

COVID-19 rapid needs assessment of older people

Context

Since the outbreak of the pandemic, Bangladesh has experienced 213,254 cases and 2,751 deaths from COVID-19 and 62 cases and 6 deaths from COVID-19 have been confirmed in the Rohingya refugee camps as of July 22, 2020. As of 4 April, all but essential activities have been suspended in all 34 refugee camps. Due to these restrictions, shops and markets are closed, except for specific kitchen markets supplying food in the camps. The extremely high population density in the camps as well as poor WASH facilities made worse by the start of the monsoon are increasing older peoples' risks of contracting COVID-19. The monsoon season also increases the problems older people, especially those with reduced mobility, are facing in navigating the difficult and muddy terrain. HelpAge currently works in 6 of the 34 camps. Considering this challenging context HelpAge undertook a multi-sector Rapid Needs Assessment at the end of May 2020. This is to enable the organisation to adapt its programming and provide advocacy messages to humanitarian partners and government.

Key findings

Food and income

81% of older people have had to reduce the quantity of food consumed, especially those over 70 (90%). Furthermore 28% of older people have had to reduce the quality of food eaten, especially older men (34%).



WASH

77% of older people report that there are not enough WASH facilities, 41% report a lack of privacy and 35% report they are too far away.



Awareness and behaviour

63% of older people are unable to use all key COVID-19 preventive measures, for example, 31% of older people are unable to wash their hands properly and 27% of older people, are unable to maintain two meter distance from others.



Wellbeing

65% of older people responded that since the outbreak of COVID-19 they feel worried or anxious "most of the time".

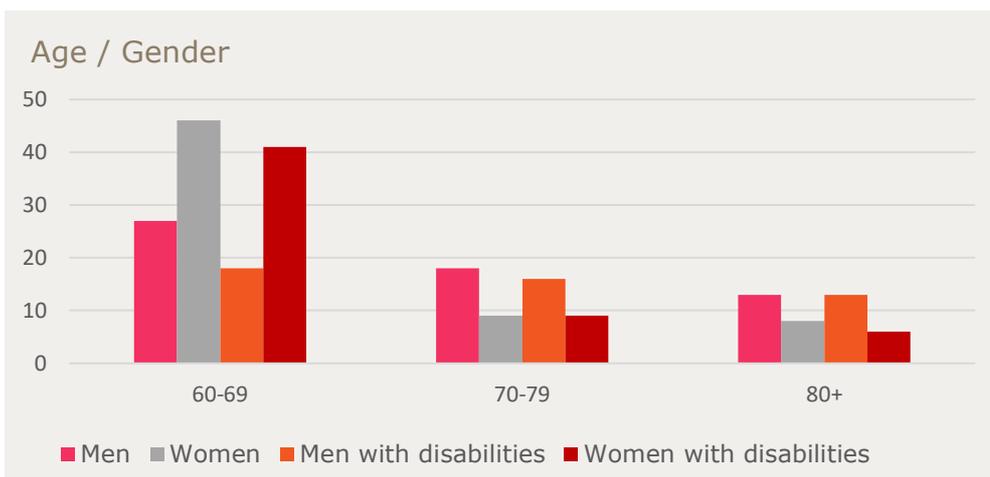


Recommendations



1. Establish community volunteer outreach programmes which provide door to door visits to older people who are house/shelter bound, persons with disabilities, older persons with chronic disease and mobility issues, as well as those living alone. These volunteers will provide psychosocial support as well as helping older people access their basic needs such as food and water. The volunteers should be equipped with PPE and where possible practice physical distancing.
2. Health care providers should ensure field based medical teams provide outreach support to older people through door to door visits. This is especially important due to challenges in accessing health care facilities and a high prevalence of disabilities and chronic health conditions within the older population which may be exacerbated without treatment.
3. Improve WASH facilities across the camps, especially as the monsoon season has started, and increase the number of WASH access points to reduce the distance older people must walk the time they spend queuing.
4. Scale up dedicated testing facilities in the Rohingya camps, and manage quarantine and isolation centres, especially for the older Rohingya refugees who are most at risk of dying.
5. Manage the seating arrangements and waiting times of older people in the collection centres. This is to ensure social distancing is maintained. These collection centres, which are operated by humanitarian agencies, often have long wait times, and get easily get overcrowded. Agencies should also consider specifically targeting older people with reduced mobility using alternative distribution mechanisms (such as porters, door-to-door distribution, and proxies).
6. Use the Humanitarian inclusion standards for older people and people with disabilities and IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action to help fully design inclusive activities that respond to the needs and rights of older people, including those with disabilities. Furthermore, assessments should ensure that data are disaggregated by age and disability.

Demographics



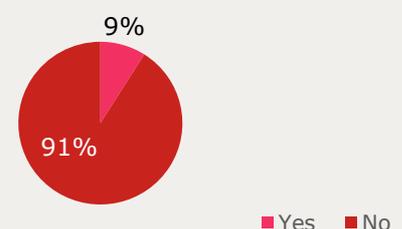
93% of older people have at least one health condition

- Gastro: 71%
- Joint aches and pains: 60%
- Heart problems: 31%
- Respiratory: 22%
- Diabetes: 14%
- Hypertension: 7%
- Mental health: 7%
- Skin disease: 2%
- Serious injury: 2%

85% of older people have at least one disability

- Sight: 57%
- Communication: 55%
- Remembering and concentrating: 55%
- Self-care: 50%
- Hearing: 48%
- Walking: 43%

Living Alone



Methodology

Data on adults over 60 was collected from both refugees and host community members in Cox's Bazar, more specifically in the settlements and camps of Farir Bil, Anjuman Para, Camp-15, Camp-18 and Camp-8E. HelpAge relied on its existing beneficiary database for this exercise conducted face-to-face interview (with physical distancing, Personal Protective Equipment (PPE) and following government guidelines). A total of 121 people were interviewed between 17th and 31st of May. The data was disaggregated by gender, age, and disability. The results of this disaggregation are only reported where the differences are significant. The key limitations of this survey were that older people interviewed were targeted using beneficiary lists and thus may not be representative of the needs of all older people across all the camps. Furthermore, we expect that those older people not receiving HelpAge interventions in the other camps are likely to be worse off on key indicators such as access to PPE and medicine.

Priorities for older people

- The top three priorities for older people surveyed in Cox's Bazar are food (88%), medicine (62%) and toilets (41%). This trend is similar for both men and women as well as for older people with and without disabilities. It is unsurprising that food is the highest priority for older people surveyed given that the lockdown and restrictions on humanitarian agencies have further exacerbated existing food insecurity within the camps. This has also impacted access to medicine and health services, which were already limited inside the camps. However, as HelpAge beneficiaries were interviewed their overall access to medicine was much higher than the normal. The WASH facilities inside of the camps have also been affected by cyclone Amphan, which has limited access to clean water sources and sanitation facilities due to damaged water points, latrines, and saltwater intrusion.

COVID Awareness and Behaviour

Restrictions of movement

- During May 2020, 83% of older people surveyed were observing government instituted restrictions, while 15% were observing no movement restrictions. Since May restrictions have increased and as of the end of June, the Cox's Bazar municipality- including the camps- has been designated as a 'Red Zone' with special measures in place to control the spread of the virus. These restrictions do not allow gatherings and humanitarian staff movements within Cox's Bazar are significantly reduced. There are, however, exceptions for emergency services and humanitarian agencies involved in critical activities in the camps.

COVID-19 preventive measures

- Older people surveyed in Cox's Bazar are aware of a wide range of methods they can use to protect themselves. The two methods with the highest mention are avoiding touching one's face (85%) and handwashing (84%). This was followed by coughing or sneezing into your elbow (75%) and avoiding groups or gathering (69%). Overall older people in their 60s were more likely to be using these preventative measures than older people above 70. Older people surveyed reported receiving this guidance predominantly from doctors and health workers.
- 37% of all older people surveyed reported their ability to use all key types of COVID-19 preventive measures. However, 31% of older people surveyed said that they are unable to wash their hands properly. Anecdotal evidence points to this being caused by older people's forgetfulness linked to challenges connected with dementia coupled with inadequate WASH facilities. Furthermore 27% of older people surveyed, especially older men (33%) are unable to maintain two meters distance from others. This is difficult due to the high density of the camps where there is on average 40,000 people per square kilometre.

Barriers to Health Messaging

- While most older people surveyed did not report encountering barriers in accessing COVID-19 health messaging, 27% did. This was higher for older people with a disability (29%), older women (32%) and those above 70 (33%). Some of the challenges the older people surveyed reported facing included suffering from hearing problems, being bed ridden, and living in areas

which are harder to reach because of limited road access and the distance to health facilities. Currently HelpAge is relaying audio health messaging in the Rohingya language through sound systems in the established Age Friendly Spaces and in a variety of working areas.

Preferred method to receive information related to COVID-19

- The preferred method through which older people and older people with disabilities surveyed would like to receive COVID-19 related information is via loudspeakers (79%). This is followed by posters (46%) radio (41%), TV (34%) and via the Mosque (30%). It should be noted that access to TV in the camps is limited, therefore this preference is likely to be of most relevance to those in the host community. Similarly, the low numbers looking to the Mosque for messages can be partly explained by reduced access during lockdown. Furthermore, access to the Mosque is only for older men. Due to the range of preferred methods a mixed method approach should be taken to keep older people informed and reduce the spread of misinformation.

Health

Access to health services

- 62% of older people surveyed considered their access to health services had changed since COVID-19. This was higher among older women (68%) and older people with a disability (68%). Of those interviewed 50% of older people have had trouble in accessing health services. Even during lockdown HelpAge is helping older people access health services, and this was acknowledged by respondents. However, in the current COVID-19 context, this has had to be curtailed due to restrictions, amplifying the problems facing beneficiaries.

Nearest health facility

- 10% of older people surveyed do not know where is the nearest health facility which treats older people for COVID-19.
- Of those older people surveyed who know where their nearest treating facilities is, 44% said it was 1-3 hour away (47% older people with a disability), 17% between 30 minutes and one hour, and 20% reported facilities that they were less than 30 minutes away. 19% of older people also responded saying they cannot access this facility at all.

Access to medicine

- Access to medicine was the second highest priority for older people. 28% of older people surveyed have reported difficulty accessing medicines. While 94% of older people surveyed are still receiving medicine, due largely to HelpAge's interventions, the restrictions mean that many older people are waiting longer to acquire their medicines. Currently only 3% of those interviewed have not been able to access the medicines they need, a very positive finding given that 93% of older people have at least one health condition.

Access to PPE

- 98% of older people surveyed have been able to receive COVID-19 preventive materials such as masks and soap. This is likely to reflect HelpAge's efforts in distributing PPE in the camps, therefore to what extent older people outside HelpAge's area of intervention have been able to access preventative materials is unknown. Anecdotal reports suggest that in other camps shortages prevail and the usage of PPE is not a high.

Access to goods and services

The outbreak of COVID-19 has reduced older people's access to basic goods and services. Currently:

- 51% of older people surveyed have difficulty accessing toilets. This is higher for older men (59%).
- 50% of older people surveyed have difficulty accessing health services, with older women having the greater difficulty (60%) compared to older men (38%).

- 28% of older people surveyed have difficulty accessing medicines, with older women having the greater difficulty (37%) compared to older men (19%).
- 26% of older people surveyed have difficulty accessing drinking water, with those above 70 having greater difficulty.

Protection

Safety

- When older people surveyed were asked what they feel were the increased risks older women faced during this time, the top three risks were emotional abuse (75%), physical abuse (36%) and denial of resources (15%).
- When older people surveyed were asked what increased risks they felt older men faced during this time, the top three risks were similar. These were emotional abuse (72%), physical abuse (38%) and financial abuse (14%).
- One notable area where older people perceived that older women were at increased risk of compared with older men was over access to resources. While older people perceived the risk of financial abuse as higher for older men.
- These challenges are likely to increase as a reduction in the income and presence of humanitarian actors has led to a spike in criminal activities and increased risks of emotional, physical and financial abuse. Furthermore, UN agencies are reporting increased instances in households of tension and violence against women, resulting it is thought from the new living situations, and stresses associated with sudden losses of income.

Caring for others

- The care burden for children, people with disabilities, and other older relatives often falls on older people. Amongst the older people surveyed half are providing emotional support including care, love, empathy & social support, 16% are providing basic care support such as food, and only 13% are not providing any support to others.

Food and Income

Diet

- Food is the highest priority for the older people surveyed. Currently 81% have had to reduce the quantity of food consumed, especially those over 70 (90%). Furthermore 28% of older people have had to reduce the quality of food eaten, especially older men (34%). One of the systemic challenges that older people face inside the camps is the lack of appropriate food due to supply chain challenges with accessing liquid food as well as food of sufficient nutritional content.
- 96% of older people have had to make changes to their diet.
- 24% of older people indicated that they have sufficient food for more than two weeks in their homes, 45% have food for between 1 and 2 weeks, 30% for between 2 days and a week, and 2% have sufficient food to only last them 2 days.

Income

- The top three sources of income for older people surveyed unsurprisingly are government or humanitarian agency assistance (93%), agriculture (7%) and business (4%). The high level of dependence on support puts older people in a very vulnerable situation. Furthermore, those older people engaged in agriculture and business are likely to be older people from the host community as the majority of older Rohingya refugees cannot access paid employment.

Wellbeing

- The mental health ramifications of COVID-19, and insecurity within the camps are having significant impacts on the wellbeing of older people. 65% of older people responded that since

the outbreak of COVID-19 they feel worried or anxious “most of the time”. This is higher for older women (73%).

- Also, 40% of older people surveyed reported feeling depressed “most of the time”. This is higher for older men (52%). Some of the mental health issues older people face are currently exacerbated as they are being asked to remain in the house for longer periods and thus limit the social support they receive from others in the community.
- The secondary impact of COVID-19 on older people health is high and likely to be a result of the worry about catching COVID-19 and the perceived stigma attached. Furthermore, restrictions have reduced older people’s scope for socializing and accessing recreational events.
- Since the start of the outbreak 26% of older people feel they are unable to cope with the situation, especially older women (32%) and those in their 60s (32%). 8% of older people stated they could cope independently while 66% can cope with support from others.

WASH

- Since COVID-19 many older people have faced challenges in accessing drinking water, bathing, or toilet facilities. 77% reported there are not enough WASH facilities, 41% reported a lack of privacy (particularly older men 47%) and 35% report the facilities are too far away (particularly older men 47%).
- The Rohingya refugees inside the camps face limited access to clean water sources and sanitation facilities due to damaged water points, broken latrines, and saltwater intrusion from storm surges. This has been aggravated by recent storms. WASH facilities are also systemically poorly maintained and overcrowded in the Rohingya refugee camps. Older people often have to walk long distances to access them and queue once they arrive. Furthermore, as all WASH facilities are shared, older people often lack sufficient privacy.

Salim’s Story

Salim who is 69 years old lives in a cramped shelter in a refugee camp in Cox’s Bazar with his wife and two older children. Like many older people in the camps, COVID-19 has made a difficult situation worse. Due to restrictions, he has been unable to sell stationery which helps to make ends meet for him and his family and has been unable to access WFP rations. Furthermore, restrictions have reduced his ability to go outside and to visit HelpAge Age Friendly Space. These spaces not only provided him an opportunity to meet his friends and enjoy indoor games but enabled him to access the important physiotherapy he needs for his lower back pain which was inflicted as a result of the torture he endured in Myanmar.

Currently, he is housebound and spending most days sitting around and trying to sleep. These stifling conditions are significantly impacting his mental health and he feels he is “becoming out of control”. He also worries how long the lockdown will last especially as his provisions are dwindling including his food supplies and his medicine provided by HelpAge. However, his biggest fear is of catching COVID-19 and believes that he does he would die as he feels the the health facilities are inadequate in the camps.

