Rapid Needs Assessment of Older People and Food Aid for Drought Affected Population – Zimbabwe

June 2022

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NANZ
NATIONAL AGE NETWORK OF ZIMBABWE
Championing Ageing Issues

HelpAge International

The National Age Network of Zimbabwe (NANZ) is coalition of development organisations whose aim is to promote age inclusion in all development processes. NANZ's vision is of an inclusive world where people of all ages feel accepted and respected. Its mission is to be a leading network in championing ageing and inclusion issues in Zimbabwe through advocacy, capacity building, and research & development.

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Introduction

Rapid needs assessment of older people

The *Rapid needs assessment of older people, Zimbabwe drought crisis* (RNA-OP) provides an outline of the specific needs of older persons affected by the drought in Binga, Chipinge and Chimanimani districts in Zimbabwe. Binga has a history of neglect and suffers from perennial droughts with limited support from central government and development agencies. National Age Network of Zimbabwe (NANZ) is also building presence in the district, as it seeks to work with locals in promoting healthy and successful ageing. There are already existing structures in Chimanimani and Chipinge which work directly with NANZ. Chimanimani and Chipinge have fragile environments, prone to disasters and the prevalence has increased in the past few years. As humanitarian efforts are conducted, older persons are continually by-passed because of lack of age friendly response mechanisms. The exercise initially targeted 650 respondents in the three districts however the study sample was reduced to 546 due to a cold spell that hit the country during the survey period. The decision was reached after careful consideration of the safeguarding issues surrounding bringing older persons out in cold weather for long periods.

This RNA was conducted in June 2022.

Methodology

The rapid needs assessment data collection was carried out through face-to-face, one-on-one interviews using a structured survey tool. The interviews were conducted using three languages, English, Shona and Tonga depending on the preference of the interviewee. Local data collectors were used to conduct the interviews to reduce challenges created by language barriers and to ensure greater contextual knowledge. In collaboration with the local social welfare office, the assessment was conducted in Binga, Chipinge and Chimanimani districts. These locations were identified by both NANZ and the Ministry of Public Service, Labour & Social Welfare, Department of Social Welfare as people in these districts are at risk of food insecurity and there is a high concentration of older people.

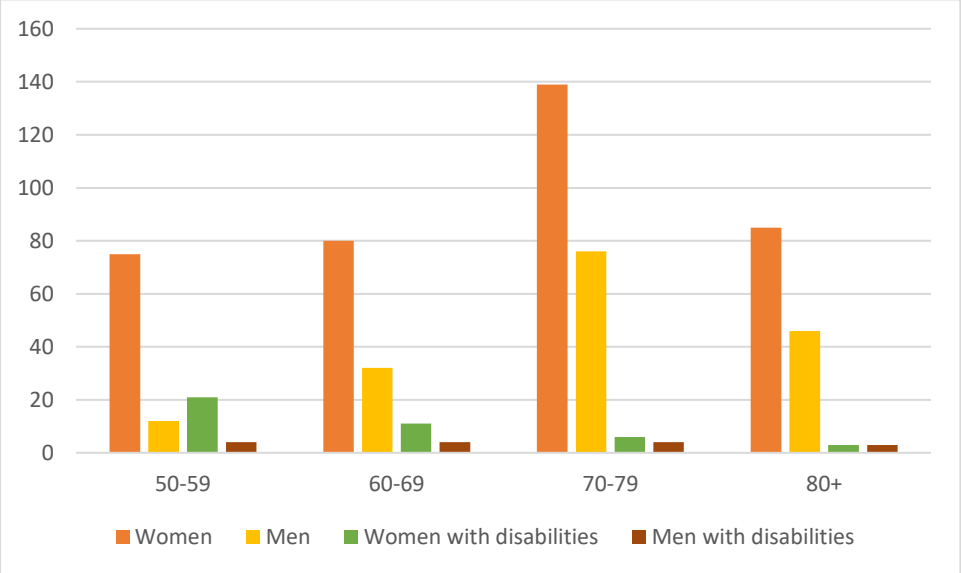
The assessment used a purposive sampling approach to reach women and men aged 50 and over. The Department of Social Welfare lists of most vulnerable OPs was used in Binga as a first step. In Chimanimani and Chipinge, data bases of most vulnerable OPs collected by groups of community volunteers and triangulated with Department of Social Welfare lists were used. A combination of approaches were used to get to the OPs. Some were interviewed at food collection points and those who could not walk on their own were interviewed at home. In terms of age cohorts, the survey targeted mostly people above 60 years as these tend to be more vulnerable.

Prior to the data collection, NANZ provided training to 35 local data collectors on the RNA-OP purpose, tool, process, and methodology.

The total RNA-OP sample was 546 of which 69% were older women and 31% were older men. The time the survey was done in most places tended to suit women more hence more women participated than men. This was most visible in Binga where culturally men go out to look for money and women spend most of their time looking for food and tending to children. Overall, the total number of older people interviewed was a sufficient to disaggregate the data into smaller subgroups. To allow for a 95% confidence level and 0.05 sample error, we determined a minimum sample size of 384 from the three locations. However, we reached more targets (546) which enabled a more representative sample to generate accurate results.

Where there is no large disparity (more than 5%), the sex-disaggregated data is not mentioned. A breakdown of participants by sex, age and disability is given in Graph 1.

Graph 1: Demographic breakdown of survey participants



Humanitarian context

Zimbabwe has been facing natural disasters since 2019 such as drought, cyclones and floods. In 2022 Manicaland and Mashonaland East provinces were hit by Cyclone Anna which caused floods and destroyed crops and fields. Overall, although floods were experienced, the rain was not sufficient to support the growth of cereal due to extended periods of dryness in February. The dryness affected Masvingo, Midlands and Matabeleland provinces more severely.

An above-average planted area (1.9 million hectares) was dedicated for the 2022 production of maize, and the official estimated yield is 1.6 million tonnes, slightly below the five-year average and 45 percent down from the harvest in 2021. The lower output reflects the impact of unfavourable weather conditions.

The impact of the drought has been worsened by the volatile macroeconomic environment, significantly reducing the typical livelihood strategies thereby increasing vulnerability. The official monthly food inflation rate was estimated at 15.5 percent in April, 146 percent hike from the March's rate of 6.3 percent. The year-on-year inflation rate increased from 72.7 percent in March to 96.4 percent in April and 131.7 percent in May 2022. Food prices had doubled[1]. Although changes in the value of the national currency against the US dollar continued to be the key driver of price movements, the rising prices of foods and energy in the international market, fuelled by the war in Ukraine, also fuelled the inflation.

The macroeconomic situation remains volatile, negatively impacting livelihoods, income levels and access to food, especially among poor households. The United States Dollar (USD) is the preferred currency of trade, and most commodities and services are charged in USD. However, most poor household earnings are in the local Zimbabwe Dollar (ZWL) currency. The ZWL – USD currencies are mostly exchanged using unofficial exchange rates especially when purchasing goods thereby raising local inflation. The parallel market exchange rates are the main drivers of ZWL price increases in both formal and informal sectors.

Below normal income across sectors including casual labour, livestock sales, remittances, cross border trade, among others and soaring prices for food and non-food commodities are constraining market access for these households and resulting in increased food insecurity. This is exceedingly difficult for the rural and marginalised communities still recovering from the effects of COVID 19.

Projections on the number of food insecure people are not yet available for 2022/23. However, based on the current situation, the prevalence of food insecurity is foreseen to increase from the latest FEWS NET assessment that estimated 2.5 to 3 million people in need of humanitarian assistance during the peak of the lean season between February and May 2022[2].

Binga district in Matabeleland North just south of Lake Kariba, along the southern Zambezi Escarpment. Binga is a rural district that is significantly underdeveloped, poor road systems, limiting accessibility. It is also one of the most

[1] Reserve Bank of Zimbabwe: Consumer Price Index May 2022

[2] GIEWS Country Brief Zimbabwe 03-June-2022 (FAO)

sparsely populated districts of the country with a population of 186,942 (104,116 female, 88,590 males). The district has never produced enough food and the main economic activity is the exploitation of non-timber forest products. The Matabeleland North province is historically economically marginalised. **Chipinge and Chimanimani Districts** have extreme weather patterns and terrain with the upper parts representing region 1, prime agriculture land with plantations and region 5 (lower Save). Climate change impacts, including rising temperatures and reduced rainfall and increased in incidences of flooding threatens the food security in these districts. The low productivity of the Lower Save areas provides limited livelihood opportunities. Chipinge has a population of 364,441 (197,375 females, 167,066 males) and Chimanimani has 171,463 (87,901 females, 83,562 males).

Key findings

Situation of older people in drought-affected Zimbabwe

Older people affected by the drought in Zimbabwe are a diverse group facing different risks and challenges. These may relate to gender, and disability, but also the additional challenges that older people caring for others or living alone might face. Most older people surveyed do not have access to many basic services, notably:

- 24% of older people do not have access to safe drinking water
- 90% of older people surveyed reported not to have access to enough food with 22% prioritising children eating over themselves
- Some older people do not have access to WASH facilities – bathing (36%), hand washing (29%), and toilet facilities (41%)

The above data is alarming especially given that 82% of older people surveyed stated they care for others and many of these older carers depend on others to meet their basic needs. 'Caring' is used in the broad sense of the word and can include emotional, social, and financial care or support. Older people care for others across the age spectrum, especially children and fellow older people. Fifty-four per cent of older people (38% of women and 16% of men) are looking after 3 to 5+ children. A considerable proportion (49%) of these older carers are over 70 years of age. Also, 67% of older people surveyed depend on others to meet their basic needs. Indeed, 29% stated they cannot reach aid distribution sites on their own (21% older women and 9% older men) and 98% depend on food aid for survival. The combination of dependency and responsibility for others is likely to exacerbate the safety risks of older people and dependents as well as impact their psychosocial wellbeing.

Older people's priorities

The survey asked older people to choose their top priorities among safety, water, food, shelter, medicine, cash, hygiene items, clothing, bedding, fuel, and household items. The results are summarised in Table 1 & 2 below. While older women and men had similar priorities, older women prioritised medicine as their fifth priority compared to older men who prioritised shelter. The priorities of men and women tended to mirror social roles with men preferring food and cash above water and other things while women seemed more concerned food and water over cash. In most rural settings, men are more into cash employment than women.

Table 1: Older people's top five priorities

Priority	Older women	Older men
1.	Food	Food
2.	Water	Cash
3.	Cash	Water
4.	Safety	Safety
5.	Medicine	Shelter

Table 2: Older people with disabilities' top five priorities

Priority	Older women	Older men
1.	Food	Fuel
2.	Water	Food
3.	Cash	Cash
4.	Safety	Water
5.	Medicine	Shelter

Key findings by sector

Food security, income, and debt

- Food was ranked by older people as their highest priority.
- 90% of the sampled older people reported not to have access to sufficient food.
- 58% of older people reported to feel unsafe while accessing food.
- 70% of older people cannot afford to buy food which accounts for the principal reason of not accessing sufficient food, and 43% of them reported not to have enough food in rations.
- 20% of the surveyed older people reported to have 3 meals per day, while 66% of older people reported to have 2 meals per day, and 12 % have only 1 meal per day.
- Older people often go to bed hungry with a 31% going to bed hungry 1-2 nights per week, 9% going to bed hungry 3-5 nights per week and 0.5% going to be hungry every night, respectively.
- 90% of older people reported not to have income currently.
- 89% of older people reported that they would be able to use cash safely if given it.
- Among those who said they would not be able to use cash safely, the main reasons given were risk of theft (6%) and do not control household resources (3%).
- 87% reported changing their behaviour to meet their basic needs. This includes 22% of older people prioritizing children eating over themselves or other adults.

Water, sanitation, and hygiene

- Water is the second priority of older women and third for men while hygiene items are the seventh priority.
- Most of the older women and men have access to safe drinking water (76%), bathing facilities (63%) toilet facilities (59%), and (70%) handwashing facilities.
- Many older women and men do not feel safe when accessing handwashing facilities (29%), bathing facilities (45%), toilet facilities (47%), and drinking water (26%). This is higher for women whereby 24% of older women do not feel safe accessing handwashing facilities, 36% do not feel safe accessing bathing facilities and 38% do not feel safe accessing toilets.

- For older people living alone, their feeling of a lack of safety is slightly higher in accessing handwashing facilities (23%), toilet facilities (39%), and bathing facilities (39%). The impact is a little bit higher for older women and men having disability regarding safe access to bathing facilities (46%), handwashing facilities (29%) and toilet facilities (46%).
- 20% of older people reported that water points are far away from their shelter.


Typical toilet facility in parts of rural Chimanimani & Chipinge

- 18% of older women say there is no privacy at bathing facilities.
- Although only 7% of older people reported that toilet facilities are too far away, 12% reported that there were not enough toilets, 21% reported that there was a lack of privacy and 6% reported that the toilets were not clean.

Protection

- 17.4% of respondents perceived a risk of sexual violence for older women, however, 8% of older people living with disabilities and 6.7% of older people living alone reported this as a perceived risk.
- 12% of older people surveyed live alone with a substantial difference between older women (8%) and older men (4%).
- 67% of older people (45% of older women and 22% older men) surveyed depend on their family or friends to meet their basic needs.
- 29% of older people surveyed cannot reach aid distribution sites on their own. More older women (20%) face this challenge than older men (9%).
- 2% of older people surveyed do not get to distribution points or receive items at all.
- 23% have family/friends assist them to get to distribution points.
- 4% pay for transport to get to distribution points.
- 13% have family, friends, and volunteer bring items to them due to mobility challenges and long distances to distribution sites. In Chimanimani, the terrain also contributes to the need for this support.

Shelter

- 86% of older people report having a shelter with only 13% reporting no shelter, 67% feel safe and 30% not feel safe in their shelter
- 61% of older people are satisfied with their shelter.
- About 58% of the respondents reported having difficulties with their shelter.
- 25% reported their shelter needs major repair.


Typical OP shelter in Binga

Health

- 82% of older people (86% women, 80.7% men) reported having one or more health conditions. Presence of health conditions is significantly higher for women and increases with age with 86% of those over 80 reporting at least one health condition. Conditions include:
    - Hypertension – 26% (18% women, 8% men)

    - Gastrointestinal issues – 11% (9% women, 2% men)
    - Respiratory problems – 21% (21% women; 8% men)
    - Heart problems – 24%
    - Diabetes – 7%
    - Cancer – 1%
- 51% of older people reported having joint aches and pains (37% women; 14% men)
- 43% of older people reported living with multi-morbidity - having two or more health conditions (32% women, men 12%)
- 6% of older people reported having no access to health services with slightly less access for those with one or more NCD and much less access for those over the age of 80 (1%). 51% must travel between 1-3 hours to reach the nearest health facility; 28% need 30 minutes-1 hour and 5% cannot access health facilities at all.
- 40% of older people reported that medicine was not available; 49% that medical care was too expensive; 4% had experienced negative attitudes from health providers; and 11% were unable to access because they did not have anyone to help them access it. In addition, 20% did not feel safe accessing care.
- 8% of those taking medication said they only had medication for the coming week or less.

Disability

- 61% of older women and 27% of older men who responded to the survey are living with a disability.
- Of those with a disability, 31% of older men and women have a lot of difficulty or cannot walk or climb stairs.
- 20% of older women and men have a lot of difficulty in seeing or cannot see.
- 13 of older men and women have a lot of difficulty hearing or cannot hear at all.
- 25% of the older people have difficulty leaving the home.

Wellbeing

- 48% of older people surveyed feel worried, nervous, or anxious on a daily or weekly basis.
- 35% of older people surveyed reported experiencing pain every day or most days (26% older women and 9% older men) over the past 3 months.
- 71% of older people surveyed have felt very tired or exhausted in the past 3 months.
- 51% of older people surveyed feel unable to cope with their current situation. This was slightly more for older women (37%) than older men (14%). However, 48% feel able to cope either with or without support.
- 96% of older people survey are caring for and supporting others.
    - 54% are caring for 3 or more children (69% older women and 30% older men), 20% are caring for 5 or more children; 28% are caring for 1 to 2 children; 87% of older carers of children have a disability.
    - 65% are caring for one to two other older adults. Interestingly more older men (71%) than older women (62%) state they care for one to two other older adults.
    - 26% are caring for one to two people with disabilities.
- 12% of older people surveyed live alone with a substantial difference between older women (70%) and older men (30%).
- 60% of older people (43% older women and 16% older men) surveyed stated they have difficulty remembering with a substantial difference between older women (24%) and older men (6%) who have difficulty remembering often or all the time.

Accountability

- 65% of older people have not been consulted by any humanitarian agencies about the services being provided to them. 46% of older women reporting a lack of consultation compared with 19% of older men which may reflect marginalisation based on gender.
- 57% of older people do not know how to make a complaint or how to provide their opinion on the humanitarian services designed to support them. Again, this is more pronounced among older women whereby 45% reported not knowing how to make a complaint compared to 12% of older men.
- Among older people with disabilities, the situation was similar if not better, with 74% reported not having been consulted by any humanitarian agencies and 62% reported not knowing how to make a complaint or give feedback. More women were not consulted (70% women, 30% men) and did not know how to provide their opinion (70% women, 30% men).

Recommendations for an inclusive response

1. There is need for prioritisation of immediate food and nutrition support to older persons to improve their food security situation.
2. Create synergies with other humanitarian support programs, which focus on the disabled and children due to the high burden of care among older people.
3. Design age and disability friendly toilets facilities that are affordable and can be built using locally available materials.
4. Establish and peer to peer psychosocial support activities for older people and older people with disabilities feeling worried or anxious.
5. To strengthen community led monitoring in communities to increase awareness of complaint response mechanisms existing in their communities.

Sector-specific findings and recommendations

1. Food security, income, and debt

In Zimbabwe, OPs are mostly informally employed and given the effects of COVID-19 on the informal sector the recent drought has worsened their food security situation, compounding their vulnerability. From the RNA, the top priority for the OPs is the availability of sufficient food to live as a human. Despite 66% of the respondents reporting to have two meals per day, 90% of them confirmed that they have had insufficient access to food.

thirty-one per cent of the older people reported to go to bed hungry with a frequency of 1-2 nights per week. 9% and 0.5% of older people also often go to bed hungry with a frequency of 3-5 nights per week and every night, respectively. fifty-eight per cent of older people confirmed they have never gone to bed hungry. In Zimbabwe, specifically the survey areas (Binga, Chipinge and Chimanimani) older people in general lack food and income, face the threat of hunger and not being properly nourished.

One of the most common barriers to accessing food for older people in Zimbabwe is their lack of income. Ninety per cent 8of older people reported that they did not have any income (78% men, 95% women) and most of them (70%) reported that they cannot afford to buy food. Other barriers to food include n physical barriers (14%), not enough food rations (43%), food lacking diversity (26%) and some respondents (18%) reported that the food they have is not appropriate. A small number of respondents (7%) also reported that there was not enough food in the markets, which. Ten per cent (10%) of the respondents confirmed that they are not being challenged by any factors to access food as well as its preparation and collection. There is gender disparity observed during this study, with a significantly higher proportion of women without income, which outlines the need for the

involvement of older women in the income generating activities (IGAs) and other economic empowerment programs to reduce the inequalities evidenced in these districts.

As the assessment pointed out and mentioned above, 82% of older women and men prioritized food as their priority need. Many older people are highly affected and face challenges in accessing their daily food. The survey areas are characterized by limited job opportunities, poor working areas with precarious jobs by low wages, especially older people are being highly risked while seeking daily works to survive. In conclusion, there is need for immediate food assistance in affected areas and incorporate the diversified needs of older people in Zimbabwe.

Recommendations

1. Build synergies with other humanitarian support programs (particularly food aid programs) which focus on the disabled and children due to the high burden of care among older people.
2. In the event of cash transfers identify and monitor affordable and appropriate markets, older people especially 60+ can access to minimise abuse and exploitation of the older persons.
3. Establish older people focused BIC [Business Incubation Centre] in which older people can sell their indigenous skills and experiences as well as their creative arts so that they can support themselves without expecting others. All three districts have significant activity in utilising non-forest timber products which with enough support these centres can allow older people to contribute their own indigenous knowledge and skills for getting returns to secure their livelihood, which will result in improving their living standards.

2. Water, sanitation, and hygiene

The drought effected communities including older women and men have ranked water as their second highest priority need during disaster situation while hygiene items are ranked as their seventh highest priority need.

Overall, not all older women and men reported having adequate drinking water (76%), bathing (63%) and toilet facilities (59%) in the drought hit areas. Notably, there is quite a considerable number of older persons with inadequate handwashing facilities in the affected areas where 30% reported no access to handwashing facilities at all and it is more severe for older women whereby 80% reported having no handwashing facilities.

There are issues faced by older women as well as older men when safely accessing handwashing facilities (29%), bathing (45%), toilet facilities (47%) and drinking water (26%). This is more pronounced for older women in that 24% of older women report a lack of safety when accessing handwashing facilities. For older people with disabilities, a lack of safety was reported when accessing handwashing facilities (29%), bathing facilities (46%), and toilets (46%). The safety issues facing older people living with a disability highlights a significant issue for older people which needs to be urgently addressed.

In terms of barriers to WASH services, 30% of older people reported that water points are far away from their shelter, 33% of older women said that they faced privacy issues at bathing facilities, while 36% of older people reported having no bathing facilities at their homes in the drought affected areas. Older people also faced several key barriers when accessing toilets this includes insufficient number of toilets (20%), lack of privacy (35%) and the overall cleanliness of the toilets (13%). Similarly, bathing facilities accessibility barriers also include an insufficient number of facilities (31%) and lack of privacy (30%).

During the assessment, an observation was made in all three districts on the lack of appropriate toilet and bath facilities. The common facilities in the communities are makeshift structures, presenting a public health hazard and are not age friendly.

Recommendations

1. Design appropriate age and disability friendly toilets and other hygiene facilities that are affordable and can be built using locally available materials.

3. Protection

Perceptions of safety and risk

The responses received showed that older people had significant concerns about safety, and that older women and men universally agreed on the most significant risks: neglect, isolation, financial abuse, denial of resources, opportunities and resources and emotional abuse. (See table).

Older people with disabilities surveyed also shared broadly the same perceptions around risk and safety to the broader population. Older people living alone, however, seemed to perceive much higher levels of risk around neglect and isolation; 39% of people living alone perceived neglect as a risk for older women and 36% perceived this as a risk for older men. Additionally, 46% perceived isolation as a risk for older women and 35% perceived it as a risk for men. Older people living alone also significantly consider emotional abuse a safety (39% older women, 27% older men).

Table 3: Top five safety risks perceived by older women

Safety risks	Older people identifying this as a major risk for older women
Neglect	39%
Emotional abuse	37%
Isolation	37%
Financial abuse	33%
Denial of resources, opportunities, and resources	29%

Table 4: Top five safety risks perceived by older men

Safety risks	Older people identifying this as a major risk for older men
Neglect	35%
Isolation	28%
Denial of resources, opportunities, and resources	28%
Financial abuse	27%
Emotional abuse	21%

Adapting behaviour to meet basic needs

Respondents were asked whether they had made changes to their behaviour to meet their basic needs. 88% of respondents reported at least one behaviour change, with the most common changes reported being limiting food consumption amongst adults to prioritize children, limiting food quality, borrowing money, working for goods (as opposed to cash payment), reducing spending on non-essential items (such as hygiene items) and relying on donations from churches, community groups, etc. (See Table 5).

According to the responses received, women were far more likely to limit food quality than men – 77% vs 23%, and to limit food consumption to prioritize children – 56% vs 46%. This reflects global trends as women are more likely to be responsible for food within the household and are more likely to forego food so that their children can eat[3].

[3] https://www.friendsofunfpa.org/women-and-climate-change/

Table 5: Behavioural change reported among older people

Behaviour change	Older women	Older men	Older people living alone	Older people with disabilities
Limit food quality	51%	34%	52%	46%
Limit food consumption	24%	18%	20%	24%
Borrow money	25%	24%	14%	26%
Work for goods	28%	37%	12%	31%
Reduce spending on non-essentials	18%	18%	19%	19%
Donations	31%	32%	32%	32%

Forty-eight per cent of the respondents reported that they had resorted to high-risk behaviours and other coping mechanisms to meet their basic needs, particularly ones that impacted children within the household. (See table).

Table 6: Negative coping mechanisms reported among older people

Coping mechanism	Older women	Older men	Older people living alone	Older people with disabilities
Remove children from school	12%	10%	8%	12%
Begging	7%	17%	33%	26%
Send children to work	6%	4%	2%	6%
Children to other families	6%	2%	0%	5%
Other	14%	12%	14%	13%

As highlighted in the priorities section, older women with disabilities included safety as one of their top priorities while older men did not. This is reflective of the increased need for older women, particularly with disabilities to engage in behaviour change and resort to negative coping mechanisms to meet their own basic needs and the needs of their families.

Access and Dependency

Older people surveyed have also faced challenges when accessing humanitarian services which can also impact on their wellbeing.

Sixty-seven per cent of older people surveyed (46% women, 22% men) reported that they depend on their family or friends to meet their basic needs. Two per cent of older people surveyed did not receive relief items at all. Support to older people to meet their basic needs has far reaching consequences not only on the older person but also older carers and their dependents.

Older people surveyed have also faced challenges when accessing humanitarian services which can also impact on their wellbeing. Twenty-nine per cent of older people surveyed cannot reach humanitarian services on their own and require support to do so.

Recommendations

1. Build synergies with programmes that relate to children and PWDs due to the high burden of care faced by older people.
2. Ensure that households are sensitized about the importance of equitable access to food within the household regardless of gender and age.
3. Facilitate psychosocial support via community mobilisation and engagement, peer to peer support and support groups should be set up via outreach teams and community volunteers.

4. Shelter

A high number of older people (86%) reported that they have shelter, though there also found that thirteen percent have no shelter, which is very essential for basic needs. Almost a third of older people reported not feeling safe in their shelter which is not surprising given the typical structure (pole, mud, thatch) is vulnerable to weather elements (Chimanimani and Chipinge), wildlife (Binga) and there is limited or no public lighting. 39% of responding older people claimed that they were not satisfied with their shelter.

Older people face challenges in stabilizing or improving their shelter situation, which in this case related primarily to accessing shelter items and shelter labour support. Twenty-five per cent of surveyed older people report that their shelter needs major repairs and 10% of respondents reported that they materials were not appropriate and 16% have not enough building materials. 14% claimed that they have no space to construct their shelter. Binga (37%) has the highest proportion of older people with houses needing major repairs followed by Chimanimani (20%) then Chipinge (12%).

Table 7 below reflects the needs for shelter support by older people, whereby, 14% reported that they have not enough space into their shelter, 25% have a shelter that needs major repair and 15% have a shelter that needs minor repairing. The other important findings found under this study is that 10% of the respondents were claimed that the shelter materials were not appropriate for their shelter.

Table 7: Top shelter needs of older people

Shelter need	Older people	Older women	Older men
Minor repairs	15%	11%	4%
Major repairs	25%	19%	6%
Not enough space	14%	9%	5%
Not enough building materials	16%	13%	4%
Far from family and friends	13%	10%	3%
Far from basic services	1%	6%	2%

Recommendations

1. Investigate location of toilet and bath facilities at homesteads to ensure they are accessible to older people and people with disabilities.

5. Health

There is high prevalence of health issues among older people, with 85% of older people (86% women, 81% men) reported having one or more health conditions. Presence of some health conditions is significantly higher for women or for men, and women have a higher disease burden. People with disability report health conditions at a higher rate. Prevalence of health conditions increases with age with 82% of those over 80 reporting at least one health condition. Table 8. Shows disaggregated data on health conditions by sex, age, and disability.

Table 8: Health conditions of older people

Health condition	Percentage of older people reporting health conditions					
	Sex		Age			People with disability
	Women	Men	60-69	70-79	80+	
Hypertension	18%	8%	21%	43%	27%	25%
Gastrointestinal issues	9%	2%	21%	46%	19%	11%
Respiratory problems	21%	8%	20%	42%	28%	28%
Heart problems	19%	5%	15%	43%	27%	23%
Diabetes	6%	2%	29%	34%	34%	7%
Cancer	3%	1%	0%	50%	50%	1%
Skin problems	3%	1%	21%	37%	32%	3%
Joint aches and pains	37%	14%	19%	44%	25%	48%
At least 1 health issue	82%	76%	69%	74%	85%	74%

Access to health services and medicine

A considerable number of older people face difficulty with access to health services (75%). 26% of older people (up to 30% of those over the age of 80) cannot access health services. Only 15% can reach a health facility within 30 minutes and for 51% of people it takes 1-3 hours. 50% reported that medical care was too expensive. 20% did not feel safe accessing care (23% women, 13% men). Four per cent had experienced negative attitudes from health providers. 11% were unable to access because they did not have anyone to help them access it, but some groups reported higher rates of difficulty with this (5% of those living alone, 23% of those living with disability, 18% women and 8% men).

Forty per cent reported that medicine was not available at the health facility as a barrier to accessing care. Of those who regularly take medication, only 29% have a supply of medicine for a week or longer.

Recommendations

1. Establish or strengthen community health outreach programs to improve access to health for older people.
2. Create synergies with healthcare providers to ensure age friendly services are available at community level.

3. Facilitate the introduction of information management systems at local health centres to ensure that the response to health conditions is data driven and efficient.

6. Disability

In this survey,61% of older women and 22% of older men who responded to the survey are living with a disability. 23% of older people with disability were 80+, 37% were 70-79 and 17% were 60-69s.

This sample has a higher percentage of disability in older age to the global data of 46%[4], which needs to be considered in the development and design of the response in the humanitarian context. Involving organisations of people with disability would be particularly useful here to share skills and knowledge of how to support this target group.

The data also highlights that a similar (11%) of older men with disabilities are living alone with a smaller number (11%) of older women with disabilities are living alone.

As with the rest of the community, the main priorities for this group are Food and Cash, which is clearly recognising the crisis of the community at present in drought. This need is made more complex as 61% of older men and women with disabilities depend on families and friends to support to get their basic needs and the importance of making sure the older members of the family get equal access and control over their food and cash raises many concerns.

In this sample, older people with disability felt that the older women faced concerns in feeling neglected (37%) and isolated (34%) in their family and community, as well as experiencing financial abuse (30%) and denial of resources (28%). The responses were similar for older men in feeling neglected (31%) and isolated (26%) in their family and community, as well as experiencing financial abuse (25%) and denial of resources (25%). These concerns need to be reflected in the response planning and close monitoring of activities, such as food and cash distribution.

Also, in the present situation, 40% of the older people with disability felt they needed support to be able to cope and 46% reported they could not cope at all. This suggests a strong community mechanism needs to be put in place to reverse these concerns.

Table 9: The prevalence of disabilities among older people

Disability	Total	Women	Men
Walking or climbing stairs	68%	70%	62%
Sight	60%	60%	60%
Hearing	34 %	37%	27%
Communication	20%	21%	17%
Self-care	24%	24%	24%
Mobility in the home	28%	31%	20%

[4] UN Department of Economic and Social Affairs: Ageing and Disability

The findings show a concerningly elevated level of disabilities for the older people who are staying in a particularly challenging environment. Their level of independence brings multiple challenges with68% having a lot of difficulty in walking with 60% having difficulty in seeing and 34% have a lot of difficulty hearing. Older men and women with disability in this sample have similar levels of disabilities and face remarkably similar accessibility challenges which need to be addressed in future planning.

Table 10: Percentages of older people with disabilities using assistive products

Older people with disability	Total	Women	Men
Has an assistive product – walking aid*	26%	26%	27%
Has an assistive product - glasses	4%	2%	8%
Has an assistive product	26%	26%	24%
Has an assistive product that works	24%	24%	25%

*Combined – sticks, crutches, walking frame, wheelchairs

This data shows that a third of older people with disabilities are using assistive products to maintain their independence. With mobility and vision being the key areas of concerns for older people in this survey, there is unmistakable evidence that there is a lack of access to assistive products. There needs to be follow up studies to better understand if and what assistive products are available.

Recommendations

1. Humanitarian response efforts should recognise the prevalence of disability in aging.
2. Ensure age and disability friendly WASH facilities.

7. Wellbeing

Worry (48%) is a major issue among the older people surveyed feel worried, nervous, or anxious on a daily or weekly bases. As well as feeling worried, 35% of them reported experiencing pain daily or most days in the past 3 months. This was higher for older women (26%) than older men (9%). When asked if they were able to cope with their current situation, 51% stated they felt unable to do so. Also, 71% reported feeling tired or exhausted daily or most days over the past three months. Recurrent feelings of worry, pain and inability to cope can have a real impact on older people's mental health and wellbeing.

Given, all the older people surveyed (96%) are caring for others, including children and people with disabilities, these recurrent stressful feelings for many of them highlight the importance of establishing dedicated support mechanisms to help people cope and improve their overall wellbeing. This is even more pertinent for older people living alone (12%) and who also feel unable to cope (5%). Eleven per cent of those who stated they live alone also have a disability. Also, for older people with disabilities who feel unable to cope (45%).

Recommendations

1. Establish or strengthen OCM and peer to peer psychosocial support activities for older people and older people with disabilities to improve their well-being.

8. Accountability

Only over a third of older people (35%) said they had been consulted by other humanitarian agencies about the services provided to them. This requires an immediate response to avoid further marginalisation of older people. Slightly older people with disabilities were consulted (27%), which may reflect a marginally reduced focus (marginalisation) on disability inclusion than age inclusion among responding agencies.

Fifty-seven per cent of older people said they did not know how to give their opinion or make a complaint about humanitarian services. The figure was the slightly lower (51%) among older people with disabilities. This is a higher figure when compared to other crises where we have found figures as low as twenty-five per cent. This means that not only are programmes being designed without considering the specific needs of older people, but humanitarian agencies are not getting the feedback to improve their programmes either.

Respondents from Binga (75%) did not know how to give their opinion or make a complaint about humanitarian services a huge discrepancy from Chimanimani (36%) and Chipinge (44%). This reflects the marginalisation of the Binga communities and limited interaction with stakeholders and humanitarian agencies.

The accountability situation facing older women, whether with disabilities or not, is worse than for men. Among the total sample, sixty-six percent of older women were not consulted compared to 51% of older men, and within the sample of people with disabilities, five percent more older women than older men were not consulted. Older women were also more likely to not know how to provide their feedback on services or make a complaint – sixty-five percent compared to forty percent of older men. Again, this was reflected within the cohort of people with disabilities where fifty-seven percent of older women did not know how to provide feedback, compared to thirty-eight percent of older men with disabilities. This highlights a clear gender dynamic that is disproportionally unfavourable to women, demonstrating not only marginalisation due to age but also due to gender. It reflects the vital need for gender-specific considerations in engaging with older men, and in complaint and feedback mechanisms.

Without proper consultation and feedback, programming may not address the differing needs and concerns of older people or uphold their rights, and it can reinforce unequal power relations between older men and women along gender lines. It may even exclude older people from accessing support and assistance altogether. A failure to consult the impacted parties can exacerbate the risks faced by older people, particularly those with disabilities, by reinforcing their exclusion or marginalisation as the norm.

Recommendations

1. Increase the agency of older people through OCM groups and participation in community led monitoring activities.
2. Identify accessible and community-based complaints and feedback mechanisms that enable older people and people with disabilities to share their concerns and receive appropriate feedback.
3. Ensure older people are aware of complaints and feedback mechanisms and understand the processes and how the information will be used.

4. Analyse feedback from all older people on a regular basis, communicate with older people on the complaints and feedback mechanism, and where it is not being used, consult the community of older people to adapt the mechanism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