

COVID-19 rapid needs assessment of older people

Introduction

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives. Since its establishment in 1983, HelpAge has grown steadily in size and influence. We now have over 100 affiliates and many more partners in 65 countries across the world. Our role is to work with older women and men in low and middle-income countries for better services and policies, and for changes in the behaviours and attitudes of individuals and societies towards old age, in order to achieve a world in which older women and men lead active, dignified, healthy and secure lives.

HelpAge believes that the four principles of humanitarian action (humanity, neutrality, impartiality and independence) need to ensure older people's right to security and dignity, and access to humanitarian assistance and protection services without discrimination and on an equal basis with others. More specifically, HelpAge believes that everyone has a responsibility to respond to and mitigate the impact of the COVID-19 pandemic by supporting the most vulnerable communities and refugees, older people, people with disabilities and their families.

Context and Justifications for the RNA

Older people in Ethiopia and their vulnerability to COVID 19: Older people living with multiple risks remain the most vulnerable to the impacts of the COVID-19 crisis. At a household level, the people likely to face the most severe impacts are those who were already acutely poor and food insecure prior to COVID-19, and who rely on humanitarian assistance. On top of this, in Ethiopia, where the system is already severely challenged by the impact of frequent natural disasters (drought), conflict, displacement and concurrent disease outbreaks, the added burden of COVID-19 is expected to be profound.

Among the most vulnerable groups, older persons face a disproportionate risk on many levels. They are at risk of complications and death by COVID-19, especially those who are suffering with long-term health problems such as diabetes, cancer, hypertension, joint ache and pains, gastrointestinal disease, skin disease, mental disorders, serious injuries, heart and respiratory problems and others. Many older persons are also suffering from higher rates of physical and cognitive disabilities such as visual impairments, hearing disabilities, dementia and others. Hence, these and other concerns of older people, people with disabilities and their families, require all humanitarian and government actors to have a special focus on the above-mentioned targeted groups, while implementing the multi-sectoral responses to prevent the pandemic. Furthermore, older persons face challenges in accessing information and humanitarian assistance, which results in them being at a higher risk during the COVID 19 pandemic. In combination, their high risk of complications or death, and their poor access to vital health services and humanitarian assistance, expose them to extremely high risk from the direct and indirect health impacts of the pandemic. They are also at risk of increased levels of violence, abuse and neglect due to heightened household tensions. Older women in particular face additional consequences due to gender and age discrimination. Due to these factors, HelpAge international decided to conduct COVID-19 Rapid Needs Assessments in all its intervention areas. This COVID-19 RNA was conducted in Gambella, specifically Pugnido and Ngyueiyyiel Refugee Camps.

Key findings

Older people, people with disabilities and their families are being affected by the pandemic differently compared to other community members. Since the pandemic, older people surveyed do not have access to many basic services, are being neglected, and their livelihoods are also being affected.

Health

44% of the respondents confirmed that their access to health services has changed since the COVID-19 outbreak. Therefore, older refugees with health conditions (**56%**) like heart disease, joint ache and pains, mental health conditions, skin disease, etc., cannot access medication (**37%**). Furthermore, challenges face those older people who rely on home-based care/the support of neighbours and communities.



Food and Income

84% of the respondents confirmed that their business/livelihood has been affected. Increases in prices contribute to food and income insecurity, as businesses find it difficult to purchase items and there is less street trade due to movement restrictions. Since the outbreak started, the sampled older people confirmed that they have reduced their diet by **30%** and **26%** in terms of quantity and quality, respectively.



Protection

Since the outbreak of the pandemic, **37%** of older refugees confirmed that they have protection concerns while accessing humanitarian services. **29%** and **28%** of older women and men respectively, reported that neglect is a concern. Risks such as isolation and emotional and financial abuse were also mentioned.



WASH

Older refugees face challenges in accessing drinking water, hand washing, bathing, and toilet facilities. **31%** of the respondents believed that it is too hard to access/use the facilities. **29%** of them perceived that the lockdown or social isolation does not allow them to leave their home to access the facilities and **17%** of them confirmed that they are too scared of contracting the virus to leave their home to access the facilities.



Wellbeing and Psychological Health

54% of older people surveyed feel worried, nervous, or anxious all the time and only **3%** feel able to cope with or manage the situation. Movement restrictions and fear of contracting the virus contribute to feelings of isolation and anxiety.



Disability

Of those with a disability, **14%** are incapable of self-care (including washing and dressing themselves), and unable to communicate, for example understanding and being understood.

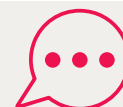


Lack of Access to PPE

49% of the respondents said they do not have access to CV-19 preventive materials e.g. soap, sanitisers, masks, and other equipment, because of their inability to afford them.



Recommendations

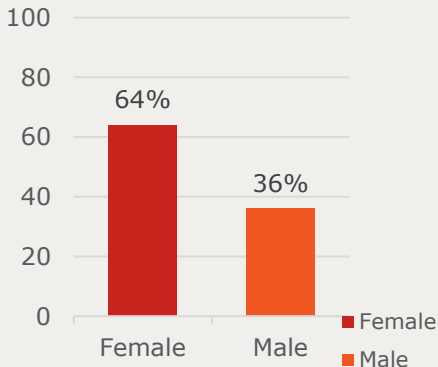


- 1.** The findings revealed that older people's first priority is food. They showed that older people have been experiencing food shortages since the outbreak of this pandemic. Furthermore, the quantity and quality of their food items has reduced, compared with the time before the COVID-19 outbreak (because they are not subsidizing their livelihood by other means of income generating activities in the camp). Hence, all humanitarian workers and the local government need to ensure holistic service provision for these needy older people and their families in each refugee camp.
- 2.** 31% of the respondents believed that it is too hard to access/use WASH facilities because of information they've received about the pandemic, whereas 29% of them perceived that the lockdown or social isolation does not allow them to leave their home to access the facilities. This shows that there is a need for an integrated system to create awareness of how older people can access facilities whilst protecting themselves from COVID-19. Furthermore, WASH committees need to be established in each camp to address the safe access, privacy and distance issues people face when accessing WASH facilities. Older women, men and older people with disabilities should be well represented on these committees.
- 3.** As findings pointed out, there are protection risks for older people and people with disabilities. Hence, sector based People of Concern (POC) assessments may lead each humanitarian actor to better understand the risks of older women, men and people with disabilities and ensure that interventions are put in place to mitigate risks and increase protection.
- 4.** Medicine is among the priorities that older refugees highlighted. Hence, health services should be supported to have a sufficient stock of medicines through strengthening multi-sectoral efforts to ensure the availability of holistic health services in each health facility in each camp.
- 5.** Ensure new sex, age and disability disaggregated data (SADDD) is collected in order to know whether the current COVID-19 responses are inclusive and analyse the data to address the needs of older refugees and their families in each refugee camp.
- 6.** Call all concerned humanitarian actors in Gambella, map the services on hand and establish a comprehensive service provision system, including social mobilisation efforts that fully account for the needs of older people and those with disabilities, as they feel distressed due to the situation.
- 7.** Provide psychosocial support services to older people, people with disabilities, and older people living alone. Support and engage older people in activities which help overcome their isolation and help improve their mental health.
- 8.** Provide personal protection equipment (PPE) to older people in their own homes and in care homes.
- 9.** Establish volunteer groups to provide home deliveries of medicine for older people who have a mobility disability.
- 10.** Provide financial support to poor older people with chronic diseases.

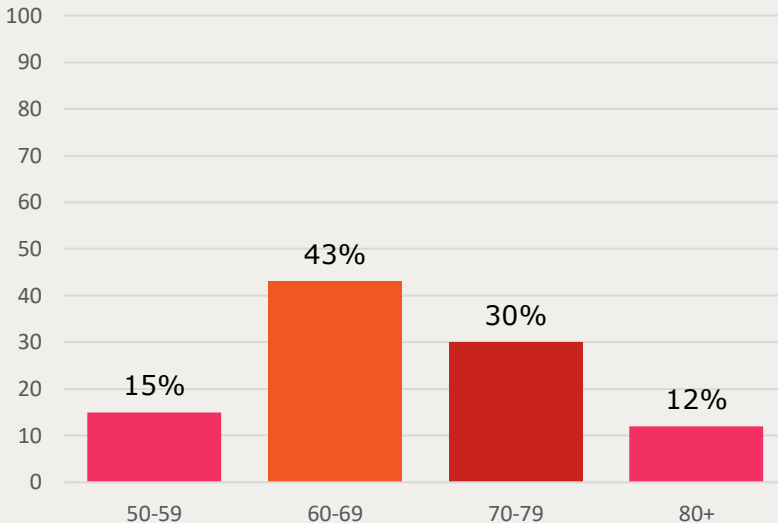
Demographics

120 older refugees were interviewed by the survey team

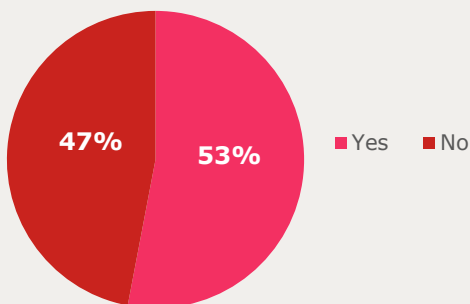
Gender of participants



Age of participants

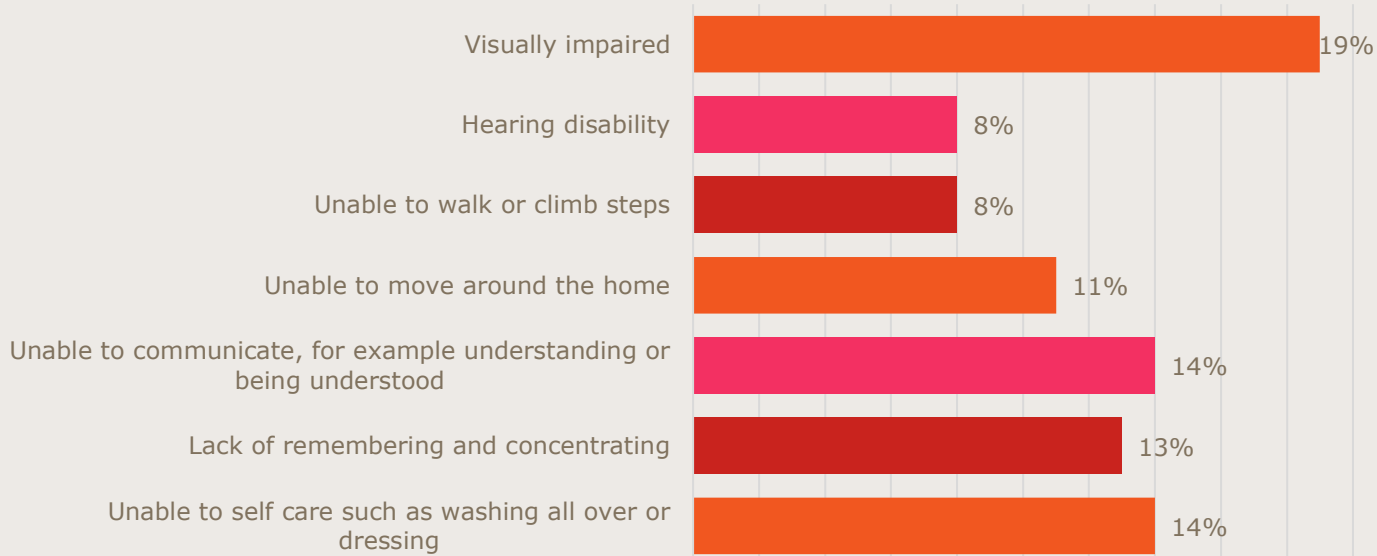


Living Alone



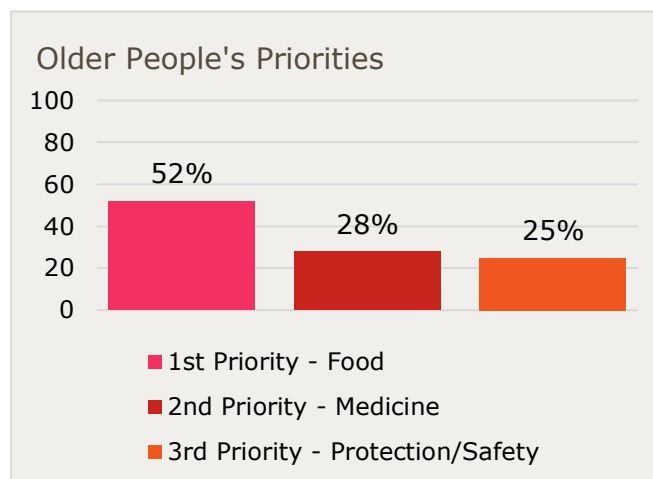
- **53%** of older people live alone
- **47%** of older people live with others
- **45%** of those older people who live with others have caring responsibilities (children, people with disability, other older people)

Disability



Priorities for older people

- The survey asked older people to choose their three top priorities among food, medicine, protection/safety, water, income, and other related items. Accordingly, 52% of the respondents confirmed to have food as their first priority.
- The rest - 28% and 25% of the respondents, reported medicine and protection/safety items, respectively.



Methodology

The COVID-19 rapid needs assessment (RNA) data collection was carried out through face-to-face, one-on-one interviews using a structured survey tool created by HelpAge International. For simplicity, the organisation selected and recruited local data collectors, who translated the questionnaire into the local language while collecting data from the sampled respondents.

The assessment used a purposive sampling approach in order to reach older women and men aged 50 and over, and people with disabilities. The approach was complemented by snowball sampling through using a home-to-home interviewing system. During the survey, the data collectors tried to target older people most at risk from COVID-19.

Prior to the data collection, HelpAge provided training to 6 local data collectors on the COVID-19 RNA-OP purpose, tool, process, and methodology.

The total COVID-19-RNA-OP sample was 120 of which 64% were older women and 36% were older men. The total number of older people interviewed was a sufficient sample size to disaggregate the data into smaller subgroups. The sample allows for a 95% confidence level and 0.05 sample error. The team tried to reach targeted samples from the two locations (Pugnido and Ngyueiyyel camps).

COVID Awareness and Behaviour

Awareness of COVID-19

- 72.5% of the respondents reported having received information about COVID-19 or Coronavirus. Whereas the rest, 27.5% of the respondents, confirmed they have not received information regarding the pandemic.

Restrictions on movement

- 63% of the respondents confirmed to have free movement and no additional restrictions since the outbreak of COVID-19, whereas 32% and 18% of the respondents, respectively, confirmed that they have observed intentional social distancing and governmentally instituted movement restrictions. Only 3% of them responded that they were under quarantine/isolation – this was due to respondents either having had possible COVID-19 exposure or being hospitalised/in treatment centres and consequently having to limit their movements outside household for a period (14 days).

Preferred method to receive information related to COVID-19

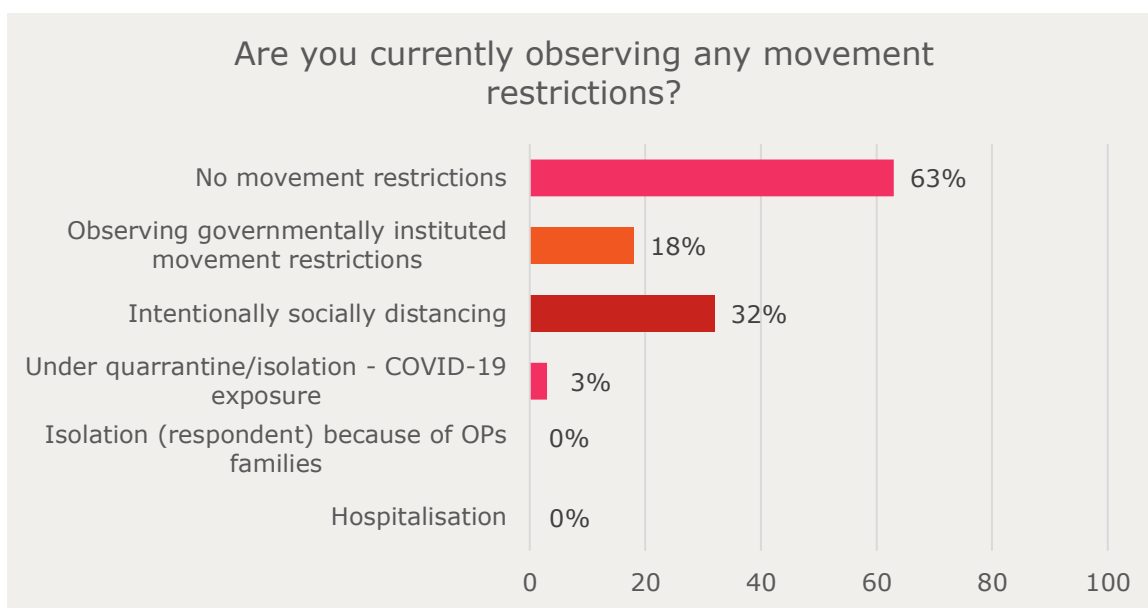
- Respondents have different preferences to receive any information related to COVID-19/Coronavirus. Amongst these, loudspeakers and community meetings were selected by 42% and 21% of the respondents, respectively. Whereas, poster, radio, word of mouth, TV, places of worship and phone calls were also mentioned as means of communication to address any information regarding to COVID-19/Coronavirus.

COVID-19 preventive measures

- Respondents have used different means of protecting themselves from COVID-19. 66% of them used hand washing as their first means of protection, whereas the rest, 43%, 42%, 41% and 34% of the respondents, reported that they are protecting themselves by using the following measures “staying 2 metres/6 feet away from anyone”, “physical distancing (avoiding groups or gatherings, shaking hands, and staying at home if possible)”, “avoid touching your face” and “cough or sneeze into your elbow or tissue which you then throw away”.

Access to PPE

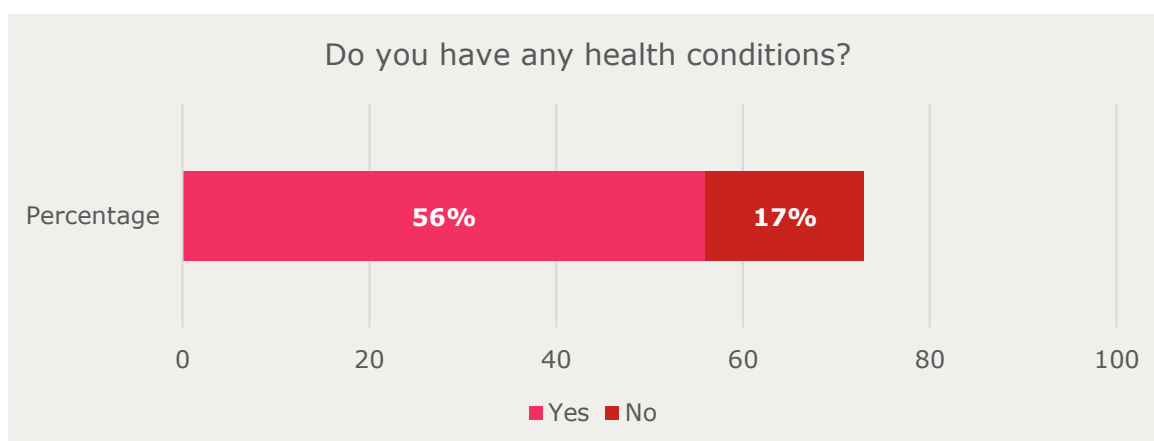
- Even if they have such awareness to protect themselves from the pandemic, 49% of the respondents confirmed not having access to COVID-19 preventive materials e.g. soap, sanitizers, masks, and others because of their incapability to buy them. Whereas 21% of them reported not having access to the materials because of a lack of them in the market. However, 13% of the respondents confirmed receiving the items via donations. 4% of them do not have proper information about where these protective materials are available from. Only 2% of the respondents purchased the materials themselves.

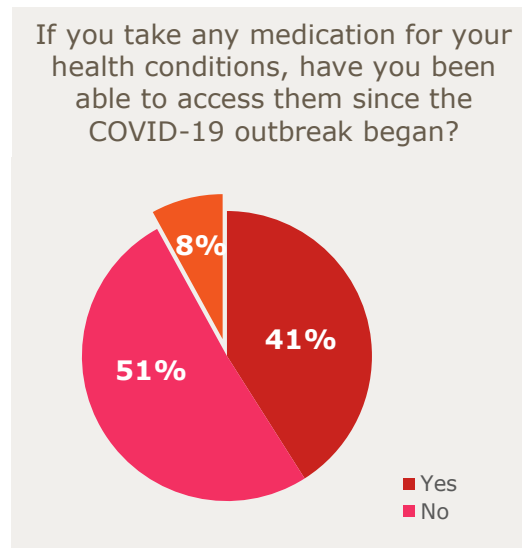
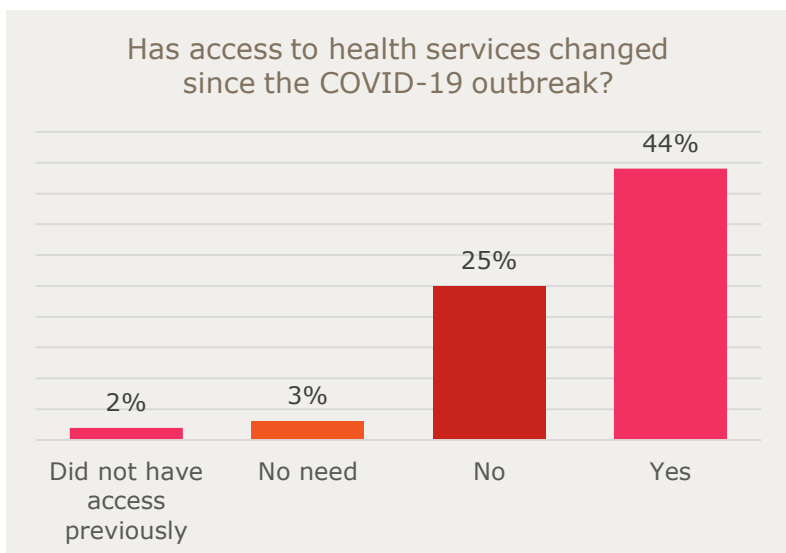


Health

Access to health services

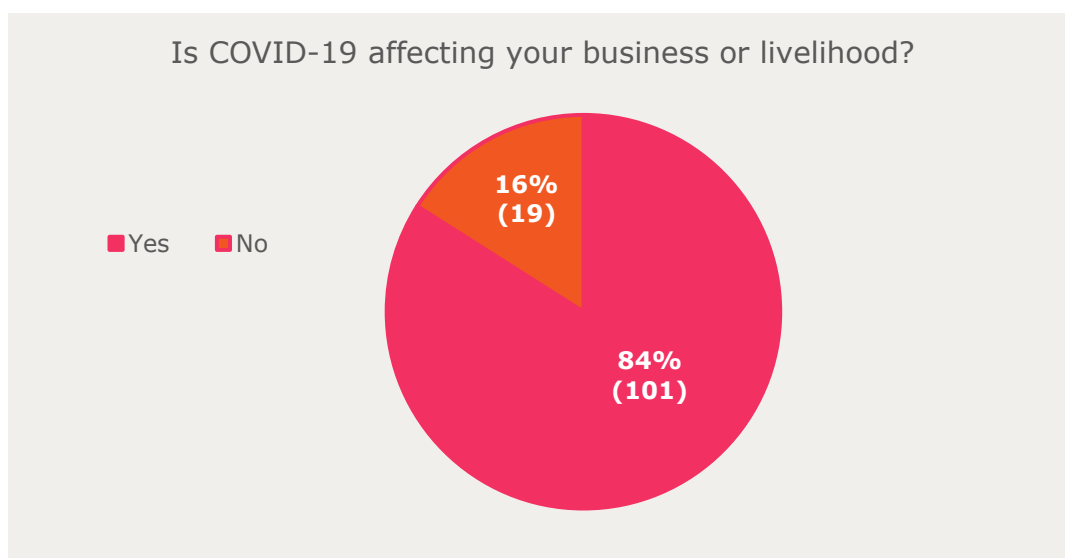
- 44% of the respondents confirmed that their access to health services has already changed since the outbreak of this pandemic. Due to this, older refugees with health conditions (56%) like heart disease, joint ache and pains, mental health conditions, skin disease, serious injury and others, cannot access medication (37%).





Business/Livelihood

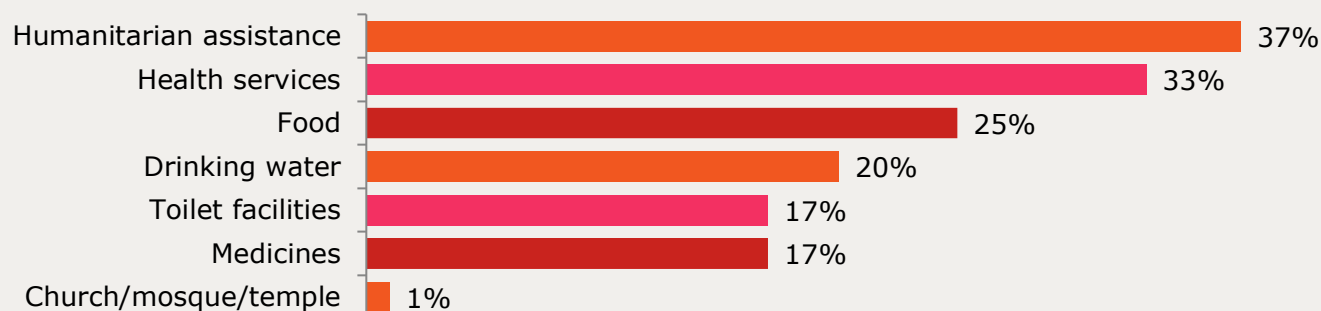
- 84% of the respondents confirmed that their business/livelihood has been affected since the outbreak of COVID-19.
- 63% of the respondents reported to have sources of incomes from humanitarian agencies, whereas 13% of them are subsidising their livelihood through their personal business.
- 8% of them are using remittances from relatives, pensions and cash transfers.
- 7% of sampled older refugees reported to have agricultural gardens in the camp, and the remaining 1% are subsidising their livelihood through using formal and informal loans.
- On other hand, since the outbreak started, the sampled older people confirmed that they have reduced their diet by 30% and 26% in terms of quantity and quality respectively.



Protection

- Since the outbreak of the pandemic, 37% of older refugees confirmed that they have protection concerns while accessing humanitarian assistance from centres. They are concerned about the risk of COVID-19 when accessing these services.
- On the other hand, 29% and 28% of older women and men respectively, reported that they have protection concerns, specifically neglect. Other risks like isolation, emotional and financial abuse and others were mentioned.

Did you have difficulty accessing any of your basic goods and services?



Wellbeing

- 54% of older people surveyed feel worried, nervous, or anxious all the time, whereas 28% and 18% of them feel worried most and some of the time respectively. Because of this, 49% of the respondents confirmed that they feel depressed since the start of the outbreak, and only 3% of the sampled older people confirmed that they feel able to cope or manage/handle the situation. For more, the following charts display the responses, to show older people's wellbeing status in terms of the stated indicators.

Since the COVID-19 outbreak started, do you feel worried or anxious about the situation?

| Value | Number of Respondents | Percentage |
|------------------|-----------------------|------------|
| All of the time | 65 | 54% |
| Most of the time | 33 | 28% |
| Some of the time | 22 | 18% |

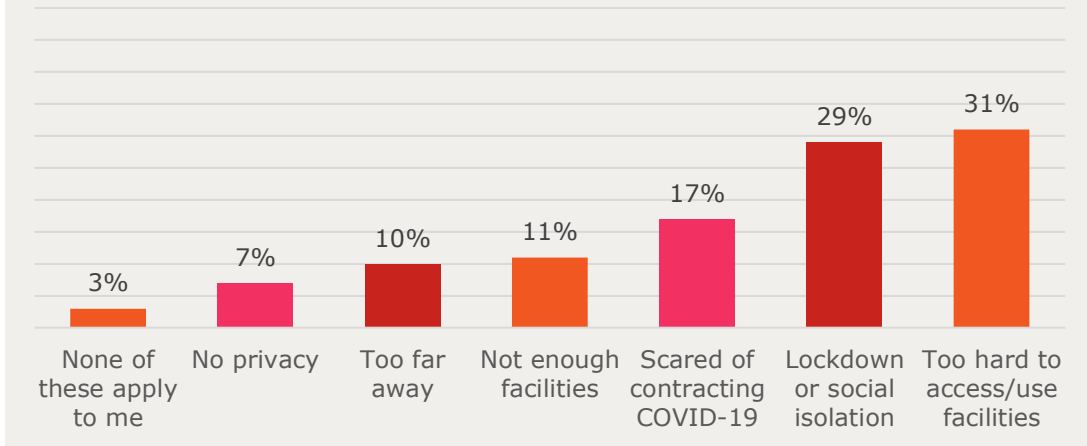
Since the COVID 19 outbreak started do you feel depressed about the current situation?

| Value | Number of Respondents | Percentage |
|----------------------|-----------------------|------------|
| All of the time | 59 | 49% |
| Most of the time | 27 | 23% |
| Some of the time | 21 | 18% |
| None of the time | 11 | 9% |
| A little of the time | 2 | 2% |

WASH

- Since the beginning of the COVID-19 outbreak, older refugees have faced challenges in accessing drinking water, handwashing, bathing or toilet facilities. As the respondents confirmed, 31% of the respondents believed that it is too hard to access/use the facilities because of the information related to the pandemic, whereas 29% of them perceived that the lockdown or social isolation does not allow them to leave their home to access the facilities. Related to this, 17% of them confirmed that they are too scared of contracting the virus to leave their home to access the facilities.
- 11% of them reported not having enough facilities and 10% that the facilities are too far away to access.
- 8% of the respondents reported not using facilities, specifically the latrine because of privacy issues.
- The rest, 3% of the respondents, confirmed that they have no concerns when accessing the facilities.

Since the outbreak of the pandemic, what challenges have you faced (if any) in accessing drinking water, handwashing, or bathing facilities?



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