Older people and Covid-19 pandemic
Vietnam Rapid Need Assessment report

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1. Time of assessment: 1st week of Apr 2020

2. Methodology: interview through phone calls

3. Interviewees: A total of **58 people** were interviewed for this Rapid Need Assessment. They are from these following groups

a) Older people (OP) group:

A total of **22 OP** participated in the evaluation with characteristics as below:

	Gender		Age			Disability		Disadvantaged[1]		Area		
	M	F	60-69	69-79	80+	✓	✗	✓	✗	Rural	(Semi) Urban	Ethnic minority
#	11	11	17	04	01	03	19	10	12	12	08	02
%	50%	50%	77%	18%	5%	14%	86%	45%	55%	54%	36%	10%

b) Other groups:

- 16 staff of Association of the Elderly (AE) at commune, district, provincial level
- 06 leaders of 06 International Self-help Club (ISHC) in rural, urban, ethnic minority area
- 04 care givers
- 05 local authority leaders
- 04 local health workers
- 01 Director of Institutional public care center

4. Disclaimer

The evaluation has limited sample size and timeline. In addition, there are other incontrollable factors namely: interviewees' confidence to share, limitations of indirect evaluation through phone calls. This Rapid Need Assessment (RNA) *does not* aim at providing final conclusions of OP's condition during Covid-19. Instead, it presents the *possibilities* of what may be happening for further verification and research into.

The report analyzes information in terms of Social situation, Gender, Age and Disability. Other angles such as living area, ethnicity, education, income are not included.

5. Background information

- On **January 23**, 2020, Vietnam had **first infected cases**. Chinese father and son from Wuhan, China
- On **January 30**, 2020, the Prime Minister signed Decision No. 170/QD-TTg on establishing the **National Steering Committee for prevention and control** of acute respiratory infections caused by new strains of corona virus. Deputy Prime Minister Vu Duc Dam is Head of the Steering Committee
- On **January 31**, 2020, WHO declared new strain of corona strain from Wuhan, China as a **Public Health Emergency of International Concern (PHEIC)**
- From **January 23** to February 13, 2020, there were **16 people infected** with Covid-19 in Vietnam, all of whom had direct contact with/coming back from Wuhan, China
- On **February 1**, 2020, the Prime Minister signed **Decision 173/QD-TTg** announcing the acute respiratory infection epidemic caused by the new strain of corona virus
- On **February 13**, 2020, **quarantine nearly 11,000 people** in Son Loi commune, Binh Xuyen district, Vinh Phuc province with 11 cases positive for SARS-CoV-2. On March 4, 2020, Son Loi commune removed the blockade after 21 days of isolation

[1] Economically and/or socially disadvantaged: poor/near poor/live alone/have weak health/main carer in family/live with spouse who is also an older person/etc. (and including people with disability)

- On **February 26**, 2020, all **16/16** recorded patients with SARS-CoV-2 **recovered**. **No new cases** in the community for **13 consecutive days**
- *[community spread]* On the evening of **March 6**, 2020, Hanoi announced **infected case again**, patient No. 17, a traveler from London to Hanoi on March 2, 2020. The patient **infected three others**. Put in quarantine Truc Bach ward, Tay Ho district, Hanoi city. The following days continuously recorded patients traveling on flights from England, France, South Korea, etc.
- *[community spread]* On **March 10**, 2020, patient No. 34 flew from Washington (USA) to Tan Son Nhat International Airport **infected 11 other people**
- From **March 7**, visitors are required to make a **medical declaration** when entering Vietnam. From March 10, 2020, Viet Nam has made a universal health declaration (voluntarily). From March 21, 2020, passengers traveling by train, airplane, domestic bus must make medical declarations
- On the evening of **March 11**, 2020, **WHO** announced **global pandemic** situation
- **March 16**, 2020, ask all people to strictly **wear masks in public places** where people gather. At the same time, Ministry of Industry and Trade and Ministry of Health were assigned to ensure supply of quality face masks to meet demand
- On **March 18**, 2020, the Prime Minister decided to **suspend the issuance of visas for foreigners** entering Vietnam; **restrict flights** from epidemic areas
- *[community spread]* On **March 20**, 2020, the Ministry of Health (MOH) announced that two female nurses from **Bach Mai Hospital** contracted Covid-19, a total of **46 patients** were tracked to have exposure from Back Mai Hospital
- *[community spread]* On **March 20**, 2020, MOH informed that a patient who was an English pilot came **Buddha Bar**, Ho Chi Minh City. Since then, all **18 patients** have been detected to have exposure at Buddha Bar (12 primary and 6 secondary). Until now, the condition of the pilot is still critical
- From **March 25**, 2020 until now, suspense all international flights
- Also on **March 25,** Vietnam Social Security committed to continue payment of pension, social pension, unemployment insurance through post office or at home (instead of direct like before). The payment will be made for both Apr and May in one time and must be disbursed before 31 May
- On **March 31**, 2020, the Prime Minister issued **Directive No. 16** on the implementation of urgent measures to prevent and combat Covid-19 epidemic. The directive takes effect from 00:00 April 1, 2020 on a national scale. The whole country carried out **social isolation for 15 days**
- On **April 6**, 2020, MOH reported the case of patient No. 243 in Ha Loi hamlet, Me Linh commune, Me Linh district, Hanoi. On April 8, 2020, Ha Loi hamlet with about 13,000 people was isolated for 28 days

6. Result of OP interviews

6.1. OP's awareness and knowledge on Covid-19: fairly different based on social characteristics

<u>First time hearing about Covid-19:</u> Non-disadvantaged OP knows sooner than disadvantaged OP

- Non-disadvantaged OP: all know about Covid-19 no later than early February. More than half know very soon since January or even December, when news about Covid-19 appeared little on news, described as "an infectious disease spotted in Wuhan, China"
- Disadvantaged OP: mixed answer. About half know early February the latest (after Tet holiday when life/business supposed to go back to normal but did not). Only 10% know quite late (until March). Some know that there has been a disease spreading around but not sure since when they know, just hear more on news recently
- *Gender:* at both non disadvantaged and disadvantaged group, there is no big difference in time of access between male/female OP

- *Age:* middle old and older old group know slightly after younger old. But overall, majority OP know soon enough
- *Disability:* ~65% not sure at which point they know about the pandemic, but they understand that the topic is serious and is gaining more and more attention

<u>Understanding about Covid-19 and protective measures:</u> Non-disadvantaged OP in general have better understanding than disadvantaged OP. However, both groups understand most basic knowledge and know how to protect themselves

- *Non-disadvantaged OP:* All know that the disease is infectious and probably deadly. And symptoms are coughing, increased temperature, hard to breath. Some know more advanced knowledge such as 14-day incubation period or some people have Covid-14 without any symptoms at all. Hardly anyone need hints from interviewers to answer. Interviewers provide/strengthen standard knowledge after hearing OP's sharing
- *Disadvantaged OP:* All know that the disease is infectious. Two most consistent symptoms mentioned are coughing and increased temperature. Hard to breath is mentioned sometimes only. While not falling too far off the right track, many other unofficial symptoms are added such as sneezing, runny nose, headache, sore throat, tiredness, etc. Interviewers provide/strengthen standard knowledge after hearing OP's sharing
- Majority of both groups (70% of disadvantaged; 75% of non-disadvantaged) *know what to do if have Covid-19 symptoms and possible exposure history*: that is self-isolate immediately and notice the nearest health center. The most common *incorrect* answer is that the person should go directly to health facilitator to get check-up. On the other hand, while all non-disadvantaged OP can contact health center themselves using mobile phone or through family members, some disadvantaged OP do not have communication equipment or family members to help, they rely on neighbors/local community workers/volunteers instead
- Social distancing is mentioned by everyone as the top protective measure (regardless of gender, age, social situation). Washing hands and self-care (exercise, nutrition) are mentioned more by non-disadvantaged OP. However, there are two measures less spoken about or not mentioned at all. One is updating information about Covid-19 regularly (only talked about among non-disadvantaged group) and self-monitoring of health indicators (hardly anybody mentioned). On the other hand, this does not conclude that these actions are not done, only not mentioned and/or prioritized
- *Gender*: Male OP slightly have more knowledge on protective measures than female OP (they mentioned more types of measures other than social distancing)
- *Age*: In both groups, there is not much difference
- *Disability:* all have good basic understanding about the diseases, symptoms and protective measures
- *Confidence level:* All OP are confident that they understand adequately about Covid-19

> "I have T.V., but I cannot hear very well so almost all of the information I know is from ISHC volunteers".
>
> *Female, with disability, 98 years old, rural area*

<u>Popular channels to access information*:</u> Non-disadvantaged OP have more variety of popular channels than disadvantaged OP. Both groups mentioned T.V. as their most convenient and reliable channels. Social media and online news were used by some non-disadvantaged OP. But in both groups, none mentioned about flyers or mobile app (apps which are endorsed by government on Covid-19)

- *Non-disadvantaged OP:* A variety of channels were mentioned: T.V, loudspeaker broadcast, newspaper, family and friend, internet, phone text messages from Ministry of Health, local communication. Half get access to news on internet/social media *(mostly female OP).* Still, T.V and loudspeaker were highly favored; and considered as official and most reliable channels
- *Disadvantaged OP:* Almost all mentioned about two channels only: T.V first, then local loudspeaker broadcast. Other channels such as newspaper, online channels, flyers were not mentioned. Homecare beneficiaries said they receive news through community/ISHC volunteers as well. There is no difference between *male and female OP* of this group regarding number of accessible information channels
- *Age:* Younger old have more channels than middle old and older old. For middle old and older old, T.V. is almost the only one channel mentioned
- *Disability:* T.V. and/or volunteers are more popular channels
- *Area:* OP in urban and semi urban area have equal number of communication sources (2.4 sources on average). T.V is the most popular. Otherwise, there is no distinct difference in sources (meaning both get access to means like loudspeaker, internet, etc.)

6.2. OP on media: 95% OP[2] share that they see or hear about OP on mainstream media. OP are proud that OP contribution to Covid-19 response is featured.

Most popular news on media about OP and Covid-19 are about OP's vulnerability against this virus and protection measures (60% OP hear such type of information). OP appreciate society's attention on them. They share that such news helps them feel cared and protected. On the other hand, OP want to hear more specific, age friendly and easy to implement solutions

> "There are general information on Covid-19 protection but not specifically for OP".
>
> *Male, 67 years old, rural area*
>
> "Must make sure the information/material is accessible to OP"
>
> *Chair of a mountainous province AE*
>
> "Introduce Covid-19 response measures that OP can easily do at home, by themselves. For example, at home exercise, self-care skill, alternative communication channels"
>
> *Vice chair of central province AE*

More than half hear about OP's contribution to Covid-19 response which makes them really proud and happy.

> "I am touched to know about OP's contribution, to see OP recognized. I am proud that OP can set an example for younger generation".
>
> *Female, 66 years old, rural area*

6.3. Access to local health services: All interviewees are people with certain level of social connection (at least through ISHC). And during Covid-19, Vietnam carries out close monitoring and tracking in

[2] Only ask OP who can access mainstream media

community. Therefore, almost all are confident that they can ask for help/access to basic health services if needed.

6.4. Impact on OP (according to themselves): Majority of OP are affected significantly by the pandemic. Economic impact is at the top concern. Followed by social connection and physical health.

> "Livelihood is difficult, so I feel dispirited".
>
> *Female, 66 years old, rural area*

> "I make handicraft (for local company) to export. But because of Covid-19, the products cannot be exported, my income is less. I do not know if I can continue this livelihood in the future. The company cannot even send me raw materials anymore. My grandchildren do not go to school, so I spend most of my time taking care of them, teaching them, plus not making any income. I am genuinely worried. What will happen if my children, my grandchildren, my community get infected with the disease?"
>
> *Female, 62 years old, rural area*

- *Non-disadvantaged OP:* 75% share that they are affected a lot by the pandemic. The most common impact is on social connection (67%). Mostly because of social distancing (staying at home, cannot join public events, meet each other). Next concern is on income (50%) (their businesses are closed, lower market consumption, have to live on savings). Only 5% expressed concern on health. They believe the local authority is doing well and they will not get the disease if they stay at home and self-care
- *Disadvantaged OP:* 90% OP share that they are affected a lot by the pandemic (one person does not worry because she can produce her own food and necessities). Income is the biggest concern with 90% mention it first. Income decides mostly on this group's emotion and feeling. Only a few worries about health. Like non-disadvantaged group, this group has strong faith in local authority's response to the disease
- *Age, Gender, Disability:* no big difference

> "Schools are closed so I take care of my grandchildren full time. Thus, I have less time to for income generating activities and lower income".
>
> *Male, 70 years old, weak health (just had operation), semi-urban*

> "My children's business is affected. My family is relying on my pension".
>
> *Female, 61 years old, live with children, rural area*

> "My fruit and vegetable are left to ripe, cannot sell because of social distancing"
>
> *Male, 63 years old, with disability, rural area*

"Middlemen pressure me to reduce the price, or they will not purchase my products"

Male, 61 years old, mountainous area

6.5. Involvement of OP in response to Covid-19: OP are very much active in Covid-19 response regardless of gender, age, situation, disability.

80% of interviewed OP (regardless of age, gender, disability) contribute to local Covid-19 response effort at different levels. The remaining 20% share that they are either too weak or not yet mobilized by local authority, just asked to stay at home. But if social distancing eases off for OP a bit and OP are mobilized, 95% are willing to join local pandemic response movement.

The most common support was to communicate Covid-19 information to other family members, friends, neighbors and ask to comply with local regulation, unite with community to fight against the pandemic. ~33% donated cash even though their livelihoods are affected. ~33% contributed through concrete actions (volunteer to join local Covid-19 monitoring team, mobilize resources, make connections, charity work).

"I donated 200,000 VND (~8.5 USD) because there are people who are even in more difficulty than me".

Male, 75 years old, near poor, rural area

6.6. OP's opinion on local authority/community's response to Covid-19: All interviewed OP have high trust in local response effort. They feel safe and protected

All OP interviewed receive local communication on Covid-19. However, only 40% share that OP are mentioned specifically. And if mentioned, the information is not very detailed, mostly on social distancing, OP should stay inside houses.

About 65% OP share that apart from communication, their community/authority also apply other actions such as setting up check points, sending staff to disadvantaged households to support, providing protective measures, donating to disadvantaged people, especially OP.

All in all, combine with what OP see and hear on national news (low number of cases, no cases in their neighborhood), OP are quite assured about their safety.

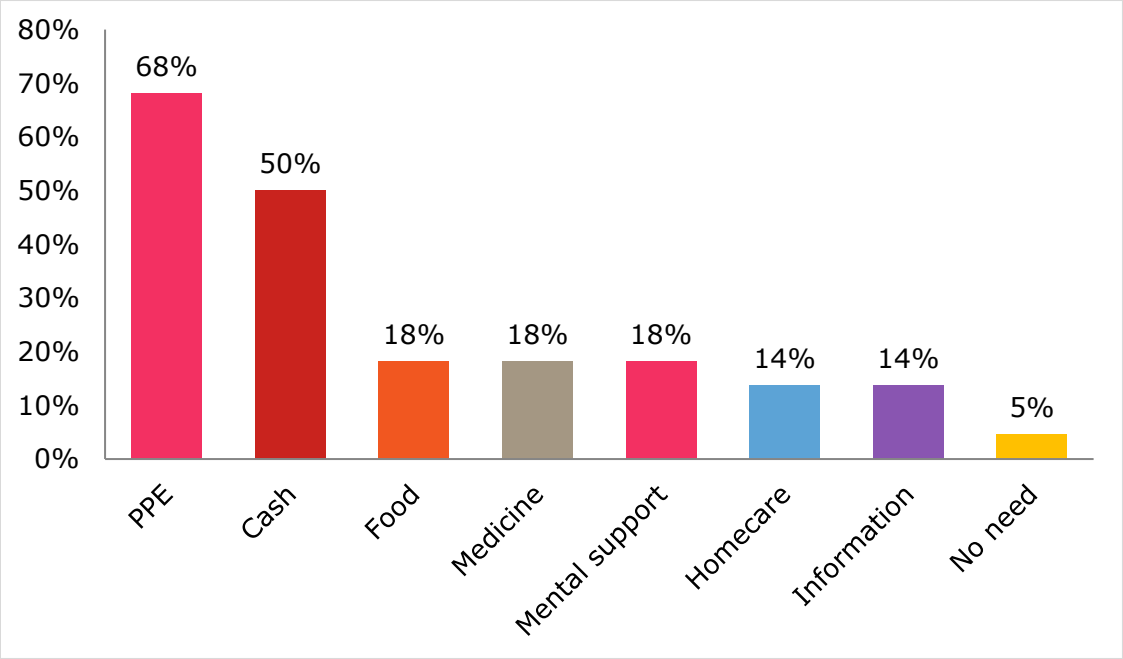
"I fully support local government's response, the result of no cases in my neighborhood is the proof".

Male, 65 years old, urban area

"I have chronic disease but there is a virus out there so I cannot go to hospital to check up. I cannot go to the field to work either. However, local authority is doing a good job. I've received protective gears from ISHC as well, so I feel at ease".

Male, 66 years old, rural area

6.7. OP's need



Note:

Most interviewed OP (85%) share that for now they have enough basic protective gears (soap, face masks, etc.) but when asked what further is needed, more protective gear is still a popular option (68%). Some OP worry about not enough hand sanitizer while in fact, they will not need this unless they go outside (hand wash is more recommended if soap and water are accessible)

Additional questions for OP who currently receive social welfare, (social pension), medicine: All *do not* have much difficulty accessing these benefits. This is thanks to government's effort to continue social welfare during Covid-19 but still ensure safety

6.8. OP's prediction about the end of the pandemic: **Majority of OP are uncertain**

About 75% are unsure about when the pandemic will end. All agree that it will not be within Apr but longer. OP think that government and community must not lose alert and have to strictly follow national regulations on Covid-19 combat.

6.9. OP's lesson learnt:

- A person's carelessness can danger others' lives. Protecting one's self is not enough. The information must be shared with everyone so that people all follow same safety measures
- Unity is the key to victory against disease.
- Prevention is important. We must keep the environment clean at all time to prevent diseases, not just because of this particular pandemic.
- Actively fight the virus before it has a chance to spread in community. Emergency moments require strong measures and compliance.
- The disease is not only a health issue, but a social, economic, security issue. Therefore, we need participation of all government sectors.
- The fight is not over yet. We must not lose focus.

7. Result of other groups' interviews

7.1. Association of the Elderly (AE)

7.1.1. Understand on current local situation: Majority of AE (93%) understand well about local situation (number of positive cases, number of people under quarantine, local policies, and activities to combat Covid-19). Only one provincial AE cannot provide information in detail. The reason is due to stop going to office to work but self-isolate at home. Other AEs update information because they still go to work (on selected days of the week), have access to internet and/or receive report from assistants/other departments

7.1.2. Impact on OP (according to AE): According to AE, OP are most affected in terms of social connection (psychosocial) (63%), then livelihood (56%) and health

> "If the social distancing lasts pass April, OP's livelihoods will be heavily affected".
>
> *Chair of mountainous provincial AE*

> "Social activities and services are stopped. OP cannot go to familiar places like markets, do exercise (outside), visit friends and family. Any access to services is extra difficult. In Ben Tre province, OP also face with drought and salinization, so it is an even more critical situation".
>
> *Chair of mountainous provincial AE*

OP who are socially and economically disadvantaged are most affected by Covid-19: OP who live alone, OP with disability (or bad health situation/chronic disease), poor and near poor, OP who are running their own businesses or working. Not only do these groups will be more severely ill if infected with the virus, their daily lives are already more difficult because of social distancing and reducing of social services (harder to go shopping, have health check up, etc.)

AE's recommendation to reach the most disadvantaged groups (as mentioned above):

- There must be community-based organizations like ISHC to provide fastest and nearest support in emergency situations: support such as sending volunteers to OP's house to provide information directly, supporting in daily livings, helping with shopping and taking medicine
- Make a list of disadvantaged OP in community to provide suitable support, collaborate strongly between local community and authority/service providers
- Optimize all information channels to provide information to OP, especially through local news channel, loudspeaker, flyers, phone calls, neighbor supporting others

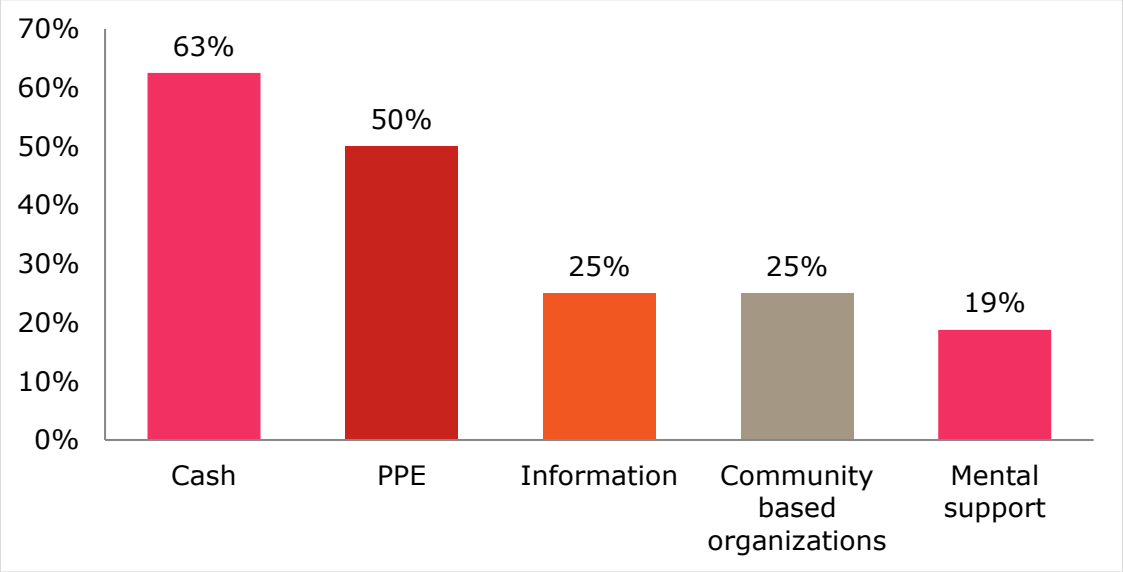
7.1.3. AE's activities in response of Covid-19

- 100% AE communicate information about Covid-19 through AE's internal information channel (post office). The information is transferred from province to district, commune then village AE level within 1 week
- About half of AEs are invited to join local meeting (online/offline) on Covid-19 response
- A few collaborate with health sector to deliver flyers on Covid-19

- Provide cash, protective gears to OP in difficulty. But in limited amount due to AE's capacity to mobilize and available resources. In order to support more OP, AE also collaborate with local authority and Fatherland Front

AE's activities mostly focus on communication and are organized internally. Direct support and collaboration with other sectors (for example Fatherland Front, media, local authority) are not clear or formally organized. There is no social movement established by AE to encourage the inclusion of OP in Covid-19 response (partly because of social distancing on OP). On the other hand, disadvantaged OP are still reached out and supported due to AE's existing monitoring and supporting mechanism even before the pandemic.

7.1.4. OP's need (according to AE)



Cash is at the top priority. According to AE, this is the easiest to mobilize and provide support to OP. Followed by protective gears (to areas where such necessities are in short supply). More age friendly and OP specific information is also needed. The importance of community-based organizations like ISHC to provide comprehensive support to OP both **during and post pandemic** was also mentioned.

7.2. ISHC leaders

7.2.1. Understand on current local situation: All leaders share that the local situation is under control. They have good understanding of what is happening

7.2.2. Impact on OP (according to ISHC leaders): Livelihood is the most heavily affected, causing OP to be more dependent on children. This has impact on their mental health in return. In addition, less social connection and peer support during isolation period adds up to OP's worry

ISHC leaders have the same answer as AE about who are most affected: OP who live alone, have bad health, have unstable income, poor, near poor

7.2.3. ISHC's adaptation during Covid-19:

- Stop ISHC meeting and gatherings. Connect with members through sub-group leaders/mobile phone/loudspeaker/flyer. Send volunteers to OP who live alone or need extra support.
- Monitor and support members' income activities through phone calls
- Encourage members to practice exercise at home

- Mobilize resources (cash, protective gears, food) to support OP
- Maintain homecare activities but with precaution (90% ISHCs maintain this activities). ISHC leaders are confident that all disadvantaged, living alone OP in their community are taken cared of during Covid-19 either by ISHC volunteers or local community workers
- Collaborate with local authority to communicate messages, identify needy cases, deliver cash and homecare support, monitor local situation, etc.
- Provide logistics support, cash support to local authority's Covid-19 response team

> "Commune health center send staff together with 10 members of ISHC to form a Covid-19 task team. The team visit each and every disadvantaged household to communicate about Covid-19, provide daily support such as health monitoring and buying food. ISHC provide 7-step hand washing skill to members and encourage members to share back with their family".
>
> *Lap Ai village ISHC, Song Giang commune, Gia Binh district, Bac Ninh province (Northern semi developed province)*

> "ISHC collaborate with Youth Union and Women's Union to make food to government task team on duty. They can focus on taking care of the sick and we will take care of them".
>
> *Trai Chuoi ISHC, Hong Bang district, Hai Phong city (urban area)*

7.3. Care givers: Care givers try their best to maintain homecare and are happy with this. They are all communicated of how to protect themselves from the disease. However, they need more tangible support from ISHC/local community/authority and sharing from their family

All care givers interviewed continue their homecare, as their care receivers rely most on them. Homecare activities are mostly the same. The only difference is that they have some protective measures such as: wear gloves and face masks, maintain distancing, wash hands and feet before and after.

All volunteers received communication on Covid-19 and precaution advises from ISHC. Nevertheless, only a few volunteers receive protective gears from ISHC, most of them use their own equipment. And half of care givers' family express concern over their work. On the other hand, care givers share that they are not discouraged as they receive lots of encouragement and acknowledgement from ISHCs. If they do not do the work, they will feel more pressures knowing that they can help but do not. All volunteers express that they will continue until their health and time allow them. Volunteers wish to continue receive mental and information support from ISHC like now.

7.4. Local authority

According to local authority, economically disadvantaged OP are mostly affected by Covid-19. Many OP work in informal sector, and when businesses are closed, they do not have alternative sources of income. The next vulnerable group is OP with existing health condition. Not only do they contract the virus easier, they also have more difficulty in accessing health monitoring and treatment services.

<u>Activities to prevent Covid-19:</u>

- Locally, loudspeaker and direct communication through community leaders are the most utilized communicating channels. Followed by delivering flyers and sending official letters to houses and businesses to comply with Covid-19 regulation
- Provide cash, food, protective gears to disadvantaged cases, collaborate with community leaders and community-based organizations such as Women Union, Youth Union, AE, ISHC to identity needy cases
- Set up Covid-19 task team in every neighborhood. Communicate Covid-19 information, monitor health (measure temperature when come in out go out). Monitor travel history of everyone. This is one of the most effective solution to monitor local situation, raise awareness of community
- All departments are mobilized in the fight against Covid-19
- OP are recognized by local authority of their contribution: OP set examples for other family members to follow, donate labor and resources, help to spread the message in community, help to report and identify local needy cases. OP's well understanding of local community and their unity spirit are highly appreciated

> "Through ISHC, we are able to reach out the most disadvantaged group".
>
> *Chair of district People's Committee, urban area*

Local authority's need: Cash support and protective gears are most needed, followed by information and continuous direction from higher level of authority

Upcoming plan: Continue to mobilize resources to support needy people, maintain communication and close monitoring of the situation

Lesson learnt: Prevention is important to prevent similar public crisis (keep local environment clean, increase local community's health and income); unity is the key, without support and understanding from the people, local authority's effort against Covid-19 cannot be successful; need better collaboration among related departments to avoid information overload at grassroots levels

7.5. Health workers (village and commune level)

Through out their working years, this is the first time they face with such a large-scale public pandemic (the least experience is 13 years working, the most is 30 years). 50% health workers share that they receive training on infectious diseases as part of their work (before the pandemic). The remain share that they receive specific training because of Covid-19 recently. Generally, they are not over worried because local situation is quite under control. Local health sector's responsibility is mostly on prevention, communication and monitor. For OP, health workers continue to monitor OP with chronic disease (hypertension, diabetes), about 50% visit OP's house for further check up while needed. In fact, they spend most of the time on general community disease control. 75% feel that more personnel and/or protective gears are needed to help them do their job better.

7.6. Public care center

General information: Established in 1966. Currently has 98 staff, taking care of 325 cases (160 are OP). The center is under direct management of Ministry of Labors, Social Affairs and War Invalids (MOLISA). They received official letter from MOLISA about an infectious disease since January

Overall, the mental state of people in the community is stable. Staff must work harder due to rearranged shift, but they understand the reason behind and support.

The center's response to the disease:

- Establish a task team within the center to be focal point of Covid-19
- Communicate the situation to all staff
- Provide information to care receivers during care
- Sanitize the center two times/week since early Feb
- Have check point to scan temperature and condition of all in and out
- Stock more medicine and protective gears
- Rearrange shift hours of staff, to reduce concentration
- Staff to work and live at the center, do not come back home for 15 days
- Equip more protective gears for staff
- Update information to higher level regularly

The center's need: overall, the center can manage within its budget for the time being. The center also received additional support from Hanoi's children charity fund (face masks, hand sanitizers)

- More protective gears, especially gloves and masks
- Money to maintain sanitization 2 times/week

Lesson learnt: prevention is the most important. The cleaning of local environment (to get rid of animals transmitting disease like mice, fly) is utterly important

8. Recommendations

- Information: optimize traditional media channels like T.V and radio more to reach out better to OP and people with disability. Provide information through family members and volunteers. More specific and age friendly messages that OP can do themselves
- Inclusion: include OP (AE-representative body of OP) in local Covid-19 response and recovery
- Need to establish strong community monitoring and supporting mechanism (community-based organizations). They play important role in responding to public crisis such as Covid-19, increase the resilience of community before the event, support to overcome and recover after the event
- Along with regulation to prevent the spread of Covid-19, instruction on how to ensure daily living comfort of OP and disadvantaged groups in general must be issued
- OP are affected during the pandemic, but they can contribute by setting examples, donating labor and resources, helping out in their neighborhood. Most OP are willing to join and want to be involved. This also helps with their mental state
- Along with OP, AE need to be more involved in planning and implementing of local policies. Information must be shared with AE for better collaboration and make sure age-friendliness
- Tangible support such as protective equipment and cash is the most needed
- Need to continuously improve OP's income and health to reduce their vulnerability. Aim to have universal health insurance for OP
- Hand washing must be highlighted more. Communicate more on what to do if have symptoms
- Community volunteers must be managed and organized more officially, in order to involve and protect them better in such circumstances. Recognition of volunteers' contribution is important
- Need to improve primary health care, this is the frontline responder at local level, highly accessible to OP and disadvantaged groups
- Improve *distant* health check-up, make it accessible for OP and their family
- Improve security scheme for OP (reduce eligible age, increase amount receive)
- Make it easier for OP in life-long learning, join 4.0 technology, access to modern communication channels

Annex 1: List of questions for RNA

For OP

1. Do you know about Covid-19 disease? What is it?
2. What are the symptoms?
3. Since when do you know about this disease?
4. Which channel do you often learn, see information about Covid-19? Which channel is the most accessible to you?
5. If you have symptoms and a possible exposure history (travel from overseas, close contact with infected people), what will you do?
6. Will you have any difficulties doing the above-mentioned things (things to do when you have symptoms) or accessing local health care and/or treatment services?
7. Are you (your life) affected by COVID-19 outbreaks?
8. What is the level of impact on you (your life)?
9. Can you explain in more details of the impact?
10. How do you protect yourself against the disease?
11. Do you contribute or participate in local disease prevention movement?
12. Does your local government and community take measures to prevent the spread of Covid-19 and protect older persons?
13. What are the measures?
14. What is your evaluation of these measures?
15. Do you see older persons reflected in news about COVID-19?
16. What is the news about?
17. What do you think about the reflection of OP on media channels during Covid-19?
18. How do epidemic control and prevention measures (such as social distancing, restricting older persons to go out and close non-staple shops, etc.) affect your daily life? Do you have any difficulties?
19. Do you want to participate in anti-epidemic work in your locality? If so, how do you think you can get involved?
20. What do you and OP in general recommend? What support is needed from the government, family and community to make you feel secure in this disease?
21. When do you think the epidemic will end? What do you learn from this disease?
22. What else do you want to share?

For Association of the Elderly

1. What is the general situation of the Covid-19 epidemic in the area?
2. How are OP in your area affected by the epidemic?
3. Who are most affected?
4. How to provide information and support the most affected groups?
5. What activities have been implemented by the Association of Elderly (AE) in disease prevention?
6. Depend on the above answer, explore more
7. What measures have local authorities implemented to prevent OP from getting Covid-19 and support them?
8. How to ensure the measures taken (such as social distancing, stopping business) do not negatively impact the psychology, health and income of OP?
9. What does AE need more (from local authorities, communities, organizations like HAI) in disease prevention?
10. When do you think the epidemic will end? What do you learn from this disease?
11. What else do you want to share?

For ISHC leaders

1. What is the general situation of Covid-19 epidemic in the area?
2. How are the community in general and OP in particular affected by the epidemic?
3. Who are most affected?
4. How have ISHC activities changed because of the disease?
5. What has ISHC done to support its members and the community? Any cooperation with local authority & organization?
6. Explore more based on the above answer
7. Does ISHC keep in touch with members (e.g. to provide information on disease situation)? How to keep in touch? How to reach those who do not use phone or the internet?
8. What support does ISHC need (from government, AE, HAI)?
9. When do you think the epidemic will end? What do you learn from this disease?
10. What else do you want to share?

For carers (ISHC volunteers for family carers)

1. How are you and your family now?
2. How are you affected by the disease personally?
3. Who are you assigned to take care of? From when? What do you help with?
4. Do you continue to give homecare services in the context of this epidemic?
5. Please describe the steps of your care process. Do you have to adjust anything compared to normal help when there is no disease?
6. Do you know what you need to do to protect yourself in the care process? Do you have all equipment to protect such as a mask, gloves, soap, etc.?
7. Did you get any information or support during the care process (from family, friends, ISHC, local authority)?
8. Do care beneficiaries' family have any feedback about your care during the epidemic situation? (if the carer is not related to the beneficiaries) Does their family have concerns/support/objections?
9. Any difficulties during your care?
10. Will you continue home care services? Until when?
11. What support do you need?
12. When do you think the epidemic will end? What do you learn from this disease?
13. What else do you want to share?

For care receivers

1. Do you know about the Covid-19 epidemic? What is this disease?
2. Which channels do you know from? Since when?
3. Can you update the news daily (especially about disease situation)? How do you update?
4. What are the symptoms? If having symptoms, what will you do? Do you know how to contact the Covid-19 disease hotline (or someone to contact right away)?
5. How is your life affected by the disease? How is your current mood and health?
6. Do you get any support or care? From whom? What kinds of support/care?
7. Do you think you have sufficient knowledge and skills to protect yourself from this disease?
8. How do you need support to overcome this time? (spiritually and material)
9. When do you think the epidemic will end? What do you learn from this disease?
10. What else do you want to share?

For local leaders

1. Can you share the situation of the Covid-19 epidemic in your area?
2. Who are most affected?
3. Who are the hardest to support? Why?
4. What preventive measures have been applied in your area? Are there any measures or programs for older persons?
5. Do you receive disease prevention instruction? From whom? How was the instruction given to you?
6. How do local authority spread Covid-19 knowledge and direct related stakeholders to join the prevention?
7. Which units have been mobilized in epidemic prevention?
8. Do OP participate in local disease prevention? What are their contribution (if any)?
9. What support do you need to prevent Covid-19 effectively?
10. Please share the current/upcoming plan for disease prevention
11. When do you think the epidemic will end? What are the lessons learned from epidemic?
12. What else do you want to share?

For local health workers

1. Please share the situation of the Covid-19 pandemic in your area?
2. How long have you worked in health and care sector? During your work, have you ever experienced a public health crisis like this infectious disease (Covid-19)?
3. Before the epidemic, have you ever been trained or instructed in responding to situation like this? Please give details of the training
4. Who are the most vulnerable to disease? Why?
5. What are important supports to older persons in this disease?
6. What measures have been taken by local health sector to prevent the spread of the disease?
7. Are there any measures targeted to older persons?
8. Explore more from the above answer?
9. What are the difficulties and advantages that you have when applying the above preventive measures?
10. What support did you receive from authorized/related stakeholders during the implementation of such measures?
11. Which disease prevention measures faced the most difficulties during implementation? Why?
12. What more do you need (in terms of means, facilities, mechanisms, etc.) to effectively protect the community from disease and protect yourself?
10. Please share your upcoming plan in your locality for disease prevention
11. When do you think the epidemic will end? What are the lessons learned after this epidemic?
12. What else do you want to share?

For community centers

1. How long have you worked at the center? Please introduce about the center (beneficiaries, size, mechanism of operation)
2. How many OP are there in your center? Or asking for % of OP being taken cared of compared to total size?
3. Has the center ever experienced a similar infectious disease event? (even if on a smaller scale)
4. Has the center received instructions on prevention of Covid-19 outbreak? From which agency?
5. How has the disease affected the center? And to the people the center is taking care of?
6. When did the center start to implement measures? What are the measures?

7. How has the center adjusted to the epidemic situation (while maintaining service delivery)?
8. Has the center got support from any agencies/units? Which one?
9. Does the center have communication with other centers or hospitals, health facilities? (to request assistance, coordination as needed)
10. What further support does the center need from government, related organizations and stakeholders to keep operating effectively?
11. What are the lessons learned from this epidemic?
12. What else do you want to share?