RESEARCH TOPIC: COVID 19 Shocks and the Multi-layering on Vulnerabilities on Women, Older Persons and People with Disabilities; a Social Protection Optic

Research conducted by the Poverty Reduction Forum Trust (PRFT)

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List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ARVs	Antiretrovirals
AMTO	Assisted Medical Treatment Order
BEAM	Basic Education Assisted Module
CRPD	Convention on the Rights of Persons with Disabilities
COVID-19	Coronavirus disease
FGD	Focus Group Discussion
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
ILO	International Labour Organisation
LFCLS	Labour Force and Child Labour Survey
MSMEs	Micro, Small and Medium Enterprises
NDP	National Disability Policy
NDS 1	National Development Strategy 1
NGO	Non-Governmental Organisation
NSSA	National Social Security Authority
PRFT	Poverty Reduction Forum Trust
PWDs	People with Disability
SPSS	Statistical Package for the Social Sciences
UDHR	Universal Declaration of Human Rights
WFP	World Food Programme

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1. INTRODUCTION

The advent of COVID 19 set off a series of health and economic crises that feed on each other. The health crisis exacerbated the socio-economic crisis by disrupting supply chains, throwing large numbers of people (particularly those working in the informal sector) out of work and closing down large numbers of enterprises – particularly Micro, Small and Medium Enterprises (MSMEs). The economic crisis, in turn, exacerbated the health crisis by, for example reducing the resources needed to combat the health crisis. The worsening economic crisis is becoming long drawn causing a substantial rise in poverty, particularly chronic poverty. While the COVID-19 impacts are felt across all sectors and populations, emerging evidence confirms the disproportionate impact on older persons, women and children, especially women and people with disability (PWDs) in the informal and small-scale agriculture sectors. The challenges amplified by COVID-19 now call for greater protection of disadvantaged populations from the harsh environment through robust social protection programmes and systems.

Social protection systems are important in reducing the lifelong consequences of poverty and exclusion. Essentially, they are tools used to reduce poverty and inequality through preventing individuals and their families from falling or remaining in poverty; provides access to health services, provides a minimum income for people whose income puts them beneath the poverty datum line, and support for families with children. In the context of COVID-19, social protection is essential in removing financial barriers in accessing social services and ensuring household food security. The provision of social protection cushions households, especially in the informal sector, to afford basic needs during times of reduced economic activity and growing unemployment.

This research examines the multiple vulnerabilities that have come as a result of COVID-19 on older persons, women, people with disability and children. However, the older persons are considered as the primary target group of the research with issues of women, children and people with disability being discussed as intersectional issues. The perspectives of policy implementers and older persons, disaggregated by gender and disability, who are facing multiple vulnerabilities as a result of COVID-19 were considered. The policy frameworks guiding social protection was analysed to determine their fit for purpose and specific policy recommendations made thereof.

2. BACKGROUND

The older persons' population is a key constituency in Zimbabwe. This social group faces multiple challenges and is affected disproportionately by the shocks of COVID-19. The older persons' population constitute 6% (aged 65 and over) of the Zimbabwe population (ZIMSTAT, 2012). The older persons group is unique because of the intersectionality that it shares with other group characteristics such as disability, and the gender of the older person. The disability prevalence in Zimbabwe is 9 percent (9.4 percent female and 8.5 percent male (ZIMSTAT, 2017a), whilst women make up 52% of the entire population (ZIMSTAT, 2017b), hence they are critical in the development of the country. Poverty levels are also higher for PWDs with 74.1 percent in poverty compared to 69.5 for those without any disability, and 32.2 percent

PWDs in extreme poverty compared to 28.5 percent for those without any disability (ZIMSTAT, 2017c). Lack of viable and economically productive livelihood opportunities disproportionately affect women's capacity, who largely depend on public services, to afford out of pocket spending on public services such as health services. According to the 2019 Labour Force and Child Labour Survey (LFCLS) 70% of the women employed are in the informal and household sectors while only 30% are formally employed. Available data shows that the Women, older persons and PWDs constituents are vulnerable in many different ways and need government protection.

With the outbreak of COVID-19, more focus has been placed on how governments need to strengthen their social protection systems in order to mitigate the COVID-19 devastating effects. According to the ILO (2020), social protection systems (social insurance, social assistance and labour market measures) are critical in the context of the COVID-19 pandemic. The COVID-19 Pandemic has increased vulnerabilities among the already disadvantaged groups such as older persons, women and PWDs.

To underscore the importance of social protection, Zimbabwe recognises the various international, continental and national instruments that regard social protection as a human right. These include Article 22 and 25 of the Universal Declaration of Human Rights (UDHR), 1948; Article 9 of the International Covenant on Economic, Social and Cultural Rights, 1976; Article 28 of United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), 2008; Sustainable Development Goal 1 on no poverty; Social Security (Minimum Standards) Convention, 1952 (No. 102) of International Labour Organisation (ILO); and SADC Code on Social Security, 2007. This means every citizen has the right to social protection and states are expected to guarantee protection to every citizen particularly, the most vulnerable members of society.

However, despite the various regional and international instruments on social protection, the most marginalised groups such as women, PWDs and older persons continue to lack government social security. Provisions of the Social Policy for Africa (2008) Agreement which stipulates that the government should spend at least 4.5% of Gross Domestic Product (GDP) on social protection remains unmet. The current social protection allocation was a meagre 0.15% of GDP in 2021. The Ministry of Public Service, Labour and Social Welfare percentage allocation was declining over the years, at such a time when there were growing demands for social protection due to economic hardships and COVID-19 related socio-economic hardships. The worst case was in 2021 with a sectoral allocation of only 1.6%[1], of the national budget when it was expected that the Government would be forward looking, prepare accordingly and increase the Ministry's allocation taking a cue from 2020 COVID-19 demands for social protection.

The constitution of Zimbabwe contains quiet a number of provisions which stipulate right of people to social protection. These include, Section 16 (State support to children), Section 21

[1] Budget Blue books

(State support to the elderly), Section 22 (State support for persons with disabilities), Section 30 (State support to social welfare), Section 82 (Rights of the elderly) and Section 83 (Rights of persons with disabilities). However, these rights have not been translated in real life beyond the constitution through the provision of an effective social protection policy and programmes.

Whilst many researches done during the COVID-19 pandemic around social protection have tended to focus on gaps, the need to determine how governments can move towards the realization of inclusive and rights based social protection remains unaddressed. There are structural issues which inhibit vulnerable groups such as women, older persons and PWDs from accessing social protection in Zimbabwe. Lack of a publicly shared data base of social protection beneficiaries and programmes makes it difficult to understand the depths and width of challenges faced by vulnerable groups in accessing social protection services in the country.

The Zimbabwe National Development Strategy 1 (NDS1), National Disability Policy, Older Persons Act and the National Social Protection Policy Framework for Zimbabwe provide an entry point for advocacy around cushioning vulnerable groups from the impact of COVID-shocks. It is important that the implementation of these policies and plans is informed by disaggregated evidence to enhance progress towards inclusive and rights based social protection in Zimbabwe.

Specifically, the research was addressing the following specific objectives;

1. Assess and understand the nature and extent COVID-19 shocks impacting on the welfare of older persons, women, people with disability (PWDs) and children
2. Explore the extent and impact of social protection provision on cushioning vulnerable groups during the COVID-19 pandemic
3. Recommend policies and programmes that can be undertaken to improve access to an inclusive and rights based social protection services by older persons, women, PWDs, and children

3. METHODOLOGY

The research used a mixed approach with quantitative and qualitative methods. For the quantitative part, surveys were undertaken. On the other hand, key informant interviews and Focus Group Discussions (FGDGs) were used to gather qualitative data. Details on data collection, data analysis and ethics can be read in the following sub-sections.

Quantitative data: The research employed a survey of older persons in three districts namely; Mutare Rural, Rushinga and Bulawayo with a total of 420 older persons interviewed. The areas covered in Mutare Rural are predominantly peri-urban while Rushinga is rural and Bulawayo is urban. The sample size was calculated using the Raosoft sample size calculator. The Raosoft sample size calculator is an online software that primarily calculates or generates the sample

size of a research or survey[2]. According to the 2012 national census and the Zimstat population projections 2021, the total population of older persons in the three districts is estimated at 46775. Using a 95% confidence interval, 5% margin of error and 90% measure of dispersion, the sample size obtained was 411 persons in the three districts. The actual number of older persons surveyed is 420 as shown in Table 1.

Table 1: Sample distribution of the study, by district

	Older Persons	**Sampled people**	**Actual older persons surveyed**
Mutare Rural	15775	138	143
Rushinga	4862	135	138
Bulawayo	26138	138	139
Total	**46775**	**411**	**420**

Source: PRFT COVID-19 Shocks survey 2021

The survey used random sampling in all the three districts with 143 older persons interviewed in Mutare Rural, 138 older persons in Rushinga and 139 older persons in Bulawayo. In the survey, taking into account the correlation between ageing and disability, disability was defined by using the six questions developed by the Washington Group Questions on Disability. The questions cover six domains: difficulty in hearing, seeing, walking, remembering, self-care and communicating. Answer alternatives are: i) no difficulty; ii) some difficulty; iii) a lot of difficulty; and iv) cannot do at all.

Qualitative data: the survey utilised key informant interviews and focus group discussions. A total of 5 key informant interviews were conducted targeting government, older persons homes and local authority officials. Four focus group discussions of 5 older persons each were conducted to harvest information on older persons, COVID-19 induced challenges and access to social protection services. The focus groups were split between males and females to understand the gender perspectives of challenges and access to social protection. An interview guide and a focus group discussion guide were developed and used as tools for information harvesting. All the participants from the focus group discussions were drawn from Mutare rural area and Bulawayo urban whereas participants of the key informant interviews were from Mutare Urban.

Data analysis. Interviews were audio-recorded with the permission of interviewees and transcribed into English. Interview transcripts were coded by the researcher (PRFT). Key themes and sub-themes were checked and verified with the researcher. A thematic analysis of key issues was undertaken using an iterative process of both a priori codes and emergent new themes which emerged from the analysis of the data.

[2] http://www.raosoft.com/samplesize.html

The analysis and management of quantitative data was done by the researcher using SPSS and Microsoft Excel.

Ethics. PRFT's research ethics plan was guided by its core values and code of conduct standards which guide the organisation's operations. PRFT's core values are as follows: Dignity; Teamwork; Networking and Partnerships; Accountability; Commitment; and Inclusivity. PRFT's Code of Conduct Standards, Ethics Principles Guiding Research, Data Management and Complaints and Reports are provided as Annex 1.

4. LITERATURE REVIEW

4.1 Definition of Older Persons

The United Nations at the World Assembly on Ageing at Vienna in 1982, adopted the definition of older persons which incorporates all persons aged 60 years and over. However, it is acknowledged that different states can adopt varying age limits. For Zimbabwe, the Older Persons Act (2012) states that "older person means a citizen of Zimbabwe aged sixty-five years and above". It is therefore this age limit for older persons that this research adopts.

4.2 Conceptualization of Older Persons Vulnerability

Vulnerability is the inability to resist a hazard or to respond when a disaster has occurred[3]. In all countries, both developed and developing, older persons face an array of vulnerabilities. Among these are lack of income, health insecurity and the need for physical care (David E Bloom, Emmanuel Jimenez and Larry Rosenberg, 2011). Findings of a survey by the Common Wealth Fund (Reginald D. Williams et al 2021), of more than 18,000 adults aged 65 and older in 11 high –income countries show that COVID-19 has affected the economic security of older persons as well as their access to health care and supportive services for chronic conditions.

Older Persons and lack of income: Older persons in nearly all settings are on average less likely to have paid employment than younger adults. Older persons thus often rely for income on a combination mix of government programs and support from family members. The Zimbabwe National Statistics Agency has highlighted that around 80% of the older persons live in abject poverty (ZIMSTAT, 2017). However, the poverty levels are disproportionately across social groups and this is supported by Bloom et al (2011) who argue that women and older persons with disabilities in general are more vulnerable than men in part because they have typically had less opportunity to amass savings because they are less likely to have had paid employment and more likely to have left the labour force earlier.

Older Persons and health insecurity: Older persons are also more vulnerable because they are more likely to have health issues. Kasere (199:59) in Dhemba (2013) argues that although older persons in Zimbabwe are entitled to free health services, "there is almost a total absence of a health care delivery system specifically for the health needs of the elderly". This situation

[3] https://www.smithlifehomecare.com

is compounded by the fact that older persons in Zimbabwe get their services from the existing general care system like everyone else, which realistically is already inadequate.

Early studies have suggested that the psychological effects of the COVID-19 crisis and the prolonged lockdowns include increased stress, anxiety and depression among older persons, (Sigdel A et al 2020)[4]. According to Adams KB et al (2004), social isolation also often results in loneliness, which is a factor significantly associated with depression in older persons and have all been shown to predict worse disease outcomes.

As the COVID-19 lockdowns shifted focus in day-to-day interactions on digital tools, it has been successful in minimizing many of the problems faced during the pandemic and many individuals have continued to socialise, study, work and access healthcare. Unfortunately, older persons did not migrate and adjust at the same pace as shown by a study by Lazzerini M, et al (2020) that indicated that 40% of older persons were unprepared to use telehealth resources, predominantly due to lack of skills to effectively make use of the technology as well as having lower rate of internet usage. The COVID-19 has thus put a spotlight on the challenge of the digital divide in terms of Motivational Access, Material Access, Skills Access and Usage Access. (Ibid).

Older Persons and the need for physical care: Older persons are vulnerable because they need companionship and physical care and assistance. Pearce KE, Rice RE (2013) note that while virtual socializing and online events have become commonplace as a response to COVID-19 measures and have gone a long way to keep people from completely being isolated from family and getting increasingly lonely, access to and ability to proficiently use technology is much lower in older populations than in younger adults[5].

4.3 The Notion of Social Protection

The Asian Development Bank takes social protection to mean "policies and programs designed to reduce poverty and vulnerability by promoting efficient labour market, diminishing people's exposure to risk and enhancing their capacity to protect themselves against hazards and interruptions or loss of income"[6]. The World Bank also augments this view of social protection by referring to programs that prevent against drops in well-being through social insurance; protect from destitution and catastrophic losses through social assistance programs and promote improved opportunities and livelihoods, chiefly through better jobs[7]. Bloom et al (2011) however argue that social protection does not refer to the various types of financial and social support that families often provide. They further argue that as important as these are, they are not social activities. This thinking poses an interesting juncture with what prevails in

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[4] Depression-anxiety comorbidity amid cocid-19 pandemic: an online survey conducted during lockdown in Nepal. MedRxiv:2020.04.20

[5] Pearce KE, Rice RE. Digital divides from access to activities: comparing mobile and personal computer internet uses (2013)

[6] Asian Development Bank, 2010. Social Protection: Reducing risk, increasing opportunities" http://www.adb.org?SocialProtection/

[7] http://ww.worldbank.org/spstrategy

Zimbabwe whereby social protection support is offered through means-testing[8]. Both the Asian Development Bank and the World Bank contend therefore that social protection is ultimately funded by government and is therefore a social undertaking that bolsters a society's resilience by lessening many individuals' vulnerability.

There is a growing body of evidence that demonstrates that the gains achieved by Social Protection programs can give an impetus to economic growth. Evidence shows that even with limited capacity, poor countries do not become any poorer through social investment policies that improve the lives of their citizens, rather, the process enhances their development and their human and structural resilience in the face of the aging population. (Zaidi,2014). Early interventions result in more savings for example reaping benefits of longer working careers and reduced expenditures on health. These benefits outweigh expenditures made say, towards better education, health and employment opportunities for both young and old.

4.4 Social Protection for the older persons in Zimbabwe

While the provision of social protection for older persons in Zimbabwe should be the obligation of the government, it is essentially also shouldered by the family and Non-governmental Organizations (NGOs). The state runs two main social protection programmes namely the Public Assistance and the Pensions and Other Benefits Scheme.

According to Dhemba J (2013), Public Assistance Scheme in Zimbabwe provides for means-tested non-contributory maintenance allowances to the poor, inclusive of the older persons. The description of the means-testing has been highlighted above and its shortfalls are grave as Dhemba (1990) already established that only 7,5% of the retirees covered in his study in Zimbabwe were getting adequate support from their families. Dhemba also found out that in 2012, the Public Assistance allowance was only US$20 per month, far below the current cost of living.

The National Social Security Authority (NSSA) in Zimbabwe operates a contributory and compulsory Pensions and Other Benefits Scheme, providing for retirement pension in old age. However, given the high levels of poverty in the country, estimated at above 80%, this scheme is highly exclusionary in that it only covers those who were previously formerly employed. An overview of the programs designed to assist older persons shows that support tends to be sporadic, inadequate and reaches very few of the destitute older persons. The migration of most activities to digital as a result of COVID-19 lockdowns also saw NSSA moving its pension pay-outs and other services to digital tools such as mobile money and bank cards, (Business Times Newspaper, 2020). This compounded the challenges already faced by older persons in the digital divide especially those in rural areas and those with disability.

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[8] According to Mupedziswa (1995) this is operated in accordance with the residual approach which holds that an individual's needs should be met by the family or market system and that the state should only assist when these systems breakdown.

Institutional Care

Indigenous Zimbabweans value ageing-in-place, in the comfort of familiar people and surroundings (Hungwe 2011). Ncube Neddie (2017) citing Madungwe et al, (2011) says that traditionally, the extended family's multi-generational household has always been the single most important source of care in Sub-Saharan Africa. Boggatz adds that Africans have always banked on strength of traditional solidarity. According to Tran (2012), institutionalisation invokes in older persons negative feelings of regret, powerlessness, guilt and neglect. Hungwe (2011) therefore posits that institutionalisation was for those without kin or those who could not locate them or with whom there were severed relationships. Adverse economic factors also result in institutionalization according to Madungwe et al (2011)'s study in Masvingo province who concur with Hungwe (2011). Hungwe (2009) however points that ill health alone was not the reason for institutionalisation but lack of funds to purchase drugs and or to travel to health care centres.

However, whether in an institution or ageing in-place, older persons need care as their personal activities get limited by developmental challenges, resulting with degeneration of health, disability, frailty and incapacity for self-care (Levison 2008) as cited by Ncube Neddie (2017:2).

5. RESULTS

The first module focuses on the demographic and background profile of the older persons surveyed.

Table 2 presents the distribution of older persons according to various demographic and background characteristics. A total of 420 older persons were interviewed in the three districts. Mutare Rural had 143 (34%) interviewed while in Bulawayo, 139 (33.1%) were interviewed and 138 (32.9%) were interviewed in Rushinga. A total of 242 (57.6%) of those interviewed were female while males constituted 178 (42.4%) of those interviewed.

In terms of age, the majority of the respondents, 248 (59%) were in the 65 to 75 age range while 121 (29%) were in the 75-84 age range. This is followed by the 85 to 94 age range with 44 (10%) and the 95 to 104 age range with 7 (2%) respondents.

Almost half the respondents 196 (46.7%) had primary as the highest level of education completed followed by 85 (20.2%) that had completed lower secondary. Of the respondents interviewed 50 (11.9%) had never been to school while 42 (10%) had Early Childhood Education as the highest level of education completed. Respondents that had completed tertiary level of education were 28 (6.7%) while 19 (4.5%) had upper secondary as the highest level of education completed as shown in Table 2.

Table 2: Older Persons by demographic characteristics, infrequency and percent distributions

		Frequency	**Percentage**
Sex	Male	178	42.4
	Female	242	57.6
District	Bulawayo	139	33.1
	Mutare Rural	143	34
	Rushinga	138	32.9
Age	65 – 74	248	59
	75 – 84	121	29
	85 – 94	44	10
	95-104	7	2
Education	Early Childhood Education	42	10
	Primary	196	46.7
	Lower Secondary	85	20.2
	Upper Secondary	19	4.5
	Tertiary	28	6.7
	None	50	11.9
Medical Aid	With Medical Aid Scheme	75	17.9
	Without Medical Aid Scheme	345	82.1

Source: PRFT COVID-19 Shocks survey 2021

Medical Aid

The majority of the respondents, 345 (82.1%) did not have medical aid scheme with only 75 (17.9%) covered by medical aid scheme as shown in Table 2. Older men have a slightly better medical aid coverage at 19.1% compared to older women at 16.9%. Medical coverage for older persons with some form of disability is generally lower across all the adult functioning domains. Older persons with communicating challenges are the least covered in terms of medical aid with only 11.1% covered as shown in Table 3. For those with hearing challenges only 11.2% have medical aid while 11.8% of the older persons with walking challenges had medical aid cover. The highest medical aid coverage for older persons with a disability is 14.5% for those with seeing challenges followed by those with self-care challenges with 12.8%.

Adult functioning domains

The second module of adult functioning domains is based on the set of questions developed by the Washington Group on Disability Statistics – a United Nations City Group established under the United Nations Statistical Commission. These questions reflect six domains for measuring disability: seeing, hearing, walking, cognition, self-care and communication.

Adult functioning domains and demographics.

Table 3 shows the six functional domains tabulated against demographic characteristics. For each of the domain at least 58% of the respondents were women. For example, 58% of those with difficulties in communicating were women while 61.7% of those with difficulties seeing were female as shown in Table 3.

Table 3: Adult functioning domains by demographic characteristics, in percentages

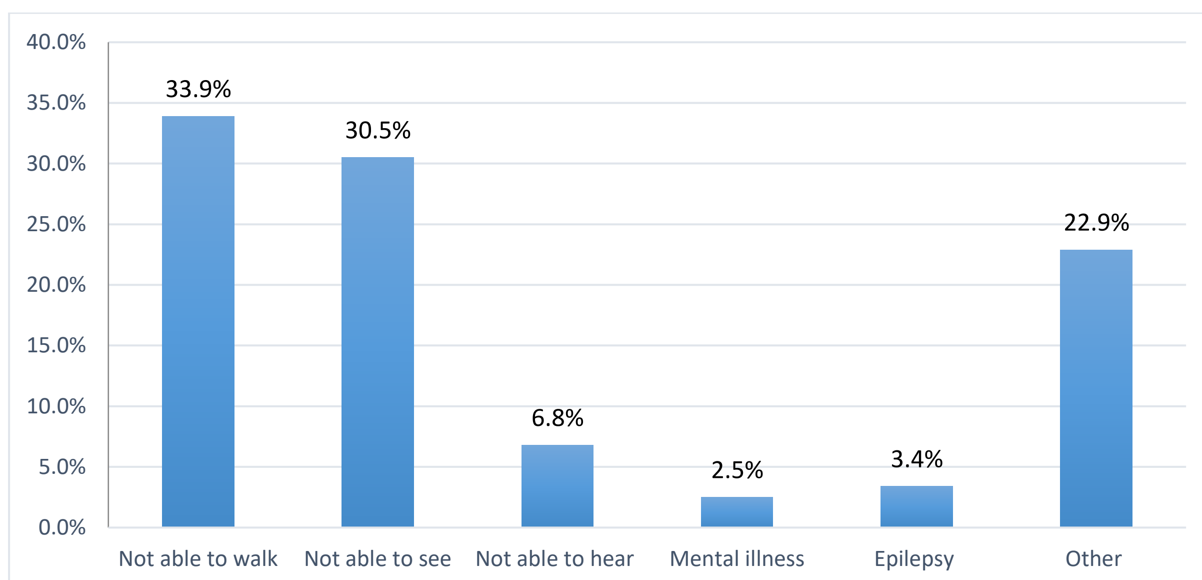
	Seeing	Hearing	Walking	Remembering/ concentrating	Self-Care	Commu-nicating
District						
Bulawayo	30	26.9	28.9	28.4	31.9	27.2
Mutare Rural	38.7	32.8	37.6	35.3	33.3	25.9
Rushinga	31.3	40.3	33.5	36.3	34.8	46.9
Sex						
Male	38.3	41.8	38.3	40	41.1	42
Female	61.7	58.2	61.7	60	58.9	58
Education						
Early Childhood Education	11.8	14.2	12.2	12.1	10	21
Primary	51.8	48.5	48	52.1	44	38.2
Lower Secondary	14.5	9.7	17.8	10.7	18.4	9.9
Upper Secondary	4.4	3	3.5	4.2	3.5	2.5

Tertiary	3.9	4.5	3.5	4.2	3.5	1.2
None	13.6	20.1	15	16.7	20.6	27.2
Medical Aid Scheme						
With Medical Aid Scheme	14.5	11.2	11.8	12.6	12.8	11.1
Without Medical Aid Scheme	85.5	88.8	88.2	87.6	87.2	88.9

Source: PRFT COVID-19 Shocks survey 2021

Figure 1 shows that 33.9% of those who indicated some form, of disability were not able to walk. This is followed by 30.5% who are not able to see and 22.9% who indicated other forms of disability. Those that indicated that there are not able to hear are 6.8% with those with epilepsy at 3.4% and 2.5% with mental illness.

Figure 1: Nature of disability constraint among older persons with disabilities, in percentages



Source: PRFT COVID-19 Shocks survey 2021

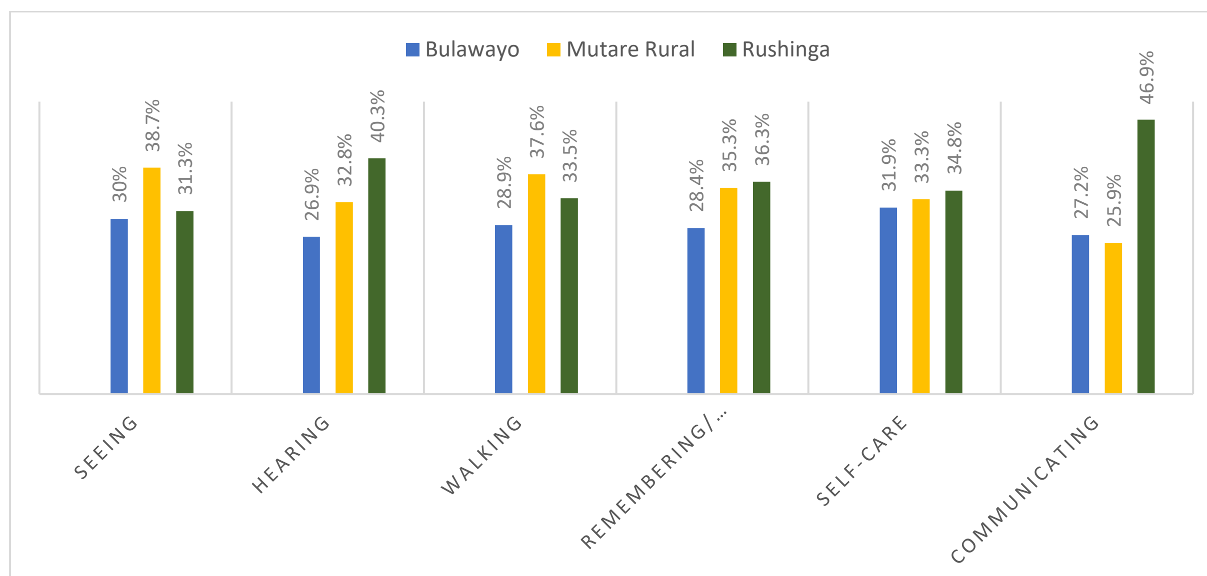
Adult functioning domains by district. Figure 2 shows the distribution of respondents by domain and district.

Mutare Rural had the highest proportion of those with difficulties in seeing with 38.7% followed by Rushinga with 31.3% and Bulawayo with 30%. Mutare Rural also has the highest proportion for the respondents with difficulties in walking with 37.6% followed by Rushinga with 33.5% and Bulawayo with 28.9%.

In terms of difficulties in hearing Rushinga leads with 40.3% followed by Mutare Rural, 32.8% and Bulawayo 26.9%. Rushinga also has the highest proportion for those with difficulties in remembering with 36.3% followed by Mutare Rural with 35.3% and Bulawayo 28.4%. As for self-care, Rushinga has 34.8% closely followed by Mutare Rural with 33.3% and Bulawayo

31.9%. Rushinga had a significant proportion of those with communicating difficulties with 46.9% while Bulawayo and Mutare Rural had 27.2% and 25.9% respectively.

Figure 2: Adult functioning domains, by district, in percentages



Source: PRFT COVID-19 Shocks survey 2021

Access to Social Services during COVID-19

The third module looks at access to social services by older persons focusing on access to drinking water, housing, energy and basic food. In terms of access to sufficient drinking water, the majority 71.2% indicated that they had access compared to 27.9% who said no as shown in Table 4. Older persons with disability had lower access to sufficient drinking water at 63.6%. Access to water is lower for older women at 69% compared to 74.2% for older men.

In terms of housing, 87.1% had housing while 12.4% did not have access to housing. Access to housing is below average for older persons with disability at 81.4%. Older women access to housing is slightly lower at 86.4% compared to 88.2% for older men.

As for energy 76.4% had access while 22.9% did not and 0.7% did not know. However, access to energy is better for older women at 78.6% compared to 74.2% for older men. Older persons with disability fare worse with 75.4% access to energy.

However, food was a major challenge as 73.6% indicated that they did not have access to sufficient food with 26% having sufficient basic food. Older person with disability are the worst affected with only 12.7% having access to sufficient food while 87.3% did not have sufficient food. Access to food is slightly better for older men at 27% compared to 25.2% for older women.

Table 4: Access to Social Services during COVID-19 among older persons, in percentages

	Sufficient Drinking Water	Housing	Energy	Sufficient basic food
Yes	71.2	87.1	76.4	26
No	27.9	12.4	22.9	73.6
Don't know	0.9	0.5	0.7	0.4
Yes (Older Women)	69	86.4	78.1	25.2
No (Older Women)	29.3	12.8	20.7	74
Don't Know (Older Women)	1.7	0.8	1.2	0.8
Yes (Older Men)	74.2	88.2	74.2	27
No (Older Men)	25.8	11.8	25.8	73
Yes – Older Persons with a Disability	63.6	81.4	75.4	12.7
No – Older Persons with a Disability	36.4	18.6	24.6	87.3

Source: PRFT COVID-19 Shocks survey 2021

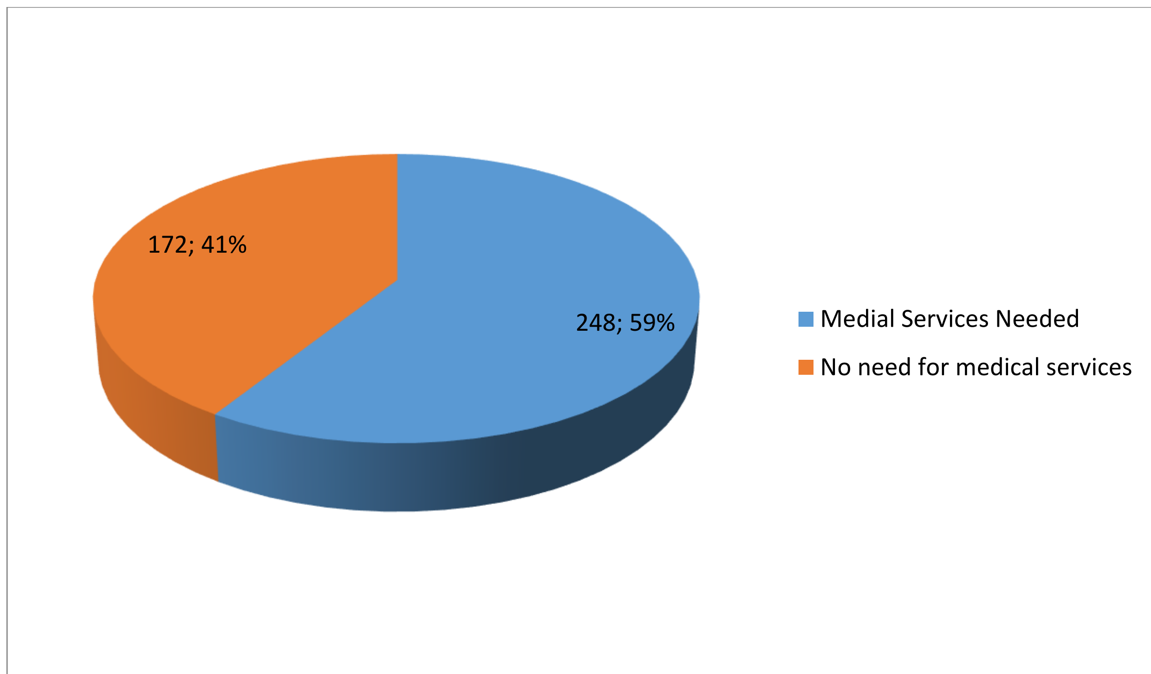
Discussions with older women in Mutare rural indicated that the challenges brought by COVID-19 are causing high stress levels or hypertension as they struggle to put food on the table for their family. The older women in Mutare rural argued that with the reduced economic activity and incomes as a result of the COVID-19 induced lockdown measures, they were incapable of buying sufficient household food for their families. An interview with the Mutare Social Development Office confirmed this position by further stating that older persons are facing financial resource constrains as result of the COVID-19 pandemic. The social development office indicated that older persons are impacted to the level that they are struggling to pay for their utility bills such as water, electricity and other medical bills yet they have a lot of ailments that have to be kept under control. The older persons in Bulawayo admitted that they are not able to pay rent as a result of reduced incomes and they are facing challenges with landlords expecting rentals to be paid on time and in full.

In Bulawayo, older persons raised concern on how the City Council was closing water for residents who owes the authority. Older persons raised concern on how water was important in fighting the pandemic and cited their inability to travel long distances to fetch water from free water access points in their communities. The water challenge was noted to have increased the burden of fighting the COVID-19 pandemic among older persons. The older persons in Bulawayo also noted that they had challenges accessing transport as the local transport operators were barred from operating by the government when the first COVID-19 lockdown was announced in March 2020.

Access to Health for Older Persons

The fourth module assessed the impact of COVID-19 on access to health for older persons. The older persons were asked if they ever needed medical treatment during COVID-19 period and 248 (59%) indicated they at some point needed medical attention while 172 (41%) did not require any medical services.

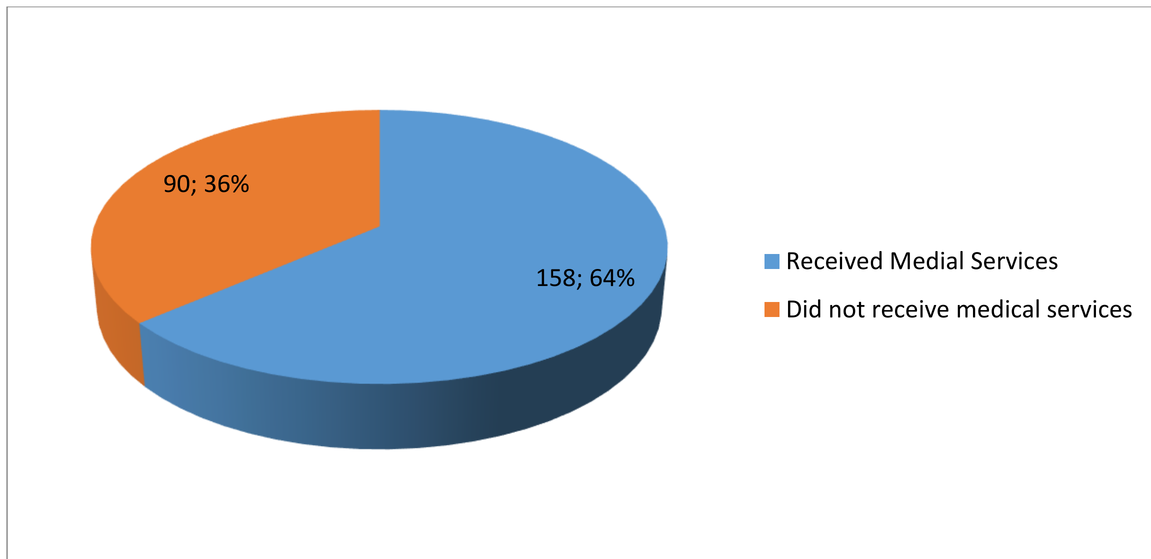
Figure 3a: Older Persons Needing Medical Services



Source: PRFT COVID-19 Shocks survey 2021

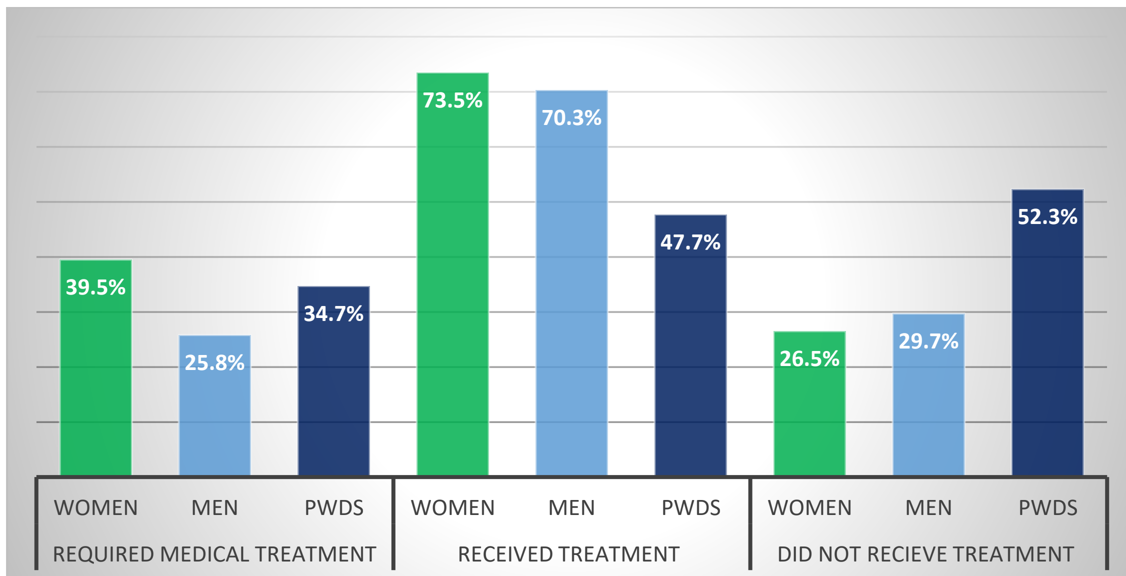
Of the older persons that needed medical services, 158 (64%) got the medical attention required while 90 (36%) could not get any help as show in the Figure 3b below.

Figure 3b: Access to medical services



Source: PRFT COVID-19 Shocks survey 2021

Figure 3c: Access to health services disaggregated by gender and disability, in percentages

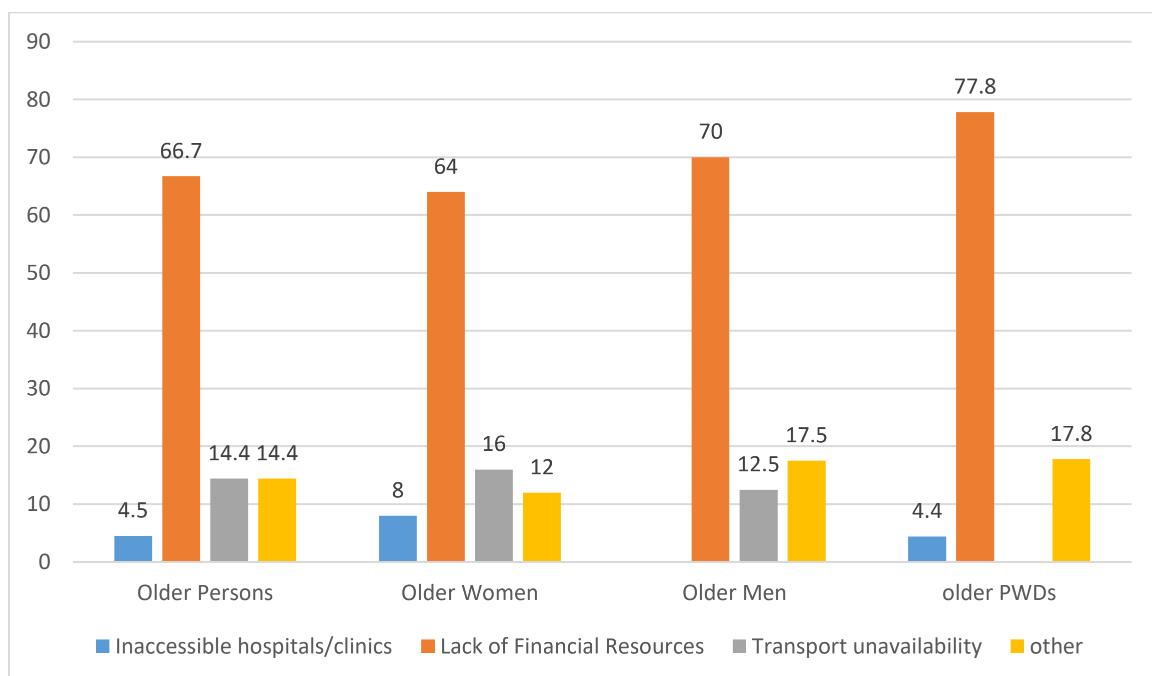


Source: PRFT COVID-19 Shocks survey 2021

Of all the respondents who required medical treatment during COVID-19 Pandemic, 39.5% women, 34.7% PWDs and 25.8% men. Among women who required medical treatment, 73.5% managed to receive treatment at various local medical centres whilst 26.5% were not able to do so. For PWDs, 47.7% of those who reported requiring medical treatment during COVID-19 pandemic management to get the treatment while 52.3% were not able to access treatment. 70.3% of men who reported to have required medical treatment managed to get access whilst 29.7% were not able to receive treatment.

The main reason for failure to get medical services were lack of financial resources with 66.7% older persons affected. Older PWDs were the worst affected by lack of finical resources with 77.8% of old PWDs failing to access medical services due to lack of financial resources. On the other hand, 70% of older men failed to get medical services due to lack of financial resources compared to 64% of older women. Non availability of transport affected 14.4% older persons same as other reasons. Hospital inaccessibility affected 4.5% of the older persons with 8% of older women and 4.5% of older PWDs citing this reason for failing to access medical services.

Figure 4: Reasons for failing to access health services among older persons as a percentage



Source: PRFT COVID-19 Shocks survey 2021

The older women in Mutare rural lamented the lack of critical drugs such as ARVs in local clinics and hospitals. One of the women confirmed that they were now defaulting their monthly prescriptions as they fail to get the drugs and in the event that they get them, they receive supplies inadequate to last them a month. The situation was noted to be putting the health of older women with chronic illnesses at risk of deteriorating. The older men in Mutare rural were concerned by the lack of personal protective clothing such as face masks placing them at risk of contracting the COVID-19 virus. Older men who are not vaccinated also indicated that vaccination certificates were becoming a barrier for them to access health services as health centres are predominantly requesting a vaccination certificate as the basis for admission into the health centre and access services. Religious and personal reasons were cited by the older men in the discussion as the factors why they had not been vaccinated.

The older men commended the efforts by government to make health diagnosis for older persons free but lamented that because of their levels of deprivation they are unable to purchase

prescribed drugs. The same sentiments were echoed in Bulawayo where older persons claimed that they are unable to buy prescribed medication for their chronic illnesses such as diabetes which require monthly stocks due to their economic inactivity.

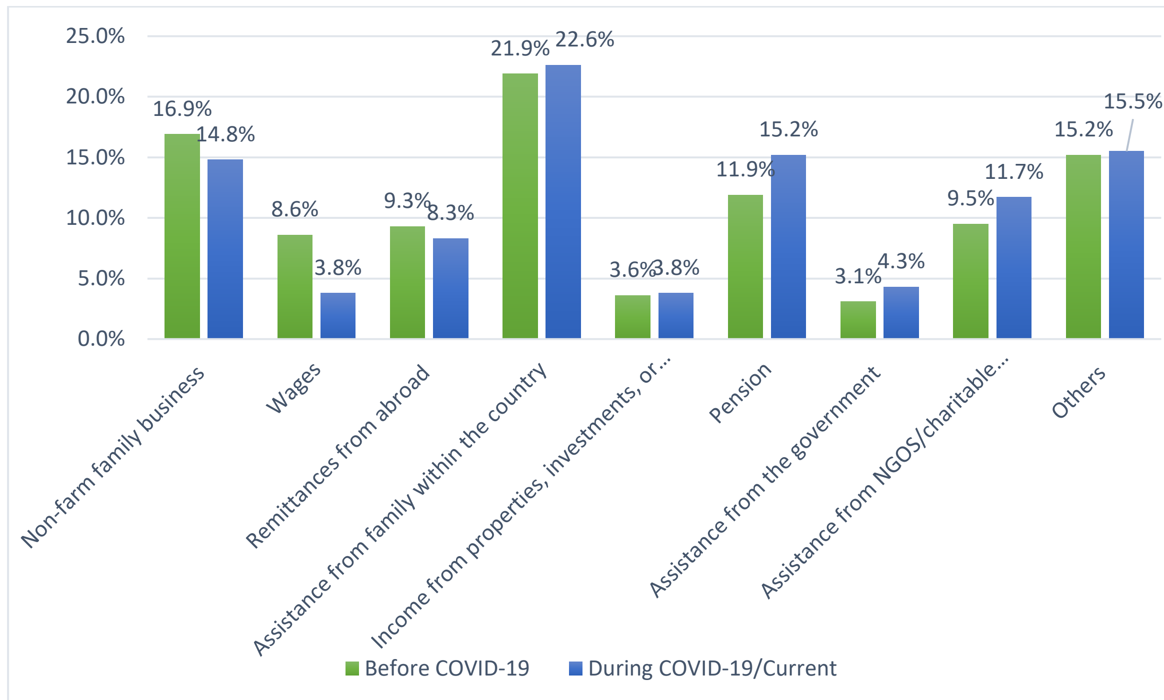
Discussions with older persons in Bulawayo noted that the mandatory testing of COVID-19 during each hospital visit is deterring them from accessing health services. Issues cited as reasons included the irritating (sometimes described as painful) COVID-19 testing procedure and the fear to contract COVID-19 at health centres.

Income Sources

Information related to income sources is obtained in the fifth module. The module looks at the main sources of income, employment status before and after COVID-19. Assistance from family members within the country is the main source of income for older persons with 21.9% relying on this source of income both before COVID-19 and during the current COVID-19 period with 22.6% relying on this source of income. Before the onset of COVID-19, income from non-farm family business is the second main source of income with 16.9% followed by farm business with 15.2% and pension with 11.9%. Assistance from NGOs or charities with 9.5% is in fifth place as a source of income before COVID-19 while 9.3% of the respondents cited remittances from abroad as the main source of income. Wages with 8.6% is in seventh place while income from properties or investments is at eighth with 3.6% relying on this source of income before COVID-19. Assistance from government ranked the least as a source of income before COVID-19 with 3.1% dependent on this as the main source of income.

During the COVID-19 period farm related business is second as the main source of income with 15.5% of the older persons relying on this source of income. Pension is the third main source of income with 15.2% while non-farm family business is the fourth main source of income in the current COVID-19 period. Assistance from NGOs or charities and remittances from abroad remain at fifth and sixth respectively with 11.7% and 8.3% of the older persons reliant on this source of income. Assistance from Government moves from last to seventh as the main source of income during the current COVID-19 period with 4.3% of the older persons relying on this source of income. Wages and income from properties or investments have the least share of older persons with 3.8% each relying on this source of income. Wages contribution dropped the most moving from 8.6% to 3.8% or by 4.8 percentage points.

Figure 5a: Main Source of income for older persons before and during COVID-19 pandemic, in percentages



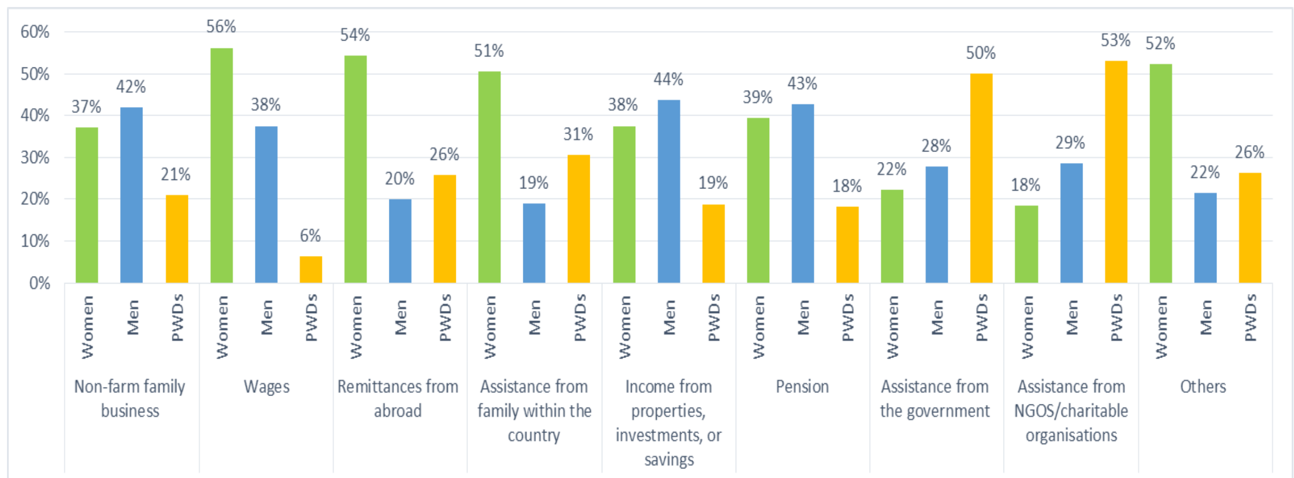
Source: PRFT COVID-19 Shocks survey 2021

The discussion with older men in Mutare rural established that their other source of wealth, that is livestock, was at risk from theft. The discussion revealed that since the advent of COVID-19, livestock theft had increased significantly. The older men in Mutare rural indicated that livestock such as goats and cattle were their last form of economic defence from the worsening COVID-19 induced economic melt-down yet theft is threatening this source of livelihood. They attributed the increase in livestock theft as a result of the massive loss of livelihood opportunities as a result of COVID-19 which has left many turning to theft as a means of survival.

Disaggregated by gender and disability, in terms of incomes from the non-farm businesses, older men were the largest earners constituting 42% followed by women 37% and lastly PWDs with 21% as shown in Figure 5b. Older men contributed the largest number of people earning wages during COVID-19 with 56%, followed by older women 38% and older PWDs 6%. In terms of incomes from remittances from abroad, women constituted the largest number of receivers with 54%, followed by PWDs 26% and older men 19%. During COVID-19, older men were the least recipients of assistance from family within the country with 19%, followed by PWDs 31% and older women were the majority receivers with 51%. Older men constituted the majority of those getting incomes from properties, investments, or savings with 44%, followed by older women 38% and PWDs 19%. Those getting incomes from pensions were dominated by older men 43%, closely followed by older women 39% and lastly older PWDs 18%. Of those earning from government assistance, older PWDs were the largest earners with 50%, whilst older men and older women constituted 28% and 22% respectively. Older PWDs

also constituted the majority of earners from Non-Governmental Organisations or Charitable Organisations assistance with 53%, followed by older men 29% and older women 18%. Older women constituted of majority of those whose incomes comes from other sources with 52% followed by older PWDs 26% and older men 22%.

Figure 5b: Main Sources of income before and during COVID-19 disaggregated by gender and disability, in percentages



Source: PRFT COVID-19 Shocks survey 2021

The discussion with older women in Mutare rural indicated that they have started projects such as road runner chicken rearing projects, vegetable gardens and savings clubs. The women also noted that with the reduced economic activity they have now turned to government support through programmes such as government food assistance but cited that the current support they are getting is not adequate to see them through to the next food assistance disbursement.

In Bulawayo the situation is dire as the older persons indicated that most are not receiving any social protection. In Bulawayo the Focus Group Discussions established that older persons on social security pension are now depending on that as their only source of income. One of the older persons indicated that they are currently receiving $3000 from NSSA which is not in line with the rising cost of living. The discussions with older persons in Bulawayo further established that hunger is forcing older persons to do part time jobs including physical work which in turn further leads to their physical debilitation.

Demonstrating the inadequacy of the social security pension one participant from Bulawayo remarked,

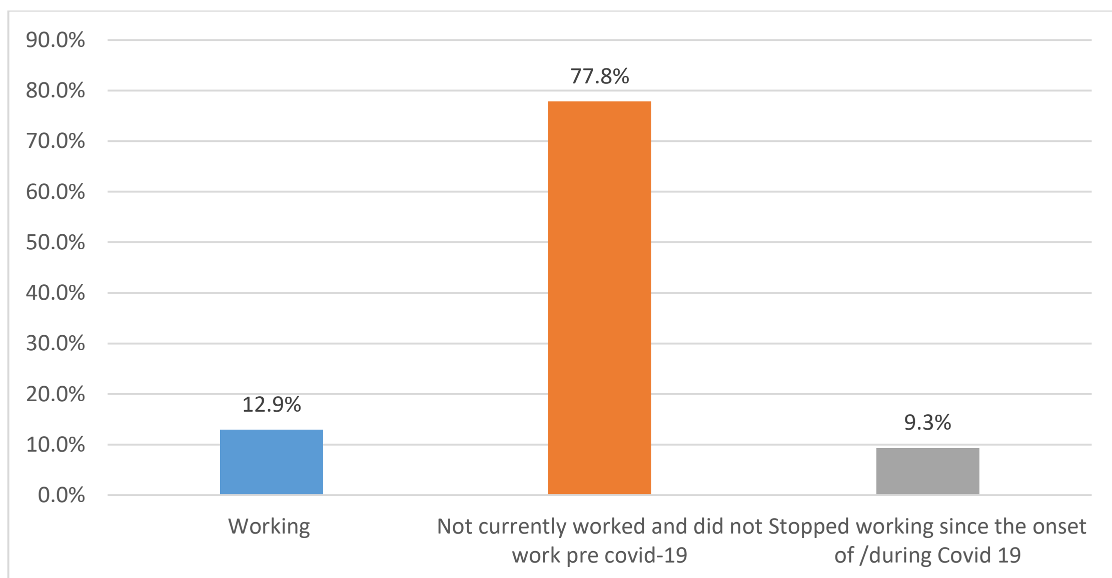
> 'I receive ZWL$ 3,000.00 pension from the pension fund yet I need to pay ZWL$ 1,500.00 for electricity tariffs, ZWL$ 1,000.00 for water user fees and I am not left with anything to cater for food, transportation and other basic necessities'

An interview with the Zororai Old People's Home Administrator revealed that their support base comes from well-wishers who sponsor their activities through corporate social responsibilities. However, COVID-19's impact on business affected the level of sponsorship and the Home recorded a massive decline in the donations made since the start of the pandemic.

To supplement their incomes, the Home has since embarked on self-sustaining income generating projects such as broilers rearing (started with 2 batches of 150 chickens each), maize, and horticulture projects (cabbage, carrots, peas etc.).

Employment Status among older persons. Of the older persons interviewed 12.9% indicated that they were working in wage employment while 77.8% are not working and did not work pre COVID-19. However, 9.3% indicated that they stopped working since the onset of or during COVID-19 period.

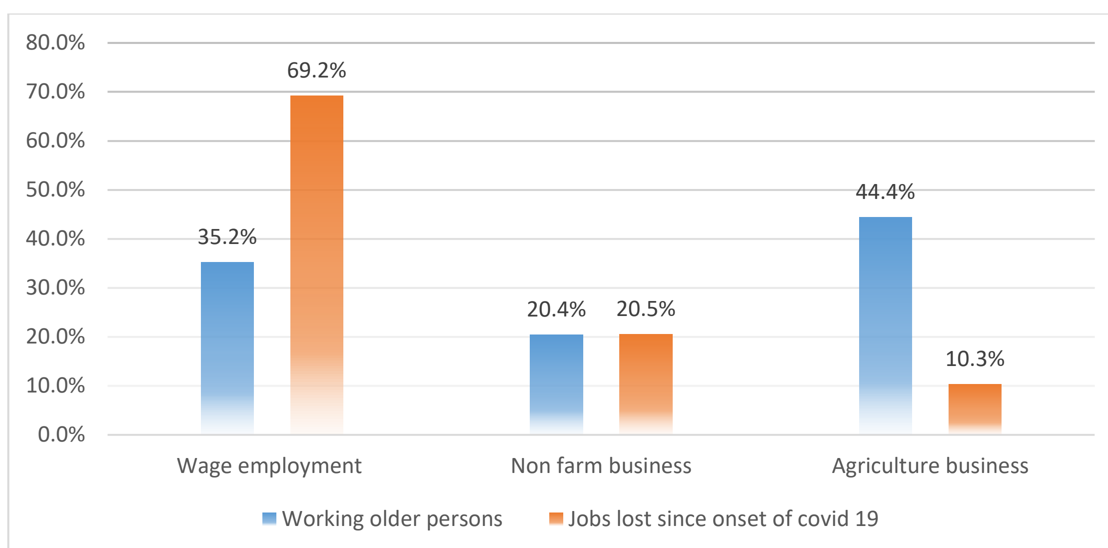
Figure 6: Employment Status among older persons respondents, in percentage



Source: PRFT COVID-19 Shocks survey 2021

Employment Status by Sector. Of the older persons currently employed 35.2% are in wage employment, 20.4% in non-farm business and 44.4% are in the agriculture business. In terms of those that were working but stopped working since the onset of COVID-19 the majority 69.2% affected were in wage employment. The non-farm business recorded 20.5% job losses while the agriculture business sector lost 10.3% since the onset of COVID-19.

Figure 7: Working and older persons who are not working by sector, in percentages



Source: PRFT COVID-19 Shocks survey 2021

Older persons working status. Of the 32.5% older persons in wage employment, 73.7% indicated that they were not able to work as usual since the outbreak of COVID-19 while 26.3% were able to work as usual. In the non-farm business of the 20.4% older working persons in the sector, 90.9% indicated that they were not able to work as usual with only 9.1% able to work as usual. On the other hand, of the 44.4% in the agriculture business, 79.2% indicated that they were not able to work as usual while 20.8% were able to work as usual.

In terms of income 54.9% of older persons in wage employment noted that their income had decreased while 42.1% had their income increase. As of the non-farm business 54.5% had their income increase compared to 45.5% who had their income decreasing. Those in the agriculture business had the largest drop in income with 66.6% affected while 33.3% had their income increase. Older women had their income decreasing the most with 54.5% experiencing a decrease in income compared to 37.5% older men whose income decreased.

Table 5: Older persons who were able to work during COVID-19 by employment type, in percentages

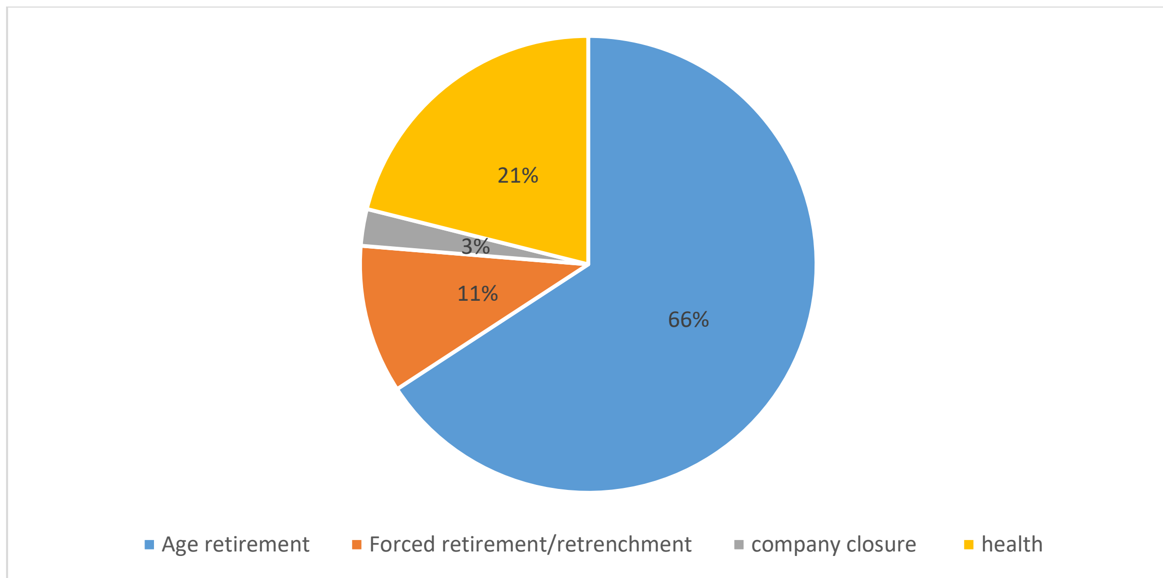
	Wage Employment	Non-farm business	Agriculture business
Older persons workers	35.2%	20.4%	44.4%
Able to work as usual	26.3%	9.1%	20.8%
Not able to work as usual	73.7%	90.9%	79.2%
Able to work as usual – Older Women	72.7	20	25

Not able to work as usual – Older Women	27.3	80	75
Able to work as usual – Older Men	25	0	16.7
Not able to work as usual – Older Men	75	100	83.3
Able to work as usual – Older PWDs	100	0	0
Not able to work as usual – Older PWDs	0	100	100
Income			
Increased	42.1%	45.5%	33.3%
decreased	54.9%	54.5%	66.6%
Increased –Older Women	45.5	40	66.7
Decreased - Older Women	54.5	60	33.3
Increased – Older Men	62.5	66.7	66.7
Decreased – Older Men	37.5	33.3	33.3
Increased – Older PWDs	100	0	100
Decreased – Older PWDs	0	100	0
Mental Health			
Impacted	21.1%	36.4%	45.8%
Not impacted	78.9%	63.6%	54.2%

Source: PRFT COVID-19 Shocks survey 2021

Reasons for stopping working since onset of COVID-19. The main reason given for stopping working among older persons in wage employment were due to reaching age retirement with 66% citing this reason, 21% were as a result of ill health, 11% as a result of forced retirement and 3% due to companies' closure.

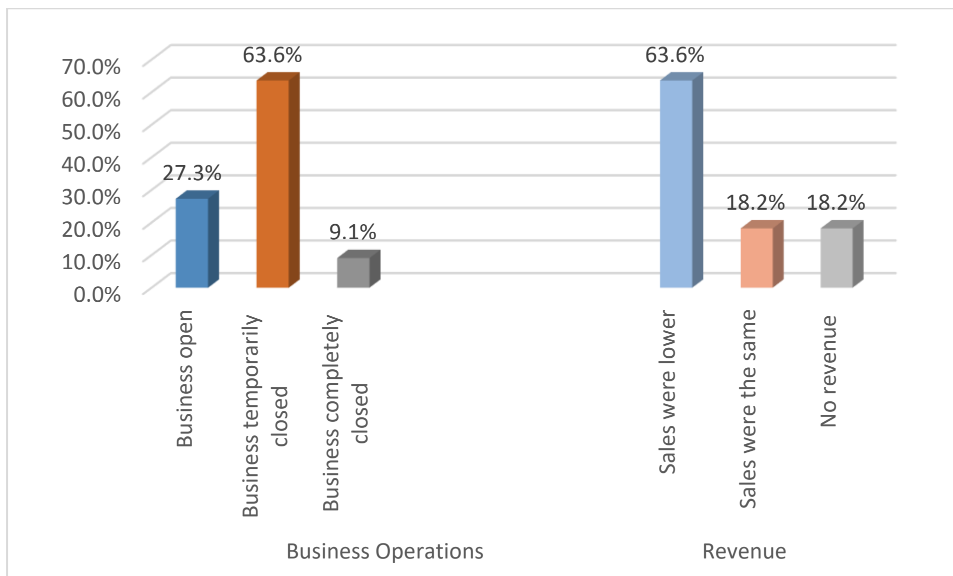
Figure 8: Reasons for stopping working among older persons respondents



Source: PRFT COVID-19 Shocks survey 2021

Disruptions of older persons' non-farm business. The majority of business operations in non-farm business were affected during the COVID-19 period with 63.6% of those in the sector indicating that at some point during this period their business had temporarily closed while 9.1% had closed completely. Those with businesses that remained open throughout are 27.3% of the older persons in the non-farm business.

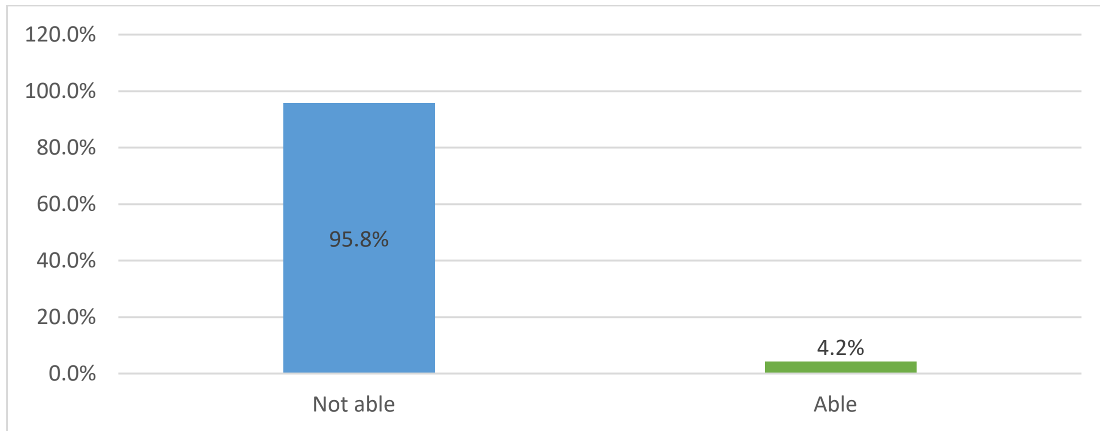
Figure 9: Disruptions of older persons' businesses by impact on sales and revenue, in percentages.



Source: PRFT COVID-19 Shocks survey 2021

Older Persons Farming Business Disruptions. COVID-19 disrupted the procurement of farming inputs for those in the farming business with 95.8% not able to get all the farm inputs since the start of COVID-19.

Figure 10: Percentage of older persons in farming business who were able to get all the farm inputs since the start of COVID-19

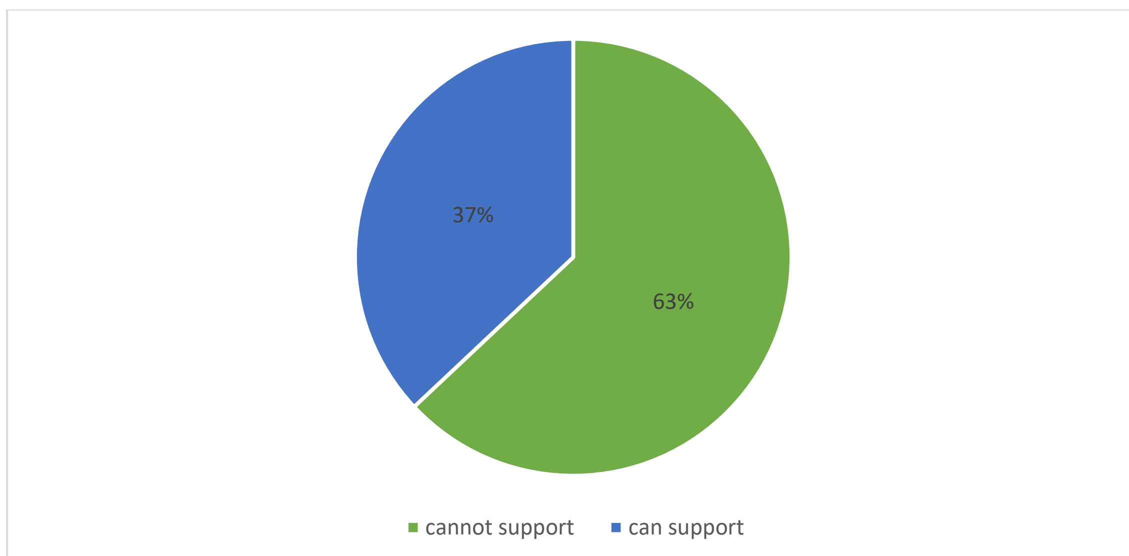


Source: PRFT COVID-19 Shocks survey 2021

Ability to take care of Families.

In the sixth module, the respondents were asked about their ability to take care of their families during COVID-19 and 63% indicated that they cannot take care of their families during this period compared to 37% who can take care of their families.

Figure 11: Older persons who can afford to take care of their families during COVID-19, in percentages



Source: PRFT COVID-19 Shocks survey 2021

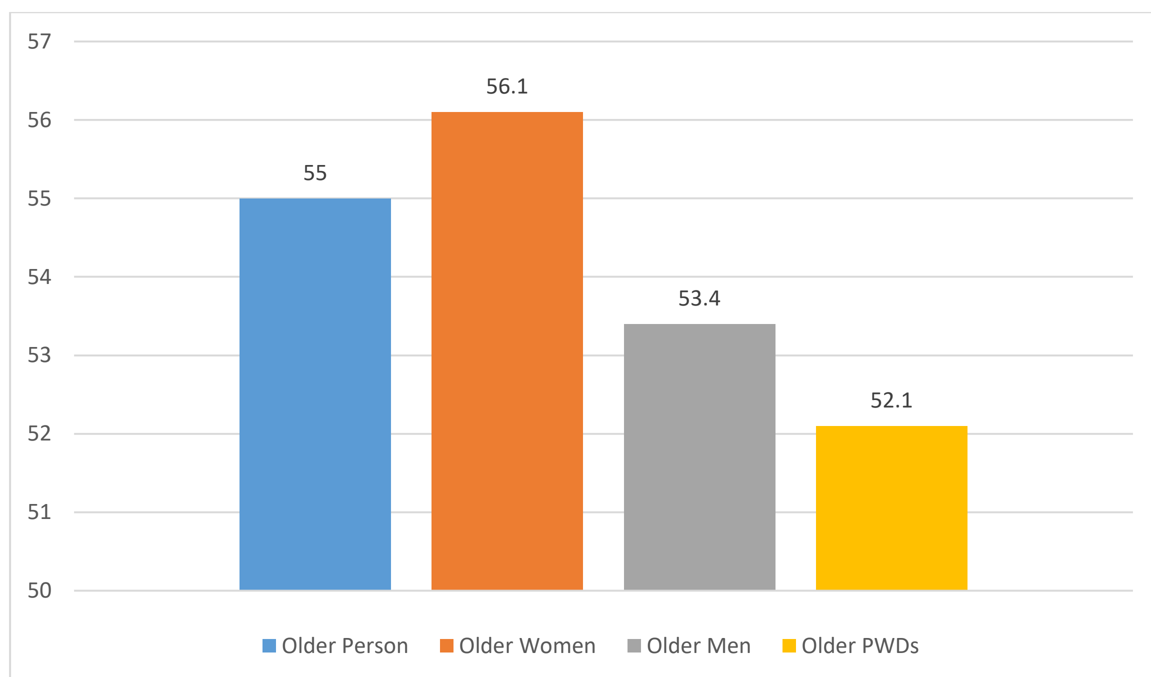
The COVID-19 pandemic has also increased the burden of taking care of older persons taking care of their immediate and extended family. An interview with the Mutare Social Development Office revealed that a lot of marriages for young people are breaking up due to other pressures brought on by the pandemic and older persons have had to take care of children from such marriages. HIV/AIDs and the COVID-19 pandemic has doubled the responsibilities of older persons who lost bread winners and now have to take care of orphans left in their care. One older person in Bulawayo remarked,

> 'I had 9 children and have so far lost 7, one is mentally impaired and the other one is in the diaspora. The one in the diaspora used to support me but because of COVID-19 he is now struggling to render support as was before the pandemic'.

COVID-19 Impact on Education

The seventh module assessed the impact of COVID-19 on the education of older persons' children or dependents. Out of the 420 older persons interviewed 232 (55%) had children or dependents of school going age.

Figure 12: Percentage of Older Persons with School Going Children or Dependents



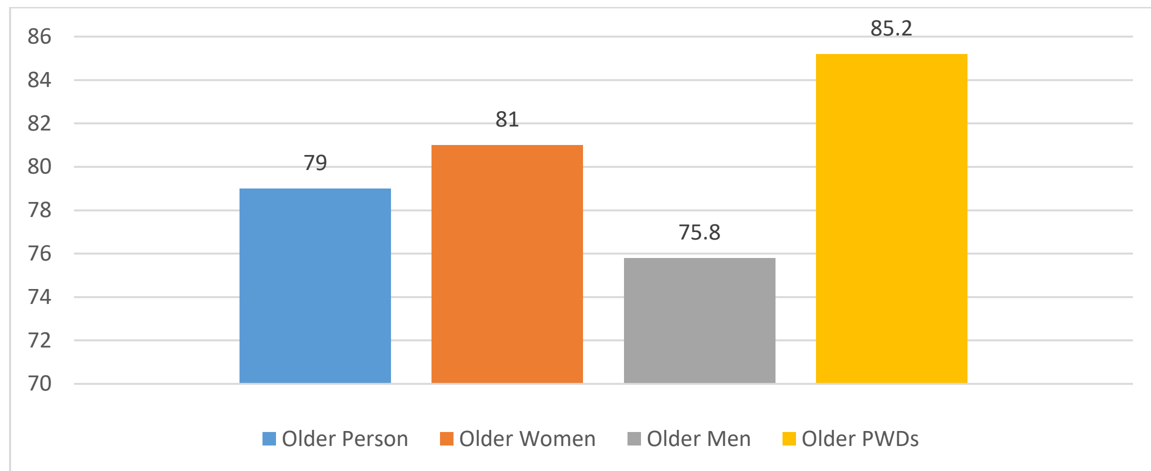
Source: PRFT COVID-19 Shocks survey 2021

Older women have the highest percentage of school going children or dependents with 56.1% of the older women indicating that they had children or dependents going to school. This is followed by older men at 53.4% and older PWDs with 52.1% indicating that they have school going dependents or children.

Of the 232 who had school going children or dependents the majority 183 (79%) managed to send their children to school when schools were opened as shown in Figure 13. However, 49

(21%) could not sent their children or dependents to school. Older PWDs had the highest percentage with 85.2% managing to send their school children or dependents to school followed by older women at 81% and lastly older men at 75.8%.

Figure 13: Percentage of older persons who manage to send children or dependents to school when schools were opened during COVID- 19



Source: PRFT COVID-19 Shocks survey 2021

With regards to government support to orphans and vulnerable children, the older women in Mutare rural argued that the Basic Education Assisted Module (BEAM) is only admitting few children, leaving behind many orphans some of whom have completely dropped out of school. The older women raised concern over the administration of the BEAM programme by school authorities who were accused of practising corrupt tendencies which resulted in many deserving children failing to benefit from the programme.

The older men in Mutare rural also argued that BEAM removed a number of beneficiaries from the programme without notifying beneficiaries and their guardians. One of the men remarked,

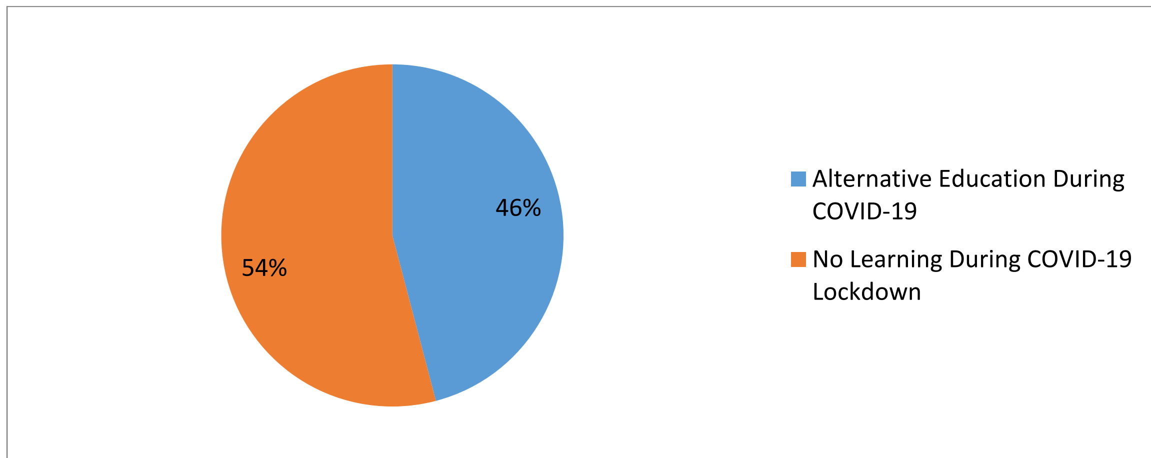
> *'ndaive nemuzukuru (mwana we mwana akashayika) aive ari pa BEAM ndakazongowona akudzoka achiti ndadzingirwa mari yechikoro zvikandishamisa kuti anodzingwa sei ari pa BEAM, pandakazowona vakuru vechikoro ndivo vakazonditi mwana akabviswa pa BEAM asi ndainge ndisingazive kuti akabviswa zvakatondishamisa'*
>
> translated ' I had a grandchild (child to my deceased child) who was on the BEAM programme but I was surprised when he came back early from school saying he had been sent away because of non-payment of school fees. I only realised when I confronted the school authorities that the child had been removed from the programme and we were never informed'.

The older men also noted the rising cost of education as a result of the demands and requirements of the new curriculum. They noted that the number of books, crayons, bond paper and other materials they are required to provide are beyond their means.

In Bulawayo, older persons noted that they were not able to send their children and grandchildren to school and the number of those who are not able to send their children to school among the older persons population had increased significantly.

During the times that schools were closed due to COVID-19, 84 (46%) of the children resorted to alternative learning while 99 (54%) were not learning during this period.

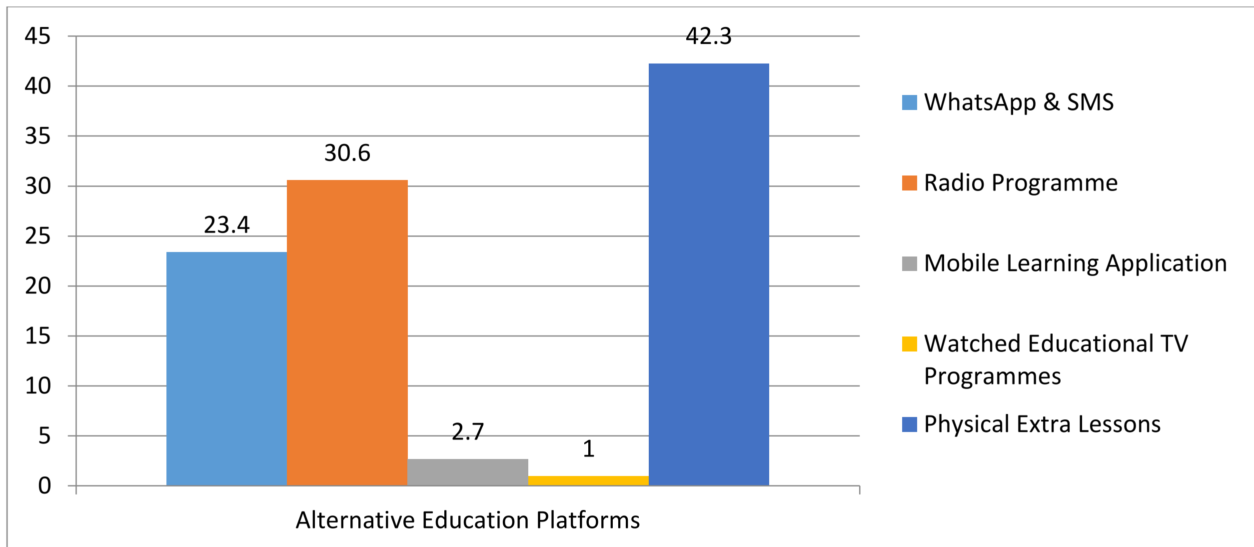
Figure 14: Alternative Learning during COVID-19 Schools Closure



Source: PRFT COVID-19 Shocks survey 2021

The most common form of learning for children or dependents of older persons were physical extra lessons with 42.3% children using this platform. This is followed by 30.6% who used radio programmes, 23.4% using WhatsApp and SMS based platform. The others used specialised mobile learning applications (2.7%) and 1% who watched educational TV programmes.

Figure 15 Alternative Education during COVID-19 as a percentage

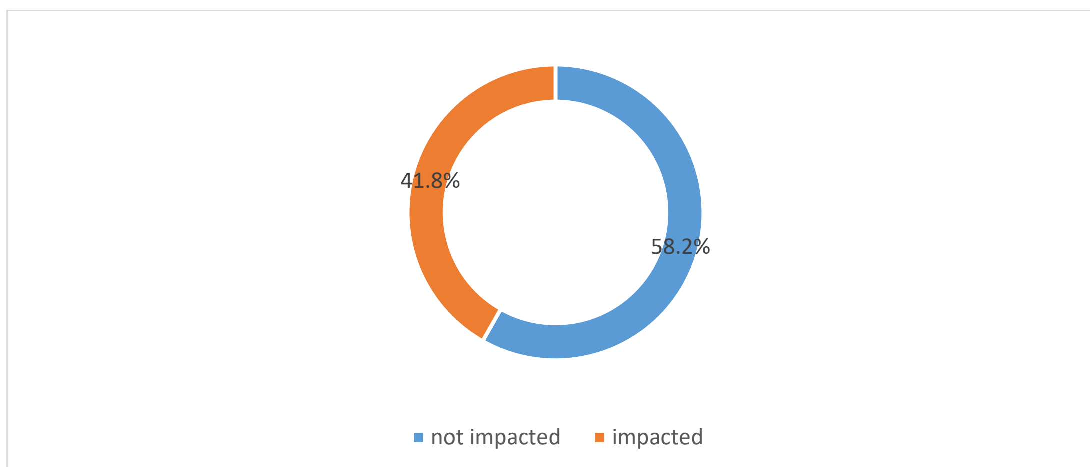


Source: PRFT COVID-19 Shocks survey 2021

Impact of COVID-19 on mental well-being
The eighth module focuses on the impact of COVID-19 on the mental being of older persons and the help provided to deal with mental health challenges posed by COVID-19.

Older Persons whose mental being was affected by COVID-19. Figure 16 shows that 58.2% had their mental wellbeing affected by COVID-19 while 41.8% were not affected.

Figure 16: Proportion of older persons whose mental wellbeing was affected by COVID-19, in percentages



Source: PRFT COVID-19 Shocks survey 2021

Of the older persons that had mental health challenges only 28% received help while 72% did not receive any help.

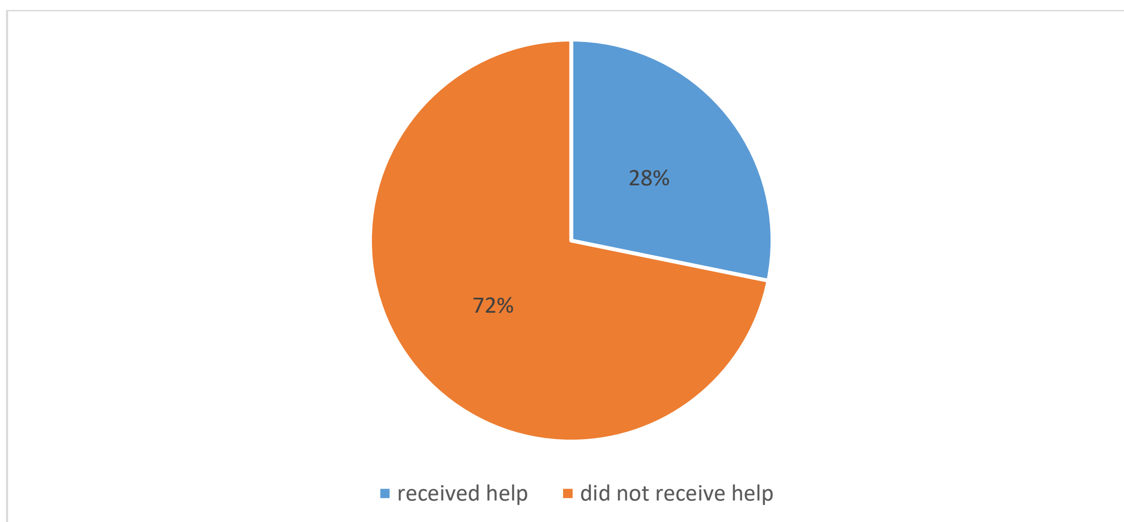
Older women in Mutare rural indicated that the challenges brought by COVID-19 is causing high stress levels or hypertension as they struggle to put food on the table for their family. The older women also indicated that they are shouldering the burden of taking care of HIV and

COVID-19 orphans with very little resources at their disposal. In buttressing their struggle with taking care of extend family, the older women noted that their orphaned grandchildren were being chased out of school because of non-payment of school fees. One of the women remarked,

> '*hatichagone kana kubhadhara mare yechikoro chevana vatakasiyirwa nevana vedu vamwe vakafa ne chirwere che shuramatongo nekuti tangogara mudzimba uye vasimbotibatsira vaye havachakwanisewo, ikozvino vana vanzwa nekudzingwa muzvikoro isu mare yacho tisina'* , translated ' we are no longer able to send grandchildren children to school some who were left in our care after our children passed away due to HIV/AIDs, now because we are now confined to our homes we cannot pay for their schools and they are now being chased away from school as a result of our inability to pay for their school fees'.

Interviews with the Zororai Old People's Home in Manicaland Province revealed that COVID-19 stretched the social interaction gap between older persons in old people's homes and their families which have had an impact on the mental state of the older persons. The interview also established that communication between older persons in old people's home now required much use of technology than before but majority do not have mobile phones and cannot interact or communicate with families during lockdowns.

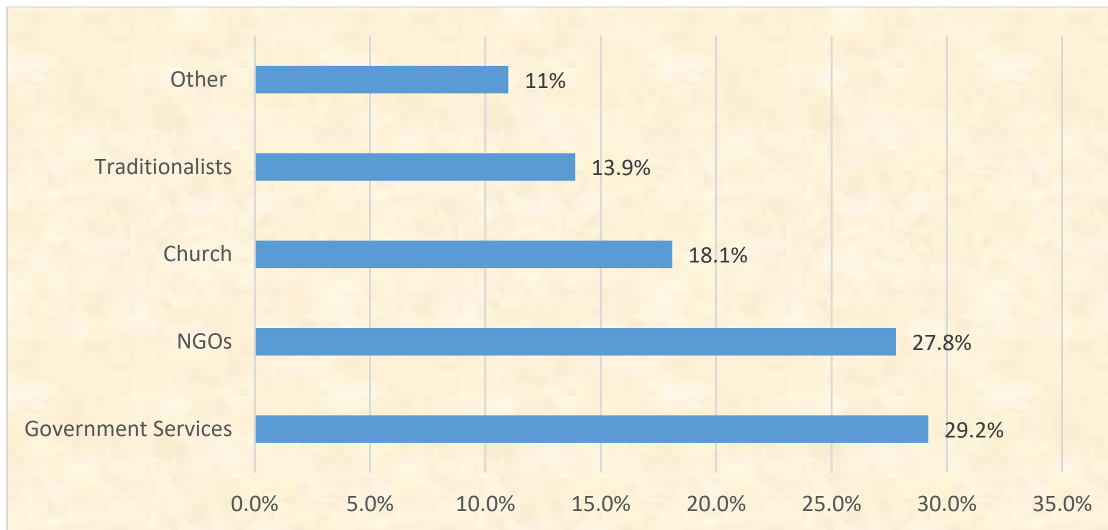
Figure 17: Older persons who received mental health help after suffering mental health challenges, in percentages



Source: PRFT COVID-19 Shocks survey 2021

Source of Mental Health. Government services were the most common source of help with 29.2% of those that got help using these services. This is closely followed by NGOs with 27.8% receiving mental help while 18.1% got help from churches. Traditionalists assisted 13.9% of the older persons that received mental help while other sources constituted 11%.

Figure 18: Sources of mental health help accessed by older persons, in percentage



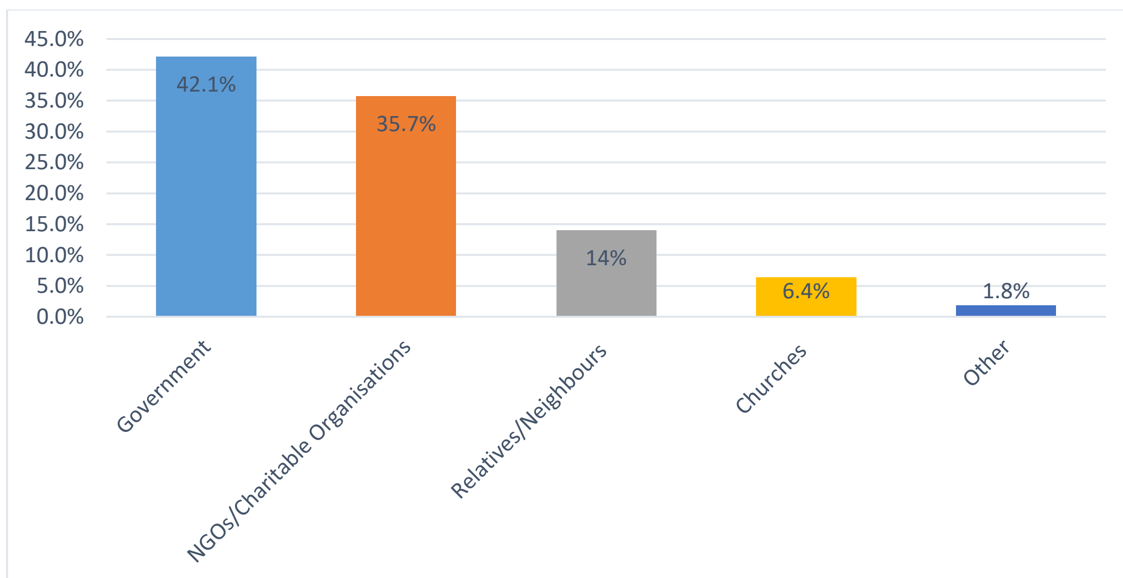
Source: PRFT COVID-19 Shocks survey 2021

Access to Social Protection

The ninth module looks at social protection benefits available to older persons, the dependency levels on social benefits and the adequacy of the social benefits scheme.

Social Assistance provided for older persons. Government is the main source of social assistance for older persons accounting for 42.1% of the social assistance received. This is followed by assistance from NGOs or charities and remittances with 35.7% and the relatives and neighbours with 14%. Churches and other sources of social assistance are at 6.4% and 1.8% respectively.

Figure 19: Sources of social protection provided to older persons, in percentages



Source: PRFT COVID-19 Shocks survey 2021

FGDs with older women in Mutare Rural established that they are benefiting from NGO support. NGOs such as World Food Programme (WFP) and Action Aid are supporting 100 out of 320 households that were noted to be in Dora Ward 35 with maize, peas and cooking oil. The older women also noted that they understand that the targeting of the programme beneficiaries is based on the most disadvantaged households. However, they argued that the number of disadvantaged households has increased and almost every household in the community is now vulnerable and in need of support from Government and NGOs.

The older women in Mutare rural also conceded that they are benefiting from government Pfumvudza programme in which they received farm inputs (10kg seed, 50kg Compound D fertiliser). They argued that the programme has pushed them a step forward towards attaining food self-sufficiency. The older men also concurred with older women in Mutare in acknowledging that they are benefiting from the government Pfumvudza program from which they received fertiliser, seed, and chemicals for their annual farming season.

In Bulawayo, the discussions revealed that some wards are benefiting from the WFP food assistance programme whilst others are not. The older persons in Bulawayo remarked that NGOs are not able to cover every one with support and only provide support to a few households leaving out other deserving beneficiaries. Like their older women counterparts in Mutare rural, older men argued that COVID-19 resulted in job losses for their children who used to support them and are now incapacitated to help them. The older men noted that NGOs such as GOAL is supporting them with food assistance (cooking oil, peas and maize) with households supported in groups for a period of 3 months for each group. The older men also noted that the GOAL food assistance is prioritizing child headed families first, who are the most in need then older persons.

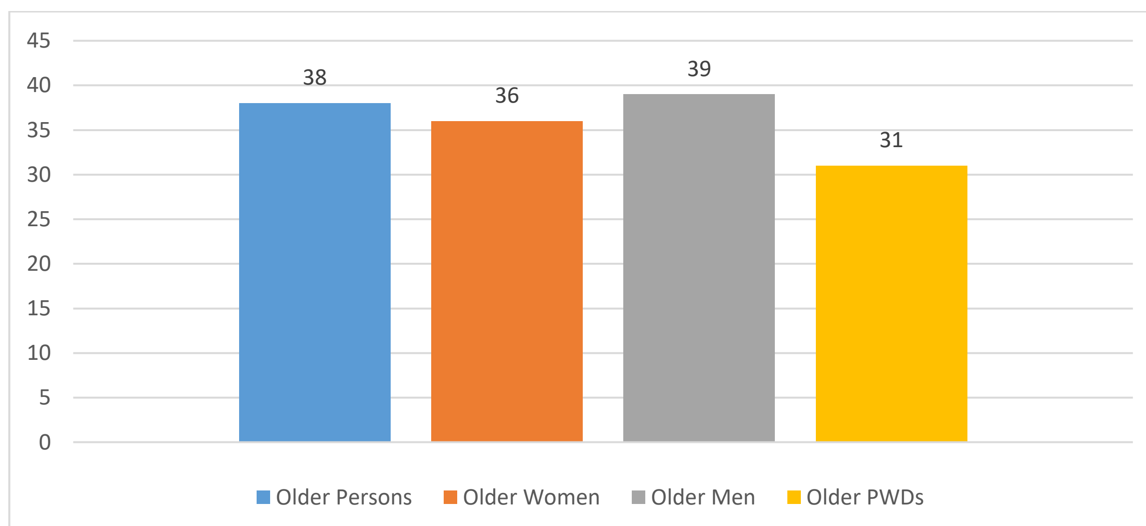
The interview with Zororai Old People's Home in Manicaland Province established that it receives ZW$1500 administrative grant per person from the Ministry of Public Services, Labour and Social Welfare. However, it was noted that these funds were lagging in terms of disbursements with the latest disbursement received early in 2021 for the year 2018. As a result, of the late disbursements the resources will have been eroded by inflation by the time they finally come.

Discussions with older persons in Bulawayo also established that there have been a number of NGOs that have registered them for social benefits but that have not been followed-up with actual disbursements. Concern was also raised over bogus Organisations purporting to be NGOs that have duped unsuspecting older persons by demanding registration fees of up to USD$ 2.00 per person on the promise of receiving USD$100.00 monthly in social benefits.

The older women also indicated reduction in the level of remittances they receive from abroad as some of their breadwinners in foreign countries have lost jobs as a result of COVID-19 and are unable to extend support to them as prior to COVID-19 pandemic.

Awareness of Social Protection. The majority, 62% do not have knowledge of the social programmes available while only 38% have knowledge of the available social protection programmes. Older men are the most knowledgeable with 39% aware of social protection programmes followed by Older Women at 36% and lastly Older PWDs at 31%.

Figure 20: Knowledge of Available Social Protection Programmes among older persons respondents, in percentages



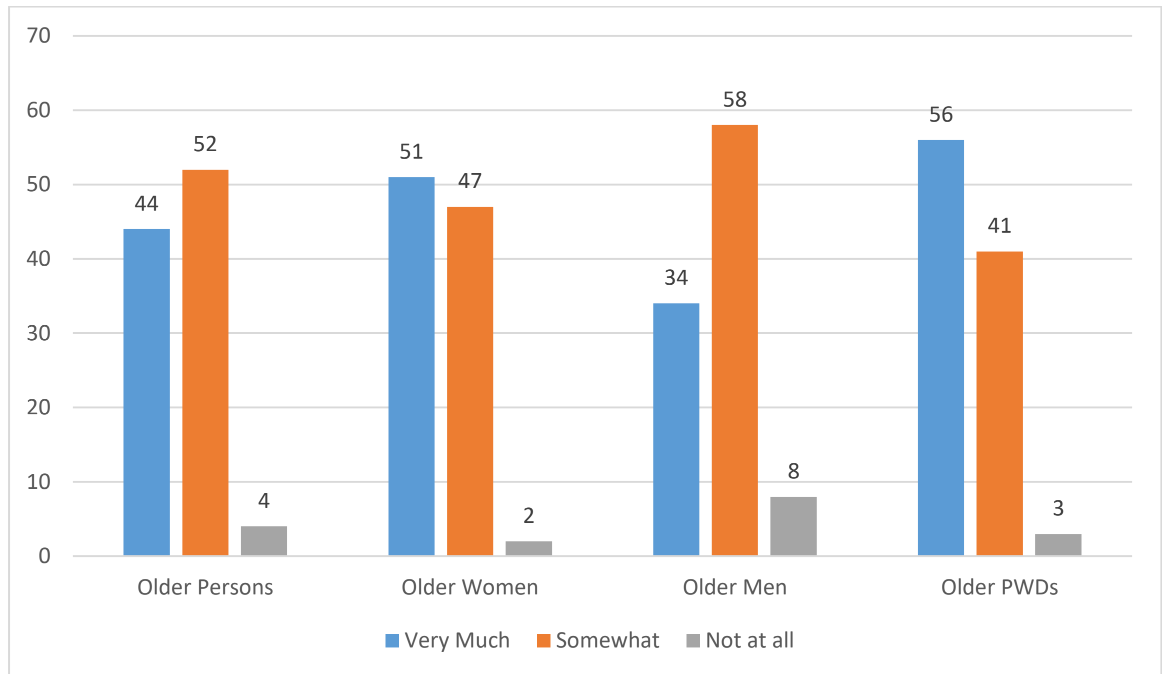
Source: PRFT COVID-19 Shocks survey 2021

The discussions with older women in Mutare rural indicated that they were aware of social protection programmes being implemented in their community. However, they expressed discontent with the level of coverage and quality as the programmes were assisting only a few households with assistance that was also noted to be inadequate.

Interview with the Mutare Social Development office revealed that there are no specific social benefits programmes in the province that target older persons. The office however recognised that the programmes that are available do prioritise the older persons as vulnerable groups as well as orphans. Notable programmes which the office is coordinating include the NGO led programme such as the food deficit programme in rural areas in which WFP is funding ActionAid, urban cash transfers, free health services programme, and the Cash for Cereal Program, done at national level through mobile money transfers. The office noted that there is no universal social protection programme.

Dependency on Social Protection Benefits. Of the older persons who receive social protection benefits, 44% of the older persons indicated that they rely very much on social protection while 52% noted that they somewhat depend on social benefits. Only 4% of those that receive social protection benefits highlighted that they do not depend on social protection benefits at all as shown in Figure 5.

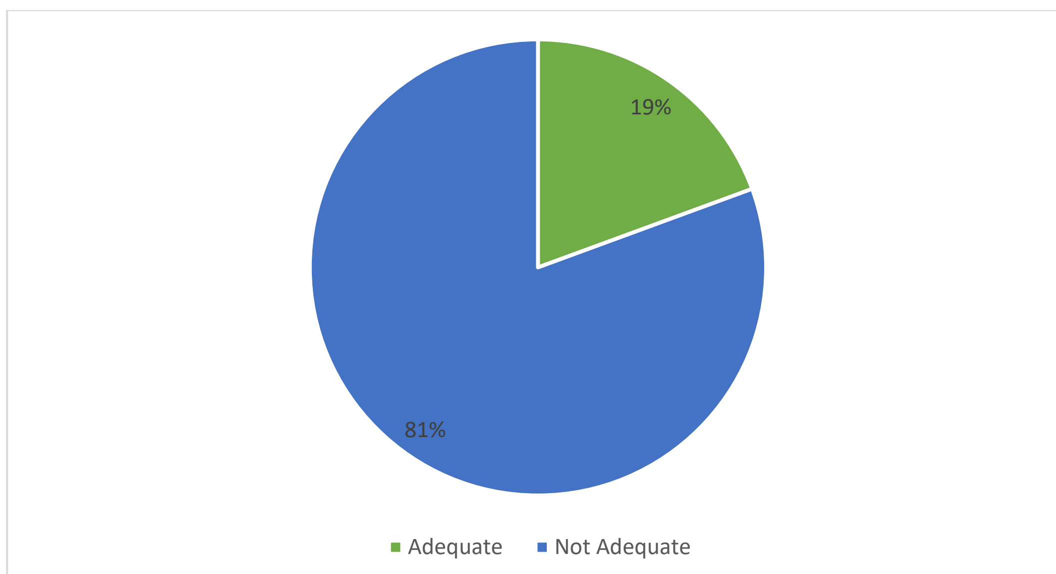
Figure 21: Levels of dependency on social benefits among older persons who receive social protection benefits, in percentages



Source: PRFT COVID-19 Shocks survey 2021

Adequacy of Social Benefits. The older persons that receive social benefits were asked about the adequacy of social benefits they receive. The majority 81% noted that the benefits were not adequate while 19% felt the social benefits were adequate.

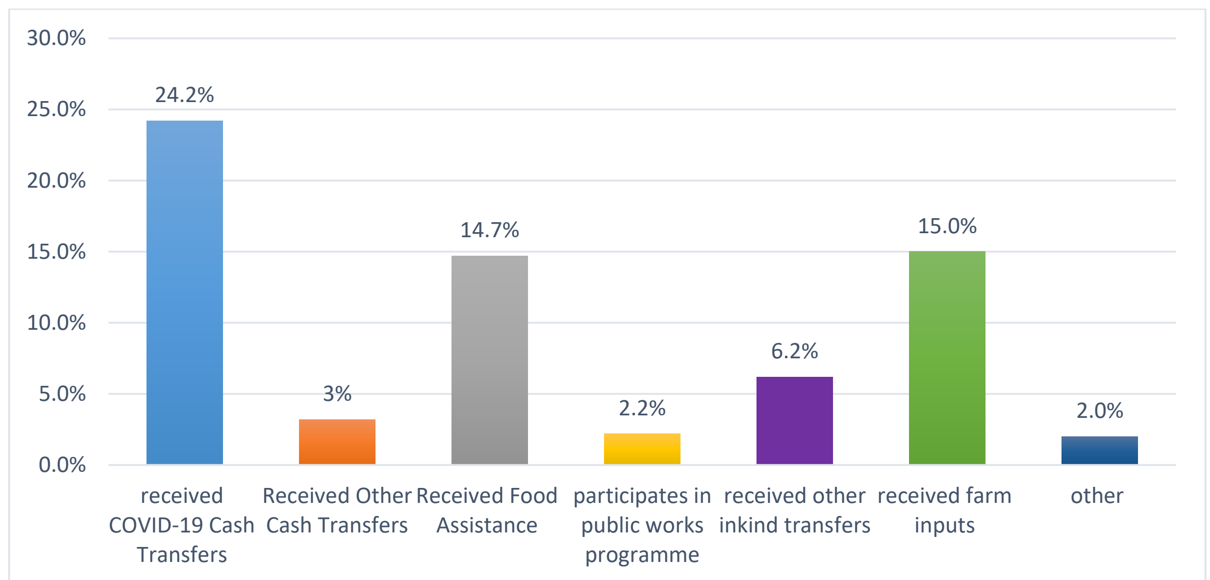
Figure 22: Older persons who receive social benefits by whether the assistance they get is adequate, in percentages



Source: PRFT COVID-19 Shocks survey 2021

Social Protection Programmes. Of all the respondents, only 24.2% received COVID-19 cash transfers followed by 15% that received farm inputs. Those that received food assistance were 14.7%% while 6.2% received other in kind transfers and 3% received other cash transfers. Older persons that participate in public works programme were 2.2% and other forms of social protection programmes were 2% of the total respondents

Figure 23: Social protection programmes which older persons are benefiting from, in percentages



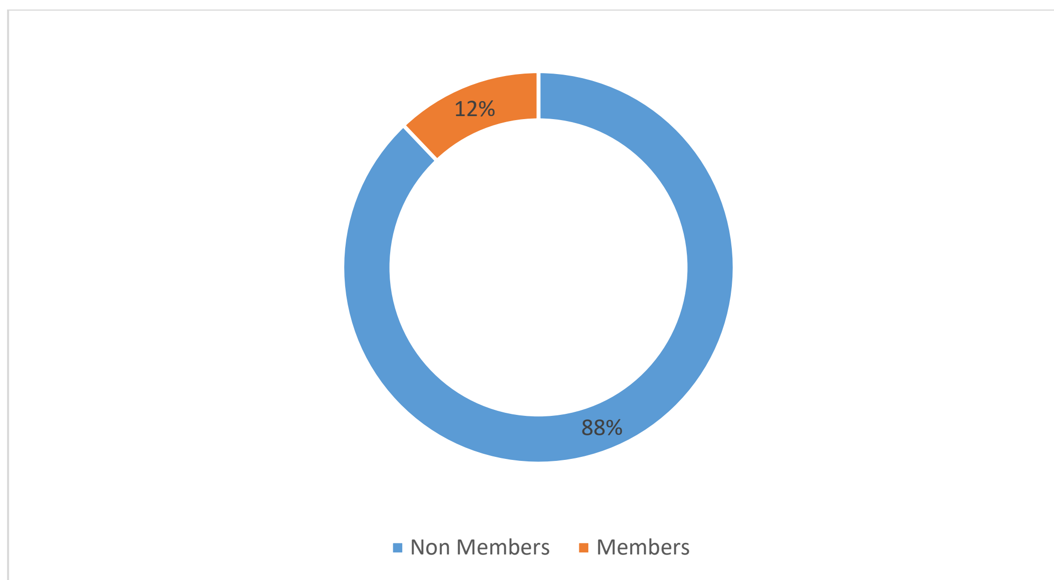
Source: PRFT COVID-19 Shocks survey 2021

The discussions with older persons in Bulawayo established that very few people received Government COVID-19 cash transfers. One of the older persons in Bulawayo remarked that they received ZWL$ 160.00 in January 2021 and ZWL$ 3000.00 in October 2021. Some of the older persons acknowledged to have registered for the programme but only received NetOne mobile sim cards but did not receive any funds. The women in Mutare rural also alluded that they have not received government COVID-19 cash transfers since their introduction in May 2020. The women argued that they only heard that names of beneficiaries were taken down in one of the wards but no one has since benefited from the COVID-19 cash transfers programme. The older men in Mutare rural also admitted that a few older persons received COVID-19 cash transfers from government but cited that they were not aware of the criteria used for beneficiary selection. The older women in Mutare rural alluded that they have not received government COVID-19 cash transfers since their introduction in May 2020. The older women argued that they only heard that names of beneficiaries were taken down in one of the wards but no one has since benefited from the COVID-19 cash transfers programme.

Older Person Participation in Social Protection Programmes Accountability:

The ninth and final module looks at participation of older persons in decision making and available social protection accountability mechanisms. The results show that 88% of the older persons do not belong to any older persons associations with only 12% as members of any older persons association.

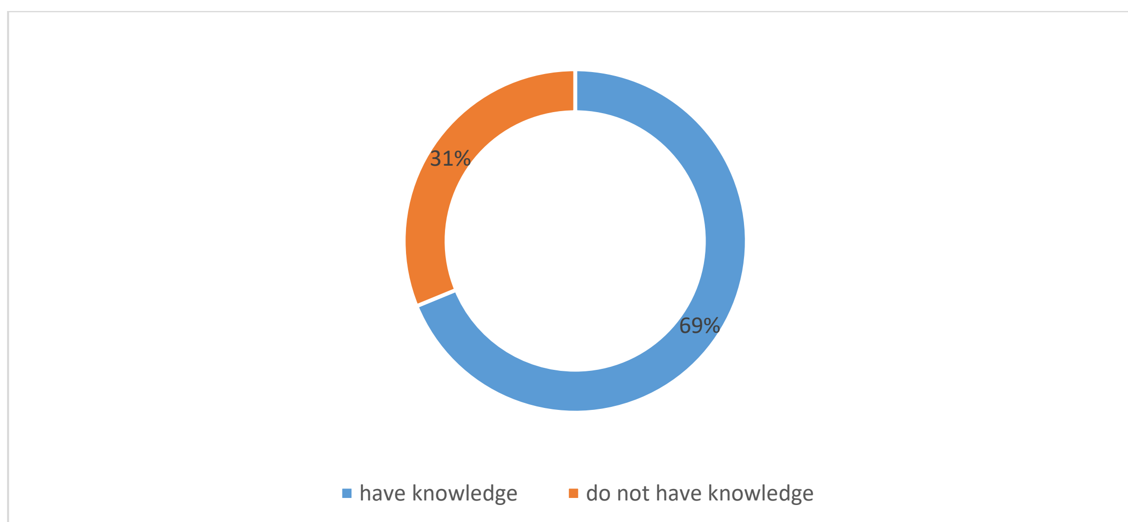
Figure 24: Older persons who are members of old people associations, in percentages



Source: PRFT COVID-19 Shocks survey 2021

Older Persons Knowledge of Associations. In terms awareness of older persons associations 69% were aware of the existence of these associations while 31% were not aware.

Figure 25: Older persons knowledgeable of associations working with older persons, in percentages



Source: PRFT COVID-19 Shocks survey 2021

Older Persons that Participate in Social Protection Decision Making

Table 6 below shows the relationship between knowledge of older persons associations and participation in social protection consultations. Results from the Chi-squared test of association

show that there is a significant relationship between the two variables[9] implying that there is a high probability that someone with knowledge of older persons association will participate in social protection consultations. About 31.58 % of the people that reported having knowledge of older persons' rights associations participate on social protection consultations or related consultations. On the contrary, there is an association between those who do not know any association working on older persons' rights and those who never participated on social protection consultations (72.55%).

Table 6: Relationship between knowledge of older persons associations and participation in social protection consultations

IC1_Do you know any association working on older persons' rights?	IC3_Do you participate on social protection consultations or related consultatio: never	sometimes	yes	Total
no	228 73.55	48 52.75	13 68.42	289 68.81
yes	82 26.45	43 47.25	6 31.58	131 31.19
Total	310 100.00	91 100.00	19 100.00	420 100.00

Pearson chi2(2) = 14.1842 Pr = 0.001

Source: PRFT COVID-19 Shocks survey 2021

Table 7 below shows a significant association between knowledge of older persons associations and being able to hold duty bearers to account. That is, there is a high chance that someone with knowledge about older persons' associations think that they have capacity to hold social welfare officials to account. About 40.34 % of the people that reported having knowledge of associations working on older persons' rights are able to hold duty bearers to account. On the other hand, about 72.43% of the people who do not know about any association working on older persons' rights think that they have no capacity to hold duty bearers to account.

[9]P-value of Chi-Square statistics is very low

Table 7: Relationship between knowledge of older persons associations and being able to hold duty bearers to account

IC1_Do you know any association working on older persons' rights?	IC5_Do you think you have the capacity to hold social welfare officials to accou no	yes	Total
no	218 72.43	71 59.66	289 68.81
yes	83 27.57	48 40.34	131 31.19
Total	301 100.00	119 100.00	420 100.00

Pearson chi2(1) = 6.4713 Pr = 0.011

Source: PRFT COVID-19 Shocks survey 2021

Table 8 below shows there is relationship between being part of an association working on older persons' rights and participation on social protection consultations, although not as strong as the relationship in Table 6 and 7. The relationship between being part of an association working on older persons' rights and participation in social protection consultations is statistically significant at 5 % level of significance. Thus being part of an association working on older persons' rights is weakly associated with participation in social protection consultations. About 83.33 % of the people who are part of an association working on older persons' rights participate in social protection consultations. On the other hand, about 67.07 % who are not part of an association working on older persons' rights have never participated on social protection consultations.

In a discussion with older persons in Bulawayo, the majority of them noted that they do not know where to ask for accountability on social protection and those that indicated that they knew, cited that they fear asking or demanding accountability from government on the same.

Table 8: Relationship between being part of an association working on older persons' rights and participation in social protection consultations

IC2_Are you part of an association working onolder persons' rights?	IC3_Do you participate on social protection consultations or related consultatio never	sometimes	yes	Total
no	55 67.07	24 55.81	1 16.67	80 61.07
yes	27 32.93	19 44.19	5 83.33	51 38.93
Total	82 100.00	43 100.00	6 100.00	131 100.00

Pearson chi2(2) = 6.7184 Pr = 0.035

Source: PRFT COVID-19 Shocks survey 2021

Table 9 shows that there is statistically significant relationship between being part of an association working on older persons' rights and being able to hold duty bearers to account. The relationship is statistically significant at 1 % level of significance. About 58.33 % of the people that are part of an association working on older persons' rights are able to hold duty bearers to account, whereas 72.29 % of the people who are not part of any association working on older persons' right are not able to hold duty bearers to account.

Table 9: Relationship between being part of an association working on older persons' rights and being able to hold duty bearers to account

IC2_Are you part of an association working onolder persons' rights?	IC5_Do you think you have the capacity to hold social welfare officials to accou no	yes	Total
no	60 72.29	20 41.67	80 61.07
yes	23 27.71	28 58.33	51 38.93
Total	83 100.00	48 100.00	131 100.00

Pearson chi2(1) = 11.9953 Pr = 0.001

Source: PRFT COVID-19 Shocks survey 2021

Table 10 shows a strong relationship between participation in social protection consultations and being able to hold duty bearers to account. The association is statistically significant at 1

% level of significance. About 10.08 % of the people that participate on social protection consultations or related consultations are able to hold duty bearers to account. On the other hand, about 82.06 % of the people who do not participate in social protection consultations or related consultations are not able to hold duty bearers to account.

Table 10: Relationship between participation in participation in social protection consultations and being able to hold duty bearers to account

IC3_Do you participate on social protection consultations or related consultatio	IC5_Do you think you have the capacity to hold social welfare officials to accou no	yes	Total
never	247 82.06	63 52.94	310 73.81
sometimes	47 15.61	44 36.97	91 21.67
yes	7 2.33	12 10.08	19 4.52
Total	301 100.00	119 100.00	420 100.00

Pearson chi2(2) = 39.1037 Pr = 0.000

Source: PRFT COVID-19 Shocks survey 2021

6. DISCUSSION

The study focused on understanding the COVID 19 Shocks and the multi-layering on Vulnerabilities on Older Persons through social protection lenses. While the study focuses on older persons, issues of intersectionality are explored looking at issues affecting older women, older men, older PWDs and children. The study results indicate that older persons face a myriad of challenges which have been magnified by COVID-19 and that they are not socially cushioned from the impacts thereof.

Key themes that emerged from the study include Access to Social Protection during COVID-19, Access to Social Services, Dependency on Social Protection, Adequacy of Social Protection, Impact on Mental Health and Participation in Decision Making. The results show that there is need for the social protection policy in the country to be reformed to ensure that there are adequate resources to enable older persons to be cushioned from the impact of COVID-19.

The study establishes the relationship between unemployment and poverty in old age. The older persons bear the brunt of unemployment, poverty and exclusion and this triple burden is worse

for the older persons with disability. As such, the COVID-19 pandemic could not have come at a worse time for the older persons.

The study indicates that there is no intentional system designed to universally target social protection of the older persons in Zimbabwe. An overview of the current programs, displays the lack of programmes designed to specifically assist the older persons in Zimbabwe and when they are supported through other programmes targeting the general vulnerable groups, support tends to be sporadic, inadequate and reaches very few of the destitute older persons.

The study also established the heightened digital divide challenges that the older persons face in accessing digital platforms. COVID-19 has forced people to migrate to digital platforms as a way of reducing physical contact and the spread of the virus. While the digital divide in the older persons population is not necessarily a new problem, the COVID-19 pandemic has made it clear that immediate action needs to be taken to address it. Older persons population are the least helped by the digital tools meant to mitigate the negative effects of COVID-19. The uneven distribution of technological access and skills has exacerbated the digital divide. The result has been the lack of access to critical information on health and social protection services.

The study established the nexus between COVID-19 and Climate change in worsening the fortunes of older persons. Older person in the agriculture farming business face double threats of erratic rains, lack of irrigation projects and inability to access markets due to lockdown restrictions. The result has been reduced incomes for older persons in agriculture and increased deprivations and vulnerabilities.

One unexpected finding of the study is that COVID-19 induced a culture shock among older persons who suddenly find themselves unable to perform practices such as shaking hands and hugging their loved ones. These practices are seated deep in communal traditions as ways of showing respect and expressing joy and gratitude amongst people. The prohibition of shaking hands and the exercise of social distancing to contain the spread of the virus has knocked older persons off their traditional ways of expressing societal norms and values.

The study also established that whilst government was able to expand the social safety nets to cushion vulnerable groups from the impact of COVID-19 through introduction of COVID-19 cash transfers, the programme poorly targeted older persons and the contributions were meagre. Older persons that received the COVID-19 cash transfers noted to have received it twice, firstly ZWL$ 126.00 in January 2021 and secondly ZWL$ 3000.00 in October 2021. The evidence showed that not only were disbursements made 10 months into the pandemic, the contributions were also insignificant. In both instances the disbursements per individual were far below the poverty datum lines which were ZWL$4,987.00 and ZWL$7,118.00 per person for the month of January 2021 and October 2021 respectively.

The study established that PWDs are the least earners of both active (non-farm business, wages) and passive (investments) incomes whilst they are the largest recipients of charity (assistance from government and NGOs). The lack of employment opportunities and disposable incomes for PWDs which were evident prior to the pandemic deprived them of the opportunity to invest in businesses, own properties and develop savings. Passive income has become integral in cushioning people from the harsh realities of unemployment as a result of COVID-19 pandemic. The lack of incomes from wages, investments and pensions among PWDs entails

the need to priorities PWDs when designing and administering social protection programmes to ensure that they are properly targeted and benefit as they are at most risk.

The study also established that PWDs are the least covered social group by any medical aid scheme as compared to other groups under research. Out of pocket health spending has proved to be costly for social groups that have limited disposable incomes and PWDs are not spared either. The lack of both active and passive income among PWDs only compounds their challenges. Hence PWDs are at the most risk of failing to access health services unless assisted by well-wishers.

While the NDS1 as the overarching policy clearly sets out social protection objectives, other policies such as the 2016 National Social Protection Policy Framework also need to be aligned to the new government thinking and targets. The study also established that whilst the 2021 National Disability Policy provides for the free access to health (treatment and medication) and free education for children with disabilities, these may continue to remain sounding good on paper unless the government is taken to task on translating its commitments into reality. This presents an opportunity for CSOs to hold government to account on its commitments. The study concludes that government must implement social policy related policies and be held accountable to avoid a false legitimation of its work through "policy production".

The study also finds that COVID-19 has reduced income streams for older persons with traditional sources such as assistance from family members within the country, remittances and small businesses heavily affected and older persons are relying more on pensions. However, not all older persons are beneficiaries of pension schemes owing to the fact that pensions only accrued to those that had been previously in employment as well as the progressive deindustrialisation and informalisation of the Zimbabwe economy over the last 3 decades. COVID-19 has increased calls for a universal pension scheme that will protect each individual in old age.

7. RECOMMENDATIONS

Drawing from the key findings from this study, the following recommendations are proffered:

- All over 65s to receive a non-contributory pension which is informed by the poverty datum line.
- In order to guarantee income and good health in old age, there is need to transform existing social protection measures in order to increase their coverage and to review the Older Persons Act so that it provides public assistance universally to the older persons
- Government must introduce specific programs supporting the older persons with empowerment programmes so that they can fend for themselves
- Government must provide cash transfers or food assistance to all older persons per month consistently as their sources of incomes have been eroded
- Beyond the free health diagnosis services for older persons, the government must provide free drugs to ensure that health services are free for older persons.
- Government should reduce the walking distances to local clinics in rural areas by constructing more clinics so that older persons can have convenience to access health services.

- Government must adequately resource and implement the social protection key areas as enunciated in the NDS1 through effective and inclusive stakeholder consultation and national dialogue.
- There is need a s a matter of urgency for the establishment of a robust decentralised and digitalised management information system for the 65 decentralized district social welfare offices (DSWO). For example, Brazilian Government provided the possibility for those not yet registered in the national single social protection register to register through a website or phone application in order to access the means-tested three-month emergency benefit for unemployed workers and micro-entrepreneurs (both formal and informal).
- There is need for timeous disbursements of funds from treasury as stipulated in the NDS1, so as to ensure that the social protection interventions have meaningful impact
- Government must consolidate fiscal space and domestic resource mobilization (close the fiscal gap) through inter alia plugging the holes of Illicit Financial Flows (IFFs) and addressing culture of corruption with impunity haemorrhaging the economy so as to unlock resources to finance social protection.
- The Government must address the currency crisis and the re-dollarising of the economy as this is now at odds with the paltry safety nets that are being provided through mobile bank transfers and subject to transfer charges and in Zimbabwe dollar
- Government and NGOs must support older persons with support for small income generating projects such as small livestock rearing or farming for those still physically active.
- Government must support older persons who cannot work for themselves by hiring labour to dig and cultivate their farm so that they qualify for the Pfumvudza agricultural support scheme.

Areas of Further Study

Following the insights gained from this study, the following areas can be considered for further interrogation;

- In-depth studies focusing on individual marginalised groups to ascertain the level of challenges faced as a result of COVID-19 and adequacy of assistance being obtained.
- Study focusing on Access to Health Services by Older persons during COVID-19 pandemic.
- Study on vulnerable children and BEAM assistance during COVID-19, whether BEAM is facilitating access to quality education for all during COVID-19.
- Interrogating the protection of Older Persons during COVID-19 through access to livelihood support as a way of building resilience.

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Annex 1

Ethics at the organization *Poverty Reduction Forum Trust* (PRFT) cover several sections, including: the Code of Conduct Standards; Ethics Principles Guiding Research; Data Management; and Complaints and Reports.

Code of Conduct Standards

1. Uphold the integrity and reputation of the Poverty Reduction Forum Trust by ensuring that my professional and personal conduct is consistent with the Poverty Reduction Forum Trust's values and standards
   - treat research respondents with respect and dignity
   - Observant of all local laws and be sensitive to local customs

2. Not to engage in abusive or exploitative conduct
   - Not to engage in sexual activity with respondents and children (persons under the age of 18). Mistaken belief in the age of a child is not a defence.
   - Not to exchange of money, employment, goods or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour, is prohibited. This includes any exchange of assistance that is due to beneficiaries of assistance.
   - Not to engage in sexual relationships with beneficiaries of assistance, since they are based on inherently unequal power dynamics.
   - Not to engage in any commercially exploitative activities with children or vulnerable adults including child labour or trafficking.
   - Not to physically assault a child or vulnerable adult.
   - Not to emotionally or psychologically abuse a child or vulnerable adult

3. Ensure the safety, health and welfare of all the Poverty Reduction Forum Trust staff members and associated personnel (volunteers, partners, suppliers and contractors)
   - Comply with any local security guidelines and be pro-active in informing management of any necessary changes to such guidelines.
   - Behave in a manner such as to avoid any unnecessary risk to the safety, health and welfare of myself and others, including partner organisations and communities with whom we work

4. Be responsible for the use of information, assets and resources to which I have access by reason of my employment with the Poverty Reduction Forum Trust
   - Not disclose research data or information to unauthorized persons
   - Always ensure security of the Organisation Information Communication Technology, including Computers, Hard drives, Flash Disks and Social Media platforms (include storage and password protection)

5. Perform my duties and conduct my private life in a manner that avoids conflicts of interest
   - Not to accept significant gifts or any remuneration from governments, communities with whom we work, donors, suppliers and other persons which have been offered to me
6. Uphold Confidentiality
   - Exercise due care in all matters of official business, and not divulge any confidential information relating to colleagues, work-related matters or any sensitive information unless legally required to do so.

Ethics Principles Guiding Research

1. Follow informed consent rules
2. Respect Confidentiality and Privacy
3. Professionalism or Conscious of multiple roles (relationships)

Data Management

PRFT has the obligation to protect the data given by research respondents by ensuring that:

1. Participants are made aware about how their data will be used, shared and retained, as well as their rights
2. The use of personally identifiable data is minimized wherever possible
3. There are safeguards in place to protect the data of research participants e.g. limiting access to data to only authorized personnel and not disclosed to unauthorised persons, protected data storage facilities such as password protected hard drive
4. Data from respondents is destroyed 12 months after the completion of the research
5. Participants are made aware of channels they can use to give further data, in the event there are other developments which they feel can add value to the research findings, to PRFT staff to update their earlier responses.

Complaints and Reports

1. Community complaints and feedback will be collected by the PRFT safeguarding and accountability tracker.
2. Communities and respondents will be made aware of the PRFT Safeguarding and Accountability Policy and reporting channels such as WhatsApp Number, Telephone Number, Emails to forward safeguarding and accountability feedback be made available to the respondents.
3. Complaints and Reports will be handled in accordance with PRFT's Code of Conduct, Safeguarding Policy and other related policies.