Women, Conflict and Healthcare: Access, Negotiations and Agency in the Indo-Myanmar Borderlands

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Study Objectives

What are the different factors of vulnerability facing pregnant women, nursing mothers, mothers of small children, female heads-of-household and young girls?

What are their immediate and long-term needs?





RISING INFLUX OF MYANMAR REFUGEES



Here are the nine districts of Mizoram where refugees from the neighbouring country are taking shelter



Research Methodology

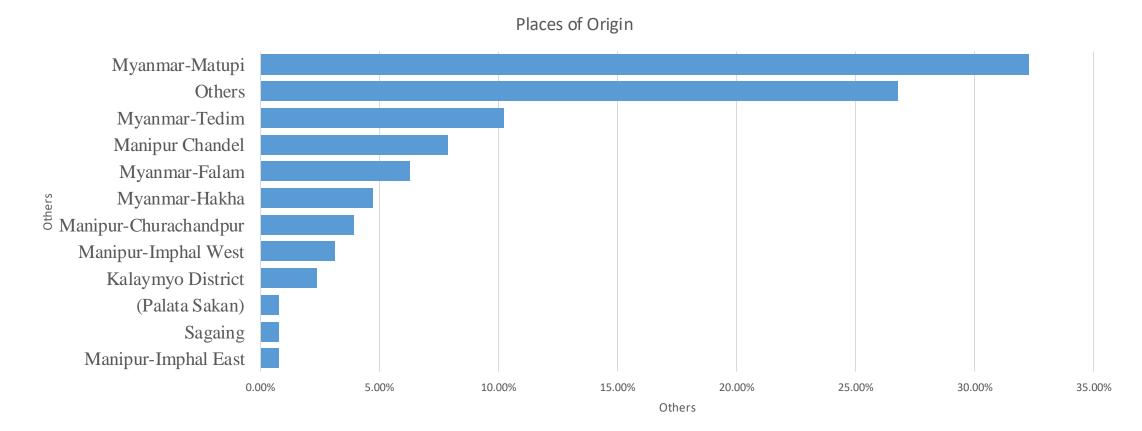
Methodology	Variables/Themes
Household Survey analysis Unit of analysis: 129 women, 40 pregnant and mothers with children less than 5 years of age	 Demographic information, including mobility patterns, entitlements Access to healthcare –general Access to healthcare – pregnant and young mothers with children Camp Settings: Food, sanitation, shelter, and water access Coping Mechanisms







Forcibly Displaced Persons in Mizoram









Lost Entitlements

• Although 14% of respondents were from Manipur, all of them possessed Aadhar cards and basic identity details

I cannot get a birth certificate for my newborn after giving birth here in 2023 – Miriam (name changed)

• Over 37% of female respondents do not possess any documentation, and approximately 40% lost them during attacks or while fleeing.





My two children are languishing in camps. I cannot send them to school anymore – Jackie (name changed)



Relief Access

- 77.34% received help from faith-based, local NGOs, youth organisations
- food and livelihood assistance
- Very few National NGOs are active despite the government being open and receptive to refugees





Water Access

Do not have enough container to store water Water is too expensive Water quantity is inadequate... Others specify Do not like the taste/smell of water Water is too expensive Do not have enough... Water quantity is inadequate to meet family needs... Water points are not functioning Water quantity is... Water points are not functioning Water is too... Water points are not functioning Water is too... Water is too expensive Others specify Water points are difficult to reach Do not have... Water points are difficult to reach Water is too... Water points are difficult to reach Water points are... Water points are difficult to reach Water quantity is. Water is too expensive Water quantity is inadequate...



Field1



Shelter

Shelter

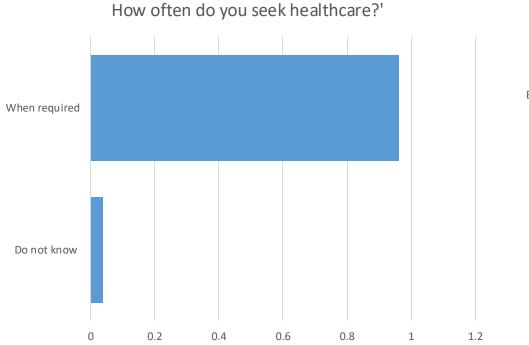
lack of space some cracks in walls leakage during rain lack of space limited ventilation/poor thermal control lack of.. some cracks in walls lack of space unable to securely lock the doors flooding inside the shelter windows missing leakage during rain lack of.. Small openings/cracks of roof some cracks in... some cracks in walls leakage during rain lack of.. Small openings/cracks of roof some cracks in... windows missing leakage during rain limited...

lack of space

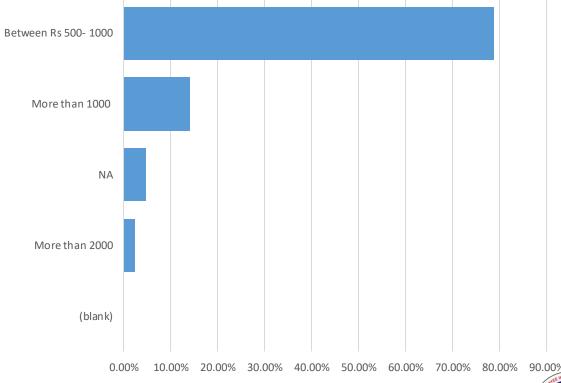
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Health Access



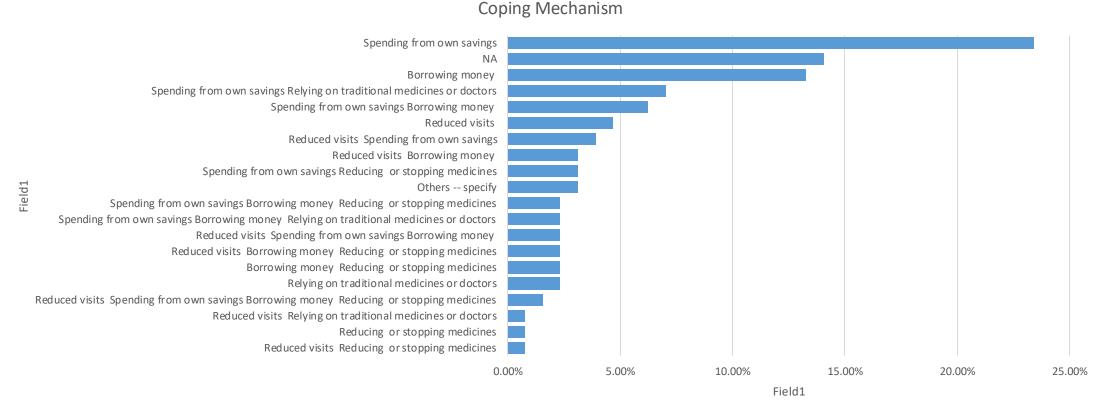
How much money do you spent for transportation (to and from the nearest health facilities?'







Present strategies deployed to cope in displaced settings





EDECINS SANS FRONTIERES



Conclusion

- the need for ongoing needs assessments,
- robust monitoring and surveillance
- A highly localised, volunteer-driven response
- flexible, culturally-rooted interventions.







FGD and SSI

- 1. Can you please tell me where you all are coming from? What had happened there?
- 2. Tell us about your journey of how you arrived here? *Probe: When did you arrive? Who all came with you?*
- 3. Why did you choose this place to settle once you reached here?
- 4. In your home country/state, if you were sick, how did you seek healthcare?
- *Probe: Did you have to travel to seek healthcare? How far do you have to travel, and who did you see when you had an illness?*
- 5. During the conflict, what kind of injuries occurred? *Probe:* Where were the injured taken? What kind of services were available to them? What was not available?
- 6. In your home country/state whom did you consult for family planning, such as contraception, birth spacing or other measures? *Probe: Who took the decision in your family? Who provided these services?*
- 7. When women were pregnant in your home state, where would they go for check-ups and child delivery?







- Probe: Did any health worker visit home? What services did they provide?
- 8. What was the most easily available aspect of health system in your home, whether private or government hospital?
- 9. For treatment and care for non-communicable diseases like cancer, HIV or tuberculosis, what kind of services were available?
- Probe: What would people do for testing, diagnosis and consulting specialists? How did they access medicines and care?
- 10. Since the conflict began, how has your mental health been generally? What are you worried about? How do you overcome the stress and anxiety?
- Probe: Did you consult anyone? What did they suggest?
- 11. Did you receive covid-19 treatments and vaccinations/ If so, from whom?
- 12. What were the reasons behind your decision to settle here?
- 13. Whom do you generally seek help or advice from in the community?
- 14. What kind of health services do you feel you need that you did not receive or have had difficulty receiving at home?
- 15. What kind of health services do you feel you need that you did not receive or have had difficulty receiving during transit?
- 16. Can you please compare the healthcare system/ access post the 2021 coup? Have you seen any difference in terms of access and quality? If so, please describe.
- 17. How have women and adolescent girls in this community been involved in the services that they receive?
- 18. Who could you talk with if your needs are unmet by the formal channels (for example: camp leader, women collective, NGO etc. ?





