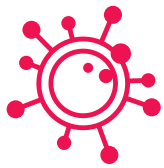


Rwanda – August 2020



COVID-19 rapid needs assessment of older people

Context

Since the outbreak, Rwanda has experienced more than 2,000 cases and 5 deaths from COVID-19 (as of early August). Despite the relatively low number of cases and deaths in Rwanda compared to other countries around the world, the impact on older people of the socioeconomic uncertainty caused by COVID-19 has been considerable. Furthermore, while reported incidents of COVID-19 remain low, the potential for a second wave remains. Therefore, to help evaluate the needs of older people during this unprecedented time and prepare for an increase in cases and deaths from COVID-19, Nsindagiza Organisation, with support from HelpAge, undertook a multi-sector Rapid Needs Assessment (RNA). The findings of this assessment will be used to assist Nsindagiza in adapting its programming, as well as in providing advocacy messages to humanitarian partners and the government. The interviews with older people were conducted in June 2020 within Nyarugenge district, which is based in the capital Kigali, and Ruhango district, which is a rural province in the south of Rwanda.

Key findings

Health

60% of older people interviewed do not know where their nearest health facility, which is testing for or treating COVID-19, is.



Awareness and behaviour

51% of older people interviewed consider radio to be the most effective channel of communication for COVID-19 health messaging. This is followed by loudspeakers (**24%**) and via the TV (**14%**).



Food and income

Only **12%** of older people interviewed have not had to change their diet since the outbreak of COVID-19. For example, many older people have had to reduce the quality or the quantity of their food.



Protection

When asked what they feel older people are at an increased risk of during the pandemic, respondents identified the top risk for both men and women as **neglect**. This was followed by **isolation** for older women and **financial abuse** for older men.



Wellbeing

77% of respondents are unable to cope with their current situation without support.

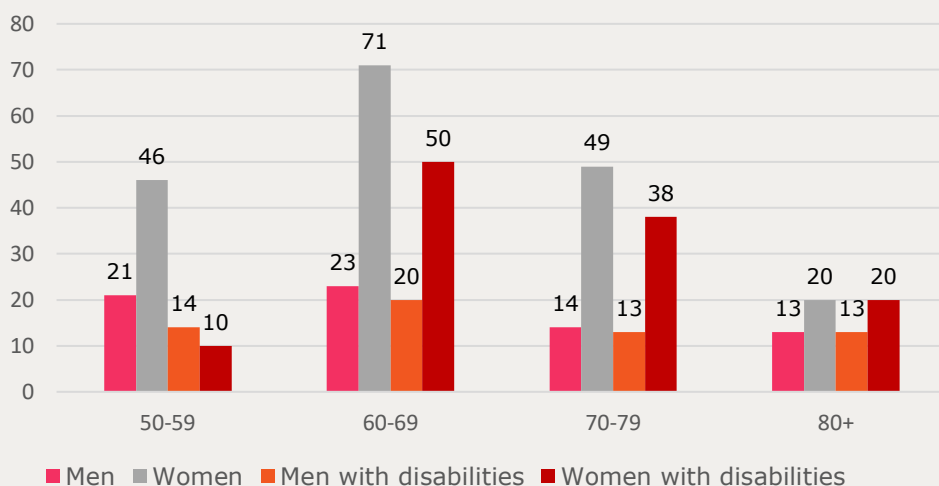


Recommendations

1. Local awareness raising among communities about preventive measures using radio and TV announcements and phone calls.
2. Psychosocial support to older people and persons with disabilities, and older people living alone. Support and engagement of older people in activities which help overcome their isolation and improve their mental health.
3. Provision of protective supplies to older people in their own homes and in care homes.
4. Establish volunteer groups to provide home deliveries of medicine for older people who have a mobility disability.
5. Build a strong relationship with the Government in order to advocate for the inclusion of older people.
6. Provide financial support to financially insecure older people with chronic diseases.
7. Within civil society, increase visibility of the need for older people's inclusion in the COVID-19 response.
8. Use the Humanitarian Inclusion Standards for Older People and People with Disabilities and the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, to help design inclusive activities that respond to the needs and rights of older people, including those with disabilities. Furthermore, assessments should ensure that data are disaggregated by age and disability.

Demographics

Age / Gender



73% of older people have at least one health condition

Joint aches and pains: 25%

Hypertension: 13%

Diabetes: 8%

Skin disease: 8%

Gastro: 7%

Respiratory: 6%

Heart problems: 5%

Serious injury: 5%

Mental health: 1%

Cancer: 1%

69% of older people have at least one disability

Remembering and concentrating: 57%

Walking: 49%

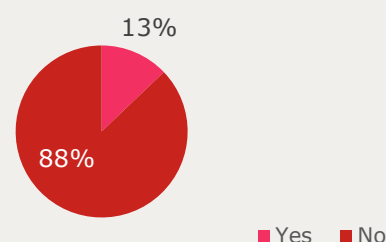
Sight: 37%

Communication: 10%

Hearing: 8%

Self-care: 6%

Living Alone



Methodology

Data on adults over 50 was collected through 253 individual community member interviews. NSINDAGIZA coordinated the conducting of these interviews through community-based volunteers in Nyarugenge and Ruhango districts. These volunteers were provided with appropriate personal protective equipment (PPE) and maintained a two-metre social distance from the older people they interviewed. A total of 248 people (177F and 71M) were interviewed between June 9th and June 16th, 2020. Of these, 5 older people have not heard of COVID-19. Technical support including training, data analysis and reporting was provided by HelpAge International. Subsequent to gathering the data it was disaggregated by gender, age bands and disabilities. The results of these disaggregations are only reported below when the differences are significant.

Priorities for older people

- The top three priorities for respondents since the start of the outbreak have been food (67%), livelihoods (29%) and shelter (19%). These priorities are consistent across both genders and older people with disabilities. While these priorities remain similar to those experienced by older people pre-COVID, the situation has been exacerbated by the outbreak of the virus. As a result of COVID-19, Rwanda is experiencing a weaker domestic demand and a sharp decline in exports and remittances. These knock-on effects are being more strongly felt by those engaged in small to medium sized enterprises compared with those engaged in agriculture. However, we expect that as the economic turbulence continues, the shockwaves will be increasingly felt across all sectors of the economy.
- Within this context it is unsurprising that food remains such a high priority, especially considering that the majority of older people surveyed have had to make changes to their diet since the outbreak of the virus. Also, many older people are especially vulnerable due to reliance on remittances and their families who are engaged in precarious work. This makes loss of livelihoods a strong concern.
- Prioritisation of shelter is a concern among the older people surveyed. This is reflective of the often-sub-standard conditions of their home as well as the cramped conditions many older people live in. While this is a pre-existing concern, if a more extensive outbreak were to occur in Rwanda this presents older people with a range of challenges such as difficulty practicing social distancing.

COVID Awareness and Behaviour

Restrictions of movement

- The first case of COVID-19 occurred in Rwanda on the 14th of March. By then the government had established a taskforce which was already issuing social distancing guidelines, promoting hand washing, and placing hand sanitiser outside all major public buildings and shopping centres. In March, the government instituted a nationwide lockdown and all non-essential travel outside of the home was banned. The government also developed a COVID-19 preparedness and response plan for 6 months (March-August 2020), aimed at guiding preparedness, early detection, and early response for COVID-19. Despite the effort made, the interventions did not include any specific measures to protect the most at risk groups, such as older people or people with disabilities. Furthermore, no specific messages were provided to these groups.
- The lockdown was ended on 1st of June 2020. However, as of mid-June, 67% of respondents said that they were still observing governmentally instituted movement restrictions. This highlights the fact that older people do not have access to up-to-date and accurate information on government guidance on COVID-19.

COVID-19 preventive measures

- Older people surveyed in Nyarugenge and Ruhango districts are aware of a wide range of methods they can use to protect themselves. 90% of older people mentioned hand washing as a protective measure, while 72% mentioned social distancing (avoiding gatherings and staying home if possible). Excluding social distancing, older people above 80 were less likely to be aware of COVID-19 preventive measures.

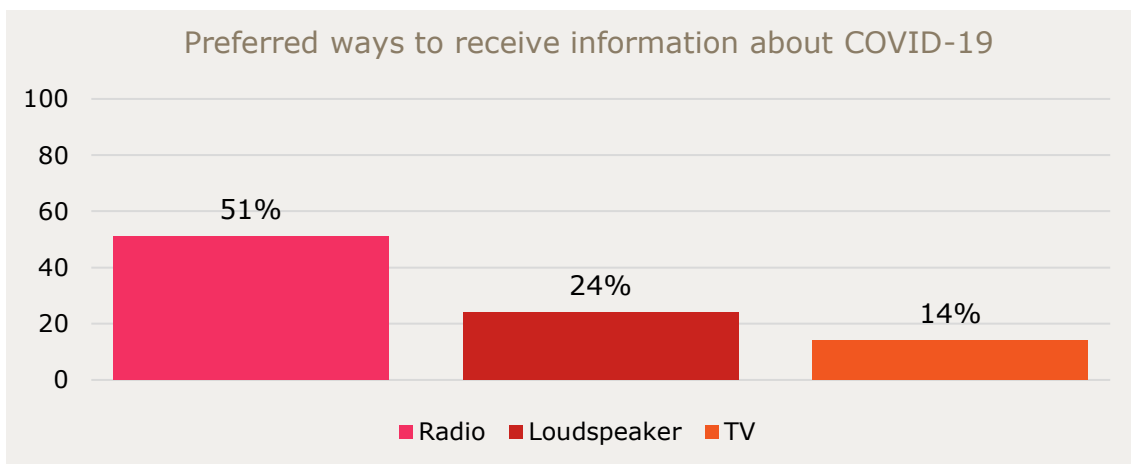
- The two key preventive measures that older people said they were unable to practice are as follows: 76% could not avoid touching their face and 46% could not keep two metres away from others. Key reasons for this were forgetting to do so and because it was difficult due to cramped conditions in their homes. Furthermore, while 71% were able to wash their hands, most of older people did not have access to soap and had only limited access to water.

Barriers to health messaging

- 86% of older people surveyed face no barriers in accessing COVID-19 health messaging. While this figure is encouraging, the COVID-19 related information they received was often inaccurate and was not up to date. Many older people receive information from social media, often via family members. These messages are not often targeted at older people and do not highlight the specific risks, for example for older people with chronic illnesses such as diabetes or respiratory problems. Furthermore, anecdotal evidence highlights that rumours and misinformation are circulating. A noticeable trend is that older people above 80 are more likely to experience barriers in accessing information (21%) compared to those in their 50s (13%).

Preferred method to receive information related to COVID-19

- The top three preferred ways to receive information about COVID-19 are as follows: 51% via the radio, 24% via loudspeaker and 14% via the TV. Interestingly, no older person reported preferring to receive COVID-19 information via posters or phone call. Furthermore, more older women (56%) compared with older men (38%) prefer to receive information via the radio. This could be partially explained by the fact that traditionally, Rwandan older women spend more time at home compared to older men.



Health

Access to health services

- 27% of older people reported their access to health care services has changed since the start of COVID-19. This is highest for older women (32%) compared with older men (14%). This could be because initial restrictions encouraged people to reduce their use of transport, thus dissuading them from visiting health centres. Furthermore, while these restrictions have been lifted, some older people remain reluctant to travel to health care facilities due to associated costs and fear of catching COVID-19. Older people in rural Ruhango also face pre-existing challenges, including distance to the nearest hospital. In addition, lack of income makes accessing health services difficult. However, 54% of older people have not experienced any changes in access to health services while 14% reported that they do not need to visit these facilities.

Nearest health facility

- 60% of older people surveyed did not know where their nearest health facility is that is testing and/or treating for COVID-19. The likelihood of this increases with age (91% of those above 80) and is more common in older men (70%) than older women (55%).
- A key factor here was that nearly all COVID-19 cases were clustered in the capital, and thus this is where the majority of testing and treating equipment is kept. However, even in the capital there is a lack of intensive care unit beds and ventilators. In rural areas, while testing is sometimes available, treatment is non-existent. This is concerning, as if the outbreak reaches rural areas, there is little equipment to enable health practitioners to provide the right treatment for COVID-19.

Access to medicine

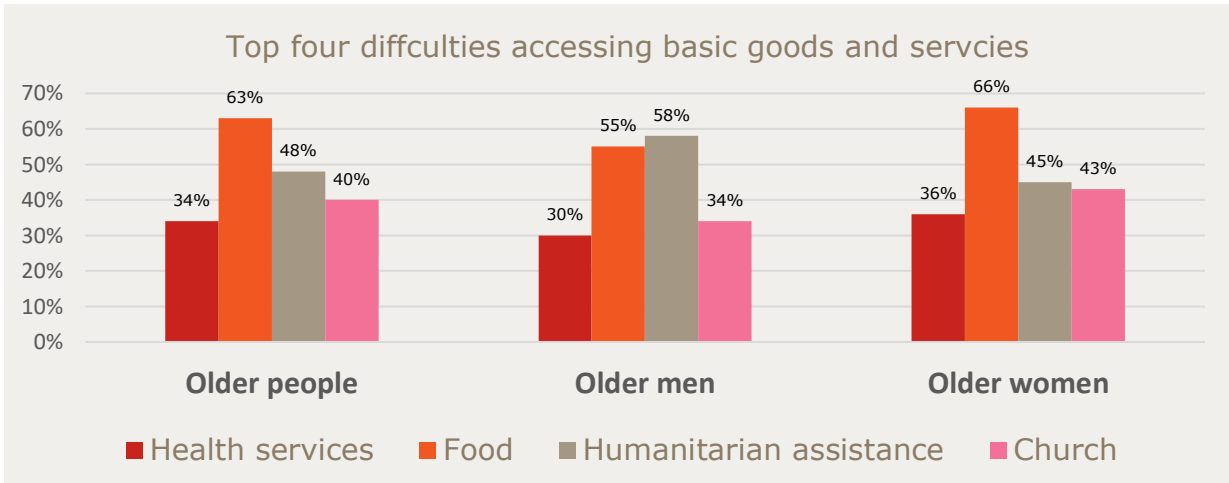
- Only 44% of respondents have not experienced changes in their access to medication for their health conditions since the outbreak of COVID-19. This is particularly troubling given that 73% have at least one health condition.
- While access to medicine is a pre-existing challenge for many older people with chronic diseases in Rwanda, COVID-19 has made a difficult situation worse. In many cases the outbreak has caused challenges with supply chains and has resulted in doctors deprioritising medicine for older people. This aggravates the existing systemic challenges older people face in accessing medicine. In rural areas, specific medicines such as those for non-communicable diseases can only be acquired in hospitals which are often far away. In addition, most medicine needs to be purchased, therefore as the economic situation in Rwanda worsens, accessing medicine will become increasingly difficult.
- Also concerning is that 13% of older people are using traditional un-tested plant-based remedies. Anecdotal evidence highlights that this may have increased since COVID-19 as rumours are circulating around the use of certain plants as a good preventive measure for the virus.

Access to PPE

- 64% of older people interviewed have purchased COVID-19 preventive materials while 29% had received them. This can be attributed to a government request that all Rwandans source a mask and soap to reduce the spread of COVID-19. However, soap access remains limited, especially to older people in rural areas. Furthermore, most older people have only been able to purchase or receive one or two masks, which have since gotten dirty through use. Encouragingly every older person responded that preventive materials were available at the local market. However, despite government encouraging the use of preventive materials, 11% of older people interviewed still did not have access to soap, masks, or hand sanitisers.

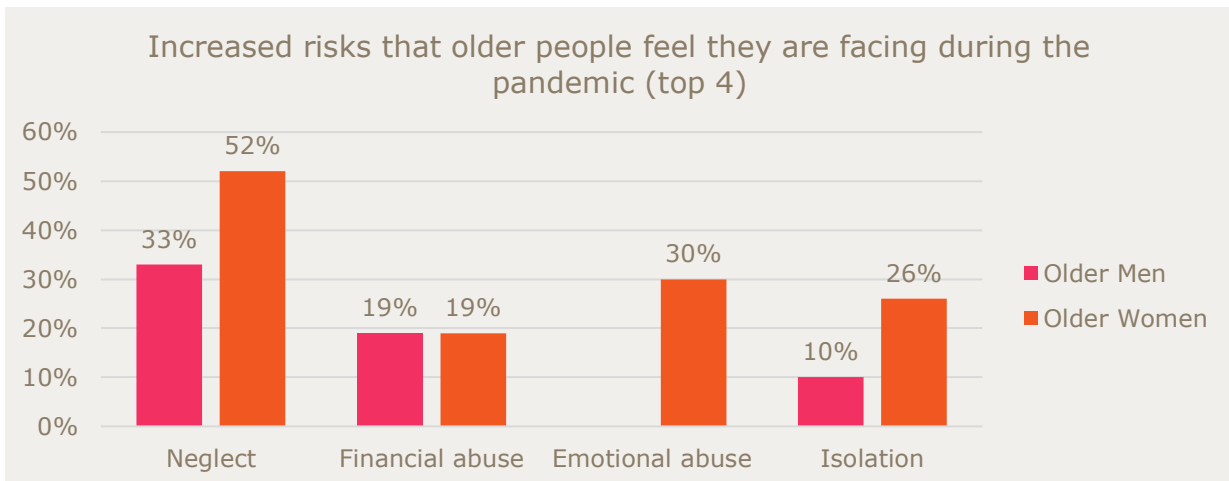
Access to goods and services

- The outbreak of COVID-19, and its subsequent secondary impacts, has reduced older people's access to basic goods and services.
 - 62% of older people surveyed have difficulty accessing food, especially older women.
 - 48% of older people face greater difficulty in accessing humanitarian assistance, especially older women, and those above 80.
 - 40% of older people have greater difficulty accessing their church.
 - 34% of older people have greater difficulty accessing health services.



Safety

- When older people surveyed were asked what they felt were the increased risks older women faced during this time, the top three risks were neglect (52%), emotional abuse (30%) and isolation (26%).
- When older people surveyed were asked what they felt at an increased risk of during the pandemic, the top three risks were similar. These were neglect (33%), financial abuse (19%) and isolation (10%).
- While these risks were also pre-existing, they will have likely increased since the outbreak, especially considering the secondary impacts. Previous movement restrictions and fear of COVID-19 have aggravated older people's feelings of isolation. Furthermore, the lack of older people-specific interventions by civil society and the government means that older people are at risk of being overlooked. There have been anecdotal accounts of ageism occurring, with older people being de-prioritised, for example in receiving medicine. Additionally, there have been cases of older people being financially abused by their family and relatives, who have pushed them to provide them with money.



Caring for others

- The care burden for children, people with disabilities, and other older relatives often falls on older people in Rwanda. 83% of older people interviewed are caregivers of their families, providing basic care and support such as food and shelter. Many older people, especially in rural areas, are currently taking care of their grandchildren as their parents have left home and moved into town. The integral role older people play in raising children and the pressure that this places on them is important to understand and should be highlighted.

Food and Income

Diet

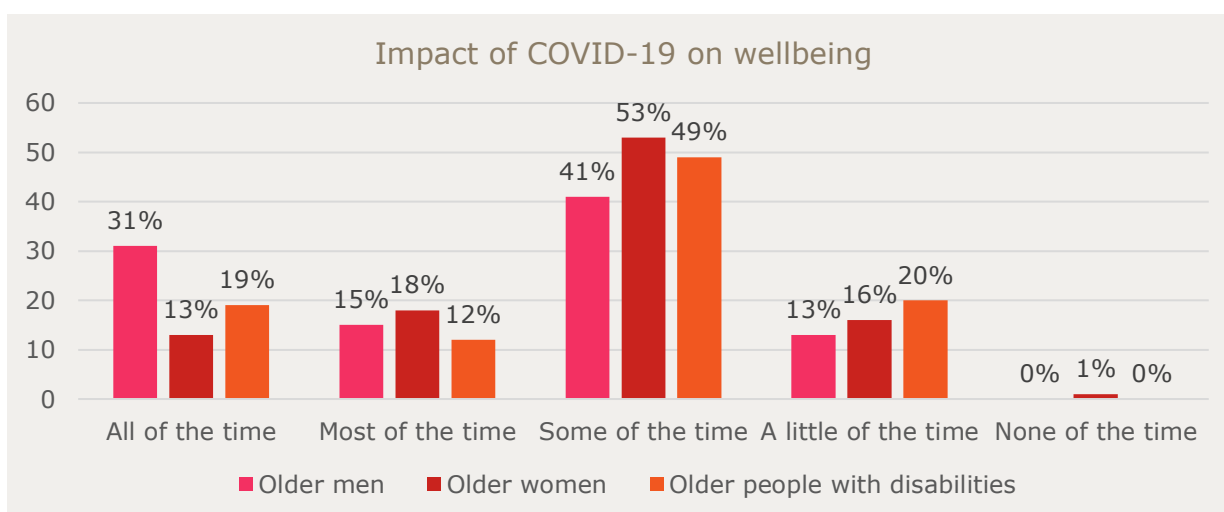
- The impact of COVID-19 has had a detrimental impact on older people's food intake. This has exacerbated existing food insecurity amongst older people. For example, 49% of older people have had to make changes to what they usually eat, while there has been both a reduction in the quality (34%) and quantity (31%) of food eaten by older people. This is in part as a result of the loss of livelihoods, but it is also coupled with a recent bad harvest and an irregular season. Many older people have also prioritised food for their children and grandchildren above themselves.

Income

- The top three sources of income for older people surveyed since the outbreak of COVID-19 are businesses (41%), followed by remittances from relatives (27%), and government or humanitarian agency assistance (24%). There is some gender disparity here, with older women being more dependent on income from businesses, compared with older men and older people with disabilities who are more likely to be dependent on remittances from relatives.
- While lockdown measures have been reduced, many jobs have still not returned to normal and many construction sites and small businesses have not yet resumed. Furthermore, many older people are not being supported during this period of financial instability. The government has subsequently requested that communities provide financial support to those who are financially precarious within their communities.

Wellbeing

- The mental health ramifications of COVID-19 and insecurity within Rwanda are having a noticeable impact on the wellbeing of older people. 35% of older people reported they feel anxious about their situation all of the time or most of the time. While 30% of older people interviewed are feeling depressed either all of the time or most of the time. In both cases older men are more strongly feeling the mental health ramifications of COVID-19.
- We can compare this with the risks that older people are facing, especially the high prevalence of neglect and isolation. Recent movement restrictions have caused greater uncertainty and confusion for a lot of older people. To mitigate this, up-to-date age friendly messaging should be disseminated. Furthermore, the financial ramifications of COVID-19 and changes to older people's diets are likely causes for a significant reduction in the wellbeing of older men and women.



- Since the start of the outbreak, older people feel that they are only able to cope with the current situation with support from family, friends, community and/or aid workers. This

highlights the significant amount of support that older people need during this unprecedented time. It may be more challenging for older people who live alone (13%) to access this support. Additionally, 5% of older people (and 14% of older men) responded that they are not able to cope at all with their current situation.

WASH

- Access to good WASH facilities (drinking water, handwashing, bathing, or toilet facilities) is among the most effective ways to combat COVID-19. However, 45% of older people are too scared of contracting the virus to leave their homes to access the facilities, while 25% responded that the facilities are far away.