Rapid needs assessment of older people
Cyclone Idai, Zimbabwe

April 2019

Centre for Community Development Solutions

HelpAge International

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

Centre for Community Development Solution (CCDS) is a Zimbabwean organisation that aims to promote sustainable and innovative practices at all levels of the development system working in partnership with communities, local, regional and international partners.

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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 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 of older people is to inform the design of our humanitarian response to the devastating impact of Cyclone Idai on older people in Zimbabwe. The report aims to support organisations operating in the affected areas to develop inclusive programmes, and support 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 Centre for Community Development Solutions (CCDS) and HelpAge International jointly conducted the assessment in Chimanimani and Chipinge districts in April 2019. We welcome comments and questions based on this report. We can also offer technical support for inclusive responses.

Methodology

The rapid needs assessment for older persons (RNA-OP) was conducted using a mixed-method approach to generate primary data between 3 - 6 April 2019. Data was collected using a survey questionnaire designed for older people. The data was collected through extensive field visits in three Manicalands province districts: Chipinge, Chimanimani and Mutare.

A team of 10 enumerators was assembled based on literacy levels and experience. They were taken through a rigorous two-day training and piloting exercise. The training also included a mapping exercise to help them familiarise themselves with the environment, form groups and allocate supervisors. Experiences from the pilot were used to standardise the tool and finalise the plans. All enumerators were then grouped into three teams each with a supervisor, a member of CCDS staff and led by two managers.

Sampling was done in two stages. In the first stage, all districts were listed based on the magnitude of the impact of Cyclone Idai using national monitoring reports from the Government of Zimbabwe. A purposive sample was used to select Chipinge, Chimanimani and Mutare districts in Manicaland Province. The wards where the RNA-OP would take place were randomly picked from a list of 21 wards in Chimanimani, 43 wards in Chipinge and 35 wards in Mutare. The wards were used as the primary sampling units as they did not overlap. The wards were randomly listed and then a probability proportion to population sample was used to draw 35 wards for the survey to focus on. From these wards, a total of 490 respondents were sampled.

Data was collected using tablets installed with the Kobo Collect application, which allowed for real-time data uploads. Before data analysis commenced, the collected data was cleaned to ensure its quality met expected standards. Data analysis was done by HelpAge's Head of Humanitarian team. Findings were interpreted by key HelpAge sector technical leads.

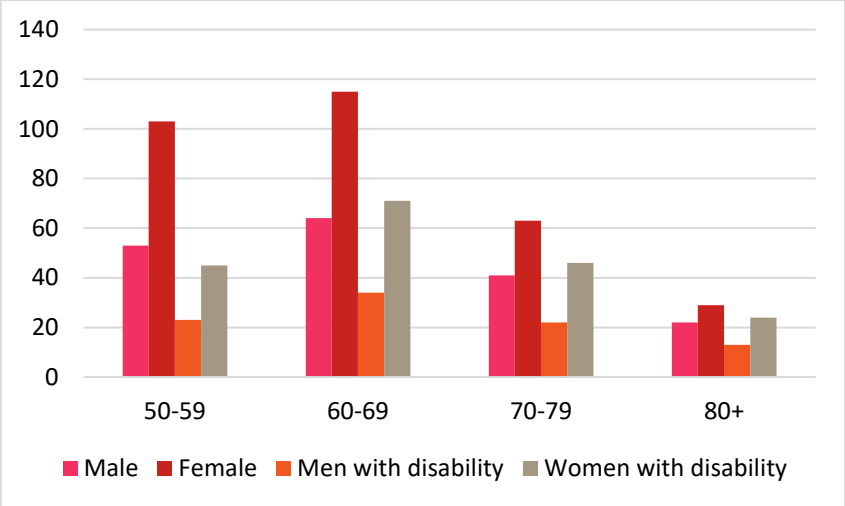
To ensure data collected was valid and reliable, several measures were put in place, including:

- two days training for enumerators on the RNA-OP methodology, RNA-OP objectives, interviewing techniques and the data collection tool
- piloting standardisation test and tools were piloted to ensure all the consistency of information collected

- a review of the data collection tool during training and after the pilot test to ensure enumerators were applying the tool adequately and issues were rectified
- assigning survey teams a supervisor during data collection
- logistical planning.

As demonstrated in the chart below, 63% of respondents were older women and 37% were older men. Of the 490 older people, 57% of respondents reported an impairment or disability. Of the 180 older men surveyed, 51% reported a disability and of the 310 older women, 60% reported a disability.

Figure 1: Demographic breakdown of survey participants



Humanitarian context

Tropical Cyclone Idai hit eastern Zimbabwe with heavy rains and strong winds on 15-16 March 2019. Floods and landslides caused by the cyclone severely affected people in Manicaland and Masvingo provinces. The hardest hit districts were Chipinge, Chimanimani and Mutare in Manicaland province. In Masvingo province, one district, Buhera, was affected. An estimated 270,000 people were affected, with 50,905 people internally displaced, according to humanitarian agencies' estimates. At least 96% of these displaced people are residing in host communities, with only 4% residing across 18 collective centres and displacement sites. Over 250 boreholes and 18 urban and peri-urban water supply systems were damaged, depriving several households of safe water. The coping capacity of host communities is already strained due to economic challenges affecting Zimbabwe. Apart from the damages by Cyclone Idai in Buhera, Chipinge, Chimanimani and Mutare, there is a high likelihood of starvation due to poor harvests anticipated across the country.

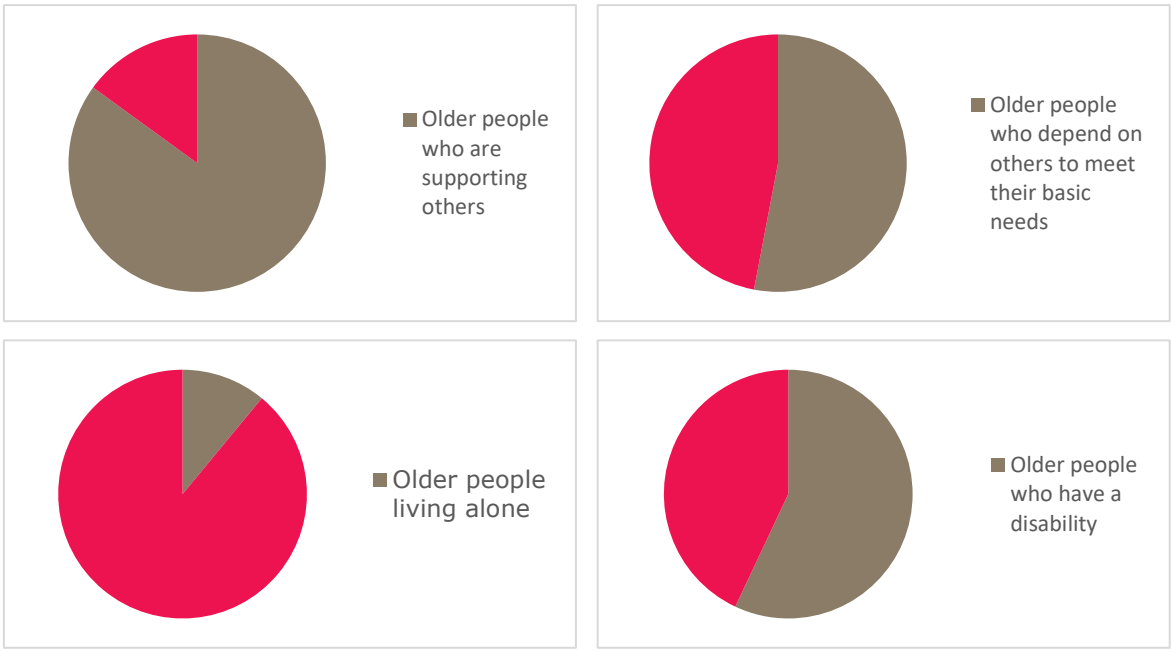
The situation is compounded by Zimbabwe's dire economy, that is liable to episodic hyperinflation, has unemployment levels of up to 90%, and is impacted by chronic food insecurity, with an estimated 3.9 million people being classified as food insecure (OCHA, June 2019). Cyclone Idai has imposed a further burden on an already stressed community. Older people, children and people living with disabilities are particularly vulnerable.

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. These include risks related to gender and disability, and the challenges that older people living alone, or caring for others, might face.

Figure 2: Situation of older people



Eighty-five per cent of surveyed older people said they were caring for other people, such as children (85%), other older people (42%) and people with disabilities (20%).

Fifty-three per cent of older people who responded said they depended on their family or friends to enable them to meet their basic needs. Meanwhile, 47% of those who depended on other people for support were also caring for people themselves (51% of women and 41% of men).

Fifty-six per cent of older people surveyed were living with a disability (60% of women and 51% of men). Eleven per cent of older people reported living alone, of these, 41% 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. They responded as follows:

Table 1: Older people's top five priorities

Older people's priorities	Older people with disabilities' priorities	Older women with disabilities' priorities	Older men with disabilities' priorities
Food	Food	Food	Cash
Cash	Cash	Cash	Food
Shelter	Shelter	Medicine	Shelter
Wash	Medicine	Shelter	Medicine
Medicine	Water	Water	Water

There were no significant differences between older men and older women's priorities. However, there is a notable difference between the priorities of older men and women who have disabilities.

Key findings by sector

Disability inclusion

- Fifty-seven per cent of older people surveyed have a disability.
- The most common types of disability are difficulties with walking (51% of older people with disabilities), concentrating and remembering (50%), vision (31%), leaving the home (20%), self-care (16%) and hearing (14%). Few older people (3%) have difficulty communicating.
- Nearly 10% of older people with a lot of difficulty in walking, seeing or leaving the home, have difficulty accessing aid alone. They mainly rely on friends, family members or volunteers to go with them or bring the aid to them.
- Eighty-nine per cent of older people with a disability have not been consulted by any humanitarian assessment team during the crisis. Of the older people with disabilities, 51% of older women and 55% of older men do not know how to provide feedback on services.

Accountability

- Overall, only 11% of older people have been consulted by other humanitarian agencies. The figure is lower for men (7% of men and 14% of women). This suggests a gender bias towards women or a consultation design that favours women, such as holding them in locations that women frequent.
- Only half of older people (50%) 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 not significantly different between genders (49% of men and 51% of women).
- Older people with disabilities are equally excluded. Eighty-nine per cent have not been consulted by other agencies about services – the same level as the wider older population. Slightly fewer older people with disabilities were aware of how to make a complaint, with 53% reporting they are not aware of feedback processes.

Protection impact

- Fifty per cent of older people perceived isolation or neglect as a risk for older people. More than half of these (53%) are men. This may suggest fewer men use mental health or psychosocial support services, which are often targeted at women and children.
- Forty-one per cent of older people perceived a risk of emotional abuse. Given that a large proportion of older people are caring for children, it would be useful to investigate whether these feelings have been caused or exacerbated by the disaster.
- Nearly one-in-four older people (22% of women and 23% of men) felt there was a perceived risk from a lack of safe spaces.
- Most older people feel unsafe while accessing bathing facilities, with only 15% feeling safe.
- Seventy-three per cent of older people felt they could cope, if provided with support. However, 17% feel they could not cope with their situation at all.
- Most older people feel safe accessing basic services: 89% for healthcare, 65% for drinking water and 63% for food.
- Fifteen per cent of older people have no access to bathing facilities, while 52% have no access to toilets and 52% have no access to handwashing facilities.

Food security, income and debt

- Access to food is older people's highest priority.
- Older people are eating an average of two meals per day, with 20% eating only one meal a day.
- Eighty-seven per cent of older people do not have enough food, and 39% go to bed hungry 1-2 nights a week.
- Seventy-nine per cent of older people do not currently have any income, and 43% have had to borrow since the crisis started.
- Nineteen per cent of older people report there is not enough food in the market, and 59% say that, even if there was enough food in their market, they could not afford to buy it.
- Ninety-three per cent of older people report that the little food they have is not appropriate to their needs.

Health

- The highest reported cases of illnesses amongst the sampled group were arthritis (59% of older women and 55% of older men), hypertension (39% of older women and 19% of older men) and respiratory problems (25% of older women and 24% of older men).
- Eighty-four per cent of older people (81% of women and 89% of men) have access to health services. However, over half (57% of women and 51% of men) have access to services situated between one and three hours away from their home. A fifth of older women (18%) and one-tenth of older men (10%) have no access to a health service.
- Other barriers to accessing healthcare include:
    - no medicine available at the health service (71%)
    - health services are too expensive (65%).
- More than one in 10 older people (13% of women and 12% of men) have experienced a negative attitude from their healthcare provider. This suggests age discrimination may be another factor restricting older people's access to health services.

Water, sanitation and hygiene

- Older people have insufficient access to water, sanitation and hygiene (WASH) services, with only 51% accessing bathing facilities, 43% accessing hand washing facilities and 65% accessing toilets.
- Hygiene kits are the sixth highest priority for both older women and men.
- Sixty-eight per cent of older people (66% of women and 72% of men) lack sufficient privacy when using bathing facilities while 57% of older people (55% of older women and 62% of older men) lack sufficient privacy when using toilet facilities.
- Sixty-three per cent of older people (64% of women and 62% of men) have access to safe drinking water, leaving more than one-third without access.
- Forty-three per cent of older people (41% of older women and 45% of older men) say water sources are too far and that they have difficulty accessing safe drinking water.

Shelter

- Shelter is the third highest priority for both older women and men.
- Twenty-two per cent of older people either have no shelter and 35% who do have shelters need them to be urgently repaired.

- Fifteen per cent of older people need physical assistance to rehabilitate their shelter.
- Eighteen per cent of older people do not have enough building materials or tools, and most cannot afford to purchase shelter materials.
- Twenty per cent of older people who have managed to construct even a rudimentary shelter have used materials that 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. All humanitarians must:

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.
3. Design feedback and complaints mechanisms that can be understood and accessed by older people, including those with disabilities and low levels of literacy.
4. Strengthen the capacities and leadership of older people themselves, including those with disabilities. Involve older people 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, and provide basic essential services and referrals.
6. Make sure outreach support services also register dependants of older people, including children, people with disabilities and other older people to facilitate more comprehensive, inclusive programming.
7. Ensure 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. 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.
9. Engage with relevant UN clusters, government, and inter-agency coordination mechanisms at local, country and global levels to ensure older people's voices are heard.
10. Use the *Humanitarian inclusion standards for older people and people with disabilities*[1].
11. Train staff and partners to promote the safety and dignity of older people, including those with disabilities, and to prevent discrimination against them.
12. If community health, food security, WASH, or shelter committees are formed, ensure older women and men, including those with disabilities, are represented so they can give their opinions on the services provided.

1. http://www.helpage.org/download/5a7ad49b81cf8

Sector-specific findings and recommendations

1. Disability inclusion

Over half the older people we interviewed (57%) reported a disability. The rate was higher among women (60%) than men (51%) and increased with age. Nearly all the women we interviewed aged 80-plus were living with a disability.

The high prevalence of disabilities among older people is a cause for concern. Further assessment is needed to better understand how to support older people with disabilities, both in the short term and long term.

The most commonly reported disabilities relate to mobility/walking, concentrating and remembering, and seeing. A fifth of older people with disabilities (20%) said they had difficulty getting out of their living space. Sixteen per cent said they had a lot of difficulty with their self-care. Fifty-one per cent reported difficulty walking and climbing stairs (56% of women and 40% of men). Thirty-one per cent reported a lot of difficulty in seeing, and 14% reported a lot of difficulty in hearing.

Half of older people with disabilities (50%) reported a lot of difficulty with concentrating and remembering. This high proportion needs looking into more closely to understand if these problems are related to the humanitarian crisis or other issues.

Table 3: Types of disability reported by older people with disabilities

Disability type	Older people	Older women	Older men
Walking/climbing stairs	51%	56%	40%
Memory	50%	51%	48%
Sight	31%	30%	33%
Mobility (leaving the home)	20%	20%	20%
Self-care	16%	15%	17%
Hearing	14%	11%	18%
Communication	3%	3%	3%

Despite the high rates of disability, older people reported very limited use of common assistive aids. Those most commonly used were walking sticks, crutches and eye glasses. This corresponds to the rates of older people having difficulty walking, getting out and seeing.

One-in-five older people with disabilities (20%) said they used mobility aids that still worked. The findings raise questions about older people's access to assessments and provision of assistive devices. Further assessments are necessary to understand older people's needs and support them to live independently.

Of older people with a lot of difficulty walking, seeing or leaving their home, 9% said they had difficulty accessing aid alone. They mainly relied on friends, family members or volunteers to go with them or bring the aid to them. Given that chronic conditions are more common among older people, there is a lack of health services and those surveyed report a lot of difficulty walking and seeing, a more in-depth assessment is needed to provide health services that meet their needs.

A small yet significant proportion of older people with disabilities (6%) said they were not receiving relief items. This needs to be investigated to better understand the distribution mechanisms in place.

The vast majority of older people with disability (89%) said they had not been consulted by any humanitarian assessment team during the crisis. More than half (53%) of older people with disability (55% of men and 51% of women) said they did not know how to make a complaint. This highlights the invisibility of older people with disabilities across the response.

Zimbabwe 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 a national umbrella body of disabled people's organisations in Zimbabwe, the Federation of Organisations of Disabled People in Zimbabwe (FODPZ). The federation is represented on the National Disability Board (NDB) which provides a strong platform to advocate for the rights of older people with disabilities. These organisations are well placed to be involved in providing support to people with disabilities.

Recommendations

1. Prioritise the 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. Build a support network for older people living alone.
2. Recognise the heightened risks for some groups, such as older women and those with disabilities living alone. 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 people with disabilities in their homes. Make sure these people can access services. Strengthen community outreach activities to ensure they receive support in their homes.
4. Consult older women and men to design facilities and distribution systems that are accessible to everyone, including the relatively high proportion of older people with complex health needs and disabilities.
5. Consult older women and men to design feedback and complaints mechanisms that can be used by older people, including those with disability.
6. Urgently review the high proportion of older men and women reporting a lot of difficulty in remembering and concentrating to understand if this is a result of the crisis or a pre-existing issue, and put in place the necessary support.
7. 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.

2. Accountability

Levels of participation by older people in the humanitarian response and their access to feedback and complaints mechanisms are very low. Barely one-in-ten of the older people we interviewed (11%) said they had been consulted by any humanitarian agencies. The level was significantly lower for men (7%) than women (14%). This may reflect a bias in favour of women. For example, by holding consultations in places where more women than men go or at a time of day when more women are home or available.

Half of older people (50%) said they 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 by humanitarian agencies on "traditional" feedback systems such as complaints boxes and hotlines, which may not be easily accessible to older people or people with disabilities.

Recommendations

1. Commit human and financial resources to ongoing consultation with older people and their communities and adapt programmes based on the feedback given.
2. Prioritise community-based complaints and feedback mechanisms that use a variety of accessible communication methods to enable older people with disabilities to use them.
3. 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.
4. Use accessible communication methods in local languages to consult older people, including those with disabilities and low literacy, about their needs and preferences, gaps in services and whether services are safe and accessible to facilitate meaningful access. Hold focus group discussions with older women and men, ensuring that the viewpoints of all members of the community are reflected this providing a dignified response.

3. Protection

Perceptions of safety

Half the older people we interviewed believe older people face isolation and neglect. Fifty-one per cent of older men perceive this risk compared to 37% of older women. This may reflect that fewer men use mental health or psychosocial support services, which are often targeted at women and children.

Forty-one per cent of older people perceive that older people are at risk of emotional abuse. Given that a large proportion of older people are carers of children, it is important to investigate whether this has been caused or exacerbated by the disaster and how best to address it.

Nearly one-quarter of older people (22% of women and 23% of men) said they believe older people have no safe spaces. This is an indication of the high proportion reporting feelings of isolation and neglect, and emotional abuse.

Most older people reported feeling safe while accessing basic services: 89% while accessing healthcare, 65% while accessing drinking water and 63% while accessing food. However, only 15% of older people perceive bathing facilities to be safe. The findings need to be investigated further to establish whether "access" refers just to the distance between the person's home and the service point without considering other potential barriers such as shortage of cash, lack of documentation, lack of awareness of available services and bureaucratic impediments. This would help to identify ways of providing more equitable access to services. A high proportion of older people said they were unable to access personal hygiene facilities: 15% said they did not have access to bathing facilities, 52% did not have access to toilets and 52% said they had no access to handwashing facilities.

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 services predates the disaster and has been exacerbated by it.

Significant psychosocial impact

The effect of the flooding has 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 their most basic needs, with some older people perceiving they are being deliberately denied such services.

Among older women:

- 8% felt they could cope without any support
- 72% felt they could cope but only with additional support
- 20% felt they could not cope at all.

Among older men:

- 11% felt they could cope without any support
- 74% felt they could cope but only with additional support
- 14% felt they could not cope at all.

Recommendations

1. Include older people in WASH committees to make sure that older women and men receive information and hygiene kits.
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. Train humanitarian workers, including primary healthcare 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.
4. Establish psychosocial support activities that enable older people to connect with support systems, service providers and their local community.
5. Include intergenerational activities in psychosocial programmes to reduce older people's isolation and strengthen the perception of older people as valued members of a community.
6. 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.
7. Build on any community-based "self-protection" activities that are positive and adhere to the principle of "do no harm".
8. Conduct a participatory assessment with older women and men to identify barriers to accessing services, particularly water, sanitation and hygiene (WASH) services.

4. Food security, income and debt

An alarmingly high proportion of older people (87%) reported that they do not have access to enough food. Ninety-three per cent said the little food they were able to obtain did not meet their dietary needs or preferences. Twenty-one per cent (19% of women and 21% of men) said they were only eating one meal per day.

Thirty-nine per cent (38% of women and 40% of men) said they went to bed hungry one to two nights a week. Nine per cent (11% of women and 7% 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.

Eighty-five per cent (85% of women and 86% of men) of older people said they supported an average of 5.7 dependants. This level of dependency 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 significant is lack of income. Although 81% of older people reported that there was enough food in their local market, 79% reported that they did not have any income (84% of women and 70% of men) and 59% reported that they could not afford to buy food (64% of women and 50% of men). Furthermore, 37% reported that they did not feel safe when trying to obtain food. Older women

felt more at risk than older men (39% of women compared with 35% of men). Yet food availability is not the problem.

Sixteen per cent of older people reported that they did not have kitchen goods, such as cooking pots, pans and knives, to prepare food. Lack of fuel did not seem to be a major barrier – it was ranked 11th out of 11 priorities. Older people ranked household kits (including cooking utensils and non-food items) as a low priority (10th out of 11 priorities).

Other barriers include insufficient space to prepare food (for 9% of women and 7% of men). Thirteen per cent of older people reported that they faced physical barriers to obtaining food. This is not surprising given that 57% have some form of disability. Twenty-six per cent reported that there was not enough diversity in their diet.

Twenty-seven per cent of older people felt that they could not cope with their situation. This feeling, together with lack of income, loss of livelihood and poor mobility, is a major cause of food insecurity among older people. Additionally, the humanitarian crisis is driving older people to borrow money. Forty-three per cent of those interviewed (40% of women and 48% of men) said they had borrowed since this crisis started. The need to borrow is not surprising, considering that 85% of older people are supporting an average of 5.7 dependants.

Both older women and men ranked cash as their second highest priority after food. Seventy-nine per cent (77% of women and 82% of men) said that, if given cash, the local economy is functioning enough for them to use it. Food is available in many of the markets frequented by older people.

Recommendations

1. Specifically target older people living alone or those with reduced mobility using alternative food distribution mechanisms (porters, proxies, door-to-door distributions).
2. Design food parcels for older people and older people with disabilities that meet their specific dietary needs and preferences. Target food distributions to older people based on their needs and those of children or others in their care. Targeting criteria should include older people who live alone, those with reduced mobility, those caring for children and those who are only eating one meal per day.
3. Conduct market analysis to determine supply gaps to increase the diversity of food in popular markets.
4. Make sure that older people are not excluded from livelihood interventions.
5. Research the growing debt burden of older people, particularly of those aged over 70.
6. Implement an inclusive cash transfer (12-24 months) for older people aged over 60, who are supporting three or more dependants and have no sustainable income, to enable them to purchase an adequate supply of food. Make the cash grant proportional to the number of people in the household.
7. Implement a long-term cash transfer intervention (up to 24 months) for older people living alone with no sustainable income, to enable older people to purchase an appropriate and adequate supply of food.
8. Implement an inclusive cash transfer (one-off or short-term) specifically to reduce or remove the debt burden of people aged over 70 who are supporting two or more other people.
9. Undertake a safety audit for older people receiving cash and food assistance to ensure they are not exposed to harm. Institute mechanisms to ensure the safety of older people receiving food and cash assistance.
10. Work with local leaders to allow older people with disabilities to have alternative collectors for their food or cash, or to deliver food and cash assistance is to their homes through community outreach services.
11. Work with child protection-focused agencies to incorporate intergenerational responses that ensure older people taking care of children are supported through interventions like additional food assistance and cash.
12. Ensure older people participate in food security and livelihoods interventions appropriate to their capacity and needs. Consultations with older people should be carried out throughout the programme cycle.

5. Health

A significant proportion of older people said they had health problems, as outlined in the Table 4.

Table 4: Older people's leading health problems

Older women	Older men
59%: joint aches and pains	55%: joint aches and pains
39%: hypertension (high blood pressure)	24%: respiratory problems
32%: heart problems	19%: hypertension
25%: respiratory problems	16%: heart problems

Twice as many older women as men said they had hypertension (39% compared with 19%) and heart problems (32% compared with 16%). This could indicate that women are also suffering from stress. Services should take this into account and ensure that women's needs are addressed by health workers and that relevant medication for these conditions are available.

Half of those with disability (51% of women and 48% of men) said they had difficulty remembering or concentrating. This is a high proportion. Healthcare staff must be trained on how to identify, treat and support people with cognitive impairment and/or mental health difficulties which often go together. Eighty-four per cent of older people surveyed (81% of women and 89% of men) said they had access to health services. However, over half (57% of women and 51% of men) said the health service they had access to was situated between one and three hours away from their home. Almost one-fifth of older women (18%) and one-tenth of older men (10%) reported having no access to a health service.

Older people identified other barriers to accessing healthcare. Nearly three-quarters of those we interviewed (71%) told us no medicine was available at health services. Almost two-thirds (65% of both women and men) said health services were too expensive. More than 1-in-10 (13% of women and 12% of men) told us that they experienced a negative attitude from their healthcare provider This suggests that age discrimination may be another factor restricting older people's access to health services.

Recommendations

1. 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.
2. Supplement health services in fixed positions, such as health clinics, with community outreach activities.
3. 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 requirements. For example, services should respond to the fact that women appear to be experiencing higher rates of hypertension and heart problems, possibly because of stress, and ensure health workers are able to respond to these issues and that required medicines for these conditions are available. Do not allow age discrimination in the delivery of health services to be tolerated.
4. Train healthcare staff how to identify, treat and support people with memory problems and mental health issues, which often go together.
5. Consider the needs of older carers, including the provision of psychosocial support to help them manage stress, and build resilience and positive coping mechanisms.
6. Make sure older people's need for water, sanitation, hygiene and nutrition are met to avoid malnutrition and support their immune systems to protect them against infectious diseases.
7. Incorporate healthcare in cash programmes to facilitate financial access to healthcare facilities and to cover the cost of medication.
8. Incorporate key messages on preventing and managing cholera and other infectious diseases to target older people and older people with disabilities. Use inclusive and accessible information materials and media.
9. Conduct a safety audit among healthcare service providers to address safety issues faced by older people.

6. Water, sanitation and hygiene

A high proportion of older people have insufficient access to WASH facilities, especially those with disabilities.

Forty-nine per cent of older people said they had no access to bathing, 57% to handwashing and 35% to toilet facilities.

Older women's access to WASH facilities is slightly better than older men's. Nevertheless, only 53% of older women (compared to 47% of older men) said they had access to bathing facilities, 44% of older women (42% of older men) had access to hand washing facilities, and 68% of older women (61% of older men) had access to toilet facilities.

Compounding the problem of insufficient access to WASH facilities is insufficient privacy. Sixty-eight per cent of older people (66% of women and 72% of men) reported that they did not have enough privacy when using bathing facilities. Fifty-seven per cent of older people (55% of women and 62% of men) said they did not have enough privacy when using toilet facilities.

Access to safe drinking water is better, but still far from adequate, with more than one-third of older people lacking access. Only 63% (64% of women and 62% of men) said they had access to safe drinking water. Forty-three per cent of older people (41% of women and 45% of men) reported that the water sources were too far.

Sixteen per cent of older people with disability (15% of women and 17% of men) said they had difficulty with self-care. This could be related to incontinence. Any WASH facilities that are not inside or next to older people's homes will be too far for those with reduced mobility to reach.

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, on their way to and from water points.

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. Consult older men and women on how to improve bathing and handwashing facilities to afford them more privacy.
4. Research the role 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.
5. Ensure that hygiene kits specifically for older people make up a proportion of the stock held by agencies distributing hygiene kits.
6. Conduct an immediate safety audit among agencies providing WASH services to address the safety issues faced by older people.

7. Shelter

The cyclone has had a devastating impact on the living conditions of older people. More than one-in-five older people (22%) said they did not have their own shelter (23% of women and 20% of men). Many of the affected population are currently living in tents. This suggests that the 22% who do not have their own shelter no longer have their original home. Another 35% of older people said their home was in urgent need of major repairs. Added together, these two figures show that 57% of older people either have no shelter, or their shelter is in urgent need of major repairs. A further 17% of older people said their homes needed minor repair (18% of women and 15% of men).

This is hardly surprising when one considers that, apart from the effects of the cyclone, the circumstances many older people are living in make it harder for them to keep their homes in good repair. For example, 11% of older people said they were living alone, 20% of those with a disability report that they have difficulty leaving their homes, and 51% of older people with a disability said they had a lot of difficulty walking or climbing.

Many older people whose homes have been destroyed face several barriers to shelter rehabilitation:

- 15% (16% of women and 13% of men) said they needed physical assistance to rehabilitate their shelter.
- 18% said they did not have enough building materials or tools and could not afford to purchase shelter materials.
- 22% said they had no space to construct a shelter.
- 20% of those who had managed to construct even a rudimentary shelter said that the materials were not appropriate for the weather.

Given that 79% of older people (84% of older women and 70% 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 debt incurred by older people after the cyclone.

A slightly lesser cause of dissatisfaction was that their present shelter was far from friends and family (12%) - an important point when you consider that 11% of older people are living alone, 27% feel they cannot cope at all with their situation, and 53% depend on their family or friends to help them meet their basic needs. Eight per cent of older people said their shelter was far away from basic services. One per cent reported that they could not access their shelter easily.

Recommendations

1. Urgently distribute temporary shelters (not shelter kits) to affected older people. If temporary shelter kits are provided, accompany them with some form of labour assistance.
2. 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 enough to pay for a shelter fit to live in.
3. 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 ensure 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).
4. Evaluate the shelter of older people with disabilities and, if necessary, adapt shelters to support them to carry out daily living activities.
5. Develop the capacity of staff, partners and communities to include older people, including those with disabilities in shelter, settlements and household activities.
6. Conduct an immediate safety audit among agencies providing shelter services to address the safety issues faced by older people.
7. Ensure shelters provides dignity, adheres to minimum standards and is accessible for older people with disabilities.
8. Ensure that older people's shelter has doors and window locks and, if possible, adequate lighting.
9. In collaboration with the community leaders, support vulnerable older men and women and people with disabilities to construct their shelter and source construction materials, such as wood, reeds, mud, grass and ropes.

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