COVID-19 rapid needs assessment of older people

Context
Since the outbreak, Lebanon has experienced 1,442 cases of COVID-19 of which 868 people have recovered and 33 confirmed deaths (14/06/20). Of the 33 deaths, 31 were aged 50+ years old and one person was in their 40s. While reported incidents of COVID-19 remain low, under reporting is likely and the potential for a second wave remains. Although restrictions imposed to prevent the spread of COVID-19 are being reduced, there have been significant economic and social repercussions for people in Lebanon, particularly for older people. This adds to an economic situation which continues to deteriorate all over the country, with older people among those worst affected by increases in food and medicine costs. Lebanon hosts the largest concentration of refugees per capita in the world, including the largest number of Syrian refugees per capita. Hosting such a large refugee population in the context of the county's economic, political, and social challenges is leading to escalating tensions between communities and pressure on infrastructure, services and the environment. To inform and be able to adapt its programming and provide advocacy messages to humanitarian partners and the government, HelpAge undertook a multi-sector Rapid Needs Assessment in Lebanon in late May of 2020 and results shown represent the views and experience of older people sampled.

Key findings

Food and income
40% of older people interviewed reduced the quantity of food consumed since the outbreak of COVID-19. While 41% of older people reduced the quality of the food consumed.

Health
24% of older people interviewed on medication have not been able to access it since the start of the COVID-19 outbreak. This is very concerning given 77% of older people have at least one health condition.

Protection
46% of older people interviewed felt that older women were at increased risk of neglect while 28% felt isolation was a further increased risk for them.
38% of older people felt that older men were also at an increased risk of neglect while 26% felt isolation was a further increased risk for them.

Wellbeing
51% of older people interviewed feel worried or anxious ‘most or all of the time’ since the outbreak of COVID-19.

Awareness and behaviour
87% of older people interviewed said their preferred method of communication for COVID-19 information was by TV.
**Recommendations**

1. Through outreach teams or community volunteers, organise safe and accessible distributions of food packages/items, protective and hygiene materials as well as medicine to older people who cannot afford or face challenges in accessing sufficient food, health services and necessary medications.

2. Working with media service providers and/or national TV stations, develop COVID-19 information and prevention practices messages to broadcast on television to reach older people through their preferred method of communication. Ensure that information is also shared in other accessible ways for those who have different communication challenges considering the high number of older men and women with hearing and visual impairments.

3. Ensure that analysis of the pandemic’s secondary impacts is inclusive of older people, including older people with disabilities and the specific risks they face are integrated into the Lebanon’s humanitarian response plan and its socio-economic recovery plans.

4. Identify and train outreach teams and/or community volunteers on how to provide safe psychosocial support to older women and men, including older people with disabilities, so that they can manage their worry and anxiety (e.g. support via regular phone calls, mobilise neighbours to check on them, befriending, sharing information and details of other support available etc.)

5. Identify older people who can provide peer support safely to other older people who feel neglected and isolated and unable to cope. Also, engage with younger volunteers to befriend and safely support those struggling to cope, helping to reconnect them with their community.

6. Use and share with other service providers the *Humanitarian inclusion standards for older people and people with disabilities* and *IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action* to fully design inclusive activities that respond to the needs and rights of older people, including those with disabilities.

**Demographics**

**Age / Gender**

- **Age Distribution**
  - 50-59: 6%
  - 60-69: 4%
  - 70-79: 36%
  - 80+: 26%

- **Gender Distribution**
  - Men: 60%
  - Women: 40%

**64% of older people have at least one disability**

- Walking: 38%
- Sight: 36%
- Remembering and concentrating: 26%
- Hearing: 23%
- Communication: 16%
- Self-care: 16%

**77% of older people have at least one health condition**

- Diabetes: 46%
- Hypertension: 40%
- Heart problems: 24%
- Joint aches and pains: 16%

**Living Alone**

- Yes: 15%
- No: 85%
**Methodology**

Data on adults over 50 years old was collected through phone surveys with Lebanese and Syrians refugees in four areas in Lebanon; Bekaa, the South, Beirut and Akkar. HelpAge relied on its existing beneficiary database for this exercise as remote data collection required an established beneficiary list with active phone numbers. A total of 486 people were interviewed between 5th to 22nd May. The data was disaggregated by gender, age, disability, status, and location. The results of this disaggregation are only reported where the differences are significant. The key limitations of this survey were that nationality was not registered for half of the respondents therefore their sample size was reduced. Also, older people were targeted using beneficiary lists. Furthermore, older people with some disabilities such as hearing or cognitive impairments may not have been able to partake in the survey.

**Priorities for older people**

- The top priorities for older people surveyed are food (25%), followed by livelihoods (15%) and then medicine (9%). This trend is similar for both men, women, and persons with disabilities. Prior to COVID-19, Lebanon was facing rising inflation, skyrocketing commodity prices and staggering unemployment (ACAPS May 20). This has been further exacerbated by COVID-19 and the sudden, deep global recession which has accompanied it. This has meant many older people are struggling to meet their basic needs highlighted by the high prioritization of food. "I do not have an income to either buy food or necessary medication", an older man stated.

- Shelter is the fourth highest priority for older people. This is noticeably higher for Syrian refugees, many of whom live in poor housing which often offers little protection from the elements. This is a concern during the winter months (ACAPS May 20).

**COVID Awareness and Behaviour**

**Restrictions of movement**

- As of late May, 58% of older people were 'observing government-instituted movement restrictions', while 26% were observing 'no movement restrictions'. During this time, most older people who were surveyed in Akkar were observing government institute movement restrictions while those living in Beirut were experiencing the least restrictions. Overall, some 10% of respondents were under lockdowns, rising to around 30% in southern Lebanon.

- 2% of older people responded saying they had either tested positive or had COVID-19 symptoms and were limiting their movement, and a further 2% were hospitalized. This was higher among older people surveyed in the south of Lebanon and was above the national average and reflects how COVID-19 presents specific dangers for older people. In Lebanon, 31 out of the 33 people who died from the COVID-19 virus were 50 years or older. Similarly, UK data has shown older people are 34 times more likely to die from COVID-19 (Guardian May 20).

**Preventive measures from COVID-19**

- Older people surveyed know the different ways they can protect themselves from contracting COVID-19 including handwashing (49%), avoiding groups/staying at home if possible (59%), coughing or sneezing into their elbow (19%), avoiding touching their face (18%) and physical distancing (17%). Furthermore, older people reported that they can use a range of these methods to protect themselves.

- There was little variation based on gender, disability, age and nationality. Between regions, there are more significant differences with older people in Akkar less likely to protect themselves, and 64% saying it was not applicable to them.

- A large number of older people (227 persons) mentioned that they prefer to stay at home and not go out to avoid wearing the mask, handwashing and physical distancing. An older woman stated: "I prefer to stay home; in this way I do not have to do any preventive measure to protect myself from COVID-19." In Lebanon, during the first two months of the pandemic, the Ministry of Health ran a big campaign called "stay at home" which may have influenced some of the responses to this question.
Barriers to Health Messaging

- In Lebanon, most older people surveyed (94%) did not encounter any barriers in accessing COVID-19 health messaging. Awareness of COVID-19 is high and older people were informed about the crisis. "Through internet and TV nowadays, all the information needed are available", an older man mentioned.

Preferred method to receive information related to COVID-19

- The preferred method to receive COVID-19 related information for most older people surveyed was via TV (87%). This was followed by the internet (15%) which was the preferred method for older people in their 50s and 60s. The third preferred method was word of mouth (14%) which was preferred by older people living in the south of Lebanon (46%).

Health

Access to health services

- 30% of older Lebanese people reported that their access to health services had changed since COVID-19. This is higher for Syrian refugees (45%) and older people living in the south (45%). In Lebanon, most of the health services and hospitals are centralized in Beirut. Also, with the COVID-19 pandemic and quarantine, accessing the services in different areas was more difficult especially for older people.

- More alarming is that 13% of older people surveyed stated they did not have previous access to health care services. This is higher for older people in their 70s (26%) and those located in Akkar (46%).

Nearest health facility

- Despite limited barriers to messaging, 39% of older people do not know where the nearest health facility is which treats older people for COVID-19. This was higher for older women (45%) than older men (33%). Also, it was higher for those in the south (68%). Important to keep in mind that Lebanon has a shortage of hospitals with most, particularly the better ones, located in Beirut and lesser numbers in areas such as the South, Akkar and Bekaa.

- Of the older people who know where their nearest health facilities treating people with COVID-19 is, 29% of them cannot access this facility. This was higher for older women (34%) compared to older men (24%). Also, for older people living in the south (46%) and for Syrian refugees (39%).

- A further 34% of older people said the nearest facilities are 1-3 hours away, 14% have facilities that are 30 mins to one hour and 23% said facilities are less than 30 mins.

Access to medicine

- Access to medicine is the third highest priority for older people. Of those who take medications for their pre-existing health conditions, 24% have not been able to access them since the COVID-19 outbreak. This was especially high for those living in Akkar (38%) and those in their 70s (36%). This is very concerning as 77% of older people reported having a health condition, many of which are chronic illnesses such as diabetes and hypertension and put older people at serious risk if they are left without medication. "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".

Access to PPE

- 42% of older people surveyed have been able to purchase COVID-19 preventive materials such as masks and soaps. These preventive materials are available at local markets, with only 2% of older people saying they were not. However, 40% of older people surveyed stated they cannot afford them, this was particularly high for those living in Bekaa (59%). This suggests that with the necessary financial resources older people could acquire these materials locally. "I prefer to
Protection

Access to basic goods and services

The outbreak of COVID-19, and its subsequent socioeconomic impact, has reduced older people’s access to basic goods and services. Currently:

- 40% of older people reported difficulty accessing health services particularly older women (46%) compared to older men (34%) and older people living in Akkar (82%).
- 35% of older people reported difficulty accessing food, especially those living in Bekaa (44%), the south (44%) and Beirut (42%).
- 29% of older people reported difficulty accessing humanitarian assistance, especially Syrian refugees (39%) and those living in Bekaa (55%).
- 26% of older people reported difficulty accessing medicine, especially Syrian refugees (35%) and those living in the south of Lebanon (41%).

Safety

- Older people are likely to experience greater protection risks. When older people were asked what they felt were the increased risks for older women during this time, the top three risks were 1). neglect (46%), especially for those in their 50s and those living in Bekaa; 2). isolation (28%), again especially for those in their 50s and living in Beirut and finally 3). the risk of financial abuse (20%). In Bekaa, both emotional abuse (21%) and denial of resources (22%) were rated as high protection risks for older people. In southern Lebanon older women were seen at increased risk of violence (18%). It is interesting and positive to note that men’s views of the risks facing women were remarkably consistent with the risks identified by women themselves and vice versa.
- The respondents also felt older men faced a variety of risks during this time. This included neglect (38%) especially for those in their 50s (52%) and those living in Bekaa (64%); isolation (26%), especially those in their 50s (52%) and those living in the south and Beirut. Furthermore, financial abuse was also rated as an increase protection risk for older men (35%) especially those in their 50s (57%) and those living in Beirut (56%) and Bekaa (55%). 17% of older people felt older men were at also at an increased risk of denial of resources, opportunities of services (35% in Bekaa). In southern Lebanon older men were seen to be at increased risk of violence (15%).

Caring for others

- The care burden for children, people with disabilities and other older relatives often falls on older people. Amongst older people surveyed, over half are providing support to others. This includes 33% of older people providing basic care support including food and shelter to others. This was higher for older men (51%) compared to older women (16%). 17% of older people stated they were providing emotional and social support to older. This was higher for older women (21%) compare to older men (13%).
- In rural areas like Akkar, men go to work to provide the basis needs for the family as financial support and food and women stay at home to support emotionally and socially.

Food and Income

Diet

- Food is the highest priority for older people surveyed. Currently 40% of older people have had to reduce the quantity of food consumed. This was highest for Syrian refugees (50%) compare to Lebanese (39%). It was also highest for those living in Beirut (53%).
- 41% of older people surveyed stated they reduced the quality of the food consumed. This was highest for those living in Bekaa (47%).
Furthermore, many older people have limited food supplies in the house. 37% of older people surveyed stated they only had sufficient food available in the house for less than 2 days. This was highest for Syrian refugees (45%) compared to Lebanese (22%) and for older people living in Bekaa and the south (55%). 32% of older people reported having sufficient food for between two days to a week.

Income

- Livelihoods and income are the second highest priority for older people surveyed. The top three sources of income for older people surveyed are remittances from relatives (35%), COVID-19 related government or humanitarian agency assistance (29%), and business (16%). This highlights that while many older people provide carer roles, they are also dependent on others to pay for their basic needs, which reinforces the precarious situations for many of them. In the south of Lebanon older people’s sources of income are different with the top sources of income being agriculture/livestock (32%), formal or informal loans (28%) and COVID-19 related government or humanitarian agency assistance (26%). The debt burden is especially alarming and is likely to increase as the economic fallout continues.

- Most of the older people are not working because either they lost their job, or they cannot find one given the current dire economic situation in Lebanon. They rely on family relatives to help them.

Wellbeing

- The mental health ramifications of COVID-19, and insecurity within Lebanon are having significant impacts on the wellbeing of older people. 51% of older people responded that since the outbreak of COVID-19, they feel worried or anxious either ‘all of the time’ (30%) or ‘most of the time’ (21%). This was higher for older women (58%) compared to older men (45%) and very high for those living in Akkar (85%). "We are scared of COVID-19, since we've been hearing that it can kill older people" an older woman stated about her thoughts and fears with her husband about the virus.

- Also, 37% of older people surveyed reported feeling depressed either ‘all of the time’ or ‘most of the time’. Again, this is higher for older women (44%) compared to older men (29%) and particularly high for those living in Akkar (62%).

- Since the start of the outbreak 13% of older people feel they are unable to cope with the situation (especially Syrians 22%). 15% of older people stated they could cope independently while 72% can cope with support from others.