

COVID-19 rapid needs assessment of older people

Context

The Tanzanian government has not released aggregate numbers of COVID-19 cases or deaths since April 29. However, anecdotal information suggests that since then the number of cases and deaths continue to rise. While currently there are no cases of COVID-19 in the three camps where HelpAge is working with refugees from Burundi and the Democratic Republic of Congo (DRC) the potential impact of a COVID-19 outbreak in the camps could be devastating.

As of 31 May 2020, there are 283,807 refugees, living predominately within three refugee camps (UNHCR 31/05/2020). Among the refugees, older people are considered the most vulnerable because of their heightened needs and because they are likely to face discrimination, marginalization, stigmatization, limited support, and greater challenges in accessing services. UNHCR describes the Burundi and DRC refugees, especially those with specific needs, as a vulnerable group in a forgotten crisis.

HelpAge is working closely with other partner agencies to strengthen camp level preparedness and responses aiming to prevent contagion among those already living in the refugee camps and to minimize the risk that new refugees will import the virus.

To better understand how the virus is affecting these people and to determine future programming needs, HelpAge undertook a multi-sector Rapid Needs Assessment in Nyarugusu, Nduta and Mtendeli refugee camps in May to June 2020.

Key findings

Health

46% of the older persons interviewed have not been able to access health services since the onset of Covid-19, yet **64%** have at least one health condition.



Awareness and behaviour

63% of the older persons interviewed confirmed their preferred method of receiving COVID-19 information was by radio, followed by loudspeaker **53%** and community meetings **47%**.



WASH

62% of the older persons interviewed noted a lack of adequate WASH facilities, such as bathrooms and toilets.



Wellbeing

71% of the respondents said they felt worried, nervous, or anxious “All of the time” or “Most of the time”. While **67%** of older people surveyed felt depressed either “All of the time” or “Most of the time”.



Methodology

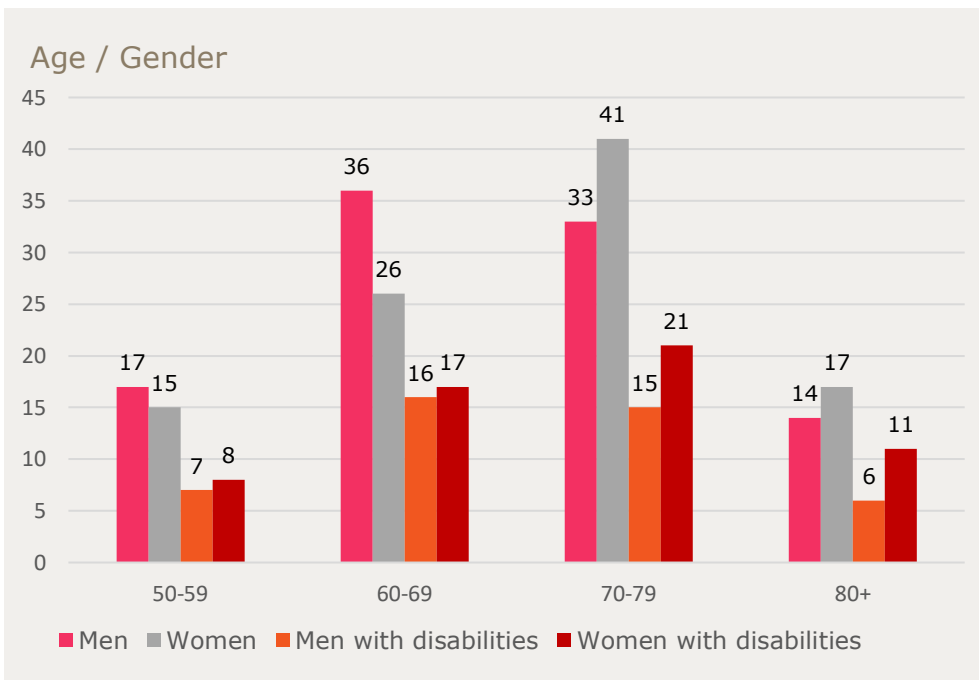
Data on adults aged over 50 years was collected through household surveys within Mtendeli, Nduta and Nyarugusu refugee camps in Tanzania. HelpAge relied on its existing beneficiary database for this exercise and conducted face-to-face interviews. These interviews were carried out by trained enumerators ensuring that physical distancing was maintained; Personal Protective Equipment (PPE) was worn and government and WHO guidelines followed. A total of 308 people was interviewed between 18 May and 22 May. The respondent (1) who did not consent was removed as were the 11 who knew nothing of the virus, their data was analysed separately. The data was disaggregated by gender, age bands and disabilities. The results of these disaggregations are only reported where the differences are significant.

Recommendations

- 1. Raise local awareness about COVID-19 preventive measures using community local radio, loudspeakers, and community-based structures.**
- 2. Raise awareness and conduct training for health staff and communities on older people’s health and care needs to ensure that facilities are accessible and responsive to the requirements of both older women and men.**
- 3. Conduct an immediate safety audit of health facilities among agencies providing healthcare services.**
- 4. Provide psychosocial and peer support to older people and persons with disability and those living alone, as well as those above 80. This support should aim to engage older people in activities which help overcome isolation and improve their mental health.**
- 5. Provide protective supplies to older people in their own homes, especially for those living in large household size.**
- 6. Strengthen community structures (older peoples’ committees, and committees for people with disabilities) to continue the provision of home deliveries of medicines for older people who have a mobility disability.**
- 7. Provide financial support to older people with chronic diseases, who are lack the finances to survive.**
- 8. Ensure that humanitarian actors and service providers understand and can apply the *Humanitarian Inclusion standards for older people and people with disabilities* and *IASC guidelines*.**



Demographics



64% of older people have at least one health condition

Joint aches and pains: 38%

Gastro: 28%

Heart problems: 20%

Respiratory: 17%

Hypertension: 15%

Diabetes: 7%

Serious injury: 3%

Skin disease: 2%

65% of older people have at least one disability

Sight: 44%

Hearing: 20%

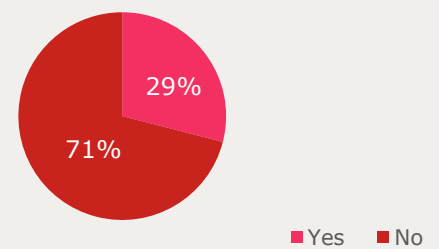
Walking: 51%

Communication: 18%

Remembering and concentrating: 32%

Self-care: 15%

Living Alone



Priorities for older people

- The top three priorities for older people surveyed in Mtendeli, Nduta and Nyarugusu refugee camps, since the COVID-19 outbreak, are access to food, medicine, and handwashing facilities. There is little variation between both men and women and older people with disabilities. Food insecurity is a constant challenge for older people in the camps and while rations are provided by the World Food Programmes to old refugees, they often lack the sufficient high nutritional content and variety. Medicine is another major concern for older people in the camps which has been exacerbated by the secondary impact of COVID-19. This is because medical supply chains have been disrupted and the government has taken over its management. This has results in a lack of medicine for many older people. While, since this e assessment was carried, many humanitarian agencies, such as Oxfam and the Danish Refugee Council, have done more to promote handwashing, progress has been hampered by a lack of age appropriate WASH facilities.
- The third highest priority for older people is access to income and livelihoods, something which is difficult for refugees in the camps to engage in.
- The fourth priority is safety with concerns including the risk of gender-based violence, harassment and intimidation. This pre-existed COVID 19 but has been exacerbated by it.

- While COVID-19 has impacted older people, making a challenging situation worse, their priorities remain consistent with pre-COVID-19 needs. For example, in another Rapid Needs Assessment conducted by HelpAge in late 2019 in Mtendeli, Nduta and Nyarugusu refugee camps the top priorities, in order were, cash, food, clothing, medicine and bedding.

COVID Awareness and Behaviour

Restrictions of movement

- Tanzania identified its first COVID 19 case on 16 March 2020. To mitigate the risk of the infections spreading, the Government imposed widespread restrictions including requiring humanitarian agencies to reduce their footprints in the camps or undertaking any interventions that might violate WHO guidelines. These guidelines include 1.5 meter physical distancing, using masks in crowds and regular handwashing using soap or hand sanitizer. This has resulted in an increased fear by older people in the camps of having their access to resources, opportunities or services denied. It has also exacerbated fear within the community about the potential impact of COVID-19 and many older people are taking extra pre-cautions and are staying at home.
- While there are currently no cases in the camps, movement restrictions have been put in place between the camps and the local host communities. This has severely disrupted local markets and is anomalous as movement restrictions have not been put in place in other parts of Tanzania.

Protection from COVID-19

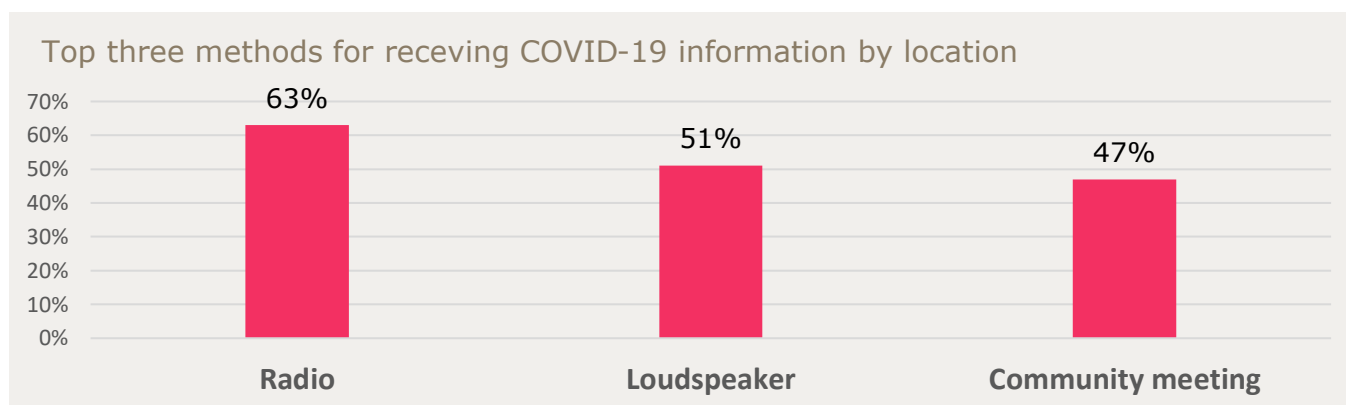
- Older people surveyed across all three camps are aware of a wide range of methods they can use to protect themselves from COVID-19. 95% of older people are aware of handwashing as a method, while 84% and 78% respectively are aware of avoiding groups or gatherings, shaking hands, and stay at home if possible and physical distance as methods of protecting themselves from COVID-19.
- However, 27% of the older people are unable to properly their wash hands. However, as previously mentioned, humanitarian agencies have recognized this issue and have sought to make it easier for older people to access places to wash their hands, so this may already have helped decrease the percentages facing difficulties in this area.
- More concerning is that 25% and 18% respectively of the respondents were not able to avoid social gatherings and practice physical distancing by keeping two meters away from each other. One older person said, "It is difficult to stay at home because I cannot spend a day without going out to fetch water or collect firewood". Accordingly, those in their 50s are less able to physical distance themselves than those above 70
- Overcrowding is considered a major risk for older people during this COVID-19 pandemic as they often live in small overcrowded homes which are shared with many other family members.

Barriers to Health Messaging

- 82% of older people surveyed said that they have no challenge accessing COVID-19 health messages; although over 30% of the over 80s do face such barriers to accessing COVID-19 health. Illiteracy, language barriers (many of the health messages are in English or Swahili) and hearing impairments were mentioned as major barriers older people encounter in accessing COVID -19 health messaging.

Preferred method to receive information related to COVID-19

- 63% older people surveyed said that radio was their preferred method for receiving COVID-19 messages. This was followed by via loudspeaker (51%) and community meetings (47%) There are the large gender disparity in responses to this question with 70% of men preferring the radio compared with 57% of women. Furthermore, older people above 80 (39%) are less keen to receive messages via community meetings then older people in their 50s (48%) Interestingly there is little appetite from older people to receive information via posters (8%). Currently a common communication, which older people were not asked about, is awareness raising via tee-shirts with health messages on them.



Health

Access to health services

- 52% the older people surveyed reported that their access to health care has changed since the start of COVID-19. While most refugees in the camps have access, guidelines established by WHO have meant that strict physical distancing, temperature testing before entering, and hand sanitizing must be followed in health centers. Access is limited within these facilities to a specific number of people who can visit per day. Therefore, older people may be turned away from health facilities if their capacity has been reached. Furthermore, older people raised other challenging, mentioning a shortage of medical personnel, inadequate medical equipment and delayed referrals.
- Given that 64% of all interviewed older people have at least one health conditions it is important they receive adequate and prompt medical support or their health conditions risk worsening. The top four health conditions reported for all older people are:
 - 38%: joint aches and pains (39 % women and 37% men)
 - 28%: Gastro-intestinal (36% women and 18% men)
 - 20%: Heart problems (high blood pressure) (20% women and 9% men)
 - 17%: Respiratory problems (20% women and 13% men)

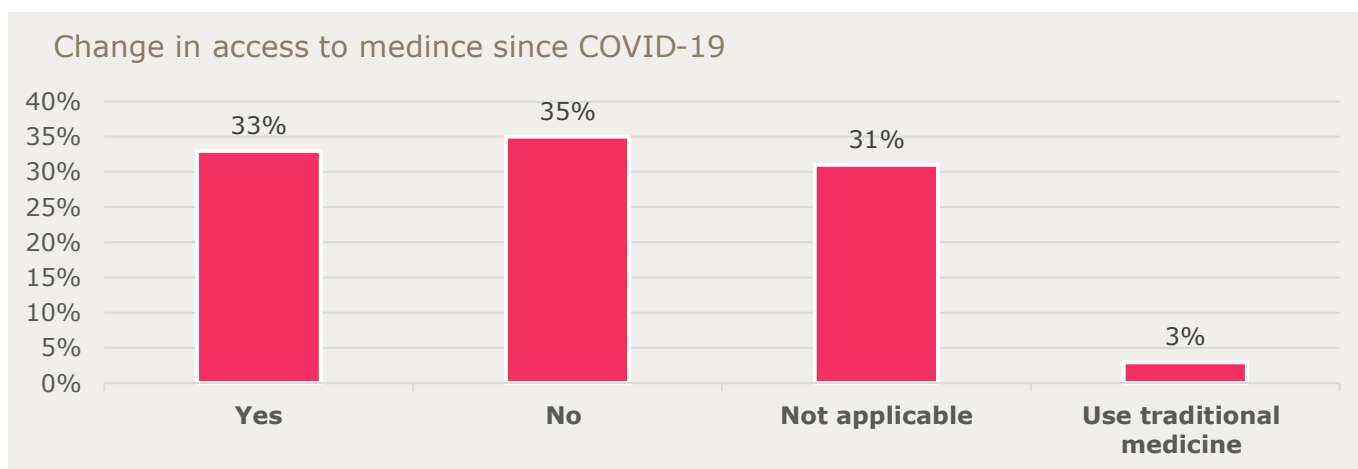
Nearest health facility

- 27% of older people surveyed do not know where is the nearest health facility which treats and tests older people for COVID-19.
- Of those older people surveyed who know where their nearest treating and testing facilities for COVID-19 are, 50% said it was less than 30 minutes away; 24% between 30 minutes and one hour, and 11% between 1-3 hour away.

- However, 15% of older people said they cannot access their health facility that is testing and treating people for COVID-19 in the refugee camps. This is likely to be due to their fear that they may be asked for documentation which they may not have. Some may also have returned illegally from Burundi and therefore fear deportation.

Access to medicine

- 35% of older people surveyed who to take medicine across the refugee camps (Nduta 18%, Nyarugusu 55 % and Mtendeli 32%), have not been able to access them since the start of the COVID-19 outbreak. This is especially the case for older people above 80 years (48%). This is unsurprising given the supply chains challenges in accessing medicine and the reduced ease of access to health facilities. Furthermore, this is exacerbated by the reduced footprint of humanitarian agencies which are the main suppliers of medications.



Access to PPE

- Most respondents 88% (93% 70s aged, 91% 80+ aged and 64% people with chronic illness) said that they have difficulties accessing COVID-19 preventive materials as they cannot afford them, or they are not available at the local market.
- Prior to COVID-19 many of refugees in the camps struggled to obtain access to livelihood opportunities or economic activities. However, the situation has become more challenging since the outbreak due to market closures.
- Due to market closures, older people have encountered barriers independently accessing to COVID-19 preventive material. Unless this is rectified older people are in greater danger of catching COVID-19 and will increase the likelihood of spreading the COVID-19 infection in the refugee camps.

Access to goods and services

- The responses we received showed that older people had significant concerns about access to basic goods and services during the COVID-19 pandemic, and that older women and men broadly agreed on the most significant concerns. These were:
 - 20% of older people surveyed have difficulty accessing health services.
 - 24% of older people surveyed have difficulty accessing medicines, with those above 70 having greater difficulty (30%).

- 14% of older people surveyed have difficulty accessing humanitarian services. This is higher for older men (59%).
- 13% of older people surveyed have difficulty accessing food, especially those above 80 (26%).
- 45% of older people also identified a range of other goods and services they currently have challenges accessing. These include access to transitional shelter and access to bathing and toilets. A key concern is to source of energy (firewood). Currently firewood acquisition is not being allowed in the camps and older people are being advised to use other forms of energy which are not appropriate.



Protection

Safety

- Older people expressed a range of concerns about safety during this COVID -19 pandemic. The top two concerns for both older women and older men were denial of resources, opportunities, or services (43% for women and 46% for men) and harmful traditional practices (31% for women and 33% for men). The concern around denial of resource maybe symptomatic of when the assessment was conducted at the end of May when many older people were concerned that due to the diminished presence of humanitarian agencies, they would stop receiving essential support for their needs. However, despite this fear, humanitarian agencies have managed to continue much of their work alleviating the fear for many older people. Regarding fears of harmful traditional practices, these were pre-existing concerns that many older people had, especially around witchcraft accusations, albeit this may increase if the camps begin experiencing a rise in COVID-19 cases.
- Another safety concern is the high number of older people who live alone (29%). This lack of support creates additional risks of neglect, isolation, and other forms of abuse.

Caring for others

- The care burden for children, people with disabilities and other older relatives often falls on older people. Across all three camps 58% of older people surveyed are providing basic care & support (food and shelter) to others including children, people with disabilities and other older people.

This provision of basic care support occurs more for those in their 50s (75%) than those above 80 (41%). Furthermore 52% of older people are providing emotional (care, love, empathy & social support) and 45% of older people are providing child minding (for parents at work).

- In addition, providing support to others, especially children, may increase older people's risk of catching COVID-19. This is because children may be sent to collect firewood, water and food to the distribution points and have greater difficulty in social distancing.

Food and Income

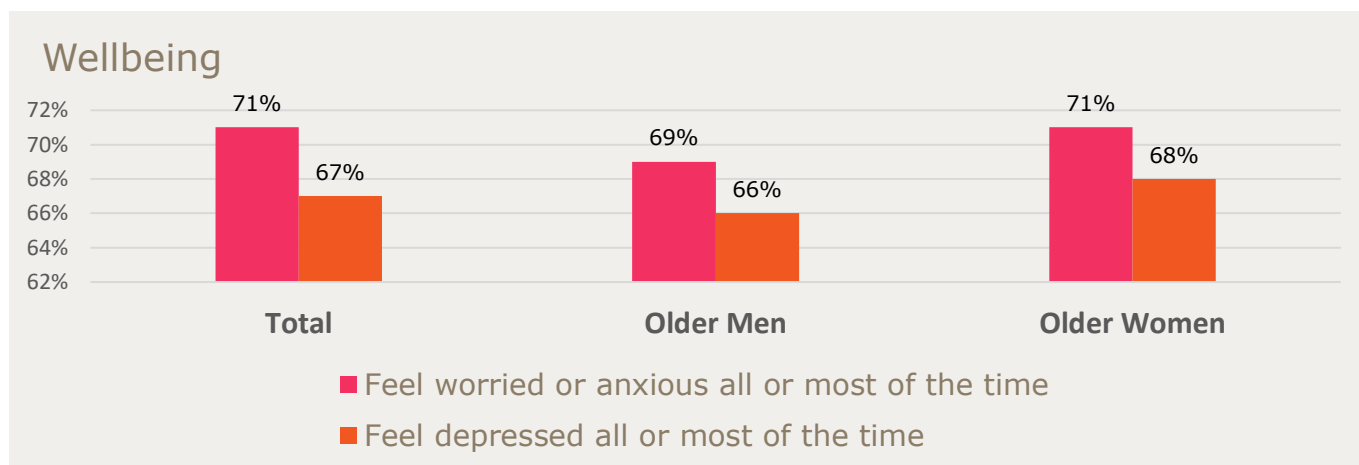
Diet

- Currently World Food Programme (WFP) rations are traditionally provided to all older people in the camps every 28 days. However due to COVID-19, WFP is now providing rations to last 40 days so they can reduce their footprint in the camps. The delivery of additional food supplies is highlighted in the finding that 82% of older people interviewed have enough food in their household to last more than 2 weeks.
- However, despite the provision of rations, 25% of older people said they have had to reduce food quantity while 13% have made changes to what they usually eat. In some cases, due to other economic hardship, challenges, older people have had to sell their food to raise capital for other purchases. While not picked up through this survey another endemic issue facing older people in the camps is the lack of variety in the WFP rations, especially where the provided such foods as beans and cereals. There remains a strong desire among older people to have a wider range of food to ensure they receive food with sufficient nutritional content.
- Lack of income is a significant problem for older people specifically in refugee camps, as this was ranked as their fourth highest priority. 54% of older people interviewed said they are currently depending on humanitarian assistance to survive while 13% are depending on remittances from relatives.
- Of those engaged in income generating activities 14% depending on small scale agriculture, and 10% are depending on small business. In both cases older people in their 50s and 60s are more likely to be engaged in income generating activities than those in their 70s and those above 80. For example, 27% of older people in their 50s undertake agricultural work compared with 4% in their 80s. One older person said "Now I cannot go to the market to sell any products and also there are no customers coming anymore" while another said "due to movement restrictions I am no longer able to access my farm".
- As long as there is a lack of livelihood opportunities for older people many will continue to remain in absolute poverty with no stable income. This is a particular concern for those in the older age groups who have the highest levels of disability and the least opportunities to make an income.

Wellbeing

- 71% of the respondents said they felt worried, nervous, or anxious "All of the time" or "Most of the time". This is especially high for those older people with disabilities (76%) and those above 80 (82%). One older person said, "It's very worrying and I keep on praying to God that it doesn't reach the camp".
- Furthermore 67% of older people surveyed felt depressed about their current situation either "All of the time" or "Most of the time". Again, this is higher for those above 80 (80%). One older person said "I feel depressed because , no one comes and visits me during the COVID 19 pandemic"

- The uncertainty and fear created by COVID-19 has aggravated existing mental health issues faced by an older community many of whom have faced significant trauma in Burundi and who are currently living in an extremely challenging situation. Furthermore, existing support networks to which older people had access, including HelpAge’s Active Aging Clubs and peer to peer support groups, have had to be stopped.
- 56% of older people said they are positively able to cope with their current situation only with additional support from family, friends, community, or an aid worker. While 36% of older people interviewed can cope independently. Further troubling is that 8% of respondents said they felt unable to cope with their current situation, which is slightly higher for those older people with disability (11%) and those above 80 (15%).



WASH

- Older people have inadequate access to water, sanitation, and hygiene (WASH) facilities, particularly bathing/toilets and handwashing. It is important that these facilities are kept clean and accessible. Adequate WASH facilities are integral to the ability to clean and disinfect in case of a COVID-19 outbreak. A COVID-19 outbreak would significantly increase the need to use these WASH facilities.
- Compounding the problem of inadequate access to WASH facilities are the lack of such facilities (62%) and insufficient privacy when using these facilities (29%). In the same way, 29% of older people reported that it is too hard to access / use WASH facilities, the same percentage reported that the WASH facilities are too far away to access. .