

# COVID-19 rapid needs assessment of older people

## Context

The impact of COVID-19 in Cambodia has four broad dimensions; health, economic, socio-cultural and political. According to the Global Health Security Index report in 2019, Cambodia ranked 89th out of 195 countries in preparedness for infectious disease outbreak. The country has limited capacity in terms of its public health services to deal with this disease.

The government has not closed all international land borders with neighbouring countries. However, restrictions have been imposed on the entry of foreigners from countries with high number of reported COVID-19 cases. According to the Interior Ministry's report, more than 90,000 migrant workers returned (without income) to the country. Businesses in tourism, entertainment and education industries have also been ordered to close. Similarly, Cambodia's garment and footwear industries, and many small and local businesses have been greatly affected. Physical distancing and wearing of masks have been observed in some places but many have described Cambodia's environment and government measures amid the COVID-19 pandemic as "relaxed" compared to its Southeast Asian neighbours.

Recently, the Cambodian government has taken quite a lot of preparedness and responsive actions, including providing social assistance to the most vulnerable people. In late May, the government introduced a cash transfer scheme which is a part of social assistant programme to the families with ID poor cards. Even though it is good news for the people with ID poor cards, the programme seems to have limited coverage due to errors in the identification process.

Cambodia has 1.3 million older people, the majority (84%) of which are living in rural areas where the health system is weak. Over 70% of older people are reported as poor but only 8% of them are under the ID poor scheme of the government. Many of these older people do not have proper income—most of them are reliant on income from their children who are currently being negatively affected by the economic fallout caused by COVID-19.

To assess the challenges facing older people and to inform programming and policy decisions, HelpAge Cambodia conducted a multi-sector Rapid Needs Assessment in May 2020.

## Key findings

### Food

**34%** of the older people surveyed have reduced the quantity of food eaten since the outbreak of COVID-19, while **16%** have reduced the quality. Also **52%** of older people have only sufficient food in their homes to last 2 days.



### Awareness and behaviour

**67%** of older people do not know where their nearest treating facility is for COVID-19.



## Protection

The top four perceived safety risks that older people face are **financial abuse, emotional abuse, neglect, and physical abuse.**



## Wellbeing

**40%** of older people are feeling worried or anxious most of the time while **31%** some of the time. Furthermore **35%** of older people reported that they feel depressed about the current situation most of the time



## Recommendations

- 1. Local awareness raising among communities about preventive measures using TV announcements, phone calls or through loudspeakers that reach older people while they are staying at home.**
- 2. Health awareness messages should be age and disability friendly. It should include where people can be treated and tested for COVID-19.**
- 3. Provision of protective supplies to older people in their own homes and in care homes.**
- 4. Provision of financial support (cash transfer) to those poor older people and their families whose income has been seriously affected by COVID-19.**
- 5. Provision of food to older people, especially those in remote communities, who have difficulty in accessing markets.**
- 6. Psychosocial support to older people and persons with disability and older people living alone especially supports which engage older people in activities which help overcome their isolation and improve their mental health.**
- 7. Establishment of volunteer groups to provide home deliveries of medicine and health screening for older people who have a mobility disability.**
- 8. Support for age-friendly livelihood and quick income generation activities so that older people, and/their families, can achieve food and income security during the period when factories and businesses are closed, and neighbouring county borders shut.**

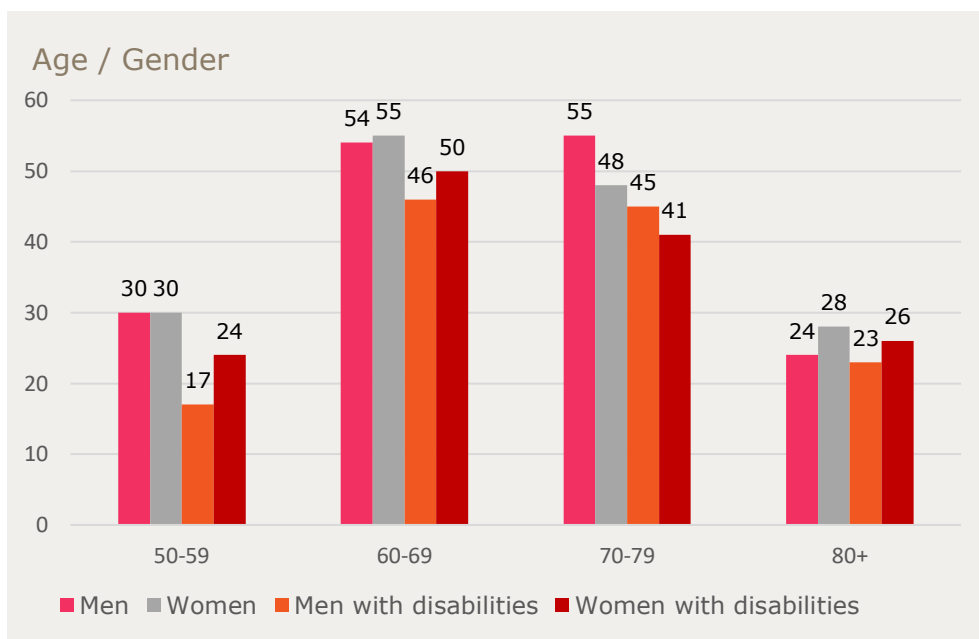


## Methodology

Data on older people over 50 was collected through phone surveys and host community members in five provinces, Battambang, Banteay Meanchey, Siem Reap, Kompong Thom, and Phnom Penh. HelpAge relied on its own and partner beneficiary database. A total of 324 older people was interviewed in May 2020. The data was disaggregated by gender, age bands, disabilities and those older people who have an ID poor card. The results of these disaggregations are only reported where the differences are significant. The key limitations of this survey were that older people were targeted using beneficiary lists, thus this may not be representative of the needs of all older people in Cambodia. Furthermore, older

people with some disabilities such as hearing or cognitive impairments may not have been able to partake in the survey.

## Demographics



**78%** of older people have at least one health condition

**Joint aches and pains: 40%**

**Hypertension: 35%**

**Gastro: 20%**

**Heart problems: 8%**

**Respiratory: 6%**

**Diabetes: 4%**

**Mental health: 1%**

**84%** of older people have at least one disability

**Remembering and concentrating: 67%**

**Walking: 55%**

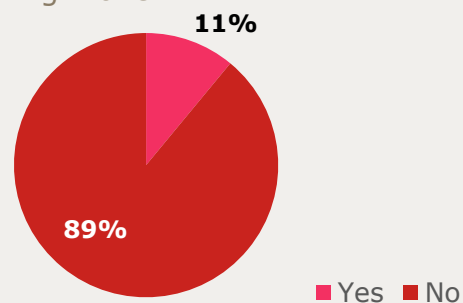
**Sight: 52%**

**Hearing: 30%**

**Self-care: 29%**

**Communication: 17%**

Living Alone



## Priorities for older people

- The top three priorities for older people surveyed are food, followed by income and livelihood, and then COVID-19 prevention.
- Older men and older people with disabilities were more concerned about getting sick from COVID-19 than were older women. Older women and the older people who had poor cards placed food as a very high priority.
- The fourth priority was safety, especially for older women and older people with disabilities.

## COVID Awareness and Behaviour

### Restrictions of movement

- From late March to May 2020, there were some restriction and measures that the government had put in place to prevent the infection of COVID-19 in communities (community outbreak).
- 81% of older people interviewed were observing governmentally instituted movement restrictions, with 39% following social distancing without government restrictions; 17% are not following any movement restrictions. Only 9% of older women and 3% of older men were keeping themselves in quarantine or isolation due to COVID-19 exposure. This highlights that during the peak of the lockdown most older people abided by government restrictions.

- Furthermore, during this time, no older people responded that they had tested positive or demonstrated symptoms and were limiting their movements. Additionally, no older person reported being hospitalised. In Cambodia while the impact of COVID-19 has not been as significant as other countries, it is important that the government remains prepared in case of a second wave. Especially for older people who are most of risk of dying because of COVID-19.

### Protection from COVID-19

- Older men and women across all groups and age groups have a good understanding of basic hygiene procedures to protect themselves especially in handwashing (99%) as well as coughing and sneezing into your elbow (83%). Also 60% of older people recognised physical distancing of two meters as well as avoiding groups and staying at home as effective protection methods. However only 30% of older people recognised the importance of avoiding touching one's face to protect themselves from catching COVID-19.
- However, 32% of the older men and women reported they are unable to physically isolate. This is because in rural areas of Cambodia houses are often small and many older people live in large families within them. Furthermore 60% of older people were unable to avoid touching their face because they found the weather hot and they often forget not to do this.

### Barriers to Health Messaging

- 18% of older men and women reported they faced barriers in accessing COVID-19 health messaging. This is particularly high for poorer older people (23%) and those above 80 (29%). These older people admitted difficulty with seeing, reading, and hearing messages as the promotion materials and the methods of disseminating information were not disability or age friendly.

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

- The top two preferred methods for older people to receive COVID-19 related information was via the television (54%) and by word of mouth (54%). The next two most popular methods were via the radio (37%) and loudspeakers (33%). There is a negligible interest in receiving messages by SMS (1%), newspaper(4%) or phone calls (5%).

## Health

### Access to health services

- 23% of older people reported finding it more difficult to access health services during the COVID-19 outbreak time. While 16% have noticed a substantial change in their health service provision since the COVID-19 outbreak began. Also, deeply troubling is that 10% of the older people had no access to health services before. This figure needs to be further explored to understand if they are aware of local health centre or they prefer to visit traditional healers.

### Nearest health facility

- Due to the lack of appropriate health awareness and information dissemination, 67% of older people (73% women and 62% men) do not know where their nearest treating facility is for COVID-19. This is even higher for those over 80 (81%) and older poor people (73%). This is reflected in the challenges both group face in receiving COVID-19 related information. However, 23% of older people (28% women and 17% men) do know where the treating facility is located.
- 60% of the older people state that the health centre is 30 minutes away from their home while 39% of older people need to travel 30 mins to 1 hour.
- It would be important for older people as well as community people to better understand the location of the health facilities with testing capacity to prepare for any future outbreaks and look at ways of how to share this information more effectively with the older community.

## Access to medicine

- 35% of older people surveyed have hypertension and 4% have diabetes, 40% have joint aches and pains and 8% with heart disease. They are likely to need continuous medication to support their health needs.
- However, 21% of older people reported having greater difficulty accessing medicines now than before the outbreak of the virus, with 12% unable to access any medicines. However, 62% of older women and 46% of older men, including 58% of older people with disabilities continue to access their medication from the health services with 12% of older men and 10% of older women continuing to access traditional medicines.

## Access to PPE

- During the outbreak of COVID-19, there was a shortage of personal protective equipment (PPE) such as masks and soap in Cambodia. Prices for the necessary materials tripled or more.
- 69% of older people interviewed were able to purchase PPE while 31% of older people received them. However, 25% of older people also reported that they could not afford PPE, and this raises concerns for the protection of this group who are not able to follow the basic protection procedures in their home and community.

## Access to basic goods and services

- Both in the cities and communities, there were many local businesses, especially grocery shops and restaurants which have temporarily closed. The streets also often very quiet as people fear getting infected.
- Older people have a lot of difficulty accessing basic goods and services, especially food (63%), health services (23%) medicines (21%) and drinking water (17%). As food is one of the top priorities for older people in this assessment, this raises the need to further understand the barriers older people face in accessing food, especially in light of COVID-19.
- Importantly, 42% of older people above 80 have difficulty in accessing the health services. This finding highlights the need to follow up and address these challenges ensuring older people's health needs are adequately addressed.
- The difficulty in accessing the temple (28%) is another challenge older people's face in their daily practices and routines. With lockdown restrictions many older people are avoiding groups or large gatherings.

## Protection

### Safety

- The top four perceived safety risks that older women face are: financial abuse (58%), emotional abuse (46%), neglect (30%) and physical abuse (28%). Safety concerns for older women were also raised regarding harmful traditional practices (15%) and denial of resources (12%).
- The top four perceived safety risks that older men face are: financial abuse (52%), emotional abuse (35%), neglect (19%) and physical abuse (16%). Safety concerns for older men were also raised about the use harmful traditional practices.
- It is useful to recognise how these perceptions have changed over the COVID 19 experiences and if there are underlying issues that can be better understood in future activities.
- In general, older people reported that in most cases, they perceived that older women (35%) and older men (47%) had no major threats of violence, which is an encouraging figure to share as this suggest that many in the community may have a safety net mechanisms in place to support themselves.

### Caring for others

- The caring responsibilities of the older men (42%) and women (40%) were mainly aligned to providing basic care and support (shelter and food) for their family members.

- 32% of older men and 31% of older women including 41% of older people with disabilities have a strong role in providing child-care. The burden of providing financial support falls onto the older people aged 50 -59 to pay for school fees etc. with more pressure on men than women. It is also noticeable that older people over 80+ are taking fewer caring responsibilities than other age groups.

## Food and Income

### Diet

- Food is the highest priority in this survey for many older people.
- There is a marked change in diet since the COVID-19 outbreak with many older people facing a reduction in the quality and quantity of food. This is especially the case for older women (40% in quality and 22% in quantity), as opposed to older men (28% in quantity and 10% in quality). However, it is also useful to recognise that 62% of the older people have no changes in their diet over this COVID-19 period.
- Furthermore, many older people have low food supplies in the house with 52% of older people having sufficient food for the next 2 days (64% of the older poor). However, 27% of older people do have a supply of basic foods for more than 2 weeks.

### Income

- During the COVID-19 period, older men and women in this assessment rely heavily on remittances (56%), then agriculture (29% older men and 26% older women) and then business (21% older men and 18% older women). The older poor and older people above 80+ are more reliant on remittances than other groups. The global economic fallout of COVID-19 is likely to also have knock on effects to older people in Cambodia as they are highly reliant on remittances.
- 11% of the older people are receiving a regular salary. This will bring much needed stability to the household during the COVID-19 times.
- 7% of older people's income (15% among older people age from 50 to 59) is from informal/formal loans. If these loans are not managed well this could result in some older people carrying excessive debts and having to lose assets pledged as collateral.

## Wellbeing

- The wellbeing of older people reflects a picture of concern with 40% feeling worried or anxious most of the time or 31% some of the time. There is an increase in anxiety in older poorer people (18% all of the time and 43% some of the time) which flags up concerns not only for their wellbeing but for meeting their basic needs.
- Likewise, older men (36%) and women (35%) are equally reporting that they feel depressed about the current situation most of the time with a higher response for older poorer people (42%).
- When asked if older people feel they are able to cope with the current situation, older men (45%) felt they could manage more than women (31%) without support, whereas older women (61%) needed support from family and friends as opposed to 48% of older men. Older people over 80 (69%) and older poor people (66%) needed more family support, which places increased stress on families and communities and suggests the importance of cross generational support and the need to also provide assistance to those who provide support to older people.
- The type of support being received varied with a key role being played by the local authorities (27%) , targeting more older people 50 – 59 years (37%) and older poor people (36%); relatives or neighbours (21%) also played a significant role here, especially for older people 80+ (36%); the role of the old people associations (16%) also supported older people especially older women 50-59 years and older poorer people (24%), which demonstrates a strong community contribution. NGO's played a smaller, yet significant, role in supporting 13% of the older people.

## **WASH**

- Nearly half the population of Cambodia does not have access to safe water and basic sanitation. The 6.3 million out of 14.9 million Cambodians who are unable to access clean drinking water, are mostly the poor living in rural areas.
- However, in this assessment, the major concern was less about access to water and more about the fear of contracting the virus while leaving home to access the facilities; it was one of the main concerns of older people (29% men and 34% women) and especially the older poor people (40%) is. This links with earlier data related to top priorities and anxiety and depression.
- The data also shows some 15% of older people find WASH facilities too hard to use and 10% find they are too far away.