Out of Sight, Out of Mind:

The inclusion and use of data on older people in the humanitarian programme cycle

HelpAge
International

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Glossary

GPC Global Protection Cluster

HNO Humanitarian Needs Overview

HPC Humanitarian Programme Cycle

HRP Humanitarian Response Plan

IASC Inter Agency Standing Committee

MSNA Multi-Sector Needs Assessment

UN OCHA United Nations Office for the Coordination of Humanitarian

Affairs

Introduction

Humanitarian principles and basic human rights afford everyone the right to safe and dignified access to assistance and protection on an equal basis. Older people are among those most at risk in humanitarian crises, yet older people's rights are frequently denied, and they receive little targeted attention from governments, donors, or humanitarian agencies.

HelpAge International's 2018 study, *'If not now, when?',* highlights significant failings in how the humanitarian system includes older people when responding to crises.[i] A 2019 report by HelpAge Asia, *More at risk: How older people are excluded in humanitarian data*, found that underlying this lack of attention is the absence of data and information about older people and the risks they face; in this study, HelpAge Asia found that only one in three aid agencies collected age-inclusive data in their emergency response, and only one in four needs assessment reports mentioned older people[ii]. In 2020 when the United Nations launched its global humanitarian response plan to fight Covid-19, the evidence was already clear that people in older age were among those most at risk of complications from COVID-19 and experienced a higher than average mortality rate; despite this, older people were not specifically included in the list of "most affected and at-risk" population groups.[iii] This lack of visibility for older people and the lack of understanding of their basic human rights and needs has a direct impact on the support available to them when humanitarian crises take place.

Data and information collected and analysed in humanitarian settings, including through Humanitarian Needs Overviews (HNOs), inform priorities for donors, UN, and individual agencies. It is presented and used throughout the Humanitarian Programme Cycle (HPC) and impacts upon funding decisions for Humanitarian Response Plans (HRPs). This process is the focus of our report.

Humanitarian data is a key part of the whole humanitarian system. If you are missing in the data, it is likely you will be missing in the response.

This report explores ways to strengthen understanding of older people's rights and needs within humanitarian responses and the wider humanitarian system through more informed and appropriate collection and use of data at each stage of the HPC. We examine the level and quality of data and information available on older people and the main barriers to including this evidence in the humanitarian response. The report also considers the wider context in which aid agencies are operating and how this impacts the inclusion of older people in humanitarian responses.

At the time of writing, the world's 'oldest' international armed conflict is raging in Ukraine; in a country where one in four people is over 60 years of age, the impact of the conflict has been dramatic. Many older people are performing crucial roles in the response to the current crisis, whether as volunteers or as caregivers for other older adults and/or children. However, depending on their circumstances, older people are experiencing specific and considerable challenges. Older people who have remained in their homes in areas of intense fighting face challenges in accessing shelter as well as essential supplies and services. Separation from families has left many exposed and isolated. For older people who have been evacuated to other areas in the country, the journey is arduous, often taking several days in cramped and over-crowded trains, buses and on foot. Older people are also among the millions of people who have managed to cross the borders to relative safety but face the uncertainty of where they will go and when they will be able to return home.

As the world's demographics change and the global population ages, this type of emergency, where older people make up a significant part of the affected population, is only going to increase. This is clear from the continuing global Covid-19 pandemic; from the start, older people were disproportionately affected yet not included as a group who were most affected or at risk in the Global Humanitarian Response Plan. In the same document, "old age" is referred to as a condition; however, "older age is not a condition that people suffer from, and it is unacceptable to represent it in this way. As the group with the highest primary needs in this crisis, it is unthinkable that they [were] not included explicitly, acknowledging the range of risks they are exposed to by the virus"[iv]. We need change to our humanitarian systems, such as the HPC, to adapt, include and ensure that all older people can access their basic rights to protection and dignity, whether in protracted or rapid onset crises.

This report is ultimately designed to help ensure that all of us, as actors in a global humanitarian system, can move away from a position where older people are out of sight, out of mind in humanitarian response, and that we succeed in the humanitarian sector's goal of truly leaving no one behind.

Approach and methodology

This report sets out to answer the following research questions:

- what the main sources of data to inform humanitarian programme plans are, and if they capture and reflect the specific needs of older people
- the extent to which data analysis is age-sensitive
- if the data published and used to inform humanitarian priorities is age-sensitive
- what lessons can be learnt from approaches used to increase the visibility of other specific, more vulnerable, population groups within the humanitarian system e.g., women and people with disabilities
- a range of approaches that could be used to enhance the visibility of older people and better understand their needs

Research for this report included a literature review, a detailed analysis of 27 Humanitarian Needs Overviews (HNOs) and Humanitarian Response Plans (HRPs) from 2021[v], and 26 interviews with key informants involved in HPC data collection and analysis. This included interviews with people based both at headquarters (HQ) level and in four case study countries: Ethiopia, Iraq, Libya, and Ukraine. Analysis focused on whether older people were included and received attention as a group that had distinct needs. The HNOs were also reviewed against criteria aligned against that used by UN OCHA in 2021 in its scoring-based review of HNOs and HRPs.[vi] It should be noted that the 2020 HPC process asked humanitarian actors to complete a separate annex that accounted for humanitarian responses to Covid-19; the pandemic was then folded into the ongoing HPC process from this point, including in 2021, which is the documents and process reviewed for this report.

To address our research questions and ensure constructive, relevant, and practical input to the humanitarian system, the report's findings are presented within the structure and outputs of the Humanitarian Programme Cycle (HPC). Coordinated by UNOCHA[vii], the HPC is the main inter-agency framework for assessing, planning, and funding humanitarian assistance and is used across the globe by donors, UN agencies and NGOs. HPC documents and processes provide a 'home' for all data that is collected within Multi-Sector Needs Assessments (MSNA) and analysed and presented in HNOs and HRPs.

Findings: Gaps and barriers to including older people in humanitarian data

Summary

Our findings show that while there have been some improvements in the visibility of older people in terms of numbers of people in need and targeted for assistance given their vulnerability, there is still a long way to go to bridge the gap between existing guidance and policy, and implementation on the ground, to achieve the consistency and quality of data needed to ensure that older people are fully included in humanitarian responses.

Throughout the humanitarian system, including but not limited to the HPC, there are several common themes which act as consistent barriers to the inclusion of older people in humanitarian data:

- lack of incentive
- lack of leadership and accountability
- lack of background data
- lack of specificity in some existing guidance and tools

The HPC itself can help to situate and enhance the visibility of data, including on older people, but if data is not being collected or analysed appropriately across the lifespan of the cycle, then gaps in the system, and therefore the response, remain.

Closing these gaps is not just an issue of ensuring guidance and HPC documents ask for age-sensitive analysis and disaggregated data by age, but also about ensuring the guidance is actually implemented and applied in HNOs and HRPs. Incentivising actors and holding the sector to account is key to ensuring humanitarian data about older people is included in the HPC and more broadly.

The wider data context

Before looking in detail at the use of data within the HPC it is important to consider the wider data ecosystem in which humanitarian responses are delivered.

In certain humanitarian contexts, for example in rapid onset crises such an outbreak of war where access to the affected population is difficult if not impossible, or where resourcing is highly stretched, it can be challenging to collect and use data related to older people necessary to plan an effective and inclusive response.

In these settings it would be useful to be able to turn to a range of data sources to be able to make initial working assumptions for response planning or extrapolate figures to predict potential humanitarian priorities. This would mean using things like census data and demographic and household surveys to support humanitarian data baselines and the HNOs and HRPs.

However, there are challenges with these data collection systems, the world over. DHS[viii] is a household survey that is among the most used tool to gather data in lower- and middle-income countries. It covers subjects such as health, population, and nutrition. However, data in these surveys (of which there have been over 400) only goes up to age 49 for women and 59 for men, except in rare cases where the government has requested an extension to the age caps. The result is that most demographic and health surveys do not provide any data on older people at all, meaning older adults are invisible within them.

At this point, census data could be used to fall back on; but censuses are only carried out every ten years, and often less regularly in low-income countries (who are also often those vulnerable to humanitarian crises and their impacts). They

also provide quite limited information on specific issues because of the range of topics a census needs to cover.

Meanwhile, very few countries, particularly in lower- and middle-income contexts, undertake specialised surveys of the older population or have administrative data systems that would allow relevant data to be collated.

The limited presence of data about older people in global data collection processes and systems has a knock-on impact in humanitarian settings. It means that the backdrop in which humanitarian data is being collected and used is not a helpful one that can be used to support response planning, but one that perpetuates the same invisibility of older people also seen in the humanitarian system.

The Humanitarian Programme Cycle (HPC): inclusion of older people in Humanitarian Needs Overview and Humanitarian Response Plans

Guidance issued by the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) each year as part of the HPC clearly states that the number of people in need, the strategic objectives of plans, and the number of people targeted should be disaggregated by age, and that data on older people should be consolidated and analysed.[ix] This suggests that older people's needs should be included within joint assessments, Humanitarian Needs Overviews and Humanitarian Response Plans. A review and overhaul of the HPC process, and the guidance that comes with it, is planned by UNOCHA at the time of writing. Of the 2021 HNOs that were reviewed for this report, all mentioned older people as a vulnerable group (see Figure 1) and all but one of the HRPs did the same (see Figure 2).

Almost all of the HNOs also mention the specific needs of older people and how their needs differ from other segments of the population (91 per cent), and/or mention older people in the sector analysis of needs (87 per cent). However, as Figures 1 and 2 also show, despite the guidance, closer analysis of the documents reveals significant variation in where and how data on older people is disaggregated. HNOs and HRPs use a range of data sources and although they are mandated to present disaggregated data where available, across most of the HNOs and HRPs we reviewed, the attention given to older people is brief and sporadic.[x]

There is a lack of consistency in the extent to which older people are included in descriptions of humanitarian conditions, sectoral analysis, or strategic and sector objectives.

For example:
- fewer than half of the HNOs included any specific analysis of the needs of older people,
- only a third of the HNOs included intersectional analysis with attention to older people
- over half of the HRPs contained no specific and/or no percentage-based sector objectives for older people.

We recognise that responding to lots of different sectoral objectives for different at-risk groups is challenging. However, until we have appropriate levels of intersectoral and intersectional analysis and response, it is important that older people are included within specific objectives in HRPs. Otherwise, they will simply be forgotten.

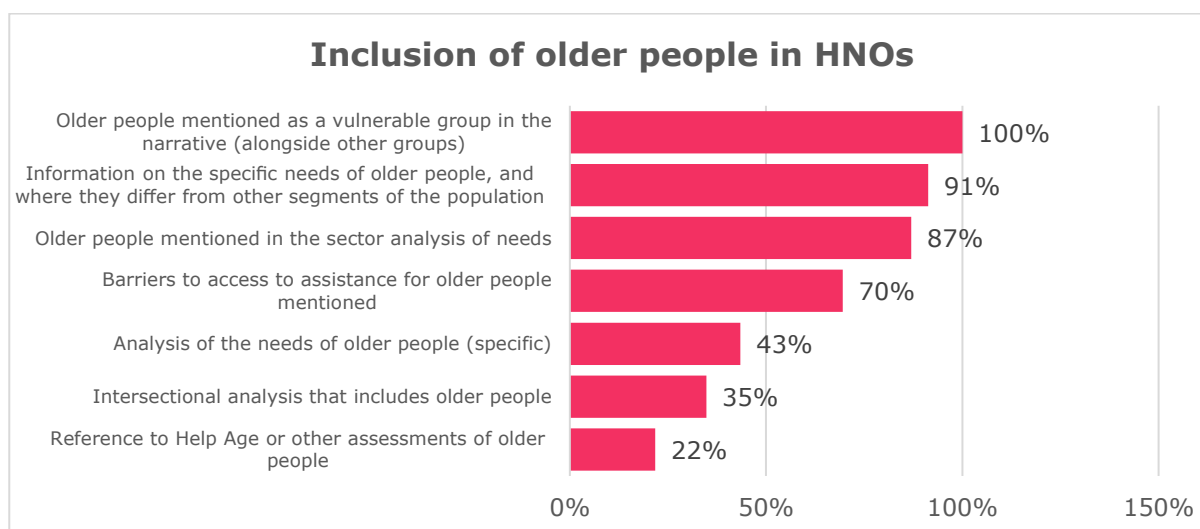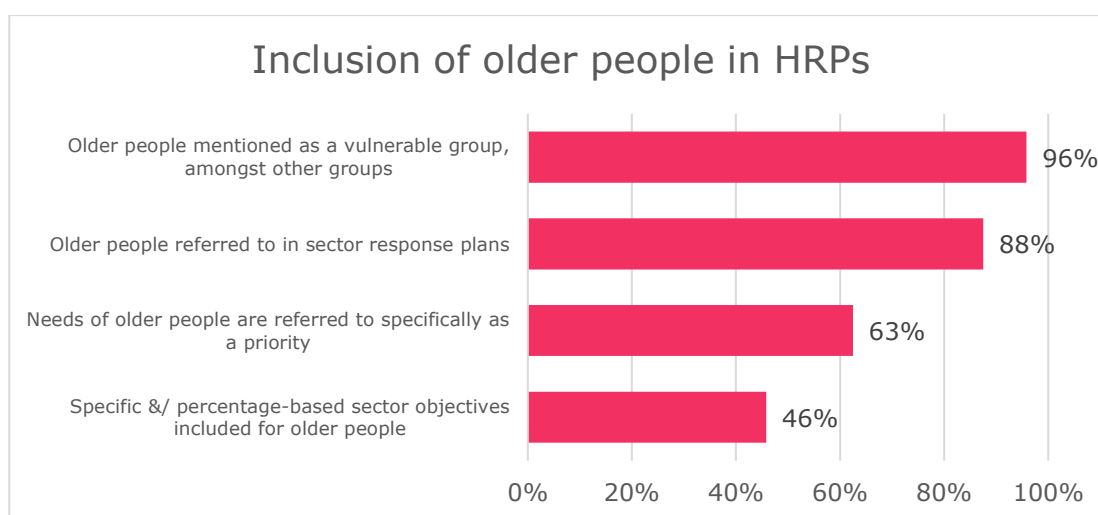**Figure 1: Inclusion of older people in 2021 humanitarian needs overviews**

Inclusion of older people in HNOs

Older people mentioned as a vulnerable group in the narrative (alongside other groups)	100%
Information on the specific needs of older people, and where they differ from other segments of the population	91%
Older people mentioned in the sector analysis of needs	87%
Barriers to access to assistance for older people mentioned	70%
Analysis of the needs of older people (specific)	43%
Intersectional analysis that includes older people	35%
Reference to Help Age or other assessments of older people	22%

0%   50%   100%   150%

Figure 2: Inclusion of older people in 2021 humanitarian response plans

Inclusion of older people in HRPs

Older people mentioned as a vulnerable group, amongst other groups	96%
Older people referred to in sector response plans	88%
Needs of older people are referred to specifically as a priority	63%
Specific &/ percentage-based sector objectives included for older people	46%

0%   20%   40%   60%   80%   100%

To explain the paucity and inconsistency of data and information on older people within the 2022 HNOs and HRPs, and the wider issues this presents for the whole humanitarian system, this report considers below each of the components of the HPC *Step by Step Guide* [xi]published in 2021 to support the 2022 HPC. In doing so we identify key gaps and barriers that prevent the inclusion of data and analysis on older people as well as examples of good practice in specific countries, to make recommendations to address barriers in future and ensure that older people are fully included within HPC data collection and analysis processes.

Humanitarian Programme Cycle *Step by Step Guide*

Step 1: Agree on scope of the analysis and costing approach

Emerging gap: *unlike gender, there is no clear instruction in the first step of the HPC guidance to collect and analyse data on older people*

The current *Step by Step Guide* outlines the first stage in the HPC process as being one of strategically identifying, managing, and analysing the data and information required for the HNO. The Humanitarian Country Team (HCT) decides which variables are most relevant to their context, and the data and information that will be collected and used. The framework developed as part of this first step is

designed to address key analysis and planning questions, and the guide lists a number of points to consider, including population groups most affected, their location, survival and livelihood considerations, gender dimensions, and the impact of Covid-19 on the emergency situation.

Although the guidance emphasises the importance of determining which population groups are most at risk and facing the greatest levels of need, (and one stage of the nine references says that age must be given consideration[xii]) there is no direct instruction to include age-sensitive data and information in the analysis framework and plan, which is listed as a key output for Step 1; the basis from which all further data collection, analysis, prioritisation and planning is done.

Emerging gap: *age disaggregation is only required 'as much as feasible' with no clear incentive to be any more specific than disaggregate by adult and child*

The tool used to support the classification and explanation of needs in Step 1, the Joint Intersectoral Analysis Framework (JIAF),[xiii] does explicitly state that analysis undertaken should include key vulnerability characteristics such as age, gender and disability, in line with the 2016 Inter-Agency Standing Committee (IASC) Humanitarian Profile Support Guidance.[xiv] It also advises that population and people in need (PiN) figures should be disaggregated by age group (children, youth, adult, older people) as well as by gender and disability.
However, the JIAF stops short of specifying that data should be disaggregated among older age groups, saying that age disaggregation is only required 'as much as feasible' and addressing instead disaggregation for children (0–17 years inclusive) and adults (over 18 years).

Emerging gap: *lack of existing data and knowledge on needs of older people, including from other data sources* (see section on wider data context p. 6-7)

In the country case study interviews we conducted, participants commented frequently that they found a lack of existing knowledge and awareness through data of the issues facing older people, led to a lack of prioritisation and specific attention by actors involved in Step 1 of the HPC; selecting and collecting data and information for the HNO. A lack of involvement of agencies with specific expertise on age and / or older people, as was seen in Iraq and Libya for example, was also identified by our participants as a barrier to the prioritisation of data collection on older people.

With no clear incentive for including age in this prioritisation within the HPC system, the caveat in the guidance that age disaggregation is only needed 'as much as feasible', and a lack of pre-existing data and awareness on the issues that older people may face, it not surprising that with the exception of Ukraine, none of the four case study countries' HNOs identified older people as a priority vulnerable group for the collection and analysis of data.

Step 2: Secondary data review

Emerging gap: *wording of guidance does not prioritise age and disability in the same way as gender; a lack of reference to the value of intersectional analysis*

The *Step by Step Guide* says that the secondary data review feeding into the HNO should include quantitative and qualitative data such as sectoral statistics and reports, national economic or demographic surveys, published research, and mobility tracking data (the International Organisation for Migration (IOM) Displacement Tracking Matrix, or IOM-DTM) (see Box 1).

The guide also says in this second step that gender analysis should be a core feature, with consideration to age, disability, and other factors. It recommends identifying any specialised working groups or agencies on disability inclusion, gender equality or older people that may have data to contribute. The secondary data review is supposed to use existing data to answer key analysis questions and

enable vulnerability and risk projections, but also assess the timelines and reliability of available data and identify gaps to be addressed.

It is clear in the guidance that age and disability should be given consideration, but the guidance stops short of calling for specific analysis in this area, unlike with gender. There is also no reference in this part of the guidance to the importance of intersectional analysis.

Emerging gap: *weaknesses in background data systems and humanitarian data sources, resulting in a lack of quality data on older people* (see also section on wider data ecosystem, p.6-7)

Step 2 of the guide is reliant on existing data being of a high enough quality to enable good analysis and underpin the other steps in the process. HNOs rely on the best available data and widespread weaknesses in national and global data systems mean that HNOs often must rely on out-of-date census or other population data to calculate the population figures for older people. In Libya, for example, the most recent census was conducted in 2006; in Ukraine, it was 2001. In Ethiopia, the most recent census was in 2007, and population estimates are based on projections (up to 2017 only) that are disaggregated by sex but not age.

Humanitarian data is a key source of data for the HNO. Examples of this include the International Organisation for Migration's Displacement Tracking Matrix (IOM-DTM) and UNHCR's age-disaggregated population data. However, there are limits to the usefulness of both key sources in relation to reliable data on older people.

Box 1: The International Organisation for Migration (IOM)'s Displacement Tracking Matrix (DTM)

The IOM-DTM is a key source of data for the Humanitarian Needs Overview, with sex- and age-disaggregation mainstreamed across the methodology. As with the Multi-Sector Needs Assessments, priority vulnerable groups or issues identified by the clusters are addressed during data collection. Figures on the number of internally displaced people (IDPs) and refugees can also help determine the number of older people in need. The IOM-DTM is a useful source of secondary data.[xv] It includes household surveys and other forms of data collection, which provide a demographic breakdown. The DTM was used in Iraq, Libya, and Ethiopia as a source of information on older people within the HNO.

Despite this, there are limits to using the DTM as a source of reliable data on older people for the HNO: first, because its principal focus is on IDPs and returnees; and second, because the assessment methodologies used will not always support reliable data to determine the numbers of older people, their needs and risks, or the access barriers they face. While most DTM reports include the proportion of older people in need, they rarely include a detailed analysis of their specific needs.

Some of the most reliable age-disaggregated population data comes from the United Nations Refugee Agency (UNHCR), as it is based on individual refugee registration data (which includes the person's age). UNHCR's Global Trends report (2020) states that 6 per cent of forcibly displaced people were aged over 60.[xvi] However, in many countries, the government is responsible for data on refugee registration, and this data is often not disaggregated by age.

Despite these different potential sources of data and information, there are gaps in the data available (both from background demographics data and humanitarian data sources) that impact on the understanding of the needs of older people within the HNO.

Emerging gap: *lack of consistent definition of older people across secondary sources and among HNOs; lack of appropriate disaggregation as a result; no*

consistent guidance on how to calculate the number of older people within HNOs and HRPs

There is no consistent definition of 'older age' across these secondary sources or among HNOs, and when data on older people is collected, it is often presented as a single category ('over 60') instead of distinguishing between older age groups (such as those aged 60–70, 70–80 and over 80), which would be more useful. As Figure 3 shows, most of the HNOs reviewed (83 per cent) define 'older age' as 60 years and above, whereas 13 per cent define it as 65 years and above, and some (4 per cent) define it as above 50 years.

Figure 3: How older age is categorised in Humanitarian Needs Overviews
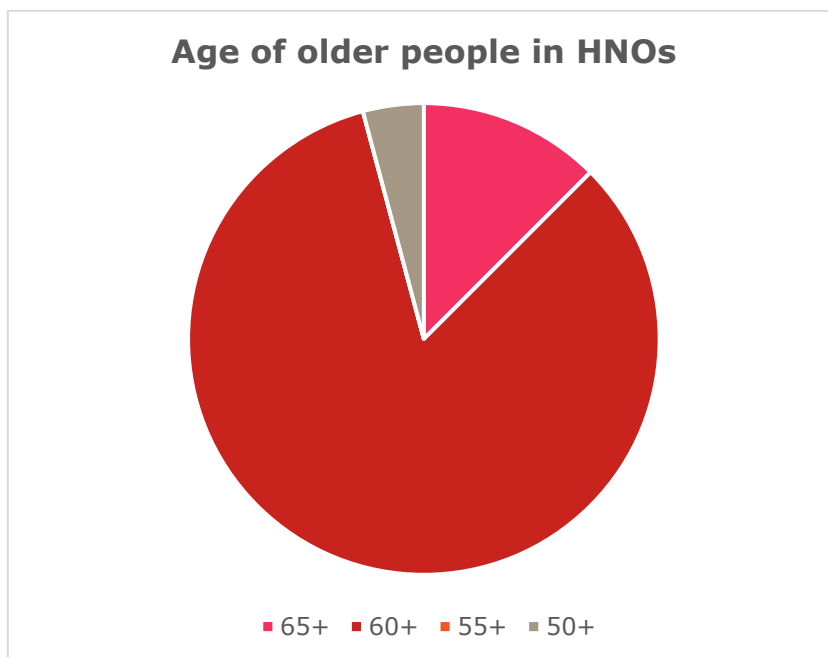
While 'older age' is contextually and culturally specific, this lack of definition presents challenges when it comes to comparability between contexts, unless data is appropriately disaggregated. In the HNOs reviewed, none of them used 55+ as a category which is why there is no data shown for this category.

Emerging gap: *lack of available assessment data on older people*

Our analysis of the 2021 HNOs found that only five out of 23 referred to assessments specifically with older people. In both Iraq and Libya, for example, there is no humanitarian organisation dedicated to older people, and there has been no study or analysis focused on their needs by other agencies.

HelpAge International conducts Rapid Needs Assessments (RNAs) in emergency situations, specifically targeting older people's needs. However, HelpAge is not present in all humanitarian crises, and RNAs are usually conducted locally rather than nationally, which means they are less likely to be included in HNOs. In only one case (Ukraine) were RNAs used as a significant source of information for the HNO; these and other HelpAge specialist surveys could be used more to inform inclusive HNOs (see Box 2).

Box 2: Using HelpAge Rapid Needs Assessments and other surveys to support a more inclusive humanitarian system

In working to ensure the humanitarian system is more accountable to older people, collecting, using, and communicating evidence and data about how older people are affected in crises and the barriers they face in getting support is essential. Conducting specialist surveys and tailored needs assessments during humanitarian crises is essential for inclusive humanitarian programmes which respond to the many challenges older people face and their specific needs.

HelpAge, and partner organisations across the global network, use a range of tools to ensure that data on older people is collected and analysed appropriately in humanitarian settings. These tools include:

● Rapid Needs Assessments - these provide a comprehensive overview and snapshot of the multi-sectoral needs of older people and their families in the immediate or prolonged aftermath of a humanitarian crisis. They are intended to identify the main and urgent humanitarian needs in a crisis, to enable actors to plan, review and adapt programming and to provide advocacy messages to the humanitarian sector and the national government in supporting older people in any given response. HelpAge provides guidance and support to humanitarian organisations carrying out these assessments as well as conducting them directly. They cover all humanitarian sectors and provide local and country level recommendations.

● RAM-OP: Rapid Assessment Method for Older People - this is a practical, low-cost tool that allows humanitarian and development workers to obtain valuable information on older people needs through a house-to-house survey, which can be used to support programme design. It covers health and nutrition, water and sanitation, income, and disabilities.

HelpAge and partners conduct RNAs on an ongoing basis in different settings and use these to inform national and global response plans. These comprehensive datasets provide enhanced analysis and can improve responses when incorporated into wider plans.

For example, during the Covid-19 pandemic, HelpAge and partner organisations across the global network are conducted a series of Rapid Needs Assessments to analyse both the primary and secondary impact of the COVID-19 pandemic on older people around the world, and ensure that we respond to their specific needs, feeding these into the Global Humanitarian Response Plan.

Where there has been a specific assessment of the needs of older people, the analysis in the HNOs is far more extensive. For example, in Ukraine (see Box 3), HelpAge International coordinated a baseline assessment of older people's needs, which was a key source of evidence for the 2021 HNO.

Box 3: Assessing older people's needs in Ukraine's Humanitarian Needs Overview

Ukraine has suffered a protracted crisis since conflict broke out in the east of the country in 2014. Prior to the escalation into an international armed conflict in February 2022, 1.3 million of the 3.4 million people estimated to need humanitarian assistance were older people (aged 60 years and above). Comprising 41 per cent of the target population in the Humanitarian Response Plan (HRP), older people in Ukraine were, fortunately, already a priority throughout the HPC. The numbers of older people now in need of humanitarian assistance, and the severity of that need, have increased since the escalation of conflict across the country.

Ukraine is one of the few countries reviewed where collecting data on the needs of older people was a priority, with a dedicated rapid needs assessment conducted by HelpAge International as part of the Humanitarian Needs Overview. Furthermore, the MSNA for Ukraine included specific indicators and modules to provide some data and information relevant to older people. A Working Group on Disability and Older People already existed, and data collected on older people translated into specific interventions tailored to their needs within the HRP, with dedicated resources provided through the pooled Humanitarian Fund. The prioritisation of older people prior to live conflict breaking out across the whole country provided an opportunity for the ongoing humanitarian response to be more inclusive. The right things were in place, however the follow through in the live humanitarian context has not lived up to the potential, with organisations in the response resorting to business as usual. You can read more about our recommendations for a fully inclusive humanitarian response in Ukraine here.

Even where detailed data on older people is available, it is not always included within the HNO. One interviewee explained that data on the health and functioning of older people in Afghanistan (part of a comprehensive Asia Foundation disability survey in 2019) had not been included in the 2021 HNO, although it was cited extensively in relation to disability prevalence. Although the percentage of the older population in Afghanistan is not high, this does not mean that older people should not be included in analysis or the HNO, especially in rare circumstances where comprehensive data is available. Population numbers should not be the sole driving factor in determining HNO priorities, especially if there is a small but nevertheless highly vulnerable population group.

Step 3: Collect primary data

Given the significant gaps in secondary data on older people, collecting primary data is critical (Step 3 of the HPC) but here again, older people are overlooked. A previous HelpAge study looking at five major disasters found that just one in four needs assessment reports mentioned older people, and only one in ten provided specific data or analysis from the field.[xvii]

Emerging gap: *growing reliance on Multi-Sector Needs Assessments that are ill-suited for collecting data or assessing older people's needs, and inconsistent attention to older people in sector / cluster assessments*

Lack of attention to older people in HPC processes may have been exacerbated by a growing reliance on Multi-Sector Needs Assessments that have not usually been designed to specifically assess older people's needs (see Box 4). While the use of MSNAs has expanded in recent years, they have tended to replace cluster and specialised assessments that would be better suited to identifying older people's needs. This growing reliance is often a result of sectors and clusters having limited capacity for information management and data analysis. In Ethiopia, for example, although some clusters (e.g., Food) are relatively well-equipped with information management specialists and resources for data collection and analysis, others (including the Protection Cluster, which leads on mainstreaming inclusion) are less so.

The Inter-Cluster Working Group determines the scope and focus of an MSNA, in consultation with the clusters. Where older people are already recognised as a priority in the response (as in Ukraine), the MSNA might be designed to include specific indicators and modules to generate the data needed. In many contexts, though, the Humanitarian Country Team may not consider older people as a priority group, so they are at risk of being 'left behind' from the outset.

In the HNOs reviewed for this study, only the MSNA in Ukraine included questions on older people's situation. The most recent MSNA in Iraq included the Washington Group Short Set of Questions on disability (see box 5),[xx] which indirectly captured some data on older people with disabilities, although that data was not disaggregated by age. In Libya, there were two separate MSNAs – one for the Libyan population and one for migrants and refugees (see box 6); while the assessments included age-disaggregated data, there was limited analysis of older people's needs.

Many interviewees for this report supported the idea of including a standard question in MSNA household surveys designed to collect additional data on older people. For example, a question about difficulty accessing services could be followed by a question on whether anyone having trouble is an older person. However, the MSNA is time constrained (45 minutes) and offers limited opportunity to include more questions; it also uses purposive or other sampling methods, which may generate only limited age-disaggregated demographic and other data on older people.

> ### Box 6: Libya - gaps in data on older people across background and humanitarian sources, and attempts to address this using MSNAs
>
> Libya has experienced a humanitarian crisis since the fall of the Gaddafi regime in 2011. It is also one of the main migrant routes to Europe, with a sizeable refugee population as well. In 2021 there were an estimated 1.8 million people in need of assistance, but only 45,000 (4 percent) were over the age of 60. The most recent census was conducted in 2006, so for the non-displaced Libyan population, age disaggregation is mainly based on population projections provided by the United Nations Population Fund.
>
> Libya has a weak civil society, and there are few organisations working on the specific needs of older people. This combined with the *relatively* small caseload in this age bracket, means there is little known about the specific needs of older people, and the Humanitarian Needs Overview does not cover this to any significant degree. REACH has conducted two separate Multi-Sector Needs Assessments – one for the Libyan population and a second for migrants and refugees. Given that the data collected for migrants and refugees was at the individual level, it is age disaggregated. However, it provides only limited analysis of the needs of older people given the small caseload and sampling size.

Our research suggests that cluster- or agency-specific assessments that are age-disaggregated and/or focused on the needs of specific groups would be better suited than MSNAs to providing useful and usable data on older people or could be combined with MSNAs to provide a comprehensive overall picture. In Ukraine, for example, assessments undertaken by individual agencies, including HelpAge, provided valuable information on the protection risks and challenges facing older people.

Emerging gap: *capacity of Protection Cluster to support data collection on older people*

The Protection Cluster should play a key role in collecting and providing data on older people and does now have seconded staff working on disability and older people. In all four case study countries, monitoring by the Protection Cluster was cited as a key source of information and data on older people (along with other vulnerable groups). However, due to various constraints, Protection Cluster monitoring is not always as comprehensive as desired, and often focuses on other risks that carry a high profile such as gender-based violence or child protection. Moreover, much of the Protection Cluster's monitoring data is currently not fully disaggregated by age. The Global Protection Cluster's guidance to field protection officers indicates that older people's needs should be addressed, though there are no specific instructions for how data on older people should be collected and analysed.

Emerging gap: *lack of capacity and understanding within key government departments where linked closely to sectors and clusters delivering the HPC*

Where sectors are closely integrated with government systems – such as the health and nutrition sectors in Ethiopia – data collection and analysis are often largely determined by government / ministries' data systems, which may overlook older people's needs. There may thus be a need to build capacity for data collection and analysis among key ministries and departments.

Ethiopia has suffered prolonged humanitarian crises over recent decades due to conflict, food insecurity and environmental impacts. The outbreak of war in Tigray in late 2020 has exacerbated the situation even further. A staggering 23.8 million people are estimated to need humanitarian assistance, including 1.3 million (6 per cent) older people (aged 60 or above).

The most recent census in Ethiopia was conducted in 2007, so population estimates in the Humanitarian Response Plan are based on population projections (up to 2017 only) supplied by the Central Statistical Agency (CSA), but these are only disaggregated by sex, not by age. The in-depth Site Assessments of the IOM-DTM, however, are a key source of information about the humanitarian needs of older people, as the data is age-disaggregated – albeit from a variety of sources. Given the quick-onset emergency in Tigray, it has proved far more difficult to gather the same level of information in that context.

Step 4: Conduct joint inter-sectoral needs analysis

The only direct mention of older people in the *Step by Step Guide* is within the key outputs listed for the joint inter-sectoral needs analysis in Step 4, which include "as much as possible, the consolidation and supplemental analysis on cross-cutting issues such as cash, gender, disabilities and older people". It is at this stage that figures on people in need and severity of need are finalised.

However, there is often a blanket categorisation of older people as "vulnerable" with no analysis of the underlying causal factors. Older people are therefore unlikely to feature in the calculation of severity of needs.

In only three instances of the 21 HNOs we reviewed – Ukraine, Haiti, and Somalia – was there a separate section in the HNO analysing older people's needs.

Although some agencies do collect data from older people, they do not use age as a unit or area of analysis.[xxi] Our findings suggest several reasons behind this lack of analysis.

Emerging gap: *lack of age-specific and intersectional data analysis because of time, resources, and capacity.*

Even when there is age-disaggregated data on older people's specific needs, there might not be the time, resources, or capacities to analyse this data. There is only a short window of opportunity after data collection and drafting the HNO before it is approved, leaving little time for cross-tabulating specific sectoral needs between different age groups. In many contexts, there is no specialised agency positioned to advocate for (or undertake analysis of) the needs of older people (or just one, as illustrated in Box 8 below), and most clusters lack the capacity or resources to conduct such analysis themselves.

Understanding of intersectional discrimination - how an individual's social identities can overlap to shape and compound their experiences of discrimination[xxiii]- is still emerging as a concept in the humanitarian system. Whilst not new to agencies such as UNICEF and UNHCR, limited capacities and expertise in intersectional analysis across the sector were cited as a considerable obstacle to a robust analysis of older people's needs.

Where intersectional analysis is being done, it rarely focuses on older age; and where older people's needs are indirectly captured within data on disability, they are not clearly recognised as a significant sub-group. Only 35 per cent of the 2021 HNOs reviewed included an intersectional analysis of vulnerability that referred to older people. A big shift in understanding and thinking is required to ensure that all actors understand the value of intersectional analysis and can put it into practice in the HPC.

Our research highlighted the need to build capacity for data collection and analysis on older people's needs. All clusters should be providing training and guidance on HNOs and HRPs and some do e.g., the Global Protection Cluster. This guidance could be strengthened further to include older people's situation. In Ukraine and Bangladesh, working groups on age and disability that sit under the Protection Cluster were highlighted as a key focal point for strengthening and mainstreaming intersectional and age-sensitive analysis within the HPC. However, these have only been set up in a few countries, and they rely on the expertise and inputs of HelpAge or other specialised agencies to build capacities and support age-sensitive analysis (see Box 3, on Ukraine).

Step 5: Define the scope of the HRP and formulate initial objectives

Emerging gap: *strategic and sector objectives in HRPs rarely mention older people*

Most HRPs include a handful of overall strategic objectives. However, these objectives rarely mention older people explicitly; only one of the HRPs reviewed for this report (Central African Republic) did so. After setting out the strategic objectives, there is usually a more detailed analysis of the humanitarian situation, explaining the scope and focus of the HRP. Almost all HRPs reviewed (96 per cent) cited older people as a vulnerable group that should be prioritised. However, in most instances, this was merely a generic mention that older people may face specific vulnerabilities, without a detailed explanation of why this might be the case in order to understand their specific needs.

Step 6: Conduct response analysis

HRPs also include sector plans for each cluster. Older people are frequently mentioned in these sector plans, which is encouraging. According to our analysis, older people were included in sector response plans in 88 per cent of the HRPs produced in 2021, though the fact that 12 per cent made no mention of older people gives cause for concern.

The Protection Cluster is often the focal point for older people, with a remit to support the mainstreaming of older people's needs into other clusters. Many other sector response plans – including emergency shelter, non-food items (NFIs), health, food security, and water, sanitation, and hygiene (WASH) – also frequently mention older people.

Emerging gap: *variation in quality of response analysis leading to potential gaps in response*

It is positive that 88 per cent of HRPs referenced older people within the sector response plans. However, the quality of response analysis depends to a great extent on the quality of needs assessment data; where there are gaps in the assessment data, the sectoral response is not going to be as strong.

Age-sensitive response analysis also depends on implementation monitoring that can help to identify whether and how humanitarian assistance reaches older people and identify barriers and gaps in access to assistance. While some clusters have such systems in place, there is rarely acknowledgment in HRPs that older people face barriers to accessing services, let alone strategies to overcome these barriers.

Step 7: Finalise strategic and specific objectives and associated indicators

The *Step by Step Guide* advises defining a limited number of measurable outcome indicators and targets to monitor progress towards the agreed objectives of the HRP. Clusters should in turn formulate a response strategy – including priority intervention areas, target population and monitoring indicators, based on the HRP strategic objectives.

Emerging gap: *older people missing from finalised strategic objectives and associated indicators*

As already noted, older people are very unlikely to be mentioned directly in the HRP strategic objectives (Step 5); indicators set up to monitor the implementation of those strategic objectives are therefore unlikely to include older people. That does not necessarily mean that the response will then go on to exclude older people, but not being mentioned within strategic objectives or associated objectives will have a knock-on impact. so monitoring indicators are also unlikely to include them. Our review of HRPs showed that the inclusion of older people in cluster indicators remains highly inconsistent.

Step 8: Formulate projects/activities and estimate cost of the response plan

Emerging gap: *no data disaggregated by age within HRPs projects making it impossible to know the extent of projects and funding designed to reach older people*

Despite many sector plans within HRPs mentioning older people, this did not always translate into targeted projects and costed activities for older people. Costs are not disaggregated by age, so it is not possible to know how many projects are targeting older people. The annual reports of the Central Emergency Response Fund and

Country-Based Pooled Fund (which fund many of the activities in the HRP) also do not disaggregate results and allocation of funds by age. It is therefore impossible to know what amount of funding is channelled to programmes that target older people through the HPC.

Step 9: Conduct After Action Review

Emerging gap: *there is currently no process to review the extent to which older people (or other affected groups) are included in the HRPs and HNOs*

The *Step by Step Guide* requests Humanitarian Country Teams to conduct 'after action' reviews once the HNOs and HRPs are finalised. Some interviewees questioned whether these reviews are conducted with sufficient rigour, including questions around whether the after-action reviews do enough to ensure either a focus on older people or accountability for meeting their needs. This process does not currently call for specific analysis of how the HPC did or did not support the inclusion of all vulnerable groups.

A Quality Review of the HNO and HRP documents is undertaken and coordinated annually by UN OCHA at HQ level by scoring teams composed of UN agencies and donors. Age-disaggregated data is one of the criteria used in this review, and our analysis aligned with those used in this wider process. However, that process only looks at age-disaggregation in data and analysis in general, not specifically at how older people's needs have been addressed. For example, an HNO and HRP might be scored as good quality for the way it articulates the needs of children and adults, without mentioning older people at all.

Step 10: Finalise and implement monitoring plan

This last step (only incorporated in the Guide in 2022) raises the bar in terms of monitoring requirements within the HPC. Where (or if) strategic, specific or cluster/sector objectives and indicators for older people have been included in the HRP, the Step 10 processes offer a real opportunity to render older people much more visible.

In all four case study countries, interviewees pointed to existing cluster/sector monitoring processes and indicators that already disaggregate by age (including older age groups) and/or focus on identifying inclusion or access barriers that might particularly affect older people. In Ukraine, for example, the Protection Cluster's 5W response monitoring framework disaggregates monitoring data by sex and age for older females and older males.[xxiv] In Libya, indicators are broken down by age, gender and disability, and monitoring data is reported by all implementing partners through an online dashboard through which data can be filtered by age.[xxv]

This step offers a real opportunity to ensure that older people are included in monitoring plans for HRPs and that results are reported on accordingly.

Thematic analysis

As the analysis of each step of the HPC shows, there are a number of areas in which data prioritisation, collection, analysis, and usage could be improved to be more inclusive of older people in HNOs and HRPs. These gaps are also reflected in the wider data context in which all agencies are operating and are both theoretical and practical. As noted above there are common themes behind many of the gaps this report has identified, and further issues that go beyond the scope of each step of the HPC guide. These act as consistent barriers to the inclusion of older people in humanitarian data.

Lack of specificity in existing guidance and tools:

In the *Step by Step Guide*, there is only one direct reference to older people (step 4). The first step does not specifically call for age sensitive analysis when considering what to prioritise and whilst Step 2 mentions age, it suggests gender analysis is essential, with consideration of age and disability as well. The *Step by Step Guide* has a glossary where disability, population and gender are all given specific focus. Age is mentioned under a number of headings, but no definition is given to older age or age disaggregated data. Age disaggregation is asked for 'where possible' and explanations of older age or what age disaggregation should look like are not provided.

All of this means that there is a lack of specific clarity and priority given to the inclusion of older people within the HPC (and associated documents and processes) which acts as a barrier to this inclusion.

There is, however, a limit to the impact that the HPC itself can have; if data is not being collected or analysed appropriately across the lifespan of the cycle, then gaps in the system, and therefore the response, are more likely to remain. Other factors also have an impact on the inclusion of older people in humanitarian data.

Lack of incentives and accountability:

It is clear that in a context of declining resources and increasing needs, humanitarian actors are under enormous pressure to 'prioritise' which can result in increased focus on populations that are larger in number, and/or more visible and easier to identify.

Where older people are known to comprise a small percentage of people in need, or are less visible (for example, not able to travel to refugee camps or aid distribution points) humanitarian actors involved might not see them as warranting specific attention in HPC data collection and analysis processes.

In the 23 HNOs analysed for this report, older people accounted for an average of 5 per cent of people in need, although in absolute numbers this could be as few as 45,000 (Libya) or as many as 1.3 million (Ethiopia). Among the four case study countries, Ukraine – where older people comprise 37 per cent of people in need – stands out as an exception. In Ukraine, it was widely accepted that older people were a priority for the HPC, and from the outset there was commitment to collect and analyse data on older people's needs and to address any gaps in the data available. Often, prioritisation comes down to practical factors like numbers - but everyone, whether in a group of one million or standing alone, is entitled to is entitled to enjoy their rights and receive protection and assistance.

We believe that the number of people in a potentially at-risk group should not be the only driver when deciding on humanitarian priorities; everyone is entitled to targeted and person-centred humanitarian assistance and protection and if a group faces particular limitations to the enjoyment of their rights and wellbeing, this needs to be considered. At present, there is a lack of incentives within the HPC and more widely, to fully consider and include data on the experiences of older people, and no process within the HPC to review the extent to which vulnerable groups have been included appropriately and hold actors within the system to account.

It is also impossible to know the extent to which projects and costs target older people in HRPs which is another way in which it is difficult to ensure accountability in this space.

We know from the Covid-19 Global Humanitarian Response Plan that even when older people make up a substantial proportion of those affected by a crisis, this doesn't necessarily lead to their inclusion. Some 70 per cent of the country level plans that were annexed to the global plan specifically identified older people or older age in their assessment of those most at risk, which supported other evidence that said older people were most susceptible to serious illness and death because of Covid-19. This still did not lead to older people being included in the global plan as a distinct group in the list of "most affected and at risk" population groups but fails to include older people as a distinct group[xxvi]. This is very concerning; it suggests and reflects both a structural and institutional bias against older people and towards existing priorities within the humanitarian system and wider UN system as a whole where older people fall through the gaps and leadership is not being shown on this issue.

Lack of leadership, including in policy focus on older people at global level:

While HNOs have increasingly incorporated data on gender and disability, there has been far less attention to older people's rights and needs (see Box 1). The only IASC guidance document on older people is a 2008 briefing note, which is very outdated and provides limited direction for HPC processes.[xxvii]

While IASC and UN policies and guidelines on gender equality and people with disabilities require that these groups be addressed within the HPC, there are no such similar requirements for older people.

Learning lessons from the growing inclusion of people with disabilities in humanitarian response, and the processes and policy backdrop behind this, it is clear that UN and IASC conventions, policies and guidelines are an important contributing factor in raising the visibility and understanding of a specific group, and accountability in ensuring they are included.

Box 9: How policy development supports increasing disability inclusion in humanitarian action

In recent years, the global disability rights movement has achieved significant gains in ensuring that the issue of disability is addressed in humanitarian action. Building on the *United Nations Convention on the Rights of Persons with Disabilities* (CPRD) (2006), there is now:

- a UN Policy on Persons with Disabilities
- the Charter for Inclusion of Persons with Disabilities in Humanitarian Action
- IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action.
- A Disability Advisory Group has also reviewed humanitarian needs overviews (HNOs) and HRPs under the framework of the Department for International Development (DFID)-UN Single Business Case.[xxviii]

One consequence of this greater attention to people with disabilities is that there will (albeit indirectly) be more attention to the (high) proportion of people with disabilities who are older. However, of the four case study countries, Ukraine stood out as the only country where old age was specifically given equal or greater attention than disability in the scope of analysis in the HPC.

Growing donor demands have driven improvements in data collection on disability and disability-inclusive programming, as policies and guidelines provide a tool for accountability and a framework for donors to drive inclusive humanitarian programming. This has translated into guidance and training on disability inclusion in humanitarian response plans (HRPs) and has led to a range of training and capacity building initiatives across all humanitarian actors, leading to improved inclusion of people with disabilities.

Without this same level of policy change and donor and UN agency leadership to promote accountability and an increased focus on older people, it is unlikely we will see significant changes in the inclusion of older people in HPC and humanitarian data more broadly.

Lack of wider background data:

We know there are big gaps when it comes to older people in a range of data sources, including those that would support actors developing the HNOs and HRPs in determining the numbers and experiences of older people affected by a particular humanitarian crisis or context. This has a major impact on the HPC process.

Interviews and reviews of HPC documents carried out for this report indicate that without pre-existing data and information on the needs of older people, they are unlikely to be prioritised within the HPC.

The lack of available and reliable national data and statistics are not something that the HPC can fix; this is a wider issue that needs to be addressed to increase 'source' material for the HPC that includes older people. These gaps are exacerbated when there is no specialist agency working on older age.
It is clear when looking at these themes, that issues of older people not being represented in data, is not just an issue of ensuring guidance and HPC documents ask for age-sensitive analysis and disaggregated data by age. It is also about ensuring existing guidance is implemented and applied in HNOs and HRPs, and across the sector through appropriate changes to policy and practice. Incentivising actors, agencies demonstrating commitment and leadership to the issue, and holding the sector to account is key to ensuring humanitarian data about older people is included in the HPC and more broadly, to help ensure that older people are not left behind in humanitarian response.

Conclusion and recommendations

Analysis of 2021 HRPs found that older people made up approximately 5 per cent of the total numbers of people in need of humanitarian assistance – that is more than 10.5 million people around the world. Our research has found that despite this level of need:

● Older people are – in most cases – listed as a vulnerable group in HRPs but this is often where inclusion ends. This listing is rarely accompanied by an analysis of the reasons why they experience disproportionate needs and their capabilities for dealing with them.

● Accurate data on their specific needs and detailed analysis of that data is currently lacking within the HPC processes.

● Intersectional analysis in the HPC is lacking and where it does exist it is rarely age sensitive, despite the needs and vulnerability of older people intersecting with gender, disability, and other factors.

● There is a lack of consistent methodology for calculating the number and proportion of older people in need of, and targeted for, assistance, making it

hard to employ a consistent approach to ensuring the inclusion of older people across the board.

● While HelpAge International's presence in some crises has helped improve the collection and analysis of information on the needs of older people, the lack of a specialised agency working on the issue in most contexts is a serious barrier to older people being better addressed in the HPC.

● Sector or agency specific assessments can and do offer a very practical way of increasing data collection and analysis on the needs of older people within the HPC; however, currently few of these take place and where they do they provide only piecemeal attention to the needs of older people in most contexts.

There are varied reasons why older people are not better addressed within the HPC including a lack of policy guidance, specialised agency to provide inputs, and basic prioritisation. This report has pinpointed a number of systemic, technical, and institutional barriers and challenges for older people to be addressed within the HNOs and HRPs. Our research finds that the policy guidance that demands that older people's needs, and capacities be addressed within HNOs and HRPs is not as strong as it could be, and where it does exist, it is not being systematically implemented.

Information and data on older people's needs must be improved within the secondary and primary data collection processes that inform HNOs. The MSNAs could deliver some improvements, but only if supplemented with individual or cluster-specific assessments that address older people's vulnerabilities and capacities. Without specialised agencies working on the issue to support the process, at present it is unlikely to happen. The data that is already available needs to be properly analysed if it is to be used to ensure that the humanitarian response meets older people's needs. This includes analysis of how other vulnerabilities (such as gender and disability) impact older people's needs.

There are some signs of hope and lessons we can learn from the increasing meaningful inclusion of people with disabilities in humanitarian response; we have seen significant improvements in the data on people with disabilities in the HNOs which *de facto* has improved data on older people given that most people with disabilities are also older people. Guidance and tools do exist to promote the inclusion of older people and many sectors do already include mention of older people in their sector plans in the HRPs, with the protection cluster taking a clear lead on the issue. These are important developments, but it currently remains unclear how or whether these are leading to targeted interventions for older people, and as things stand, implementation of guidance and tools is currently not systematic.

The primary purpose of this research was to identify ways to strengthen understanding of older people's needs within the Humanitarian Programme Cycle and the tools and stages within it. The Humanitarian Programme Cycle – including the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) – are concrete and important opportunities to ensure the inclusion of older people in humanitarian action and ensure their needs are sufficiently considered and prioritised in the process.

As a result, there are a number of practical recommendations that can be made in relation to the HPC to support the increased inclusion of older people throughout the HPC, as well as recommendations that can be made to a range of stakeholders that will improve levels of inclusion more broadly across the humanitarian system. To support the developments that have already been made within the HPC to ensure better inclusion of older people, the following specific actions are proposed.

Recommendations

Ensuring the full inclusion of older people in the *HPC Step by Step Guide*

Step 1:

- Include collection and analysis of older people's needs as a clear instruction in the HPC guidance- like gender is currently included
- Change the requirement that age disaggregation is only required 'as much as feasible'; make it clear this is an essential part of an inclusive humanitarian response.

Step 2:

- As a way of addressing some of the challenges in lack of data, agree a methodology and appropriate data source(s) for calculating the population figures for older people in need as part of the secondary data review in the HNO. This secondary data review should include needs-based data in existing assessment data.

Step 3:

- Strengthen MSNAs by using them alongside agency or cluster-specific assessments (not as the only tool used to determine need) with respect to older people; needs of older people should be included in primary data collection for HNOs via whatever assessments are being used (MSNA or other).
- Strengthen relevant government ministries and departments knowledge, capacity and understanding on older people and data collection systems.
- Ensure Protection Cluster monitoring data is disaggregated by age and that the Global Protection Cluster's guidance to field protection officer provides concrete instructions as to how to collect and analyse data on older people.

Step 4:

- Strengthen capacity within clusters to understand risks older people face and analyse their needs, as well as cluster knowledge and understanding of how disability and older age intersect.

Step 5:

- Ensure older people are included in sector objectives where appropriate.

Step 6:

- Ensure that older people are included in the response analysis to address their specific needs and, where appropriate, include them in the strategic objectives of HRPs and their respective sector plans.

Step 7:

- Ensure older people are included in indicators related to interventions that address their specific needs in HRPs.

Step 8:

- Include projects/activities that either directly target the needs of older people or ensure that they are considered in broader assistance programmes.

Step 9:

- Ensure that action reviews address inclusion; including the extent to which older people's needs have been addressed.

Step 10:

- Ensure that older people are included in monitoring plans for HRPs and that results are reported on accordingly.

We recognise that humanitarian actors and agencies are hugely stretched. We also know how important it is that our humanitarian system is truly inclusive. Where older people are not counted, or where numbers of older people affected are considered to be relatively small, the sector risks further marginalising what may be a small but highly vulnerable population group. We understand the current system and have been able to highlight practical ways this system can work better for older people experiencing the harsh realities of being caught up in humanitarian crises. We are calling for that system to be accountable to all it professes to serve in accordance with the most basic of humanitarian principles; that everyone is entitled to access humanitarian assistance and protection, based on need alone.

We recognise that a considerable shift in understanding and thinking is required to ensure that all relevant actors are working for the inclusion of older people. This includes growing knowledge and understanding of the value of intersectional analysis and how to put it into practice in the HPC. Based on all the above we make the following recommendations:

Recommendations

Members States should:

- Improve the quantity and quality of ageing related statistics and ageing disaggregated data including by investing in administrative data systems, ensuring surveys include older people in their samples and include age sensitive analysis and engaging with the Titchfield City Group on Ageing-Related Statistics and Age Disaggregated Data.

Humanitarian donors should:

- Commit to the further and better inclusion of older people in humanitarian contexts as they have done in relation to the inclusion of people with disabilities - through funding allocations and provision of guidance on data collection and use.
- Require humanitarian appeals that they fund to provide age disaggregated data on older people and an analysis of their needs to ensure transparent and targeted programming.
- Include indicators on older people in their monitoring frameworks with partners funded through the HPC process.

The IASC should:

- Develop clear guidance on how to address older people and the importance of doing this, within the HPC.
- Advocate for all humanitarian actors to address older people's needs in the elaboration of humanitarian appeals.
- Assign a clear focal point within the IASC structures to improve inclusion of older people in humanitarian actions in general and in HPC processes in particular.

Alongside the recommendations made in relation to the HPC *Step by Step Guide*, we propose wider recommendations for the international community:

Recommendations

UN OCHA should:

- Provide guidance on the collection and use of data on older people and ageing, to ensure consistency across HNOs and HRPs.
- Clarify that age-disaggregated data collection and analysis for HNOs and HRPs requires addressing all age groups and including the specific needs of older people and work with specialised agencies (like HelpAge) to drive this work forward.
- Review HNOs and HRPs on an annual basis to ensure that older people are more meaningfully included in the collection, analysis and presentation of data and that improvements are seen year on year.
- Work with specialised agencies to ensure that data on older people is included in future HPC guidance including content on collecting data on the needs of older people.
- Introduce an indicator on older people in the annual Quality Review process for HNOs and HRPs.

The Global Protection Cluster should:

- Continue to strengthen guidance and training on HNOs and HRPs to improve how they address older people's needs
- Provide support to the field Protection Clusters to improve data collection and analysis on older people's needs, including through protection monitoring.
- Task its seconded staff with expertise on older people to provide technical support to field operations in this area.

REACH should:

- Ensure age disaggregated data is included in standardised MSNA
- Include questions and / or sub questions on older people within the standardised MSNA methodology.
- Ensure that all MSNAs include an analysis of older people's needs and how they intersect with gender, disability and other forms of vulnerability OR ensure a sector or cluster specific assessment is used in conjunction with the MSNA in specific contexts so that older people are included.

Humanitarian Country Teams should:

- Ensure that age-disaggregated data that includes older people is mainstreamed throughout the HNO and HRP.
- Ensure that HRPs include clear objectives and indicators to support and monitor the inclusion of older people in the response.

Other agencies / INGOs:

- Improve intersectional analysis and response to ensure older people are not excluded from responses that are not delivered by those specialising in working with older people. Whilst other agencies are now responsible for the HPC or tools within it, these is data, tools and guidance that can be used now to deliver more inclusive humanitarian response programmes.

HelpAge International should:

- work closely with OCHA to support them in providing technical guidance, tools, and capacity building across clusters and within the HPC, to ensure older people are better included in HNOs and HRPs
- provide training and capacity building for those carrying out HNOs and HRPs
- continue to collaborate with organisations of people with disabilities and with a strong focus on gender, to advocate for improved MSNA terms of reference and standardised methodologies that ensure the collection, analysis, and disaggregation of data on older people and intersectional needs
- Advocate for the inclusion and use of HelpAge's data and other data collected about older people as an important source of information relating to older people in the HNOs.

Endnotes

i Verity McGivern, and Ken Bluestone, _If not now, when? Keeping promises to older people affected by humanitarian crises,_ HelpAge International, 2020

ii HelpAge International Asia, _More at risk: how older people are excluded in humanitarian data_, HelpAge International _Asia Pacific Regional Office, 2019_

iii _HelpAge International,_ _Older People's Inclusion in the Global Humanitarian Response Plan (HRP) for COVID-19_ - HelpAge briefing and analysis, 2020

iv HelpAge International, _Older People's Inclusion in the Global Humanitarian Response Plan (HRP) for COVID-19_ - HelpAge briefing and analysis, 2020

v The 2021 HNOs and HRPs from 27 countries were reviewed and analysed for content relating to older people – both quantitative data and qualitative analysis of older people's needs, as well as actions designed to address those needs.

vi HNO scoring criteria used by OCHA in 2021 included: (1) the people in need (PiN) figure is disaggregated [for the specific population group]; (2) explanation of differential impacts of the crises on following groups; (3) analysis presents existing capacities and coping mechanisms for following groups; (4) description of underlying factors which affect vulnerability and risk; (5) information on specific needs of following groups, and where they differ from other segments of the population; (6) barriers to access; analysis explains factors that may contribute or are contributing to heightened risk. Whereas OCHA's scoring exercise captured age disaggregation for any age age-group (for child-related data, for example), this review focused only on age disaggregation that specifically includes data on older people.

vii You can find more information on the Humanitarian Programme Cycle here

viii You can read more about The DHS Program here

ix Cf. Joint Intersectoral Analysis Framework (2021 and 2022), and the _Step by Step Guide_ (2021 & 2022, in particular re. conducting joint intersectoral needs analysis).

x The countries for which the HNO included more detailed analysis of older people's needs were Cameroon, Haiti, Mali, and Myanmar.

xi UNOCHA, S_tep by Step Guide - Humanitarian Programme Cycle 2022,_ published May 2021

xii UNOCHA, Step by Step Guide, 2021 Humanitarian Programme Cycle, published August 2020, p.9

xiii 2021 JIAF Guidance and 2022 JIAF Guidance.

xiv Humanitarian Population Figures, IASC Information Management Working Group, April 2016.

xv For more details see Displacement Tracking Matrix

xvi The age breakdown of forcibly displaced populations reported in UNHCR's 2020 Global Trends report cites the following sources for the estimates provided: 'Estimation of IDP demographics (IDMC); Palestine refugees under UNRWA's mandate (UNRWA); Refugees, people in a refugee-like situation, asylum-seekers and Venezuelans displaced abroad are based on the available data (UNHCR) and World Population estimates (UN Department of Economic and Social Affairs)'.

xvii HelpAge International Asia, _More at risk: how older people are excluded in humanitarian data_, HelpAge International _Asia Pacific Regional Office, 2019_

xviii REACH website, Multi-sector assessments | REACH Resource Centre, 2021-22

xix The Washington Group on Disability Statistics

xx Washington Group Short Set on Functioning (WG-SS).

xxi HelpAge International, _More at risk: how older people are excluded in humanitarian data_,

xxii REACH, Age and Disability Inclusion Needs Assessment: Rohingya Refugee Response, May 2021.

xxiii UN Women, Intersectional feminism: what it means and why it matters right now | UN Women – Headquarters, July 2020

xxiv UNOCHA, Protection Cluster Ukraine 5W Dashboard, last updated February 2022

xxv See, for example, Libya Emergency Dashboard March 2021.

xxvi _HelpAge International,_ _Older People's Inclusion in the Global Humanitarian Response Plan (HRP) for COVID-19_ - HelpAge briefing and analysis, 2020

xxvii _Humanitarian action and older persons: an essential brief for humanitarian actors_, Inter-Agency Standing Committee, 2008,

xxviii UK Government, _Guidance on strengthening disability inclusion in Humanitarian Response Plans,_ DFID Humanitarian Investment Programme, April 2019