

Pakistan Floods: Rapid Needs Assessment of Older People

24 October 2022

Context

Between June and August 2022, Pakistan experienced a devastating monsoon season where rainfall was close to three times more intense than the 30-year average. The rains have resulted in uncontrollable flash floods and landslides across the country, including in urban areas. Around 33 million people have been affected by the heavy rains and floods, including at least 7.9 million people who have been displaced, of whom some 598,000 are living in relief camps (ACAPs, Aug 31). Over 99% of the affected population are in the provinces of Balochistan, Khyber Pakhtunkhwa, Punjab, and Sindh (ACAPs, Aug 31). In most regions the water levels are gradually receding but in others, especially in Sindh, they remain and are becoming stagnant.

This disaster has significantly impacted older people. As of 2019, almost 15 million people living in Pakistan are aged over 60 which is 7% of the country's total population. Therefore, an estimated 2 million older people have been affected by the floods. While there is no disaggregated data available yet on how many older people have lost their lives or been injured, it is well documented in many other humanitarian emergencies that older people are more likely to die or get injured. Older people are more likely to be left behind while those more mobile flee, resulting in a loss of access to their vital support networks. Many older people also face both information and physical access barriers in obtaining assistance. Humanitarian actors need to take into account the specific needs of older people in the flood response to ensure they are not ignored.

To understand the impact of the floods on older people, HelpAge International carried out a Rapid Needs Assessment (RNA). This RNA is based on interviews of 1,336 older people (50+) who were interviewed between 21 to 26 September 2022 in the areas of: Sindh (Jacobabad, Khairpur, Shikarpur and Dadu); Balochistan (Jhal Magsi); and Khyber Pakhtunkhwa (Nowshera).



Muhammad Zaman, 61, Sindh province

Key Findings

Shelter

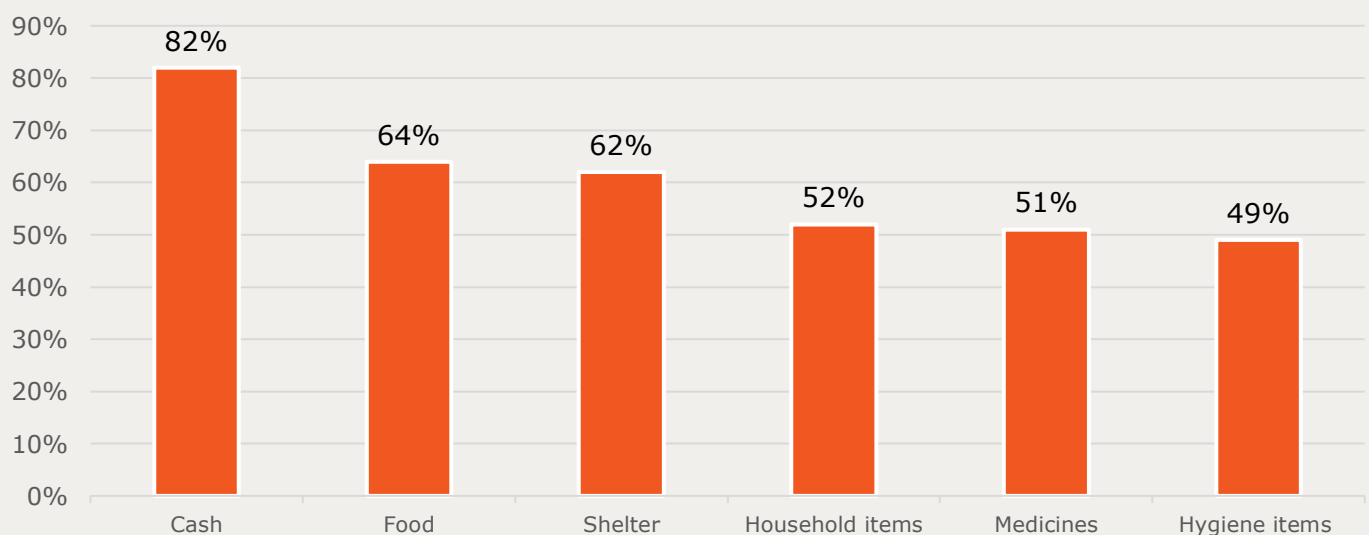


- 69% of older people interviewed reported that they do not have shelter. This varied between locations, with those interviewed in Sindh significantly less likely to have shelter (85%) compared to those interviewed in Balochistan (39%) and Khyber Pakhtunkhwa (8%). This is unsurprising given that Sindh is the worst affected region. Over 2 million homes were affected by the floods in Pakistan, of which 88% were in Sindh.
- While the water has receded in some areas, enabling people to return to damaged or destroyed dwellings, in others - especially Sindh - the floodwaters have yet to recede, and many older people find themselves camped on higher ground, such as roadsides and embankments near their flooded homes. Of those older people interviewed 19% were living in temporary shelters on the roadside where the conditions are often dire. For example, some are sleeping on just a bed with merely a piece of fabric to provide shelter.

Others interviewed were either in designated (13%) or spontaneous (10%) camps. These camps are often managed by government and other humanitarian organisations. The camps have been established in school and college buildings and are often not suitable for older people due to limited space and access. This has also reduced the number of children able to attend school. According to a government needs assessment 98% of camps are in the Sindh province with the remaining 2% in other regions of Pakistan. These living arrangements are likely to worsen the underlying health conditions of older people and affect their wellbeing. They also provide older people with little privacy and expose them to a range of protection and safety risks.

- Of those who have shelter, nearly a third (31%) reported that they are currently unsatisfied with what they have. Multiple reasons were given including shelter being significantly damaged and lacking sufficient space. Many of the homes of those interviewed are made out of mud mixed with stones (Kacha houses) and/or local materials such as bamboo, straw and straw-sheets which makes them more susceptible to damage from the heavy rains.
- Half of the respondents (50%) stated that the key challenge they faced was not being able to afford building materials to restore or rebuild shelter. Currently, there is an urgent need to provide cash for building materials so people can rehabilitate their homes or build new ones. It is critical that older people are consulted in the design of such interventions to ensure that they meet the needs of older people. For example, older people provided with building materials may require additional physical support to help with construction. Any new homes need to also factor the specific needs of those with mobility or sight difficulties. This could include ensuring having flat surfaces and entrances, all the rooms are on the ground floor and sufficient natural light. A further consideration is to ensure that shelters are ready for the winter, which will impact all affected areas. The inflated prices of building materials should be costed when providing cash assistance to ensure the amount is sufficient. Some older people reported that their shelters are far away from friends and family. While displacement for many will be short term, others may choose to migrate or will be forcibly displaced for longer periods. This could leave some older people isolated and without vital support networks.

Top 6 priorities (rated high or very high)

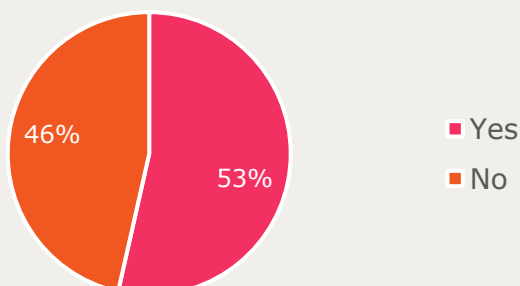


WASH facilities

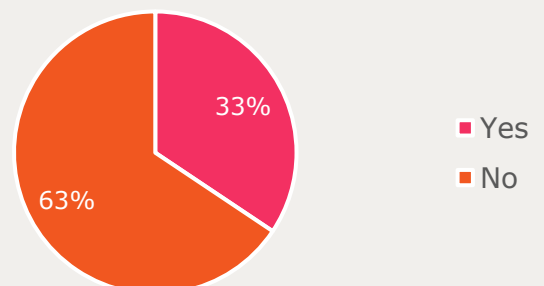


- Almost half (46%) of older people interviewed reported that they do not have access to clean drinking water. This is worse for those in Sindh (59%) as compared to those interviewed in Balochistan (25%) and Khyber Pakhtunkhwa (4%). In Sindh and Khyber Pakhtunkhwa many older people are mostly using ground water for drinking while in Balochistan older people are using wells and streams. The pipeline water facilities were not working in any of the areas assessed. According to OCHA, the floods have resulted in an additional 5.4 million people across the country having to rely on unsafe sources of drinking water.
- The destruction of water supply systems has meant that many of the water points that older people previously used such as hand-pumps, bore holes and tube-wells are no longer working. A quarter (25%) of older people reported having to travel a long way to access water as a result. For those with mobility issues, this obviously presents a significant challenge. Until the government can rehabilitate the water supply systems, door-to-door delivery methods should be considered.
- In addition, some older people are reporting that the water available from the water points has a bad smell and/or a bad taste. Drinking dirty water exposes people to an increased risk of water-borne diseases such as cholera and typhoid. Older people can find it harder to fight against these diseases with an aging immune system and especially if they are already suffering from other diseases. In addition, dirty water increases the likelihood of livestock getting ill, which is a major source of income for many in Pakistan. A lack of accessible water also reduces farmers' ability to irrigate their land.
- Older people also reported struggling to access both toilet facilities (63%) and bathing facilities (62%). This was again worse for those interviewed in Sindh as compared to those in Balochistan and Khyber Pakhtunkhwa. The floods have significantly damaged sanitation facilities in affected communities. OCHA estimates that around 6.3 million people have been deprived of toilet facilities. This in turn has led to an increase in open defecation from 21% of the population to 35%. In some cases, the latrines have been filled with mud, which has resulted in contaminated water overflowing. All these present serious hygiene risks increase the likelihood of water-borne diseases and diarrheal outbreaks. A major issue reported by around half of older people interviewed was the lack of privacy of sanitation facilities. This is because there are often no doors/broken doors in latrines and no lighting systems in camps and temporary accommodation.

Have access to clean drinking water



Have access to toilet facilities

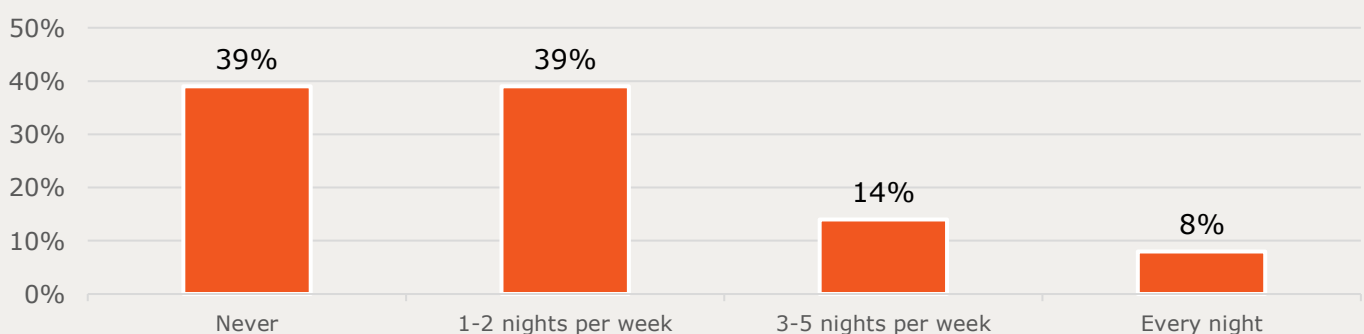


Food



- 60% of older people interviewed reported that they did not have sufficient food. This is worse for those in Sindh (78%), especially in the districts of Dadu and Shikarpur, compared to those interviewed in Balochistan (26%) and Khyber Pakhtunkhwa (9%). OCHA estimates that 14.6 million people need food assistance. This is due to the large-scale destruction of agricultural land and the subsequent loss of income for many farmers. It is estimated that 5.3 million acres of crops have been affected, with the worse area being Sindh where 4.8 million acres of agricultural land has been affected.
- According to a recent assessment conducted by the government in Sindh, Punjab and Khyber Pakhtunkhwa, three quarters of respondents reported that people were unable to work due to the floods. This will seriously affect their ability to earn an income and meet food consumption and other essential needs. This assessment also highlighted that damage and loss of livelihood assets due to floods has affected income generation activities. This includes 60% reporting they had lost transport related livelihood assets (e.g., motor bike, rickshaw, bicycle, carts), 60% reporting lost agriculture assets and 31% reporting that their shops/business (e.g., shops, stalls) were damaged. Another key source of livelihoods for people in Pakistan is livestock, and many have been killed in the floods. A WFP and FOA assessment in Balochistan found in the villages where they interviewed people that 95% of goats had died, as well as 77% of sheep, 51% of cattle and 32% of donkeys. It is also worth noting that livestock often serves as collateral for loans, including to finance the purchase of seeds for sowing crops. The loss of livestock will therefore have longer term economic repercussions.
- The most significant barrier to accessing sufficient food, reported by 43% older people, was that they could not afford to purchase it. Many of those in the affected communities have not just been hit by a loss of income but also rising inflation, which has led to a significant increase in the retail prices of basic commodities, such as rice, wheat, pulses, and eggs. Many organisations are providing food kits with rice components which are not always suitable for older people with medical conditions such as hypertension and diabetes. The specific dietary requirements of older people should be considered when providing food assistance.
- The floods have also disrupted supply chains. For example, in the past two months, the price of wheat flour has increased by up to 20% in markets serving flood affected areas. Of those we interviewed 25% of older people reported that there is not enough food in the market, and 16% of the available food is inappropriate.

Going hungry to bed

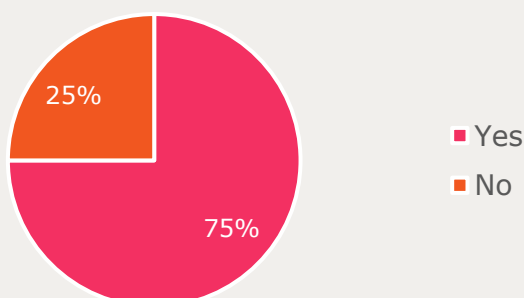


Cash assistance & Income

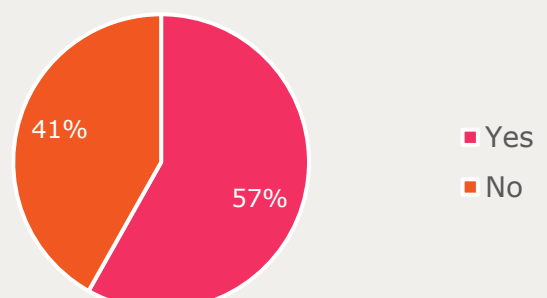


- Almost three quarters (74%) of older people reported that they would be able to utilise cash assistance if it was provided. For those interviewed in Balochistan and Khyber Pakhtunkhwa, 99% responded that they would be able to use it, while in Sindh there were more variations between districts with 94% in Dadu, 71% in Jacobabad, 55% in Khairpur and 26% in Shikarpur. The reason for these variations needs to be explored further. For example, in Khairpur and Shikarpur most respondents who said that they would not be able to use cash assistance were older women, while most older men reported they could. Overall, 84% of older men responded that they could use cash assistance, while only 65% of women responded that they could. This could be that in specific cases older men prefer that they purchase items from markets and that older women are unaccustomed to accessing these markets independently. It should also be mentioned that market functionality in Khairpur and Shikarpur was lower at the time of the assessment.
- For those who could utilise cash, 55% said they preferred Pakistan's Computerised National Identity Card (CNIC) to access it, followed by cash in hand (17%), bank cheque (15%) and through mobile cash accounts (13%). Again, there were significant variations between locations, with some locations preferring cash in hand or bank cheques over CNIC. This highlights that people should be consulted during the design phase of cash interventions, and if possible, a mixed approach used. It is important to also note that only 19% said they would need transport support to access cash assistance through a bank cheque or CNIC transfer. In terms of how they would prioritise spending the cash, the most frequently mentioned response was shelter repair/construction (48%), purchasing food for the family (17%) and health needs (12%).
- The destruction caused by floods has devastated the local economy. Older people in Balochistan, Khyber Pakhtunkhwa and Sindh play a vital economic role, including running small businesses, rearing livestock, farming, and working in fisheries. However only 24% said that they have an income. This again varies between districts with those in Dadu the least likely to have an income, as compared to those in Jhal Magsi. It is therefore important that older people are included when implementing livelihoods programmes. It is also concerning to note that 57% have had to borrow money, most of which from family members. This was higher for those who are displaced (61%) compared to those who are not (32%). Older people interviewed are also exposed as the majority of older people within Pakistan do not have a state pension.

Use cash assistance if provided



Borrowed money



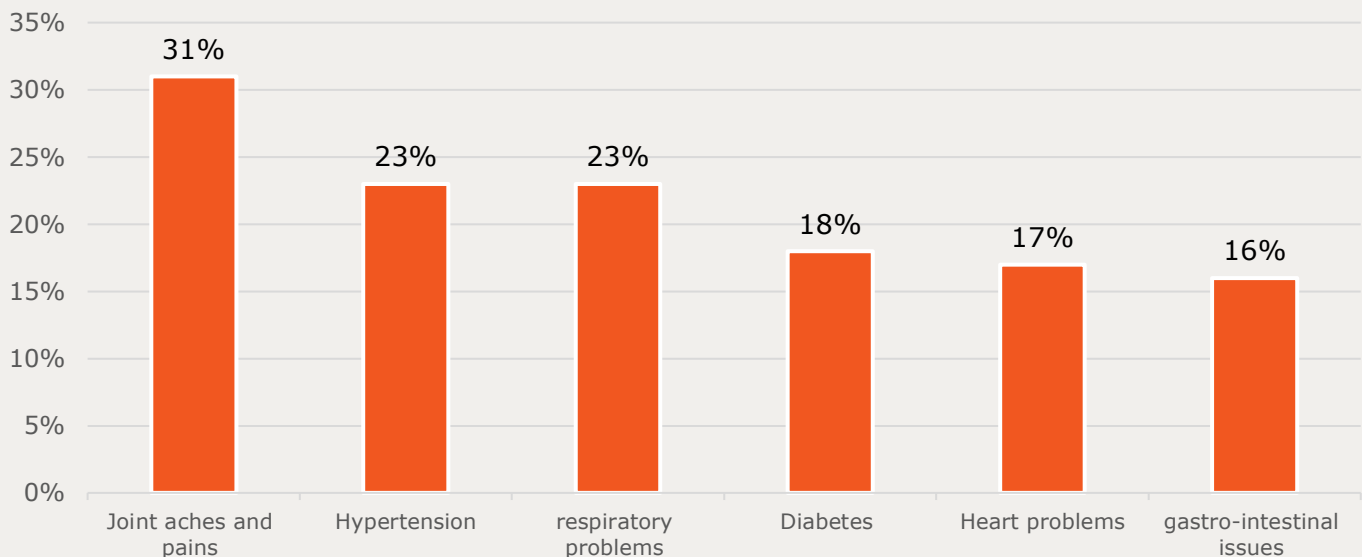
- Preliminary estimates by the World Bank suggest that as a direct consequence of the floods, the national poverty rate could potentially increase by 4.5% to 7%, pushing between 9.9 million and 15.4 million people into poverty. One of the indicators of the growth in poverty is that some 22% of older people reported they are being forced to skip meals, going hungry between 3 and 7 nights a week.

Health



- Almost nine out of ten (87%) of older people reported having a health condition, with 42% having more than one. The top six health conditions were joint aches and pains (31%), hypertension (23%), respiratory problems (23%), diabetes (18%), heart problems (17%) and gastro-intestinal issues (16%). Given the lack of shelter and insufficient food, these health conditions are likely to increase and worsen. A lack of access to clean water and sanitation facilities raises the risk of catching diarrheal disease, malaria, dengue fever, skin infections and respiratory tract infections. While 1,061 people were killed directly from the floods, we anticipate living conditions, disease and disrupted services significantly adding to this number. Stagnant water, especially in Sindh, has increased the number of mosquitoes, flies, and insects and exposure to mosquitoes has seen an overwhelming demand for mosquito nets in affected areas.
- Despite the scale of health conditions among older people, Almost half (48%) of older people reported they could not access health services. Those interviewed in Sindh (especially in Khaipur and Shikarpur) were less likely to be able to access health services compared to those interviewed in Balochistan and Khyber Pakhtunkhwa, with distance being a key barrier here. It is important that older people, especially those with mobility challenges (18%) and sight disabilities (16%) are supported to access health services and, when bedbound, provided with homebased care.
- Of those older people interviewed who could access health services, they complained about a range of issues including that they were too expensive (51%) and did not have enough medicinal stock available (37%). The typical health services available at the local level are basic health units, District head quarter and Tehsil head quarter hospitals, rural health centres, dispensaries, and private clinics. In Sindh and Khyber Pakhtunkhwa, the nearest health service provider reported were private clinics. For those with health conditions many only have limited medicine available to them in their home, with 30% saying their medicines will last only two days and 26% between three to seven days.
- The floods have also had a significant detrimental effect on the mental health of many older people. In a government assessment 50% of key informants in the regions of Khyber Pakhtunkhwa, Punjab and Sindh reported that psychosocial and mental health were issues in their communities. The most common issues mentioned were feelings of nervousness (81%) and depression (60%). At-risk groups of older people, such as those displaced and/or living alone, should be prioritised in providing appropriate psychosocial support where needed.

Top 6 health conditions

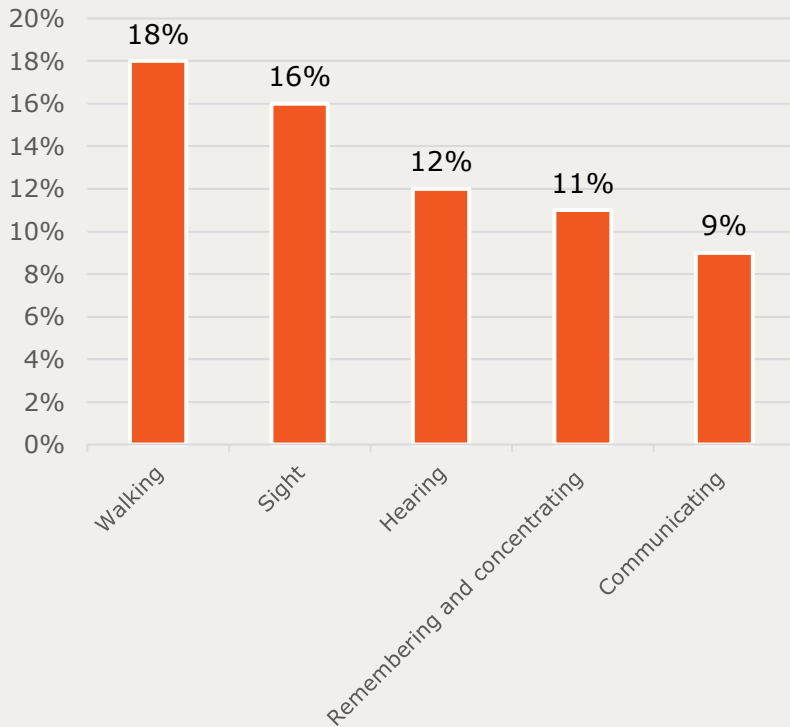


Disability

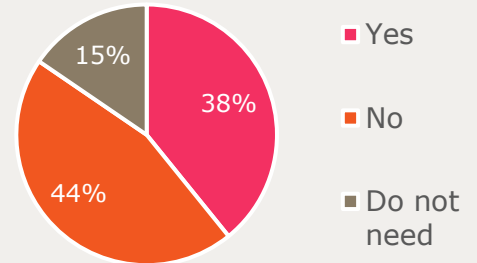


- Just over a third (34%) of respondents had a least one disability (30% older men and 37% older women), with 22% having two or more. The most common disabilities were walking (18%), sight (16%), hearing (12%), remembering and concentrating (11%) and communicating (9%). While most of the roads are accessible, even in Sindh, access to distribution sites remains challenging for many of those most at risk. For example, of those older people with disabilities, 64% said they needed support to access distribution points. Organisations must ensure that any distribution sites are accessible, which may include providing transportation to older people and those with disabilities. Organisations should also ensure that any assistance provided can be used effectively, including for those with a disability.
- It is also important to ensure that older people with a disability are kept informed, through appropriate channels, about the services available to them to reduce the risk of them being excluded. According to a recent HelpAge survey of 26 humanitarian organisations, including Catholic Relief Services and Doaba Foundation, 19 organisations believed that a lack of information was a barrier to accessing services. To ensure specific needs are captured, humanitarian actors should, when carrying out assessments, disaggregate and report of any data difference between gender, age, and those with and without disability.
- The top five assistive products used by those with a disability are glasses (37%), walking canes (29%), walking frame (22%), toilet chair (9%) and hearing aids (8%). However, 44% of those with a disability no longer have their assistive device(s) and it is important that they are provided with contextual appropriate assistive products. A clear process must be communicated to those who are given assistive products on what to do if it breaks. It is also worth noting that older women were less likely to have assistive product as compared to older men. While the government does provide assistive products, the process of getting one is lengthy and specific documentation is needed, which is additionally challenging for older people with a disability in rural communities.

Top 4 disabilities



Those with a disability have a assistive product

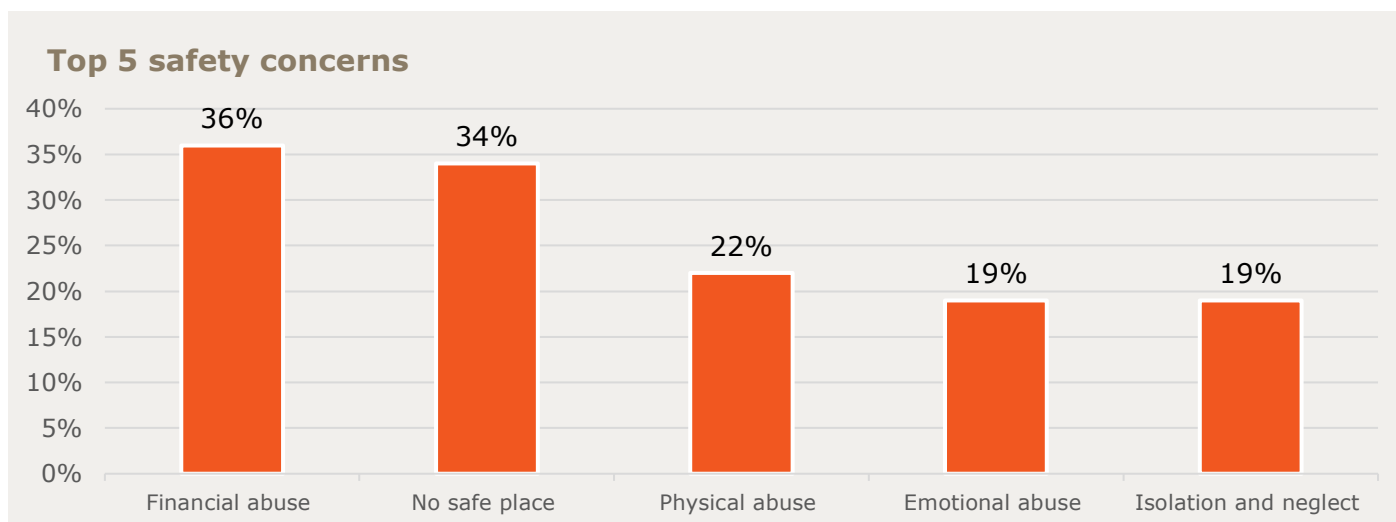


Protection & Care

- Safety remains a significant concern to the flood affected population, with between a quarter and half of older people responding that they do not feel safe accessing their basic needs, including food and health services. Pre-existing inequalities have been exacerbated by the monsoon flooding and protection risks have therefore increased. Compounding this is the scale and nature of the displacement, which has predominantly affected Sindh province where more than 7.2 million are displaced and more than 570,000 people are living in relief camps. From this needs assessment, 85% of older people interviewed have no shelter. Those older displaced people face a range of heightened risks as they may be living with a reduced support network, including extended families, friends, and their wider community, leaving them more prone to abuse and exploitation. This is highlighted by 68% of older people reporting that they are dependent on others to meet their basic needs.
- The top five safety concerns mentioned by older men and women were financial abuse (36%), no safe place (34%), physical abuse (22%), emotional abuse (19%) and isolation and neglect (19%). There are some differences between older men and women, with the men ranking their risk of isolation and neglect as a higher concern, compared to the women who ranked physical abuse as a higher concern. During emergencies, community tension and even criminality may increase as resources are stretched. The perceived threat of financial abuse should also be taken into account when considering cash assistance, with safety mechanisms put in place.
- Older people also play a significant role in providing care, with almost all responding that they provide care to children. 78% said they provide care to three or more children. Older people often play a vital role in the raising of children in Pakistan. This role becomes even more important in times of emergency when family members are displaced or migrate for work.



- With one of the key humanitarian principles being to “do no harm”, it is important when designing programmes that systems are established to ensure that those who receive support are protected. A mixed method should be used to achieve this. A key feature is providing accessible complaints and response mechanisms. However, of those we interviewed only 19% were aware of how they could register complaints about the services provided to them. In places where these systems do not exist, they should be established, and their existence effectively communicated.



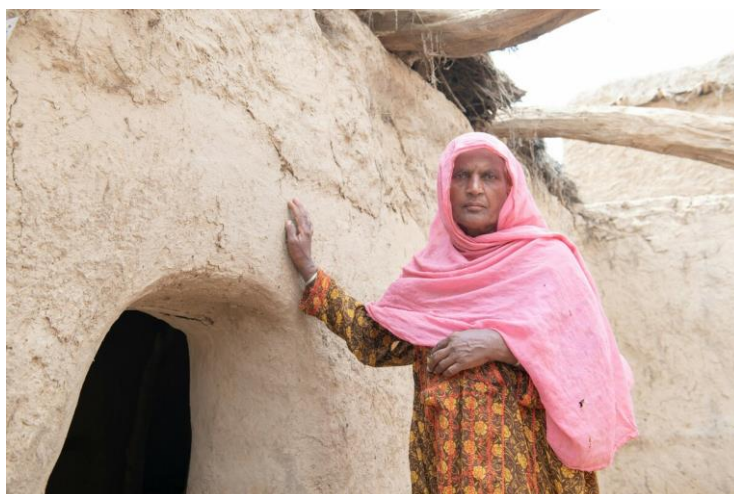
Case study: Malooka Khatoon, 70, Pat Karira village, Sindh province

Malooka Khatoon (70) and her husband Muhammad Bux have lived their whole lives in Pat Karira in Jhal Magsi, Balochistan. Like most families in Pat Karira, they had to escape for their lives when the flash floods engulfed their village.

“We left our houses in panic and moved to the Jhal Magsi road. I slipped on the mud during the floods and injured my leg,” said Malooka Khatoon. “This left us with terrible memories. We lost our crops and most of our livestock.

“Before the floods, we were busy farmers and we earned a decent living,” she added. “Now we live in a tent, back where our home used to be. “Our life is very different and difficult. We have no income and not enough food. We had to sell the last goats we had to buy food and other essential items. We are no longer able to earn a living; we have lost everything except our lives. We are depressed and worried about our losses.

“We have no clean water as the pipes were damaged and I have hepatitis due to the muddy water. There are no medical supplies and even if there was, we couldn’t afford it.”



Recommendations

- Cash transfers should be provided to older people when it is possible and safe to use. This is because it enables them to choose the items they need most.
- Older people should be prioritized in shelter programmes. In addition, when building materials are provided, older people should be offered additional physical support, if required, to help rebuild their homes.
- Collection points should be made more comfortable for older people and people with disabilities. This includes providing seating and establishing separate queues/desks.
- Outreach services (home delivery of relief items) should be provided to those older people and people with disabilities that cannot access collection points.
- Accessible latrines should be constructed in affected areas taking into consideration the needs of older people and those with disabilities. For example, the provision of commode chairs should be included in WASH responses.
- There is an urgent need to provide lifesaving food assistance to older people and people with disabilities. However, food kits should take into consideration the dietary requirements of these groups.
- Mobile health units should be mobilised, to reach and provide health services to older people and people with disabilities, who cannot travel to their nearest available health provider. These units should provide medication for ongoing chronic diseases, as well as diseases caused by the floods.
- Assistive products should be added to the non-food items lists used by humanitarian actors.
- Use different formats and communication channels to provide information to older people on the assistance available to them.
- Sex, age, and disability data should always be collected and analysed. This is to guarantee that older people and people with disabilities needs are considered in programmatic responses.

Methodology

HelpAge International conducted a Rapid Needs Assessment in flood affected districts of Sindh (Jacobabad, Khairpur, Shikarpur and Dadu); Balochistan (Jhal Magsi); and Khyber Pakhtunkhwa (Nowshera), between 21 to 26 September 2022.

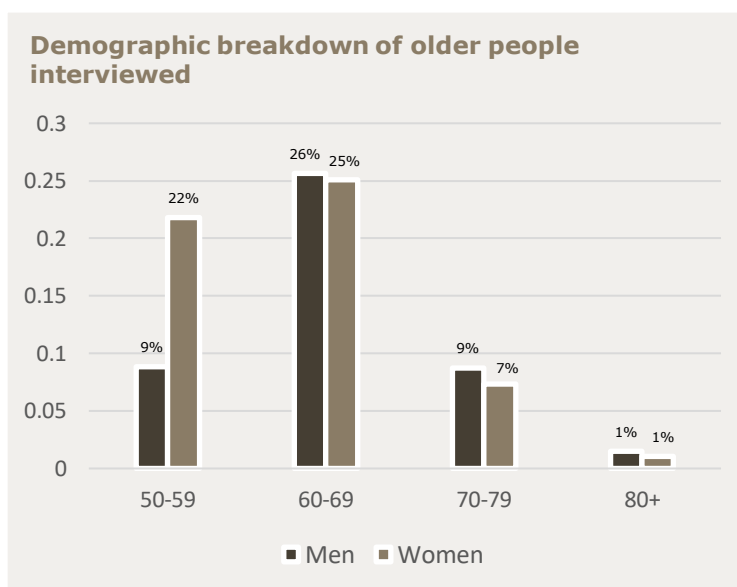
Data were collected with the support of local partners, the Community development Foundation (CDF), Health and Nutrition Development Society (HANDS) and the Initiative for Development and Empowerment Axis (IDEA). Prior to data collection, all enumerators were trained on RNA assessment tools, including the objectives of the assessment, communicating with older people, the sampling approach and the data collection platform (Kobo). Following the training, enumerators conducted a pilot, where any errors in question formulation were rectified.

In total 1,336 older people (55% female / 45% male) were interviewed. Within this assessment, older people were categorised as 50+. Of those interviewed 53% reported themselves as internally displaced, 31% were returnees, 12% as host community and 4% responded as others.

The responses were collected from older people at their current places of living. The older people were selected through purposive sampling. Enumerators shared the objectives of data collection with the beneficiaries and get their consent before data collection. This approach has its limitations as it used a non-probability-based sampling approach. This sample is also weighted towards the responses of older people in Sindh. To mitigate this, we have referenced responses which significantly vary between locations. After the interviews were completed, the data was subsequently cleaned and analysed to get the findings of this assessment. In addition, a dashboard of the anonymized data was created. To access please email HelpAge.



Province	District	% of total
Sindh	Jacobabad	29%
Sindh	Khairpur	18%
Sindh	Shikarpur	14%
Sindh	Dadu	13%
Baluchistan	Jhal Magsi	14%
Khyber Pakhtunkhwa	Nowshera	14%



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