

COVID-19 rapid needs assessment of older people

Context

Since the outbreak of COVID-19, the Philippines has experienced 194,252 cases and 3,010 deaths (24/8/20). Its impact has been disproportionately felt by older people, who are significantly more likely to die of COVID-19. Despite cases increasing, movement restrictions are now being relaxed. Yet, significant economic, health, and social repercussions are now being felt by almost all segments of Philippine society, particularly older persons. They are at risk of being denied access to resources (particularly due to movement restrictions); at risk of being neglected, isolated, and financially and emotionally abused, perhaps to a greater extent during these trying times. To be able to adapt its programming and provide advocacy messages to humanitarian partners and government, The Coalition of Services of the Elderly (COSE) in partnership with HelpAge International undertook a multi-sector Rapid Needs Assessment in late May 2020.

Key findings

Food and income

23% of older people reduced either the quantity of food consumed or made changes to what they usually eat.



Health

61% of older people have not been able to access services since the start of the COVID-19 outbreak, with **52%** of older people reporting that they have difficulty in accessing medicines.



Protection

68% of older people have difficulty accessing health services while more than **50%** reported that they were also having a hard time securing food and medicines.

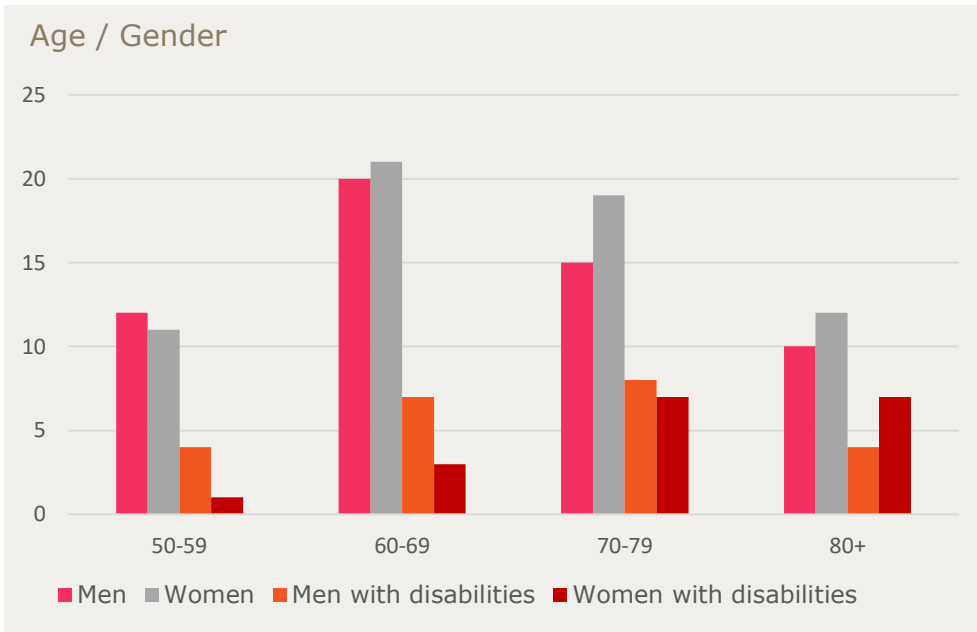


Wellbeing

79% of older people reported that they felt worried or anxious either all of the time or most of the time. This correlates with their apprehension over being denied access to resources, opportunities (especially livelihood) or services (such as health care), isolation, and neglect.



Demographics



60% of older people have at least one health condition

Hypertension: 41%

Diabetes: 13%

Joint aches and pains: 16%

Heart problems: 8%

Respiratory: 6%

Serious injury: 4%

Other: 10%

34% of older people have at least one disability

Walking: 23%

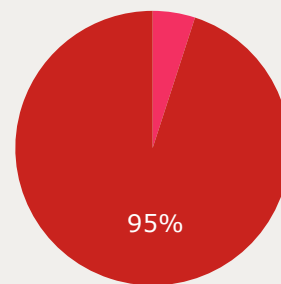
Remembering and concentrating: 9%

Sight: 8%

Self-care: 8%

Hearing: 6%

Living Alone



Legend: Yes (pink), No (dark red)

Methodology

Data on adults over 50 was collected through phone interviews with COSE's partner Older People's Associations (OPAs), both in rural and urban communities in 4 provinces (Bukidnon, Camarines Norte, Cebu, Negros Occidental) and in Metro Manila, covering 10 cities/municipalities. COSE relied on its existing partner OPAs member's database for this exercise. A total of 120 people were interviewed between 6-22 May 2020, all of whom provided consent (24 from Bukidnon; 26 from Negros; 18 from Cebu; 24 from Camarines Norte; 18 from Valenzuela City; 8 from Caloocan City). The data was disaggregated by sex, age groups, and disabilities – 63 women; 57 men; 23 people aged 50-59; 41 people aged 60-69; 34 people aged 70-79; 22 people aged 80+. There were 41 respondents with a disability. In the Philippines, only those in the age group 60 and above are considered senior citizens or older persons.

The report writing and data analysis was conducted by HelpAge with support from COSE. Readers should be aware that the survey results may not be reflective of the lived experience of older persons across the country, especially the poor. On balance, the findings do not fully capture or illustrate the everyday difficulties and harsh realities of poor older people in The Philippines - even pre-COVID-19 - as manifested in the repeated pleas of older persons nationwide to be included in the COVID-19-related social amelioration program.

Priorities for older people

- The top priorities for older people surveyed are **food (43%)**, followed by preventing themselves from **getting sick from COVID-19 (27%)**, and **income/livelihood (13%)**. Medicines (26%) and protection/safety (28%) are also among their concerns.
- Noticeably, a higher percentage of older men (54%) compared to older women (33%) rank food as their top priority. Older people with a disability rank getting sick from COVID-19 among their top priorities, along with food.

COVID Awareness and Behaviour

Restrictions of movement

- 97% of older people revealed that they are observing the government's "quarantine" orders or movement restrictions. The Philippines officially entered into a partial lockdown on March 12, followed by enhanced community quarantine introduced on 16 March 2020, which has restricted the movement of older people above 60.
- Though restriction of movement help prevents the spread of the virus, it causes unintended results on the wellbeing of older persons. Many senior citizens' groups and other groups, including the Commission on Human Rights (CHR), expressed their opposition to the strict movement restrictions based on age. They argued that not all senior citizens have poor health, and besides, there are senior citizens who have no one else in their household to run errands for them. Although government officials explain that senior citizens who live alone shall obtain quarantine passes, there have been instances of older people not being allowed to leave their homes, even if they can do so on their own.

Protection from COVID-19

- Older people surveyed are aware of a wide range of methods they can use to protect themselves. The two methods that were most frequently mentioned were social distancing such as avoiding groups or gatherings, not shaking hands, and staying at home if possible (88%) and handwashing (72%). Other methods include keeping 2 metres away from people (36%) and coughing or sneezing into their elbows (35%). Of those interviewed a large number were using a face mask, while a smaller group were using hand sanitizer or alcohol as a disinfectant.
- Most older people (57%) are able to use COVID-19 preventive measures. Some of the challenges older people reported facing in relation to preventive measures include avoiding group gatherings and keeping two metres distance from one another. Some older people also found it difficult to remember to cough and sneeze into their elbow or tissues because they were not used to this habit.

Barriers to Health Messaging

- 91% of respondents said that they did not encounter any difficulty in accessing COVID-19 related information or messages. However, 18% of older people aged 70 and above, as well as 15% of older people with disabilities, faced challenges in accessing COVID-19 health messaging. A range of reasons were given by those older people who faced barriers, including having a hearing impairment and lacking access to the radio or the TV.

Preferred method to receive information related to COVID-19

- The top two preferred methods through which older people would like to receive COVID-19 related information is via TV (78%), especially for those in their 50s and 60s, and via the radio (73%). This is followed by SMS messages (23%) and subsequently by the internet (13%). Again, for both, these two methods are preferred by those under 70. Interestingly there is limited appetite among older people for receiving COVID-19 messaging through newspapers or via phone calls.

Recommendations on Awareness and Behaviour

1. Government

- a) Advocate for a change to the Inter-Agency Task Force's guidelines, especially on restrictions of movement based on age. In support of the position of the Commission on Human Rights, senior citizens shall only be discouraged to venture outside their residences. There should be respect of older persons' autonomy to make decisions about their movements themselves, thus protecting them from punitive aspects of community quarantine measures.
- b) The Department of the Interior and Local Government (DILG) should come up with more specific guidelines on regulating the movement of older persons and ensuring their protection.

2. Civil Society Organisations (CSOs)

- a) Include older persons and persons with disabilities in risk communication interventions, especially using disability/older people friendly materials.

3. Community

- a) Establish helpdesks that help cater to the needs of older persons in the communities.

Health

Access to health services

- 61% of older people consider that their access to health services has changed since COVID-19. This is higher for older men (65% compared with older women 57%) and older people with disabilities (76%).
- Further troubling is that 9% of older people; 11% of older women and 14% of people aged 80+, did not previously have access to healthcare services.

Nearest health facility

- Most older people (81%) interviewed knew where their nearest COVID-19 testing and treating facility was located. Of those older people who know where their nearest facility is, 34% said it was less than 30 minutes away. While 29% of older people said it was between 30 minutes and one hour away, and 23% between one and three hours away.
- However, it is worrying that 14% of older people do not know where their nearest health facility is which treats older people for COVID-19. This is higher (20%) for those older people in their 60s. One of the respondents said, "I am worried about getting infected by the virus; and the cost of treatment scares me."

Access to medicine

- 48% of older people interviewed reported that they are still able to access medications for their health conditions. Furthermore, 59% of older people with disabilities reported still having access to medicine.
- However, 17% of older people have been unable to access their medicine since the start of COVID-19. This is higher for older men (23%) and those in their 50s (26%).

Access to PPE

- 68% of older people were able to purchase their own preventive materials, with 91% of respondents saying they were available at local markets.
- 47% of older people received their necessary preventive supplies from different sources. This was higher for older people with disabilities (63%) and older people aged 80 and above (68%).

- Overall, 2% of the older people surveyed, especially older people with disabilities and those aged 80 and above (both 5%), cannot afford COVID-19 preventive materials.

Recommendations on Health

1. Government

- a) Local Government Units (LGUs) must ensure that all older persons at risk of infection with COVID-19 - especially those with underlying health conditions and those living alone - are identified and attended to as early as possible.
- b) LGUs/Municipal Health Offices must establish a mechanism enabling older persons to access health services, e.g. free online consultations.
- c) LGUs must provide medical transportation to older persons with disabilities and illnesses which need medical consultation/hospitalisation.
- d) LGUs, through their barangay health workers, must conduct home visits to older persons living alone or couples without relatives in the community.

2. Civil Society Organisations (CSOs)

- a) Continue to advocate for the rights and welfare of older persons, particularly on health needs, by issuing statements/press releases and coordinating with government agencies for the inclusion of older persons.

3. Community

- a) The Older Citizens Monitoring Committee (OCMC) of the Older Persons Organisations (OPOs) in coordination with the Office of Senior Citizens Affairs (OSCA) should monitor the implementation of Republic Act (RA) 9994, particularly in relation to granting discounts on medicines.
- b) OPOs, through their homecare volunteers, should continuously conduct house-to-house visits to older persons with chronic illnesses, those dependent on family for care, those living alone, and couples without relatives in the community.
- c) The Department of Health (DOH) must take urgent action to prioritise testing of vulnerable populations including older adults living in long-term care facilities, in areas of sustained community transmission.

Protection

Access to basic 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 health services, especially older people with disabilities (83%), older people in their 60s (78%) and older people aged 80+ (73%).
- 57% of older people have difficulty accessing food, especially older people in their 50s (83%) and older people with disabilities (61%).
- 52% of older people have difficulty accessing medicines. Furthermore, there were significant challenges accessing medicines for older people with disabilities (73%).
- 38% of older people have difficulty accessing humanitarian assistance, with older people in their 60s having the greatest difficulty (54%).
- 21% of older people have difficulty accessing drinking water, especially those in their 50s (35%).
- Those in their 50s are still gainfully employed, but due to the "No Work-No Pay" arrangement, and the fact that they can no longer report to work due to movement restrictions—they were suddenly unable to secure their basic needs, mainly water and food (as stated above).
- Here are some quotes from the respondents, which reflect their worries: "I have a little income from my Social Security System (SSS) pension, but I can hardly access it due to lockdowns. As a senior citizen, I am not allowed to leave my home," one respondent said. "We run out of money to buy our daily basic needs," another one expressed. "The community lockdowns

affected us very much, especially our farming activities. In addition, a long dry season has affected our farm production very much," said another.

Safety

- Older women face increased risk during this time. The top three risks reported were denial of resources, opportunities or services – including due to movement restrictions (67%) (71% in the case of older persons with disabilities); isolation (48%); and neglect (23%). One older woman said, "We feel isolated and deprived of support and help with our daily needs".
- The top three risks older men faced were denial of resources, opportunities or services – including due to movement restrictions (64%)—especially in the case of older persons with disabilities (68%); isolation (57%); and threat of violence/being threatened with violence (28%).
- Furthermore, for both older men and women, emotional abuse was the fourth highest risk. One older man responded saying that "Emotional stress was especially high for older men as many are still the breadwinner of the family, such as myself".

Caring for others

- Most older persons interviewed are still providing care, in one way or another, to their family— with basic care and emotional support as the primary means. This is unsurprising as the responsibility for caring for children, people with disabilities and other elderly relatives often falls on older people.
- In the Philippines, 54% of older people—especially those in their 50s (87%)—are still providing basic care and support (food and shelter) to others. Meanwhile, 42% of older people are providing emotional support (care, love, empathy & social support) and 18% of older people are providing financial support (e.g. school fees etc.).
- Across all responses, those in their 50s have the greatest care burden.

Recommendations on Protection

1. Government

- a) The Department of Health (DOH) should mandate that its barangay level counterparts hold a more comprehensive health assessment of older persons and other vulnerable groups to identify their urgent needs. Along with this, they should focus on the continuous implementation of health programs and services (aside from COVID-19 related programs), such as medical and dental services, provision of free medicines, etc. These should be made available and accessible to all.
- b) The Department of Social Welfare and Development (DSWD), both at the local and national level, must continue to provide relief assistance to the most vulnerable groups (e.g. older persons, persons with disabilities, etc.) to reduce their vulnerability due to their existing conditions and the impact of the COVID-19 pandemic.
- c) For a broader perspective, government must widen and strengthen its social protection programs for older persons and persons with disabilities so they can cope with the situation when emergencies (like COVID-19) strike them.
- d) Government agencies and humanitarian organisations should always include and consider disaggregated data when assessing and providing assistance, giving priority to the most vulnerable groups.
- e) The National Centre for Mental Health (NCMH) must intensify their campaign on mental health. They must make their services available and accessible at the community level and provide psychosocial support to those in need.

Food and Income

Diet

- Food is the one of the three highest priorities for the older people interviewed. While 63% of respondents said that they have not altered their diet since the outbreak began, 23% have had to reduce either the quantity of food eaten, especially older people aged 80 and above (41%). Furthermore 11% of older people have had to reduce the quality of food eaten.
- Some older people also have limited food supplies in their house. As of May 2020, 29% of the older people surveyed only have enough food available in their house for up to 2 days to 1 week.

Income

- Livelihoods and income are the second highest priority for older people. The top sources of income for older people are cash transfers or receiving a pension (43%), especially for those aged 60 and above. This is followed by government or humanitarian assistance (28%); remittances from relatives (24%) and by receiving a regular salary (24%) (which is higher for those in their 50s).
- Many older people also raise serious concerns about having depleted all their savings. One older person said "The copra we produce has hardly sold in the market. We have therefore had to use our savings which are nearly gone".
- Data from the Philippine Statistics Authority shows that, as of April 2020, there were 7.5 million Filipinos who lost their employment due to COVID-19.
- This indicates that many working Filipinos are affected by the pandemic, especially older persons who have no pension at all and who depend on support from children.
- Older people provided a range of reflections about the impact of COVID on their livelihoods. One respondent said, "We are very much affected by this COVID-19 pandemic because my children are now out of work; they can no longer earn a living to support their families, including me, their parent". While another said, "Because of the lockdowns, I cannot go out to work anymore. Now I have to rely on my siblings for my daily subsistence. They support me in my basic needs,".

Recommendations on Food and Income

1. Government

- a) Legislators should advocate for the introduction of universal social pension.
- b) Local Government Units should extend financial support for older persons within their jurisdiction.

2. Civil Society Organizations (CSOs)

- a) CSOs should include older persons in any kind of assistance to community members.

3. Community

- a) Communities need to come up with accurate database on the vulnerable persons to be included in all social protection program.

Wellbeing

- The mental health ramifications of COVID-19 and insecurity within The Philippines are also causing significant impacts on the wellbeing of older people. This links to the second highest priority for older people, which is concern about getting ill from COVID-19. Currently, 79% of older people reported that they felt worried or anxious either all of the time or most of the time. One of the key reasons, apart from the possibility of getting sick, was the economic uncertainty many older people face as a result of the pandemic.

- Additionally, 55% of older people feel depressed either all or most of the time. Many older people stated that worry was making them depressed, with one older woman saying “We feel worried as three in our household are senior citizens”. Trends show that older persons are highly susceptible to contracting COVID-19 and given comorbidities, they are more likely to suffer severely once infected by it.
- Community lockdowns prevented some older people from doing the things that give them self-fulfilment. “This COVID-19 pandemic has affected me so much. I used to grow vegetables in my backyard as a way of keeping myself active, and also as a way of helping other people using the income from the garden. I no longer do this because of the restrictions on senior citizens’ movement,” a respondent lamented.

Recommendations on Wellbeing

1. Government

- a) Relevant government agencies such as the Department of Social Welfare and Development (DSWD) and the Department of Health (DOH) should provide adequate psychosocial support to older people and persons with disability.

2. Civil Society Organisations (CSOs)

- a) Relevant private organisations, in partnership with the government, should extend assistance and bolster the mental health and overall wellbeing of older people and people with disabilities.

3. Community

- a) Relevant private organisations, in partnership with the government, should extend assistance in terms of bolstering the mental health and overall wellbeing of older people and persons with disability

WASH

- While 66% of respondents did not report any issues related to WASH, it is worth noting that some older people have faced challenges in accessing drinking water, bathing, or toilet facilities since the COVID-19 outbreak. For example, 17% of older people were unable to access these facilities due to lockdown or social isolation preventing them from leaving the home, while 15% simply reported that there were not enough WASH facilities. Furthermore, some older people raised concerns around the drinking water not being clean and lockdown preventing sufficient delivery of water. On balance, WASH issues at the community level were already prevalent in many parts of the country before the spread of COVID-19, and the provision, delivery, and access to WASH facilities are beset by numerous challenges, COVID-19 notwithstanding.

Recommendations on WASH

1. Government

- a) Through its various water resource management agencies the government must ensure that there is sufficient, safe, and accessible water during COVID-19.

2. Civil Society Organisations (CSOs)

- a) The private sector—particularly the private water distributors and humanitarian agencies—should assist the government in building more WASH facilities that are adequate, accessible, clean, and safe.