

# Drought in East Africa: Needs Assessment of Older People

## Ethiopia, South Sudan, and Kenya – 21 June 2022

### Context

There are at least 16 million people in East Africa without enough food to eat because of one of the most severe droughts in the region's recent history. According to OCHA, people needing humanitarian help include 6 million in Ethiopia, 3.5 million in Kenya and 5.8 million in South Sudan. People are already dying and the threat of a large loss of life is increasing each day unless immediate action is taken.

The drought has been caused by significantly below average rainfall in the region. Many water holes have dried up and arable land that pastoralists have relied on to feed their cattle has become scarce. This has meant that many pastoralist families have lost their livestock - a vital source of income - because they have not been able to find food for them.

Some are also being forced to take desperate measures to survive including selling of assets - including the livestock that they depend on for survival - taking on debt and/or fleeing to displacement camps. The impact of the drought has been further compounded by inflation in food and fuel prices, in part due to the war in Ukraine. This drought follows four consecutive seasons where there has been hardly any rain and little chance for people to recover. This ongoing situation has put a strain on people in the region, drastically reducing their resilience to today's emergency.

The effect of the drought on older pastoralists is far-reaching. They play a vital role within families, communities, and society and are instrumental in improving the resilience of families in the region during droughts. When there are droughts, their role in caring for children increases as younger adults migrate to urban areas in search of work or move further distances to find land for their herds to graze. However, older people also face their own significant risks, including reduced food intake, which can rapidly affect their health and wellbeing. Challenges with mobility in older age also brings challenges to access the lifesaving services and support available to them and their families.

HelpAge International and the Humanitarian Development Consortium (HDC) carried out a Rapid Needs Assessment to understand the situation in the region and shape future programming tailored to the specific needs of older people. It is based on interviews with 1,191 older people who were interviewed between 27 April to 6 May 2022 in Ethiopia, Kenya, and South Sudan.

### Methodology

To understand the current needs of those in East Africa, 1,191 older people (59% female / 41% male) were interviewed by HelpAge and HDC using a multi-sectoral needs assessment between 27 April to 6 May 2022. The data collection occurred in Borena zone in Southern Ethiopia, in Marsabit county in Northern Kenya, and Eastern Equatoria state in Eastern South Sudan. These states are representative of areas in East Africa affected by the drought.

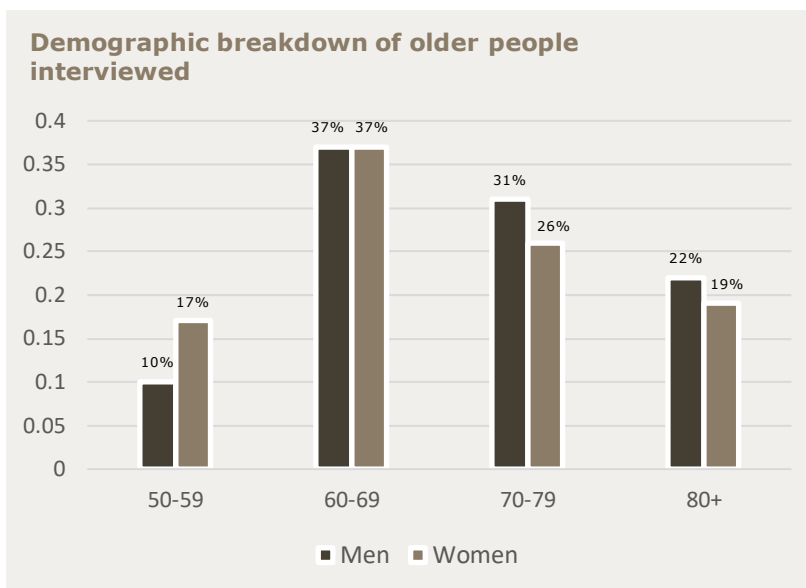
The data was collected by HelpAge and HCD trained enumerators through a purposive non-probability sampling approach, identifying people to interview based on pre-defined categories including gender, age, and disability within set locations. This includes 15% in their 50s, 37% in their 60s, 28% in their



Tune Haro, 66 with her grandchildren in Marsabit country, Kenya.

70s and 20% who were 80+. Of those interviewed, 40% had a disability which was calculated using the Washington Group Short Set of Questions. Of those interviewed, 21% were displaced, 4% were returnees and 74% were non-displaced.

Country	Zone/County /State	Location	% of total
Ethiopia	Borena	Dubluk	17%
Ethiopia	Borena	Elewaye	18%
Kenya	Marsabit	Maikona	16%
Kenya	Marsabit	Kalacha	13%
Kenya	Marsabit	Loglogo	6%
South Sudan	Eastern Equatoria	Narus	15%
South Sudan	Eastern Equatoria	Kapoeta City	15%



### Borena, Ethiopia

Borena zone is one of the lowland areas of Southern Ethiopia next to the Kenya border with a population of nearly 1 million people. Not only has this region faced back-to-back droughts but also several infestations of desert locusts, which have destroyed many local farmers' harvests. The majority of those interviewed in the assessments were pastoralists who live in the remote rural woredas (areas) of Elwaye and Dubluq, which remain dry with limited vegetation due to lack of rainfall. The drought has caused the deaths of more than 100,000 cattle in these woredas. The remaining cattle are hard to sell as people fear they will not make it through the year. Both these locations have few functioning roads and few markets, which often do not have a wide variety of food options.

### Marsabit, Kenya

Marsabit county is in Northern Kenya and has a population of nearly half a million people as per the 2019 National Population Census. It is one of the 27 counties in Kenya classified as arid or semi-arid, which has been adversely affected by the ongoing drought, and is among the six worst affected counties. The majority of those interviewed in Marsabit county are pastoralists, living in the remote locations of Kalacha, Kaikona and Logologo. They battle strong gusty winds while shepherding the few weak animals left with any hope of survival. In the area of the assessment, there are approximately 15,500 older men and women who have been left with no food as they cannot keep up with the search for pasture to feed their animals.

### Eastern Equatoria, South Sudan

Eastern Equatoria is in the southeast of South Sudan bordering Uganda, Kenya and Ethiopia. The population of the state is close to 1 million people. Older people in this assessment were interviewed in Kapoeta South County and in the remote areas of Narus and Kapoeta City. The majority of those interviewed are displaced pastoralists and farmers, whose crops have failed or produced insufficient yields. As a result of the prolonged drought, the landscape is bare, and the animals are growing weak. Many of those interviewed have also experienced violence because of communal tensions, exacerbated by the increasing scarcity of resources.

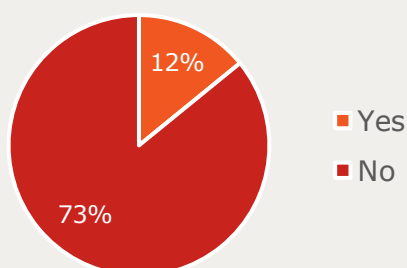
# Key Findings

## Food

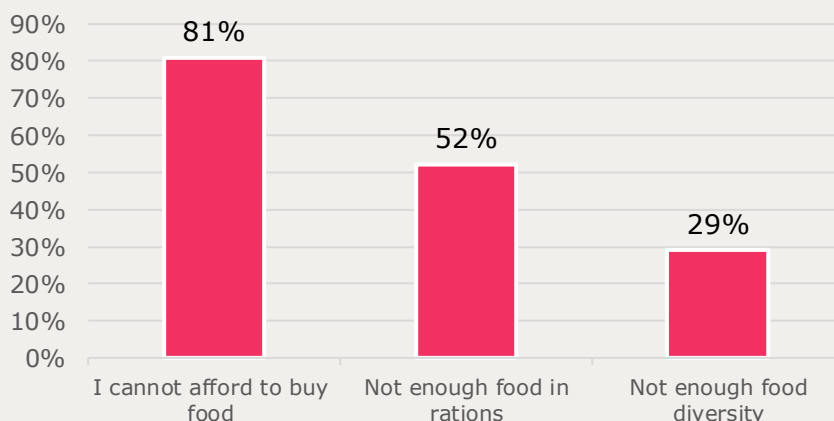


- **73%** of older people reported they do not have sufficient food. This was even higher for those who are displaced (92%), as well as those older people interviewed in Ethiopia (92%). Many older people are skipping meals, with over half currently eating only one meal per day. 82% also reported going to bed hungry at least one night per week. This is deeply concerning as it highlights that many older people are currently extremely food insecure. As the crisis deepens, the situation may worsen. This may turn the drought into a famine, resulting in hundreds of thousands of people dying. In Ethiopia, Dida told HelpAge “Now we are so frightened that we could die the same way our cattle have died. If we don’t get food, we could starve to death”.
- **81%** of those who do not have access to sufficient food, responded that their key barrier was a lack of money. In East Africa, millions of livestock, which pastoralist families rely on for sustenance and livelihoods, are emaciated or dead. This loss of earnings is exacerbated by rising inflation. For example, in Ethiopia food baskets have risen by 66% in price. Other findings showed 14% responded that there is not enough food in the local markets. Others reported that food is available but becoming unaffordable. This changing situation must be closely monitored.
- **52%** responded that the current rations provided are insufficient to meet their daily needs. This is in part because of the funding cuts many humanitarian organisations are having to make as they reallocate food from the hungry to the starving. In February the WFP launched an appeal but they have received less than 4% of what they need. This is not unique as many humanitarian actors in the region are struggling to fund their programmes. It is also worth noting that older people can face additional challenges with rations as they do not meet their nutritional requirement and/or difficult to digest. Furthermore, to receive the food rations some are having to queue for long periods in very challenging extreme weather conditions. Many also struggle to carry the rations home, increasing their likelihood of exclusion from critical life-saving support.
- **29%** responded the food available in local markets is not diverse enough to meet nutritional needs. This was especially the case in Ethiopia (41%) and South Sudan (41%). Older people, like other at-risk groups such as children and people with disabilities are even more susceptible to ill-health from poor nutrition. Due to lack of income and sometimes the lack of variety in local markets, older people are often having to eat the same food. In Ethiopia for example many older people are simply eating palm fruit.

Have access to sufficient food



Top 3 barriers to food

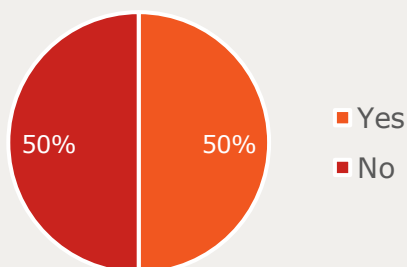


## Water

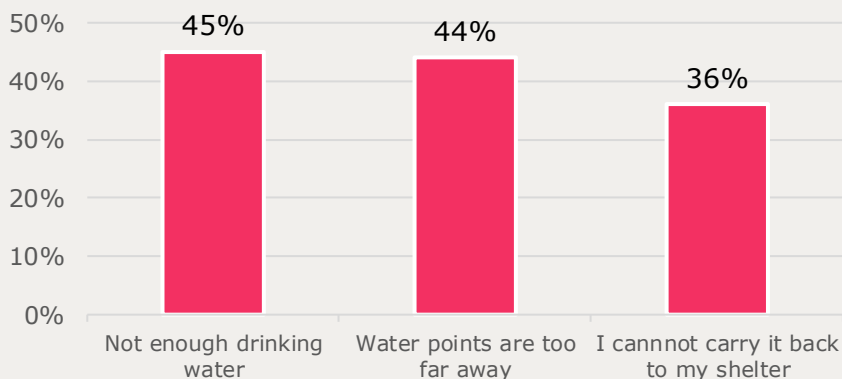


- **1 in 2 older people** reported they do not have access to safe drinking water. While there was some rain in March and in May, it was not enough to replenish water resources. Water points have dried up or diminished in their quality. Also, the benefits of recent rain will only be beneficial towards the end of the season, if at all. The cumulative effects of low rainfall over the last four seasons have been devastating on water security and highlights the risk communities face with increasing unstable weather patterns because of climate change. In Kenya, Dibo told HelpAge “In previous years we would experience drought but nothing like this one. We could move around and get pasture and water, but this time the situation is completely different. Everywhere is bare”.
- **44%** reported that water points are too far away from their homes. This lack of accessible water is leading to massive displacement. For example, in Ethiopia 286,000 people have been forced to leave their homes to survive. Often it is the younger adults who leave, while older people are left behind with the responsibility of caring for their children. 88% of older people reported they are providing care to a least one child, the average caring for more than five children. This highlights the crucial role older people have in supporting the community's resilience and the challenge they face in supporting their families while managing their own health concerns.
- **36%** reported they had a lot of difficulty in carrying water back to the shelter. This number increased to 58% of older people who reported having a lot of difficulty with their mobility. Reduced water supply mean having to travel longer distances to find water for daily use. Older people also reported that they are not consulted (70%) in the designs and locations of wells and other water facilities provided by humanitarian organisations. This has made access more challenging because their needs are not considered.

### Have access to sufficient water



### Top 3 barriers to water



## Cash

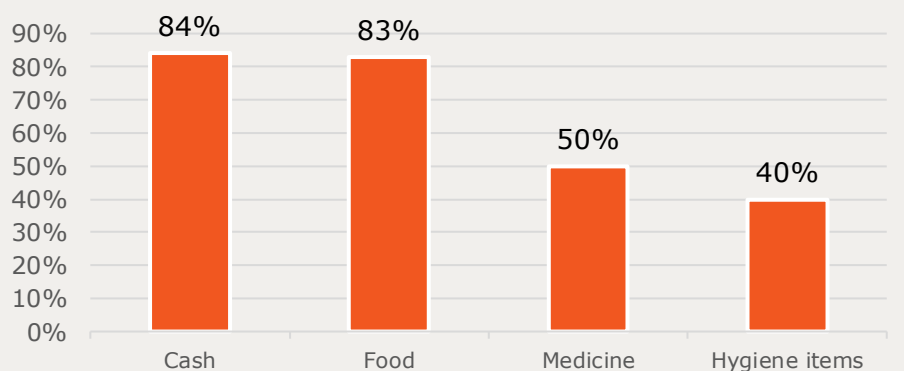


- **56%** of older people reported having to borrow money to cover their basic needs since the start of the crisis. This was higher in Kenya where 63% had taken on debt. This is particularly concerning because of the high interest rates often charged by lenders, making it harder to pay back. The impact of not paying their debt can result in threats of violence and seizure of assets. This debt burden could be very damaging for older people and their family's ability to bounce back afterwards.
- **81%** of older people reported they currently do not have an income. It should be noted this applied equally amongst those in their 50s, 60s, 70s and 80+.

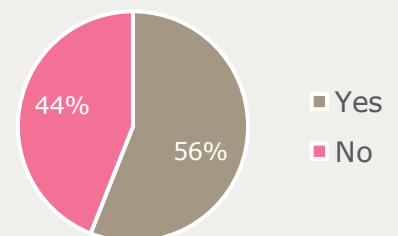
but it was higher for those who are displaced (91%). This is not wholly surprising, given that it is harder to secure an income for older people as their capacity to work changes. In pastoralist communities in particular, older people lose their role in the family to provide income as they are less mobile and unable to migrate with the cattle in search of pasture. This can create dependency on others for support, which impacts on older people's roles within families. 72% of older people reported that they rely on their families and friends to meet their basic needs. This dependency also increases with age as they become more reliant on others for support. One of the takeaways from this is the importance of pensions, which is not available for any those interviewed, to ensure older people can maintain their independence as they age.

- **Cash was the highest priority need** of those interviewed - it even ranked slightly higher than food. This was the case in all countries apart from Ethiopia where food and medicine were ranked as higher priorities. While cash is one of the most dignified modalities of providing assistance to those who need it, across all age groups, it requires a strong functioning market as well as a strong contextual understanding of the risks including the cash being stolen.
- When asked if they were given cash would they be able to use it safely, 92% reported that they could. However, this was lower in Ethiopia, where 84% said they could. An important protection concern note is that people over 80+ were less likely to be able to use cash safely (88%). Despite the high number of older people who reported it would be safe for them to receive cash assistance, care is still needed. Sometimes, their families might control how the cash is spent instead of older people. Also, it is important to ensure that if cash assistance is provided, it is distributed safely and in manner which is preferred by the older people receiving it.

### Top 4 priorities



### Have had to borrow



## Health + Medicine

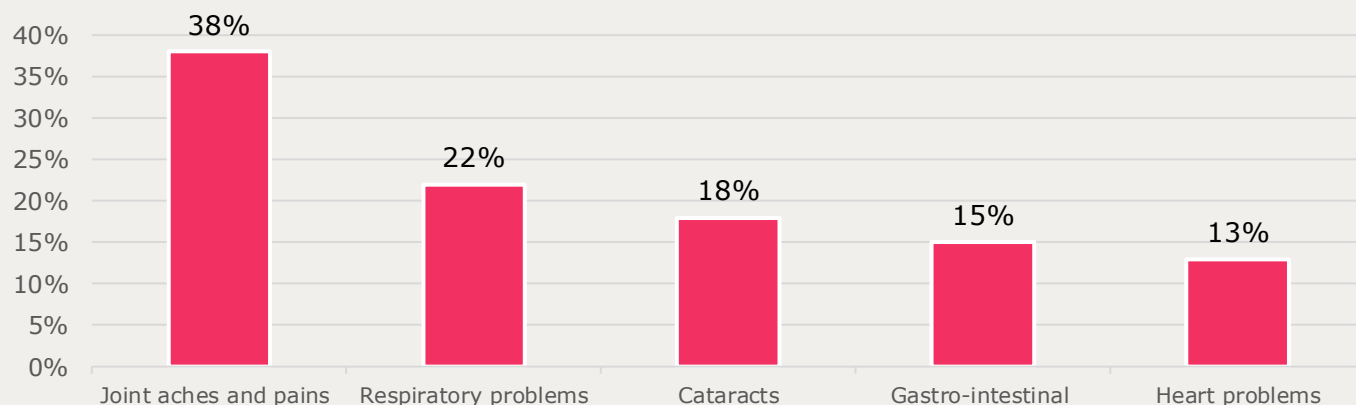
- **72%** of older people reported that they have at least one health condition. The number of older people with a health condition increases with age. The top four reported health conditions were joint aches and pains, respiratory problems, cataracts and gastrointestinal issues. These health conditions can be exacerbated by drought as food and water intake reduces, as well as income to be able to purchase medicine or access health services. Already, more than half of those with health conditions such as heart problems, high blood pressure or diabetes were not taking any medication. According to HelpAge research in 2018, older people in East Africa may also be reluctant to seek medical services and take medicine as they simply accept health conditions as a sign of old age. Overall, 28% of those with a health condition are taking medication, of which 13% reported it would last less than 2 days.





- For the majority of those interviewed, there are health services available in their locations, but they face barriers to access to services. **60%** reported that no medicine is available at their local health services. This was especially critical in Ethiopia (71%). Health services in the region often focus on communicable diseases, rather than chronic non-communicable diseases and related health conditions, which require specific types of medicines as well as regular follow-ups. The types of medicines and medical assistance older people need is often unavailable. Another challenge is that health services in rural areas often lack staff with expertise to provide geriatric care.
- Across the regions, **52%** reported that their local health services are too expensive. This was higher in Kenya with 72%. In Kenya, the government introduced free health insurance to older people as part of a broader social safety net programme. However, this is not always implemented, and older people usually have to pay out of pocket for their health care. Another common barrier is the distance, with 28% of older people reporting it takes them between 1-3 hours to reach their nearest health services. This challenge increases for older people with a disability (35%) and a chronic health condition (31%). It should also be noted that the time it takes to reach the nearest hospital is likely to be significantly longer. In Ethiopia, Jatani told HelpAge "If we get sick, we have to travel to Dubluk, which is 25 miles away!".

### Top 5 health conditions



### Protection + Wellbeing

- Safety remains a significant concern, with **between a third and half** of older people responding that they do not feel safe accessing their basic needs, including food and health services. When asked to list the main safety risks facing older men and women, the top six responses were neglect, isolation, denial of resources, financial abuse, physical abuse, and traditional harmful practices. During periods of drought, community tension and even violence may increase as resources are stretched. For example, in Kenya, the tensions have resulted in deaths, forcing the government to place dawn-to-dusk curfew restrictions in some areas. In South Sudan, tensions are also rising. As Lodee told HelpAge "There are no cattle, they are all finished. The enemies took it so I'm just like this, we even run to the bush (fearing attacks)".
- Within specific groups of older people, the protection risks are also heightened. For example, as older women are forced to walk further afield for water, they can be exposed to violence. Of those interviewed, 14% live alone and a third do not know how to contact their families. In addition, 21% of older people reported they are displaced. Both these two groups are likely to



be living with a reduced support network, including extended families, friends, and their wider community, leaving them more prone to abuse and exploitation.

- **82%** reported they feel depressed or upset, and **79%** anxious or worried at least some of the time. Wellbeing can be deeply impacted by drought, including isolation for those displaced or left behind, as well as a sense of reduced status if they feel they are becoming dependent on others for their basic needs. In Ethiopia, Jatani told HelpAge, "People in this village are not doing well. Everyone is acting strangely. They have lost a lot like me. They used to depend on their cows and now all the cows have gone".

## Shelter



- While the majority of older people reported they had shelter, there were variations between locations. Of those interviewed in Kenya and South Sudan. Hardly anyone was homeless (0% and 1% respectively). However, in Ethiopia 19% reported they were homeless. This finding for Ethiopia is very concerning, with those recently displaced significantly more likely to be homeless as compared to those non-displaced. Those who are homeless are exposed to extreme risks, and urgent action should be taken to address this. For older people in need of temporary accommodation, it is important that shelter is provided to them that meets their specific requirements. This may include elements such as ramps, handrails, and grab bars for those who have mobility disabilities. If older people are sleeping on cold, hard or damp floors, it increases their chronic painful joint problems, which is the most common health condition reported in this assessment. Shelters should offer separated spaces between men and women to reduce risks for women especially, and respect cultural norms. Shelters should be constructed to ensure they are weather resistant as local reports from Ethiopia highlight many of tents provided have a life span of six months, which can be insufficient for the length of their displacement.
- Even for those with shelter most were dissatisfied with them. For example, in Ethiopia, many interviewed either live in temporary shelters called waro's made from plastic sheets and sticks, which often fail to protect them from the elements, or huts made of mud covered with wood. A key concern raised by over half of older people was that their shelters were not appropriate for the weather and in need of major or minor repairs. In Ethiopia this was because the plastic on the waro's melted or the wood in the huts was old and rotting. A lack of income is a factor preventing older people and their families from repairing their shelters because they could not purchase sufficient building materials or cover labour costs required because some older people are unable to undertake the manual labour. Many older people also reported their shelters were too small.
- Around **three-quarters** of those interviewed do not have access to toilet, handwashing, and bathing facilities. For many this lack of access to basic hygiene facilities pre-dates the drought and is symptomatic of the conditions in which many pastoralists live. As the water supply reduces, many older people are being forced to prioritise drinking and cooking water over personal hygiene. increasing the risk of spreading diseases. Other specific concerns that older people mentioned regarding toilet facilities where they were unclean(19%), lacked privacy (19%) and were too difficult use (17%). Similarly, other issues raised around bathing facilities include being too difficult use (17%) and their lack privacy(17%).

**Additional reading:** For more in depth analysis on how drought impacts older people in East Africa, HelpAge in collaboration with the Overseas Development institute produced this [research paper](#) in 2018.

## Disability



- **40%** of older people interviewed had a least one disability. The number of older people with disabilities increased with age. The most common disabilities identified were walking (27%), vision (24%), self-care (13%) and hearing (10%). Older people with a disability, especially those who are part of pastoralist communities, face challenges to move with their families as they look for arable land. During drought, these challenges can become even more acute and increase their isolation and survival. There are reported incidents of older people with a disability being left behind by their families who were unable to afford transportation costs to move. Older people with disabilities, who are less mobile, can also struggle to reach aid distribution points. Of those who go to distribution sites, 72% need support in reaching them. In addition, these distribution sites can sometimes involve people waiting for significant periods of time and facing the risk of chaotic distribution. In Kenya, Dido said “during relief food distribution, there is always a scramble and getting the food becomes a challenge”. Ensuring older people with a disability are kept informed, through appropriate channels, about the services available to them is also critical, otherwise they risk being excluded.
- **43%** of older people with a disability do not have an assistive product. The four assistive products used by older people with a disability were canes/walking stick (47%), walking frame (8%), crutches (5%) and glasses (4%). Only 6% of those with difficulty seeing have glasses and only 2% with hearing difficulties have a hearing aid. The findings also showed that older women with a disability are less likely to have an assistive product compared to older men with a disability.

## Recommendations

1. There is urgent need to provide live saving food assistance to older person that are being challenged by access, price, and the quality of food available. This needs to be done through a clear coordinated manner ensuring collaboration between local, national, and international actors.
2. There is need to scale up water rationing and rehabilitation of water sources to meet increased demand of water in the areas that have been affected by drought. This includes developing new sources of water which are both sustainable and accessible to older people including those with disabilities.
3. Multi-purpose cash distribution intervention should be provided to older people to support their immediate needs and enhance recovery. It is however important that prior to this risk and market assessments are conducted as well as consultations with older people on preferred cash transfer mechanism.
4. Support should be provided to establish and strengthen early warning system based, drawing also upon local expertise. The scientific weather forecast should be aligned with the traditional knowledge of the pastoralist communities to ensure lives and livelihoods are saved.
5. Establish and deploy mobile health outreach teams to affected location to provide the most in need with health service. This is especially important for those older people with mobility difficulties to ensure that healthcare remains accessible.
6. In the long run, government, humanitarian, and development partners need to develop an integrated programme with several components such as cash for work, access to food, savings and loans associations as well as support the restoration of the pastoralist livelihoods through restocking programs.



## Malicha Guyo, 66

Malicha Guyo is a pastoralist, distinguished elder and a community leader from Ego village in Dubluk district in Borena zone. He was elected as a community leader as everyone respects him and people look up to him in the community. Like most in his community he is a victim of the drought, losing all of his 130 cows. Leaving behind his own pain, he is advocating for immediate attention to address the looming starvation in his village.

"I am a pastoralist. Cattle are my life. I support my family with what I get from the cattle. We drink the milk and eat the meat and also sell the meat to earn money. This is how I provide for my family. I was elected as the community leader two years ago. I love to serve my community. Apart from my job as a pastoralist, I do lead people in this village. I help them to live in harmony with each other. Whenever there is a conflict between communities, I intervene to find a solution. I am like a spokesperson for my village. I have lived here my whole life.



We had the basics we needed for our lives before the drought hit. We had food. All my children were raised drinking milk. Everyone in this village is a pastoralist. We don't plough the land. We have our cows. We have food. We didn't starve like we are doing today. But since the drought came, we are just surviving on a sack of wheat flour we get from the government every month. It is not enough to feed my family.

I don't know why this drought came to us. What I know is that we haven't had any rain. We waited and waited; months and seasons passed. We missed multiple rainy seasons. Then all the pasturelands went dry. And ponds dried up. Our cows had nothing to eat. I tried to keep them alive by buying hay with some of the money I saved up. However, it was beyond my capacity. Eventually, I took all my cows to a nearby district called Miyo about 50 miles from my village. I found the same situation there and immediately returned. The cows started dying on the road. All together I lost 130 cows. I also lost 30 of my 40 goats because of the drought. Now I am left with 10 goats.

It's not only me. About ten thousand cows have died just in my village. They are still dying. Even this morning, I saw six freshly dead cows as I walked through the village. Since then, I always visit the cattle graveyard. It hurts me a lot.

I appeal to the government to provide help for us. This is an unbearable situation. I sometimes don't want to believe that I have lost all my cattle. It seems like a nightmare to me. I cannot sleep at night. My eldest son has also lost all of his cattle. Suddenly, we now need help from the government.

Currently the biggest challenge we are facing is lack of food. People are starving everywhere in our village. However, we get very little support. We need more support from the government. Some people in this village are planning to move to Dubluk en masse in desperate need for food. We don't know what to do now. We are pastoralists and all our cows are gone. Everyone in the village is in a difficult situation. Children and older people like me, are the most affected. Now we only eat once a day. We just mix water and wheat flour and put it on the fire to bake. That is our one meal of the day. And that's not even available every day. I have a large family. We all live together in the same compound. So, a sack of wheat flour is not enough to feed us all."

## Contact

Fred Wandera, Humanitarian Programme Manager (Uganda), email: [fred.wandera@helpage.org](mailto:fred.wandera@helpage.org)

Alex Goldsworthy, Humanitarian Programme Officer (United Kingdom), email: [alex.goldsworthy@helpage.org](mailto:alex.goldsworthy@helpage.org)