

Left Behind

Ethnic Minorities and COVID-19 Response in Rural Southeast Myanmar



Karen Human Rights Group

Documenting the voices of villagers in rural Burma

Left Behind:

Ethnic Minorities and COVID-19 Response in Rural Southeast
Myanmar

Karen Human Rights Group
May 2021

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Introduction

From the start of the COVID-19 pandemic, there were concerns about what would happen in Myanmar, given its extremely weak health infrastructure, its long history of conflict and political instability, and its large impoverished and at-risk population. The low spread of the virus in Myanmar through the first half of 2020 however led some to believe that the Myanmar government was getting it right. The World Health Organisation's country representative in Myanmar boasted in July 2020 that "Myanmar has done extraordinarily well so far". He cited Myanmar's "whole-of-government" approach, adding: "So the country has really gone all out to strengthen the public health side and preparedness and response, which has been critically important to try and make sure we have as few cases as possible in Myanmar."¹

Although the Myanmar government's COVID-19 Economic Relief Plan (entitled "Overcoming as One")² made claims about being a coordinated action "leaving no-one behind", many of the positive actions of the government have not reached the entire population. Aid and support have remained insufficient in most rural areas, like that of Southeast Myanmar, which is largely populated by ethnic minorities who are already vulnerable due to protracted and on-going conflict, displacement, and ethnic oppression by the central government. Thus Myanmar's "success" should and can only be gauged through a closer look at COVID-19 response and impact in rural ethnic areas.

Very early on in the pandemic, despite the relatively slow spread of the virus, political fractures and infrastructure weaknesses due to Myanmar's long and on-going history of conflict could be seen not simply in the government's response, but that of other stakeholders, like Ethnic Armed Organisations (EAOs), locally based civil society organisations, and NGO/INGOs. In a brief report on the situation in Southeast Myanmar during the first wave of the pandemic, KHRG noted the poor coordination and collaboration between stakeholders and the delayed and uneven response to the crisis. KHRG argued that "the lack of coordination between political stakeholders has meant that villagers and local leaders have struggled to obtain information and consistent training and regulations, and has left too much of the responsibility of figuring out what to do in the hands of those who lack information and resources to effectively organise awareness and prevention".³ Not only did this poor coordination result in the forced removal of screening checkpoints by the Tatmadaw,⁴ KHRG also found the rise of conflict and tension between villages, increasingly critical challenges to livelihood, as well as the breakdown of local systems of mutual aid.

Given the early indications that COVID-19 response and support were failing in some of the most vulnerable areas in Southeast Myanmar, KHRG continued to monitor the

¹ Kyaw Phyo Tha, "[WHO Country Chief Urges Myanmar to Sustain 'Amazing' COVID-19 Response](#)", *The Irrawaddy*, July 2020.

² Government of the Republic of the Union of Myanmar, "[Overcoming as One: COVID-19 Economic Relief Plan](#)", April 2020.

³ KHRG, "[Delayed and Uneven, COVID-19 Response in Southeast Myanmar, March to June 2020](#)", October 2020.

⁴ Tatmadaw refers to the Myanmar military.

situation to more fully assess the structural weaknesses and barriers that might lead to crisis as the pandemic entered a second wave of outbreaks beginning in August 2020. Increased threats of infection in rural areas did in some cases lead to new efforts at awareness and prevention, but in general sparked heightened restrictions by both the Myanmar government and the Karen National Union (KNU).⁵ Thus rather than working to increase individual knowledge and responsibility on the part of villagers, most measures ended up being in the form of broad restrictions like travel bans and school closures that have had significant negative impact on villagers' lives. These restrictions also seemed to be matched by a reduction in the range of stakeholders providing services and aid. Although the government has provided small amounts of financial and material assistance to households in need, villagers living in KNU-controlled and some mixed control areas have been excluded, leaving local authorities and CSO/CBOs to figure out solutions to support these communities.

Most rural areas in Southeast Myanmar have not (yet) experienced widespread local transmission of the virus, and thus impacts have been more clearly tied to restrictions and prevention measures as opposed to the full-on health crisis seen elsewhere. But because of the already extremely vulnerable situation of many rural communities, the livelihood impacts are themselves at risk of creating a humanitarian crisis. The poor handling thus far of information and prevention, as well as of testing and treatment, may also have wider implications if outbreaks start occurring in the more remote areas.

On February 1st 2021, the Myanmar military seized power by staging a coup against the newly elected government. Although this report focuses on the situation prior to the coup, the infrastructure and services (albeit insufficient) that the central government, EAOs and other stakeholders have put in place over the past year are in the process of being dismantled. Public healthcare services in some areas have come to a halt, and there have been major disruptions to communication, transportation, supply chains, and banking services. COVID-19 testing has been largely reduced, with little reporting now taking place. Any plans for widespread vaccination seem to have been entirely interrupted.

If rural areas of Southeast Myanmar have not yet faced widespread problems of infection, all of this is likely to change. As local doctors have pointed out: "Since the military takeover, the COVID-19 response has stalled. Mass public rallies and protests are both serving a critical function for resistance and unity, but also as likely superspreader events for virus transmission. Without adequate testing, public compliance and goodwill for isolation, access to acute clinical care, and continued immunisations, the implications for COVID-19 spread, morbidity, and mortality are substantial."⁶ Thus, there is need more than ever to find solutions to bring support and aid to rural villagers, whose situation has already deteriorated and become more precarious over the past year.

⁵ The Karen National Union (KNU) is the main Karen political organisation. It was established in 1947 and has been in conflict with the Burma/Myanmar government since 1949. The KNU wields power across large areas of Southeast Myanmar and has been calling for the creation of a democratic federal system since 1976. Although it signed the Nationwide Ceasefire Agreement in 2015, relations with the government remain tense.

⁶ Zaw Wai Soe, et al., "[Myanmar's health leaders stand against military rule](#)", *The Lancet*, February 2021.

With the military now in control, there is even less likelihood that support and services will reach rural ethnic communities.

Although this report covers the period prior to the coup, and describes an infrastructure that may now barely exist, the problems created by COVID-19 and the government's response have not disappeared, and will need to be addressed. Furthermore, the underlying political dynamics that impede the development of a support infrastructure capable of addressing the needs of rural ethnic minorities continue to play out. The report thus begins by providing a brief overview of the political dynamics that have shaped access to services and COVID-19 response. Followed by that is a discussion of COVID-19 reporting and testing, and the prevention measures that have been put in place to address the rise in COVID-19 cases. The discussion then turns to impacts on livelihood, access to different forms of support, and the situation of healthcare and education.

Key Findings

Complex political dynamics and on-going conflict make coordinated administration and nationwide programmes and initiatives difficult, even unrealistic. Schemes that rely on local collaboration and cooperation between different political stakeholders can be successful in some cases, but cannot be the only means for service delivery and rights protection. Different areas face different challenges administratively, thus solutions need to consider the specific constraints of local areas.

Despite government claims of reaching the entire population, government support (material and cash hand-outs) have only been provided in areas under government control. This means that areas under KNU administration have been left to figure out their own solutions to the livelihood problems villagers are now facing as a result of the pandemic.

International aid has also been limited in rural areas, less due to travel restrictions themselves than the Myanmar government's power over which areas NGOs and INGOs can assist. The government also has significant control over all of the international funding that has been provided by large organisations like the World Bank, International Monetary Fund (IMF) and foreign governments. Health and education departments of EAOs, like the KNU, that serve as primary service providers to local communities are not benefitting from this aid, nor are the populations they serve.

COVID-19 information and reporting of cases is not only partial and misleading but insufficient at protecting populations in ethnic administrative areas.

Even in the absence of COVID-19 cases, rural villagers are facing a wide variety of impacts to their livelihood, and access to education and healthcare that will certainly have lasting effects.

- Although the adoption of widespread travel restrictions may have helped contain the spread of the virus, such measures have made rural livelihood strategies even more fragile and unstable, resulting in increased food insecurity and decreased possibilities for mutual aid within the community.
- Access to education has severely diminished, with government services stopping completely, leaving only ethnic education providers operating in rural areas; government-created options for remote learning remain inaccessible to rural villagers.
- Healthcare has primarily been disrupted regarding non-emergency (even non-emergency essential) services, creating increased health problems and vulnerability for rural communities that already have insufficient access to care.

Support in the form of food distribution and cash hand-outs has been critical as emergency relief, but the system of distribution has been neither fair nor transparent, and needs to be supplemented by the development of long-term solutions to combat livelihood insecurity.

Recommendations

The current political situation in Myanmar presents challenges for developing recommendations to address the problems presented in this report. The fact that no legitimate governing body currently exists to which KHRG, nor the people of Myanmar, can appeal, and that the military junta is displaying a complete disregard for sanitary protocols and human rights standards highlights the urgency for a return to civilian rule and the resumption of peace negotiations. The problems in COVID-19 response, including access to support, services, and information in ethnic rural areas, and the immediate livelihood and health needs of villagers will certainly require action through non-state channels. The following recommendations are thus primarily directed toward the international community. Some recommendations for the Myanmar government have been included, the idea being that international bodies should also be putting pressure on the interim government (i.e., the military junta) or an eventual (hopefully democratically) elected government to develop more inclusive support schemes that ensure the protection and well-being of rural villagers, including IDPs and villagers in conflict-affected areas.

State Administration Council (SAC)⁷/Tatmadaw

Immediately step down and restore power to the democratically elected and internationally recognised government.

End the crackdown and targeted attacks on healthcare staff, withdraw soldiers from hospitals, and resume COVID-19 testing and monitoring.

Immediately resume all communication services and end the suppression of media freedom since this is a violation of the right to access information and impedes the ability to ensure health services.

Allow EAOs and their partner non-state service providers to freely engage in COVID-19 prevention and screening in their respective administrative areas; this includes the establishment and running of screening checkpoints and other information-related activities.

KNU/KDHW

Adopt a comprehensive relief policy to help vulnerable communities living in KNU-controlled areas cope with the negative impacts of the COVID-19 pandemic.

Re-establish COVID-19 prevention measures and continue raising awareness at the community level; and expand work with health partners to provide more testing and

⁷ The State Administration Council (SAC) is the executive governing body created in the aftermath of the February 1st 2021 military coup. It was established by Senior General Min Aung Hlaing on February 2nd 2021, and is composed of eight military officers and eight civilians. The chairperson serves as the de facto head of government of Myanmar and leads the Military Cabinet of Myanmar, the executive branch of the government. Min Aung Hlaing assumed the role of SAC chairperson following the coup.

treatment.

International organisations (especially IMF, World Bank, Asian Development Bank, Japan International Cooperation Agency), NGOs, funding agencies, and foreign governments

Develop effective monitoring mechanisms, including ones that do not rely solely on reporting by the central government, to ensure that promised support is reaching ethnic minority populations.

Diversify international funding distribution so that more funding is made (directly) available to non-state actors. In particular, increase direct funding for ethnic service providers and civil society organisations, especially those that are working in health, education, and protection sectors.

Prioritise methods of service delivery and communication that rely on local civil society organisations and ethnic service providers that have the ability and networks (due to consistent access and trust from the community) for local implementation of support programmes.

Strengthen livelihood sustainability in rural areas through initiatives that support and reduce the vulnerability of small farmers and day labourers. For instance, by improving global and regional food-supply chains to make them more inclusive of small farmers; and by further studying local initiatives as models for developing locally appropriate and tailored solutions.

Support EHOs and other non-state health actors, both regarding COVID-19 prevention and treatment (including screening/testing and the running of quarantine facilities), and the provision of other essential health services in rural areas.

Ensure that COVID-19 information and prevention awareness reaches all communities, including conflict regions, and that critical information is delivered in all ethnic languages in a culturally appropriate and time-sensitive manner.

Increase support for EAO-based education providers and develop new strategies for the delivery of educational support in rural areas, including conflict-affected areas.

Work with Southeast Myanmar border countries to provide assistance to border communities and IDPs in need of health and livelihood services; and facilitate the return of migrant workers to their jobs abroad.

(Future) national government and state actors

Develop national monitoring mechanisms that include representatives from ethnic minority groups to ensure that the health, economic and social rights and well-being of ethnic minorities are protected. And include ethnic minority representatives in the drafting process of future emergency economic and social relief plans.

Reduce livelihood risk in rural areas by including informal workers and small farmers in national social protection strategies, for instance by providing unemployment and social security benefits to them.

Ensure the autonomy of ethnic service providers; and improve government cooperation with ethnic and non-state service providers, in particular EHOs and other health actors, so that they can continue providing and expanding services in ethnic administrative areas.

Methodology

This report is based on a total of 72 interviews and 10 situation updates. Limited by local travel restrictions, KHRG began collecting information in early May 2020 primarily by conducting telephone interviews with villagers and local leaders through the networks already established by KHRG researchers. After the first set of interviews were analysed, KHRG updated its questionnaire to address certain gaps in data as well as new developments taking place as a result of the second wave of the pandemic. The remaining interviews were collected through December 2020. Because of the on-going state of the pandemic, and the announcement of a military coup on February 1st 2021, additional information on the COVID-19 situation was pulled from interviews and updates from the field through the end of March 2021.

When researchers were able to travel, they conducted interviews in-person, in full respect of COVID-19 safety protocol. Many researchers continue to be limited in the areas that they can access. As such, the information in this report is unevenly spread over KHRG's area of operation.

Research for this report consists primarily of oral testimonies, gathered via audio-recorded semi-structured interviews. The interviews were conducted by KHRG staff and a network of researchers who are local community members, trained and equipped to employ KHRG's documentation methodology.⁸ Because of the difficulties in traveling during the COVID-19 pandemic, many of the interviews were supplemented by regular situation updates from areas that our researchers could still access.

The interviews were conducted across all seven districts within KHRG's operation area: Doo Tha Htoo (Thaton), Taw Oo (Toungoo), Kler Lwee Htoo (Nyaunglebin), Mergui-Tavoy, Mu Traw (Hpapun), Dooplaya and Hpa-an. These are commonly referred to as "districts" and are used by the KNU, as well as many local Karen organisations, both those affiliated and unaffiliated with the KNU. KHRG's use of the district designations in reference to our research areas represents no political affiliation; rather, it is rooted in the fact that many rural communities commonly use these designations.

To complement the information provided by the interviewees, KHRG also used its own documentation and other external sources where appropriate.

⁸ KHRG's full documentation philosophy and methodology is available upon request.

All participants were informed of the purpose of the interviews and provided consent to be featured in this report. Interviews were conducted in S’gaw Karen and Burmese. The names and identifying details of interviewees have been withheld for security reasons. In certain cases, village and personal names have been censored using single and double digit letters from A--- to Zz---. The code names do not correspond to the actual names or to coding used by KHRG in previous reports.

Terms and Abbreviations

BPHWT	Back Pack Health Worker Team
CBO	Community-Based Organisation
CERP	COVID-19 Economic Relief Plan
CIDKP	Committee for Internally Displaced Karen People
CSO	Civil Society Organisation
EAO	Ethnic Armed Organisation
EHO	Ethnic Health Organisation
IDP	Internally Displaced Person
IMF	International Monetary Fund
KECD	Karen Education and Culture Department
KDHW	Karen Department of Health and Welfare
KNLA	Karen National Liberation Army
KNPF	Karen National Police Force
KNU	Karen National Union
KWO	Karen Women’s Organisation
MoHS	(Myanmar) Ministry of Health and Sports
NCA	Nationwide Ceasefire Agreement
NGO/INGO	Non-Governmental Organisation/International NGO
UN	United Nations

Language notes and special terms

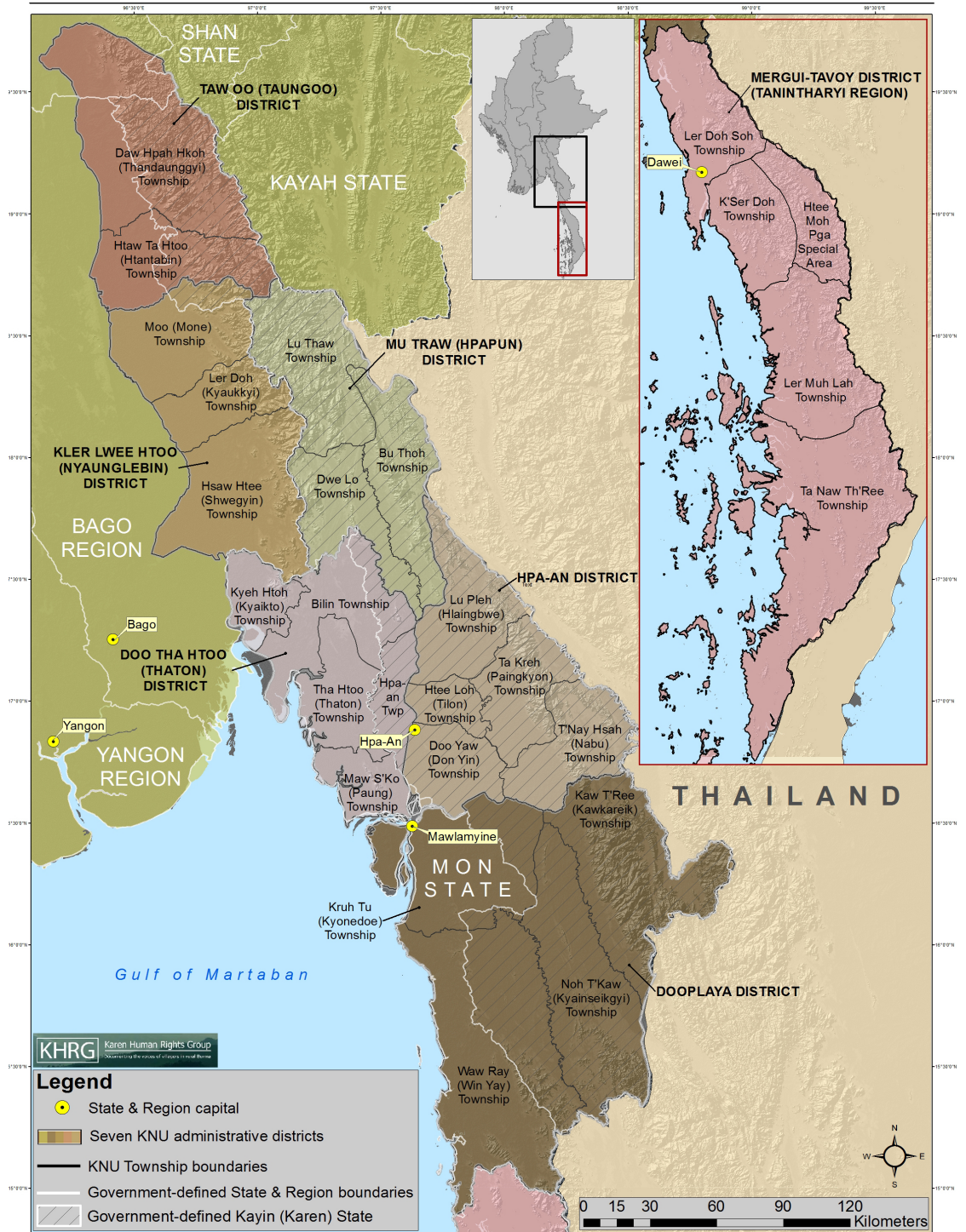
<i>Naw / Saw</i>	Karen S’gaw female/male honorific title.
<i>Daw / U</i>	Burmese female/male honorific title for a married woman/man or a woman/man of a higher social position.

Currency

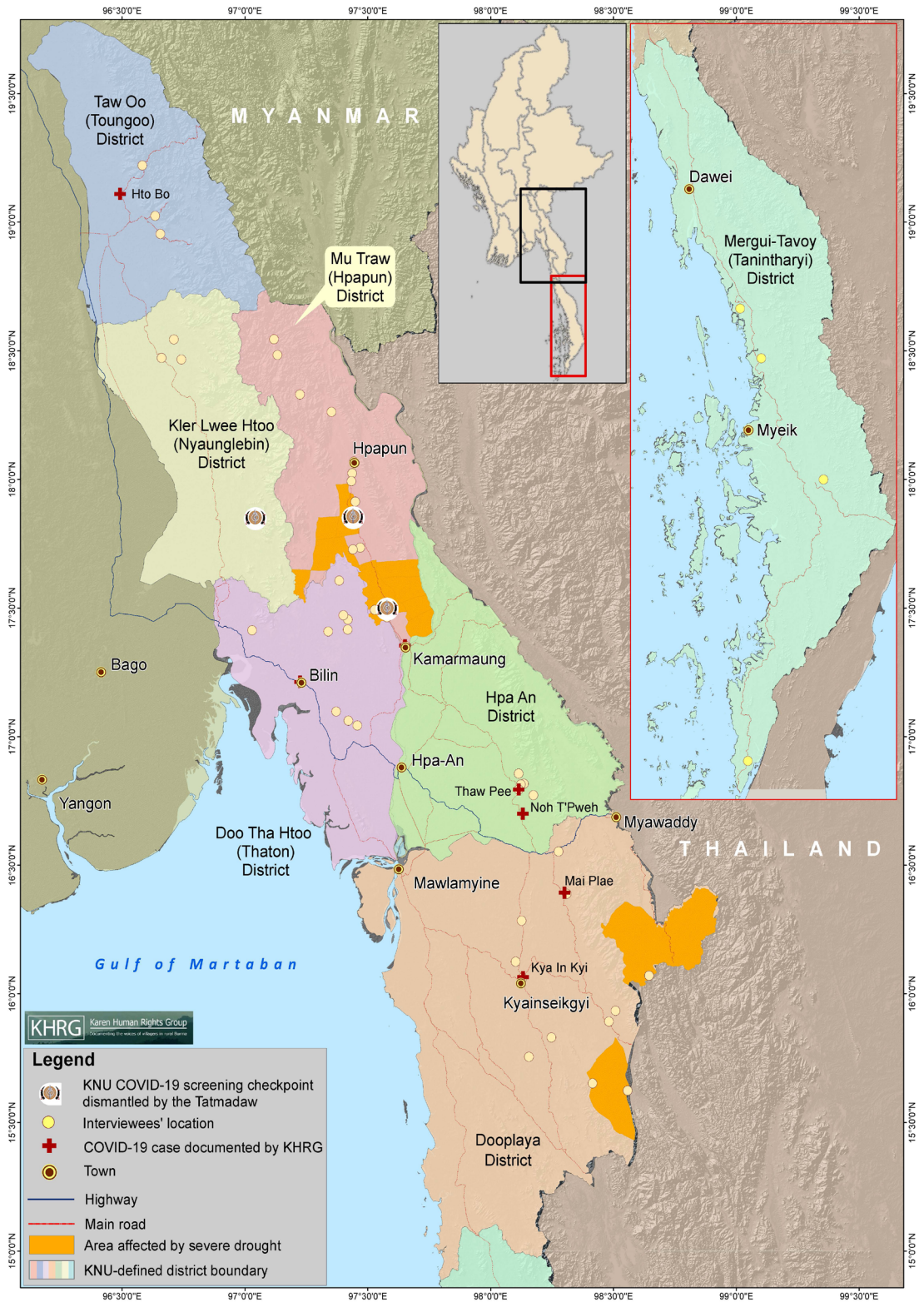
kyat Currency of Myanmar. All conversion estimates for the Myanmar kyat in this report are based on the April 21st 2021 official mid-market rate of 1 kyat to 0.00071 USD.⁹

⁹ All conversions were done through [Wise](#).

Map 1: KHRG’s operational area: KNU-defined Karen State and Myanmar government-defined state and region boundaries



Map 2: Information documented by KHRG regarding COVID-19 in Southeast Myanmar



Chapter 1: Political dynamics in Southeast Myanmar

The political dimension of access to support cannot be underestimated in how rural ethnic villagers experience the current pandemic. In order to understand the problems in COVID-19 response presented in this report, it is important to present a brief overview of the political geography that impacts local and regional decision-making and service delivery, as well as access to aid and funding, in Southeast Myanmar.

A. Political administration and service delivery

Political control and administration in Southeast Myanmar is extremely complex. Much of the area along the western border of KHRG's operational area is under government control. Many of the more remote areas, including areas along the Thai-Myanmar border as well as areas that are at a distance from primary roads and towns, while not officially under KNU control since ceasefire agreements have not settled issues of territorial control, are areas where the KNU has been able to have a stronger foothold. Some of these areas are considered "black areas", a term from the "four cuts strategy"¹⁰ used by the Tatmadaw in referring to locations that were still occupied by ethnic "insurgents" and that had not yet been placed under the control of the government. The vast majority of KHRG's operational area is however under some form of parallel administration, where both the Myanmar government and one or more EAOs exert control.

Although multiple armed groups exist in KHRG's operational area, the KNU has not only the strongest presence but the most developed para-state infrastructure (other armed groups often only have a military presence). In fact, of all of the EAOs in Myanmar, the KNU has the most extensive administrative system, comprising departments of education, health, agriculture, information, and justice, to name a few, and serves as a key stakeholder in the delivery of needed social services in their communities.

Existing bilateral ceasefire agreements between the Myanmar government and EAOs provide some recognition of parallel administrations, but have proved insufficient in setting the terms of this complex dynamic. As Ashley South has pointed out: "While Article 25 (Chapter 6) of the NCA [Nationwide Ceasefire Agreement]¹¹ recognises the roles of signature EAOs in the fields of health, education, natural resource management and security, there is no mechanism for handling the relationship between EAO and

¹⁰ In Burma/Myanmar, the scorched earth policy of 'pyat lay pyat', literally 'cut the four cuts', was a counter-insurgency strategy employed by the Tatmadaw as early as the 1950s, and officially adopted in the mid-1960s, aiming to destroy links between insurgents and sources of funding, supplies, intelligence, and recruits from local villages.

¹¹ On October 15th 2015, after a negotiation process marred with controversy over the non-inclusion of several ethnic armed groups, a Nationwide Ceasefire Agreement (NCA) was signed between the Burma/Myanmar government and eight of the fifteen ethnic armed groups originally invited to the negotiation table, including the Karen National Union. It was followed by the adoption of a Code of Conduct by the signatories in November 2015. In February 2018, two additional armed ethnic groups signed the NCA under pressure from the Burma/Myanmar government.

government service delivery and governance systems.”¹² Thus, governance and service delivery in many areas are often as unclear as the territorial divisions themselves.

It is not simply in areas of mixed control that there are problems with service delivery. Areas under KNU control (i.e., where the KNU has a stronger foothold) struggle as well due to lack of funding and opposition or resistance from the Myanmar government and the Tatmadaw. Some of these areas are plagued by on-going conflict, land confiscation, and displacement further complicating any form of consistent service delivery.

Even prior to COVID-19, South had asked: “Will non-state governance authority and service delivery regimes continue in parallel with those of the state, be gradually displaced, or undertake a process of convergence with state structures and systems? Much will depend on whether the government and international actors, including diplomats and donors, are willing to recognise the legitimacy of EAOs, and their modes of governance and service delivery.”¹³

B. Coordinating COVID-19 response

Having a diverse governance system, with multiple potential actors in times of crisis could be an advantage if resources are harnessed correctly. Instead, the COVID-19 pandemic inflamed existing tensions regarding control in certain areas. This was clear in the forced removal and burning of “unapproved” COVID-19 screening checkpoints by the Tatmadaw during the first wave of the pandemic, and the government’s on-going refusal to allow NGO/INGOs access to certain “black areas” despite the health and livelihood needs of these communities.

As Adam Burke, Director of the Asia Foundation’s Conflict and Fragility Program has pointed out: “Coordination and collaboration, two essential elements in addressing a pandemic, are especially hard to achieve in conflict zones, where responses need the support of all armed actors. Involving armed groups is critical if they hold territory or exert strong influence over local civilians.”¹⁴ Despite precedents for cross-conflict cooperation, both elsewhere and in Southeast Asia, cooperation between the Myanmar government and EAOs has never been without difficulty. Peace negotiations and ceasefire agreements both continue to suffer from problems of non-compliance.

The KNU was the first to step up after the announcement of the pandemic to propose a ceasefire “so we can all fight Coronavirus”. In response to COVID-19, the KNU released a statement on March 26th 2020 emphasising the necessity for collaborative efforts.¹⁵ UN Secretary-General António Guterres, as well as other EAOs and CSOs, also called for a ceasefire at that time, which the Tatmadaw rejected, stating: “We respect their proposal but it is not realistic. They just have to follow the law.”¹⁶

¹² Ashley SOUTH, [“‘Hybrid Governance’ and the Politics of Legitimacy in the Myanmar Peace Process”](#), *Journal of Contemporary Asia*, Volume 48, Issue 1, 2018, p.3.

¹³ Idem, p.10.

¹⁴ Adam BURKE, [“Peace and the Pandemic: The Impact of COVID-19 on Conflict in Asia”](#), The Asia Foundation, April 2020.

¹⁵ KNU, [“KNU Statement concerning the COVID-19 pandemic”](#), March 26th 2020.

¹⁶ Sai Wunna, [“Tatmadaw rejects call for ceasefire during pandemic”](#), *Myanmar Times*, April 2020.

It was not until May 9th that the Myanmar government issued its “Statement on Ceasefire and Eternal Peace”, indicating that it would set up a national-level Central Committee on Coronavirus Disease 2019 (COVID-19) Prevention, Containment and Treatment, and that the Tatmadaw would enforce a ceasefire from May 10th to August 31st 2020 (later extended to October 31st)¹⁷ “with the aim of effectively and rapidly carrying out containment, prevention and treatment of COVID-19 in Myanmar and restoring eternal peace”.¹⁸

Just prior, in late April, it also set up a Committee to Coordinate and Collaborate with Ethnic Armed Organisations to Prevent, Control and Treat COVID-19, but the actual coordination and inclusion undertaken by the committee remains in question. According to Karen Department of Health and Welfare (KDHW),¹⁹ ethnic health organisations (EHOs) were included in coordination and collaboration efforts, but no further meetings have been held since May 2020. Shortly after the announcement, the Ethnic Health Committee²⁰ issued its own statement emphasising the need for direct coordination with EHOs in each area and calling upon “local and international donors [to] begin providing funding direct[ly] to EHOs for COVID-19 containment since EHOs are the frontline and only workers for the disease containment in EAOs administrative areas”.²¹

KHRG interviews also indicate that while there may have been some cooperation, any real collaboration still depends on local relations between government and ethnic authorities and leaders. In some areas, local COVID-19 committees were formed to encourage coordination of efforts, but in other areas, where relations are already strained, efforts on the part of EAOs to act independently, particularly regarding screening checkpoints, have often met with hostility by the Myanmar government and the Tatmadaw.

C. International funding and existing power structures

The KNU has been able to provide some assistance to families in many areas under its control, but is not able to tap into the international funds available to national governments. The Myanmar government by contrast has received funding since the outset of the pandemic from multiple international sources, including the IMF (over USD 700 million

¹⁷ Sai Wanna, [“Tatmadaw extends ceasefire until October 31”](#), *Myanmar Times*, September 2020.

¹⁸ Republic of the Union of Myanmar, [“Statement on ceasefire and eternal peace”](#), May 9th 2020.

¹⁹ The Karen Department of Health and Welfare (KDHW) is the health department of the Karen National Union. It was established in 1956 to address the lack of public healthcare resources in rural Southeast Myanmar. It currently operates a network of community-based clinics in the region, but its capabilities remain limited due to funding constraints.

²⁰ The Ethnic Health Committee was established in 2019 by a joint collective called the Ethnic Health System Strengthening Group Health which includes organisations from Karen, Shan, Mon, Karenni and Burmese communities—including representatives of the Mae Tao Clinic in Mae Sot, Thailand. The committee was formed to develop health policies and information systems about the health conditions of ethnic communities. See Lawi Weng, [“Ethnic Health Organizations Suffer from Withdrawal of International Aid”](#), *The Irrawaddy*, January 2019.

²¹ Ethnic Health Committee, [“Ethnic Health Committee’s statement on the Government formation of COVID-19”](#), May 6th 2020.

total in emergency assistance)²² and the World Bank (USD 50 million credit line)²³ specifically to implement its COVID-19 Economic Relief Plan (CERP) that claims to be “a coordinated whole-of-nation response”. At the start of the second wave, the Japanese government also provided 45 billion yen (over USD 400 million) to help with health, social, and economic costs in response to the pandemic.²⁴

Millions more have been provided by private donors, NGOs and international aid organisations. But much of that cash is meant to be used to boost the country’s minimal intensive care capacity — mostly in larger cities.²⁵ This kind of healthcare is however mostly inaccessible to people outside of urban centres.

Although some funds have specifically been earmarked to assist vulnerable and at-risk populations in conflict-affected areas,²⁶ there is concern as to whether donations made to the central government will reach health networks operated by ethnic groups themselves. According to a spokesperson from Karen Peace Support Network (KPSN), Naw Wahkusee, “It’s like they’re trying to destroy the existing federal structure if they’re only supporting the central government. They’re making all of the ethnic groups access funding through the government.”²⁷

The larger structure of international aid makes it such that the vast majority of international funding goes to (and through) the Myanmar government. Even though organisations like the World Bank have acknowledged the need to support EAOs, they have opted to do so through the Myanmar government, the argument being that the peace process will be more likely furthered if the international community is working directly with the central government, rather than working around it. Under such a system, all of the economic power is however placed in the hands of the very body that refuses to accord EAOs the political power they need to further develop their systems of service delivery, and that consistently delegitimises those systems.²⁸ Even though EAOs like the KNU have a well-established infrastructure to provide services to local

²² This was distributed in two installments under the Rapid Credit Facility (RCF) and the Rapid Financing Instrument (RFI). The first payment was approved in June 2020, the second in January 2021. See International Monetary Fund, [“IMF Executive Board Approves a SDR 258.4 Million Disbursement under the Rapid Credit Facility and Purchase under the Rapid Financing Instrument to Myanmar to Address the COVID-19 Pandemic”](#), January 2021.

²³ The World Bank, [“World Bank Myanmar COVID-19 Support”](#), September 2020.

²⁴ Thiha Ko Ko & Htoo Thant, [“Myanmar receives more overseas financial support to combat COVID-19”](#), *Myanmar Times*, August 2020.

²⁵ Leah CARTER, [“Myanmar: Armed conflict puts brakes on COVID-19 response”](#), *Deutsche Welle*, May 2020.

²⁶ The IMF, for instance, states “It is important that these programs are extended equitably across the country, including in conflict regions and [to] ethnic minorities.” See International Monetary Fund, [“IMF Executive Board Approves a SDR 258.4 Million Disbursement under the Rapid Credit Facility and Purchase under the Rapid Financing Instrument to Myanmar to Address the COVID-19 Pandemic”](#), January 2021.

²⁷ Leah CARTER, [“Myanmar: Armed conflict puts brakes on COVID-19 response”](#), *Deutsche Welle*, May 2020.

²⁸ KHRG has previously reported on the Myanmar government’s dismissal of KECD education, and its attempts to replace KECD schools with Myanmar government schools in ethnic areas. See KHRG, [“Minorities under Threat, Diversity in Danger: Patterns of Systemic Discrimination in Southeast Myanmar”](#), November 2020.

communities, and have continued to keep schools and clinics open and provide food assistance despite COVID-19, as the pandemic continues, their ability to do so will likely diminish in the absence of outside aid.

International aid organisations and donors often direct their aid to central governments in unstable political situations because of the difficulty in determining who to fund among the different local stakeholders. In a report for The Asia Foundation, Kim Jolliffe has pointed out that: “The lack of stable and clearly mandated territorial arrangements in contested areas places a great burden on communities, leaves ceasefire areas highly vulnerable to renewed conflict and provides no basis for comprehensive governance, economic, rule of law or other reforms. It also means that international actors providing aid are unable to maintain stable access and relations in a given region, and struggle to determine which authorities should be considered legitimate in a given area. This makes it particularly difficult for aid agencies to commit to supporting long-term transitional programs.”²⁹ It also leaves EAOs like the KNU strictly dependent on revenue raised through taxes and private donations (generally from the Karen international community) to operate basic services like healthcare and education.

Although some international organisations have been directly funding NGO/INGOs as well as more local CSO/CBOs who work directly on the ground, many of their efforts have been blocked by the Myanmar government. The Myanmar government heavily controls access by international aid organisations to conflict-affected and disputed areas, and it would seem that the government has clamped down even further since the outbreak of COVID-19. Even organisations with a longstanding local presence in rural areas have been unable to continue their on-the-ground work despite having the funds to do so, and are thus limited to operating remotely.³⁰ It is these organisations that typically focus on supporting the most vulnerable (migrants, the elderly, IDPs, pregnant women and those with young children).

Much of what has been described thus far is the backstory to what villagers have been able to recount to KHRG researchers, and to what KHRG researchers have themselves witnessed. When services disappear and support does not come, villagers are often left with little explanation as to why, or with little ability to understand the larger international dynamics at play. Even if they are fully aware of the local power dynamics, it can be difficult to understand how that shapes their particular situation.

²⁹ Kim JOLLIFFE, [Ethnic Armed Conflict and Territorial Administration in Myanmar](#), The Asia Foundation, 2015, p.43.

³⁰ The Myanmar government has blocked access by international aid organisations through a variety of measures. See Human Rights Watch, [“Human Rights Watch Statement: Impacts of COVID-19 on Internally Displaced People in Myanmar”](#), December 2020; Danish Refugee Council, [“Myanmar lockdown: Aid trapped in the middle”](#), October 2020.

Chapter 2: COVID-19 cases in Southeast Myanmar

With the second wave of COVID-19 that started in August 2020, KHRG began receiving reports of positive cases in our operational areas. Up until then, cases seemed to be more common in the cities and towns and had not yet reached the rural villages. KHRG received reports of a fairly large outbreak at a tire factory near Bilin Town, Bilin Township, Doo Tha Htoo District in August, with 60 of the 600 workers testing positive. Although that led to increased restrictions in surrounding villages, no further cases were identified in local villages, according to KHRG interviews.

By October 2020, it was clear that cases were appearing in rural villages, but accurate information about cases and infection rates in rural areas has actually been difficult to establish. KHRG only received information of a few isolated cases. Although a KHRG field researcher noted that every township in Mergui-Tavoy District except Tanintharyi Township had reported people infected by COVID-19 by October, government reports show that in fact all townships throughout Southeast Myanmar, except government-defined Tanintharyi, had confirmed cases of COVID-19.

Working with statistics issued by the Myanmar government's Ministry of Health and Sports (MoHS), the official organism responsible for recording positive cases, KDHW noted that by December 31st 2020, there were a total of 5311 positive cases of COVID-19 in KNU-controlled and mixed control areas (within what is roughly KHRG's operational area).³¹ That figure includes 1940 new cases during the month of December (1524 in November, 1382 in October).³² Due to the military coup, the final figure available for these areas is 7188 cases at the beginning of February 2021.³³

An accurate picture of positive cases and the spread of COVID-19 in rural areas is complicated by the fact that MoHS lists cases by the location where the person was tested, not the person's location of residence. Most tests occur in cities and towns, where there are government (and a few private) hospitals and clinics authorised to undertake testing and treatment. Thus, tracking reports favour those specific areas. Although it is possible to get a sense of the spread of COVID-19 by township and region, it is virtually impossible to tell how many positive cases are actually from the rural villages compared to the towns within a particular township.

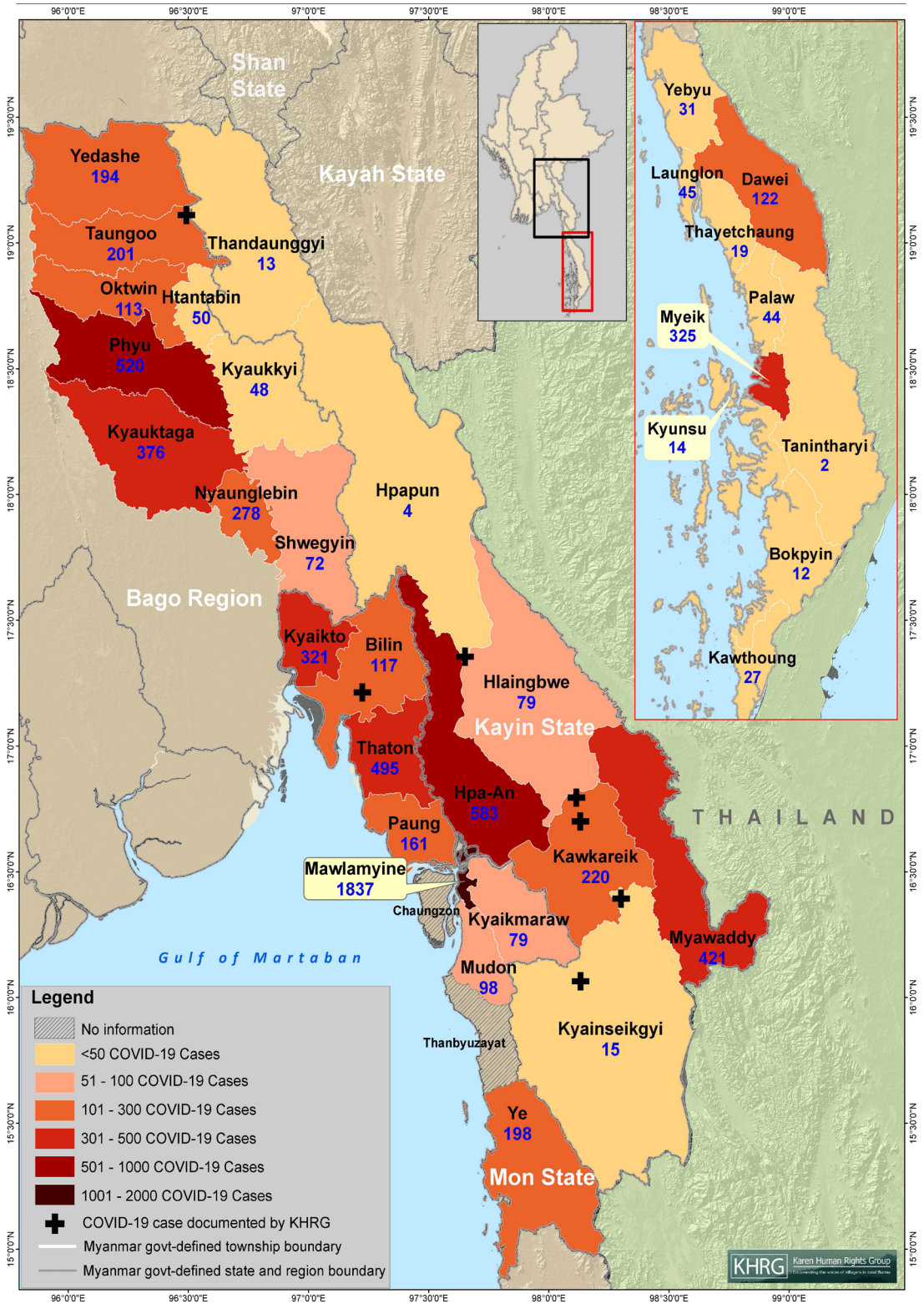
Another complication arises from the different territorial designations used by the Myanmar government compared to local ethnic groups. MoHS lists cases by government-defined townships which do not correspond with the townships or districts used by the KNU and its affiliates, nor by KHRG in defining its area of operation. Without more precise regional data, it is difficult to convert the information to better understand how different areas are affected.

³¹ Karen Department of Health and Welfare, "COVID-19 case summary, December 2020", January 2021.

³² Ibid.; Karen Department of Health and Welfare, "COVID-19 case summary, October 2020", November 2020; Karen Department of Health and Welfare, "COVID-19 case summary, November 2020", December 2020.

³³ Karen Department of Health and Welfare, "COVID-19 case summary, February 11th to 17th 2021", February 2021.

Map 3: COVID-19 cases by government-defined township (total cases by township as reported by MoHS, February 5th 2021)



In looking at MoHS figures, it would seem that the higher numbers of confirmed cases translate to government-controlled areas where there is likely more testing and tracing taking place. The extremely low number in Mu Traw (Hpapun) District is also clearly tied to it being more heavily controlled by the KNU, with many areas that have poor accessibility. Although poor accessibility may indeed slow the spread of the virus, since MoHS only reports cases that have been confirmed in their authorised facilities, if villagers are not actually using healthcare services tied to the national infrastructure, it is possible that some milder cases may go undetected.

Although hospitals are supposed to undertake contact tracing, it is unclear whether they are doing so when the patient comes from a rural village. Information from KHRG interviews suggests that contact tracing is not systematically taking place. It is also unclear whether the hospital that admits a positive COVID-19 patient has any responsibility to relay that information back to the authorities in the villager's place of residence so that they can take further prevention measures to protect local villagers. As such, the reporting system of the Myanmar government is not simply problematic from a documentation perspective, but presents tracking issues that could impede the containment of the virus.

In some cases, prevention measures were taken to isolate people who had been in close contact with the patient, but that can only happen if the village authorities are made aware of positive cases in their area. After a church leader from A--- village, Kyar Inn Shwe Doe village tract, Noh T'Kaw (Kyainseikgyi) Township, Dooplaya District contracted COVID-19, the local community requested testing from the Myanmar government since he had had such wide contact with villagers prior to being diagnosed. The government refused, despite concerns about a local outbreak. Without further testing in these areas, it ends up being simply a wait-and-see scenario (wait and see if anyone else begins to display symptoms) thus placing more people at risk.

In Taw Oo (Toungoo) District, a teenage girl from Hto Bo village who was experiencing symptoms was sent to Leik Tho Town and then Toungoo hospital where she was diagnosed with COVID-19.³⁴ Because she had entered the town where there was no screening checkpoint, concerns were raised about further contamination. Healthcare workers in Leik Tho Town were placed in quarantine after the girl was diagnosed with the virus, and villagers began taking extra precautions, making sure to wear their masks and wash their hands. Although no other cases emerged, no further attempt to understand how the girl may have become infected in the first place was undertaken. Likewise, in Meh Pleh village, Kaw T'Ree (Kawkareik) Township, Dooplaya District, a 32-year old man with Crohn's Disease was diagnosed with COVID-19 and died shortly after being admitted to a hospital in Hpa-an. According to a local villager, because of his health condition, the young man had had little contact with other villagers, aside from occasional visits by family members. Although his family was placed in quarantine, none developed symptoms, and none were actually tested (as asymptomatic), leaving unanswered the question as to how the man contracted the virus.

³⁴ Hto Bo village is quite far from Leik Tho Town, particularly to take a young girl who is ill. The family may have been temporarily staying near Leik Tho Town at the time that the girl became ill.

In Noh T’Kaw Township, one local authority has suggested that people died of COVID-19 without actually being able to receive testing or treatment. Two people returned from the cities and died shortly afterward, leaving people to suspect that it must have been COVID-19: *“I do not know of any COVID-19 cases in Noh T’Kaw Township but I heard that two people in Kyainseikgyi Town came back from the city and died. But they are not local people. They just came back from big cities and got infected and died. I do not know the details.”*

Testing is typically difficult in rural, remote areas because of the lack of nearby testing facilities; and transporting lab samples over long distances can lead to false results. However, from September to October 2020, the Myanmar government procured 900,000 rapid antigen test kits that were supposedly distributed nationwide.³⁵ Another 40,000 were provided in December 2020 by United Nations Population Fund (UNFPA).³⁶ While it is possible that areas under government or mixed control have been supplied rapid antigen test kits by the central government, KHRG interviews show little indication of that. Although a few interviewees did mention testing, it is clear that they confused the screening process (temperature checks) with testing. According to KDHW, little rapid testing is available in KNU-controlled areas (KDHW only received 20 tests, and they were not distributed to rural areas). A Karen National Police Force (KNPF)³⁷ officer who has been working at B--- gate screening checkpoint, Lay Hpoh Hta village tract in Mu Traw District also stated that there was still no testing available in Mu Traw District (as of October 31st).

In the absence of widespread testing, or even testing for suspected cases, villagers and local authorities have often needed (or felt compelled) to turn to more restrictive and drastic prevention measures in order ensure their own protection. At the same time, the lack of systematic information about positive cases in their area most likely also contributed to the sense of fighting an invisible threat. Throughout the pandemic, village leaders have struggled with some villagers not believing that the virus is real: *“[W]e do not see it with our own eyes so we are not afraid of it.”*

³⁵ Hmue Angel, [“400,000 rapid antigen test kits to be distributed in Myanmar regions and states”](#), *Myanmar Times*, October 2020.

³⁶ UNFPA Myanmar, [“UNFPA delivers 40,000 COVID-19 Ag Test Kits to support the Government of Myanmar’s prevention and response to the COVID-19 pandemic”](#), October 2020.

³⁷ The Karen National Police Force is the law enforcement agency of the Karen National Union. It was established in 1991.

Chapter 3: COVID-19 response and prevention

In our initial report on the COVID-19 situation in rural Southeast Myanmar, KHRG highlighted that access to information and awareness training was uneven and incomplete, with some areas receiving formal training – at times inconsistent because from different stakeholders – and other areas receiving no information or training whatsoever.³⁸ This same trend seemed to carry over into the second wave, meaning that awareness training continued to be out of reach in particular regions (mostly due to remoteness, but also due to complex local administrative dynamics between the Myanmar government and EAOs).

Although awareness training continued to be undertaken as the pandemic worsened, it has remained largely insufficient in more remote areas and conflict-affected areas. KHRG found this to be the case in Mu Traw District, which is largely KNU-controlled, with several areas marked by on-going conflict and displacement. While certain parts (the more accessible lowlands) of Mu Traw District have been provided at least some training, in the more mountainous areas, villagers still have little understanding of the virus. In Ler Muh Plaw village tract, Lu Thaw Township, one villager stated that they were not even told about mask wearing or hand washing. Villagers throughout Lu Thaw Township also stated that they are primarily reliant on religious practices and prayer to protect themselves from COVID-19. Although there are no reported cases in this township, if the virus spreads further, awareness training and prevention measures will clearly need to be strengthened. Furthermore, for many villagers in Mu Traw District, their primary access to healthcare comes from visits from healthcare workers and mobile units like the Back Pack Health Worker Team (BPHWT), which means that serious COVID-19 cases may fail to receive the intensive care they require.

In certain areas of mixed control, awareness and prevention support also remained limited. This was particularly the case in Mergui-Tavoy District. In Mergui-Tavoy, the Myanmar government has broad administrative control over the whole district, with KNU control over specific villages. As such, villages under KNU control are often isolated pockets, and thus are likely to go without direct training and support. During the first wave of COVID-19, KHRG reported that access to information and prevention materials was quite varied throughout the district. The Sa Dain area leader in T'Naw Th'Ree Township, for instance, noted that the Myanmar government appointed Ten and Hundred Household administrators to monitor the villagers, but they did not come regularly: *"They just ordered the people [around]. They did not even look or take care of how things are going and how we process things."* Still, during the second wave, one KHRG field researcher noted that *"the Myanmar government village administrator himself did not do anything for the villagers and did not help in any way for COVID-19 prevention"*.

Some villagers in Mergui-Tavoy noted that the KNU has also not been active in providing training or support. Because of the patchy landscape of KNU control, it may be more difficult to set up a clear programme for addressing COVID-19 in these areas. In Wah

³⁸ KHRG, ["Delayed and Uneven, COVID-19 Response in Southeast Myanmar, March to June 2020"](#), October 2020.

Hkaw Doh village, Kleh Muh Htee area, K'Ser Doh Township, local leaders and villagers received no further information or materials from the KNU, the Myanmar government, or other stakeholders. Furthermore, no local authorities or health workers have come to check on their situation, so they have struggled even to get information and instructions: *“Our village is small so it is not yet a village level under Myanmar government control. Therefore, we have to rely on Noh Hpa Doh village. If anything happens in the area, there is no one to update us. We have to find out and investigate by ourselves. Therefore, we need the local authorities or the KNU leaders to take care of us when anything happens in any situation.”* Although in other villages some information did come from the Myanmar government and the KNU, for the most part villagers have had to take their own initiative to set up prevention measures and spread information.



This photo was taken on May 20th 2020 in Aaw Law See village, T'Hkaw Pwa village tract, Moo Township, Kler Lwee Htoo District. It shows COVID-19 prevention posters provided by the Myanmar government. [Photo: KHRG]



This photo was taken on May 20th 2020 in Ko Nee village, Ko Nee village tract, Thaw T'Koo village tract, Moo Township, Kler Lwee Htoo District. Local villagers are attending a COVID-19 awareness workshop conducted by the KNU and CIDKP. [Photo: KHRG]

As opposed to the first wave of the pandemic, there did seem to be increased cooperation between different authorities during the second wave in certain areas, as seen in the formation of local committees. For instance, in the mixed control area around Keh Klah village tract, T'Nay Hsah (Nabu) Township, Hpa-an District, a COVID-19 committee combining representatives from each village, including local authorities and armed actors (KNU/KNLA-PC,³⁹ KNU and Border Guard Force [BGF]⁴⁰) was formed to help manage the checkpoint. In Moo (Mone) Township, Kler Lwee Htoo (Nyaunglebin) District, the KNU and Myanmar government formed village tract committees to deal specifically with COVID-19 issues. Although they agreed to increased measures including curfews and restricted entry into villages, it is not clear how far any collaboration

³⁹ The KNU/KNLA PC is an armed group based in the Htoh Kaw Koh village tract area, Hpa-an District. It split from the Karen National Union (KNU) and signed a ceasefire agreement with the Myanmar government in 2007, but refused to transform into a Border Guard Force (BGF) in 2010. It signed the Nationwide Ceasefire Agreement in October 2015.

⁴⁰ Border Guard Force (BGF) battalions of the Tatmadaw were established in 2010, and they are composed mostly of soldiers from former non-state armed groups, such as older constellations of the Democratic Karen Buddhist Army (DKBA), which have formalised ceasefire agreements with the Burma/Myanmar government and agreed to transform into battalions within the Tatmadaw.

extended beyond the establishment of regulations. Committees in other areas were formed to help with awareness training, prevention, and support but still tended to be divided along political lines, with government agencies working in government-controlled areas and the KNU and Karen-led CSO/CBOs working in KNU-controlled areas.

Without testing and contact tracing, the ability to undertake more targeted measures is highly reduced. It is clear from KHRG interviews that prevention measures during the second wave of the pandemic, even in the event of confirmed local cases of COVID-19, have primarily taken the form of movement and access restrictions as well as quarantines. In none of the cases reported to KHRG did any further testing of local villagers take place after a community member was confirmed positive for COVID-19. Instead, villages were locked down, and quarantines have increased.

Despite the significant rise in COVID-19 cases in nearby towns, the rural villages have yet to experience any serious outbreaks. KHRG interviewees in P'Ya Raw, and Meh Naw Ther Hkee village tracts (both over two hours by motorbike from Bilin Town) had heard of the COVID-19 outbreak in Bilin Town, stating that it led villagers to worry about the spread of the virus to their villages. In response, the KNU set up screening checkpoints and began requiring quarantine of anyone returning from town. At the time of the interviews no cases had been reported in their villages.

Likewise, in T'Nay Hsah Township, Hpa-an District, rural villagers sought to protect themselves by setting up additional screening checkpoints to protect themselves from “outsiders” as cases rose in nearby towns. The KNU village tract administrator from Keh Klah village tract, T'Nay Hsah Township stated that there was one case of COVID-19 reported at the beginning of the second wave of the pandemic. The person had returned from Yangon and was diagnosed with COVID-19. Afterward, the villagers set up a new screening checkpoint: *“We do it because we are afraid of the disease and worry guest people [outsiders] will enter into our villages. So we do it to prevent the disease [COVID-19]. We worry about people from Kaw T'Ree, Kruh Tuh and Hpa-an towns entering into our villages and that we will be infected by [COVID-19] disease from them. Therefore, we do it to prevent the disease.”*

Although such measures may have been effective in limiting the spread of the virus to rural areas, they have also created problems for rural villagers that are not revealed by COVID-19 statistics, and thus need to be examined further.

A. Travel restrictions

Both the KNU and the Myanmar government started implementing movement restrictions from the beginning of the pandemic in 2020, although rules have varied considerably between areas. Restrictions on movement in rural areas have been a key tool in limiting the spread of the virus, sometimes due to lack of awareness training or other standard prevention options. For instance, early on, some communities responded to concerns about infection by completely barring entry to their village. Such practices often led to conflict with neighbouring villagers who depend on crossing through to access their lands. With the rise in Myanmar's COVID-19 cases beginning in August, and the

subsequent spread of cases to Southeast Myanmar, the primary area where preventive measures were amped up concerned travel since people were already supposed to be engaging in safe practices like mask wearing, hand washing, social distancing and avoiding large public gatherings.

Requiring villagers to obtain a travel letter has been one of the main policies implemented as part of the COVID-19 travel restrictions. During the second wave, the need for a travel letter became mandatory and more strictly enforced at screening checkpoints. A standard letter in most areas is usable for only one trip to a specific location and does not allow for overnight stay. It is typically delivered by local authorities. A KNU official explained the process in Noh T’Kaw Township, Dooplaya District: *“If villagers go outside the village, they have to get a permission letter from the village head. It includes the signature of the village tract administrator. If villagers go to other villages without permission letters, villagers from other villages will kick them out of their villages.”* While there were reports of problems obtaining travel letters during the first wave, there seemed to be better accommodation of this requirement over time. One interviewee from Zee Pin Ka Lay village (Mine Nit Hsel), Zee Pin Ka Lay village tract, Daw Hpa Hkoh (Thandaunggyi) Township, Taw Oo District even told KHRG that local authorities had taken measures to make sure they could be issued in their absence: *“We get the letter from the village head. If he is busy, he just asks his people to write a [travel] recommendation letter for the villagers. He has already signed the letters, so his people just need to give them to the villagers if they ask.”* In other locations, letters were sometimes even issued at the local checkpoints.

The travel letter is however simply a document that states the name of the person and the reason for the travel. Technically it authorises travel but does not guarantee permission to travel. A KNPF officer who works the screening checkpoint at B--- gate, Lay Hpoh Hta village tract, Dwe Lo Township, Hpapun District noted that if the reason for the travel is not urgent, they will turn people away and send them back home.

KHRG’s documentation shows that fees attached to travel letters had initially contributed to the livelihood challenges of local villagers during the first wave of COVID-19, as day labour and agricultural activities often require daily travel outside their village. In the absence of wider regulations, such fees have tended to be at the discretion of local leaders. In late 2020, several interviewees from Dooplaya, Taw Oo and Hpa-an districts told KHRG that, although they were not required to pay for travel letters anymore, some villagers were still choosing to donate a small amount of money – typically from 200 to 1,000 kyats [USD 0.14 to 0.71].

A KNU Noh T’Kaw Township official explained that in Meh T’Hkreh village tract, Dooplaya District the fee had been removed upon a decision by local leaders: *“The villagers do not need to pay for permission letters anymore. In the past, they had to pay 1,000 kyats for a permission letter. The money [that village tract authorities] collected was used for village tract [business].”* Even though this would suggest that formal fees are being progressively abolished, he pointed out that some villages were still charging money for travel letters in his area: *“At the township level, they do not need to pay anything but I am not sure about the village and village tract level. I think that some villages have to*

pay, and some do not.” It is therefore likely that some vulnerable communities will remain at risk of further hardship as long as their ability to travel is contingent on the payment of authorisation fees.

In some areas, travel has been largely banned, except for emergency situations. According to a local villager in Htee Hpa Htaw village, Way Hk’Nah village tract, Waw Ray (Win Yay) Township, Dooplaya District: *“The second wave is worse than the first wave. We were able to go to each other during the first wave but now we cannot work or go anywhere at all [...] as more people are dying from COVID-19.”* The village elder secretary in Maw village tract, Noh T’Kaw Township explained that travel restrictions are so tight that some villagers have resorted to lying – claiming a medical emergency – in order to receive permission to travel. But due to variations in political administration between townships – even within village tracts – not all villagers have been faced with such strict travel restrictions. Some villagers have mentioned that KNU travel restrictions have been heavier than those of the Myanmar government.

Some early travel constraints arose from villagers setting up their own checkpoints and blockades to control entry into their village. These practices often had detrimental impacts on local communities, and led to conflict, so they needed to be relaxed. A local authority in Meh T’Hkreh village tract, Noh T’Kaw Township explained: *“[Villagers] set up checkpoints to prevent other villagers from coming to their village. [...] One conflict happened during that time. Villagers confronted the village head and village tract administrator about how travel restrictions were resulting in livelihood challenges. It [the complaint] reached the township level. Then, we discussed the issue and came up with a solution: villages will stop [operating] their checkpoints but those who travel have to bring a permission letter with them.”*

Information from Mu Traw District suggests that some local authorities had indeed planned stricter travel restrictions at first. Although villagers were warned so that they could plan accordingly, authorities eventually had to loosen restrictions after food shortages arose. According to an October 2020 update from a KHRG researcher: *“Before the screening checkpoints were established, the district administrator, leaders and healthcare workers made an announcement to let the villagers know. They told the villagers to be prepared and make sure they have enough food supplies to last three months. Some villagers have experienced food problems [shortages] so the leaders have allowed them access to [buying] food two days a week, on Mondays and Fridays only.”*

Similar measures were taken in Peh Wah Hta village, Meh Naw Ther Hkee village tract, Bilin Township, Doo Tha Htoo District, as local villager Saw K--- confirmed: *“We cannot go out anymore. Everything is closed now. However, [...] [w]e can go to town once every 15 days. [...] Only two villagers are allowed to go to town by car: a driver and another villager who carries the goods. The other villagers just ask the driver to buy what they need from town.”* In other areas, travel has remained restricted but local authorities made the necessary arrangements so villagers could access food. This was the case in Meh Pleh village, A’Kyoo village tract, Kaw T’Ree Township, Dooplaya District: *“Currently, it is difficult to travel, if we want to buy something, we cannot go to*

Kaw T'Ree. [...] The villagers are only able to buy things from the shops in the village. The village head helped by telling us to make a list [of products we cannot get from the village shops] and then ordered the items for us. We cannot go out." In Bu Tho Township, Mu Traw District, KNU authorities have also been arranging for food drop-offs for villages that can no longer travel across the Thai-Myanmar border or to local towns to purchase supplies.

Information received from Mu Traw and Kler Lwee Htoo shows that villagers in these districts must also comply with a 6 pm-6 am curfew. Although they might be able to travel within the area surrounding their village, most rural communities in Southeast Myanmar are now forbidden from going to major towns or travelling to other village tracts or townships. In some areas, exceptions can be made to these rules in case of emergency, and provided that villagers secure a travel letter from local authorities. Outsiders are usually not allowed to enter local villages and must conduct their business at the entry checkpoint.

Failure to comply with travel restrictions typically results in some sort of punishment. However, it can vary greatly between areas, ranging from heavy to sometimes non-existent. A local leader from Maw village tract, Noh T'Kaw Township, Dooplaya District, told KHRG that people from other village tracts would face both a heavy fine and detention if they are caught sneaking into his area: *"They'll have to stay outside the village for 45 days and pay a 100,000 kyats [USD 70.95] fine."* Given that a day labourer makes on average 5,000 kyats [USD 3.55] per day, such a punishment is likely to translate into severe financial challenges for the person at fault.

A KNPF officer manning a roadside checkpoint in Lay Hpoh Hta village tract, Dwe Lo Township, Mu Traw District confirmed that he would sometimes fine people who fail to comply with travel restrictions. He also routinely detains curfew breakers overnight: *"We make them sleep at the checkpoint and explain to them the policy the next morning. Then, we ask them to clean the area near the checkpoint as punishment."* However, KHRG's documentation suggests that travel restrictions are not always implemented with the same level of severity. Some checkpoints do allow curfew breakers to continue their journey, while others merely turn down villagers without travel letters. Although not mentioned in interviews, KHRG staff observed that bribing checkpoint officials also remains a common way of travelling without the appropriate permissions.

B. Screening checkpoints

Screening checkpoints have been set up by the Myanmar government, the KNU, but also by villagers themselves, and are found along the main roads, at areas of high travel or at the entrance to villages. Aimed at identifying those who display symptoms of COVID-19 and preventing them from traveling, the checkpoints require people passing through to have their temperature checked, and their personal information recorded. During the second wave, checkpoints began to enforce travel restrictions more heavily by verifying not just travel letters but the necessity for travel. They have also served as a means of providing awareness, as many checkpoints display COVID-19 information posters and provide masks and soap or hand gel.



This photo was taken on September 7th 2020 at the entrance of Kyar Inn village, Noh T’Kaw Township, Dooplaya District. It shows government healthcare workers, members of the Myanmar Police Force and local authorities stopping villagers to distribute masks and question them about their travel plans. [Photo: KHRG]



This photo was taken on November 29th 2020 in Ywa Thit Village, Kaw T’Ree Township, Dooplaya District. It shows a COVID-19 screening checkpoint built and monitored by the KNU, KNPF and health workers. [Photo: KHRG]

The establishment and running of COVID-19 screening checkpoints has been an ongoing issue since the beginning of the pandemic. The Tatmadaw and Myanmar government officials have taken a strong stance in enforcing who can establish and run checkpoints, and in which locations. In mixed control areas, screening checkpoints have thus often inflamed tensions between the Tatmadaw and EAOs. During the first wave of the COVID-19 pandemic, KHRG reported several instances where Tatmadaw soldiers burned or destroyed screening checkpoints that had been set up by the KNPF, or by villagers (with the approval of the KNU).⁴¹ Such action constitutes a violation of sections 5(a) and 5(b) of the NCA, both of which prevent signatories from carrying out actions that may be regarded as hostile. In Dwe Lo Township, Mu Traw District, these incidents also led to skirmishes between the Tatmadaw and the KNLA in May 2020.

In destroying the checkpoints, the Tatmadaw claimed that the checkpoints were not authorised by the Myanmar government and/or that the presence of KNLA soldiers or police officers at the checkpoints posed a threat to ceasefire agreements. Villagers have argued that the presence of security forces at the checkpoints has been necessary because without them they have had problems running the checkpoints and screening those passing through. In particular, there were issues with government officials and soldiers refusing to be screened in T’Nay Hsah Township, Hpa-an District and Tha Htoo (Thaton) Township, Doo Tha Htoo District.⁴²

⁴¹ KHRG, “[Mu Traw District Short Update: Destruction of KNPF COVID-19 screening checkpoints by the Tatmadaw and skirmishes between the Tatmadaw and the KNLA in Dwe Lo Township, May 2020](#)”, June 2020; KHRG, “[Southeast Myanmar Field Report: COVID-19, armed conflict, landmines and sexual violence, January to June 2020](#)”, September 2020; KHRG, “[Delayed and Uneven, COVID-19 Response in Southeast Myanmar, March to June 2020](#)”, October 2020.

⁴² KHRG, “[Delayed and Uneven, COVID-19 Response in Southeast Myanmar, March to June 2020](#)”, October 2020.

Due to conflict and problems with the Tatmadaw during the initial months of the pandemic, villagers and village authorities in mixed control areas were often hesitant to set up checkpoints at all. Those who did request approval from the Myanmar government prior to setting up the checkpoint reported waiting long periods to receive any sort of response from the government. Some received no response, as was the case in Lenya Bokpyin Special Area, Mergui-Tavoy District. Others have turned to setting up their checkpoint elsewhere to avoid problems with the Tatmadaw and government officials. During the second wave, KHRG did not receive any reports of destruction or dismantlement; thus the main issue was an inability to obtain approval from the government to establish local screening checkpoints.



This photo was taken on November 7th 2020 in S'Tein area, Ler Mu Lah Township, Mergui-Tavoy District. It shows a COVID-19 screening checkpoint built by villagers and KDHW. The Myanmar government did not allow local villagers to operate it, so they have gathered to discuss possible solutions. [Photo: KHRG]



This photo was taken on June 3rd 2020 in Thauk Yay Khat Town, section #3, Daw Hpa Hkoh Township, Taw Oo District. Pursuant to a request by local villagers, the KNU keeps operating this checkpoint despite having been asked to remove it by the Tatmadaw. [Photo: KHRG]

Both the destruction or forced removal of screening checkpoints, and the refusal to respond to requests for establishing checkpoints go against section 9(i) of the NCA, which states that the signatories should avoid restricting public health resources. The screening checkpoints do not simply serve to control and monitor passage and entrance to particular areas, they also serve as information centres, which is particularly important in areas where access to information is lower and there are fewer health resources.

Villagers have stated that the checkpoints are there for their protection and they feel safer when they have them in their area. According to one local authority, their very ability to protect themselves is being hindered when government authorities remove the checkpoints: *“For us, we want to prove and show to our people that we, as responsible leaders, are working for them. But when the Tatmadaw cannot trust us to protect our people from health issues, the Tatmadaw are going to become more influential [be able to increase their authority] and oppress us in many ways.”*

The lack of approval or response by the Myanmar government regarding the establishment of screening checkpoints is not only an impediment to villagers’ agency

in protecting their own health, but also an indicator of the government's disregard for the safety of ethnic minority populations within Myanmar.

During the second wave of COVID-19, another issue that surfaced was a lack of resources, both in terms of material and personnel. Some screening checkpoints have run out of supplies (like masks and hand gel), while others were set up despite lacking the supplies to properly screen those passing through. For instance, one villager in Zee Pin Ka Lay village tract, Daw Hpa Hkoh Township, Taw Oo District reported that at their village checkpoint, there is no thermometer to actually check people's temperature. This was also the case in Kyaw Kay Hkoh village, Kyaw Kay Hkoh village tract, Noh T'Kaw Township, Dooplaya District.

The screening checkpoints are typically run by some combination of local health workers, soldiers, police, local authorities, and villagers. In some cases, villagers run the checkpoint along with health workers and soldiers or police, rotating on a daily basis. Some villages have appointed specific villagers to monitor the screening checkpoint, whereas others allow the villagers to volunteer to take part. In either case, villagers work at the screening checkpoint without any compensation. During the second wave of COVID-19, KHRG received reports of checkpoint closures because of the inability to continue servicing those stations. For instance, in Kyar Inn village, Kyar Inn Shwe Doe village tract, Dooplaya District, one villager stated: *"They don't keep the screening checkpoint anymore because local people have to work for their livelihoods. The checkpoint did not allow villagers to go to their plantations but they [authorities] do not feed them. So, we talked to the village heads and explained the situation to them."* Similarly, in P'Ya Raw village, P'Ya Raw village tract, Bilin Township, Doo Tha Htoo District, villagers took down their screening checkpoint, despite the increase in COVID-19 cases in the area, because *"people who have to be at the screening checkpoint everyday are also getting tired so they just stop doing it"*.

These problems point to the need for more coordinated and supported efforts that allow communities to continue prevention measures as the pandemic enters its second year. In these rural areas where villagers are already experiencing livelihood difficulties and financial hardship, leaving the majority of the burden of awareness and prevention on the shoulders of villagers themselves poses challenges for the long-term maintenance of COVID-19 prevention.

C. Quarantine

With the rise in COVID-19 cases beginning in August 2020, along with the closer monitoring of travel, there was increased need for dedicated, more permanent quarantine facilities. As KHRG previously reported, during the first wave of the pandemic, schools were often used as temporary quarantine sites because the school year had already ended. When that was not possible, temporary shelters were sometimes built, or some sort of informal shelter was set up. Because villagers generally preferred keeping returnees outside of the village, in some cases villagers just arranged a place under the trees for those in quarantine. Many of these initial solutions were no longer feasible as need increased.

As with other prevention measures, directives came from both the Myanmar government and the KNU, depending on administrative control in the area. At first, the government had issued an order for quarantine centres strictly to handle people returning from abroad, but that quickly shifted to local travel as well when the virus began to spread. Although the KNU also set up guidelines requiring quarantine early on, in response to the second wave of infections, the KNU ordered the establishment of additional quarantine centres at key points of entry (like bus stations, ports/boat landings), at screening checkpoints, and in individual villages.



The above photos were taken on June 2nd 2020 in C--- village, Thauk Yay Khat village tract, Daw Hpa Hkoh Township, Taw Oo District. They show a quarantine facility managed by the KNU. From April to June 2nd 2020, a total of 29 domestic migrant workers had to undergo a 21-day quarantine in this facility before being allowed to return to their villages.

The photo on the left was taken on June 2nd 2020 in the same location. This smaller KNU quarantine centre was built near the one above to accommodate more villagers. Due to financial constraints, it had to be built with bamboo and tarpaulin. [Photos: KHRG]

In government-controlled and mixed control areas, some quarantine facilities were put in place by the government, but in general, the burden of building and running the quarantine facilities has been on the local villagers themselves. From KHRG interviews, it would seem that overall there has been little support to help run the quarantine centres. In some instances villagers have received help from the KNU, but in most cases, family members are typically the ones providing food and other supplies to people in quarantine. This can present an extra burden on families who are already struggling for their livelihood.

Because of the burden in setting up community quarantine centres, some villages have still had to use more informal arrangements. In Hser Hpo Hkee village, Hsuh K'Lee village tract, Kaw T'Ree Township, Dooplaya District, where many IDPs live, villagers are required to quarantine in the huts on their hill farms prior to coming back to their

village. In Hteh Bu village, Noe Kwee village tract, Ta Kreh Township, Hpa-an District, villagers were provided tents to use in their farms for quarantine.

Quarantine periods continue to vary from 7 to 21 days. Although guidelines have been provided by the Myanmar government as well as the KNU, decisions about the actual quarantine length seem to be made at the local level. Quarantine requirements, like travel restrictions, have varied across areas. In all cases, those who come back from foreign countries are required to quarantine. Quarantine for local travel has become more common, and typically includes major cities and towns, and other districts, but can depend on information and/or rumours about COVID-19 cases in surrounding areas.

As quarantine requirements have extended to include local travel, the impact has increased for rural villagers since it means that a quick visit to town could lead to quarantine. While most people have accepted the policies regarding quarantine, or have opted not to travel at all, KHRG did receive a few reports where people have travelled and tried to return without undergoing quarantine. In Lay Hpoh Hta village tract, Dwe Lo Township, Mu Traw District, there were reports of people trying to avoid quarantine by going to their farms instead of returning directly to their village. Health workers and security at B--- gate responded by requiring quarantine at B--- prior to allowing villagers to travel back to their villages.

In Plee Hta village, Thaw T’Koo village tract, Moo Township, Kler Lwee Htoo District, the local villagers did not have the means to build a quarantine shelter, and so have had to let people return to their village to self-quarantine at home. But some people have also attempted to avoid that. According to one interviewee: *“They came back and just went to stay in their huts. We told the village leaders to investigate immediately after we heard about it. But they disappeared after we heard and tried to find out about that. Therefore, we cannot take action against them because they escaped [disappeared].”*

Because the quarantine location is typically isolated from the rest of the community, it can create greater vulnerability for those under quarantine. This is particularly the case for women. KHRG received one report of a (drunk) police officer entering into the room of two young girls while they were in quarantine. He had taken off his shirt, so was clearly not there to check on their security. Luckily another officer was nearby and heard the girls scream. Unfortunately, this incident suggests that the presence of police officers does not necessarily serve to ensure greater security for those under quarantine.

Medical care is also not always provided at the quarantine site. While some quarantine locations are quite well-organised and have a health worker on-site who regularly checks in on those under quarantine, in areas where access to healthcare is already extremely limited, there is often no health worker at all to monitor the quarantine sites. In Zee Pin Ka Lay village, Zee Pin Ka Lay village tract, Daw Hpa Hkoh Township, Taw Oo District, for instance, one villager stated that there are no medical supplies for the quarantine. And yet, *“We have many villagers who go to work in Yangon and Mandalay. If they come back, they have to be in quarantine in our village school for 21 days. [...] After 21 days, we take them to Thandaung hospital for a medical [COVID-19] check-up.*

If they are not infected, they can go back to their families and stay with them.” There was no mention however of how medical issues might be handled during the 21 days of quarantine. Moreover, there is no contact whatsoever with the villagers while they are in quarantine: *“We provide food for them. We do not give food directly to them. When we send food, we just put it in the food place. We write their name on the box and put it in the food place. And then, they have to go and take it.”* Ultimately, if a medical issue arises, the villagers may not be aware until it is too late.

Due to limited healthcare services and testing capabilities to determine if people’s symptoms are COVID-19 related or not, some quarantine sites may be welcoming people with different illnesses and placing them in close contact with actual COVID-19 patients. A villager in Kyaw Kay Hkoh village tract, Noh T’Kaw Township, Dooplaya District explained that villagers displaying cold symptoms and a fever were likely to be sent to a quarantine centre rather than the clinic because health workers themselves are afraid of dealing with anyone displaying COVID-19-like symptoms. Although little information is available about how these centres are managed in Southeast Myanmar, given that most are one room structures with inadequate health services, these facilities may end up compounding the risk of transmission if COVID-19 cases increase.

Chapter 4: Livelihoods

“There are livelihood problems since the local villagers cannot travel. They cannot travel, so they cannot work for their livelihood.” – Saw R---, Ta Thoo Hkee village, Htee Th’Blu Hta village tract, Dwe Lo Township, Mu Traw District.

According to the UN Food and Agriculture Organisation (FAO), 70% of the population living in rural Myanmar largely rely on agriculture and casual employment.⁴³ As these activities typically require villagers to travel to access their farms and seek job opportunities, COVID-19 movement restrictions, coupled with the negative economic impacts of the pandemic, have translated into livelihood difficulties for most of the interviewees. Some cash crop farmers could not access their farms and most could not sell all of their harvest, while informal workers were unable to travel to find work in a context of shrinking demand for labour. In some areas, these challenges translated into food shortages, leaving entire communities in dire need of support.

It is also important to highlight the impact of travel restrictions on the flow of international remittances. Before the pandemic, there were two to three million workers from Myanmar in Thailand, and a further 450,000 in Malaysia and Singapore.⁴⁴ In 2019, these workers sent USD 2.8 billion in formal remittances to their families. However, given the importance of informal remittance channels, this figure is believed to be only a portion of the actual amount.⁴⁵ The imposition of lockdown measures to curb the spread of COVID-19 in early 2020 resulted in an economic slowdown in many destination countries, leading to job losses among the migrant population. This prompted many migrant workers to return to Myanmar and has led to a significant reduction in remittance flows.⁴⁶

Southeast Myanmar is one of the areas that rely most heavily on international remittances. In government-defined Karen State, 33% of families were receiving money from abroad in 2018.⁴⁷ Since rural households are more likely to receive international remittances,⁴⁸ this share is believed to be even higher in KHRG’s operational area. According to the United Nations Capital Development Fund, remittances are particularly critical in strengthening the financial resilience of women and rural populations, as they allow receptor communities to survive periods of economic hardship in the absence of adequate support from government schemes.⁴⁹ Thus the financial stability of many families in Southeast Myanmar has likely been impacted on multiple fronts.

⁴³ Food and Agriculture Organization of the United Nations, [FAO Country Programming Framework for Myanmar 2017–2022](#), 2019.

⁴⁴ World Bank, [Myanmar Economic Monitor – Myanmar in the time of COVID-19](#), June 2020.

⁴⁵ United Nations Capital Development Fund, [Impact of COVID-19 on Myanmar’s migrants and remittances](#), June 2020.

⁴⁶ World Bank, [Myanmar Economic Monitor – Myanmar in the time of COVID-19](#), June 2020.

⁴⁷ United Nations Capital Development Fund, [Impact of COVID-19 on Myanmar’s migrants and remittances](#), June 2020.

⁴⁸ World Bank, [Myanmar Economic Monitor – Myanmar in the time of COVID-19](#), June 2020.

⁴⁹ United Nations Capital Development Fund, [Impact of COVID-19 on Myanmar’s migrants and remittances](#), June 2020.

A. Farmers

Cash crop farmers were severely affected by movement restrictions, as it prevented some of them from working on their plantations and travelling to town to sell their products. In October 2020, Saw K--- from Peh Wah Hta village, Meh Naw Ther Hkee village tract, Bilin Township, Doo Tha Htoo District reported that this resulted in livelihood difficulties for his community: *“[Local villagers] are not allowed to travel. They cannot go to their plantations either because of the lockdown. We grow betel nut and betel leaves in our village and we sell our goods in town. There are currently no cars that travel from the village to the town. [Local villagers] cannot sell their goods so they cannot earn income. They are facing livelihood challenges as they do not have any income. [...] After we go to town, we have to undergo quarantine upon our return.”*

Increased travel restrictions following the COVID-19 outbreak in Bilin Town even impacted local villagers’ ability to visit nearby forests to hunt and fish, thus preventing them from engaging in supplementary livelihood activities to mitigate the economic impacts of the pandemic: *“At the moment, [villagers] cannot forage for food in the forest. [...] Villagers can feed their families if they can go fishing and hunting [in the forest]. At the moment, they cannot go to the forest. They cannot go to fish and hunt, so it is difficult for them to support their families’ livelihood.”* Saw K--- further emphasised the dire situation his community was facing by signaling the risk of food shortages in the near future: *“Given the current situation, they [villagers] will run out of food within the next three or four months.”*

In some areas, local authorities did allow cash crop farmers to work on their fields. However, they still remained barred from leaving their village to sell goods. According to Saw S---, this was the case in Keh Klah village tract, T’Nay Hsah Township, Hpa-an District: *“[Villagers] cannot sell [their goods] in the western places [towns] anymore. [...] We can only sell in the village. We are not able to sell in other villages so it is a problem.”* Although the trading of goods is allowed at entry checkpoints in some villages, this system does not give access to as many buyers as a town market would.

In areas where cash crop farmers were allowed to travel to the nearest market, the obligation to comply with strict travel requirements prevented them from selling enough goods. Naw T--- from Zee Pin Ka Lay village, Zee Pin Ka Lay village tract, Daw Hpa Hkoh Township, Taw Oo District recounted her experience to KHRG: *“[Villagers] are only allowed to travel within a limited timeframe, so they cannot sell as much as they want. In our village, we have to go to Nyaung Pin market early in order to sell our stuff because the market closes at noon. When we go to sell, we need to get travel permission, so we cannot sell as much as we want. Nyaung Pin market closes at noon [as ordered by the government], and other small markets close at 3 or 4 pm. We have to rush. If we are late, we cannot buy or sell as much as we want.”*

Due to movement restrictions, market access alone offers no guarantee of sufficient income to cash crop farmers. U Y---, a day labourer from Leik Tho Town, Daw Hpa Hkoh Township, told KHRG that there were fewer buyers in 2020: *“[Farmers] cannot sell much. People from other towns used to come and buy goods in our town in the past,*

but outsiders do not come here to buy [goods] this year.” He also pointed out that the price of cardamom had decreased in 2020. This problem affected other cash crops across the wider region, as Saw V--- from K’Wer village, Palaung village tract, Ler Mu Lah Township, Mergui-Tavoy District explained: *“COVID-19 has impacted local livelihoods by leading to a reduction of the price of local crops such as betel nut. Local people are facing livelihood challenges because of the drop in cash crop prices.”* Naw Z---, a villager from Meh T’Kee village, Kyaw Hta village tract, Kaw T’Ree Township, Dooplaya District also reported facing a similar situation: *“There are buyers, but it’s just that the price of goods has decreased. For example, the price of our betel nut has decreased while the price of other goods from the shop has increased.”*

KHRG’s documentation suggests that subsistence farmers have been less impacted by travel restrictions. As they usually grow most of what they eat – typically rice – they are less dependent on access to markets for their livelihood. In Doo Tha Htoo District, the local villagers had already planted their paddy crops before travel restrictions were implemented, so the rice growing cycle was not affected. This was notably the case in Waw Poo village, Neh Paw Hta village tract, Tha Htoo Township. Local villagers could therefore count on the rice they harvested in 2019 and engage in supplementary livelihood activities such as fishing.

Similarly, Naw Ab---, the Kyar Inn Shwe Doe village tract administrator in Dooplaya District, told KHRG that local communities were able to overcome the negative effects of movement restrictions thanks to the rice from previous harvests they had left: *“Most of us in the rural areas do not have livelihood problems because we store the rice we get from the farm every year.”* Others were permitted to work on their farms despite the travel restrictions, which allowed them to secure their livelihoods. According to local villager Naw Ad---, this was the case in Hteh Bu village, Noe Kwee village tract, Ta Kreh Township, Hpa-an District: *“There are no problems for the farmers because farmers can go to their farms. The gate keepers [checkpoint officials] allow them to go.”*

However, in some cases, rice farmers have not been able to draw on previous harvests to cope with the economic crisis caused by COVID-19. Farmers in Law Pa Hkee village, Noh T’Kaw Township, Dooplaya District have not been able to build up reserves due to multiple years of drought. According to one villager: *“We have faced weather problems since last year, and [we faced them] again this year. Most of the people would tell you that their paddy crops dried up and died. It is not going well for the local villagers and it is very difficult for them.”* Although farmers have been impacted differently by the recent droughts, KHRG’s documentation shows that the lack of rain over several years has translated into poor harvests in multiple locations across Dooplaya and Mu Traw districts, putting entire communities at risk of food shortages.⁵⁰

⁵⁰ KHRG, [“Southeast Myanmar Field Report: COVID-19, armed conflict, killings and sexual violence, July to December 2020”](#), February 2021.

B. Informal workers

According to the 2017 Labour Force Survey, 83% of Myanmar's workforce is engaged in informal labour – but the percentage is higher in rural areas.⁵¹ In Southeast Myanmar, casual employment tends to be seasonal or sporadic. It offers no guarantee of stable income and typically requires workers to travel to other areas. COVID-19 movement restrictions have prevented villagers from travelling to seek work opportunities, as noted by a KHRG researcher in an update on the situation in Bilin Township, Doo Tha Htoo District in the initial months of the pandemic: *“Since there are travel restrictions during the COVID-19 period, the villagers who have to work outside of the village, such as carpenters, workers who dig wells and those who have to buy food from other nearby places have faced challenges for a while. Those who rely on farming and plantations do not face livelihood challenges.”* (Although some farmers might not have faced problems, particularly early on, the situation described by this villager does not accurately reflect the difficulties faced by most farmers over the course of the pandemic.)

Informal drivers were particularly affected by the restrictions as their income depends on their ability to travel to other areas on a daily basis – which became impossible during most of 2020. In May 2020, the village head from Htee Gu Thaw village, Htee Gu Thaw village tract, Kruh Tuh Township, Dooplaya District warned that, as long as strict travel restrictions remained in place, day labourers would face economic difficulties: *“Some villagers secure their livelihood through casual, daily wages. They face livelihood difficulties due to movement restrictions. [...] If the travel restrictions are implemented strictly, it will impact [their] livelihoods.”*

In addition, the economic slowdown caused by lockdowns has resulted in a decreased demand for day labourers. In the words of Saw Ag--- from Law Pa Hkee village, Noh T’Kaw Township, Dooplaya District: *“People [employers] used to hire workers in the previous years, but there is no one hiring workers this year. I think people [employers] are struggling this year too.”* This lack of job opportunities translated into a significant – and sometimes total – loss of income for countless households across the region. Saw Ah--- from Plee Hta village, Thaw T’Koo village tract, Moo Township, Kler Lwee Htoo District summed up the overall situation to KHRG: *“If there is no work, there is no income. Fewer people hire workers, but there are more workers. That’s the situation now. There is no work for every day.”* Thus, jobless informal workers in his area had to start foraging in forests to try and secure their livelihoods: *“[P]eople are picking vegetables and roots in the forest, and they sell them. [...] During the rainy season, they pick bamboo shoots and exchange them for rice. They do whatever they can.”*

For households that rely on day labour, wages are often completely consumed by daily needs, preventing the accumulation of savings and making these families particularly vulnerable to economic shocks⁵² Naw Ai--- from Noh K’Neh village, Kyo Wine village

⁵¹ Myanmar, Ministry of Labour, Immigration and Population, [Annual Labour Force Survey - Quarterly Report \(1st Quarter, January-March 2017\)](#), September 2017.

⁵² UNICEF, Central Statistical Organization of the Ministry of Planning, Finance and Industry & UNDP, [Overcoming Child Poverty in Myanmar – Investing in Human Capital, Responding to COVID-19](#), July 2020.

tract, Bilin Township, Doo Tha Htoo District explained that most people live hand to mouth in her area: *“There is only day labour around here, so you just earn for one day. You earn for one day and you use it for that day. You cannot work to save [money] for later in the year.”* As their ability to cover daily expenses depends on whether they can find work every day, COVID-19 restrictions have put informal workers at great risk of facing hardship.

Saw Ah--- told KHRG that some day labourer families in his community were now in dire need of humanitarian support. These households were already facing livelihood difficulties before the pandemic, and they have seen their economic situation worsen even further in 2020. In describing their situation, he states: *“Most of them are widows and people with disabilities. [...] They have been in a bad situation since before [the pandemic]. They borrow money to buy food and pay it back after they [receive their wages]. Then, they have to borrow again and work to pay their debts. Sometimes, they cannot pay their debts so they stay indebted.”*

C. Food shortages and economic hardship

Livelihood difficulties caused by travel restrictions have resulted in increased economic hardship as well as food shortages for many families. In Maw village tract, Noh T’Kaw Township, Dooplaya District one villager spoke of the challenges in his community: *“Lack of food is an issue. Some people have to eat roots because they’ve run out of food. [...] The parents go to the forest to find elephant yam while the children who stay at home have to borrow a bowl of rice from others in order to eat.”* Saw Ag---, an unemployed day labourer living with six of his children in Law Pa Hkee village, Noh T’Kaw Township recounted the difficulties he was facing: *“We cannot afford to buy food as we don’t have money. It has been a hard year for me. We could find work in other places before, so it was going well. The situation is not good this year, and I also have health issues.”* He further explained that he would try to find vegetables – presumably by foraging in the forest – to supplement a mostly rice-based diet; and that he could not afford to buy meat. Having also had to scale back their number of meals, it is likely that members of his household are now suffering from malnutrition.

Local support networks have also become strained as more people face hardship. Saw Ag--- explained that the drought made his entire community more vulnerable to the negative impacts of COVID-19 restrictions since local farmers could not help jobless workers like himself anymore: *“There are many people whose paddies died as well. Therefore, we cannot rely on each other much. There was not much rain this year either. If we are unfortunate, we might have to eat [live off] rice porridge. We can no longer even guarantee that we will have rice porridge if there are many food shortages.”*

Naw Ai--- from Noh K’Neh village, Kyo Wine village tract, Bilin Township, Doo Tha Htoo District stressed that problems are greatest for large families, female-led households and older people living alone: *“Yes, there are families who need support in this difficult time. Some families have many children, some are widows, and some elders are not supported by their children or grandchildren.”* Even those who may have previously been supported by family members working abroad were likely to have faced increasing

challenges as those family members were forced to return to Myanmar. Not only have these returnees been unable to contribute significantly to the family's income due to a lack of job opportunities, they may now be adding to the family's burden.

The most pressing need for many villagers like Naw Ak--- from Htee Hpa Htaw village, Way Hk'Nah village tract, Waw Ray Township, Dooplaya District is the lifting of travel restrictions to be able to return to work: *"We would like to travel and work like in the past. I think that [if] we are able to travel and work, it would be better for us. It is our challenge at the moment."* Although there may be a strong temptation to lower travel restrictions in order to mitigate the negative livelihood impacts, it may be more constructive to come up with alternative solutions that allow villagers to continue pursuing their livelihoods in some modified form. The already emerging community-driven solutions need to be supported and viewed as potential models to explore.

Chapter 5: Support

Given the international funding received by the Myanmar government to respond to the COVID-19 pandemic, as well as the government's larger national responsibility to its citizens, the Myanmar government should be the primary provider of support to rural villagers. Although the Myanmar government has set up assistance programmes, they remain out of reach to many in need, particularly those in areas more heavily controlled by EAOs. More importantly, little has been done by the government to create a wider service infrastructure to help rural areas. Instead, EAOs, and villagers themselves, with the help of a few CSO/CBOs and local NGOs, have had to develop their own solutions.

A. Myanmar government support

On April 27th 2020, the Myanmar government adopted a COVID-19 Economic Relief Plan (CERP) containing several measures to mitigate the economic impact of the pandemic. These included electricity tariff exemptions for all households, as well as food and cash transfers to vulnerable households, including IDPs. Despite the CERP's promises of "leaving no one behind", the interviews conducted by KHRG show that only households in government-controlled or mixed control areas have received that assistance. Although the numbers are difficult to determine, up to 350,000 people in Southeast Myanmar may have been left out.⁵³

As part of the CERP, the Myanmar government claims to have provided 50 billion kyats [USD 35.5 million] worth of food to nearly 4 million households without a regular income in April 2020.⁵⁴ It also distributed 402.7 billion kyats [USD 285.7 million] to vulnerable households through three rounds of 20,000-kyat [USD 14.19] cash transfers from May to September 2020.⁵⁵ It should be noted that this only represents 333 kyats [USD 0.24] per day over a six-month period – provided that these households actually received the full amount, which has not been systematic. This is far below the international poverty line of USD 1.90 per day per capita, and insufficient for households that have lost their income because of the pandemic. In November-December 2020, the government distributed 164 billion kyats [USD 116.4 million] as part of a fourth round of 40,000-kyat [USD 28.38] cash transfers.⁵⁶

⁵³ Estimates for how many people might have been left out of the government's programme are difficult to make since there is no official data on the number of people living in KNU-controlled areas. Even more difficult to estimate is the number of people in mixed control areas that might not be registered by the Myanmar government, and thus would not have been eligible for the government support. A 2016 report by The Asia Foundation estimated 250,000-350,000 people living in KNU-controlled areas. See Kim JOLLIFFE, *Ceasefires, Governance, and Development: The Karen National Union in Times of Change*, The Asia Foundation, 2016, p. 5.

⁵⁴ Aung Thiha, "[Myanmar Offers Struggling Families COVID-19 Cash](#)", *The Irrawaddy*, November 2020; KHRG previously reported 71.103 billion kyats in food as listed by the IMP Policy Tracker in September 2020, see KHRG, "[Delayed and Uneven COVID-19 Response in Southeast Myanmar, March to June 2020](#)", October 2020.

⁵⁵ Aung Thiha, "[Myanmar Offers Struggling Families COVID-19 Cash](#)", *The Irrawaddy*, November 2020.

⁵⁶ Ibid; International Monetary Fund, [Policy Tracker: Myanmar](#), accessed March 30th 2021.



These photos were taken on September 23rd 2020 in T’Keh area, T’Naw Th’Ree (Tanintharyi) Township, Mergui-Tavoy District. They show local villagers receiving financial aid from the Myanmar government during the COVID-19 pandemic. They were provided 15,000 kyats [USD 10.65] per household. [Photo: KHRG]

Interviewees living in government-controlled and some mixed control areas in Southeast Myanmar described receiving some form of support from the Myanmar government – mostly food, financial aid and COVID-19 prevention materials. In the words of Naw T--- from Zee Pin Ka Lay village, Zee Pin Ka Lay village tract, Daw Hpa Hkoh Township, Taw Oo District: “[T]he Myanmar government donated money to villagers. Each household [in need] received 20,000 kyats. They received money three times during the pandemic. The Myanmar government also did not ask for electricity fees from villagers.⁵⁷ It is a good thing. Villagers can use electricity for free during the pandemic.” She also explained that people in need also received rice, oil, and salt; and that people over 60 years of age got food and a 50,000 kyats [USD 35.48] payment on one occasion. Similarly, as of October 2020, the Myanmar government had provided four rounds of support for villagers who rely on day labour in K’Ser Doh Township, Mergui-Tavoy District.

However, KHRG’s documentation shows that villagers did not always receive the stated amount of financial support, nor did they receive it as often as the Myanmar government claimed. In P’Ya Raw village, Bilin Township, Doo Tha Htoo District, villagers did receive financial support on three occasions but some of them received 20,000 kyats, while others were only provided with 10,000 kyats [USD 7.10]. An interviewee from Hpa-an District also stated that villagers in need in Tho Pee village, Keh Klah village tract, T’Nay Hsah Township, Hpa-an District had only received 20,000 kyats once as of December 2020. In addition, some local leaders charged transportation fees for picking up and distributing government support, which raised concerns about inappropriate use of funds and often led to distrust and conflict. In Kaw Baw village, Lenya Bokpyin Special area, Mergui-Tavoy District, 30 households in need received 20,000 kyats each, but had to give back 5,000 kyats [USD 3.55] to the local leaders. In An--- village, Mi Taing Taw village tract, Moo Township, Kler Lwee Htoo District, local leaders kept 75% of the

⁵⁷ The tariff exemption only covered the first 150 units of electricity consumed per month. Many rural households in Southeast Myanmar are not located within the national power grid, and therefore were not able to benefit from this aid.

support money for themselves, arguing that it was meant to cover expenses associated with transportation, printing travel letters and food.⁵⁸

In some areas, villagers in need did not receive any kind of support from the government. KHRG's documentation suggests that the distribution of financial support is managed by township authorities, whereas local leaders are responsible for identifying beneficiaries. However, the identification process lacks transparency, as there seem to be no consistent guidelines on who should be eligible for support. According to a KHRG researcher, Wa Hkaw Doh village, Kleh Muh Htee area, K'Ser Doh Township, Mergui-Tavoy District received no support, even though neighbouring villages did, because of the local village tract administrator's "*improper monitoring and assessment*".

A female village tract administrator in Noh T'Kaw Township told KHRG that the government had established specific eligibility criteria: "*The government has nine rules when it comes to the distribution of support: the support should not be given to [households living in] houses with a zinc roof, persons with a salary [formal workers], retirees who receive a pension, people whose children are supporting them from abroad, farm owners, rubber plantation owners, motorbike owners, cattle owners, and plantation owners. Yes, they have these nine limitations. We have to examine [the situation] and choose only those who do not have these nine things.*" However, these criteria seem to differ from one area to the next. In T'Nay Hsah Township, Hpa-an District, local leaders were just told to identify households in need based on their own assessment. In Tho Pee village, Keh Klah village tract, T'Nay Hsah Township, Hpa-an District, the village leaders included 10 households from each village in the distribution list, which suggests that a quota system was implemented in the area. Similarly, in T'Hkaw Pwa village, Moo Township, Kler Lwee Htoo District, support was only provided to 35% of households. As a local villager explained: "*The central government provided 20,000 kyats to all households that faced livelihoods difficulties during the COVID-19 pandemic. They provided support based on percentage. For instance, if there are 100 households, only 35 households will get support. It is 35%. In our village, we have more than 400 households, so 163 households received support.*"

The absence of consistent eligibility guidelines, coupled with a lack of information on government support among local leaders might have contributed to the uneven distribution of relief packages. These problems of inconsistency and clarity were particularly high in mixed control areas. Sometimes neighbouring villages did not all receive support since some might be under government control while others are under KNU control. Villages that are themselves under mixed control seemed to have even greater problems since not all villagers in need within the same village seemed to be eligible (which may explain the system of quotas that were used in some areas like T'Hkaw Pwa village, Moo Township). This uneven distribution led local villagers facing livelihood difficulties to complain about the lack of transparency surrounding the whole process. Ma Ag---, a widow from Ar--- village (a mixed control village), Mi Taing Taw village tract, Moo Township, Kler Lwee Htoo District told KHRG that she had been removed from the list of beneficiaries for no apparent reason despite the fact that she

⁵⁸ KHRG, "[Kler Lwee Htoo District Situation Update: Gold mining activities, COVID-19 and access to electricity in Moo Township, August 2020 to October 2020](#)", March 2021.

had initially received food support: *“I want transparency, so I am asking: ‘Why did I not receive the support?’ She [the village secretary] told me: ‘If you don’t receive it this time, you will receive it in another week.’ I said: ‘How many weeks have you been giving me this excuse?’ If we line up all those in need from Section 2 [a specific area of the village], I will be first in line. I do not have a cow or a buffalo, a plantation, a hill farm or any job.”* In this specific case, a group of villagers reported the issue to the local authorities in October 2020, after which the village administrator took the necessary measures to arrange for a fairer distribution.

The uneven distribution of support also created tensions between villagers, resulting in social conflict. This was the case in Hpaw Ner Moo village, Meh T’Hkreh village tract, Noh T’Kaw Township, Dooplaya District, as a local villager explained: *“The Myanmar government helped a lot of villages, but it [the support] is making the villagers quarrel with one another because some villages did not get anything. Even within the same village, not all [villagers] received support from the Myanmar government.”* This kind of social conflict seemed to be much less prevalent in areas where support was distributed more fairly, especially when local villagers had a certain understanding of the objectives of the support programme, and when all of those in need were included in the distribution. This was the case in Zee Pin Ka Lay village, Zee Pin Ka Lay village tract, Daw Hpa Hkoh Township, Taw Oo District, as local villager Naw T--- explained: *“We do not have any issue regarding the support, but we heard that social conflict happened in other areas. Some people complained that they did not receive support whereas other people did. In our village, we do not have that kind of problem because we understand that the Myanmar government prioritises those who really need help.”*

According to one report, a key barrier to receiving support from the Myanmar government is the presentation of household documents. In Plaw area, Moo Township, Kler Lwee Htoo District, only villagers who could furnish their household registration list were eligible to receive the government’s COVID-19 aid. As KHRG has previously reported, access to civil documents like national ID cards and household registrations has been a serious issue in rural communities.⁵⁹ Villagers often do not have the necessary supporting material to obtain their civil documents, or are asked to pay fees (bribes) that they cannot afford.

In some instances, it seems that local leaders themselves were not apprised of the process. In areas of mixed control, who is eligible for government aid becomes more complicated since the government never explicitly stated that EAO-controlled areas would be excluded. A village head from Htee Moo Hta village tract under KNU control in Mu Traw District even explained that he had made a list of households in need, but that he did not know whom to refer it to: *“Yes, I already collected [the names of the households who need support]. There are about 20 households who are in need and facing a really bad situation. I am going to report it, but I am not sure where to [whom to report it to].”*

⁵⁹ KHRG, [“Minorities under Threat, Diversity in Danger: Patterns of Systemic Discrimination in Southeast Myanmar”](#), November 2020.

It is not always clear where support comes from. In September 2020, the village tract leaders in Noh K’Neh village, Kyo Wine village tract, Bilin Township received an unspecified amount of money from the Myanmar government. They were not sure whether this was COVID-19 support or money distributed as part of the election campaign (vote buying is common in Myanmar). Since the Myanmar government officials denied any link to the election, the village tract authorities shared it among community members, with each villager then receiving 2,000 kyats [USD 1.42].

B. KNU support

Since the Myanmar government support has not reached all rural households, particularly those living under KNU control, the KNU has tried to step in to fill the void in some areas. Most of the support provided by the KNU has come in some form of material assistance (although early on, KHRG had reports of some cash assistance being provided). The KNU seems to have been particularly involved in providing villagers with COVID-19 prevention materials and food items, often through KDHW. In T’Hkaw Pwa village, T’Hkaw Pwa village tract, Moo Township, Kler Lwee Htoo District, for instance, the KNU provided masks, soap, hand sanitizer, and infrared thermometers on three occasions. In Thaw T’Koo village tract, Moo Township the village leaders have been active in coordinating supplies so that villagers in need are still able to protect themselves: *“The village head keeps those masks and he arranges to give them to the villagers who cannot afford to buy them. Those who cannot buy, they can go and ask the village head.”* Similarly, in Noh K’Neh village, Kyo Wine village tract, Bilin Township, Doo Tha Htoo District, the KNU provided food, toothpaste, soap, mosquito nets and other items to the local quarantine centre. However, the interviews conducted by KHRG suggest that the KNU did not have a consistent and systematic relief policy to help households in need. Support typically was arranged at the township or village tract level.

Border communities in Bu Tho Township, Mu Traw District who used to buy food in Thailand were hit particularly hard by the closure of the Thai-Myanmar border from March 2020 onward. In addition, these communities live in mountainous areas where transportation is challenging and where lack of roads may require travel along waterways. To ensure that local villagers would still be able to buy food despite the travel restrictions, the central KNU authorities founded a COVID-19 Relief Committee. This committee bought rice with support from Thai donors and Karen people living abroad in order to sell it back to local villagers at no extra cost. It then stored it beside the Salween River in a place that villagers from Pa Heh, Hkaw Poo and Bu Ah Der villages could easily access. Similar storage places were arranged for other villages throughout the township in response to local restrictions preventing villagers from traveling to town. It is estimated that the committee bought enough rice to cover the needs of the villagers for two to three months.

The KNU in Htaw T’Htoo (Htatabin) Township, Taw Oo District also prepared rice for villagers in order to cope with potential food shortages as lockdowns were put in place and travel restrictions continued. The KNU leaders provided rice that the villagers could pay for later, interest free, after their own rice crops are able to be sold.

Several interviewees from KNU-controlled areas however reported receiving no support from the KNU. This was the case in Htee Hpa Htaung village, Way Hk'Nah village tract, Waw Ray Township, Dooplaya District, as a local village secretary explained: *“No, we did not get anything. [KHRG researcher: What about food?] No, nothing. We cannot travel anywhere so we face difficulties as well. We just have to help each other in the village.”* The government village tract administrator from a mixed control area in Noh T’Kaw Township told KHRG that, although the KNU collected information, presumably on households in need in the area, they had yet to provide any support as of November 15th 2020 – they had only received support from the Myanmar government. KNU budgets are handled at the district level, and thus many of the KNU COVID-19 support initiatives have been handled at local levels. This may explain why support coming from the KNU has been uneven across areas.

C. CSO/CBO and NGO/INGO support

CSO/CBOs and NGOs have been an important source of support. Since the first wave of COVID-19 infections, local organisations like BPHWT, Karen Women’s Organisation (KWO) and the Committee for Internally Displaced Karen People (CIDKP) have been particularly active in providing prevention materials and organising awareness activities. KHRG reported a wave of support from NGO/INGOs and other organisations at the outset of the pandemic,⁶⁰ however, during the second wave of COVID-19, there may have been a decline in NGO/INGO support, with most support coming from CSO/CBOs. KHRG interviews from the second wave point to limitations being placed on aid organisations’ ability to operate in some areas.

As KHRG previously reported, IDPs and repatriated refugees are particularly vulnerable since many are living in highly unstable situations. KHRG was able to interview several IDPs and one repatriated refugee in Kaw T’Ree Township, Dooplaya District. According to them, there had been no awareness training, and the Myanmar government was not allowing NGOs or UN organisations into the area to provide assistance: *“If they are around this area, it is still fine. They can come [stay] but if they are NGOs or the UN from other areas, they cannot come. If the workers or staff are in Kyainseikgyi then they can come to our area. Other UN organisations in Myanmar would like to come to us but the Myanmar government does not allow them to come.”*

Aid organisations can find their work blocked over issues of authorisation. PACT Myanmar tried to offer support in the form of awareness training and prevention supplies to local villagers most in need in (mixed control) Kyar Inn Shwe Doe village tract, Noh T’Kaw Township, but was reprimanded for having done so. The (government) village tract administrator said that they did not distribute supplies evenly, because they distributed to some villagers who were not officially living in local villages, *“just random households that come to the area for a period of work”*. According to the village tract administrator: *“The neighbouring villages under our village tract did not receive anything, so they reported it to me. I contacted the chief of PACT Myanmar organisation and told him/her that ‘you cannot provide support this way; you have to come through us*

⁶⁰ KHRG, [“Delayed and Uneven, COVID-19 Response in Southeast Myanmar, March to June 2020”](#), October 2020.

[Myanmar government] or the KNU village authorities. The place you provided support is not a really a village but just temporary huts of people who come to work for casual daily work in rubber plantations.” Although the village tract administrator was concerned about the actions of PACT Myanmar as leading to future conflict, it also meant blocking future aid for what was most likely a particularly vulnerable population.

Fortunately, some organisations have been able to continue their work. With on-going concerns about lack of prevention materials, certain aid organisations are trying to work on long-term solutions. Malteser International provided some technical training for villagers. A female villager in Hteh Bu village, Noe Kwee village tract, Ta Kreh Township, Hpa-an District explained that *“They provided us soap, masks, clothes, awareness information and taught us how to sew masks; they provided cloth and elastic for mask sewing as well. One [standard disposable] mask costs 1,000 kyats and we can only use it one time. We have to wear a mask whenever we travel so we cannot always afford them. Therefore, they came and taught us how to make masks.”* Malteser International also provided support to families in most need: 75,000 kyats [USD 53.21] per household. This met with some displeasure from villagers who were not included, but was accepted in the end. In addition, they have provided regular financial support to the poor, elderly and disabled (20,000 kyats a month), as well as hand washing basins, and drinking water containers to everyone in the community.

The KWO provided food and financial support to the local communities in Bilin Township, Doo Tha Htoo District. In P’Ya Raw village, they provided 13,000 kyats [USD 9.22] and one basket of rice, oil, tinned fish and eggs for the villagers with critical livelihood situations such as widows, sick people, and families with many children. They also provided 10,000 kyats, 1,000 fabric masks that they sewed themselves, awareness posters, hygiene materials and other food aid such as oil, potatoes, egg and rice to the villagers in Noh K’Neh village, Kyo Wine village tract, Bilin Township. The KWO also provided support to Maw Nay Pwa Area, Htaw T’Htoo Township, Taw Oo District in the form of food to elders above the age of 70, widows and disabled people.

A villager from Hpaw Ner Moo village, Meh T’Hkreh village tract, Noh T’Kaw Township, Dooplaya District mentioned that, as a mixed control area, some villagers did not receive Myanmar government support so CIDKP stepped in to assist these villagers. The local organisation Kwe Moe Pwar Thar Danar (a religious organisation) and Medical Action Myanmar (MAM) were able to provide hygiene materials to the villagers in Zee Pin Ka Lay village, Daw Hpa Hkoh Township, Taw Oo District.

D. Village support/mutual aid

With little consistent and/or substantial support coming from other sources, villagers have had to rely on each other to ensure their basic needs. Although, KHRG interviews point to tensions between villagers as a result of many of the new policies and restrictions, they also point to mutual aid among villagers as food shortages became more widespread within communities. Some individuals have turned to helping each other through sharing and borrowing food, while some community groups and individuals

have made donations to the wider community.

A villager in Chaw Kwaw village, Yeh Muh Plaw village tract, Lu Thaw Township, Mu Traw District said: *“We share food with each other if someone does not have enough food.”* Another villager in Dooplaya District also added that: *“Villagers have to borrow food from each other in the community. When the road re-opens, they will pay it back. There is no other choice.”*

In Hpa-an District, a Muslim villager donated rice and onions to the fellow villagers in the same community. Another individual villager in Kler Lwee Htoo District also donated financial support to poor households through an arrangement with the church. Another church in Plee Hta village, Thaw T’Koo village tract, Moo Township, Kler Lwee Htoo District provided financial support for some villagers who could not cover their healthcare expenses. Even with this local community assistance, many villagers are seriously struggling and have turned to reducing their consumption or taking out loans. Without outside assistance, the situation in many communities and their ability to offer mutual aid will seriously decline.

Chapter 6: Healthcare

Rural populations in Southeast Myanmar already faced numerous obstacles in accessing healthcare before the pandemic, including poor road infrastructure and lack of healthcare facilities. Although some communities do have access to small clinics managed by KDHW, the Myanmar government or NGOs, these facilities tend to lack resources, medicine and/or personnel; and are typically only able to treat mild conditions. Thus, villagers suffering from more serious medical conditions must be sent to Myanmar government hospitals. In many of the more remote areas, where clinics and hospitals are out of reach, villagers rely on visits from mobile health teams or individual health workers. Travel restrictions and the diverting of resources to more heavily infected areas have reduced the availability of rural services. Likewise, COVID-19 fears have reshaped the quality of care and also seem to be leading to avoidance of care.

A. Access to healthcare services and treatment

The interviews conducted by KHRG in early 2020 suggest that in most cases local authorities took the necessary measures to allow travel for emergency and major health issues. In May 2020, interviews in parts of Kruh Tuh Township, Dooplaya District and Moo Township, Kler Lwee Htoo District indicated that local villagers could still access healthcare services in case of emergency. That remained the case in late 2020, despite increased travel restrictions. In T'Hkaw Pwa village tract, Moo Township, Kler Lwee Htoo District, one villager noted: *"We do not have any problems regarding [access] to healthcare because we have leaders and regulations in our village. Emergency patients can get travel permission letters from the village leader when they really need to go to the hospital."* In Hteh Bu village, Noe Kwee village tract, Ta Kreh Township, Hpa-an District, villagers were informed that they *"could travel in case of major health conditions, because the patients could die if they do not access healthcare services. We can travel for healthcare purposes, but not for visiting [other people]."*

However, in at least one area, some local authorities do not allow villagers to go to town at all, including for healthcare purposes. An interviewee from Blaw Hkoh village, Saw Muh Plaw village tract, Lu Thaw Township, Mu Traw District reported in September 2020 that, because of this policy, community members had to rely exclusively on the Teh Hpoh Hta village tract clinic, a facility that might not be equipped to deal with serious health conditions.

The focus on accommodating medical emergencies can be problematic in areas with already limited healthcare services. Villagers are more likely to make the decision to delay their care, or underestimate the gravity of their condition. The inability to access non-urgent healthcare services can also have more lasting impacts. For instance, in Zee Pin Ka Lay village tract, Daw Hpa Hkoh Township, Taw Oo District, the local population was not able to get their children vaccinated (for routine vaccinations) because this healthcare service lies outside the area in which they are allowed to travel.

Many of the border communities, particularly in Dooplaya District, consist primarily of IDPs and repatriated refugees and have established themselves along the border

precisely because longstanding conflict and/or land confiscations prevent them from returning to their original village. As such they have become heavily reliant on crossing into Thailand to access Thai healthcare facilities. Thus, the closure of border checkpoints from March 2020 onwards has left some of them without access to healthcare services. An IDP from N--- village, Hsuh K'Lee village tract, Kaw T'Ree Township, Dooplaya District told KHRG that he had to risk crossing the border illegally to buy food, and pointed out that he would be left without access to healthcare if he could not sneak into Thailand anymore: *"Yes, it would be a very big problem. The most important thing is healthcare. We need to have good health. The weather now is getting cold. We can't buy medicine anywhere [in Myanmar] when we get sick. There are no health workers based in our village."*

Saw Az--- from Paw Ner Moo village, Meh T'Hkreh village tract, Noh T'Kaw Township, Dooplaya District confirmed that people in some border areas were still accessing healthcare in Thailand, mostly in refugee camps: *"Patients such as pregnant women, old people and especially suspected COVID-19 cases are allowed to go to the border [to healthcare facilities in refugee camps] or to Thailand [other Thai public hospitals] if they need to. But they have to bring a recommendation letter with them."* However, it would appear that such arrangements are mostly informal, which leaves people who cross the border vulnerable to detention by the Thai authorities. Some villagers living in border communities might now choose not to seek healthcare services in Thailand out of fear of being arrested if they do.

Since the outbreak of COVID-19, the Myanmar government also stopped sending staff to provide healthcare services in some villages, further restricting the availability of local services. This was the case in Mine Lone village, Mine Lone village tract, Daw Hpa Hkoh Township, Taw Oo District. In addition, travel restrictions have resulted in supply difficulties for some clinics located in rural areas, thus further undermining their ability to offer quality healthcare services. This issue was identified back in June 2020: *"Due to the travel restrictions during the COVID-19 pandemic, almost all of the clinics ran out of medical supplies. Thus, civilians have to buy medicine from the shop and take the medicine to the health workers for treatment."* Interviews conducted in late 2020 suggest that several clinics in other districts experienced the same difficulties. In October 2020, a local villager told KHRG that the KDHW clinic in J--- village, Meh Naw Ther Hkee village tract, Bilin Township, Doo Tha Htoo District faced medicine shortages because their workers could not resupply in town as easily. Similarly, the BPHWT clinic in X--- village, Kyaw Hta village tract, Kaw T'Ree Township, Dooplaya District did not receive any medicine delivery in 2020.



This photo was taken on August 20th 2020 in Mine Lone village, Mine Lone village tract, Daw Hpa Hkoh Township, Taw Oo District. Staff from Free Burma Rangers (FBR) came to provide medical services to the villagers. Since the outbreak of the COVID-19 pandemic, Myanmar government health workers have stopped coming to provide healthcare services in the village. [Photo: KHRG]



This photo was taken on June 2nd 2020 in Thauk Yay Khat village, Th’Htay Hkee village tract, Daw Hpa Hkoh Township, Taw Oo District. This Tatmadaw clinic used to provide free treatment for the local villagers. It has been shut down since the beginning of the pandemic. [Photo: KHRG]

B. Avoidance of medical care and treatment

Interviews conducted by KHRG in late 2020 show that fears associated with COVID-19 discouraged villagers from trying to access healthcare services. As rural communities tend to perceive it as a disease that primarily affects people living in towns or cities, some villagers were afraid to go to public hospitals during the second wave of infections – a problem that was not reported in early interviews. Saw Ah---, a villager from Thaw T’Koo village tract, Moo Township, Kler Lwee Htoo District told KHRG that some people in his community even avoided going to the hospital out of fear they would catch COVID-19 if they do.

This was also the case in Kyaw Kay Hkoh village, Kyaw Kay Hkoh village tract, Noh T’Kaw Township, Dooplaya District, as local villager Saw Bc--- recounted: *“If they go to town, people in the village will be afraid of them when they come back. People are afraid of each other like this, so it is a big problem to go and access healthcare services in town.”* He explained that villagers with pre-existing conditions were the most affected by this situation: *“One [local villager] has a cataract condition. He really needs to go to the hospital but he does not dare to. No one feels safe to take him either. [...] He just takes some medicine to ease the pain and keeps waiting until the restrictions are lifted. He lost sight in one of his eyes. If he cannot get timely treatment, he might lose sight in his other eye.”*

KHRG’s documentation also shows that some villagers feel like the quality of non-COVID-related healthcare services declined because of the pandemic, which prompted some of them to stop going to government hospitals. This particular issue was reported by a KHRG researcher from Taw Oo District in July 2020: *“The local villagers [in Daw*

Hpa Hkoh Township] are concerned about going to the hospitals and the clinics to get treatment because of COVID-19. The doctors and nurses provided better and closer treatment before COVID-19 started. Since the spread of COVID-19, the health workers, doctors and nurses stay far away from the patients [three to six feet – 0.91 to 1.82 metres] when they go to the hospital for treatment. Some patients are not satisfied with this [...] and have stopped going to hospitals and clinics for treatment.” A KHRG researcher in Doooplaya District reported that similar measures were being implemented in Kyar Inn village, Noh T’Kaw Township between September and December 2020: *“[T]he nurses avoid touching patients who do not appear to be suffering from serious diseases. They just question them [about their symptoms] and give them medicine.”*

In some villages like Peh Wah Hta village, Meh Naw Ther Hkee village tract, Bilin Township, Doo Tha Htoo District, the fear of COVID-19 led local leaders to make quarantine mandatory for people returning from hospitals. This policy also prevented some community members from seeking healthcare services, as Saw K--- explained: *“In case of emergency, they can go to town for medical treatment but they have to ask permission from local authorities. After they get medical treatment in town, they will have to undergo quarantine if they come back to the village. Thus, villagers do not want to go to town if their sickness is not serious because they fear being quarantined.”* In Tho Pee village, Keh Klah village tract, T’Nay Hsah Township, Hpa-an District, the quarantine requirement also applies to recovered COVID-19 patients despite the fact that they are no longer contagious. Many of these concerns are certainly tied to the poor levels of awareness training received by villagers.

Chapter 7: Education

When the first cases of COVID-19 were reported in Myanmar back in March 2020, the school year was coming to an end.⁶¹ By the time the pandemic hit, schools had already ended classes, and most students had already finished their exams. KHRG only had a few reports last year of special arrangements being made to accommodate final exams due to COVID-19.

Because of the pandemic, the start of the new school year was pushed back from June to July 2020. The government had planned to stagger the re-opening of schools, beginning with high schools in late July, followed by middle schools, and then primary schools.⁶² In August, however, the second wave of COVID-19 began, forcing schools to close again. Since August, all government schools, as well as many mixed schools (those that receive funding from both the government and the Karen Education and Culture Department [KECD]),⁶³ have remained closed. The only schools that remained opened were those that are fully run by KECD.

Although interviews showed many KECD schools still operating at the end of 2020, KHRG has not been able to determine how many since it seems to depend on the decision of local authorities. One interviewee from Kyaw Kay Hkoh village, Kyaw Kay Hkoh village tract, Noh T’Kaw Township, Dooplaya District stated that both the Myanmar government and the KNU had ordered the closing of all schools. From the interview, it is unclear the extent of those closures (i.e., village tract level, township level, or beyond). Another report from Noh T’Kaw Township states that some KECD schools are actually open. In Dooplaya District, KECD schools have remained open in Waw Ray Township, but in Kaw T’Ree Township, all schools have closed.

Although there was some talk of trying to reopen the schools after December, there was concern that the remaining three months were not enough to actually complete the curriculum for the entire academic year. The COVID-19 situation had also not improved. According to KHRG interviews, in most cases of school closures, students have been staying at home with either little to do or, if older, helping their parents in their fields and plantations. One interviewee in Paw Ner Moo village, Meh T’Hkreh village tract, Noh T’Kaw Township, Dooplaya District mentioned that some families that are more financially well-off were able to provide lessons to their children at home. But for all other families, their children have lost the entire school year. In urban areas, it seems that the Myanmar government made available some possibilities for education through television and radio broadcasts, and was considering online options so that students

⁶¹ The school year typically runs from June to February, but in January 2020, the Ministry of Education decided to extend the school year for basic education through the end of March (this applied only to Myanmar government schools).

⁶² Ye Mon, “[Myanmar grapples with teacher shortage ahead of school reopening](#)”, *Frontier Myanmar*, June 2020.

⁶³ The Karen Education and Culture Department is the education department of the Karen National Union. Its main goals are to provide mother tongue education services to rural Karen populations in Southeast Myanmar, as well as to preserve the Karen language, culture and history. Despite being an important education provider in the region, it is not officially recognised by the Myanmar government.

could continue their classes.⁶⁴ But for rural areas in Southeast Myanmar, these different options are not accessible.

Parents have expressed a variety of concerns about the impact of school closures on their children: laziness, bad behaviour, as well as increased drug use. One interviewee in Dooplaya District stated: *“I think, children are becoming more disobedient when they do not go to school. Some teenagers are just wasting time. They go around on the road with their motorbikes. Since there is more drug use nowadays, it is distracting the teenagers’ lives. We are afraid that they will lose focus in school later. It seems that my children are more obedient when they have got instructions both from schools and home. But now they are less obedient.”*

A KHRG researcher from Mergui-Tavoy reported that some local villagers have stated that *“When they [children/adolescents] are not able to learn, we have seen that they follow their own desires and start chewing betel nut, smoking, drinking beer, and some even use drugs.”* In addition, some local parents recounted: *“Since there is no school, teenagers have started using phones and date each other through Facebook. Some even got married [un-officially]. [...] We do not know how to deal with this anymore.”* Such problems create added stress for parents, who are already often struggling to manage household and family needs, whether due to COVID-19 impacts or general insecurity due to past and/or on-going displacement and armed conflict.

Students themselves have complained that they have nothing to do, and are wasting their time: *“We are so bored and we are getting older with no worth [not able to improve our skills and knowledge through education]. We cannot study and our time is wasted [with nothing to do].”* Parents are also concerned that their children will not want to return to school when it does re-open. It is likely that students who were unable to go to school this year will be at a disadvantage in the future, particularly since some areas and schools in Myanmar have found ways to continue offering classes. Students who have been affected by school closures will now be a year behind, which may impact their motivation in school, as well as their overall educational experience.

In Bu Tho Township, Mu Traw District, one KHRG researcher reported that primary grade students from Myanmar government schools have started attending KECD schools due to government school closures. But because supplies are purchased at the beginning of the year, in relation to the number of reported students, this switch to KECD schools by government school students has caused a shortage of supplies for the KECD schools. There is also not enough classroom space for all of the students, nor enough teachers. The teachers have had to deal with both larger classes and taking on additional teaching. The local school only covered grades 1 and 2, but has had to add grade 3 to accommodate other students.

KHRG only received one report of students from government schools being allowed to enter KECD schools for the year, however this could have taken place elsewhere since KECD schools typically have more flexible registration requirements than government schools, and seek to accommodate local educational needs. Such a scenario, however,

⁶⁴ Thet Zin Soe, [“Myanmar govt undecided on school reopening”](#), *Myanmar Times*, December 2020.

presents a number of challenges, not simply in accommodating the extra students. Because government schools and KECD schools do not have the same curriculum, the students in the same class or grade may not all be at the same level or have had the same prior education. Combining students in classes may have been possible at the primary level, but certainly for higher grades (middle and high school), admitting the other students would likely have created problems for teachers and students.

Given that government schools typically have strict entrance requirements to ensure the level and previous education of the student are in line with government standards, students who joined a KECD school this past year may encounter problems in transferring back to a government school next year, when presumably the schools re-open.

According to interviews conducted by KHRG, despite school closures, government teachers are still being paid on a monthly basis, which means that they should not have had livelihood issues as a result of the school closures. The situation for KECD teachers is less clear. KHRG received reports that some teachers at KECD schools that closed have received their regular wages. But KECD teachers are only paid twice a year, so at the time of some of our interviews, teachers were still waiting to see if they would be paid or not. With that uncertainty, many teachers have had to look for other work. KHRG interviews show teachers taking up other jobs. In Zee Pin Ka Lay village, Zee Pin Ka Lay village tract, Daw Hpa Hkoh Township, Taw Oo District, one interviewee stated: *“They do other business activities. Some teachers are selling goods. Some teachers just stay at home. Some teachers work on rubber plantations with their family members.”*

Conclusion

With the military coup, increased fighting and attacks on villages, displacements as well as overall fear of what actions the military will take next have made concerns about the pandemic slip away. KHRG field researchers have reported that in many rural areas of Southeast Myanmar villagers are no longer following COVID-19 prevention measures (like mask wearing, hand washing, and social distancing) and screening checkpoints have been abandoned and partially dismantled. With villagers circulating to attend protests in town and larger cities, it is certain that transmissions will increase, and that the spread of the virus will extend further into the rural areas. At the same time, it will become increasingly difficult to even track the virus and gauge its impacts, since testing and monitoring have largely stopped.



This photo was taken on April 7th 2021 in Hay Day T’Kuh village, Yaw K’Daw village tract, Noh T’Kaw Township, Dooplaya District. It shows an abandoned COVID-19 screening checkpoint at the entrance of the village. [Photo: KHRG]



This photo was taken on April 7th 2021 in Taung Kalay village, Kaw T’Ree Township, Dooplaya District. It shows COVID-19 awareness posters on the ground. The local screening checkpoints were also dismantled. [Photo: KHRG]

Many hospitals and clinics, already understaffed and under-resourced prior to the COVID-19 outbreak and the coup, are now entirely without medical staff. A KHRG researcher reported in February 2021 that several people suffering from serious health conditions died in Ta Kreh Township, Hpa-an District because they could not access appropriate care and medicine. Recent reports of military activity are causing not only increased displacements and vulnerability, but injuries requiring medical attention, with no access to hospitals.

The little support that the government was providing as part of its COVID-19 relief plan has completely stopped. The nationwide unrest that followed the February 1st 2021

military coup has quickly sparked increases in the price of staple foods and gas. The situation has prompted the World Food Programme to warn that the country could be facing a “very serious” economic crisis in the near future.⁶⁵

For the past year, KHRG and other local organisations have held our breath in the hope that the virus does not spread to the already vulnerable communities in our operational areas. With a humanitarian crisis looming as a result of the coup, there is even greater necessity to develop creative solutions to address both the immediate and long-term needs of ethnic minority communities.

The handling of the COVID-19 pandemic sheds light on the political and administrative dynamics that limit villagers’ access to resources and information, and that continue to impede possibilities for local development of services and infrastructure in ethnic communities. The fact that even one year into the pandemic, villagers in certain areas are still unable to access information and awareness training is problematic. Although their remoteness may have helped slow down the spread of the virus, solutions are still needed to ensure that all villagers have access to information, for instance through remote channels or relay systems, and support.

Although the heavy travel restrictions and self-imposed lockdowns may have contributed to containing the spread of the virus, they have nevertheless exacerbated food insecurity and led to additional livelihood challenges for rural villagers. Likewise, villagers’ healthcare options have become more limited, particularly for border communities that rely on crossing into Thailand, and remote areas that depend on visits from healthcare workers and mobile units.

Community-led and EAO-led solutions, like arranging for collective food deliveries from town rather than relaxing travel restrictions, have played a key role in mitigating some of the hardship. Similar arrangements to help farmers sell their goods could potentially be explored.

The maintenance of educational services through the KECD, despite the closure of all government schools, provides a clear example of the need to further support local infrastructures. Often more flexible in their framework, they can respond more easily to challenging crises. With the current military coup, education is not likely to resume to any normal state in the near future. Yet further delays or problems with school re-openings will certainly have lasting impacts that will be difficult to resolve without deliberate, restorative strategies.

The uneven distribution of government food and cash support based on politically charged administrative divisions speaks to the larger problems of territorial control, self-determination, and ethnic rights. It is clear that these problems will not be easily resolved given the current political situation in Myanmar. The humanitarian crisis that is currently emerging as a result of the COVID-19 pandemic and the military takeover will thus require new, innovative solutions.

⁶⁵ Rebecca RATCLIFFE, [“Food and fuel prices soar in Myanmar as coup exacerbates COVID-19 crisis”](#), *The Guardian*, March 2021.

Photos: Front and back cover

Front cover photo:

This photo was taken on October 26th 2020 at the COVID-19 screening checkpoint in Hpway Htaw Roo village, Htee Th'Bluh Hta village tract, Dwe Lo Township, Mu Traw District. It shows two villagers passing through the checkpoint, which is monitored by the KNU and the healthcare medic from the local KNLA Battalion #102, Company #3. *[Photo: KHRG]*

Back cover photo:

This photo was taken on May 20th 2020 in Yay Kah village, Thaw T'Koo village tract, Kler Lwee Htoo District. The photo shows villagers attending a COVID-19 awareness training offered by the KNU and CIDKP members who are responsible for healthcare services in the area. *[Photo: KHRG]*

[All photos: KHRG unless cited otherwise]



Although the Myanmar government's COVID-19 Economic Relief Plan (entitled "Overcoming as One") made claims about being a coordinated action "leaving no-one behind," many of the positive actions of the government have not reached the entire population. Aid and support have remained insufficient in most rural areas, like that of Southeast Myanmar, which is largely populated by ethnic minorities who are already vulnerable due to protracted and on-going conflict, displacement, and ethnic oppression by the central government.

Most rural areas in Southeast Myanmar have not (yet) experienced widespread local transmission of the virus, and thus impacts have been more clearly tied to restrictions and prevention measures as opposed to the full-on health crisis seen elsewhere. But because of the already extremely vulnerable situation of many rural communities, the livelihood impacts are themselves at risk of creating a humanitarian crisis. Education and healthcare infrastructures have been further weakened. The poor handling thus far of information and prevention, as well as of testing and treatment, may also have wider implications if outbreaks start occurring in the more remote areas.

On February 1st 2021, the Myanmar military seized power by staging a coup against the newly elected government. Although this report focuses on the situation prior to the coup, the infrastructure and services (albeit insufficient) that the central government, EAOs and other stakeholders have put in place over the past year are in the process of being dismantled. If rural areas of Southeast Myanmar have not yet faced widespread problems of infection, all of this is likely to change. Thus, there is need more than ever to find solutions to bring support and aid to rural villagers, whose situation has already deteriorated and become more precarious over the past year. With the military now in control, there is even less likelihood that support and services will reach rural ethnic communities.

KHRG

Karen Human Rights Group (KHRG) was founded in 1992 and documents the situation of villagers and townspeople in rural Southeast Myanmar through their direct testimonies, supported by photographic and other evidence. KHRG operates independently and is not affiliated with any political or other organisation.