

Network Paper

In brief

- Ageing has significant ramifications for the policy, planning and implementation of humanitarian aid programmes. Older people have particular needs that differ from those of younger members of a community, in particular in the areas of physical and mental health, nutrition and access to essential services. These require special consideration.
- For many reasons, such special attention is rarely paid by humanitarian policy-makers and practitioners. The needs of older citizens are rarely incorporated in emergency policies and programmes, and very few organisations have dedicated staff at head office taking forward ageing issues.
- This paper argues that changes are required in the way essential services are delivered, and in how older people are viewed. The assumption that existing approaches address the entirety of the needs of old people is false. However, this does not mean that special services will always be necessary; instead, the paper argues that old-age issues need to be mainstreamed into general humanitarian programmes.

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Protecting and assisting older people in emergencies

Commissioned and published by the Humanitarian Practice Network at ODI

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think-tank on international development
and humanitarian issues

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Chapter 1

Introduction: older people and emergencies

We are living in an era of rapid and unprecedented global ageing. In 2000, one in ten people – about 600 million – was 60 years old or over. By 2050, this figure is expected to triple, to 1.9 billion. In the next 50 years, over-60s will outnumber people under 14. The fastest-growing age group is the oldest-old – those aged 80 years and over. By 2050, over-80s will account for 4% of the world's population, up from 1% today. Most of this increase in the older population is taking place in the developing world: of the projected global population of 1.9 billion over-60s by 2050, more than a billion will live in countries where average income is less than \$2 a day, and an unknown number will be affected by disasters, crises and conflicts. Thus, while population ageing is unquestionably one of humanity's major achievements, it also presents a major humanitarian challenge.



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A widowed older woman, Falima, with one of her grandchildren, Krinding camp, Darfur

Ageing has significant ramifications for the policy, planning and implementation of humanitarian aid programmes. Older people have particular needs that differ from those of younger members of a community. These require special consideration, in particular in the areas of physical and mental health, nutrition and access to essential services. Older people may be isolated or in ill-health, or mobility problems may prevent them from reaching aid. They may have only limited literacy, may not understand their entitlements and may be unable to compete with younger people for aid resources. Women, who account for an increasingly large proportion of the world's over-60s, are at risk of sexual violence and abuse, including from older men. In a context of generalised poverty, the developing world's older people are likely to be particularly ill-equipped before disaster befalls them; an estimated 100 million older people live on less than a dollar a day, and 80% of older people in developing countries have no regular income.

Older people in rural areas may be especially vulnerable to the effects of natural disaster or conflict. Approximately 60% of the world's older people live in rural areas, and the proportion of older people in rural populations is growing due to increased life expectancy and the migration of younger people to towns and cities in search of work.¹ Older people, by contrast, generally choose to stay in the areas where they have always lived. Emergencies can and do take place in urban and peri-urban areas, and older people are affected by them. However, the impact of humanitarian crises, in particular natural disasters, tends to be felt most strongly in rural areas, and the poorest always suffer the most enduring damage. If older people are consistently among the poorest and most vulnerable

parts of society, then the older poor living in rural areas are especially susceptible to the effects of disasters. Likewise, the migration of the young to cities means that fewer people are available to care for and support older family members.

Older people are also often in a position to make an important contribution to the survival of their community in a disaster. Many older people provide care for children orphaned by war or disease; in camps in West Darfur, for example, almost a third of older people were caring for orphaned children. Older women act as traditional birth attendants, and possess important knowledge about alternative or complementary medicine and nutrition. Older members of a community may have an important role in resolving local conflict, and can play an active part in their families' livelihood.

For all these reasons, the needs and capacities of older people affected by emergencies warrant special attention from the humanitarian agencies giving assistance. Such special attention is, however, rarely paid. International laws and conventions that govern human rights and humanitarian aid make no explicit reference to older people as a special category of vulnerable group in the same way as, for example, children. While some codes, guidelines, policies, best practice documents and tools exist that specifically relate to older people, there is little evidence that these are being translated into practical efforts on the ground. Aid funding to directly support older people represents a tiny proportion of the overall sums channelled through the UN or NGOs – usually 1% or less of

a donor response in a given country, and significantly short of the 7% benchmark recommended by Sphere.²

There are many reasons why organisations fail to incorporate the needs of older citizens in their emergency policies and programmes. There may be a lack of experience in dealing with old-age issues, or a lack of technical expertise; resources may be limited, or assessments may not be designed to capture the particular needs of the old. Older people may not be identified, and data on them may not be collected. The high turnover and busy schedules of humanitarian staff leave limited time to learn or address issues that are not seen to fall directly within an organisation's mandate or priorities. Very few organisations have dedicated staff at head office taking forward ageing issues; instead, it is assumed that some specialist agency somewhere – the old-age equivalent of UNICEF – is dealing with the problem, or that the needs of older people are covered through existing programming, and direct targeting is not required.

If humanitarian organisations are serious about impartiality and the provision of assistance based on need, changes are required in the way essential services are delivered, and in how older people are viewed. To be sure, general interventions – sanitation, for example – can benefit older people to the extent that they benefit everyone. But the assumption that existing approaches address the entirety of the needs of old people is false. However, this does not mean that special services will always be necessary; instead, this paper argues that old-age issues need to be mainstreamed into general humanitarian programmes, so that there is equity of provision across all sectors of a community and amongst all vulnerable groups. Consultation, inclusion and empowerment are primary indicators of good practice in ensuring this happens. Older people themselves consistently ask:

- to be seen, heard and understood;
- to be given equal access to essential support services; and
- to have their potential and contributions recognised, valued and supported.

Older people should be integral to the dialogue on, and identification of, the best ways to support and protect themselves, and they should be recognised as a vehicle for education, communication and leadership within their families and communities.

This paper explores the major policy and practice issues affecting humanitarian protection and assistance for older people, and recommends measures to ensure that older citizens caught up in humanitarian crises enjoy equal rights and a fair share of humanitarian resources, and are included in decision-making in programmes that affect their lives. It aims to add to the small body of work relating to protection and assistance issues specific to older people. HelpAge International is one of the few international organisations that works for older people, and its emergency operations

Box 1

Defining 'old age'

An older person is defined by the United Nations as someone over 60 years of age. 'Oldest-old' refers to people who are over 80 years of age. This is the fastest growing old-age group, expanding at a rate of 3.8% a year, compared to 2% per year for the 60–79 group. Whilst these definitions are broadly valuable they can also be problematic, and other factors, such as life expectancy and cultural norms, must also be taken into account. These differ from region to region. Chronological age is often less relevant in the developing world, where people may not know their exact date of birth and where age may be construed in different ways, according to a person's changing role and status within a community, for example. Becoming a grandparent or a widow, having grey hair, becoming less active in contributing to the household or a change of status such as becoming an 'elder' can all be benchmarks of age. In poor countries, a lifetime's exposure to health problems means that people can seem 'old' in their 40s or 50s; women in particular, after years of hard physical labour and many pregnancies, are sometimes on the physical threshold of old age by the end of their reproductive years.

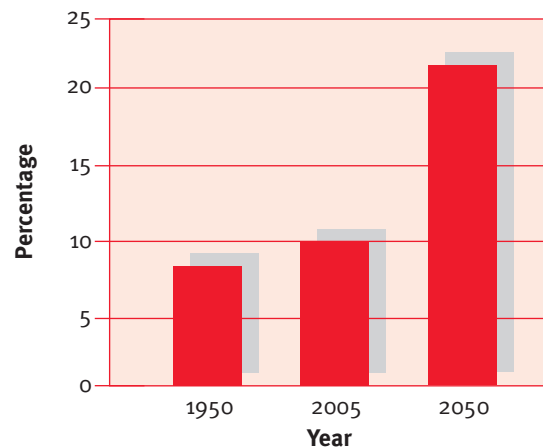
are limited. Therefore, the paper highlights gaps in knowledge and areas where further research and work are required, in the hope of stimulating further progress in this important area.

In summary, some of the key themes relating to protecting and assisting older people in emergencies are:

1. *The number of older people – and older women in particular – is increasing.* Global demographics are changing, and the impact of an ever-increasing older population demands that older people become more visible in the policy-making, planning and implementation of humanitarian protection and assistance programmes.
2. *Older people and international law.* Whilst older people are covered by international laws protecting or promoting the rights of civilians, there is a general lack of explicit reference to them compared to other groups. This contributes to a lack of analysis and awareness of their situation.
3. *The principle of humanitarian impartiality assumes non-discrimination on the basis of age.* Various codes, policies, best practice documents and tools specifically relate to older people; these should serve to remind humanitarian policy-makers and practitioners of the fundamental importance of ensuring that aid is given on the basis of need alone.

4. *Older people have particular needs that differ from those of younger members of the community.* These require special consideration, in particular in the areas of physical and mental health, nutrition and access to essential services.
5. *Older women require specific consideration.* Women live longer, are more likely to be widowed and alone, make up larger proportions of refugee or IDP camp populations, are subject to physical and sexual abuse and frequently support grandchildren.
6. *Older people are aid-givers, as well as receivers.* Older people provide protection to others, as well as needing it themselves. Alongside an understanding of their vulnerabilities, the capacities and contributions of older people require recognition and support.
7. *Older people themselves should be central to all protection and assistance activities.* The most significant efforts to ensure protection come from within affected communities. Consultation with all groups, including older people, is therefore essential. Research demonstrates that this rarely happens.

Figure 1
The over-60 population, 1950–2050



8. *Equity of humanitarian funding.* International donors are paying insufficient attention to older people. Proportional and fair allocation of humanitarian resources is a precondition to ensuring that older people's needs are met.

Table 1: Projected annual rates of population change by region, 2000–2050

Region	Age group			
	0–14	15–59	60+	80+
World	–0.14%	0.72%	2.29%	3.39%
More developed regions	–0.26%	–0.32%	1.06%	2.24%
Less developed regions	–0.01	0.92	2.79	4.20
Least developed countries	0.99	2.19	3.24	3.85
Africa	0.78	1.98	3.03	3.85
Asia	–0.28	0.63	2.61	4.06
Latin America and the Caribbean	–0.36	0.70	2.98	4.09
Europe	–0.62	–0.71	0.81	2.08
North America	0.30	0.49	1.65	2.39
Oceania	0.06	0.66	2.02	2.83

Chapter 2

Legal instruments, policies and practice

Few legal instruments relate specifically to older people as a distinct category. In contrast to other vulnerable groups – women and children, for example – older people tend to be covered implicitly via the universality of human rights. Thus, the UN World Summit in 2005 highlighted the importance of safeguarding children’s and women’s rights, but made no explicit reference to older people, nor did it refer to discrimination on the basis of age. This neglect is mirrored in humanitarian policies and practice at the field level, where organisational definitions of those with special needs often do not include older people.

International law and agreements on older people

Many legal instruments include older people implicitly by way of their gender, refugee status or membership of a particular racial, religious or minority group. Examples include the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment and the Convention on the Rights of the Child, which is closely associated with older people in their role as carers. Three key bodies of law – international humanitarian law, refugee law and international human rights law – include a limited number of articles of direct relevance to the protection of older people, and their needs and rights in emergency situations.

International humanitarian law

International humanitarian law (IHL) relates to internal and international armed conflict. It protects all people who are not taking part in hostilities. It is primarily as civilians, therefore, that older people are protected. In addition, several rules relate specifically to older people, and there are articles requesting that age be taken into account in areas such as the provision of hospitals and evacuation from besieged areas. Provisions covering aid and assistance to civilians are also of benefit to older people.

Refugee law

Refugee law protects civilians who require asylum in another country. Thus, older people who become refugees are covered by the Convention’s provisions. According to UNHCR, older people comprise just under a tenth of the world’s refugees, and in some cases, like the Balkans, older people can account for as much as a third of the refugee population. In addition, the Convention specifically provides for the inclusion of refugees in old-age pension schemes in the host country. Meanwhile, the Guiding Principles on Internal Displacement of 1998, which



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Tsunami survivor, Tamil Nadu, India

cover displacement within a country, rather than across a national boundary, include age in their provisions against discrimination, and specify that older people are entitled to special protection and assistance, and to treatment which takes into account their special needs.

Human rights law

Human rights law applies to conflicts and to natural disasters. Human rights laws recognise that all people have certain fundamental rights, including the right not to be discriminated against. However, age is not prohibited as a basis for discrimination. According to the Committee on Economic, Social and Cultural Rights (CESCR), this omission ‘is probably best explained by the fact that, when these instruments were adopted, the problem of demographic ageing was not as evident as it is now’.³

Shortcomings in the protection of older people may not stem from a lack of adequate coverage under international law; rather, there is a lack of awareness of the specific needs and concerns of older people, and a lack of compliance and respect for international law, particularly by parties to a conflict. The law often acts as a useful guide in raising awareness of an issue, providing an internationally acceptable standard against which actions can be measured, and securing protection for those it covers. HelpAge International believes that the development of a specific legal treaty devoted to upholding and protecting the rights of older people, for example a Convention on the Rights of the Older Person, should therefore be considered.

The Madrid International Plan of Action on Ageing

The UN Principles for Older Persons of 1991 encouraged governments to incorporate the principles of independence,

participation, care, self-fulfilment and dignity into their national programmes. This was reinforced in 2002, when the Second World Assembly on Ageing adopted the Madrid International Plan of Action on Ageing (MIPAA). The MIPAA is the first international agreement explicitly committing governments to include ageing in social and economic development policies. All 159 governments present in Madrid have signed up to MIPAA, thereby committing themselves to the agreement.

The MIPAA contains specific articles and objectives relating to natural disasters and other humanitarian emergencies (see Annex 1). It highlights the importance of equality of access to basic emergency services and the need for concrete measures to protect and assist older people in situations of armed conflict, as well as the necessity of supporting the contributions older people can make to the re-establishment and reconstruction of affected communities, and the rebuilding of social fabric following emergencies.

The MIPAA stresses that the primary responsibility for its implementation rests with governments, and that a necessary first step is the mainstreaming of ageing issues into national development frameworks. Specific governments have made progress in this regard since 2002, but none of these governments is currently embroiled in major humanitarian emergencies. The UN Secretary-General's report on the implementation of the MIPAA in 2005 notes that there is a lack of knowledge and awareness within the UN and its field offices, and argues that most bilateral donors have not incorporated ageing or the implementation of the MIPAA into their work at a national level. What progress there has been has taken place in the development sphere, rather than in the humanitarian domain.

Policy and practice within the UN

The various arms of the UN are addressing the issue of ageing. They are, however, doing so in different ways, and to different degrees. Most UN organisations have no direct policies or operational procedures relating to older people, and find it difficult to cite examples of operations where older people have been directly targeted. Nonetheless, the World Health Organisation (WHO) and the UN Development Programme (UNDP) have staff dedicated to ageing issues, and WHO produced a discussion paper on health and ageing in 2002.⁴ The UN Children's Fund (UNICEF) recognises that the security of children is intrinsically linked to that of their carers, and acknowledges that older people need greater consideration as part of the household. The Food and Agriculture Organisation (FAO) in Southern Africa is working with older people in support of AIDS-affected populations.

UNHCR

As the UN organisation mandated with the protection of refugees, UNHCR has made the most progress. The agency has identified older people as one of four core policy priorities in planning and programmes (the other three are

women, children and the environment), and in 2001 it developed a policy on older refugees – the only separate policy for this age group within the UN. The policy disaggregates refugee data by age into four main categories, from new-borns to the elderly.

In 2004, UNHCR's Evaluation and Policy Analysis Unit undertook a pilot 'Age, Gender and Diversity Mainstreaming Initiative' in eight countries. The initiative took the form of country assessments followed by capacity-building and planning workshops. Positive comments from the synthesis report indicate that the pilot has begun to increase awareness of the need to look beyond women and children, and to consider other groups with special needs. The use of a piloted participatory assessment tool led to closer contact with vulnerable groups, and the greater inclusion of older men and women has been encouraged. Concrete examples of the pilot's impact include the building of separate reception areas for women, children and older people in India, and the modification of protection and programme planning modules to incorporate differences by age and gender in Colombia.

Despite this progress, the synthesis report also notes that 'the wider context of power relations caused by societally defined age and gender roles and their impact ... is still being missed, as are issues of discrimination faced e.g. by young or elderly men'. Distinctions between different groups such as older women and women of reproductive age are usually still not made. Another conclusion of the pilot was that there was little senior management involvement. Given that the work took place at field level, age and gender have yet to be mainstreamed at headquarters level.

Other relevant tools within UNHCR include the 'Practical Guide to the Systematic Use of Standards and Indicators in UNHCR Operations' of 2004. This contains modules based on sectoral areas such as food and nutrition, with core indicators related to the agency's four priority areas, including older people. Although not comprehensive in its coverage of older people, the guide includes resettlement issues and income generation, and notes the contribution the elderly can make to children's education.

WFP

The World Food Programme (WFP) has also made some headway in dealing with the issue of old people. WFP's mission statement promotes 'access of all people at all times to the food needed for an active and healthy life'. WFP's humanitarian principles also endorse humanity, impartiality, neutrality, respect, self-reliance, participation, capacity-building, coordination, accountability and professionalism, all of which are relevant to the protection and assistance of older people. WFP's Vulnerability Analysis and Mapping activities examine the composition of sampled households, and may prompt staff to look more closely at the issue of ageing populations in a given context. The Emergency Food Security Assessment Handbook (2005) also refers to older people, along with



Dennis Thompson surveys his storm-damaged house in Jamaica in the wake of Hurricane Ivan in 2004

The results will be used to assist ECHO officials and technical assistants in strategic and operational planning, and will be shared with ECHO's partners to guide discussions. In addition, ECHO's Framework Partnership Agreement guidelines refer to older people explicitly as a 'type' of beneficiary that could be considered, or as a vulnerable group that may be overlooked. All beneficiaries in ECHO operations must be defined as children, women, men or older people (for ECHO's purposes, 'older people' are over 50 years of age). In practical terms, however, older people as a category in themselves appear to account for a very small proportion of ECHO funding; in Sudan in 2004–2005, for example, ECHO made only two grants for work in support of older people, equivalent to 1.3% of its total funding for the country.

young children and the sick, as a group in need of attention. WFP recognises that consultations with older people can often provide useful information, such as how people have coped with food insecurity in the past.

WFP plays a major role in the inclusion or exclusion of older people through its registration process. Since WFP is often the only agency registering IDPs, and as food aid provider is usually the only agency to deal with the whole of the IDP population, its figures are often used by other UN agencies and NGOs for their own programming purposes. If older people are missed out in initial registrations, which they often can be if they are housebound, this can have a knock-on effect in all subsequent programming. A WFP ration card may be the only form of identification an elderly person has. WFP is currently looking at these issues as part of a review of the role of its food aid in protection.

Regional organisations and donor governments

ECHO

The European Community Humanitarian Aid Department (ECHO) has recently carried out a review of 11 cross-cutting issues, including older people and protection.⁵ The review recognised that an increasing number of older people will be victims of emergencies in the future due to demographic changes, and that older people currently receive limited attention from donors and agencies. One of the review's recommendations is that ECHO should consider systematically the needs of older people in its programmes, and that focal points on each cross-cutting issue should be developed. Specific objectives and activities relating to older people are also identified for all stages of disaster response.

The African Union

African governments have recognised the importance of special measures 'to address the protection and other needs of the (refugee, returnee and internally displaced) elderly' through the African Union Policy Framework and Plan of Action on Ageing. This was developed in collaboration with HelpAge International in 2002, and includes sections on food and nutrition, emergencies, epidemics and rights. The Framework and Plan of Action commits AU member countries to develop policies and programmes on ageing. It is intended to guide design, implementation, monitoring and evaluation.

Donor governments

Bilateral government donors spend relatively little on programmes specifically designed to support older people in emergencies. The US Agency for International Development (USAID) has provided no direct funding for older people in Darfur or following the Indian Ocean tsunami, for example. The UK's Department for International Development (DFID) provided no funding directly to support older people in Darfur in 2004–2005. Nonetheless, the major donors have made some progress, at least at the policy level. USAID guidelines for proposals, for example, refer to older people explicitly as a 'type' of beneficiary. DFID has identified older people as a group that is systematically discriminated against due to age.⁶ A mapping study of DFID activities relating to children, young people and older people in June 2005 acknowledged the importance of ageing in developing countries, but found that explicit reference to older people was largely absent from DFID-funded programmes. The mapping study noted

that programmes with a focus on older people related either to social welfare and community care, or were part of general emergency and nutritional programmes during specific disaster responses.⁷ DFID recommends that socially excluded groups should benefit from public policy and expenditure to the same degree as other groups, and proposes to broaden and deepen its engagement with civil society to strengthen the contribution that it can make in tackling exclusion generally.

The ‘Good Humanitarian Donorship Initiative’, established by major donor governments in June 2003, outlines principles and good practice including the importance of allocating humanitarian funding in proportion to needs and on the basis of needs assessments. As work progresses in this area, it should improve targeting of vulnerable groups and support improved accountability to beneficiaries, including older people.

Donors can be constrained by their need to support the highest-quality proposals, and rely on implementing partners who are not focusing on old-age issues; implementing organisations in turn cite a lack of donor interest as one reason why they are not doing more. If more funds were made available for work with older people, and if donors encouraged discussion of their concerns and independent assessments of their needs, this would have considerable impact.

NGOs and the Red Cross

As part of the research for this paper, a questionnaire was sent to the leading UK aid agencies (including all the members of the Disasters Emergency Committee (DEC)), asking a variety of questions relating to their humanitarian policy and practice as they concerned older people.⁸ The main findings are that the majority of international NGOs have made very limited progress on ageing issues in emergencies. Whilst most organisations were keen to emphasise that older people are not excluded from their programmes, they also acknowledged that they are not directly targeted. Many individuals recognise that there are gaps, and expressed interest in learning how to address them.

Where there is thinking on old-age issues, it is limited to providing for basic needs and welfare within an emergency response, rather than including older people in disaster preparedness or rehabilitation plans. The failure of policy frameworks and independent needs assessments to articulate older people’s needs was cited as a key reason for the neglect of the elderly in emergencies. Where international NGOs do disaggregate data by age group, this is usually limited to women and children, and used to target these groups. It is likely therefore that, if data on old people does not exist, they will be excluded. Where organisations have technical staff or policy documents dedicated to areas such as disability, there is better recognition of exclusion issues, and consequently of older people. However, only a handful of international NGOs possess this capacity.

Box 2

Hurricane Katrina: how the system can fail older people in the West

When Hurricane Katrina struck the US Gulf Coast in August 2005, the elderly were among the hardest-hit. According to the Louisiana state government, around 60% of fatalities were people aged 61 or over. Older or infirm people were forced to wait for help on roadsides or in wheelchairs; care homes were often the last places to be evacuated, and the tracing and reunification of older, sometimes mentally incapacitated, people has proved immensely problematic. In one case, the owners of a nursing home in Louisiana were charged with the deaths of 34 patients and staff on the grounds that they did not do enough to help the older residents. Older patients confined to beds or wheelchairs in the home were easy victims of the rising floodwaters.

Many older people remained in their homes rather than trying to leave ahead of the storm. Partly, this may have been because some had survived previous major storms, and believed that Katrina would be no different. Many may also have felt safer in their homes, or were too frail to leave. By the time the hurricane hit, flood waters had risen to such an extent that many people were left stranded. John Lyons, 72, spent the days after Hurricane Katrina looking after his wife Leola’s body. It was five days before rescuers found him.

The answers to the questionnaire revealed numerous assumptions about older people and their protection and assistance needs. For example:

1. *Older people are passive beneficiaries.* Comments included: ‘Older people are still seen as a “soft job” that has the image of charity work’ (i.e. programmes that address older people’s needs are viewed as welfare). Only one organisation explicitly recognised that ‘older populations are in many ways resourceful’.
2. *Specialist agencies are dealing with this issue.* Agencies stated that they did not wish to duplicate the work of others, or felt that older people did not have special needs requiring their attention. Likewise, agencies that have a particular focus area or target group, children for example, wish to remain specialist, and therefore tend to exclude older people.
3. *Older people may not be directly targeted, but they are covered through existing programmes.* This view is particularly prevalent in agencies that focus on ‘family’ interventions. Two further assumptions underline this perception: first, that older people are visible, so special efforts to identify them are not necessary (in fact, where older people are housebound, disabled or are not part of a family structure receiving relief aid, they can often become invisible); and second, that

Table 2: Agency policies and practice towards older people: results of an HAI questionnaire

	Does your organisation have any direct policies or operational procedures for older people?	Does your organisation have any indirect policies or are older people covered elsewhere? ^a	Does your organisation systematically include older people when disaggregating data?	Has inclusion of older people in the 2004 revised Sphere standards had any impact?
No	94%	59%	65%	76%
Yes^b	6%	41%	6%	24%
Sometimes			29%	

Notes

^a Answers to this question were vague. Organisations suggest that older people are covered through general interventions and policies/procedures which support them, but often not explicitly referred to.

^b ‘Yes’ answers include only those responses where explicit reference is made to older people.

families and communities are caring for them. One agency staffer said that they ‘focus on poverty. If someone is poor and elderly then s/he can be targeted in the same way as any other poor, vulnerable person’. The assumption that older people are somehow ‘covered’ reinforces the importance of strengthening the monitoring of emergency programmes, impact assessments and accountability mechanisms to all beneficiary groups, including older people.

Codes and tools*The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief*

Several key principles of the Code of Conduct of 1994 are of specific value when addressing older people’s humanitarian protection and assistance needs. Over 300 humanitarian agencies have signed up to the Code, and widespread knowledge and acceptance of its ten principles provide a useful basis on which to build a recognition of older people’s needs in emergencies. Whether humanitarian assistance is fully respecting the Code’s principles as they relate to the elderly is, however, unclear.

Principle 2 of the Code states that ‘Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone’. However, needs assessments generally do not include older people, and there is a dearth of disaggregated data beyond information relating to children and women. Principle 5 states that ‘We shall respect culture and custom’, but this is inconsistent with aid programming that may marginalise older people or undermine their standing within their communities. The next principle, Principle 6, commits signatories to ‘attempt to build disaster response on local capacities. All people ... possess capacities as well as vulnerabilities’. Yet where older people are actively considered within humanitarian assistance programmes, it is as potential recipients of aid, rather than in terms of their potential contribution to relief and recovery. Lastly, Principle 9 (on accountability to beneficiaries and donors) would seem unmet since older people are rarely specifically targeted by information campaigns raising awareness of their entitlements.

The Sphere Humanitarian Charter and Minimum Standards

The Sphere Project’s Humanitarian Charter of 2000 reflects the rights and duties enshrined in international law, and the principles which guide agencies’ emergency response. The Project’s Minimum Standards in Disaster Response seek to establish baseline requirements in the essential sectors of humanitarian assistance, such as sanitation, healthcare and shelter.

The 2004 revision of the Minimum Standards contains a number of important cross-cutting issues, including HIV/AIDS, children, disabled people, gender, protection and older people. Older people are now covered in any reference in Sphere to ‘vulnerable groups’. Where specific issues affect older people, for example the preparation and consumption of food aid, then they are referred to explicitly. However, the level of detail in Sphere regarding older people is minimal, and their inclusion does not appear to have stimulated much new thinking within humanitarian agencies.

HelpAge International best practice guidelines

In 1999, HelpAge International published *Older People in Disasters and Humanitarian Crises: Guidelines for Best Practice*. The Guidelines, developed with support from ECHO and UNHCR, were based on wide-ranging research in Asia, Africa, Europe and the Americas. They aim to help humanitarian workers meet the special needs of older people in emergencies, and provide examples of key approaches or actions that could help the humanitarian community to reduce the vulnerability associated with ageing, as well as finding ways to enhance the capacities and contributions of older people. The Guidelines contain practical tools such as a vulnerability checklist, which can be used in needs assessment (HelpAge International has also developed a ‘Checklist for Older Persons in IDP camps’ (see Annex 2)). However, only 41% of agencies surveyed were aware of the Guidelines, and the majority of these did not know whether their agency was using them in the field. HelpAge International is also supporting and encouraging the mainstreaming of ageing issues in its humanitarian response through:

- Raising awareness of and advocating for the needs and rights of older people amongst key humanitarian stakeholders.
- Developing and facilitating training on ageing issues and emergencies and acting as a resource for other field-based actors.
- Promoting community-based best practice through the experience of its programmes and those of other organisations.
- Facilitating on-going analysis and research on areas where there are gaps in knowledge.

Box 3

An example of good practice: Older People's Committees (OPCs) in Sudan

HelpAge International has established Older People's Committees (OPCs) in Southern and Western Sudan. OPCs are designed to allow older people to participate in decisions that affect their lives; provide a channel of communication between older IDPs, their families and external agencies and authorities; enable identification of vulnerable older people in need of particular support; promote mutual support through the development and maintenance of healthy social networks; and promote older people's access to existing services and entitlements, including food distributions.

OPC members are selected by the community to represent approximately 500–1,000 older people. Membership averages 20, and there is always an equal gender balance, and wherever possible a representative tribal/ethnic representation. Members of the general community are involved to ensure increased understanding of older people, and to foster a sense of shared responsibility. The initial set-up of the OPC involves a dialogue with local authorities, including the police, and other community stakeholders. This builds trust and understanding, and ensures that local authorities are aware of HAI's presence and goals. Community workers, the vast majority of them women and traditional birth attendants, sometimes support the OPC voluntarily. They have health experience, focus on the needs of women and speak local languages. They are trained in hygiene promotion and home care for older people. OPC members participate in training around ageing issues and emergencies, basic health promotion and the identification of vulnerable older people. Concerted efforts are made to ensure continued skills development. Each OPC operates from either a shelter built by the community and financed by HAI, or in a



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A meeting of a committee of older displaced people in Krinding camp, Darfur

partner NGO's building. Such collaboration helps to ensure that HAI does not overlap with other agencies' efforts, and that hosts are cooperative and supportive.

The Role of OPCs

OPC members:

- act as the key interface with HAI and other agencies;
- identify particularly vulnerable older people within camps and communities in need of assistance;
- consult older people on their needs;
- participate in and support HAI distributions, as well as monitoring those of other agencies;
- identify experienced and skilled older people to act as promoters and educators on issues of hygiene promotion, health education and other programme issues; and
- share information about and promote the use of knowledge on survival and traditional food security approaches.

Chapter 3

Older people's protection and assistance needs

Older people's basic needs sometimes differ from those of younger members of the community, in particular in the areas of physical and mental health, nutrition and access to essential services. Some older people are not vulnerable at all; others may be extremely so. It is therefore important to have a clear idea of specific vulnerabilities relating to issues such as health, disability, gender or ethnicity. Generally, it is clear that, prior to an emergency, the older poor are already likely to be amongst the most vulnerable categories of the population. Work on chronic poverty and social exclusion is identifying older people as amongst the most socially excluded and chronically poor.⁹

This chapter summarises some of the main issues that HelpAge International and others have observed in their work with older people in key sectors of humanitarian relief.

Access to services

Where the management of relief services does not take into account problems of isolation, lack of mobility or physical strength or the effects of trauma, relief can frequently and unwittingly discriminate against vulnerable older people. As all age groups struggle for food and other resources, and as families and communities become separated, older people are often left to fend for themselves, and are less physically able to access scarce commodities. Housebound and disabled older people may not even be aware that relief items are available if information and planning does not consider them, or they may remove themselves from programmes because they feel and see that aid providers place greater emphasis on other vulnerable groups. Older people are excluded, often systematically, from rehabilitation programmes, particularly micro-credit and skills training.



Tsunami survivors queue for food on Marina Beach, Chennai

Box 4

Understanding older people's vulnerabilities

Some of the key criteria used by HelpAge International to identify the most vulnerable people within older populations are given below. They could equally be used by other aid agencies.

- Older women and men who are isolated because they live alone or without family support. Examples include widows, those without children or those whose family members have been killed or have been displaced from the home area.
- Older people, especially women, who provide care to grandchildren or orphans.
- Older people with health difficulties. Examples include digestion, eyesight or mental health problems.
- Older people with mobility problems. Examples include being unable to move without the aid of a stick, or being able to move only very limited distances (i.e. they are unable to reach a camp clinic or a water point).
- Older people who have only limited literacy.
- Older people without the documentation (e.g. birth or marriage certificates, or health and ration cards) to prove ownership or rights to assets, including land.
- The 'oldest-old' age group (more likely to be women than men).

Even when older people organise their own projects, they find it difficult to source funds or other inputs. For example, in large camps older people may be too frail to walk to distant health services. Older people often fight a losing battle in the competition for resources. Many older people interviewed by HelpAge International have spoken of using up valuable energy to reach central relief points, only to arrive late and find little or nothing left. Older people who did reach distribution points in time report being pushed out of queues, or having relief items stolen by younger people. Evidence from Darfur shows that families may 'adopt' an isolated older person within their household so that they receive an extra allocation of food aid, but there is no guarantee that that older person will always receive their share.¹⁰

Health

Very little data is available on patterns of mortality among population groups other than the under-fives, so little is known about excess mortality among older people in

emergencies. Nonetheless, it is clear that health consistently ranks alongside material security as the primary concern for older people in humanitarian crises. For many older people, physical health is their single most important asset, and is bound up with the ability to work and to function independently.

Despite this obvious truth, older people continue to face discrimination in accessing essential services that directly affect their health. Older people may, for example, be excluded from HIV/AIDS education campaigns, ignoring the fact that they may be carers of people with HIV/AIDS, may themselves be sexually active and at risk of infection, or may be at risk of sexual abuse and rape. When older people do go to clinics, they may be told that there is nothing to be done – they merely have a disease called ‘old age’. Effective outreach and referral is essential in order to achieve good coverage of older people.

Chronic disease

WHO has shown that, as a developing nation ages, there is a corresponding shift in disease patterns, with an increase in non-communicable diseases that particularly affect older people. Chronic illnesses such as coronary heart disease and cancer are becoming the leading causes of death and disability among older people in developing countries. Other chronic conditions affecting older people include

hypertension, strokes, diabetes, pulmonary disease, musculoskeletal problems such as arthritis and osteoporosis (a greater risk for women than men), mental health conditions such as dementia and depression and blindness and visual impairment. By 2020, over 70% of the global burden of disease in developing and newly industrialised countries will be caused by non-communicable diseases, mental health and injuries.¹¹ Two-thirds of older people interviewed by HelpAge International in Darfur in January 2005 said that they suffered from chronic illnesses such as arthritis and gastritis, and a similar proportion of older people interviewed in Sierra Leone in May 2000 reported joint pains and arthritis.

Chronic diseases such as arthritis or rheumatism cause disability, reduce quality of life and threaten the independence of older people. Although emergency health providers like Médecins Sans Frontières (MSF) are beginning to consider the importance of treating chronic diseases in older people, their specific health needs are still not being met or addressed in emergency responses. There are some specific reasons for this, including a lack of geriatric drugs and qualified personnel trained in geriatric medicine, the priority accorded to treating children and pregnant women and a general lack of knowledge among agencies. More broadly, humanitarian organisations need to justify their programmes as a response to acute humanitarian needs brought about by an immediate crisis. Chronic diseases that affect older people do not fit neatly into this category, and can therefore fall outside the criteria for response.

Box 5

The ageing process

The ageing process is a change in which the physical, nervous and mental capacities of the human body gradually break down. The most obvious physical signs of ageing are bones that become weak and brittle, and muscles that weaken and shrink. Stiffening of the rib cage, weakening of the heart muscle and changes in the walls of arteries and veins lead to high blood pressure, breathlessness and general weakness. Stiffness and pain in the joints and muscles is a common and disabling problem for many older people.

Low nourishment from a poor diet can be aggravated by loss of teeth and a lack of saliva. Nerve-endings may weaken and lose their sensitivity, which affects all the faculties. Poor vision and hearing can damage balance and reduce mobility. Physical changes in the brain and nervous system may result in short-term memory loss. This may lead to confusion and disorientation.

The combination of these physical changes leaves the individual less able to cope with the activities of daily living. In an emergency, where survival may depend on being able-bodied, the capacity of older people to survive is seriously compromised by the ageing process.

Health providers have questioned the value of treating chronic diseases for short periods of time (i.e. during a crisis). However, many humanitarian emergencies last for years, making long-term care possible as part of the humanitarian response. Whilst programmes and policies that help to prevent the expansion of chronic, non-communicable diseases are probably beyond the scope of most humanitarian operations, treating their symptoms is not. The provision of basic anti-inflammatory drugs, for example, can restore function to an older person. Providing a mattress can ease the joint and muscle pain older people might experience from sleeping on the floor for long periods, and extra blankets or layers of clothing during cold seasons may help older people suffering from poor circulation.

Disability

A third of the older people surveyed in West Darfur in January 2005 were disabled in some way, and a quarter suffered from eye problems or blindness; 47% of the older people interviewed in Sierra Leone in 2000 suffered with poor eyesight.¹² This suggests a need for support to reduce the burden of disability among older people, for instance through the provision of eye-glasses, walking sticks or crutches, or ophthalmic work for cataracts. Many of the older people interviewed by HelpAge International in camps in Asia following the 2004 tsunami found life particularly hard because wheelchairs, eye-

glasses or walking aids lost in the disaster had not been replaced. Interviewees found it difficult to reach and use toilets and collect water. Uniform aid packages designed to support a broad range of age groups will not provide the kind of disability aid many older people are likely to need. Further research is required in this area, and tools are needed to enable health providers to assess ability and disability.

Mental health

The consequences of conflict or disaster – the loss of assets, or the deaths of many relatives – can often have a particularly devastating effect on the psychological wellbeing of older people, who find it hard to imagine regaining their former life. Older people are more likely to have experienced more than one traumatic event during their lifetime, which means that the impact of the latest crisis may be more severe than for younger generations. The wider effects of a disaster or crisis may see older people lose their role or status within a community, and they may find it more difficult to adapt to new and unfamiliar situations, such as living in camps. In Darfur, sheikhs who once led their communities have lost much of their traditional authority as conflict has disrupted and displaced their communities, and their role has largely been taken over by camp managers, local government officials and international agencies. A resulting lack of motivation and confidence can lead to depression, reducing intellectual capacity and cognitive function. Older people who adapt well to loss and change tend to have a sense of control and a more positive attitude.

Evidence indicates that older people who are left on their own are likely to suffer from psychiatric morbidity. For example, during the famine in Bar el Gazal in Southern Sudan in 1998, older people were sometimes found in their homes with a full general ration beside them, but were too ill, weak or unmotivated to prepare the food. However, when older adults are consulted by aid providers they may fear that, if their diminished physical or cognitive abilities are revealed, they may lose their independence or become further isolated, and may as a result under-report the full extent of their problems.

Key issues concerning trauma and older people in emergency response include:

- Most international NGOs and their partners are not qualified to deal with trauma or to work professionally with older people who are troubled with mental illness.
- Agencies' assessments need to be more broadly based, to include spiritual, cultural and psychological needs in the early stages of response.
- There is an urgent need for substantial research into, and debate on, issues such as hidden suicides and depression and despair in old age. Gathering data on this is difficult, and it may be better to encourage the collection of personal testimony and qualitative data, gathered over months or even years.

Box 6

Older people and trauma following the Indian Ocean tsunami

Four months after the tsunami struck Sri Lanka in December 2004, HelpAge International visited the Kalmunai Base Hospital in Ampara District, in the north-east of the country. The hospital's mental health unit was treating dozens of people, both old and young, for various kinds of mental illness. One old woman was clinically depressed. The only drugs the government permitted her psychiatrist to prescribe were of limited benefit, and potentially had harmful side-effects.

Traumatized older people in Ampara District have limited access to clinical or counselling support, and the tsunami is likely to have affected them in different ways than younger adults and children. Post-tsunami research¹³ has revealed that older people who lost their property – often only a piece of land and a small house – felt that they had also lost their social standing and their dignity in relation to their adult children, who had expected to inherit it. Older people who had lost their means of income, such as rope-making equipment or traditional medicines, became dependent on younger people, leading to feelings of uselessness and consequent depression. For others, such as older people in camps, proper grieving was impossible, leaving some feeling spiritually empty and bereft.

Both the government and aid agencies lacked a coherent understanding of trauma and mental illness among older people. The government mental health unit in the Kalmunai Base Hospital was understaffed and overworked, and could handle only the most severe cases, with priority given to young people. Many older people were unable to reach the clinic without help, and simply dropped out of sight. Meanwhile, while external agencies like the UN and international NGOs recognise the problem of trauma in an emergency, there was a lack of expertise in the problems of mental health among older people. Counselling training in camps mainly addressed the problems of young people and younger adults; older traumatized people need a minimum level of semi-professional counselling, requiring a longer period of training than is usually provided by non-governmental agencies. HelpAge International, the Sri Lankan government and a national NGO are piloting training modules for mental health counselling of older people in emergencies.

Addressing trauma in older people need not necessarily be a purely medical task. For example, at the suggestion of a local partner HelpAge International organised a two-day pilgrimage to a holy site in north-east Sri Lanka for older people who had been affected by the tsunami. The results were very positive: people spoke of how the trip had lifted their spirits as they concentrated on completing their religious duties to the dead. Initiatives like this cannot help the clinically depressed, but they can benefit older people who are beginning to feel a sense of hopelessness.

Nutrition

Older people are seldom involved in nutritional assessments, in decision-making about food aid requirements or in programme design. As a result, programmes often do not include them, or reflect their needs. People who are housebound or very frail are frequently missed in nutritional assessments and cluster surveys, which are commonly used to assess the prevalence of acute malnutrition. There are various reasons for this, including a lack of knowledge about the specific nutritional needs of older people among health and nutrition agencies, a failure to consult the community on their perceptions of nutritional vulnerability, the lack of criteria to define relative risk within this group, an assumption that the community will somehow take care of older people and a lack of tools and resources for emergency nutrition interventions.

In general, older people need to eat more often than younger adults because they cannot consume large quantities at one sitting. When food becomes scarce and families are forced to reduce their intake to one or two meals a day, this has a particularly adverse effect on older people. Older people with disabilities may need less energy due to a reduction in physical activity, but their micronutrient requirements must still be met. Fluids and foods high in dietary fibre are also important for older people; where possible, the preference should be for chewability and ease of preparation. There are WHO recommendations covering the daily vitamin and mineral intake for people aged over 51 years, but they are

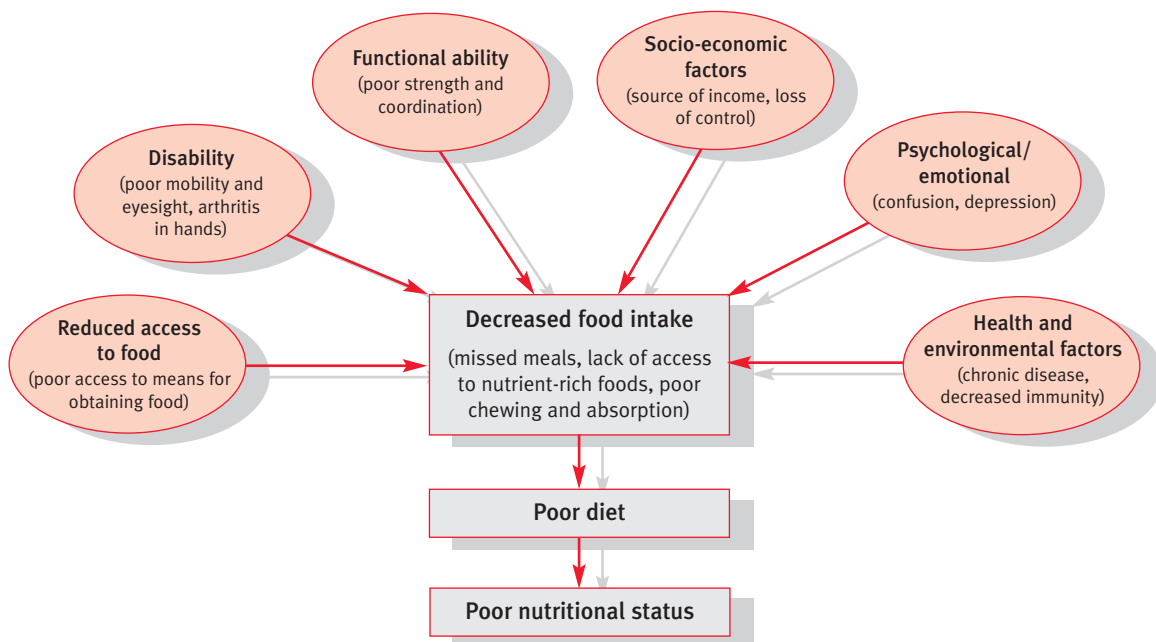
rarely met in emergency responses. Almost a fifth (17.5%) of the older people interviewed in Darfur were thought to be suffering from micronutrient deficiencies.

The nutritional needs of older people cannot be considered independently of household sharing patterns, since these will to some extent dictate whether older people have adequate food. When normal support structures start to break down and communities no longer have the capacity to support the most vulnerable, older people are at higher risk, and emergency nutrition interventions may be appropriate (see Annex 3).

Assessing nutritional status

There is no universally agreed definition of acute malnutrition in older people, or in younger adults for that matter. While Body Mass Index can be used, physiological changes in older people, such as weakening of the muscles of the back (causing curvature of the top of the backbone), mean that weight for height measurement may be difficult. Armspan or halfspan are recommended as an alternative to height. Mid-Upper-Arm-Circumference (MUAC) is appropriate, assuming the arms are not swollen, but different organisations use different criteria for admission and discharge into feeding programmes. If anthropometric measurement is used, HelpAge International recommends the WHO standard cut-off points in conjunction with the contextual, social and clinical criteria and risk factors which are the key determinants of vulnerability among older people.

Figure 2
Nutritional risk factors for older people



Source: HAI, *Addressing the Nutritional Needs of Older People in Emergency Situations in Africa: Ideas for Action*, 2001

Table 3: Anthropometric, clinical and social criteria used for older people for admission into Selective Feeding Programmes

Type of criteria	Measurement	Remarks
Anthropometric	Mid-Upper-Arm-Circumference using adult MUAC band	Measures acute loss of fat and muscle tissue
Clinical	<ol style="list-style-type: none"> 1. Famine oedema (bilateral) 2. Inability to stand/immobile 3. Extreme weakness 4. Dehydration 5. Anorexia 	Clinical factors associated with poor nutritional status. All factors assessed visually and/or through consultation with the older person. Severe kyphosis is common in older people and can be a cause of immobility
Social risk factors	<ol style="list-style-type: none"> 1. Living alone without family support 2. Physical or mental disability 3. Not strong enough to engage in any household activities such as food preparation 4. Very low socio-economic status 5. Psychologically traumatised (e.g. loss of home or family members) 6. Carer of children and/or spouse <i>and/or</i> loss of care-giver 	Specific social factors are defined by the community. These are social risk factors likely to lead to poor nutritional status

Source: HAI, *Addressing the Nutritional Needs of Older People in Emergency Situations in Africa: Ideas for Action*, 2001.

Interventions

General food aid interventions often result in poor access for older people. Those that are weak and inactive often do not have information about their entitlements, and subsequently do not receive food rations or registration documents; a fifth of older people interviewed in Darfur, for example, did not have a WFP ration card, and a corresponding number of older people ate only one meal a day.

The problems facing older people include having to travel long distances to food collection points, and having to carry heavy loads (monthly food rations) back home; queuing systems at distribution sites seldom prioritise older people, who may be physically weaker than other groups, and older people are less able to spend prolonged periods waiting for rations. Older people may find it difficult to secure fuel and water to prepare food, and may be less able to adapt to new and unfamiliar foods. In Turkana, for example, older pastoralists have experienced severe bloating and discomfort after eating maize and beans which, through lack of familiarity, have been inadequately cooked. In Darfur older people often sell the sorghum they are given because it is too coarse for them to digest. Training in food preparation usually focuses on younger women. Yet older people, both in their role as carers and for themselves, may require greater assistance and training in food preparation techniques. If possible, blended food should be provided as part of a general ration.

Older people are occasionally considered in supplementary feeding programmes as a vulnerable group. Here, however, the approach tends to be 'blanket' feeding that includes all older people irrespective of need. Whilst this may be

appropriate if the general ration is delayed and there is a critical food shortage, or if the majority of the population are older people (if the rest of the population has already fled or moved to areas in search of food or safety, for instance), without an effective outreach and referral component good coverage of older people is difficult. Aid providers need to raise awareness among aid personnel, families, caregivers and older people themselves about the importance of a good, varied diet. Social activities for older people, where cooking and eating a meal becomes part of a programme of varied physical and social activities, has worked well as a way of supporting older people's nutritional status in an emergency. It has also reduced isolation and promoted self-respect.

Older people and protection

In many societies older women and men, particularly when they are isolated, are at serious risk of violence and abuse. They may be physically abused, even killed; their land rights may be violated, and they may be deliberately discriminated against.¹⁴ However, for humanitarian agencies beginning to grapple with issues of protection in humanitarian response the priority concern tends to be women and children. Older women and men rarely feature as a separate or specific consideration; where humanitarian workers are aware of older people's concerns, resources are insufficient, or it is assumed that their protection requires specialist skills. There is no mandated agency to address the protection needs of older people.

Abuse of those who are frail or live alone is often committed by strangers through theft or assault. However, 'elder abuse' – abuse committed by family members or

others known to the victim – is also common. Elder abuse, which can include physical, sexual, psychological and financial abuse and neglect, is notoriously under-reported in all cultures. It is a violation of human rights and a significant cause of injury, illness, lost productivity, despair and isolation.¹⁵ Elder abuse is as or more likely to take place when community resources are stretched. In a context where the protective framework within and outside communities may have collapsed, and where human rights abuses have already taken place, the risk of abuse is increased. In Sri Lanka following the tsunami, there were reports that the high level of alcohol abuse among men in the camps was having a negative impact on the wellbeing of older people. This is an area where more research is required.

The protection and assistance needs of older women

Our problems are obvious – we are poor, we are old and we are women so no-one wants us. We are alone.

The majority of older people are women, as their life expectancy is higher than men's. Today, there are 67 million more women than men aged over 60; in the oldest-old category (people over 80), there are almost twice as many women as men. By 2050, 55% of people over 65, and 61% of octogenarians, will be women. Older women tend to be more numerous in refugee populations, but age and gender barriers are likely to exclude them from decision-making and resources.

Older women as a group are more vulnerable than men as they typically possess few marketable skills and have no retirement compensation. Inheritance codes may dispossess them on their husband's death. Older widows are less likely to remarry than widowers, leaving them alone and often reliant on the goodwill of relatives or the charity of neighbours. The fact that women are more likely to live to an older age than men means that they are more likely to suffer from the health problems of old age. In an emergency, these factors undermine the capacity of older women to fend for themselves. Social and religious restrictions on the movement, speech and public exposure

of women and their bodies increase their vulnerability during emergencies, when they are more likely to be confined to the home, and hence exposed to maximum danger. Older women can be excluded from communal shelters if inadequate latrines, mixed sleeping areas and a lack of gender separation break the codes of their religion.

In war as in peacetime, the most vulnerable members of society suffer disproportionately from sexual assault. HelpAge International's work indicates that, contrary to general belief, older people are victims of rape and sexual violence. For example, older women sharing flood shelters in Bangladesh with older men may not be considered at risk, but have nonetheless been raped. In Darfur, older women have been raped while outside camps in search of firewood. Given the stigma that is attached to such crimes, it may be even harder for older women to report them than it is for younger members of society. The impact of sexual and gender-based violence is far-reaching. In particular, the consequences of crimes committed against one generation may be suffered by their descendants. For example, when women are ostracised from their communities after rape so too are the children that they care for. Insufficient consultation of older people in emergencies can mean that serious abuses, including sexual abuse, go unseen and unchallenged. The risk of abuse can be reduced by creating awareness of the separate needs of older women and men. Not mixing older women and men together in shelters without their informed permission and ensuring that communal facilities such as toilets have some measure of segregation can accommodate religious and social norms and reduce the potential for abuse.

In a number of countries in Africa, there have been widespread reports of violence directed against older people, especially women, following accusations of witchcraft. Victims are often isolated older women, and accusations are connected with unexplained events, such as crop or rain failures. Research by HelpAge International in Tanzania and Ghana has shown how traditional healers identify alleged witches, who are then maimed or killed in order to end their supposed power.¹⁶

Chapter 4

‘Older people are our library’: older people’s contribution to protection and assistance

Older people, like any other group in society, do have special needs but they also have special skills and unique experience. Policy makers need to recognise both that older people are vulnerable and that they are a valuable resource.¹⁷

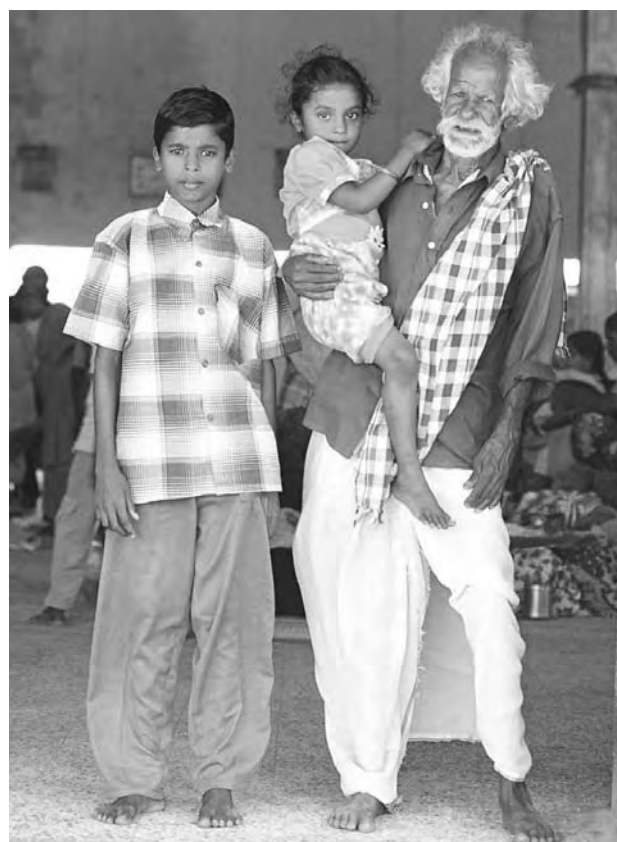
Older people are as likely to be aid givers as receivers. Whilst maintaining a realistic and balanced view of their specific needs, it is also important to recognise the valuable roles they play in their communities, and the contributions that they can make before, during and after emergencies.

Inter-generational support

In every society there are certain moral obligations between generations – an ‘intergenerational social contract’¹⁸ based on the idea that each generation should take care of the other. In most developing countries, inter-generational support is provided through a wide kinship network, and is often reinforced through community structures (in developed countries, this support tends to be provided by the state).

Many older people provide care for children within families; women in particular can make huge sacrifices for children, foregoing food or sharing their own food to ensure that children do not go without. Studies in Africa have shown that the presence of a grandmother in the household reduces infant mortality and improves nutritional status and child development.¹⁹ In countries where the impact of HIV/AIDS is affecting the 15–64 age group, grandparents or older community members play a vital support role. According to UNAIDS estimates, about 11 million children have been orphaned by HIV/AIDS in Sub-Saharan Africa, and 59% of double orphans live in an older-headed household.²⁰ During an emergency, particularly where middle-aged generations may have fled, taken up arms or been killed by war, this burden on older people often increases, and they assume a further protecting role for children, as well as requiring protection themselves. This was common following the Rwandan genocide and in besieged cities in Angola during the war in 1993–94, where many parents died of land-mine injuries, leaving grandparents to support their children.

Community leaders may play an active role in reuniting unaccompanied children with their families, or placing them with a host family. Older women in Africa are often traditional birth attendants, and can play a valuable role in situations where medical structures have broken down, and by passing on traditional knowledge about alternative or complementary medicine. In some refugee camps in Africa, older women are involved in raising awareness about and discouraging traditional practices, such as female genital mutilation.²¹ Older people can also play valuable roles in



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Ramasamy, 75, and his orphaned grandchildren Amaran and Brindha, Nagapattinam station, Tamil Nadu

Box 7

Inter-generational links between older people and children in the Darfur crisis

Older people have provided a significant level of care for children and orphans during the Darfur crisis in Sudan. A survey of older people in five IDP camps reveals that 29% of older people are taking care of orphans, with the majority caring for two or more. Older people provide supervision and guidance, and teach skills and appropriate behaviour; in turn, orphans can be a source of moral and economic support, easing older people’s isolation. Sometimes, children assist their grandparents, either with income-generating activities or by acting as guides and helpers. Relationships may not always be perfect: the older person may not be able to provide the level of care required, or may ignore his or her own needs for the sake of the needs of the child. A health and nutrition assessment by HelpAge International revealed that older people giving care to orphans were most likely to be affected by chronic disease and micronutrient deficiencies.

supporting family nutrition through their long experience and knowledge. For example, older women may have knowledge about collecting, processing and preparing wild foods that younger generations may not have. Older people may also act as the preservers of cultural and social identity: in Darfur, for example, grandmothers sing and tell traditional stories to children, and grandfathers provide guidance and teaching from the Qur'an. Aid policies should seek to support, rather than undermine, these supportive relationships.

Conflict resolution

In many communities and societies, older people retain the respect of younger members, which means that they can play an important role in the resolution (or indeed perpetuation) of armed conflict by encouraging or dissuading younger people from taking up arms. As an older Rwandan woman put it in an interview with HelpAge International: 'Older people are important advisers in the community, they help to settle misunderstandings and build peace'. In the conflict-prone Ferghana Valley area of Kyrgyzstan, older people have acted as mediators in conflicts between villages, bringing together village representatives and local authorities to discuss sources of tension such as cattle stealing, teaching children about the traditions and rituals of their people and encouraging their communities to remain united in times of hardship. In the DRC, older people have been important in supporting former child soldiers economically and emotionally, helping them to reintegrate into their communities.

External interventions, if properly focused, can support older people in this role. In the DRC, for instance, crippling hardship was making it difficult for older people to care for younger children and demobilised child soldiers, suggesting that they must be considered within community-based humanitarian responses, and enabled to participate actively in decisions affecting them. Through consultation, older people can be encouraged to exercise conflict resolution and community reconciliation skills. The most effective conflict prevention strategies are those that tackle inequality and the social integration of all age groups.

Livelihoods

Older people in developing countries are much more likely to be economically active than older people in the developed world. According to HelpAge International research, at least half of over-60s in developing countries



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Credit from HelpAge International enabled Alfonse Mwindo to buy household items for sale after the volcanic eruption in Goma in 2002 destroyed his home

are economically active, and a significant proportion (a fifth or more) are still working into their late 70s. Overall, around half of the world's older people support themselves through informal labour, such as childcare and trading.

Maintaining independence as long as possible is crucial both to older people and to society, and older people consistently cite income as their number one priority. The fact that people in the developing world remain active participants in the household well into old age is not, however, widely acknowledged in the assessments aid agencies conduct. In Sri Lanka, for example, older people reported that agencies' household livelihood assessments following the tsunami generally ignored their contribution on the assumption that they no longer worked. As one older Bangladeshi man put it in an interview with HAI: 'talk with us, listen to us; we can help ourselves if you would only support us to get started'.

Older people can play a key role in supporting family livelihoods during emergencies. For example, in West Darfur's Krinding camp on the outskirts of El Geneina, men and women interviewed for a livelihood study reported that some older family members had returned to their villages to plant and harvest what they could. Those left behind hoped that they would return with some food. A study in a Rwandan refugee camp in Tanzania showed that 72% of older people were cultivating kitchen gardens in the camp, and 42% were involved in heavy household duties.

Some livelihood strategies can put older people at risk. Venturing outside an IDP camp to gather firewood or wild foods, for instance, may expose older people to rape or

other violence; indeed, older people may take on such tasks explicitly to protect younger members of the family from these risks.²² It is not clear whether older people are volunteering for these activities, or whether communities themselves are making hard choices about whom they are prepared to put in harm's way:

*The plight of the elderly is particularly severe. They are responsible for collecting firewood and fodder for sale, and returning to the villages to plant crops: these are among the few livelihood strategies available to them. By carrying out these tasks, they protect younger men and women who are vulnerable to attack and sexual violence, but they expose themselves to high levels of risk; nevertheless, this is a price they are prepared to pay.*²³

Research by HelpAge International has shown that regular transfers to older people in the form of a social pension or a targeted household 'vulnerability' grant helps them to withstand shocks, support dependants, accumulate, rather than dispose of, assets and improve the basics of life, including nutrition, clothing and shelter.²⁴ Such programmes may also be cheaper than traditional forms of aid in kind (such as food or seeds). There is discussion within DFID and other donors and multilaterals as to the applicability of such programmes in fragile states, and the role of the UN and NGOs in delivering reliable and predictable transfers to very poor people. Experience from recent emergencies illustrates

that regular transfers to older people in emergencies, for example during annual 'hunger gaps' and after crises such as the tsunami, could support reconstruction and rehabilitation efforts.²⁵ In Kerala in India, a pension scheme organised by the state fishing cooperative has been in place since the mid-1980s. Under the scheme, fishermen contribute a small amount to a cooperative pension account until the age of 60, when they are entitled to a regular monthly pension. Although many fishermen lost their belongings in the tsunami, the pension meant that older fishermen had an assured monthly income to act as a safety net. Another approach that agencies could consider would be to give older people skills training to support new or existing livelihoods, and to include older people in credit and savings schemes. Experience has shown that older people are among the most consistent and reliable in managing and repaying loans.

As a result of emergencies, older people have increased responsibilities for supporting their families, mobilising resources and caring for dependants. Earlier emergency experiences, coping strategies, traditional skills and local environmental knowledge are important in mitigating the impact of current crises. Older people's wisdom, experience and skills should therefore be a central part of all aid operations. Developing programmes in which older people are partners in relief and rehabilitation efforts will support their contributions and ensure that aid providers mobilise a wide range of skills.

Chapter 5

Conclusion and recommendations

What is surprising is that many humanitarian agencies [in Darfur] know that older people are vulnerable, but need to be prompted to acknowledge the fact and even then have few suggestions as to how to address the issue. Older people, especially women, are increasingly being targeted, but not by the humanitarian agencies. They are being targeted for harassment, intimidation and violence by the militias, because, in order to protect younger women and girls from rape and gender based sexual violence, they are being sent out of the flimsy security of the camps.²⁶



© Erik Flakoll/HelpAge International

Kalmunai, Ampara district, Sri Lanka, 2005

During an attack on civilians in Darfur in October 2005, older men who could not flee had ropes put around their necks, and were then dragged around by horses until they died.²⁷ The plight of older people in Darfur highlights that protecting older people is of real and current importance. Older people are as entitled as anyone else to life-saving assistance, and the quality of their lives should be given equal measure. Complex and diverse factors affect their vulnerability, and they should not be treated as a single homogeneous group.

Evidence suggests that awareness of the protection and assistance needs of older people is growing, and that there is a slow shift taking place in how they are viewed. As one USAID staff member puts it: ‘we certainly haven’t considered age as a category for protection, but we now know better’.²⁸ The global growth in the number of older people is making more urgent the need for governments and humanitarians alike to rethink their policies. The following recommendations outline core areas where progress is required to support and improve the humanitarian protection and assistance of older people. They are relevant to states, the UN, donor governments, humanitarian policy-makers and practitioners, including NGOs.

Promoting protection

A core aspect of protection work centres on changing the behaviour of those responsible for violations. Promoting older people’s protection therefore requires better observation and implementation of existing law for all affected populations, including older people. It is not necessarily the case that greater explicit legal recognition of the rights of older people, for example through the development of a Convention on the Rights of the Older Person, would ensure greater protection. ICRC, for instance, believes that existing law offers adequate protection for civilians of all categories; the problem lies, not in inadequate instruments, but in the

inadequate application of the instruments we already have.²⁹

The importance of compliance is indisputable. However, the law also acts as a useful tool in raising awareness of an issue and providing an internationally acceptable standard by which actions can be measured. HelpAge International believes that the absence of any specific legal treaty devoted to upholding and protecting the rights of older people may therefore require further consideration. At a minimum, actors involved in protection – states primarily, but also witnesses to abuse, such as humanitarian agencies – should understand where and how older people are covered by law. The prohibition of discrimination on the basis of age and older people’s explicit inclusion as a vulnerable group should be covered within all relevant areas of international law.

Visibility and inclusion

At a local level, humanitarian personnel often assume that older people are looked after by their families or communities, or that, having lived for longer, their lives are somehow less precious than those of younger people. Older people themselves sometimes contribute to this perception by ‘deselecting’ themselves from programmes in favour of younger people. By not consulting older people, relief providers may contribute to a sense that they are less important than others; meanwhile, older people are often unlikely to raise issues directly. As one camp worker in India observed after the tsunami: ‘older persons find it difficult to sleep on the floor, but they have a very compromising attitude and they never complain’.³⁰ In the absence of proper consultation, information about their

entitlements or an agency advocating for their rights, older people are inevitably marginalised.

It is essential that older people participate in all stages of the project cycle. Needs assessments should include older people (and not just ‘elders’ or those in a leadership role), and data collected should always be disaggregated by age and gender. Community groups should ensure that older people are invited to participate, and supported when they do. Particular care and attention need to be given to identifying those who are housebound in order to develop a true overall picture of the needs of a community; older women require specific consideration. Information campaigns should include older people, and outreach services are essential in reaching the most vulnerable. Impact assessment and evaluations should incorporate older people’s views.

Mainstreaming

Because there is no mandated agency for older people in the same way as for other vulnerable groups, the humanitarian ‘system’ may automatically discriminate against them. Older people’s concerns should therefore be built into organisational policies (rather than subsumed under the broad banner of ‘vulnerable groups’), and they should be mainstreamed into existing programmes at all stages, including disaster preparedness, prevention and mitigation, response, recovery and transition.

An integrated and inter-generational response to humanitarian crisis is necessary, one which takes into account the relationships between different age groups and their mutual support strategies. This in turn requires greater coordination and collaboration between and

amongst agencies. For example, older people’s protection issues should routinely be addressed in field-level protection and coordination meetings, alongside those of women and children. Mainstreaming requires that field-based and pre-deployment training and skills development for the humanitarian sector include components on ageing in order to build a larger pool of humanitarian staff with knowledge and awareness of ageing issues. Training on identifying the most vulnerable members of a community must include older people’s needs.

Practical and financial resources for older people

Work with older people will remain limited as long as the share of humanitarian resources dedicated to their assistance remains as tiny as it currently is. A larger and more equitable proportion of humanitarian resources should be allocated explicitly for work with older people. Donors should encourage needs assessments that include or focus on older people, and should stimulate discussion of their concerns and programmatic responses to them.

Increased funding will enable the development of practical resources on older people’s protection, covering issues such as locating and identifying older people at risk; ensuring equal access to food, medical care and other services; and facilitating family evacuation and reunification. Further research is needed into key areas such as health and nutrition, livelihoods, mental health, gender and abuse as they relate to older people, as well as the development of protection indicators through which to assess performance. These will in turn stimulate more sophisticated and detailed technical approaches to support older people’s humanitarian protection and assistance.

Annex 1

Madrid International Plan of Action on Ageing

Issue 8: Emergency situations

54. In emergency situations, such as natural disasters and other humanitarian emergencies, older persons are especially vulnerable and should be identified as such because they may be isolated from family and friends and less able to find food and shelter. They may also be called upon to assume primary caregiving roles. Governments and humanitarian relief agencies should recognize that older persons can make a positive contribution in coping with emergencies in promoting rehabilitation and reconstruction.

55. **Objective 1: Equal access by older persons to food, shelter and medical care and other services during and after natural disasters and other humanitarian emergencies.**

Actions

- (a) Take concrete measures to protect and assist older persons in situations of armed conflict and foreign occupation, including through the provision of physical and mental rehabilitation services for those who are disabled in these situations;
- (b) Call upon Governments to protect, assist and provide humanitarian assistance and humanitarian emergency assistance to older persons in situations of internal displacement in accordance with General Assembly resolutions;
- (c) Locate and identify older persons in emergency situations and ensure inclusion of their contributions and vulnerabilities in needs assessment reports;
- (d) Raise awareness among relief agency personnel of the physical and health issues specific to older persons and of ways to adapt basic needs support to their requirements;
- (e) Aim to ensure that appropriate services are available, that older persons have physical access to them and that they are involved in planning and delivering services as appropriate;
- (f) Recognize that older refugees of different cultural backgrounds growing old in new and unfamiliar surroundings are often in special need of social networks and of extra support and aim to ensure that they have physical access to such services;
- (g) Make explicit reference to, and design national guidelines for, assisting older persons in disaster relief plans, including disaster preparedness, training for relief workers and availability of services and goods;

- (h) Assist older persons to re-establish family and social ties and address their post-traumatic stress;
- (i) Following disasters, put in place mechanisms to prevent the targeting and financial exploitation of older persons by fraudulent opportunists;
- (j) Raise awareness and protect older persons from physical, psychological, sexual or financial abuse in emergency situations, paying particular attention to the specific risks faced by women;
- (k) Encourage a more targeted inclusion of older refugees in all aspects of programme planning and implementation, inter alia, by helping active persons to be more self-supporting and by promoting better community care initiatives for the very old;
- (l) Enhance international cooperation, including burden-sharing and coordination of humanitarian assistance to countries affected by natural disasters and other humanitarian emergencies and post-conflict situations in ways that would be supportive of recovery and long-term development.

56. **Objective 2: Enhanced contributions of older persons to the reestablishment and reconstruction of communities and the rebuilding of the social fabric following emergencies.**

Actions

- (a) Include older persons in the provision of community relief and rehabilitation programmes, including by identifying and helping vulnerable older persons;
- (b) Recognize the potential of older persons as leaders in the family and community for education, communication and conflict resolution;
- (c) Assist older persons to re-establish economic self-sufficiency through rehabilitation projects, including income generation, educational programmes and occupational activities, taking into account the special needs of older women;
- (d) Provide legal advice and information to older persons in situations of displacement and dispossession of land and other productive and personal assets;
- (e) Provide special attention for older persons in humanitarian aid programmes and packages offered in situations of natural disasters and other humanitarian emergencies;
- (f) Share and apply, as appropriate, lessons learned from practices that have successfully utilized the contributions of older persons in the aftermath of emergencies.

Annex 2

Checklist for Older Persons in Internally Displaced Persons Camps

(Submitted to the Representative of the UN Secretary-General on the Human Rights of Internally Displaced Persons Mr. Walter Kälin by HAI and Global Action on Ageing, July 2005.)

Demographic data

1. Is there demographic data available in the IDP camp disaggregated by age and gender? If not could it be included in data collection?
2. What is the number of unaccompanied older people?
3. What is the number of children being cared for by older people?
4. How many older headed households are there?
5. How many housebound older people are there?

Health

1. Are there special clinic days for older people?
2. Are there outreach health services for the housebound?
3. Are there drugs available to treat the common causes of morbidity amongst older people?
4. What are main disabilities of older people? Is there a record in the camp?
5. Are mobility aids available?

Nutrition

1. Is the ration suitable for older people?

2. Have older people been screened to enter feeding programmes?

Distributions

1. Are there special provisions to avoid older people queuing for long periods of time?
2. Are there special provisions to help older people carry loads back from distribution points?
3. Are NFIs appropriate for older people? Eg clothes, extra blanket etc.

Inclusion

1. Are older people represented on committees (eg health, water, women's etc)?
2. Has an older people's committee been established?
3. Are older people active participants in camp activities, eg literacy projects, life skills, agriculture, income generation etc?
4. Are older people represented as a vulnerable group at camp management level?

Social support

1. Do older people receive support from family and neighbours?
2. Who is collecting fuel and water for older people?
3. Have older people been separated from their families?

Annex 3

Guiding Principles for Nutrition Interventions for Older People in Emergencies

- 1. Older people should have physical access to an adequate general ration that is suitable in terms of quantity and quality that is easily digestible and culturally acceptable**
 - Older people should have access to milled cereal and legumes that they are familiar with or alternatively milling facilities in situations where whole grain cereal is provided
 - Measures should be taken to ensure older people are (i) informed of their eligibility and (ii) have physical access to general ration
- 2. The physiological changes associated with ageing and its consequences for nutritional requirements and special needs should be reflected in programme design**
 - Older people should be supported and encouraged to access and consume nutrient-dense foods, adequate fluid volumes and easily digestible foods
 - A fortified blended food should be included as part of the basic general ration. Where this is not available, older people (in addition to young children) should be prioritised to receive a supplement of blended food or other nutrient-dense food
- 3. Older people should be involved in the assessment, design and implementation of the programme**
 - The nutritional status and nutritional needs of older people should be systematically assessed during emergency nutrition assessments
 - Older people should be involved in all stages of the emergency programme
- 4. The chronic nature of their needs should be reflected in the programme design**
 - Until livelihoods are restored, community support structures are re-established or families reunited, older people are likely to remain relatively food insecure. Provision of community-based follow-up support for older people should be ensured until such a time as appropriate structures are in place which provide secure and adequate support
- 5. Existing community support structures should be rebuilt and strengthened as the most important strategy of food and nutrition assistance programmes for older people**
 - Where possible, older people should be given the opportunity to continue to live normally in their communities, engage and contribute actively in daily activities with the help of community support where needed
 - Every effort should be made not to create institutional structures for older people, especially where such institutions are not considered the norm
- 6. Malnourished older people should have equal access to selective feeding programmes for nutritional rehabilitation**
 - Out-reach activities, referral mechanisms and information dissemination should be addressed
 - Moderately and severely malnourished older people should be targeted and ensured equal access (similar to other population groups) to existing supplementary and therapeutic feeding programmes
 - A commitment to operational research should be made, to better understand assessment criteria and nutritional risk factors that will facilitate effective targeting among older people

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Humanitarian Practice Network

The **Humanitarian Practice Network (HPN)** is an independent forum where field workers, managers and policymakers in the humanitarian sector share information, analysis and experience.

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