



“FLEEING MY WHOLE LIFE”

Older People’s Experience of Conflict
and Displacement in Myanmar



An older ethnic Kachin woman serves food in Jaw Masat IDP Camp, Kachin State, Myanmar, 10 December 2018.

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“It’s of course good that we’re safe. But there is so much emotional and psychological stress for us here. Sometimes it feels like a small corner of hell... We can’t go on like this.”

Kobir Ahmed, 63, a Rohingya refugee from Maungdaw Township in Myanmar, currently living in Camp #15 in Bangladesh, where Amnesty International interviewed him on 15 February 2019

INTRODUCTION

Older people are largely invisible in situations of crisis, including during armed conflict and in humanitarian response. Their rights are often not respected, their needs unmet. In Myanmar, older people from many ethnic minorities have endured a lifetime of conflict, displacement, and military abuse. Now, in older age, military operations have again forced them out of their home and village, often where they have lived for decades, and into a displacement setting where they face distinct hardships that are frequently overlooked.

This publication examines the impact of conflict and displacement on older people in areas of Myanmar where the military has undertaken recent operations – operations marred by crimes under international law, as Amnesty International has reported previously. It looks at the specific ways older people are affected by conflict, both in the violations they suffer and the psychosocial impact. There are tens of thousands of older people among the more than one million

people displaced within Myanmar or to neighbouring Bangladesh. This publication also analyses how and why humanitarian assistance is falling short in responding to their needs.

Amnesty International undertook three research missions between December 2018 and April 2019 with a focus on older people, including to Kachin and northern Shan States in northern Myanmar; to Rakhine State, in western Myanmar; and to the Rohingya refugee camps in Bangladesh. In total, **Amnesty International interviewed 146 older women and men**, as well as at least two dozen people who witnessed the death of an older person during Myanmar military operations. Interviewees were from the ethnic Kachin, Lisu, Rakhine, Rohingya, Shan, and Ta'ang communities; at the time of the interview, the overwhelming majority were displaced from their home to refugee camps in Bangladesh, to internally displaced person (IDP) camps in northern Myanmar, or to makeshift displacement sites. This research also draws from interviews with international and local humanitarian workers in Bangladesh and Myanmar, as well as from written responses that the Bangladesh offices of the UN Refugee Agency (UNHCR) and the International Organization for Migration (IOM) provided to questions that Amnesty International sent at the conclusion of its research.

Older people, like individuals of all social identities, are not homogenous. Many older women and men in the rural borderlands of Myanmar, where most of the country's conflicts and recent military operations have occurred, provide entirely for their own livelihood and well-being; they farm their fields or fish in nearby creeks, sell goods at market, and support children who remain at home. Other

DEFINITION OF AN "OLDER PERSON"

There is no global definition in international law of what constitutes an "older person". It has often been defined as age 60 or older, though the Office of the High Commissioner for Human Rights (OHCHR) has promoted a context-specific approach, which Amnesty International agrees responds better to individual rights and needs than an arbitrary minimum cut-off. In the Myanmar context, Amnesty International has included some people in their 50s, also taking into account their self-identification as an "older person".

older women and men are housebound, with physical disabilities that require assistance to move around and to eat. In between, there is a spectrum of experience and needs.

Governments and humanitarian organizations need to work together to respect and fulfil everyone's individual rights; that requires identifying and responding to risks associated with older age, including related to mobility, disability, nutrition, and certain health conditions.

STORY OF SARA KHATUN

Sara Khatun, 72, fled her village in Buthidaung Township, Rakhine State, in 2017, after she saw homes being burned in a neighbouring Rohingya village. It was the third time in her life she had been forced to flee to Bangladesh, after previously being a refugee in 1978 and 1991. She said it took around a week to cross through the mountains and get to the boat point; she walked herself, with a walking stick she had fashioned.



Sara Khatun, a 72-year-old Rohingya woman, stands near her shelter in Camp #1 West in Bangladesh, 19 February 2019.

She lives with a grandson in her shelter in Camp #1 West. Her children live with their own families elsewhere in the camps. She said, about the main challenges she faces in the camps:

"The toilet is a bit far from here. It's in a far place. It's also a bit broken. At daytime, I can go there slowly, but at night-time, my grandson helps me.

We have no money, so we are suffering a bit for medicine. I go [to the camp clinic], and they only give two or three tablets and maybe a bottle of [liquid medication]... The other day, I was in the queue for the whole day, and I just got one bottle of [liquid medication]. I said I felt very weak, that I wasn't digesting food well, and that's [what they gave].

When we think about Myanmar, we feel softness for the smell of the soil. But we couldn't stay there, they made it impossible."



Rohingya refugees stream into Bangladesh after crossing the Naf River, which separates Myanmar and Bangladesh. In the background, smoke rises from villages being burned in northern Rakhine State, Myanmar, September 2017.



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“I’ve been fleeing my whole life: as a child; as a mom, carrying my child on my back. There was one time [in 1971] when one of my children was only four days old, and I had to flee.”

A 71-year-old ethnic Kachin woman who has fled her home repeatedly since the 1960s, as a result of conflict and abuses by the Myanmar military

CONFLICT AND ABUSE

When the Myanmar military undertakes operations against armed groups, older people are not spared its crimes. Soldiers have shot and killed older women and men who were fleeing; fired mortar and artillery shells indiscriminately that explode near older people, killing or injuring them and destroying or damaging their homes; and have arbitrarily detained older people and subjected them to torture or other forms of ill-treatment as punishment or to extract information about an armed group. Some older women are survivors of sexual violence committed by members of the security forces, and some older men are survivors of sexualized torture. For some of these patterns of military abuse, older people are at times at less risk than younger women and men – particularly men considered to be of fighting age – but, **in many instances, no distinction is made.**



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Aik San, a 57-year-old ethnic Ta'ang man from Pain Hwe village in Kutkai Township was injured in the back of his head by shrapnel when the Myanmar military fired a mortar on 26 June 2017 that landed in front his neighbour's house and killed the couple who lived there, Aik Dat and Aye Am, who left five children, northern Shan State, Myanmar, 30 July 2017. Aik San was treated at the hospital but says he still often suffers from headaches. Here, he sits in front of the lower part of the wall of Aik Dat and Aye Am's house, with the holes caused by the mortar fire.

In other respects, older women and men in conflict-affected areas of Myanmar face heightened risks. Older people often remain behind when other villagers flee a military advance, either due to limited mobility or a deep connection to their home and land. When soldiers discover older people who stayed behind, they at times murder them or subject them to torture or other ill-treatment.

A 67-year-old ethnic Rakhine farmer who stayed at home when most of his village fled in March 2019, in part because a severe hearing impairment meant he had not heard fighting nearby between the military and Arakan Army (AA), described being beaten and then tied to a post for hours, as Myanmar soldiers questioned him about the AA. He recalled:

“When I got to where the captain was, the soldiers tied my hands... behind my back, with the rope that’s used for cattle. I was tied to a wooden pole at the base of a house. They asked me, ‘Did the AA come to the village?’ I said no, I’d never seen [the AA], just heard of them, and then the soldiers beat me. [The officer] smacked me in the back of my head...”



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The 67-year-old ethnic Rakhine farmer shows a scar from when Myanmar soldiers bound his wrists with rope and tied him to a wooden pole for hours, 30 March 2019.

Mariam Khatun, an ethnic Rohingya woman around 50 years old, had to leave her parents, both of who had severe physical disabilities that left them unable to walk, when Myanmar soldiers attacked her village in August 2017; as she looked back while fleeing, she saw the village burning, knowing her parents were still inside the home.

Many older people also face particular risks of illness, injury, and death when fleeing in Myanmar’s mountainous

borderlands, worsened by the military closing off or erecting checkpoints on main routes. Due to the risks of remaining behind and the risks associated with fleeing, older people appear, at least in certain contexts, to suffer disproportionately. Based on a rigorous quantitative survey carried out in the refugee camps in Bangladesh, Médecins Sans

PERIODS	AGE GROUP (YEARS)	WEIGHTED PROPORTION	LOWER CI	UPPER CI
27 May – 24 Aug	0-5	0.21%	0.05	0.86
	5-49	0.41%	0.24	0.69
	50+	1.73%	0.88	3.38
	Total	0.51%	0.34	0.76
25 Aug – 24 Sept	0-5	1.70%	1.00	2.88
	5-49	1.95%	1.54	2.48
	50+	5.47%	3.73	7.93
	Total	2.26%	1.87	2.73
25 Sept – 30 Oct	0-5	0.62%	0.26	1.47
	5-49	0.14%	0.06	0.34
	50+	0.74%	0.27	2.03
	Total	0.28%	0.17	0.48

PERIODS	AGE GROUP (YRS)/GENDER	DEATHS	DEATHS/10,000/DAY	LOWER CI	UPPER CI
27 May – 24 Aug	0-5	6	0.25	0.06	1.03
	5-49	29	0.48	0.29	0.81
	50+	21	2.15	1.09	4.25
	Female	24	0.44	0.23	0.85
	Male	32	0.77	0.46	1.27
	Total	56	0.60	0.34	0.90
	0-5	37	5.97	3.50	10.17
	5-49	177	6.87	5.40	8.73
	50+	66	21.28	14.44	31.36
	Female	99	5.82	4.26	7.95
Male	181	10.36	8.14	13.20	
25 Aug – 24 Sept	Total	280	8.02	6.63	9.71
	0-5	11	1.86	0.78	4.43
	5-49	13	0.44	0.19	1.04
	50+	11	2.58	0.94	7.12
	Female	14	0.78	0.36	1.70
	Male	21	0.97	0.47	2.01
	Total	35	0.88	0.51	1.49

Source: MSF, “Rohingya crisis – a summary of findings from six pooled surveys,” December 2017. In the first table, the “weighted proportion” estimates the percentage of the surveyed Rohingya population that died during the indicated period. During the first month of the Myanmar military’s brutal operation, from 25 August to 24 September, reported deaths of Rohingya age 50 and older represent 5.47 percent of their total population. In the second table, MSF estimated the pooled mortality rate for the population age 50 and older was 21.28 deaths/10,000/day – significantly higher than the other age brackets used in the pooled surveys.

Frontières (MSF) estimated that, during the military’s attack on the Rohingya population in the month after 25 August 2017, the highest rates of mortality – by far – were among women and men age 50 and older, with violence the direct cause of death in the large majority of cases.

“When I was fleeing, I fell. My arm broke, and the joint here [in my hand] was also broken. Sometimes I walked, sometimes my children carried me... The climbing was so difficult. We crossed five or six hills... Sometimes we were starving, we were eating only the soil. After coming [to Bangladesh], we were given rice and so relieved.”

Hala Banu, an ethnic Rohingya woman around 70 years old, who said it took weeks to get to Bangladesh after the military attacked her village in Buthidaung Township, Myanmar, in 2017



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Aye Ei, a Ta’ang woman in her early 70s from Pain Hwe village, Kutkai Township, northern Shan State, lost her 35-year-old daughter, Aye Am, and her 44-year-old son-in-law, Aik Dat, when a mortar fired by the Myanmar military landed outside the couple’s house on 26 June 2017. Aye Ei told Amnesty International that she depended on the couple’s farming for food and financial support; when interviewed one month after the shelling, she was caring for the five children her daughter and son-in-law left behind.



Mariam Khatun, an ethnic Rohingya woman around 50 years old, had to leave her parents, both of who had severe physical disabilities that left them unable to walk, when Myanmar soldiers attacked her village in August 2017; as she looked back while fleeing, she saw the village burning, knowing her parents were still inside the home.

STORY OF NADING HTU BU

Nding Htu Bu, 65, was working on her farm in Awng Lawt village, Tanai Township, Kachin State, when she heard artillery shells exploding nearby in the afternoon of 11 April 2018. She sheltered against a riverbank for the rest of the day, then, when there was a break in the explosions after nightfall, decided to flee, along with others from the village. It would take her more than a month before she would reach Jaw Masat IDP Camp in Myitkyina Township. She described the journey to Amnesty International:

“It was very difficult. I got separated from [most of] my family... I’m very old, and one of my daughter’s legs wasn’t working well, so it took us a long time [to flee], compared to other people.

We walked day and night... My feet were full of bruises, I couldn’t even walk sometimes... We heard gunshots behind us and in front of us. It was terrifying... My ankle twisted [when walking through a stream]. Sometimes it still gets swollen...



Nding Htu Bu, 65, sits in her shelter in Jaw Masat IDP Camp, Myitkyina Township, Kachin State, 10 December 2018.

We brought some rice... We’d get some cassava in the forest and some vegetables, and that’s pretty much how we survived... It was difficult because we only had one pair of clothes. We were never dry, because it was raining. We had to climb up many steep slopes, up mountains... We cut some branches and put them on the floor [of the jungle], and that’s where we slept.”

Nding Htu Bu said that, in addition to her and her daughter having to walk slowly, the journey took longer because the Myanmar military blocked the main road, forcing people to navigate a forest path. She said everyone in her family survived, though her injuries continued to bother her eight months later, but that a religious leader in her group of displaced people passed away from illness along the way.



Older women and men in Myanmar have suffered both acutely and cumulatively. The psychosocial impact of being exiled from their home and land is often profound. Many older women and men, especially among the ethnic Kachin and Rohingya communities, have been displaced repeatedly since their childhood, causing a lifetime of instability and feelings of guilt about being unable to provide for their family or to put children through school.

“It’s been really difficult, we had to start all over again and again. When we built up [our lives], then we fled again. When I think about it, I want to cry.”

A 62-year-old ethnic Kachin woman from Myitkyina Township, Kachin State, who said she had fled her village because of fighting and military abuses in the 1970s, in 1987, and in 2011; she remained in an IDP camp in Myitkyina town in December 2018

Some older people have also experienced the murder or rape of their children; in many instances, they witnessed the crime. Several older people blamed themselves for what happened to their children, adding to the anguish. A man in his late 50s from Kyun Pauk village, Buthidaung Township, recounted how when soldiers and Border Guard Police came to his village in September 2017, he hid in nearby vegetation; his wife, daughters, and grandchildren remained home. The security forces entered the house and raped the man’s daughter and two daughters-in-law. After the security forces left that night, he returned home. “They told me they were violated,” he recalled, having to stop several times as he cried; he said he wished he had not fled, even though he believed that if he had been at home, soldiers would have killed him or taken him away.

Yet despite the specific types of trauma or distress that older women and men face, there is almost no psychosocial support aimed at them, including in refugee and IDP camp settings.

STORY OF SHAMSUL ISLAM

Shamsul Islam, 37, told Amnesty International that Myanmar soldiers entered his village of Pwint Hpyu Chaung, in Maungdaw Township, in November 2016. His father, Foyaz Ahmed, 60, had a physical disability that left him unable to walk; and his grandfather, Abdul Jabbar, was around 90 years old and could walk only slowly and for short distances. Shamsul Islam said he and another family member made a makeshift chair and carried the two older men to the roadside.

“We thought that since they were just two older people, nothing would happen to them,” he said. As the shooting got closer, the rest of the family fled to the mountainous area nearby; from there, they could see houses burning in the village.

That night, Shamsul Islam heard from an aunt that, as her family had fled, soldiers detained his 65-year-old uncle, Zurul Hoque, and another man, letting women and children go. They would never again see the four men. On the third day after fleeing, Shamsul Islam and another uncle went back to the village to look for their relatives. They found charred remains inside the grandfather’s house; Shamsul Islam said he identified his father and grandfather based on their body types. He dug a hole nearby and interred the remains.



“NO WAY TO GO BACK”: A GRANDFATHER LEFT BEHIND

A 20-year-old Rohingya man from Maung Nu village in Buthidaung Township told Amnesty International that, after fleeing his village, where several relatives were killed in one of the larger massacres of the military’s post-25 August 2017 operations, he hired two people to carry his grandfather to Bangladesh. They hung a blanket from a bamboo pole and put his grandfather inside, each porter carrying an end of the pole. The grandfather had been a farmer for most of his life but had become sick in recent years, eventually living with a physical disability that left him unable to walk and in need of help to eat.

After a week, the group reached Fatiah Dala – a pass that cuts between the mountains that divide Buthidaung and Maungdaw Townships. The grandson said the mountain pass becomes so narrow in some places that people have to cross makeshift bridges one or two at a time. In an area only slightly wider, with slippery stones lining the path, a rumor came through the group of people fleeing that the military was shooting people as they exited the mountain pass. Panic ensued, the grandson recalled:

“I couldn’t hear any bullets, but there was so much noise from other people and the heavy rain... [The two porters] just dropped my grandfather and ran away. They were in front of us... It was so crowded, there was no way even to bend down. If you did, there would have been a stampede – you’d be finished... I saw [my grandfather] as we went by, but I couldn’t stop, I had to go with the crowd... I was carrying my younger sister. It was raining, and there was no way to go back.”

He had not heard news of his grandfather in the 18 months since, but assumed he died there on the path. **“Sometimes my relatives here, they ask me, ‘How could you leave behind your grandfather?’”** the grandson recalled, tearfully. He said he had seen around ten other older people who were left behind along the path, huddled in blankets similar to what was used to transport his grandfather.

STEPS TOWARD INTERNATIONAL JUSTICE

The crimes committed by the Myanmar military against older women and men from ethnic minorities are part of a much broader pattern of crimes under international law. Amnesty International has documented crimes against humanity against the Rohingya population and war crimes against civilians from ethnic minorities in Kachin, Shan, and Rakhine States. A UN Fact-Finding Mission has said that senior military officials should be investigated and prosecuted for war crimes, crimes against humanity, and, in relation to the crimes committed against the Rohingya, genocide.

The Myanmar military has a long history of impunity – impunity reflected in the experience of older women and men from ethnic minorities, many of who have lived through systemic abuse throughout their lives as well as repeated waves of atrocities without justice or effective remedy.

In response to the Myanmar military’s crimes, several accountability efforts are underway, including a preliminary examination by the Office of the Prosecutor of the International Criminal Court (ICC) into Myanmar’s deportation of the Rohingya population to Bangladesh; and an Independent Investigative Mechanism for Myanmar (IIMM), established in September 2018 by the UN Human Rights Council to collect and preserve evidence of crimes committed across Myanmar since 2011 and to build criminal cases. During their investigations, these bodies should seek out older women and men, given their specific experience of recent crimes and unique perspective on the persecution that underlies those crimes.



Rohingya refugees arrive near the border crossing close to the Bangladeshi town of Teknaf, 5 September 2017. The UN said more than 120,000 crossed the border in the 11 days after 25 August 2017 alone.

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Rohingya refugees arrive by boat to Bangladesh after fleeing the Myanmar military's campaign of violence, near Teknaf, Bangladesh, 27 September 2017.



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“Older people in the camps... have lost their life savings, their home, their relationships, their skills [relevant to their living situation]. Many of them have lost their adult children. Many of them are adjusting to a new family [and] situation in the camps.”

The Bangladesh country director of an international humanitarian organization

FORCED DISPLACEMENT, HUMANITARIAN RESPONSE

The scale of the Myanmar military's atrocities, and the displacement they have caused over the last eight years, has put an enormous burden on UN agencies and humanitarian organizations – made all the more difficult by the severe access restrictions the Myanmar authorities have imposed. In many ways, the humanitarian response has been impressive, both in the refugee camps in Bangladesh and for people displaced internally in Myanmar. The humanitarian community has built and improved camp infrastructure; delivered life-saving assistance amid challenging environments; and met most people's basic needs.

Older women and men, however, have often fallen through the cracks, resulting in their rights not being respected. **The problems start with identification: Humanitarian organizations have**



inadequately collected, analysed, and disseminated age-, sex-, and disability-disaggregated data. The lack of age-disaggregated data, and the related under-inclusion of older people in data collection itself, undermines a more nuanced understanding of experiences and risks at different ages. The failure to disaggregate data adequately on other grounds, alongside age, undermines an understanding of how aging intersects with other social identities, including gender and disability – the latter of which the World Health Organization has estimated to impact almost 60 percent of older people in low- and middle income countries of Southeast Asia.



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INCLUSION IN HUMANITARIAN RESPONSE

The rights of older people have long received insufficient response from international humanitarian and human rights organizations, including Amnesty International. Compared to other groups with specific risks in situations of armed conflict and humanitarian crisis, the reporting on older people has been limited.

In recent years, there have been growing efforts to ensure that humanitarian response, including in situations of conflict and forced displacement, does not exclude or underserve certain segments of the population. In advance of the World Humanitarian Summit (WHS) in May 2016, the Charter on the Inclusion of Persons with Disabilities in Humanitarian Action was developed, which many UN agencies, humanitarian organizations, and states, including key donors, have endorsed. During and after the WHS, UN agencies, humanitarian organizations, and states also established a series of commitments under what was termed “Core Responsibility 3: Leave No One Behind”. The commitments focused on the inclusion of underserved and underrepresented groups, ensuring that they “actively participate in the planning, design and delivery of programs and have their specific needs and rights systematically met in crises.” “Older people” were included in that passage.

In 2018, a consortium of humanitarian organizations published the *Humanitarian inclusion standards for older people and people with disabilities*, which include over-arching standards on involving older people in the design and implementation of humanitarian response, as well as specific standards for different thematic aspects of humanitarian assistance, including protection, WASH, food security, shelter, and health.

The development of detailed humanitarian standards to respond to older people’s rights and needs has been significant, and reflects that many governments, donors, and humanitarian actors understand that efforts have historically been lacking. Progress in implementing those standards, however, remains too slow and too often treated as of secondary importance or as part of a later stage of humanitarian response, rather than an integral consideration from the first moments a humanitarian crisis unfolds.



An older ethnic Kachin woman and her grandchild pass the time in a common cooking facility for IDPs at the Kutkai Downtown (KBC Church) IDP Camp in Kutkai, northern Shan State, Myanmar, 28 July 2017.

STORY OF MAHAMUDA

Mahamuda, 55, said that six of her seven children were killed on 27 August 2017 during the military's massacre of Rohingya women, men, and children in Chut Pyin village, Rathedaung Township; she was herself shot and beaten by soldiers, surviving because neighbours rescued her from a pond. She told Amnesty International that, in the months after arriving to Bangladesh, she was very thin, struggling to process what happened. After an Age Friendly Space was established in late 2017 or early 2018, she spoke with the female counsellor. **"She assisted me,"** Mahamuda said. **"She talked with me."**

Over time, Mahamuda was hired as a volunteer for the Age Friendly Space, visiting older people in Camp #13 who had difficulty leaving

their shelter. **"When we go house to house, they tell us their problems – that they have leaky tarpaulin sheets or other problems with their shelter. We tell [the camp management], World Vision, and they help [fix it]... There was a very serious problem in the upper part [of the camp] with access to water. When we told them about it, they installed [a water point]."** Mahamuda's work as a volunteer had, along with the counselling, helped her significantly. **"I have lost my children, but Allah has given me others [to care for],"** she said.



Mahamuda, 55, stands in the Age Friendly Space in Camp #13 where she works as a volunteer, helping bring issue in the camp to the attention of camp management, 20 February 2019.



The lack of identification and analysis undermines a humanitarian response's effectiveness. It misses risks faced by older people with limited mobility or who are shelter-bound in a camp.

"The population of older people is more difficult to reach... because they are less visible and have much less capacity to reach humanitarian support."

A humanitarian advisor in Bangladesh, speaking about the situation of older Rohingya refugees in the camps, February 2019

Humanitarian assistance also too often appears rooted in an assumption that all older people live with and are supported by other family members. While true for some older people, Amnesty International interviewed many who were living alone; their isolation, especially when combined with disability or limited mobility, puts them at particular risk. Other older people are the head of a household – including as primary caregivers for grandchildren whose parents were killed by the military. **A more nuanced understanding of the experiences and situations of older persons, including the harms they have suffered, is essential to better respond to their needs.**

"Older people are still strong. Physically, they are fit, but the impact of displacement is something else – being far away from their farm."

A senior representative of an international humanitarian organization in Kachin State, Myanmar

"What was it like before and what is it like now? Where was I before and where I am now? ... I try not to remember all of these things. If I think of them, it's intolerable... I try to spend the whole day now playing with children. When I remember these very old stories, my heart is on fire."

An ethnic Rohingya man in his early 90s from Buthidaung Township, Rakhine State, Myanmar, who is currently living in the refugee camps in Bangladesh



© ←
An older Rohingya woman looks out from her shelter in the Bangladesh refugee camps, 19 February 2019.

LACK OF PSYCHOSOCIAL SUPPORT

In Myanmar's conflict-affected borderlands, traumatic experiences are endemic. Millions have been affected by fighting, including by being displaced. Tens of thousands have had family members killed.

Older women and men from ethnic minority areas have often experienced recurrent trauma or distress. Many have been victims of serious violations, including the military's decades-long practice of forced labour. Many have also been displaced repeatedly and had children who were killed. Yet there are few psychosocial programs that reach older people, much less respond to their specific needs.

"Many organizations are working on psychosocial care [in the camps]... but no one thought of psychosocial care for older people," said the Bangladesh country director of an international humanitarian organization.

During research in Kachin, Shan, and Rakhine States in Myanmar, and in the refugee camps in Bangladesh, the only psychosocial program for older people that Amnesty International encountered was part of the Age Friendly Spaces that HelpAge International and its partners run in six of the 34 Bangladesh camps.

STORY OF AYE HMAN

"Fighting was happening around our village [in late June 2017]. The day after, the Tatmadaw came to the village and arrested everyone, sending all of the villagers to the monastery..."

I can't speak Burmese, but they were pointing their guns at us and shouting at us. We were very afraid. We couldn't even look at their faces. We just hunched over and didn't look at them. If we looked at them, they'd point their gun...

We spent three nights and four days at the monastery. My son was killed [there]... His name was Kyaw Aung; most people called him Akyaw. He was 38 years old. He wasn't married, he still lived with my husband and me... We were together [at the monastery] when they said my son had to go downstairs. They said they had to take a photo of him – they took photos of all of the men.

My son has a [developmental] disability. He can't reply well to questions. So they beat him... They were asking if anyone was a [TNLA] soldier, and my son, due to his [disability], he didn't know how to respond. They also saw a scar on his face, from when he had fallen down. [From the scar], they suspected he was a soldier. They arrested him and beat him. My husband was there. He saw all of this. I was upstairs...

Even though he had a [developmental disability], he worked for our family, for our livelihood. He supported us. We depend on our tea farm. My husband and I, we're getting old, we can't work like before. Akyaw did most of the work there. He didn't get a lot of income, but we depended on him...

No one will help us now, for our survival... We don't want to go back [home]. My son won't be in the village [anymore]."



© ↑
Aye Hman, an ethnic Ta'ang woman around 68 years old, holds a photograph of her deceased son, Kyaw Aung, in Lashio, northern Shan State, 27 July 2017.



Shaharuk, around 75 years old, stands outside her shelter in Camp #1 West in Bangladesh.

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“We’ve been here for 18 months, but it truly feels like forever, and it feels like it might never end.”

A 65-year-old Rohingya man from a village in Maungdaw Township, living in Balukhali 2 Camp in Bangladesh

OLDER PEOPLE IN THE BANGLADESH REFUGEE CAMPS

In the Bangladesh refugee camps, tens of thousands of older Rohingya women and men are among the more than 910,000 people forced to flee successive campaigns of violence by the Myanmar security forces.

In the most fundamental aspects of humanitarian assistance – shelter, food, water, sanitation, and health care – the response in Bangladesh is not respecting older people’s rights, nor meeting humanitarian principles of a right to life with dignity and of inclusivity and non-discrimination.

Among older Rohingya women and men in the camps, **the lack of access to a latrine is one of the most commonly cited problems.** The distance to and difficult-to-reach location of latrines amid the camps’ hilly terrain has made them largely inaccessible, forcing many older refugees, including those with moderate mobility, to use a pan inside their shelter.



© Andrew Stanbridge / Amnesty International



Shelters are packed together in the refugee camps, up and down hills. The terrain is difficult for some older people, particularly those with reduced mobility, which brings challenges for accessing latrines, distribution sites, and health facilities, Bangladesh, 20 February 2019.



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Abul Hossain, around 85 years old, stands near his shelter in Camp #1 West, Bangladesh, 19 February 2019.

“The distance [to the latrine] isn’t so far, but the problem is that it’s not flat land. I’d have to go up and down the hills.”

Abul Hossain, around 85 years old, from Maungdaw Township, living in Camp #1 West (Kutupalong Camp) in Bangladesh

There has been insufficient attention to the rights and needs of older people, for example by ensuring their shelters are in flatter areas that make latrines and other camp services most



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The path leading to the shelter of a 90-year-old man in Camp #11. He said that in late 2018, he fell down when descending the rice sack steps. “I fell into the shelter across [the path], breaking the bamboo,” he recalled. “I hurt my back. There were many women in the shelter [I fell into] who were laughing at me.” The man, who had been a farmer in Myanmar, said he tries to walk to the latrine when possible, but “if I can’t make it there, I go inside the house... I have no choice.” He said he pays someone to come a few times a week to throw out the waste and clean the pan he uses inside the shelter, giving the person 1,000 taka (US\$12) every two months – stretching his and his wife’s already limited resources, Bangladesh, 16 February 2019.

accessible and by selecting locations for new latrines with a mindfulness to people with limited mobility. The **lack of lighting** in the camps makes accessing a latrine even more difficult at night.

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

Mawlawi Harun, a Rohingya refugee in his early 90s, while sitting in his shelter

Camp health services are likewise failing to respect older people’s rights to health and dignity.

The health response remains overwhelmingly centre-based, with people having to get to a camp clinic to see a health professional and receive treatment. There are a few mobile medical clinics, and further plans to develop mobile clinics, but even these are

primarily mobile from camp to camp, rather than shelter to shelter. Among the older refugees interviewed by Amnesty International who had limited mobility or were shelter-bound, almost none of them had been seen or treated by a health professional in their shelter or assisted by a health provider in getting to a clinic. For the many older women and men who cannot access camp clinics due to the distance or the camps’ terrain, the current situation does not respond to their needs.

“It takes a long time to get to the hospital. On foot, I can’t go. By vehicle, I can go quickly, but we would need to rent the vehicle.”

Johara Begum, a 65-year-old Rohingya woman living in Camp #1 West in Bangladesh

STORY OF SOKHINA KHATUN

“I’ve fled [from Myanmar] four times in my life... The fourth was 2017. I went out after the morning prayer, and I saw killing. Then I fled, I didn’t take anything... When we were fleeing, the husband of one of my granddaughters was shot and killed. Three people died together... I came here with only my walking stick [and] this thami (longyi).



Sokhina Khatun, around 90 years old, stands in her shelter in Kutupalong Refugee Camp, Bangladesh, 19 February 2019.

There was nobody [from my family with me]... I found a boy – I think that boy was sent to me as an angel. There was a stream. I told the boy to help me cross it [because] I didn’t have anyone to help me. He held my hand and with one jump, I crossed the stream. I walked for a while, and the boy told me to get on his back. He carried me for a while and then put me on the ground. I lay on the soil. I was very hungry... Someone gave me rice and a banana. I survived like that... When I remember it, I weep.

We are used to living in our home. Now here [in the camps], we have to stay under tarpaulin... Here, they give us only rice, lentils, and oil...

My number one problem is the latrine. The latrine is down at the bottom [of the hill], it is very difficult for me to go down there. Sometimes I just go inside [my shelter in a pot]... [My daughter] with a physical disability, she throws it away.

I have a problem with my vision, and I don’t have any spectacles. I take many medicines. No one has ever come here [to my shelter to check on my health].

Here, I live alone [in my shelter]. I told Allah that I will live alone in the graveyard. I don’t have anyone.”



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Sayedul Islam, 80, told Amnesty International in February 2019 that, several months earlier, he had tried to walk at night to the latrine in his block of Camp #1 East. “I fell down and broke a bone in my wrist,” he said. “Still now, it hurts.” He said that, after falling, he uses a pan inside his shelter instead of walking to the latrine at night, Bangladesh, 21 February 2019.

Even when older people can physically access camp clinics, **some of those clinics are unable to provide medication for common chronic conditions**, such as high blood pressure, chronic pain, and chronic respiratory disease, which disproportionately affect older people. Due to camp clinics’ inaccessibility and uneven quality, a majority of the older people interviewed by Amnesty International said that, even when living with a chronic condition, they do not go to them regularly, or, for some people, ever.

Instead, they need to buy from camp markets medication that should be provided free of charge as part of the humanitarian response. Many older people are unable to afford such medication, or at least to do so regularly. Others are forced to sell part of their food ration or other items – negatively impacting their health in other ways.



A health worker from an Age Friendly Space checks on Sayed Alam, an ethnic Rohingya man in his 80s, in his shelter. The HelpAge International-led Age Friendly Spaces, in six out of 34 camps, provide one of the only in-shelter health responses in the camps, focusing on older women and men, 23 February 2019, Bangladesh.

“I went two or three times [to the camp clinic]. I had to wait very long there, and they only gave me two or three tablets... Why should I walk so far for a couple tablets? One of my sons is working in the camp. When he gets paid, he helps buy the medications for me.”

Hala Banu, a Rohingya woman around 70 years old, who said she needed to take medication for chronic gastric problems and heartburn, among other conditions. She said they spent around 5,000 taka (US\$59) per month for her medication



Hala Banu, around 70 years old, sits for a portrait in her shelter in Camp #1 East in Bangladesh, 19 February 2019.

“We sell this and that [to pay for my medication]. We sell part of our food ration and cooking oil. We also sold our blankets.”

Gul Bahar, a Rohingya woman around 80 years old, who said she needed to spend around 5,000 taka (US\$59) per month on medication, including pills for her high blood pressure and injections to treat her severe asthma. She said that when she went to camp clinics near her in Camp #14, she was generally given paracetamol

Most older Rohingya refugees are surviving on lentils, rice, and oil; **the lack of diet diversity poses particular risks to their health and well-being.** Food distribution centres, water points, and cooking material remain difficult, if not impossible, for many older people to reach, without adequate alternatives available. The burden of finding water and cooking material falls largely on women, including older women.

“I’m suffering a lot as a single person. Sometimes I starve because I can’t cook, I have no firewood. If I go to the forest, the villagers sometimes beat us, they don’t like us to go there.”

Mayma Khatun, a Rohingya woman around 55 to 60 years old, living in Camp #13 in Bangladesh

Compounding the problems, the humanitarian response has often inadequately informed, much less consulted with, refugees about changes to the food distribution or about how to resolve problems like a family member not being included on a distribution list, which appears to have a disparate impact on older women and men.

“On the day of the registration [to update the list], I couldn’t go because I was sick. I was about to die, I was so sick, [and] the registration centre is a little far from us... My daughter was giving birth [so she couldn’t go either]. So they didn’t count me or my daughter...”

We’d heard they would come around to register us, but until now, they’ve never come... It’s been about three months that we’ve only received food for six people [even though we’re a house of eight]. We’ve suffered a lot. We’ve had less food, but what can we do? We just had to manage.”

Kamalun Nisa, a Rohingya woman around 75 years old, living in Camp #15 in Bangladesh

The humanitarian response is becoming more inclusive; UNHCR and IOM both cited ongoing and planned initiatives that will improve access to services for many people, including some older people. **But much of this should have happened sooner** – and should happen sooner



Rohingya refugees sit near shelters in Kutupalong Refugee Camp, one month into the current humanitarian crisis, as thousands of Rohingya women, men, and children were fleeing across the border each day, 27 September 2017, Bangladesh.

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Rohingya refugees work to get water from a pump in the Bangladesh camps, 21 February 2019.

in future humanitarian emergencies. **And more still needs to be done by the Bangladesh government and humanitarian community**, beyond the current initiatives and plans. Shelter and latrine construction and rehabilitation, as well as upgrades to camp pathways, need to be done with far more attention to accessibility for older people, and in particular older people with limited mobility; where not possible in their current shelter location, older people should be consulted, in accordance with their needs and preferences, about possible relocation to improve access to camp services.

The health response needs to become far more mobile, including the provision of in-shelter care for people with limited mobility or who are shelter-bound, or, when not possible, assistance or transport vouchers to reach camp clinics. **Camp clinics should be required to stock medication for common chronic diseases**, such as high blood pressure, diabetes, and chronic respiratory illness. And older people should be included in psychosocial care programs and activities, with attention to the specific harm they have experienced.

More generally, **community outreach networks should be expanded and better trained to assist older people**, and in particular older people with limited mobility or who are living alone, with collecting distributions; obtaining adequate drinking water; communicating changes to assistance; and answering questions about how to resolve problems. **Older people should also be far better included in humanitarian programme design and implementation**, including as community outreach members and volunteers themselves.

For their part, **donor governments should, in addition to increasing assistance to respond to the general needs that exist, include explicit provisions on inclusivity and non-discrimination** in any assistance or grants and monitor the work of implementing partners to ensure those principles are upheld. They should also strongly consider funding supplemental cash assistance to older people and others with particular risks and needs, as part of the new e-voucher system in the refugee camps led by the World Food Programme (WFP).



Two older Kachin women living in Jan Mai Kawng (Catholic) IDP Camp walk to where a government health worker is seeing patients, Myitkyina, Kachin State, Myanmar, 10 December 2018.

© Hkun Lat / Amnesty International

“I can’t sleep. My children have nowhere to return to. Our house doesn’t exist anymore... We can’t [afford to] buy everything. We need a place to grow things.”

Chang Ze, a 64-year-old ethnic Kachin woman displaced from her village in 2012, living since 2014 in Quarter #2 Lhaovo Baptist Church IDP Camp, Waingmaw Township, Kachin State, Myanmar

OLDER PEOPLE DISPLACED IN MYANMAR

In northern Myanmar, more than 105,000 people from ethnic minorities live in IDP camps, many of which have existed for close to a decade; at any one time, depending on where fighting is most intense, thousands more people live in makeshift sites while displaced for shorter periods. In Rakhine State, the fighting between the Myanmar military and the AA has displaced at least 30,000 more people since late 2018.

During shorter-term displacements, older women and men face disruptions in their access to essential medication and to their normal source of livelihood, which has secondary effects on their rights to food and health. Pya Pa Mei, a 65-year-old ethnic Lisu woman displaced in March 2019 from her village to a makeshift site in northern Shan State, said she needed to take medication daily for her diabetes; she had only two days’ supply left when interviewed by Amnesty International and



no clear way to obtain more, as her displacement meant she had been unable to earn money clearing people’s farms or collecting and selling corn.

“The medication is going to run out, but I don’t have enough money to get [more]. The fighting has made it harder. Normally I can go to the farm or the forest to work to get some money – I can clear other people’s farms, or collect corn that people have left and sell it. But now I can’t, so there’s no way for me to earn money... Right now I really need the medication.”

Pyapa Mei, a 65-year-old ethnic Lisu woman in northern Shan State

During longer-term displacement to IDP camps, older people describe **discrimination in accessing work.**



“I’ve approached the employers and said I want to work. They said I’m too old, that I won’t be able to walk that far to [the paddy fields].”

Zatan Hkawng Nyoj, a 67-year-old ethnic Kachin woman who lives in Quarter #2 Lhaovo Baptist Church IDP Camp, in Waingmaw Township, Kachin State

Some humanitarian programs, particularly those aimed at livelihood support, appear to discriminate against, or at least under-include, **older people.** Older people in general, and older women in particular, also tend to be under-represented in camp leadership positions, denying them a voice and role in decision-making.

“Camp management committees are supposed to oversee the whole camp, but I haven’t specifically heard of representation of older people.”

A humanitarian coordinator of an organization providing assistance in camps in Kachin and northern Shan States

Donor governments and humanitarian organizations responding to displaced people in Myanmar need to better ensure that all programs, including livelihood assistance, are inclusive and do not discriminate



Chang Ze, 64, sits in front of her shelter in Quarter 2 Lhaovo Camp, Myanmar, 11 December 2018.



Older women displaced to Jan Mai Kawng IDP Camp get checked by a state health worker, 10 December 2018, Kachin State, Myanmar.

STORY OF ZATAN HKAWNG NYOI

“I’ve lived [in the camp] since the beginning of this conflict – since 2011. Fighting occurred in my village; I fled here the third time it happened... Our village is between a KIA post and a Myanmar Army post. We could see the Myanmar Army post. We were so terrified of the soldiers...”

It’s been almost eight years that we’ve been here [in the camp]. I have financial difficulties because no one wants us older people to work as cash labourers. We don’t have anywhere to make money. I only receive 15,000 kyats (US\$10) per month [in humanitarian assistance].

If possible, I would like to work in shifting cultivation – [cultivating] sweet potato, ginger. That’s the only thing I know how to do. I’ve been doing it my whole life...

I need money and I want to work, but there is no opportunity for me. I feel so depressed. I just borrow money from people when possible. I tell them that they will be old like me some day.

My hand shakes from time to time, and I have a heart condition... There’s basic medical care in the camp, but the only thing they can provide is energy supplement pills and oral medication. They can’t give us the shots we need. And they only provide oral medications when they come [several times a month].”



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Zatan Hkawng Nyoi, 67, sits in her shelter in Quarter #2 Lhaovo Baptist Church Camp, Myanmar, 11 December 2018.



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Yar Maela Aung, a 62-year-old ethnic Ta’ang woman, stands for a portrait in Lashio, northern Shan State, Myanmar, 29 July 2017. She lost one of her sons, Aung Than, 24, when he was taken as a porter and killed by soldiers in the Myanmar military in late June 2017. “They took my son, brought him to another village, and killed him. The one who died is the only [child] who stayed with me [at home]. The others are married or monks,” she said.



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Maran Yaw, 78, sits in his shelter in Hpun Lum Yang IDP Camp, near Laiza, the largest town in the area of Kachin State controlled by the Kachin Independence Organization (KIO), 7 March 2017. Maran Yaw was one of more than 2,500 people who fled Zai Awng IDP Camp on 27 December 2016, when mortars fired by the Myanmar Army exploded near the camp. He told Amnesty International, “The ‘bombs’ started at nightfall. I couldn’t count the number of explosions. Some of the shells landed in the camp. The earth was shaking very bad. It was hard to stand up.”

against older people and people with disabilities. The Government of Myanmar should work with the humanitarian community to better respond to displaced older people's needs, including in the provision of health services.

In recent years, governments, UN agencies, and humanitarian organizations around the world have committed to better meet the rights and needs of underserved and underrepresented groups, including older people. **Standards have been developed**, including the Sphere Standards and the *Humanitarian inclusion standards for older people and people with disabilities*, which focus on how humanitarian principles of inclusivity, non-discrimination, and the right to life with dignity should be applied to respect the rights of older people. Despite the growing understanding and notable commitments, **the situation of older people in conflict-affected areas of Myanmar and in the Bangladesh refugee camps shows much progress is needed.**

RESTRICTIONS ON HUMANITARIAN ACCESS

Across Myanmar, military operations are usually accompanied by severe restrictions on humanitarian access. In previous publications Amnesty International has documented how such restrictions have been part of the crimes against humanity committed against the Rohingya population in northern Rakhine State, including through tactics that starved families into fleeing to Bangladesh; and amount to serious human rights violations, and potentially war crimes, during the ongoing military operations against the Arakan Army in Rakhine State and against ethnic armed groups in Kachin and northern Shan States.

Access to non-government-controlled areas (NGCA) is particularly restricted, to the point of being blocked for UN agencies and most international humanitarian organizations. Local civil society organizations operating in NGCA risk arrest and prosecution by the Myanmar authorities.

Food and non-food items often have to be brought to NGCA from or through China, which Chinese authorities block intermittently. The impact of food and medicine shortages is likely to have a disproportionate impact on older people, many of who have specific medical and nutritional needs and are less likely to be able to pursue paid work to fill assistance gaps, either due to discriminatory attitudes or reduced mobility. Humanitarian organizations' inability to transport new shelter materials into NGCA is also likely to have a disproportionate impact on older people.



Htu Bu, 58, stands by her shelter in Jan Mai Kawng Catholic Church IDP Camp, Kachin State, 10 December 2018. She said she has been forced to flee her village three times during her life, and this time has been displaced for more than seven years.



“People aren’t living with dignity. And the older you are, the worse it is.”

Senior representative of a UN agency, speaking about the situation of displaced people in northern Myanmar

CONCLUSION

Older women and men from ethnic minorities across Myanmar have suffered greatly as a result of the military’s brutality. During military operations, soldiers have shot older people as they flee their villages and fired shells indiscriminately that exploded on or near their homes.

Older people in Myanmar indeed face particular risks. They tend disproportionately to remain behind in villages, either because of limited mobility or a heightened connection to their land, and, when found by soldiers, are at times detained, tortured, and even burned to death inside their homes.

Older people also face heightened risks of injury, illness, and death when fleeing, worsened by the military’s tendency to block escape routes and to severely restrict humanitarian access.



An older ethnic Kachin woman sits in her shelter in Jaw Masat IDP Camp, Myitkyina Township, Kachin State, 10 December 2018.

© Hinun Lat / Amnesty International



For older people from many ethnic minorities, including the Kachin and the Rohingya, oppression and displacement has not been a singular, recent experience, but rather defined their entire lives.

The humanitarian community's response to these crises has been impressive, in many respects, particularly given Myanmar's restrictions on access and the largely unprecedented scale, in such a short period of time, of Myanmar's deportation of the Rohingya population to Bangladesh. **But older people are falling through the cracks.** Despite focus in recent years on the importance of inclusivity and ensuring that humanitarian assistance reaches everyone, **older people remain largely invisible.**

The humanitarian community, including donor governments, must do more to ensure that commitments on inclusion and leaving no one behind are reflected in the design and evaluation of all assistance.

RECOMMENDATIONS

TO UN AGENCIES AND HUMANITARIAN ORGANIZATIONS

1. INCLUSIVE DATA COLLECTION AND ANALYSIS

Systematically collect, analyse, and report age-, sex-, and disability-disaggregated data on people in humanitarian situations. For age-disaggregated data, reporting should be more detailed than the total number of people age 60 or older, for example by disaggregating into age brackets of 50-59, 60-69, 70-79, 80-89, and 90 years and older.

2. CONSULT WITH AND INVOLVE OLDER PEOPLE

Consult meaningfully with older people and draw on their unique skills and perspectives, including as part of humanitarian assessments, camp governance structures, and the implementation of humanitarian assistance programs.

3. AVOID ASSUMPTIONS OF DEPENDENCY

Older people are not homogenous. Many older people displaced by conflict in Myanmar live alone or as heads of household. Even those with family members nearby often do not and cannot rely on their support. Humanitarian assistance should not assume older people will be provided for by others. Assistance should respond to individual rights and needs.

4. COMMUNICATE INCLUSIVELY

Ensure that changes in humanitarian assistance or in the way programs are implemented are communicated effectively, taking into consideration issues related to older age, including isolation; visual and hearing impairment; and reduced mobility, including being shelter-bound.



5. ACCESSIBLE LATRINES

Install latrines with specific attention to placing them in areas close to shelters inhabited by older people, and in particular older people with limited mobility and/or physical disabilities. Place latrines, to the extent feasible, in areas that maximize the ability of people to walk on flat ground to reach them. Construct ramps and handrails where hilly terrain is unavoidable.

6. AGE-FRIENDLY FEATURES

Standardize the installation of age-friendly features, including handrails on pathways to latrines and water sources and support handles inside latrines.

7. DIET DIVERSITY

Prioritize efforts to ensure that older people can have sufficient food, diet diversity, and cooking gas equipment and fuel. Ensure that the roll-out of assistance designed to improve diet diversity, consistent with culture, is part of planning from the beginning of a crisis and is implemented as quickly as possible, with priority given to people with particular nutritional needs and risks.

8. ACCESSING DISTRIBUTIONS

Develop community outreach networks to assist older people with limited mobility in obtaining distributions of food and non-food items. For some older people with limited mobility, this may involve assistance in walking to distribution centres and in transporting items back to their shelter. For other older people, this should involve delivery of distributions directly to their shelter.

9. CARE FOR CHRONIC DISEASES

Ensure that medication and other treatment for common chronic diseases is part of the health response and kept in stock in health facilities. Assess medication needs early in the response and ensure needed medications, including for chronic diseases disproportionately affecting older people, are promptly available free of charge at clinics.

10. MORE MOBILE HEALTH RESPONSE

Increase mobile health services, to better respond to the rights of people, including older people, with limited mobility or who are shelter-bound. Identify people in such circumstances and provide health services for them in their shelter or, alternatively, provide them with vouchers or other assistance for transport to a health facility and, particularly for those living alone, support to accompany them.

11. PSYCHOSOCIAL CARE

Include older people in psychosocial care programs and activities. Consider, in the design of such programs, particular ways older people disproportionately experience psychosocial harm.

12. MONITOR FOR DISCRIMINATION

Monitor all assistance programs for how they conform to humanitarian principles and commitments on inclusion and non-discrimination, including specific attention to the impact on the rights of older people and people with disabilities.

13. A PRIORITY FROM DAY ONE

Ensure that inclusion and reaching those most in need are core to humanitarian assessments and assistance from the beginning of a crisis. Older people's risks and needs should not be thought of and responded to only when a humanitarian situation shifts from emergency to longer-term response.

TO DONOR GOVERNMENTS

1. INCREASE ASSISTANCE

Significantly increase financial and technical assistance to help respond to the needs of the Rohingya refugee population in Bangladesh in accordance with priorities outlined in the Joint Response Plan. Likewise increase financial assistance to help meet the needs of the internally displaced population throughout conflict-affected areas of Myanmar.

2. DEMAND INCLUSIVITY AND NON-DISCRIMINATION

Ensure financial assistance and grants contain provisions on strict adherence to the principles of inclusivity and non-discrimination, including related to older people. Monitor and evaluate assistance programs to ensure they meet the *Humanitarian inclusion standards for older people and people with disabilities*.

3. INCLUSIVE DATA COLLECTION AND ANALYSIS

Demand that implementing partners systematically collect and analyse age-, sex-, and disability-disaggregated data according to best practices, including smaller age brackets.

4. SUPPLEMENTAL CASH TRANSFERS

Strongly consider funding supplemental cash transfer programs for older people in the refugee camps in Bangladesh and, where such programs do not exist already, in IDP camps in Myanmar.

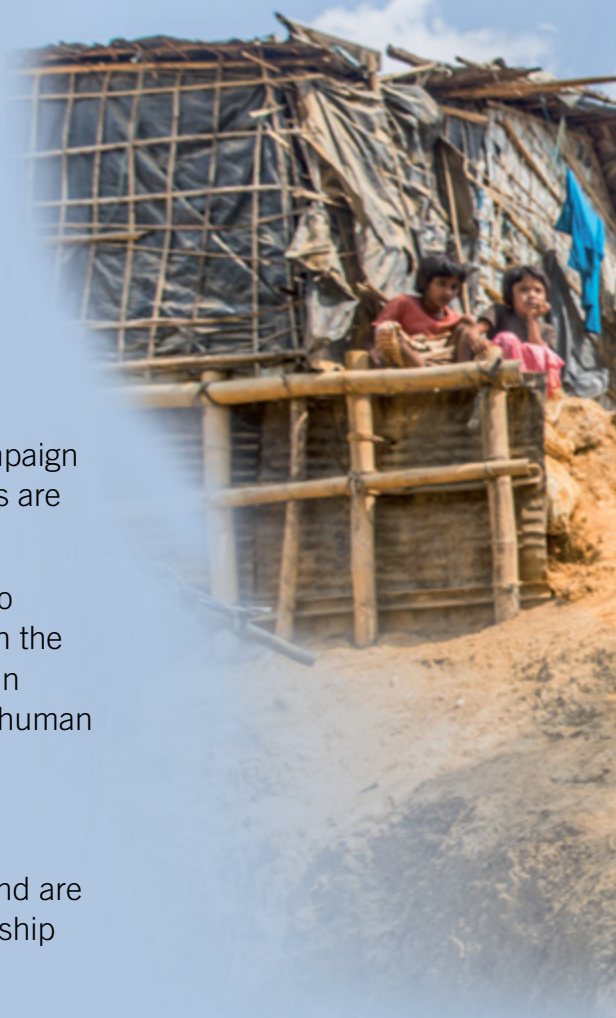
5. PRESERVING CRITICAL HISTORY

Strongly consider funding an oral history project that focuses on the lives of older people from ethnic minorities in Myanmar, including those on which this publication focuses, given the vital communal memory and history they represent, and that threatens to be lost in the coming years.



Cover photo: An older Rohingya man walks up steps toward a latrine in a refugee camp in Bangladesh. Camp infrastructure has developed significantly in the 21 months since the Myanmar military's campaign of violence forced more than 740,000 Rohingya to flee to Bangladesh, but basic services remain inaccessible to many older people, amid the camps' hilly terrain, 18 February 2019.

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