

# COVID-19 rapid needs assessment of older people

## Context

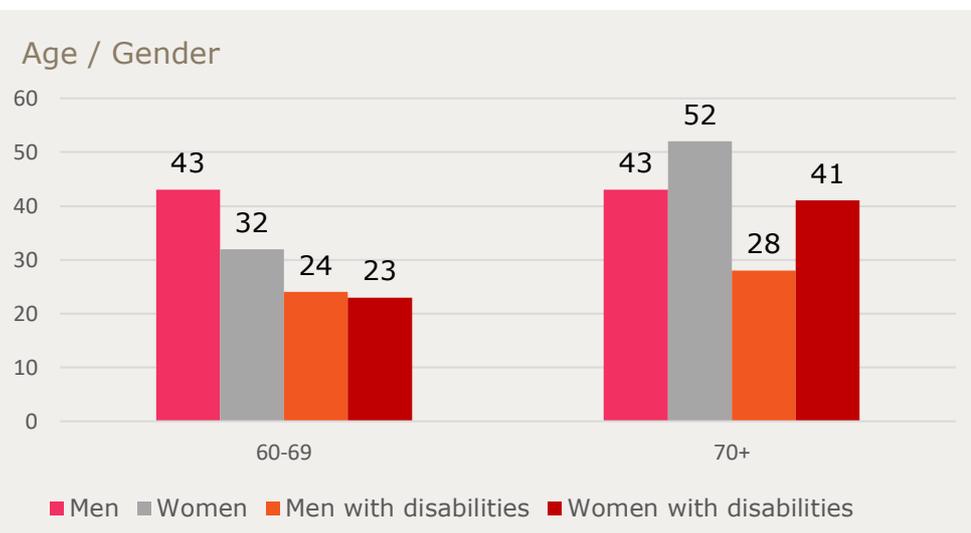
Since the first case of COVID-19 was reported in mid-March, Kenya has confirmed 31,763 cases, 18,167 recoveries and 532 deaths from COVID-19 as of 21st August 2020. Despite only 3% of the population being over 65, 32% of the total fatalities are from older people aged 60 and above. This risk is even higher for older people with multiple health conditions such as hypertension and diabetes. To tackle the pandemic the government imposed strict curfews and movement restrictions, especially in Nairobi which remains the current epicenter of the pandemic and accounts for 59% of total cases. However, due to the severe economic and social repercussions of the lockdown in Kenya, these restrictions are being lifted. Despite easing COVID-19 containment measures, many Kenyans, particularly older people living in Nairobi, remain at serious risk as many have lost their livelihoods and are struggling to meet their basic needs. Furthermore, with the recent lifting of the lockdown across the country, more cases of infection are anticipated as people migrate to the rural areas to escape the harsh economic conditions in Nairobi.

The purpose of this Rapid Needs Assessment (RNA) was to assess and analyse the multi-sector impacts of COVID-19 on older people. The assessment was conducted in July 2020 across Nairobi. This location was not only chosen due to it being the epicentre of the pandemic, but also because of the ability for HelpAge International and its partners to adapt their programming in the capital to best cater for the needs of older people. Furthermore, the report also provides an opportunity to highlight the many risks older people face and to provide advocacy messages to humanitarian partners and the Kenyan government.

## Methodology

Data on older persons over 60 was collected through phone surveys between 7<sup>th</sup>-10<sup>th</sup> July 2020 in Nairobi county. HelpAge relied on its project partners, KARIKA and KDCCE to identify 170 older persons from 17 sub-counties in Nairobi county to participate in the phone interviews. The respondents were identified by representatives of older persons who are members of the Nairobi network of older persons groups from 17 sub-counties. A key limitation was that older people were targeted using beneficiary lists, rather than random sampling, due to the need for active phone numbers. The data was disaggregated by gender, age bands and disabilities. The results of these disaggregations are only reported where the differences are significant.

## Demographics



**62% of older people have at least one health condition**

- Joint aches and pains: 32%
- Heart problems: 12%
- Other: 9%
- Gastro: 7%
- Skin disease: 5%
- Serious injury: 4%
- Diabetes: 3%
- Respiratory: 3%
- Hypertension: 2%
- Mental health: 2%

## 87% of older people have at least one disability

Remembering and concentrating: 61%

Sight: 58%

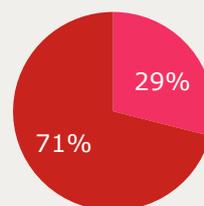
Self-care: 57%

Communication: 54%

Walking: 53%

Hearing: 45%

## Living Alone



■ Yes ■ No

## Key findings

### Food and income

76% of older people reported reducing the quantity of food eaten since the outbreak while 52% have had to reduce the quality of food eaten. Furthermore, older people are vulnerable as the majority (60%) rely on remittances as a key source of income, which is being impacted by economic fallout of COVID-19.



### WASH

38% of respondents reported a lack of WASH facilities, 30% reported difficulty accessing and using WASH facilities, while 19% of older people stated that these facilities were not clean. Lack, inaccessibility, non-use and uncleanliness of WASH facilities presents a barrier to COVID-19 prevention practices.



### Health

62% of the older people interviewed had at least one health condition yet 23% reported not being able to access medication since the COVID-19 outbreak began, especially 28% of those living alone.



### Protection

51% of older people felt that older women were at an increased risk of neglect and isolation. While 55% of older people felt that older men were at an increased risk of isolation and 41% of older people felt that older men were at an increased risk of denial of resources, opportunities, and services.



### Wellbeing

73% of older people interviewed reported feeling anxious and worried about the COVID-19 situation either all or most of the time while 66% felt depressed about the situation either all or most of the time. However, 60% feel they can positively cope with the situation with support from family and community.



## Recommendations

- 1. Work with the county health management team and community health volunteers to conduct targeted home visits to older persons with chronic diseases for medication follow-up.**
- 2. Develop and share age inclusive COVID-19 information in local languages for older persons to understand, working with radio and TV broadcasters.**
- 3. Provide psychosocial support to older people, especially those with disabilities and those living alone. Support and engage older people in activities which help overcome their isolation and help improve their wellbeing.**
- 4. Deliver relief foods to most vulnerable older people ensuring it meets their dietary needs. Therefore, it should include fruits and vegetables as part of the food package.**
- 5. Encourage other agencies and the government to include sex, age and disability disaggregated data in their future needs assessments so that the impacts of COVID-19 on older people can be assessed as the pandemic evolves in the country.**
- 6. Use the Humanitarian Inclusion standards for older people and people with disabilities. Use IASC Guidelines, 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.**



## Priorities for older people

- The top priorities for the older persons surveyed are food, at 57%, followed by livelihood, at 14%, and shelter, at 11%. This trend is similar for older women and older persons with disabilities who both ranked food as the highest priority at 63%.
- Older people ranked food as their number one priority based on the fact that Kenya has been facing a food insecurity crisis due to deteriorating climatic conditions, notable with uneven rainfall distribution, prolonged drought in arid and semi-arid areas, flooding with destruction of farms and crops and re-emergence of the desert locust invasion leading to scarcity of food and increased food prices. According to the Global Hunger Index for 2019, Kenya was ranked among countries with serious hunger conditions. Therefore, within this context COVID-19 has simply exacerbated existing food insecurity resulting in even higher food prices.
- Older persons ranked safety and medicine as their 4<sup>th</sup> and 5<sup>th</sup> priorities. Because of loss of livelihoods caused by COVID-19 there has been an increase in crime rates, especially in the informal settlements. Medicine also remains a high priority, which is unsurprising considering that 62% of older people have at least one health condition.

## COVID Awareness and Behaviour

### Restrictions of movement

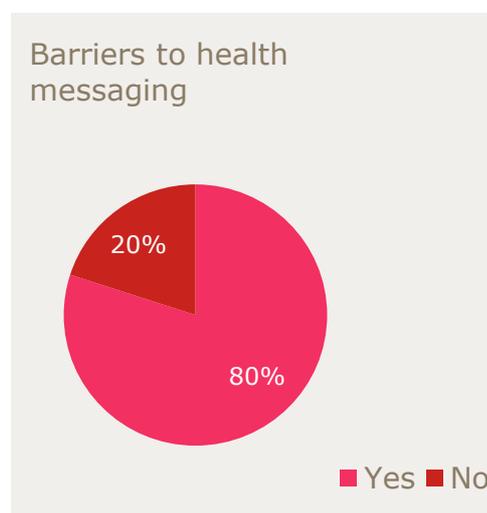
- In March 2020, the first reported case occurred in Kenya. Subsequently the government set a range of restrictions to prevent the spread of the virus. The restrictive measures included a dusk to dawn curfew, closing of all institutions of learning, as well as mandatory wearing of masks in public places. With the increasing rates of infection in Nairobi, the county was placed under containment, restricting movement inside and out of Nairobi. This seemed to control the rate of infections. However, with the deteriorating economy, the lockdown was lifted in late May allowing the majority of city residents to flee to rural areas because of the high cost of living and loss of employment due to COVID-19.
- As of July 2020, 86% of older persons residing in Nairobi county were observing government instituted restrictions of movement. However, 3% of older persons living in Nairobi indicated they were not observing any movement restrictions.

## COVID-19 preventive measures

- Older persons surveyed demonstrated they were aware of different methods to protect themselves from COVID-19. 98% reported hand washing as the most effective preventive measure against COVID-19, followed by 94% who reported staying at home as well as avoiding groups and shaking hands.
- This can be attributed to the numerous efforts by media stations, local leaders and government and their persistent emphasis on handwashing and staying at home as the most effective way to prevent the spread of the virus. The government also issued a directive for handwashing facilities to be put in place in all shopping centres to encourage Kenyans to practice handwashing.
- 18% of the respondents cited challenges with handwashing, especially older people with a disability (26%). One older man from Kasarani explained: "I don't have running water, and because I can't walk, the son of my neighbour helps me by fetching water and brings it back here in the house for me to use".
- It was however encouraging to note that 59% indicated no challenges in practicing the prevention measures.

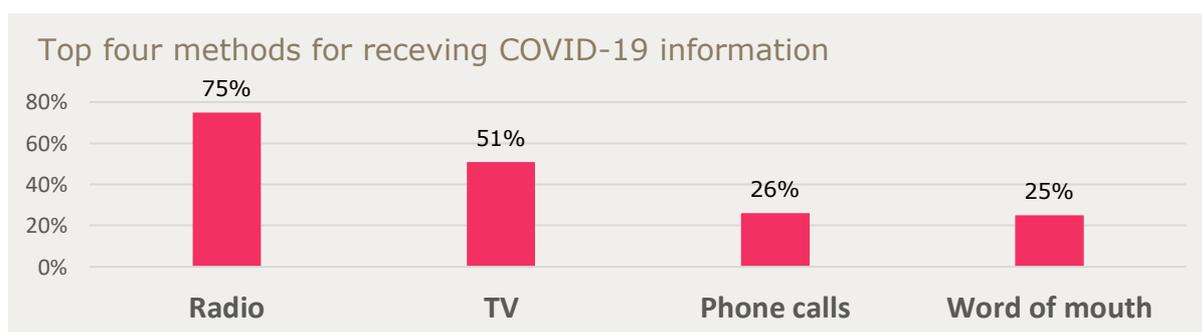
## Barriers to health messaging

- In Nairobi, 80% of the older persons surveyed did not encounter any barriers to receiving COVID-19 information. This is because COVID-19 awareness among the older persons in the capital is quite high.
- However, 20% of older people face barriers in accessing COVID-19 health messaging, especially older women (26%) as compared with older men (14%). Language barrier was cited as one of the challenges to accessing information in the media. This gender difference can be explained by the fact that older women traditionally spend more time at home and thus have reduced access to information. Literacy levels are also relatively lower among older women comparative to older men. Furthermore, the information provided to older people is often very general and is not age inclusive and age-sensitive. For example, awareness raising posters with small font size and/or colours that are not readable/legible for older people that have difficulty seeing or visual impairments of varying degrees.



## Preferred method to receive information related to COVID-19

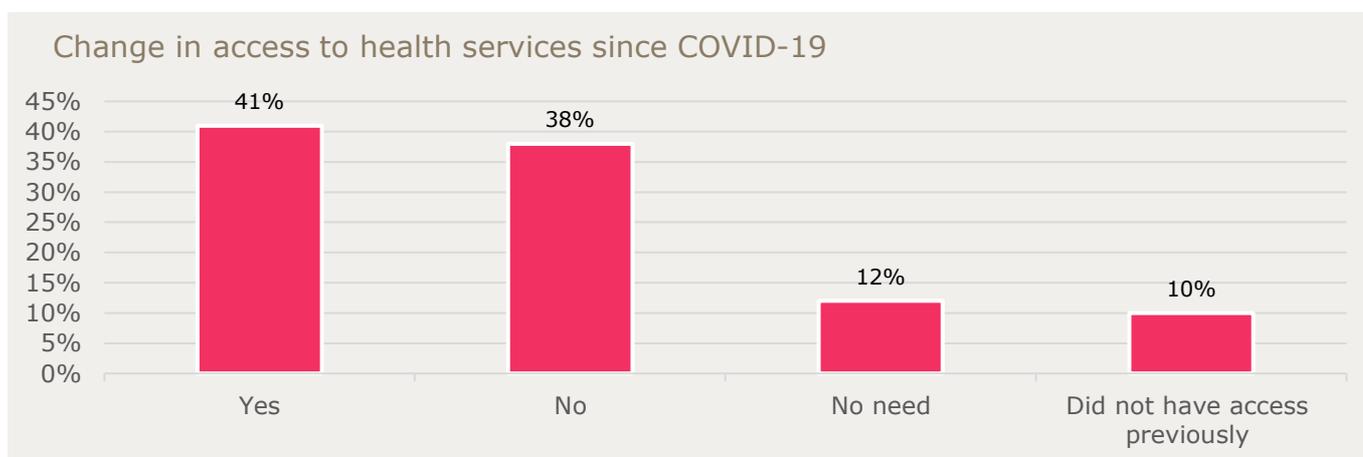
All of the respondents seemed to be aware of COVID-19 with 86% observing government restrictions. 75% of older people interviewed said radio was their preferred method of communication for COVID-19 related information. This is followed by TV (51%); via phone call (26%) and by word of mouth (25%). Only a few older people wanted to receive COVID-19 related information via loudspeaker (3%) and via newspapers (6%).



## Health

### Access to health services

- 41% of older persons surveyed in Nairobi reported that their access to health services had changed since the outbreak of COVID-19. This was higher amongst older people with a disability, at 49%. This could be attributed to the stay at home directive by the government and fear of contracting COVID-19 when visiting health facilities. Furthermore, due to loss of livelihoods many older people lack the funds to visit health facilities, including paying for transportation and purchasing medicines. This is particularly concerning considering that 62% of all older persons interviewed had at least one health condition.
- 38% of older people reported having not experienced any change in accessing health services since the onset of COVID-19.
- Additionally, it is concerning that 10% of older people reported they did not have access to health services prior to COVID-19.



### Nearest health facility

- 68% of older people reported having no information about their nearest health facility offering COVID-19 testing and treatment services, especially older people living alone (75%). This could be attributed to the fact that COVID-19 testing is only happening at the major and private hospitals where a cost is incurred, and is therefore not accessible at the local level.

### Access to medicine

- 53% of older persons interviewed said they have been able to access their medication since the outbreak of the pandemic, with older women reporting greater access (61%) compared with older men (45%). Furthermore, 57% of older people in their 60s reported access, while 51% of those reported that they can access their medication.
- However, 23% reported not being able to access medication since the outbreak of COVID-19. This was highest for those living alone (28%). This could be attributed to the 'stay at home' directive, instilling fear among older persons of going out to get medication. Furthermore, anecdotal evidence shows that some older people and their families are deprioritising medicine due to pressing need to cover other basic needs such as purchasing food and paying the rent.

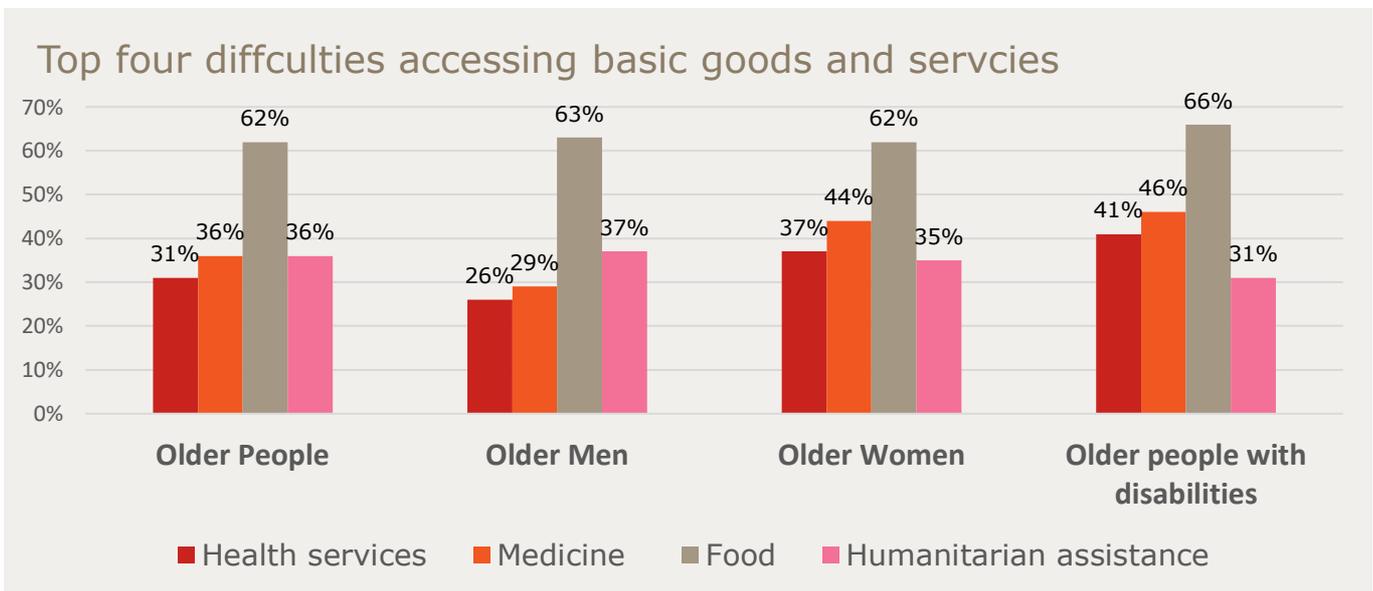
### Access to PPE

- 66% of older persons in Nairobi have received COVID-19 preventive materials and supplies such as masks, sanitisers and soap, with older women and older persons with disabilities benefiting more, at 70% and 68% respectively. While 46% of older people have purchased PPE such as facemasks, especially older men (56%). Currently COVID-19 prevention and control materials are available in local markets with only 1% saying they are not.

- However, in many cases older people are using the same masks which they purchased at the start of the pandemic in March. Therefore, this continual use reduces the masks effectiveness and there is a need to replenish many of these preventive materials.
- A further concern is that 14% of older people reported they cannot afford to buy PPE. This is highest for those above 70 (19%) and those living alone (16%).

### Access to goods and services

- Since the outbreak of the pandemic older persons' access to goods and services has been affected. This can largely be attributed to the lockdown, curfew and restrictions of movement in and out of Nairobi, which has increased the cost of living. Currently:
  - 62% of older persons reported difficulty in accessing food, particularly older persons with disabilities (66%) and those aged 70 and above (67%). The lockdown, curfew and restriction of movements in and out of the city of Nairobi, coupled with pre-existing food insecurity, has caused a food shortage, thus increasing its cost.
  - 36% of older persons reported difficulty in accessing medicine. This was particularly high for older women (44%) and older people with disabilities (46%).
  - 36% of older persons reported difficulty in accessing humanitarian assistance, particularly older persons in their 60s (45%). This may be caused by pre-existing marginalisation, which occurs because assistance is often targeted at the households. In addition, when older people receive targeted assistance, those in their 60s are sometimes not considered as sufficiently old.
  - 30% of older persons reported difficulty in accessing drinking water, particularly older persons aged 70 and above (35%) and older persons with disabilities (34%). This is another pre-existing challenge older people face. In informal settlements there is a lack of wells, thus older people need to purchase water.
  - Across most key basic goods and services, we see older persons aged 70 and above having greater access challenges compared to those in their 60s.



### Safety

- The respondents felt that older women were at an increased risk of neglect (51%), isolation (51%), denial of resources and opportunities (42%) and emotional abuse (35%). Similarly, the respondents felt that older men were at an increased risk of neglect (54%), isolation 55%, denial of opportunities (41%) and emotional abuse (26%).
- Neglect and isolation are major challenges among older persons residing in Nairobi because they lack family and community support compared to the rural areas due to a weaker social fabric. Isolation has also been exacerbated by curfews which has prevented many older people from visiting family and friends. Emotional abuse has also increased due to the uncertainty and

anxiety caused by COVID-19 and its secondary impacts. This has made the situation for older people more volatile and they are at increased risk of abuse. Despite these increased risks there are limited protection support services for older people.

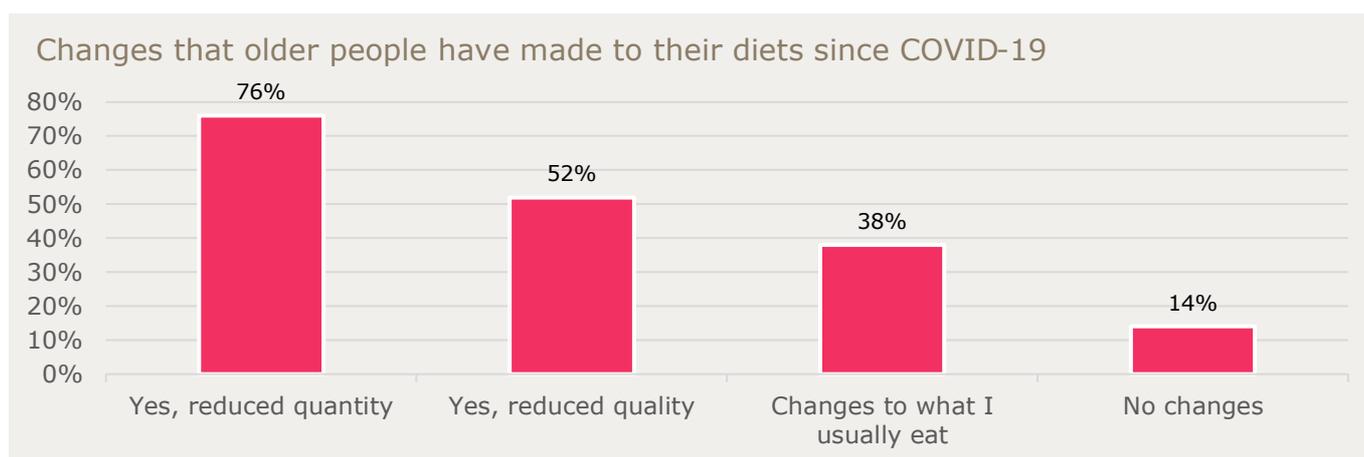
### Caring for others

- Older persons play an important role in providing basic care and support to others as evidenced by 58% of older persons reporting providing basic care and support such as food and shelter, to their kin. This was reportedly highest among older persons in their 60s. Furthermore, 49% reported providing emotional support such as care, love, empathy and social support while 35% reported providing financial support, with older men and those in their 60s recording the highest support at 42% and 45% respectively.

## Food and Income

### Diet

- 76% of older persons in Nairobi reported reducing the quantity of food eaten since the outbreak while 52% reported reduced quality of food eaten. This was higher for older people with a disability both in terms of quantity (80%) and quality (55%) of food eaten. This can be linked to the increased cost of food in the market due to the pandemic.
- In addition, 62% of older persons surveyed reported to have food stocks in the house to last less than 2 days, indicating that many older persons had limited food supplies. Only 5% of older persons surveyed reported to have food stocks in the house sufficient for 1-2 weeks.

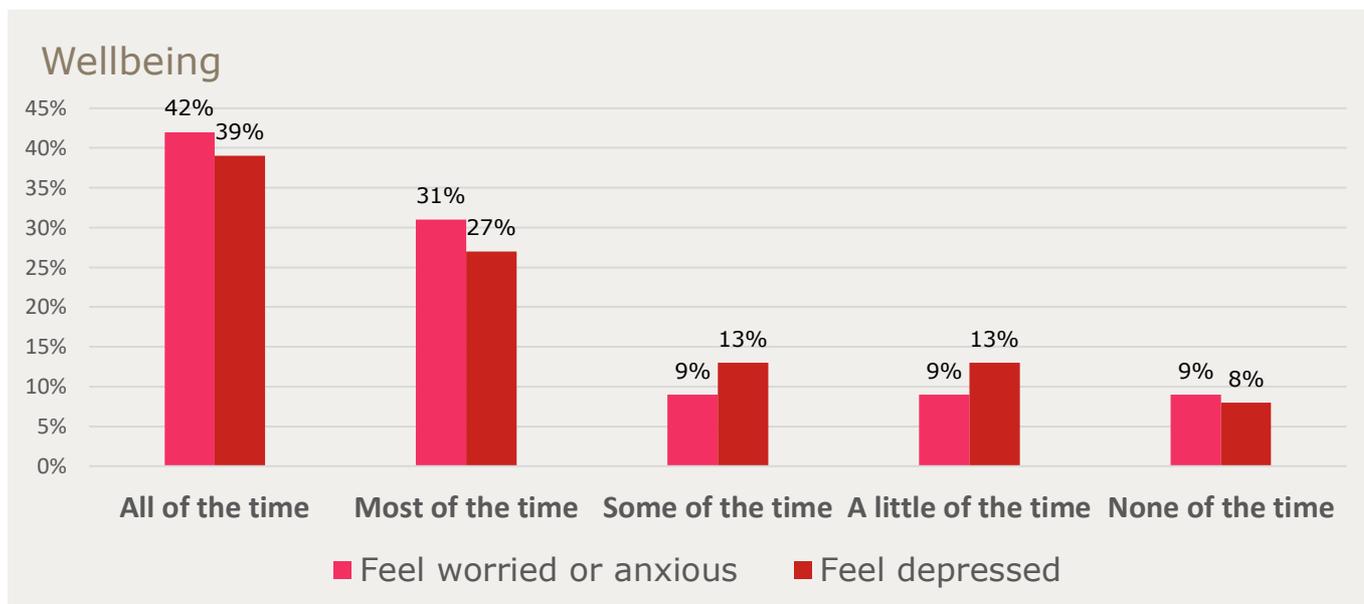


### Income

- Livelihood and income are the 2<sup>nd</sup> highest priority for older persons in Nairobi. The main source of income for the majority of older persons in Nairobi is remittances from relatives, at 60%. This reliance on remittances is concerning considering the current global economic recession.
- 54% of older persons aged above 70 reported pension and cash transfers as their main source of income. There had been delays in payment pensions until July 2020 when older people finally got their six-month pension arrears paid.
- Overall, 23% reported business as their source of income, although the percentage was higher for older persons in their 60s (26%). A general observation is that due to economic instability and many businesses struggling in the COVID-19 context, this affects older people who are reliant on a regular salary for their livelihoods.
- 16% also reported income from COVID-19 related responses. This can be attributed to a government COVID-19 emergency fund initiative which provided cash transfers for households in informal settlements.

## Wellbeing

- When older persons were asked if they have felt worried or anxious since the outbreak of the pandemic, 42% reported feeling the same all the time and 31% most of the time, while 39% of older persons reported feeling depressed all the time, particularly older persons with a disability (47%) and older women (43%).
- 60% feel they can positively cope with the situation but only with support from family and community. However, 32% of older persons surveyed reported feeling unable to positively and effectively cope with the situation, especially 37% of older persons living alone.



## WASH

- The main challenges with WASH facilities such as water points, toilets and bathing facilities were lack of these facilities (38%). This is followed by the fact that they were hard to access and use (30%). Furthermore 19% of older people stated that these facilities were not clean.
- In addition, 16% of older persons said the WASH facilities were too far away for them to easily access and 14% also reported feeling too scared of contracting the virus to leave the home to access the facilities.
- Older persons living with disabilities had more challenges accessing WASH facilities compared to other groups.
- Adequate WASH facilities are key to stemming the spread and impact of COVID-19. However, many older people in informal settlements need to leave their homes to access these facilities, which can become overcrowded. Furthermore, accessing the facilities can be costly. This heightens the risk of COVID-19 and its impacts for older people and the community at large.