

IMPACT OF CONFLICT AND DISPLACEMENT IN MYANMAR

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AMNESTY
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MSF MORTALITY SURVEY

Periods	Age group	Deaths	Deaths/10,000/day	Lower CI	Upper CI
27 May – 24 Aug	0-5 years	6	0.25	0.06	1.03
	5-49 years	29	0.48	0.29	0.81
	50+ years	21	2.15	1.09	4.25
	Female	24	0.44	0.23	0.85
	Male	32	0.77	0.46	1.27
	Total	56	0.60	0.40	0.90
25 Aug – 24 Sept	0-5 years	37	5.97	3.50	10.17
	5-49 years	177	6.87	5.40	8.73
	50+ years	66	21.28	14.44	31.36
	Female	99	5.82	4.26	7.95
	Male	181	10.36	8.14	13.20
	Total	280	8.02	6.63	9.71
25 Sept – 30 Oct	0-5 years	11	1.86	0.78	4.43
	5-49 years	13	0.44	0.19	1.04
	50+ years	11	2.58	0.94	7.12
	Female	14	0.78	0.36	1.70
	Male	21	0.97	0.47	2.01
	Total	35	0.88	0.51	1.49

<https://www.msf.org/myanmarbangladesh-rohingya-crisis-summary-findings-six-pooled-surveys>

MSF MORTALITY SURVEY

Periods	Age group	Weighted		
		proportion	Lower CI	Upper CI
27 May – 24 Aug	0-5 years	0.21%	0.05	0.86
	5-49 years	0.41%	0.24	0.69
	50+ years	1.73%	0.88	3.38
	Total	0.51%	0.34	0.76
25 Aug – 24 Sept	0-5 years	1.70%	1.00	2.88
	5-49 years	1.95%	1.54	2.48
	50+ years	5.47%	3.73	7.93
	Total	2.26%	1.87	2.73
25 Sept – 30 Oct	0-5 years	0.62%	0.26	1.47
	5-49 years	0.14%	0.06	0.34
	50+ years	0.74%	0.27	2.03
	Total	0.28%	0.17	0.48

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STAY OR LEFT BEHIND

- Mobility
- Seen as less at risk, so tasked with protecting property
- Ties to land and home
- Tired of repeated displacement



TRAUMA

- Separation from home, land, social structures
 - Land confiscation
- Repeated displacement
 - ~70% of older Rohingya and 90+% of older Kachin interviewees
- Crimes against their children
 - Primary caregivers



CUMULATIVE TRAUMA

Kaw Shawng, 62:

“We had to start all over again and again. We had to borrow some money from the locals [in each place we fled to]. When we built up [our lives], then we fled again. When I think about it, I want to cry.”



TAKEAWAYS

- Life cycle contextual analysis to understand risks
 - Assistance to centralized displacement sites not good enough;
 - Failure to push back on humanitarian restrictions may disproportionately impact older persons
- Particular concerns around land
- Inclusion in psychosocial care programs and activities

HUMANITARIA N RESPONSE

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BANGLADESH REFUGEE CAMPS

- “Only 3 to 4 percent” = around 35,000 older women and men
- Rights neglected in core aspects of response: sanitation, health, food, water, participation/consultation
 - Begins with data/assessment and program design
 - Some resource intense, some resource minimal, some resource neutral
- ICESCR, CRPD





DIGNITY

Mawlawi Harun, early 90s:

“I go to the latrine here, I eat and sleep here. I have become like a cow or goat. What more can I say? Cows defecate and urinate in the same place where they eat... Now I’m sleeping in a latrine.”



HEALTH SERVICES

Gul Bahar, 80:

“Whoever goes [to the camp clinic], they just give them paracetamol... I have asthma... I also take medicines orally [for] high blood pressure... There’s a pharmacy on the street—I need to spend 5,000 to 6,000 taka (US\$59-71) per month...

My son is sick—he’s bedridden... so he’s not taking any jobs here.

We sell this and that [to cover the costs]. We sell part of our food ration and cooking oil. We also sold our blankets...”

LONGER-TERM RESPONSE

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WORK

Zatan Hkawng Nyoi, 67:

“I have financial difficulties because no one wants us older people to work as cash labourers... If possible, I would like to work in shifting cultivation... I’ve been doing it my whole life... I’ve tried, I’ve approached the employers and said I want to work. They said I’m too old, that I won’t be able to walk that far [to the fields] to work. I feel so sad because I need money and I want to work, but there is no opportunity for me. I feel so depressed.”



LIVELIHOOD PROGRAMS

- Replicate discrimination and ageism of private employers
- Designed in ways that undermine older people's participation
- Excluded, or at least underrepresented, in camp governance structures

TAKEAWAYS

- Data inclusion and disaggregation
- Preparedness/training on specific attention to risks associated with ageing
- Bad assumptions:
 - Cared for
 - Good centre-based response is good enough
 - Older persons don't face SGBV
- From an approach based on luck to an approach based on individual rights and identifying individual/group risks

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