



Karen Human Rights Group

Documenting the voices of villagers in rural Burma

News Bulletin

October 27, 2020 / KHRG # 20-4-NB1

Delayed and Uneven: COVID-19 Response in Rural Southeast Myanmar, March to June 2020



A villager's temperature is taken at a COVID-19 screening checkpoint in Noh Taw Hplah village tract, Noh T'Kaw Township, Dooplaya District.

Myanmar reported its first COVID-19¹ case on March 23rd 2020.² Official lockdown measures (on the part of the Myanmar government) were not put in place until mid-April. 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. This news bulletin only covers information collected by KHRG through June 2020.³ In that respect, it only touches on the very early period of responses to the pandemic by the government and Ethnic Armed Organisations (EAOs), and any initial impacts on the lives of villagers. Nevertheless, the observations highlighted in this report point to a number of problems that are likely to worsen now that the situation has become more critical with the number of new cases steadily increasing since late August.

Through the end of June, there had been few reported cases of COVID-19 in Southeast Myanmar, and none reported by KHRG researchers or interviewees specifically in their villages. KHRG interviews thus focused heavily on access to information, awareness training, prevention measures, the availability of support, and the availability of resources for putting standard prevention measures in place. Of interest to KHRG were also any COVID-19 impacts, whether created by the virus itself or resulting from prevention measures set up to curtail its spread.

Both the Myanmar government and the Karen National Union (KNU)⁴ independently responded to the COVID-19 outbreak. Prevention measures and access to information have thus varied considerably not simply across the seven districts but within districts. Although in some cases the variations are tied to the remoteness of certain villages, in many cases this variation is tied more clearly to issues of control and the complex political dynamics between the Myanmar government and EAOs in Southeast Myanmar.

In response to COVID-19, the KNU released a statement on March 26th 2020 asking “the Government and Tatmadaw⁵ to declare a ‘Nationwide Ceasefire’ without any preconditions.”⁶ The KNU emphasised the necessity for collaborative efforts: “[I]n undertaking the effective prevention of the spread of the coronavirus among the public, the KNU has urged the Government to work in coordination and cooperation with the Karen Department of Health and Welfare (KDHW)⁷ in accordance with provisions of the Nationwide Ceasefire Agreement (NCA)⁸ Chapter (6), Article 25, in the activities of health awareness education and disease prevention,

¹ Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It was first identified in December 2019 in China, and has resulted in an on-going pandemic. For more information, see WHO, “[Coronavirus disease \(COVID-19\) pandemic](#)”.

² Zeyar Hein, “[Two test positive for COVID-19 in Myanmar, the country \[sic\] first two cases](#)”, *The Myanmar Times*, March 2020.

³ The present document is based on information received and processed between May and August 2020, but only covers the period of March to June. The parts in square brackets are explanations added by KHRG.

⁴ 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.

⁵ Tatmadaw refers to the Myanmar military.

⁶ KNU, “[KNU Statement concerning the COVID-19 pandemic](#)”, March 26th 2020.

⁷ 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.

⁸ On October 15th 2015, after a negotiation process marred with controversy over the notable 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.

for the people and indigenous populations in the KNU ceasefire areas.” 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.”⁹

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 “with the aim of effectively and rapidly carrying out containment, prevention and treatment of COVID-19 in Myanmar and restoring eternal peace.”¹⁰ Although couched in terms of encouraging respect for peace principles, the Myanmar government took the opportunity to insist that EAOs “control themselves and take responsibilities for avoiding attacks to each other [... as well as] acts harmful to different levels of administrative machinery of the State.”

The purpose of the Central Committee on COVID-19 Prevention, Containment and Treatment was to coordinate and collaborate with EAOs in information exchange and the prevention, control and treatment of COVID-19. Despite the creation of this committee, there seems to be little coordination and collaboration between the different stakeholders. The lack of any centralised or coordinated action between the Myanmar government and the KNU, along with partner organisations, has meant that some areas received information and instructions from multiple stakeholders, other areas from just one, while some areas received no information or instructions from any stakeholders.

In mixed-control areas, the circulation of two sets of instructions often enflamed existing tensions between political stakeholders, with local KNU leaders refusing to accept regulations created by the Myanmar government. Likewise, Tatmadaw commanders and soldiers accused villagers of not following protocol because they were following KNU orders rather than Myanmar government orders. Although a few other organisations, including ethnic health providers, local stakeholders, NGOs and religious groups, have been involved in awareness and prevention activities, some noted that their actions have also been limited or constrained by the on-going conflicts and tensions, and refusals to collaborate. Ultimately, villagers are the ones who suffer, either by receiving unclear or incomplete information, or by having to deal with disputes over procedures themselves. Furthermore, due to the lack of coordination, prevention measures often vary between neighbouring villages, and have led to conflict and tensions between villagers themselves in a number of areas.

Villagers in areas that did not receive formal information and instructions have relied on information that they obtained online and through social media, and have tended to adopt their own prevention measures, often drawing on religious practices commonly used for protection purposes. This poor access to awareness and prevention information may have had little impact thus far because of the low-infection rates during the reporting period, but if the virus spreads to these areas, villagers’ current informal prevention measures are likely to offer insufficient protection.

Support has also been highly variable and is an issue that needs to be addressed in on-going response initiatives. The Myanmar government laid out provisions in its April 2020 COVID-19 Economic Relief Plan (entitled “Overcoming as One”)¹¹ to provide unconditional cash and in-kind food transfers to vulnerable households and at-risk populations. In the actual implementation of the plan, only villagers living in government-controlled areas received

⁹ Sai Wunna, “[Tatmadaw rejects call for ceasefire during pandemic](#)”, *Myanmar Times*, April 2nd 2020.

¹⁰ Republic of the Union of Myanmar, “[Statement on ceasefire and eternal peace](#)”, May 9th 2020.

¹¹ Government of the Republic of the Union of Myanmar, “[Overcoming as One: COVID-19 Economic Relief Plan](#)”, April 2020.

assistance, despite the plan's claim of "leaving no-one behind." As such, we find a contrast within townships, even within village tracts, where some villages received support from the government and others did not, making it extremely difficult to assess the situation of any region without having information about each village. Even though the government support was minimal and has proved insufficient in relieving the livelihood challenges faced by villagers, the fact that not all villagers have been included in government plans, despite being Myanmar citizens, is highly disconcerting.

The KNU has been able to provide a little assistance to families in some areas, but is not able to tap into the international funds available to national governments. The Myanmar government by contrast has received funding from multiple sources, including the IMF (USD 356.5 million in emergency assistance) specifically to implement its COVID-19 Economic Relief Plan (CERP) that claims to be "a coordinated whole-of-nation response." In its reporting to the IMF, the Myanmar government states that it provided food for households without a regular income to the sum of 71.103 billion kyats [close to USD 55 million]¹² in the month of April.¹³ However, in reality, only families in government-controlled areas have received that assistance. Although the numbers are difficult to determine, anywhere from 100,000 to 350,000 people in Southeast Myanmar alone may have been left out.¹⁴

Because of the limited timeframe of this report, and the fact that most of the interviews were conducted in May, the full impact of travel restrictions and other constraints on livelihood activities was likely not yet felt by most villagers. Thus, the livelihood challenges reported here may not fully reflect the actual situation even at the end of the reporting period, and should not be taken as an indication that the situation is without concern. In fact, some of the later interviews point to the beginning of serious livelihood problems for villagers. The fragility of villagers' livelihood situation often makes it such that any temporary adversity can serve as a trigger that pushes them into severe deprivation. In one interview (from July 2020) not included in this report, a villager speaks of no longer being able to feed his family because he has not been able to work due to COVID-19. With six children in his care, they have been forced to gradually reduce their number of daily meals, which now consists only of rice, and a few vegetables if they are able to find them. When their rice ran out, he began borrowing rice from family members but he can no longer count on that because they are struggling as well. It is highly likely that more families are in a similar situation at present, and that the possibilities for mutual aid among villagers and within families are now shrinking. These cases might also go unnoticed given the limited access to many areas.

Healthcare and education are not sufficiently covered in this report, but merit further investigation. Although some (interior) travel for medical purposes has been possible, the widespread restrictions on travel have impacted the movement of healthcare workers and the availability of medicine and supplies in more remote areas. It is also not clear whether villagers living along the Thai-Myanmar border are able to access medical services since the lack of clinics in their areas often leave them dependent upon medical services in Thailand. There has been some indication that Thai authorities have only been accepting border crossing for certain types of medical conditions. Overall, healthcare facilities and services in rural Southeast Myanmar are inadequate and unlikely to be able to handle a healthcare crisis should infection rates rise. If the distribution of support to households is any indication of wider government strategies, there is little chance that the international funds received by the Myanmar

¹² All conversion estimates for the Myanmar kyat in this report are based on the October 21st 2020 official mid-market rate of 1 kyat to USD 0.00077 (taken from <https://transferwise.com/gb/currency-converter/>).

¹³ "Policy Tracker: Myanmar," *International Monetary Fund*, accessed September 23rd 2020.

¹⁴ These figures are taken from a 2016 report by the Asia Foundation. See Kim JOLIFFE, "[Ceasefires, Governance, and Development: The Karen National Union in Times of Change](#)", Yangon: The Asia Foundation, 2016, p. 5. Estimates for how many people are living in KNU-controlled areas are difficult to obtain; even more difficult to estimate is the number of people in mixed-control areas that might not be registered by the Myanmar government.

government that have been targeted for bolstering medical and sanitary infrastructure will be used in non-government-controlled areas, leaving hundreds of thousands even more vulnerable and at risk.

For most areas, the academic year had just ended at the time of the COVID-19 outbreak in Myanmar. Classes resumed in July, thus outside the timeframe of this report. Nevertheless, many of the new prevention measures being introduced for Myanmar government schools are going to make it difficult for some families to send their children back to school. It will thus be important to monitor the education situation closely in order to mitigate long-term impacts that may be hard to reverse if children stop attending school.

This report is divided into sections according to district in order to underscore the variation in responses and access to information that exists across KHRG's operation area in Southeast Myanmar: Doo Tha Htoo (Thaton), Taw Oo (Toungoo), Kler Lwee Htoo (Nyaunglebin), Mergui-Tavoy, Mu Traw (Hpapun), Dooplaya and Hpa-an districts.¹⁵ The hope is that by detailing the situation in each district, aid and protection organisations may find it easier to identify areas in particular need. KHRG also expects to continue reporting on the impacts of COVID-19, and so organising information by district should make it easier to track changes.

A. Doo Tha Htoo (Thaton) District

Information for Doo Tha Htoo is based on nine interviews and one situation update. Four of the nine interviews were from Bilin Township, and cover the following locations: Kwee Lay village in Noh Ber Baw village tract, Kyoh Wine Baw Naw Nee village and Noh K'Neh village in Kyoh Wine village tract, and the junction of Too Muh Kleh, where there is a COVID-19 screening checkpoint. The remaining five interviews took place in Tha Htoo (Thaton) Township. Two of these interviews primarily discussed incidents at screening checkpoints. The other three were more general, covering the following areas: Neh Paw Hta village tract, Way Raw village tract, and Kaw Leh village tract. The situation update covers both townships. With the exception of Kwee Lay village, which is under KNU control, all other interviews were in mixed-control areas.

i. Information and prevention

The KNU in Doo Tha Htoo District developed a set of procedures that it sent to township administrators on March 29th 2020, thus right after the first case of COVID-19 was identified in Myanmar. Township administrators were supposed to pass the information to village tract administrators, and then down the line to village leaders/elders and villagers. The letter outlined the following requirements regarding civilians: anyone returning from infected countries must inform their village leaders of their return; quarantine areas must be provided to accommodate people for 14 days; wash basins are required at the entrance of every house; every village must keep a list of people who work/travel abroad. Failure to abide by these rules could lead to detention (in a stockade) for 14 days and a fine of 300,000 kyats [USD 231.96].

Both the Myanmar government and the KNU distributed pamphlets about COVID-19 in parts of Bilin and Tha Htoo townships. KHRG did not receive further details about information and instructions provided by the Myanmar government in this district, so it is not clear when that happened, nor the extent of government activities.

According to the Karen Department of Health and Welfare (KDHW) coordinator in Doo Tha Htoo Township, they started working on awareness and local training right after receiving instructions

¹⁵ For clarity, the Burmese terms used for these districts are provided in brackets but do not correspond with the Myanmar government administrative divisions.

from the KNU at the end of March. Despite that, access to information was quite varied in Doo Tha Htoo District, with many areas still not sufficiently informed or prepared in mid- to late May.



This photo was taken on May 24th 2020 between Tone Bo Lay village and Tone Bo Gyi village, Wee Raw village tract, Doo Tha Htoo Township, Doo Tha Htoo District. It shows several informational vinyls that have been hung near a local road. The vinyls were created by KDHW, KEHOC, and WHO and outline a variety of COVID-19 prevention measures. [Photo: KHRG]

At the time of the interview on May 17th, awareness training had not been provided in Kwee Lay village in Bilin Township. Instead, villagers were looking up information online, putting them at high risk of receiving misinformation. According to the Bilin Human Rights Committee (HRC) township leader interviewed a few days later, local authorities had recently attended training set up by the district leaders, including representatives from Karen Youth Organization (KYO) and Karen Women's Organization (KWO). Local authorities had just started the process of visiting villages to offer training to villagers. The training described was fairly complete, and included the standard measures of hand washing, coughing and sneezing into one's sleeve (as no masks were available to them), social distancing, as well as washing clothes after returning from the market, and extra precautions for those over 60 years of age. At the time, only five village tracts had however been trained (there are 17 village tracts in Bilin Township). The Bilin HRC township leader also stated that he was unsure whether they would actually be able to cover all the districts, due to both funding and access issues.

When unable to provide direct training, those in charge of awareness training often will simply drive by villages and make announcements over the loudspeaker. Such methods, however, have met with some criticism. For instance, in Kyoh Wine Baw Naw Nee village, Kyoh Wine village tract, providing information by loudspeaker led to confusion about what villagers are supposed to do. Moreover, there seems to have been an incident where an announcement was made that villagers would be shot dead if they tried to leave the village. The Kyoh Wine village tract administrator said that authorities should provide direct training in the village because it allows villagers to ask questions and get clarification. However, at least early on, many villages were barring entry to all external visitors, making it difficult for local authorities to offer direct training.

In Kyoh Wine Baw Naw Nee village, villagers are engaging in hand washing, and a 10 pm curfew was put in place. But people have also turned to religious practices to protect themselves: reading Buddhist scriptures and sprinkling spirit water in the village as well as throughout the entire village tract (by car). Similar measures have been adopted in parts of Tha Htoo Township. In Kaw Leh Village, Kaw Leh village tract, some villagers have been engaging in Buddhist exorcisms and other religious practices as part of their prevention measures.

In other areas of Tha Htoo Township, awareness training and prevention have been more organised. The Neh Paw Hta village tract administrator told KHRG that the district secretary and township administrator offered awareness training in Lay Ger Kler Shwe Gah to local leaders. He and the village leaders have been very active in providing training to villagers, with demonstrations every evening, and reminders every few days. The standard procedures

outlined by the KNU, along with social distancing, are being followed by villagers in Neh Paw Hta village tract. They have also locked down their villages and are restricting travel. Because people have access to the internet and can easily get incorrect information, the village tract administrator has also had to warn them to be careful about what they read on social media. The Way Raw village tract administrator said that they also received information and are trying to make sure that everyone is following standard prevention measures.

ii. Travel restrictions and livelihood

Although travel restrictions were put in place, few livelihood problems were reported by those interviewed. In most cases, villagers were still able to get to their plantations to work. But there was concern about potential rice shortages because of previous drought. During the reporting period, the main impact however was on those who needed to travel for work, like carpenters and excavators, and those who needed to go to town to buy food.

In multiple areas in both Bilin and Tha Htoo townships, some villages blocked entry and put up fences to keep people out. In Noh Ber Baw village tract, such measures impacted the movement of villagers in neighbouring villages, causing conflict. Local authorities had to talk to the villagers so that they would take down the fences. Many still left up “no entry” signs, but allowed other people to enter if need be.

iii. Quarantine

Although the KNU had specified 14 days of quarantine, most interviewees in Doo Tha Htoo District reported longer quarantines being imposed: 21 to 28 days. Several villages used the local school, but others preferred keeping returnees outside of the village. In Kaw Leh village tract, Tha Htoo Township, there was no hut, so villagers just arranged a place under the trees for those in quarantine. Yet, in some places, like Kyoh Wine village tract, Bilin Township, a hut with full kitchen materials was prepared for them. In fact, 20 huts had been built in Bilin Township. The KNU supplied rice: 0.5 basket [12.5 kilograms] per two returnees and 2 baskets [30 kilograms] for four returnees. In Kyoh Wine village tract, villagers also provided oil and other food ingredients, as well as clothing, mosquito nets, and toothpaste for them. According to the village tract administrator, they did this *“in order not to cause conflict [in the village] because some of the villagers have verbally discriminated against the returnees, like [saying] ‘they [returnees] return with disease infection so they are not good [don’t go near them] which is why they are kept outside of the village’. We try to arrange everything such as food to encourage them not to get depressed [from the verbal discrimination].”* Health workers would also visit them twice a day for a medical check. Villagers were also assigned to visit them three times per day, but the quarantine location was about 1 kilometre from the village so they could not always go there multiple times a day.

In Neh Paw Hta village tract, Tha Htoo Township, one returnee was a young married pregnant woman living in Yangon, and about to give birth with no one to help her in Yangon. She returned to be with her family, but was put in quarantine for 28 days outside the village. Her aunt and uncle would visit her, but she had to prepare food for herself. There was no mention of being visited by health workers.

In Bilin Township, some people got angry about being placed in quarantine. According to the HRC leader, *“Some people even said ‘Just shoot us. If you have concerns or worry that we come back here.’ They got angry. However, we cannot take action on them for those [rude or aggressive] acts.”*

iv. Support

In Bilin Township, villagers in KNU-controlled areas like Kwee Lay village, Noh Ber Baw village tract received no support at all. Villagers in mixed-control areas like Kyoh Wine village tract did receive support (rice, beans, onion, oil, and salt) from the Myanmar government, but only for families in need (i.e., those without farming land) and daily labourers. The support was distributed to 30 families total, and only within the three villages in that township that are under government control. The support was provided just once, and ended up lasting only nine days. There was some tension as a result of the distribution because villagers who did not receive support argued that they had been making sacrifices to provide aid to the community more than those experiencing livelihood problems, and felt that they deserved government support as well.

In Tha Htoo Township, villagers in Way Raw village tract, which is under mixed control, received no support. In Neh Paw Hta village tract, support was provided by the Myanmar government, but according to two different categories: those without livestock or transportation, and those with nothing at all (in extreme poverty). Despite the two categories, both seemed to have received the same amount in support, which consisted of rice, beans, onion, oil, and salt. Kaw Leh village tract also received support (rice, onion, oil) for families in need. The village tract administrator was not sure where the support came from, but stated that it was not from the Myanmar government.

One local leader in Bilin Township mentioned that no financial support was provided to those who are helping with the awareness training. For instance, he does not have a motorbike, and so has had to pay for transportation himself to visit administrative offices in trying to help with COVID-19 prevention.

v. Healthcare and education

No information.

vi. Screening checkpoints

There were several reports of problems with the Tatmadaw regarding COVID-19 screening checkpoints in Doo Tha Htoo District.¹⁶ In each case, villagers were told that the checkpoint needed to be shut down because permission had not been granted by the Myanmar government. In setting up the checkpoints, they had actually been following the orders of their KNU leaders.

There were two incidents in and around Kaw Kya Thel village, Way Raw village tract, Tha Htoo Township, both tied to people in cars refusing to get out and have their temperature checked. In one case, those passing through saw construction, and believed that the KNLA was reinforcing and expanding its army camp. It turned out that the villagers had only built a petrol station, and so the confusion was resolved. In the other case, tensions were sparked after the wife of Southeast Command Headquarters (Ya Ta Ka) (Mawlamyine) Commander passed through the checkpoint and refused to exit her vehicle to have her temperature checked. Although the health workers running the checkpoint did let her pass through, the township administrator was later contacted by district authorities who had heard about the incident. Several Tatmadaw battalion commanders came the next day to discuss the issue, and ordered the dismantling of the screening checkpoint because villagers had not received permission from the Myanmar government. Later, they were told that they do not need to obtain a permission letter, and that they could re-open as long as everyone was dressed in civilian clothes. Although later told to wait for authorisation, they still had not received authorisation at the time of the interview. Nevertheless, they did not experience any further incidents with the Tatmadaw.

¹⁶ Karen News, "[Burma Army Demand KNU Close its Covid-19 Screening Posts – Despite Community Support](#)", May 2020.

The checkpoint at the junction of Too Muh Kleh in Bilin Township was dismantled, but then later re-opened once the villagers were able to obtain permission from the government. They were not, however, allowed to have soldiers in uniform working the checkpoints.

According to one local authority, their very ability to protect themselves is being hindered: *“They see us as violating the NCA because we hold a gun and wear a military uniform [at the screening checkpoints]. We know that there are people in the community who do not respect us [and refuse to follow the screening and checkpoint regulations] unless we have a gun and military uniform. If we are not allowed to check people, it means we let our community members be infected. Is that what they [Tatmadaw] want? Secondly, they want to say that our activity is not official. They said, “you have to discuss with the government [Myanmar] before doing any activity”. They mentioned this when we meet with them face to face. 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 like this.”*

B. Taw Oo (Toungoo) District

KHRG was not able to obtain much information for Taw Oo District. Information comes from one interview specifically about a problem at a screening checkpoint, and one situation update from a KHRG field researcher covering both Htaw Ta Htoo (Htantabin) and Daw Hpa Hkoh [Thandaunggyi] townships. Many areas in the district are under mixed control, but the mountain regions tend to be strictly under KNU control.

i. Information and prevention

The KNU district leaders and village leaders in Taw Oo organized awareness training for the prevention of COVID-19 for local villagers to be able to protect themselves. They also provided prevention and other supplies such as soap, tooth brushes, tooth paste, buckets, cups, handkerchiefs, towels, and sanitary pads for the women. KHRG does not have information on the specific locations that received this training and support.

Healthcare workers, Tatmadaw soldiers, and Myanmar Police Force (MPF) have also contributed to awareness training. However, due to the low number of healthcare workers from the Myanmar government and the fact that they are only available from 8 am to 12 pm, the majority of the responsibility for training has actually fallen upon local villagers.



This photo was taken on June 12th 2020 in Tah Pah Hkee village, Maw Nay Pwa area, Htaw Ta Htoo Township, Taw Oo District. This photo shows a hand washing station for the local villagers to use to prevent COVID-19. It was set up by KDHW healthcare staff. Villagers are required to wash their hands whenever they come back from other areas and before entering the village. [Photo: KHRG]

ii. Travel restrictions

KNU leaders from Taw Oo District distributed a notification letter to the local villagers on March 27th 2020, where they laid out travel restrictions and time limitations for visitors to enter into the villages. Villagers interpreted the instructions in different ways. In some areas, villagers set up checkpoints, while in other areas, villagers posted a sign to bar entry: *"No entrance allowed for visitors"*.

In Kler Muh Khah village, Day Lo Mu Nu La area, Daw Hpa Hkoh Township, the notification letter led to problems with the local Tatmadaw battalion who believed that the KNLA was stopping cars and preventing supplies from reaching their training camp. The KNLA soldier in charge had to explain that they were just trying to make sure villagers received prevention information and were being protected against the virus. The misunderstanding did not lead to further conflict.

iii. Livelihood situation

Local villagers in the two townships in Taw Oo District rely primarily on agriculture for their livelihood. In the mountain areas of Kler La and Liek Tho towns, in Daw Hpa Hkoh Township, villagers plant seasonal fruits, such as durian, mangosteen, and dog fruit, as well as cardamom and coffee, for their livelihood. Due to COVID-19, they are experiencing problems selling their fruit because there are currently fewer merchants willing to buy their fruit both domestically and abroad. For instance, they normally depend on merchants coming directly from China to sell their cardamom, but the border closures have put a halt to those sales. The price of seasonal fruits has also decreased this year, making it difficult to earn a living even if they are able to sell their items.

The rubber industry has also been affected, leaving many local villagers jobless. Casual day labourers are facing difficulties, not simply because of travel restrictions, but also because fewer employers are now hiring. Some of the local villagers from Liek Tho town, Daw Hpa Hkoh Township who are facing livelihood difficulties have turned to picking (wild) bamboo shoots to sell. But some villages have barred entry to outsiders, so vegetable sellers are also no longer able to dispose of their goods.

iv. Screening checkpoints

A screening checkpoint at Yah Doh vehicle road which goes to Leik Tho town, Daw Hpa Hkoh Township was set up by the KDHW. A Tatmadaw deputy commander pressured local KDHW staff to remove it. In order to avoid conflict, KDHW staff removed the screening checkpoint, which they later set up within KNU-controlled area.

v. Quarantine

There are several quarantine locations: Htoh Lwee Wah School in Htaw Ta Htoo Township, the sports stadium in Daw Hpa Hkoh town, the Thandaung Myo Thit primary school, and one section of the Liek Tho Three Floors Building in Daw Hpa Hkoh Township. People returning to their villages from abroad or other areas must undergo quarantine for 21 days as well as a medical check-up.

Local villagers are not satisfied with the action taken by the Myanmar government. Because no government support has been provided, the local social association has had to collect donations in order to provide food and hygiene materials for those in quarantine. Twenty-nine villagers have already come back from abroad.

The local MPF has been involved in security for the quarantine locations, but their presence is seen as a threat by local villagers who have to quarantine. There was also an incident involving two young women who were quarantined in Daw Hpa Hkoh town. In April (date not specified), one of the police officers responsible for security got drunk and went into the room of two young women without his shirt. The girls were frightened and shouted for help. Fortunately another police officer was nearby and removed him from the girls' room. However, one of the local villagers who was also in quarantine said, *"we do not know whether that policeman got punished or not."*

vi. Education

There is some indication that new procedures will be imposed for children attending Myanmar government schools. Some families may not be able to follow the procedures, or may be impacted financially. There is concern that students will be forced to drop out.

vii. Healthcare

There are several Myanmar government hospitals in Daw Hpa Hkoh Township and also clinics in some villages. Local villagers are however concerned about going to the hospitals and the clinics to get treatment because of COVID-19. Since the spread of COVID-19, health workers, doctors and nurses stay far away from the patients (1 to 2 metres) when they go to the hospital for treatment, which leaves many patients dissatisfied with their medical care. Local villagers are also afraid to go to the hospitals and clinics for fear of getting infected and thus have stopped going there for treatment. People who live in the plains areas go instead to see other local villagers who have medical training or those who are familiar with different medicines. They will now only go to the hospital if they are still not recovering.

viii. Support

According to a KHRG field researcher, the Myanmar government provided some support: for each house one big tin (equal to 8 bowls or 64 milk tins) [12.5 kilograms] of rice, 30 viss of oil and one bowl (equal to 8 milk tins) [1.5 kilograms] of beans. The local villagers who are close to the town received this standard amount but the local villagers who live farther out only received 4 bowls of rice, 30 viss of oil and 3 milk tins of beans for each household. KHRG did not receive an explanation for this unequal distribution. The fact that only villagers in need were provided support also led to arguments between villagers.

C. Kler Lwee Htoo (Nyaunglebin) District

Information for Kler Lwee Htoo District is based on two interviews and one situation update. One interview concerns the dismantling of a screening checkpoint at Chaung Wa, T'Hkaw Kwee area, Hsaw Htee (Shwegyin) Township, and the other concerns the situation in T'Hkaw Pwa village, T'Hkaw Pwa village tract, Moo (Mone) Township, which is in a mixed-control area. The situation update covers two of the three townships in Kler Lwee Htoo District: Ler Doh (Kyaukkyi) and Moo Townships.

According to a KHRG field researcher, there were a few reported cases of COVID-19 in Plaw Htu area and K'Hser Kler area in Moo Township, but because of the low population density of the areas, no other people were infected. KHRG has no interviews from these areas.

i. Information and prevention

According to a KHRG researcher, the Myanmar government provided instructions about the prevention of COVID-19 to villagers in Moo Township, but failed to provide awareness training.

According to a healthcare worker in T'Hkaw Pwa village, the Myanmar government simply posted signboards about the virus in front of the village head's home. In May, the KNU stepped in and organized awareness training for village tract administrators and village leaders, and distributed informational tracts to villagers. A few standard prevention measures were put in place: water and soap in every house, social distancing, and avoiding large gatherings, including going to church and the celebration of weddings. However, in some cases, it did not take long for villagers to abandon recommended practices. In T'Hkaw Pwa village, villagers have already stopped placing soap and water in front of their houses. The KNU also met with the IDP committee in Moo Township in order to provide COVID-19 awareness and prevention supplies like masks, soap, and sanitizer.



This photo was taken on May 20th 2020 in Koe Nee village, Moo Township, Kler Lwee Htoo District. It shows KDHW medical staff from Moo Township and staff from CIDKP cooperating to provide awareness training to the local villagers regarding COVID-19. [Photo: KHRG]



This photo was taken on May 17th 2020 in T'Hkaw Pwa village, T'Hkaw Pwa village tract, Moo Township, Kler Lwee Htoo District. It shows a sign posted by villagers at the entrance to their village as part of their COVID-19 prevention measures. The sign states: "No entrance allowed for sellers from outside." [Photo: KHRG]



This photo was taken on June 5th 2020 near Ka Lain-Chaung Wa road junction (T'Khaw Kwee) area, Hsaw Htee Township, Kler Lwee Htoo District. It shows what remains of a COVID-19 screening checkpoint that was dismantled by Tatmadaw soldiers immediately after villagers built it. [Photo: KHRG]

ii. Livelihood and travel restrictions

Some local villagers in Moo Township have not been able to go to work or find work as day labourers due to the COVID-19 travel restrictions in the area. They also have to get a travel permission letter from the village administrator when they need to travel. No other information was provided about this process.

iii. Support

The Myanmar government provided support to 100 to 150 of the approximate 500 households in T'Hkaw Pwa village, T'Hkaw Pwa village tract. Six bowls of rice or one big tin, one litre of oil, one bowl of beans and one package of salt were provided to those in need.

iv. Quarantine

Local villagers who would like to come back from other places within Myanmar, like Yangon or Mandalay, must inform the local village leaders in advance. They are required to stay at the school, which is the local quarantine place prepared by village leaders and the Myanmar government authorities, before they are allowed to re-enter the village. Although they are supposed to quarantine for 21 days, most have only stayed one week. Their family members or relatives need to arrange food for them while they quarantine, but are only allowed to bring the food and come back quickly. Those who would like to come back from abroad have to quarantine for 21 days at a designated location in Moo town.

v. Screening checkpoints

While villagers were building a screening checkpoint at Chaung Wa, Tatmadaw soldiers came twice to prevent them from doing so, even though villagers explained that it was for COVID-19 prevention. Although the Tatmadaw battalion commander said it was okay, the higher command would not allow it, stating that they only allow checkpoints that are in collaboration with them or that operate fully through them. The screening checkpoint was dismantled immediately after the villagers finished building it.

D. Mergui-Tavoy (Tanintharyi Region) District

Information for this district is taken from three interviews and one situation update. The interviews cover villages in three different townships: Wah Hkaw Doh village, Kleh Muh Htee area, K'Ser Doh Township; Baw Truh Hkee village, T'Keh area, Ta Naw Tha Ree Township; and Sa Dain area, Lay Nya Bo Pyin Township. The situation update covers 11 areas in Ta Naw Th'Ree Township: T'Keh Place, Kay, Moh Taw, Ma Noh Roh, A'Neh Hsay Koo, P'Wa, May May Kyo, Wa Yeh, Yay Aye Kloh, Doo K'Mah Loh Kloh Hkoh, and K'Tah Kloh areas. All are mixed-control areas.

i. Information and prevention

Access to COVID-19 information in Mergui-Tavoy District varied considerably. According to a KHRG researcher, the KNU released a statement regarding COVID-19 to all townships in the district. Nevertheless, in Ta Naw Th'Ree (Tanintharyi) Township, the actual awareness training was provided by a Christian organization, with pamphlets provided by the Myanmar government. In Baw Truh Hkee village, T'Keh area, villagers received no awareness training at all.

In Wah 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. According to our interviewee, they simply discussed the issues amongst themselves and developed prevention measures and regulations on their own. Furthermore, no local authorities or health workers have come to check on their situation, so they have struggled to even 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.”

In Sa Dain area, T'Naw Th'Ree [Lay Nya Bo Pyin] Township, the KNU was more heavily involved, providing prevention materials (masks, sanitizer, and screening checkpoint supplies) as well. The Myanmar government appointed ten and hundred household administrators to monitor the villagers, but they do not come regularly. The Sa Dain area leader said, “They just ordered the people like that. They did not even look or take care of how things are going and how we process things. They just appointed people and then did not do anything anymore. Sometimes, the people they appointed do not do their work well. So, when it happens like that, it impacts the Karen villagers who stay close to [live in] those places.”

Villagers in Sa Dain area have been told to wash their hands and legs and to use masks while they are traveling so as to protect themselves as well as others. According to the area administrator, if they find any positive cases in any of the villages, the Myanmar government announced that all travel will be prohibited. Although most people are respecting the prevention measures, they have been told that they will be fined up to 5,000 kyats [USD 3.87] if they fail to wear a mask. Some people have already been fined, but most have just been fined 2,500 kyats [USD 1.93] for wearing the mask under their chin.



These two photos of a COVID-19 screening checkpoint were taken on May 30th 2020 in Noh Taw Hplah village tract, Noh T'Kaw Township, Dooplaya District. [Photo: KHRG]

ii. Conflict

Prevention measures have led to conflict between villagers in some areas. There was an incident between villagers in K'Ser Doh (Tha Yet Chaung) Township. The village leader and villagers from Wah Hkaw Doh had developed the prevention measures for many villages in the area, but others were not happy with some of the regulations and were not following them. On April 20th, villagers from T'Kweh Luh (Shwe Au Chaung) village, Kleh Muh Htee area (Aeh Aeh village tract) came to yell and swear at the villagers in Wah Hkaw Doh village. They also submitted a complaint about the regulations to the local Myanmar government authorities. The village administrator had to take action and thus asked villagers of Wah Hkaw Doh to take photos of any people who do not wash their hands or wear a mask when going in and out of the village. As of the interview date, they were still waiting for some sort of follow-up from government authorities.

In the Sa Dain area, there were also reports of visitors being disrespectful. The area administrator explained, “The local villagers do not act with bad behaviour in front of the visitors but the visitors act badly. We have to solve that kind of problem”.

iii. Travel restrictions and livelihood

Despite travel restrictions, villagers have not yet reported serious livelihood problems. In Baw Truh Hkee village, T'Keh area, villagers raise buffalos and work on hill farms and plantations. Although they have had problems getting goods from the cities, they have been able to help each other by sharing paddy so as to have rice to eat. In Wah Hkaw Doh village, Kleh Muh Htee area, many villagers do need to travel for work, but they work in areas where they are still able to travel.

iv. Support

Support has varied in Mergui-Tavoy District. Some villages in Ta Naw Th'Ree Township, namely those in T'Keh area, Ma Noh Roh area, and Kyoh Taw Wa Yeh area, have received support (rice, oil, beans, onion, salt) from the Myanmar government, but others have received no support at all. Support was also only provided to families who have no plantation or hill farm.

According to the Sa Dain area administrator, people without land or who are facing livelihood challenges living in government-controlled areas, like Sa Dain Hta, Htaung Hkwee, Sa Dain Klah, Yoh Klah and Ka Teh Klah, received support from the Myanmar government. However no villages in the Sa Dain area received support. The area administrator notes that the local government leaders from his village did not accept the support from the Myanmar government so the villagers received nothing. It would seem that they did not want to deal with the organization of such support. The KNU however provided 200,000 kyats [USD 154.64]. No information was provided about how the funds were used or distributed.

In Wah Hkaw Doh village, Kleh Muh Htee area, villagers had heard of other areas receiving support, but they have received none.

v. Healthcare

There is no clinic in Wah Hkaw Doh village, Kleh Muh Htee area, so villagers must travel 30 minutes by motorbike just to get to the nearest clinic in Hsin Hto village. Villagers in Baw Truh Hkee village, T'Keh area must also travel long distances to get to the nearest clinic, which is of concern to them given COVID-19. In Sa Dain area, there is no clinic nearby, and it would take around 90 minutes to go to the hospital in Lay Nay Bo Pyin.

vi. Quarantine

There was only one mention of quarantine in the information for Mergui-Tavoy. Those returning to Sa Dain area must quarantine for 28 days.

vii. Screening checkpoints

A screening checkpoint was set up in Sa Dain area by the Myanmar government. According to the rules laid down by the Myanmar government, seven people need to be present at the checkpoints. Those appointed by the government sometimes do not come, and so the area administrator often has to find villagers to fill and replace them. On some days, no one has been at the checkpoint. They are also required to wear uniforms.

E. Mu Traw (Hpapun) District

Information for Mu Traw District is based on four interviews and one situation update. The interviews cover villages in three townships: Way Mone village, Meh Klaw village tract in Bu Tho Township; Khaw Kyoh village, Pay Kay village tract in Lu Thaw Township; and Wa Tho Hta/Maw Loh Kloh village, Lay Hpoh Hta village tract and Noh Ghaw village, Htee Th'Blut Hta village tract, both in Dwe Lo Township. The situation update only covers Lu Thaw Township.

i. Information and prevention

In Wa Tho Hta village, Lay Hpoh Hta village tract, Dwe Lo Township, villagers learned about COVID-19 from teachers in another village who provided some awareness training and put up posters on the trees along the road. They are supposed to wear masks, but many people do not use them. The interviewee himself admitted: *“I could not breathe, so I didn't use it.”* In Khaw Kyoh village, Pay Kay village tract, Lu Thaw Township, villagers received no training and have not engaged in any special prevention measures beyond religious practices: *“For Christians, we fast and pray to God that He will protect us from the disease. [...] [Animists] prevent the disease based on their [own] beliefs and practices.”* In Noh Ghaw village, Htee Th'Blut Hta village tract, Dwe Lo Township, the Back Pack Health Workers Team (BPHWT) provided awareness training. Some masks and hand gel were provided, but no other supplies.



This photo was taken on May 29th 2020 in Noh Ghaw village, Htee Th'Blut Hta village tract, Dwe Lo Township, Mu Traw District. It shows the COVID-19 awareness posters that were put up by district healthcare workers. [Photo: KHRG]

ii. Travel restrictions and livelihood

Travel restrictions have been imposed throughout the district to prevent the spread of COVID-19. Local villagers are facing livelihood challenges as a result of the restrictions. In Khaw Kyoh village, people are facing food shortages. They do not have enough to eat and have had to buy rice from outside because they have run out of rice from their own paddies. The village head has stated: *“If they have serious problems and they do not have any income, they just find vegetables and dog fruit to sell. So we let them do what they can to earn their income. [...] they have to earn their income to survive.”*

According to a KHRG interviewee in Way Mone village, restrictions have been placed on durian trade, affecting villagers in Way Mone, Nyaungbin and Bo Ya Ba villages who rely heavily on durian sales for their livelihood. An order was put in place to halt trading activities of durian specifically, with fines being imposed on those who try to leave their village to sell their durian. Villagers were fined 25,000 kyats [USD 19.33] each (but were originally told to pay 60,000 kyats [USD 46.39]) just for entering another village with their durian. Trucks were also stopped and

fined if they were transporting durian, and durian fruit brought into villages had to be sprayed with disinfectant.



This photo was taken on June 13th 2020 on the road beside Way San village and Htee Ber Hka Hta village, Meh Klaw village tract, Bu Tho Township, Mu Traw District. It shows villagers from several local villages (Day Law, Htee Ber Hka Hta, Klaw Law Kloh, Hpah Ae Kaw, Way San, and Way Mone) trading their seasonal durians on the side of the road. They are no longer allowed to enter the villages to sell their fruit. [Photo: KHRG]

In Wa Tho Hta village, the main road was opened two days a week so that people could get to Ka Ma Moh Town. Nevertheless, there have been restrictions on villagers' ability to travel to work. According to our interviewee, the Bo¹⁷ Jaw Ni military (a KNLA battalion led by Officer Jaw Ni) is controlling everything, even accompanying people to their work in the mountain areas.

In Noh Ghaw village, people living abroad returned because of COVID-19, but are now struggling because they cannot return to Thailand for work.

iii. Quarantine

It is not clear from the interviews how widespread quarantine measures were enforced in Mu Traw District. The village head from Khaw Kyoh village, Pay Kay village tract, Lu Thaw Township stated that people living abroad were not allowed to return at all. However, in Dwe Lo Township, a quarantine location was set up in Noh Ghaw village, Htee Th'Blut Hta village tract, and several people had returned from Thailand, including a pregnant woman. Although the quarantine was supposed to be for 21 days, they let her go home after 10 days because she was about to give birth.

iv. Support

None of the interviewees mentioned receiving any support, neither from the Myanmar government nor the KNU. The only mention of support was from the Back Pack Health Workers Team.

v. Healthcare

There was little information about the healthcare situation, but some areas may no longer have access to healthcare. According to our interviewee in Wa Tho Hta village, Lay Hpoh Hta village tract, Dwe Lo Township, the regular healthcare workers have not come to the village in quite some time.

¹⁷ Bo is a Burmese title meaning 'officer'.

F. Dooplaya District

Information for Dooplaya District is based on four interviews and two situation updates. The four interviews encompass three different townships: Kyaw Hta village tract in Kaw T'Ree (Kawkareik) Township, Htee Guh Thaw village tract in Kruh Tuh (Kyondoe) Township, Kyain Shwe Dong village tract and Htee Mu Hkuh Hkee village in Noh T'Kaw (Kyainsiekgyi) Township. All three townships are mixed-control, however Htee Mu Hkuh Hkee village, specifically, is under KNU control.

i. Information and prevention

In Dooplaya District, villagers received information about COVID-19 from different sources and in different ways. According to the Kyain Shwe Dong village tract administrator, they received information from both the World Health Organisation (WHO) and the Myanmar government, which they then passed onto the village leaders. In some villages, however, the local leaders refused the directions offered by the Myanmar government *"claiming that they are under the KNU administration and it [government administration] is irrelevant to them"*. In Htee Guh Thaw village tract, also under mixed control, the Htee Guh Thaw village head stated that awareness training for villagers was provided by the KNU. Additional information seemed to come from the district and township as well. The village head noted that, despite receiving information, there is still misunderstanding about the virus: *"[T]here are people who believe that this is the usual sickness [common flu] they have been facing. They do not understand about this infection very well"*. In Htee Mu Hkuh Hkee village, Noh T'Kaw Township, although pamphlets were distributed, no direct awareness training was offered.

In most areas interviewed, villagers do seem to be following (or trying to follow) the standard measures recommended for prevention of the virus, however, in several areas, supplies were insufficient. For instance, in Htee Guh Thaw village, Htee Guh Thaw village tract, Kruh Tuh Township, they only received 100 masks (200-300 for the entire village tract) and 1 gallon of hand washing liquid. The village head states: *"If we have enough prevention materials and resources, we will not have any difficulties in protecting our community. For instance, when we go to town, we need to wear a mask every time. However, we do not have enough masks for local villagers. This is one challenge we are facing."* In Htee Mu Hkuh Hkee village, Noh T'Kaw Township, no masks were provided to villagers at all.

It is important to note that the organizations providing awareness training, like KWO, Karen Youth Organisation (KYO), and KDHW, had to stop all their activities from March 16th to June 6th 2020 because of travel restrictions.

ii. Travel restrictions and livelihood

According to a KHRG field researcher, both the KNU and the Myanmar government imposed travel restrictions throughout the district from March 16th through May 31st 2020. In some areas, travel permission letters were also required. A local leader in Kyaw Hta stated that the Democratic Karen Benevolent Army (DKBA)¹⁸ was not only refusing travel permission letters issued by village tract leaders in government-controlled areas, but also charging 1,000 baht [USD 32.00]¹⁹ per letter. The issuance of letters was then at the discretion of the DKBA, who was even refusing to provide permission to local authorities. In Htee Mu Hkuh Hkee village, Noh T'Kaw Township, villagers are required to pay 20 baht [USD 0.64] for a permission letter each

¹⁸ In 1994, the Democratic Karen Buddhist Army (DKBA) split from the KNLA over religious considerations. In 2010, the majority of DKBA troops transformed into BGFs, but one faction refused and changed its name to Democratic Karen Benevolent Army in 2012. The DKBA signed the NCA on October 15th 2015.

¹⁹ All conversion estimates for the Thai baht in this report are based on the October 21st 2020 official mid-market rate of 1 baht to USD 0.032 (taken from <https://transferwise.com/gb/currency-converter/>).

time they need to travel, and there are limitations on how far they are allowed to travel. Furthermore, they must go to Htee Th'Bluh Hkee (which is 30 minutes away by motorbike) in order to get the letter from the Htee Th'Bluh Hkee village tract administrator.

Travel restrictions have thus created livelihood challenges for villagers, both because of limited ability to travel for work and because of the added cost due to permission letters. For villagers living near the border in Dooplaya District, some depend on traveling to Thailand to buy products to sell. On June 1st a villager went to buy goods in Per Hkler village (Thailand) but was caught by Thai soldiers. The soldiers punished the villager by requiring him to do 100 push-ups, which he could not do, so the soldiers whipped him with a rope.

One interviewee stated that people in Htee Mu Hkuh Hkee and Htee Th'Bluh Hkee are struggling to find enough food to eat because of the travel restrictions. Those who are struggling have had to ask for a "donation" from the Christian church (Christian Endeavor Worship service), which they may be required to repay. Another interviewee also reported that robbery has begun happening in Koh Ther Pleh because people are desperate for food.

The travel restrictions have also led to conflicts between villagers. In Kyain Shwe Dong village tract, after some villagers took matters into their own hands by blocking the main road, people from neighbouring villages could no longer pass through. Tensions have also arisen because people with money and those with cars were being allowed to enter villages even though others were not. In Noh T'Kaw and Kaw T'Ree townships, KHRG has similar reports of conflict between villagers. Some villages have been more restrictive, not letting others enter or pass through, which impacts the livelihood of other villagers who may then lose access to their farm land or hill plantations, or be unable to get supplies from other villages.

Some villagers are concerned about the fact that their travel has been restricted as part of the prevention measures, but the movement of Tatmadaw soldiers has not. One KHRG field researcher has summarized these concerns: *"Since the beginning of the outbreak [COVID-19], everyone had to stop their work and travel but the Tatmadaw never stop travelling. In the past, when people saw the Tatmadaw soldiers, they feared being tortured and arrested but nowadays, people are afraid of being infected with the disease [COVID-19] when they interact with Tatmadaw soldiers because they have seen them travelling in many places."*

iii. Quarantine

According to a KHRG field researcher, the standard quarantine time in Dooplaya District is 14 days. The quarantine process seems to be quite organized, in that returnees are asked to inform the village head prior to return, and then arrangements are made to transport them to the quarantine location. Some villages in Waw Raw Township have been able to build quarantine accommodation outside of the village. In Htee Guh Thaw village, three villagers returned from abroad and were placed in quarantine in a local school. Another 20 villagers decided not to return because they did not want to undergo quarantine. In Kyain Shwe Dong village tract, Kyainseigy Township, a school was also being used for quarantine. The villagers are however concerned about finding a new quarantine space since the school will no longer be available once the school year starts.

iv. Support

There have been varying types of support from different stakeholders in Dooplaya District. Areas under government control have received food assistance from the Myanmar government for families in need. Interviewees in Kyaw Hta, Htee Guh Thaw, and Kyain Shwe Dong village tracts mentioned receiving rice, onion, beans, oil, and salt once in April. In Kyain Shwe Dong village tract, the KNU collected lists of names, but had not yet engaged in any food distribution itself. In Kyaw Hta village tract, where the DKBA are also present, there was some tension

regarding support and the distribution of food supplies. Those living in government-controlled areas did receive support but the other villages did not. The DKBA decided to collect food and money from villagers to redistribute to non-government-controlled areas, but this caused confusion since some families were receiving support, while others were required to offer support. The confusion turned to tension when the DKBA posted online that health workers had provided the support, with no mention of the support that came from local villagers. There was also controversy over how the supplies were purchased since shopkeepers had been forced to close. Apparently the supplies had been purchased directly from the village head, but because he had been the one who ordered the closure of the shops, many shopkeepers got upset. The DKBA also claimed that the money collected from the travel permission letters would be used to pay for the quarantine, but villagers questioned whether that was in fact the case.

In Htee Guh Thaw, prevention materials such as banners, hand washing liquid, masks, and gloves were provided by the Yoma group (a large conglomerate in Myanmar). Although some families in Htee Guh Thaw received support from the government, the village head expressed that more support is needed because of the travel restrictions: “[W]e, villagers cannot handle this livelihood issue by ourselves. We do follow movement restriction strictly as directed by authorities. In that case, it brings livelihood difficulties but we cannot help each other. We would like the government to provide more food so that local people will not have difficulties with food during the restriction period.”

v. Healthcare

The village head from Htee Guhaw stated that people in need of medical services are able to circulate: “The checkpoint workers allow sick people and [people with] emergency health issues to travel freely both during the day and at night” (others are only allowed to circulate until 9 pm). But in Kyaw Hta, a local leader reported having a problem with the DKBA when trying to bring a monk who was dying to the hospital. An interviewee in Htee Mu Hkuh Hkee village stated that although there are health workers in the village, they have now run out of medications, and patients are required to travel to Htee Th’Bluh Hkee to buy medicine from the local shop.

vi. Education

One KHRG field researcher reported that “Some parents are worried to send their children to school because COVID-19 is on-going. Some decided that they will not send their children to school this year.”

G. Hpa-an District

The information for Hpa-an District is based on three interviews and one situation update. It covers three villages, all in T’Nay Hsah Township, and all in mixed control areas: Peh Kone village and Tha Yar Kone village in Waw Lay village tract, and Htoh Kaw Koe village in Htoh Kaw Koe village tract.

i. Information and prevention

According to a healthcare officer in T’Nay Hsah (Nabu) Township, no formal awareness training had been provided by the health department. At first, village authorities were providing awareness training themselves, but just prior to the interview with him on May 28th, healthcare workers had begun organising trainings led by the township doctor for villages in Htee Loh (Hti Lon) Township and T’Nay Hsah Township. Thirty people had been selected to participate in the trainings, mostly youth “who are active and good at talking”; however only a few have any medical background. At the time of the interview, the training was still taking place, so they were not sure how the information would be conveyed back to local villagers.

In Way Lay village tract a committee was formed by health workers from the Tha Yar Kone village clinic and Myanmar government health workers to help in the prevention of COVID-19. In Peh Kone village, awareness poems were created to help raise awareness in an accessible manner for villagers and are being diffused every morning and evening. Clinic committee members also provide awareness speeches every five days. A screening checkpoint had been set up in the beginning, but because villagers needed to work their farms, the checkpoint was taken down. At the screening checkpoint, the health workers checked temperatures and made sure people were using masks. If they did not wear a mask, they would be fined 5,000 kyats [USD 3.87]. However, many people would simply forget to wear the mask, so the checkpoint workers decided to be more lenient. However, in Htoh Kaw Koe, the healthcare officer stated that some people have not been wearing masks because they cannot afford to buy them, while others have stopped because it is uncomfortable to breathe through them.

The KDHW provided prevention supplies (medicine, masks, soap, thermometers, etc.) to Tha Yar Kone and Htoh Kaw Koe villages.

ii. Travel restrictions and livelihood

Travel permission letters were required in the areas interviewed, but details about how to obtain a letter were not provided. No one mentioned any fee for the letter. The interviewee from Peh Kone stated that, by the time of the interview on May 19th, travel permission was no longer required because villagers needed to be able to travel to work, it being the time when people clear their fields for the new planting season. In Htoh Kaw Koe, local authorities were also forced to stop requiring permission letters because too many people were requesting them every day, and people began complaining about the process, asking: *“will you provide food for us if you only let us stay at home?”*

Despite lifting the travel restrictions, there were still restrictions on people from outside the village being able to stay overnight. This created some tension, with villagers in Tha Yar Kone getting angry at their local leaders, stating: *“these village leaders and committee members do not know and understand about our friendship anymore.”*

Villagers in both townships are experiencing livelihood challenges as a result of the travel restrictions. In Htoh Kaw Koe village, at the time of the interview, some villagers no longer had anything to eat.

iii. Quarantine

In Peh Kone village and Tha Yar Kone village, a quarantine location was set up in the village tract. People were required to inform local authorities of their desire to return, and a decision would be made as to whether they would be allowed to return. The 14-day quarantine resulted in tensions, with some returnees from Thailand getting angry at the COVID-19 committee and threatening them: *“Are you coming to fine us? If yes, we will give you the fine [payment] now. You will know [what I am going to do to you] after 14 days of quarantine when my child does not have any disease.”*

Htoh Kaw Koe village did not have any returnees at the time of the interview, but nevertheless struggled to find a location because the proposed location, the school, would not be available once classes resumed.

iv. Support

Support was provided by both the Myanmar government and the KNU. In Tha Yar Kone, the Myanmar government provided assistance (rice, onion, oil, beans, and salt) to families in need

(in this case, nine families) based on a list created by local authorities. According to our interviewee, the KNU/KWO also created a list and provided rice and oil to households in need, but it is not clear how many benefited from that assistance.

v. Healthcare

There is a clinic in Tha Yar Kone, but not in Peh Kone or Htoh Kaw Koe. Of concern to the healthcare officer in Htoh Kaw Koe is not knowing what will happen if villagers do get the virus: *“We do not have our own cars to transport the patients. We do not have emergency cars with enough supplies. We do not know if something happens, an emergency, we are not sure whether the ambulance can show up on time or not.”* He feels that the Myanmar government has not done enough to assure them that action will be taken to take care of villagers. KHRG did not receive further information about the impact of COVID-19 on access to healthcare in these areas.

vi. Screening checkpoints and security

Screening checkpoints in T’Nay Hsah Township are run primarily by civilians and health workers. There has been concern about not being able to enforce prevention measures and regulations, particularly when authorities and soldiers pass through: *“[T]here is one checkpoint in each village and one villager from each village has to join the checkpoint. I heard some of them say that the villagers do not have any power so they are not feared by the villagers and respected. [...] Sometimes, people who are travelling on the way are the authorities and soldiers. So it is hard for them when they have to ask them to wash their hands. They are travelling in a nice, comfortable car. [...] Some of them do not want to follow what they are told to do. Therefore, there are some difficulties for the villagers who are responsible at the checkpoint. So we thought, ‘Will it better to have the soldiers wait at the checkpoint?’”* In other districts, the presence of soldiers at the screening checkpoints has however led to problems with the Tatmadaw and accusations of violating the NCA.

In Htoh Kaw Koe, there was also concern that the KNU/KNLA-Peace Council (KNU/KNLA-PC) soldiers and Way Naw Ta Yah villagers (KNU/KNLA-PC members) could circulate freely, even off-duty, while others could not. The issue is that they could be spreading the virus, but also that the same rules and regulations do not seem to apply to everyone equally: *“Outsiders cannot travel and come into the village except the [KNU/KNLA-]PC soldiers or PC members. [...] [W]hen travel was restricted, the village leader did not allow the local people to travel but the soldiers could. How come? Can't the soldiers get infected by the disease as well? We heard the local villagers say that as well. If we have to consider, it is right too because some soldiers are patrolling [travelling] according to their duties but some were just rolling [not on duty].”*

Conclusion

“More ethnic armed groups are joining the government’s effort to prevent the spread of COVID-19, and the Tatmadaw (military) is reaching out to find out what they need to fight the virus in their territories.”²⁰ – *Myanmar Times*

The Myanmar government and Tatmadaw have claimed to support EAOs in the fight against COVID-19. According to an article in the *Myanmar Times*, in May 2020, they offered masks and other prevention supplies to EAOs, announcing: “We improved mutual trust and confidence, and were able to show how much we care about the people and the country. We expect to bring

²⁰ Swe Lei Mon, [“More ethnic armed groups enlist in COVID-19 fight in Myanmar,”](#) *Myanmar Times*, May 25th 2020.

about peace through our cooperation against COVID-19.” A Tatmadaw spokesperson added that they “did not tell the groups what to do but just offered to help them develop their own plans to fight the virus.”

The high variation in access to information, supplies and support, as well as in COVID-19 response, would seem to be less the result of an open collaboration based on mutual trust and confidence, than the product of “delayed, uneven and haphazard regulations, policies and initiatives.”²¹ Furthermore, 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. As one interviewee notes: *“Even though both governments set up rules and regulations, they do not fulfil the necessary conditions [for protecting villagers]. Responsibilities were given to us and we villagers had to struggle everything ourselves with village leaders.”*

The low threat of infections in these rural areas prior to August 2020 has allowed this poor coordination to continue seemingly without significant impact. But the success of measures taken in this instance cannot be evaluated through COVID-19 infection rates. This initial report shows inadequate information and resources for prevention, the rise of conflict and tension between villages and villagers, increasing concerns about serious livelihood challenges, the breakdown of local systems of mutual aid, and indications that school dropouts may soon become widespread. These problems will only become more acute if unattended, and make COVID-19 prevention and treatment more difficult.

Furthermore, at least in this initial period, it would seem that public health and safety concerns due to COVID-19 have not had the effect of easing tensions between political stakeholders. As KHRG has reported both here and in earlier reports,²² COVID-19 screening checkpoints have been burned down and forcibly shut down or dismantled by the Tatmadaw simply because authorisation from the Myanmar government had not been obtained, or because villagers felt the need to have soldiers at the checkpoints in order to ensure the effective functioning of the screening process. In that respect, COVID-19 response also has the potential of serving as a means of exerting greater control and authority over EAOs and ethnic minority populations. To recall the statement of one local authority: *“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 like this.”*

About KHRG

Founded in 1992, the Karen Human Rights Group is an independent local organisation committed to improving the human rights situation in Southeast Myanmar. KHRG trains local people to document and gather evidence of human rights abuses, and publishes this information to project the voices, experiences and perspectives of local communities. More examples of our work can be seen online at www.khrq.org.

²¹ The Asia Foundation, “[How have Myanmar’s conflicts been affected by COVID-19 and what should be done about it?](#)” Covid-19 and Conflict in Myanmar Briefing Paper Series, No. 1, August 2020, p. 3.

²² See 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.