Rapid needs assessment of older people Cyclone Idai, Malawi

March 2019

MALAWI NETWORK OF OLDER PERSONS' ORGANISATIONS
MANEPO

HelpAge International

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

The Malawi Network of Older Persons' Organisations (MANEPO) is Malawi's age network, an umbrella body for over 60 civil society organisations implementing various programmes to promote and protect the rights of older men and women in Malawi.

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Contents

Introduction

Older people's right to humanitarian assistance

HelpAge International's vision is of a world where older women and men lead active, dignified, healthy and secure lives. This applies to all older people, including those affected by humanitarian emergencies. The four principles of humanitarian action – humanity, neutrality, impartiality and operational independence – afford everyone the right to safe and dignified access to humanitarian assistance and protection without discrimination and on an equal basis with others. Everyone responding to a humanitarian crisis has a responsibility to ensure that all those affected, including older people, have these rights upheld.

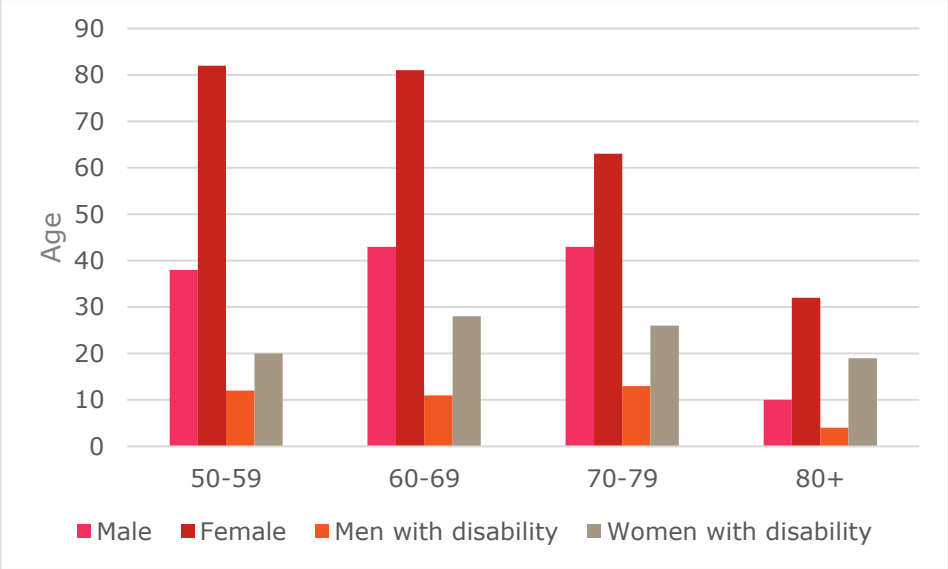
We want older people to be able to access humanitarian aid with dignity and in safety. Older women and men are not inherently vulnerable to disasters. However, when disasters strike, they are at risk of having their rights denied.

Rapid needs assessment of older people

The aim of this rapid needs assessment is to inform the design of our own humanitarian response to the devastating impact of Cyclone Idai on older people in Malawi. The report also aims to support organisations operating in the affected areas to develop inclusive programmes and support our advocacy for the rights of older people to be upheld in the response. The report contains key findings of the assessment, together with observations and analysis by HelpAge International's humanitarian team and advisers.

The Malawi Network of Older Persons' Organisations (MANEPO) and HelpAge International jointly conducted the assessment in Chikwawa and Nsanje districts in March 2019. We welcome comments and questions based on this report. We can also offer technical support for inclusive responses.

Figure 1: Demographic breakdown of survey participants



Methodology

We initially used a purposive sampling approach to survey women and men aged 50 and over. We followed this with random sampling, selecting people aged over 50 affected by the cyclone in Chikwawa and Nsanje districts. In addition, to increase the diversity of the sample, we asked participants to recommend other people to take part who were aged 50 and over who might be difficult to reach.

To allow for a 95% confidence level, we determined a minimum sample size of 380 using a statistical sample size calculator.[1] A total of 392 older people participated in the assessment. Of these, 134 (34%) were men and 258 (66%) were women. A breakdown of participants by age, sex and disability is given in Figure 1. The lower number of men interviewed compared to women is understood to be a result of many men leaving the camps during the day.

Humanitarian context

In early March, heavy rains and floods affected the majority of the districts in southern Malawi. At least 115,000 were affected, with scores of fatalities, injured and missing persons. The situation intensified when Cyclone Idai reached Malawi having made landfall in Mozambique on 14 March, increasing the devastation caused by heavy rain weeks earlier. When Cyclone Idai caused the Shire river to reach capacity and flood, the districts of Chikwawa and Nsanje where the RNA-OP was undertaken were among the worst affected. Crops were washed away and houses were damaged.

According to UNICEF data[2], more than 975,500 people are affected by the cyclone and floods. The International Organization for Migration have recorded 110,110 people displaced across 103 sites with the highest displacement taking place in Nsanje, Chikwawa, Zomba and Phalombe districts. Displacement sites are predominantly collective centres that populations have fled to such as churches and schools. Conditions are reportedly deteriorating quickly due to overcrowding and lack of access to basic services. People are in urgent need of shelter, food, and non-food items such as clothes, hygiene items, household utensils and bedding.[3]

Prior to the current humanitarian disaster, over half the population lived below the national poverty line[4] while the 2018 Malawi Vulnerability Assessment Committee (MVAC) Annual Assessment projected 3.3 million people to be at risk of food insecurity in 207 of 28 districts in the country.[5] These factors, coupled with the timing of the Cyclone during harvest season, will make the impact particularly difficult to recover from.

In 2018, there were 891,805 people over the age of 60 in Malawi, equal to over 5% of the total population.[6] The majority of Malawi's older people live in rural areas with many enter old age after a lifetime of poverty, working in informal agricultural work where they never had the opportunity to contribute to a pension.[7] Seventy-five per cent of the older population is illiterate, with the level rising to 84% for older women in rural areas[8]. Many older people in the affected areas do not speak English. These factors highlight some of the specific risks older people face and the need for responses to be inclusively designed and delivered.

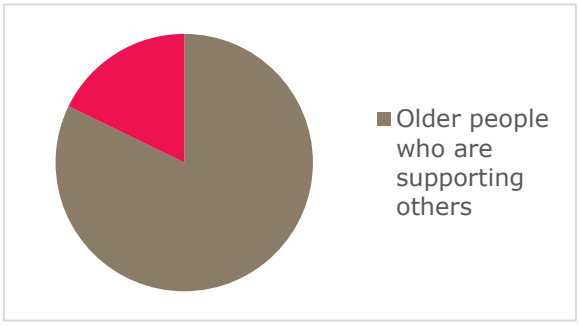
1. Raosoft sample size calculator: http://www.raosoft.com/samplesize.html

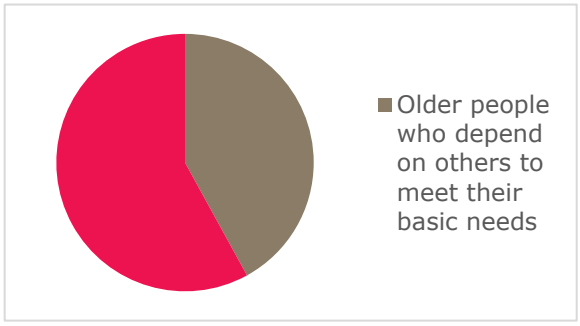
[2] UNICEF, Malawi Humanitarian Situation Report, 5 April 2019, sourced at reliefweb.int
[3] IOM Appeal, Malawi, Cyclone Idai Response, 11 April 2019, https://www.iom.int/sites/default/files/country_appeal/file/iom-malawi-appeal-cyclone-idai-response.pdf
[4] IMF Country Report No. 17/184, July 2017
[5] UNICEF, Malawi Humanitarian Situation Report, 5 April 2019, sourced at reliefweb.int
[6] Malawi National Statistical Office, 2018 Population And Housing Census Preliminary Report, December 2018
[7] Realising income security in old age: A study into the feasibility of a universal old age pension in Malawi, Ministry of Gender, Children, Disability and Social Welfare, October 2016
[8] UNESCO, http://uis.unesco.org/country/MW

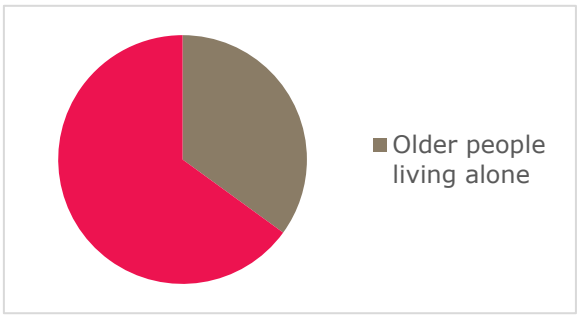
Key findings

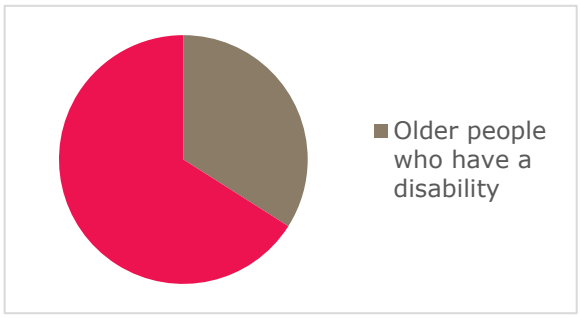
A diverse older population

It is critical to recognise the diverse situation of older people affected by the disaster and the specific risks they face. This includes risks related to gender and disability, but also the additional challenges that older living alone, or caring for others might face.









Three quarters of older people (74%) who took part in the survey said they were supporting other people. Of these, over half (52%) said they were supporting children; 14% were supporting an older adult, and 11% were supporting a person with a disability. Many of these older people carers (37%) were over 70 years of age.

Forty-two per cent of older people who responded said they depended on their family or friends to enable them to meet their basic needs. At the same time, 87% of those who said they depended on other people for support were caring for people themselves (84% of women, and 92% of men).

Thirty-four per cent of older people surveyed are living with a disability (36% of older women and 30% of older men).

Thirty-five per cent of older people surveyed said they lived alone. Of these, 44% reported a disability.

Older people's priorities

We asked older people to choose their top priorities from safety, water, food, shelter, medicine, cash, hygiene items, clothing, bedding, fuel and household items. Their top five priorities were food, shelter, cash, hygiene items and bedding, with some differences in the order between women and men (see Table 1).

Table 1: Older people's top five priorities

Older people's priorities	Older women's priorities	Older men's priorities
Food	Food	Food
Shelter	Shelter	Shelter
Cash	Hygiene items	Cash
Hygiene items	Bedding	Hygiene items
Bedding	Cash	Bedding

Key findings by sector

Disability inclusion

- The most common types of disability reported concern mobility (35% of older people with disabilities), vision (25%), walking (24%), communication (20%) and self-care (19%). Memory loss and difficulty concentrating are also reported (16%). Some older people reported difficulties with hearing (9%).
- Thirty-five per cent of older people are living alone, of whom 45% report a lot of difficulty with mobility, vision, walking, or memory.
- Twenty-two per cent of older people with disability cannot access health services without support. More men than women report this problem.
- There is very limited use of assistive aids. Hardly any older people reported using mobility aids including crutches, walking sticks, walking frames, wheelchairs and eye glasses. For example, only 4% of older women and 2% of older men reported using a walking stick. Further assessment is needed to understand the accessibility, affordability, availability and applicability of assistive devices to support older people affected by the disaster to live independently.
- Thirty-nine per cent of older people with disability say they have not been consulted by any humanitarian assessment team during this crisis. Seventy-four per cent do not know how to make a complaint.

Accountability

- More than half of older people (56%) have not been consulted by other humanitarian agencies. The figure was higher for men (62% of men and 53% of women) possibly reflecting gender bias towards women or a consultation design that favours women respondents e.g. undertaken in locations that women frequent.
- Two-thirds of older people (67%) do not know how to make a complaint or provide feedback on humanitarian services. This demonstrates a lack of inclusive and accessible remedy and redress mechanisms for older people. The situation is worse for women: 69% said they were unaware of the process, compared with 61% of older men.
- Older people with disabilities are further excluded from the accountability processes.

Food security, income and debt

- Access to food is older people's highest priority. Unaffordable and inappropriate food are significant problems.

- Older people eat an average of 1.6 meals per day (1.5 for older people living alone). Ninety-nine per cent of older people do not have enough food. Ninety-three per cent say that the little food they have is not appropriate for them.
- Ninety-six per cent of older people currently have no income.
- Ninety-three per cent of older people say there is enough food in their market, but they cannot afford to buy it. This strongly suggests that the underlying issue is income security rather than availability of food.
- Nineteen per cent of older people have had to borrow since the crisis started.

Safety and psychosocial impact

- Older people have significant concerns about safety, particularly older women. Twenty-seven per cent of older women feel that there is no safe place in the community for older women, while 13% of older men feel there is no safe place in the community for older men.
- Fourteen per cent of older women feel that there is isolation or neglect within their community for older women, while 12% of older men feel there is isolation or neglect within their community for older men.
- Eleven per cent of older women feel that older women are at risk of denial of service, while 10% of older men feel there is a risk of denial of services to older men.
- Perceptions of safety are low among both women and men. Approximately half as many women as men feel safe in bathing facilities, shelter, handwashing, obtaining food, going to the toilet, obtaining drinking water, and accessing healthcare.
- Only 7% of older women and 15% of older men feel able to cope without any support, and more than 40% of both older women and men feel they cannot cope at all. This indicates a strong need for psychosocial support for older people.

Health

- Eighty-three per cent of older people asay they have access to health services. However, 68% say the health service is situated between one and three hours away from their home.
- Sixteen per cent of older people have no one to help them to access health services. Eighteen per cent find the health services too expensive. Twenty-two per cent say that no medicine is available at their health service.
- The top three health conditions affecting older people are joint aches and pains (50%), respiratory problems (20%), and heart problems (13%).
- Older women are more likely than men to have joint aches and pains, arthritis, respiratory problems and heart problems.

Water, sanitation and hygiene

- Older people have insufficient access to bathing (59%), hand washing (42%) and toilet (76%) facilities.
- Hygiene kits ranked as their fourth highest priority.
- Fifty-three per cent of older people lack sufficient privacy when using bathing facilities. Forty-nine per cent lack sufficient privacy when using toilet facilities.
- Twenty-three percent of older people report that they do not have access to safe drinking water.

- Fourteen per cent of older people say that water sources are too far and that they have difficulty accessing sufficient safe drinking water.
- Nineteen per cent of older people have difficulty with self-care. This may be related to incontinence and needs to be investigated.

Shelter

- Shelter is the second highest priority identified by older women and men.
- Sixty-seven per cent of older people do not have their own shelter.
- Forty-seven per cent of older people's shelter is in urgent need of major repairs.
- Thirty-three per cent of older people need physical assistance to restore their shelter and make it fit to live in. Thirty-four per cent do not have enough building materials or tools, and most older people cannot afford to purchase shelter materials.
- Thirty per cent of older people who have managed to construct even a rudimentary shelter have used materials that are not weatherproof.

Recommendations for an inclusive response

Assistance should be people-centred to ensure the rights, interests and protection of older people.

All humanitarians must:

1. Provide assistance that is accountable to older people and is tailored to their needs and upholds their rights.
2. Collect and analyse data disaggregated by sex, age and disability to and develop appropriate responses.
3. Design feedback and complaints mechanisms that can be understood and accessed by older people, including those with disabilities.
4. Strengthen the capacities and leadership of older people themselves, including those with disabilities. Involve them in assessments, training and focus group discussions. Provide opportunities for them to take on roles in the community, such as volunteer health workers and to plan, design, implement and monitor response activities.
5. Use outreach to identify and register older people for assistance, distribute food and other items to those who cannot reach collection centres, provide health services and referrals.
6. Make sure that outreach support services also register dependants of older people, including children, people with disabilities and other older people.
7. Share information on access to services in accessible formats, taking into account the hearing, visual, literacy, language or other communication barriers older people may face.
8. Engage with relevant UN clusters, government and inter-agency coordination mechanisms at local, country and global levels.
9. Use the Humanitarian Inclusion Standards for older people and people with disabilities[9] to ensure all sectors respond in a way that is fully inclusive of older people.
10. Train staff and partners to promote the safety and dignity of older people, including those with disabilities, and to prevent discrimination against them.

[9] http://www.helpage.org/download/5a7ad49b81cf8

Sector-specific findings and recommendations

1. Disability inclusion

One third (34%) of older women and men surveyed reported a disability. The rate was higher among older women (36%) than older men (30%).

Meanwhile, the most recently published census data[10] indicates a 4% rate of disability for the overall population which is significantly lower than global estimates and the level of disability among older people indicated by our findings. These figures suggest that rates of disability in Malawi may be under reported in official statistics. If this data is used to inform the humanitarian response, it is likely that the need for inclusive programming will be under-recognised. Our findings suggest a need for programming that is inclusive of people with disabilities.

The most commonly reported disabilities relate to mobility and vision. One third of older people with disabilities (35%) said they had difficulty getting out of their living space. A quarter (24%) reported vision problems. Similarly, 24% reported difficulty walking and climbing stairs (22% of women and 25% of men).

Despite this, older people reported very limited use of common assistive aids. Hardly any said they used mobility aids (including crutches, walking sticks, walking frames and wheelchairs) or eye glasses. For example, only 4% of older women and 2% of older men said they used a walking stick. These findings are unusually low. Further assessment is needed to understand the accessibility, affordability, availability and applicability of assistive devices to support older people affected by the disaster to live independently.

One in five older people with disabilities (20%) reported communication difficulties. About one in five (19%) reported difficulties with washing and getting dressed. Sixteen per cent reported memory loss and problems with concentrating. Nine per cent reported difficulties with hearing. See Table 2.

Table 2: Types of disability reported by older people with disabilities

Disability type	Older People	Older Women	Older Men
Mobility	35%	35%	33%
Sight	25%	26%	23%
Walking/climbing stairs	24%	22%	30%
Communication	20%	20%	20%
Self-care	19%	17%	23%
Memory	16%	18%	10%
Hearing	9%	8%	13%

In total, 34% of older people reported a disability (36% of women and 30% of men).

Older people with disabilities reported difficulty accessing key services, and a lack of consultation and recourse to redress. Twenty-two per cent said they could not access health

[10] Malawi Population and Housing Census Report, 2008 – note that an updated rate is not included in the preliminary report for the 2018 census and to our knowledge disability data from the census has not yet been published. However, the preliminary report states that the Washington Group Questions were used which may result in a more accurate picture.

services without support. More men than women reported this problem. Thirty-nine per cent said they had not been consulted by any humanitarian assessment team during the crisis. Seventy-four per cent said they did not know how to make a complaint.

Given the relatively high rates of disability in older people, challenges accessing health services and the priority given by older people to food and money, it is important for agencies operating cash transfer, health and food distribution programmes to be aware of the specific challenges faced by older people with disabilities and their risk of exclusion from key services.

Malawi has signed and ratified the Convention on the Rights of Persons with Disabilities. This guarantees the rights of all persons with disabilities including in situations of risk and humanitarian emergencies (Article 11). The provisions in the Convention should guide the development of the response plan.

There is an active Federation of Disability Organisations in Malawi (FEDOMA) with 11 affiliates. These organisations are well placed to be involved in providing support to people with disability.

Recommendations

1. Prioritise safety and dignity of older people with disabilities who live alone or remain in their home during all the phases of the humanitarian response. Avoid responses that could cause them further harm or increase their dependency on others.
2. Recognise the heightened risks for some groups such as older women, particularly those with disability living alone who may be subject to witchcraft allegations). Put systems in place to protect and support them to be fully involved in the response.
3. Identify barriers to accessing services that particularly affect older people with disability in their homes. Make sure these people can access services. Strengthen community outreach activities to ensure they receive support in their homes. Build a support network for older people living alone.
4. Design facilities and distribution systems to be accessible to everyone, including the relatively high proportion of older people with complex health needs and disabilities
5. Design feedback and complaints mechanisms that can be used by older people, including those with disability.
6. Strengthen the capacities and leadership of individual older people, including older men and women with disabilities. Involve older people in assessments, training programmes and focus group discussions.
7. Train staff and partners to promote the safety and dignity of older people, including those with disabilities, and to prevent discrimination against them.

Protection mainstreaming

8. Supplement all services provided at a fixed position (such as health clinics) with community outreach activities so that older people with limited mobility (either due to a disability or because they feel unsafe) can receive them.
9. Collect data disaggregated by sex, age and disability in all programming activities to design programmes that respond to the specific protection risks facing older women and men.

2. Accountability

Levels of participation by older people in the humanitarian response and their access to feedback and complaints mechanisms is low. More than half of older people interviewed (56%) said they had not been consulted by any humanitarian agencies. The level was

higher for men (62%) than women (53%). This may reflect a gender bias towards women or a consultation design that favours women respondents e.g. undertaken in locations that women frequent.

Furthermore, two thirds of older people (67%) were unaware of how to give feedback or make a complaint. This appears to reflect the lack of an inclusive mechanism that allows older people to express their opinions or share potential complaints in a safe, confidential manner. It may show an over-reliance on "traditional" feedback systems such as complaints boxes and hotlines, which may not be easily accessible to older people. A higher of older women were unaware of any accountability mechanisms (69%) compared with older men (61%).

The picture is more mixed for older people with disabilities. An even higher percentage of older people with disabilities (74%) said they were unaware of how to give feedback or make a complaint. However, fewer (39%) said they had not been consulted by humanitarian actors.

Recommendations

1. Use accessible communication methods to consult older women and men, including those with disabilities, about their needs and preferences, gaps in services and whether services are safe and accessible. Hold focus group discussions with older women and men ensuring that the viewpoint of all members of the community are reflected.
2. Commit human and financial resources to ongoing consultation with older people and their communities and adapt programmes based on the feedback given.
3. Prioritise community-based complaints and feedback mechanisms that use a variety of accessible communication methods to enable older people with disabilities to use them.
4. Analyse and use feedback from older women and men, particularly those with disabilities on a regular basis to support adaptive programming and to redesign interventions that are found to be inaccessible or inappropriate for older people.
5. Use communication methods suited to the low literacy rates of older people, especially older women, and especially in rural areas
6. Use local languages for outreach and in communications.

3. Food security

An overwhelming proportion of older people (99%) said they did not have access to sufficient food. Almost as many (93%) said that the little food they were able to obtain did not meet their dietary needs or preferences. They said they ate an average of 1.6 meals per day. Forty-nine per cent of older people (49% of women, and 48% of men) said they went to bed hungry one or two nights a week. Thirty-two per cent said they went to bed hungry three to five nights a week (30.6% of women and 33.6% of men).

The high proportion of older people going to bed hungry is a major cause for concern, especially considering the responsibility that many older people have for supporting others. Seventy-four per cent of older people said they supported others (82% of women and 75% of men) with an average of 4.3 dependents per older person. This level of responsibility places an immense strain on older people trying to meet the food requirements of themselves and their dependants.

Older people are facing significant barriers to accessing enough food. By far the most significant barrier is lack of income. Ninety-six per cent of those surveyed reported that they

did not have any income (98% of women and 93% of men). Furthermore, 60% reported that they did not feel safe when trying to access food. Older women felt more at risk than older men (64% of women compared with 55% of men). However, food availability is not the problem. Ninety-three per cent of older people reported that there was sufficient food in their local market. However, almost every older person we interviewed (96%) said they had no income. Sixty-five per cent reported that they could not afford to buy food (66% of women and 62% of men).

Thirty per cent of older people reported that they did not have enough materials to prepare food. Lack of fuel did not seem to be a major barrier to food preparation, however. Fuel was ranked as their lowest priority (11th out of 11 priorities). Older people also ranked household kits (including cooking utensils and non-food items) as a lower priority (8th out of 11 priorities). Other barriers include insufficient space to prepare food (for 16% of women and 15% of men). Eleven per cent of older people reported that they faced physical barriers to accessing food. This is not surprising, considering that 34% of affected older people have some form of disability. Sixteen per cent reported that there was not enough diversity in their diet.

While access to food is a universal issue in the older population, specific attention should be paid to the 35% of older people living alone, of which 44% report a disability as these older people are likely to face increased risks and barriers to access.

Forty-three per cent of older people reported that they could not cope with their situation. This feeling, together with lack of income, loss of livelihood and poor mobility, is a main cause of food insecurity among older people. Additionally, the humanitarian crisis is driving older people to borrow money. Nineteen per cent (18% of women and 20% of men) said they had borrowed since the crisis started. Twenty per cent of older men and 18% of older women said they had increased their debt. Ninety-six per cent of older people (98% of women and 93% of men) said they had no income. The increase in debts is not surprising, considering how many older people are supporting dependants.

Overall older people ranked cash as their third highest priority after food and shelter. Eighty-two per cent (80% of women and 85% of men) said that, if given cash, they would be able to use it. This means that cash distributions would be an appropriate intervention to improve food security of older people and their dependants. Ninety-three per cent of older people said there was enough food in their market.

Recommendations

1. Immediately implement an inclusive cash transfer intervention (12–24 months) for older men and women who have no sustainable income. Design the intervention to enable older people to purchase an appropriate and adequate supply of food. Make the cash grant proportional to the number of people in the household.
2. Implement an inclusive cash transfer (one-off or short term) specifically to reduce or remove the debt burden of people aged over 70.
3. Make sure that older people are not excluded from livelihood interventions.
4. Use alternative distribution mechanisms (such as porters, door-to door distributions and proxy distributions) to distribute food to older people with reduced mobility.
5. Specifically target older people living alone in food allocations and distributions.
6. Target older people as well as children in child-focussed food security programmes since a high proportion of older people are supporting children.
7. Research the growing debt burden of older people, particularly those aged over 70.
8. Undertake market analysis to identify gaps in the availability of various foods with a view to increasing the diversity of food available in markets frequented by older people.

Protection mainstreaming

9. Conduct an immediate safety audit among agencies providing food services to address the safety issues faced by older people.
10. If community food security committees are formed, ensure that older women and men, including those with disabilities, are represented so they can give their perceptions on the services provided.

4. Safety and psychosocial impact

Different perceptions of safety

Despite a lower response rate to questions on safety than other issues, the responses we received showed that older people had significant concerns about safety, but that perceptions of safety varied dramatically between men and women. Older women said that higher risks were faced by other older women. Older men said that higher risks were faced by other older men.

Asked about risks facing older women, 27% of older women, but only 8% of older men, said they felt that there was no safe place in the community for older women.

Fourteen per cent of older women, but only 12% of older men, said they felt that there was isolation or neglect within their community.

Eleven per cent older women, but only 7% of older men, felt there was a risk to older women from denial of services.

Asked about risks facing older men, 13% of older men, but only 6% of older women, said there was no safe place in the community for older men. Twelve per cent of older men, but only 1% of older women, said there was isolation or neglect within their community. Ten per cent of older men, but only 3% of older women, felt there was a risk to older men from denial of services.

The perception by a significant proportion of both older women and men that there were no safe spaces for them, and that they were at risk from neglect, is a major cause for concern. These findings could point to risks that have not been reported due, for example, to cultural taboos and sensitivities, such as violence against older women and men. These risks may lead older people to resort to negative coping mechanisms, such as selling valuable assets or borrowing unsustainably to meet their basic needs.

Lack of safe access to services

Older people's responses showed a severe lack of safety for older people accessing basic services. This applies especially to older women, but also, to a lesser extent, to older men in specific areas.

Older women face a very high level of protection risk when accessing all basic services. No basic service scored higher than 50% for safety and two scored less than 10%. These findings require immediate responsive action with a focus on the underlying causes of such safety risks. It is very likely that the lack of safe access to service predates the disaster and has been exacerbated by it.

Among older women:

- 95% felt unsafe accessing bathing facilities
- 94 felt unsafe in their shelter

- 78% felt unsafe using handwashing facilities
- 76% felt unsafe accessing food
- 74% felt unsafe accessing the toilet/latrine
- 68% felt unsafe accessing drinking water
- 65% felt unsafe accessing healthcare.

Older men felt safer accessing basic services than older women, but also face significant risks. Among older men:

- 91% felt unsafe accessing bathing facilities
- 89% felt unsafe in their shelter
- 58% felt unsafe using handwashing facilities
- 55% felt unsafe accessing food
- 51% felt unsafe accessing the toilet/latrine
- 39% felt unsafe accessing drinking water
- 34% felt unsafe accessing healthcare.

Significant psychosocial impact

The effect of the flooding seems to have had a significant impact on the psychosocial resilience of older people in the affected communities, more so for older women than older men. Forty-two per cent of older people (men and women almost equally) said they could not cope with their situation at all, even if offered support from their family, community or external agencies.

Older people's sense of being unable to cope is likely to be fed by their perception that there is a lack of safe spaces for them, as well as their feelings of isolation and neglect, especially among older women. This sense is likely to be exacerbated by an inability to safely access services to meet the most basic needs, with some older people perceiving they are being deliberately denied such services.

Among older women:

- 7% felt they could cope without any support at all
- 51% felt they could cope but only with additional support
- 42% felt they could not cope at all

Among older men:

- 15% felt they could cope without any support at all
- 43% felt they could cope but only with additional support
- 43% felt they could not cope at all

Recommendations

1. Meet all the basic needs of older women and men to mitigate the negative coping mechanisms that may stem from a lack of safe access to services.
2. Carry out further assessments of protection risks of the affected population, which include older women and men proportionately to their number in any community. All agencies should do this in accordance with the principle to "do no harm".
3. Conduct participatory assessments with older people to map safety risks and address barriers to services.
4. Train humanitarian workers including primary health care staff, outreach teams and community volunteers on psychological first aid for people with specific needs, such as older people and people with disabilities. This may include, but is not limited to, problems with communication, vision, hearing or mobility.
5. Establish psychosocial support activities that enable older people to connect with social support systems, service providers and their local community.
6. Include intergenerational activities in psychosocial programmes to reduce isolation of older people and strengthen the perception of older people as valued members of a community.
7. Ensure that referral pathways are in place to other service providers that can provide additional support to older carers and their dependants, including children, other older adults and people with disabilities.
8. If community safe spaces are available, actively include older women and men in these spaces and adapt them to their needs to reduce feelings of isolation and neglect.
9. Build on any community-based "self-protection" activities that are positive and adhere to the principle of "do no harm".

5. Health

More than four-fifths (83%) of older people surveyed said they had access to health services. However, 68% said that the health service they had access to was situated between one and three hours away from their home. Nearly one quarter (22%) reported that there was no medicine available at health services.

Older people identified other barriers to accessing healthcare. Sixteen per cent said that there was no one to help them access health services. Eighteen per cent said that the health services were too expensive. There was little difference between access to health services by older women and men.

The range of barriers that older people face in accessing health services, including those related to accessibility, affordability, acceptability and quality, should be considered and addressed ensuring that all groups of older women and men are able to receive the support they need. Particular attention should be given to older people who face additional risks, including older women and men with a disability and those living alone.

The top three health conditions reported by older people were:

- Joint aches and pains (50%)
- Respiratory problems (20%)
- Heart problems (13%)

Seven per cent of older people reported having hypertension. The same percentage reported having gastro-intestinal problems.

Older women were more likely than older men to report all health conditions, including joint aches and pains (55% of women and 41% of men), arthritis (41% of women and 20% of men), respiratory problems (23% of women and 15% of men), heart problems (17% of women and 5% of men), and hypertension (9% of women and 4% of men). This suggests that more may need to be done to target the specific health and care needs of older women, including helping them to manage stress which may be exacerbating their conditions. Psychosocial activities such as community support groups can help strengthen coping mechanisms and help boost their over health and wellbeing.

Despite 34% of older people reporting that they were living with a disability (36% of women and 30% of men), few older people said they uses assistive aids. Only 4% of older women and 2% of older men said that they used a walking stick. Hardly any older people reported using mobility aids (including crutches, walking sticks, walking frames and wheelchairs) or eye glasses.

High rates of care responsibilities are highly relevant to health. Caring places a significant amount of strain on older people and can lead to worse health outcomes. Attention should be given to the particular health and care needs of older people supporting dependents, including those related to their psychosocial wellbeing.

Recommendations

1. Raise awareness and conduct training on older people's health and care needs among health staff and communities to ensure facilities are accessible and responsive to older women and men's particular requirements.
2. Address barriers to accessing health and care services, including those related to accessibility, affordability, acceptability and quality. Pay particular attention to ensuring that older people have access to necessary medicines and assistive devices. Supplement health services in fixed positions (such as health clinics) with community outreach activities.
3. Consider the needs of older carers, including the provision of psychosocial support to help them manage stress and build resilience and positive coping mechanisms.

Protection mainstreaming

4. Conduct an immediate safety audit among agencies providing healthcare services to address the safety issues faced by older people.
5. If community health committees are formed, ensure that older women and men, including those with disabilities, are represented so they can give their opinions on the services provided.

6. Water, sanitation and hygiene

Older people said they had insufficient access to bathing (59%), hand washing (42%) and toilet (76%) facilities. There is significant gender disparity in older people's access to water, sanitation and hygiene (WASH) facilities. For example, 60% of women and 56% of men said they had access to bathing facilities, and 47% of women and 31% of men said they had access to hand washing facilities. Seventy-seven per cent of women and 73% of men said they had access to toilet facilities.

Compounding the problem of inadequate access to facilities is insufficient privacy when using these facilities. Fifty-three per cent of older people (51% of women and 56% of men) reported that they did not have enough privacy when using bathing facilities. Similarly, 49% of older people (49% of women and 48% of men) reported that they did not have enough privacy when using toilet facilities.

Twenty-three per cent of older people (19% of women and 29% of men) said they did not have access to safe drinking water. Fourteen per cent of older people (11% of women and 20% of men) reported that the water sources were too far way and they had difficulty accessing sufficient safe drinking water.

Nineteen per cent of older people (17% of women and 23% of men) said they had difficulty with self-care. This could be related to incontinence. The ranking of hygiene kits as older people's fourth highest priority also suggests that incontinence could be a problem. Any water supply and sanitation facilities that are not inside or next to older people's homes will be too far for those with reduced mobility to reach.

Problems older people have with accessing WASH facilities also have an impact on other members of their households. For example, an older person who is supporting other people, while they themselves are dependent on others for their basic needs, is likely to have to send someone to collect drinking water for them. These people may be children who will, be exposed to risk of violence or abuse, particularly girls, en route to the water point.

Recommendations

1. After consultation, introduce interventions to make drinking water available to older people, especially those with reduced mobility.
2. Provide washing and toilet facilities that are appropriate and accessible for older people inside or close to their homes. This is particularly important for those with reduced mobility.
3. Include outreach services for older people who are less mobile or cannot leave their home.
4. Consult older men and women on how to improve bathing and hand washing facilities to afford them more privacy.
5. Research the part that incontinence plays in reported self-care difficulties. Meanwhile, provide hygiene kits specifically for older people with self-care difficulties caused by incontinence, including either incontinence pads or cash or vouchers to buy these.
6. Ensure that hygiene kits specifically for older people make up a proportion of the stock held by agencies distributing hygiene kits.

Protection mainstreaming

7. Conduct an immediate safety audit among agencies providing WASH services to address the safety issues faced by older people.
8. Ensure there is a feedback mechanism to support evaluation of modified WASH facilities so that designs and approaches can be adapted accordingly
9. If community WASH committees are formed, ensure that older women and men, including those with disabilities, are represented so they can give their opinions on the services provided.

7. Shelter

The cyclone has had a devastating impact on the living conditions of older people. Two-thirds of older people in the affected area (67%) said they did not have their own shelter (65% of women and 71% of men). Unsurprisingly, 96% of older people said they were not satisfied with their current living conditions.

Besides not having their own home, 47% of older people surveyed said their homes were in urgent need of major repairs (46% of women and 49% of men). This situation is hardly surprising, considering that, apart from the effects of the cyclone, 35% of older people said they were living alone of whom 44% reported a disability. Furthermore, 74% of older people said they were caring for more than four other people.

Having lost their homes, many older people face a number of barriers to shelter rehabilitation. First, 33% (36% of women and 25% of men) said they needed physical assistance to rehabilitate their shelter. Second, 34% said they did not have enough building materials or tools. Most said they could not afford to purchase shelter materials. Third, 27% said they had no space to construct a shelter. Fourth, 30% of those who had managed to construct even a rudimentary shelter said that the materials were not appropriate for the weather. Fifth, 30% said they were living in accommodation for which they could not afford the rent (28% of women and 33% of men). The difficulty with rent payments is hardly surprising when one considers that 98% of older women (93% older men) said they did not currently have a sustainable income. Lack of income and the need to rebuild their homes are most likely some of the main causes of the growing debts incurred by older people after the cyclone. Finally, 18% of older people reported that they could not reach their shelter easily.

Slightly lesser causes of dissatisfaction were that their present shelter was far from friends and family (8%) – an important point in view of the fact that 35% of older people are living alone, 42% of older people depend on their family or friends to help them meet their basic needs (39% women, 48% men). Six per cent of older people say their shelter is far away from basic services and this is a much bigger problem for older men (5% women, 8% men).

Recommendations

1. Urgently distribute temporary shelter (not shelter kits) to affected older people.
2. If temporary shelter kits are provided, accompany them with some form of labour assistance.
3. Provide cash transfers to older people who have no sustainable income for 12-24 months. Make sure that appropriate and adequate building materials, tools and labour are available for recipients to purchase and that the grant is sufficient to pay for a shelter fit to live in.
4. Provide cash or vouchers for tools and shelter materials for 6-12 months to older people whose shelter is in urgent need of repair and are capable of supervising the work and ensuring it is completed to their satisfaction. Make the transfers conditional on procurement of building materials, tools and labour. Make this part of a twin strategy, the first component being several conditional cash grants for the procurement of shelter materials and tools, and the second being a series of time-bound labour vouchers (for both skilled and semi-skilled labour)
5. Evaluate the shelter of older people with disabilities and, if necessary, adapt shelters to support them to carry out daily living activities.
6. Develop the capacity of staff, partners and communities to include older people, including those with disabilities in shelter, settlements and household activities.

Protection mainstreaming

7. Conduct an immediate safety audit among agencies providing shelter services to address the safety issues faced by older people.
8. If community shelter committees are formed, ensure that older women and men, including those with disabilities, are represented so they can give their opinions on the services provided.

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