

Older people in emergencies

identifying and reducing risks



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

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

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

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

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

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

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

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

Risk	Explanatory notes	Key actions
Water continued		
Difficulties using sanitation facilities	Latrines and other sanitation facilities made available by humanitarian stakeholders (including governments) may be inaccessible for mobility-impaired people. Simple elements such as ramps, handrails, grab bars and lighting are often ignored in the design and construction. Even the entrance door to the latrines can be too narrow or difficult to open.	<p>Incorporate the installation of age-friendly features – such as ramps, handrails, grab bars and lighting – into repair and construction of latrines, in line with international guidelines on accessibility.</p> <p>Ensure that there is sufficient space to enable dignified use of “assistance” for those needing help when using the toilet.</p>
Difficulties disposing of waste	When mobility is a problem, waste can be disposed of immediately outside the dwelling and pile up in great quantities, becoming a health hazard.	Set up community support networks to help the housebound manage their waste. Also, work with local government or camp authorities to do this.

Nutrition

Malnutrition unchecked	Older people are rarely included in nutritional surveys and rarely screened for malnutrition.	In displacement crises, organise the systematic screening of older people at reception centres using mid-upper-arm circumference (MUAC) tapes. In other cases, try to involve older people in nutritional surveys. Train community health workers to actively detect malnutrition in older people through a process of ongoing screening with MUAC tapes. In all cases, use more sensitive case definition.
Malnutrition untreated	Selective feeding programmes for nutrition rehabilitation rarely include malnourished older adults.	<p>Include malnourished older people in supplementary and therapeutic feeding programmes. Community-based management of acute malnutrition can be extended to older people.</p> <p>Train community health workers to identify and address acute malnutrition in older people, and to provide nutrition education.</p> <p>Ensure that severely malnourished older people are referred to the nearest hospital for assessment.</p>

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

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

Essential resources

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

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

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

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

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

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

What do older people need in emergencies? The experience in the Philippines after Typhoon Ketsana, HelpAge International, 2010.

The study investigates basic needs and problems of older people during emergencies; the degree of participation of older people in emergency and relief services carried out by government and voluntary service organisations; the level of understanding of older people regarding the current policies and laws of government units and agencies that address the needs of older people in emergencies (local ordinances); and the coping strategies and mechanisms of older people in addressing their needs and problems in emergencies.

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

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

Older people and humanitarian financing, HelpAge International, 2010.

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

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

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

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

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

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

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

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

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

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

An essential brief for humanitarian actors.

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

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

Older people have a range of skills, capacities and roles. The degree to which these roles are recognised and supported during displacement has a significant impact on the challenges older people face and their ability to survive and recover.



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Registered charity no. 288180
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