

# Ensuring inclusion of older people in initial emergency needs assessments



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Humanitarian Aid and Civil Protection

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



Jeff Williams/HelpAge International

## Ensuring inclusion of older people in initial emergency needs assessments

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The aim of this guidance is to ensure that the specific vulnerabilities and capacities of older people in emergencies are fully taken into account as part of a thorough gender and age analysis of humanitarian needs.

To achieve this objective it is crucial that we analyse demographic and needs assessment data with a framework of the vulnerabilities, roles, responsibilities and positions of older people within families and communities as context. Together with gender, age must be recognised as a “universal determinant”. *Universal* as it is possessed by every person, *determinant* as it largely defines both the position and role of a person in the family and society. Critically for humanitarian operations, gender and age also largely determine how a person is going to be affected by a crisis.

As such this guidance provides both the rationale for and practical suggestions on how to gather information to support an ageing-sensitive analysis of humanitarian needs. The guidance is directed not only to HelpAge’s staff but also to humanitarian partners carrying out assessments.



Boris Arístin González/HelpAge International

## The background

A needs assessment is one of the most critical steps in a humanitarian agency’s response to a crisis. The quality of the assessment determines to a large extent the quality of programming. Good assessments can save lives and ensure those affected are assisted in an appropriate way.

What constitutes a “good” assessment, however? First and foremost, needs assessments must recognise that different people are affected differently by different crises, for example human rights violations, conflicts or natural disasters, and that persons of different gender and age have specific humanitarian needs particular to their age and gender.

Yet studies consistently point to a lack of attention to the specific needs of different sectors of the population. In 2011 research published by Tufts University found “almost no documented and published cases in which lead agencies [...] collected Sex- and Age-Disaggregated Data [SADD] properly, analysed the data in context and used those findings to influence programming.”<sup>1</sup>

1. Mazurana D, Benelli P, Gupta H and Walker P, *Sex and Age Matter: Improving Humanitarian Response in Emergencies*. Feinstein International Center, Tufts University, August 2011

**The consequences of the lack of sex-and age-disaggregated data (SADD) collection and gender and generational analyses in the aftermath of the Tsunami were severe. According to GenCap adviser Linda Pennells, there were few initial efforts to collect SADD; instead humanitarian actors responded based on assumptions about what they believed had happened, which included misconceptions about who died, who survived, whose livelihoods were affected and how, and who had what needs. Had they ensured basic SADD and gender and generational analysis in their assessment efforts, they would have immediately noted the significantly higher death rates among women and older people.**

*Using sex and age disaggregated data to improve humanitarian response in emergencies, Benelli P, Mazurana D and Walker P; Gender and Development; June 2012*

When assessment and monitoring data are disaggregated by age, they often only include “under-five” and “over-five” categories. In the rare cases where an “older people” category is considered, this is taken as a homogeneous group of population, whereas in fact the needs, vulnerabilities and capacities of the old and older-old (those 80 years and above) are considerably different.

This guidance document is intended for use by humanitarian partners involved in collecting data as part of the development of a preparedness plan in countries at risk of an emergency, and, especially, during the early assessments immediately following a crisis. The action points presented here are applicable and relevant whether the partners are engaged in coordinated assessments through the Multi-cluster Initial Rapid Assessment (MIRA) methodology recommended by the Inter-Agency Standing Committee (IASC) or whether they carry out their individual assessments applying any of the different existing methodologies within their organisations.

It is important to recognise that a needs assessment can take different forms, ranging from the analysis of secondary data where access is limited to the analysis of detailed primary and secondary data where contexts allow. However, it should be stressed that the rationale for this guidance is not to suggest that humanitarian action cannot be undertaken until a full field-based assessment has taken place; rather that all responses should be based on the analysis of the data available.

## The commitments

The humanitarian principle of impartiality calls for assistance to be rendered according to needs and needs alone. This concept is reiterated in the *Principles of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Response Programmes* and the *Sphere Humanitarian Charter*.

The IASC, in its recent *Operational Guidance for Coordinated Assessments in Humanitarian Crises*,<sup>2</sup> establishes that assessments must address priority cross-cutting issues, including gender, age, HIV/AIDS and the environment. Priority vulnerable groups and target populations should be addressed during contingency planning and initial assessments. This requires carrying out systematic dialogue with women, men, boys, girls (including adolescent girls and boys) and other vulnerable groups; collecting and storing data in a disaggregated form (by sex, age, and diversity); and forming assessment teams that are gender balanced, can access different vulnerable groups, and can capture the various perspectives of men, women, boys and girls.

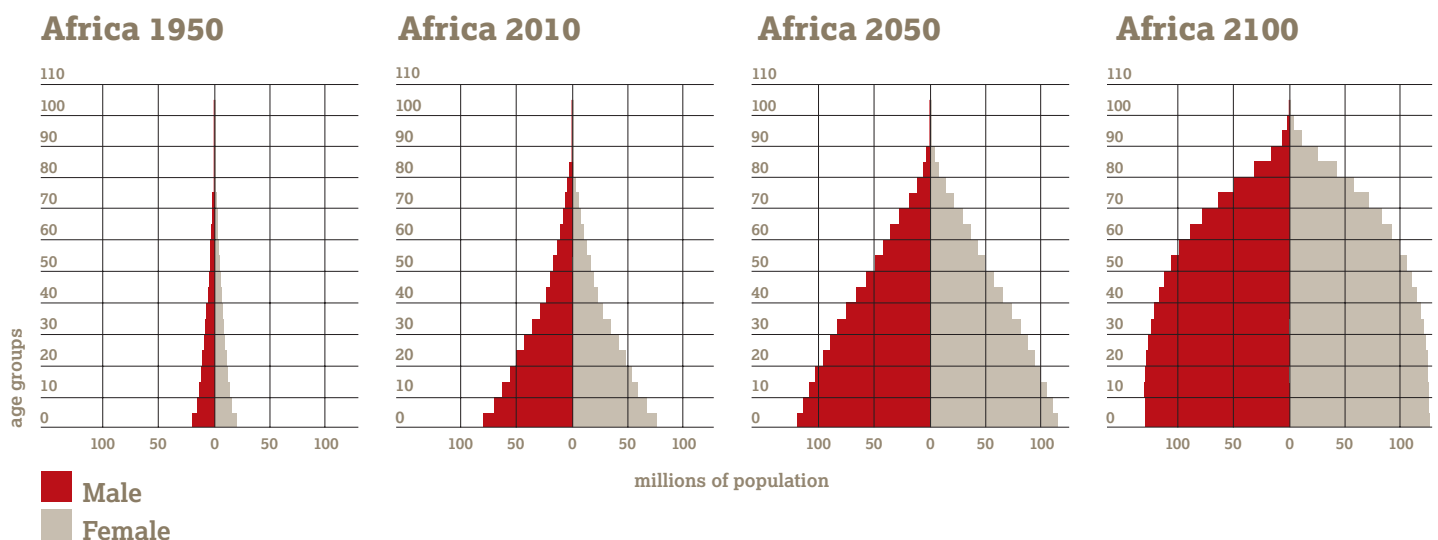
2. Inter-Agency Standing Committee (2012), *Operational Guidance for Coordinated Assessments in Humanitarian Crises*. [http://ochanet.unocha.org/p/Documents/ops\\_guidance\\_finalversion2012.pdf](http://ochanet.unocha.org/p/Documents/ops_guidance_finalversion2012.pdf)

# The demographic shift – understanding the impact of change

Today, about 12.5 per cent of the world’s population is aged 60 or more, and the population of older persons is growing by two per cent each year – considerably faster than the population as a whole. For at least the next 25 years, the older population is expected to continue growing more rapidly than other age groups.

By 2050, the number of older persons in the world will exceed the number of young for the first time in history, accounting for 22 per cent of the world’s population. The fastest-growing age group – the oldest-old, those aged 80 years and over – will have quadrupled from today’s one per cent to as much as four per cent of the world’s population. Furthermore by 2050, more than 80 per cent of the world’s older people – compared with 60 per cent today – will live in developing countries, where disasters are more likely to occur and their effects are felt more severely. This situation will create unprecedented challenges in humanitarian emergencies – challenges that the humanitarian community has been slow to realise and, to a large extent, has so far failed to address.

For example, the population pyramids for Africa, below, shows a clear increase in the numbers of younger people and those dependent on both the middle and older working population. However, we must also recognise the enormous increase in the number of people over 50, and the increase in the number of people over 80, who are often among the most vulnerable.



Source: UNDESA

This exponential growth creates a number of challenges and considerations for humanitarians. Older people face different risks in crises and they have specific requirements, as do their families who support them. In addition, older people are also breadwinners and carers, supporting families and dependents. The number of older persons fulfilling these roles has vastly increased in the last 30 years due to the impact of HIV/AIDS and conflict, as well as accelerating rural-to-urban migration.

These data should also be read within the context of rising food insecurity and displacement. In food-related emergencies, the needs of older people and their access to assistance are major challenges in humanitarian response. Older people who are unable to access food aid, or who are excluded from livelihoods recovery programming, will face growing longer-term vulnerability. Yet HelpAge evidence and experience shows that older people's nutritional status is rarely assessed and they are rarely included in emergency feeding programmes, further exacerbating their vulnerability and reducing their chances of survival in crisis.

## What is “older”?

The concept of old age itself must be understood in broad terms. In many countries and cultures, being considered old is not necessarily a matter of age, but it is rather linked to circumstances such as being a grandparent, or showing physical signs such as white hair. Many people who would be considered relatively young in developed countries are likely to be considered old in other ones. Although the average over-60 population is about 13 per cent worldwide, it is not rare to have up to a quarter of the entire population being considered “old” in a given context. In addition, in many emergency-affected contexts where people live in hardship, many of the conditions usually associated with older age, such as disability and chronic disease, are present at earlier ages. As such, while the UN definition of old age is those aged 60 years and above, using a cut-off point of 50 years and over may be more appropriate in many contexts where humanitarian crises occur.

## Older age in humanitarian crises

As discussed above the global demographic shift creates unprecedented challenges in humanitarian emergencies.

When looked at from an ageing perspective, today's humanitarian operations appear as almost automatic reflexes, producing a standard set of delivery-based responses, irrespective of the specific needs of different sectors of the population.

In many cases, the victims of a crisis are considered as a homogeneous, undifferentiated mass. When differences in age are recognised, the focus is almost exclusively on addressing the needs of children. As a result, humanitarian agencies often fail to recognise the vulnerabilities, needs and capacities of older people, who often also experience social and economic marginalisation before a crisis, including in some cases discrimination by their own families and communities. Even where they perform crucial roles in their communities before and during the crisis, they are by default considered to be vulnerable, a burden and with no capacities. Older people are rarely considered in assessments, needs analysis or planning; they are not talked to or talked about.

Yet it is not difficult to see that older people have specific humanitarian needs. For example, older people need to have regular access to curative and preventive health care services, particularly if they are affected by chronic diseases. Left untreated, chronic diseases such as high blood pressure or diabetes can often lead to severe complications (stroke, coma, diabetic foot with gangrene) and increased levels of mortality. In emergencies, minor health conditions such as a cold or small wound can quickly become debilitating and have serious consequences for an older person and their ability to meet their basic needs.

While much of the focus on health care for older people is on non-communicable diseases, it is equally important to recognise their vulnerabilities to communicable diseases. HelpAge International, MSF and the Brighton & Sussex Medical School recently carried out research on older people and cholera. Preliminary results from MSF cholera treatment centres in Haiti indicate that people aged 60 years and above are more likely to present with severe dehydration as opposed to mild dehydration when compared with younger adults. In addition, individuals above 80 years of age have 11 times the mortality of younger adults in the cholera treatment centres.

Older people also have specific nutritional needs resulting from changes in requirements for general food and micronutrient intake with age. Older people with dental or nutritional problems may also find certain foods hard to eat, making them more vulnerable to disruptions in food security, or be unable to consume foods included in standard distributions.

In addition, older age can result in decreased mobility, sight, hearing and muscle strength, which make it harder for older people to access services. For instance, older persons have more difficulty accessing distribution points and carrying heavy supplies, and the loss of eyeglasses or walking sticks can render them dependent on others. In contexts of displacement, these impairments can create life-threatening challenges if older people are less able or willing to flee quickly or to protect themselves from harm.

However, such physical vulnerabilities should not disguise the fact that older people often continue to play an active role in contributing to household income and supporting younger generations. HelpAge research shows that at least half of people over 60 in developing countries are economically active, and a significant proportion (a fifth or more) are still working later into their 70s.<sup>3</sup>

At the operational level, disregard for basic age-specific considerations results in humanitarian programmes which are inaccessible or not suited to the specific needs of older people. Emergency health interventions fail to provide services commensurate with older people's needs for both communicable and non-communicable disease treatment. Food assistance is frequently not adapted to the consumption and nutritional needs of older people, and older people are generally not included in nutritional assessments and feeding programmes. Latrines, shelter and water distribution points are frequently inaccessible to those who have reduced mobility, and older people are also largely excluded from early recovery and livelihoods programmes. All these examples point to a breach of the fundamental humanitarian principle of impartiality, where assistance is not being provided according to needs.

3. Wells, J (2005), *Protecting and assisting older people in emergencies*. Humanitarian Practice Network, The Overseas Development Institute



Boris Arístin Gonzalez/HelpAge International



# The action points

In order to deliver impartial humanitarian assistance to all people affected by a crisis, it is essential that programme planning and implementation are preceded by a thorough analysis of the needs of all affected populations and vulnerable groups. While data disaggregation as a basis for the delivery of targeted assistance is standard practice for some vulnerable groups, such as children and mothers, the evidence presented above illustrates that in contrast, this is not the case for the inclusion of older people in mainstream humanitarian action.

The focus of this guidance is therefore based on the current failure of the humanitarian sector to assess and address the specific needs of older people in emergencies. This document focuses specifically on the collection and use of assessment data as a means to address the weaknesses outlined above.

The action points presented below are rooted in recognition that like gender, age is a universal determinant of vulnerability, and as such the differential experiences of age groups in emergencies must form the basis for the delivery of quality impartial humanitarian assistance. The approaches presented here, however, can also be applied to developing a better understanding of vulnerability and the needs of other vulnerable age groups in disaster preparedness and during the first phase of a response. These guidelines should therefore be recognised as an attempt to contribute to the operationalisation of improved assessments for all vulnerable groups.

## Key action points to ensure inclusion of older people in initial emergency needs assessments

### ***Action point 1***

Guides you through the collection of data on older people during your preparedness activities. This will ultimately provide you with the evidence you need during assessment analysis to ensure an understanding of older people's needs, capacities and vulnerabilities.

Having such data available as part of a preparedness plan will save you considerable time when you come to undertake your emergency needs assessment, and will add depth and sophistication to the analysis carried out in the early phases of a crisis response.

### ***Action point 2***

Supports you to ensure that your first phase assessment is age inclusive. It covers methods for estimating sex- and age-disaggregated data in contexts where such data has not been collected during preparedness phases, as well as steps to ensure an age-sensitive approach to community-based primary data collection.

### ***Action point 3***

Covers the analysis phase, and provides both a theoretical basis for ensuring that your findings and recommendations recognise the centrality of age concerns, as well as practical approaches and questions to support your analysis process.



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## *Action point 1:* Gather the elements for an ageing-sensitive analysis during the preparedness phase

At the onset of a crisis, the effectiveness of humanitarian response is heavily influenced by the level of preparedness and planning of responding organisations. Key to effective preparedness planning are:

- Agreed population planning figures
- Common analysis, with particular regard to risk and vulnerability assessment
- Shared scenario and planning assumptions.

You can and should collect the necessary data as part of your emergency preparedness measures, when time and access to sources of information allow greater depth and precision. When an emergency strikes, these figures will likely remain unchanged, and will provide you with a vital indicator of the potential size of the affected population to support your initial response planning.

HelpAge recognises that for many emergency responders the collection of data during the preparedness phase is not standard practice. However, the following guidance is written within the context of obligations placed on IASC agencies to undertake preparedness planning, and the broader recognition within the humanitarian community of the value of secondary data in first phase assessment. As such the suggestions below are aspirational, yet – we believe – realistic. They provide steps to ensure a clear understanding of the role of ageing in vulnerability and hence aim to contribute to overall improved humanitarian assessment practice.

In some cases the data required below may be hard to find or even non-existent. In such cases it is important that humanitarian actors recognise that **a lack of data is a finding and should be reported**. Where crucial data is not available from national or international sources, the inclusion of questions to rectify this situation in later phases of evidence and data collection should form a central part of advocacy activities.

## Collect sex- and age-disaggregated population data from national sources

A preparedness plan is based on population figures – how many people may be affected by a crisis, and where? Already at this stage, it is of fundamental importance not to consider the population as a homogeneous, undifferentiated mass. Population data to support agreed planning figures must be disaggregated by sex and age. Collecting such disaggregated data, combined with your contextual analysis (discussed further in Action Point 3), will allow you to understand the differential impact of emergencies on all age groups within the affected population; and deliver the evidence needed to design and implement humanitarian assistance which is inclusive of all groups, including vulnerable groups such as older people. As such the following recommendations are in line with those made in the Sphere standards on the collection of SADD.

The Sphere Handbook notes that “detailed disaggregation is rarely possible initially but is of critical importance to identify the different needs and rights of children and adults of all ages. At the earliest opportunity, further disaggregate by sex and age for children 0-5 male/female, 6-12 male/female and 13-17 male/female, and then in 10-year age brackets, eg 50-59, male/female; 60-69, male/female; 70-79, male/female; 80+, male/female. Unlike the physiologically-related age groupings in the health chapter, these groupings address age-related differences linked to a range of rights, social and cultural issues.”<sup>4</sup>

Whilst good estimations of age-disaggregated population figures can be obtained from data available from global secondary sources, during the preparedness phase data should be collected directly at the source – that is from the government of the at-risk country. If this data is not available you should use the sources outlined in Action Point 2.

When they are available, **population-based national representative sample surveys** provide the best data. The first step would therefore consist of enquiring from the national statistics office on whether a national census has been carried out within the last five years and if it covers the entire territory. **Demographic** and **health surveys** or **livelihood surveys** are very much like a national census, but they take a sample rather than the whole population. When the sample is large enough to be representative, and data is disaggregated by age (including older age groups) this is also a very good source of population information. This data may be available with the statistics office, with the Ministry of Planning/Development, or the Ministry of Health. Again it must be no more than five-years-old.

Age-disaggregated population data should be broken down geographically, at least by the top administrative sub-divisions. Remember that the need for accuracy for such figures is limited. The number of people in the various decades of old age is not used as an exact figure to plan the details of an emergency programme. Rather, this serves primarily as a *qualitative* indicator.

4. The Sphere Project, *Humanitarian charter and minimum standards in humanitarian response*, The Sphere Project 2011, p.63

## Collect socio-economic information

If available, more detailed socio-economic data provides very useful information to support an ageing-sensitive humanitarian needs analysis. Some areas of this data are easier to find from national and international UN sources. These include:

- Estimated total population aged 50 and over
- Life expectancy at birth (both sexes)
- Availability, inclusion and coverage of old-age pensions (if any)
- Old-age dependency ratio 65+/(15-64)<sup>5</sup>
- Sex ratio 65+
- Number of pre-existing refugees or IDPs, where relevant
- Illiteracy rate.

To develop a more sophisticated understanding of the position and roles of older people it is also recommended that you try to gather some data or perspectives on the following issues. It should be stressed however that such information is often difficult to find and therefore a key activity may be to advocate for its inclusion in household-level surveys conducted by Governments and international agencies:

- Number or percentage of older people-headed households
- Number or percentage of orphans/children cared for by older people
- Number or percentage of older people living alone
- Number or percentage of older widows
- Prevalence of disability – physical mobility, vision and hearing
- Prevalence of chronic disease.<sup>6</sup>

## Understand the role and position of older people in families and society

Elements of culture, traditions and religion have an impact on how an older person may be affected by a crisis. These should be investigated during the preparedness phase to support your ageing-sensitive analysis at the onset of a crisis easier.

Firstly, it is important to understand who is considered old, and where. In many countries the definition of an old person is not based on the actual age (which may not even be known with certainty). Also, these criteria are likely to be different in different parts of the country.

Secondly, it is important to get a sense of the position of older people in families and society in general. Again, this is likely to be different in different parts of the country, particularly between rural and urban communities. You should consider asking questions like:

- Do older people traditionally work, particularly in agriculture?
- Do they traditionally care for children?
- Are they honoured, respected and listened to, or do they become progressively invisible with age?
- Are they considered an asset or a burden to their families?
- Do families traditionally assist non self-sufficient older people?
- Do communities or governments step in if families do not?
- Are older people included in family or community decision-making processes?
- Do older people play specific roles in the community – as elders, or roles in conflict resolution or in decision-making?

5. Dependency and sex ratios are reported using UN definition of age ie those 65+. As discussed however due to the contextual perceptions of age and the impacts of early ageing HelpAge recommends where possible collecting and collating data from age 50+

6. The prevalence of disability and chronic disease can play major contributing roles in older people's vulnerability during emergencies affecting their ability to access services and their need for specific forms of assistance

You can find the answers to these questions relatively easily by simply asking local people – experts, if possible, but also ordinary people, for example national colleagues. Interviewing older people themselves would be an invaluable source of information. Remember that the aim is not to write a dissertation, but rather to assemble a few essential pointers to inform the analysis of humanitarian needs.

### **Collect information about the effects of previous disasters**

Evidence on the impact of previous crises can also help you to understand potential impact on older people. You can greatly help the initial assessments by collecting information as part of your standard preparedness activities during non-emergency periods about:

- What happened specifically to older people?
- What was in general the attitude of communities and families vis-à-vis older people?
- If the crisis led to population displacement, did older people move with their families?
- Is there evidence of older people having been forgotten or excluded during relief efforts?
- If the crisis is recurrent or slow onset type, how are older people's traditional coping mechanisms affected?

Answering these questions may require a little research, as this information may not be readily available within the range of contacts one normally has in a field office. To gather this data, HelpAge recommends organising a field visit to one of the affected areas and undertaking focus group interviews with older people.

### **Avoiding bias**

When collecting information from affected communities you always face the challenge of avoiding bias, and questions over the roles and responsibilities of older people are no different. For example, communities will almost always say that older people are supported by their families and communities. Getting a clear picture of the degree to which this is true or not often demands triangulating information from a number of sources, and relying on those with a good understanding of local culture and tradition, and how these are affected by emergencies. By gathering and collating as many of the types of information listed above, from a wide range of sources, you will begin to develop a clear understanding of the position of older people in society, and how this might contribute to their vulnerabilities in a crisis.



Boris Aristin Gonzalez/HelpAge International

## *Action point 2:* Make initial assessments ageing-sensitive

Initial assessments are those carried out during the first two weeks of an emergency. Based on the findings, humanitarian actors can develop strategic plans, mobilise resources and monitor the situation and the response. However, these assessments should not be expected to provide detailed information for the design of localised response projects.

Remember that at this early stage, assessing mostly means considering information collected by yourself or by others (“secondary” data) during the preparedness phase. This secondary data analysis helps to determine the extent of the disaster and the number of affected people, and to sketch out the strategic humanitarian priorities. In the early stages of emergency response, there is often not time for detailed, household-level assessments. Field visits are used for community-level assessments, and are essential to understand the needs and priorities as perceived by affected communities. It should be recognised however that at this early stage, field visits will largely be applied to confirm your secondary data findings.

### **Collect sex- and age-disaggregated data (SADD) from global sources**

Obtaining recent and reliable data from the preferred source – the national statistics office – can often be difficult in an emergency. The following points are therefore crucial **if the information described in Action Point 1 was not collected during the preparedness phase** and the assessment team has to start building a picture from scratch.

Fortunately, by using global sources of population data, a team can put together a good picture of the affected population. As said earlier, it is important to remember that the purpose of this exercise is not to provide exact figures for detailed programme design; however it is possible to provide accurate estimates, and in particular statistics for older people, which can be used for a preliminary scenario definition and for advocacy purposes.

### **Using UNDESA data to produce national SADD estimation**

The website of the United Nations Department of Economic and Social Affairs is a very valuable source of population data. In particular, the tables maintained by the World Population Prospects where you will find updated population estimations disaggregated by country, sex, age, density and dependency ratios: <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>

You just have to open the relevant Excel files, search for your country of interest, and find the estimations for older people.

Further information of interest is found at:

[http://esa.un.org/unpd/wpp/Sorting-Tables/tab-sorting\\_population.htm](http://esa.un.org/unpd/wpp/Sorting-Tables/tab-sorting_population.htm)

Extrapolations from the national to the local level can be supported by estimates of population density and urban/rural population figures found here.

## Estimating SADD for older populations

Once you have found your country of interest and the most recent year's data, you can calculate the percentage of older people from the total population and fill in the table below following the Sphere Project Handbook gender and age group divisions.<sup>7</sup>

You will note that some countries in the UNDESA database will have estimations of 80+ and 90+ years old. In these cases the methodology should be applied using 80+ as the final cut-off.

Age	Male	Female	Total male and female population
50-59 years	Total sum (% of total population)	Total sum (% of total population)	Total sum
60-69 years	Total sum (% of total population)	Total sum (% of total population)	Total sum
70-79 years	Total sum (% of total population)	Total sum (% of total population)	Total sum
80+ years	Total sum (% of total population)	Total sum (% of total population)	Total sum
<b>Total</b>	<b>Total sum (% of total population)</b>	<b>Total sum (% of total population)</b>	<b>Total sum</b>

The table below shows how data taken from UNDESA was used to produce estimated population percentages for older people in DRC.

Total DRC population 2011: 67,954,000

## Sex- and age-disaggregated data in the Democratic Republic of Congo

Age	Male	Female	Total male and female population
50-59 years	1.41 million (2.07%)	1.51 million (2.22%)	2.92 million
60-69 years	828,000 (1.22%)	980,000 (1.44%)	1.808 million
70-79 years	347,000 (0.51%)	455,000 (0.67%)	802,000
80+ years	140,000 (0.2%)	225,000 (0.33%)	365,000
<b>Total</b>	<b>2.725 million (4.01%)</b>	<b>3.17 million (4.66%)</b>	<b>5.895 million</b>

7. As already shown in this guidance on p.11

## Make estimates for the local level

Only rarely do emergencies affect the entire territory of a nation. In order to understand how many older people are likely to have been affected by a particular crisis, the following steps can be performed:

- Obtain a map showing higher-level administrative sub-divisions of the country – these could be regions or provinces
- Understand what regions or provinces have been affected (in a situation of natural disaster, for example, you might be as specific as “one third of province A” or “three quarters of province B”)
- Understand how many people are living in these provinces or regions. If population data is not available locally, a surprisingly good source of detailed information is: [www.world-gazetteer.com/](http://www.world-gazetteer.com/)

The World Gazetteer provides a breakdown of population data for countries and offers related statistics for different administrative divisions, areas, cities, towns and maps in English, French, Spanish and German. It will provide you with immediate quality estimations that you can disaggregate later.

- Understand the age breakdown at the national level – if data are not available nationally, use the global sources listed above
- Do the arithmetic – transform national-level numbers in percentages and apply these to the number of people living in the areas of interest.

The table below shows how World Gazetteer data were combined with the population estimates for DRC above to produce estimations for Rutshuru territory.

Total population of Rutshuru territory (2012 estimation): 58,686

### Local level sex- and age-disaggregation in the Democratic Republic of Congo

Age	Male	Female	Total male and female population
50-59 years	2,898	3,080	5,978
60-69 years	1,708	2,016	3,724
70-79 years	714	938	1,652
80+ years	280	462	742
<b>Total</b>	<b>5,600</b>	<b>6,496</b>	<b>12,096</b>

HelpAge experience shows that this methodology can be successfully applied to provide accurate population assessments in the first phase of an emergency response. For instance, in Pakistan, HelpAge’s estimation of the older IDP population in the north of the country, made using UNDESA data, was only 0.34 per cent different from official statistics collected through registration.

SADD estimates will help you understand the size of the potentially affected population and the age and gender breakdown within it as a basis for programme planning. The approach is easy to use and can be adapted to any age group within the population to support the programmes of numerous humanitarian partners. You will then need to apply your understanding of the context to identify further vulnerabilities and needs of different groups within the population, as discussed later in Action Point 4.



## Make community-level assessments ageing-sensitive

The community level assessment (CLA) is a standardised methodology for the systematic collection, collation and analysis of primary data. It provides a unique opportunity to integrate needs and priorities as perceived by affected communities into the broader assessment of strategic humanitarian priorities. It takes into account the limitations inherent to primary data collection in the early stages of emergencies, such as non-representative sampling due to limited access, and is the essential counterpart of the secondary data analysis.

CLA is done primarily through focus groups with the people an organisation aims to assist. You can collect more information about specific needs in different sectors, and especially about priorities, by interviewing community leaders or other specialist key informants. It is crucial that both the process for primary data collection and the questions asked recognise and provide an insight into the specific roles, capacities and needs of older people.

Since community leaders and specialist key informants in positions of authority are generally adult men, this can introduce a significant bias. All the social and cultural elements discussed earlier come into play here. If in a given society or community women are marginalised, it is not likely that by interviewing a man their specific needs will rank high. Similarly, if older people are “invisible” and everybody’s attention is focussed on “traditional” vulnerable groups such as children, such invisibility will be automatically transferred into the ranking of needs and priorities.

To avoid gender bias, you must ensure that a balanced number of women and men are interviewed so that the needs of both can be reflected, enhancing the accuracy and impartiality of the assessment. Likewise, as many older people as possible should be included as key informants. If that is not possible, in carrying out the interview, you should have a “probing” attitude, asking questions in a way that makes the expression of older people’s needs easier and more likely.

Several needs assessment methodologies do not consider the use of focus group interviews during the initial assessment processes. However such data collection methodologies are an important mechanism to give a voice to otherwise silent older people. Focus groups can also be used as an information source in triangulation, in order to avoid the risk of bias as discussed above.



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## Action point 3: Ageing-sensitive analysis of assessment data

Together with gender, age is a “universal determinant”: *universal* as it is possessed by every person, *determinant* as it largely defines both the position and role of a person in the family and society. Critically for humanitarian operations, gender and age also largely determine how a person is going to be affected by a crisis.

Understanding the specific ways older people are affected by an emergency is part of the wider gender analysis recommended in the early stages of emergency response. Gender analysis does not consider only gender issues and is certainly not limited to the role of women. Gender analysis identifies the types of gender differences and inequalities that might otherwise be taken for granted – such as how men and women of different ages have different access to and control over resources, carry out different social roles, face different constraints and receive different benefits. Once highlighted, they can be addressed and alleviated by carefully designed programmes.<sup>8</sup>

Within a broader gender analysis, questions about the situation of older people before and after the crisis should be asked before and immediately after the onset of the emergency, ie during the first and second phase analysis. Collecting this information, predominantly from secondary sources (as outlined above), will help you to reflect ageing in early humanitarian assessment.

The nature and focus of your analysis will vary according to the emergency phase, since not only does the quantity and quality of available information differ, but the *use* of such information changes as well. The following table aims to summarise this.

8. See for example, CARE International's *Rapid Gender Analysis for Emergencies Tool*. <http://pgdl.care.org/gendertoolkit/Pages/rapid%20gender%20analysis%20in%20emergencies.aspx>

Phase	Kind of information	Use	Purpose
Preparedness	<p><i>Estimations of disaggregated population data</i></p> <p><i>Social and cultural habits</i></p> <p><i>Experience of previous emergencies</i></p>	<p><i>Collect pre-crisis secondary information to be used in immediate aftermath of an emergency</i></p>	<p><i>To inform age analysis in the early stages of a crisis and planning</i></p>
Phase 1	<p><i>Disaggregated population data</i></p>	<p><i>To provide a working estimate of the older age affected population</i></p>	<p><i>To inform age analysis in the early stages of a crisis and planning</i></p>
Phase 2	<p><i>Ageing-sensitive Community-Level Assessment</i></p>	<p><i>To validate information collected during preparedness and secondary data review</i></p>	<p><i>To inform age analysis in the early stages of a crisis</i></p>

## **Why ageing-sensitive analysis is the core business of humanitarians**

From a public health perspective, whatever aid agencies do, in whatever technical sector of assistance, results in an improvement of either the health status or the nutritional status of the population, and sometimes both. These two factors, health and nutritional status, are the direct determinants of mortality. From this standpoint, therefore, aid agencies do not simply rebuild a bridge – they restore access for food supply, thereby improving the nutritional status of the population and ultimately preventing avoidable deaths. Humanitarian assistance, however, is not exclusively about saving lives. It is also about alleviating suffering and protecting dignity.

The aim of an ageing-sensitive analysis of humanitarian needs is to understand the many reasons why the health, nutrition and dignity of older people are at risk as much as, and often more than, the rest of the population. Once the biological (age, disability, pre-existing chronic diseases) and socio-cultural (role and position of older people in families and society) factors are taken into account, it becomes clear that older people are at particularly high risk of dying as a result of a crisis. Several rounds of field research have demonstrated a comparatively more serious deterioration of the health and nutritional status of older people in emergencies. Other studies have shown that older people actually die more than other population groups.

This may be expected, since mortality rates are higher for older people anyway. What humanitarians must avoid, though, is that pre-crisis mortality rates for older people are multiplied as a consequence of an emergency. If humanitarian assistance is about preventing avoidable deaths, the obligation to do so does not only apply to the lower part of the age spectrum. All people are entitled to the fundamental right to life, regardless of their age. Furthermore, even if a somewhat higher mortality rate for older people is unavoidable, there is no excuse for denying them the basic conditions of life in dignity and without suffering.

Ageing-sensitive analysis is based on the multiple sources of information discussed in this document. It is not a one-off exercise. Rather, it should be an integral feature of the on-going process of the assessment-analysis-planning-implementation-monitoring cycle. As more information becomes available from more sources, ageing-sensitive analysis becomes more sophisticated and allows for a more detailed understanding of the specific needs of older people.

## **How to conduct an ageing-sensitive analysis of needs assessment data**

The analysis of needs assessment data is a complex process. It relies in large part on the team's expertise, and is undertaken differently by different actors and agencies. This section of the guidance does not therefore aim to provide a specific methodology for analysis, but rather to suggest some key points to ensure the needs of older people are adequately accounted for in your analysis process.

If you have collected data on older people during your preparedness and first phase assessment you will have a rich body of evidence from which to draw conclusions on the needs of older people. However, even if you only have limited data you can begin to provide some suggestions regarding the delivery of inclusive response.

The first thing to consider is the structure of the analysis process. You should:

- Ensure that everyone has a similar “big-picture” understanding of why there are humanitarian needs in the specific country/area of operation
- Do a short brainstorming to establish an understanding of the factor compounding the humanitarian consequences of the crisis
- Ensure the analysis team is clear about the factors that contribute to vulnerability and risks faced by different groups.

Once you have a common and clear understanding of the context you should begin to discuss and interrogate your data, using as a framework the questions posed in Action Point 1 on the physical and socio-economic factors that contribute to the vulnerability of older people. Using your data to answer these questions will highlight a range of vulnerabilities and evidence gaps which you may not have otherwise considered, and which will support your development of response and advocacy activities.

For example, as is the case in Bangladesh, you may see from your population data that older people account for a relatively small percentage of the population. However your contextual understanding will tell you that the impact of migration means that there are larger numbers of older people in rural areas, who in case of an emergency will need assistance to meet their own needs and those of the children they care for. In a camp context you may find that while the overall number of older people in the population seems low, their lack of mobility and support from families and communities means they will face difficulties returning home, exposing them to the risk of abandonment. This was the case in Gulu district of Northern Uganda, where 65 per cent of those remaining in camps in 2009 were over 60 years of age. Undertaking an age-sensitive analysis would allow you to plan for the necessary support older people need to return home and re-establish their lives, or find a durable solution to their displacement.

With regard to gender roles, you may recognise that in a given context, women and older women are not allowed to leave the home without a male chaperone. For older widows or women living alone this may pose a major challenge for accessing relief services and hence you will need to build in outreach services to your distribution programming to ensure assistance reaches them.

In another context, your analysis might highlight that due to the impact of HIV, conflict and migration, older people play the primary care role for large numbers of children and as such are still active in the working population. This insight will allow you to design relief services that support older people and their dependents, as well as livelihoods recovery programming that is inclusive of older people and allows them to continue to meet their own basic needs and maintain their care role, thus contributing to the well-being of the younger population.

In the very initial phases, your analysis should give you an idea of the extent to which older people may be at extra risk vis-à-vis the rest of the population. This is basically a scoping exercise, aimed at identifying broad priorities. If your data indicate that older people are particularly marginal and invisible and that there are no functioning safety networks, you know that you should place them at a higher priority when designing further assessments and response programmes. With the knowledge of what to look for, the specific risks faced by older people in emergencies will become more apparent to the assessment team.

As the quantity and depth of the available information increases with time, the scope of your analysis must broaden as well. In general, old age-related risk analysis should guide the process of setting strategic objectives and designing programmes so that any **pre-existing condition of invisibility, marginality and exclusion is not worsened by humanitarian assistance**. Ultimately, age-sensitive analysis should help you to **ensure that humanitarian programs are adapted for and accessible to older people**.

## **Older people in emergencies: identifying and reducing risks. A tool for analysis teams**

Alongside the questions and issues outlined in Action Point 1, HelpAge has produced a document to assist you in thinking through the risks older people face in emergencies – attached in Annex 1. This document will not only help you to identify risks in your analysis phase, but also to develop recommendations for response activities.

In this latter phase of analysis collected data on vulnerable groups is turned into responses that meet their specific needs. As discussed, many humanitarian responses appear to be designed as automatic reactions to perceived or assumed vulnerability. By supporting your analysis with the questions raised in this document, you should be able to better understand and respond to the needs of older people. More detailed points on response design can be found in HelpAge's emergency health, nutrition, livelihoods and protection guidance documents.

## **Conclusions**

The action points in this document all focus on needs analysis, which is a critical step in the humanitarian programming cycle.

Specifically, this document concentrates on the early phases of understanding and analysing needs, as HelpAge experience shows that if older people and other vulnerable groups are not considered from the very outset of a response, their chances of being included in initial programming or even in later assessments are drastically reduced. The result is an on-going exclusion of older people from humanitarian assistance with negative consequences for their health and wellbeing, their ability to survive and recover from an emergency, and their ability to prepare for and recover from future crises.

Collecting a range of diverse and important information about older people in the relative calm of the preparedness phase or, at a minimum, ensuring that key information is collected during post-crisis secondary data reviews and community-level assessments is essential to understanding how older people are affected by an emergency.

Such *understanding* is what needs analysis is all about. An increasingly detailed understanding of the situation of older people and of their specific needs will inform successive planning steps, from the setting of broad priorities and strategic objectives, all the way down to the specifics of programme design.

The process outlined above therefore should be recognised as a contribution to improved needs analysis and the delivery of quality impartial assessments.

### **Resources**

Mazurana D, Benelli P, Gupta H and Walker P (2011), *Sex and Age Matter: Improving Humanitarian Response in Emergencies*. Feinstein International Center, Tufts University

Inter-Agency Standing Committee (2012), *Operational Guidance for Coordinated Assessments in Humanitarian Crises*

[http://ochanet.unocha.org/p/Documents/ops\\_guidance\\_finalversion2012.pdf](http://ochanet.unocha.org/p/Documents/ops_guidance_finalversion2012.pdf)

CARE International *Rapid Gender Analysis for Emergencies Tool*. <http://pqdl.care.org/gendertoolkit/Pages/rapid%20gender%20analysis%20in%20emergencies.aspx>

# Annex 1

## Older people in emergencies: identifying and reducing risks

This document systematically reviews the main risks (defined as potential adverse consequences of a crisis) to which older people are exposed in emergency situations. It is intended for humanitarian practitioners and emergency managers involved in the design and implementation of emergency programmes. For each risk, under “key actions” the document lists simple measures that can be taken within the standard programming and funding parameters of humanitarian organisations to reduce risks for older people in emergencies. At the end, the document points to essential resources for further reading.

Risk	Explanatory notes	Key actions
<b>General concerns</b>		
<p><b>Worsening of pre-existing marginalisation and exclusion</b></p>	<p>The drive towards the market economy of a growing number of societies around the world, combined with the erosion of traditional social and cultural values, leads to the marginalisation of older people and sometimes their outright abandonment by families, communities and society at large.</p> <p>Contrary to common beliefs, older people are not always cared for by their family and community. Patterns of discrimination may actually be accentuated in the drive for survival in humanitarian crises. When excluded by their own communities and families, older people may become isolated and be unaware that humanitarian assistance is available.</p>	<p>Before the crisis, undertake community-based preparedness activities that include the identification of older people living alone, the planning of outreach activities in case of an emergency and the provision of mobility and adaptive aids.</p> <p>After the crisis, ensure that information on the impact of the disaster and on humanitarian response and services is accessible to older people (taking into account any hearing or visual impairments) and is communicated in a way and in a language they understand.</p> <p>Ensure that older people have appropriate documentation to identify themselves so that they may access both humanitarian and state-provided social services.</p>
<p><b>Invisibility to humanitarian actors</b></p>	<p>In principle, older people may be recognised as a vulnerable group. In practice, however:</p> <ul style="list-style-type: none"> <li>• Data about them is often not collected</li> <li>• Humanitarian programmes are not tailored to meet their specific needs</li> <li>• They are minimally consulted in the planning and execution of humanitarian operations</li> <li>• Their capacity to be active participants in recovery and response is ignored.</li> </ul>	<p>Collect assessment, registration and monitoring data disaggregated by age and sex, including ages 50-59, 60-69, 70-79 and 80+.</p> <p>Document specific vulnerabilities of older people – such as living alone, caring for children or being housebound.</p> <p>Support the creation of older people’s committees, which is a well-established way of ensuring that old people’s voices are heard.</p> <p>Identify older people as key resources.</p>

Risk	Explanatory notes	Key actions
<b>Protection</b>		
<p><b>Inability to leave home even if one wants to</b></p>	<p>Older people may be left behind as families are displaced by conflict or natural disasters – because they are unwilling or unable to travel, or are left to guard family property and belongings. They remain without access to services and potentially become targets for armed groups (including security forces), bandits, mafia thugs or those seeking retaliation. They are also at risk of potential secondary impacts if they continue to stay at home after a natural disaster. At risk of being abandoned and isolated at the best of times, many older people have no one to turn to during emergencies.</p>	<p>Consider the following actions:</p> <ul style="list-style-type: none"> <li>• Advocate and liaise with authorities, especially parties to armed conflict, to enable access for the most vulnerable who remain behind</li> <li>• Assist with transportation and movement for the most vulnerable</li> <li>• Provide support for family tracing and reunification for older people</li> <li>• Attend to older people arriving alone or with children at displacement reception centres</li> <li>• Increase the focus on areas that are accessible but remain outside core displacement centres and camps, where older people are likely to be</li> <li>• Integrate, involve, and prioritise older people in evacuation, preparedness and disaster risk reduction plans and activities prior to crises.</li> </ul>
<p><b>Inability to leave an IDP or refugee camp even if one wants to</b></p>	<p>Older people may be left behind as families return – because they are unwilling or unable to travel, or because the family faces an uncertain future in terms of shelter and livelihood.</p>	<p>Consider the following actions:</p> <ul style="list-style-type: none"> <li>• Monitor the return process and identify older people who are failing or struggling to return</li> <li>• Provide a comprehensive return package for older people</li> <li>• Build shelter in the area of return for isolated older people and those without family support</li> <li>• Provide agricultural and livelihood support, especially for older people who are caring for children</li> <li>• Provide transport</li> <li>• Assist communities in re-integrating older people.</li> </ul>
<p><b>Separation from family or community</b></p>	<p>Isolation is possibly the most important factor in creating vulnerability. Older people find that the problems they face are compounded by the fragmentation and dissolution of their families and communities. This may include the loss of the support mechanisms on which they had relied. Older women live longer and are more likely to be widowed and less likely to re-marry.</p>	<p>Include older people in reunification and family tracing.</p> <p>Train community workers to identify isolated older people.</p> <p>Integrate home-based care into programmes.</p>

Risk	Explanatory notes	Key actions
<b>Protection continued</b>		
<b>Being the victim of abuse</b>	Untested assumptions about the care and respect offered to older people, combined with the lack of consultation, create an environment in which serious abuses – such as rape, gender-based violence, prostitution, theft, and confinement of older people – go unseen and unchallenged.	<p>Include older women in gender-based violence prevention and response programmes.</p> <p>Recognise that older women may be both victims of abuse (sexual, physical and mental) as well as perpetrators (female genital mutilation).</p>
<b>Caring for children</b>	If they were not doing so already before the crisis, many older people find themselves looking after young dependants whose parents are dead or absent. Those who were doing so already before the crisis may find themselves suddenly having to care for many more.	<p>Identify older care givers in assessments specifically including registration of older widow and single carers.</p> <p>Ensure that child protection programmes recognise the role of older carers and that support is extended to them as well as to children.</p> <p>Ensure that information on child protection and services for children is communicated to older caregivers.</p> <p>Consult older caregivers on their priority needs and challenges in caring for young children after a crisis.</p>
<b>Having housing, land and property rights ignored</b>	In a ‘survival-of-the-fittest’ environment, the already difficult issue of housing, land and property rights may become intractable if the rightful holder is an older person. Older widows are regularly the victims of discrimination and exclusion due to prevailing traditional beliefs, social norms and accepted cultural practices. Older people may lack legal documentation to prove ownership of land and assets.	Provide legal and administrative support to older people to obtain documentation that may have been lost during a crisis and to retake possession of land or property. If such services are already available to younger people, make sure older people are included.
<b>Exclusion in communal shelters</b>	In some cases, such as in cyclone shelters, exclusion from communal shelters may represent a direct threat to personal survival.	Ensure older people’s needs are considered in evacuation plans.



Risk	Explanatory notes	Key actions
<b>Food</b>		
<b>Non-registration for food distributions</b>	If the registration of beneficiaries for food distributions does not include a systematic outreach process, older people may easily be excluded, as other, more mobile and vocal population groups are registered.	<p>Ensure that the data collected during the registration process is disaggregated by sex and age, including at least one “older people, 50+” category. Where possible, cross-check this against census data to identify discrepancies.</p> <p>Use outreach programmes (such as community health or home-based care) to reach unregistered older people and register them.</p>
<b>Difficulties reaching the food distribution point or market</b>	Older people find it difficult to access centralised relief and service delivery points because of the distances involved, poor mobility or confinement to their homes because of the need to guard property, care for dependants or due to physical infirmity.	<p>Hold distributions at locations that are physically accessible – for example, in central locations on level ground.</p> <p>Support older people with limited mobility to reach distributions.</p>
<b>Difficulties at the food distribution point</b>	If receiving a food ration requires, as is often the case, standing in a queue for a long time in heat or rain and without shelter or water, and in the absence of separate queues for older people and the mobility-impaired, these groups may completely miss the distributions.	Set up a separate distribution line for older people and those with disabilities.
<b>Difficulties transporting the food back home</b>	Dry rations at the food distribution points are generally handed out in bulk, as a stock for up to four weeks. For a single person, this means a load of tens of kilos, which may be difficult or impossible for an older, weaker or mobility-compromised person to transport.	<p>Set up a proxy collection system through which younger, able-bodied relatives or neighbours can collect the food on the older person’s behalf. Information on the proxy person can be communicated either on the registration card or with the distributing agency to make sure the proxy can access the distribution and to avoid fraudulent collection of assistance.</p> <p>Arrange “home” delivery for the most vulnerable older people.</p>

Risk	Explanatory notes	Key actions
<b>Food continued</b>		
<b>Unequal food share within the family</b>	Even when food reaches the household, it may be consumed differently by different members of the family. Older people are also apt to share their rations, especially with male household heads and children.	<p>Introduce home visits to monitor that food intake by older people corresponds to their nutritional and caloric needs.</p> <p>Consider hot meal distribution for older people. This will not change the cultural expectations for food distribution, but the provision of a hot meal is a guaranteed way to ensure that the older person receives at least one meal a day.</p>
<b>Inappropriate food</b>	Older people may be unable to eat food rations because they have few teeth, cannot digest the food, have not eaten a particular food before, or cannot find cooking fuel. Furthermore, food ration content usually does not take account of the protein and micronutrient ratios needed by older people.	<p>Advocate for World Food Programme and other emergency food rations to include foods that are easier to chew and appropriate for older people.</p> <p>Ensure that the food rations are culturally and regionally appropriate.</p> <p>Provide fuel and cooking sets as an accompaniment to food distribution.</p>
<b>Non-food items</b>		
<b>Lack of warm clothes or blankets</b>	Older people may find that circulatory problems make it harder for them to manage or endure cold temperatures. They may need extra layers of clothing or blankets compared to other adults.	Provide double sets of blankets and clothing to older people.
<b>Lack of culturally acceptable clothes</b>	The cultural acceptability of clothing supplied in an emergency is likely to be a particular issue for older women, who may find it impossible to abandon traditional forms of dress.	<p>Ensure that non-food item (NFI) packages for older people include traditional forms of dress.</p> <p>Introduce a system of distribution that involves proxy delivery to protect older women's dignity.</p>
<b>Exclusion from NFI distribution lists</b>	If the registration of beneficiaries for NFI distribution does not include a systematic outreach process, older people may easily be excluded, as other, more mobile and vocal population groups are registered and aid agencies a) have the impression that they registered everybody and b) assume that older people will use NFIs given to their families.	<p>Ensure that the data collected during the registration process is disaggregated by sex and age, including ages 50-59; 60-69, 70-79 and 80+. If possible, cross-check this data with the overall census of the beneficiary population, looking for discrepancies.</p> <p>Use outreach programmes (such as community health and home-based care) to reach unregistered older people and register them.</p>

Risk	Explanatory notes	Key actions
<b>Shelter</b>		
<b>Not being automatically given shelter by family</b>	Older people whose family has lost a house must often find shelter by themselves, as younger members may think of their own needs first.	On the one hand, ensure that shelter projects, both temporary and permanent, consider older people as individual households. On the other, try to avoid fragmentation of extended multi-generation households.
<b>Inaccessible shelter</b>	Temporary or rebuilt shelter made available by aid organisations may be inaccessible for mobility-impaired people. Simple elements such as ramps, handrails, grab bars and lighting are often ignored in the design and construction of the dwellings. Even the entrance door to the dwelling can be too narrow or difficult to open.	<p>Incorporate the installation of age-friendly features – such as ramps, handrails, grab bars and lighting – into repair and construction of temporary shelters, in line with international guidelines on accessibility.</p> <p>Ensure that there is sufficient space to enable dignified use of “assistance” for those needing help when using the toilet.</p>
<b>Sleeping on cold, hard or damp surfaces</b>	Chronic but manageable joint problems become acute and severely debilitating.	<p>Recognise that people’s mobility declines with age and adapt shelters accordingly. For instance, in camps or temporary shelters, sleeping on a mattress can make a substantial difference to older people’s health. Older people can get in and out of bed more easily if the mattress is raised.</p> <p>Provide mattresses as part of NFI packages.</p>
<b>Lack of separation of the sexes</b>	Shelters do not offer separation by sex, increasing the likelihood that older single women may avoid them due to cultural prohibitions.	Ensure that, where families are being relocated into temporary shelters, sex-specific communal shelters exist for people who are on their own.
<b>Being grouped with unknown people</b>	Such grouping – often used to reach the number required to qualify for shelter or for allocation of supplies – can lead to problems of exclusion and abuse as the larger group rejects or resents the presence of the older person.	Ask for older people’s preferences with regard to placement in communal temporary shelters.

Risk	Explanatory notes	Key actions
<b>Water</b>		
<b>Exclusion from water distribution schemes</b>	Older people are at risk of being ignored when designing and building water distribution schemes.	<p>Ensure that the data collected during the registration process is disaggregated by sex and age, including at least one “older people, 50+” category. If possible, cross-check this data with the overall census of the beneficiary population, looking for discrepancies.</p> <p>Ensure representation by older men and women on water committees.</p>
<b>Difficulties reaching water distribution points, wells or sources</b>	Older people find it physically difficult to access water distribution points.	<p>Establish community systems of water delivery to ensure that the housebound are provided with clean water daily.</p> <p>Work with shelter actors to design roofs so that rain run-off can be collected in containers for washing and small-scale kitchen garden irrigation.</p>
<b>Difficulties transporting water back home</b>	The typical jerry can be distributed as an NFI in humanitarian operations holds 20 litres and thus weighs 20kg – which most older people will find impossible to hand carry.	<p>Distribute smaller jerry cans – ideally 5 litres maximum – to older people who would otherwise be unable to collect large amounts of water in 20 litre jerry cans.</p> <p>Consider a proxy delivery system to provide sufficient water to those who cannot transport it.</p>
<b>Difficulties reaching sanitation facilities</b>	Older people find it physically difficult to access latrines and other sanitation facilities.	<p>In camp settings, when constructing new shelter or revitalising damaged shelter, be sure that latrines are built in close proximity to older people. In collective centres and camps, be sure that older people are allocated sites near water sources and latrines.</p> <p>Ensure that the pathway to the latrines is marked by string for those with visual disabilities and that it is flattened and smooth to facilitate accessibility for those with mobility challenges or those in wheelchairs.</p>

Risk	Explanatory notes	Key actions
<b>Water continued</b>		
<b>Difficulties using sanitation facilities</b>	Latrines and other sanitation facilities made available by humanitarian stakeholders (including governments) may be inaccessible for mobility-impaired people. Simple elements such as ramps, handrails, grab bars and lighting are often ignored in the design and construction. Even the entrance door to the latrines can be too narrow or difficult to open.	<p>Incorporate the installation of age-friendly features – such as ramps, handrails, grab bars and lighting – into repair and construction of latrines, in line with international guidelines on accessibility.</p> <p>Ensure that there is sufficient space to enable dignified use of “assistance” for those needing help when using the toilet.</p>
<b>Difficulties disposing of waste</b>	When mobility is a problem, waste can be disposed of immediately outside the dwelling and pile up in great quantities, becoming a health hazard.	Set up community support networks to help the housebound manage their waste. Also, work with local government or camp authorities to do this.
<b>Nutrition</b>		
<b>Malnutrition unchecked</b>	Older people are rarely included in nutritional surveys and rarely screened for malnutrition.	In displacement crises, organise the systematic screening of older people at reception centres using mid-upper-arm circumference (MUAC) tapes. In other cases, try to involve older people in nutritional surveys. Train community health workers to actively detect malnutrition in older people through a process of ongoing screening with MUAC tapes. In all cases, use more sensitive case definition.
<b>Malnutrition untreated</b>	Selective feeding programmes for nutrition rehabilitation rarely include malnourished older adults.	<p>Include malnourished older people in supplementary and therapeutic feeding programmes. Community-based management of acute malnutrition can be extended to older people.</p> <p>Train community health workers to identify and address acute malnutrition in older people, and to provide nutrition education.</p> <p>Ensure that severely malnourished older people are referred to the nearest hospital for assessment.</p>

Risk	Explanatory notes	Key actions
<b>Health</b>		
<b>Susceptibility to ill health, disability and injury</b>	<p>Poor health and reduced mobility increase the risk of serious injury and illness in crisis situations. Even normal physical changes associated with ageing that may not greatly impair daily functioning, such as reduced mobility and failing eyesight, can become significantly disabling during an emergency.</p>	<p>Ensure that older people are included in health assessments.</p> <p>Ensure that mobility aids and adaptive devices that have been lost or damaged during the crisis are made urgently available to older people so that impairments do not become disabling.</p>
<b>Difficulties accessing health services</b>	<p>Older people find it difficult to access centralised relief and service delivery points. Community-based health programmes often exclude older people.</p> <p>Financial accessibility might also be an issue for older people.</p>	<p>Use community health workers to identify older people who are unable to reach health facilities and consider either providing home-based care or transport for referral to the health centre or hospital. It is often necessary to make sure that somebody is accompanying the older person.</p> <p>Train community health workers to provide health education on healthy ageing to older people, and train them in self-management of their chronic condition.</p> <p>Promote free access to healthcare to older people: free hospitalisation, free consultation, free laboratory exams and free drugs, at primary and secondary levels.</p>
<b>Inappropriate health services</b>	<p>When healthcare is accessed, it generally focuses almost exclusively on communicable diseases, for which older people are at increased risk. However, non-communicable, chronic diseases, which are the main concern for older people, are rarely taken into account.</p>	<p>Ensure that emergency health kits include medication to treat chronic illness, especially high blood pressure, diabetes and hypertension.</p> <p>Ensure that older people are identified as at higher risk for communicable diseases, particularly when there is an outbreak.</p> <p>Palliative care should be considered in order to allow older people to die in dignity.</p>
<b>Difficulties accessing psychological support</b>	<p>The loss of worldly possessions is a psychological shock. Loss of children, relatives and friends is debilitating. Rebuilding is a slow and painstaking process. Very little psychological support is available to older people.</p>	<p>Include older people in psychosocial activities.</p> <p>Explore ways to increase inter-generational and community support.</p> <p>Include opportunities for older people to engage in cultural rituals, such as puja and funerals, to enable grieving and initiate the process of emotional recovery and closure.</p>

Risk	Explanatory notes	Key actions
<b>Recovery</b>		
<b>Exclusion from rehabilitation and livelihood projects</b>	Older people are excluded, often systematically, from rehabilitation programmes such as the distribution of seeds and tools, cash and food for work, micro-credit, cash transfers and skills training. Even when older people organise their own projects they find it difficult to source funds or other inputs.	<p>Ensure that the data collected during the registration process for rehabilitation and livelihood activities is disaggregated by sex and age, including at least one “older people, 50+” category. If possible, cross-check this data with the overall census of the beneficiary population, looking for discrepancies.</p> <p>Encourage communities and humanitarian actors to recognise the contributions older people can make.</p>
<b>Inability to earn a living</b>	Producing an income can be exceedingly difficult in crisis situations, and few countries affected by humanitarian crises have old age pension schemes.	Help older people access social protection mechanisms (old age pension, disability allowance, widow pension), particularly through legal and administrative support.

## Essential resources

*Working with older persons in forced displacement*, UNHCR, 2011.

Older refugees face particular challenges in displacement and have both specific needs and assets. It is important for UNHCR to ensure that the rights of older persons of concern are met without discrimination. This places an onus on offices to develop a thorough understanding of the circumstances of older persons under their care. This note provides staff with guidance on a range of issues when working to meet these responsibilities.

*A study of humanitarian financing for older people*, HelpAge International, 2012.

The study finds a significant disparity between the needs of older people as a vulnerable group and the humanitarian assistance funded to meet that need. There remains minimal reference to older people within proposals compared with reference to other vulnerable groups.

*Sex and age matter: improving humanitarian response in emergencies*, Tufts University, 2011.

The study finds almost no documented and published cases in which lead agencies within the five sectors under study properly collected sex- and age-disaggregated data, analysed the data in context, used those findings to influence programming, and then carried out effective monitoring and evaluation to determine the effect on programming.

*What do older people need in emergencies?*

*The experience in the Philippines after Typhoon Ketsana*, HelpAge International, 2010.

The study investigates 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 regarding the current policies and laws of government units and agencies that address the needs of older people in emergencies (local ordinances); and the coping strategies and mechanisms of older people in addressing their needs and problems in emergencies.

*Older people and effective disaster risk reduction*, HelpAge International, 2010.

Old people associations make invaluable contributions to community safety through disaster preparedness in the Philippines.

*Older people and humanitarian financing*, HelpAge International, 2010.

Improving the recognition of vulnerable groups, and older people in particular, in the Consolidated Appeal Process.

*Protecting and assisting older people in emergencies*, Overseas Development Institute, 2005.

A reference document covering all key issues on ageing and humanitarian action.

*Addressing the nutritional needs of older people in emergency situations: ideas for action*, HelpAge International, 2001.

The document addresses issues of nutritional requirements of older people and examines these in light of current emergency food and nutrition interventions. It also provides a preliminary framework for the design of emergency nutrition interventions for the purpose of piloting and review.

*Older people in disasters and humanitarian crises*, HelpAge International, 2000.

These guidelines for best practice are based on wide-ranging new research from Asia, Africa, Europe and the Americas and many years of global disaster experience. They aim to help relief agencies meet the special needs of older people in emergencies.

*Guidance on including older people in emergency shelter programmes*, IFCR and HelpAge International, 2011.

Suitable housing for older people is crucial to ensure a dignified life. When managing a shelter programme, it is essential to identify and address the needs of vulnerable older people and engage them in decision-making, in order for age-appropriate decisions to be taken.

*Humanitarian action and older persons*. Inter-Agency Standing Committee, 2008.

An essential brief for humanitarian actors.

*Older people in emergencies: considerations for action and policy development*, World Health Organization, 2008.

This analysis seeks to: 1) highlight factors that particularly affect older people in emergencies, especially health-related concerns; 2) propose a strategy to raise awareness about older people in emergencies; and 3) recommend policies and practices to address these considerations.



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