

COVID-19 rapid needs assessment of older people

Context

Since the outbreak, India has experienced 18,55,745 cases and 38,938 deaths from COVID-19. Similarly, in Rajasthan, there are 45,555 cases reported and 719 deaths from COVID-19 (04/08/20). Although restrictions imposed to prevent the spread of the COVID-19 are being reduced, there are likely to be significant economic and social repercussions facing India's population, particularly older people. Furthermore, cases and deaths in India are rising rapidly. Movement restrictions have also impacted the ability of humanitarian actors to provide relief to those most at risk. However, Rajasthan is among the states of the country which have conducted the highest number of tests and its number of tests per capita is higher than the national average. A two-pronged strategy of aggressive testing and screening the elderly as part of a special campaign has seen Rajasthan report the highest recovery rate (79%) for COVID-19 patients among the 10 states with the most cases in India.

To be able to adapt its programming and provide advocacy messages to humanitarian partners and government, HelpAge, in collaboration with GRAVIS, undertook a multi-sector Rapid Needs Assessment (RNA) in India in May 2020 to provide a snapshot of the needs of older people. The sample size of this assessment was 88 older people based in Rajasthan.

Key findings

Health

- **60%** of older people **cannot access medication** for their health conditions.
- **77%** of older people have experienced changes in their **access to health services**.
- **55%** of older people **cannot afford PPE**.



Food and income

- **44%** of older people have difficulties **accessing food**.
- **89%** of older people stated that **availability of food is a top concern**.



Wellbeing

- **76%** of older people are **worried most or all the time**.
- **40%** of older people feel **depressed most or all the time**.

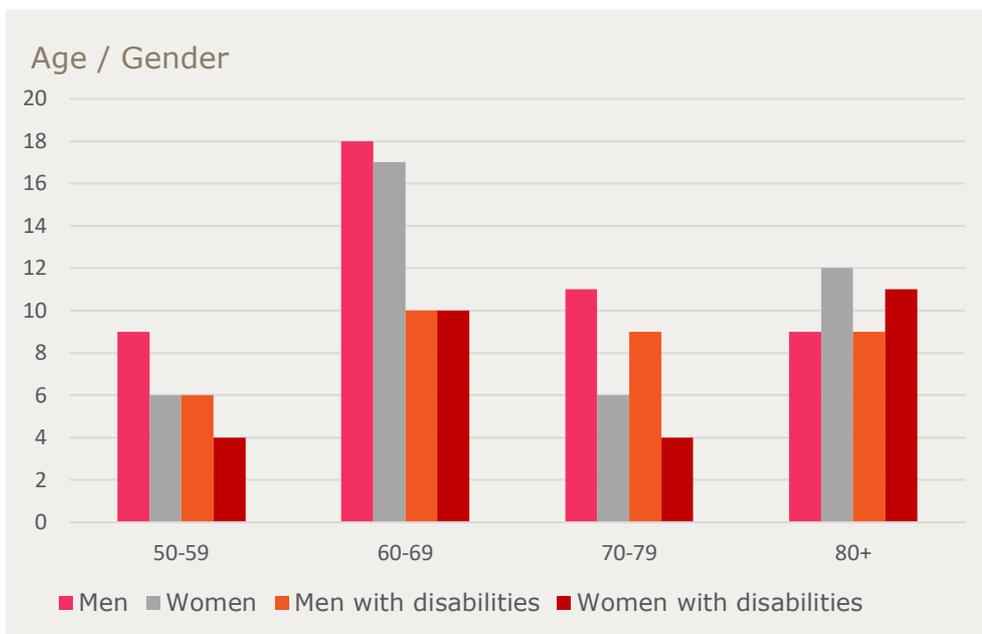


WASH

- **61%** of older people reported that they did not have enough **WASH facilities** in their area and/or were **constrained to access them due to movement restrictions**.
- **71%** older women reported that they **did not have enough WASH facilities** in their area and/or were constrained to access them due to



Demographics



42% of older people have at least one health condition

Joint aches and pains: 32%

Hypertension: 22%

Gastro: 27%

Mental health: 18%

Respiratory: 7%

Diabetes: 1%

Heart problems: 1%

Skin disease: 1%

Cancer: 1%

Serious injury: 1%

72% of older people have at least one disability

Walking: 68%

Sight: 26%

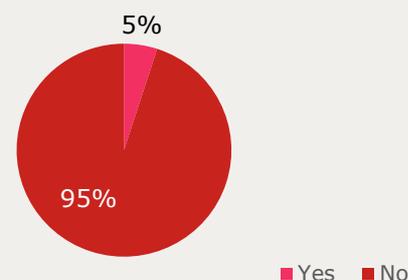
Remembering and concentrating: 23%

Self-care: 15%

Hearing: 13%

Communication: 10%

Living Alone

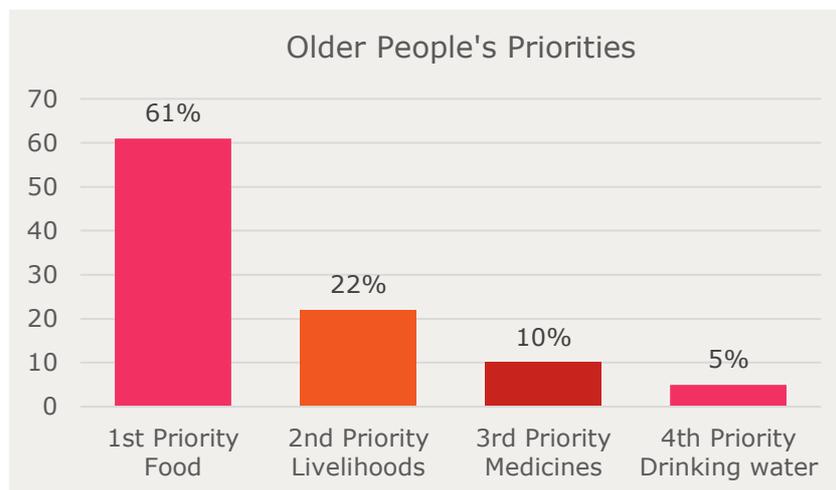


Methodology

Data on adults over 50 was collected through phone surveys with older people who live in Rajasthan. 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 88 people was interviewed between 1-28 May 2020. During the data cleaning the 12 people who knew nothing of the virus were removed. The data was disaggregated by gender, age bands and disabilities. The results of these disaggregations are only reported where the differences are significant. Due to limited sample size, this is not representative of all older people in India, but rather provides a snapshot of the needs of older people who GRAVIS work with in Rajasthan. Furthermore, the representatives of the final sample are only older people or the carers of older people who have access to and are able to communicate via telephone.

Priorities for older people

- The top two priorities for older respondents in Rajasthan are food (61%) and livelihoods (22%), followed by availability of medicines (10%) and drinking water (5%). This trend is similar for men, women, and older people with disabilities. The Thar Desert of India in Rajasthan where GRAVIS works is severely drought impacted. Food insecurity, water shortage and scarcely available healthcare services are major challenges affecting older people in the area. Over the last several years, GRAVIS has been addressing these issues with older people's participation. COVID-19 has made those challenges more complex, with increasing food insecurity and loss of livelihoods.
- For older people with disabilities, income and livelihood are a particularly high priority.



COVID Awareness and Behaviour

Restrictions of movement

- As of May, 63% of older people surveyed are observing government instituted movement restrictions, while 15% are observing none. 26% of older people are practicing social distancing – without government restrictions.
- During the assessment, 0% of older people were under quarantine/isolation due to possible COVID-19 exposure or were hospitalised due to COVID-19.
- India officially entered a lockdown from the 24th March. While this has been relaxed in many areas, as of July 2020, there is still limited movement as a result of government advice under 'Unlock 1&2' guidelines.

COVID-19 preventive measures

- Older people surveyed are aware of a wide range of methods they can use to protect themselves from COVID-19. The two methods which were most frequently mentioned were social distancing such as avoiding groups or gatherings, shaking hands, staying at home if possible (72%) and handwashing (68%). Other methods include coughing or sneezing into their elbows (51%) and avoiding touching their faces (28%). The large number of older people who prefer to stay at home highlights the cautious approach many older people are taking.
- 52% of the older people surveyed are unable to take COVID-19 preventive measures. Some of the challenges older people reported include avoiding touching their face (36%) and handwashing (25%) due to their inability to afford soap.

Barriers to health messaging

- 84% of older people surveyed face no barriers in accessing COVID-19 health messaging, whereas 16% of older people did. Significantly, 21% older people aged 70+ face barriers in accessing this information. Some of the barriers older people face include messages not being translated into local languages or communicated using visual resources such as pictures (for those who are illiterate). A significant number of those who face barriers reported that it is because they do not have access to a TV or a radio.

Preferred method to receive information related to COVID-19

- The preferred method through which older people would like to receive COVID-19 related information is a phone call (80%). This is followed by the radio (78%), and subsequently by word of mouth (43%). Interestingly only 25% of the older people surveyed preferred receiving COVID-19 messaging through TV and 13% through newspapers.

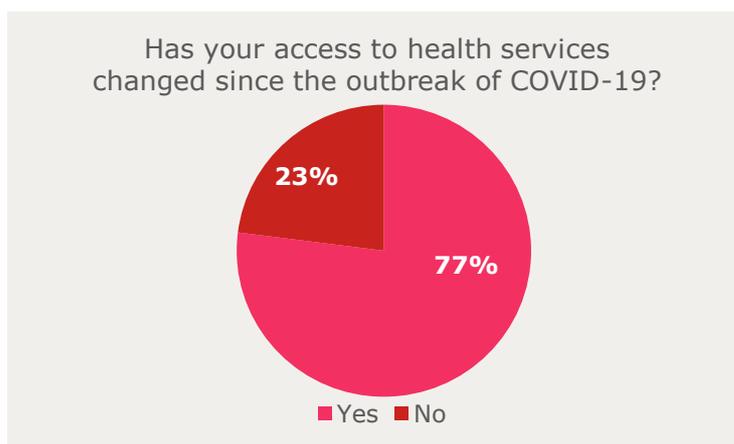
Recommendations on COVID-19 Awareness and Behaviour

- Ensure dissemination of information about COVID-19. These awareness messages can be disseminated via phone call updates, targeting those who have disabilities and/or are living alone. Furthermore, work with local radio stations to develop messaging for COVID-19 broadcasts, containing information on the virus and preventative practices.
- Raise awareness in local communities via the media, and promote healthy ageing during the pandemic.

Health

Access to health services

- 77% of older people surveyed consider that their access to health services has changed since the outbreak of COVID-19. This is higher for older people in the 70+ age group (89%). Highlighting these challenges, one older man said "Since the lockdown, going to the hospital has become difficult as buses which were previously the main way to travel there, are not available at present. Thus, I have not been able to purchase medicines for 1 month". Another older woman responded, "my local hospital is only open for 3 hours in the morning".
- Encouragingly only 1% of older people did not have access to health services prior to the pandemic.



Nearest health facility

- 45% of older people surveyed do not know where the nearest health facility is, which is testing and treating older people for COVID-19.
- Of those older people who know where their nearest treatment facility is, only 1% said it was less than 30 minutes away, whereas 27% said it was between 30 minutes and one hour away, and 56% between one and three hours away. These responses indicate older people's difficulty in accessing the testing/treatment centre from their home. This is especially concerning as 68% of older people have a walking disability.
- Also troubling, is that 16% of older people cannot access the testing/treatment centre at all.

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, 60% have not been able to access them since the start of the COVID-19 outbreak. This was highest among older women (68%). It is also worth noting that 6% of older people are using traditional medicines.

Access to PPE

- 32% of older people surveyed have been able to purchase COVID-19 preventative materials such as masks and soaps. However, 97% of respondents indicated that preventative materials are available at local markets, with only 3% of older people saying they were not. This suggests that if they have the necessary financial resources, older people can acquire preventative materials locally.
- However, 55% of older people cannot afford them, with this being much higher in the case of older people with disabilities (67%) and older people in the 70+ age group (66%). Many older people reported that they have created their own homemade masks.
- Only 9% of older people responded that they have received preventative materials.

Recommendations on Health

- Set up community volunteer groups, such as intergenerational groups, to provide home deliveries of medicine, especially for those older people who have mobility or visual and hearing disabilities.
- Health care providers and/or humanitarian agencies should ensure field-based medical teams provide outreach support to older people through door-to-door visits. 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 within the older population which may be exacerbated without treatment.
- Ongoing systemic issues that have created barriers to accessing health services for older people before COVID-19, must be addressed in any efforts to rebuild/improve healthcare services after the pandemic. Health systems must be adapted in order to respond to the changing needs of ageing populations. These adaptations must also take into account gender dynamics.

Protection

Access to 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:
 - 83% of older people have difficulty accessing food and nutrition, especially older women (90%).
 - 68% of older people have difficulty accessing medicine and 55% of older people have difficulty accessing health services.
 - 24% of older people have difficulty accessing humanitarian assistance.

Safety

- Older people are likely to experience greater protection risks. When older people surveyed were asked what they perceive to be the increased risks to older women during this time, the top three risks reported were financial abuse (68%), denial of resources, opportunities or services – including due to movement restrictions (55%), and neglect (31%). One older woman reported, "Government restrictions on movement have made it difficult to access essential services. Also, I can't go outside to talk to people so I feel lonely sometimes".
- Interestingly, both the older women (80%) and older people with disabilities (83%) ranked financial abuse as the highest risk for older women.
- The top three risks older men face are financial abuse (64%), denial of resources, opportunities or services – including due to movement restrictions (53%), and neglect (27%).
- The older women from 'Jelu village' said, "since COVID-19 I am facing challenges in accessing health facilities and medicines required for cancer treatment which are not locally available. I need to go to Jodhpur city for it, which is not possible now because of Government movement

restrictions. Also, I can't go outside to talk to people so I feel lonely sometimes. The food ration distribution is also not sufficient."

Caring for others

- Most older people interviewed are still providing care, in one way or another, to their family— with basic care and emotional support as the primary means. The responsibility for caring for children, people with disabilities and other elderly relatives often falls on older people.
- 55% of older people surveyed are providing emotional care (love, empathy and social support). 28% of older people are providing basic care and support (food and shelter) to others, especially older people in the 50-69 age group (34%). 2% of older people are providing financial support (e.g. paying for school, etc); the percentage is higher for older people in the 50-69 age group (4%).

Recommendations on Protection

- Referral pathways for support services must be established. These pathways must be kept up to date and communicated to older women and men and community members. Frontline responders must be able to identify possible cases of violence, abuse and neglect and make referrals.

Food and Income

Diet

- Food is the highest priority for the older people surveyed. Older people reported that they have had a reduced quality (44%) and quantity (27%) of diet since the outbreak began, while 23% had to make changes to their normal diet. Only 10% of older people said that they did not alter their diet.
- One older man spoke of his specific challenges; "there is not enough cooking ingredients available from the markets. I get my ration distribution from the state government, but it is also not sufficient".
- Furthermore, many older people have limited food supplies in the house. At the moment, only 11% of older people have sufficient food available in the house for more than two weeks. Furthermore, 24% of older people only have enough food available in their house for 2 days to 1 week and 27% only have enough food in their house for less than 2 days.
- An older person from Digari village said, "Since COVID-19 my diet has changed because it's difficult to access food ingredients and food from markets, which remain closed and sell their goods at higher prices. We mostly eat food which is grown on farms. I feel the future of my family is grim because of the lack of health care services, food insufficiency and no source of income after COVID-19. I am suffering with paralysis and cannot do any work".

Income

- Livelihoods and income are the second highest priority for older people. The top three sources of income for older people are pensions or other cash transfers (89%), while 27% have relied on formal or informal loans and 26% have received support via remittances from relatives.
- One older man spoke of his challenges; "we work in the livestock business, but during lockdown all kind of economic activities stopped (now only one buyer comes to our village). My son works as a casual labourer, but during lockdown he is at home and has no work and no money. It's a very difficult time for us now, we depend solely on the old age pension". While an older woman from Santura village said, "There is no work available to earn money due to lockdown. My diet has changed as the markets remain closed and food from the ration distribution is not sufficient to sustain our needs. I feel worried when I listen to the news on COVID-19."

Recommendations on Food and Income

- Increase/expand the pension coverage for older people and people with disabilities.
- Advance pension payments to ensure older people have enough cash to buy the essentials and medicines.
- Work with service providers and through outreach teams or community volunteers to organise safe distributions of food packages/items to older people, particularly to those in rural communities and those who have a disability/have caring responsibilities.

Wellbeing

- The mental health ramifications of COVID-19, and insecurity within Rajasthan, are also causing significant impacts on the wellbeing of older people. Currently, 76% of older people surveyed reported that they felt worried or anxious either all of the time or most of the time. One older woman said "Yes, most of time we feel worried about how many days or months such problems will continue and when we can re-start our lives".
- Additionally, 40% of older people feel depressed all of the time or most of the time.
- 83% of older people are able to cope with their situation with support from family, friends, the community and aid workers. Many older people mentioned how integral the support of their families has been at this time. However, 8% feel they are unable to cope. One older man said "Though he is following the preventive measures, he worries that with no income, insufficient water availability to maintain hygiene, and lack of healthcare support locally, he and his family will not be able to sustain themselves for long".

Recommendations on Wellbeing

- Identify and train outreach teams and/or community volunteers on how to provide safe and accessible psychosocial support to older people so that they can manage their worry or anxiety and ability to cope. For example, mobilise community volunteers to check-in on older people who are living alone or are house bound or feeling isolated. Also, share information and details of other support services available.
- Organise trainings on mental health/stress for Volunteer Older People's Associations, care givers, volunteers and family members in the target community.

WASH

- Since COVID-19 many older people have faced challenges in accessing drinking water, bathing, or toilet facilities. 61% of older people reported that they did not have enough WASH facilities in their area and/or faced difficulties accessing them due to movement restrictions. 71% of older women reported that they did not have enough WASH facilities in their area and/or faced challenges in accessing them due to movement restrictions.
- 30% of older people stated that lockdown or social isolation does not allow them to leave home to access the facilities, whereas 28% of the older people stated that they are too scared of contracting the virus to leave home to access the facilities.
- An older woman from Chairai village said that she is facing problems in accessing drinking water which they normally receive from tankers, as the supply is now less readily available in the remote villages. Their water expenditure has also increased for this reason. Thus, they have to manage by using tap water, which also has an irregular supply.

Recommendations on WASH

- Consult older people, including women and those with disabilities, to design sustainable interventions for making safe drinking water, hygiene, and sanitation facilities available and accessible to them.
- Ensure available drinking water at the household level, especially households containing older people and people with disabilities.
- Ensure that sanitation facilities are available for older people, especially for households containing older women who are at risk when using public sanitation facilities such as public toilets, etc.