

COVID-19 rapid needs assessment of older people

Context

The COVID-19 pandemic continues to cause unprecedented socio-economic and health challenges in Zimbabwe. As of the 3rd of August, Zimbabwe had recorded 4,705 COVID-19 cases, 80 deaths and 1,057 recoveries. Prior to COVID-19 Zimbabwe was in a protracted economic recession, which has since been exacerbated. This has resulted in the collapse of major services. An example of this breakdown can be seen in the health sector, where most referral hospitals are operating without basic pain medications and medical staff are frequently on strike. At the start of the pandemic, Zimbabwe had very limited testing kits and was on average only carrying out less than 200 tests per day. Therefore, infection rates were not expected to be reflective of the real situation on the ground. Although borders were closed as part of the containment measures, the border with South Africa, one of the most affected African countries, is generally porous with many illegal crossing points. Movement of people between the two countries has therefore continued despite government efforts to manage entry into the country. Indeed, between March and June 2020, 90% of the infections were imported. However, by August 75% of the infections were now local, raising the risk of transmission between communities.

Therefore, to assess the needs of older people in Zimbabwe in more detail, The Center for Community Development Solutions (CCDS) with support from HelpAge International conducted a rapid needs assessment in northern and eastern Zimbabwe in June. The purpose of this assessment is to enable CCDS to adapt its programming and provide advocacy messages to humanitarian partners and the government.

Key findings

Health

79% of older people interviewed indicated that they could not afford protective materials such as face masks to prevent them from contracting COVID-19, and **68%** of those 70+ said they have difficulty accessing medicines.



Awareness and behaviour

46% of older people interviewed indicated that they experienced barriers in accessing COVID-19 related information.



Care giving

There is a huge burden of care for the older people interviewed. **82%** indicated that they are responsible for providing basic care and support to others during the COVID-19 pandemic.



Food and income

97% of those interviewed have had to reduce the quantity of food eaten while **58%** have had to reduce the quality since the outbreak of COVID-19.

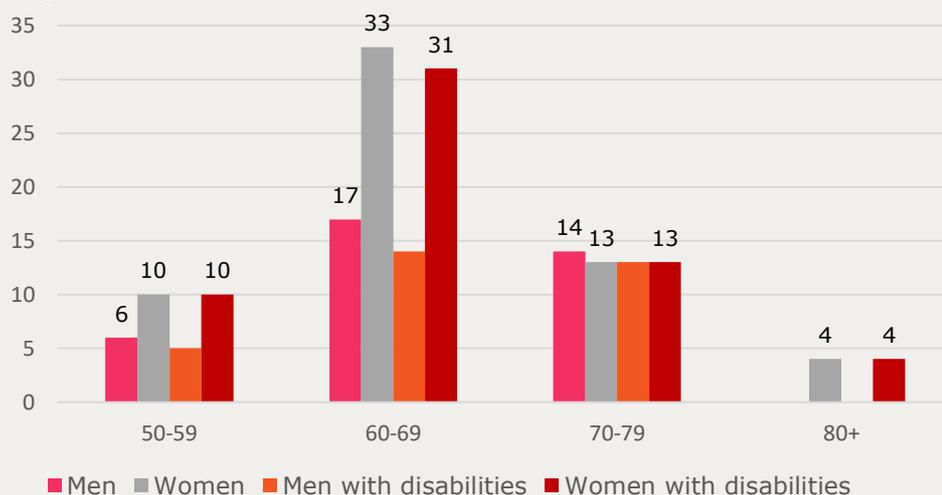


Recommendations

1. Local awareness raising among communities about preventive measures using radio, community announcements (using loudspeakers) and phone calls.
2. Psychosocial support to older people and persons with disabilities and older people living alone. Support and engage older people in activities which help overcome their isolation, anxiety and help improve their mental health.
3. Provision of food and protective supplies to older people in their own homes and in care homes, including those in rural areas.
4. Establish volunteer groups to provide home deliveries of medicine and food for older people who have a mobility disability.
5. Provision of financial support to older people with chronic diseases.

Demographics

Age / Gender



74% of older people have at least one health condition

Hypertension: 41%

Joint aches and pains: 37%

Diabetes: 8%

Respiratory: 8%

Heart problems: 4%

Mental health: 2%

Cancer: 2%

Gastro: 1%

Serious injury: 1%

93% of older people have at least one disability

Walking: 61%

Sight: 51%

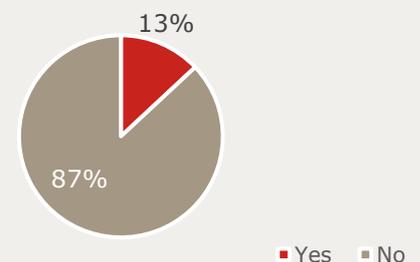
Hearing: 29%

Remembering and concentrating: 49%

Self-care: 13%

Communication: 9%

Living Alone



Methodology

Data on adults over 50 was collected through direct face-to-face interviews using beneficiary lists in June 2020. In total, 97 older people were interviewed (62% women/38% men). These interviews were conducted by enumerators using face masks, social distancing and following government guidelines. These interviews were predominantly conducted in three locations. 45 older people were interviewed in Chitungwiza town which is in Harare Province in north-eastern Zimbabwe, while 29 were conducted in Chipinge and 20 in Maunganidze, both located in Manicaland Province in eastern Zimbabwe. The

remaining 3 interviews were collected in Madziwa, located in Mashonaland Central Province in northern Zimbabwe. Due to the limited sample size, dispersed sample group and use of beneficiary lists these responses merely provide a snapshot of the needs of those interviewed rather than the needs of all older people in Zimbabwe.

Priorities for older people

The number one priority for older people interviewed was access to food. This is a pre-existing challenge as many older people live hand to mouth existences. However, COVID-19 has further exacerbated this food insecurity. The second highest priority for older people was shelter. Again, whilst this is a pre-existing priority, the increased time older people are spending at home further heightens the need for improved shelter, which in many cases is cramped and non-weather resistant. These cramped conditions also exacerbate challenges with social distancing. The third highest priority is income and livelihoods. Livelihoods have been significantly affected by movement restrictions, which were a part of COVID-19 containment measures, as well as the economic recession. These restrictions, whilst important to reducing the spread, have also seriously jeopardised the welfare of many older people.

COVID Awareness and Behaviour

Restrictions of movement

At the time of the survey, in June, the government ordered lockdown was compelling people to stay home except for essential travel such as seeking medical assistance or buying food. Therefore, all older people reported that they were observing governmentally instituted movement restrictions. However, since June there has been an easing of the lockdown due to the negative social and economic effects on Zimbabweans, such as the loss of livelihoods.

COVID-19 preventive measures

The older people interviewed were aware of a range of methods to protect themselves from COVID-19. The most commonly mentioned were handwashing (97%) and avoiding gatherings (76%). However, 30% reported that they were unable to wash their hands, whilst 18% were unable to maintain two metres distance. Handwashing remains challenging as many older people have insufficient access to clean water and soap. This is critical considering the need for older people to maintain good hygiene. Furthermore, social distancing remains difficult, especially considering that many older people either have carers or people they care for. Therefore, PPE must be provided to everyone within the household for it to be effective in safeguarding older people.

Barriers to health messaging

Everyone interviewed in the rapid needs assessment was aware of COVID-19. However, a separate survey conducted by CCDS in two districts found that there was much misinformation circulating about the virus, with some branding it a Chinese virus and others as a virus spread through the use of Chinese made mobile devices. Furthermore, 46% of the older people surveyed responded that they were experiencing difficulties in accessing COVID-19 related health messaging. This is caused in part by limited communication coverage, in the form of television, telephone and radio, for a large number of older people in Zimbabwe. This in turn has led to peer-to-peer information sharing being the most prevalent method of spreading information. However, this method is likely to increase the amount of misinformation circulating within Zimbabwe.

Preferred method to receive information related to COVID-19

The most preferred method to receive COVID-19 related information by respondents is via the radio (74%). Radio coverage is good in all urban settings in Zimbabwe and reasonable in most rural areas. However, some remote parts of the country do not receive any local radio signals, while some older people cannot afford radio sets. Furthermore, frequent power cuts occur in many parts of Zimbabwe, thus making radio access intermittent. Despite this, the radio remains the most popular and easiest form of communication. The second and third most preferred communication methods by the older people interviewed are loudspeaker (49%) and word of mouth (35%), respectively.

Health

Access to health services

Access to quality health services for older people and people with disabilities, especially in the rural areas, has always been a challenge due to the distances between older people's homes and quality health centres, as well as lack of medication and trained personnel. COVID-19 has further stretched these already constrained services. Access to critical lifesaving medication for health conditions such as high blood pressure, HIV and asthma has become even more acute as older people cannot go to these centres due to movement restrictions and because of a greater focus by health services on COVID-19 cases. This is highlighted by the fact that 58% of the older people surveyed reported that their access to health services has changed since the outbreak of COVID-19.

Nearest health facility

While in the urban areas distances to health facilities are relatively short, in the rural areas people have to walk on average a minimum of 3km. This presents significant challenges to many older people, especially those with disabilities. In addition, many older people do not receive the right medication at the health centres, which is a source of great anxiety and frustration. Another barrier older people face in accessing health facilities is the fear of contracting COVID-19 during transit and while receiving treatment.

At the time of the survey, most testing facilities were in urban areas and hence inaccessible to rural people. Of those interviewed 43% did not know where their nearest health facility was that was testing and treating for COVID-19. As this survey was conducted in June, the situation may have improved. Nonetheless this figure is still startlingly high and it is important that older people are aware of how they can access treatment if they begin to display COVID-19 symptoms, as early admittance into hospital increases the likelihood of their survival as well as reducing the risk of infecting others.

Access to medicine

Access to medication for older people is a long-standing challenge in Zimbabwe. However, COVID-19 has made it worse due to disruptions of medicine supply chains. It is likely that older people and older people with disabilities will be worse affected, as there is anecdotal evidence indicating that they are being de-prioritised by health services and thus are less likely to receive essential life-saving medications such as HIV/Aids anti-retroviral drugs. Of those older people interviewed 58% have not been able to take any medication for their health condition since the outbreak of COVID-19.

Access to Personal Protective Equipment (PPE)

The WHO insists that maintaining good hygiene and wearing of masks in public are amongst the most effective ways of curbing the spread of COVID-19. Without any savings and any social pensions, many older people continue to live in danger of contracting the disease, as basic PPE like masks are out of their reach. An overwhelming 79% of those interviewed indicated that they could not afford PPE even if it is available at the market. Empowering communities to produce masks locally at affordable rates will be essential given that the disease is likely to be with us for a significant period of time. Furthermore, as of August, the central government has introduced a fine of ZWL 500 (about USD 5) for being in public without wearing a mask. This may seriously affect many older people's independence, as without masks they will be unable to take walks outside or collect their own medicines. Ensuring that older persons receive the necessary support to avoid contracting the virus as well as survive comfortably through periods of containment measures is an area that seems to have been neglected, as only 3% of older people interviewed have received masks.

Protection

Access to goods and services

Access to food and medicine is a pre-existing challenge for older people, which has been worsened by the arrival of COVID-19. 92% of older people interviewed experienced greater difficulty in accessing food during this period. While this concern cuts across all age groups and genders, older people in between 50-69 experience greater difficulty as the Zimbabwean government and NGOs tend to prioritise food assistance to older people above 70 years rather than older people in lower age groups.

Furthermore, 60% of those older people interviewed are struggling to access medicine, especially those above 70. This is because those over 70 experience greater difficulty due to their increased rates of health conditions and disability. These access challenges are more strongly felt in the eastern part of the country where many people live in mountainous areas and routes to access basic services are long and treacherous.

Safety

Since movement restrictions were imposed, older people and people with disabilities feel increasingly anxious about being left out of food assistance initiatives. This is highlighted by the fact that the older people interviewed fear both older women (62%) and older men (59%) are at an increased risk of being denied resources, opportunities, or services. In addition, many older people feel both older women and older men are at an increased risk of neglect (46%) and isolation (40%). This is in part caused by their inability to be able to visit others and attend functions, a major source of community fellowship and mental rehabilitation. Also, since the introduction of lockdowns family members who normally assist and visit older people have not been able to freely do so, thereby increasing older people's sense of isolation and abandonment.

Caring for others

There is a huge burden of care for older persons, with 82% of older people interviewed indicating that they are responsible for providing care to children and people with disabilities during the COVID-19 pandemic. This impacts on their ability to self-isolate. It also has an impact on their mental wellbeing as they worry about food and other essentials.

Food and Income

Diet

Older people, especially in rural areas, often live hand to mouth existences. COVID-19 movement restrictions have had a serious negative effect on the already meagre food reserves, thereby increasing anxiety and a sense of insecurity. 97% of those interviewed have had to reduce the quantity of food in their diet and 58% said that they have experienced a reduction in the quality and type of food they consume. This will have long-term impacts on their immunity and ability to fend off infections. Ensuring that there is enough food at home is critical in preventing unnecessary movements, especially during periods of COVID-19 containment measures.

Income

While agriculture is the main source of income for older people, especially for those who live in rural areas, the combination of successive droughts, cost of inputs and reduced labour capacity have diminished the income generated from such activities. Consequently, most (48%) older persons surveyed rely on remittances from relatives for their sustenance. Notably, in the first month of government instituted movement restrictions, the flow of remittances was disrupted as most banks were closed during the first 21 days of national lockdown. Furthermore, only 7% were on some form of pension. There is a need for a universal social pension to be provided for older people in order to enable them to feel independent and self-sufficient.

Wellbeing

The vast majority of older persons surveyed live with anxiety and worry about their situation. Of those older people interviewed, 77% feel worried or anxious either all of the time or most of the time, while 76% feel depressed either all of the time or most of the time. This is exacerbated by their inability to deal with their circumstances without external help. This increased sense of helplessness has a detrimental effect on their general mental and physical wellbeing. Limited access to support groups, mobility problems and lack of PPE to enable safe movement outside are some of the factors constraining older people and seriously affecting their wellbeing. It is deeply troubling that 38% of older people interviewed feel they are unable to cope with their current situation.

WASH

Maintaining good hygiene (critical for COVID-19 prevention) remains a big challenge for most middle-income households in urban areas without running tap water (where they rely on community boreholes) and in rural areas where they share a few water points which are usually far away. The water points themselves, whether in urban or rural settlements, are a potential infection point as it is difficult to maintain social distancing whilst accessing them. Of those interviewed 42% of older people reported that there were not enough WASH facilities. With increased knowledge of how the virus is transmitted, having to share water points and ablution facilities with others outside of family circles increases infection anxiety among older people and those living with disabilities. COVID-19 has highlighted the need for older people to be able to access their own water and ablution facilities separately from the rest of their community.