or use their own produce.



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Income

- **85% of older people** have less than a month worth of savings.
- **In April, 75%** had less than two months worth.




Food security

- **1 in 5 older people** had to skip meals in the last 7 days.
- **Price spikes** are the main cause of this.



Health

- **38% of older people** are unable to access health services, compared to 17% in April.
- **Nearly all respondents** need some kind of support accessing health services and medicine.



¹ Note: Livelihood is used as a broad term, and represents mid-term worries, such as reduced prices for harvests, declining business income, or deteriorating public services. It is separated from immediate needs such as no income, urgent need for health services, or violent conflict. "Other" includes worries about family members that have migrated or the political situation, among more.

Needs

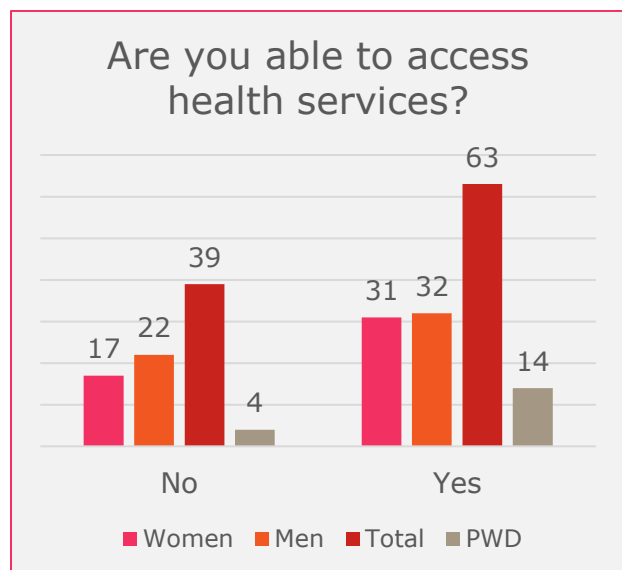
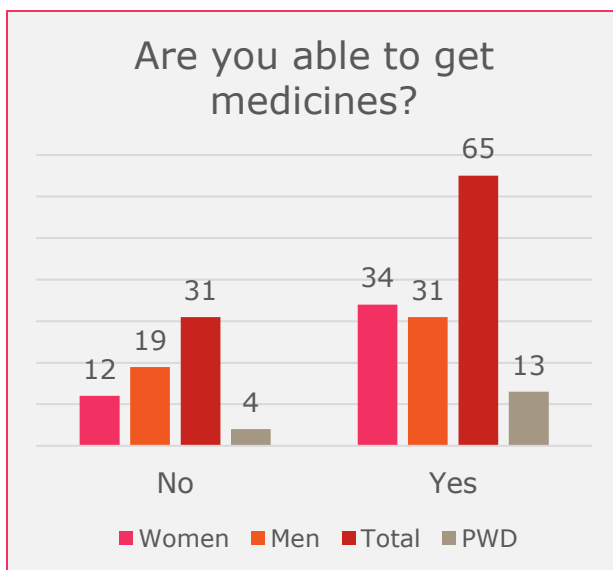
- **63% of respondents** prefer cash support, followed by medicine (21%) and food (11%).
- **97% of respondents** express fears, worries, or stress, compared to 86% in April. This indicates a high need for MHPSS services.



Health

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

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



Importantly, many of those that are able to access health services mention that the prices for medicine and services are spiking, and that they worry these become unaffordable. Basic consultations and treatment costs range between 1,500 and

4,000 MMK, but transportation costs range between 5,000 and 35,000 MMK. Many report resorting to traditional medicines, and a lack of medicines for their health conditions, which often include noncommunicable diseases such as hypertension, diabetes, or respiratory diseases. On top of this, private services are often of low quality.

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

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

*"If my husband and I were to contract an illness, we only want to suffer an illness which doesn't cost much. I don't want to burden my children". **Older woman, 64***

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

COVID-19

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

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

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

Wellbeing (including mental health)

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

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

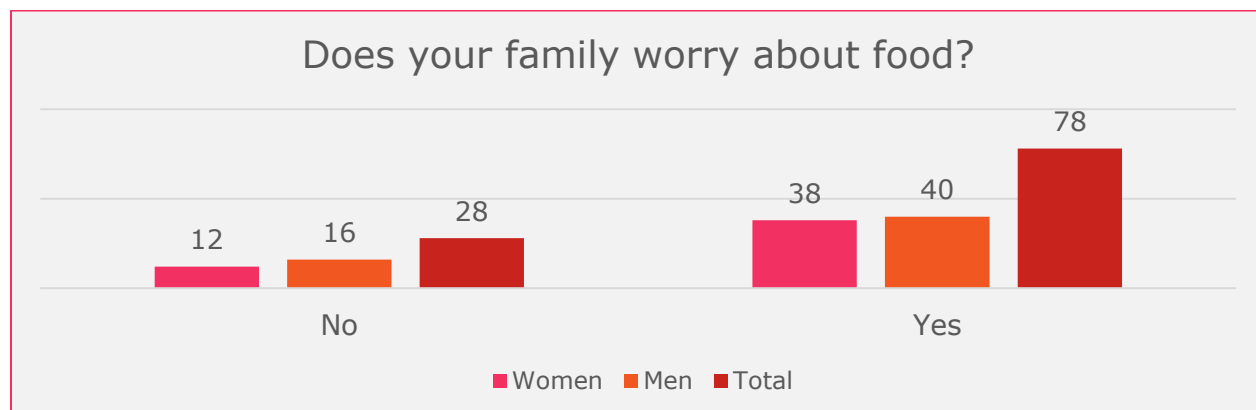
"This time of darkness will not last forever. There are many challenges but do not lose hope. Everything will be fine one day, so keep supporting each other". Older woman, 67

"Everyone is in trouble, so do not give up. Help each other by sharing advice." Older man, 75

Food security

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

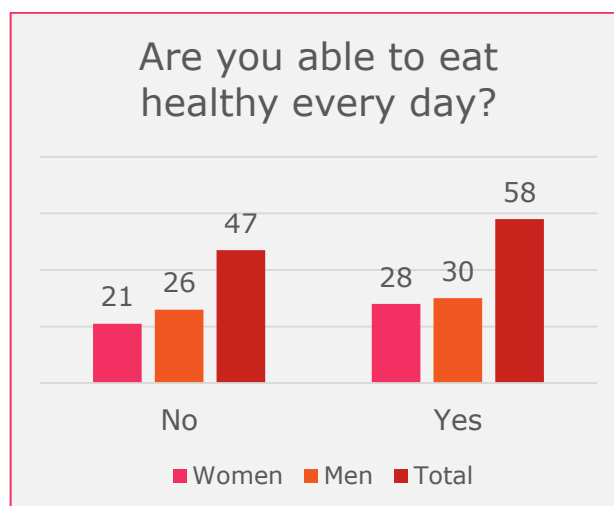
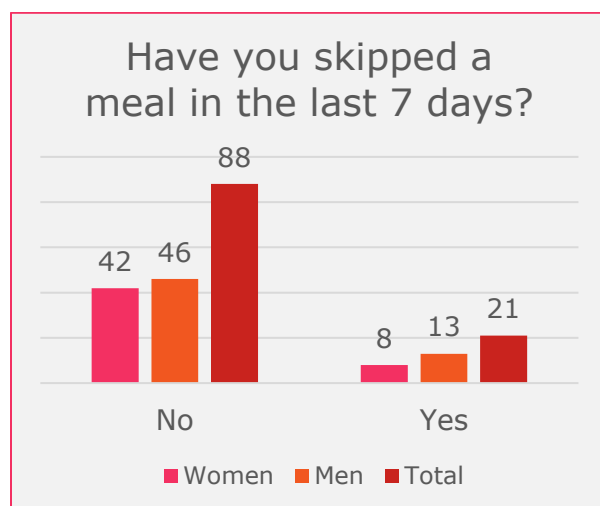
Markets were often open in nearby villages or towns, allowing those that are more mobile to access food. Street vendors were named as an alternative source of food, and more easily accessible. Despite this access, the majority expressed concerns about their food security.



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

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

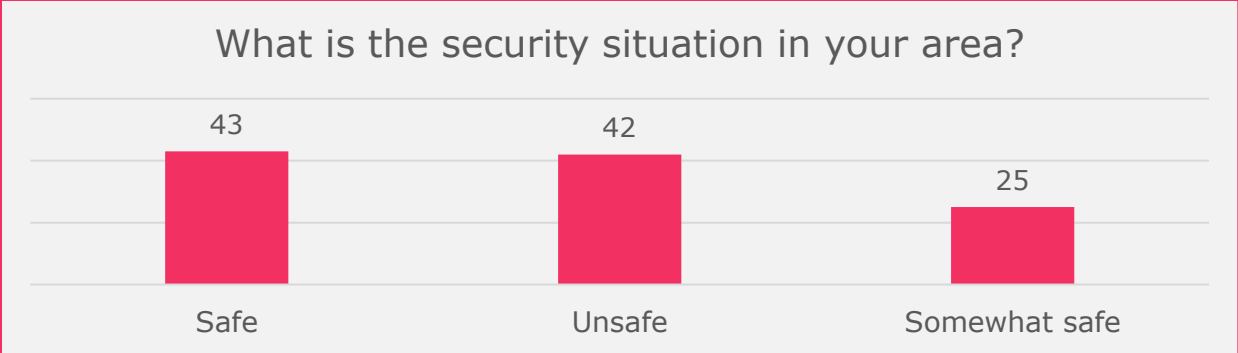
*"Food is available in the market, but the price is rising. We use money wisely, like buying cheap food rather than quality food. We usually grow home garden so there's no need to worry for vegetables. I heard casual labour households face more difficulties to access food." **Older woman, 92***



Security

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

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



Some respondents’ answers shared that extra work had been done on their respective houses to feel safer and more protected given what could potentially happen in their area. Others indicated that the communities shared information with neighbouring villages about the safety situation, allowing them to act accordingly. This is also where the discrepancy between older people and people with disabilities is most striking, as several of them indicated that they couldn’t flee even if they wanted to:

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

*"I am afraid when the villages are attacked, because I can't run like the others". **Older woman, 67.***

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

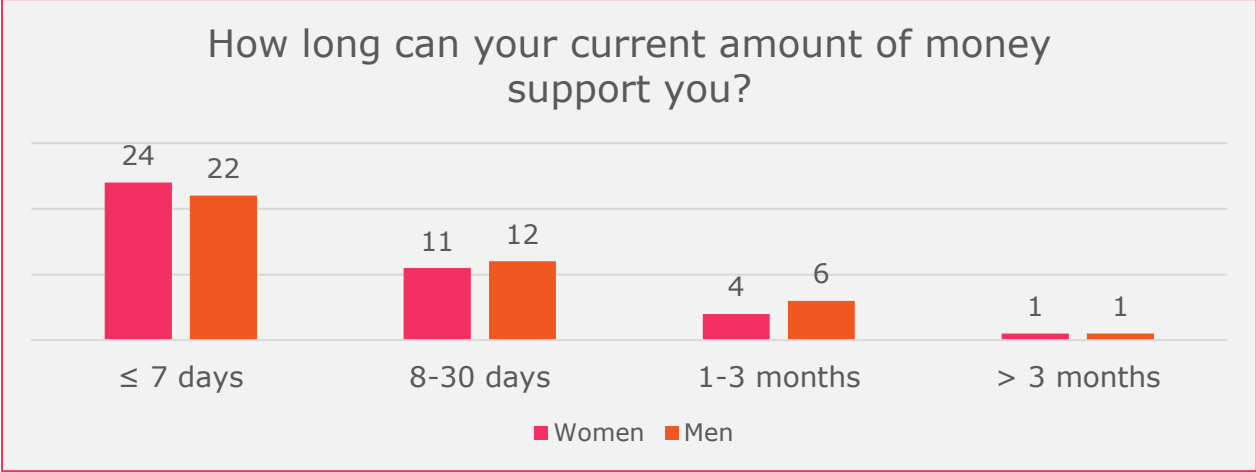
Further compounding this security concern is the forced recruitment of villagers, especially among youth and middle-aged men.

*In the early days, there were many attacks on the villages. Almost all the boys flee and hid in the forest and slept there. Especially youth and middle-aged men frequently flee, because they were going to be recruited by the attacking forces. We live in anxiety every day as long as there is no peace. **Older woman, 63.***

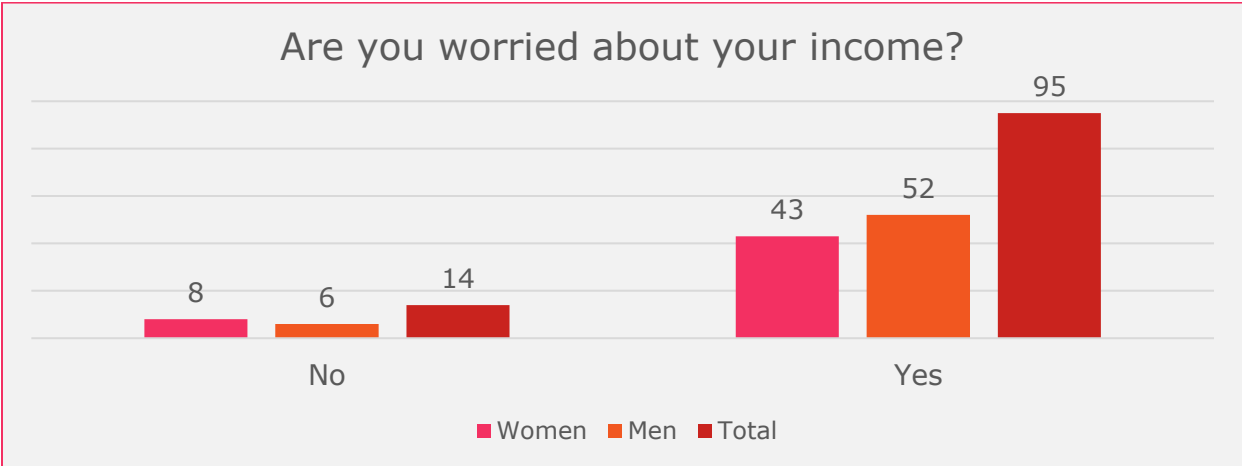
Income

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

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



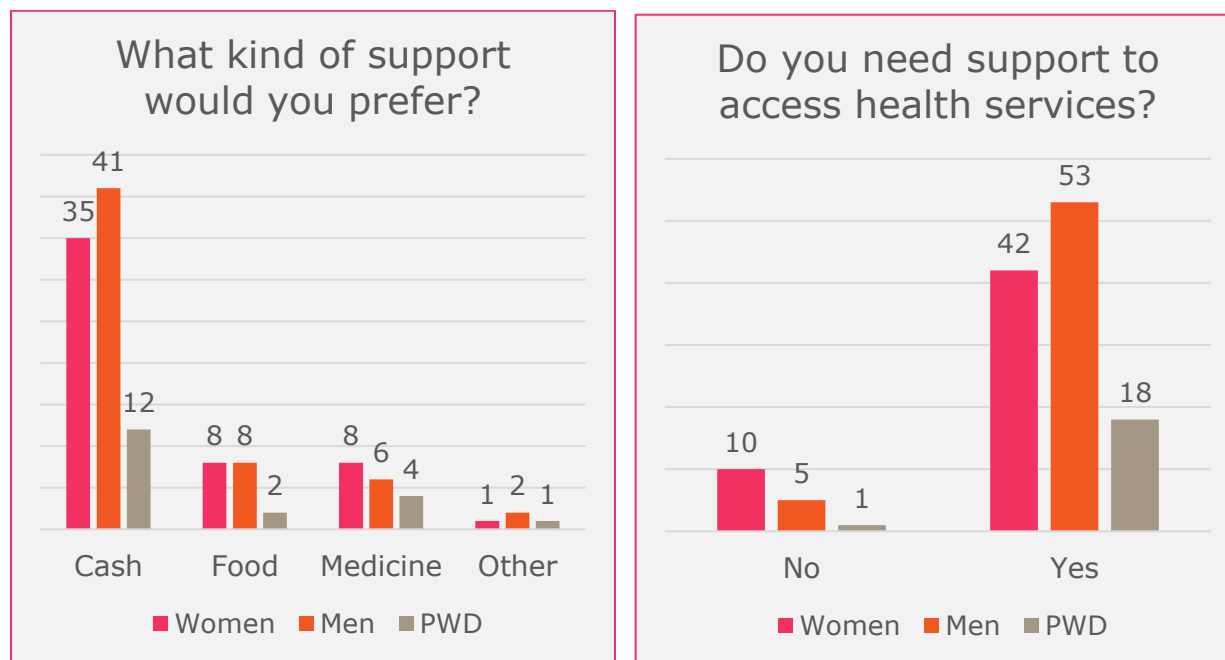
The worries about income are also increasing. The reasons for this are a combination of increasing prices for basic needs, reduced prices for harvest, and a decline in casual labour opportunities. The latter is particularly important for older people and people with disabilities who rely on their children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



Support needed

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

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



In addition to accessing health services, home care services are considerably important for many bed-bound people. This comes through in the graphs above, where 95% of people with disabilities interviewed (out of 18 valid responses) state they need support to access health services, compared to 86% (out of 95 valid responses) of those without disabilities.

Recommendations

The findings from this Rapid Needs Assessment confirm findings from HelpAge’s previous RNA in April 2021. There is a need to provide targeted, requested, and tailored support to vulnerable populations, including older people and people with disabilities.

Overall, older people and people with disabilities face compounding difficulties as the result of lacking income, health condition, and mobility. Nonetheless, older people

show immense resilience and resourcefulness in overcoming these challenges, and should be supported in these self-identified solutions.

Recommendations:

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