

Older people in Aceh, Indonesia 18 months after the tsunami

Issues and recommendations



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Foreword

A few days after the tsunami struck, HelpAge International staff visited a displaced persons centre in Aceh, Indonesia. Of the more than 600 people seeking shelter there, only a dozen were older persons. When asked why so few were around, the survivors explained that older people had been too frail or weak to hold on to a tree or a wall or could not resist the tide of water as it receded, as younger people had.

This was a stark reminder of just how more vulnerable older people are in emergency situations. This reality requires special attention in emergency preparedness plans. HelpAge International research carried out in the weeks following the tsunami confirmed not only the vulnerability of older people during an emergency but also in its aftermath, during relief operations.

Our research, which is the basis of this report, highlights the situation of older people in Aceh 18 months after the huge rehabilitation effort began. Many successful programmes have taken place in this period. However, older people are still not as included as they should be. We hope that this report contributes to greater sensitivities among people in relief and rehabilitation agencies toward improving their record of including older people's needs in the Aceh response and in the future in other crises that inevitably will come.

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During and after emergencies, older people have particular needs, vulnerabilities and capacities that differ from those of younger members of the community.

Executive summary

This publication centres on the situation of older people in Aceh, Indonesia, and provides a selective assessment of ongoing rehabilitation programmes regarding the inclusion of older people over the first 18-month period of crisis intervention. The research began with assessments in India, Indonesia and Sri Lanka immediately after the tsunami disaster of December 2004. The specific observations presented in this publication are taken from a descriptive and analytical study using focus groups discussions with community organisers, community leaders and older people in Aceh that took place a year and half later. Relying on the anecdotal comments from these individuals, its initial assessments and its fieldwork experiences, all of which are reflected in this report, HelpAge International concludes that most rehabilitation programmes have failed to properly or widely consider the needs of older people in Aceh in social protection, health and livelihood initiatives.

During and after emergencies, older people have particular needs, vulnerabilities and capacities that differ from those of younger members of the community. These warrant special and specific attention from the humanitarian agencies providing assistance. The HelpAge International research indicates that such special attention was rarely provided in tsunami rehabilitation programmes in Aceh, leading to various discriminations in terms of new housing, health care and appropriate – if any – livelihood assistance. This can be attributed to a lack of awareness or familiarity with the needs and vulnerabilities, as well as capacities, of older people.

The tsunami had a profound impact on everyone living in Aceh but that impact has varied by age-groups. In addition to the dramatic loss of life and assets, there seems to be a pronounced loss of vitality amongst many older people. This malaise appears to be sustained or possibly reinforced by the very nature of the relief operations that have not considered older people as actors for rehabilitation and development.

To ensure older people's human rights at all times, and particularly during emergency situations, their capacities and vulnerabilities must be recognised. To that end, the following principles of good practice need to be applied:

1. Disaggregated information about older people must be included in any **data collecting and assessment**.
2. Older people must be recognised as **legitimate stakeholders for development**. At all stages of a project cycle, older people must be informed, consulted, encouraged to participate and provided enabling conditions for their involvement. Older people must be recognised as active participants in, for example, livelihood initiatives, social protection approaches and disaster preparedness.
3. Changes are required in the way relief and rehabilitation programmes are designed and implemented. This calls for **specialised interventions** for older people as a specific target group, as well as for **promoting and integrating age-friendly modalities and components** in all interventions.
4. Ageing issues need to be **mainstreamed** into organisational policies and practices. This requires more awareness of the particular problems and obstacles that older people encounter, changes in attitudes amongst humanitarian workers, increased knowledge and skills in addressing issues of ageing, developing age-friendly policies and allocating resources.

Introduction

Rationale of the research

HelpAge International (HAI) conducted an assessment of the situation of older people in India, Indonesia and Sri Lanka¹ in the immediate aftermath of the earthquake and tsunami disaster. This was followed with a more extensive study 18 months later to identify how relief and rehabilitation efforts of various agencies in Aceh, Indonesia, included the special needs of older people and utilised their capacities. This document presents the results of the initial assessments and the more recent research, combined with observations made by HAI staff from their experience in working with different stakeholders and older people directly.²

The research 18 months after the disaster was designed to identify guidelines/recommendations for best practices on how to address the specific needs and vulnerabilities of older people in affected areas and how to make better use of their capabilities and capacities in the rehabilitation and development processes.

The intent of this publication is to inform relevant authorities and agency officers on what older people experienced after the tsunami and provide suggestions on how to mainstream their concerns into interventions.

Methodology of the research

The study 18 months after the tsunami relied largely on a descriptive, analytical approach using focus group discussions with community organisers, community leaders and older people. In total, three sets of focus group discussions took place: The first involved seven community workers representing the districts of Aceh Basar and Banda Aceh – areas most affected by the tsunami.³ The output of these sessions was summarised and validated with a group of eight community leaders.⁴ Then three focus group discussions with 41 older people (18 men and 23 women, average age 65) were conducted, from which a number of case studies were developed. Observations were substantiated and complemented with a wider range of interviews and reviews of programmes of selected relief agencies, including members of the Disaster Emergency Committee (DEC).⁵ The research also included a desk review of evaluations/assessments made by various agencies and drew upon the field experience of HAI staff in working with older people in the tsunami-affected areas in India, Indonesia and Sri Lanka. The analysis of this research was presented to, discussed and validated with relevant stakeholders during a series of workshops and consultations.

The research was limited by various factors:

- While every effort was made to engage women in the discussions during focus group discussions, they generally were relatively less outspoken.
- The respondents involved represent a selective sample and a limited set of quantitative data was used. Additional in-depth analysis in a wider area is required to further substantiate our findings.
- While selected case studies attempted to reach the most vulnerable older persons, these persons were under-represented in the focus group discussions (e.g. reduced mobility prevented them from attending).
- The time constraints of community workers and their counterparts, due to their heavy workload, determined the scope and depth of the research.

¹HAI, *The impact of the Indian Ocean tsunami on older people: Issues and recommendations, 2005*; HAI, *Life after the tsunami: Older people surviving and rebuilding their lives, 2005* (DVD).

²Aceh refers to the geographical area affected by the tsunami in North Sumatra province, Indonesia.

³HAI-BAO, Terms of Reference for Baseline Research, March 2006.

⁴They include 8 community leaders of Yayasan Rehana.

⁵The Disaster Emergency Committee (DEC) is a consortium of UK-based relief agencies. They include Action Aid, British Red Cross, Christian Aid, Cafod, Concern, Care, Help the Aged, Islamic Relief, Merlin, Oxfam, Save the Children, Tearfund and World Vision.

Ageing in Asia and Indonesia

We are living in an era of rapid and unprecedented global ageing. In 2000, some 600 million (one in ten people) were aged 60 or older. By 2050, this figure is expected to triple to 1.9 billion people. In the next 45 years, people older than 60 will outnumber people younger than 14. The fastest growth in older populations will be in Asia, with the share of population older than 60 more than doubling, from 9.4 per cent of the total population in 2000 to an estimated 23.5 per cent by 2050. Of the projected global population of 1.9 billion older than 60 by 2050, more than a billion will live in countries where average income is less than US\$2 a day, and an unknown number will be affected by disasters, crises and conflicts. While population ageing is unquestionably one of humanity's major achievements, it also presents a major humanitarian challenge.

In Indonesia, 16.5 million persons (7.48 per cent) are older than 60, which make it the tenth largest elderly population in the world. An estimated 18.7 per cent is living under the poverty line (less than US\$1/day).⁶ Life expectancy is 65 years for men and 69 years for women (2004). According to census figures from Aceh, 6.4 per cent of the population is older than 60 (2005).⁷ The older population in Indonesia will reach an estimated 28.8 million (11.3 per cent) by 2020.



In Indonesia, some 600,000 people lost their livelihood.

Impact of the Indian Ocean tsunami

On 26 December 2005, an earthquake on the floor of the Indian Ocean released a mass of energy equivalent to 23,000 Hiroshima bombs. The earthquake toppled buildings in the land area closest, which was the northern end of Nanggroe Aceh Darussalam (Aceh) province in Indonesia. The giant tsunami that followed caused immense destruction and massive loss of life in the coastal areas of five countries bordering the ocean (with five others experiencing varying degrees of destruction).

In Indonesia, some 167,000 people died and more than 500,000 people lost their homes. The total losses in infrastructure, housing and productive capacity have been estimated at more than US\$1.2 billion. Some 600,000 people, or 25 per cent of the population, lost their livelihood.⁸ An estimated 65,000 people are still living in temporary shelters or tents, and 299,754 people live with host families (July 2006). At the time of the disaster, Aceh was already grappling with high and increasing levels of poverty.⁹

The HelpAge International surveys in India, Indonesia and Sri Lanka conducted in the immediate aftermath of the disaster confirmed once more that the tragedy had a particular impact on older people and that their specific needs were not always adequately addressed by the emergency operations that followed.¹⁰ This was also noted in the independent DEC evaluation report (November 2005).¹¹ However, largely unnoticed by the responding agencies, older people proved to be extremely resilient in rebuilding their lives and contributing to the rehabilitation of their communities.¹²

Older people in emergencies

During and after emergencies, older people have particular needs that differ from those of younger members of the community. These require special consideration, in particular in the areas of physical and mental health, nutrition, livelihood rehabilitation and access to essential services. Because women live longer and thus are more likely to be widowed and alone, as well as having experienced a lifetime of gender discrimination, older females in particular require additional consideration.

In all societies, older people have well-recognised and much-respected roles and possess unique capacities. Yet, these capabilities often remain unrecognised or under-utilised during emergency situations.

From its years of experience, HelpAge International has heard repeatedly how older people want to – and do – make economic and social contributions to their household or community.

Ageing has significant ramifications for the policy, planning and implementation of humanitarian aid programmes. Reducing the vulnerability of older people is not only about creating special services for them. It is about ensuring that they are protected as a vulnerable group, have equitable access to vital services and are recognised as rights holders and legitimate actors for development.

Successful emergency interventions encompass both the welfare and rehabilitation of older people and address these needs in the context of their families and communities. While inter-generational relationships are strong and supportive in many societies, enabling older people to live independent lives once an emergency has passed is crucial.

⁶Department of Social Welfare, 2004.

⁷YEL, *Ageing issues in Indonesia – Past, present, future*, 2005 and Ministry of Social Affairs, *National Plan of Action for Older Person Welfare Guidelines*, 2003, p. 5.

⁸BRR, *Aceh and Nias one year after the tsunami*, 2005, p 5; Oxfam International, *A place to stay, a place to live*, December, p. 3; www.humanitarianinfo.org/sumatra; www.e-aceh-nias.org; figures from BRR.

⁹In 2002 (the latest date for which figures are available), 48.5 per cent of the population had no access to clean water, 36.2 per cent of children under the age of five were undernourished, and 38 per cent of the population had no access to health facilities. And things were getting worse: The poverty rate doubled from 14.7 per cent in 1999 to 29.8 per cent in 2002. (Oxfam International, *A place to stay, a place to live*, December 2005, p. 2.)

¹⁰HAI, *The impact of the Indian Ocean tsunami on older people: Issues and recommendations*, 2005.

¹¹Disaster Emergency Committee, "Independent evaluation of the DEC tsunami crisis response", 2005, p. 31.

¹²HAI, *Life after the tsunami: Older people surviving and rebuilding their lives*, 2005 (DVD).

Defining 'old age'

The United Nations defines an 'older person' as someone older than 60. 'Oldest old' refers to someone older than 80. While these definitions are broadly valuable, they also can be problematic; other factors, such as life expectancy and cultural norms, must be taken into account, although these differ from region to region. Chronological age is often less relevant in the developing world where people may not know their exact date of birth and where age may be construed in different ways – according to a person's changing role and status within a community, for example. Becoming a grandparent or a widow, having grey hair, becoming less active in contributing to the household or a change of status, such as becoming an 'elder', can all be benchmarks of age. In poor countries, a lifetime's exposure to health problems means that people can seem 'old' in their 40s or 50s; women in particular, after years of hard physical labour and many pregnancies, are sometimes on the threshold of old age by the end of their reproductive years.

HelpAge International, which for 20 years has been working with, and for, older people in emergencies, set up its own (and supported other) emergency relief and rehabilitation programmes in India, Indonesia and Sri Lanka after the earthquake/tsunami disaster.¹³ In Aceh, the HAI tsunami rehabilitation programme has focused on supporting and collaborating with relevant stakeholders through research, analysis, technical advice, capacity building and advocacy in 1) promoting sustainable livelihoods for older people affected by the tsunami; 2) enhancing social protection for older people, particularly in the areas of health and community care; and 3) guaranteeing the inclusion of older people in disaster management, both in terms of the response and preparedness.

Findings

Cross-cutting issues

Vulnerability

While disasters occur in vastly different places and among different populations and circumstances, it is widely accepted that women and children disproportionately suffer more – during and afterwards. But the plight of older people continues to be ignored – by governments and many non-government agencies involved in relief and rehabilitation efforts.

In emergencies, older people find that the problems they face are compounded by the devastation to their families and communities. This may include the loss of the support mechanisms on which they had relied. In any emergency situations where it gets involved, HelpAge International draws on a number of criteria to identify the most vulnerable persons within older populations. Using these criteria (listed below), in Aceh, the researchers found the following situations:

- **Criteria:** Older people, especially women, who provide care to grandchildren or orphans. **Finding:** An estimated 6.7 per cent of households are, after the tsunami, headed by an older person.¹⁴
- **Criteria:** Older people with health difficulties. **Finding:** Most people in the focus groups reported at least one health complaint. Common complaints included body aches and joint pains, visual impairment, hearing impairment, numbness of legs, etc.
- **Criteria:** Older people with mobility problems. **Finding:** Our preliminary assessments indicated that around 5 per cent of older people are unable to make basic movements, such as going to the bathroom or leaving the house. Many require assistance.
- **Criteria:** Older people who have only limited literacy. **Finding:** Less than 5 per cent of the focus group participants had finished primary school.
- **Criteria:** Older people without documentation. **Finding:** Most people in Aceh lost crucial pieces of documentation, such as identity cards and land titles.

¹³The overall objective of HAI's tsunami response programmes is to ensure that older people in the communities affected by the tsunami are treated with dignity and respect, are guaranteed security in old age through the provision of adequate social protection, a minimum income and sustainable livelihood options and are protected from future disasters. For more information, see www.helpage.org/emergencies.

¹⁴Cardi-NRC and IOM under the direction of UNORC, December 2005.



As a result of relief agency workers not being aware of and/or sufficiently familiar with the needs, vulnerabilities and capacities of older people, various forms of age discrimination emerged in the tsunami-related rehabilitation programmes.

- **Criteria:** The oldest-old age group (more likely to be women than men). **Finding:** Some 25 per cent of the focus group participants were older than 70, while 5 per cent were older than 80.
- **Criteria:** Few older women and men who are isolated because they live alone or without family support. **Finding:** Fortunately, our research uncovered very few instances of abandonment. Where needed older people are taken care of by families within the community who have 'adopted' them.

Discrimination

The needs and capabilities of older people affected by emergencies warrant special attention from the humanitarian agencies providing assistance. However, the findings of this research indicate such special attention has rarely been given.¹⁵ While most organisations operating in Aceh are keen to emphasise that older people are not excluded from their programmes, they also acknowledge that they are not directly targeted. These organisations rely on a 'blanket approach' that assumes older people benefit from their interventions and thus direct targeting is not required. Most agencies, however, are uncertain to what extent this assumption holds. According to an officer with Save the Children, for instance, there are many situations of older people as carers of children, but they have not been surveyed. An Oxfam officer in Aceh admitted, 'We have not given much consideration to issues of older people, although their vulnerability is great. The importance of including older people's issues is acknowledged.'¹⁶

The lack of targeting older people contradicts the oft-proclaimed 'vulnerability analysis' agencies use to define their interventions. While agencies recognise, at a conceptual level, that older people are a vulnerable group, they fail to incorporate the specific needs of older citizens into their emergency and rehabilitation policies and programmes. A rights-based approach in an emergency response tries to understand the power relations that prevent people from obtaining their rights; it works with duty bearers to deliver and with individuals to claim their inalienable rights that include the right to food, an adequate standard of living, health, etc. However, for older people, especially women, it is often more difficult to claim their rights, especially if they have had various rights denied them throughout their lives. In addition, older people, for various reasons, often know little about their entitlements and how to claim them.

The omission of older people's specific issues in interventions is in stark contrast with the high number of child and vulnerable women-focused programmes in Aceh. Often, older people are not seen to fall directly within an organisation's mandate or priorities. While this can be legitimate, at a higher level it leaves a huge gap and consequently a denial of the rights of vulnerable older people.

One possible explanation is the lack of experience and technical expertise in dealing with ageing issues. Agencies frequently mention the lack of proper assessment tools that can capture the particular needs and capabilities of older people. On the other hand, as agencies are under pressure (from headquarters, media and the general public) to meet targets and show deliverables, it appears in some instances they tend to concentrate on the 'low-hanging fruit' (those who are easy to reach). In this logic, difficult geographic regions, difficult programme components or the difficult-to-serve population groups are put to one side.¹⁷ Older people frequently lose out. We found this to be the case in Aceh.

Age-specific special needs of older people – social protection, health and livelihood – have largely been and continue to be ignored. As a result of relief agency workers not being aware of and/or sufficiently familiar with the needs, vulnerabilities and capacities of older people, various forms of age discrimination emerged in the tsunami-related rehabilitation programmes. General interventions can and do benefit older people to the extent that they benefit everyone. But the assumption that existing approaches address the entire needs of old people is wrong.

¹⁵This confirms previous research by HelpAge International. See: HAI, *Older people in disasters and humanitarian crises: Guidelines for best practice*, 2004 and Jo Wells, *Protecting and assisting older people in emergencies*, ODI, 2005.

¹⁶Quotations from a meeting with DEC members on older people (HAI, Indonesia DEC Proposal, p. 5). The same observation is repeated time and again by individual relief agencies, both local and international.

¹⁷DEC, "Independent evaluation of the tsunami crisis response", p. 12 and 44.

Social networks

Despite the fact that the earthquake/tsunami disaster drastically altered family patterns in many instances, family and inter-generational relations remain strong in Aceh. Traditionally, Acehnese society is typified by strong family and community support.¹⁸ In the focus groups, older people indicated their strong feeling of belonging. 'We live by helping each other' was an often-conveyed message. Most older people prefer to live with their (extended) family, although they also value their independence.

'I want to live together with my family. I want to share the feeling with them every time.' – Daud, 73, male

Religion plays a significant role for most Acehnese, especially older people, who meet in the mushalla where they worship and socialise. The tengku (religious leader) carries a lot of credibility with older people, and many older people indicated finding meaning and hope from religion in dealing with the aftermath of the tsunami. All this has important implications for everyday life and broader ideological associations. Religious networks are central and valued in the community life of an older person.

Communities in Indonesia place great value on equal assistance for all. Yet, equity issues in terms of aid distribution have been a major concern. Some respondents reported instances of 'jealousy' between community members about the different levels of relief support (amongst tsunami-affected households and between tsunami-affected and untouched households; between people affected by the tsunami and the civil conflict). Poor targeting (especially during the rehabilitation phase) runs the risk of agencies reinforcing previously existing power and wealth structures rather than supporting those most in need. Failing to reach older people only enhances this injustice.

Older people have the same aspirations as younger members of the community. In Aceh, the restoration of livelihoods was identified as the most important and immediate challenge, after social protection. This includes the provision of basic needs – food, health and shelter.¹⁹ Older Acehnese particularly stressed the importance for their own survival, as well as the strong desire to support their children and grandchildren.

The tsunami in Aceh had a profound impact on older people. In addition to the dramatic loss of life and assets, our research discovered a pronounced loss of vitality amongst many older people – as if their attitude towards life had changed.

'Even if there would be a job for me, I do not want it any more because I am not normal as before.' – Samsuddin, 67, male

While a substantial proportion expressed the desire to remain active, several older persons indicated that although they did not consider themselves 'old' before the tsunami and indeed were rather active citizens, many commented, 'Now I feel old'. This loss of vitality manifested in higher levels of inactiveness, loss of energy and initiative, latent forms of depression and reduced social interactions.

The malaise appears to be sustained or possibly reinforced by the relief and rehabilitation operations that have failed to consider older people as actors for rehabilitation and development. As a result, older people have remained passive recipients of relief and unable to rehabilitate their livelihoods. In turn, this has created an aid dependency.

Despite being frail, many older people have felt compelled due to the increased hardships, to find an income-generating activity. This is linked to the increased poverty levels after the tsunami. Analysts have estimated that an additional 325,000 people in Aceh might have fallen below the poverty line.²⁰

'I have had some health problems. At this age, I need to take a rest. However, I have to work to fulfil the needs of my family.' – Ansari, 62, male

From our field work, it is obvious that several older people were frustrated and stressed because of the constraints and lack of support to rehabilitate their livelihood.

Social protection

Every individual is entitled to social protection, which consists of a range of measures that aim to:

- protect people against shocks that could push them (deeper) into poverty
- make poor people less vulnerable to these shocks
- protect people against extreme poverty and its effects on wellbeing
- protect wellbeing at vulnerable periods of the life cycle.

¹⁸DFID, *Current society and politics in Aceh*, July 2005, p. 1.

¹⁹IFC, *Sustaining livelihoods in Aceh and Nias*, 2006, p. 3.

²⁰BRR, *Aceh and Nias one year after the tsunami*, 2005.



'We older people can do many things with only a little support,' says Paun.

Case story: Puan

'We were saved by tying ourselves onto trees with pieces of clothing,' says 80-year-old Puan of her 2004 tsunami ordeal. She currently lives in a barrack (temporary shelter) with her sons and grandchildren. Although the wave destroyed all she had, she is happy to be alive. Before the tsunami, Puan made salt to sell in a local market. This generated a sustainable livelihood. 'I could buy food and do anything I wanted,' she explains.

Puan can no longer work. 'Now I am so sad. I can no longer do the things I did before.' She feels weaker and is easily tired. She considers the livelihood initiatives implemented in the areas not suitable to her capability. 'The assistance is provided to people of all ages. But there is nothing specific for older people. I chose not to take the grant offered. I am afraid I would not be able to pay it back.' And yet Puan talked of wanting to contribute. 'I would like to help my family. They have to work very hard. I can raise chicken or grow vegetables. We older people can do many things with only a little support.'

Specific issues

Livelihoods

Within the Acehnese cultural tradition, older people are allowed to rest after a lifetime of working and to be supported by their children. However, poverty has necessitated that many older people remain economically active. In many instances, older people maintained sustainable livelihoods before the tsunami, typically from activities outside the formal economy, such as traditional cooking, fishing, agriculture, trading, handicraft, sewing, animal husbandry, making mats, etc.

Although often humble endeavours, these income-generating activities give older people a sense of dignity, independence and (self-)respect – values that are highly regarded in Aceh.

'I can't do many things because I am old. But I want to work to have my own money.'
– Syarifuddin, 63, male

The desire to work and contribute is a direct challenge to the widely prevailing misperception (including amongst humanitarian workers) that older people are passive beneficiaries.²¹

Many older people expressed a strong desire to go back to work, especially because the tsunami had pushed their family deeper into poverty. In fact, the lack of a sustainable livelihood is the main concern of older people who have lost family members who previously supported them.

One of the frustrating realities of the rehabilitation efforts is that older people require only small investments to rehabilitate their livelihood. Had older people's issues been more actively assessed and responded to, a small investment would have had positive return. This was evidenced in tsunami-affected areas of where projects that made seed capital available to older persons to establish a sundry shop or build up livestock were highly successful.

'I can do some work with little money. I could sell daily needs such as sugar, oil, rice in front of the barracks.' – Juned, 73, male

'I need funds to develop my livelihood, especially in livestock. I don't need a lot of livestock but just two cows.' – Ansari, 62, male

Our review of livelihood initiatives in Aceh has identified instances where older people were usually not included. The restoration of previous livelihoods should take place with an understanding of current and future needs and resource base. Livelihood rehabilitation for older persons requires both specially tailored and targeted initiatives, as well as more age-friendly considerations, within ongoing livelihood rehabilitation programmes.

Our researchers frequently observed that older people had little or no knowledge about the rehabilitation options for livelihoods being implemented in their community. As the case of Puan (see the previous boxed story) illustrates, those who were aware often

²¹HAI, *Older people in disasters and humanitarian crises: Guidelines for best practice*, 2004.

found the projects unsuitable to their needs and capacities. Older people also tend to deselect themselves from some opportunities. For example, they perceive themselves as incapable to pay back a loan. In other situations, older people prioritise younger members within the household as the ones to pursue livelihood opportunities.

Through HelpAge International's 20 years of experience, we have found that livelihood generation and empowerment of older people make a real contribution to improving household resiliency. Most older people live in multi-generational households where income is commonly pooled. An income therefore represents a contribution to a household rather than to an individual. Our research has underscored how children in particular benefited when an older household member could contribute, and how children living in the poorest households gained the most.²² This is another strong rationale for working with older people and their communities.

Case story: Narwani

Narwani, 60, reveals her previous wealth before the earthquake/tsunami destroyed life as she had known it for decades, she owned 11ha of fertile land, 200 cows and a grocery shop with an average income of US\$7 per day. After the tsunami, though her land was not salinated, she lost almost all her livestock and her shop was ruined. She was left with only the richness of her family – her husband and seven children who also escaped the disaster. With her two sons, she has returned to farming the family's fields, growing chillies, ginger, onion and some areca nuts. She has also restarted her grocery shop with the support from credit provided by a local organisation. Says Narwani, 'It is always good to keep yourself busy. This way I keep myself healthy and I earn some money to support my family.' Her vibrant and joyous face reflects her self-confidence and youthfulness.

Recommendations

- Develop assessment tools that capture the livelihood strategies and coping mechanisms of older people.
- Support vulnerable older people who want to work or to re-establish a livelihood and include them in skills training and other educational initiatives to support existing or new livelihood strategies.
- Support the creation of older people's associations and self-help groups as effective tools for livelihood initiatives and empowerment.
- Work with older people in developing suitable, sustainable and viable livelihood initiatives (including access to assets and credit) as a means of supporting a whole family and the wider community, as well as stimulating social contact, physical activity, a sense of self-worth and inter-generational solidarity.

Health and nutrition

Due to the some 30 years of civil conflict prior to the tsunami, the health system in Aceh was in a very poor state when the natural disaster struck. Aside from vaccination programmes that focused on maternal and child care, there were no real specialist provisions at the health centres for older people.

'Before the tsunami, when I went to the health centre, I had to stand in a long queue for registration. The doctor didn't give me special attention and sometimes the medicines did not treat my illness.' – Syarifuddin, 63, male

Throughout the research and HAI's fieldwork experience, older people commented that both education and health services had considerably improved compared to the pre-tsunami days and people appeared to have more trust in external health providers.

While recognising the impressive improvement of health services, older people in the focus group discussions identified a need for special health care.

'I need a special health check-up for older persons like me.' – Saudah, 73, female

²²HAI, *Age and security*, p. 21



The lack of specialisation in geriatric medicine seems indicative of the low priority of older people.

Our research indicated that even before the tsunami disaster medical services tended to specialise in services to women and children and that there was a lack of geriatric services. The lack of specialisation in geriatric medicine seems indicative of the low priority of older people. Eighteen months after the disaster, medical staff lack general knowledge about age-related ailments, and there remains a shortage in geriatricians. Also, time constraints of medical and paramedical staff do not allow for sufficient time to make holistic diagnoses regarding older patients.

Several people in the focus group discussions associated their current health problems with the tsunami.

'I had no problem with my health before the tsunami. Now, my body is aching due to the running and being in shock.' – Cimani, 70, female

Experiences with mental stress (in the form of insomnia, loss of appetite, anxiety, depression, etc.) are attributed to the tsunami disaster. As a result, one respondent stated, people 'look much older than their actual age'. Being dependent on others also was noted as a significant psychological stress factor.²³ A survey by the Rehabilitation and Reconstruction Agency (BRR - Badan Rehabilitasi dan Rekonstruksi) for Aceh and Nias indicated that 1.7 per cent of tsunami victims in Aceh suffered some mental problems as a result of the tsunami.²⁴

Even though there is a big variance amongst different health organisations, there is clearly a lack of medication for chronic disorders, especially disorders that may become acute without regular treatment. This is reflected in the requests from older patients for access to regular medical services, medicines to treat age-specific illnesses and more time for a consultation with the doctor or nurse.

'Sometimes I feel sick, but I don't know why. As an older person, I no longer have such good health.' – Apsyah, 72, female

Several older persons also commented during the focus group discussions on the cost of private medical care. Although many services are provided free of cost, the expenses entailed for transportation and medication (from a pharmacy) can sometimes be prohibitive. In one community, respondents reported recently finding reduced, less frequent and irregular health service provisions.

'Since the tsunami, I have free health care at the health centre. However, there are almost no doctors any more at the place.' – Marhaban, 73, male

This appears to be linked to the phasing out of some health agencies. While tsunami-related injuries have by now been properly treated, chronic and age-related health problems remain. Efforts need to be made to increase the capacity of local medical and paramedical staff before phasing out activities, while community-based care systems need to be developed.

Recommendations

- Develop assessment tools and monitoring systems that capture the health status and nutritional needs and preferences of older people.
- Introduce community-based home care models as an effective way of befriending and reaching out to older people.
- Support older carers as part of child-care initiatives.
- Promote geriatric health care within the overall health provisions and increase awareness and knowledge of medical practitioners on geriatric health care, and ensure that drugs are available to treat chronic disorders of older people.

Mobility

Reduced mobility is a major issue for many older people, especially in terms of access to basic services.

'It is hard for me to go to the health centre. I have to walk a distance, stand in a queue, wait a long time for my turn and carry my goods. Sometimes I get dizzy from standing in the heat.' – Umi, 70, female

²³Multi Agency Evaluation TEC, WVI, CARE, August 2005.

²⁴BRR, *Aceh and Nias one year after the tsunami*, 2005, p 81.

Where possible, support from within the community appears to be readily available.

'I can't see and hear well any longer. I feel insecure. I do not like to go to food distribution points. Luckily, I have my children to do this.' – Samsuddin, 67, male

However, in some instances (e.g. a person can no longer leave the house), special service provisions are required. Health care at home and community-based home care are successful models to address this. Home care has proven to be an effective model for providing companionship, promoting health and active ageing, preventive health care, linking with health services, counselling and even livelihood support. Engaging the community for contributions is crucial to make these forms of social protection feasible and sustainable.

Where reduced mobility and physical strength or mental stress problems make it difficult for older people to access essential services, it is necessary to adapt these services to preserve equity in the provision. Where older people are able to reach centralised relief and service delivery points, they may need protection or other support to access the service if they find themselves competing with people who are more able bodied.

Recommendations

- Develop 'fast-track' queues to guarantee equitable access for the most frail and vulnerable at service delivery points.
- Service delivery points should be made as accessible or adaptable as possible.

Social pensions

Currently, only a limited number of people (civil servants, armed forces and some private-sector workers) receive a pension in Indonesia. It has been a lifesaving force for them. For example, Abdul Razak, 75 and a former soldier, takes care of seven grandchildren who lost their parents in the tsunami disaster. 'Fortunately, I have a pension [IRD300,000/month]', he says. 'This allows me to contribute to their needs.' While this is not enough to cover all expenses, it provides a predictable and regular income.

According to an HAI/Save the Children UK report, cash transfers can provide considerable support beyond an emergency context when extended in situations of livelihood rehabilitation and poverty reduction.²⁵ A social pension or a regular, non-contributory and modest cash transfer targeted to an older person²⁶ generates a wide range of benefits. Throughout the focus group discussions, older people frequently noted how with a little financial support they are able to purchase specific goods (food, utilities) and services (health care, transport) that they require or to use the funds to invest in an income-generating activity.

Our research has indicated that, beyond supporting an older person, this spending benefits the whole family and promotes inter-generation solidarity. Pensioners often acquire an increased degree of independence and autonomy and enjoy more respect from their relatives and neighbours when they can contribute. Moreover, regular and predictable cash transfers are also effective means to protect and prepare households against external shocks, thereby reducing their chronic vulnerability.²⁷ According to the UK Department for International Development, social transfers may well be 'a more cost-effective option than some other development interventions'.²⁸

Cash transfers (in the form of one-off grants, cash-for-work schemes, seed capital) have been widely used by relief agencies in Aceh. A comprehensive assessment is needed to review to what extent older people have equitable access to cash transfer initiatives. Unfortunately, social pensions have not been applied yet.

Recommendations

- Develop social protection schemes in the form of small, regular cash payments to older people.
- Guarantee equitable access to cash transfer schemes for older people.

Universal non-contributory pensions are distinguished from those that are means tested. Universal pensions are unconditionally available to all. Means-tested pensions are targeted to people who are poor and are conditional on tests of earning, income or assets. The experience of existing schemes demonstrates that universal provision of social pensions to older people is often administratively simpler and less expensive than means-tested provision.

²⁵HAI/SCUK, *Making cash count*, 2005.

²⁶HAI, *Age and security*, 2004, p. 11.

²⁷*ibid.*

²⁸Cardi-NRC and IOM under the direction of UNORC, December 2005.

Shelter

The (re)construction of damaged houses is a formidable challenge and arguably one of the most debated aspects of the emergency operations in Aceh. Eighteen months after the tsunami, some 190,000 people remain homeless in Aceh. Some 67,500 people remain in tents. Revised projections indicate that all housing programmes should be completed by the middle of 2007. Progress remains slow, especially in the more remote areas.²⁹

All people living in temporary shelters, including older people, want to 'go home'. Most older people want to return to their previous living arrangements and consider life in the temporary shelters as undermining their independence and wellbeing. Those who lived with their families before the disaster want to stay with them and those who lived alone want their own accommodation.

House building agencies are confronted with a number of trade-offs: between using time and resources for temporary housing or putting all available resources into building permanent houses as rapidly as possible; between speed and quality and equity; between cost and sustainability; between using local versus imported labour; between uniform design and local choice.³⁰

The pressure to build shelter and the continued need for relief aid has led to a tendency to cut corners in the more 'software' aspects of development. This is reflected in the lack of age-friendly considerations of some of the newly constructed houses. Older people in the focus group discussions identified a set of issues, common with the sentiments of younger members of communities, concerning the appropriateness and quality of the shelters (participation in designing, material used, etc.), the competition between agencies, unclear or no coordination and little planning of the process.

'Until today I am still waiting for a land certificate. I do not know when I will move.'
– Juned, 68, male



Some staircases are not age-friendly.

The focus group participants also identified a number of age-specific issues relating to access to, and around, the house, as well as facilities within the house. Frequently raised issues were the inclination of the staircase, lighting, access to sanitary facilities, isolation and the need for walking support bars. Older people have found they also require specific extras, such as a mattress and additional blankets.

'Today I need a mattress and pillow. I can't sleep anymore on the floor. I feel pain in my body. I really need those things.' – Syarifuddin, 63, male

Life in the temporary shelters remains very precarious for older people. Access to basic services and sanitary facilities are often problematic for older persons, especially for those with reduced mobility. In several instances, older people reported difficulty in getting to, and using, sanitary facilities. Collecting water also was regularly raised as a problem.

'If I have to take the water from well, I have a problem in pulling the bucket from the deep of the well.' – Rumaniar, 61, female

Several older persons indicated that they were unhappy with the design and quality of the house they received. Strikingly, some respondents reported that their complaints were not taken seriously. Isyanti, 65, shared that when she complained about the structure of her temporary shelter, the donating agency mocked and neglected her. Similar situations were reported of community leaders not sufficiently acknowledging older people's needs.

Recommendations

- Involve older people in the design of shelters to ensure age-friendliness.
- Support older people in acquiring necessary documentation for moving the shelter process for them forward.
- Include special provisions to promote age-friendly designs of new shelters, particularly in terms of access to the shelter and mobility within it, as well as providing additional items required by older people, such as mattresses, beds and extra blankets.

²⁹BRR, *Aceh and Nias one year after the tsunami*, 2005, p. 20.

³⁰ibid, p. 37.

Older people as actors in development

As has often been cited, the tsunami rehabilitation effort is a chance to ‘build back better’. This also applies to the situation of older people. It provides an opportunity to support and build up the capabilities of older people to lift themselves out of poverty. Supporting older people as legitimate actors in development will not only help reduce poverty levels (at individual and household levels) but it also enables older people to make decisions on issues that affect their daily lives.

Older people should be recognised as direct beneficiaries of relief aid and rehabilitation efforts. To date, a lot of interventions have focused on the household level. This is based on two assumptions: first, that older people are visible, so special efforts to identify them are not necessary; and second, that families and communities are caring for them. However, experience shows that targeting older people as direct beneficiaries is a very effective way to make older people’s needs and capacities more visible, promote inter-generational solidarity and empower older people.

Recommendations

- Include older people as direct beneficiaries of relief aid and rehabilitation efforts as an effective strategy to support vulnerable older people and their families.
- Promote a paradigm that treats older persons as active subjects and rights holders rather than as passive ‘objects’.

Data collection

Many studies have been conducted on the tsunami relief operations. However, our desk review revealed very few references to the situation of older people. Despite being recognised as a vulnerable group at a conceptual level, very few, if any, references have been made to the needs, vulnerabilities, capacities and contributions of older people and how they could be supported or utilised.

While data collected on tsunami-affected persons is mostly disaggregated by age and gender, it remains the only age-related variable. Assessment tools often fail to sufficiently capture basic data, needs and issues confronting older people. Unlike the wide range of aspects probed in relation to the needs of children, templates fail to consider relevant aspects for older people. As a result, older people’s particular needs and vulnerabilities remain hidden and thus are likely to be forgotten in the planning for recovery and rehabilitation. Elements to consider during the data collection include, for example, mobility aids for accessibility, access to bathrooms, food preferences (for easy digestion), sleep disturbance, clothing, etc.

Older people commented during the focus group discussions that they felt invisible when livelihood needs assessments were being carried out at the household level as no one addressed them specifically. The assessments assumed that older people either no longer worked or that they were going to be looked after by their family. Despite evidence of the complex reciprocal arrangements in families, with older people both providing support and being supported, livelihood assessments carried out by relief agencies almost always ignored their roles and needs.

Recommendations

- Include older people in field-based needs assessments and culturally adapted checklists to assess all levels of vulnerability.
- Use simple ranking, resource mapping and other participatory methodologies to facilitate the self-assessment of older people’s needs.
- Increase awareness amongst humanitarian staff about the needs, vulnerabilities, capacities and roles of older people and the social contexts.



Supporting older people as legitimate actors in development will not only help reduce poverty levels (at individual and household levels) but it also enables older people to make decisions on issues that affect their daily lives.

Participation

Despite recent efforts to improve community ownership of relief and rehabilitation efforts, a number of evaluations highlight how government and relief agencies have failed to sufficiently consult survivors about decisions regarding aid distribution, resettlement and reconstruction aid in Aceh. During the HAI focus group discussions, community organisers recognised that even in instances where beneficiaries and communities were consulted, older people were often left out or not sufficiently valued.

Older people and/or their representative organisations need to be an integral part of the dialogue on identifying the best ways to support and protect themselves. Older people consistently ask to be seen, heard and understood; to be given equal access to essential support services; and to have their potential and contributions recognised, valued and supported.

Many experienced village leaders perished in the tsunami. In the aftermath, new community leaders were identified. Often, they lack the seasoned experience of their predecessors. Also, they might not always be fully aware of, or sensitive to, the issues that concern older people. Relief agencies have set up vast networks of community organisers to support the implementation of their projects. They typically are young, committed and energetic individuals, but they sometimes have limited community and development experience to relate to older people.

Older people's associations and self-help groups have proven to be effective tools in promoting poverty-reduction initiatives and in empowering older people. Through the creation of inter-generational approaches, livelihood rehabilitation also fosters the social integration of older people and social cohesion. Adapted to local context factors, older people's associations and self-help groups can be instruments for development and empowerment. Moreover, they can act as legitimate representatives of the constituency of older people. In some countries, older people's associations have played a crucial role in monitoring the implementation of welfare programmes and have advocated with local governments for age-friendly programmes.³¹

Finally, in promoting the participation of older people, it is important to recognise that formal educational levels as well as language capacities may be limited. For example in Aceh, Bahasa Indonesian is a poor means of communication as most older persons only feel comfortable communicating in Acehnese. In addition, cultural norms and social values and networks as perceived by older people need to be recognised.

Recommendations

- Use participatory methodologies to allow older people to identify, prioritise and begin to address their problems and explore their capacities.
- Ensure that older people are represented on relevant decision-making and advisory bodies, including project boards; turn to, or help develop, older people's associations and self-help groups as effective tools to encourage socialising, community activities, civic actions and empowerment.
- Utilise the potential and capabilities of older persons as leaders in the family and community (e.g. in discussions on education and conflict resolution).
- Utilise the social networks and relationships older people consider relevant and legitimate for collective civic initiatives.

³¹HelpAge International, *AgeWays*
– *Older citizens monitoring*, June
2006, No. 67.

Conclusions

As this reported has highlighted, older people have particular needs, vulnerabilities and capacities that differ from those of younger members of the community during and after emergencies. These warrant special and specific attention from humanitarian agencies providing assistance. The findings of this research indicate such special attention has rarely been given in the tsunami rehabilitation programmes in Aceh.

Age-specific special needs of older people in social protection, health and livelihoods have largely been ignored and continue to be 18 months after the tsunami. As a result of NGO/agency workers not being aware of and/or sufficiently familiar with the needs, vulnerabilities and capacities of older people, a wide range of age discrimination has emerged in the rehabilitation programmes.

Older people have the same aspirations as younger members of the community: Social protection and the restoration of livelihood have been identified as the second most important and immediate challenge, after social protection. This includes the provision of basic needs – food, health and shelter.³² Older people particularly stress the strong desire to support their children and grandchildren.

At all times, the human rights of everyone – from children to older people – need to be respected. In an emergency situation, older people's rights must be ensured and their capacities and vulnerabilities must be recognised to help restore and rebuild community 'normalcy'. To that end, the following principles of good practice need to be applied:

1. Include older people in **data collection and assessments**. In order to be aware of the presence of older people in an emergency and be able to locate and identify them, agencies must take active steps to guarantee equitable representation of older people in the data-collection methods and data set. Basic data needs to be collected and disaggregated by age and gender as the basis for evidence-based interventions. Moreover, assessments must highlight the specific needs, vulnerabilities, capacities and priorities of older people.
2. Older people must be recognised as **legitimate stakeholders for development**. At all stages of a project cycle, older people must be informed, consulted, encouraged to participate and provided enabling conditions for their empowerment. Older people must be also recognised as active participants in livelihood initiatives, social protection approaches and disaster preparedness plans.
3. Changes are required in the way relief and rehabilitation programmes are designed and implemented. This requires **specialised interventions** for older people as a specific target group as well as **promoting and integrating age-friendly modalities and components** in all interventions. Making use of community resources and inter-generational mechanisms are effective ways to secure sustainability and local ownership.
4. Ageing issues need to be **mainstreamed** into organisational policies and practices. This requires more awareness of particular problems and obstacles that older people encounter, changes in attitudes amongst humanitarian workers, increased knowledge and skills in addressing issues of ageing, the development of age-friendly policies and allocating resources.



At all times, the human rights of everyone – from children to older people – need to be respected.

³²IFC, *Sustaining livelihoods in Aceh and Nias*, 2006, p. 3.

Resources

The impact of the Indian Ocean tsunami on older people: Issues and recommendations

This report describes the impact of the Indian Ocean tsunami on older people in four severely affected countries – India, Indonesia, Sri Lanka and Thailand. The report is based on a rapid-assessment survey carried out during the initial relief phase following the tsunami.

Life after the tsunami: Older people surviving and rebuilding their lives

This DVD examines the impact of the Indian Ocean tsunami on older people in severely affected countries.

Older people in disasters and humanitarian crisis: Guidelines for best practice

In 1997 HelpAge International collaborated with the United Nations and European Community Humanitarian Office to publish guidelines which aimed to identify key approaches and actions that could help the humanitarian community reduce the vulnerability of older people in emergencies, and build on their contribution.

Age and security: How social pensions can deliver effective aid to poor older people and their families

This report makes a strong case for providing universal non-contributory pensions or “social pensions” to older people in developing countries. It describes how social pensions effectively target aid, reducing the poverty of older people and the families that they so often support.

Non-contributory pensions and poverty prevention: a comparative study of Brazil and South Africa (2003)

HelpAge International/ Institute of Development. Research-based analysis of non-contributory pension programmes in Brazil and South Africa, providing evidence of impact and lessons for other developing countries.

Participatory research with older people: a sourcebook

Drawing on the experience of HelpAge International programmes and partners, this book provides comprehensive guidelines for older people’s participation in planning, carrying out and disseminating research.

State of the world’s older people 2002 (2002)

Overview of the situation of older people in Asia, Africa, Latin America, Caribbean and Eastern and Central Europe, including information on national and international policies relating to older people, statistical information and older people’s view.

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www.helpage.org for key facts on ageing, regularly updated news features, policy, research and programme information and details of all publications including translations, with many texts available to view on screen and download.

Ageing and Development

A regular briefing providing news and analysis of ageing as a mainstream development issue. Free to policy makers, programme planners and researchers concerned with development and poverty eradication.

Ageways

In emergencies, the poorest people suffer hardest and longest, including significant numbers of older people. Older people are often at least as vulnerable as other population groups, such as women and children.

Ageways 66 looks at why older people's specific needs and capacities are overlooked, and suggests practical ways to ensure their inclusion.

AgeNews Asia/Pacific

This regional newsletter aims to highlight issues of ageing and the rights of older people in Asia/Pacific as well as sharing experience in working with and for older people. It is published every four months.

Sphere Guidelines

HelpAge International has been involved in The Sphere project which led to the development of a set of universal minimum standards in core areas of disaster response for humanitarian workers. The Sphere guidelines recommend that special care must be taken to protect and provide for all affected vulnerable groups including older people.
<http://www.sphereproject.org>

Madrid International Plan of Action on Ageing

Agreed by 159 UN members in 2002, the guidelines call upon governments and humanitarian relief agencies to recognise that older people can make a positive contribution as carers, resource managers, and income generators in emergencies and in rehabilitation and reconstruction.

<http://www.un.org/esa/socdev/ageing/waa/a-conf-197-9b.htm>



Our research, which is the basis of this report, highlights the situation of older people in Aceh 18 months after the huge rehabilitation effort began. Many successful programmes have taken place in this period. However, older people are still not as included as they should be. We hope that this report contributes to greater sensitivities among people in relief and rehabilitation agencies toward improving their record of including older people's needs in the Aceh response and in the future in other crises that inevitably will come.

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