



The impact of COVID-19 on older persons

Pakistan analytical brief

September 2020

Highlights

- As of mid-September 2020, total confirmed cases were 303,634 while total deaths were 6,399 across the country. A total of 3,056,795 tests were performed while 291,169 patients had recovered across the country. The age group accounting for the largest share of infections was 30-39 years old (22.79 per cent of the total), while the highest share of deaths (29.83 per cent) was noted in the age group of 60-69 years.¹
- Gilani Research Foundation carried out a survey in which about 84 per cent of adult males and females shared that their household income has decreased since the spread of the coronavirus pandemic in Pakistan.²
- During the pandemic an estimated 75 per cent of older people remain isolated in their homes and were not involved in any livelihood activities.³

Changes in general context

- On 3 August the Federal Minister for Planning, Development & Special Initiatives announced that the COVID-19 pandemic had been controlled to a great extent and therefore lockdown was over and everything across the country was to reopen from 10 August, while following the Standard Operating Procedures (SOP). He also shared that lockdown will be imposed again if the situation changed.⁴ Punjab, Sindh and Khyber Pakhtunkhwa provinces have issued orders allowing the reopening of most of the sectors which had been closed for months due to pandemic. Hotels, restaurants and cafes, parks, cinemas, sports clubs and gyms, beauty parlors and spas, shrines, tourism and public transport were allowed to resume their services but the government emphasized the need to follow health guidelines to prevent further spread of the virus.⁵
- In support of very small businesses and low-income individuals, the State Bank of Pakistan raised the limit of housing finance and microenterprise loans to PKR 3 million (about USD 18,150) from existing PKR 1 million (about USD 6050) for borrowing from microfinance banks. In order to combat the pandemic, the government has also lifted the ban on the export of all kinds of personal protective equipment.⁶

Changes in national COVID-19 situation

- COVID-19 cases continued to decline in Pakistan from July to mid-September. On 13 July a total of 2753 cases were reported, after which daily cases were decreasing. On 16 September only 545 cases were reported. As of 17 September, the number of active cases was 6066.⁷

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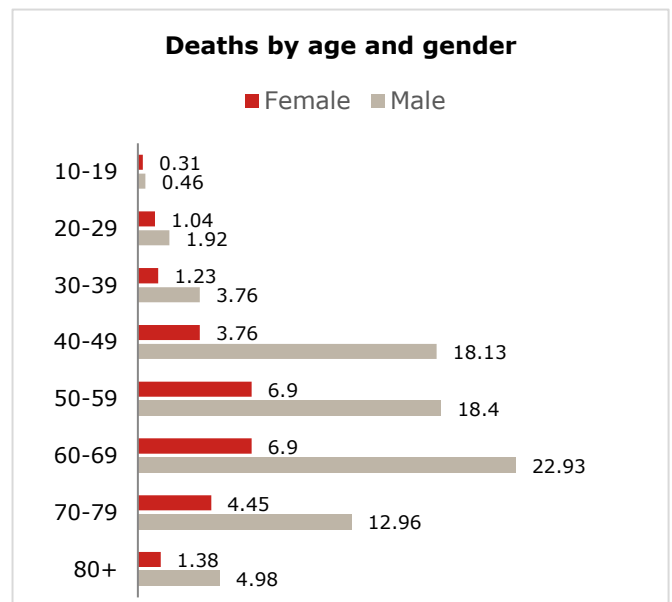
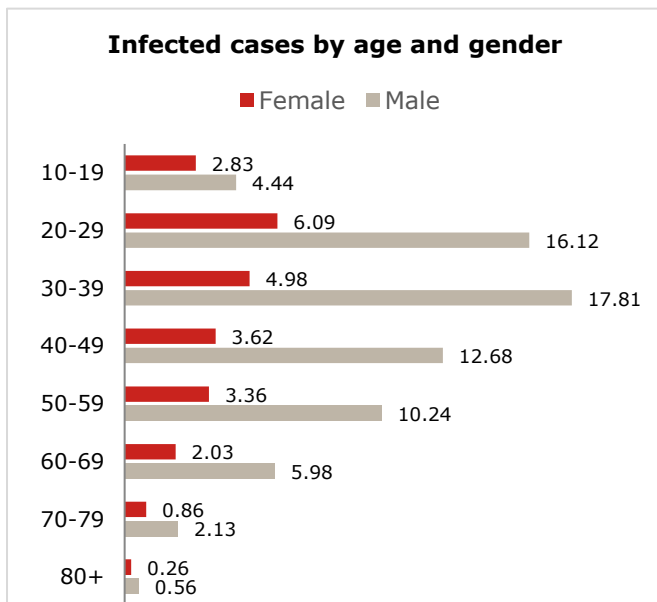
Key changes in situation of older persons



Health and care

A Pakistani reporter on Al Jazeera news shared that Pakistan's demographics and age structure may have played a part in lower death rates. An estimated 64 per cent of the country's 220 million population is under the age of 30. Worldwide, older patients have proven more susceptible to serious complications from COVID-19. In Pakistan, the data is similar, with 76 per cent of deaths among patients aged 50 or higher (see tables below for deaths by gender and age).⁸

A national newspaper *Pakistan Today* reported on a study which showed that almost 11 per cent of people in the country have developed protective immunity against coronavirus. It means that every tenth Pakistani has developed antibodies in the blood against the COVID-19 virus. The Ministry of Health said that the study found that seropositivity was more in urban areas compared to rural areas. It also said that those who had contact with a COVID-19 positive person were more likely to have antibodies in their blood. It was more common in young adults and significantly less common in children and older adults. The research findings backed other studies that identified that older individuals are at the highest risk from a possible second wave. The study warned that areas with lower immunity rates may be at higher risk during the second wave of outbreak. The ministry said that seroprevalence studies are carried out to assess as to what percentage of the population has developed protective immunity (antibodies) to the virus. It added that the "findings of the study will be used for policy decisions" in the future.⁹



Source: PIDE (Pakistan Institute of Development Economics).¹⁰

A study conducted by Atif Bilal et al. explored the perceptions and experiences of staff providing direct caregiving services to elderly residents at three care homes during the pandemic in Karachi. Using a qualitative approach, 27 digitally recorded, semi-structured, face-to-face interviews were performed with current and former caregiving staff members. The main findings were 1) Elderly care in time of the coronavirus is challenging. 2) Coronavirus changed age-old caregiving patterns and work relations. 3) Staff constantly lived and worked in anxiety and fear, but found their hazardous work to be important. 4) Knowledge, preparedness, and training were crucial for safety and trust, and for managing risks successfully. 5) Government ministries and care home administration should not overlook the mental and physical trauma faced by the care workers and their families.¹¹

Retired Director General from the Ministry of Special Education and current CEO of SEDA (Social and Economic Development Associates) in an interview noted that healthcare services provided by government are not satisfactory for older people. The procedure for doing even simple medical tests is complex. In government health facilities, there are long queues, complex mechanisms of patient registration and no separate counters to cater for older people. He added that it is not possible for an older person to sit and wait for long, so they should be treated on a priority basis. He shared his recent experience of getting a 20 per cent discount on a lab test in a private laboratory. He suggested government health facilities should also provide such types of concessions for older people. He further

shared that during current pandemic, government failed to provide affordable COVID-19 tests and treatments for older people in government health facilities.

A key informant from an international organization working in Pakistan shared that during the pandemic physiotherapy sessions became difficult and expensive for patients as lockdown physiotherapy centres and hospitals remained closed. Poor patients cannot afford private services and hence were the most affected. The ones who have financial resources can hire a private home-based physiotherapist for sessions. Now after lockdown is lifted, people can visit government facilities.



Income security

The government has decided to reform its social safety net in order to include the “missing middle” segment of society, which falls outside the existing safety net programmes and are also excluded from the limited formal systems, it has been learnt. The missing middle of social protection in Pakistan is largely composed of people engaged in the informal sector, who are vulnerable to shocks due to limited savings and assets. This group is not eligible for the existing safety net programmes targeted to the very poor not covered by formal social insurance, including formal pensions, which have a very low coverage. COVID-19 laid bare the coverage gaps and rigidities in the social protection system, which if corrected would enable a more effective crisis response and build resilience to future crises.¹²

The Special Assistant to the Prime Minister on Social Protection and Poverty Alleviation shared that the social protection of masses was the top priority of the government. The multi-billion-rupee Ehsaas Emergency Cash Programme was launched to provide financial assistance to the poor. Ehsaas is a one-time cash transfer programme where Rs 12000 was given to beneficiaries to deal with the financial problems they faced due to COVID. According to Special Assistant to the PM, the first round of the Ehsaas Emergency Cash Programme would be completed on 15 September. Those who registered with the programme but did not receive their cash due to biometric verification issues should contact the relevant bank branches until 30 September 30 to get their money, she advised. Dr Sania Nishtar during her visit to *langarkhana* (food centers opened in collaboration with local charities and supported by local philanthropists) said that langarkhanas are an ambitious project to feed with dignity and are serving people including elderly, passengers, students, women and other deserving people.¹³



Social issues

Sabahat Riaz, a human rights lawyer working at the Dastak shelter for women told DW news that calls to their helpline have nearly doubled since the start of the coronavirus crisis, adding that the nature of complaints has also changed. "In the past, we mostly received calls from young women facing domestic violence, but now we are also getting calls from the elderly."¹⁴

Retired Director General and current CEO of SEDA in his interview noted that with the decreasing number of COVID-19 cases, the situation of older people is getting better day by day. Due to the decrease in cases, the Government has lifted the lockdown, so social gatherings and events are taking place. The restart of social gatherings and events has had a positive impact on older people's lives, so they no longer feel isolated and alone as they felt in previous months. Moreover, social connections are improving again, and families are engaging with their elderly members once again. He suggested Government should open everything with proper SOPs so older people can get a chance to meet their friends and acquaintances. This will help them by decreasing their fear of neglect, abuse, and being isolated, which they faced in previous months while staying at home for long periods.

National Humanitarian Network coordinator in her interview shared that due to this pandemic, older people remained in their houses because they were considered more vulnerable to coronavirus, which ultimately resulted in an increase in other diseases. She added in some cases, educated and aware older people voluntarily remained in isolation, while other older people were involuntarily excluded by family from social gatherings, which caused negative perceptions in their minds. Because of this older people remained in stress and anxiety.

Responses

Over 286,522 religious leaders engaged and mobilized to emphasize the importance of physical distancing and promote preventive measures. A total of 549 million information messages related to COVID-19 were transmitted through TV, radio, WhatsApp and social media.¹⁵

The Employees Old Age Benefit Institute (EOBI), where employees from private organisations/factories and corporations are registered in a contributory pension system and receive PKR 6500 per month, has announced another package through which pensioners will get a discount at stores through the EOBI *Sahulat* card from 1 August 2020. Discounts of 10 per cent or more on essential food items such as rice, sugar, flour, oil and pulses will be provided. More than 7.5 million people will benefit from this facility.¹⁶

The National Humanitarian Network (NHN) and the Pakistan Humanitarian Forum (PHF) Food Security & Livelihood working group conducted a needs assessment in 23 districts across Pakistan. The purpose of the assessment was to identify priority needs of target populations that have been hit hard due to lockdowns and movement restrictions to control the spread of the COVID-19. According to the results 75 per cent of older people stayed in their homes and were not involved in any income generation activity while 17 per cent were involved in farming and only 8 per cent performed labour activities. It was reported that various ongoing development projects of the I/NGOs supported 48 per cent of the elderly and persons with disabilities through provision of cash grants, 25 per cent were supported through provision of livestock or assistance for livestock management, 25 per cent were provided agriculture support/capacity building, while only 3 per cent benefited from the Ehsaas Programme.¹⁷

Retired Director General (Punjab) also shared that the Government and other organizations have played an important role in responding specifically to the situation of older people, though not on a larger scale. He added, SEDA with the support of Sightsavers, WHO and UNDP have developed awareness raising content in Urdu language as well in Braille for people with disabilities including older people with disabilities. He also suggested efforts should be made to educate people practicing sign language to communicate or have different abilities.

Case study

Muhammad Ali is 65 years old and living with his family in Shikarpur district, Sindh province. He has four daughters and three sons and selling vegetables and fruits as a daily-wage worker and has no other source of income. Mr Muhammad Ali said his and his family's life is much affected during the current pandemic. He added that in April while selling vegetables he felt a severe headache, body aches and temperature. He was initially frightened to consult a doctor, but after meeting the doctor he was suggested to perform a COVID-19 test. After the doctor's suggestion, he went to a screening facility and did a coronavirus test, which unfortunately resulted positive. He said, **"I was not expecting this. I was worried how my family will be able to have food and other basic needs, because no one other than me was earning." Those days were really tough already due to the pandemic as my earning became less. Now after being diagnosed Covid-positive, it means no earning, and it made me feel tense."**

Muhammad Ali further added that in this tense situation a team of doctors arrived at his area. Meeting them he felt relaxed because the team properly counselled and made him aware of the need to quarantine and the days he should be in isolation so he could recover soon and restart his work. Mr Muhammad Ali shared he was worried where and how he would be quarantined because his house is not big. So he was isolated under the supervision of medical doctors and remained in quarantine in the isolation centre. He was given proper and timely treatment and soon recovered.

Endnotes

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