

# What do older people need in emergencies?

The experience in the Philippines after Typhoon Ketsana



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## **What do older people need in emergencies?**

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Front cover: Robano Roberta Cruz, 68, uses her radio to listen to warnings for future floods. She also has a bag packed with essential items ready to take with her if there is another emergency. Photo by Carolyn Canham/HelpAge International

# Introduction

It is fitting to start this paper by reflecting on important publications regarding the ageing process and the situation of older people during disaster and humanitarian crises.

Jo Wells (2005) has this to say about the importance of understanding the problems and needs of older people, especially during humanitarian crises:

*“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.... 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.”<sup>1</sup>*

In addition, a HelpAge International publication gives us a succinct description of the effects of the ageing process among the world’s poor older people, particularly:

*“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 body 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 affect balance and mobility. Physical changes in the brain and nervous system may result in short-term memory loss.*

*This may lead to acute confusion and disorientation, especially when familiar patterns and environments are disrupted. 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 already seriously compromised by the ageing process. The physical aspect of ageing has direct implications on the nature of support older people will require and their capacity to access it. Older people experience discrimination when these factors are not taken into account by service providers in emergency situations.*



**Juanito Alvarez’s farm and home were completely submerged during typhoon Ketsana.**

1. Jo Wells, Protecting and Assisting Older People in Emergencies. commissioned and published by the Humanitarian Practice Network. Overseas Development Institute. London, UK: 2005 (www.odihpn.org)

*While older people are commonly accepted as being a vulnerable or potentially vulnerable group, at present very little is done to meet their particular needs, or to recognise their unique capacities and contributions. Humanitarian interventions often ignore older people's special needs, using systems that discriminate against them and, on occasion, undermine their capacity to support themselves.”<sup>2</sup>*

Long before the Philippine government recognised the rights and privileges of senior citizens in its social welfare programmes, the Coalition of Services of the Elderly (COSE) was established through the collaborative efforts of several individuals and voluntary service organisations active in social development. From the beginning, COSE gave priority consideration to older people in urban poor communities, particularly in Metro Manila.

## **Living on the edge**

Through community organising and community development strategies, older people ‘living on the edge’ of Philippine society were encouraged to bond together towards a collective action against poverty, social exclusion and political marginalisation. Community social investigation regarding older people’s situations and problems led them to define what ‘living on the edge’ meant. Physically, it is about poor housing conditions situated along riversides, dumpsites, railroad tracks and underdeveloped residential areas. In today’s parlance, they live in disaster-prone areas, compared to the safe and developed subdivisions of the affluent. Socially, ‘living on the edge’ means having no access to basic social services such as housing, light, water and health. Politically, ‘living on the edge’ means having minimal participation in decision making regarding important matters that affect their lives and livelihoods.

This collective ‘framing’ of reality motivated the poor older people to harness their personal and community resources. As partners of COSE, older people formed community organisations and initiated community-based projects, specifically responding to their conditions, problems and needs. While there was a deeper understanding of their deprivation, it has only been recently that COSE realised the vulnerability of poor older people becomes greater when disasters come in various forms and frequencies.

## **After the Ondoy**

The Typhoon *Ondoy* (internationally known as *Ketsana*) disaster brought to the fore the urgency of looking at the condition and needs of older people in emergency or disaster crises. While older people had experienced disasters in the past, Ondoy was so devastating that it greatly affected countless older people and their extended families.

In the aftermath of Ondoy, COSE decided to broaden its development efforts with older people due to the disaster-prone conditions. From past experience, COSE saw the need to draw lessons and insights through collective reflection with affected older people. On the basis of the HelpAge International Guidelines for Best Practices on addressing older people’s needs during emergencies, COSE adopted the framework in conducting a participatory action research with selected individuals and communities.

The community study is envisioned to create a deeper understanding, not only of the conditions of older people in emergencies but also of their capacities and contributions in providing emergency and relief services.

2. HelpAge International: Older People in Disasters and Humanitarian Crises: Guidelines for best practice. n.d.



As outlined in the HelpAge Guidelines, there were two key elements that need to be considered, namely:

- Older people have specific needs, related to health, nutrition and access to essential services, that are seldom given due consideration in disaster response programmes; and,
- Older people have specific capabilities that are rarely utilised in preparedness, relief and rehabilitation programmes. They can and do play important roles within their communities in times of disasters when provided with the opportunities to do so.

## About the study

The study focused particularly on rural and urban communities that have encountered considerable deprivation due to disasters. In particular, it places primary attention on the needs and problems faced by older people during disasters. Having gone through painful experiences, older people in these communities have come to realise the apparent indifference or neglect to their particular needs and problems in times of emergency. Accordingly, it is also envisaged to recognise older people's abilities and roles in undertaking emergency and relief services for their sector and the communities they are organically attached to. The fact that the older people and their communities are able to endure the shocking effects of disasters is a manifestation of their capacities and involvement in preserving life and livelihoods. The experience has made older people critically conscious of the importance of collective actions for community well-being.

Conversely, it made older people cognisant of the need for government and emergency service providers to understand their situation and recognise their capacity to be active partners in community relief and rehabilitation programmes.



**Typhoon Ketsana disaster brought to the fore the urgency of looking at the condition and needs of older people in emergency or disaster crises.**



## Focus of the study

The research study addressed the following concerns:

- The basic needs and problems of older people during emergencies.
- The degree of participation of older people in emergency and relief services carried out by government and voluntary service organisations.
- The level of understanding of older people on the current policies and laws of government units and agencies that address the needs of older people in emergencies (local ordinances).
- The coping strategies and mechanisms of older people in addressing their needs and problems in emergencies.
- Policy recommendations of older people and their organisations in enhancing the government and voluntary organisations' emergency and relief services.

## Research methodology

### Brief description of the study areas

The research was carried out in five communities, two in Metro Manila and one each in Davao, Agusan del Sur and Camarines Norte. Programmes with the older people are being implemented by the Coalition of Services of the Elderly (COSE) in all the areas, in partnership with older people's organisations (OPOs). The study areas comprised of rural and urban areas where older people had shocking experiences brought about by different kinds of disasters (typhoon, flooding, fire, seasonality shocks, etc) in different periods of their community life.

### Metro Manila

- Sitio Clemencia and Tumana in Bagong Silangan, Quezon City. The partner OPO of COSE in the area is the United Elderly of Clemencia and Tumana (UECT). This urban poor area is occupied by families who were affected by Quezon City local government relocation programmes a long time ago. It is located in the lowest portion of the barangay, bordering the perennially flooding Marikina River. During the 26 September 2009 Typhoon Ondoy (Ketsana), the two sitios (territorial enclaves) were submerged in more than twenty-feet of floodwaters, causing the loss of 100 lives and extensive damage to household properties.
- Barangays 143 and 144 in Pasay City were ravaged by fire the day after Christmas 2009. A large number of concrete and temporary houses were destroyed, forcing many residents to live in evacuation centres and makeshift quarters in an abandoned bus terminal and on roadsides.

### Davao (Mindanao)

- There was massive flooding brought about by a typhoon in 16 communities, including several puroks (political subdivisions) in Talomo and Ma-a in Davao City. In the aftermath of the disaster, the local government, NGOs and older person POs carried out disaster risk

reduction (DRR) planning. This is one of the areas where a DRR plan was in place during the survey.

- Study participants came from several communities where older people's programmes are carried out with the help of COSE.

### **Camarines Norte (Bicol region)**

Older people and OPOs from four municipalities of Camarines Norte, namely Jose Panganiban, Paracale, Capalonga and Sta. Elena were participants in the study. Most of the population are engaged in subsistence farming and fishing. The area is characterised by a high incidence of poverty. Typhoon Basyang, which struck Bicol on 13 July 2010, wrought havoc and destruction on lives and livelihoods in many areas, particularly the four municipalities. Older people, together with a countless number of community residents, were exposed to heavy rain and strong winds, which resulted in flooding and minor landslides.

### **Agusan del Sur (Mindanao)**

In the province of Agusan del Sur, the study included older people and OPO respondents from the municipalities of Bunawan, Trento and Rosario. The first two are located near the Agusan Marsh, where flooding frequently occurs. The older people respondents in Rosario experienced a strong tornado that wrought havoc to the lives and properties of many residents, including older people and their families.

## **Data gathering**

The study made use of key informant interviews (KII), focus group discussions (FGD) and a review of secondary materials.

For the KII, all but one area had 20 participants. A total of 92 older people were respondents.

- Metro Manila: Bagong Silangan (10 people); Pasay (10 people)
- Davao: four respondents each from five barangays
- Camarines Norte: 30 respondents from four municipalities
- Agusan del Sur: 10 from Bunawan, five from Rosario, five from Trento

Two FGDs were conducted in each of the four areas with a total of 15 participants.

- 1<sup>st</sup> FGD: Data gathering
- 2<sup>nd</sup> FGD: Presentation and validation

## **Selection of Respondents/Partners**

- For KII study partners, the selection focused on older people who were greatly affected by previous disasters that the community experienced, with some having stayed in evacuation centres for some time. Ninety-two out of 100 respondents were interviewed.
- For FGDs, participants were selected from the members of OPOs or Federations of OPOs in the area.
- In both primary data gathering activities, the local COSE community organisers were assisted by local OPO leaders.

**Community mapping also marks where different buildings are located.**





# Findings

## Results of key informant interview

From the 100 chosen for the Key Informant Interview, 92 older people respondents were able to participate. The following presentation represents a summary of the results of the individual interviews. These cover older people's needs and problems on the following issues: basic food needs, shelter (including evacuation), water supply, health, clothing, household articles, bedding and livelihood activities.

## Older people's needs and problems in emergency and disaster crises

### Basic food needs

Almost all of the respondents mentioned that the most needed food items after a disaster were rice, ulam (food item eaten with rice), coffee, milk, sugar and bread. Respondents in rural areas with no piped-in water supply and few stores mentioned water and canned goods as much needed items. There was no mention of specific kinds of food, as the most urgent worry of older people was how to relieve their hunger. Some food supplements were mentioned as important, owing to their need to have something to soothe the effects of cold temperature and less time needed in preparing them (coffee, milk and sugar). In a situation where they were busy helping with rescue and recovery efforts, cooked food or easy to prepare food items were greatly appreciated.

Most respondents claimed emphatically that the immediate source of basic food items were from family, neighbours and friends. Donations from other generous individuals and groups came later.

In all the areas, food assistance was also distributed by the local government units (LGUs) (barangay, municipal and provincial). Among the devolved government agencies, the Department of Social Welfare and Development (DSWD) was able to respond to the food needs of affected people in the communities. Among voluntary relief agencies, the respondents noted the assistance given by church/religious groups, NGOs working in the area, the local Red Cross chapters and other charitable organisations. There were several areas where local and national politicians also extended help.

It was pointed out that in several areas in Metro Manila, many OPOs not affected by disaster provided material support to fellow older people, despite their limited resources.

Most of the food assistance received was uncooked but fortunately many recipients had been able to keep their cooking utensils.

In times of emergencies, the immediate provision of basic food is critically important. It was claimed by half of the respondents that most food donations came in after a day or two. After conditions had stabilised, food distribution arrived regularly, sometimes lasting for a week.

To supplement the lack of food donations received, the older people had to resort to the following: asking for help from family, borrowing money from friends/neighbours to buy food, gathering and selling plastics to junkshop to buy food and begging from neighbours and individuals.

**In times of emergencies, the immediate provision of basic food is critically important.**





## Shelter

Most of the interviewees claimed that their houses, built of light materials, were partially damaged. In areas where there were strong winds and flooding, many houses were totally destroyed. To protect themselves and family members from rain or heat, most of the older people immediately carried out repairs. Normally, affected older people and community residents did not like to leave their residence because of many considerations. The inadequacy of immediate shelter assistance compelled them to give priority to making temporary or makeshift shelter through their own effort or with the help of family and neighbours. If that was not possible, they would go to evacuation centres.

For those whose houses were totally destroyed and had no means to immediately make repairs, the older people sought temporary shelter in neighbours' houses or evacuation centres. Due to the lack of evacuation centres right after disasters, the older people resorted to putting up makeshift shelters out of plastic sheets and salvaged GI sheets. With the overcrowded condition in evacuation centres, older people gave priority to repairing their houses. In some instances, older people and their families had to erect temporary shelters made of coconut leaves or seek shelter under mango trees.

Most often, shelter assistance came in arrived after a week or two, in the form of roofing materials, lumber, plywood and nails. It came from NGOs, CSOs, government agencies and individuals.

House repairs were mostly carried out by the older people, able-bodied family members, relatives, and neighbours/friends. Due to a lack of building materials, many older people claimed that it took them almost a week to put up an adequate shelter that provided protection from rain and sun.

## Stay in evacuation centre

Half of the respondents experienced living in evacuation centres, with an average duration of five days. Most stayed with their spouses, children and grandchildren. Conditions in evacuation centres were described as overcrowded, with inadequate space for cooking and lack of comfort rooms (CR). Most of the centres in urban areas had electricity and a water supply. However, sleeping spaces were not appropriate for older people, because they had to sleep in cement floors. Those with no sleeping equipment made use of newspapers or pieces of carton to protect them from the cold floor. Some were fortunate enough to bring their own sleeping mats, folding beds or mattresses.

People living in evacuation centres were recipients of regular relief operations of food and non-food items. Managed by local government units or agencies, the centres usually became the centralised distribution points of government and NGO/CSO relief operations.

It is important to note that most older people claimed that evacuation centres were 1-4 kilometres away. With no available transportation, they had to walk the distance, while those isolated due to floods had to be transported with improvised floating equipment or small boats. Older people claimed they had difficulty reaching the evacuation centre due to physical disabilities and the flooded or muddy roads.

## Water supply

Most of the older people in urban centres claimed they did not experience an interruption in the tap water supply even though their areas were flooded.



**House repairs were mostly carried out by the older people, able-bodied family members, relatives, and neighbours/friends.**

This was due to water pipe connections. It was in the rural areas with no water pipe system where the older people and their families lost their supply of safe water. The main sources of water in these areas - deep wells - were submerged in floodwaters.

In areas where the supply of safe and clean water was interrupted, the older people resorted to buying limited supplies of drinking water, gathering rainwater, using deep wells that had not been flooded and availing of water rations from local water concessionaires.

In areas where the water supply was not safe, the older people boiled the water or cleaned it with purifying water tablets. Older people who used unsafe water claimed they got diarrhoea and stomach aches.

Access to rationed water was through a first-come-first-serve basis. In some instances, water rationing was done in places quite far from the houses of older people. Some had to join the queue alone or with someone to help them carry the water container.

### **Health**

As a result of disasters, the older people claimed they got colds and coughs, high blood pressure, dizziness and acute rheumatism. A few had skin disease, mild stroke, fever and nervousness. They attributed this to lack of food, cold/hot weather, unsafe water supply and lack of medicines for existing chronic diseases. Because of their ailments, the older people's mobility was greatly affected. It also affected their economic conditions as they incurred loans to buy medicines, sold some household items and were forced to stop working or suspend their income generating activities.

To meet their health problems, the older people availed of free consultation and medicines provided in medical missions. In areas where there were no medical missions, older people resorted to the use of traditional herbal cures. Medical services in the older people's communities were sponsored by government agencies, NGOs/CSOs and some political leaders. Almost half of those who received medical services claimed that such assistance came only after a week or two.

### **Clothing**

The older people had fewer problems regarding their clothing needs. They were able to save most of their clothing, including clothing for protection against cold weather and rain, and protective foot wear. Aside from these, many relief operations included clothing donations for older people, adults and children. Many of the older people respondents claimed that the clothing assistance met their specific needs.

### **Household items**

The needs of older people in relation to this particular aspect were included in the study because of its connection to the preparation of basic food needs. It was observed during many relief operations that most of the distributed food items were uncooked.

The majority of the older people claimed they were able to retain their basic cooking equipment and dining utensils. Only a few lost all their household items. Furthermore, service providers included cooking and kitchen utensils in their relief distributions. However, in remote rural areas where LPG and kerosene cooking were not generally done, some older people had difficulty looking for dried wood for cooking.



## Bedding

This particular aspect was also given attention in the study because of the critical need of older people to have comfortable living conditions during emergencies.

Most of the respondents claimed they were able to keep their sleeping articles such as mats, mattresses, mosquito nets, pillows and blankets. Moreover, relief agencies also included sleeping items in their distribution. But some who had insufficient bedding experienced body pains. Some claimed their cough, colds and rheumatism worsened while others suffered from mosquito bites.

## Livelihood activities

In terms of livelihood activities before the disaster, many of the respondents claimed they were self-employed through buy-and-sell, carpentry, repair shops and household help. In the rural areas, older people were engaged in farming, fishing, livestock raising and gardening. One third of respondents, mostly in urban areas, declared they were unemployed. Those engaged in income generating activities claimed supplementary income, but this was not sufficient to meet all their basic needs.

The effects of disaster to their livelihoods were the following:

- Older people with regular work were forced to stop because of the urgent demand for personal attention to pressing needs of the household.
- They lost important equipment and items that were important for their income generating activities.
- Some older people were forced to use their working capital and savings for various needs after the disaster.
- In the rural areas, the older people lost their produce and basic equipment for productive activities.

As part of the rehabilitation efforts, livelihood assistance in the form of grants or loans was provided by some government units and agencies, NGOs/CSOs, local church groups and individual political leaders.

Due to loss of income or livelihood, the older people resorted to asking for help from family members, relatives, neighbours and NGOs/CSOs.

## Family/social needs

A few of the older people respondents declared that they got separated from their family while more than half said their family remained together after the disaster. Some claimed a family member had died or was missing. Because of the traumatic experience, a quarter of the respondents who could afford to, decided to transfer residence outside of the community. Almost half of the older people respondents decided to remain, even though their area was disaster-prone, because of limited means.

As to the conduct of emergency services, most of the older people claimed these were carried out in orderly manner, ensuring that relief assistance was given to those affected, particularly the older people. There was equitable distribution of relief goods, coming from government agencies and LGUs.



**These elevated gardens for growing vegetables are made from used tetra packs. Older people collected the used packs and sew them into bags that can be sold. This also helps clean up the neighbourhood after the disaster.**

## Results of focus group discussion

### On older people's participation in emergency and relief services

In all the FGDs, the participants claimed they had been involved in various emergency and relief activities, either individually or as an organisation. These were the services:

- Rescue and recovery
- Relief distribution (food and non-food items)
- Health services: first aid and medical missions
- Evacuation centre management
- Shelter assistance

Older people actively assisted in the relief operations carried out by various emergency service providers, including the following:

- National government agencies
- Local government units (provincial, municipal, barangay)
- Non-government organisations/civil society organisations
- Churches/religious groups

In some local communities, Damage and Needs Assessments (DNA) were carried out prior to emergency and relief operation. This was led by the local DSWD office and the Barangay Disaster Coordinating Council. However, minimal attention was given in identifying the particular needs of older people because the effort was more focused on identifying the overall needs of the population.

In all the areas, the DNA was carried out by the OPOs, in partnership with COSE or through their own initiative. It included both member and non-member older people in the community.

With regard to the participation of OPs and OPOs, the organised and un-organised members helped in providing information on the needs and problems of those affected individuals and families to government and non-government emergency service providers. Specifically the OPOs in all areas assisted by providing a list of affected older people and their needs and in the validation of identified older beneficiaries

### On understanding of government policies, laws and regulations related to the provision of emergency services

In the three areas covered by the study, there was a lack knowledge of specific national or local policy, law or regulation related to the provision of emergency services aside from the usual awareness that national and local government units/agencies are mandated to provide emergency assistance to affected individuals and families. There was a particular mention of DSWD as mandated to distribute relief goods and PAG-ASA to provide regular weather updates.

In one area in Mindanao, a specific municipal EO was cited as the legal instrument mandating the local disaster council (BDCC) to provide emergency services during disasters. However, there was no specific provision in addressing the needs of older people in emergencies.

As to knowledge of specific law or regulation on addressing older people's needs and problems in emergencies, no FGD could cite one. In general, RA





9994, specifically Section 3, was cited, which mandates national and local government units to provide safety nets in times of disasters. But even this provision does not clearly define how to address older people's needs.

It was pointed out that usual relief and rehabilitation efforts of national and local government units/agencies had no particular focus on addressing the needs of older people, who are considered one of the vulnerable groups. This is due to lack of knowledge and understanding of older people's situations and problems. Emergency services were generally provided to communities as a whole, resulting to limited attention given to the particular needs of older people.

### **A critical look into the conduct of emergency and relief services of government and non-government service providers**

It was pointed out in the FGDs that the inadequacy in the provision of emergency and relief services was attributed to the following reasons:

- All the areas recognised the lack of specific policies and plans on addressing older people's needs in emergencies.
- Current policies on disaster response lack the recognition of older people's needs and problems.
- Older people and communities in isolated areas were often the last to receive emergency services.
- In some areas, existing disaster management plans are not sensitive to older people.
- In one area, there was a specific mention of the lack of psycho-social service for older trauma victims.

### **Suggestions to address the needs and problems of older people during emergencies**

All the FGDs came out with the following suggestions on how to effectively address the needs and problems of older people during emergencies:

- Older person/OPO participation in DNA and DRM planning should seriously be considered.
- DRM policies and plans of LGUs should integrate older people's situations and needs.
- Disaster preparedness plans should include specific policies and mechanisms that address older people's needs and problems.
- National and local government units and agencies should integrate specific policies into their DRRM plans and programmes.
- Increase the allocation for emergency services, giving particular attention to the provision of basic food and medical needs of older people.
- Enhance the participation of older people/OPOs in PCVA prior to disasters and DNA after disasters in order to identify their particular conditions and needs.

### **On older person/OPO coping strategies and mechanisms**

The following presentations are a summary of the strategies and mechanisms adopted by the older people/OPOs during emergencies, in relation to important needs and problems.

Due to lack of food supply, the older people/OPOs carried out the following actions:

- Older people accessed relief goods from national/LGU and agencies
- Older people/OPOs solicited donations of food from NGOs/CSOs
- Older people solicited assistance in the form cash or in kind from family and friends to meet emergency food needs
- Some older people had to resort to borrowing money from relatives, neighbours and friends
- Some disaster affected older people with minimal savings bought emergency food needs
- In all areas, older people made use of retrieved items still fit for consumption

In relation to the problem of lack of basic household items, the older people/OPOs:

- Cleaned salvaged items that were still usable
- Asked for donations from fellow older people and community residents
- Temporarily borrowed utensils from neighbours
- Managed to make do with what is available until they had the means to buy

For lack of shelter, the older people/OPOs:

- Borrowed money from relatives, neighbours and friends
- Solicited assistance in cash or in kind from NGOs and church/religious organisations
- Made use of retrieved housing materials
- Accessed assistance for house repairs from national and LGUs/agencies
- Built temporary shelter out of salvaged materials

To address their health needs, the older people/OPOs

- Accessed free medical consultation and medicines from LGU/agencies
- Requested for medical missions from NGOs/CSOs
- Requested the services of BHW in giving first aid and monitoring older people with illnesses
- Mobilised the services of RHU personnel for medical consultation of older people

To meet their daily needs, the older people/OPOs

- Mainly relied on relief goods for daily food needs due to loss of income
- Accessed assistance from less affected older people/OPOs, NGOs, church/religious groups and political leaders
- Older people and family adapted austerity measures in household spending for a while
- Asked for assistance or borrowed money from relatives, neighbours and generous individuals
- Asked for assistance from less affected older people and neighbours

**The specific roles and responsibilities that older people/OPOs assumed during emergencies were as follows:**

- Older people assisted the LGU/OPOs in conducting DNA of disaster affected older people
- Older people provided encouragement and guidance to community residents on what to do during rescue, recovery and evacuation
- Active older people assisted in the evacuation of children
- Helped ensure safety and security of children and household property
- Became the source of encouragement and moral strength to family members and friends
- Assisted in relief work
- Helped monitor the relief operation of LGUs and NGOs in the community
- Active older people helped set up safety devices and equipment during disasters

In particular, older men performed the following tasks:

- Helped rescue other older people, children and women, and helped bring them to a safe place
- Helped bring food to stranded older people and residents
- Helped set up safety equipment (ropes, improvised life-saving equipment)
- Responsible for saving some household belongings

Older women, on the other hand, performed the following:

- Caretaker/caregiver of children and sick older people
- Provided encouragement and moral support to families and neighbours
- Active older women helped with food preparation during feeding programmes
- Gave advice to volunteers during rescue and evacuation
- Assisted in relief distribution
- Helped in soliciting relief goods

OPOs performed the following responsibilities:

- Assisted the LGUs/government agencies and NGOs in DNA, focusing on affected older people
- In most areas, the OPOs carried out their own assessment of older people's needs and problems
- OPOs worked closely in relief operations of partner NGOs/CSOs

**Active older women perform a role as caretakers/caregivers of children and sick older people during emergencies.**



# Recommendations

## How to address the needs of older people in emergencies

Participants in the FGDs came up with the following recommendations addressed to different emergency and relief service providers.

### For LGUs and government agencies

- Conduct DNA in partnership with the OPOs in the community
- Establish coordination or working relations with OPOs in emergency response
- Government agencies and LGUs should designate a point person to coordinate all emergency services with OPOs
- Give priority to basic food and health needs of older people during emergencies
- Provide priority attention to disabled older people in relief distribution and evacuation
- Government agency/LGU emergency service volunteers should have proper orientation and knowledge of how to address older people's needs during emergencies
- LGUs should develop a comprehensive DRR plan that integrates older people-sensitive policies and measures in emergencies
- Strengthen coordination with OPOs in emergency response
- Enhance OPO participation in DRR planning and implementation

### For NGO/CSO emergency service providers

- Develop or strengthen partnership with older people and OPOs in emergency service provision
- NGOs/CSOs should carry out a participatory CVA prior to disasters or DNA after disasters with older people/OPOs
- Assist older people/OPOs in developing comprehensive DRR plans
- Attention should be given to the provision of psycho-social services to older people
- NGOs should capacitate OPOs in their advocacy work to integrate the older person agenda into BDP and BDRRM plans and programmes



# Analysis

## On basic needs and problems of older people in emergency or disaster crises

The reality in many poor older person households is that they do not have extra food reserves. In fact, many can only afford to buy what is needed for a day or two. When a disaster occurs, basic food items are either inadequate or non-existent. Even if they are aware of the importance of disaster preparedness, their meagre income or limited resources prevents them from stockpiling necessary food items. They can only afford to live day-to-day.

With the prevailing physical and health conditions of many poor older people, the lack of food greatly reduces their capacity to mitigate the negative effects of disasters. In the past experience of many communities, external food assistance came in relatively late, meaning a day or two after the disaster. Furthermore, the limited amount of food received from relief distribution forces the older people to either ask for help from family, neighbours and friends, or resort to borrowing money.

It is a reality that most houses of poor older people are built of light and local materials that can be easily damaged either by strong floods or wind brought about by tropical storms. Houses may suffer total or partial damage. In this context, the older people and their families give immediate attention to repairs in order to have temporary shelter and protection from rain or heat. The older people are confronted with the need not only to protect themselves but also small children within the household.

In past post-disaster situations, it was often found out that the government (both national and local units) was unable to provide enough and adequate evacuation centres for many affected community residents. This made older people with previous bad experiences only consider seeking refuge in these centres as a last resort.

The LGU's primary consideration in the selection of evacuation centres is the availability of public buildings (schools, covered basketball courts, etc) for emergency use. Accessibility for physically disabled older people, pregnant women and children are seldom given attention. For example, one evacuation centre for typhoon Ketsana-affected families in a Metro Manila community was a public facility that was submerged in ankle-deep water. Older people with chronic ailments and mobility limitation would have second thoughts about staying, even on a temporary basis.

The availability of clean water supplies during emergencies cannot be underestimated. It is medically argued that there are many water-borne diseases associated with unsafe water supplies. Where there was no interruption of clean water supply, especially in communities with a piped-in water system, it still may be unsafe. It is always possible that water will be contaminated when leaking pipelines are submerged in dirty flood waters for long periods.

It may be easy to advise the older people and community residents to boil their drinking water. However, the difficulty lies when they have lost cooking utensils or have no available fuel. In one village in Barangay Silangan, for example, the 20-foot deep flood waters washed away almost all the household belongings of many urban poor families.



**Have a bag packed and ready to take with you if you need to evacuate. It should have dry clothes, dry food, water, medications, a torch, spare batteries.**



One important part of emergency services is water rationing. For communities with existing public or private water distribution firms, this is carried out as part of their public service. In most instances, water rationing is either done in evacuation centres or public places where big water delivery trucks can reach. Crowded places with narrow roads seldom get water rations. The residents, including older people, have to walk certain distance to avail of such services. In most cases, queue lines are not well-organised, with people rushing in to get their water ration before the supply is gone. Able-bodied residents get their containers filled up first. Physically weak older people end up having their share at the end of the queue. For example there was one voluntary emergency service provider that distributed five-gallon plastic water containers as part of their non-food relief assistance. However, for physically weak older people, this was not very useful because of their inability to carry such heavy items. They are lucky if someone will lend a hand in carrying it for them, especially when their house is far from the water rationing place.

The negative effects of the ageing process are widely felt by many older people who have been living under survival conditions. In relation to health, most of the older people acquired chronic ailments as a result of poor food intake and lack of medical attention. Unsanitary conditions and lack of clean water resulted in older people contracting skin diseases and diarrhoea. In fact, many illnesses are attributed to lack of food, weather changes, unsafe water supply and lack of medicines for those with chronic ailments. For older people, the inadequacy of immediate medical services greatly affects their mobility and contributes further to physical weakening.

Most of the older people were engaged in individual or home-based IGPs before the disaster. In urban communities, the common activities were in buy-and-sell, repair, minor construction jobs, shops and domestic help with nearby employers. In rural communities, the older people were engaged in subsistence farming and fishing. In both urban and rural areas, a significant number of older people were unemployed and mainly dependent on their children.

Older people engaged in IGPs or employment were unable to continue their gainful occupations after the disaster. Self-financed IGPs were stopped because the working capital was used for emergency family needs. Those who had been engaged in subsistence farming either lost their farm implements or meagre savings.

### **On older people's participation in emergency response to disaster or humanitarian crises**

Older people continue to be overlooked, resulting in very minimal attention given to their particular conditions and needs. More importantly, the roles and responsibilities they assume in times of emergencies are not given adequate importance. Perhaps this is due to the prevailing perception that older people are a burden on society and passive recipients of welfare services. It is paradoxical that despite the existence of various policies and laws upholding their rights and entitlements, the majority of older people continue to be socially excluded and politically marginalised.

On the other hand, the older people and OPOs find themselves in the first line of protection and support for their affected community members during disasters or emergency crises. This is affirmed by the study, because most of the immediate relief services were provided by fellow older people and their OPOs before outside assistance came. Aside from providing immediate relief to fellow older people and communities, older people take on important roles and responsibilities to mitigate the effects of disasters by working closely with government and voluntary emergency service providers.

The older people and OPOs continue to assert their right to be recognised and to have access to essential services. They continue to emphasise that they are not a burden on society and passive recipients of relief. They are active partners in the provision of appropriated emergency services to their fellow older people and communities ravaged by disaster.

## **Recommendations for policy advocacy and reform**

In the Philippines, it is observed that most of the older people live in poverty, whether in rural or urban areas. With limited access to resources and opportunities, they continue to live in vulnerable conditions. This situation becomes worse when natural and human-induced disaster or emergency crisis comes their way.

Essentially, the following recommendations are envisioned to address the issues of invisibility, social exclusion and powerlessness. Emergency service providers, both government and voluntary service organisations, are faced with the challenge of integrating the needs and problems of older people and recognising their important contributions. Essentially, it is critical to work with the older people and their community organisations in identifying ways and means to address their concerns.

### **Establish a baseline information of the capacities, vulnerabilities and needs of older people at all levels of political units**

Owing to the dearth of information concerning the conditions and problems of older people in government units and agencies, the understanding and recognition of their particular situation is very limited. This should underscore the distinctive nature of older people's problems as a result of the ageing process, especially among poor older people in marginalised and disaster-prone communities.

### **Enhance and/or strengthen the participation of older people and OPOs in the identification of their problems and needs, and the planning and implementation of community development programmes, including programmes on Disaster Risk Reduction and Management.**

Generally, older people continue to be the passive recipients of government development programmes. Their participation in all aspects of the development process is very limited, most often only as beneficiaries of top-down programmes. The existence of local

organisations of older people in many communities presents a wealth of human resource that can play a vital role in the creation of a just and democratic society for all; a society that does not exclude the vulnerable groups, such as older people, women and children in poor communities.

### **Integrate the older people agenda in all levels of government planning and programme development structures and processes**

It is only when the particular needs and problems of older people are integrated into development planning that it will ensure a sustainable way of enhancing their quality of life. In particular, the government should clearly establish older person-sensitive policies, structures and mechanisms that will provide the legal mandate for all government units and agencies to give appropriate attention to older people. While there are policies and laws established by the national government, there is an urgent need to enhance and implement these in all levels of government.

### **Disaster Risk Reduction policies and plans of the national and local government units should incorporate older people's needs and problems**

Inadequacy in the provision of services during emergency or disaster crises is attributed to lack of understanding of government service providers to the needs and problems of older people. Owing to the large number of older people and their families living in disaster-prone areas in rural and urban communities, government DRR policies and plans should be older person-sensitive and responsive.

### **Building partnership with NGOs and CSOs in facilitating the formation and/or strengthening of community-based older people organisations partners in participatory development practice**

Given the limited human and material resources of the current government to give sufficient attention to the empowerment of broad-based OPOs, it is necessary to mobilise the goodwill and resources of many voluntary service organisations that have established working relationships with vulnerable sectors and communities all over the country. A multi-stakeholder cooperation is necessary in addressing the issues brought about by poverty and population ageing in our society.

