



Situation Brief:

# The Impact of COVID-19 and Conflict on Health in Southeast Myanmar

April 2022

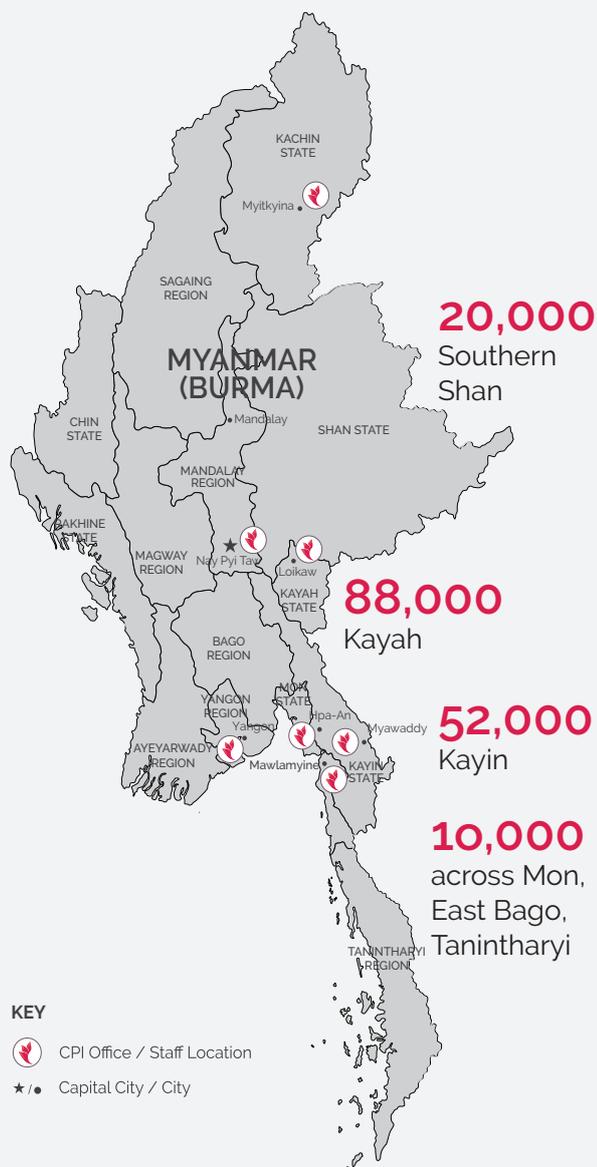
## Converging Crises in Southeast Myanmar:

### The impact of COVID-19 and conflict on health in Southeast Myanmar

Conflict in Southeast Myanmar has created 175,000 new internally displaced persons (IDPs) since February 1, 2021 (88,000 Kayah, 52,000 Kayin, 20,000 in Southern Shan, and 10,000 across Mon, East Bago and Tanintharyi)

**175,000**

new IDPs in Southeast Myanmar



Map: Geographic dispersal of IDPs in Southeast Myanmar, January 2022.

Source: UNOCHA,

[https://reliefweb.int/sites/reliefweb.int/files/resources/OCHA%20Myanmar%20-%20Humanitarian%20Update%20No.14\\_FINAL.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/OCHA%20Myanmar%20-%20Humanitarian%20Update%20No.14_FINAL.pdf)

#### Compounding factors

- Travel restrictions both within country and for border crossings into Thailand
- Military checkpoints and confiscations
- Banking crisis
- Civil disobedience movement (CDM) meaning many hospitals & public institutions unmanned

#### Impacts on health

- Food shortages, inflation & reduced cross-border work are all lowering income & potentially causing significant malnutrition
- Challenges for medical supplies and medicine delivery
- Lack of access to key essential primary health care services, including immunizations and antenatal care
- Weakened health system unable to cope with COVID-19 or provide sufficient testing

#### Responses

- Ethnic and community-based health organizations (ECBHOs) react quickly to fill gaps, but continue to face challenges that result in limited COVID-19 testing, isolation and treatment
- Testing now taking place in 58 village tract health centers (VTHCs) & 20 treatment centers
- Humanitarian assistance for IDPs in new camps lacking basic support

## Conflict in Kayin and Kayah states:

### Humanitarian needs and early responses

	Causes	Needs
 <p><b>Nutrition</b></p> <p>23% of villages experienced food shortages from March 2021 to May 2021 (CPI Rapid Assessment, 2021)</p>	<p>Reduced income and mobility</p> <p>Fewer remittances</p> <p>Displacement from farms and factories</p> <p>Food supply chain challenged</p>	<p>Short term: Food distribution/cash transfers Severe acute malnutrition support</p> <p>Medium term: Other food support for IDPs</p> <p>Support to link villages back to markets</p>
 <p><b>Access to health services</b></p> <p>20-30% communities have no health services available for mothers and children (CPI Rapid Assessment, 2021)</p>	<p>Reduced access for those that rely on public services, while CDM staff cannot work elsewhere because of military persecution</p> <p>Coordination between ECBHOs and MoHS halted, including EPI program</p> <p>Increased mistrust of and use of government facilities even in emergency cases</p> <p>Challenges delivering supplies to ECBHO clinics and accessing funds</p>	<p>Procurement of medicines and supplies needed</p> <p>Increase in support for ECBHOs to cover gaps left by collapse in public services</p> <p>Support for emergency care for those injured in conflict settings</p>
 <p><b>Shelter</b></p> <p>170,000 IDPs need short term support during rainy season</p>	<p>Recent and ongoing conflict-related displacement creating ongoing need for shelter support</p> <p>Housing destroyed in Kayin State due to flooding</p>	<p>Short term and long term shelter for IDPs, as well as WASH facilities and food and nutrition support</p> <p>COVID-19 identification &amp; treatment and support, and vaccination delivery</p>

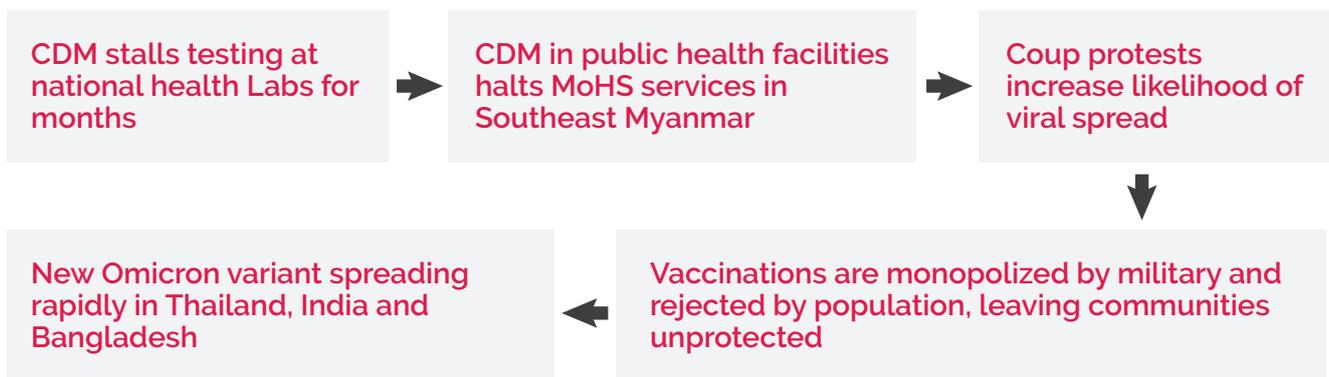
## COVID-19:

### Exploiting gaps in the health system

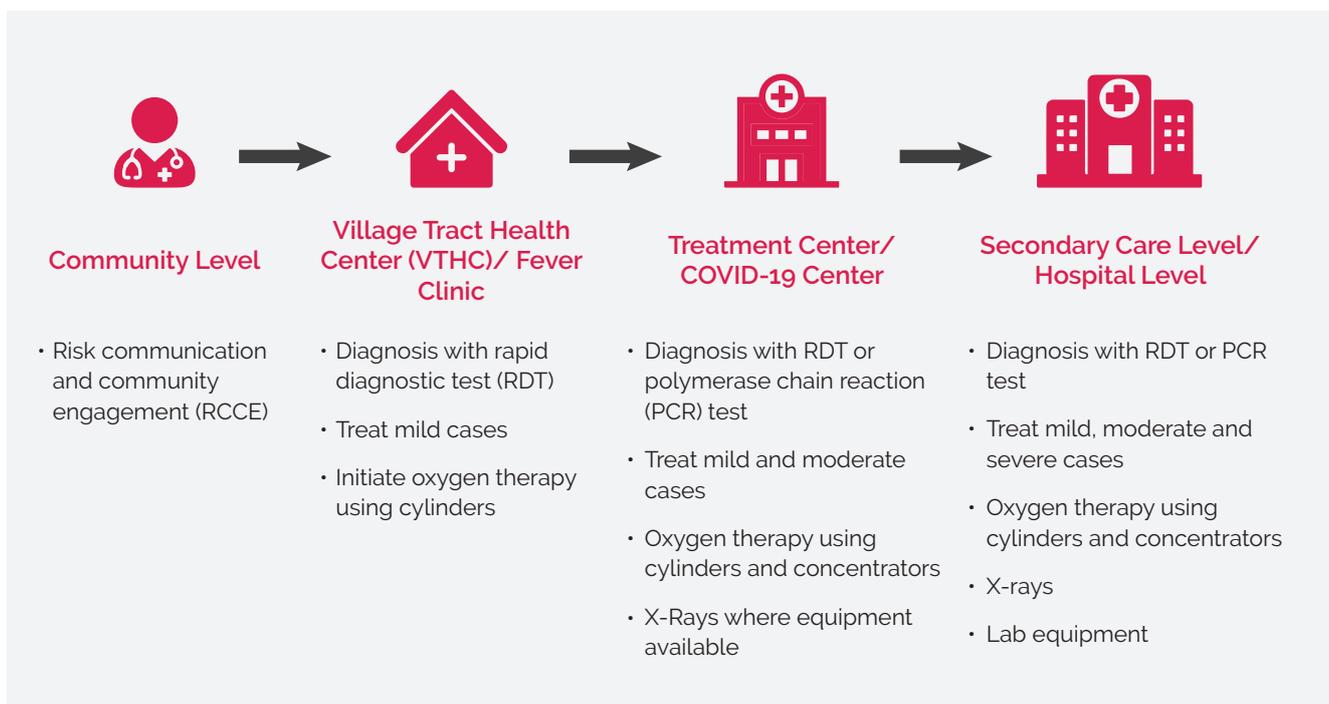
In July 2021, a major wave of COVID-19 infections hit Myanmar. Most testing was conducted in Yangon, where the largest outbreak seemed to occur.

The COVID-19 case load is not accurately known in Southeast Myanmar due to the lack of testing. This region also has very low vaccination levels and minimal availability of health services.

Lack of genomic sequencing of the Omicron variant means little visibility of incidence and prevalence.



ECBHOs are responding to the COVID-19 crisis using the following implementation strategy:



## CPI's response for the people of Southeast Myanmar

### Humanitarian Response

The following rapid response actions taken by CPI and ECBHOs need to be sustained and built upon for the people of Southeastern Myanmar:

- Emergency medicine reaching 490,000+ people
- Nutrition support, including food and non-food items reaching 194,000+ people
- 97,000+ people reached with safe water, sanitation and hygiene support
- 20,000+ children supported to receive education emergencies
- Health education and sexual and gender-based violence awareness sessions
- Operational support
- CPI is supporting 800,000+ people through our partners.
- EHOs continue to operate and deliver services for communities, despite conflicts

### COVID-19 Response

#### Public Health & prevention:

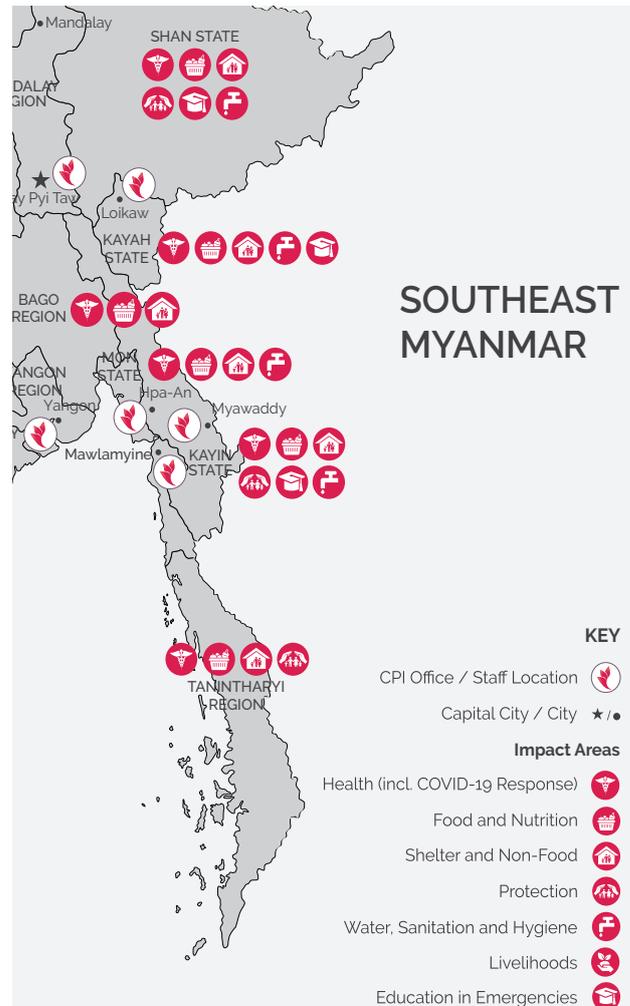
- Distribution of COVID-19 preventive materials
- Health education and awareness raising, training, operational and technical support
- Creation of oxygen concentrator plants in Yangon & Hpa-An to ensure reliable supplies

#### Primary Health & treatment:

- Supported 58 village tract health centers
- 20 treatment centers funded to provide testing, treatment and oxygen
- Three secondary care centers upgraded to treat more severe cases as well as offer lab services
- Population coverage: 217,000+

#### Additional organizational support:

- Capacity building of health care workers
- Manuals, SOPs, guidelines and training
- Medications (e.g. broad spectrum antibiotics, NSAIDs, and cough suppressants)
- Medical supplies (e.g. pulse oximeters, RDT kits, and oxygens masks)
- Infection prevention and control materials (e.g. Level-3 personal protective equipment (PPE) and N-95 masks)
- Oxygen concentrators and cylinders



Map: Geographic dispersal of humanitarian response activities supported by CPI in Myanmar, January to December, 2021