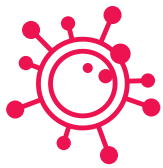


Uganda, Adjumani Refugee Settlement – August 2020



COVID-19 rapid needs assessment of older people in refugee settlements

Context

Uganda has experienced a rapidly changing COVID-19 situation since the virus reached the country in March. The virus initially developed in urban areas and more recently has spread into several rural communities. As of August 26th, the cumulative number of confirmed cases and death from COVID-19 was 2,426 and 22, respectively. Unfortunately, the government does not disaggregate its data by age and gender so a contextual examination of the effect of COVID-19 on the population groups is not available.

Older people, especially older refugees, remain one of the most at risk groups in Uganda both from COVID-19 and from pre-existing vulnerabilities. Uganda hosts the third-largest refugee population in the world, and the largest in Africa. Most of the refugees are from neighbouring countries such as the Democratic Republic of Congo (DRC), South Sudan, Rwanda, Burundi, Ethiopia, Sudan, Eritrea, and Somalia. By July 2020, the country was hosting around 1.4 million refugees and asylum seekers, mostly in the West Nile, Northern, and Western parts of the country (UNHCR, July 2020).

Therefore, to assess the needs of older refugees, HelpAge International conducted a rapid needs assessment in Adjumani Refugee Settlement in July. This refugee settlement is based in Northern Uganda on the border with South Sudan. The purpose of this assessment is to enable HelpAge to adapt its programming and provide advocacy messages to humanitarian partners and government.

Key findings

Health

57% of older people interviewed felt their access to health services had changed since the outbreak of COVID-19. This is alarming considering **85%** of older people have at least one health condition.



Awareness and behaviour

74% of older people said their preferred method to receive COVID-19 related messaging was via the radio. This was followed by loudspeaker (**67%**) and word of mouth (**45%**).



Prevention

Over **75%** of the respondent could identify at least three methods to protect themselves from catching COVID-19. The most mentioned methods were handwashing (**99%**), avoiding touching the face (**76%**) and social distancing and avoiding public gathering (**75%**).



Protection

40% of the respondents could not afford COVID-19 prevention materials such as face masks, soap, and sanitizers.



Food and income

90% of the respondent saw food as their main priority and **57%** reported having had to reduce the quantity of food eaten since the COVID-19 outbreak.



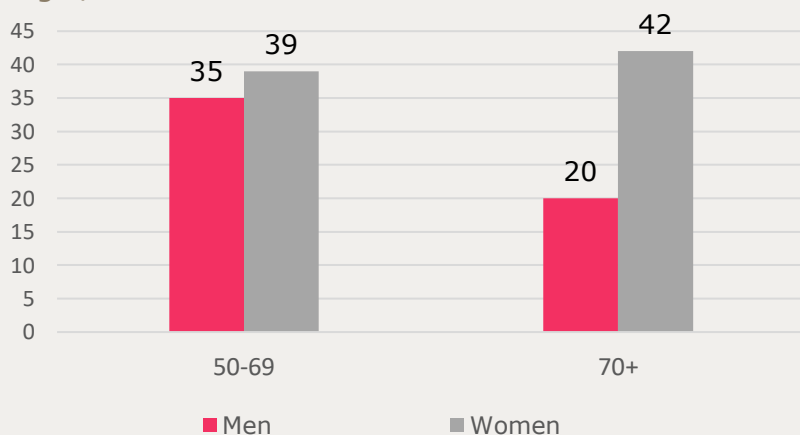
Recommendations

1. Use radio and loudspeakers when seeking to increase awareness about COVID-19 among older refugees.
2. Provide psychosocial support to older people and persons with disability and older people living alone.
3. Support and engage older people in activities which help overcome their isolation and help improve their mental health.
4. Increase the food rations to older refugees with a high care burden.
5. Establish volunteer groups to provide home deliveries of medicines for older people who have a mobility disability.
6. Provide financial support to the poorest older people who are suffering from chronic diseases.



Demographics

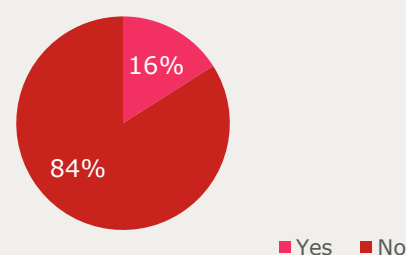
Age / Gender



85% of older people have at least one health condition

Joint aches and pains: 49%
Respiratory: 22%
Heart problems: 21%
Skin disease: 13%
Diabetes: 11%
Hypertension: 8%
Mental health: 8%
Serious injury: 7%
Gastro: 4%
Cancer: 1%

Living Alone



61% of older people have at least one disability

Sight: 32%
Walking: 31%
Remembering and concentrating: 16%
Hearing: 15%
Communication: 15%
Self-care: 10%

Methodology

Data on adults over 60 was collected through door to door interviews using the printed copies of the questionnaire. The enumerators were provided with personal protective equipment (PPE), kept strict social distancing and followed government guidelines. A total of 136 (81 females accounting for 60% and 55 males accounting for 40%) older people were interviewed. HelpAge relied on its current project sites for purposively sampling the refugee settlement (Blocks). When at the locations we employed a snowball sampling approach to identify other older people. The data was subsequently disaggregated by gender, age bands and disabilities. The results of these disaggregation are only reported where the differences are significant.

Priorities for older people

90% of the respondents considered food as their main priority. Inside the Adjumani Refugee Settlement 76% of older people rely on government and humanitarian agencies for their food and livelihood provisions. Due to the lock down, priority was given to life saving activities like food distribution and health. Agencies that were involved in livelihood activities that required engaging directly with groups or communities were not allowed to operate. This affected some of the livelihood initiatives such as craft work, hairdressing, and mobile markets. Ceasing this support coincided with a reduction in the food rations provided to people in the settlement by WFP and meant that many older people have had to reduce the quantity and quality of the food they consume. This food insecurity is doubly problematic as 71% of older people have other care responsibilities providing food and shelter to others including children, young adults and other older persons.

Medicine is older people's second highest priority in the Adjumani Refugee Settlement with 40% of respondents saying they have difficulty accessing medicine. This was mainly attributed to the movement restriction and a lack of alternative ways which service providers could continue to supply health services to older people.

The third highest priority for older people interviewed is shelter. This is a pre-existing priority, as many older people are living in cramped accommodation which is often not water resistant. However, the increase in the amount of time older people are spending at home has heightened the need for improved shelter. The cramped conditions also exacerbate challenges with social distancing.

COVID-19 Awareness and Behaviour

Restrictions of movement

72% of the older persons in the refugee settlement are observing government instituted movement restrictions while only 6% are under isolation due to possible COVID-19. This is higher for older people above 70 (82%) compared with those between 50-69 (64%). The restrictions closed the camp to public transport making it more difficult for older people with mobility challenges to move around. While the restrictions were relaxed slightly in August, they have not been changed for Adjumani because it is near the border and still seen as high risk. Currently public transport such as commuter taxis and motorcycle taxis (boda boda) are still restricted from moving in and out of the refugee settlement and from operating within the district as a whole. These restrictions have limited the ability of older people to access services such as medical facilities and daily markets where they often conduct their trade.

COVID-19 preventive measures

Over 75% of the respondents could identify at least three ways to prevent COVID-19 infection. These include handwashing (99%), avoiding touching the face (76%) and social distancing and avoiding public gathering (75%). During the data collection, it was observed that 100% of the homes had installed a handwashing facility though some did not have water or soap. Coughing and sneezing into the elbow or a tissue (54%) were known but least practiced. This may be attributed to the cost of tissue but also culture practices. The respondents also expressed that it was difficult to keep a two-meter distance.

Barriers to Health Messaging

32% of the respondents had barriers to receiving COVID-19 health information. This was higher for older women and those with disabilities when compared to older men. Most of those who experienced challenges in receiving information had difficulties in reading even the local language or were visually impaired. Furthermore, some of the information was not age friendly or disability friendly as it was printed on flyers and posters in small font.

Preferred method to receive information related to COVID-19

The respondents preferred method to receive COVID-19 information was via the radio 74%. This was more popular among older men (84%) and those older people with disabilities (80%) when compared with older women (67%). This gender difference can be attributed to more men having access to radio; and or the care work being conducted by women which limits their free time to be able to listen to the radio. The second most popular method was via loudspeaker (67%) followed by word of mouth (45%) and community meetings (32%). In addition, as community meeting and places of worship were other popular avenues for receiving information, the closure of places of worship and bans on public gatherings further hindered older peoples' ability to receive information. Interestingly older people were less keen on receiving messaging via posters (13%) as they were difficult to read and, in many cases, not readable for those with visual impairments.

Health

Access to health services

Due to COVID-19, 42% of older persons surveyed had challenges accessing health services from community health centres (government health centre and others that were managed by humanitarian agencies). This was mainly attributed to the movement restriction as older people could not access public transport. Some of the humanitarian actors and government health facilities did not have authorised vehicles to continue to supply health services to older people. However, it was encouraging that only 1% of older people reported that they did not have access previously to health services.

Nearest health facility

32% did not know a health facility that is testing and treating for COVID-19. This could be attributed to the fact that government had designated specific hospitals in each region (e.g. Gulu) where COVID-19 samples are collected for testing and this had not been shared widely. Of those older people who knew where the testing centres were 35% of the respondents said they cannot access these centres.

Access to medicine

During the COVID-19 epidemic 27% of the older people interviewed could not access medicine for their pre-existing health conditions. More older women (32%) could not access their medicine compared with older men (20%). The key reasons why older people could not access their medicines were due to transportation problems in accessing health facilities as a result of lockdown restrictions and a failure of health care providers to provide alternative delivery mechanisms such as mobile clinics.

Access to PPE

40% of the respondents could not afford COVID-19 preventive materials like soap, sanitizers, and face mask. Older people with disabilities were the most affected (51%) since their levels of income are lower. Because of the lockdown and restriction in movement only 34% were able to receive PPEs from humanitarian agencies. During the data collection most of the respondents had access to soap but could not acquire face masks or sanitizers. Furthermore 15% of older people said preventive materials were

not available in local markets. This could be because providers of PPE face transportation challenges in bringing items such as soaps and masks to the community shops.

Protection

Access to goods and services

Since the outbreak of COVID-19 and the associated lockdown, the pre-existing challenges faced by older refugees have been accentuated and many have had difficulties accessing goods and services. These include:

- Difficulty accessing food: 68%,
- Difficulty accessing health service 57%,
- Difficulty accessing drinking water 46%,
- Difficulty accessing humanitarian assistance 40%,

We also observed that more older people with disability were disproportionately affected when compared to the total population (75% Food, 62% health services 47% humanitarian services).

Safety

The top two risks faced by both older men and women were neglect and financial abuse. There was a significant gender difference regarding the third highest risk with physical abuse being ranked higher among older women (42%) while men ranked isolation (40%) and denial of resources (40%) as higher. Our data analysis revealed that older women and older people with disabilities faced the greatest safety risks. According to HelpAge's experience, many older people inside the settlement are abandoned to live alone without family support which increases the risks of neglect and abuse. Furthermore, older people are often faced with discrimination and are de-prioritized in terms of service provision. This situation has been compounded during COVID-19 as there are fewer agencies operating in the settlement and as a result older people are less able to access the protection services they need.

Caring for others

Older people have a heavy care burden with 71% providing basic care and support including food and shelter; 34% provide emotional support including care, love, empathy, and social support while only 24% did not have any care burden.

Food and Income

Diet

57% of the older people surveyed have experienced a reduction in food quantity during COVID-19. The respondents attributed this to a reduction in the food ration served by UNCHR/ WFP. They stated that the food ration had been reduced from 30,000 to 22,000 Ugandan shillings per person per month since March when the lockdown started.

Income

76% of older people in the refugee settlement depend on government and humanitarian agencies for their livelihoods and income. Some 32% of older people receive income from agriculture, raising livestock and small scale production. Currently 19% of older people rely on remittances from relatives for their income.

Wellbeing

COVID-19 has increased the level of anxiety and depression among older persons. 83% are worried all the time or most of the time about being affected or infected by the virus. Most of the older persons expressed fear of contracting and dying from the virus. Most respondents have experienced depression during the period with 64% experiencing depression either all the time or most of the time. Most of the respondents, 76%, rely on support from family, friends, community or aid worker to effectively cope with their current situation.

WASH

Due to the lockdown 44% of the respondents reported they have difficulties in accessing drinking water, handwashing, bathing, or toilets (WASH). Furthermore 39% felt too scared of contracting the virus to leave home to access these facilities while 32% either felt their facilities were too hard to access and they were too far away. 32% of older people also reported there were not enough facilities. There were gender differences here as 37% of older women compared with 25% of older men reported that there are not enough WASH facilities while 36% of older men compared with 28% of older women reported these facilities were too far away.