

Protecting older people in emergencies: *good practice guide*

When communities are struck by conflict or natural disaster, older people are among the most vulnerable people affected. Some need targeted assistance or specific approaches within general assistance to address their needs. However, humanitarian programmes often fail to recognise the challenges and vulnerabilities faced by older people – either because they do not meet their programming criteria or because their needs are not fully understood.

This situation urgently needs to change. If the humanitarian sector is to meet its commitment to deliver impartial humanitarian assistance that responds to the needs of the most vulnerable people, it is essential that it focuses on older people in emergencies.

Older people play crucial roles within society, and are often pivotal in supporting response and recovery to disasters. Many care for children and make essential contributions to family income, while others hold important roles as community leaders or as holders of community knowledge and tradition. In overlooking older people's roles and their needs, we also overlook the needs of their families and dependants, and forgo a potentially central part of community recovery.

This briefing draws on 14 field projects to highlight common challenges of supporting older people, and highlights best practice approaches to protect older people's rights.

Background

Between 2008 and 2011, the United Nations High Commission for Refugees (UNHCR) funded HelpAge International to second two experts on ageing to the Global Protection Cluster. The role of these experts was to help cluster members working in the field to identify and respond to protection risks facing older people affected by conflict and natural disaster, and to incorporate their needs in evidenced-based protection programming.

The experts visited 11 countries as part of this project. In 2008 they visited Uganda, Indonesia, and Georgia (with a follow up visit to Georgia in 2009). In 2009 they visited Myanmar and Gaza. The following year they visited Kyrgyzstan, Pakistan and Yemen, and finally in 2011 they visited South Sudan, Somalia and Kenya. Their work involved providing technical support to field-level protection clusters, to increase cluster staff and partners' awareness, knowledge and skill in identifying and responding to the protection risks faced by older people in natural disasters and conflicts. In Pakistan and Kyrgyzstan, the secondee was tasked with facilitating the mainstreaming of both ageing and disability into protection responses.

Of the 14 case studies in this good practice guide, 11 summarise the key challenges and most effective responses that the experts identified during their visits. The three remaining case studies – from Darfur, the Occupied Palestinian Territories and Zimbabwe – draw on HelpAge's own work in the field. All the case studies demonstrate practical approaches that will help agencies increase the age-friendliness of their programming and make sure older people play an active role in their responses.

The overall aim of this good practice guide is to communicate 'what works', within a range of contexts, to promote protection initiatives for older people in emergencies that are truly inclusive.

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Key areas of humanitarian response

This good practice guide focuses on working practice in the following areas of humanitarian response:

- **accessible shelter and latrines**
- **livelihood support**
- **access to food and accurate registration**
- **strengthening family and community structures**
- **better use of disaggregated data**
- **appropriate healthcare**
- **mainstreaming age across clusters.**

In each area, good practice is highlighted through one or more case studies that describe approaches to integrating the needs and priorities of older people into humanitarian response. Each one is rounded off with a list of ‘good practice action points’, which provide key pointers to refer to during programme development.

Accessible shelter and latrines

In natural disasters and protracted conflict-induced emergencies, one of the most common protection risks is of people’s homes being damaged or lost altogether. This forces people to find temporary shelter in crowded camps or collective centres, or with relatives or other hosts – often in unfamiliar places.¹

For older people, this experience can be especially devastating.² Older people may lack the physical strength and capacity to rebuild and repair their homes, relying on others to support them. Those without family or community support may face additional challenges associated with reaching and accessing safe shelter and establishing ownership of land. Finally, agencies working to design and build shelters often do not regularly consult with older people on their needs and how they can participate in shelter solutions.³

Case study: Kyrgyzstan

In June 2010, ethnic violence erupted in and around the town of Osh, in southern Kyrgyzstan, resulting in death, injury and the destruction of approximately 2,300 homes. The violence led to massive displacement into neighbouring Uzbekistan and 300,000 people being internally displaced. A multi-sector response was launched by UN agencies and non-governmental organisations (NGOs) to address the needs of the affected population.

Two assessments of older people’s experience of the response were carried out in the form of a Protection Cluster Rapid Assessment and an Age and Disability Household Assessment. In both assessments, older people identified shelter as a priority need, with particular concerns about how they would be able to repair and rebuild damaged and destroyed homes.⁴

A review of the Shelter Cluster plan indicated that houses being rebuilt by Shelter Cluster agencies and government were not always accessible to people with mobility problems, which include a number of older people. The HelpAge expert on ageing who was seconded to the Global Protection Cluster (see page 1) encouraged the shelter and protection teams to work together to make sure that findings from consultations with older people were integrated into Shelter Cluster activities.

This led the Shelter Cluster to redesign its houses intended for older people with mobility problems. The new design adhered to international standards of accessibility⁵ and incorporated wide doorways to enable wheelchair access, low windows for greater visibility by people using wheelchairs and at the entrance, ramps and handrails.

Also, as a result of collaboration with the Age and Disability Working Group members, the Water, Sanitation and Hygiene (WASH) Cluster adjusted the latrine design to meet international standards of accessibility, both in older people’s homes and in public places. The revised design included wider doorways to allow room for wheelchairs and to enable carers to support people during use. The work with other clusters was undertaken in support of the Protection Cluster’s protection mainstreaming role and responsibility.

Good practice action points

- **Consult older people on their priority needs.**
- **Involve older people in designing and building shelters.**
- **Incorporate age-friendly features into temporary shelters and latrines and into those being repaired or constructed, including ramps, handrails, grab bars and lighting.**
- **Coordinate responses with other clusters, such as Shelter, WASH, and others focusing on core concerns, such as gender and disability.**
- **Adhere to international standards of accessibility when building shelters and latrines.**

See also *Guidance on including older people in emergency shelter programmes.*⁶

Livelihood support

In emergencies, it is not uncommon for older people to lose access to their land and other property, becoming cut off from normal livelihoods and sources of income. Meanwhile, agencies often plan livelihood activities without considering older people's capacity⁷ or their role in supporting family income. This means they are often excluded from income-generating activities, food-for-work or cash-for-work programmes, and micro credit. As a result, older people who are displaced during emergencies face particularly high levels of social and economic hardship – especially if they are separated from their families and other support structures.⁸

Case study: northern Uganda

For more than two decades, Uganda was home to violent unrest due to the rebellion of the armed religious group the Lord's Resistance Army and government counterinsurgency actions. During the conflict, more than 1.8 million northern Ugandans were forced to move to internally displaced persons (IDP) camps. Long-term displacement led to social disintegration and a heavy dependency on food rations and NGO or UN support. Livelihoods were further limited by the lack of access to traditional agricultural land and limited opportunity to become economic self-sufficient.

From 2007 onwards food assistance was phased out and the camps closed. To achieve sustainable solutions and successfully close the camps, agencies needed to help households to become economically independent. However, in 2008 the majority of displaced people returning to their place of origin were young and able bodied. Many older people remained in camps and transit sites, where they cared for, and were cared for, by household members who were less economically productive – especially grandchildren and other vulnerable children.⁹ Older people who were consulted during NGO monitoring visits around this time cited the lack of livelihoods opportunities as a major concern.

One protection NGO began consulting with older people in transit locations who were caring for orphaned and vulnerable children. It identified older people who wanted to develop their livelihoods beyond food aid, by running small market stalls and selling kitchen garden produce. The NGO worked with community leaders to arrange for a handful of stalls to be used, and subsidised initial rental fees until the stalls were self-sufficient. This intervention also helped legitimise the position of the stall workers, and protected them from harassment by other stall holders.

The produce was sold by, or on behalf of, older household heads (most of whom were older women). The profits were then reinvested in kitchen gardens, which were used to support grandchildren with school fees, clothing and medication. This simple livelihood initiative succeeded in mitigating the economic risk, both to the older people and to the children in their care.

Good practice action points

- Consult older people on their priority needs.
- Recognise older people's capacity and desire to be involved in livelihood activities.
- Involve older people in developing and implementing livelihood solutions.
- Implement solutions with the support and cooperation of community leaders.
- Coordinate response with other clusters, such as Early Recovery.

See also the publication by HelpAge International and Cordaid *Making a living last longer*.¹⁰

Eye examinations at Camp Acra, Haiti



Frédéric Dupoux/HelpAge International

Access to food and accurate registration

When people are displaced, access to adequate food, safe water and basic services deteriorates, leading to hunger, malnutrition and disease.¹¹ For people with physical mobility challenges, reaching distribution points or markets to collect or buy food can be an enormous challenge. Where food is available, older people with dental or digestive problems may have trouble chewing or digesting certain foods.

Case study: northern Uganda

In Gulu district, northern Uganda, protection monitoring by UNHCR highlighted a number of challenges facing older people in accessing food distribution. The older people reported that food distributions often last all day, and involve waiting in the hot sun during the dry season with limited shade, or in cold, wet conditions during the rains. People have no access to latrines or water during this lengthy process, which further contributes to anxiety and ill health. Some – particularly older women – also expressed concerns about the difficulty of carrying heavy food items to their huts.

The protection and food distribution agencies discussed these findings and found a way to modify the distribution procedures. They began running a separate distribution line for older people and those with disabilities. They also set up a proxy collection system, where younger able-bodied relatives or neighbours could collect the food on the person's behalf. Information on the proxy person was noted either on the registration card or with the distributing agency to make sure the proxy person could access the distribution and to avoid fraudulent collection of assistance.

Separate queues and proxy collection – key considerations

Separate queuing systems and proxy systems of the type described in the north Ugandan case study can be expanded to include distributions of non-food items, information and health care delivery (see Darfur case study below). For this to be effective, the only requirements are that registration lists must be accurate and up to date, and that there are enough staff present to carry out two parallel distribution processes. As part of HelpAge's cash transfer activities globally, the proxy system has also been found to enable housebound older people to participate in the cash transfer programme.

In the north Ugandan case, because older displaced Ugandans had been accessing food aid for nearly two decades, the question of accurate inclusion on registration lists was not an issue. UNHCR and WFP had carried out extensive registration of displaced people, which was inclusive and up to date. However, in other locations visited by HelpAge secondees (see page 1), such as South Sudan, incomplete and inaccurate registration processes often left older household heads – especially housebound older people – excluded from food and other humanitarian relief lists.

Good practice action points

- Consult older people on their food needs, including preferred foods that they find easy to chew and digest, their ability to access distribution sites, and their capacity to carry food distributions home.
- Ensure accurate inclusion of older men and women in registration lists.
- Communicate age-friendly distribution processes with the support and cooperation of community leaders and humanitarian actors – for example, through separate distribution queues and proxy collection systems.
- Provide transport or other support to enable older people to take their distributions home.
- Coordinate the response with other clusters, such as Food, Health and Nutrition.
- Hold distributions at locations that are physically accessible – for example, in central locations on level ground.

See also the publication *Humanitarian action and older persons*.¹²



Zenul, 70, is a member of her local Older People's Association in Allipul, Pakistan

Strengthening family and community structures

Natural disasters, conflict and long-term displacement stretch family coping mechanisms to their limits. Particular challenges include the reduced capacity for income generation, family members being displaced, and psychosocial factors such as grief, trauma or high levels of stress.

After an emergency, families are often unable, or unwilling, to support older members of their household. With the breakdown of traditional community social structures, older people can become marginalised and excluded from formal decision making. This makes it more likely that the risks they face will be overlooked.¹³ The disintegration of families during crises and long-term displacement can also lead to poor communication between generations – especially between older people and young people.¹⁴

Case study: Kenya

In 2011, the Horn of Africa experienced its worst drought in 20 years, with an estimated 12 million people in Kenya, Ethiopia, Somalia and Djibouti affected by food shortages and lacking the means to meet their basic survival needs. Acute malnutrition became widespread. In Somalia, drought and conflict led to about 1.7 million people being displaced – about 10 per cent of whom crossed into neighbouring countries.

In Dadaab camp, Kenya, one child-focused NGO had been operating a foster-care project for unaccompanied children. It expanded its programming to include grandparent carers and young people in intergenerational activities, designed to reassert older people's roles as leaders and educators, and to reduce the gap between old and young. Older people provided support and mentoring to the young people, while the young people supported their foster grandparents in practical ways, such as helping with maintaining and repairing shelters. At the time of publishing, discussions were ongoing about ways to scale up this programme to include livelihoods and unconditional cash transfers.

A second project in the same camp ran older people's support groups. In these groups, older community members came together to identify and develop solutions to key social, economic and other challenges that they faced. They then held discussions with community representatives, in order to raise the issues with key decision makers for action.

Initial feedback indicated that the older people who took part in both these projects felt more confident, less isolated and more included in decision-making processes.

Case study: Zimbabwe

Older people's committees are a well-established way of ensuring that old people's voices are heard. These are support groups, designed to empower older people to engage in mutual social or economic support and direct political advocacy. HelpAge adopted this approach in Zimbabwe, to help older people become more involved in programme delivery.

Through the committees, HelpAge provided training and technical advice to older people on issues such as social support, advocacy and livelihoods (for example, through sustainable agriculture). The older people became more involved in processes such as beneficiary identification, registration and selection, and played a more active role in the communication and information processes between humanitarian actors and beneficiary populations.

A project evaluation found that older participants had become active – both as community mobilisers, and as educators about issues such as conservation farming, home-based care and hygiene, and HIV/AIDS. They had also begun playing a vital role in dialogue between communities and government and NGO decision makers.

Good practice action points

- Consult older people about what their priority needs are.
- Recognise the role of older people both as carers and as people in need of care.
- Give older persons a voice in community decision-making processes and encourage them to actively participate in finding the solutions.
- Involve older people in developing inter-generational activities.
- Establish older people's committees and support groups.
- Seek holistic and intergenerational solutions to psychosocial responses.
- Make sure community meetings include a wide representation of older people, with men and women alike given the opportunity to formally voice their concerns and ideas.

Better use of disaggregated data

In order to understand and respond appropriately to people's vulnerabilities, needs, capacities and ensure access to life-saving services, humanitarian agencies need to collect information based on sex and age.¹⁵ Without this data, they are unable to effectively understand and respond to the priorities of older men and women. However, the humanitarian system still does not age-disaggregate its data collection and analysis across all stages of emergency response.

Case study: Myanmar

On 2 May 2008, Myanmar was struck by Cyclone Nargis. High winds, heavy rainfall and tidal surges killed nearly 85,000 people, with roughly 54,000 people left missing and a further 20,000 injured. The cyclone affected 2.4 million people – just under one third of the estimated 7.35 million people living in the affected townships. Of these, approximately 200,000 were 55 years or older at the time of the disaster.¹⁶

As part of multi-agency and sector monitoring, from September 2008 to August 2009 the Tripartite core group involving the Association of Southeast Asian Nations (ASEAN), the United Nations (UN) and the government of Myanmar carried out three reviews of sector responses to generate data to inform targeted assistance, determine future assessments and accelerate appropriate response and recovery activities.¹⁷

Within the protection element of the review, the HelpAge ageing expert seconded to the Global Protection Cluster (see page 1) observed gaps in information gathering about older people. Working with protection agencies, the expert helped to revise the monitoring questions used in the review. This resulted in a more holistic analysis and inclusion of information on older men and women. The new format included standardising the definition of an older person as someone aged 60+, and disaggregating protection data for older people by gender. It also ensured that questions were included on numbers of older people who lacked documentation (which is essential for accessing health care).

Including age-inclusive questions in this way enabled the protection agencies to measure the impact of Cyclone Nargis on older household heads' ability to earn a livelihood. Ultimately, the periodic review was modified into a more holistic tool that could be used to collect, analyse and report on disaggregated data that included older people. The results could then be used to improve future emergency response and recovery programming, to make it appropriate to the specific needs of affected communities.

Good practice action points

- Accurately collect information on older people during registration processes.
- Introduce and apply data collection systems that:
 - disaggregate data by age and sex
 - detail registration of affected populations
 - establish baselines
 - enable needs assessments, monitoring and evaluation.

Appropriate healthcare

Older age is often accompanied by decreased mobility, sight, hearing and strength. Minor ailments can become serious impairments that can weaken older people's coping strategies in response to emergencies.¹⁸ Older people tend to have poor access to medical services during emergencies, and often experience a lack of understanding, expertise or medication for the treatment of chronic illnesses.

Case study: West Darfur, Sudan

By 2011, the Darfur emergency of 2003/4 had become a protracted humanitarian crisis, with as many as 2 million people becoming internally displaced – many living in camps throughout Darfur. Of these, an estimated 8 per cent of the camp population were made up of older people.

HelpAge had worked in West Darfur since 2004. In 2005/6, it carried out a series of assessments and surveys to consult older people about their vulnerabilities and health and nutrition needs.¹⁹ Results showed that older people in Darfur were not accessing health services despite clinics being available. This was for a number of complex reasons. Many older people were experiencing isolation and neglect, and were excluded from food aid and health programmes, while others with mobility concerns lacked transport. These factors left many older people reticent and unable to seek medical care.

In response to this gap in health services provision, HelpAge established a roster of community health workers to visit housebound older people, providing care and referral as required. They also introduced a donkey cart ambulance to transport older people to clinics for emergency care. Another initiative involved distributing supplementary food baskets to older people at risk of malnutrition, or who were caring for multiple dependents.

Meanwhile, HelpAge staff advocated that medical NGOs should set aside specific clinic times each week as priority referral times for older people. When the clinic was unable to source or deliver drugs, HelpAge did this directly, to ensure that older people were accessing the medication they needed.

These interventions had a range of positive outcomes. The older people became more willing to access health services on their own, and reported higher levels of well-being.

Good practice action points

- Consult older people on their priority needs.
- Make sure that health services respond to older people's chronic health needs.
- Disaggregate health data by age and gender, including information on HIV/AIDS, to ensure clarity on older people's health needs.
- Provide emergency health providers with training in how to treat older patients.
- Coordinate responses with other clusters, such as Food and Nutrition, and with other agencies.

See also IASC's *Report on an inter-agency review conducted by HelpAge International*.²⁰

Mainstreaming age across clusters

Older people are entitled to equal protection under international human rights and humanitarian law, but often these rights are not realised. Building stakeholder awareness of the rights and needs of older people is a crucial step in reducing their marginalisation during emergencies, giving them a voice in their own future, and enabling them to continue supporting themselves and their dependants.²¹

Case study: Pakistan

During the 2010 monsoon, Pakistan experienced the worst floods in its history. Flooding hit 84 of 121 districts and displaced over 20 million people. More than 1,700 men, women and children lost their lives, and nearly 2 million had their homes damaged or destroyed.²² Over a million of the affected people were aged 60+.

A vast number of humanitarian stakeholders were involved in the Pakistan response, and this created difficulties in integrating age-friendly responses by clusters. Identifying key UN, NGO and government decision makers was a challenge, both at national and regional levels. Even with specific cluster commitment to address core concerns such as age and disability, the lack of field data on older people reduced the efficacy (and legitimacy) of advocacy messages, and made claims of exclusion of older people from service provision hard to prove.

To highlight the needs of older and disabled people, UNHCR brought an Age and Disability Task Force into the Protection Cluster. Drawing on its age and disability expertise and human resources, the task force influenced humanitarian agencies to mainstream age and disability across protection and other clusters. Through consultation and assessment, individual members identified key issues for older and disabled people who had been affected by the flooding. Task force members were then assigned to specific clusters to advocate for age-friendly and disability-friendly responses to be part of emergency and early recovery initiatives. The task force was also given a space on the Protection Cluster meeting agendas.

Task force outputs focused on older and disabled people being included in three key areas:

- needs assessments, implementation and monitoring
- developing technical guidance
- promoting inclusive reconstruction through humanitarian and government partners.

The task force approach

As a replicable mechanism for inclusive response in emergencies, a task force that combines the core humanitarian issues of age and disability has many advantages. For example, older and disabled people share similar experiences of exclusion, lack of voice, and limited active participation in emergency programming. Identifying these shared exclusions, backed up by field data, can strengthen the advocacy position of such a task force in pushing humanitarian stakeholders to adopt a more inclusive emergency response. The approach has been successfully implemented in various contexts including the Occupied Palestinian Territories and Myanmar.

This approach also ensures that for both age and disability mainstreaming, there is an instrument to encourage coordinated advocacy, partnership, and raising awareness. Finally, it legitimises age and disability as central concerns in assistance activities, and reminds humanitarian actors that inclusion of age and disability is a humanitarian obligation.

Good practice action points

- Make sure older people have a specific voice in the cluster response mechanism.
- Bring together age and disability stakeholders to increase the capacity for advocacy within the cluster system, and to identify key areas of influence.
- Develop holistic ways of meeting the priority needs of older and disabled people through cross-cluster advocacy and partnership.



**Ajabo Ahmed, 70,
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Conclusion

This good practice guide highlights the need for agencies to better understand and address older people's needs, and to integrate their contributions into interventions. It identifies elements of good practice for age-friendly programming during emergencies.

The examples of good practices shown here have two key common elements: consultation with older people themselves and an appreciation that older people can play a vital role in developing and implementing their own solutions to the challenges they face.

A crucial element of any successful, age-friendly response is ensuring that older people have a voice in decisions that directly affect them. Coordinating and cooperating with community leaders and members of the larger humanitarian community is also necessary to ensure a holistic sustainable response.

Another important ingredient is that information about affected populations must be fully disaggregated, to accurately highlight the impact of the crisis upon older people and those in their care.

Finally, a greater awareness and integration of ageing issues across the work of all clusters will further the protection of older people by make sure that more and more diverse partners integrate age-friendly programming into their preparedness, response and recovery activities.

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HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.

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