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Rapid Needs Assessment of Older People (RNA-OP) forcibly displaced from Myanmar in Balukhali 2 camp, Cox's Bazar, Bangladesh

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

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From 16-19 October, with support from its UK member, Age International, HelpAge conducted a rapid needs assessment of older people (RNA-OP) in the Balukhali 2 camp with our partners Resource Integration Centre (RIC) and Youth Power in Social Action (YPSA). An early rapid assessment aims to provide the best possible overview of the situation and priority needs of older people - given the data and time available and other constraints, thus providing key information for planning an initial response and mobilising additional resources. This report contains some of the key findings of the RNA-OP, together with observations and analysis from HelpAge International Humanitarian Team and advisers.



Dr. Juma Khudonazarov / HelpAge International

Sadre (73) collects water from her nearest storage point in Balukhali 2 camp, Cox's Bazar.

1. Humanitarian context

The flight of forcibly displaced people from Rakhine State in Myanmar across the border into the Cox's Bazar area of Bangladesh continues, with IOM estimating a total of 618,000 new arrivals between 25 August and 12 November 2017. Many of these are older people. The displacement brings with it experiences of trauma, violence and abuse, including family separation and disappearances, gender-based violence, restriction of movement and lack of food, water and shelter leading to under-nutrition and disease. Conditions in the camps are over-crowded, physical access is difficult and the Bangladesh government and NGOs are struggling to provide basic services.

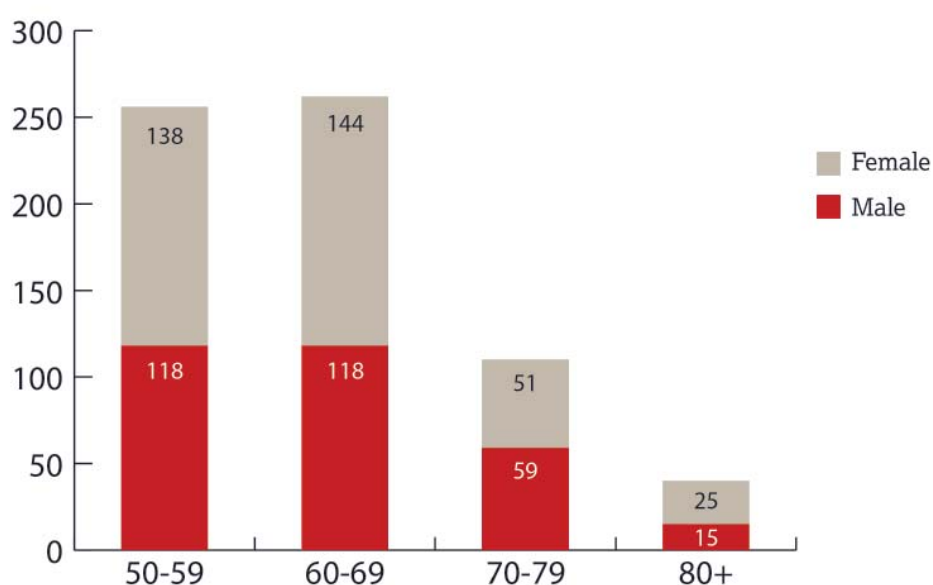
Together with its partners Resource Integration Centre (RIC) and Youth Power in Social Action (YPSA), and with support from, and working on behalf of its UK member Age International, HelpAge is working in the Balukhali 2 camp, formerly known as Mainnaghona, which is designated as one of the four “permanent” camps in Cox's Bazar. The current population of Balukhali 2 camp is approximately 80,000 people, and although it has been difficult to obtain accurate figures, we estimate that people over 50 years old make up at least 10% of the population. RIC and YPSA have already managed to register 7,510 older people in the camp and have started providing basic services.

2. RNA-OP Methodology

The RNA-OP conducted from 16-19 October consulted women and men aged over 50 years old (the agreed definition of older people in a humanitarian setting). It took a mixed method approach of individual questionnaire, focus group discussions and comprehensive transect walks throughout all 13 blocks of the camp, visiting as many of the 150+ sub-blocks as possible.

A total of 669 older people – 358 women and 311 men - were reached by individual questionnaires, and their responses form the majority of the data presented in this report. The questionnaire responses were collected and analysed as sex and age disaggregated data (SADD), with age and gender profile as shown below. Given the sample size and methodology, we believe this is a fair representation of the demographic profile of the older population in the camp. In addition, 10 focus group discussions were held, each comprising 8 - 10 people.

Figure 1: Age and gender profile of survey respondents



There were a number of methodological limitations to the RNA-OP, in terms of both design and implementation. Some questions were inappropriate for the context and there were issues the ways in which the enumerators interpreted and recorded some of the responses. These resulted in some gaps and inconsistencies in the data, which have been noted by staff and partners on the ground, and are discussed in the individual sections below.

3. Protection

Emanuela Rizzo and Magda Rossmann

There is a perceived high level of insecurity among the respondents: 30% of older women and 27% of men reported feeling unsafe some or all of the time. Of these, 77% of older men and women reported feeling unsafe due to exposure/experience of robbery. This raises concerns about the security conditions of the camps, with overcrowding, lack of privacy and insecure shelters providing little protection. Other reasons reported for feeling unsafe include fear of civil unrest, physical abuse, armed assault and anxiety about what has become of missing people.

All responders answered the question about feeling safe, but only one third of respondents answered the specific questions of why they felt unsafe. It was also not clear from the respondents if their feeling of lack of safety is related to their displacement experience or with the camp environment.

Family structures have been significantly disrupted by the violence and by the displacement. 72% of the older people interviewed have caring responsibilities with an average of 3.2 dependents per older person – including sole caring responsibilities as well as responsibilities for caring within a wider family. It is also important to consider the possible implications that the significant number of missing people have on the family structure.

78% of older women and 71% of men who reported feeling unsafe have a disability. As noted in section 4 on health, below, 74% of older people reported physical constraints in accessing health care services. Arthritis was reported by 61% of older women and 47% of older men and may be one of the fundamental causes of reduced mobility, coupled with the rugged terrain in the camps.

Violence, Abuse and Neglect

9% of older women and 7% of older men responding to the survey reported that they are aware of violence, abuse and neglect (VAN) of older women and men in their close environment. Given the social stigma and taboo surrounding violence, abuse and neglect of older women and men, combined with high levels of gender based violence,¹ the actual prevalence is likely to be higher. It indicates that violence, abuse and neglect targeted against older women and men is happening within the context of the current crisis, and points to a need for a more comprehensive assessment of this situation.

It should be noted that although some women reported feeling safer than they did before and during displacement from Myanmar, the settlement areas have very few protective mechanisms and those that exist are overwhelmed.² It is therefore crucial that protection mainstreaming is prioritised within the current humanitarian response and that it involves specific mitigation and support services to survivors of violence, including those that face intersectional violence on the basis of their gender, age and disability.

¹ ACAPS, Myanmar and Bangladesh displacement briefing note, 7 November 2017

² GBV Policy and Advocacy Task Team briefing paper: <https://reliefweb.int/sites/reliefweb.int/files/resources/Policy%20and%20Advocacy%20TT%20Rohingya%20Bangladesh%20Briefing.pdf>

Recommendations Protection Sector, service providers and donors:

A protection mainstreaming approach must be effectively implemented throughout the response by all actors involved. In practical terms, more attention should be paid to the protection mainstreaming principles in order to ensure increased safety and dignity for older women and men.

Access to basic services should be monitored by outreach teams, and a community-based accountability mechanism should be put in place. In order to address issues of access and addressing specific vulnerabilities of older men and women, a strong case management approach should be implemented.

The outreach component of the response needs to be strengthened. Considering the geographical structure of the camp and the barriers mentioned by older men and women in accessing basic services especially health, outreach volunteers and mobile teams will continue to be an effective response to address the specific needs of older people in the camps. Furthermore, development of an updated directory of available services with information on agreement achieved with the service providers, access criteria and condition for referral should be created.

The fact that many older people are caring for children raises significant protection concerns, specifically in a context where child protection is an issue already highlighted by other actors. The advocacy strategy must ensure that older people are included in sessions on parental skills and children rights, and that older people are sufficiently supported so they do not resort to negative coping mechanisms such as using children for heavy chores, resulting in school dropout, neglect and abuse.

Specialised services for survivors of gender-based violence (GBV) should include age-appropriate interventions to allow access for older women and men:

- Screening for GBV should include different types of violence, abuse and neglect that can be experienced by older women and men (e.g. physical, emotional, financial, sexual, neglect, etc.).
- GBV mitigation interventions should target all family members, extending focus from intimate-partner only, in recognition of non-intimate partner violence that can be experienced by older women and men.
- Age-appropriate spaces within safe spaces for women and girls survivors of GBV should be provided to ensure older women feel comfortable accessing these services.
- Outreach and mobile units to older women and men with disabilities should be put in place to ensure those at risk of isolation and violence can access information and specialised services.

4. Health

Dr Juma Khudonazarov

The Rapid Needs Assessment of Older People (RNA-OP) focused on factors including: health status of individuals, capacity and performance of health service including management and surveillance, security and other factors critical to accessing health, and public health risks.

90% of all the 669 survey respondents provided information on their health conditions and accessibility to healthcare services. 97% of these reported being ill or requiring medical assistance. 80% of older people reported multiple chronic conditions and non-communicable diseases (NCDs) that require continuity of care. Of those aged 70+, 88% of respondents reported taking regular medication.

77% of all older women and 69% of older men reported suspected gastro-intestinal diseases, however this most likely includes cases of acute diarrhoea, and further investigation is needed.

Arthritis was reported by 61% of older women and 47% of older men. This is a major factor in restricting the mobility of older people, as is the rough terrain of the camp – with ruts, muddy pools and slippery slopes making coming down from and clambering back up to shelters a significant challenge even for more mobile older people.

74% of older people reported difficulty in accessing health facilities because of limited mobility, and from some areas of the camp it can take older people more than an hour to reach health facilities. Those with arthritis and other chronic conditions are physically unable to access health services and require home based care.

Heart disease is the third highest health problem for older men (22%) and women (23%). Diabetes was reported by 46% of men aged over 80 and 28% of those aged 70-79, with reported rates in women much lower. Skin disease also appears to affect older men, reported by 24% of those aged 70-79.

Much information, such as health facility information or costs associated with health care, has not yet been analysed due to the lack of available data. Many older people in the camp are at risk of being excluded/invisible in the response due to their reduced mobility and the rough terrain and chronic health conditions that prevent access to health services. Furthermore their exclusion prevents older people from participating in community decision making processes.

Recommendations Sector, service providers and donors

The Health Cluster should include in its Weekly Epidemiological Bulletin (WEB) a breakdown and analysis by age and gender, in order to ensure older people's health needs are being addressed, and that they have access to essential health care services.

Older people need to be included in planned measures to mitigate health risks such as infectious disease outbreaks (particularly cholera and typhoid).

Donors and health actors alike should note that 88% of older people aged over 70 are on one or more medications for NCDs. Without sufficient funds it is impossible to maintain continuity of care for those vulnerable groups, and in some cases without adequate medicine, manageable health conditions become life-threatening.

5. Water, Sanitation, and Hygiene (WASH)

Dr Juma Khudonazarov

Diarrhoea was reported to be a health concern at 74% of assessed locations. The risk of diseases spreading is exacerbated by the fact that 83% of locations stated that older people encountered problems when trying to wash their hands. Of these, 67% reported no soap, 42% claimed hand washing facilities were lacking and 29% reported no access to water at all.

WHO tested drinking water quality in the camp and a large majority of samples tested positive for faecal coliforms indicating that the consumed water is not safe and does not meet basic standards. There is the potential for cholera, and WHO are preparing contingency plans for a possible outbreak.

Most latrines in the camps were initially dug without permission or discussions on location, and many are not built to a sanitary standard (pits are too shallow and too close to surface water sources or shallow wells). Rainfall in the monsoon season caused these latrines to flood, overflow and led to faecal contamination of surrounding areas, causing diarrhoea and other water-borne diseases. Although it is difficult to establish a direct correlation between the high prevalence of suspected gastrointestinal cases among this cohort (74%) and level of satisfaction with quality of available clean water, we expect the number of cases among older people to increase and this poses a public health threat.

The RNA-OP survey indicated that 60% of older women and 62% of older men were not satisfied with latrines, while 36% of older women and 49% of older men were not satisfied with available handwashing facilities. Bathing facilities across the camps are very basic and according to the survey, 36% of older women and 45% of older men are not satisfied with current bathing facilities. Although drinking water is available through the camps, there are only a few shallow hand pumps installed. 58% of all older people surveyed are dissatisfied with available drinking water.

Recommendations to WASH Sector, service providers and donors:

Overall, the situation with latrines and sanitation represent a public health threat for a potential outbreak of water-borne diseases such as cholera or typhoid. For Sectors, the key recommendation is to develop contingency plans and include older people as a vulnerable group within these plans. There should be specific messages for the camp management and the Sectors to use age and gender disaggregated data to tailor WASH interventions to the needs of older people.

Older people comprise an estimated 10% of the camp's population. Their WASH needs should be integrated in HRP 2018, so they can have full access to water and sanitation services. Latrines and handwashing facilities should be accessible for older people at all times, including at night.

6. Shelter

Dr Juma Khudonazarov

Most older people in the camp live with 4-7 members of family in basic shelters, and lack adequate access to latrines, handwashing and bathing facilities. Latrines and washing facilities often too far for older people to reach them. Without light, night time movement even to go to toilet is restricted.

Shelters in the camps are typically constructed from locally-sourced materials – such as bamboo, blankets and plastic sheeting, and the price of such materials has soared in recent months. 28% of respondents stated that although they have shelter, these shelters are incomplete due to lack of building materials. Many older people live in shelters which are covered only by blankets, or in makeshift tents, and these become flooded when it rains.

The majority of respondents reported that they are living with one or more family members, 29 had no shelter and sleep in open air, and 12 share their shelter with strangers.

The majority of older people who have basic shelter have no or inadequate access to bathing facilities. There are no standard bathing facilities across the camps. Older people use traditional buckets. In the survey, 33% of female and 25% of male respondents stated that they have shelter but do not have access to bathing equipment such as buckets, and have been not able to bathe for several weeks.

Recommendations for Shelter Sector, service providers and donors:

For the Shelter Sector and camp management, the key recommendation is to provide shelter material to older people as 28% reported needing shelter materials. It is also important to include older people in contingency plans in case of high winds or landslides, and improve access to the shelters that have been constructed on high ground.

There should be specific messages for the camp management and the Sectors to use age and gender disaggregated data to tailor shelter needs of all age groups.

Recommendations for funders: an estimated 10% (approximately 8,000) of forcibly displaced people in Balukhali Camp 2 are older people, and have the right to live with dignity. This means basic shelter with accessible toilet and bathing facilities.

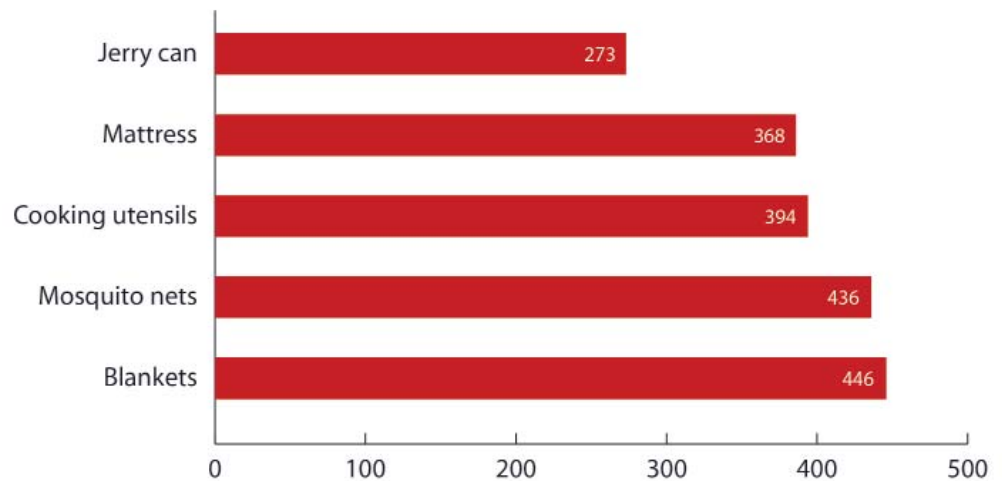
Adequate housing was recognized as part of the right to an adequate standard of living in the 1948 Universal Declaration of Human Rights and in the 1966 International Covenant on Economic, Social and Cultural Rights. Other international human rights treaties have since recognized the right to adequate housing or some elements of it, such as the protection of one's home and privacy, and this includes in humanitarian settings.

7. Non Food Items (NFI) assessment

Dr Juma Khudonazarov

90% of the 669 survey respondents participated in the Non Food Item (NFI) assessment. The aim was to identify the gaps in accessing NFI and the current needs for items including blankets, mattresses, mosquito nets, cooking utensils and jerry cans. However, there were significant gaps in the RNA survey – notably we did not include plastic sheeting, bamboo poles or hygiene kits, highlighted by UN agencies as NFIs in high demand in the camps.

The greatest reported need was for blankets, (67%) and mosquito nets (65%), with the lowest for Jerry cans (41%), as shown below:



The high demand for blankets may be in part because many people do not have access to plastic sheeting, so are using blankets to cover tops, doors and floors of their shelters. The highest demand for blankets were among men aged 80+ (92%), followed by women aged 80+ (84%). This may be because older people need more blankets to make their bed more comfortable as they traditionally sleep on the floor without beds or mattresses. The high demand for mosquito nets may be in part because people are also using them to cover doors and windows, and for fishing.

Data from the survey also showed that demand for all items was highest among females aged 60-69. This may be because they are looking after family members and more likely to have 4-6 people in households.

Recommendations for Shelter Sector, service providers and donors:

For Sector, the important recommendation is to ensure sufficient NFIs are available and promote appropriate use of items including blankets and mosquito nets. There should be specific messages for the camp management and the Sectors to use age and gender disaggregated data to tailor NFI interventions.

For donors, blankets, plastic sheeting and hygiene kits are major needs. Older people need blankets for bedding, and are also looking after other family members including those with mobility issues and chronic health conditions.

The challenges some older people face in accessing distributions due to mobility issues should be taken in to account and appropriate actions taken including the establishment of linkages with agencies who can assist and facilitate access to relief items and services.

8. Inclusion and disability

Diana Hiscock

In the RNA-OP, 3 of the 6 Washington Questions were used – on asking about a person's difficulty in seeing, hearing and moving. These provide useful data, and in future surveys, we would recommend including questions on older people's abilities to concentrate and remember, communication and self-help skills.

However in reviewing the survey, there are significant concerns in the design and implementation of the response based on the following findings:

- 35% of the older people interviewed had a lot of difficulty walking or were totally dependent; this figure needs reviewing as it may be an underestimation as the number of people totally dependent may not have been identified in this rapid assessment as they are hard to reach. From this figure, 62% are women.
- 50% of the sample used a walking stick, with a small number stating that their walking stick was lost.
- 11% of respondents reported a lot of difficulty in seeing or were blind, with 62% of this group being females and 31% are over 70 years. 11% used glasses. 9% of the sample reported a lot of difficulty hearing.

The environment of the camp being hilly and muddy created major barriers for all the community to access their basic needs. The older people with multiple challenges are marginalised and excluded from accessing their basic needs and services and at increasing risk of isolation in the camp.

Recommendations for all Sectors, service providers and donors:

These initial findings highlight the complexity of the issues faced by older men and women with disabilities in the camp setting, which increases the protection and inclusion concerns. It highlights the importance of community outreach teams to ensure these older people are included in the response mechanism and referral matrixes. There is also a need to identify carers and care-givers, to find out more about their needs and ensure they are included in the response.

9. Conclusions and recommendations

The RNA-OP was a comprehensive survey of the needs of older people in Balukhali 2 Camp in mid-October 2017. Despite the methodological limitations and gaps noted above, a number of significant findings and useful gender and age disaggregated data have emerged on Protection, Health, WASH, Shelter, NFIs, Inclusion and Disability.

Protection

- A protection mainstreaming approach must be effectively implemented throughout the response.
- Specialised services for survivors of gender-based violence (GBV) should include age-appropriate interventions to allow access for older women and men.
- Older people must be recognized a group with Specific Needs and prioritized accordingly, possibly via the establishment of a Task Force on Age and Disability

Health

- The Health Sector should include in its Weekly Epidemiological Bulletin (WEB) a breakdown and analysis by age and gender, in order to ensure older people have access to essential health care services.
- 73% of older people in Balukhali Camp 2 reported suspected gastro-intestinal and digestive problems related to inadequate nutrition. There is an urgent need to provide appropriate food and dietary supplements for older people.
- 74% of older people reported difficulty in accessing health and other services; home based care should be an integral part of health care providers' services to address the needs of older people.
- Urgent solutions are needed to address the issue of gaps in non-communicable disease (NCD) management to prevent increased morbidity and mortality

WASH

- Sectors need to develop contingency plans to address prevention of water-borne diseases and include older people as a vulnerable group within these plans.
- Latrines and handwashing facilities should be accessible for older people at all times, including at night.
- WASH actors should be cognizant of the challenges older people face in accessing distributions and other WASH services such as hygiene promotion and establish linkages with actors who can support and improve their access

Shelter

- The Shelter Sector and camp management should provide older people with adequate shelter materials including plastic sheeting, and include older people in contingency plans in case of high winds or landslides.
- Shelter sector and actors should put in place measures such as referral pathways to provide Shelter construction and repair support to older people where necessary

Non-food items (NFIs)

- The NFI Sector should ensure sufficient items are available and promote appropriate use of items including blankets and mosquito nets.
- As with WASH, NFI actors should be aware and proactive in terms of the issues faced by many older people in accessing relief items and services

Inclusion and disability

- Camp management and Sectors should use age and gender disaggregated data (SADD) to tailor interventions to the needs of older people.
- Community outreach teams must ensure people with a lot of difficulty and total dependence on support are included in the response mechanism and referral matrices.

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