

COVID-19 rapid needs assessment of older people

Context

Myanmar has experienced a relatively lower number (290 as of 22 June 2020) of COVID-19 cases compared to many other countries, but the socioeconomic impacts of the government-imposed restrictions are having severe impacts on the population, especially older women and men. While the restrictions officially remain in place, many people cannot get by without a regular income and have returned to work, raising fears about a second wave. For government and humanitarian actors to understand the consequences of the restrictions for older people, HelpAge International in Myanmar conducted a multi-sector rapid needs assessment in May 2020 to inform programming and policy decisions.

Key findings

Health

- **34%** of older people **cannot access the medication** for their health conditions.
- **24%** of older people have experienced changes in their **access to health services**.



Food and income

- **46%** of older people have difficulties **accessing food**.
- **33%** of older people stated that **income is a top concern**.



Wellbeing

- **42%** of older people are **worried most or all the time**.
- **26%** of older women are worried about **isolation**.



Recommendations for policy-makers

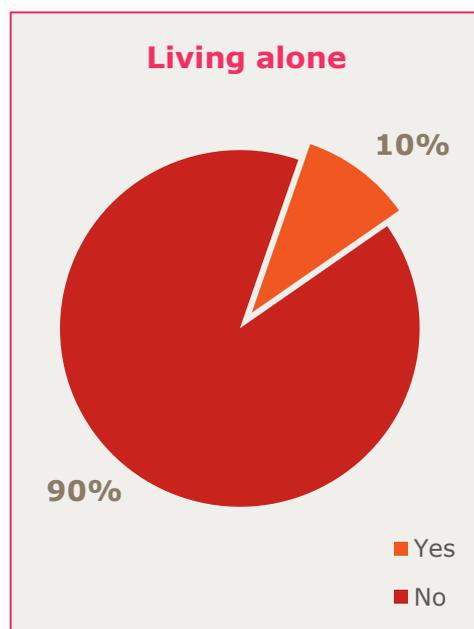
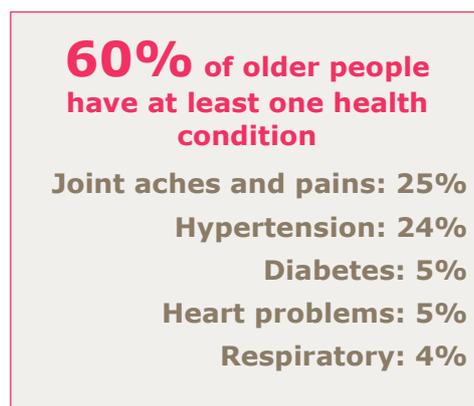
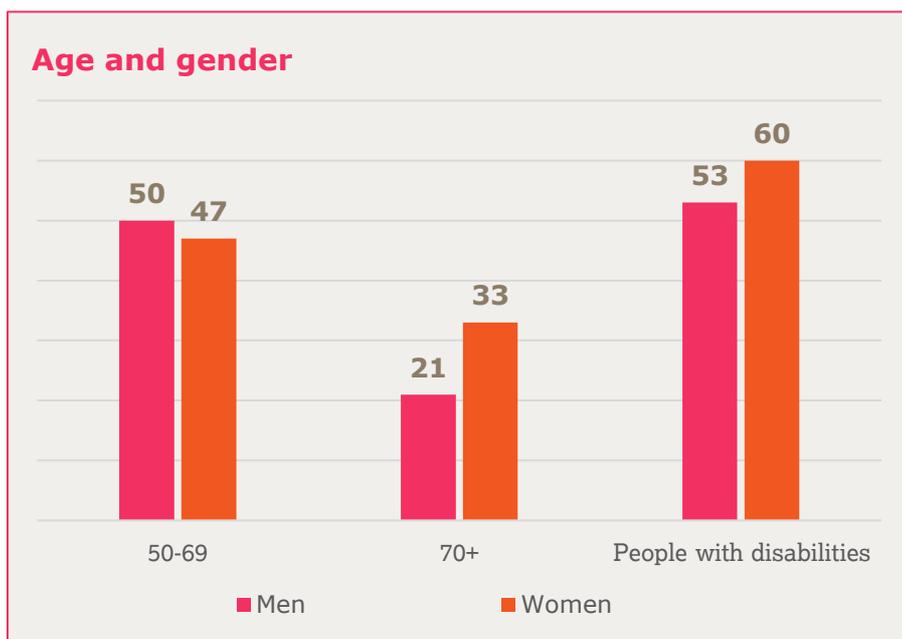
1. Provide support to rural communities in **accessing food supplies**.
2. Ensure routine health check-ups and **access to medicine** continues.
3. Improve **local sources of food production**, ensuring they cover the diverse dietary and nutritional needs of older people.



Recommendations for humanitarian actors

4. Ensure communities independently implement **social protection activities** that continue to support older people.
5. Conduct **home care activities** for older people through community groups.

Demographics of needs assessment respondents



Methodology

Data on adults over the age of 50 was collected through phone surveys with community members across six states and regions in Myanmar: Ayeyarwady, Yangon, Kayin, Magway, Mandalay and Mon. 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 151 people (80 women, 71 men, 113 people with disabilities) were interviewed between 7 May and 18 May 2020. All people consented on being interviewed. Data was entered in the online Kobo Toolbox. The data was disaggregated by gender, age brackets and disabilities. The results of this disaggregation are only reported where the differences are significant.

Health

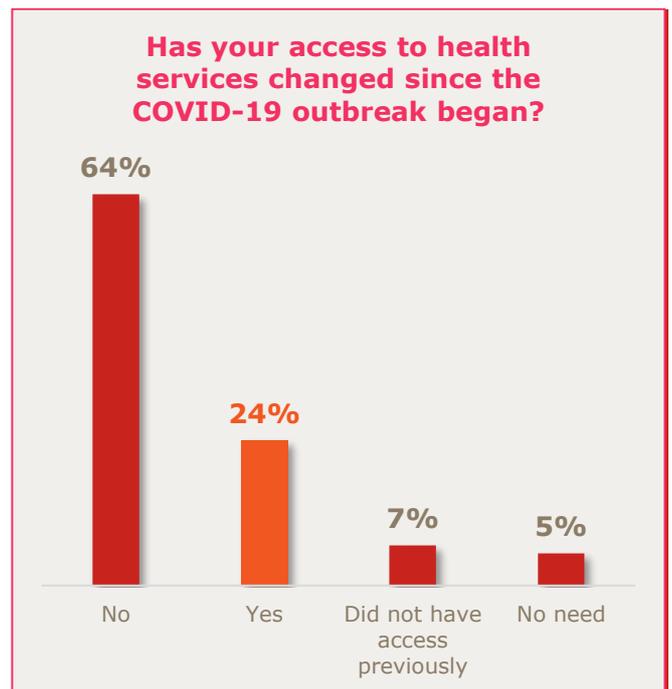
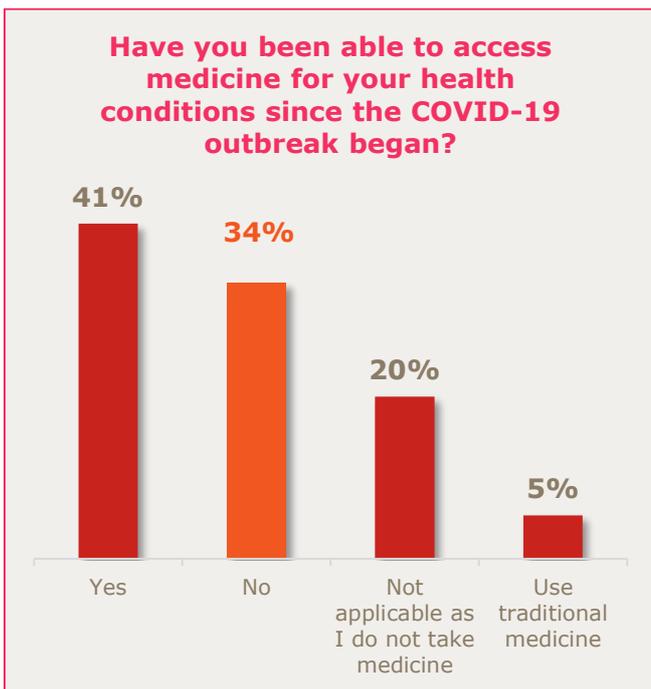
Older people's health in Myanmar has been severely affected by the COVID-19 outbreak, with one in three stating that they are not able to access their regular medication. Many older people indicate that local medicine stocks are running out, increasing worries about their health. The travel restrictions imposed by the government suppress the supply chains, including those to rural health centres. Given that 60% of all interviewed older people have existing health conditions, concerns rise about co-morbidity during the COVID-19 pandemic, especially as diseases that need medication treatment, such as hypertension and diabetes, are highly prevalent.

Additionally, one-in-four older people are struggling to access health services due to government-imposed travel restrictions. Older people may be unable to travel to health centres and health workers may be unable to visit villages to provide basic care and social support, which many older women and men rely on.

"My daughter or husband would invite a health worker to come if I was feeling ill. Right now, everyone is staying home, and it is therefore difficult to invite them to come."

Older man, Myingyan Township

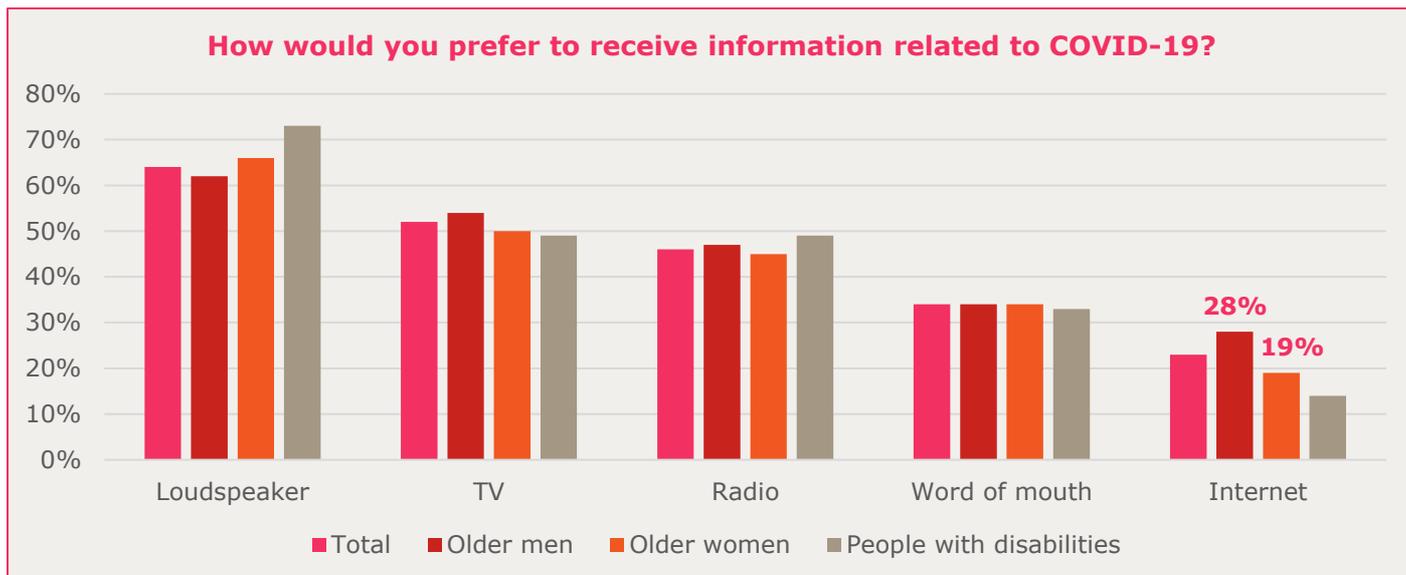
"The village health centre is closed, and I need a recommendation from the village authority to travel to the city of Pakokku, and only in case of emergency." Older woman, Pakokku Township



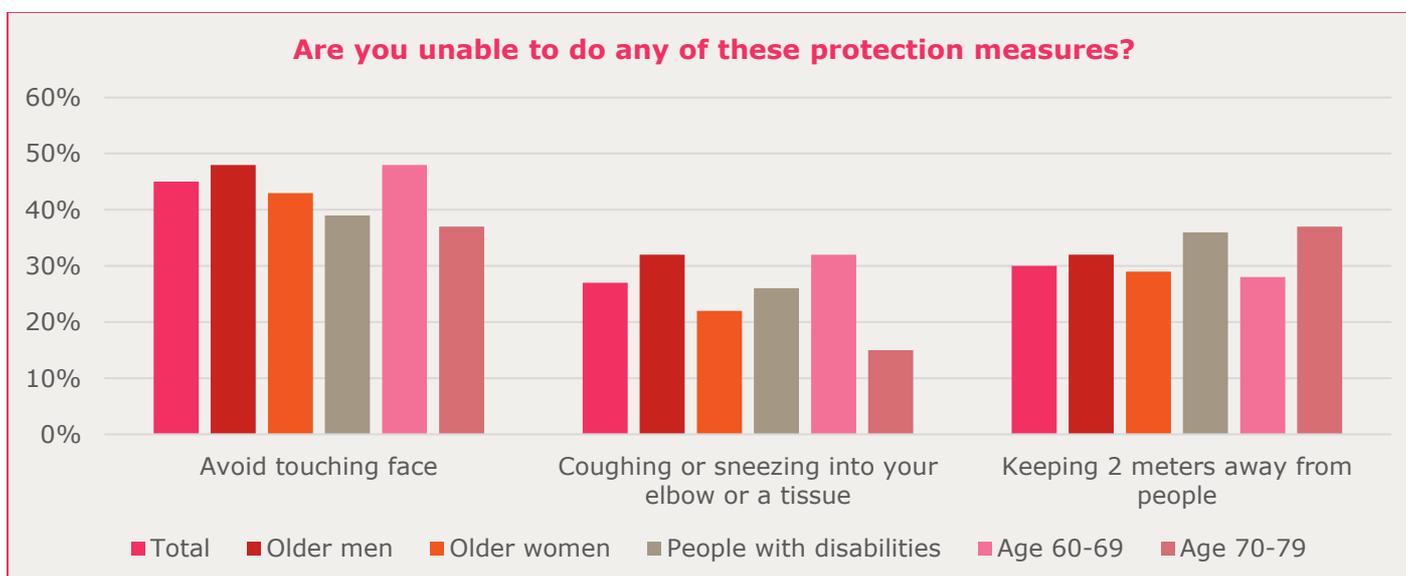
Awareness and behaviour

Most older people are aware of the COVID-19 outbreak. However, there are stark differences in the access to information. Many older people prefer community loudspeakers and traditional media, such as TV and radio, as their preferred source of information. People with disabilities prefer loudspeakers in particular, and considering most self-reported disabilities are related to sight and concentrating, this is not surprising.

Increasingly, the internet is becoming more popular, with one-in-four indicating it as their preferred source. When the data is disaggregated, it becomes clear that men have greater access to the internet than women. This is possibly due to the gender disparity between men and women owning mobile phones with internet access.



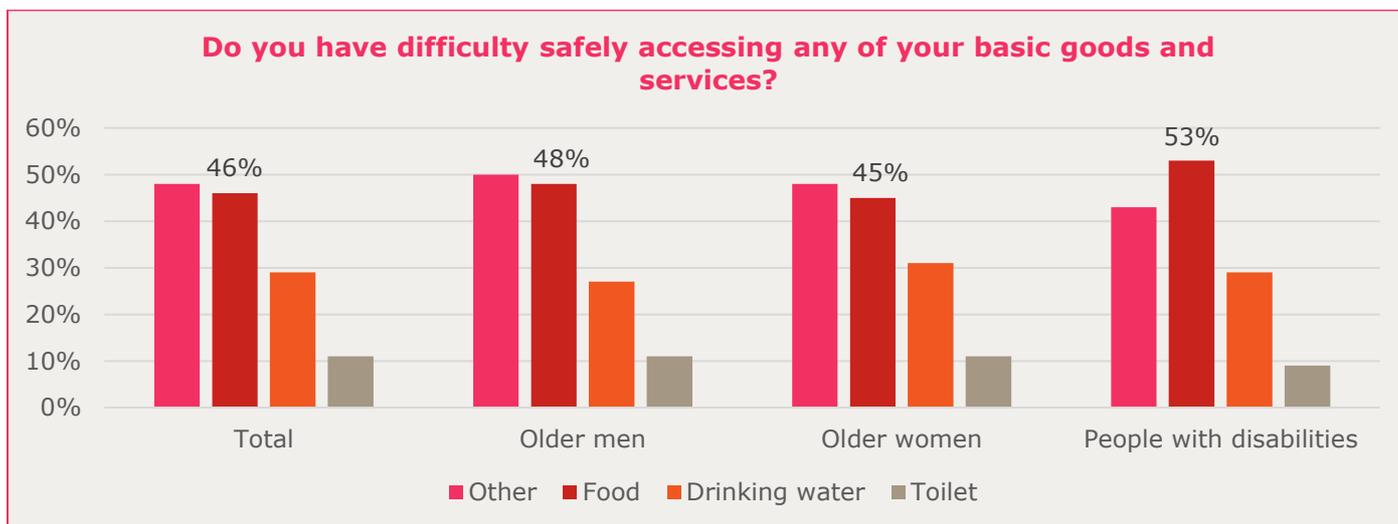
Most older people know what preventive measures should be taken. However, considering the different levels of ability of many older people, it becomes clear these preventive measures are not possible for everyone. Avoiding touching the face and coughing and sneezing into elbows or tissues are often mentioned as measures older people are unable to do. Similarly, keeping two metres away is also difficult – and that difficulty rises for people are relying on the support of others, including people with disabilities and those older than 70.



Food and income

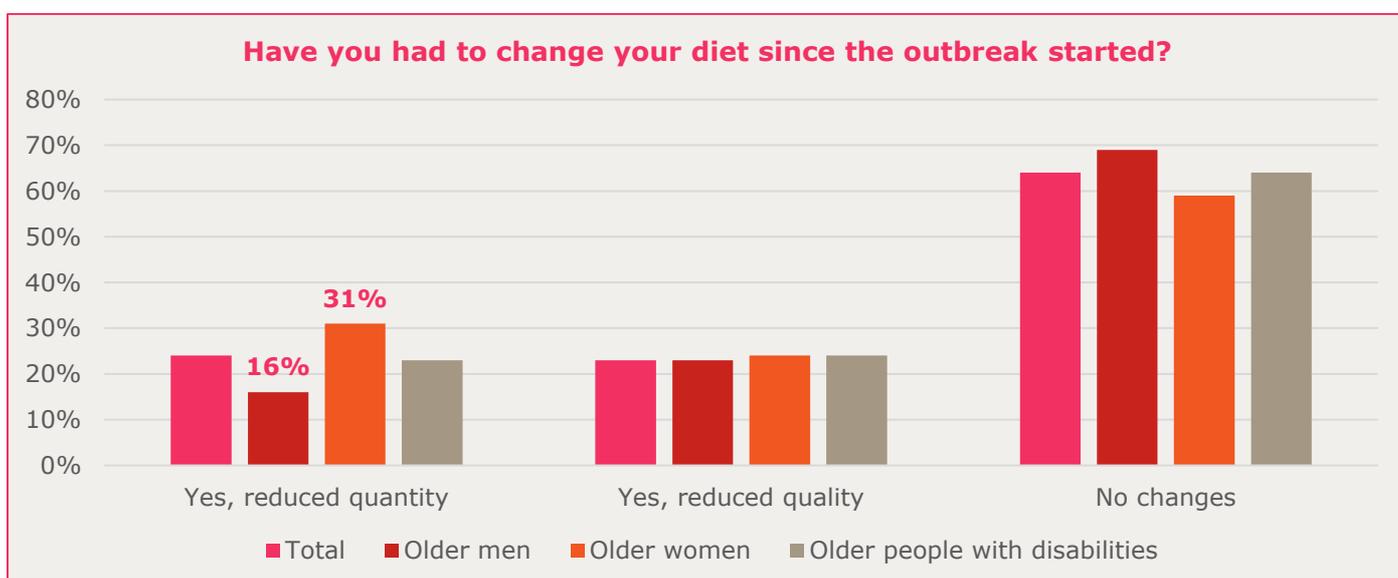
Although most older people face no severe movement restrictions in their direct surroundings, government-imposed restrictions across wider distances limit the supply of food, drinking water and other basic household items.

Nearly half of older people indicate that they cannot safely access food, and almost a third have difficulty accessing drinking water. Many indicate their usual markets are inaccessible due to travel restrictions. Others state that shops near their homes have closed, due to limited as suppliers are unable to reach the village. Many older people worry about their lack of income during the outbreak.



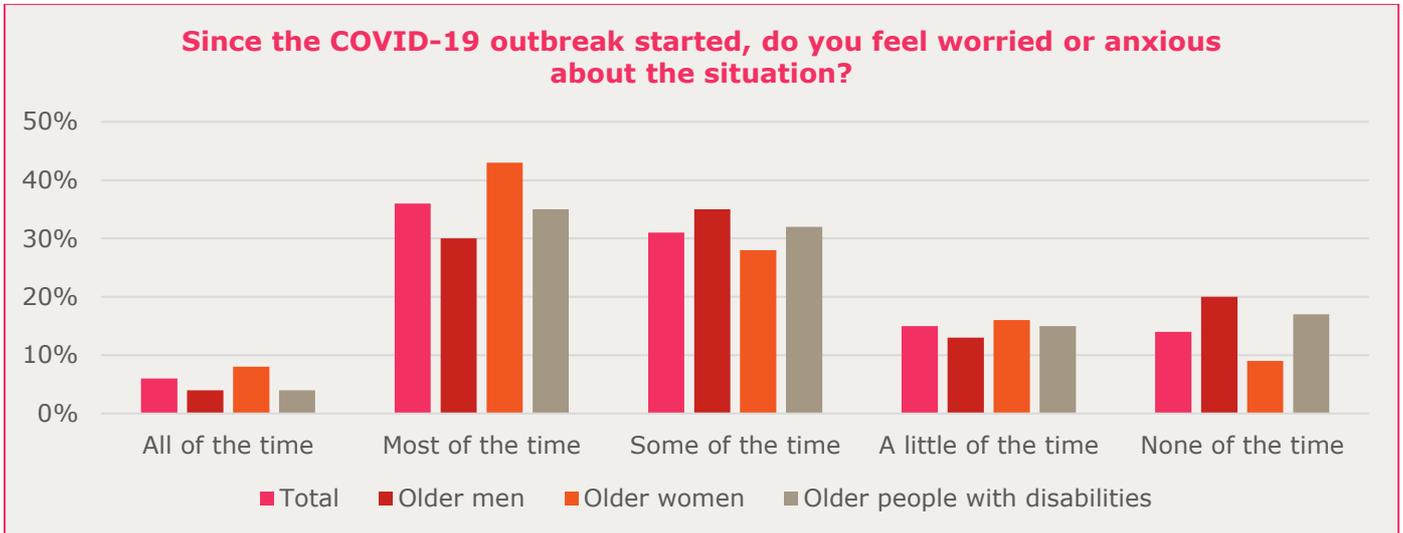
For those who indicate that they do not have challenges in accessing food, many refer to their kitchen gardens or small farms as a source of food. Others rely on family members or caregiver to go to shops that are still open, but are too far for them to reach.

Linked to the access to food, nearly one-in-four older people report a reduction in the quantity and/or quality of their diets. Significantly, nearly twice as many older women have reduced their food intake compared to older men.



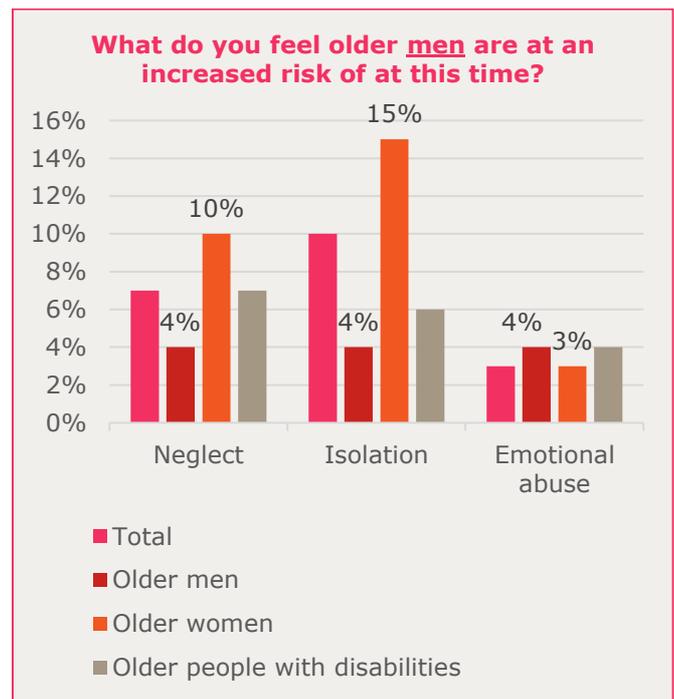
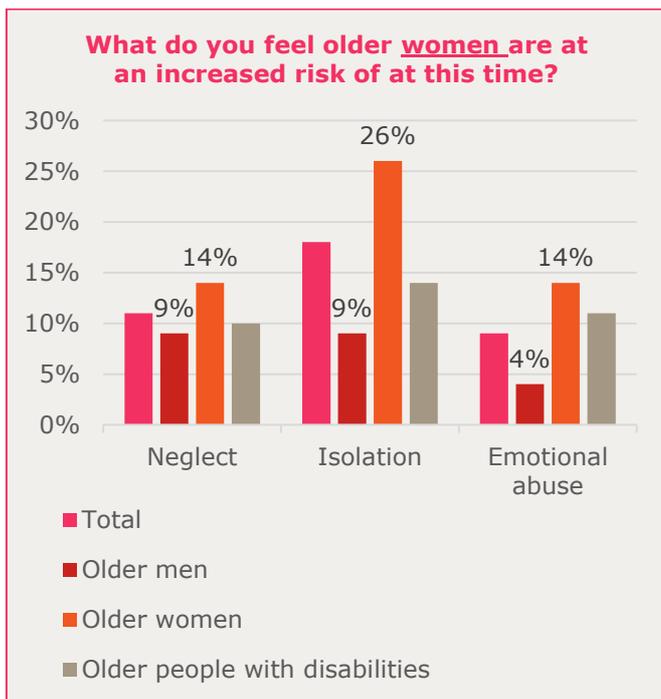
Wellbeing

The COVID-19 outbreak has taken a severe mental toll on many older people, especially those living alone and those dependent on family, friends or community members. They worry about their income, health, food security and generally about the COVID-19 pandemic. Many need psychosocial support. A lot of interviewees appreciated the enumerators providing a much-needed opportunity to talk to someone.



The perceptions of the effects of the COVID-19 pandemic are vastly different between men and women. Women think that issues facing both men and women, such as neglect, isolation and emotional abuse, are much more likely to occur. Among the reasons mentioned, many people highlight the dependency of older people on others:

"Most of the older women are okay. But around three older people stay alone, and they seem lonely. They are in need of care." - Older woman, Natogyi Township



Recommendations

Government

The government's awareness-raising campaign has helped the majority of older people to know about the COVID-19 outbreak, but there has been little consideration of the indirect effects of the government's restrictions.

These changes to daily life have a particular impact on the three-in-four older people who living with at least one disability and the one-in-ten who live alone, necessitating additional support.

The government needs to ensure that:

- 1. older people maintain access to health services, both through health centres and through home visits by health staff**
- 2. health services remain able to supply regular medication for major diseases such as hypertension and diabetes**
- 3. communities have access to local food suppliers that provide nutritionally diverse goods that meet the needs of older people's diets**
- 4. information is shared through appropriate media, with a preference for locally accepted approaches, such as loudspeakers**
- 5. psychosocial services for older people are available through a variety of means, including hotlines and physically distanced social visits by health staff.**
- 6. social safety nets for older people are scaled up during crises to off-set direct and indirect effects.**

Humanitarian agencies

It is important for humanitarian agencies to recognise the needs of older people when discussing resilience and disaster risk reduction. The social aspect is often overlooked, yet has a significant effect on the lives of older people.

Humanitarian agencies need to ensure that:

- 1. communities are equipped with social protection services that continue during crises, such as home care volunteers and an adequate food supply**
- 2. older people's voices are included in the design and implementation of community-based organisations**
- 3. the risks older women and men face, including neglect, isolation, and abuse, are offset through strong social relationships within communities and through access to social support services**
- 4. food relief items incorporate the dietary needs of older people, including 5 portions of fruits and vegetables a day and allow for smaller but more frequent meals.**

Download the annex, which includes all the RNA data, at: <https://bit.ly/MyanmarRNAannex>