



COVID-19 rapid needs assessment of older people

Context

The first case of COVID-19 in northwest Syria (NWS - Idlib and Aleppo) was confirmed on the 9th of July, several months after the COVID-19 outbreak occurred in the government-controlled areas of Syria and neighbouring Turkey. As of the 27th of July, 29 cases were confirmed in the two governorates.

The COVID-19 outbreak exacerbates the pre-existing humanitarian needs of the population. Of the 4.1 million people living in northwest Syria, 2.7 million people (65%) are estimated to be internally displaced. 51% of IDPs live in camps and settlements in precarious conditions. Humanitarian needs remain very high in all sectors, especially for shelter, food, water, sanitation, hygiene, and protection (OCHA Situation report 16 – 26 June 2020). The rapid devaluation of the Syrian Pound over the last months has deteriorated the purchasing power of local population. Moreover, the ongoing conflict in Northwest Syria continues to undermine the security of the local populations. A COVID-19 outbreak in the area can be devastating considering the vulnerability of the local population and the under preparedness of the health system. Only 7% of the sub-districts have a COVID-19 testing capacity. Only 153 ventilators and 148 beds for COVID-19 are available for a population of 4.1 million.

To be able to adapt its programming and provide advocacy messages to humanitarian partners HelpAge International and SEMA undertook a multi-sector Rapid Needs Assessment of older people in northwest Syria in June 2020 and results shown represent the views and experience of older people sampled.

Key findings

Health

53% of older people surveyed **do not know where the nearest health facility testing for COVID-19 is in their community.**

48% cannot afford personal protective equipment including masks and soap.

29% of older people **who take medicine have been unable to access them since the COVID-19 outbreak.**



Protection

When older people were asked what they feel are the increased risks of during this time, the top two risks for both men and women were **neglect** and **isolation**.



Wellbeing

25% of older people surveyed **feel worried or anxious** about the situation **most of the time or all of the time** since the outbreak of COVID-19.



WASH

20% of older people surveyed face challenges accessing facilities for drinking water, handwashing, bathing, or toilet facilities, especially those living in camps.



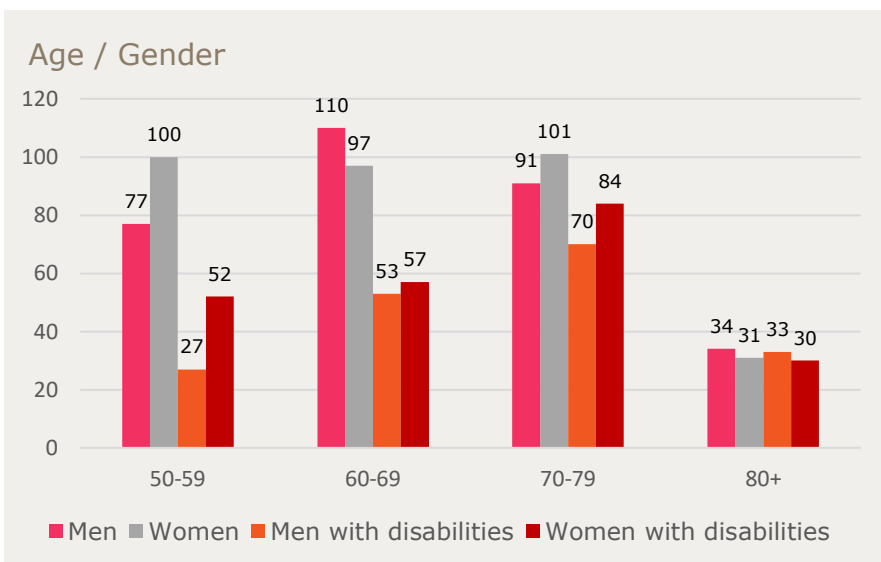
Recommendations

- 1. Share simple and practical information with older people and their caregiver/families about COVID-19 and how they can protect themselves using preferred methods such as TV announcements and through word of mouth (using safe procedures).**
- 2. Working with other service providers ensure that information is shared through a range of communication channels and in different formats, so that it is accessible to everyone, particularly older people with hearing, visual and other communication barriers.**
- 3. Support referrals and transportations of older people and people with disabilities to health facilities and establish or strengthen community volunteer groups to safely support access to medicines for older people who have a mobility disability.**
- 4. Working with partners and/or community volunteers provide psychosocial support through different ways to older people and persons with disabilities who feel worried or anxious about the situation. Train staff and community volunteers how to communicate with older people who have difficulty hearing, seeing, or remembering & concentrating.**
- 5. Work with partners and/or community volunteers to safely distribute PPE and hygiene materials to older people and their caregivers.**
- 6. Raise awareness amongst staff, partners and other service providers about ageing and disability issues to promote the rights and dignity of older people, including those with disabilities, and support them to develop inclusive programmes.**
- 7. Recognise the capacities of older people, including those with disabilities, and their potential to contribute.**
- 8. Use the *Humanitarian inclusion standards for older people and people with disabilities* and *IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action* to help fully design inclusive activities that respond to the needs and rights of older people, including those with disabilities.**

Methodology

The Rapid Needs Assessment was conducted in Azaz and Al Bab districts, Aleppo governorate, as well as in Al Dana, Harim and Idlib districts, in Idlib governorate. A total of 777 people over 50 years old (500 off-camps, and 277 living in camps) were interviewed between 25 May 2020 and 3 June 2020. SEMA relied on its existing beneficiary database for this needs assessment. Interviews were conducted face-to-face (with physical distancing and personal protection equipment (PPE), following WHO recommendations) in camps and in communities, targeting both IDPs and host community members. Kobo was used for data collection and analysis. A two-day training was conducted on 20 and 21 May for the enumerators to become familiar with the questionnaire and communicating with older people. The data was disaggregated by gender, age, disability, status, and location. The results of this disaggregation are only reported where the differences are significant.

Demographics



65% of older people have at least one health condition

Joint aches and pains: 41%

Hypertension: 40%

Diabetes: 31%

Heart problems: 31%

Gastro: 12%

Respiratory: 12%

69% of older people have at least one disability

Sight: 29%

Hearing: 17%

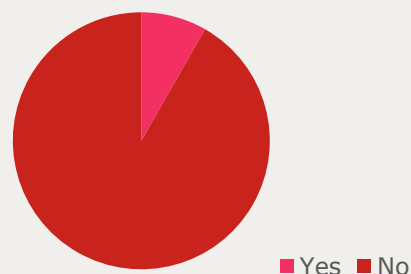
Walking: 47%

Communication: 10%

Remembering and concentrating: 23%

Self-care: 19%

Living Alone



Priorities for older people

- The top priorities reported by older people who were surveyed were **medicines (26%)**, followed by **income /livelihood (23%)** and **health services (17%)**.
- Similarly, the top priorities reported by older people with disabilities were **medicines (28%)**, followed by **income/livelihood (24%)** and **food (16%)**.

COVID Awareness and Behaviour

Restrictions of movement

- 97%** of older people reported "No movement Restrictions"; indeed, no movement restriction measures were imposed by the local authorities in the targeted locations.
- However, many respondents commented that even though there weren't any official movement restrictions, they still limited their movements as a preventive measure.

COVID-19 preventive measures

- 75%** of the older people surveyed reported "handwashing" as a way to protect themselves, while **45%** mentioned coughing or sneezing into your elbow or a tissue, and **39%** mentioned avoiding touching their face. Responses were quite consistent across age groups and locations.
- Older people surveyed commented that they are taking personal measures to protect themselves including using masks, and hand sterilizers. However, many older people are unable to afford this personal protective equipment while some reported it was unavailable in local markets.

- However, **34%** of older people reported they cannot avoid groups or gatherings while **25%** cannot maintain 2 meters physical distance from other people. Those who reported these challenges explained that they must go to markets which are usually crowded; moreover, shaking hands and visiting relatives is part of their culture and many people continue doing it. Additionally, as no COVID-19 case had been reported in the area at the time of the assessment many older people see the risk as low.

Barriers to Health Messaging

- **94%** of older people surveyed do not encounter any barriers in accessing COVID-19 health messages. This is slightly lower for older people who are above 80 (88%). However, most older people were not directly targeted by health messages.

Preferred method to receive information related to COVID-19

- **51%** of older people reported that TV was their preferred method for receiving information about COVID-19 especially for people living outside camps (58%) and people living in Aleppo (70%). Word of mouth (39%) and internet (36%) were the second and third preferred methods for receiving information.

Health

Access to health services

- **22%** of older people reported a change in their access to health facilities since the COVID-19 outbreak; this was higher for people living in Aleppo (28%). The main reason is that hospitals reduced or closed some services to prepare themselves for a possible COVID-19 outbreak. Only emergency cases were admitted into the hospital. It was therefore difficult to receive health services considering the emergency situation.

Nearest health facility

- **53%** of the older people surveyed do not know where the nearest facility is for testing & treating for COVID-19. This is slightly higher among women (56%) compared to older men (50%) and this lack of knowledge is high for older people with disabilities (58%).
- Among the older people who are aware of where the facility for testing COVID-19, **45%** reported that they cannot access them. This is higher among women (50%) compared to older men (39%) and for those living in Aleppo governorate (62%) and those not living in camps (48%).
- **23%** of older people reported they were "30 min to 1 hour" away from the nearest testing facility. This was followed by less than 30 minutes away (17%) and between 1 to 2 hours away (14%).

Access to medicine

- **29%** of the older people surveyed, including 32% of those with a disability, could not access their medication since the COVID-19 outbreak. The situation is worse in camps, where 43% of older people could not access their medications. This is further concerning given that 65% of older people surveyed have at least one health condition. Access to medications for chronic diseases is an ongoing challenge in North-West Syria, which was exacerbated by the Covid-19 context.

Access to PPE

- **48%** of older people reported that they cannot afford to purchase COVID-19 preventive materials such as masks and soap. This was slightly higher for older people living in Idlib (51%) and living out of camps (51%).
- Furthermore, 10% of older people surveyed said these protective materials were unavailable in local markets, especially those who live outside of camps (14%).

Access to goods and services

- The COVID-19 outbreak has reduced older people's access to basic goods and services. Currently:
 - **41%** of older people have difficulty accessing humanitarian assistance, especially for people not living in camps (48%). It is interesting to note that older people in their 50s report more difficulty (53%) in accessing humanitarian assistance than people in their 60s or 70s.
 - **36%** of older people have difficulty accessing medicine; this is higher for women (42%) than older men (30%) and even more so for persons with a disability (46%). Among people over 80 years old, 54% reported having difficulty in accessing medicines. People living in camps have more difficulties accessing medicine (46%) than people living outside camps (32%).
 - **34%** of older people have difficulty accessing health services. Access to health services is more critical in camps, where 53% of older people have difficulty in accessing services, and in Aleppo governorate, where 44% report difficulty in accessing health services.
 - **27%** of older people have difficulty accessing drinking water, especially in camps (37%). The situation is more concerning for people over 80 years old where 40% of them reported difficulty in accessing drinking water.

Protection

Safety

- When older people were asked what they feel are the increased risks for older women during this time, the top two risks were neglect (**62%**) and isolation (**54%**). Older women rated neglect as a higher increased risk (66%) for older women compared to how older men rated it (57%). The risk of isolation is considerably higher in Idlib (66%), where there are more IDPs, than in Aleppo (35%).
- The same risks were reported for older men (**55%** for neglect and **52%** for isolation).
- For both men and women, the risks of neglect or isolation are considered higher by people living in camps than by people living in the community. This can be explained by the fact that many IDPs living in camps have been separated from their family and therefore can feel more neglected or isolated. In camps, the risks of financial abuse and denial of resources are also considered to be higher than in the community, reaching respectively 11% and 16% for women and 15% and 19% for men.

Caring for others

- **30%** of older people surveyed provide basic care and support including food and shelter for others. This was higher for older men (49%) than older women (20%) and particularly for those in their 50s and 60s. 23% of older people surveyed provide emotional and social support to others.
- Providing care and support to others is an important role that many older people take on. This was especially high in Aleppo governorate where 61% of older people are providing support to others.

Food and Income

Diet

- In the targeted locations of the North-West of Syria, **14%** of older people reported that they had reduced quantity of food since the COVID-19 outbreak. This can also be linked to the recent increase in prices which is impacting the purchasing power of the population.
- In addition, many older people have limited supplies in the house. **53%** of older people surveyed had food available in the house that could last for less than 2 days while 29% had

food available for two days to one week and only 12% of older people surveyed had food for more than a week. The lack of food available in the house is particularly noticeable for people living in Idlib, where 62% of older people have food for less than 2 days.

Income

- The two main sources of income for older people in the North-West of Syria are business (26%) and remittances from relatives (21%). Businesses were more common sources of income for older men (33%) than older women (20%) and were more common in Aleppo (32%) than in Idlib governorate (23%).
- People in their 80s mostly rely on remittances from relatives (32%), especially for those living in the community.
- Among the 6% of the older people who receive cash transfer, a few of them mentioned they are receiving a pension thanks to their previous employment, and others receive cash transfers from their children living outside the country.

Wellbeing

- When older people were asked if they felt worried or anxious about the situation since the COVID-19 outbreak, most older people (52%) reported 'none of the time' (37%) or 'a little of the time' (15%).
- Nevertheless, **26%** of older people reported feeling worried or anxious about the situation either 'most of the time' (19%) or 'all of the time' (7%).
- Similarly, when asked if they felt depressed about the situation, most older people did not (51%), with 12% stating 'a little of the time'. Still, **18%** did report feeling depressed about the situation either 'most of the time' (12%) or 'all of the time' (6%).
- As the Northwest of Syria had not directly been affected by the disease at the time of the assessment, most people were more concerned with the development of the conflict, with most of them having already lost their homes and relatives due to the conflict.
- In addition, some older people commented that they were afraid of contracting the disease and therefore reduced their movements in the community by themselves.

WASH

- The main challenges for older people with WASH facilities are the lack of facilities (**20%**), in particular in Idlib (25%) and in the camps (42%). Also, 17% of older people surveyed stated that lack of privacy was a challenge for them particularly in Idlib (22%) and in camps (32%).
- Some older people, from both Idlib and Aleppo, noted that drinking water is costly, and not easy to secure since it comes from trucks.