

Juba, South Sudan – July 2020

COVID-19 rapid needs assessment of older people

Context

The COVID-19 pandemic has compounded the already complex humanitarian situation in South Sudan. Many people live a hand to mouth existence relying on unstable day jobs, humanitarian assistance, and support from relatives and well-wishers. Years of chronic conflict, failing economy, wide-spread intercommunal violence, cattle raiding, and the aftermath of the nationwide floods in 2019 mean that the country has little resilience to further shocks. When COVID-19 pandemic reached South Sudan, the country was ill-equipped to handle the crisis due to systemically weak healthcare infrastructure and nearly non-existent COVID-19 testing and treating equipment. Both the primary and secondary impacts of COVID-19 have therefore made a challenging context worse for many older people. As of 12th July, South Sudan reported 2,148 active COVID-19 cases, 1,134 recoveries, and 41 deaths.

The purpose of this rapid needs assessment (RNA) was to assess and analyse the multi-sector impacts of COVID-19 on older people, including those displaced. The assessment was conducted in June and July 2020 by Humanitarian and Development Consortium (HDC) with technical support from HelpAge International. Its intended outcome is to enable HDC and HelpAge to adapt its programming and provide advocacy messages to humanitarian partners and the government.

The locations selected to interview older people in South Sudan were the Protection of Civilian sites (POCs) and urban settlement both situated in the capital Juba. The POC sites were set up by the United Nations Mission in South Sudan (UNMISS) to provide refuge for people affected by the civil war in South Sudan. These sites were selected to provide a comparative analysis of the two locations where HDC is active in. The POCs are comprised of internally displaced people (IDPs) and typically receive greater humanitarian support in comparison with the urban areas in Juba where host community members reside.

Key findings

Health

54% of older people in urban Juba and **29%** of those the POCs have difficulty in accessing health services. This is especially concerning given that **80%** of older people have at least one health condition and **87%** have a disability.



Food and income

In urban Juba **31%** of older people have reduced the quantity of food consumed and **43%** the quality of food consumed. While in the POCs **16%** of older people have reduced the quantity and **27%** the quality of food consumed.



Protection

Financial and emotional abuse, neglect, and isolation were the highest safety concerns faced by older men and women since the start of COVID-19.



WASH

48% of the older people surveyed cannot leave their homes to access WASH facilities due to the COVID-19 lockdown. **37%** stated that they are too scared of contracting the virus to leave their homes. **41%** of the older people say there are not enough facilities for WASH. Older people in Urban Juba have greater WASH access challenges compared with those in POCs.



Wellbeing

57% of older people surveyed feel anxious or worried all the time or most of the time in urban Juba compared to those in the POCs (**35%**). While **59%** feel depressed all the time or most of the time in urban Juba compared to POCs (**37%**).



Programmatic recommendations

While both older people in the POCs and in urban Juba are experiencing many challenges the lack of humanitarian support in urban Juba is particularly concerning. Therefore, we recommend greater prioritization of older people by humanitarian agencies in these areas.

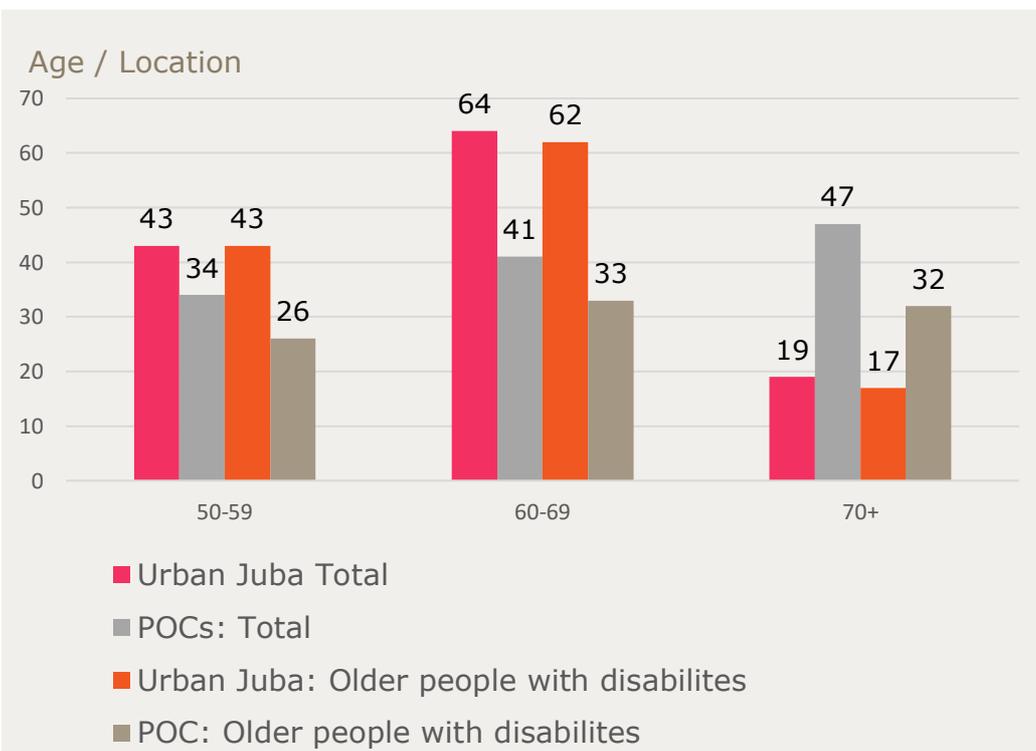


- 1.** Establish community volunteer outreach programmes which provides door to door visits to older people who are house/shelter bound, persons with disabilities, older persons with chronic disease and mobility issues, as well as those living alone. These volunteers will provide psychosocial support as well as identifying and reporting when elder abuse occurs for those at risk of neglect, emotional and financial abuse. The volunteers should be trained and equipped with PPE and where possible practice physical distancing.
- 2.** Health care providers and/or humanitarian agencies should ensure field based medical teams provide outreach support to older people through door to door visits for the older people. Where appropriate, they should also provide older people with PPE. This is especially important due to challenges in accessing health care facilities and a high prevalence of disabilities and chronic health conditions within the older population which may be exacerbated without treatment.
- 3.** Pending further research and consultation with older people, implement a long-term conditional cash transfer intervention for older men and women to support longer-term livelihood and food security for those who are living alone and/or providing basic care to others with no sustainable income. This should target, and include the participation of, both members of the IDPs and host communities.
- 4.** Ensure that older people, especially those who house/shelter bound, have disability or are living alone are kept informed of COVID-19 preventive measures as well as how to access other treatment from local health facilities. A range of methods should be used including via the radio, loudspeaker and social distanced community meetings.
- 5.** Review activities on the supply and distribution of assistive products, such as eyeglasses and hearing aids, and the eye and ear care services available to better understand and address gaps.
- 6.** Provide water drums to older people to help them improve access to water and hand washing and meet other WASH needs.

Inclusion and Advocacy recommendations

1. Advocate for improved access to services, including humanitarian facilities, for older people, especially those living with disabilities. This is especially important to those in urban Juba who are often not prioritised by humanitarian agencies.
2. Consult and actively engage with older people including those with disabilities to ensure they are involved in the design, implementation and evaluation of all activities. This should be done through constant consultation of a group which represents the diversity of differing needs.
3. Use the Humanitarian inclusion standards for older people and people with disabilities and the IASC Guidelines, Inclusion of People with Disabilities in Humanitarian Action to help design inclusive activities that respond to the needs and rights of older people, including those with disabilities.
4. Share the findings of the report with relevant government institutions especially the Ministry of Health to help them understand the best means of reaching the older persons when disseminating COVID-19 related messages.

Demographics



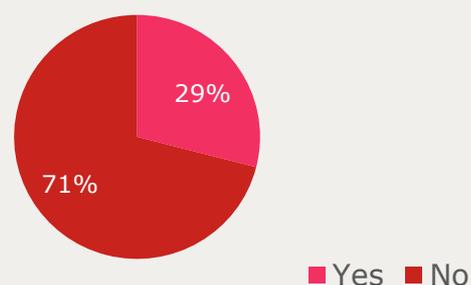
80% of older people have at least one health condition

Hypertension: 51%
 Diabetes: 33%
 Joint aches and pains: 32%
 Heart problems: 16%
 Gastro: 9%
 Respiratory: 9%
 Mental health: 2%
 Skin disease: 2%
 Cancer: 2%
 Serious injury: 1%

87% of older people have at least one disability

Remembering and concentrating: 61%
 Sight: 58%
 Self-care: 57%
 Communication: 54%
 Walking: 53%
 Hearing: 45%

Living Alone



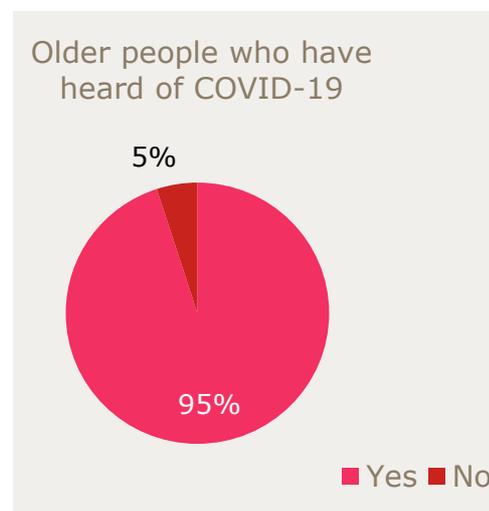
Priorities for older people

- The top three priorities of older people surveyed are food (66%), shelter (22%) and income/livelihood (15%). These concerns are consistent with South Sudan's pre-COVID-19 needs. Food insecurity is an endemic issue due to poverty in South Sudan which has been further exacerbated by COVID-19 making accessibility more challenging. Furthermore, the start of the rainy season, and previous flooding has increased the need for shelter during this period with many older people living in non-weather resistant shelters. Livelihoods is another systemic challenge worsened by COVID-19 as market functionality has been reduced and those on daily incomes from casual labour have been especially affected.
- Medicine and drinking water were ranked as the fourth and fifth priorities for older people surveyed. South Sudan has historically suffered from a lack of sufficient medication. An example of this is that many South Sudanese with money are traveling to neighbouring countries to locate both the correct diagnosis and appropriate medication for their health conditions. Furthermore, while currently drinking water is a lower priority for older people, this is in part due to the start of the rainy season which is mitigating the fact there is limited piped water for older people to access.

COVID Awareness and Behaviour

Awareness of COVID-19

- 95% of older people surveyed have heard of COVID-19. This has been the result of a widespread COVID-19 awareness campaign provided by the Ministry of Health and other stakeholders.
- However, despite the large number of older people who have heard of COVID-19, there is a lot of misinformation and rumours being disseminated amongst older people about the impacts and preventive measures which can be taken to reduce the risk of catching COVID-19. This includes the myth that COVID-19 is a "white persons illness" and that drinking tea as a good preventive measure. Furthermore, there is a rumour that masks may have been infected with COVID-19 and therefore some older people are refusing to wear them.



Restrictions of movement

- In March 2020, the South Sudanese government imposed a range of restrictions to prevent the spread of the COVID-19 virus. These initial restrictions included closing international borders, reducing the capacity of public transport, abolishing social gatherings, and the imposition of a tight curfew between 7pm and 6am. All shops were closed apart from food stores and restaurants which were only open for take-aways during the limited time allowed by the curfew. In May, the government relaxed the lockdown due to the economic consequences and a growing food security crisis. This included a limited opening of air travel, re-opening of shops and bars and a relaxation of the curfew to between 10pm and 6am.
- As of July 2020, 56% of older people in the POCs are not observing any movement restrictions compared with 28% of older people in urban Juba. Those in urban Juba have found it easier to observe restriction than those in POCs where older people live in cramped and congested conditions. All older people have found it difficult to observe curfews, with women less likely to observe than men due to economic activity such market trading.
- 1% of older people in urban Juba and 5% in the POCs have tested positive for COVID-19 or demonstrated symptoms and were limiting movements outside household for a period.

COVID-19 preventive measures

- Older people surveyed in both settings are aware of a wide range of methods they can use to protect themselves from COVID-19. 87% of older people mentioned handwashing as a method

for protecting themselves. This was followed by avoidance of touching the face at 52% social distancing 42%. These trends are similar across both the POCs and in urban Juba.

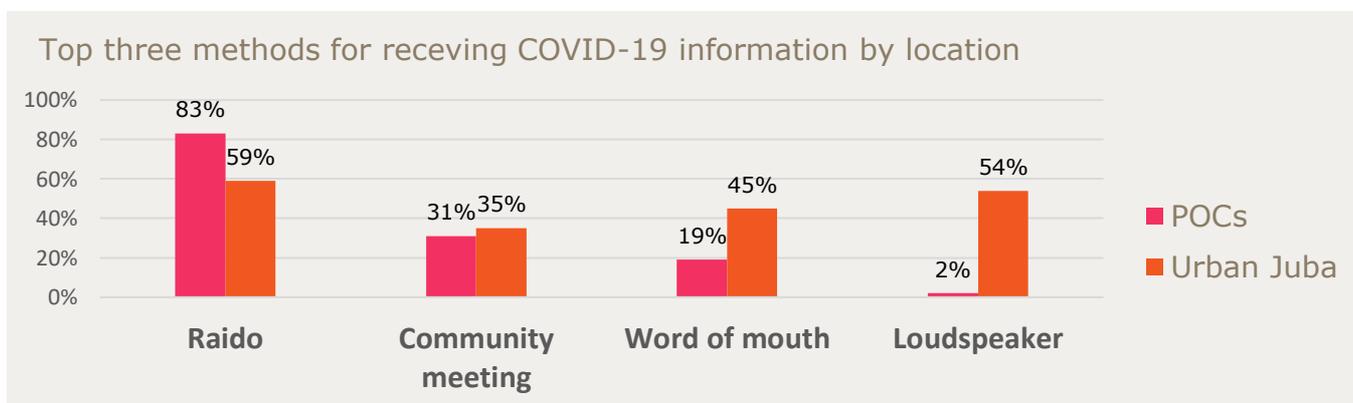
- However, 60% of urban Juba residents could not wash their hands compared with 29% of POC residents. This coincides with the lower number of WASH facilities available to older people in urban Juba. However other challenges including a lack of money to purchase soap contribute to further challenges.

Barriers to Health Messaging

- 50% of older people surveyed experience barriers in accessing COVID-19 health messages. These barriers are again are higher in urban Juba. Furthermore, older men (60%) were more likely to experience barriers in health care messaging compared with older women (42%).
- The main barriers mentioned by older people was a lack of radio. This was followed by lack of access to mobile phones and language barriers. Other factors included older people have been excluded from humanitarian messaging and limited mobility due to health conditions that makes it difficult to access up-to-date information.

Preferred method to receive information related to COVID-19

- The top preferred means of receiving messages by older people are radio (71%), community meetings (33%), word of mouth (32%) and loudspeakers (27%).
- 83% of POC residents and 59% of older residents of urban Juba prefer the radio. In POCs health messages are being communicated by NGOs through “boda boda talk talk” recorded messages played in public places by means of motorcycles. These are considered by those in the POC as radio messages. Loudspeakers were highly preferred for older people in urban Juba at 54% compared with 2% of older residents in the POCs. In urban Juba 45% of older people prefer to receive messages by word of mouth compared with 19% of residents in the POC.



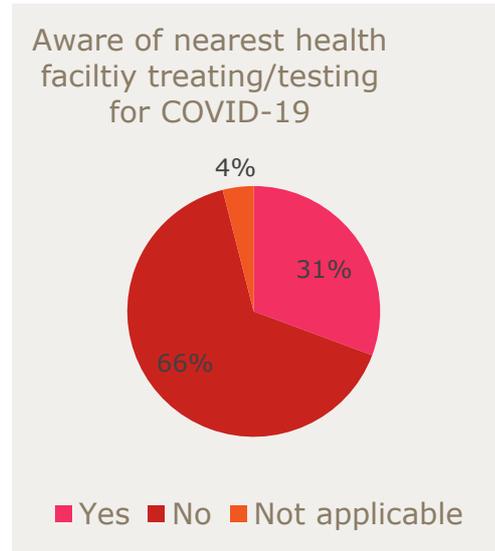
Health

Access to health services

- 45% of older people in South Sudan reported that their access to health services had changed because of the COVID-19 outbreak. This trend is similar in both the POC and in urban Juba. This may be due to the fear many older people have going to health facilities and subsequently catching COVID-19. Additionally, during this period South Sudanese people are encouraged to quarantine at home and only call the COVID-19 emergency response teams if they are critically ill.
- Furthering hampering is the transport cost and risks associated in accessing health facilities, especially in urban Juba.
- Additionally, concerning is that 9% of the older people surveyed stated they did not have access to health services previously. It is particularly high among people over 70 (15%) and those living in urban Juba (15%).

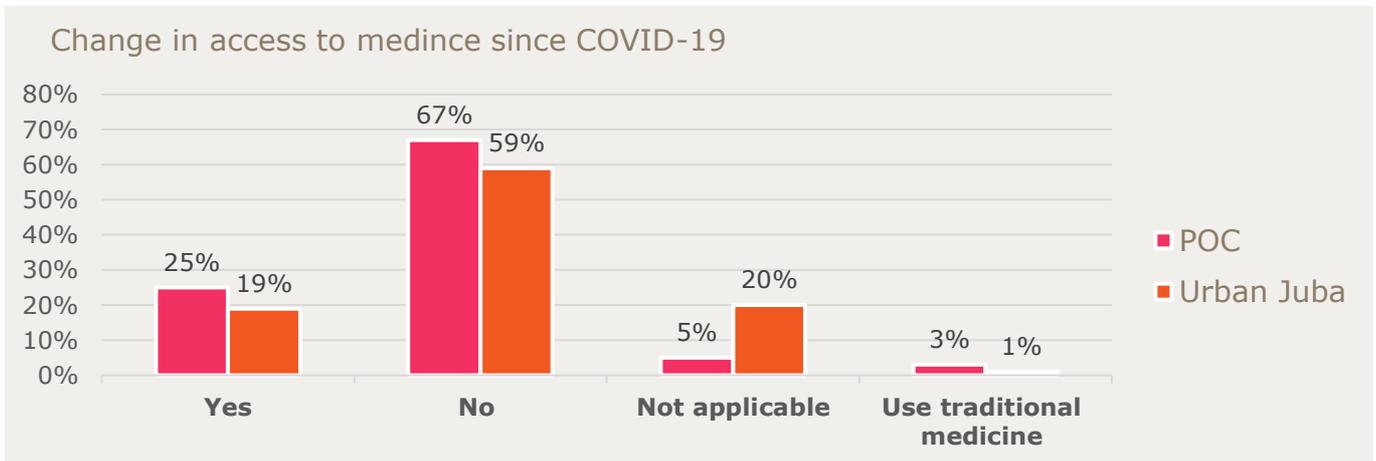
Nearest health facility

- 66% of older people surveyed do not know where the nearest health facility is treating or testing older people for COVID-19. This trend is similar across the POCs and urban Juba. The lack of awareness is especially high for older people over 70 (81%). It is also higher for older women (79%) compared to older men (51%).
- Older people are uncertain if their local health facilities are cable of treating for COVID-19. Currently there is only one facility which has the appropriate equipment for treating COVID-19. This is the John Garang Multipurpose Infectious Disease Centre. The center as of late July has 80 intensive care unit bed capacity, a temperature controlled dispensing pharmacy and a fully equipped laundry facility by WHO and donors to enhance infection prevention and control. Testing is also limited in hospital due to lack of equipment. Furthermore, when they are conducted, the results often take a long time to arrive which has disincentivized is use by many.



Access to medicine

- 64% of older people surveyed have not been accessing their medicine since the COVID-19 outbreak. This trend is similar across the POC and in urban Juba and has been caused by the reduction of income for many as well as the fear of going to health facilities. On older person answered, "Since the beginning of COVID-19, it has been hard to go out and get the medication because of the high risk at the primary health care centre" .
- This findings is especially concerning given that 80% of older people have at least one health condition, many of which are chronic such as diabetes and hypertension and this will put many older people at serious risk if they are left without medication, both in terms of the implications of an interruption in care for their existing condition and given the higher risks of serious illness with COVID-19 people with existing conditions face.

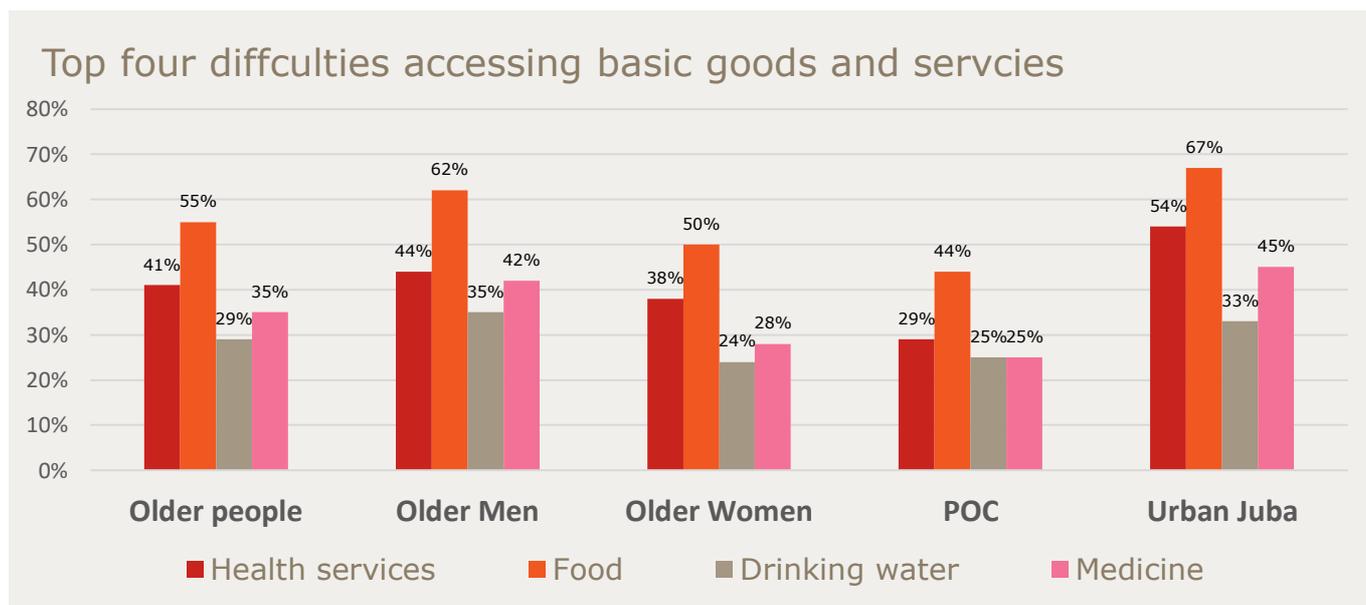


Access to PPE

- 92% of older people in urban Juba compared to 44% in the POCs have not been able to purchase COVID-19 preventive materials such as masks, hand sanitizers and soaps because they can't afford them. This is because many older people in the POCs (44%) have received them for humanitarian agencies. Furthermore, older people are preferring to use their money to buy food rather than buy PPE materials. One of the older women who was interviewed stated that "due to this economic crisis, we are just surviving".
- These preventive materials are usually available at the local markets, with only 3% of older people saying they are not available to purchase locally.

Access to goods and services

- The COVID-19 outbreak has reduced older people's access to basic goods and services. Currently:
 - 67% of those people in urban Juba and 44% of older people in the POCs have difficulty accessing food. To a large extent this has been caused by reduction in income triggered by the economic fallout of COVID-19. Furthermore, there is a lack of ration cards provided by the World Food Programme and other humanitarian organizations for those older people in urban Juba. Currently the World Food Programme is catering only for around half of those in need in urban Juba.
 - 54% of older people in urban Juba and 29% of those the POCs have difficulty in accessing health services. This is because the health services in the POCs are free and of better quality, whereas the private clinics in urban Juba are too expensive to be affordable by the most at risk older people. The Juba Teach Hospital, one of the main hospitals in urban Juba, is overwhelmed and there inadequate treating and testing facilities.
 - 33% of the older people in urban Juba and 25% in the POCs have difficulty in accessing drinking water. While both communities suffer from a limited save water a large group of older people in the POCs are provide with water supplies by humanitarian organizations.
 - 37% of older people in urban Juba and only 8% in the POCs have difficulty in accessing humanitarian assistance.
 - Across all key basic goods and services, we see that older men have greater access challenges compared to older women. This finding needs further investigation and comparative gender analysis should be conducted to identify why this occurs.

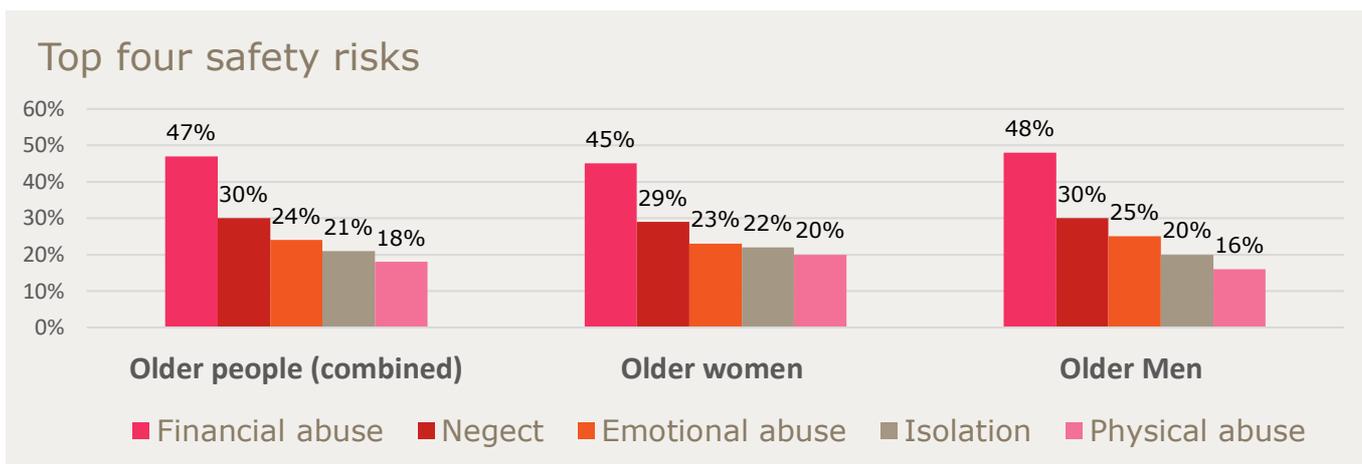


Protection

Safety

- The respondents felt that older women are at increased risk of financial abuse (45%), neglect (29%), emotional abuse (23%), isolation (22%) and physical abuse (20%). While the respondents felt that older men are at increased risk of financial abuse (48%), neglect (30%), emotional abuse (25%), isolation (20%).
- Older persons tend to take less priority in emergency situations the focus is often put on children, therefore older people can feel sometimes abandoned by the government and humanitarian agencies. This lack of protection can result in increasing in abuse.
- Direct questions on gender-based violence (GBV) or elder abuse were not asked during the rapid needs assessment taking into account the safety of those surveyed. However, during

COVID-19, risks of GBV among women and girls with disabilities and older women have significantly increased and a rise in domestic violence has been documented globally.



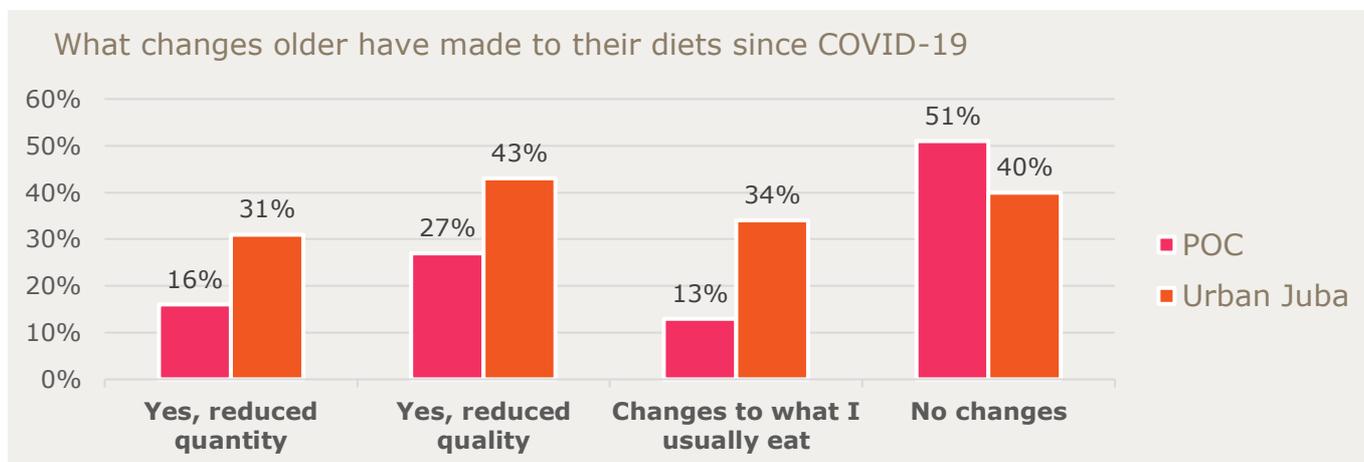
Caring for others

- The responsibility for caring for children, people with disabilities and other older relatives often falls on older people. In both settings 57% of older people surveyed are providing basic care and support, especially older people with disabilities (58%). This is very high among those in their 50 and 60s (69%) and lower for those in their 70s (42%). This basic care is higher for older people in the POCs (61%) than those living in urban Juba (52%). In POCs, the majority of the older person are caring for grandchildren due displacement and loss of family members.

Food and Income

Diet

- Currently 31% of older people in urban Juba compared with the 16% in the POCs have had to reduce the quantity of food consumed. While 43% of those in urban Juba and 27% have had to reduce the quality of food consumed.
- While many in both communities have had to change their food consumption those in urban Juba have been more badly affected. However older people in the POC received in June a 3-month food ration from the World Food Programme to last until the end of August 2020. Therefore it was particularly troubling to find out that 31% say they have food left for less than 2 days already as this may highlight that some may have already finished their rations card due to reduced job opportunities especially casual labour jobs.

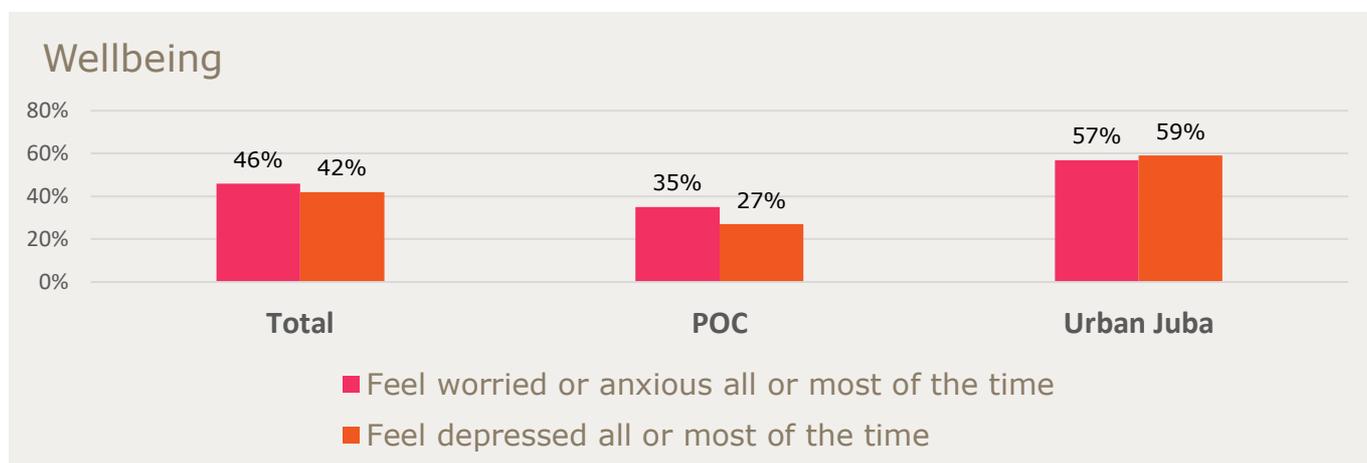


Income

- The findings of this study showed livelihoods and income to be the third highest priority for older people. Since COVID-19, the major means of survival for older people has been from relatives, humanitarian assistance and businesses. Several of the older people have had to stop their businesses due to the restrictions, illness, and price increases in the market. Of the older people who are not working some of them have retired or they have lost their jobs and cannot find new ones.

Wellbeing

- The mental health and psychosocial ramifications of COVID-19, and insecurity are having a significant impact on the psychosocial wellbeing of people including older women and men and people with a disability. 57% of older people in urban Juba and 35% of those in the POCs feel anxious or worried all or most of the time. While 59% of older people in urban Juba and 37% of those in the POCs feel depressed all the time or most of the time.
- Only 9% of older people in urban Juba and 34% of those in the POCs can independently cope with the situation. While 62% of respondents in urban Juba and 49% of those in the POCs can only cope with support from either a family member, friend or community/aid worker. Further troubling is that 23% of older people reported they cannot cope at all.



WASH

- Since COVID-19 many older people have faced challenges in accessing drinking water, bathing, or toilet facilities. 37% of the older people interviewed, and 44% of those 70+, stated that they are too scared of contracting the disease to leave their homes. This trend is similar trend both in urban Juba and the POC.
- COVID-19 has further exacerbated existing problems and is likely to place higher demands on WASH facilities due to the increased need to clean and disinfect. 57% of older people in urban Juba and 25% in the POCs say there are not enough WASH facilities. While 29% of the older people say the facilities are too hard to access or use and 18% of the older people could not access some of the facilities because they are too far away.

Methodology

The assessment targeted older people in Protection of Civilian sites (POC1 and POC3) and in the urban sites of Don Bosco, Mahad and Mangateen. The rapid needs assessment was conducted between 23rd of June and 7th of July and 261 older men and women above the age of 50 were interviewed. HDC relied on its existing beneficiary database for this exercise and conducted face-to-face interviews (with physical distancing, PPE and following government guidelines). The 5 who did not consent were removed as were the 12 who knew nothing of the virus; these were analysed separately. The data was disaggregated by gender, age bands, disabilities, and location. The results of these disaggregations are only reported where the differences are significant. Phone calls could not be used due to the challenges of mobile network (cuts/breaks), hearing impairments among older people, and a lack of phones among older people. The key limitations of this survey were that older people were targeted using beneficiary lists in two specific locations, thus these may not be representative of the needs of all older people in South Sudan.

Case Study: Mathiang Story

67-year-old Mathiang told us about his life in a Protection of Civilians (POC) site in Juba, South Sudan. War in South Sudan has forced him to uproot his life four times over, and he lost his home and his cattle before he found shelter in the POC site in Juba. Now with the outbreak of COVID-19 his situation has become even more challenging. He explains:

"COVID-19 has totally changed everything including what we eat or do, in other words it has broken families. You can't go see your relative who are sick of COVID-19, even when he or she dies you cannot view the body. It is good that humanitarian agencies are providing us with food and medicine here in the POCs although it is not up to standard, it is better than nothing at all.

My livelihood has completely changed. I used to be a security guard at a community leadership centre that paid me 100 USD, but that leadership term ended, and the predecessor terminated my service. I used to save some of that money for my balanced diet and some medication, now it's stopped. This lockdown has also separated families, my children have been locked in Uganda others in the Wau and in Bentiu.

The health facilities we have in South Sudan cannot even manage malaria patients. I do not know how they will really manage COVID-19! They are sub-standard and there are no qualified medical personnel. I do not know how they will cope if the virus reaches here. What is important now is that we have to do things that boost our immune system like exercising and taking herbs, to strengthen ourselves against COVID-19. I like the way the media and organisations are disseminating information relating to COVID-19 and I encourage them to continue raising awareness. The government should continue to put measures in place so as to contain the spread of COVID-19 in South Sudan".

