



THE IMPACT OF COVID-19 ON OLDER PERSONS AND PERSONS WITH DISABILITIES IN UGANDA: A PERPETUATOR OF SOCIAL DICHOTOMY



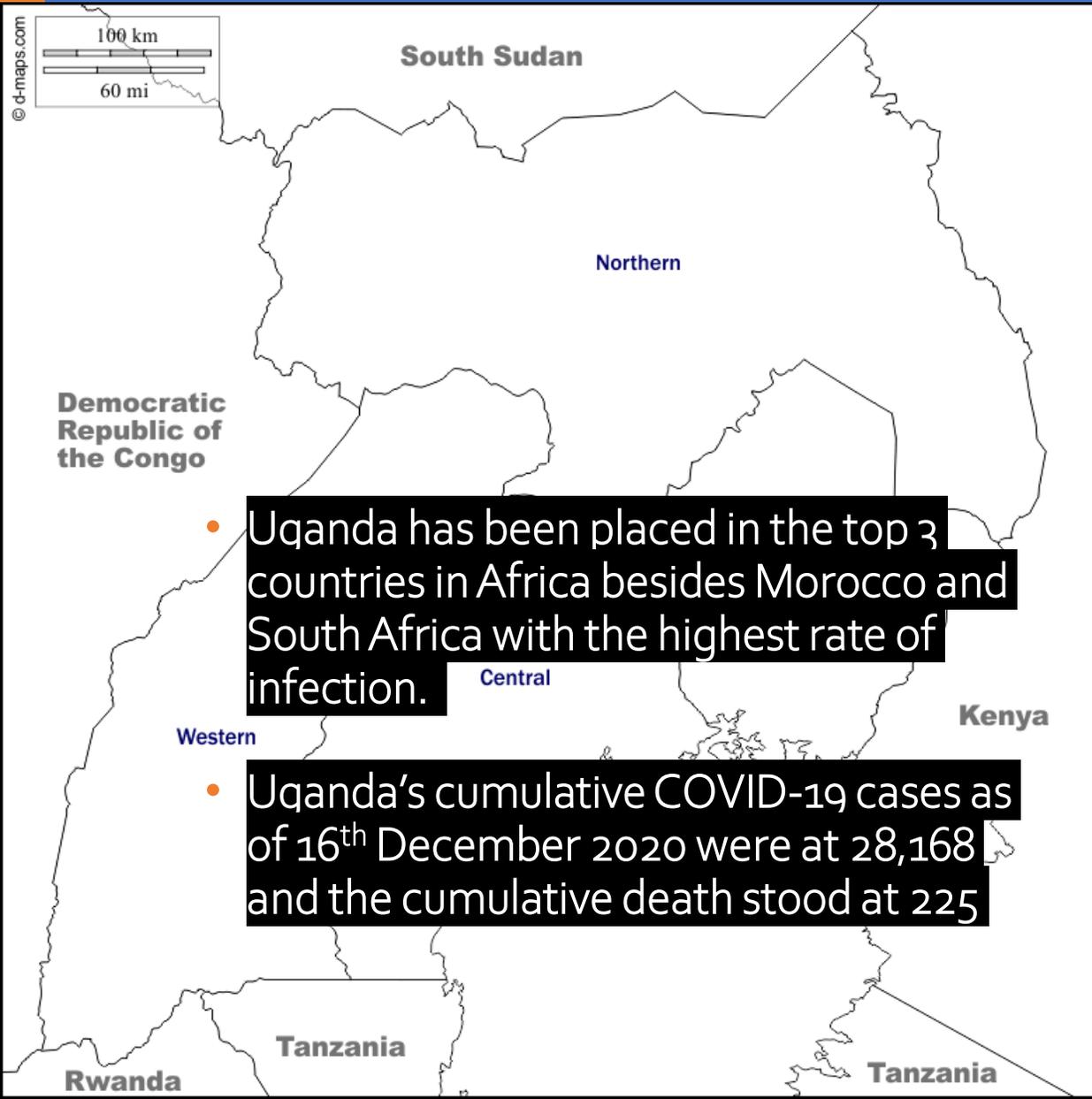
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Lay-out of the presentation

1. Background
2. Objectives of the presentation
3. Situation of older persons and persons with disabilities in Uganda
4. Actions undertaken by government to include older persons and persons with disabilities in COVID-19 response
5. Impact of COVID-19 on older persons and persons with disabilities
6. Recommendations
7. Discussions and next steps

Background



- Uganda has been placed in the top 3 countries in Africa besides Morocco and South Africa with the highest rate of infection.
- Uganda's cumulative COVID-19 cases as of 16th December 2020 were at 28,168 and the cumulative death stood at 225

PRESIDENTIAL ADDRESS ON CORONA VIRUS COVID-19 30.03.2020



Personal movement in **Private vehicles banned** including bodabodas, tuk-tuks



Shopping malls, arcades, hardware shops **suspended for 14 days**



Open markets remain open, 4 meters distance between seller-seller and seller-buyers



Supermarket remain open with **Standard Operative Procedures** and limited number of people



Food markets remain open, sellers to remain in the market. Camps to be set at markets for 14 days



Factories to have resting areas for critical staff, if not suspend production



All the non-food shops (stores) should also close Saloons, lodges, garages suspended for **14 days**



Construction sites to remain open if workers can stay at the site



Essential services providers to remain at work



Cargo to continue with only technical team (cargo team)



Curfew begins on **31st March at 7pm** save for cargo



Sensitive movement like pregnant mothers going to hospital to get **clearance from RDC**

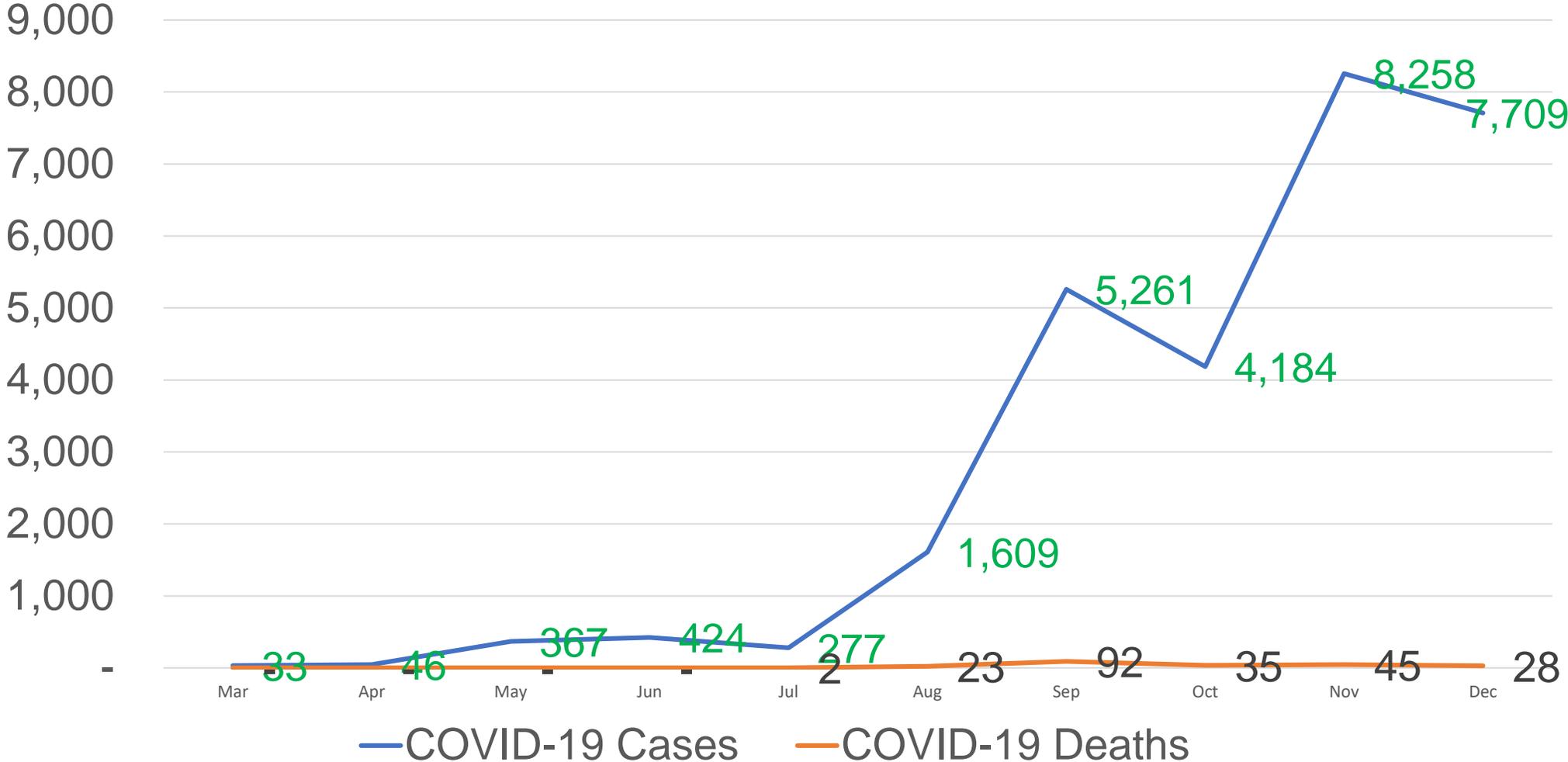


Govt to distribute food to the needy section of the population



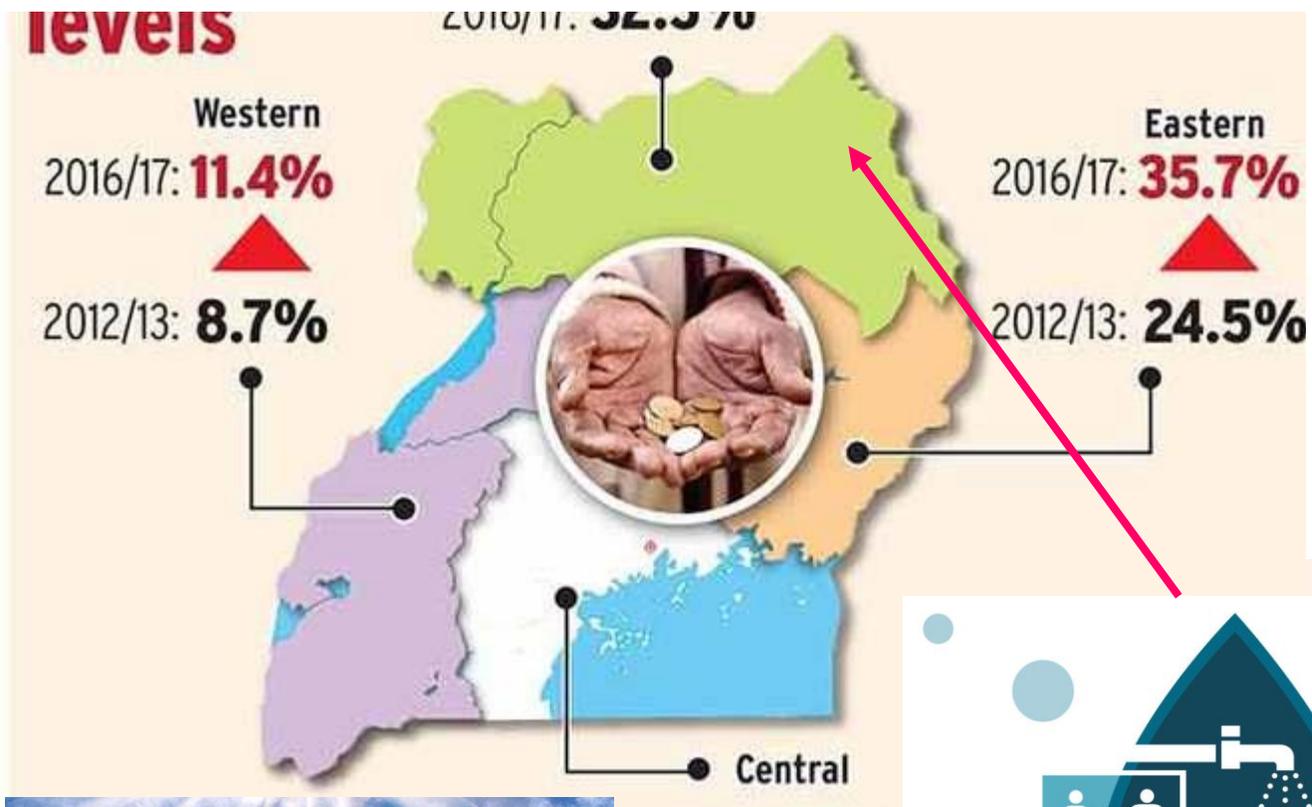
Barracks banned from family members

Uganda COVID-19 Progression from March to 16 Dec 2020



3. Background

COVID-19 Vulnerability measurements



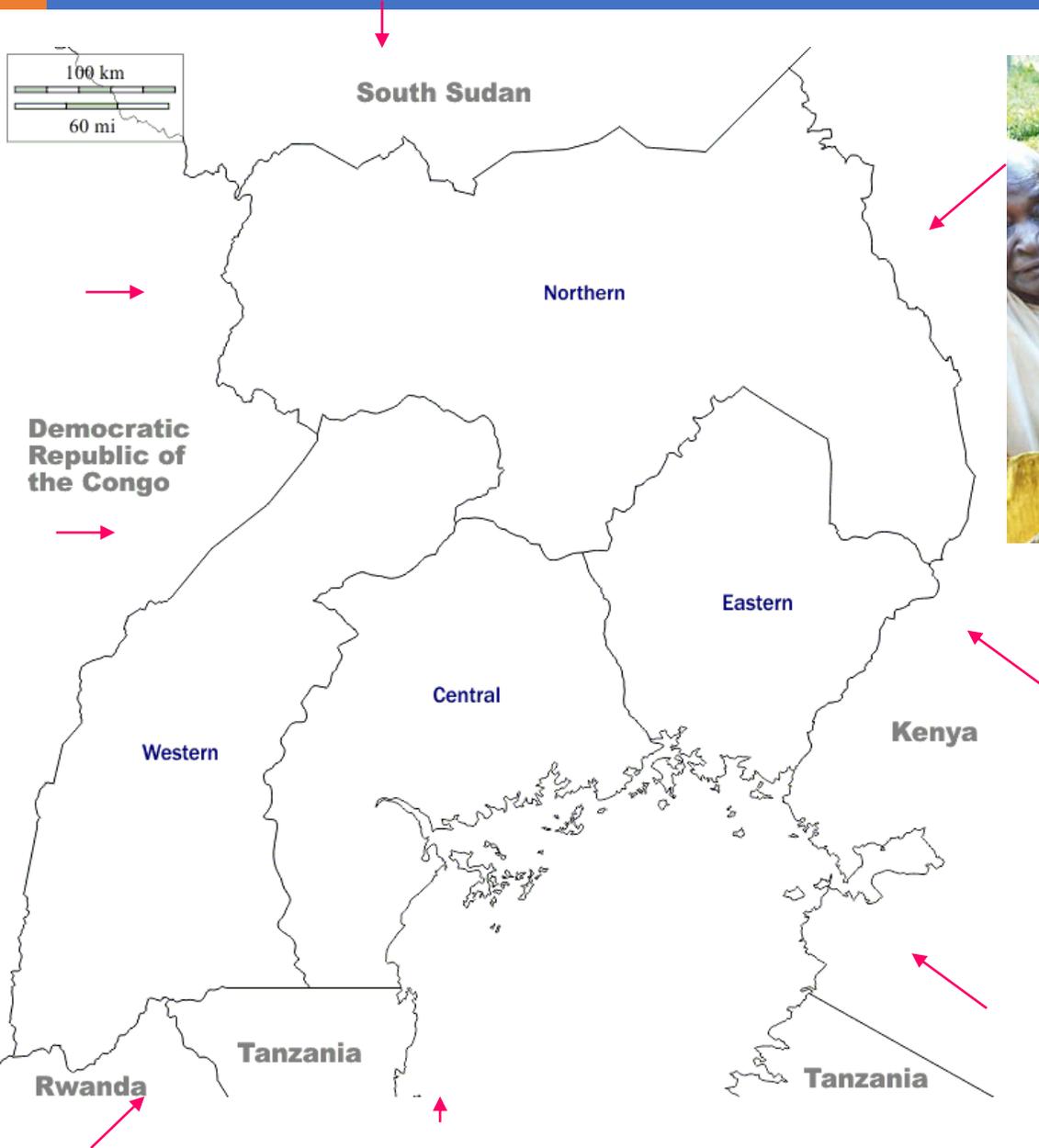
Objectives of the presentation

- The presentation therefore highlights two types of COVID-19 vulnerability of old age and disability in Uganda and how the COVID-19 situation (Lockdown, detection, management and other executive and personal decisions) impact on the lives of older persons and persons living with disability.

Objectives of the Paper

- To assess the impact of COVID-19 so far on older persons and persons with disabilities in Uganda;
- To identify the challenges and recommending policies and best practices for improving the well-being of older persons and persons with disabilities in Uganda and;
- Generate strategic and operational recommendations for enhancing international cooperation for enhancing independence and dignity of older persons and persons with disabilities in Uganda.

Situation of older persons and persons with disabilities



Older Persons (60 years and above)

- 1.93% (n= 669,230)
- 7.4 Old age dependence ratio

Persons with Disabilities

- 12.4%
- 78.6% of Ugandans stay in rural settings (*characterized by lack of access to goods, services and facilities*)

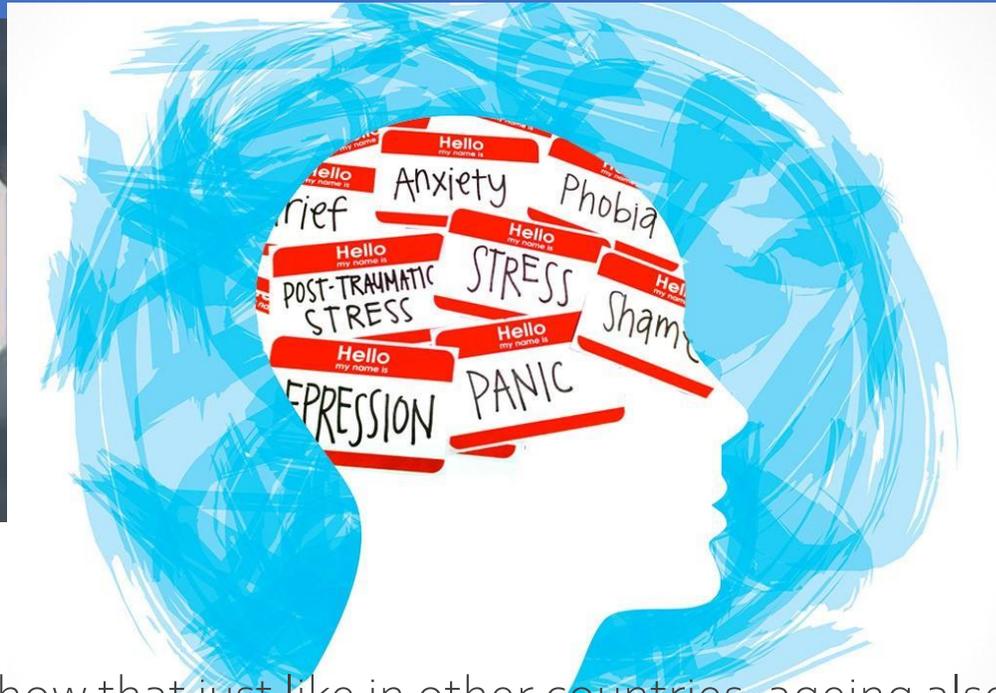
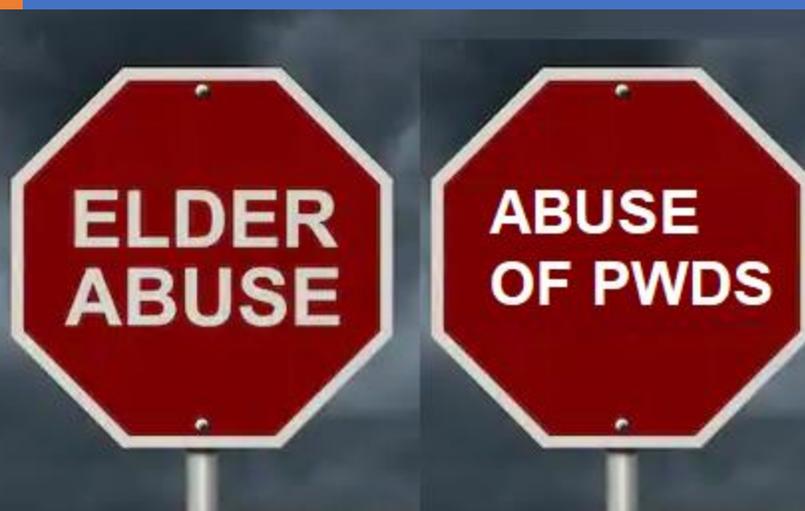
Steps taken to include Older Persons and persons with disabilities in the COVID-19 pandemic *(No clear evidence and statistics to which these were reached)*

- Designed standard operating procedures for engagement of older persons and persons with disabilities in the mitigation measures
- Distributed relief food – although many older persons and persons with disabilities were left out until the SOPs were released;
- Allowed transportation of the frail and the sick although with some high-handedness reported;
- Started having COVID-19 messages in alternative modes including sign language;
- Resumed cash transfers for older persons (with support from UKAID and Irish Aid);
- Currently (December 2020) announced that the vaccination will begin in May 2021 and older persons will be prioritized;
- Designed a Direct Income Support (DIS) programme to target 350,000 extremely vulnerable persons with disabilities for six month although this was not effected;
- In this week - there has been a 'soft' appeal for those in cities and towns not to travel for Christmas because they may end up infecting the older persons who are mainly based in the country side

2. Impact of COVID-19 on older persons and persons with disabilities

- The loss of jobs makes it difficult for the primary caregivers to meet their cost of living and that of older persons and persons with disabilities;
 - *'My taxi business used to feed over 80 people. I have a family of 13 including my late brother's children, I have my grand parents to look after, the taxi touts, city transport supervisors, traffic police to take kitu kidogo, the fuel pump attendants, the mechanics and the ones who wash the taxi at the end of the day are all affected when I do not work. Government has not given us relief food and we may end up starving to death even before corona comes' A Taxi Driver in Kampala.*
- Failure to access goods, services and facilities;
- Communication barriers and limited connectivity to reach older persons and persons with disabilities;
- Limited representation of older persons and persons with disabilities and, their cohort-specific needs on the various task forces;

3. Impact of COVID-19 on older persons and persons with disabilities



- New and emerging evidences show that just like in other countries, ageing also increases the possibility of mortality due to COVID-19. The current statistics in Uganda show that, were as majority of COVID-19 deaths in Uganda (46%) are males aged between 30 and 59 years, statistics indicate that older persons aged 60 years and above are 3 (exactly 2.895) times most likely to die of COVID-19 as compared to the age bracket of 30-59 years.
- Lack of disability disaggregated data (by impairment) makes it complicated for the country to have targeted interventions to support persons with disabilities in the prevention and management of COVID-19.

4. Impact of COVID-19 on older persons and persons with disabilities

- Food insecurity that continues to bite older persons and persons with disabilities;
- Difficulty in movement and participation due to high cost of transport;
- Psychological torture experienced by older persons and persons with disabilities;
- Due to communication and connectivity barriers, older persons and persons with disabilities ended up being caught on the wrong side of the law due to lack of information. In Northern Uganda, a Deaf person was shot by security personnel when he was arrested for not respecting the curfew time.
- Loss of schooling time – lack of an alternative and accessible curriculum for learners with disabilities and in the long-run may perpetuate school drop outs.
- Malnutrition due to lack of alternative diets which is also a pre-disposing factor for COVID-19.

5. Impact of COVID-19 on older persons and persons with disabilities

- In refugee settings, there has been: difficulty accessing food (68%), difficulty accessing health service (57%), difficulty accessing drinking water (46%) and, difficulty accessing humanitarian assistance (40%). The study also observed that persons with disabilities were disproportionately affected when compared to the total population (75% Food, 62% health services 47% humanitarian services).
- Abandonment of older persons and persons with disabilities.
- These conditions are perpetuated by the continuation of the SOPs and directives without a prior consideration of older persons and persons with disabilities. This is likely to have an adverse impact on their social, economic and political life and, particularly impact on their independence, dignity and living.

Implication of the current situation on the lives of older persons and persons with disabilities in developing countries

- Increase in the older persons and persons with disabilities mortality due to COVID-19;
- Likely erosion of the moral and cultural fabric – a critical role played by older persons; the loss of dignity as a result of the unprecedented social relations and; absolute dependence for living and care for both persons with disabilities hence the loss of the residual independence.
- Increase in the burden of care due to skipped generations as a result of COVID-19 and associated conflicts;
- At a personal level, the mental and psychological breakdown as a result of social distancing and, the information reaching out to older persons and persons with disabilities as being at high risk of mortality due to COVID-19 is inevitable.

The social dichotomy based on age and disability is likely to further be driven by vulnerability due to the reduction in the care provision by other persons. Where as due to skipped generations, older women tend to provide care to other younger kin, this is diminishing with the 'social distancing campaigns', the scramble for the meagre resources, conflict over capital resources – especially land by the younger generations, a claim of inheritable property rights of the living older persons and, other forms of abuse.

Recommendations

- Attune support for prevention and recovery of older persons and persons with disabilities at risk of acquiring COVID-19 - especially those with underlying health conditions and those living alone - are identified and attended to as early as possible. This can be done through:
 - prioritizing their testing; ensuring continuity of adequate care services for older persons and persons with disabilities such as health services, palliative and geriatric care, including through support for unpaid care givers in homes and communities, and for paid care workers who provide home-based care;
 - ensuring that age and disability disaggregated data is available and used in all response and management programmes;
 - strengthening services to prevent and protect older persons, particularly older women, from any form of violence and abuse, such as domestic violence and neglect and;
 - Ensuring that contingency plans and strategies address the high risks faced by older refugees, migrants and displaced persons and provide access to health treatment and care.

2. Recommendations

- Strengthen social protection and particularly care services to older persons and persons with disabilities. A twin track approach should be developed in order to target older persons and persons with disabilities. The approach should prioritise:
 - continuity of community-based services, legal and mental health services;
 - communication and accessible connectivity to improve access to information and individual response endeavors;
 - precautious voluntary and volunteer services for home-based support;
 - use terms to describe older persons and persons with disabilities that do not stigmatize them and avoid stereotyping and; avoid labelling older adults as uniformly frail and vulnerable.
- Address the shocks and vulnerabilities due to COVID-19 by developing a Direct Income Support programme to ensure income security of older persons, particularly older women and women with disabilities and; adopt immediate socio-economic relief measures and social safety nets, such as guaranteed access to food, water, essential goods and services and basic healthcare during the COVID-19 crisis for older persons affected by economic hardship.

3. Recommendations

- Include older persons and persons with disabilities in economic recovery programmes by:
 - removing age and disability caps for livelihood, job programmes, as well as other income-generating activities or food-for-work initiatives and for obtaining microcredit;
 - accelerating lifelong learning in order to enhance access to and utilisation of information and communication technologies (ICTs);
 - addressing the high risks and vulnerabilities faced by older people in emergencies, particularly the most vulnerable, including refugees, migrants and displaced persons, in national response plans and strategies;
 - ensuring meaningful participation of older persons and persons with disabilities by consulting with them;
 - Promoting universal access to health-care and adequate old-age benefits;
 - Building stronger legal frameworks at both national and international levels to promote and protect the rights and dignity of older persons and persons with disabilities.

4. Recommendations

- In general, in order to narrow the age and disability dichotomy, there is need to view the pandemic as an opportunity to address the overarching challenges faced by older persons and persons with disabilities. Member states as well as their partners need to further invest in her most vulnerable persons in order to lease the impact of the pandemic on them. COVID-19 recovery is an opportunity to set the stage for a more inclusive, equitable and age-friendly society, anchored in human rights and guided by the shared promise of the 2030 Agenda for Sustainable Development to Leave No One Behind.

The End

Open discussion and Next steps

Thank you