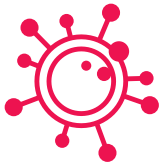


## Haiti – September 2020



# COVID-19 rapid needs assessment of older people

### Context

The first cases of COVID-19 were registered in Haiti on March 19, 2020. To stem the spread of the virus the government immediately announced the closure of schools, industry and factories, and imposed restrictions on gatherings. As a result, many people lost their jobs, while others, in the informal sectors, had to break movement restrictions by continuing to work in a contracting economy. This loss or reduction in livelihoods has led many to use up their depleting savings as well as selling assets including animals and seeds reserved for the next planting season to cover their basic needs. Furthermore, the health care system was not prepared to deal with the pandemic as it lacks sufficient medical equipment including appropriate protective equipment. As of September 2020, the testing and treating capacity remained limited in Haiti. Furthermore, there are issues of stigma related to COVID-19 and many have chosen (preventive) natural medicines instead of accessing medical treatment.

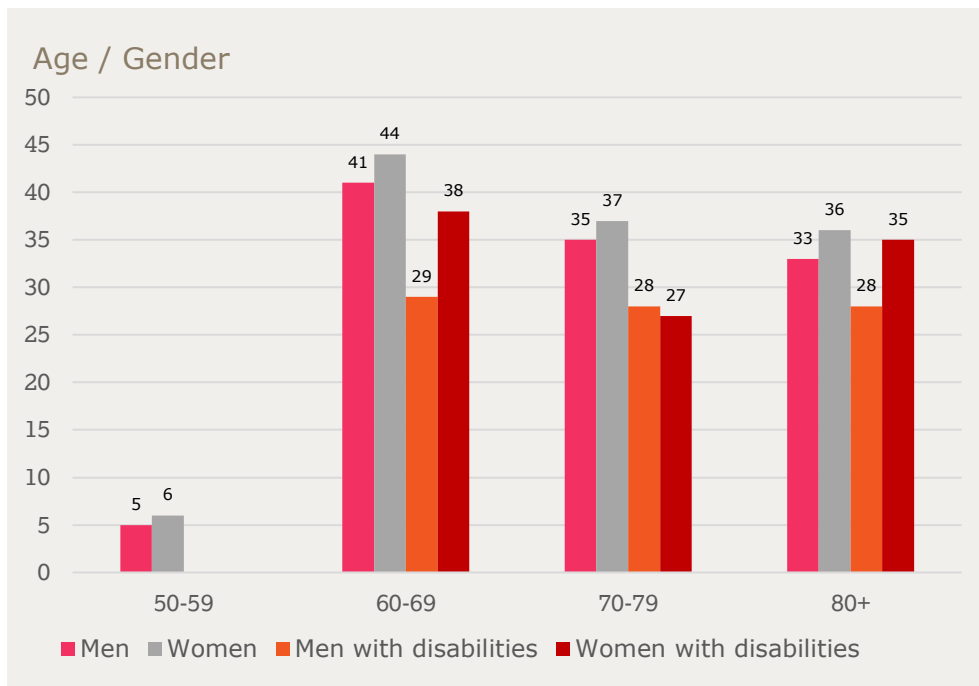
The arrival of COVID-19 has also further aggravated pre-existing problems within the country including political instability and food insecurity. Moreover, due to the lack of confidence in the government, rumours are spreading amongst the population with many believing that it is a political strategy for the government to make money. Subsequently, locations that were established as treatment centres have been attacked.

As of September 22, 2020, the Ministry of Public Health reported a total of 8,646 confirmed COVID-19 cases and 225 deaths. However, not all 10 provinces have testing facilities, meaning that it is highly likely that suspected cases are going undetected. Of those who have died, 114 deaths have occurred in the age category of 60 years and older (accounting for 51% of all deaths). Haiti has a young population, with only 4.7% aged over 65 (496,017 persons, according to 2015 data of the World Bank) and a life expectancy of 63.7 (Human Development Report 2019). While the Haitian constitution recognises the government's "*obligation to guarantee the right to life, to health, to respect of the human being, to all citizens without distinction*", there is no law specifically protecting older people.



Within this context, HelpAge International has initiated an assessment into the impact of COVID-19 on the lives of older people, in order to inform future programming and advocacy. In Haiti, this assessment was carried out by Church World Service (CWS) in collaboration with four associations/organisations, which were Association des Groupes Evangéliques d’Haïti pour la Prédication du Monde et le Développement d’une Nouvelle Génération (AGEHPMDNG), Groupe de Recherche et d’Appui pour le Développement Agroécologique Innovateur Durable (GRADAID), Service Chrétien d’Haïti (SCH) and Table de Concertation sur la Problématique des Personnes Âgées en Haïti (TCPPAH). A total of 240 people was interviewed between July 28 and August 13.

## Demographics



**91%** of older people have at least one health condition

**Joint aches and pains: 64%**

**Hypertension: 42%**

**Gastro: 24%**

**Eyesight/blind: 13%**

**Heart problems: 12%**

**Skin disease: 9%**

**Mental health: 8%**

**Diabetes: 6%**

**Headache: 6%**

**Respiratory: 5%**

**Body aches/pain: 5%**

**78%** of older people have at least one disability

**Walking: 46%**

**Remembering and concentrating: 45%**

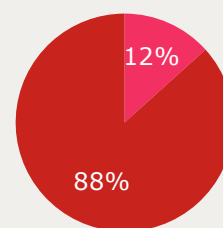
**Sight: 44%**

**Hearing: 25%**

**Communication: 25%**

**Self-care: 24%**

Living Alone



Legend: Yes (pink), No (dark red)

## Key findings

### Awareness and behaviour

**56%** of older people cannot afford COVID-19 preventive materials.



### Food and income

**92%** of older people had to reduce the quantity and quality of food they consume, following COVID-19. **87%** have food for less than two days at home.



## Health

**98%** of older people interviewed do not know where the nearest facility is that tests or treats people for COVID-19. **73%** of older people interviewed are facing difficulties in accessing health services, while **54%** have not been able to access medication since the outbreak of COVID-19.



## Wellbeing

**49%** of older people reported they have been worried “all or most of the time” since the outbreak of COVID-19, while **46%** feel depressed “all or most of the time”. **41%** feel they are unable to cope with their current situation.



## WASH

**56%** of older people surveyed do not have adequate WASH facilities. **54%** have difficulties accessing drinking water and **52%** have insufficient water. While **99%** of older people are aware of the importance of applying handwashing principles, **35%** are unable to do so.



## Methodology

In total, 240 older people were interviewed between July 28<sup>th</sup> and August 13<sup>th</sup>. This assessment was carried out by Church World Service (CWS) in collaboration with four associations/organisations. 14 interviewers spoke with 120 persons in rural areas in the Northwest department and 120 in the greater Port-au-Prince area. They included 123 women and 117 men, with 11 aged 50-59, 85 aged 60-69, 73 aged 70-79 and 71 aged 80+. Due to the small sample size of those aged 50-59, data was not disaggregated for this age group but rather included in the age group of 60-69. In the Northwest, surveys were conducted in collaboration with Association des Groupes Evangéliques d’Haïti pour la Prédication du Monde et le Développement d’une Nouvelle Génération (AGEHPMDNG) and Groupe de Recherche et d’Appui pour le Développement Agroécologique Innovateur Durable (GRADAID). In the Port-au-Prince area, the survey was carried out in collaboration with Service Chrétien d’Haïti (SCH) and Table de Concertation sur la Problématique des Personnes Âgées en Haïti (TCPPAH). Selection of participants was done based on beneficiary lists and input from local authorities. Interviews were conducted in person through door to door visits ensuring that physical distancing occurred; personal protective equipment (PPE) was worn and interviewees followed government guidelines.

The data of the 240 interviews was then entered online into the Kobo toolbox for data analysis. 10% of the data was verified (28 out of 240 interviews). Based on the number of errors found, a further verification was done of all interviews, comparing the paper version to the digital data. Four people did not complete the survey (all in Port-au-Prince), some because of the extreme pain they were suffering, others because they thought there were too many questions. 3 persons had not previously heard about COVID-19. Therefore, their interviews were ended early and information about COVID-19 was shared with them. The data was subsequently disaggregated by gender, age bands (10-year age cohorts), disabilities, and location. The report was produced by CWS with support from HelpAge International. For any questions about this report, please contact Margot de Greef, country representative Haiti, Church World Service, at [mdegreef@cwsglobal.org](mailto:mdegreef@cwsglobal.org).





## Recommendations



### **Food and income**

- Implement a multipurpose cash transfer intervention for older men and women to support livelihood and food security for those who are living alone and/or providing basic care to others with no sustainable income. In rural areas, accompany cash transfer by food rations.
- Support age-friendly livelihood and quick income generation activities so that able older people, and/their families, can achieve food and income security. Provide agricultural inputs in rural areas and home business activities in both urban and rural areas.

### **Health**

- Put in place mechanisms at the community level to ensure older people's rights to health care is respected through delivery of medication if they are unable to access health facilities. Ask health agents/doctors/nurses to visit older people and prescribe the right dose of medicines where needed.
- Facilitate transportation for older people to a health centre for the necessary medical care.
- Ensure that older people are informed about the closest facility that tests and treats patients for COVID-19, so that they know where to go in case they fall ill. Share this information using radio, word-to-mouth and megaphone.

### **Wellbeing**

- Offer psychosocial support to older people so they can manage their worry or anxiety and ability to cope. Specifically, assign community volunteers who can visit older people on a regular basis to reduce feelings of loneliness, to help them bathe, prepare food, do laundry, comb hair, or just to have a recreative activity with the goal to reduce the level of stress.

### **WASH and COVID-19**

- Help older people protect themselves against COVID-19 through facilitating distributions of soap, chlorine and face masks, as well as installation of water catchment systems, especially in rural areas.

### **Shelter**

- Locate older people with no shelter and take immediate action to provide them with permanent shelter.

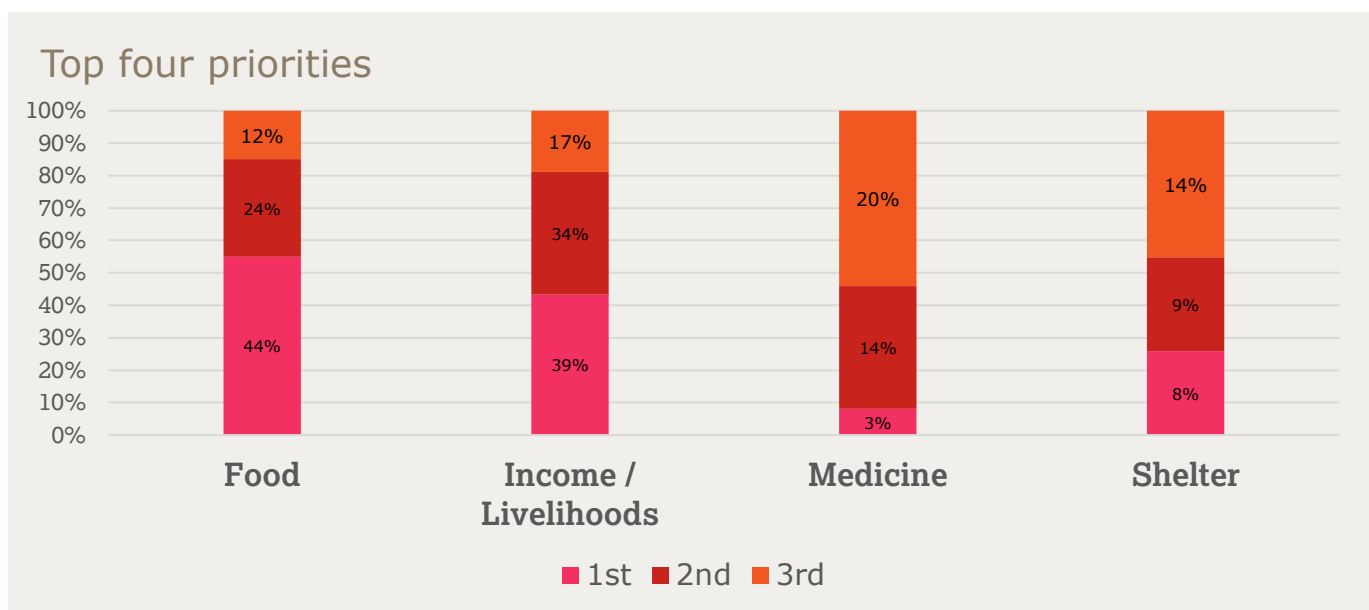
### **Government**

- Ask government authorities at community, departmental and national level to include older people in general policies and address structures that prevent older people from living in dignity.
  - Advocate for a universal pension plan and health insurance for all older people rather than only those who worked in the formal sector.
  - Address ongoing systemic issues that have created barriers to access health services for older people. This means operational, affordable and accessible health care centres, equipped with qualified personnel, testing materials and medication.
  - Advocate for social housing, such as affordable and subsidised access to housing for older people.
  - Make markets and market days safe for older people.

## Donors

- Identify and support respondents to the survey who need an urgent intervention.
- Use and share with other service providers the Humanitarian inclusion standards for older people and people with disabilities and IASC (Inter-Agency Standing Committee) 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.
- Include older people in design, implementation and evaluation of programmes.
- Ensure that analysis of impacts of COVID-19 is inclusive of older people, and the specific risks they face are integrated into humanitarian response plans and in funding priorities.
- Support organising of older people to ensure better representation of their interests, such as Table de Concertation sur la Problématique des Personnes Âgées en Haïti).

## Priorities for older people during COVID-19



Participants were asked to identify their top-3 priorities in the light of COVID-19. For 44% of respondents, the first and main priority is access to food, followed closely by income/livelihoods (39%). These same concerns were also cited most often as a second priority; with 34% of respondents choosing income/livelihoods and 24% food. A woman in the Northwest said: *"Things are not good because life has become expensive. Everything is more expensive. [We have] no means at all to buy [anything]."*

The third priority was more evenly divided among various responses, with medicines being mentioned most often (20%), followed by income/livelihoods (17%) and shelter (14%). Interestingly, only 1% was primarily preoccupied by the possibility of getting sick with COVID-19. These priorities were shared fairly equally among men and women, and also among people with and without disabilities.

20% of women selected shelter as their third priority, as did 15% of people with disabilities. Examples of this deprivation include a man in Port-au-Prince who was concerned about the housing for himself and his children, because he has no money to continue to pay for the rent, while another woman in Port-au-Prince is homeless and sleeps in the yard of a friend. A woman in the Northwest also stated: *"I*

*have a lot of problems, because I don't have a house to live in. Whenever it rains a little, I am outside."*

One of the interviewers commented regarding a male participant in the Northwest: *"Sometimes he would want to buy [something] but he has no money. He cannot work anymore because he has lost all his strength. He has no family and no children. Good friends come to see him. He cried. When I see his body, his body parts cannot hold him up at all. He needs big support."*

These findings correspond with the fact that most older people are day labourers and without their daily income they have no food. Social security is absent for most people in Haiti and older people do not receive a pension. Instead, they are dependent on income-generating activities or help from their relatives. The importance of food and income/livelihoods is also confirmed in the light of the high rates of food insecurity reported by the National Coordination of Food Security. Moreover, due to a prolonged drought at the start of 2020 farmers were either unable to plant crops or, if they had, they lost their harvests. COVID-19 has therefore aggravated pre-existing conditions of food insecurity. The health care system was also already struggling before COVID-19. Both public and private hospitals exist, but the quality of health care is low, and the costs are a barrier for many. Hospitals also lack qualified medical staff, equipment, and materials to offer care.

An example of the difficult situation faced by many older people is highlighted by one older man in the rural Northwest, who found himself in an extremely difficult situation to choose between either housing or food as to which was his biggest priority. He eventually chose housing over food, but the difficulty of this decision led him to cry.

## **COVID-19 Awareness and Behaviour**

### **Knowledge of COVID-19**

99% of those interviewed had heard about COVID-19. A range of methods was mentioned regarding how older people first heard of COVID-19. 63% learnt about COVID-19 through the radio, followed by word of mouth (56%), including conversations with community leaders or on the streets. Furthermore, 13% of older people reported hearing about COVID-19 through megaphones or sound trucks, 12% through watching TV (especially in urban areas) and 6% through their local churches.

### **Restrictions of movement**

Immediately following the registration of the first cases of COVID-19 on March 19, 2020, the government of Haiti declared an emergency health situation and ordered the closure of industries, schools, churches, and an interdiction on gatherings of over 10 people. This was later limited to 5 people. A curfew was imposed from 8:00 pm until 6:00 am. The government advised people to stay at home as much as possible but given the fact that most people work in the informal sector and depend on daily activities for their survival, there was no interdiction on movements. However, due to complete closure of activities, many people lost their jobs. A man in Port-au-Prince said: *"I spent the little money I had saved, to take care of my family, because everything stopped due to COVID-19."*

On April 19, textile industry opened at 30%, with a focus primarily on the production of face masks, the use of which became mandatory as of May 11. The emergency health situation ended on July 20, while the airport opened on June 30, with a limited number of flights. Factories started operating fully again on July 6, while churches opened on July 12 and schools on August 10.

As of August 2020, most older people surveyed were observing governmentally instituted movement restrictions (56%). This is evenly divided among older men and older women. However, those aged 70-80 are more likely to be observing these restrictions. In addition, there is a substantial difference between urban and rural areas, with 76% of those in rural areas observing movement restrictions, while only 36% in urban areas do so. At the start of 2020, a prolonged period of drought delayed the planting season, while the food insecurity situation forced people to eat their reserves of seeds. This means that there were less activities on the land and thus more possibility to observe movement restrictions. Moreover, activities that usually require people in rural areas to move around, such as church, school, cockfights and community meetings, were all cancelled.

It should also be noted that people with disabilities had pre-existing movement restrictions, unrelated to COVID-19. This is due to their limited mobility and limited services for transportation of people with disabilities. Moreover, people with disabilities are stigmatised and often excluded from activities.

32% of older people reported that they adhere to social distancing without government restrictions, while 31% have no movement restrictions (men more than women). 40% of those in urban areas have no movement restrictions, compared to 23% in rural areas. Furthermore, no respondents are currently under quarantine, nor have any of them been hospitalised as a result of COVID-19.

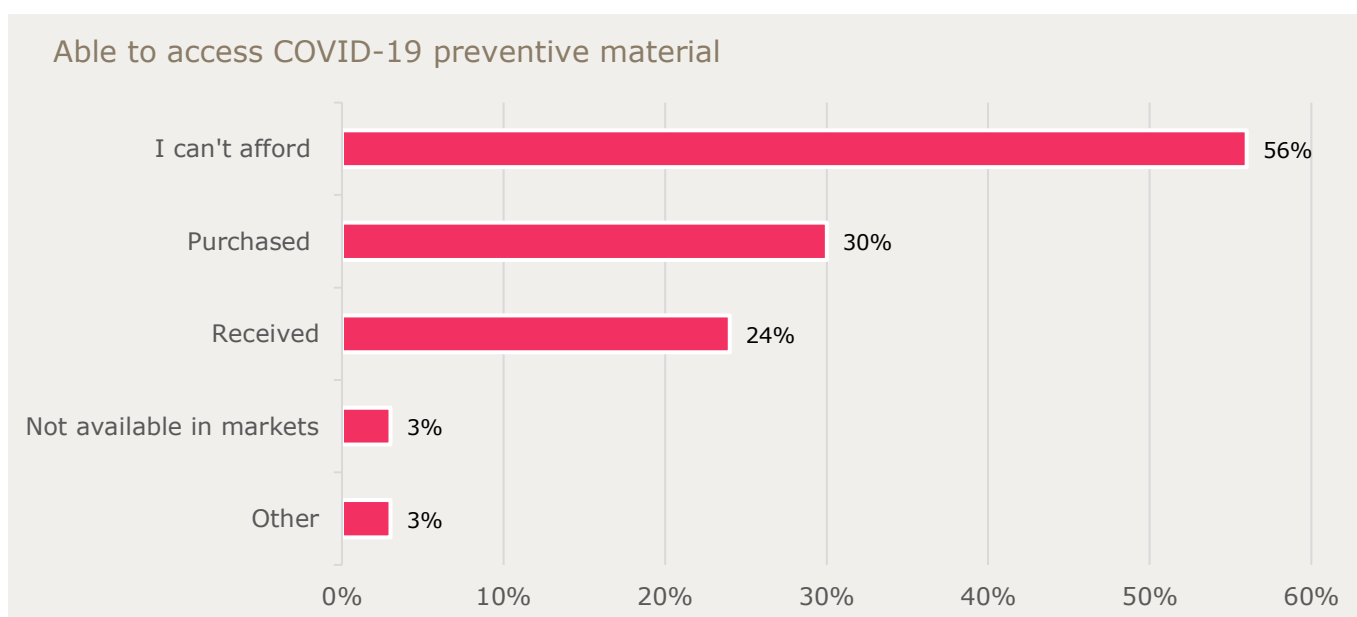
### COVID-19 preventive measures

Older people interviewed in Haiti are aware of a wide range of methods they can use to protect themselves. Almost all (99%) knew that handwashing helps to protect themselves from COVID-19. 53% also knew that for reasons of protection it is important to avoid groups and shaking hands, and to stay at home as much as possible. 66% of those aged 60-70 were aware of these preventive measures compared with only 43% of those aged 70 and above. This measure was also more familiar in urban areas (64%) than in rural areas (43%). Furthermore, 45% had knowledge that people should keep 2 meters distance from each other. 42% are aware that they should avoid touching their face and 32% that one should cough or sneeze in one's elbow or a tissue. The latter was mentioned twice as often in urban areas (41%) compared to rural areas (23%). Respondents in urban areas were generally more aware of the preventative methods than those living in rural areas. In addition, a small number of respondents mentioned other protective measures, for example wearing face masks, with 6% saying they could not wear face masks, either because they do not have any or because they have difficulties breathing when using one.

While recognising the protective measures, 35% stated they are unable to apply the principle of handwashing, 32% cannot avoid touching their face and 30% find it hard to avoid groups, to avoid shaking hands, or to stay at home. Those aged above 80 find it especially difficult to apply the handwashing principle (41%). Twice as many persons in rural areas compared to urban areas cannot apply the handwashing principle (46% in rural areas, 23% in urban areas). This is related to their limited access to water, soap, disinfectants, chlorine, and other materials. On the other hand, a higher percentage in urban areas cannot prevent touching their face (42%) than those in rural areas (23%). The main reason being that people forget or do not realise when they touch their face (8%).

### Access to PPE

Even though many older people know about the preventive measures they can take to protect themselves, the majority are unable to access the appropriate personal protective equipment (PPE) such as masks and soap, to help prevent themselves from catching COVID-19. 56% of older people reported they cannot afford them. In rural areas and for those 80 and above this is even more problematic, with 66% of rural residents and 64% of those 80 and above being unable to afford protective materials. In the words of a man in the Northwest: *"COVID-19 has reduced the means I have to live. Things are becoming more expensive. People can't buy [anything]."*



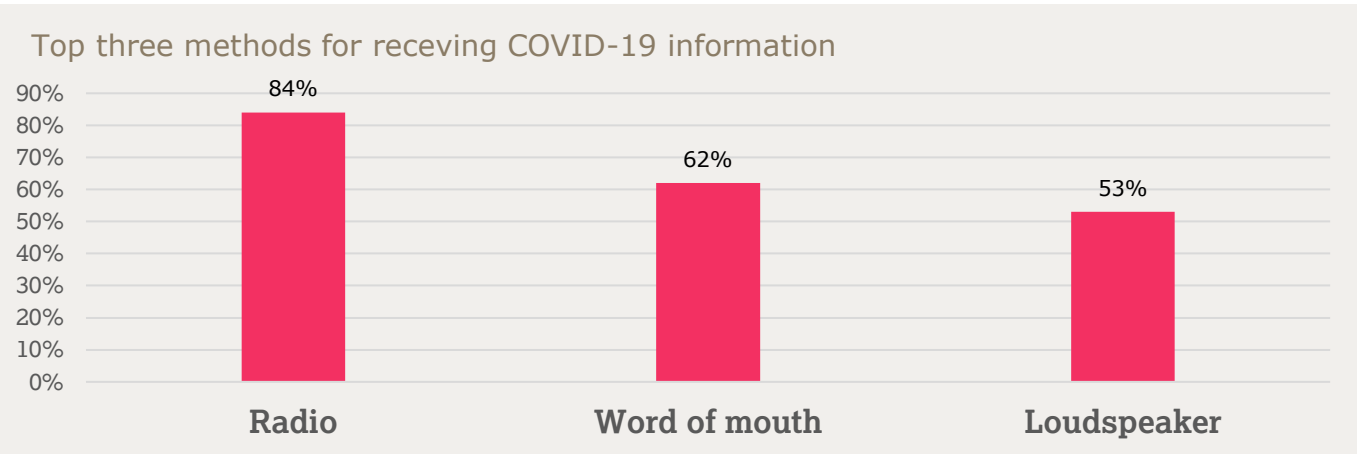
The lack of access is not available in markets. Of those who do have access to personal protective equipment, 30% purchased them and 24% received them. The majority of purchases were made by older people in urban areas (46%), while only 14% in rural areas were able to purchase protective materials. On the other hand, more older people in rural areas received materials (32%) than in urban areas (17%). More distributions have been done in rural areas than in urban areas, while rural residents are also more likely to receive support from relatives in urban areas. Especially those aged 70-80 received materials (35%). Moreover, 45% of older people living alone received materials, which is a good sign, meaning that older people living alone were prioritised among recipients of protective materials. However, these data still show that over half of older people do not have access to protective materials.

### Barriers to Health Messaging

Three quarters of older people interviewed have no barriers in accessing COVID-19 related information. This percentage is higher in urban areas (88%) compared with rural areas (61%). Access to information is more difficult in rural areas due to poor electricity supplies and the limited number of radios. Furthermore, 9% of older people specified they cannot read the information because of illiteracy.

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

By far, the most preferred method to receive information was via the radio (84%). This was the same for both urban and rural areas, men and women, and those of different age groups. The second most



preferred method is via word of mouth (62%), especially for those older people in rural areas (77%) compared with urban areas (47%). The third most preferred way to get information about COVID-19 is through loudspeakers, meaning sound trucks or megaphones (53%). Television is preferred in urban areas (47%), but not in rural areas (6%), which can be explained by the fact that there is no electricity in rural areas. The church is chosen as a preferred way by 25% of respondents, and again more so in urban areas (33%) than in rural areas (17%). Community meetings on the other hand are more preferred in rural areas (30%) than in urban areas (12%), with a special interest from the 70-80 age group. This makes sense given the community cohesion in rural areas.

### Food and Income

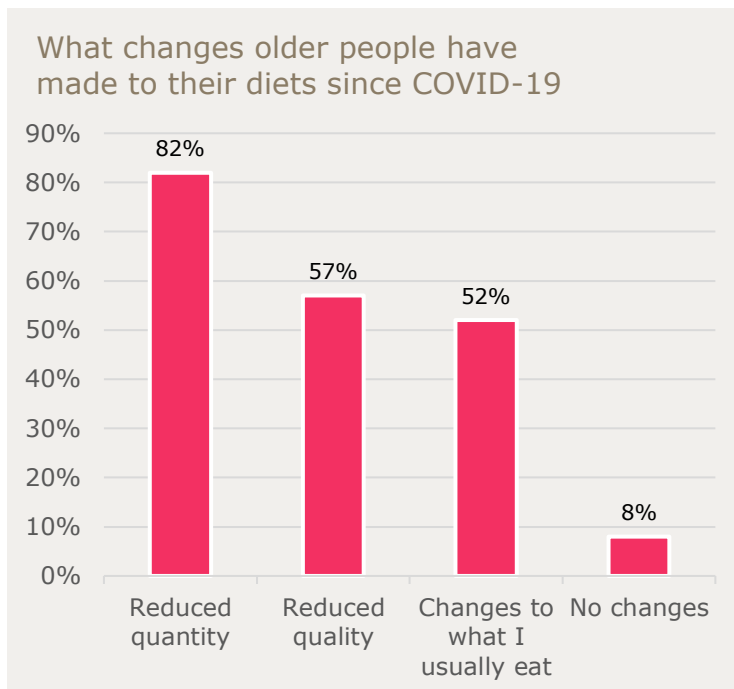
#### Diet

Almost all older people have had to change their diet since the outbreak of COVID-19. The impact has been more severe in rural areas than in urban areas. The National Coordination of Food Security already found the Northwest to be in emergency food security situation in October 2019 and this has only worsened since COVID-19. Overall, 82% of older people interviewed had to reduce the quantity of food and 57% the quality of food they eat. 52% had to make changes to what they usually eat.



98% of rural residents had to change their diet, versus 85% in urban areas. For 94% of rural residents this meant reducing quantity, 76% reduced quality and 50% have had to make other changes to what they usually eat. Among urban residents, 70% reduced the quantity, 38% reduced the quality and 55% have made changes to what they usually eat.

When asked how many days of sufficient food they have in the house this was met with 'laughter of embarrassment'. One older woman in Port-au-Prince responded: "I cannot purchase food for more than one day, because I have no money for that". One woman in the Northwest also said: "Sometimes you don't even take the sight of food. You can pass a day without finding any food at all." And a man in Port-au-Prince: "I would like to eat, but I don't have the money." Usually, even when things are difficult, families try to prepare at least one decent meal a week, on Sunday. However, as a woman in Port-au-Prince put it: "Things have become really difficult, sometimes even on Sunday I cannot put a pot on the stove." An older man in the Northwest responded that "Life was already hard. It has become worse than the way it was."



87% of older people responded they have no food at all in their homes or only sufficient food for one day. In rural areas and for those living alone, this number is even higher (93%).

This clearly shows the severity of the food security situation in Haiti. "Everything has become more expensive," as explained a woman in the Northwest. "I cannot even find food." A man in Port-au-Prince also stated that "Every day, things are becoming more expensive," while a woman in Port-au-Prince commented: "I have no means anymore to continue to live."

## Income

The majority of older people surveyed have no income generating activity but depend on children or others. 54% depend on remittances, more so for older women (63%) than older men (46%) and more so in urban areas (63%) than in rural areas (46%). A woman in the Northwest commented: "I have nothing at all, and no children either who can give me something to eat." In the Haitian culture, men mostly work outside the house and women inside the house, which explains the difference between men and women. Moreover, in rural areas older people can still grow crops (themselves or with relatives) and have animals, while in the city people depend on other activities.

This can indeed be seen from the number of older people engaged in agriculture or livestock. While overall a quarter of respondents are getting an income from agriculture or livestock (27%), this is over half for rural respondents (52%), versus only 2% in urban areas. All age groups engage in agriculture, although men are more likely to do so than women (34% versus 20%). Business is a popular livelihood activity for older people in urban areas, where 31% of older people have a business, versus only 6% in rural areas. Those aged 60-70 are more likely to have a business than those over 70. However, COVID-19 has negatively impacted the business sector.

A woman in Port-au-Prince explained: "Because of corona people have no money to purchase, which means that my business is not doing well." Another woman in Port-au-Prince: "I sold coffee before, but due to corona people don't eat on the streets, which means that I cannot sell. And the little money I saved, has been spent."

One person (former government employee) reported receiving a government pension. The National Office of Insurance for Older People is a government plan where a percentage of a person's salary is being paid into a pension fund. Based on the number of years of employment and the amount of contributions over these years, a pension can be paid once one has reached the age of retirement (58). However, this fund is only used for those in formal employment, leaving out the vast majority of the population. Moreover, the amount provided is insufficient given the cost of living.

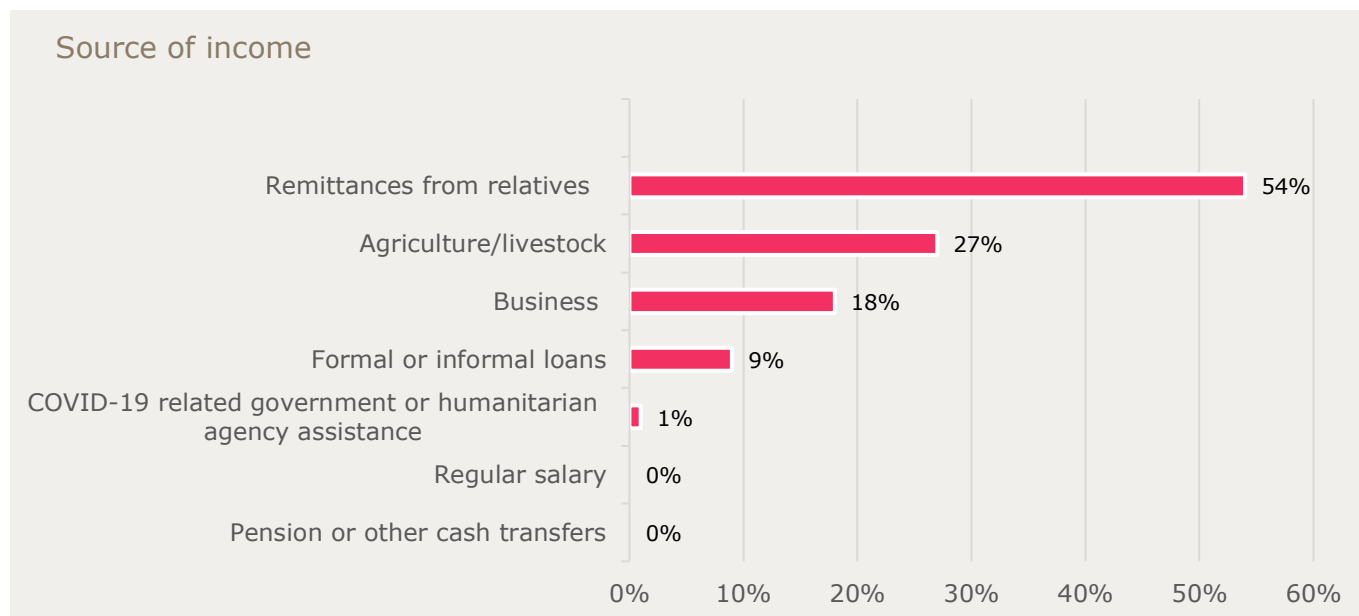
9% of older people interviewed rely on loans as their main source of income, which is more common in urban areas (13%) than rural areas (5%). However, people are having difficulty repaying these loans. One of the respondents explained that she took a loan so that she can sell at school, but since the schools are closed, she has no income and cannot reimburse the loan, which has a high interest rate. A woman in the Northwest captured the impact of COVID-19, saying: *"Corona finished with the little I had."*

55% of respondents have no savings or have depleted their savings due to COVID-19. As a few of them explain: *"I have no means at all to live because all of my savings are finished. There is nothing left as means anymore."* (Woman in the Northwest) *"I do not have any resources left, all the few means I had, have finished. I have no savings at all."* (Woman in Port-au-Prince) *"I am now using the little I had. I don't see what to do, the little I had, is already finished. My children who are in the Dominican Republic helped me, but they cannot help me anymore."* (Woman in the Northwest)

While many older people depend on children and others, reduced activities of their children due to COVID-19 has meant that they cannot take care of their parents as they used to. One older person said: *"Coronavirus has a major negative impact on the way I live, because my children give me money, but my children's means have become very limited."* While a woman in the Northwest responded: *"Corona blocked the activities that allowed my children to take care of me."*

11% of older people interviewed have had to sell assets such as animals, seeds or other possessions in order to survive. Two women in the Northwest mention that: *"My animals were sold, in order to feed me."* *"I sold what I had, such as seeds, to take care of myself."* A man in the Northwest said: *"I had to sell animals and seeds I owned, which reduced my savings."* Furthermore, many of those who work as carpenters, plumbers, masonry workers or tailors, have lost their jobs, while many businesses were also negatively affected (16%). One older man in Port-au-Prince responded: *"All activities have been blocked. I am a masonry worker, but there is no work anymore. I lack the means to live."* Another older man in the Northwest responded: *"COVID-19 has blocked all activities, there is nothing I can do."* Several men and women in Port-au-Prince explained that their business has collapsed.

Only 5% of older people reported that they have not been financially impacted by COVID-19. For the majority, this is different. As a man in the Northwest summarised the impact of COVID-19: *"It has put us at zero."*



## Health

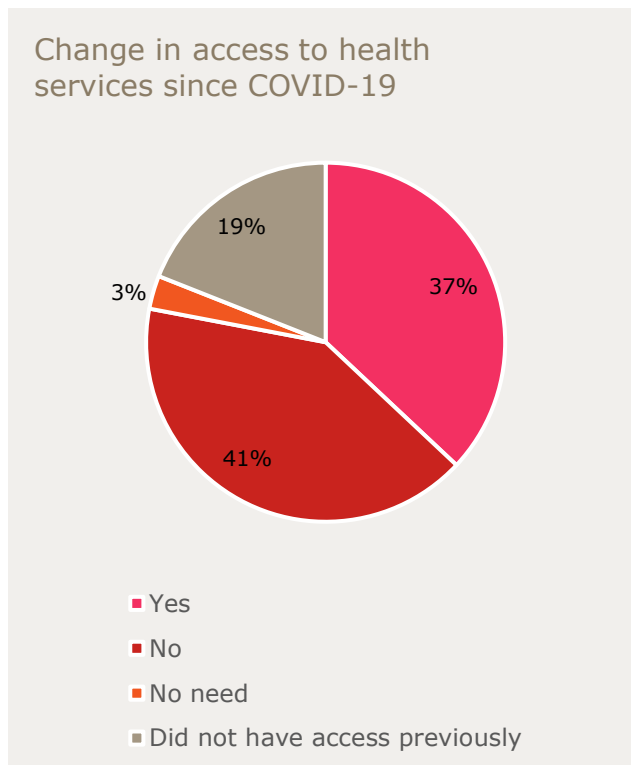
### Access to health services

Almost three out of four respondents have difficulties accessing health services (73%). This is especially concerning given 91% have at least one health condition. 41% of older people reported that their access to health services has not changed since the outbreak of COVID-19 began. This percentage is higher in rural areas (59%) than urban areas (23%). For 37%, access has changed, especially for those living alone (52%). Furthermore, 19% of older people had no access previously to

health services, especially in urban areas (29%). A woman in Port-au-Prince has problems with her eyes and is blind, but due to a lack of financial means she cannot go to the hospital. Several others report they suffer from a hernia and need surgery. A man in the Northwest has had a catheter for 7 years, but in all those years it has hardly ever been replaced.

During times of COVID-19, many people stay away from hospitals because of fear of contracting the disease. Public hospitals have been dysfunctional, with staff in the main hospital of Port-au-Prince being on strike. Since private hospitals are more expensive, it is unlikely that people would be able to afford health care. In fact, many medical staff stayed home from work, since they had no personal protective equipment.

One caveat here is that some people interpreted 'no change in access' as meaning they previously had no access and they still have no access, so nothing changed. This explains the difference between rural and urban areas. Access to health services was limited before COVID-19 and has become even more difficult with COVID-19, especially for those living on their own, with no one to take them to the hospital.



### Nearest health facility

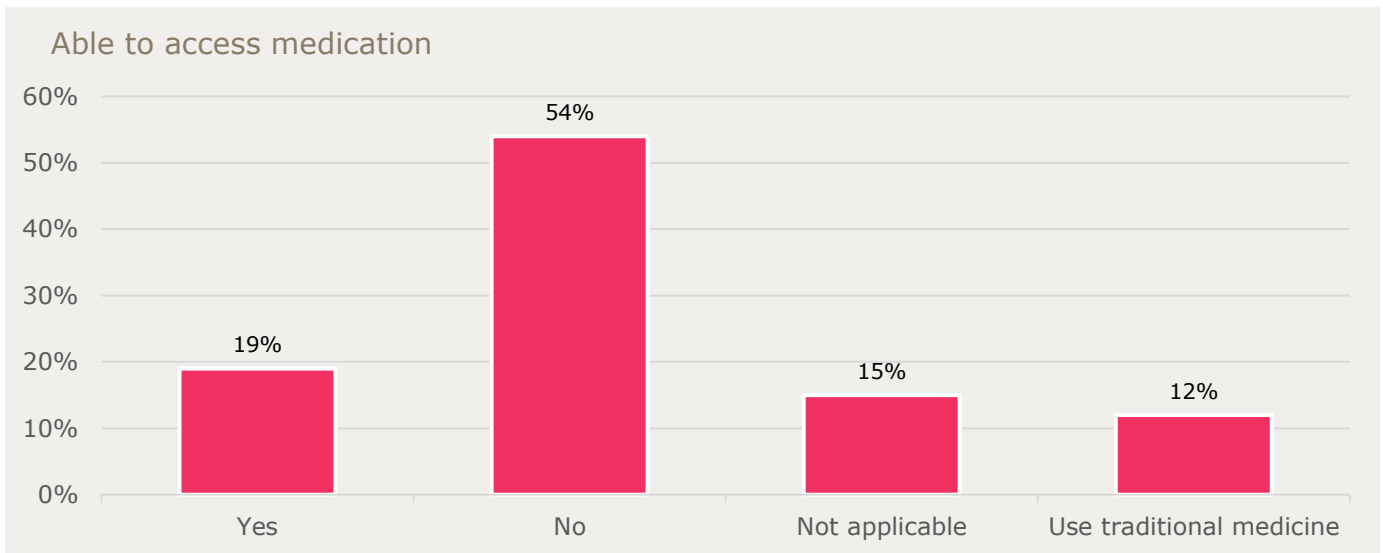
98% of the older people interviewed did not know where the nearest health facility is for testing and treating people for COVID-19. In rural areas no one at all had this information, while in urban areas only 3% knew where the nearest facility is. None of the respondents living alone and aged 80 and above could tell where the nearest facility is. Since hardly anybody knows where the nearest centre is, they are unable to estimate how far it is.

These findings are understandable in light of the fact that this information has not been shared publicly due to the stigma of COVID-19 and the fear of retaliation by communities where the facilities are located. In fact, in the Northwest there are no facilities that test people for COVID-19, which explains why no one knows where the nearest facility is. This is very concerning for a vulnerable group of older people. Even if they can take some measures to protect themselves, they do not have access to testing or treatment, should they fall ill.

### Access to medicine

Since the COVID-19 outbreak, 54% of older people interviewed have been unable to access medication, especially those aged over 80 (62%). 12% of older people use traditional medicine. 56% of older men and 52% of older women have been unable to access medication. The older the person gets, the more difficult it becomes to access medication. Since 100 of the older people interviewed suffer from hypertension (42%) and 15 from diabetes (6%), regular access to their medication is essential.

The main barrier to accessing medication is related to financial means. If a person has money, it is more likely that the money will be spent on food than on medication. Some medicines have become rare since the outbreak of COVID-19, partly related to restrictions on transportation, as Haiti depends on imports for its medical supplies.



## Protection

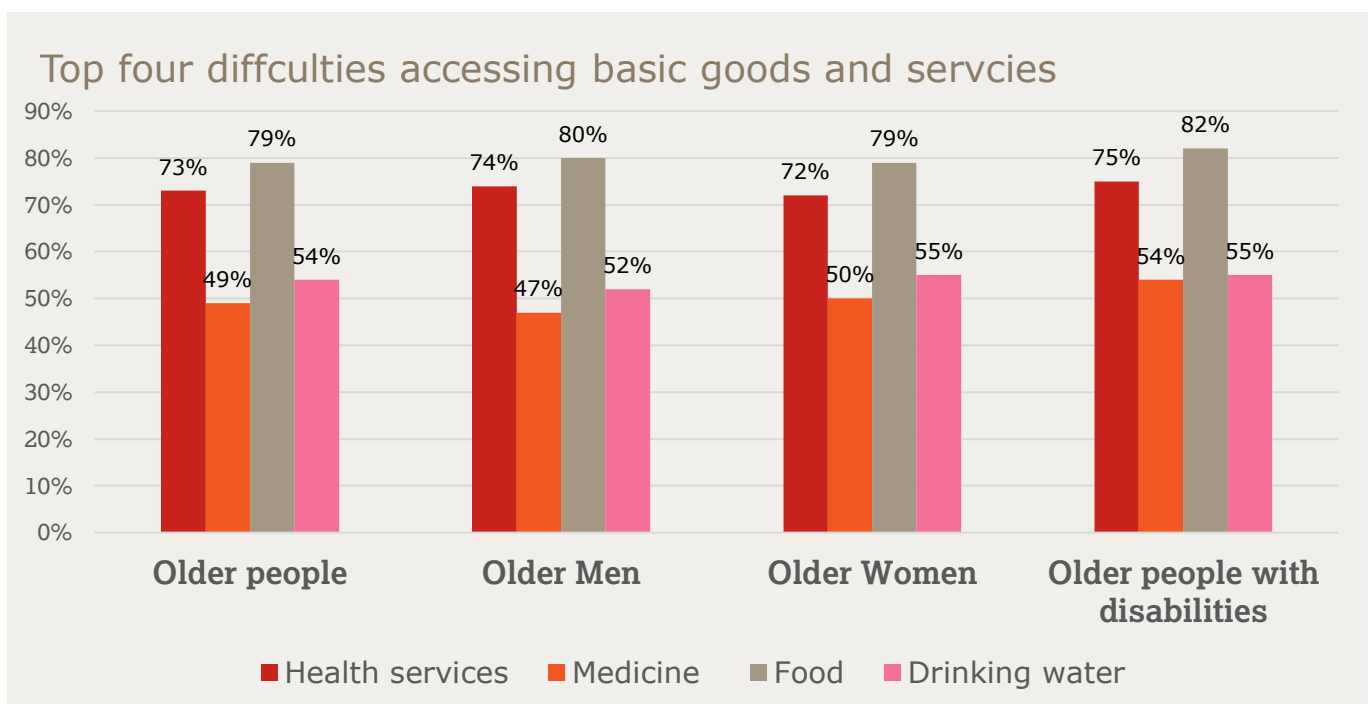
### Access to goods and services

Access to basic goods and services is challenging for the majority of older people interviewed. 79% reported they have difficulties accessing food. This percentage is even higher in rural areas, where 87% has difficulties accessing food, versus 72% in urban areas. People aged 60-70 have a special concern for access to food (88%), which might be because they often care for others.

Almost three out of four have difficulties accessing health services (73%), a little more so in rural areas than urban areas. Another 49% have difficulties accessing medicines, once again more so in rural areas (55%) than in urban areas (42%). Furthermore, over half of older people have difficulties accessing drinking water (54%). There is a notable difference between rural and urban areas, with 69% of rural respondents having difficulties compared with 38% of urban respondents. A man in the Northwest explained: *"When there is a drought, you cannot find water at all in the area."*

Access to toilets is also more difficult in rural areas (22%) than in urban areas (8%). A man in the Northwest expressed: *"I have problems because things have become expensive in the country and there is no access to a toilet at my house. The leaders in the locality don't come and see us. When there is something [to distribute] they do not remember us."*

36% have difficulties accessing humanitarian assistance. This is especially difficult for the age group of 70-80 (46%) and more so in rural areas (41%) than in urban areas (31%).





Overall, these findings show a concerning image of older people, who lack access to many basic goods and services, particularly in rural areas. A man in the Northwest stated: *"The government does not do anything for the people to remain healthy. There are no hospitals. We live in dependence on the Eternal."*

### Safety

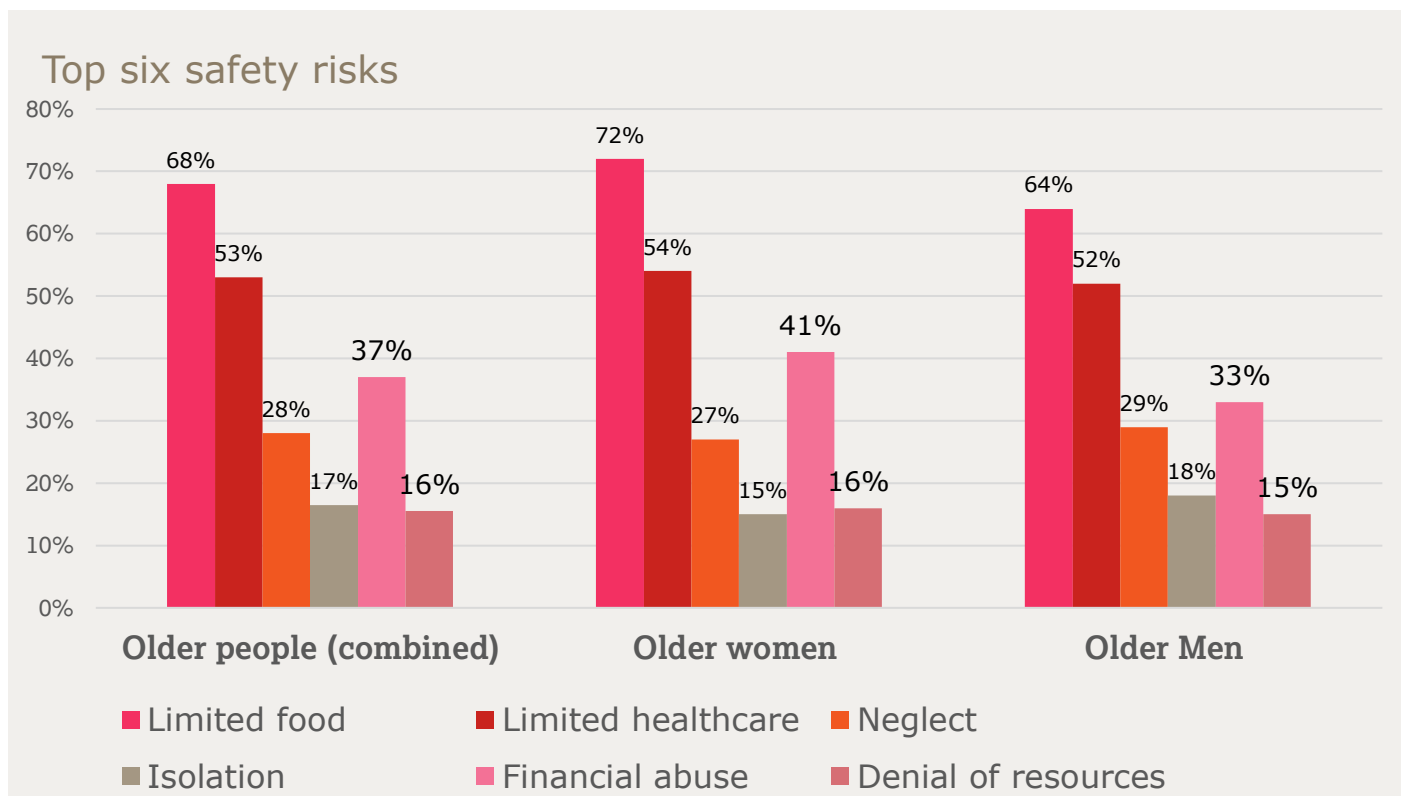
Older people feel that the main risks for both men and women are a lack of food and health care. This corresponds to their difficulties accessing basic necessities. Almost three quarter of respondents consider limited food as a risk for older women (72%), compared with 64% for older men. In addition, over half of respondents feel that limited health care is a risk for both older women (54%) and older men (52%). Concerns are more serious in rural areas, where 87% recognise the risk of limited food for women and 83% for men, versus urban areas, with 56% concerned about lack of food for women and 45% for men. 66% of rural residents recognise the risk of limited health care for women and 69% for men, versus 42% in urban areas for women and 35% for men.

Financial abuse is the third highest risk for both older men and older women. 41% of older people consider financial abuse a risk for women and 33% for men, referring to the risk of theft, extortion, or a lack of return on investment. This is of more concern for women aged 60-70 (53%) than those aged over 80 (26%). Financial abuse is less prevalent in urban areas (31% for women and 19% for men) than rural areas (52% for women and 47% for men).

Over a quarter also feel that older women (27%) and men (29%) are at risk of being neglected. For the men, this percentage is higher in rural areas (36%) than urban areas (22%). An older man in the Northwest stated: *"I feel like I am not living at all, because from time to time you hear something that causes you to neglect life."*

Perceived risk of isolation is more of a problem for older women in urban areas (22%) than rural areas (8%), which can be explained by the fact that there is more of a community feeling and solidarity in rural areas than in urban areas. An older man in the Northwest shared: *"I make an effort myself, I have no one to think of me."*

On the other hand, rural residents are more worried about the risk of denial of resources, opportunities or services, with 24% expressing this concern for both older men and older women, compared to 8% for women and 6% for men in urban areas. This reflects the fact that there are more opportunities and services in urban areas.

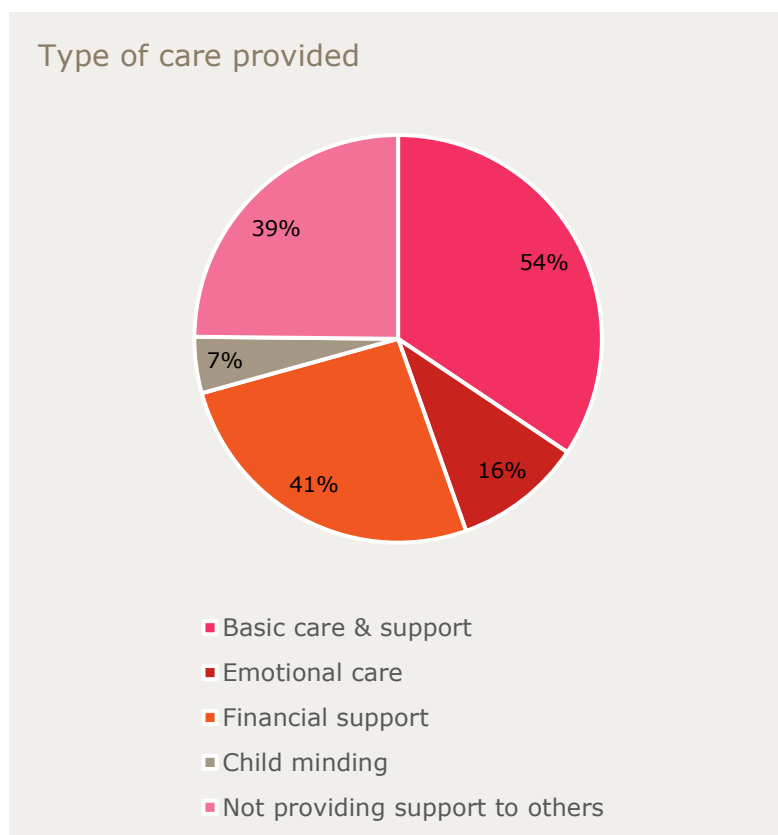


Physical abuse and emotional abuse for women are both considered a risk by 10% of older people, although both are a higher concern in rural areas (13% and 16%, respectively) than urban areas (7% and 3%, respectively). Regular armed violence on the other hand is a higher risk in urban areas (13% women, 18% men) than in rural areas (3% women, 6% men), which reflects the insecurity existing in the city. *"I am not living in peace,"* one man in Port-au-Prince said. And a woman in the Northwest: *"Since this illness arrived in the country, I have not been comfortable at all."*

The findings show that the concerns and risks are very similar for men and women, while they differ in urban versus rural areas. A man in the Northwest summarised the uncertainty of the situation: *"I feel very tired, because I see today but I don't know how tomorrow will be."*

### Caring for others

Older people play an important role in caring for others. This is especially true for those aged 60-70. The main type of care provided by older people is basic care and support (food and shelter). 54% of older people provide this kind of care, with 76% aged 60-70 versus 28% aged 80 and above. Both people with and without disabilities care for others; 52% of older people with disabilities provide food and shelter to others. The second main type of care provided is financial support, such as paying school fees. 41% of older people provide financial support, once again mostly those aged 60-70 (61%). 36% of older people with disabilities provide financial support. The percentage of older people providing financial support is substantively higher in urban areas (52%) than in rural areas (31%). 16% of older people provide emotional support, which again is higher for those aged 60-70 (29%) and those living in urban areas (25%, versus 7% in rural areas). 39% said they do not provide support to others, especially those aged over 80 (70%) and those in rural areas (44%, versus 34% in urban areas).



This shows that older people still carry a lot of responsibility for others, which requires them to generate revenue. The older people get, the less they can care for others. Older people in urban areas provide more financial and emotional support than in rural areas. It is common practice to send children to the city for educational purposes, and for parents to leave their children in the care of their grandparents. This means that grandparents in urban areas play a bigger role in providing emotional support than in rural areas. The level of income is generally higher in urban areas, which explains the fact that older people in urban areas are more likely to provide financial support than in rural areas.

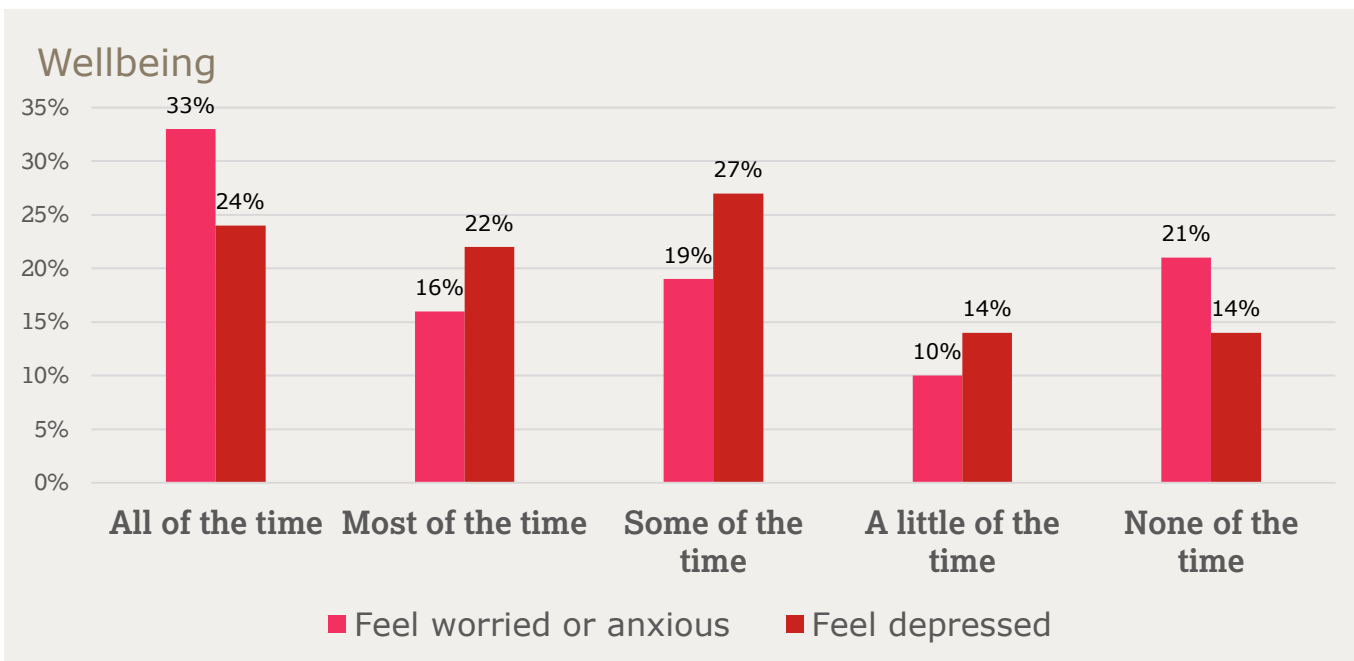
### Wellbeing

Since the outbreak of COVID-19, 49% of the older people interviewed have felt worried or anxious 'all or most of the time' about the situation. 55% of older people with disabilities surveyed reported feeling worried either 'all or most of the time'.

Older people are aware that they are at an increased risk of COVID-19. As a man in the Northwest said: *"I do not feel well because I am old and they say older people can die easily."* Older people in rural areas are more constantly worried than those in urban areas; 63% in rural areas versus 36% in urban areas. This might be related to the lack of access to health care in rural areas and the total absence of facilities for testing and treatment. A woman in Port-au-Prince even said: *"I was so afraid that I almost felt all symptoms."* Of those not worried, several said that death cannot be escaped. In the words of a man in the Northwest: *"I was not afraid of the illness because I know that everyone will die some day."* There is a significant difference between rural and urban areas, with 35% in urban

areas having no worries, versus only 8% in rural areas. This can be explained by the absence of access to basic needs in rural areas, including health care and food. As a man in the Northwest said: *"Sometimes when a good neighbour doesn't give me a hand, I wake up like this, I sleep like this."* [meaning: with no food]

Some of the reactions related to worry and anxiety: *"Everybody was very afraid when they talked about this disease, when we heard what havoc it creates in other countries."* (Woman in the Northwest) *"I am still afraid now, because I don't know when this will end."* (Man in the Northwest) *"I was not comfortable at all when I heard about this, because I have children elsewhere, that did me no good at all."* (Woman in the Northwest)

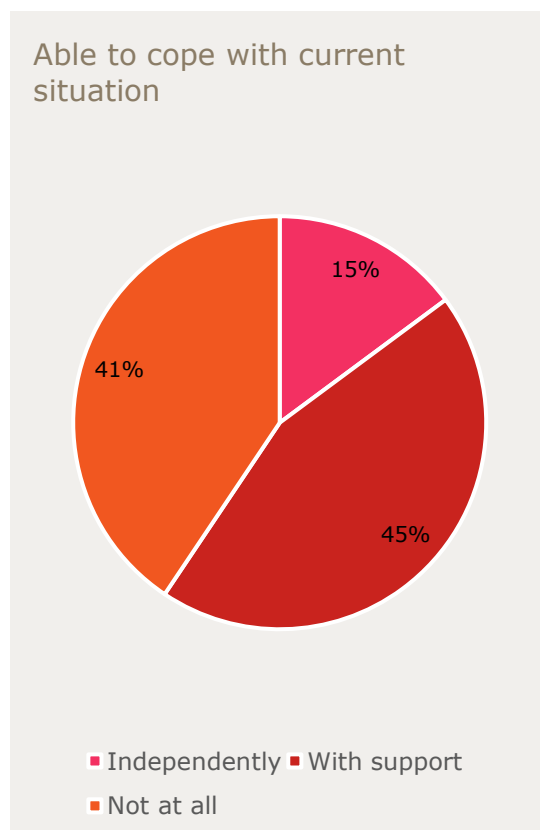


The responsibility to care for a family while being unable to provide for a daily living can contribute to the feelings of anxiety. One of the interviewers observed about a man in the Northwest: *"He is somewhat upset because he does not have the means to take care of his family, because he has become blind. Moreover, he would like to see a doctor, but he can't because he does not have the money and he is not working and he has several children."*

Another interviewer remarked about a man in Port-au-Prince: *"This person is really overwhelmed, he has children who depend on him, but I feel that he has been suffering since COVID-19. He has no help, no family, who can support him. Even though he says he is trying to take care of himself, he has no stable income, he only has hope to get something when they call for his services as a masonry worker and plumber."*

46% of older people reported feeling depressed all or most of the time. Persons living alone are generally more depressed (51%). Feelings of depression are more common among those aged above 80 (61%) and those living in rural areas (61%, compared to 31% in urban areas). A man in the Northwest expressed his feelings with the following words: *"We feel hopeless because during my whole life we have not yet lived a situation like this."*

45% of older people interviewed feel they are only able to deal positively or effectively with their current situation with support of others, while 15% feel they can do so on their own. 41% feel unable to deal with the situation. Urban residents (23%) deal better on their own than rural residents (7%). Relatively more people aged 70 and over depend on support than those aged 60-70. This makes



sense, given the fact that those aged 60-70 are generally more active and able to take care of themselves. Rural residents feel unable to cope more than urban residents (47% versus 34%). A man in the Northwest said: *"We are starting to feel hopeless, because our means are limited."* And a woman in the Northwest: *"It is only God Who can protect me. Other than that, I have no one. I have no means whatsoever to resist."*

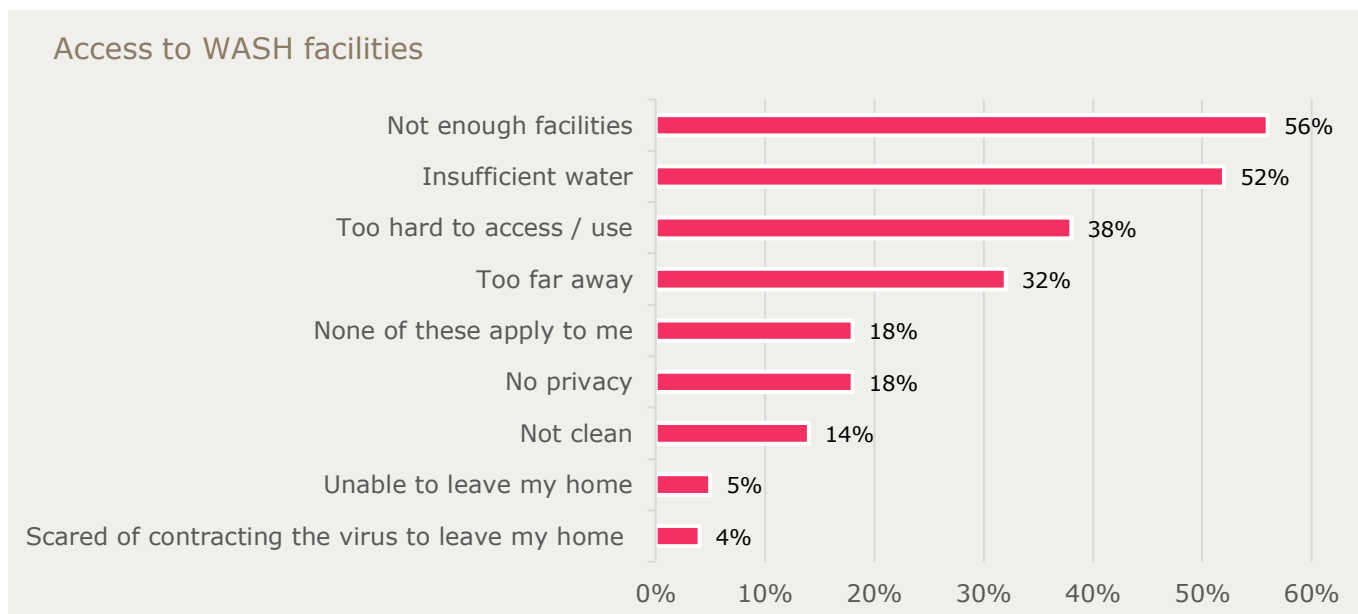
## WASH

One of the factors that makes it extremely difficult to take COVID-19 preventive measures, is limited access to water. Early 2020 has seen a prolonged period of drought. Very few people have a water point at home. Especially in rural areas, families depend on water sources, which have diminished or ran dry earlier this year. With hardly enough water to cook or bathe, frequent handwashing is not an option for many.

Indeed, 52% of all older people interviewed reported that they have insufficient water, with 64% in rural areas and 41% in urban areas. In the words of two women from the Northwest: *"When there is drought, there is no water at all."* *"The area does not have potable water. It is when it rains that we find some water and it doesn't rain easily."*

Another 56% reported there are not enough facilities to access water, handwashing, bathing, or toilets. A woman in the Northwest said: *"I don't have any access at all to these things because I live in a very difficult area."* Furthermore, 38% of older people reported that their WASH facilities are too hard to use or access, while 32% reported they are too far away. This is more of a problem in rural areas, where 43% of older people found it too difficult to access or use facilities (compared to 33% in urban areas) and over half said that the facilities are too far away (55%), compared to 8% in urban areas. A man in the Northwest responded: *"There is no water close to where I live. That is the biggest difficulty we have."*

In addition, 18% of older people said it is difficult to access the required facilities because of a lack of privacy. This is especially the case in rural areas (26%, compared with 10% in urban areas). 30% of those 80 and above report a lack of privacy. In rural areas, many families do not have a separate shower, but rather they shower outside in the yard. Not all families possess a latrine either. According to a report of the World Bank Group (2018), in 2015, 58% of the population had access to improved water sources. In 2017, 28% of the population had access to appropriate toilets, while 25% of the rural population defecated in the open air.





## Annex 1 – Personal Stories



Several of the interviewees were emotional during the conversations. Some cried, others were in pain, others were happy to receive visitors, others yet again were impatient to answer the question.

Some observations made by the interviewers:

Woman, Northwest: "The situation is really not easy for this person. Where she lives, there are not a lot of people in the area. It is not easy even to find a path for animals. She does not have a house. What I saw is not even a decent shelter and she is in need of food, water, health care. She said I am the first person who visited her at home. She complained so much that she even cried."

Man, Northwest: "The situation is concerning. This person does not have any conditions convenient for him. His house is extremely bad. The area is full of smell. Even with a face mask you cannot support [the smell]. He has a son with him who tries to do everything for him. Where he is, he also defecates and urinates."

Woman, Northwest: "This person really needs good support and where she lives is really miserable. She depends on other people, but she explained that since COVID-19 people have almost not given her anything anymore. She needs support in all ways."

Man, Northwest: "He is a person with a physical disability. He suffers from pain. He has no wife or children. He lives with a sister. He said that he has passed difficult moments of hunger. He has worn the same clothes for several days without taking them off. Sometimes he wants to drink water or eat food, but he has no one to prepare anything [for him]."

Woman, Northwest: "They need support from other people to live because everything has become more expensive. They have no money to buy [anything]. She has a physical disability. She is 96 years old. A daughter-in-law takes care of her. She cried."

Woman, Northwest: "The situation of this person is concerning, both at the level of health, and lodging and food. She has nothing she can do on her own. She lives with a daughter who has no activity to generate income. She lives off the land (crops, when she has them)."

Woman, Northwest: "She resigns herself with the situation, she is not discouraged, she depends on God."

Man, Northwest: "They live very far in the middle of nowhere, compared to the centre of the locality. They live with hope [where there is hope, there is life]."

Woman, Northwest: "She cannot work and as long as her children do not give her anything, she does not get anything. People who give food [in food distributions] never remember that she exists."

Woman, Port-au-Prince: "She lives in a small room, with 2 children. Hygiene conditions are not good. It had an intense smell of urine; bad smell."

Woman, Port-au-Prince: "The situation of this person is very concerning. She has no food; she asks for charity; the house where she is does not belong to her; and they are asking her to leave the house."



Man, Port-au-Prince: "He would like to receive help so that he can have a house to live in, because he lives in a shelter made with planks and he would like to find help to take care of his family because he is blind. His case is urgent."

Man, Port-au-Prince: "He told me that he is living badly. He has no children. He had two children, but they died during the earthquake at Morne Lazare, together with his wife. Since then, he has lived in misery in Village Caradeux. He does not even have a bed to sleep in. He has no family; only the church helps him sometimes."

Man, Port-au-Prince: "He really cannot hold himself together and it hurt me a lot when he explained that he went to a prayer service at church and he cried because of how he lives."

Quotes from older people themselves:

Man, Northwest: "I am worried because of the number of children of God who have died, but I resign myself because I know that I will die some time."

Man, Northwest: "It is the first time that I have heard about such an illness. That did not make me comfortable at all."

Woman, Northwest: "No, I am not sad, even though sometimes I think of my children."

Woman, Northwest: "It did me no good. I was not comfortable at all. But since we are children of God, we stay strong."

Man, Northwest: "I am not unsettled, because there is no place to hide, so I resign myself, because everyone will die. Except for when I think of my children, then I am worried."

Woman, Northwest: "I depend on other people, I don't have anything."

Man, Northwest: "I have no means at all to live. I depend on my children."



## Annex 2 – Data tables

What are your priorities?	Total			Men			Women			Older people with disabilities		
	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2 <sup>nd</sup>	3rd
Food	44%	24%	12%	42%	27%	12%	46%	22%	12%	45%	24%	12%
Accountability	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Drinking water	1%	6%	11%	1%	4%	14%	1%	9%	7%	1%	7%	11%
Getting sick	0%	1%	1%	0%	1%	2%	1%	2%	1%	1%	0%	1%
Handwashing	2%	1%	1%	2%	2%	0%	2%	1%	2%	3%	2%	1%
Healthcare services	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Income / Livelihoods	39%	34%	17%	36%	34%	20%	41%	33%	14%	39%	33%	18%
Medicine	3%	14%	20%	3%	13%	17%	3%	15%	23%	2%	18%	21%
Safety	1%	3%	10%	3%	3%	11%	0%	3%	8%	2%	2%	9%
Shelter	8%	9%	14%	12%	10%	9%	5%	9%	20%	7%	8%	15%
Toilets	0%	2%	1%	1%	2%	0%	0%	2%	2%	1%	2%	0%
Wellbeing	0%	4%	13%	0%	4%	13%	1%	3%	12%	1%	4%	11%

Have you heard of COVID-19	Total
Yes	99%
No	1%

Are you currently observing any movement restrictions?	Total	Older men	Older women	Older people with disabilities	Alone	60s	70s	80+	Urban	Rural
No movement restrictions	31%	36%	27%	25%	24%	28%	25%	33%	40%	23%
Observing governmentally instituted movement restrictions	56%	55%	56%	59%	55%	52%	65%	59%	36%	76%
Social distancing – without government restrictions	32%	28%	35%	34%	28%	35%	25%	32%	42%	22%
Under quarantine/isolation due to possible COVID-19 exposure	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Respondent (or household member) has tested	0%	0%	1%	1%	0%	0%	0%	1%	1%	0%



COVID-19 positive or demonstrated symptoms and is currently limiting movements outside household for a period (14 days)										
Hospitalization	0%	0%	1%	1%	0%	0%	0%	1%	0%	1%

What can you do to protect yourself from COVID-19?	Total	Older men	Older women	Older people with disabilities	Alone	60s	70s	80+	Urban	Rural
Handwashing	99%	99%	99%	100%	100%	100%	99%	99%	98%	100%
Avoiding touching face	42%	41%	42%	42%	31%	42%	49%	38%	40%	44%
Coughing or sneezing into your elbow or a tissue	32%	29%	34%	28%	21%	35%	38%	23%	41%	23%
Keeping 2 meters away from people	45%	46%	43%	46%	48%	58%	39%	42%	45%	45%
Avoiding groups or gatherings, shaking hands, and stay at home if possible	53%	53%	54%	49%	55%	66%	44%	42%	64%	43%
Other	13%	10%	16%	11%	14%	12%	15%	12%	15%	11%
Don't know	1%	1%	1%	0%	0%	0%	1%	1%	2%	0%

Which of these are you unable to do and why?	Total	Older men	Older women	Older people with disabilities	Alone	60s	70s	80+	Urban	Rural
Handwashing	35%	35%	34%	37%	24%	36%	32%	41%	23%	46%
Avoiding touching face	32%	33%	32%	31%	21%	33%	28%	28%	42%	23%
Coughing or sneezing into your elbow or a tissue	15%	19%	11%	12%	21%	22%	15%	9%	17%	13%
Keeping 2 meters away from people	16%	14%	17%	14%	10%	12%	18%	19%	19%	12%
Avoiding groups or gatherings, shaking hands, and stay at home if possible	30%	29%	31%	30%	34%	24%	36%	35%	30%	30%
Other	8%	4%	12%	6%	10%	7%	11%	4%	13%	4%
Don't know	19%	21%	18%	21%	31%	25%	21%	14%	20%	18%



<b>Do you have barriers in accessing COVID-19 health messaging?</b>	<b>Total</b>	<b>Older men</b>	<b>Older women</b>	<b>Older people with disabilities</b>	<b>Alone</b>	<b>60s</b>	<b>70s</b>	<b>80+</b>	<b>Urban</b>	<b>Rural</b>
Yes	25%	26%	24%	28%	28%	24%	22%	30%	12%	39%
No	75%	74%	76%	72%	72%	76%	78%	70%	88%	61%

<b>How would you prefer to receive any information related to COVID-19?</b>	<b>Total</b>	<b>Older men</b>	<b>Older women</b>	<b>Older people with disabilities</b>	<b>Alone</b>	<b>60s</b>	<b>70s</b>	<b>80+</b>	<b>Urban</b>	<b>Rural</b>
Radio	84%	83%	85%	83%	72%	85%	76%	88%	86%	82%
TV	27%	23%	30%	22%	28%	38%	19%	14%	47%	6%
Poster	10%	6%	13%	8%	7%	5%	17%	7%	12%	8%
Phone call	17%	15%	20%	17%	3%	16%	19%	16%	20%	14%
SMS	3%	4%	2%	3%	7%	2%	6%	3%	4%	3%
Loudspeaker	53%	53%	54%	51%	45%	46%	57%	55%	51%	55%
Church/mosque	25%	19%	30%	23%	31%	15%	33%	28%	33%	17%
Community meeting	21%	24%	19%	20%	31%	16%	35%	16%	12%	30%
Newspaper	4%	4%	5%	3%	7%	2%	11%	0%	8%	1%
Internet	2%	3%	1%	2%	3%	2%	1%	1%	3%	1%
Word of mouth	62%	62%	63%	68%	69%	76%	57%	61%	47%	77%
Other	1%	2%	1%	1%	0%	1%	1%	1%	2%	1%

<b>Has your access to health services changed since the COVID-19 outbreak began?</b>	<b>Total</b>	<b>Older men</b>	<b>Older women</b>	<b>Older people with disabilities</b>	<b>Alone</b>	<b>60s</b>	<b>70s</b>	<b>80+</b>	<b>Urban</b>	<b>Rural</b>
Yes	37%	27%	46%	36%	52%	40%	42%	32%	43%	31%
No	41%	46%	36%	44%	41%	41%	42%	45%	23%	59%
No, need	3%	4%	3%	3%	0%	5%	1%	3%	5%	2%
Did not have access previously	19%	23%	15%	17%	7%	14%	15%	20%	29%	8%

<b>Do you know where the nearest health facility is that is testing and treating people for</b>	<b>Total</b>	<b>Older men</b>	<b>Older women</b>	<b>Older people with disabilities</b>	<b>Alone</b>	<b>60s</b>	<b>70s</b>	<b>80+</b>	<b>Urban</b>	<b>Rural</b>
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<b>COVID-19 / coronavirus?</b>										
Yes	2%	1%	2%	2%	0%	2%	3%	0%	3%	0%
No	98%	99%	98%	98%	100%	98%	97%	100%	97%	100%
Not applicable as not testing	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

<b>How far is the testing / treating centre from your shelter/home from your home?</b>	<b>Total</b>	<b>Older men</b>	<b>Older women</b>	<b>Older people with disabilities</b>	<b>Alone</b>	<b>60s</b>	<b>70s</b>	<b>80+</b>	<b>Urban</b>	<b>Rural</b>
I cannot access it at all	98%	99%	98%	98%	100%	98%	97%	100%	97%	100%
1 - 3 hours	0%	0%	1%	1%	0%	1%	0%	0%	1%	0%
30 mins to 1 hour	1%	1%	2%	1%	0%	1%	3%	0%	3%	0%
Less than 30 mins	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

<b>If you take any medication for your health conditions, have you been able to access them since the COVID-19 outbreak began?</b>	<b>Total</b>	<b>Older men</b>	<b>Older women</b>	<b>Older people with disabilities</b>	<b>Alone</b>	<b>60s</b>	<b>70s</b>	<b>80+</b>	<b>Urban</b>	<b>Rural</b>
Yes	19%	13%	24%	19%	21%	25%	15%	13%	28%	28%
No	54%	56%	52%	57%	41%	45%	58%	62%	30%	30%
Not applicable	15%	18%	13%	14%	31%	20%	13%	14%	27%	27%
Use traditional medicine	12%	13%	11%	11%	7%	11%	14%	10%	15%	15%

<b>Able to access COVID-19 preventive material?</b>	<b>Total</b>	<b>Older men</b>	<b>Older women</b>	<b>Older people with disabilities</b>	<b>Alone</b>	<b>60s</b>	<b>70s</b>	<b>80+</b>	<b>Urban</b>	<b>Rural</b>
Yes, I purchased them	30%	28%	32%	26%	24%	39%	29%	19%	46%	14%
Yes, I received them	24%	28%	21%	24%	45%	19%	35%	25%	17%	32%
No, as not available in the market	3%	4%	2%	2%	0%	1%	1%	4%	3%	3%
No, I can't afford them	56%	55%	57%	60%	45%	53%	54%	64%	47%	66%

No, other	3%	4%	2%	3%	0%	2%	3%	6%	4%	3%
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<b>Do you have difficulty accessing any of your basic goods and services?</b>	<b>Total</b>	<b>Older men</b>	<b>Older women</b>	<b>Older people with disabilities</b>	<b>Alone</b>	<b>60s</b>	<b>70s</b>	<b>80+</b>	<b>Urban</b>	<b>Rural</b>
Health services	73%	74%	72%	75%	72%	79%	69%	75%	69%	76%
Medicines	49%	47%	50%	54%	52%	46%	53%	54%	42%	55%
Drinking water	54%	52%	55%	55%	48%	53%	57%	52%	38%	69%
Toilet	15%	16%	14%	16%	10%	14%	24%	9%	8%	22%
Food	79%	80%	79%	82%	83%	88%	78%	75%	72%	87%
Humanitarian assistance	36%	40%	32%	38%	34%	34%	46%	33%	31%	41%
Church/mosque/temple	11%	7%	14%	10%	17%	8%	15%	9%	14%	7%
Other	6%	9%	3%	4%	3%	7%	3%	4%	11%	1%

<b>Since the COVID-19 / coronavirus outbreak, what is your source/s of income?</b>	<b>Total</b>	<b>Older men</b>	<b>Older women</b>	<b>Older people with disabilities</b>	<b>Alone</b>	<b>60s</b>	<b>70s</b>	<b>80+</b>	<b>Urban</b>	<b>Rural</b>
Business	18%	18%	19%	15%	7%	22%	11%	12%	31%	6%
Agriculture/livestock	27%	34%	20%	31%	41%	22%	31%	32%	2%	52%
Pension or other cash transfers	0%	1%	0%	1%	0%	0%	0%	1%	1%	0%
Remittances from relatives	54%	46%	63%	58%	48%	58%	53%	59%	63%	46%
COVID-19 related government or humanitarian agency assistance	1%	0%	2%	2%	0%	0%	3%	1%	0%	3%
Regular salary	0%	1%	0%	0%	0%	0%	1%	0%	1%	0%
Formal or informal loans	9%	11%	7%	6%	10%	11%	10%	4%	13%	5%

<b>What do you feel older women are at an increased risk of at this time?</b>	<b>Total</b>	<b>Older men</b>	<b>Older women</b>	<b>Older people with disabilities</b>	<b>Alone</b>	<b>60s</b>	<b>70s</b>	<b>80+</b>	<b>Urban</b>	<b>Rural</b>
Neglect	27%	27%	28%	25%	17%	25%	29%	29%	27%	28%
Isolation	15%	9%	21%	13%	14%	15%	17%	14%	22%	8%
Physical abuse	10%	6%	13%	9%	3%	9%	15%	4%	7%	13%
Emotional abuse	10%	9%	11%	9%	7%	4%	15%	13%	3%	16%
Sexual violence/abuse	4%	5%	3%	5%	3%	7%	1%	4%	4%	4%
Financial abuse	41%	36%	46%	44%	41%	53%	43%	26%	31%	52%
Harmful traditional practices	8%	3%	12%	9%	0%	9%	4%	9%	11%	4%
Denial of resources, opportunities or services – including due to movement restrictions introduce	16%	15%	16%	18%	14%	21%	15%	12%	8%	24%
Threat of violence/being threatened with violence	2%	1%	3%	3%	0%	4%	0%	3%	4%	0%
Regular armed violence	8%	10%	7%	9%	14%	9%	11%	3%	13%	3%
No major safety concerns	1%	1%	1%	1%	0%	1%	0%	1%	1%	1%
Limited food	72%	66%	77%	75%	72%	69%	78%	74%	56%	87%
Limited healthcare	54%	51%	58%	56%	34%	53%	56%	58%	42%	66%
Other	13%	21%	5%	8%	21%	15%	7%	12%	25%	0%

<b>What do you feel older men are at an increased risk of at this time?</b>	<b>Total</b>	<b>Older men</b>	<b>Older women</b>	<b>Older people with disabilities</b>	<b>Alone</b>	<b>60s</b>	<b>70s</b>	<b>80+</b>	<b>Urban</b>	<b>Rural</b>
Neglect	29%	32%	27%	30%	21%	29%	32%	30%	22%	36%
Isolation	18%	22%	14%	16%	24%	21%	15%	19%	15%	20%
Physical abuse	8%	10%	7%	8%	10%	5%	14%	7%	4%	13%
Emotional abuse	6%	5%	7%	6%	0%	4%	4%	12%	2%	10%
Sexual violence/abuse	1%	2%	1%	2%	0%	2%	0%	1%	0%	3%
Financial abuse	33%	35%	31%	36%	34%	34%	38%	28%	19%	47%
Harmful traditional practices	5%	7%	2%	3%	7%	6%	6%	3%	6%	3%

Denial of resources, opportunities or services – including due to movement restrictions introduce	15%	19%	11%	16%	17%	16%	17%	13%	6%	24%
Threat of violence/being threatened with violence	2%	2%	2%	3%	0%	5%	1%	0%	3%	2%
Regular armed violence	12%	12%	11%	14%	10%	19%	10%	6%	18%	6%
No major safety concerns	2%	2%	2%	2%	0%	1%	0%	4%	1%	3%
Limited food	64%	72%	57%	68%	62%	64%	68%	70%	45%	83%
Limited healthcare	52%	61%	44%	55%	45%	51%	57%	55%	35%	69%
Other	22%	13%	30%	17%	24%	27%	17%	14%	43%	1%

<b>Older people caring and in what way?</b>	<b>Total</b>	<b>Older men</b>	<b>Older women</b>	<b>Older people with disabilities</b>	<b>Alone</b>	<b>60s</b>	<b>70s</b>	<b>80+</b>	<b>Urban</b>	<b>Rural</b>
Basic care & support (food and shelter)	54%	57%	50%	52%	34%	76%	46%	28%	57%	50%
Providing emotional (care, love, empathy & social support)	16%	16%	15%	14%	3%	29%	11%	3%	25%	7%
Providing financial support (e.g. pay for school, etc)	41%	44%	39%	36%	28%	61%	36%	14%	52%	31%
Providing child minding (for parents at work)	7%	4%	9%	8%	0%	8%	8%	4%	4%	9%
Not providing support to others	39%	37%	41%	42%	59%	18%	39%	70%	34%	44%

<b>Have you had to change your diet since the outbreak started?</b>	<b>Total</b>	<b>Older men</b>	<b>Older women</b>	<b>Older people with disabilities</b>	<b>Alone</b>	<b>60s</b>	<b>70s</b>	<b>80+</b>	<b>Urban</b>	<b>Rural</b>
Yes, reduced quantity	82%	82%	82%	86%	79%	87%	90%	77%	70%	94%
Yes, reduced quality	57%	60%	55%	63%	59%	66%	53%	61%	38%	76%
Changes to what I usually eat	52%	50%	54%	49%	45%	59%	51%	42%	55%	50%
No changes	8%	10%	7%	8%	10%	4%	6%	16%	15%	2%



How many days of sufficient food is available in your house?	Total	Older men	Older women	Older people with disabilities	Alone	60s	70s	80+	Urban	Rural
More the 2 weeks	0%	0%	1%	1%	0%	0%	1%	0%	1%	0%
1 - 2 weeks	3%	3%	3%	4%	3%	4%	4%	1%	4%	2%
2 days to 1 week	10%	8%	11%	9%	3%	15%	6%	6%	14%	5%
Less than 2 days	87%	89%	85%	86%	93%	81%	89%	93%	81%	93%

Since the COVID-19 outbreak started, do you feel worried or anxious about the situation?	Total	Older men	Older women	Older people with disabilities	Alone	60s	70s	80+	Urban	Rural
All of the time	33%	33%	33%	37%	34%	33%	26%	46%	19%	47%
Most of the time	16%	18%	15%	18%	17%	24%	17%	9%	17%	16%
Some of the time	19%	16%	23%	16%	17%	15%	24%	13%	23%	16%
A little of the time	10%	10%	10%	11%	10%	6%	10%	16%	6%	13%
None of the time	21%	24%	19%	18%	21%	22%	24%	16%	35%	8%

Since the COVID 19 outbreak started do you feel depressed about the current situation?	Total	Older men	Older women	Older people with disabilities	Alone	60s	70s	80+	Urban	Rural
All of the time	24%	25%	24%	25%	34%	25%	21%	32%	18%	31%
Most of the time	22%	20%	23%	24%	17%	15%	24%	29%	13%	30%
Some of the time	27%	30%	24%	26%	38%	39%	24%	13%	33%	20%
A little of the time	14%	11%	16%	11%	0%	9%	17%	12%	17%	11%
None of the time	14%	13%	14%	14%	10%	12%	15%	14%	19%	8%

Since the COVID 19 outbreak started do you feel able to deal positively or effectively (cope/ manage/handle) the current situation?	Total	Older men	Older women	Older people with disabilities	Alone	60s	70s	80+	Urban	Rural
Yes - independently / without support	15%	14%	15%	10%	24%	18%	13%	10%	23%	7%

Yes - with support from family / friends / community / aid worker	45%	46%	44%	43%	41%	36%	54%	45%	43%	46%
No – not at all	41%	40%	41%	46%	34%	46%	33%	45%	34%	47%

<b>Since the COVID-19 / coronavirus outbreak started, what challenges, if any, do you have in accessing drinking water, handwashing, bathing or toilet facilities?</b>	<b>Total</b>	<b>Older men</b>	<b>Older women</b>	<b>Older people with disabilities</b>	<b>Alone</b>	<b>60s</b>	<b>70s</b>	<b>80+</b>	<b>Urban</b>	<b>Rural</b>
Lockdown or social isolation does not allow me to leave my home to access the facilities	5%	4%	7%	4%	10%	5%	8%	3%	10%	0%
I am too scared of contracting the virus to leave my home to access the facilities	4%	3%	5%	2%	3%	2%	4%	4%	7%	1%
Not enough facilities	56%	54%	59%	57%	52%	62%	47%	57%	56%	56%
Insufficient water	52%	52%	53%	53%	52%	46%	63%	55%	41%	64%
No privacy	18%	21%	15%	18%	10%	12%	15%	30%	10%	26%
Too hard to access / use	38%	40%	36%	37%	31%	38%	40%	33%	33%	43%
Too far away	32%	31%	33%	33%	21%	26%	38%	33%	8%	55%
Not clean	14%	16%	11%	10%	17%	19%	14%	7%	14%	13%
None of these apply to me	18%	19%	17%	18%	24%	15%	19%	20%	27%	9%