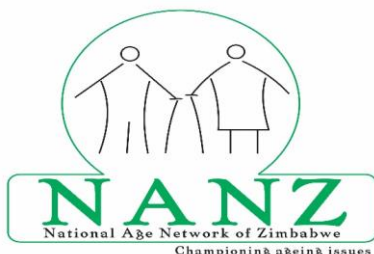




Rapid needs assessment of older people

Zimbabwe drought crisis

April 2020



HelpAge

International

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

The National Age Network of Zimbabwe (NANZ) is a coalition of 14 development organisations whose aim is to promote mainstreaming of ageing and inclusion in all development processes. Its mission is to be a leading network in championing ageing and inclusion issues in Zimbabwe through advocacy, capacity building, research and development.

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Introduction

Older people's right to humanitarian assistance

HelpAge International's vision is of a world where older people lead active, dignified, healthy and secure lives, including those affected by humanitarian emergencies. The four principles of humanitarian action – humanity, neutrality, impartiality and operational independence – afford everyone the right to safe and dignified access to humanitarian assistance and protection without discrimination and on an equal basis with others. Commitment to international humanitarian law and these principles means everyone responding to a humanitarian crisis has a responsibility to ensure all those affected, including older people, have these rights upheld.

We want older people to be able to access humanitarian aid with dignity and in safety. Older people are not inherently vulnerable to disasters. However, when disasters strike, they are at risk of having their rights denied.

Rapid needs assessment of older people

The *Rapid needs assessment of older people, Zimbabwe drought crisis* contains key findings of an assessment of the specific needs of older people affected by drought in Zimbabwe, together with observations and analysis by HelpAge's humanitarian team and sectoral advisers. The report aims to help all organisations operating in Zimbabwe, including humanitarian agencies, donors and clusters, to develop and implement inclusive programmes, and to support advocacy for the rights of older people.

The National Age Network of Zimbabwe (NANZ) and HelpAge International jointly conducted the assessment in March 2020. We welcome comments and questions based on this report and offer technical support for inclusive responses.

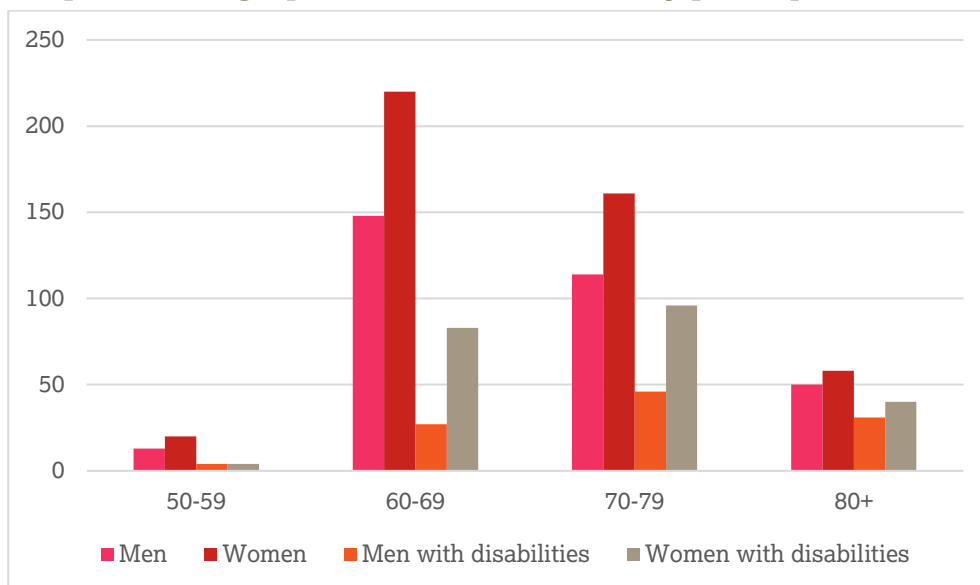
Methodology

Data was collected from 2-7 March 2020 through face-to-face, one-to-one interviews using a structured survey developed by HelpAge and translated into the local language (Shona). The interviews were carried out by 40 local data collectors familiar with the language and culture, following training in the use of the survey and the purpose of the assessment. The assessment was conducted in Beitbridge district, Matabeleland province and Mberengwa and Zvishavane districts of the Midlands province. These locations were identified by NANZ and the Ministry of Public Service, Labour and Social Welfare, Department of Social Services as having populations at risk of food insecurity and a relatively high concentration of older people.

A purposive sampling approach was used to select women and men aged 50 and over, complemented by snowball sampling to reach marginalised older people who might otherwise be hard to find because, for example, of difficulties with as mobility. The aim of this sampling approach was not to represent the age demographics in the targeted areas, but to obtain a sufficiently large sample size to understand the needs of older people in different older age groups. There were four age cohorts: 50-59, 60-69, 70-79 and 80-plus. However, a relatively small number of people aged 50-59 were interviewed because the majority were working at the time the interviews were carried out. Due to the small sample, the findings for this age cohort are not given separately. However, they are included in the overall results.

In total, 784 older people were interviewed, of whom 459 (59%) were women and 325 (41%) were men. This was a large enough sample to disaggregate the data into smaller subgroups to show results by age, sex and disability. However, where there is no large disparity (more than 5%), in sex-disaggregated data, the findings for women and men are not given separately. A breakdown of participants by sex, age and disability is given in Graph 1.

Graph 1: Demographic breakdown of survey participants



Humanitarian context

Zimbabwe is on the verge of its worst famine in four decades due to a combination of drought, cyclone-induced floods and a deepening economic crisis. The country is expected to run out of maize, its staple food, by end of April 2020, leaving three out of five Zimbabweans without enough to eat, according to the UN World Food Programme. Already, maize meal is being rationed. Some districts have started receiving food from the World Food Programme.

Zimbabwe has experienced intermittent food shortages for the last two decades. However, these have mostly been limited to rural areas. This time, 3 million of the 8.5 million people at risk of food insecurity live in cities¹. According to the latest analysis, much of the country is classified as in “crisis” (Phase 3 on the IPC scale) as a result of depleted stocks of home-grown produce, low household incomes and inflated market prices.²

Erratic, poorly distributed rainfall in mid-November 2019 marked the start of the 2019/20 growing season. A week of relatively good rains in January 2020 was followed by long, hot and dry spells. This affected agricultural activities and other livelihoods across the country. In addition, southern parts of the country were affected by flooding, leaving more than 50 households with no food and damaged shelter. Moreover, the destruction caused by Cyclone Idai in March 2019 to four districts in the eastern part of the country is still in evidence, with hundreds of households still lacking secure shelter and requiring food aid. On top of this, inflation continues to push prices of most commodities and services beyond the reach of many, further compounding their food insecurity.

Beitbridge is a border district in Matabeleland South province. It is the gateway to South Africa, with a population of 80,000. Conditions in Beitbridge are harsh and it is arguably the poorest and least agriculturally productive part of the country. It has never produced enough food. The main agricultural activity is animal husbandry and, of late, irrigated citrus production.

Mberengwa district in Midlands province has a population of 186,000. It also has poor growing conditions and cannot produce enough food to feed itself. Zvishavane district, also in the Midlands province, has a population of 72,500. Growing conditions are only slightly better than in Mberengwa district. Zvishavane produces less than 40% of its food requirements and cannot make it through the year without food assistance.

¹ <https://www.bloomberg.com/news/articles/2019-09-20/worst-ever-famine-threatens-zimbabwe-as-economy-collapses>

² <https://fews.net/southern-africa/zimbabwe> (2 April 2020)

Key findings

Situation of older people in drought-affected Zimbabwe

Older people affected by the drought in Zimbabwe are a diverse group facing different risks and challenges. These may relate to their gender or disability, and whether they are caring for others or living alone. Older people surveyed do not have access to many basic services, notably:

- 75% of older people surveyed do not have access to enough food, with 52% limiting their food consumption to prioritise children.
- Many older people do not have access to WASH facilities – bathing (32%), handwashing (50%), and toilet facilities (26%).
- 23% of surveyed older people do not have access to safe drinking water.
- 22% of surveyed older people do not have access to health services

These findings are alarming, especially since 93% of older people surveyed are caring for others, and many of these carers depend on people to help them meet their basic needs. Older people care for others across the age spectrum, especially children and fellow older people. Sixty-one per cent of older people (60% of women and 63% of men) are looking after three or more children. A significant proportion (59%) of these older carers are over 70 years of age. Sixty-six per cent of older people surveyed depend on their family or friends to meet their basic needs. Indeed, 31% say they cannot reach aid distribution sites on their own (37% of women and 24% of men). Ten per cent do not receive relief items at all.

The combination of dependency and responsibility for others is likely to exacerbate the safety risks of older people and their dependants, as well as impact their psychosocial wellbeing.

Older people's priorities

We asked older people to rate the following items out of 5, with 5 indicating a high priority: safety, water, food, shelter, medicine, cash, hygiene items, clothing, bedding, fuel and household items.

On average, older people's top five priorities were food, cash, water, medicine and shelter. However, older women identified safety as their fifth priority while men identified hygiene kits (see Table 1).

Table 1: Older people's top five priorities

Priority	Older people	Older women	Older men
1.	Food	Food	Food
2.	Cash	Cash	Cash
3.	Water	Water	Water
4.	Medicine	Medicine	Medicine
5.	Shelter	Safety	Hygiene kits

Older people with disabilities identified the same priorities as older people in general, except that the fifth priority of older men with disabilities was shelter instead of hygiene kits.

Key findings by sector

Disability

- 42% of older people (49% of women and 33% of men) are living with a disability.
- 85% of older people with disabilities have difficulty walking or climbing stairs, with 52% having a lot of difficulty or being unable to walk or climb stairs.
- 72% of older people with disabilities have difficulty seeing, with 33% having a lot of difficulty or being unable to see.
- 53% of older people with disabilities have difficulty hearing, with 16% having a lot of difficulty or being unable to hear at all.
- 35% of the older people with disabilities have difficulty leaving their home, with 11% having a lot of difficulty or being unable to leave their home at all.

Food security, income and debt

- 76% of older people rank food as their highest priority.
- 75% of older people do not have access to sufficient food.
- 29% of older people feel unsafe while accessing food. More women feel at risk (33%) than men (24%).
- 67% of older people cannot afford to buy food. This applies to more women (72%) than men (60%). Furthermore, 26% of older people say there is not enough food in the market.
- 62% of older people eat only two meals a day and 22% eat only one meal a day.
- 44% of older people go to bed hungry 1-2 nights a week, 7% go to bed hungry 3-5 nights a week and 3% go to bed hungry every night.
- 82% of older people currently have no income (87% of women and 75% of men). 47% of older people have had to borrow since the crisis began.
- 88% of older people could use cash safely if given it (85% women and 92% men).
- Those who could not use cash safely give the main reasons as risk of theft (15%) and lack of access to markets (5%).

Water, sanitation and hygiene

- Water is older people's third highest priority and hygiene items their sixth.
- 50% of older people have no handwashing facilities (53% women and 44% men), 23% of older people lack access to safe drinking water, 32% cannot access bathing facilities and 26% have no access to toilets.
- Many older people feel unsafe when using handwashing facilities (40%), bathing facilities (34%), toilets (29%), and drinking water (23%). More older women feel unsafe when using handwashing facilities (44%) and toilets (32%).
- Slightly more older people living alone feel unsafe using handwashing facilities (42%), toilets (38%), and bathing facilities (34%).
- 32% of older people say water points are too far away from their shelter.
- 24% of older women say there is no privacy at bathing facilities.
- 23% of older people say that there are not enough toilets, 21% that there is a lack of privacy and 12% report that toilets are not clean.

Protection

- 94% of older people have changed their behaviour to meet their basic needs. 52% of older people are eating less to give priority to children.
- 14% of older people live alone, two thirds of whom are women.

- 3% of older people perceive sexual violence as a risk for older women. However, this risk rises to 8% of older people living with disabilities and 12% of older people living alone perceiving sexual violence as a risk for older women.
- 66% of older people (69% of women and 62% of men) depend on their family or friends to meet their basic needs.
- 31% of older people (37% of women and 24% of men) cannot reach aid distribution sites on their own. 24% of older people have family or friends or volunteers to assist them to get to distribution points or receive relief items, 11% pay for transport to get to distribution points and 10% of older people have family, friends or volunteers to bring items to them.
- 10% of older people do not get to distribution points or receive items at all.

Shelter

- 2% of older people have no shelter.
- 18% of older people feel unsafe in their shelter.
- 28% of older people are not satisfied with their shelter.
- 20% of older people say their shelter needs major repair.
- 17% of older people cannot afford any shelter materials.

Health

- 88% of older people (92% of women and 82% of men) have at least one health condition.
- The most common health conditions are joint aches and pains (54%), hypertension (37%) and respiratory problems (34%), followed by gastrointestinal problems (16%), heart problems (15%) and diabetes (11%).
- 31% of older people (33% of women and 27% of men) have two or more health conditions.
- 22% of older people (38% of those aged 80 or over) have no access to health services.
- 92% of older people have difficulty accessing health services, 7% have no one to help them access services, and 14% do not feel safe accessing healthcare.
- 49% of older people take 1-3 hours to reach the nearest health facility, 36% need 30 minutes to one hour, and 2% cannot reach a health facility at all.
- 79% of older people say medicine is not available, 75% say medical care is too expensive, and 13% have experienced negative attitudes by healthcare providers,
- 30% of those taking medication said they only had enough to last up to a week.

Psychosocial wellbeing

- 39% of older people feel worried, nervous or anxious on a daily or weekly basis.
- 27% of older people experience pain every day or most days (33% women and 20% men).
- 19% of older people feel tired or exhausted.
- 22% of older people (23% of women and 19% of men) feel unable to cope with their current situation. However, 78% feel able to cope either with or without support.
- 93% of older people are caring for others:
 - 61% are caring for three or more children, 26% are caring for five or more children; 26% are caring for 1 to 2 children;
 - 55% are caring for more than one other older person (68% of men and 46% of women)
 - 21% are caring for one to two people with disabilities.
 - 88% of older people caring for children have a disability.

- 41% of older people (43% of women and 39% of men) have difficulty remembering, with far more women (32%) than men (13%) have difficulty remembering often or all the time.

Accountability

- 62% of older people (66% of women and 57% of men) have not been consulted by any humanitarian agencies about the services being provided to them.
- 41% of older people (47% of women and 31% of men) do not know how to make a complaint or to provide their opinion on the services provided to them.
- 59% of older people with disabilities (64% of women and 49% of men) have not been consulted by any humanitarian agencies, and 41% (47% of women and 29% of men) do not know how to make a complaint or give feedback.

Recommendations for an inclusive response

1. Use data disaggregated by sex, age and disability to inform responses and support the activities of implementing partners and other service providers.
2. Consult older people, including women and those with disabilities, in a meaningful way to develop feedback and complaints mechanisms that are accessible to them
3. Make sure older people are aware of the different ways they can provide feedback or make complaints (such as feedback boxes, hotline numbers or focal points they can contact), and that they understand how these work and how their feedback will be dealt with.
4. Establish outreach services for older people who are unable to reach static facilities and assist them to register and receive support.
5. Register dependants of older people, including children, people with disabilities and other older people. Provide tailored support to older carers directly via outreach teams.
6. Connect older carers, particularly those with a disability, and their dependants to relevant service providers in their area who could provide additional support.
7. Share information with older people in accessible formats and languages, considering the hearing, visual or other communication barriers they may face.
8. Provide opportunities for older people, including those with disabilities, to take on voluntary roles, such as community monitors and peer-to-peer support providers for those who feel they cannot cope.
9. Establish or strengthen a community volunteer network for older people who depend on others to meet their basic needs and for those unable to reach distribution points.
10. Use the *Humanitarian inclusion standards for older people and people with disabilities*³ and the *IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action, 2019*⁴ to design activities and encourage all sectors respond in a fully inclusive way.

³ <https://www.helpage.org/newsroom/latest-news/new-humanitarian-guidelines-launched-for-ageing-and-disability-inclusion>

⁴ <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>

Sector-specific findings and recommendations

1. Disability

A concerning proportion of respondents (42%) were living with disability (49% of women and 33% of men). A large majority of those with disabilities (85%) said they had difficulty in walking or climbing stairs (52% a lot of difficulty or could not walk or climb stairs at all), 72% of people with disabilities said they had difficulty in seeing (33% a lot of difficulty or could not see at all) and 53% of people with a disability had difficulty hearing (16% a lot of difficulty or could hear at all). Thirty-five per cent of older people with a disability said they had difficulty leaving their home (11% a lot of difficulty or could not leave their home at all. (see Table 2).

Table 2: Prevalence of disabilities among older people with a disability

Disability	Older people	Older women	Older men
Walking or climbing stairs	52%	53%	50%
Sight	33%	32%	36%
Hearing	16%	9%	19%
Self-care	12%	10%	17%
Leaving the home	11%	10%	14%
Communication	6%	6%	6%

Prevalence of disability increases with age. Thirty per cent of respondents with a disability were aged 60-69, 52% were aged 70-79 and 66% were aged 80 or over.

Almost half of older people with disabilities (44%) said they use assistive products (see Table 3).

Table 3: Older people with disabilities use of assistive products

Assistive product	Older people	Older women	Older men
Has a walking aid*	37%	35%	41%
Has eyeglasses	7%	5%	12%
Has multiple assistive products	5%	4%	6%
Has an assistive product that works	39%	35%	45%

*Walking stick, crutches, walking frame or wheelchair.

There is a marked gender difference in the proportion of older people with disabilities living alone. Far more older men with disabilities (31%) live alone than older women (13%).

As with older people in general, the main priorities for older people with disability are food and cash. Sixty-seven per cent of those with disabilities depend on their families and friends to support them to get their basic needs.

Older people with a disability said they thought older women felt neglected (44%), felt isolated in their family and community (39%), experienced financial abuse (32%) or were denied resources (33%). The responses were similar for older men. Older people with disability said they thought older men felt neglected (39%), felt isolated in their family and community (30%), experienced financial abuse (27%) or were denied resources (27%).

Nearly two-thirds of respondents with a disability (64%) said they could cope with support from family, friends or community worker. However, more than a quarter (27%) said they could not cope at all.

Recommendations

1. Collect, analyse and use data broken down by sex, age and disability to develop inclusive responses that leave no one behind.
2. Mobilise members of the community to provide services to promote the independence of older people with a disability.
3. Arrange for community health and social workers to identify people with difficulty walking, seeing, hearing or communicating, and work out ways to improve their access to services.
4. Find out where assistive products can be obtained and identify any gaps in supplies. Consider arranging for items such as toilet chairs and walking sticks to be made locally.
5. Use mobile phone apps to provide basic assessments and speed up referrals to specialised health care services such as hearing and eye care services.
6. Actively involve older people with disabilities in planning responses to bring their accessibility needs to the forefront.
7. Collaborate with disabled people's organisations to share skills and knowledge of how to support older people with disabilities.

2. Food security, income and debt

Older people identified food as their highest priority and cash as their second highest priority. Food was ranked by 76% of respondents as their highest priority.

Sixty-two per cent of respondents said they ate two meals per day. Twenty-two per cent said they only ate one meal a day (26% of men and 19% of women).

A high proportion of older people (75%) said they did not have enough food. More than half (54%) said they went to bed hungry either 1-2 nights per week (44%), 3-5 nights a week (7%) or every night (3%).

One of the most common barriers older people face to obtaining food is a lack of income. Eighty-two per cent of older people surveyed said they currently had no income (87% of women and 75% of men). The majority (67%) said they could not afford to buy food (72% of women and 60% of men).

Twenty-nine per cent of respondents said they did not feel safe when trying to obtain food. Older women feel more at risk (33%) than older men (24%). Other barriers included food lacking diversity (36%), not enough food in rations (32%) and not enough food in the markets (26%). Some respondents (16%) said the food they had was not appropriate.

Due to their lack of income, nearly half of all respondents (47%) said they had had to resort to borrowing since the drought began, increasing their economic vulnerability. This was more common among men than women (53% of men and 43% of women), probably due to men's traditional role as family breadwinners. A large majority of older people (88%) said that, if provided with cash, they could use it safely (85% of men and 92% of women). The main reasons for feeling unsafe were risk of theft (15%) and lack of access to markets (5%). Nineteen per cent of older women said felt at risk of theft.

Recommendations

1. Provide food to vulnerable older people in the short term, with a plan to move to supporting sustainable drought-resistant livelihood activities in the longer term.
2. Support economic empowerment activities for women, as they face more challenges in securing enough food and income, to improve their nutritional status and that of their families.
3. Prioritise income and livelihoods support to older people to enable them to afford food and other essentials. If cash is to be provided in the short term, carry out a safety audit with older women to explore their safety concerns and ways to address these. For long term impact, collaborate with other agencies, government departments and the private sector to establish a centre to provide services to older people and their families who have concerns about safety.
4. Identify places selling food that is appropriate and affordable to older people, and that they can reach, where they can buy food using cash, credit or e-vouchers and inform older people.
5. Establish business incubation centres where older people can earn an income making or selling goods and obtaining business advice. This is particularly recommended for Beitbridge, as it is an economic hub, being on the border with South Africa.
6. Consider complementing the food intervention with a water, sanitation and hygiene intervention, particularly to improve older people's access to safe drinking water. For example, support older people to set up mini-irrigation systems in their plots of land.
7. Conduct a market analysis to ensure food diversity is available for older people, including older people with disabilities, to ensure they have enough micro-nutrients and palatable food to reduce the risk of malnutrition.

3. Water, sanitation and hygiene

Older people ranked water as their third highest priority and hygiene items as their sixth highest priority.

At least one in five older people said they have inadequate access to water, sanitation and hygiene (WASH) facilities, including safe drinking water (22%), bathing (32%) and toilet facilities (26%). Half the older people surveyed (50%) said they had no access to handwashing facilities. The problem was worse for women, with 53% having no handwashing facilities compared with 44% of men.

Concerns about safety present a significant barrier. Many older people said they felt unsafe using handwashing facilities (40%), bathing facilities (34%), toilets (29%) and safe drinking water (23%). This was more pronounced for older women, older people living alone and older people with disabilities. Forty-four per cent of older women said they felt unsafe using handwashing facilities and 32% feeling unsafe using toilets.

Slightly more older people living alone said they felt unsafe using handwashing facilities (48%), toilets (38%) and bathing facilities (34%). Slightly more older people with disabilities felt unsafe using handwashing facilities (42%), bathing facilities (39%) and toilets (31%).

Position of water points was also a barrier, with 32% of older people saying water points were far away from their shelter. For older women, a lack of privacy was another barrier, with 24% of older women saying they had no privacy at bathing facilities. Twenty-seven per cent of older people said their main barrier to bathing facilities was that there were not enough in their area and a lack of privacy (22%). Older people also mentioned problems with toilets, including not enough toilets (23%), lack of privacy (21%) and toilets not being clean (12%).

Recommendations

1. Conduct focus group discussions or surveys with older people, particularly women, those living alone and those with disabilities, to understand the challenges to them of safely accessing water, handwashing, bathing and toilet facilities.
2. Make WASH facilities accessible and safe for older people. For example, position facilities no more than 50 meters from people's residence, fit proper lighting systems install locks, and have separate facilities for men and women.
3. Investigate options for supporting older people whose nearest water point is far from their shelter. For example, provide them with smaller containers for fetching water.
4. Provide outreach services to enable older people who cannot leave their homes to access drinking water, handwashing and bathing facilities.
5. Construct WASH facilities suitable for older people according to SPHERE minimum standards⁵ and make sure older people have the opportunity to provide feedback or make complaints about the WASH facilities.
6. Set up community groups with a good representation of older people, including women and those with disabilities, to address issues of safety, privacy and distance relating to WASH facilities.
7. Provide information to older people on the risks of dehydration and drinking unclean water, using accessible formats. Identify humanitarian agencies working in the area on WASH. Advocate for them to meet the needs of older people, including women and those with disabilities. Provide the same information to communities so they can also request facilities that meet the needs of older people.

4. Protection

Perceptions of safety and risk

14% of older people surveyed said they were living alone. Two thirds of these were women.

Older people expressed significant concerns about safety. The top five safety risks perceived by both women and men were neglect, isolation, financial abuse, denial of resources, opportunities and resources, and emotional abuse (see Table 4).

Table 4: Top five safety risks perceived by older people

Safety risks	Older people identifying this as a major risk for older women	Older people identifying this as a major risk for older men
Neglect	42%	37%
Isolation	40%	32%
Financial abuse	32%	31%
Denial of resources, opportunities and resources	31%	27%
Emotional abuse	29%	26%

⁵ <https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf>

Older people with disabilities had the same concerns about safety as older people in general. More older people living alone had concerns about neglect and isolation, however: 58% of people living alone perceived neglect as a risk for older women and 42% as a risk for older men; and 45% of those living alone perceived isolation as a risk for older women and 39% as a risk for older men.

Three per cent of older people perceived sexual violence as a risk for older women. More older people with disabilities (8%) and older people living alone (12%) perceived the risk for older women.

Coping mechanisms to meet basic needs

Ninety-four per cent of respondents said they had changed their behaviour to meet their basic needs since the crisis began. The most common changes were eating less to prioritise children (52%) and eating food of less good quality. They also included borrowing money, working in exchange for goods instead of cash, spending less on non-essential items (such as hygiene items) and relying on donations from organisations such as churches/faith groups, and community groups. Older women were far more likely than older men to limit food quality (71% of women and 55% of men), and to limit food consumption to prioritise children (56% of women and 46% of men) (see Table 5).

Table 5: Behavioural change reported by older people

Behaviour change	Older people	Older women	Older men	Older people living alone	Older people with disabilities
Limit food quality/quantity	64%	71%	55%	65%	65%
Limit food consumption amongst adults to prioritise children	52%	56%	46%	38%	51%
Borrow money	27%	27%	28%	23%	27%
Work for goods	24%	23%	26%	20%	25%
Reduce spending on non-essentials	20%	21%	20%	18%	21%
Donations	16%	16%	18%	17%	14%

Nearly half respondents (48%) said they had had to resort to high-risk behaviours and other negative coping mechanisms to meet their basic needs. This impacted not only themselves but also children in the household. They included removing children from school, begging, sending children to work and sending them to other families. More older women than men had had to resort to these measures (see Table 6).

Table 6: Negative coping mechanisms reported among older people

Coping mechanism	Older people	Older women	Older men	Older people living alone	Older people with disabilities
Remove children from school	20%	22%	16%	19%	26%
Begging	15%	15%	16%	14%	17%
Send children to work	12%	14%	10%	7%	14%

Send children to other families	12%	15%	8%	8%	14%
Other	10%	12%	7%	21%	10%

Access and dependency

Challenges were faced by older people in accessing humanitarian services. Thirty-one per cent of respondents (37% of women and 24% of men) said they could not reach distribution sites on their own and required support to do so.

Sixty-six per cent of older people surveyed (69% of women and 62% men) said they depended on their family or friends to meet their basic needs. Ten per cent said they did not get to distribution points or receive any relief items at all. Lack of support to older people may have far-reaching consequences not only for them but also for their dependants.

Twenty-four per cent of respondents said they had family, friends or volunteers to assist them to get to distribution points or receive relief items, 11% said they paid for transport to get to distribution points and 10% said they had family, friends or volunteers to bring items to them.

Recommendations

1. Provide tailored support to older people caring for others, particularly those caring for children. Put in place measures to protect older carers against resorting to negative coping mechanisms.
2. Carry out further assessment to understand drivers of high levels of neglect and isolation amongst older people, with a view to developing programming to reduce risks to safety.
3. Assess the risks of sexual violence, particularly against older women living alone and older people with disabilities. Put in place programmes to mitigate risks and improve protection.
4. Assess older people's level of debt before setting up programmes offering cash or payment in kind. Consider distributing a one-off cash transfer to older people to clear their debts, alongside in-kind or cash-based interventions to reduce the risks of behavioural change and negative coping mechanisms.
5. Sensitise households about the importance of equitable access to food and other assets within the household, regardless of gender.
6. Consider specifically targeting older people with reduced mobility using alternative food distribution mechanisms (such as porters, door-to-door distributions and proxies).

5. Psychosocial wellbeing

Over a third of respondents (39%) said they felt worried, nervous or anxious on a daily or weekly basis. Moreover, 27% said they experienced pain daily or most days in the past three months. The figures were higher for women (33%) than men (20%).

More than a fifth of respondents (22%) said they felt unable to cope with their current situation, with slightly more women (23%) than men (19%) feeling they could not cope. Nearly as many (19%) said they felt tired or exhausted daily or most days over the past three months.

Almost all the older people surveyed (93%) were caring for others which in turn can really impact their overall ability to cope. Sixty-one per cent of respondents said they were caring for three or

more children (60% of women and 63% of men), and 26% were caring for five or more children. The vast majority of older carers of children (88%) said they a disability. Fifty-five per cent of older people said they were caring for at least one other older person (68% of men and 46% of women). Twenty-three per cent were caring for at least one person with disabilities.

Mechanisms to help older people cope are even more pertinent for those living alone. Fourteen percent of respondents were living alone, with a substantial difference between women (65%) and men (35%). Of those living alone, 26% said they felt unable to cope. Twenty-seven per cent of those living alone had a disability. Of older people living with disability, 27% said they felt unable to cope.

Furthermore, 41% of respondents said they had difficulty remembering, with a far more women (32%) than men (13%) having difficulty remembering often or all of the time.

Recommendations

1. Provide psychosocial support to older people feeling worried or unable to cope. Recruit staff and community volunteers and train them how to listen to older people and communicate effectively with them, including those who may have difficulty communicating, hearing, seeing or remembering.
2. Map out available service providers and establish ways to connect older people and their families to those that may be able to provide additional, multi-disciplinary support such as palliative care for those in chronic pain.
3. Recognise the potential of older people, including those with disabilities, to contribute to the response and provide them with opportunities to do so, for example, through community volunteer networks, such as older people’s associations or to provide peer support to those feeling worried or unable to cope.
4. Support existing community groups, such as women’s groups, men’s clubs, disabled people’s organisations or older people’s associations, to reach out to older people living alone or feeling isolated and give them the opportunity to meet other people in a supportive and safe environment.

6. Shelter

The vast majority of respondents (98%) said they had a shelter. However, this leaves 2% with no shelter, which is very basic need.

For many older people, their shelter does not meet their needs. Almost a fifth of respondents (18%) said they did not feel safe in their shelter. This is hardly surprising, given that the typical structure of mud and thatch is vulnerable to the weather, and there is little or no public lighting.

Twenty-eight per cent of respondents said they were not satisfied with their shelter. Fourteen per cent said they did have not enough space in their shelter. Twenty per cent said their shelter needs major repairs and 24% said their shelter needed minor repairs (see Table 7).

Table 7: Top shelter needs of older people

Shelter need	Older people	Older women	Older men
Minor repairs	24%	22%	27%
Major repairs	20%	22%	16%
Not enough space	14%	13%	15%

Not enough building materials	14%	12%	17%
Far from family and friends	13%	14%	11%
Far from basic services	6%	6%	6%

Another important finding was that 9% of respondents said that their shelter materials were not appropriate for the weather.

However, many older people faced challenges in improving their shelter particularly in obtaining materials or labour. Seventeen per cent of respondents said they could not afford any type of shelter materials. Twelve per cent said they could not repair their shelter without physical assistance from someone else. Six per cent said they were waiting for their family, 2% said they had no space to construct a shelter and 4% said they could not pay the rent.

Recommendations

1. Locate older people with no shelter and take immediate action to provide them with a shelter. Use materials suited to the local context and weather conditions.
2. Conduct a safety and satisfaction audit to identify the reasons why older people feel unsafe in their shelter or are dissatisfied with it.
3. Use the results of the safety and satisfaction audit to make changes to older people's shelter to enable them to feel safe and more satisfied with it.
4. Distribute cash or vouchers to older people who cannot afford shelter materials to enable them to purchase materials. Engage with shelter teams or site managers to provide labour if needed.
5. Conduct focus group discussions with older people to obtain a full understanding of their needs for shelter and how to respond to these.

7. Health

Burden of disease

The vast majority of respondents (88%) said they had at least one health condition. More women (92%) than men (82%) reported having one or more health conditions. More older people with disabilities reported health conditions than older people in general, with 95% having at least one condition.

Thirty-eight per cent of respondents said they had one health condition. Thirty-one per cent said they had two or more health conditions (20% had two, 8% had three and 3% had four). Joint aches and pains (54%) hypertension (37%), and respiratory problems (34%) were the most common health conditions, followed by gastrointestinal problems (16%), heart problems (15%) and diabetes (11%).

Some health conditions were significantly more common in older women than older men, such as hypertension (43% of women and 30% of men), respiratory problems (40% of women and 26% of men), and joint aches and pains (60% of women and 46% of men).

Prevalence of health conditions generally increases with age, with 95% of those aged over 80 reporting at least one health condition, compared with 84% of those aged 60-69 A full breakdown is given in Table 8 on the following page.

Table 8: Health conditions of older people

Health condition	Percentage of older people reporting health conditions						Older people with disabilities
	Older people	Sex		Age			
		Women	Men	60-69	70-79	80+	
Hypertension	37%	43%	30%	24%	40%	52%	46%
Respiratory problems	34%	40%	26%	24%	33%	44%	43%
Gastro-intestinal problems	16%	14%	18%	9%	17%	17%	17%
Heart problems	15%	15%	14%	12%	17%	18%	21%
Diabetes	11%	11%	12%	12%	13%	17%	15%
Skin problems	5%	4%	7%	3%	6%	5%	7%
Cancer	1%	1%	2%	0%	1%	2%	2%
Joint aches and pains	54%	60%	46%	55%	56%	70%	63%
At least 1 health issue	88%	92%	82%	84%	89%	95%	95%
At least 1 non-communicable disease	69%	73%	63%	66%	72%	78%	78%
At least 2 non-communicable diseases	31%	33%	28%	27%	31%	45%	39%

Access to health services and medicine

The vast majority of respondents (92%) said they faced difficulty accessing health services. More than one in five (22%) said they had no access at all. Thirty-eight per cent of those aged 80 or over said they could not access health services at all.

Distance is often a problem. Only 13% of respondents said they could reach a health facility within 30 minutes. Nearly half (49%) said it took 1-3 hours to reach the nearest health facility and thirty-six per cent needed 30 minutes to one hour. Two per cent could not reach a health facility at all. Lack of income compounds the problem, with three quarters (75%) saying that medical care was too expensive.

Safety and attitudes of health workers are also key issues. Fourteen per cent of respondents said they did not feel safe accessing healthcare (17% of women and 10% of men). Thirteen percent said they had experienced negative attitudes from healthcare providers.

Other issues include lack of support to reach services. Seven per cent of respondents (13% of those living alone, 9% of those living with disability, 8% of women and 4% of men) said they could not access health services because they did not have anyone to help them do.

Furthermore, 79% of respondents reported that medicine was not available at the health facility. Of those who regularly took medication, only 30% said they had enough medicine to last up to a week.

Recommendations

1. Address key barriers older people face to accessing health services, such as cost and distance, especially for older people living alone and those with disability, and safety for women. For example, provide transport, mobile clinics or home-based services.
2. Identify older people who need care and support for daily living or assistance to reach healthcare services and put in place measures to provide this.
3. Raise health staff's awareness of ageism and provide training in healthcare of older people.
4. Support health services to have sufficient stock of medicines.
5. Link with other sectors to consider the social protection needs and support available for older people in relation to health services and medicines.

8. Accountability

Participation by older people in the humanitarian response and their access to feedback and complaints mechanisms is limited. Sixty-two per cent of respondents said they had not been consulted by any humanitarian agencies about the services provided to them. The omission was slightly less for respondents with disabilities (60%). This suggests that agencies may place marginally more emphasis on disability inclusion than age inclusion.

Forty-one per cent of respondents, including those with disabilities, said they did not know how to give their opinion or make a complaint about the humanitarian services provided. This suggests that humanitarian agencies are not only designing programmes without considering the specific needs of older people, but also that they are not receiving the feedback necessary to improve their response.

The findings highlight a gender dynamic that is unfavourable to older women, marginalising them not only because of their age but also because of their gender. For example, 66% of older women were not consulted by any agencies, compared with 57% of older men. Of respondents with disabilities, 14% more women than men were not consulted. More older women than men did not know how to make a complaint or provide feedback on services or make a complaint about services (47% of women and 31% of men). Of respondents with disabilities, 47% of women did not know how to provide feedback or make a complaint compared with 29% of men.

Recommendations

1. Review complaints and feedback mechanisms with older people to identify the barriers that prevent them from using these. Hold a review specifically with older women.
2. Use accessible communication methods and local languages to consult older people, including those with disabilities, about their needs and preferences, gaps in services, whether services are safe and accessible, and how they can access complaints and feedback mechanisms.
3. Gather ideas from older people for designing age and disability inclusive complaints and feedback mechanisms, such as feedback boxes, phone numbers and community focal points, and incorporate these into the design.

4. Use appropriate communication channels and formats such as community meetings, posters, etc. to make older people aware of the complaints and feedback mechanism processes and how the information will be used.
5. Hold focus group discussions with older people, particularly older women, to plan how to engage with humanitarian agencies and share these plans with different clusters.
6. Analyse all feedback received from older people monthly and inform them this is being done. Where the system is not being used, consult older people on how to adapt it so they can and feel comfortable using it.
7. Ensure older people are aware of complaints and feedback mechanisms and understand the processes and how the information will be used.

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