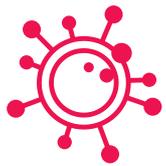


Borena, Ethiopia – August 2020



COVID-19 rapid needs assessment of older people

Introduction

About HelpAge International

HelpAge International is the only global, non-profit organisation that works to improve the lives of older people (OP) in the developing world. The HelpAge Network is comprised of 150 organisations across 85 countries and is committed to building a global movement for the rights of older people to lead dignified, healthy, and secure lives. In Africa, South and Central Asia, the Middle East and Latin America, HelpAge empowers millions of older people to claim their rights, challenge discrimination, and overcome poverty in later life.

About HelpAge International Ethiopia

HelpAge has been operational in Ethiopia since 1992 and works closely with its network members, namely the Ethiopian Elderly and Pensioners National Association (EEPNA), an umbrella organisation of 1200 older people's associations in all regions of Ethiopia, with a total membership base of 2.36 million and many other local partners. As HelpAge Ethiopia, we focus on social protection, health, nutrition and well-being, voice/advocacy, livelihoods, WASH, rehabilitation, and humanitarian response.

Older people's inclusion in humanitarian response

Older people are disproportionately affected during times of crisis, due to physical mobility challenges and lack of information about the disaster itself or the assistance being provided. The fundamental principles of humanitarian action (humanity, neutrality, impartiality and independence) clearly laid out the foundation for the right of all sections of the community in need of humanitarian support to be prioritised and have dignified access to humanitarian assistance regardless of age or other characteristics. In practice however, older people's need is often overlooked and less prioritised when resources are limited. The humanitarian response, in times of crisis such as COVID-19, needs to take into account the needs of these vulnerable groups.

Context and Justifications for the RNA

Older people in Ethiopia and their vulnerability to COVID 19: Older people living with multiple risks remain the most vulnerable to the impacts of the COVID-19 crisis. At a household level, the people likely to face the most severe impacts are those who were already acutely poor and food insecure prior to COVID-19, and who rely on humanitarian assistance. On top of this, in Ethiopia, where the system is already severely challenged by the impact of frequent natural disasters (drought), conflict, displacement and concurrent disease outbreaks, the added burden of COVID-19 is expected to be profound.

Among the most vulnerable groups, older persons face a disproportionate risk on many levels. They are at risk of complications and death by COVID-19, especially those who are suffering with long-term health problems such as diabetes, cancer, hypertension, joint ache and pains, gastrointestinal disease, skin disease, mental disorders, serious injury, heart and respiratory problems and others. Many older people are also suffering from higher rates of physical and cognitive disabilities such as visual impairment, hearing disability, dementia and others. Hence, these and other concerns of older people, people with disabilities and their families require all humanitarian and government actors to have a special focus on the above-mentioned target groups while implementing the multi-sectoral responses to prevent the pandemic. Furthermore, older people face challenges to accessing information and

humanitarian assistance, which results in them being at a higher risk during the COVID-19 pandemic. In combination, their high risk of medical complications or death, and their poor access to vital health services and humanitarian assistance, expose them to extremely high risk from the direct and indirect health impacts of the pandemic. They are also at risk of increased levels of violence, abuse and neglect due to heightened household tensions. Older women in particular face additional consequences due to gender and age discrimination. Due to these factors, HelpAge International decided to conduct a COVID-19 RNA in all its intervention areas. This COVID-19 RNA was conducted in Borena in Oromia Region, specifically Guchi and Dhas IDPs sites.

Key findings

Older people, people with disabilities and their families are being affected by the pandemic differently compared to other community members. Since the pandemic, older people surveyed do not have access to many basic services, are being neglected, and their livelihoods are also affected.

Health

41% of the respondents confirmed that their access to health services has already changed since the outbreak of COVID-19. Due to this, **33%** older IDPs with health conditions like heart disease, joint ache and pains, mental health problems, skin disease, serious injuries and others, can't access medication (**24%**). Also, **67%** of the subjects confirmed that they are not near to a health facility for testing and treatment of COVID-19.



Food and Income

71% of the respondents confirmed that their business/livelihood has been affected since the outbreak of COVID-19. Due to this, **56%** of the respondents reported to have sources of incomes from humanitarian agencies. Only **15%** of them are subsidising their livelihood with agricultural/livestock activities, and **10%** of them have their own business in the IDP site.



Protection

Since the outbreak of the pandemic, **92%** of older IDPs confirmed that they have protection concerns while accessing humanitarian assistance from IDP centres. This increased risk is because of the pandemic. Accordingly, **24%** and **29%** of older women and men, respectively, reported that they have protection concerns, specifically financial abuse. Additionally, risks like isolation, emotional, physical abuse, neglect and others were mentioned.



WASH

Older IDPs face challenges in accessing drinking water, hand washing, bathing and toilet facilities. **56%** of the respondents reported not having enough facilities in the IDP sites. Whereas **55%** of the respondents believed that it is too hard to access/use the facilities because of information they've received related to the pandemic.



Lack of Access to PPE

63% of the respondents said they don't have access to COVID-19 preventive materials e.g. soap, sanitisers, masks and other equipment, because of their inability to afford them.



Wellbeing and Psychological Health

59% of older people surveyed feel worried, nervous or anxious all the time, whereas **31%** and **10%** of them feel worried some and most of the time, respectively. Because of this, **57%**, **14%**, and **11%** of the respondents confirmed that they feel depressed all the time, some of the time, most/a little of the time, respectively. Only **7%** of them didn't feel any depression.



Disability

Of those with a disability, **29%** of older IDPs have difficulty of seeing, whereas **18%** of them confirmed to have a hearing disability.



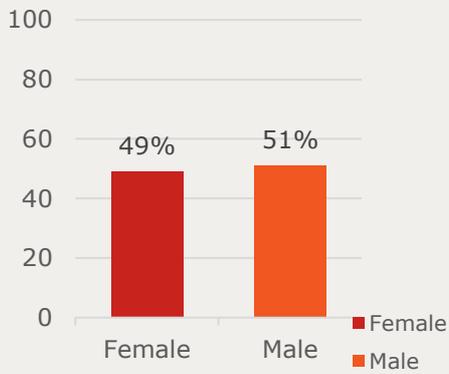
Recommendations

1. The findings show that food is the first priority for older IDPs in the sampled woredas (Guchi and Dhas). They show that older people have been experiencing food shortages since the outbreak of this pandemic. The sampled older people confirmed that they have reduced their diet by 13% and 16% in terms of quantity and quality respectively. Hence, all humanitarian workers, the Disaster Risk Management (DRM) office, and the national and local government are expected to intervene and respond early in order to save the lives of the affected older people, people with disabilities, and their families too.
2. 56% of the respondents reported not having enough facilities in the IDP sites. 55% of the respondents believed that it is too hard to access/use the facilities because of information they've received related to the pandemic. 53% of the respondents also reported that facilities were too far away to be accessed. This shows that older IDPs are facing multiple barriers when it comes to accessing WASH services. Hence, concerned bodies including HelpAge International need to work to ensure the availability of the facilities by constructing water points and latrines in the assessment areas. At the same time, actors must create awareness of how older IDPs can protect themselves from COVID-19, and how they can access and use WASH facilities. In order to do so, WASH committees should be established in each IDP site to address the safe access, privacy and distance issues relating to WASH facilities. Older women, men and older people with disabilities should be well-represented on these committees.
3. These areas are prone to protection concerns, and 92% of older IDPs confirmed that they have protection concerns while accessing humanitarian assistance from IDP centres. There is an increased risk of protection concerns in the IDP sites because of the pandemic. Accordingly, 24% and 29% of older women and men respectively reported that they have protection concerns, specifically financial abuse, but also isolation, emotional and physical abuse, neglect and others. HelpAge, the local government, and other concerned bodies may need to be conducting safety audits or mini-Person of Concern (POC) assessments in these areas, so that they can provide the right protection services to the targeted older IDPs.
4. Income/livelihood is the second most important priority for the IDPs. Hence, the local government and other concerned bodies need to develop an integrated programme with a number of components such as cash for work, access to food, savings and loans associations and small business support. The local government also needs to identify/ensure that there are affordable and appropriate food shops available that older people (especially those aged 80+) can access with credit.
5. Drinking water is the third priority highlighted by older IDPs. Hence, the supply of clean and sufficient water needs to be considered by concerned bodies through strengthening of the multi-sectoral efforts to ensure its availability in each IDP site.
6. Strengthen the sex, age and disability disaggregated data (SADDD) system to capture COVID-19 cases, check whether responses are inclusive or not, and analyse the data to address the needs of older IDPs and their families.
7. Map the existing stakeholders and their resources in the areas, and establish a comprehensive service provision system via MOU, in order to mitigate the pandemic and its negative effect in the targeted IDP sites.

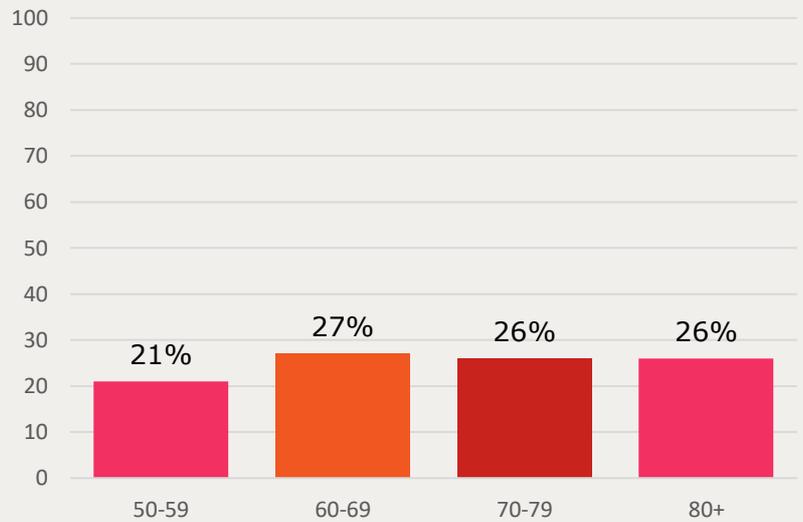
Demographics

144 older people were interviewed by the survey team

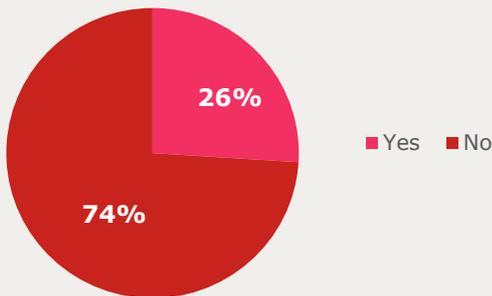
Gender of participants



Age of participants

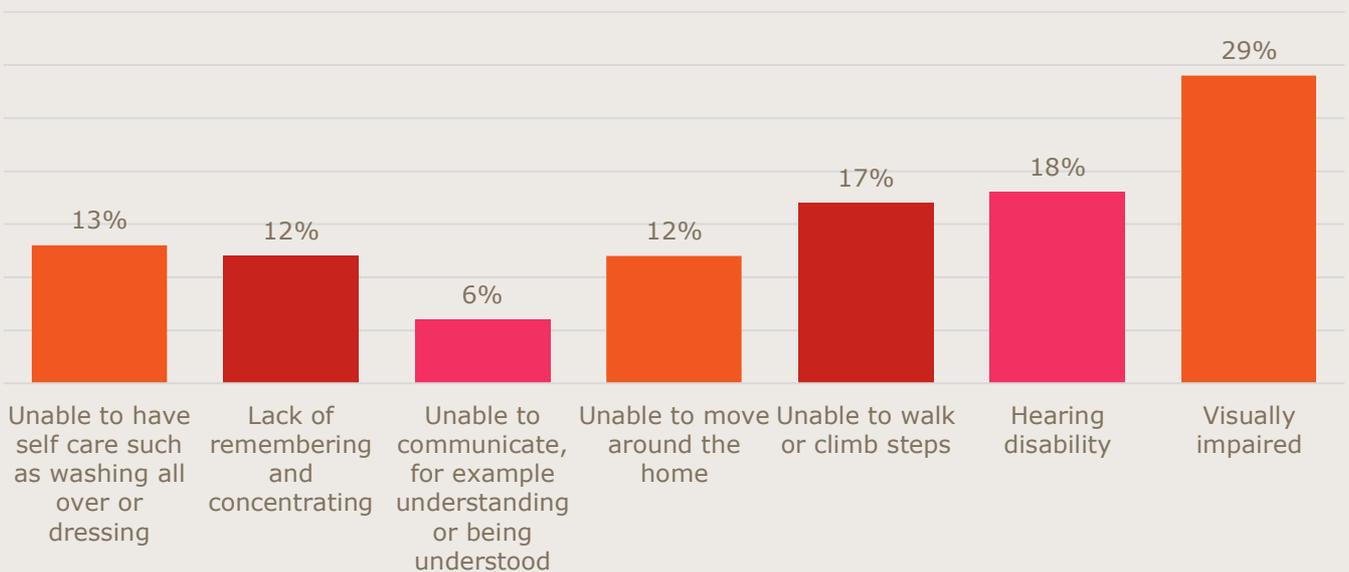


Living Alone



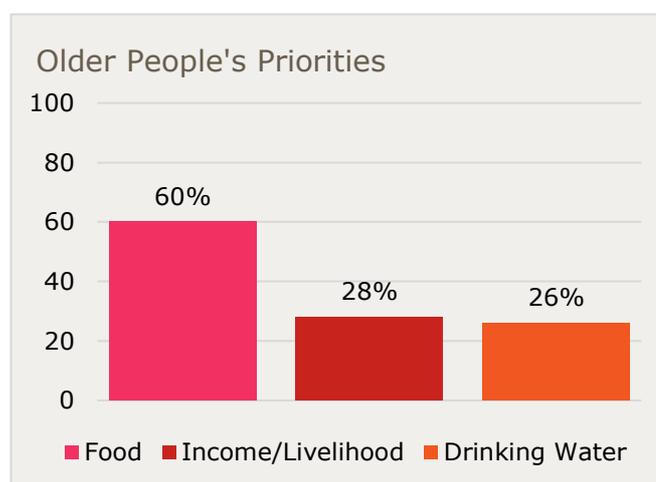
- **26%** of older people live alone
- **74%** of older people live with others
- **72%** of those older people who live with others have caring responsibilities (children, people with disabilities, other older people)

Disability



Priorities for Older People

- The survey asked older people to choose their three top priorities among food, income/livelihood, drinking water, protection/safety, and other related needs.
- Accordingly, 60% of the respondents confirmed to have food as their first priority. The rest, 28% and 26% of the respondents, reported to have income/livelihood and drinking water as their second and third priorities, respectively.



Methodology

The rapid needs assessment (RNA) data collection was carried out through face-to-face, one-on-one interviews using a structured survey tool created by HelpAge international. To make it simple, the organisation selected and recruited local data collectors, who are translating the questionnaire into the local language while collecting data from the sampled respondents.

The assessment used a purposive sampling approach in order to reach older women and men aged 50 and over, and people with disabilities. The approach was complemented by snowball sampling by using a home-to-home interviewing system. During the survey, the data collectors tried to target older IDPs most at risk from COVID-19.

Prior to the data collection, HelpAge provided training to 7 local data collectors on the COVID-19 RNA-OP purpose, tool, process and methodology.

The total COVID-19-RNA-OP sample was 144, of which 49% were older women and 51% were older men. The total number of older people interviewed was a sufficient sample size to disaggregate the data into smaller subgroups. The sample was taken with consideration of a 95% confidence level and 0.05 sample error. The team tried to reach targeted samples from the two IDP sites (Guchi and Dhas Woredas).

COVID Awareness and Behaviour

Awareness of COVID-19

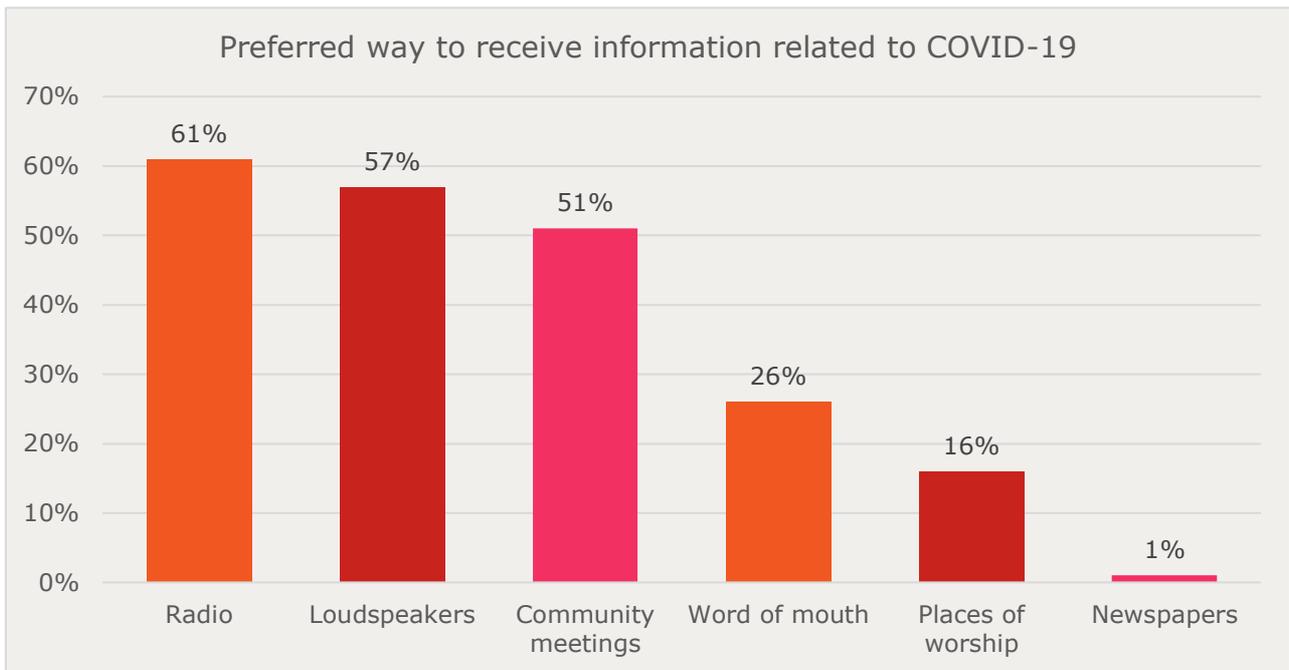
- Among the respondents, 71% of them reported to have received information about COVID-19 or Coronavirus. Whereas the rest (29%) of the respondents confirmed that they hadn't received information regarding the pandemic.

Restrictions on movement

- 53% of the respondents confirmed that they have free movement, and no additional restrictions since the outbreak of COVID-19, whereas 43% and 31% of the respondents confirmed that they have observed intentional social distancing and governmentally instituted movement restrictions. Only 1% of them responded that they were under quarantine/isolation – this was due to respondents either having had possible COVID-19 exposure, or being hospitalised/in treatment centres, and consequently having to limit their movements outside the household for a period (14 days).

Preferred method to receive information related to COVID-19

- Respondents have different preferences for receiving COVID-19 related information. Amongst the subjects, 61%, 57% and 51% of the respondents confirmed that radio, loudspeakers and community meetings are their preference for receiving information related to the pandemic, respectively. Whereas the rest, 26%, 16% and 1% of them, confirmed that word of mouth, places of worship and newspapers, were also useful as means of information gathering regarding COVID-19.

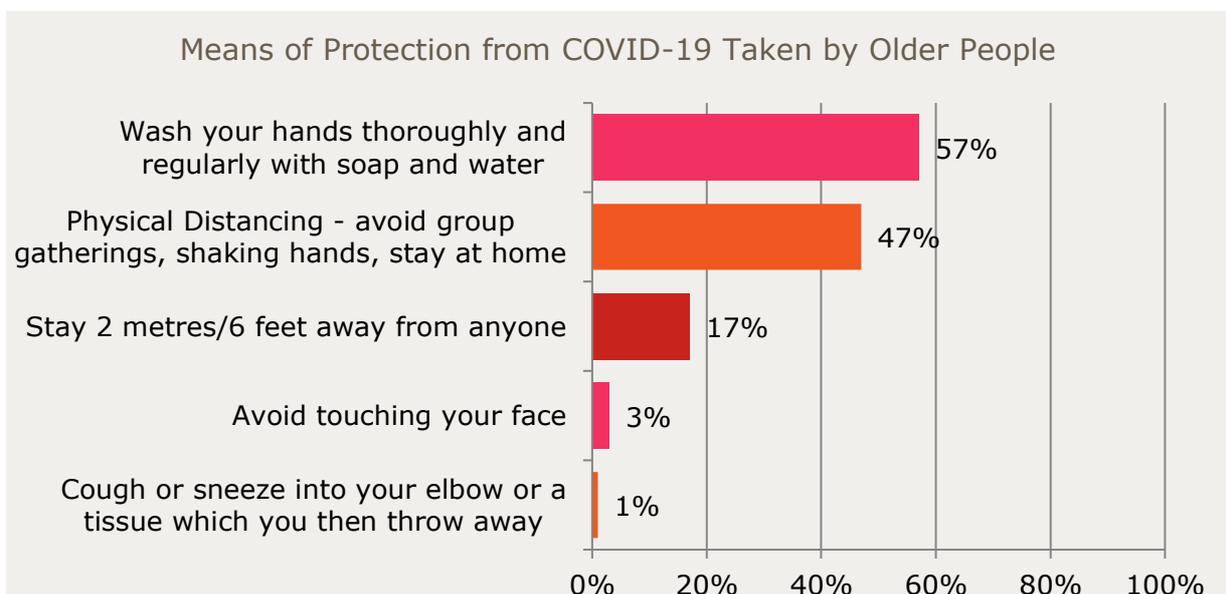


COVID-19 preventive measures

- Respondents have used different means of protecting themselves from COVID-19. 57% and 47% of them have used hand washing and physical distancing (“Physical distancing (avoid groups or gatherings, shaking hands, and stay at home if possible)”) as first and second means of protection from the pandemic. Whereas the rest, 17%, 3% and 1% of them, reported that they protect themselves by staying 2 metres/6 feet away from anyone, avoiding touching their face, and coughing or sneezing into their elbow or tissue.

Access to PPE

- Even if they have such awareness to protect themselves from the pandemic, 63% of the respondents confirmed that they do not have access to COVID-19 preventive materials e.g. soap, sanitisers, masks and other equipment because of their inability to buy them. 19% of them reported not being able to access the materials because there are not enough being sold at the market. However, 13% of the respondents purchased the materials by themselves and the remaining 6% confirmed that they received the items via donations.



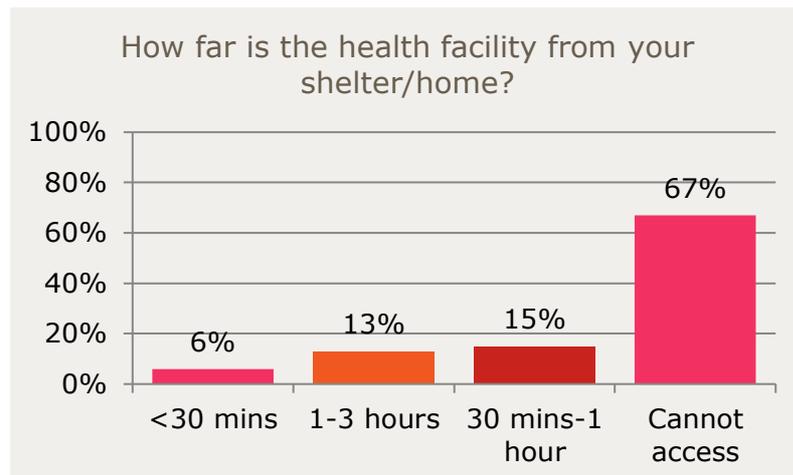
Health

Access to health services

- 41% of the respondents confirmed that their access to health services has changed since the outbreak of this pandemic. Due to this, 33% of older IDPs with health conditions like heart disease, joint ache and pains, mental health conditions, skin disease, serious injuries and others, can't access medication (24%).

Access to health facilities

- 67% of the subjects confirmed that there is no nearby health facility where they can receive COVID-19 testing and treatment. Others responded that they hadn't had a chance to access the health facility because of its distance from their shelter/home.

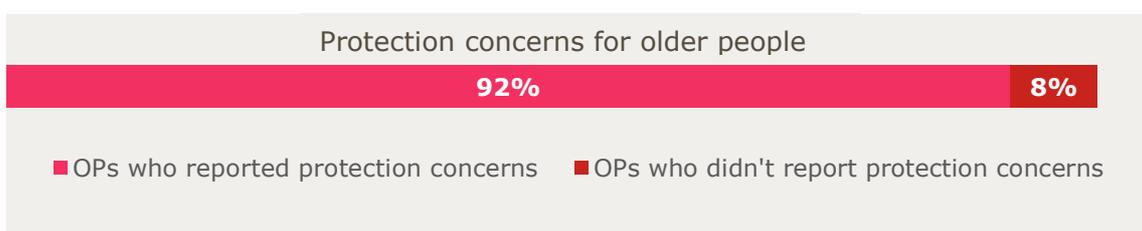


Business/Livelihood

- 71% of the respondents confirmed that their business/livelihood has been affected since the outbreak of COVID-19.
- 56% of the respondents reported to have sources of incomes from humanitarian agencies.
- 15% of them are subsidising their livelihood through agricultural/livestock activities, whereas 10% of them have their own business in the IDP site.
- 8% of them are using remittances from pension/cash transfers and formal and informal loan systems.
- Only 3% of sampled older IDPs reported having received remittances from relatives for subsidising their cost of living.
- Since the outbreak started, the sampled older people confirmed that they have reduced their diet by 13% and 16% in terms of quantity and quality, respectively.

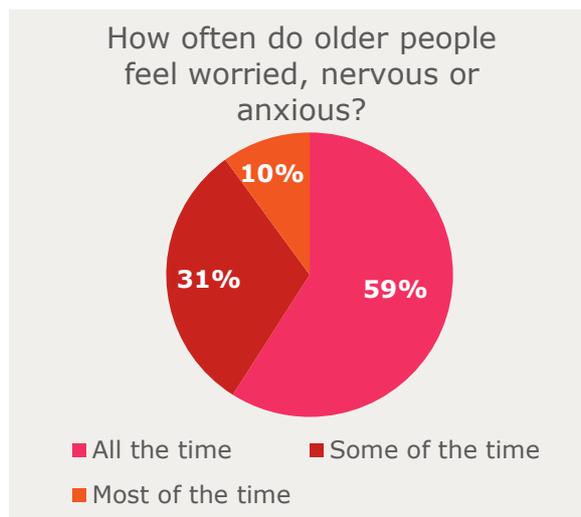
Protection

- Since the outbreak of the pandemic, 92% of older IDPs confirmed that they have protection concerns while accessing humanitarian assistance from IDP centres.
- There is an increased risk of protection concerns in the IDP sites because of the existing pandemic. Accordingly, 24% and 29% of older women and men, respectively, reported that they have protection concerns, specifically financial abuse. Additionally, risks like isolation, emotional and physical abuse, neglect and others were mentioned.



Wellbeing

- 59% of older people surveyed feel worried, nervous or anxious all the time, whereas 31% and 10% of them feel worried some and most of the time, respectively. Because of this, 57%, 14%, and 11% of the respondents confirmed that they feel depressed all the time, some of the time, and most/a little of the time, respectively. Whereas only 7% of them didn't feel any depression.
- On the other hand, 17% of the sampled older people confirmed that they feel able to cope or manage/handle the situation.



WASH

- Since the beginning of the COVID-19 outbreak, older IDPs have faced challenges in accessing drinking water, hand washing, bathing and toilet facilities.
- Accordingly, 56% of the respondents reported not having enough facilities in the IDP sites. Whereas 55% of the respondents believed that it is too hard to access/use the facilities because of information they've received related to the pandemic.
- 53% of the respondents reported that they do not have nearby facilities/have to travel far to access them.
- 51% of the subjects confirmed that they have no privacy when accessing the facilities.
- 22% of them confirmed that they are too scared of contracting the virus to leave their home to access the facilities, whereas 8% of them reported not accessing the facilities because they lack cleanliness.
- 3% of them perceived that the lockdown or social isolation does not allow them to leave their home to access the facilities.
- 2% of them reported not having any concerns while accessing facilities.

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