



Rapid needs assessment of older people
Cyclone Idai, Sofala Province,
Mozambique
March 2019



HelpAge

International

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

Association for Community Development (ASADEC) is a local non-profit organization that works for the development of communities. This organisation has been working for more than 10 years to protect the dignity and rights of the older people in Sofala, Mozambique.

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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. Commitment to international humanitarian law and these principles means everyone responding to a humanitarian crisis has a responsibility to ensure 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 and other agencies' humanitarian response to the devastating impact of Cyclone Idai on older people in Sofala Province, Mozambique. 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's humanitarian team and advisers. Reflecting our commitment to inclusion and protection of older people, the report includes recommendations for the Government of Mozambique, humanitarian response agencies and humanitarian donors to support a more inclusive response to the crisis. Protection recommendations have been mainstreamed throughout the report.

ASADEC and HelpAge International jointly conducted the assessment in March and April 2019. We welcome comments and questions based on this report. We can also offer technical support for inclusive responses.

Methodology

This rapid assessment for older persons was carried out in three districts of Sofala Province - Beirat, Dondo and Nhamatanda – and involved 19 communities. These locations were chosen because reports showed they were the most affected areas. Another district, Buzi, was severely affected but, at the time of commissioning the assessment, there was no road access to this district so it was not included.

ASADEC identified the most affected communities within each district as they already ran social protection programmes and knew the communities well. A total of 10 enumerators were recruited by ASADEC and trained to conduct the assessment. The enumerators included seven women and three men. They were trained on ways to engage with and interview older people.

An initial sample size of 724 respondents was selected, giving the enumerators a target of 10 interviews per day.

In collaboration with the Social Action Department of Sofala, the enumerators worked with community leaders to select families headed by older people affected by the cyclone. Most respondents were interviewed in the shelters they were living in after the cyclone.

The respondents were aged from 50 to 79. People 80 years and older were not interviewed as many were not living in communities as they were housed in temporary accommodation centres, and those the enumerators did encounter were not in a position to answer questions due to the stress caused by the cyclone.

As illustrated in the chart below, 70% of the respondents were women and 30% were men. The disparity between the number of men and women has been considered in the analysis so that comparable percentages are taken from within the overall gender breakdown. The geography breakdown of the respondents was:

- Beira District: 229 women and 85 men.
- Dondo District: 174 women and 88 men.
- Nhamatanda District: 102 women and 46 men were surveyed.

Overall, 342 respondents identified themselves as returnees, 323 as internally displaced, and 59 as members of the host community.

Humanitarian context

Tropical Cyclone Idai is said to be the worst disaster to affect the country in more than two decades. It made landfall over central Mozambique (Sofala, Manica, Zambezia and Tete provinces) on the night of 14 March 2019. It caused devastating loss of life and widespread damage to buildings, infrastructure and crops.¹ Entire villages were submerged. Thousands of people were displaced, many having to flee with nothing as the waters rose rapidly. Older people, people with disabilities and children who are less mobile are likely to have been left behind or stranded.

Over 600 people are officially reported to have died in Sofala, Zambezia, Manica and Tete provinces. The government and UN agencies estimated that 1.85 million people² in affected areas needed humanitarian assistance. Some 111,200 houses were destroyed, with Sofala most affected. More than 500,000 hectares of crops were damaged, and this will significantly increase food insecurity, given that the flooding coincided with the annual harvest season.³ Over 110,000 people were displaced and living in more than 130 temporary shelters, increasing the likelihood of communicable disease outbreaks and putting people's safety and wellbeing at risk, particularly for older women and girls.

Mozambique had already been grappling with the effects of the 2016 El Nino-induced drought as well as Cyclone Dineo in February 2017. Ranked 180 out of 189 countries on the UN 2017 Human Development Index, Mozambique is one of the poorest countries in the world, with 57.6% living below the poverty line. Social, economic and environmental structures were already weak. Despite unsustainable gross debt levels, there have been some signs of economy growth during the past financial year,⁴ but this is likely to be slowed as the country concentrates on rebuilding after the cyclone.

Of the 1.3 million people aged 60 over living in Mozambique,⁵ an estimated 700,000 (58%) currently live below the national poverty line and a further 300,000 (bringing the total to 82%) live on less than \$1.25 per day. Although older people make up only 5.5% of the population, 17% of households include one or more older people. Recent experience from an ongoing DFID project in Tete Province shows that older women and men face several barriers in humanitarian situations:

- Lack of knowledge of rights and entitlements due to limited means of communication, particularly in rural areas
- Low literacy levels and poor understanding of Portuguese
- Lack of civic identity documents that enable access to services
- Discrimination and limited participation of older people, especially women, in community or household decision making
- Lack of appropriate support to challenge violence and abuse, especially gender-based-violence.

¹ Following a period of seasonal rainstorms, the mid-March weather system that became Idai formed as a tropical depression off the Mozambican coast. It turned inland, circling over southern Malawi and central Mozambique, where it dropped large amounts of rain, causing flooding and ground saturation. It then turned back over the ocean, where it picked up power offshore, growing into the destructive storm that slammed into Beira and beyond. P. Probst and A. Annunziato, Tropical Cyclone Idai: Analysis of the Wind, Rainfall and Storm Surge Impact, European Commission Joint Research Centre, April 9, 2019.

² Humanitarian Response Plan, 2018-2019 (Revised following Cyclone Idai, March 2019)

³ FSC/WFP

⁴ IMF 2018

⁵ 2007 census

Key findings

The situation of older people

Older people affected by Cyclone Idai are a diverse group facing different risks related to gender, disability, living alone or caring for others.

A high proportion of the older people we interviewed depend on others. At the same time, many are supporting other people.

This combination of dependency and responsibility is likely to exacerbate the safety risks and psychosocial impact of the cyclone on older people.

Overall, 42% of both older women and men depend on family or friends for their basic needs. In addition, 40% of those depending on others for their basic needs have people who are dependent on them (40% women and 37% men).

Older people care for others across the age spectrum, especially children and fellow older people. Of all older people surveyed, 81% care for an average of five dependants. Eighty-one per cent of older people (77% of women and 90% of men) are looking after an average of three children. A significant proportion of these carers are over 70 years old. Given that older people themselves are at risk of having their rights denied, there may also be a protection risk to the children under their care.

On average, 19% of older people who responded care for someone with a disability (19% of women and 57% of men). Furthermore, 81% of older people look after another older person (81% of women and 89% of men).

Twenty per cent of older people who responded live alone (21% of women and 18% of men), of which 23% have some form of disability (24% of women and 20% of men). Of those living alone, 61% cannot afford to buy food (71% of women and 33% of men). Thirty-seven per cent say there is not enough food in the market to buy. Thirty per cent of those living alone said that they feel they cannot cope with their situation.

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 are food, cash, safety, shelter and bedding. However, there are some differences in the order between women and men (see Table 1).

Table 1: Older people's top five priorities

Priority	Older people	Older women	Older men
1.	Food	Food	Food
2.	Cash	Shelter	Cash
3.	Safety	Safety	Safety
4.	Shelter	Bedding	Shelter
5.	Bedding	Cash	Bedding

Key findings by sector

Disability inclusion

- Twenty-seven percent of older men and women who responded to the survey are living with a disability.
- Of older people with a disability, 55% of both women and men have a visual impairment.
- Thirty-three per cent of older men have difficulty leaving the home, compared with 23% of older women.
- Fifty per cent of older people (52% of men and 49% of women) have difficulty walking.
- Eighteen per cent of older people have difficulty hearing (23% of men and 15% of women).
- Twenty per cent of both older women and men have a lot of difficulty remembering and concentrating. Just 5% of older men and women have difficulty communicating.
- Of the 20% of older men and women living alone, 23% have a disability. The most commonly reported impairments are difficulty seeing (13%), and problems with walking and mobility in the home (13%).

Accountability

- Only 20% of older people have been consulted by other humanitarian agencies. This is likely to be because, at the time of the survey, most organisations were setting up operations and establishing implementation structures and systems.
- Only 27% of older people (25% of women and 30% of men) know how to make a complaint or provide feedback on humanitarian services.
- Of older people with a disability, only 18% have been consulted about their needs. Two-thirds (68%) are unaware of how to give their opinion or make a complaint.

Food security, income and debt

- Food is the top priority for both older women and men.
- Older people are eating an average of 1.7 meals per day, with 27% of older people eating only one meal per day.
- Ninety per cent of older people do not have enough food.
- Eighty-two per cent of older people do not have any income, and 35% have had to borrow since the crisis started.
- Twenty-six per cent of older people say there is enough food in the market.
- Seventy-one per cent of older people report that the little food they have is not appropriate to their needs, and 66% say that, even if there was enough food in their market, they could not afford to buy it.

Safety and psychosocial impact

- Thirty per cent of older people living alone are unable to reach services on their own, and 10% cannot reach health services.
- Older people have significant concerns about safety: 47% of older women and 21% of older men perceive that they are at risk of sexual violence.

- Forty-seven per cent of older men and 39% of older women feel threatened by violence. These fears could be contributing to the fact that 41% of older women feel isolated and neglected.
- Almost two-thirds of older people (64% of women and 62% of men) feel they cannot cope, even with additional support.

Health

- The top four health conditions reported for all older people are:
 - 51%: hypertension (high blood pressure) (56% women and 41% men)
 - 49%: joint aches and pains (49% women and 48% men)
 - 27%: respiratory problems (27% women and 26% men)
 - 20%: heart problems (19% women and 24% men)
- Ninety-one per cent of older people say they have access to health services. However, 32% of older women and 37% of older men have to travel between one and three hours from their home to access health services.
- Other barriers older people face to accessing healthcare include:
 - 66%: no medicine available at health services
 - 51%: services too expensive
 - 14%: negative attitudes from healthcare providers.

Water, sanitation and hygiene

- Older people have insufficient access to bathing (56%), hand washing (35%) and toilet (61%) facilities.
- Seventy-five per cent of older people (76% of women and 72% of men) lack sufficient privacy when using bathing facilities.
- Eighty per cent of older people (77% of women and 84% of men) lack sufficient privacy when using toilet facilities.
- Thirty-seven per cent of older people (38% of women and 36% of men) do not have access to safe drinking water.
- Twenty-six per cent of older people (27% of women and 24% of men) say water sources are too far.
- Nine per cent of older people (7% of women and 12% of men) have difficulty with self-care. This may be related to incontinence.

Shelter

- Shelter is older people's fourth highest priority.
- Ninety-two per cent of older people either have no shelter (39%) or their shelter is in urgent need of major repairs (53%).
- Twenty-five per cent of older people (23% of women and 30% of men) need physical assistance to rehabilitate their shelter.

- Fifty-five per cent of older people do not have enough building materials or tools, and given that 82% of older people have no sustainable income, most cannot afford to purchase shelter materials.
- Thirty-one per cent of older people who have managed to construct even a rudimentary shelter report that the materials are not appropriate for the weather.

Recommendations for an inclusive response

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

1. Provide assistance that is accountable to older people, tailored to their needs and upholds their rights.
2. Collect and analyse data disaggregated by sex, age and disability to 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 volunteers and health workers, and to plan, design, implement and monitor response activities.
5. Establish outreach services to register older people who are unable to access services and assist them to do so, particularly food, safe toilet facilities and safe drinking water.
6. Ensure outreach teams register details of older people's dependants.
7. Ensure referral pathways are in place to other service providers that can provide additional support to older carers and their dependants.
8. Provide psychosocial support or psychological first aid to older people living alone who feel they are unable to cope with their situation. Include community-based activities to strengthen older people's resilience and coping mechanisms and build links with their local community.
9. Share information on access to services in accessible formats, taking into account the hearing, visual or other communication barriers older people may face.
10. Engage with relevant UN clusters, government and inter-agency coordination mechanisms at local, country and global levels.
11. Use the Humanitarian inclusion standards for older people and people with disabilities⁶ to ensure all sectors respond in a fully inclusive way.
12. Train staff and partners to promote the safety and dignity of older people, including those with disabilities, and to prevent discrimination against them.

⁶ <https://www.helpage.org/newsroom/latest-news/new-humanitarian-guidelines-launched-for-ageing-and-disability-inclusion/>

Sector-specific findings and recommendations

1. Disability inclusion

More than one-quarter of older women and men (27%) said they had a disability. Of these:

- 56% had difficulty seeing
- 50% had difficulty walking
- 26% had difficulty leaving the home (33% of men and 23% of women)
- 18% had a hearing impairment (23% of men and 15% of women)
- 20% had a lot of difficulty remembering and concentrating
- 5% had difficulty communicating.

The proportion of older people with disabilities aged 70–79 was 50% more than of those aged 60-69. There were particular issues with remembering and concentrating, and with self-care among the older age group.

Fifteen per cent (25% men and 13% women) of older people who responded said they used walking aids, such as walking sticks and crutches. Among those aged 60-69, more men than women said they used walking aids. However, among those aged 70-79, more women than men said they used walking aids. Eighty-two per cent of older people who used assistive aids said they still had them.

Fewer than 1% of older people said they used a wheelchair - only one woman and five men out of all older people surveyed. Seven per cent of older people said they were using glasses, (13% of men and 5% of women). This is low, considering that 56% of older people said they had a difficulty in seeing.

Overall, 20% of older people said they were living alone. Of these, 23% were living with a disability, mainly difficulty in seeing (13%), and difficulties with walking and mobility in the home (13%). Ten per cent of older men living alone reported a lot of difficulty with remembering and concentrating, compared to 4% of older women living alone, despite overall, women reporting more often reporting difficulty with remembering and concentrating than men (18% of men and 20% of women). Twice as many older people reported difficulty remembering and concentrating in the age group 70-79 as in the age group 50-69.

Older people with disabilities are being excluded from humanitarian needs assessments and consequently being missed from the response. Only 18% of those with disabilities said they had been consulted about what they needed. Two-thirds (67%) said they were unaware of how to give their opinion or make a complaint.

Older people's use of assistive devices is very low compared with the high numbers of older people who have a lot of difficulty seeing, walking and mobility in the home. There was no report of anyone using a hearing aid even though nearly one in five older people said they had difficulty hearing. Further investigation into the affordability, accessibility and appropriateness of the assistive devices available is needed.

Recommendations

1. Link with other agencies to develop needs assessments that include older age cohorts and use the Washington Group questions to identify people with disabilities.
2. Include older women and men with disabilities in monitoring and evaluation.
3. Link with other agencies to develop inclusive approaches, especially those working in specific sectors such as health, WASH, shelter, food, livelihoods and protection.
4. Map access to assistive devices, looking at accessibility, availability, affordability and usability in existing and planned locations.
5. Develop a protection and inclusion framework so that all the affected people can participate in the programme cycle.
6. Set up networks of friends, families and neighbours who can support older people with disabilities in their homes.
7. Train staff and families in basic case management, particularly planning home-based care. Develop training modules to share with national disaster management structures.
8. Raise awareness among staff and community volunteers of the basic inclusion principles and train them on how to communicate with people with different communication needs.
9. Strengthen links with disaster risk reduction, emergency and resilience programmes to promote gender, age and disability inclusion.

Protection mainstreaming

10. Supplement all services provided at a fixed position, such as health clinics, with community outreach activities so that older people with limited mobility, whether due to a disability or because they feel unsafe, can receive them.
11. Collect data disaggregated by sex, age and disability at all stages of the programme cycle to ensure responses are sensitive to specific protection risks facing older women and men.
12. 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.

2. Accountability

Overall, older people have not been consulted in the design of humanitarian programming and are not aware of the various accountability mechanisms available to them. Only 20% of older people said they had been asked their opinion on the design of services. Just 26% of older people (27% of women and 25% of men) said they knew how to give feedback or make a complaint.

The picture is worse for older people with disabilities. Only 18% of those with disabilities (21% of women and 9% of men) said they had been consulted about what they needed. Two-thirds (68%) said they were unaware of how to give their opinion or make a complaint (69% of women and 65% of men).

The lack of consultation and inability of older people to give feedback can lead to programming that does not meet their needs. This can inadvertently exacerbate the protection risks faced by older people, particularly those with disabilities.

Given the RNA was conducted immediately after the disaster, the fact that most humanitarian organisations are only now setting up operations may have contributed to low reporting levels. As

organisations establish programmes, it is important to implement appropriate complaints and feedback mechanisms or strengthen existing grievance response mechanisms.

Recommendations

1. Incorporate feedback and complaint mechanisms in the design of new projects in communities affected by the disaster, strengthening existing mechanism where possible to avoid duplication.
2. 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 men to design an engagement plan for working with humanitarian agencies to include older women and men in programme consultations.
3. Commit human and financial resources to ongoing consultation with older people and their communities and adapt programmes based on the feedback given.
4. Prioritise community-based complaints and feedback mechanisms that use a variety of accessible communications methods to enable older people with disabilities to use them.
5. Analyse feedback from older women and men, particularly those with disabilities, on a regular basis, for example, as part of monitoring. Use the findings to redesign interventions that are inaccessible or inappropriate for older people.
6. Use communication methods suited to the low literacy rates of older people, especially older women, and those in rural areas.
7. Use local languages for outreach and in communications.

3. Food security

An overwhelmingly high proportion of older people (90%) said they did not have access to enough food. A high proportion (71%) said that the little food they could obtain did not meet their dietary needs or preferences.

Older people said they ate an average of 1.7 meals per day. Twenty-seven per cent said they were only eating one meal per day. Sixty-two per cent (64% of women and 57% of men) said they went to bed hungry one or two nights a week. Twenty-nine per cent (27% of women and 32% of men) said they went to bed hungry three to five nights a week.

The high proportion of older people going to bed hungry is a major cause for concern, especially considering the responsibility that many have responsibility caring for others. Eighty-two per cent of older people said they cared for an average of five dependants. This level of responsibility places an immense strain on older people trying to meet the food requirements of themselves and their dependants.

Older people face significant barriers to accessing enough food. By far the most substantial barrier is lack of income, rather than the availability of food. Eighty-two per cent of those surveyed reported that they did not have any income (84% of women and 77% men). Nearly every older person interviewed said they had no income, with 66% reporting that they could not afford to buy food (69% women and 59% men). Furthermore, 90% reported that they did not feel safe when trying to obtain food (90% of women and 88% of men).

Thirty-seven per cent of older people reported that they did not have enough materials to prepare food, but lack of fuel was not a problem (ranked 11th out of 11 priorities). More than one-quarter of older people (27%) did not have access to safe drinking water, which will have an impact on preparing food. Older people ranked "household kits" (including cooking utensils) as a medium

priority (6th out of 11 priorities). Other barriers included insufficient space to prepare food (for 9% of women and 10% of men) and being unable to physically access food (9% of older people). This is not surprising, considering that 27% have some form of disability, and 26% have difficulty leaving their homes. Sixteen per cent reported that there was not enough diversity in their diet.

Sixty-three per cent of older people reported that they could not cope with their situation. This, 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. Thirty-five per cent (32% of older women and 40% of older men) said they had borrowed since this crisis started. The increase in debts is not surprising, considering how many older people are supporting dependants. It is particularly concerning for those who are over 70 who may have reduced opportunities to earn an income.

Overall, older people ranked cash as their second highest priority after food. However, cash was ranked much higher by older men than older women. Eighty per cent said that, if given cash, they would be able to use it thanks to the availability in most, but not all, markets frequented by older people. This means that cash distributions would be an appropriate intervention. However, there are government-imposed restrictions on the distribution of cash.

Recommendations

1. Research the growing debt burden of older people, particularly of those aged over 70.
2. Conduct market analysis to determine supply gaps to increase the diversity of commodities available in markets frequented by older people.
3. Consider specifically targeting older people with reduced mobility using alternative food distribution mechanisms (such as porters, door-to-door distributions and proxies).
4. Tailor food distributions to meet the specific requirements of the more than one-in-four older people with a disability.
5. Specifically target older people living alone when distributing food.
6. Make sure that older people are not excluded from livelihood interventions.
7. Implement a long-term inclusive cash transfer intervention (up to 24 months) for older women and men living alone with no sustainable income and who are supporting three or more dependents. 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.
8. Design food parcels for older people that meet their specific dietary needs and food preferences.
9. Target food distributions to older people most at risk to meet not only their own needs, but also the needs of children or others in their care. Targeting criteria should include older people living alone, with reduced mobility, caring for children and who are only eating one meal per day.
10. Implement an inclusive cash transfer (one-off or short-term) to reduce or remove the debt burden of people aged over 70 who are supporting two or more other people.
11. Conduct an immediate safety audit among agencies providing food services to address the safety issues faced by older people.

4. Safety and psychosocial impact

Older women and men in the affected communities face alarmingly high risk to their safety. This requires an immediate response from humanitarian actors. Forty-seven per cent of older women said they felt at risk of sexual abuse and 41% said they felt isolated or neglected. These two figures are likely to be linked, as older women seek to protect themselves from potential violence by withdrawing from community life.

The risks of sexual abuse, isolation and neglect are by no means limited to older women. One-in-five older men (21%) said they felt at risk of sexual abuse. Given the taboo, especially among men, about raising issues of sexual abuse in communities such as the ones affected by Cyclone Idai, these figures are concerning. All humanitarian programming should include measures to protect older people against sexual abuse.

A high proportion of older people (39% of women and 47% of men) said they felt threatened by violence. This could be contributing to the high levels of isolation reported by both older women and men. A significant proportion of older people, especially older women, also said they felt at risk of being subjected to harmful traditional practices (28% of women and 15% of men). However, they did not specify which traditional practices these were. This finding requires further investigation.

Both older women and men said they were worried they would be denied resources, opportunities or services (39% of women and 47% of men). This fear could also be linked to equally high levels of fear of financial abuse among both older women and men (30% of women and 29% of men), as older people look to borrow money to cover services that they may have been denied access to.

These extremely high figures point to a safety crisis among the older population which requires immediate redress.

Cyclone Idai has had a significant psychosocial impact on older people in the affected communities. This is not surprising given how insecure they feel.

Nearly two-thirds of older people (64% of women and 62% of men) said they felt unable to cope, even with support. Around one-quarter (26% of women and 27% of men) said they felt they could cope, but only with support.

It is possible that older people's sense of being unable to cope is compounded by a lack of access to basic services or a fear that services will be denied to them.

Older people said they faced difficulty accessing basic services, with little difference between rates for women and men.

Thirty per cent of older people said they could not reach services or distributions on their own (31% of women and 30% of men). Forty-four per cent said they could not reach distribution points or receive relief items at all (63% of women and 42% of men). Of those unable to reach services on their own, 40% had some form of disability.

The biggest concern for both older women and men is how to obtain food safely. Only 10% of older women and 16% of older men said they felt safe obtaining food.

Older people also said they felt unsafe accessing water, sanitation and hygiene (WASH) facilities, including just:

- 18% feeling safe when accessing bathing facilities
- 38% of older women and 39% of older men feeling safe when accessing drinking water
- 25% of older women and 30% of older men feeling safe when accessing toilet facilities.

One positive finding of the survey was the 84% of older people who said they felt safe when accessing healthcare services.

Recommendations

1. Include measures to protect older people against sexual abuse by establishing community-based mechanisms that raise awareness on issues of sexual abuse and violence among older people and people with disabilities and presenting response mechanisms.
2. Adapt programmes to be culturally sensitive when working with older survivors, and to adapt to their communication, mobility, hearing and visual impairments.
3. Conduct participatory assessments with older people to find out why they perceive they are denied resources or services, investigate the barriers that prevent older people from accessing services, and find out how to break these down.
4. Use data disaggregated by sex, age and disability in all programming to assess whether programmes are inclusive. Identify and address any challenges in meeting that aim.
5. Provide tailored support to older people caring for others.
6. Train volunteers on psychological first aid tailored to older people, including, but not necessarily limited to, issues relating to communication, visual, hearing or mobility impairments.
7. Establish psychosocial support activities that enable older people to connect with social support systems, service providers and their local community.
8. Include intergenerational activities in psychosocial programming to reduce isolation among older people and strengthen the perception of older people as valued members of a community.
9. 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.
10. If community safe spaces are available, actively include older women and men in these spaces and adapt them to their needs to reduce isolation and neglect.
11. Build on any community-based “self-protection” activities that are positive and adhere to the principle of “do no harm”.

5. Health

The top four health conditions reported by respondents were:

- 51%: hypertension (56% of women and 41% of men)
- 49%: joint aches and pains (49% of women and 48% of men)
- 27%: respiratory problems (27% of women and 26% of men)
- 20%: heart problems (19% of women and 24% of men).

Ninety-one per cent of both older women and men said they had access to health services. Thirty-three percent of them said health services were between one and three hours away from their home (32% of older women and 37% of older men). In addition, seven per cent of both older women and men said the health facility was too far from their home to reach.

Older people identified other barriers to accessing healthcare. Sixty-six per cent said no medicine was available, 51% said that health services were too expensive, and 14% said healthcare providers had a negative attitude towards them.

High rates of caring responsibilities among older people can lead to considerable strain and worsening health. Attention should be given to the health and care needs of older people with dependants, including their need for measures to protect their psychosocial wellbeing.

The current outbreak of cholera in Mozambique is a concern for older people. Evidence from previous outbreaks shows that older people are at higher risk of death from the disease.⁷ Our findings have identified several risk factors, including:

- insufficient access to safe drinking water and sanitation
- barriers to accessing healthcare services
- inadequate nutrition, which can lead to a weakened immune system
- care responsibilities exposing them to infection when other household members contract the disease.

7. WHO Cholera outbreak response Situation report N° 2 'Geographic Distribution and Mortality Risk Factors during the Cholera Outbreak in a Rural Region of Haiti, 2010-2011', PLOS , *Neglected Tropical Diseases* 9:3, e0003605, 2015, <https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0003605> (19 April 2019); Bwire Get al, 'The Burden of Cholera in Uganda', PLOS *Neglected Tropical Diseases* 7:12, e2545, 2013, <https://doi.org/10.1371/journal.pntd.0002545> (19 April 2019)

Recommendations

1. Raise awareness and conduct training on older people's health and care needs among health staff and communities to ensure that facilities are accessible and responsive to both older women and men's requirements.
2. Address barriers that older people face in accessing health services to enable all older people to receive affordable, appropriate and good quality services. Pay particular attention to addressing issues related to cost, availability of appropriate medicine and aids, and physical barriers. Design interventions to respond to the needs of those most at risk, including older people with disability, living alone, or supporting dependants.
3. Supplement health services provided at fixed positions (such as health clinics) with community outreach activities to enable all older people to access healthcare.
4. Consider the needs of older carers, including the provision of psychosocial support to help them manage stress and build resilience and positive coping mechanisms.
5. Train health professionals and volunteers to recognise signs of sexual abuse and provide healthcare and psychosocial support.
6. Include older people in the response to the current cholera outbreak and address factors that place them at risk.

Protection mainstreaming

7. Conduct an immediate safety audit among agencies providing healthcare services to address the safety issues faced by older people.
8. 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 have inadequate access to water, sanitation and hygiene (WASH) facilities, particularly bathing and handwashing. Their access to safe drinking water is better but still inadequate.

A significant proportion of older people said they had insufficient access to hand-washing (65%), bathing (44%) or toilet (39%) facilities, with little gender disparity. For example, 42% of women and 50% of men said they had access to bathing facilities. Sixty-four per cent of older women and 66% of older men said they had access to hand-washing facilities. Thirty-seven per cent of older women and 42% of older men said they access to toilet facilities.

Compounding the problem of inadequate access to WASH facilities is insufficient privacy when using them. Seventy-five per cent of older people (76% of women and 72% of men) reported that they did not have enough privacy when using bathing facilities. Similarly, 80% of older people (77% of women and 84% of men) reported that they did not have enough privacy when using toilet facilities.

Access to safe drinking water is higher but still inadequate. Only sixty-three per cent of older people (62% of women and 64% of men) said they had access to safe drinking water. Sixty-three per cent of older people (62% older women and 64% older men) reported that the water sources were too far and that they had difficulty accessing sufficient safe drinking water.

Nine per cent of older people (7% of women and 12% of men) said they had difficulty with self-care. This could be related to incontinence. 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.

Problems faced by older people 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 and abuse, particularly girls.

Recommendations

1. Research how bathing and hand-washing facilities can be improved to give older people more privacy.
2. Investigate how older people's difficulty with self-care could be related to incontinence.
3. Distribute an appropriate proportion of hygiene kits designed specifically for older people. These would include incontinence pads (or cash/vouchers to purchase them) for older people who have difficulty with self-care.
4. Include outreach services for older people who are less mobile or cannot leave their homes.
5. Construct accessible toilet facilities in or close to the homes of older people, particularly those with reduced mobility and who are caring for other people.
6. Construct WASH facilities that give older people sufficient privacy.
7. Conduct an immediate safety audit among agencies providing WASH services to address the safety issues faced by older people.
8. 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. Thirty-nine per cent of older people said they did not have their own shelter. Many of the affected population are currently living in tents. This suggests that the 39% who do not have their own shelter no longer have their original home. Another 53% of older people (55% of women and 48% of men) said that their home was in urgent need of major repairs. Added together, these two figures show that 92% of older people either have no shelter, or their shelter is in urgent need of major repairs.

A further 21% (20% of women and 23% of men) said their homes needed minor repairs. Given that 20% of older people said they were living alone, 26% have difficulty getting out of their homes and 50% said they had a lot of difficulty walking or climbing, it is unsurprising they are unable to carry out minor repairs to their shelters. Furthermore, 81% of older people said they were caring for an average of five other people.

Having lost their homes, older people face several barriers to shelter rehabilitation:

- 25% (23% of women and 30% of men) said they needed physical assistance to rehabilitate their shelter.
- 51% said they did not have enough building materials or tools. Most said they could not afford to purchase shelter materials.
- 15% said they had no space to construct a shelter.
- 30% of those who had managed to construct even a rudimentary shelter said that the materials were not appropriate for the weather.
- 17% said they were living in accommodation for which they could not afford the rent (18% of women and 14% of men).

The difficulty with rent payments is hardly surprising when one considers that 84% of older women and 77% of 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, 5% of older people reported that they could not reach their shelter easily.

As temporary shelters begin to deteriorate, or when older people try to return home and rebuild their houses, it is possible that the proportion of older people needing support for reconstruction will be higher than the 51% indicated in this assessment.

Slightly lesser causes of dissatisfaction with their present shelters were :

- 19%: far from friends and family (19%), which is important when you consider that 35% of older people are living alone
- 42%: depend on their family or friends to help them meet their basic needs.
- 4%: far away from basic services.

Recommendations

1. Evaluate the shelter of older people with disabilities and, if necessary, adapt shelters to support them to carry out daily living activities.
2. Conduct a second assessment after six months to assess the needs of older people whose temporary shelters have begun to deteriorate and of those who have tried to return home.
3. Develop the capacity of staff, partners and communities to include older people, including those with disabilities, in programmes to provide shelter, settlements and support with household activities.
4. Prioritise shelter or rehabilitation for older people living alone or with dependants.
5. Urgently distribute temporary shelter (not shelter kits) to affected older people. Accompany temporary shelter kits with some form of labour assistance.
6. Provide cash transfers for 12-24 months to older people who are supporting three or more dependants and have no sustainable income. Make sure that appropriate and adequate building materials, tools and labour are available for recipients to purchase and that the grant is enough to rehabilitate their shelter.
7. 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 can supervise the work to make sure it is completed to their satisfaction. Make the cash transfers conditional on procurement of building materials, tools and labour.
8. Conduct an immediate safety audit among agencies providing WASH services to address the safety issues faced by older people.

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