



If not now, when?

Keeping promises to older people affected by humanitarian crises

 **ageInternational**
Member of the HelpAge global network

HelpAge

International

Age International's vision is of a world in which people everywhere can lead dignified, healthy and secure lives as they grow older. Age International is dedicated to the needs and rights of older people in developing countries. It is the international arm of Age UK, it is the UK member of the HelpAge Global Network, and is a member of the Disasters Emergency Committee (DEC). We support older people by improving livelihoods, health and healthcare; providing age-friendly emergency relief; and by challenging attitudes, influencing decision-makers and changing policies.

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HelpAge International works with older people in low- and middle-income countries for better services and policies, and for changes in the behaviours and attitudes of individuals and societies towards older age. It is a leading humanitarian response organisation, working to ensure that older people are included in immediate and long-term humanitarian relief efforts on the ground and in humanitarian policies and guidelines. HelpAge International works with a diverse global network of more than 150 organisations across 85 countries. Together we promote the rights of older people to lead safe, dignified and healthy lives. The HelpAge Global Network has more than 35 years' experience of working with older people in emergencies.

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Acknowledgements We would like to thank all the older people who gave their time to be interviewed for the assessments this report is based on. We would also like to thank the data collectors and analysts, local and international organisations that partnered with us, and the staff of humanitarian agencies who were interviewed in the preparation of this report.

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ISBN 978-1-910743-71-3

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Front cover photo: Older people wait to see if they will receive food at a camp in Mozambique following Cyclone Idai.

Karel Prinsloo/Age International



Oscar Siduma/HelpAge International

Devastating floods in Mozambique caused by Cyclone Idai, the worst natural disaster in Southern Africa in nearly two decades.

Foreword

“I thought it was the end of the world, the end of my life. I had lost hope.”

Francisco, 65, feared the worst as Cyclone Idai ripped the roof off his home in a centre for older people in Mozambique. Thankfully, he survived, but opening his door the next day he saw destruction all around.

The Disasters Emergency Committee (DEC) is committed to ensuring that those most in need at times of emergency – like Francisco, who I met at his newly repaired home – receive our support. Humanitarian principles require us to alleviate human suffering among those least able to withstand the stress caused by disaster. Ensuring that no one is left behind in our humanitarian response is the responsibility of all humanitarian actors.

COVID-19 has shone a spotlight on the devastating effect that age discrimination can have on older people and the need for looking again at how we, as humanitarians, address the rights and needs of those most at risk in our societies. The evidence in this report highlights the endemic challenges and discrimination that older people face in accessing humanitarian support.

The report provides us with important lessons for how our practice must improve in light of the current challenges we are facing in the context of COVID-19.

The UN Secretary General’s report on the impact of COVID-19 on older people leaves no doubt that much more still needs to be done. The latest update of the UN Global Humanitarian Response Plan to COVID-19 also shows the multiple risks that older people are facing.

We need to be aware of how older people are affected not only in the short-term due to the impacts of humanitarian crises such as the coronavirus pandemic, but also by the longer-term impacts that include reduced income, food insecurity and lack of access to appropriate health and social care. We should all be keen to learn from the expertise of our colleagues and it is through the efforts of DEC members such as Age International and its partner HelpAge International that we can continue to improve in this area.

I urge all humanitarian actors to scrutinise closely how their programmes include older people and whether their needs and rights are genuinely being taken into account.



Saleh Saeed OBE
*Chief Executive,
Disasters Emergency Committee*

Summary

The numbers of older people affected by humanitarian crises are large and growing rapidly. The proportion of the population aged 50 and over in fragile countries, where conflict and disasters are more likely to occur, is expected to rise from 12.3 per cent (219.9 million) in 2020 to 19.2 per cent (586.3 million) in 2050. From earthquakes, hurricanes and flooding to violent conflict and health emergencies, evidence shows that older people are at particularly high risk in emergencies.

In 2020

12.3% 

of the population living in fragile countries are aged 50 and over

By 2050

19.2% 

of the population living in fragile countries will be aged 50 and over

This report looks at the extent to which older people's rights are being upheld in emergencies and their needs met. The picture it paints is a bleak one. Although some efforts are being made to support older people, overall, the humanitarian system is failing by the standards it has set itself.

The report draws on the findings of needs assessments carried out by HelpAge International in the 13 months to the end of 2019. In total, we interviewed 8,883 people aged 50 to 80-plus affected by natural disasters, conflict or socioeconomic crises in 11 countries in Africa, Asia, Latin America and the Middle East.

Since the data was collected, COVID-19 has swept across the globe. The pandemic has both increased the need for humanitarian aid and disrupted its delivery. The response to coronavirus has thrown into stark relief the gulf between the risks older people are facing and the level of support available to them. The findings in this report provide important lessons for improving this response.



Sheika was forced from her home in Yemen, now she lives in a displacement camp.


Promises, promises

At the heart of humanitarian action are four principles: humanity, neutrality, impartiality and operational independence. A number of international commitments have been made in recent years to protect the right of older people to safe and dignified access to humanitarian assistance in keeping with these principles and provisions set out in international law that protect human rights, even in emergencies.

At the World Humanitarian Summit in 2016, global leaders made a series of commitments towards a more inclusive humanitarian system. In 2020, the UN Secretary-General issued a policy brief calling for older people to be integrated into the overall humanitarian responses to COVID-19. Technical guidance has also been published to support humanitarian agencies to include older people in the response.


At breaking point


The findings of our assessments make clear that older people's basic needs are often unmet:

20% 
said they had no access to shelter

64% 
did not have enough to eat


77% 
had no income

25% 
had no access to safe drinking water

62% 
had no access to bathing facilities

36% 
had no access to handwashing facilities

35% 
could not get to a toilet

36% 
said neglect and isolation, and denial of resources, opportunities or services were risks for older people





Samir Bol/HelpAge International

James lives with his wife and two married sons in a camp for internally displaced persons in South Sudan. He is in poor health but cannot obtain the medication he needs.

Out of sight, out of mind

To compound the difficulties older people face:

69%  said they did not know how to provide their opinion or make a complaint about the services being provided to them

27%  said that they could not cope at all. Only 19% said they felt able to cope without support

77%  said that they had not been asked by any other humanitarian agency about the services being provided to them

Only 3  of the needs overviews and humanitarian response plans for the 11 countries covered by this report included data specifically on older people

Given the shocking lack of data, and aid agencies' failure to speak to and understand older people, it is not surprising that humanitarian work so often falls short and excludes older people.

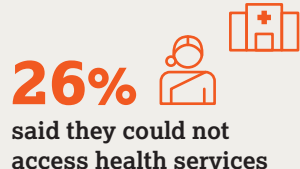
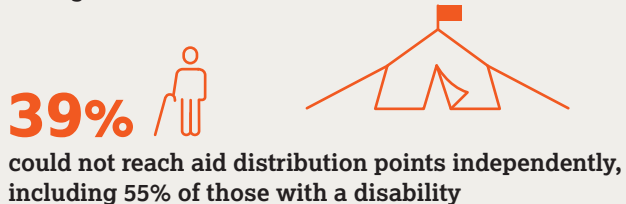
Damaging assumptions

In the absence of data and feedback from older people, aid workers often have to rely on assumptions. However, there can be a mismatch between these and the reality:

- One in five older people (20 per cent) were living alone, not with their extended family as often assumed.
- It is often expected that families are always the best source of support for older people. In humanitarian crises, many older people are highly dependent on their families and others to meet their needs. This is particularly true in protracted crises. However, humanitarian responses that increase older people's dependence may actually contribute to a reduction in older people's resilience and independence over time, increasing their risk of being subject to violence, neglect and abuse.
- Many older people play a significant role in their families and communities, though it is widely assumed they don't contribute:
 - Nearly two-thirds of those we interviewed (63 per cent) said that they were caring for at least one child, and 44 per cent were caring for another older person.
 - In some camps, older people have set up their own associations. Members monitor the situation of older people in the camps, visit those unable to leave their homes and flag up issues with camp authorities and humanitarian aid providers.

Services out of reach

We found that blanket approaches to delivering aid were preventing many older people from accessing even general services:



Worse for women

Women seem to be under greater strain than men. They accounted for 58 per cent of those living alone, 56 per cent of those caring for others, 56 per cent of those with no access to healthcare, 58 per cent of those with no access to food, and 58 per cent of those with no income. More women than men said that they could not cope at all (30 per cent compared with 23 per cent of men).

Time for change

Humanitarian responses continue to fail older people and undermine core humanitarian principles. Successive research studies have shown the impact of this neglect on older people.

A new approach is long overdue. The humanitarian community must now stand in solidarity with older people, addressing the issues revealed by this report that have contributed to their exclusion from humanitarian assistance, and fulfilling its commitment to humanitarian principles.

If not now, when?



Saul Uzategui/Convite

The ongoing crisis in Venezuela has left older people unable to access food and vital medication.



Kate Barracough/Age International

Cyclone Idai destroyed Tafino's house. She and her husband built a shelter. They don't feel safe sleeping there but cannot rebuild their home themselves.

Summary recommendations

A more inclusive, effective and accountable response can be achieved by putting the following recommendations into practice:

1. Provide leadership

All humanitarian actors and agencies should proactively recognise and respond to the rights and needs of older people, the risks they face, as well as their capabilities and contributions.

They must: Include older people in funding guidelines, criteria and programme portfolios; advocate for the rights of older people within the international humanitarian system; invest in capacity building and designate focal points.

2. Mainstream older people's inclusion

All humanitarian actors and agencies must take responsibility for responding to the rights and needs of older people, alongside the work of specialist agencies.

They must: Integrate age into existing gender, disability and protection mainstreaming policies and action plans; incorporate the *Humanitarian Inclusion Standards for Older People and People with Disabilities* into humanitarian policy, guidelines and training; invest in programming to uphold older people's rights and meet their specific needs.

3. Strengthen data collection and analysis

All humanitarian actors and agencies must make efforts to improve data collection, analysis and disaggregation on the basis of age, as accurate information is essential to uphold humanitarian principles and basic human rights.

They must: Routinely collect, analyse and use data on age, sex and disability throughout the programme cycle including by interviewing older people directly as part of needs assessments; require funding proposals and reporting to include an analysis of the risks older people are facing and the extent to which humanitarian aid is supporting them.

4. Consult older people

All humanitarian actors and agencies must meaningfully consult older people and promote their participation and empowerment. This is essential to ensure humanitarian interventions are effective in responding to older people's rights and needs.

They must: Invest in programming that gives older people a stronger voice in humanitarian responses; provide accessible methods for older people to feedback on the humanitarian assistance and adapt programmes according to data, analysis and feedback.

Why this report?

From earthquakes, hurricanes and flooding to violent conflict and disease outbreaks, evidence available from a wide range of disasters shows that older people are at high risk in emergencies but face serious barriers to accessing humanitarian assistance. The rights and needs of older people, and their potential to contribute to their communities and families, remain widely overlooked. Older people receive little targeted attention from governments, donors or humanitarian agencies. They are routinely neglected in humanitarian response and their voices are unheard.

A large and rapidly growing number of older people are affected by humanitarian crises. The proportion of the population aged 50 and over in fragile countries, where conflict and disasters are more likely to occur, is expected to rise from 12.3 per cent (219.9 million) in 2020 to 19.2 per cent (586.3 million) in 2050.¹

Many of the older people affected by humanitarian crises are living with a disability. A recent study by HelpAge International estimated that up to 14 million older people with disabilities may be affected by humanitarian disasters.²

This report highlights the rights and specific needs of older people in emergencies and the extent to which these are being met. The picture it paints is a bleak one. Although some efforts are being made to support older people, overall, the humanitarian system is failing to meet its commitments towards delivering a more inclusive humanitarian response.

As a result of this report, we want donors, humanitarian agencies and UN bodies to better understand how older people are affected by humanitarian crises and the barriers that exclude them from humanitarian assistance. We have set out the actions the humanitarian community can take to uphold older people's rights.

COVID-19 has swept across the globe since the data in this report was collected, increasing the number of older people at risk. The pandemic has both increased the need for humanitarian aid and disrupted its delivery, creating additional barriers for older people to get support.

The response to the pandemic has thrown into stark relief the gulf between the risks older people are facing and the level of support available to them. Despite facing the highest risk of death from COVID-19 and significant secondary impacts,³ the COVID-19 Global Humanitarian Response Plan failed to identify older people among the “most affected and at-risk population groups” when it was released in April 2020.⁴ This was rectified in subsequent updates to the plan but serves as an unsettling reminder of the lack of attention to older people in the international humanitarian system.

The findings in this report reveal longstanding gaps in humanitarian support for older people and therefore provide valuable insights for improving humanitarian responses in this time of COVID-19.

The need for change is more urgent now than ever.



Azzam al-Zubairi/DEC

Fighting in Yemen has displaced thousands of families who are now having to live in camps.

Compiling the data

This report is based on analysis of the combined results of needs assessments undertaken by HelpAge International and its partners in the 13 months to the end of 2019. The compiled data forms the broadest-ever survey into the situation of older people affected by humanitarian crises. It covers 12 assessments in 11 countries in Africa, Latin America, the Middle East and South Asia. In total, it represents the views of 8,883 people aged 50 to 80-plus (56 per cent women and 44 per cent men).⁵ Forty per cent of those interviewed had a disability.

Most of the people who took part in the assessments (53 per cent) had been affected by armed conflict, most of whom had been displaced. About one third (37 per cent) were affected by environmental disasters, and the remaining 10 per cent by the ongoing political, social and economic crisis taking place in Venezuela (see Figure 1). Full details are given in the Annex.

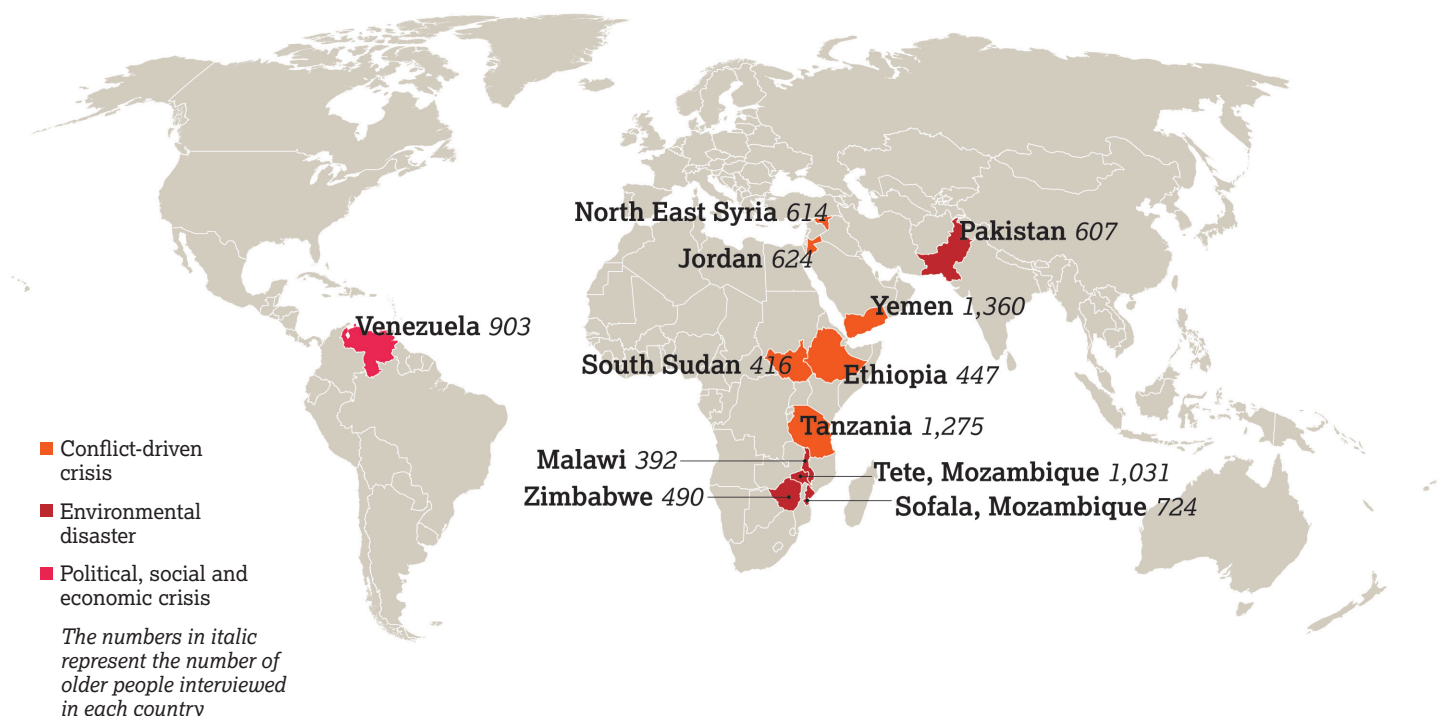
Data was collected through face-to-face interviews with older people, carried out by local data collectors using a standardised questionnaire.

We used a purposive sampling approach to select older people to interview, complemented by snowball sampling to reach marginalised older people who might otherwise be hard to find. We used four age cohorts: 50–59, 60–69, 70–79 and 80-plus. The aim of our sampling approach was not to represent the age demographics in each site, but to obtain a sufficiently large sample to understand the needs of older people in these different age groups.

Global averages presented throughout the report are drawn from the whole sample data which has not been weighted. As the assessments were conducted as standalone research pieces the combined report presents evidence of the trends observed across the different settings and is not intended to provide a statistically robust comparison between contexts.

In addition to combining the assessment data, we interviewed staff of humanitarian agencies and reviewed previous studies by HelpAge International and other agencies to explore factors contributing to the responses.

Figure 1: Locations of needs assessments





UNHCR/Mohammad Hawari

Koneh, a widow from Syria, is living alone in a refugee camp in Jordan.

Promises, promises

At the heart of humanitarian action are four principles: humanity, neutrality, impartiality⁶ and operational independence.⁷ They afford everyone, regardless of age, gender or other characteristics, the right to safe and dignified access to humanitarian assistance and protection without discrimination and on an equal basis with others.

Under human rights law older people's rights should be protected at all times, including in emergencies. International humanitarian law provides protection during armed conflicts for all people who are not taking part in the hostilities. These protections apply equally to older people and include an obligation to treat people humanely in all circumstances and to allow and facilitate access to humanitarian assistance and relief.

In support of humanitarian principles and international law, a number of international commitments have been made in recent years to protect the right to humanitarian assistance of the most marginalised groups, including older people.

In 2015, world leaders agreed the Sustainable Development Goals with the commitment to “leave no one behind”.⁸ This includes older people. The year 2015 also saw the adoption of the Sendai Framework for Disaster Risk Reduction⁹ which champions an inclusive, person-centred approach to reducing the risk from disaster and identifies older people as key stakeholders.

In 2016, global leaders meeting at the World Humanitarian Summit sought to put people at the centre of decision making. During the Summit, they made commitments towards a more inclusive humanitarian system that respects the rights of marginalised people, including older people. A major consultation involving more than 23,000 people conducted by the UN prior to the summit concluded there was a need to “correct the neglect of older people”.¹⁰

More than 40 humanitarian organisations attending the summit, including government donor agencies and leading humanitarian aid providers, signed up to the Inclusion Charter, pledging an impartial humanitarian response for the most marginalised, including older people.¹¹

The risks facing older people in humanitarian situations and the need to pay specific attention to their needs has also been recognised in UN General Assembly resolutions¹²⁺¹³ while the inadequate measures to realise their rights in emergencies has been recognised at the Human Rights Council.¹⁴

The need to uphold the rights of people with disabilities of all ages in emergencies was a key topic of discussion at the Global Disability Summit hosted by the UK Government in 2018.¹⁵ This was the first such international event to recognise the specific rights and needs of older people with disabilities in humanitarian action, with the UK Department for International Development supporting the focus on this issue.

There are specific policy commitments in place to protect older people in forced displacement. UNHCR has a dedicated policy on older refugees.¹⁶ Meanwhile, the Global Compact on Refugees,¹⁷ adopted in 2018, includes a total of eight references to older persons and a further eight references to age. It calls for a strong partnership and participatory approach in the response to refugee movements, including participation by older persons. Similarly, the Guiding Principles on Internal Displacement¹⁸ dating back to 1998 emphasise that older people are entitled to specific protection and assistance that takes into account their specific needs.

In 2020, the UN Secretary-General issued a policy brief calling for older people to be integrated into the overall humanitarian responses to COVID-19.¹⁹

Technical guidance

Technical guidance has also been developed to support humanitarian agencies to uphold older people's right to inclusion in humanitarian action. Most notably, the *Humanitarian Inclusion Standards for Older People and People with Disabilities* was published in 2018 and is now part of the Sphere Humanitarian Standards Partnership.²⁰ These are designed to improve humanitarian agencies' understanding of the needs, capacities and rights of older people and people with disabilities, and to promote their inclusion in humanitarian action.

In 2019, the Inter-Agency Standing Committee published the *IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action*. These provide guidance on addressing the specific needs of people with disabilities at different stages of life, including older age.²¹

The question remains: are these commitments making a difference to the lives of older people? Or are they just good intentions?

The findings from interviews with nearly 9,000 older people presented in this report suggest that there has been no tangible change in the support available to older people affected by crises. Older people continue to experience immense suffering and their rights and needs remain overlooked in the humanitarian response. There has been a clear failure to fully implement the standards, frameworks, policies and guidelines that exist to protect and promote the rights of older people. In short, the humanitarian community is failing by the standards it has set itself. Change is not occurring quickly enough to bring about meaningful improvements for older people.

This is more urgent than ever. It is vital that commitments are put into practice to ensure older people's rights are protected in the pandemic and beyond.



Guidelines exist to support humanitarian agencies to uphold the right of older people to safe and dignified humanitarian assistance.

At breaking point

The impact of humanitarian crises on older people can be devastating, particularly when essential services are unavailable to them. The findings of our assessments are clear: older people's basic needs are often unmet and their rights denied.

Lacking shelter, food and water

Overall, one in five of the older people we spoke to (20 per cent) said they had no shelter. However, this ranged from 1 per cent in Jordan to 69 per cent in Malawi. Older people who said they had no shelter may be homeless, staying in communal shelters or staying with friends and family. Furthermore, nearly half of those affected by an environmental disaster (48 per cent) said that their shelter was unsuitable, and 43 per cent said it was unsafe.

Nearly two thirds of older people (64 per cent) said they did not have enough to eat. This rose to 89 per cent of those interviewed within the first six weeks of a crisis, showing that older people have great difficulty in obtaining food in the early days of an emergency. The main reason older people gave was that they could not afford to buy food. More than three quarters of older people (77 per cent) told us they had no income. Half (51 per cent) said that they had needed to borrow

since the crisis began. Another reason for going hungry (49 per cent) was that they felt unsafe collecting food.

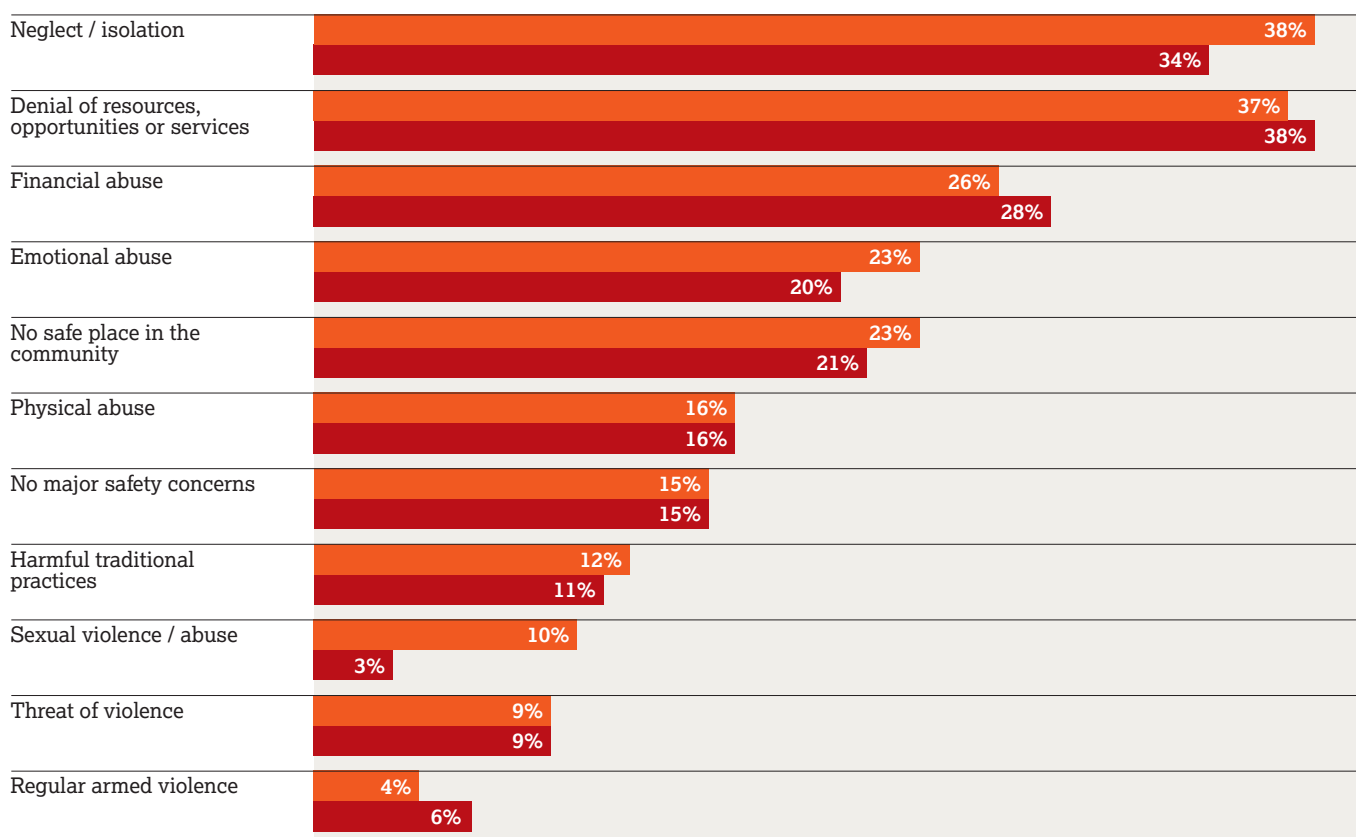
Only one in four older people (26 per cent) said they were eating three meals a day. One in five (20 per cent) said they were going to bed hungry at least three nights a week.

Water, sanitation and hygiene arrangements leave many older people in a desperate situation. One in four (25 per cent) told us they had no access to safe drinking water. Four in five (62 per cent) had no access to bathing facilities, and more than one third (36 per cent) no access to handwashing facilities. More than one third (35 per cent) could not get to a toilet, with 43 per cent saying they felt unsafe.

Worried about safety

When asked about the main safety risks facing older people, both older women and men identified the same top five: neglect and isolation; denial of resources, opportunities and services; financial abuse; emotional abuse; and having no safe place in the community. More than a third of both women and men identified neglect and isolation, and denial of resources, opportunities or services as the highest risks for older people (see Figure 2).

Figure 2: Main safety risks



Older women Older men

As might be expected, older people living in places affected by ongoing conflict (South Sudan, Syria, Yemen) identified armed conflict as a safety risk.

To compound their difficulties, nearly seven in ten older people (69 per cent) said that they did not know how to provide their opinion or make a complaint about the services provided to them.

The impact of crises, coupled with the lack of available support, is doing serious damage to older people's mental health and wellbeing. Fewer than one in five of the older people we spoke to (19 per cent) said they felt able to cope independently and without support (13 per cent of those aged 80 or over).²² More than one in four older people (27 per cent) said that they could not cope at all (30 per cent of women and 23 per cent of men), even with support from others.

These findings are consistent with previous HelpAge International research with older people affected by crises in Lebanon, South Sudan and Ukraine. Close to half of those interviewed said they felt anxious, hopeless or depressed most or all of the time.²³

COVID-19 has added a further layer of urgency and devastation to the experiences captured in this research. Barriers to accessing information, health services, and water and sanitation facilities all expose older people to increased risk from the virus. Meanwhile, public health measures designed to protect older people have the indirect impact of limiting their access to food, income and sources of support.²⁴



Samir Bol/HelpAge International


Worse for women

Older people have different experiences of emergencies depending on their gender. Our needs assessments show that older women are under more strain than older men. Women accounted for:

58% 
of those living alone

56% 
of those caring for others

56% 
with no access to healthcare

58% 
with no access to food

58% 
with no income

30% 
said they could not cope at all, compared with 23% of older men

These comparisons underline the importance of collecting data on older age groups broken down by sex to understand the different experiences of older women and men, and of taking a gendered approach to providing humanitarian assistance to older people.

“I worry because we’re insecure”

I used to cut grass to thatch my home and harvest food for the family. Now my feet are swollen and I’ve lost my sight. It’s become risky for me to go out.

Because of the crisis, we’re living in tents. Some people are even sleeping under trees. I worry because where I live is very insecure.

I’ve been affected by wars before, but this one is the worst. It’s been so brutal. Blind, deaf and older people have been killed. Even the young aren’t spared. All my children were killed so my granddaughter is caring for me.

I appreciate the humanitarian aid that’s delivered. It helps, even though it’s not enough. But I can’t be comfortable or be at peace. All I want is for stability to return to my village so I can go home and be happy.

Mary, 85, living in a camp for internally displaced people in South Sudan

Out of sight, out of mind

The first step to providing humanitarian assistance is to find out what people need. However, our assessments show that older people are rarely consulted and are often excluded from data collection and analysis, so their needs remain unknown.

Lack of consultation

Our interviews with nearly 9,000 older people in 11 countries revealed a shocking lack of attention to their needs and circumstances. More than three quarters (77 per cent) said that they had not been asked by any other humanitarian agency about the services being provided to them. This figure rose to 88 per cent of those living in host communities, suggesting they were less likely to have encountered aid workers than those living in camps.

This finding supports previous research in Lebanon, Ukraine and South Sudan, which found that the majority of older people had not been consulted about their needs. More than two thirds said they did not have enough information about the humanitarian assistance available to them.²⁵



Esther has been caring for six orphaned grandchildren aged 5 to 13 in a refugee camp in Tanzania since leaving Burundi because of the political unrest.

We compared the findings from needs assessments carried out in the first six weeks after Cyclone Idai struck Malawi, Mozambique and Zimbabwe with those conducted during protracted crises to see if the fact that older people were rarely consulted could be explained by a lack of consultation at the early stages of a response. Eighty-two per cent of older people said they had not been consulted in the first few weeks after Cyclone Idai. The results were not markedly different from those of assessments conducted in protracted crises (74 per cent).

In some protracted crises, where aid agencies had been working for several years, our needs assessments found that the proportion of older people who said they had not been consulted was actually higher – 93 per cent in Zaatar camp in Jordan (hosting refugees from Syria since 2012), 85 per cent in North East Syria (where conflict has been ongoing since 2011), and 97 per cent in Venezuela (where the crisis has been going on for several years). Over this period, many consultations and needs assessments will have been conducted by different organisations to establish the needs of affected populations and priorities for responses, suggesting that multiple opportunities have been missed to solicit the views of affected older people.

Missing from the data

In addition to failing to consult older people, aid agencies are often failing to collect or analyse data on older people, further limiting their ability to understand older people's specific needs.

The Humanitarian Programme Cycle is the main inter-agency planning and funding framework for emergencies.²⁶ It is used to establish needs and develop humanitarian response plans. However, despite guidance advising agencies to collect data broken down by age as part of the planning process, this rarely happens. A review of humanitarian needs overviews and humanitarian response plans in the 11 countries covered by this report shows that age-disaggregated data for older people was included in only three: Syria, South Sudan and Venezuela. Where data was provided on older people, it was only for a single cohort of those aged 60 and over. Some humanitarian response plans listed older people as a “vulnerable group”. But few included any analysis of their specific needs or any suggestions for how aid agencies should respond to these.

An analysis of more than 16,000 humanitarian projects between 2010 and 2014 found that just 154 (fewer than 1 per cent) had any activity specifically targeting older people.²⁷ It seems that little progress, if any, has been made since then. Older people continue to be overlooked in the fundamental process of establishing humanitarian needs.

Damaging assumptions

Given the shocking lack of data on older people, aid workers often rely on assumptions. However, our findings show that there can be a mismatch between these and the reality, creating serious problems for older people.

Assumption:
All older people live with their families

Reality:
Many older people live alone

A common assumption is that older people, particularly in low- and middle-income countries, live as part of an extended family unit, supported by younger, economically active family members. However, our assessments show that one in five older people (20 per cent) were living alone. Forcibly displaced older people were less likely to be living with others, with one in four (24 per cent) refugees and internally displaced older people saying that they live alone.

The likelihood of living alone rises with age, particularly for women. From age 70 onwards, more women were living alone (44 per cent) than men (36 per cent). This may be explained by the fact that women tend to live longer than men.²⁸

Assumption:
Families are the best source of support for older people

Reality:
Humanitarian responses are increasing older people's dependence on others

Data from our assessments clearly shows that older people are experiencing high levels of dependence on their families and others to meet their needs.

More than half of those we interviewed (55 per cent) said they depended on their family and friends to meet their basic needs. The proportion rose by age, from an average of 42 per cent in their fifties to 78 per cent of those aged 80 or over (see Figure 3). It was also higher for women (57 per cent) than men (52 per cent).

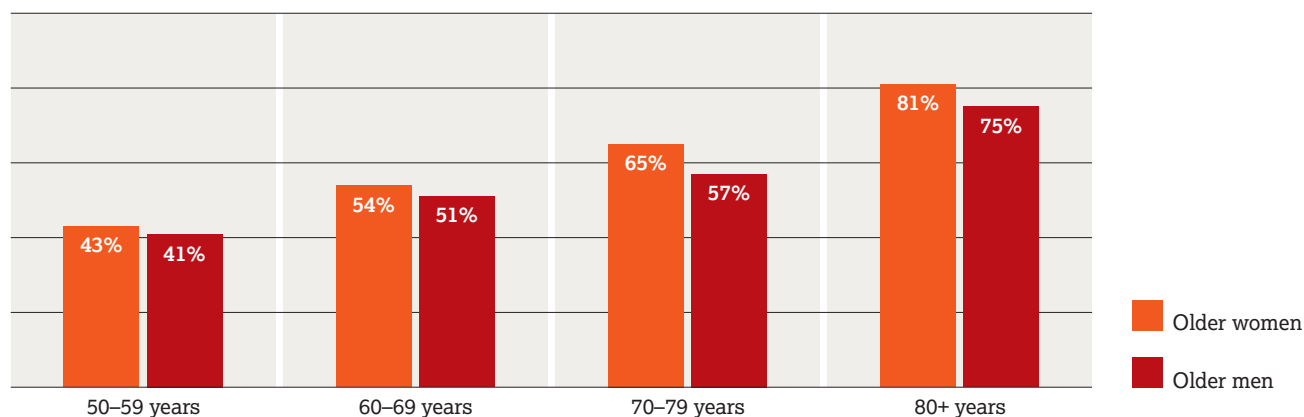
More older people with disabilities (65 per cent) relied on their family and friends than the overall older population, particularly those with multiple disabilities (70 per cent).

Significantly, the proportion of older people saying they depended on their family and friends was lower in the first six weeks of a response (38 per cent) than in protracted crises (62 per cent), suggesting dependence increases over time. It was particularly high in Syria (90 per cent). This is significant because practices that increase older people's dependence on others are likely to increase their risk of being subjected to violence, abuse and neglect.²⁹ They also undermine older people's autonomy and independence.

A possible explanation may be that the humanitarian response itself is failing to support older people to maintain resilience, or even is contributing to the loss of older people's roles and independence. ODI research in 2018 found that older people displaced by conflict in South Sudan had less of a role in their families and communities during the humanitarian response as their traditional power and influence diminished. ODI found that this was linked to older people losing control of resources as well as roles being given to younger people in camps.

The same research confirmed a gap between aid workers' assumptions about family support and the reality for older people. Aid workers assumed that the traditional respect afforded to older people had transferred into the displacement situation, and that families were their main safety net. However, older people told the researchers that they could rely on family support less and less.³⁰

Figure 3: Dependency on family and friends



Assumption:
Older people do not contribute to their families and communities

Reality:
Older people play a significant role, particularly as carers

Many older people play a crucial role in caring for others, especially children. Nearly two-thirds of those we interviewed (63 per cent) said that they were caring for at least one child. Almost as many older people with disabilities (60 per cent) as older people overall were caring for at least one child. One in six older people (16 per cent) were caring for more than five children.

During quick-onset crises, children often become separated from their parents. In these circumstances, older people may take on their care. Our findings show that more older people were caring for children in the wake of an environmental disaster (76 per cent) than in conflict-driven crises (53 per cent).

Many older people are also caring for other adults, including spouses, adult children and parents: 44 per cent of those we interviewed said they were caring for another older person, including 39 per cent of those aged 80 or over. One in five (19 per cent) said they were caring for someone with a disability.

Older carers are not necessarily living with the people they care for, suggesting that older people may be playing important roles in the community as well as in their families and households. One in five (20 per cent) of those who were living alone said they were caring for others.

In camps in Ethiopia, older people, with support from HelpAge International, have set up older people's associations. Members monitor the situation of older people in the camps, visit those unable to leave their homes and flag up issues with camp authorities and humanitarian aid providers. Their leaders, such as Chol Pur in Ethiopia (see box, right) are respected and play a wider role in the community, such as helping to ease tensions within the camps and between camp and host communities.



Tallabah is the main bread winner for her family since they were displaced due to conflict in Yemen. She begs in nearby villages but can't get enough to feed herself, her children and grandchildren.

Azzam al-Zubairi/DEC



Anteneh Teshome/HelpAge International

“I see a glimmer of hope”

I left South Sudan in 2016 to escape the terrible war. Older people and people with disabilities are often left behind during attacks. Many have been shot or hacked to death.

When fighting broke out in my home town of Nasser, my husband was killed in a brutal attack. I fled to a camp in Ethiopia with my five children.

Many of the older refugees who made it here are malnourished or chronically ill. The horrible civil war has also inflicted mental health problems.

I've been elected leader of the older people's association in the camp. I offer help and support to the most vulnerable older refugees and advocate for their interests. I've been working with HelpAge International staff to identify older refugees to receive home visits.

The home-based carers know how to measure the upper arm of older people for malnourishment. Older people who fit the criteria are given regular supplies of corn-soy blend, pulses and oil. The carers also coordinate with HelpAge staff to arrange healthcare and psychosocial support.

I frequently meet up with older refugees in the camp to discuss matters of mutual concern. I raise these with the HelpAge representatives. Their main concern is shelter. The small tents don't protect them well from the burning sun or flooding after heavy rain.

Though there are a lot of remaining tasks, I see a glimmer of hope. I see older refugees' lives being rebuilt. It's fulfilling to see people's lives change for the better.

Chol Pur, 63-year-old refugee from South Sudan

Services out of reach

Our findings show that blanket approaches to delivering humanitarian aid prevent older people from accessing even the general services available, exacerbating their suffering.

The experiences of older people captured in this research offer important lessons for how humanitarian actors should respond to emergencies, including the COVID-19 pandemic. The underlying systemic problems with the way that services are delivered create significant obstacles to addressing the higher risks of coronavirus to older people.

Poor access to healthcare

Older people we spoke to in all 11 countries highlighted that healthcare services were inadequate to meet their needs.

Practically everyone we interviewed (98 per cent) said they had at least one health condition: 44 per cent said they had one, and 54 per cent said they had two or more. The most common conditions were joint aches and pains (29 per cent) and hypertension (17 per cent), followed by respiratory problems (11 per cent) and heart problems (11 per cent) (see Figure 4), although these varied significantly by country.

If health conditions go undiagnosed and untreated, the outcomes can be catastrophic. However, despite the clear need for diagnosis and treatment, a concerning proportion of the older people we interviewed were unable to receive healthcare. More than one in four (26 per cent) said that they could not access health services. This rose to 33 per cent of those with disabilities and 40 per cent of those aged 80 or over. Of those unable to access healthcare, 55 per cent were women.

Almost half of all older people said there was no medicine available (49 per cent) and that health services were too expensive (46 per cent). Other barriers identified were negative attitudes of health workers (11 per cent) and having no one to help them access services (5 per cent).

The right to health requires health services to be affordable. When close to half of older people say services are too expensive, this right is being denied. It also indicates that income insecurity is having a knock-on effect on older people's health.

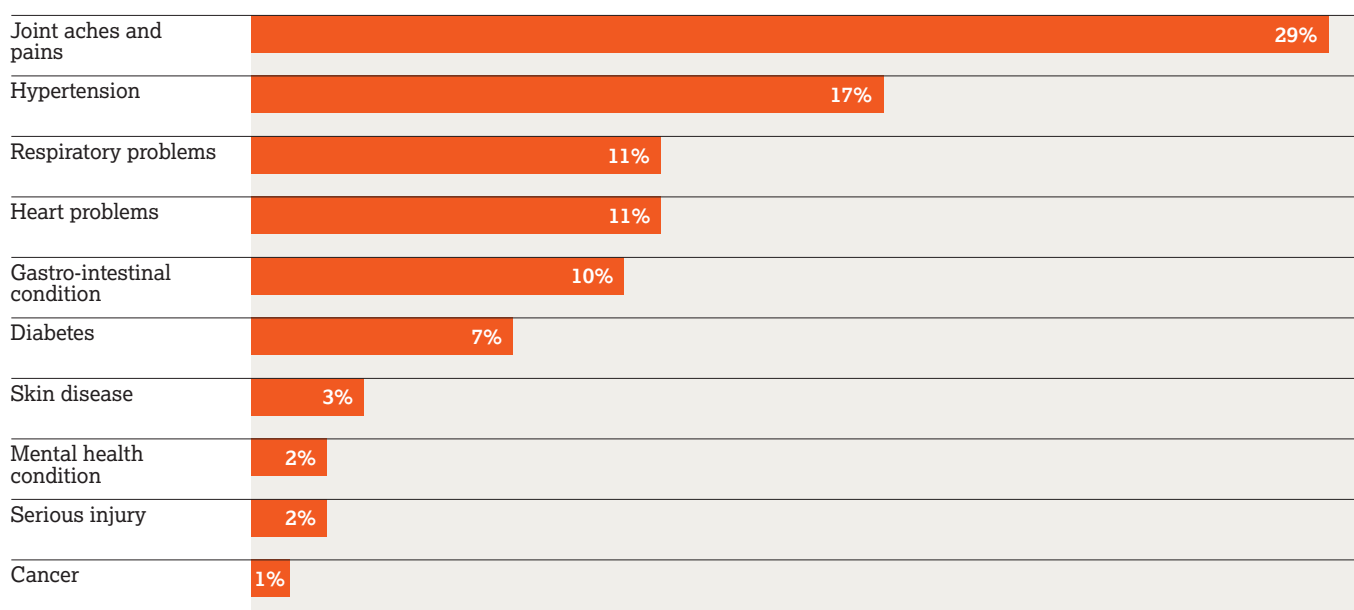
Accessibility is another requisite of exercising the right to health. However, nearly a quarter of the older people we interviewed (23 per cent) said that it took them 1–3 hours to reach a health facility.

More than one in ten older people said they faced negative attitudes from healthcare workers. Three countries stood out as having particularly high rates: Ethiopia (29 per cent), Pakistan (20 per cent) and Tanzania (17 per cent). Refugees also fared worse than average (17 per cent).

Running out of medicine was a concern for many. Of those taking medication, one in five (21 per cent) told us they had less than two days' supply. Two in five (41 per cent) said they had less than ten days' supply.

These findings are especially concerning in the context of the COVID-19 pandemic. According to the World Health Organization, diagnosis and treatment of non-communicable diseases are among the health services most disrupted by the pandemic.³¹ This disruption puts older people at particular risk, given the link between underlying conditions common in older age and serious outcomes from the virus.

Figure 4: Common health conditions



Little support for those with disabilities

The rights of people with disabilities in humanitarian settings cannot be upheld unless the high levels of disability among older people are taken into account and assistance tailored appropriately.

Of the older people we interviewed, 40 per cent said they had at least one disability. Fifteen per cent said they had two or three types of disability and 6 per cent said they had four or more. The most common types of disability were difficulty walking or climbing stairs, seeing, and leaving their living space (see Figure 5).

Assistive devices are vital for people with disabilities to maintain their independence and to access aid. The most common assistive aids used by those we interviewed were canes or walking sticks, and eyeglasses, followed by crutches, toilet chairs, wheelchairs, walking frames and hearing aids (see Figure 6).

However, only a minority of people identified as having a disability said they had access to an appropriate assistive device. Just over one in four (28 per cent) of those with difficulty walking said they had one. Only one in four (25 per cent) of those who had difficulty seeing said they had eyeglasses. Fewer than one in ten (9 per cent) of those with a hearing problem had a hearing aid. Vital opportunities are being missed to support the



Augustin fled Burundi on foot, despite having difficulty walking. He needs transport to reach the food distribution point in the refugee camp in Tanzania where he is now living.

Ben Small/HelpAge International

dignity and independence of people with disabilities and overcome barriers to accessing aid.

Older people with disabilities are clearly faring worse. Compared with older people in general, more older people with disabilities told us they had no access to health services (33 per cent compared with 26 per cent), more said they relied on their family and friends (65 per cent compared with 55 per cent), and more said they could not reach distribution points independently (55 per cent compared with 39 per cent).

Figure 5: Types of disability

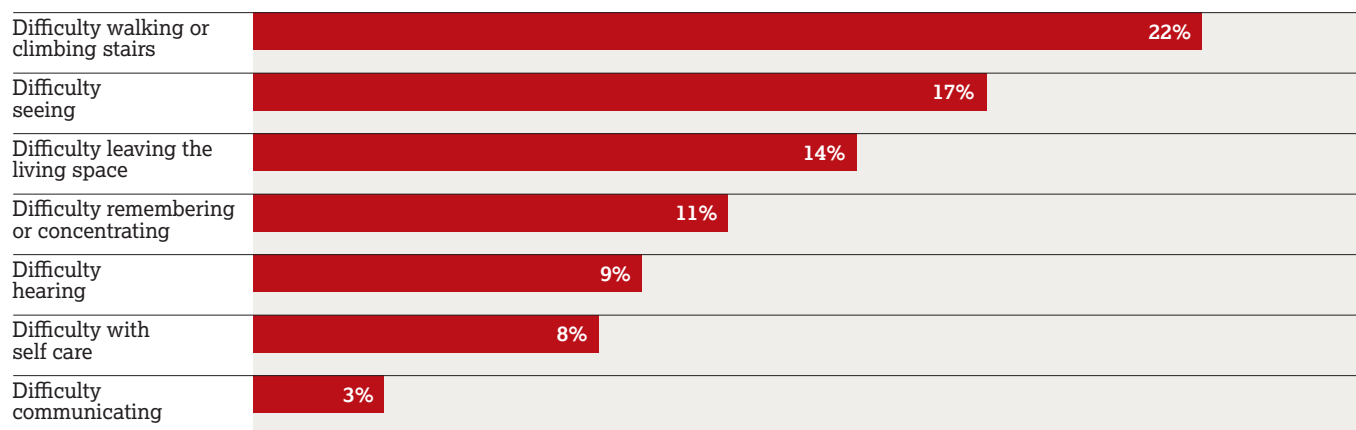
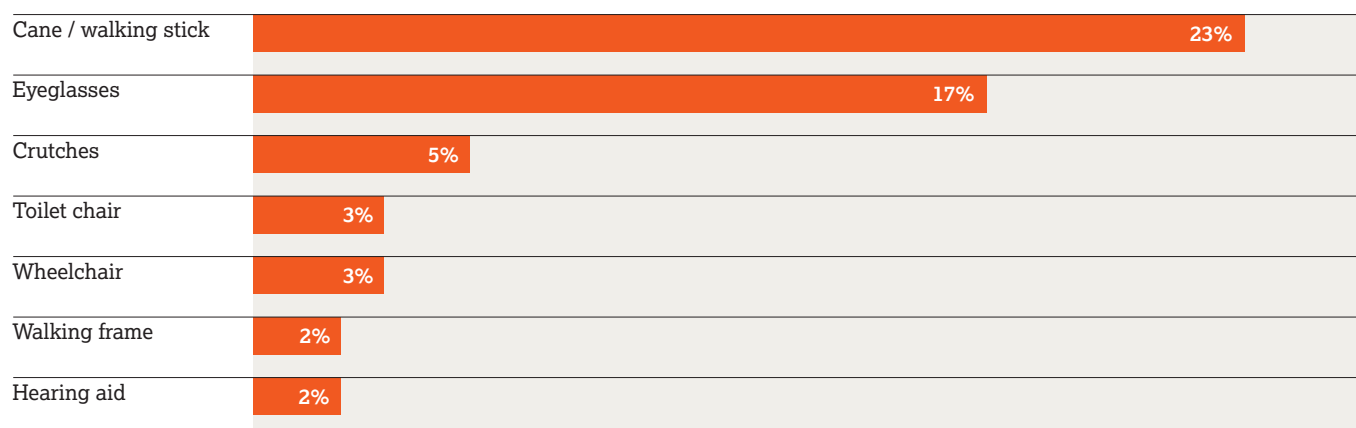


Figure 6: Essential assistive devices



Distribution points inaccessible

In view of the lack of support for older people, it is perhaps not surprising that many could not access even the generalised support and services being provided.

Two in five of those we interviewed (39 per cent) said that they could not reach aid distribution points independently. The proportion rose with age, from 27 per cent in their fifties to 70 per cent of those aged 80 or over. From age 70 onwards, more women than men were unable to reach distribution points by themselves (see Figure 7).

More than one third of those we interviewed (36 per cent) said their family, friends or volunteers helped them reach distribution points. Only one in five (20 per cent) said they had items delivered to them. Some said they had to pay for this (4 per cent).

Overall, more older people were able to have items delivered by friends, family and volunteers in protracted crises (21 per cent) than those whose needs were being assessed in the first few weeks after a quick-onset crisis (6 per cent). This suggests that older people are particularly at risk of missing out on distributions in the early stages of the response, before arrangements for support can be made.

Some older people (16 per cent) said they paid someone to take them to a distribution point. More men (20 per cent) did this than women (14 per cent), perhaps reflecting unequal levels of income.

Access to services is particularly limited for older people with a disability.³² More than half of those with a disability (55 per cent) told us that they could not reach distribution points independently, compared with 39 per cent of older people overall. This rose to 61 per cent of those with two or three disabilities and 81 per cent of those with four or more disabilities.



SEMA

“We fear an outbreak”

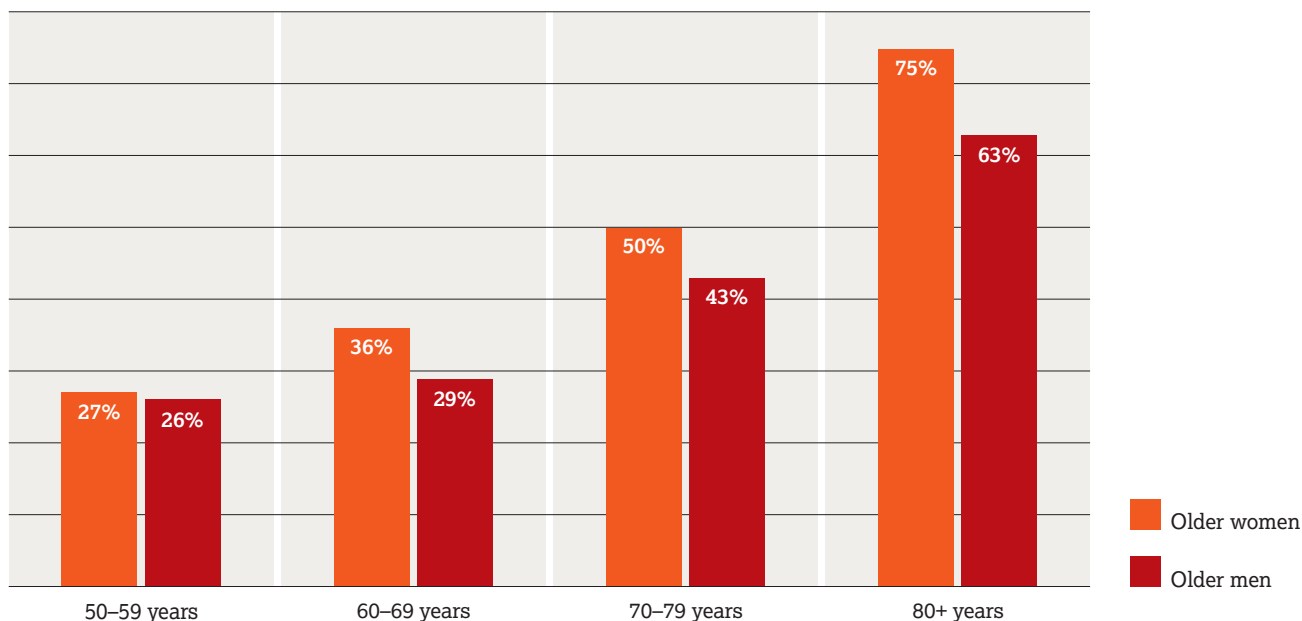
My family and I were displaced to a small camp. I live with six of my children, including two who are married. We all live together in the same tent.

Our lives were very good in Aleppo but since we fled the war everything has become more difficult. There are no opportunities to work and the humanitarian assistance provided is not enough. Movement restrictions due to coronavirus make it more difficult now to get food, water and hygiene items.

My family and others in the camp fear an outbreak of coronavirus here. We have information from NGOs, but I don't feel we can fully protect ourselves due to the overcrowding and issues with water and sanitation in the camp.

Walid, 62, living in a camp for internally displaced people in Northern Syria

Figure 7: Needing help to reach distribution points





Azzam al-Zubairi/DEC

Shelling and airstrikes forced Ahmed to flee his home in Yemen. Now he lives in a displacement camp without enough food, water or medical supplies. The humanitarian needs of millions of older people such as Ahmed continue to go unmet.

Time for change

The findings in this report reflect a longstanding neglect of older people in humanitarian crises. Successive research studies have consistently shown the damaging impact of the collective neglect of older people. Core humanitarian principles are not being respected.

In 1999, older people affected by disasters in Bangladesh, Bosnia, Dominican Republic and Rwanda told HelpAge International that if they were properly consulted, many of their problems could be solved, but they were dependent on external support to manage their changed circumstances.³³ The research found that untested assumptions about the care and respect offered to older people, combined with the lack of consultation, created an environment in which serious abuses of older people went unseen and unchallenged. Almost all of the respondents said that, in general, older people were not cared for and were pushed out of sight. Around one third said that during the emergency, they received no help at all. These findings remain relevant more than 20 years later. We are seeing the continued impact of this neglect today in responses to COVID-19 and multiple crises around the world.

Too often, addressing the needs of older people is considered an activity for specialist agencies, or something to be done when time and resources are available. Older people are typically overlooked in favour of larger, more visible population groups.

The challenges to including older people speak to wider problems in the humanitarian system. Faced with the frequency and scale of today's humanitarian crises, humanitarian organisations often resort to "one-size-fits-all" programmes that can be delivered at scale.

Such programmes fail to adequately address the rights and needs of people in situations of acute vulnerability and marginalisation at all stages of life, including in older age.

Research with older displaced South Sudanese people in 2018 found that, while aid workers did not reject age mainstreaming in principle, they repeatedly said that the scale and intensity of need prevented a more nuanced response which they did not have the tools and capacity to deliver.³⁴

Interviews with humanitarian agency and donor staff for this report support these findings. They reveal that, having made progress on gender and disability mainstreaming, organisations are reluctant to add another mainstreaming "lens" to their work. One respondent told us that "there's no room for a box for another vulnerable group". Many said they would like to see a broader approach to inclusion that better meets the needs of different groups of marginalised people. This would be a welcome development that would require significant leadership within the humanitarian system.

There is also limited awareness of humanitarian standards on collecting data about older people. In a study in Asia in 2018, HelpAge International found that only 4 of the 10 organisations that had an inclusion policy ensured that staff responsible for disaster preparedness and response were aware of humanitarian standards specific to older people.³⁵

Less than five years on from the World Humanitarian Summit, the humanitarian system is indeed overstretched and facing unprecedented challenges. Respect for international humanitarian law is in decline.³⁶ The impact of climate change is already being felt in many parts of the world and extreme weather events such as droughts, heatwaves, storms and floods pose an ever-increasing risk to communities across the world. Conflict continues to drive humanitarian need and is displacing more people than ever. Year on year, humanitarian need outstrips humanitarian funding. COVID-19 has added new and multiple layers of complexity to humanitarian work and the economic consequences are already having an impact on available donor funding at a time when humanitarian need is rising.

There is no indication that these trends will slow down, testing our capacity to provide principled, effective and accountable humanitarian assistance. However, failing to take action is a serious breach of humanitarian principles, undermining the quality and accountability of humanitarian response and putting more lives at risk.

Older people have waited long enough. The COVID-19 pandemic has brought unprecedented attention to how older people are disproportionately impacted by emergencies and stigmatised. As the pandemic continues to drive up humanitarian need, it is putting older people at alarming risk and forcing many to choose between their safety and their ability to feed themselves and their families. A new approach is needed to ensure that humanitarian responses are more inclusive, effective and accountable as humanitarian actors respond to these challenges.

If not now, when?



Karel Prinsloo/Age International

Now is the time to take action to ensure that older people are treated fairly and their rights upheld.

The way forward

The humanitarian community must stand in solidarity with older people, addressing the issues revealed by this report that have contributed to their exclusion from humanitarian assistance, and fulfil its commitment to deliver humanitarian responses in accordance with humanitarian principles.

This can be achieved by putting the following recommendations into practice:

1. Provide leadership

All humanitarian actors and agencies should proactively recognise and respond to the rights and needs of older people, the risks they face, as well as their capabilities and contributions. They must:

- Invest in capacity-building and skills training of humanitarian actors to understand and respond to the rights and needs of older people in the humanitarian assistance they provide.
- Incorporate age-inclusion criteria in funding guidelines and programme portfolios, aligning with wider inclusion mainstreaming initiatives and coordinating with other donors to ensure a common approach.
- Advocate for a stronger focus on the inclusion of older people in humanitarian action within the international humanitarian system.
- Designate age-inclusion focal points to provide better internal leadership, coordination and monitoring of existing commitments.

2. Mainstream older people's inclusion

All humanitarian actors and agencies must take responsibility for responding to the rights and needs of older people, alongside the work of specialist agencies. They must:

- Invest in programming to meet older people's specific needs, tackle age-based discrimination, address barriers to accessing services and give older people a stronger voice in humanitarian responses.
- Identify ways to integrate age mainstreaming into gender and disability mainstreaming efforts.
- Integrate the *Humanitarian Inclusion Standards for Older People and People with Disabilities* into organisational humanitarian policy, guidelines and training.

3. Strengthen data and analysis

All humanitarian actors and agencies must make efforts to improve data collection, analysis and disaggregation on the basis of age, as accurate information is essential to uphold humanitarian principles and basic human rights. They must:

- Interview older people directly as part of needs assessments to avoid the risk of older people being overlooked in household-level surveys.
- Disaggregate data in organisational and joint needs assessments, humanitarian needs overviews and humanitarian response plans by age, sex and disability. Use five-year age cohorts across the life course where possible and 10-year cohorts as a minimum.
- Include analysis of the specific needs of older people in humanitarian response plans, funding proposals and needs assessments.
- Require funding proposals and reporting to include an analysis of the risks older people are facing and the impact humanitarian response has on them.
- Advocate for international organisations to demonstrate the inclusion of older people in joint needs assessments and in all stages of the humanitarian programme cycle.
- Support research into the specific experiences and needs of older people affected by humanitarian crises.
- Support international efforts to better disaggregate data by age, including the Titchfield City Group on Ageing.

4. Consult older people

All humanitarian actors and agencies must meaningfully consult older people and promote their participation and empowerment. This is essential to ensure humanitarian interventions are effective in responding to older people's rights and needs. They must:

- Provide accessible methods for older people to feed back on the humanitarian assistance provided to them and adapt programmes according to data, analysis and feedback from older people to ensure it upholds older people's rights and dignity and supports their independence.
- Recognise the capabilities and contributions of older people, support them to advocate for their rights, maintain or take up roles within the community, and include them in every stage of the response.
- Invest in programming that gives older people a stronger voice in humanitarian responses, including strengthening the role of older people's associations.

Annex: Details of needs assessments

Country	Locations	Number of older people	Women	Men	With a disability	Date of assessment	Type of crisis
Ethiopia	Kule refugee camp, Gambella	447	53%	47%	51%	October 2019	Conflict-driven crisis
Jordan	Zaatari camp, Mafraq governorate	624	54%	46%	57%	October 2019	Conflict-driven crisis
Malawi	Chikwawa and Nsanje districts	392	66%	34%	34%	March 2019	Environmental disaster
Mozambique, Sofala province	Beirat, Dondo and Nhamatanda districts	724	70%	30%	27%	March 2019	Environmental disaster
Mozambique, Tete province	Chiuta, Doa, Moatize and Mutarara districts	1,031	56%	44%	11%	April 2019	Environmental disaster
Pakistan	Jamshoro and Tharparkar districts, Sindh Province	607	48%	52%	39%	February – March 2019	Environmental disaster
South Sudan	Protection of civilian camp, Holy Cross host community and St Michael host community, Wau	416	67%	33%	47%	November 2018	Conflict-driven crisis
North East Syria	Al-Hasekeh, Ar-Raqqa and Deir-ez-Zor	614	56%	44%	51%	January 2019	Conflict-driven crisis
Tanzania	Nyarugusu, Mtendeli and Nduta camps, Kigoma	1,275	53%	47%	33%	November – December 2019	Conflict-driven crisis
Venezuela	Lara, Miranda, and Bolívar municipalities	903	51%	49%	46%	September 2019	Political, social and economic crisis
Yemen	Sana'a, Lahj and Taiz governorates	1,360	48%	52%	51%	August – September 2019	Conflict-driven crisis
Zimbabwe	Chimanimani and Chipinge districts	490	63%	37%	57%	April 2019	Environmental disaster



Karel Prinsloo/Age International

Endnotes

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