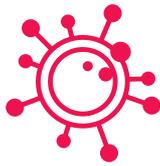


Iraq – August 2020



COVID-19 – Impact on Older People – Rapid Needs Assessment

Context

Since the COVID-19 outbreak, Iraq has reported more than 160,500 cases and over 5,500 deaths from the virus (13/08/20). Lock downs and curfews imposed by authorities to prevent its spread have had significant economic and social repercussions for Iraqis, particularly older people. In addition to the negative economic consequences of COVID-19, the Iraqi economy has been heavily impacted by the global drop in oil prices. A fragile and struggling economy combined with ongoing insecurity and political instability are leading factors fuelling humanitarian concerns.

While exemptions have been granted for life saving activities, restrictions on movement have adversely impacted the ability of humanitarian actors to provide relief to those most at risk. Furthermore, as cases steadily increase across the region, Iraqi remains vulnerable to a potential spike in cases, with older people most likely to be affected. In the light of this, Oxfam and HelpAge International undertook, in June 2020, a multi-sector Rapid Needs Assessment in the Governates of Anbar, Diyala, Kirkuk, Ninewa, and Salah al-Din to provide a snapshot of the impact of COVID-19 on older people and their emerging needs. This survey collected information from older men and women over 50, especially those with disabilities. The information collected by this survey will inform Oxfam's future programming and help shape the advocacy messages both organisations deploy with other humanitarian partners and the Iraqi government.

Key Findings

Health

32% of older people have not been able to access medicine since the start of the COVID-19 outbreak, with 65% reporting difficulty accessing medicines. Residences in the Governorates of Diyala and Salah al-Din were the severely affected by medical shortages.



Food

71% of older people, especially 78% of older women and 74% of older people with disabilities, had to reduce the quantity of food consumed following the COVID-19 outbreak in Iraq.

44% of older people living alone had less than two days of sufficient food supplies available in their house.



Protection

Both older men and women feel they are at risk of increased **neglect, isolation, and financial abuse** during this time.



Wellbeing

74% of older people surveyed reported that they felt worried either 'all of the time' or 'most of the time'. This is higher for older women (80%) compared with older men (69%).

22% of older people reported they felt unable to cope with the situation. This is especially true for those living in the Governates of Salah al-Din and Diyala.



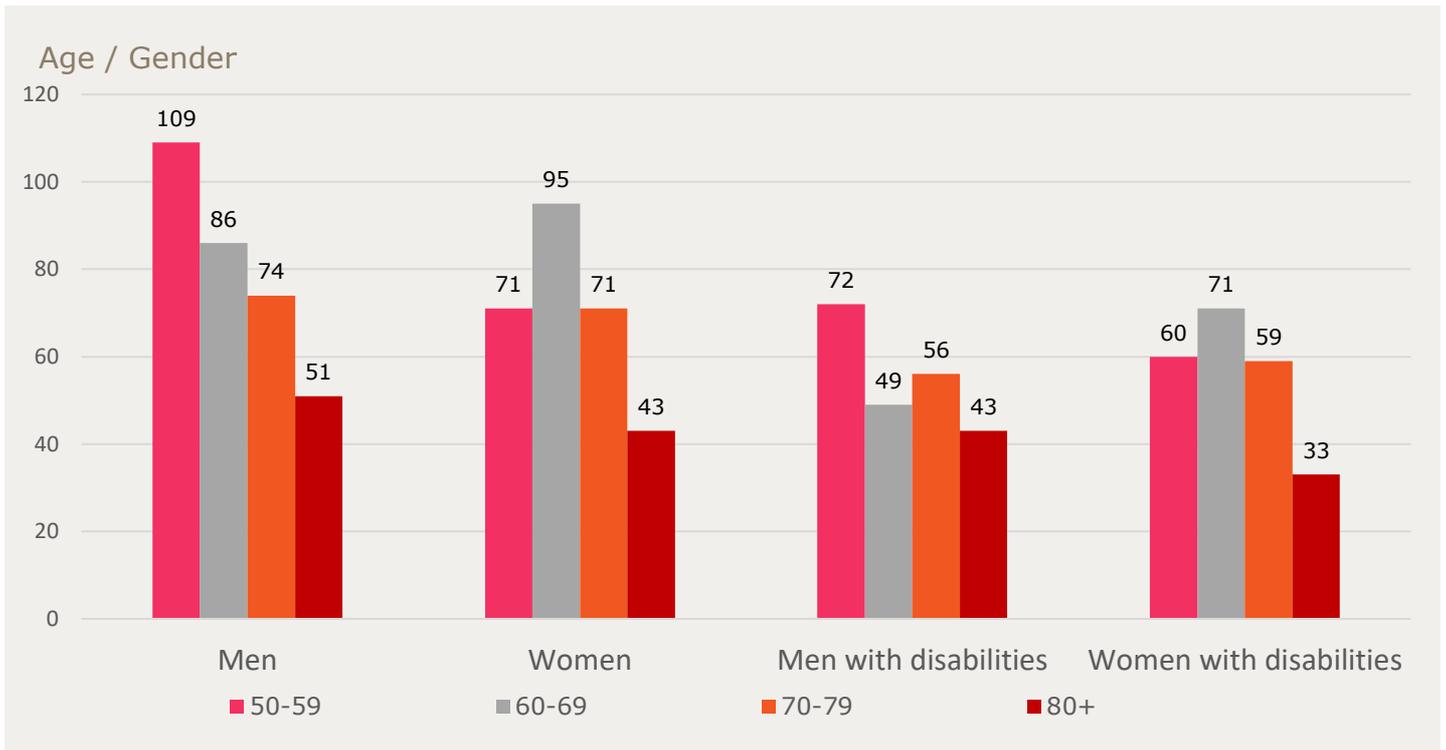
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Methodology

Data on adults over 50 were collected through phone surveys by Oxfam in Anbar, Diyala, Kirkuk, Ninewa, and Salah al-Din Governorates. Oxfam relied on its existing beneficiary database for this exercise as remote data collection required an established beneficiary list with active phone numbers. A total of 605 people was interviewed between the 3rd and 10th of June. One of the limitations of using phone surveys was that those older people with disabilities such as hearing or cognitive impairments could not directly partake. However, their carers, if available, were able to answer the questions with the older person present. Another limitation was that as these were Oxfam beneficiaries, they exhibit more vulnerabilities than the wider population of older people. Finally, while we conducted key informant interviews with Oxfam staff, we did not conduct focus group discussions with older people to further triangulate the findings. During data cleaning the 5 people who did not consent were removed. The data was disaggregated by gender, age bands (10-year age cohorts), disabilities, and location. The results of these disaggregations are only reported where the differences are significant, typically representing more than a 5% difference from the total population. The development of the RNA tool, report writing, and data analysis was conducted by HelpAge International and the data collection and report review was carried out by Oxfam.

Demographics



80% of older people have at least one health condition

Hypertension: 54%

Joint aches and pains: 42%

Diabetes: 33%

Heart problems: 21%

Gastro: 7%

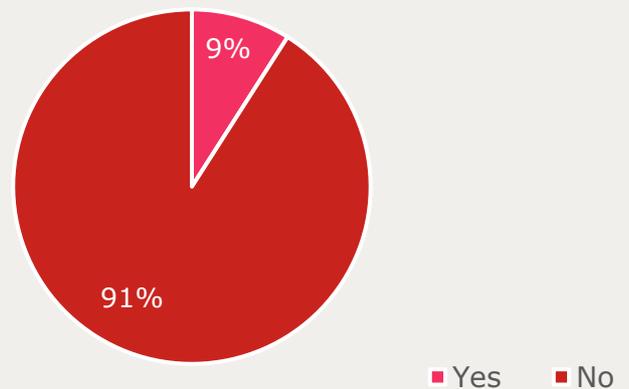
Respiratory: 6%

Serious injury: 2%

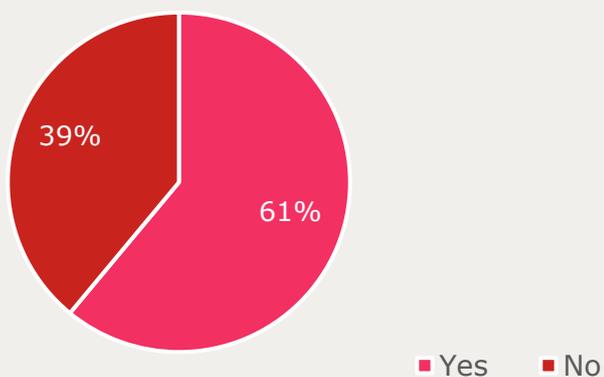
Skin disease: 1%

Cancer: 1%

Older People Living Alone



Older People caring for others



74% of older people have at least one disability

Walking: 55%

Sight: 47%

Self-care: 31%

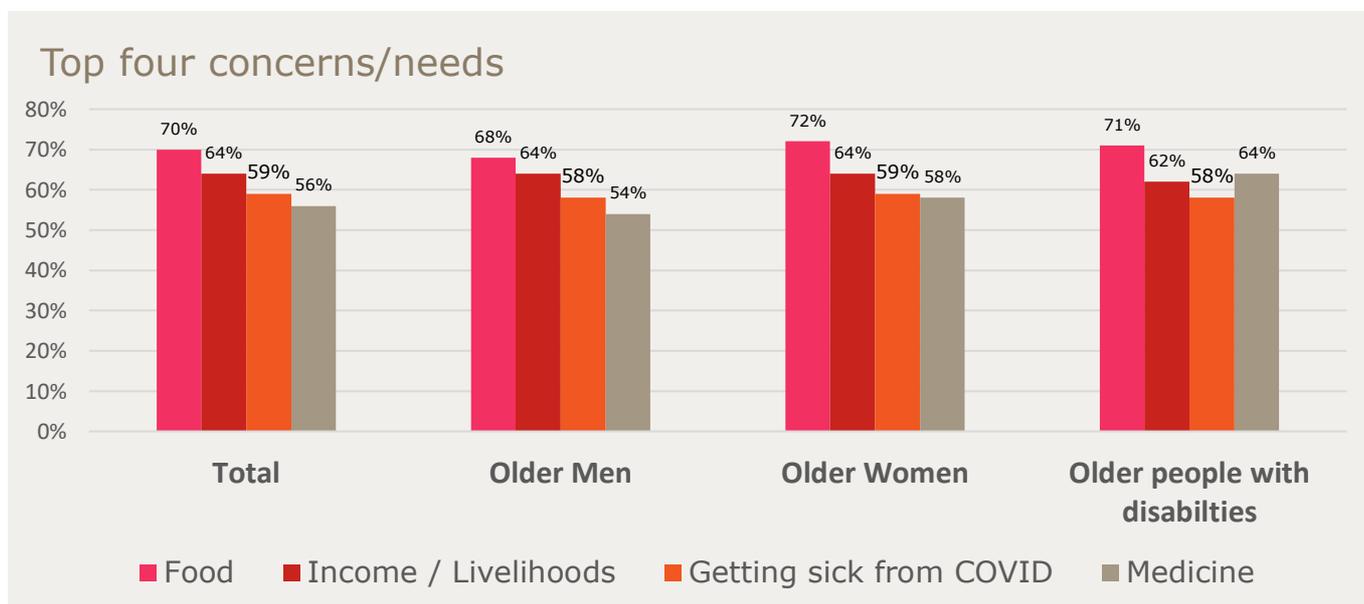
Hearing: 28%

Remembering and concentrating: 24%

Communication: 20%

Top concerns/needs

- The top two concerns or needs for older people surveyed in Iraq are a lack of food (70%) and loss of livelihoods (64%). This was followed by the concerns of getting sick from COVID-19 (59%) and availability of general medicines (56%). This trend is similar for both men and women. However, for older people with disabilities, the availability of medicines is a particularly high priority (64%), especially older women with disabilities (67%). Furthermore, safety is a concern for 15% of older people, with a larger percentage of older women (18%) prioritizing this as compared with older men (11%).
- While food prices peaked in March in certain parts of the country, primarily attributed to panic-purchasing, prices have since stabilised. However, many older men and women still had to reduce the quality and/or quantity of food consumed. Many of the most at risk individuals in Iraq, especially those affected by displacement are living on daily wages, which have been substantially reduced by current movement restrictions. This lack of purchasing power is especially concerning for those older people living alone and without the support of relatives (9% of older people surveyed).
- The third highest concern older people face is becoming infected and sick with COVID-19. This is likely to exacerbate older people's overall sense of wellbeing and with movement restrictions in place, feelings of isolation are likely to be increasing. Furthermore, in Iraq the majority of medicine needs to be purchased, which is more difficult due to COVID-19. Reductions in income have made medicine more unaffordable while movement restrictions and fear of catching COVID-19 have made them more difficult to access. Some 32% of older people have been unable to access their medicine since the start of COVID-19 and even those who have been able to find medicines report greater difficulty in doing so.



COVID-19 Awareness and Behaviour

Restrictions of movement

- Iraq officially announced and enforced a curfew and restricted movements from the 27th February. As the pandemic continued to spread and increase there have been fluid level of

restrictions and curfews across the country. These have been instituted from both the Government of Federal Iraq and the Kurdish Regional Government. At the end of June COVID-19 caseloads were reaching new record highs on a daily basis and restrictions remain in place to varying degrees throughout the country.

- As of early June, 75% of older people surveyed were observing government instituted restrictions, while 19% are observing no movement restrictions. Movement restrictions were reported to be highly observed by older people in Salah al-Din (95%), where curfews were imposed without prior notice and gradually shifted to partial curfews, and in Anbar (93%) which initially had strict restrictions applied in June and since July has seen these partially lifted. Overall, it should also be recognised that movement restrictions were reported to be higher for older women (80%) compared with older men (71%) and older people with health conditions (80%), which may hamper their access to essential goods, services and information.
- In Diyala, the risks of COVID-19 appear higher with 28% of older people confirming they are self-isolating due to potential exposure, 7% of older people interviewed reporting that they have tested positive or demonstrated COVID-19 symptoms, and 2% having been hospitalized.

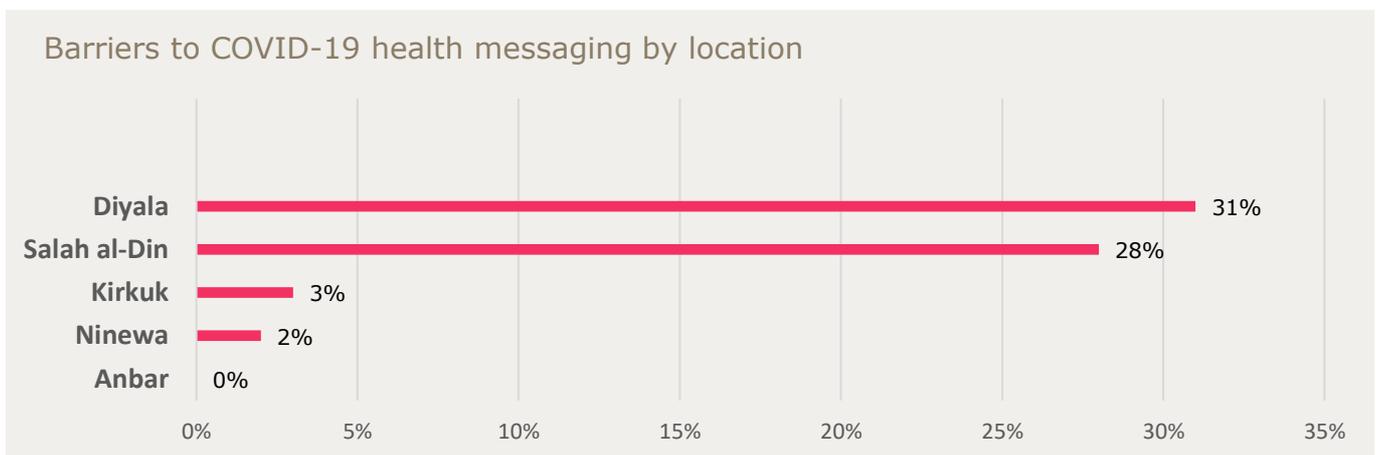
COVID-19 preventive measures

- Older people in Iraq are aware of a wide range of methods they can use to protect themselves. The two methods with the highest mention are handwashing (85%) and social distancing such as avoiding groups or gatherings, shaking hands, and staying at home if possible (77%). Furthermore, 32% of older people mentioned the need to avoid touching their face and 31% mentioned the need to cough or sneeze into their elbow or tissue. In both cases older women are less likely to be aware of these as COVID-19 prevention methods.
- 7% of older people, including 12% of older women, stated they do not know how to protect themselves from COVID-19. These findings were highest among the respondents from the Governorates of Ninewa (18%) and Salah al-Din (12%) which may reflect that movement restrictions have hampered information sharing about COVID-19. The lack of awareness on the part of some respondents may also reflect diminished access to health and support services. For example, the Directorate of Health has not assigned a mobile team to Ninewa to deliver messaging during household visits.
- A substantial majority of older people (79%) are able to use all key COVID-19 preventive measures. However, 8% are unable to practice handwashing, especially those in Salah al-Din (36%). This relates in part to the financial difficulties some older people face and their inability to be able to purchase soap for handwashing.

Barriers to Health Messaging

- Most older people surveyed do not encounter barriers in accessing COVID-19 health messaging. However, 13% did encounter barriers. Women appear to face greater challenges, with 15% of all women and 17% of women with disabilities and 17% of women with at least one health condition saying they encounter barriers.
- Older people who are living alone (9% of older people) appear to face greater barriers in accessing information than others, with 19% of those living alone reporting challenges in accessing COVID-19 messages, compared with 13% across the older population.

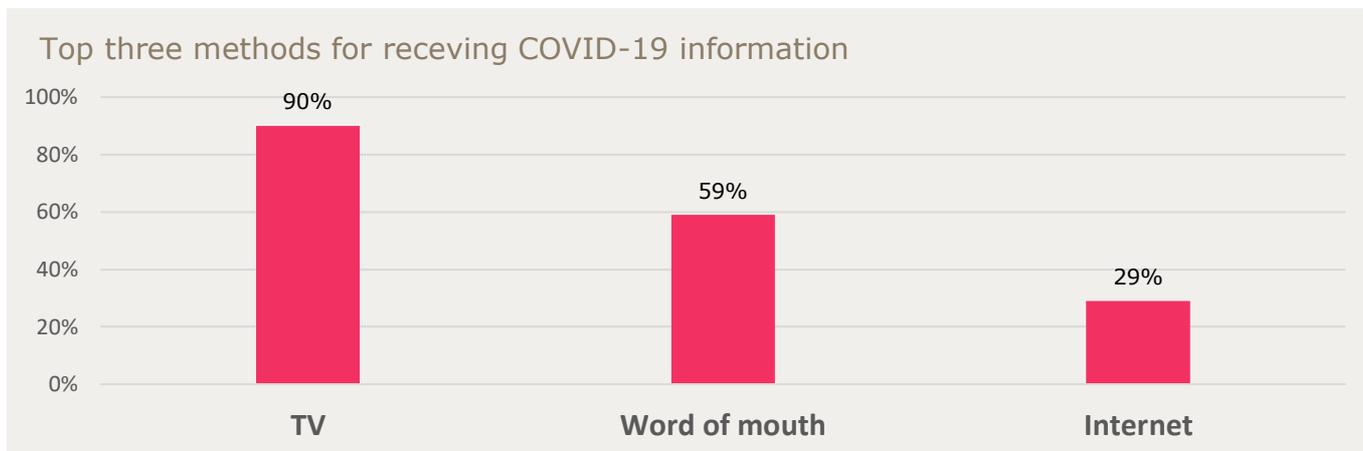
- Older women reported greater challenges than older men, 15% and 11% respectively, with this difference more pronounced among older people with disabilities. 17% of older women with disabilities reported barriers in accessing COVID-19 messages, compared with 10% of older men with disabilities. A common regional trend is the lower rates of mobile phone and internet access by women which can create barriers in accessing COVID-19 information.
- People in the younger age group, 50-69 years, reported greater challenges accessing COVID-19 health messages than those aged 70 and over. 19% of those aged 50-59 and 18% of those in their 60s said they faced barriers in accessing messaging, compared with 4% in the over 80s.
- 31% of older people in Diyala and 28% in Salah al-Din reported facing greater barriers in accessing COVID-19 health messages, far higher than in other areas. This may be due to a low literacy rate for older people in these areas and poor access to technology such as smart phones, used by many Iraqis to receive messages and information regarding COVID 19. An additional challenge for older people living in Salah al-Din is the areas remoteness.
- While the majority of older people surveyed do not experience barriers to receiving COVID-19 health related messaging anecdotal evidence points to a large amount of misinformation and rumours about COVID-19 which are circulating and spread through social media.



Preferred method to receive information related to COVID-19

- The preferred method through which older people would like to receive COVID-19 related information is via TV (90%). This is followed by the internet (29%) and subsequently by word of mouth (28%). Interestingly there is limited enthusiasm among older people for receiving COVID-19 messaging through newspapers (0%) or the radio (7%). Preferences do not appear to differ for older people with disabilities, apart from a slight preference for word of mouth information.
- Few regional preferences were noted with older people in Diyala preferring leaflets (26%) and posters (25%) while those in Salah al-Din preferred loudspeakers (31%).
- While overall trends were similar, some differences were seen by gender. For example, 96% of older women expressed a preference for receiving information via TV compared with 85% of older men. Older men expressed a greater preference for information via SMS (22% among men and 4% among women) and posters (13% and 4% respectively).
- Similar trends were seen by age. People in their 80s and over reported the greatest preference for information via the radio, with 11% stating this preference compared with 4% of those in their 50s.

- Some significant differences were seen by area. For example, 63% of older people in Anbar wanted to receive information on COVID-19 via word of mouth, compared with the next highest area, Ninewa at 31%. Only 4% of older people in Kirkuk said they would like to receive information in this way.



Recommendations



COVID-19 Awareness and Behaviour

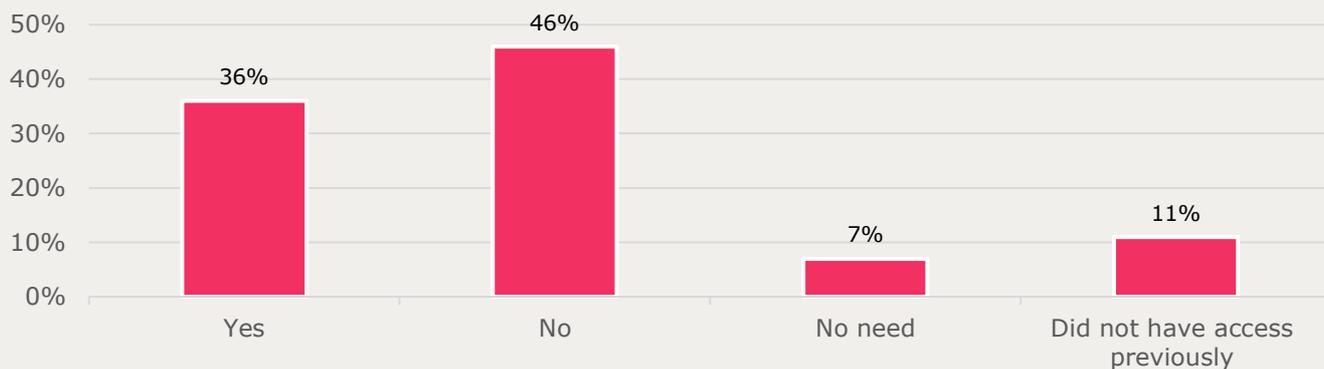
1. Identify and work with existing media service providers and/or national TV stations to develop COVID-19 information and prevention messages that are accessible and inclusive so as to reach older people through their preferred method of communication.
2. Support the compliance of handwashing behaviours through facilitating soap distributions, handwashing training and complementary protective behaviours, particularly for older women with disabilities and health conditions who are most affected by movement restrictions, have lower awareness and access to soap.

Health

Access to health services

- 36% of older people stated their access to health services has changed since COVID-19. A key challenge facing older people is that lockdown, as well as a limited ability to afford transports costs, has meant that accessing health facilities is difficult. Furthermore, many older people have been anxious about going to facilities because of a fear of contracting COVID-19 and becoming sick. This is because it is perceived that healthcare facilities do not have the appropriate personal protective equipment nor the appropriate triage to ensure older people remain protected.

Change in access to health services since COVID-19

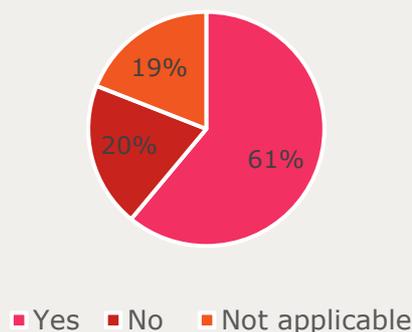


- The change has been most notable in in the Governates of Diyala (51%) and Salah al-Din (49%). Both areas have faced significant COVID-19 outbreaks and inadequate or in some areas non-existent health facilities. Diyala is close to Iran and also very close to Baghdad where the highest cases in the country have been recorded. In Salah al-Din, cases rapidly increased from mid-June toward July mainly in Balad, Samara and Dugail districts. On 7 July the Salah al-Din Governorate recoded 426 cases in one day. This rapid increase is attributed to the fact that the government is not able to control the influx of the visitors from Iran and southern Governorates to the holy places in Balad, Dugail and Samara. The significant outbreaks in these areas are likely to have affected access to health services in a number of ways. For example, health facilities overstretched with COVID-19 cases may have been less able to provide other services.
- It is of concern, that 11% of older people lacked access to health services before COVID-19. This is significantly high in Salah al-Din where 41% of older people lacked access to health services prior to the COVID-19 outbreak.
- Older women reported greater challenges in accessing health services before COVID-19 with 13% of older women saying they had no access compared to older men (8%). This trend was mirrored in older people with disabilities, with 15% of older women saying they did not have access compared with 8% of older men with disabilities.

Nearest health facility treating COVID-19

- 20% of older people were unaware of their nearest COVID-19 referral health facility. Older women are less likely to have this knowledge than older men with 22% saying they were unaware, compared with 18% of older men. This is higher for older people who live in Diyala (39%). A further 19% of older people responded that they were not treating for COVID-19 in the region. Of these the vast majority came from Ninewa (38%) and Salah al-Din (36%).
- Knowledge of where to access treatment for COVID-19 appears to differ with age, with the younger cohort of the older population reporting less awareness. 57% of older people in their 50s reported knowing where to access treatment, compared with 70% of those 80 and over. In part this may be

Aware of nearest health facility treating COVID-19

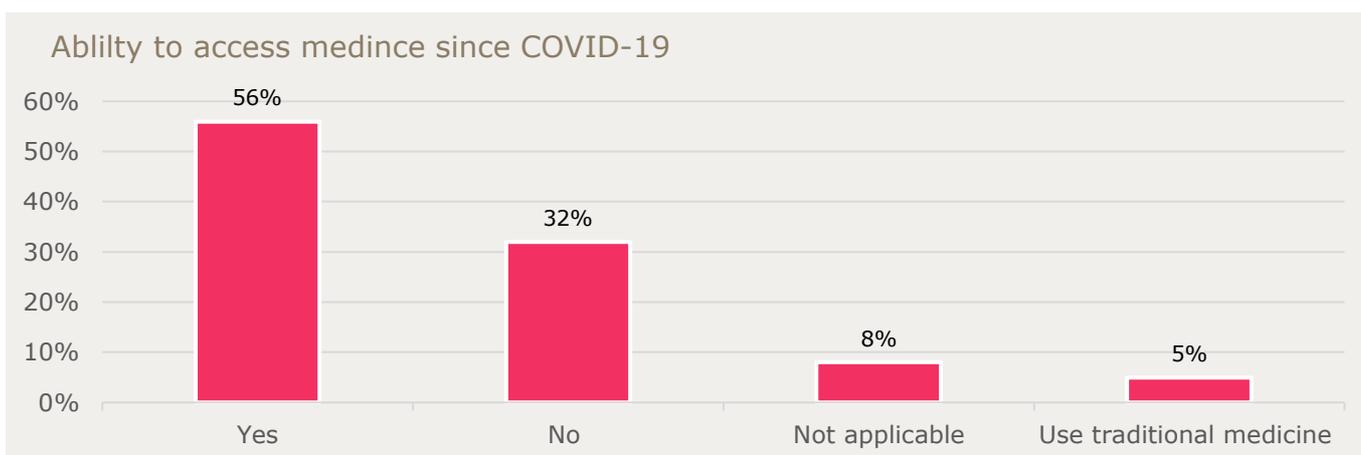


related to higher propensity of the older old to use health facilities,

- Of those older people who are aware of their nearest treating facilities, 40% said it was less than 30 mins away, 17% reported facilities between 30 minutes and 1 hour, and 5% between 1 to 3 hours away.

Access to medicine

- Of those who take medications for their pre-existing health conditions, 32% have not been able to access them since the start of the COVID-19 outbreak. This was highest among those in their 50s (41%).
- Older people in Diyala and Salah al-Din faced significantly greater issues accessing medication than those in the other Governorates. It is likely that the significant outbreaks in these areas and the resultant fear and anxiety around going to health facilities, and restrictions on movement imposed are posing significant challenges for older people in accessing medicines.
- This findings are especially concerning given that 80% of older people have at least one health condition, many of which are chronic such as diabetes and hypertension and this will put many older people at serious risk if they are left without medication, both in terms of the implications of an interruption in care for their existing condition plus possible complications which may emerge for those who have been infected by COVID-19.



Access to Personal Protective Equipment (PPE)

- 60% of older people have been able to purchase COVID-19 preventive materials such as masks and soaps. More older women (67%) purchased these preventive materials compared to older men (55%). Most of these preventative materials are available at local markets, with only 6% of older people stating items were unavailable. However, older men and women had different views on whether PPE is available in the market with 10% of older men saying it is not, compared with only 1% of older women. This suggests that with the necessary financial resources older people can acquire PPE materials locally.
- 26% of older people reported not being able to afford to purchase PPE, with this being much higher in Salah al-Din (73%) and Diyala (45%). This was also higher for older people in their 50s, with 33% reporting not being able to afford PPE.
- 30% of older people responded that they have received preventive materials. This was higher for older men (39%) than older women (19%).

- Older people living alone appear to be the most likely to have received PPE, suggesting those potentially most isolated during lockdowns are still being reached to a greater extent than others.

Recommendations



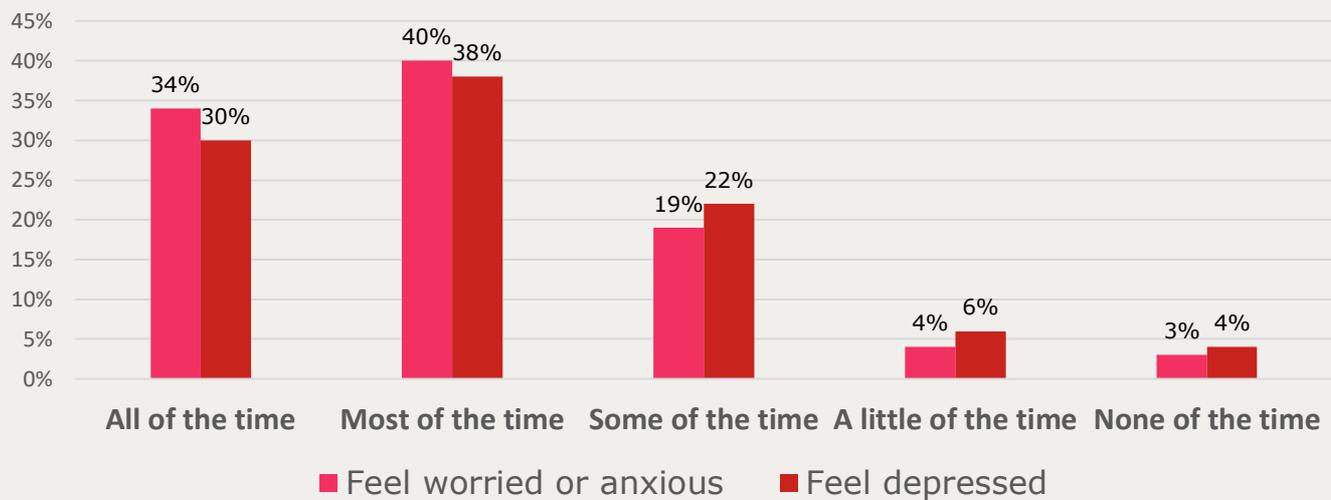
Health

1. Put in place mechanisms at the community level to ensure older people receive medication if they are unable to access health facilities e.g. collaboration between health centres, pharmacies and community based organisations and volunteers to deliver medication to older people at home.
2. Support health facilities to provide essential health services, including for non-communicable diseases (NCDs) and other chronic conditions during COVID-19 to avoid any interruptions in care for older people.
3. Ensure older people receive information on where to access PPE. Preferred methods of communication according to this survey are television and internet. Provide PPE free of cost to older people who cannot afford it.

Wellbeing

- The mental health and psychosocial ramifications of COVID-19, and insecurity within Iraq is having a significant impact on the psychosocial wellbeing of people including older women and men and people with a disability. The National Protection Cluster (NPC) and its partners report that mental health and psychosocial needs of affected individuals are alarming (Dec 2019). A recent NPC meeting (May 2020), reported a high prevalence of stress and anxiety, along with physiological trauma and an increase in incidents of gender-based violence being reported by humanitarian protection agencies.
- 74% of older people surveyed reported that they felt worried or anxious either 'all of the time' (34%) or 'most of the time' (40%). More older women (80%) reported feeling worried either 'all of the time' or 'most of the time' compared to older men (69%).
- Additionally, 68% of older people feel depressed either 'all of the time' (30%) or 'most of the time' (38%). More older women (72%) reported feeling depressed either 'all of the time' or 'more of the time' compared to older men (65%)
- Since the start of the outbreak 22% of older people felt they are unable to cope with the situation. There was a significant regional variation within this finding with 71% of older people in Salah al-Din and 36% in Diyala feeling they cannot cope. However, 30% of older people say they can cope independently, slightly more for older men (33%) than older women (27%), while 48% can cope with support from family, friends, community and/or aid workers.
- Given that 74% of older people surveyed have at least one disability (including 31% with a self-care disability) and most live with caregivers/family members. It is important to consider the needs of their caregivers and develop activities that can provide them with practical and psychosocial support so they can continue to care for their older family members.

Wellbeing



Recommendations

Wellbeing

1. Deliver dedicated psychosocial support for older people so they can manage their worry or anxiety and ability to cope. This will include mobilising community volunteers to check-in on older people living alone or who are housebound or feeling isolated and sharing information and details of other support mechanisms available.
2. Provide peer support opportunities to older people who are able to cope and are interested to take on voluntary roles such as community volunteers or peer supporters for those who need support.
3. Provide training on:
 - Accessible communication methods with older people who have difficulty hearing, seeing or have other communication challenges to outreach staff and community volunteers.
 - Assessing older people's support needs and appropriate referral pathways, including the provision of psychological first aid to frontline responders.

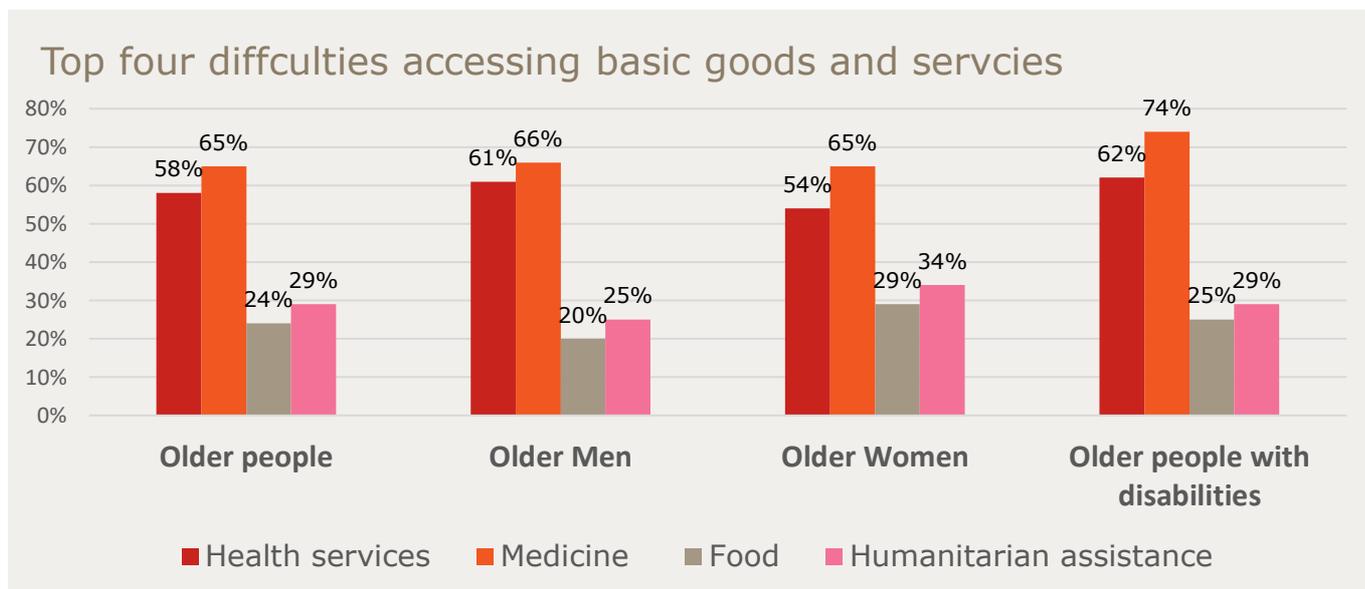


Protection

Access to goods and services

- The outbreak of COVID-19 and its subsequent socioeconomic impact has reduced older people's access to basic goods and services, currently:
 - 65% of older people have difficulty accessing medicine, especially older people above 70 years (76%). Furthermore, there were significant challenges accessing medicines in Salah al-Din (91%).
 - 58% of older people have difficulty accessing health services, older people in Ninewa (70%) and Salah al-Din (93%) have the greatest difficulty. Older women (61%) also experience greater access challenges compared with older men (54%).

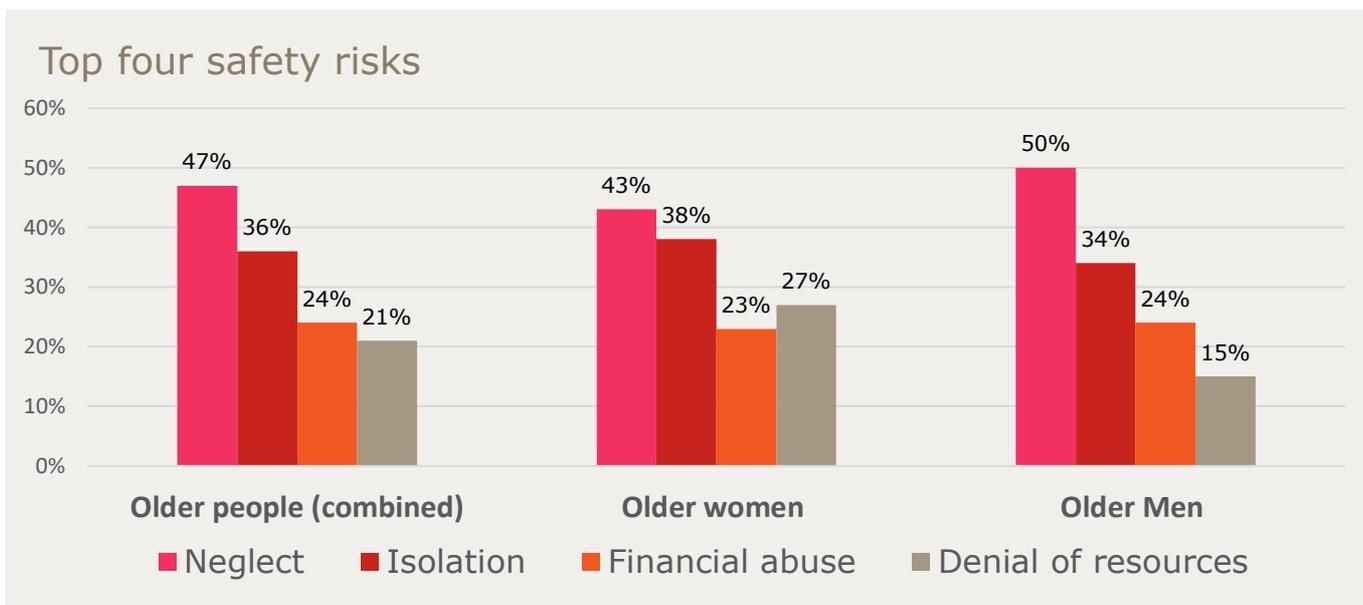
- 29% of older people have difficulty accessing humanitarian assistance, with older women having greater difficulty (34%) compared to older men (25%) especially older people who live in Salah al-Din (84%). This reflects the higher vulnerability in this Governate which has received one of the highest number of returnees who depend heavily on humanitarian support.
- 24% of older people have difficulty accessing food. This is particularly true for older women (29%) compared to older men (20%). Furthermore, there is regional variations noticeably higher among those living in Diyala (38%).



Perceptions of safety and risk

- Older men and women responding to the survey ranked protection as only their 6th priority, with areas related to basic needs considered to be of a higher priority. However, that may in part reflect how dire the situation is in terms of economic opportunity and access to basic goods and services and consequently the priorities assigned to these.
- The responses received showed that older people had significant concerns about safety, and that older women and men broadly agreed on the most significant risks: neglect, isolation, and financial abuse. A high number of women respondents reported a perceived increased risk of denial of resources, opportunities, or services, with the risk being more moderately reported by men.
- Older men and women surveyed in Diyala perceived there to be higher risks across the board, including 62% reporting increased risk of neglect, 41% reporting increased risk of isolation and 38% reporting increased risk of financial abuse. Notably, denial of resources, opportunities, or services, was very high in Kirkuk (49%) and Salah al-Din (41%), but lower in Diyala (8%), Ninewa (4%) and Anbar (1%).
- Direct questions on gender-based violence (GBV) or elder abuse were not asked during the Rapid Needs Assessment considering the safety of those surveyed. However, during COVID-19, risks of GBV among women and girls with disabilities and older women have significantly increased and a rise in domestic violence has been documented globally. The National Protection Cluster in Iraq has cited increased reports of GBV to protection actors, which has been confirmed by the Investigation Courts and Specialized Police. According to these reports,

survivors feel that they cannot reach assistance or that responses are limited, with requests primarily focussed on assistance for divorce and legal response.



Recommendations



Protection

1. Conduct participatory assessments with older people to map protection and safety risks and address barriers to services given changes to delivery in the current context.
2. Conduct a service providing mapping of the available services which are available to older people. Assess accessibility of services for older people and put in place measures to minimise barriers as necessary.
3. GBV services carry out an assessment of barriers older survivors may have to reporting violence and abuse and receiving support, including barriers linked to remote delivery modalities e.g. mobile phone use

Caring for others

- The responsibility for caring for children, people with disabilities and other older relatives clearly falls on older people and 61% of older people surveyed are providing support to others. This is especially high in Anbar (97%), Diyala (75%) and Ninewa (63%) and is higher amongst older men than older women.
- Older people are also providing a range of different types of support. For example, 49% of older people are providing basic care support including food and shelter (especially older men 56% compared to older women 40%) and 46% are providing emotional support. Again, this was higher for older men (51%) than older women (40%). Kirkuk has lower figures with around only 1 in 4 older people caring for others.

- Lockdowns, increased illness, pressure on health and care services as well as closure of schools increases the care burden in terms of the provision of basic care support and child minding. Furthermore, additional emotional support may also be required given heightened anxiety and fear amongst the population.

Recommendations



Caring for others

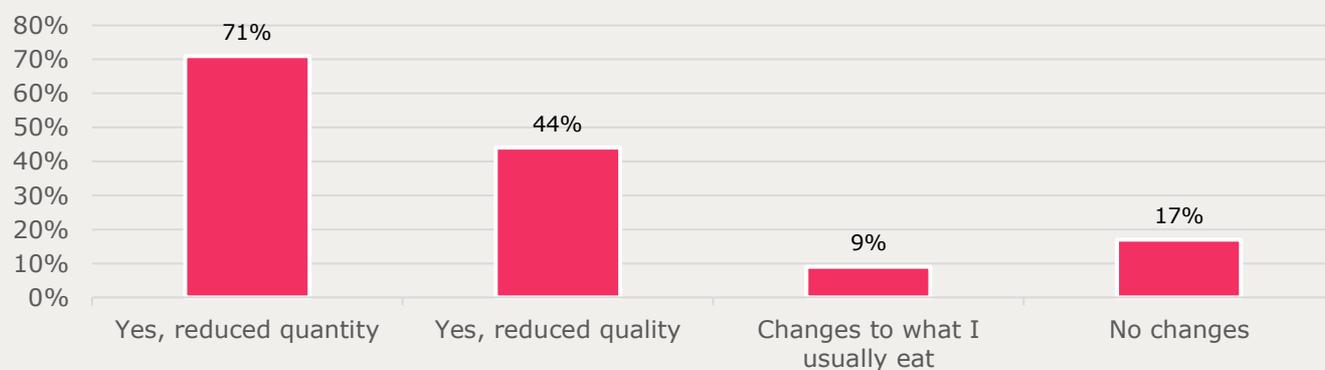
1. Provide psychosocial and practical support to older carers to improve access to basic goods and to help them manage stress and anxiety so they can continue providing care to others.
2. Ensure older carers of children are visible to child protection services so that additional support is provided to them and the children in their care.

Food and Income

Diet

- Food is the highest priority for older people who participated in the survey. Currently 71% of older people, and those with disabilities (74%) have had to reduce the quantity of food consumed (especially those in Salah al-Din, 94%). It is also important to recognise that more older women have had to reduce the quantity of food consumed (78%), compared with older men (66%). 44% of older people reduced the quality of the food consumed, this was especially reported from those in Diyala (68%). Safe access to food, especially for at-risk groups, is hampered by curfews and travel restrictions. These adversely affect the function of markets as when opening hours are reduced, more people have to shop in a limited period resulting in overcrowding and increasing the risk of transmitting the virus. .
- Furthermore, many older people have limited food supplies within their households making regular shopping necessary. From those surveyed, 33% of older people reported they only had sufficient food stocks at the household level to last no more than 2 days, especially in Kirkuk (47%) and Salah al-Din (42%). Furthermore, 44% of those that identified as living alone stated they had sufficient food to last no more than 2 days.

What changes older have made to their diets since COVID-19



Income

- The findings of this study showed livelihoods and income to be the second highest priority for older people. The top three sources of income for older people surveyed are pensions or other cash transfers (34%), business (31%), and regular salaries (14%). However, there are regional variations with only 18% of older people in Diyala receiving pensions or other cash transfers and only 2% of those in Salah al-Din receiving a regular salary. It is also important to recognise that only 4% of older women have been able to access COVID-19 related government or humanitarian agency assistance compared with 14% of older men, whilst 34% of older people from Ninewa depend on this. In the toughening economic situation, with rising prices and job losses, the tightening of government or humanitarian support can expose at-risk groups to further poverty.
- Older people also responded that their businesses or livelihoods were being affected in several ways. This included delays in the payment of salaries; as well delays in pension benefits, and curfews preventing both access to work and/or reductions in business activity. These matters were compounded by a lack of savings, or lack of information about how to access or register for savings or pension schemes and have thus left many older people in a situation of high financial vulnerability.
- The longer-term, economic downturn in Iraq will have the greatest impact on the most marginalised, with older people being at an especially high risk of falling into poverty and hardship because of limited access to income, livelihood opportunities, and pensions, compounded by inefficient social safety nets that lack sustainable funding.

Recommendations



Food and Income

1. Utilise outreach teams or community volunteers to organise safe distributions of food packages/items to older people, particularly those living alone, older women and those with disabilities, who face challenges in accessing sufficient food, especially when they may hold caring responsibilities.
2. Provide older people, including older women, with information on how to access government and humanitarian assistance, that can supplement their livelihood as they experience delays to their pension benefits and salaries. Preferred methods of communication are TV and internet.
3. Ensure decisions on beneficiary targeting for cash programmes includes consideration of older people's livelihoods and is informed by understanding of household decision making dynamics

WASH

- Since COVID-19 many older people have faced challenges in accessing drinking water, bathing, or toilet facilities. A key concern for many older people surveyed (29%) was a fear that if they go to these WASH facilities, they will catch COVID-19. This fear exists as many households are not connected to the main water and sanitation networks and therefore have to travel outside of the house to visit public facilities which can easily become overcrowded. This is particularly the case for older people in Salah al-Din (57%) and Ninewa (35%) Governorates. A] further

concern in the Salah al-Din Governorate is that the water supply systems are often linked directly to the water in the river which can become contaminated especially during the rainy season. Under these circumstances maintaining good hygiene standards is very difficult.

- Similarly, 28% of older people have been unable to access these facilities as movement restrictions prevent them from leaving their houses, again this is most striking in Salah al-Din Governorate (57%).
- Overall half of the older people responded that they are experiencing challenges with accessing drinking water, bathing, or toilet facilities. COVID-19 has further exacerbated existing problems and is likely to place higher demands on WASH facilities due to the increased need to clean and disinfect. Some of these challenges arise as many locations suffer from inadequate water supply systems which are poorly maintained and the delivery and provision of chemicals and chlorine to ensure water is safe for drinking are unable to be delivered due to movement restrictions.

Recommendations



WASH

1. Provide information and reassurance on how to access WASH facilities safely through COVID-19 awareness raising actions. The two regions which should be especially targeted are the Governorates of Salah al-Din and Ninewa.
2. Provide chemicals and chlorine to purify drinking water to older people especially those in the Governorate of Salah al-Din.

Overall recommendations for the immediate and long-term response



1. Integrate analysis of the pandemic's impacts on older people into Iraq's humanitarian, health and socio-economic recovery plans and include specific actions to address risks they face as identified in this assessment. Include corresponding monitoring frameworks that capture how the response actions are meeting the needs of at-risk groups, including older people and people with disabilities.
2. Collect, analyse and report age, sex and disability disaggregated data on the number of cases and deaths.
3. Use the Humanitarian Inclusion standards for older people and people with disabilities. Use 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.
4. Address ongoing systemic issues that have created barriers to access health services for older people before COVID-19 in plans to build back better after the pandemic, recognising the changing needs of an ageing population with sensitivity to gender dynamics