



# Rapid needs assessment of older people

Kigoma, Tanzania

*January 2020*

**HelpAge**

International

**HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.**

The Rapid Needs Assessment of Older People was generously funded by European Union Humanitarian Aid project ECHO/COD/BUD/2019/91014 for the financial year 2019/2020 (ref: 2019/00393). The views expressed herein should not be taken, in any way, to reflect the official opinion of the European Union, and the European Commission is not responsible for any use that may be made of the information that it contains.

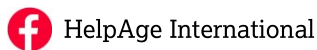
Published by HelpAge International  
PO Box 70156  
London  
WC1A 9GB  
United Kingdom  
+44 (0)20 7278 7778

For more information, please get in touch with:

- Barlet Colly Jaji, Programme Manager - Emergency and Recovery, HelpAge International:  
barlet.jaji@helpage.org
- Maeve O'Sullivan, Humanitarian Programme Coordinator, HelpAge International:  
maeve.osullivan@helpage.org

**[www.helpage.org](http://www.helpage.org)**

Registered charity no. 288180



Copyright © HelpAge International 2020  
This work is licensed under a Creative Commons Attribution-Non  
Commercial 4.0 International License,  
<https://creativecommons.org/licenses/by-nc/4.0>

# Contents

<b>Introduction</b>	<b>4</b>
Older people’s right to humanitarian assistance	4
Rapid needs assessment of older people	4
Methodology	4
Humanitarian context	5
<b>Key findings</b>	<b>6</b>
Situation of older people	6
Older people’s priorities	6
Key findings by sector	7
Recommendations for an inclusive response	10
<b>Sector-specific findings and recommendations</b>	<b>11</b>
1. Food security, income and debt	11
2. Protection	12
3. Health	13
4. Disability	16
5. Shelter	18
6. Water, sanitation and hygiene	19
7. Accountability	20

# Introduction

## Older people's right to humanitarian assistance

HelpAge International's vision is of a world where older people lead active, dignified, healthy and secure lives. This applies to all older people, including those affected by humanitarian emergencies. The four principles of humanitarian action – humanity, neutrality, impartiality and operational independence – afford everyone the right to safe and dignified access to humanitarian assistance and protection without discrimination and on an equal basis with others. Commitment to international humanitarian law and these principles means everyone responding to a humanitarian crisis has a responsibility to ensure all those affected, including older people, have these rights upheld.

We want older people to be able to access humanitarian aid with dignity and in safety. Older people are not inherently vulnerable to disasters. However, when disasters strike, they are at risk of having their rights denied.

## Rapid needs assessment of older people

The *Rapid needs assessment of older people in Kigoma, Tanzania* contains the findings of an assessment of the needs of older refugees in Nyarugusu, Mtendeli and Nduta camps who have fled unrest in Burundi, together with observations and analysis by HelpAge's humanitarian team and sectoral advisers. The report aims to help all organisations operating in Tanzania, including humanitarian agencies, donors and cluster groups, to develop and implement inclusive programmes, and to support advocacy for the rights of older refugees.

HelpAge's Tanzania team, which has been working in Kigoma region, north-west Tanzania since 2015, conducted the assessment in November and December 2019. We welcome comments and questions based on this report and offer technical support for inclusive responses.

## Methodology

Data was collected through face-to-face, one-to-one interviews using a structured survey developed by HelpAge. The interviews were carried out by 15 local data collectors familiar with the language and culture, following training in use of the survey tool and purpose of the assessment, and a pilot test of the tool. The assessment was conducted in three camps in Kigoma region – Mtendeli, Nyarugusu and Nduta. This is because they are the largest refugee hosting camps. Also, HelpAge is UNHCR implementing partner in the three camps strengthening protection of persons with specific needs.

A purposive sampling approach was used to select women and men aged 50 and over, complemented by snowball sampling to reach marginalised older people who might otherwise be hard to find because, for example, of difficulties with mobility. There were four age cohorts: 50-59, 60-69, 70-79 and 80-plus. Our aim of our sampling approach was not to represent the age demographics in the Kigoma refugee camps, but to obtain a sufficiently large sample size to understand the needs of older people in these different age groups.

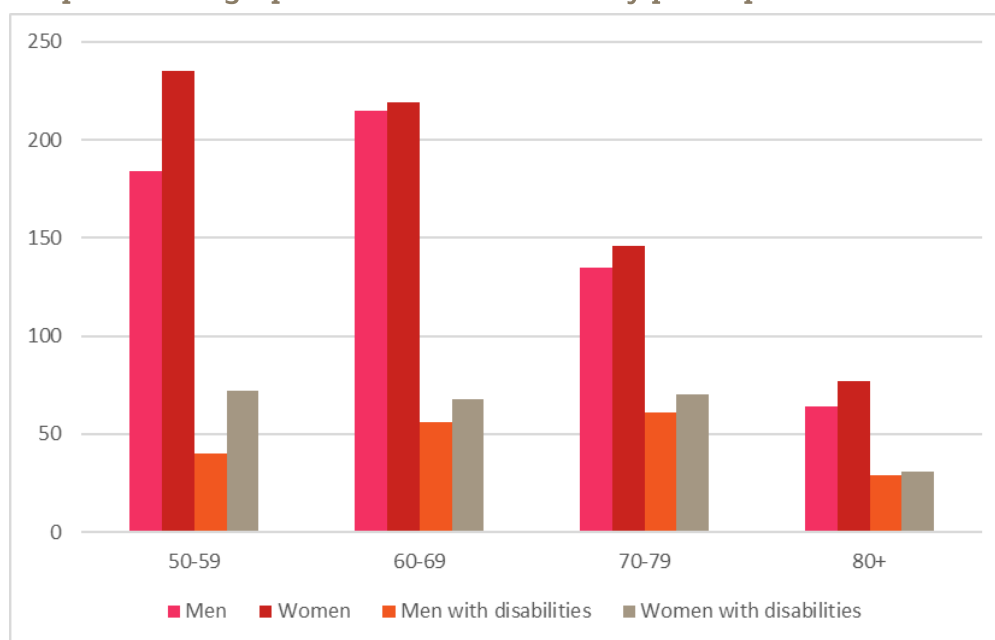
In total, 1,275 older people were interviewed, including (677) women (53%) and 598 men (47%): in Nyarugusu 443 (249 women, 194 men), Nduta 428 (214 women, 214 men), Mtendeli 404 (214 women, 190 men). With more than 400 older people being interviewed in each camp, we had a large enough sample to disaggregate the data into smaller subgroups to show results by age, sex and disability.

Where there is no large disparity (more than 5%) in sex-disaggregated data the findings for women and men are not given separately. Also, where findings are not broken down by different camps,



this is because there is no significant statistical variation between the camps. A summary of participants by sex, age and disability is given in Graph 1.

**Graph 1: Demographic breakdown of survey participants**



## Humanitarian context

Burundi is approaching its sixth year of a complex and protracted crisis triggered by President Nkurunziza's April 2015 decision to run for a third term in office and the subsequent violent repression of any opposition to this move. The economy has declined significantly due to political instability, insecurity and the suspension of foreign aid, which contributed 48% of the national income in 2015.

Despite a decrease in overt violence since 2016, violations such as disappearances and torture by the police, military, and the ruling party's youth league, Imbonerakure, persist. Although the president has now rescinded his decision to run in the election due to be held in May 2020, political persecution continues. Insecurity and political persecution have led to displacements, with over 300,000 Burundian refugees now living in Tanzania, Rwanda, the DRC and Uganda<sup>1</sup>.

According to UNHCR most of the 287,000 refugees and asylum seekers are living in the three camps in Kigoma district, Tanzania are refugees from Burundi (209,200) and Democratic Republic of the Congo (DRC) (75,800)<sup>2</sup>. UNHCR and other humanitarian actors including HelpAge International, in cooperation with communities have been working in the camps since 2015 to identify individuals and groups at heightened risk, regularly assess their needs using participatory approaches, and design and implement responses to protect and assist them. Older people are among those identified by UNHCR as at heightened risk.

Since the Tanzania government tightened entry restrictions in 2017, asylum seekers from Burundi have had to undergo individual assessments to establish their refugee status, with a current backlog of some 21,000 asylum seekers. By July 2018, all 19-border entry and reception points for both Burundian and Congolese asylum seekers had been closed.

A Tripartite Commission comprised of the Governments of Tanzania and Burundi, and UNHCR, has acknowledged that, while some refugees may opt to return home, others may still have well founded reasons to remain in Tanzania and will continue to need international protection provided with UNHCR and agencies in the refugee response.

# Key findings

## Situation of older people

The situation of older people living in refugee camps in Kigoma is diverse. Many face risks relating not only to their age, but also specifically to gender or disability. In addition, many face the demands of caring for others or the challenges of living alone. Many older people surveyed also do not have access to many basic services:

- 79% do not have enough to eat.
- 41% have no access to healthcare services, primarily in Mtendeli (69%) and Nyarugusu (51%) camps.
- 57% have no access to bathing facilities, 61% to handwashing facilities and 30% to toilets.
- 32% cannot reach distribution points on their own, 23% rely on family, friends or volunteers to do so and 18% have items brought to them.
- The challenges older people encounter in accessing services have serious implications for not only their own safety but also for that of others.
- 61% of older people care for others, particularly children, who rely on them for access to resources.

Humanitarian agencies are not engaging effectively with older people:

- 50% have not been consulted by humanitarian agencies about the services being provided
- 51% do not know how to give feedback or make a complaint.

## Older people's priorities

We asked older people to rate the following items out of 5, with 5 indicating that this would be a high priority item for them: safety, water, food, shelter, medicine, cash, hygiene items, clothing, bedding, fuel and household items. The results below indicate the highest average score of each item.

In all three camps, the top five priorities were cash, food, clothing, bedding and medicine. These were the same for women and men, except that men put medicine before bedding and women put bedding before medicine (see Table 1). Older people with disabilities had the same top five priorities as older people in general, albeit like older men prioritized medicine over bedding.

**Table 1: Older people's top five priorities**

Priority	Older people	Older men	Older women	Older people with disabilities
1.	Cash	Cash	Cash	Cash
2.	Food	Food	Food	Food
3.	Clothing	Clothing	Clothing	Clothing
4.	Bedding	Medicine	Bedding	Medicine
5.	Medicine	Bedding	Medicine	Bedding

There was some variation between camps in the priorities of older people. In Mtendeli and Nduta camps, the top three priorities were cash, food and clothing, followed by medicine, bedding or household items. In Nyarugusu, medicine and shelter were among the top five priorities (see Table 2).

**Table 2: Older top five priorities across three camps**

Priority	Overall	Mtendeli	Nduta	Nyarugusu
1.	Cash	Cash	Cash	Cash
2.	Food	Food	Food	Food
3.	Clothing	Clothing	Clothing	Medicine
4.	Medicine	Bedding	Bedding	Clothing
5.	Bedding	Household items	Household items	Shelter

## Key findings by sector

### Food security, income and debt

- Food is older people’s second highest priority need.
- 79% of older people do not have enough to eat (89% in Mtendeli, 79% in Nyarugusu, 73% in Nduta).
- 65% of older people feel unsafe accessing food (78% in Mtendeli, 73% in Nyarugusu, 42% in Nduta).
- 42% of older people are eating only one meal a day (more in Nyarugusu followed by Mtendeli).
- 20% of older people are going to bed hungry on average three to five nights a week (more in Nyarugusu camp followed by Mtendeli).
- 42% of older people cannot afford to buy food (53% in Mtendeli, 46% in Nduta).
- 50% of older people say that the food they have is not appropriate (more in Mtendeli).
- 59% of older people say the food they have lacks diversity (more in Mtendeli).
- 76% of older people do not have enough food in their rations.
- 94% of older people currently have no income.
- 30% of older people have had to borrow since the crisis started (more in Mtendeli).

### Protection

- 32% of older people cannot reach aid services or distribution points on their own (37% in Nyarugusu, 29% in Mtendeli, 17% in Nduta).
- 61% of older people (68% of men, 54% of women) have an average of four dependants.
- 10% of older people feel they cannot cope at all (15% in Mtendeli).
- 36% of older people feel they can cope on their own and 54% say they can cope with additional support.

- 23% of older people rely on family, friends and/or volunteers to assist them to reach such services and distribution points (30% in Nyarugusu camp).
- 27% of older people live alone. Of these, 9% do not know where other members of their family are, 14% are unable to contact family members, and 11% feel they cannot cope on their own.
- 24% of respondents perceived sexual violence as a risk facing older women.

## Health

- 41% of older people do not have access to health care services particularly Mtendeli (69%) and Nyarugusu (51%).
- 40% of older people reported that medicines are not available at health facilities, particularly Mtendeli (59%) and Nyarugusu (51%).
- 38% of older people with a health condition only have medication for up to a week (similar in all camps).
- 23% of older people have experienced negative attitudes from health providers, more so in Nyarugusu (32%) and Mtendeli (30%).
- 9% of older people have no one to help them get to health services more in Nyarugusu (17%).
- 59% of older people (68% of women, 49% of men) have one or more health conditions. These include:
  - Heart problems (29%)
  - Respiratory problems (26%)
  - Gastrointestinal issues (22%)
  - Hypertension (11%)
  - Diabetes (6%)
  - Cancer (1%)
- 66% of older people have joint aches and pains.
- 26% of older people have two or more health conditions.

## Disability

- 34% of older people are living with a disability (41% in Nyarugusu, 32% in Mtendeli, 25% in Nduta).
- 15% of older people with disabilities have a lot of difficulty leaving their home.
- 52% of older people with disabilities having a lot of difficulty walking.
- 34% of older people with disabilities have a lot of difficulty seeing.
- 39% of older people with disabilities (42% of women, 34% of men) have a lot of difficulty remembering and concentrating.
- 56% of older people with disabilities have an assistive product.
- A large majority of older people with disabilities, including 96% of women and 93% of men with difficulty hearing and 100% of older people with difficulty seeing, need support to obtain assistive products.

## Shelter

- 94% of older people have their own shelter.
- 43% of older people are dissatisfied with their shelter (52% in Nyarugusu, 50% in Mtendeli, 28% in Nduta).
- 24% of older people's shelters need major repairs and 12% in need of minor repairs.
- 22% of older people say building materials are not appropriate for the weather conditions.
- 15% of older people do not have enough space in their shelter.
- 37% of older people feel unsafe in their shelter, particularly in Nyarugusu (46%) and Mtendeli (45%).

## Water, sanitation and hygiene

- 93% of older people have access to safe drinking water, with fewer in Nyarugusu camp (87%).
- 22% of older people say they do not have enough water to drink.
- 30% of older people have no access to toilets (45% in Mtendeli, 27% in Nyarugusu, 18% in Nduta).
- 61% of older people have no access to handwashing facilities (76% in Nyarugusu, 73% in Mtendeli, 33% in Nduta).
- 57% of older people have no access to bathing facilities (highest in Mtendeli and Nyarugusu camps).
- 22% of older people lack privacy when using the toilet and 28% when using bathing facilities.
- Safety is a concern for older people when accessing toilets (43%), handwashing (63%) and bathing facilities (68%) (highest in Mtendeli followed by Nyarugusu and Nduta).
- 10% of older people do not feel safe accessing drinking water, particularly in Nyarugusu (29%).

## Accountability

- 50% of older people have not been consulted by any other humanitarian agency about the services provided to them, particularly in Nyarugusu (62%).
- 51% of older people (44% of women and 60% of men) and 54% of older people with disabilities (63% of women and 44% of men) do not know how to make a complaint or provide feedback on the humanitarian services designed to support them. This is highest in Nyarugusu (65%) with women (72%) higher than men (58%).



## Recommendations for an inclusive response

1. Use data disaggregated by sex, age and disability to inform responses and support the activities of implementing partners' and other service providers.
2. Consult older people, particularly women and those with disabilities, in a meaningful way to develop feedback and complaints mechanisms that are accessible to them
3. Make sure older people are aware of the different ways they can provide feedback or make complaints (such as feedback boxes, hotline numbers or focal points they can contact), and that they understand how these work and how their feedback will be dealt with.
4. Establish outreach services for older people who are unable to reach static facilities and assist them to register and receive support.
5. Register dependants of older people, including children, people with disabilities and other older people. Provide tailored support to older carers directly via outreach teams.
6. Connect older carers, particularly those with a disability, and their dependants to relevant service providers in their area who could provide additional support.
7. Share information with older people in accessible formats and languages, considering the hearing, visual or other communication barriers they may face.
8. Provide opportunities for older people, including those with disabilities, to take on voluntary roles, such as community monitors and peer-to-peer support providers for those who feel they cannot cope.
9. Establish or strengthen a community volunteer network for older people who depend on others to meet their basic needs and for those unable to reach distribution points.
10. Identify older people who have lost or do not have relevant IDs to access services and support them to find or replace their IDs.
11. Use the *Humanitarian inclusion standards for older people and people with disabilities*<sup>3</sup> and the *IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action, 2019*<sup>4</sup> to design activities and encourage all sectors respond in a fully inclusive way.

---

<sup>3</sup> <https://www.helpage.org/newsroom/latest-news/new-humanitarian-guidelines-launched-for-ageing-and-disability-inclusion>

<sup>4</sup> <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>

# Sector-specific findings and recommendations

## 1. Food security, income and debt

Food security is a major concern for older people in all three camps. Overall, 79% said they did not have enough to eat (89% in Mtendeli 79% in Nyarugusu and 73% in Nduta 73%). Currently, 41% of older people said they went to bed hungry one or two nights a week and 20% three to five nights a week. In addition, 76% of older people reported that they do not enough food rations.

These findings are alarming and made even more so by the fact that most older people support dependants including children, people with disabilities and other older people. Overall, 61% of older people said they supported an average of four dependants (four or more for men and three or more for women). This level of responsibility places a strain on older people trying to meet not only their own food requirements but also those of their dependants.

A substantial barrier for older people in camps is lack of income. Older people in all three camps ranked cash as their highest priority. Ninety-four per cent of older people said they currently had no income. For 42%, this meant they could not afford to buy food (53% in Mtendeli, 46% in Nduta, 29% in Nyarugusu).

Older people often raise cash by selling their World Food Programme rations or other relief items to buy food from local markets so they can diversify their diet. However, 66% of respondents said they felt unsafe when trying to obtain food (78% in Mtendeli, 78% in Nyarugusu and 4% in Nduta).

In all three camps, food availability is not the problem. Ninety-six per cent of older people said there was enough food in their local markets and 85% said they could reach a market. However, 50% said the food that was available did not meet the specific dietary needs and 59% said there was not enough diversity of food in the markets (these findings highest in Mtendeli camp).

Most older people (95%) said that, if given cash, they could use it. However, cash interventions may not be appropriate, given that in all three camps, 23% of older people (19% of women and 27% of men) said they risked financial abuse.

### Recommendations

1. Analyse food available in the markets frequented by older people to identify gaps in supply that limit the diversity of older people's diet Prioritise Mtendeli camp.
2. Find out why older people feel unsafe going to markets. Hold focus group discussions with both older people to find out why older people risk financial or emotional abuse and put in place strategies to mitigate these risks.
3. Consider using alternative methods to distribute food to older people with reduced mobility (such as porters, door-to-door and proxy distributions).
4. Consider the specific dietary requirements and food needs of older people during targeting.
5. Include older people in livelihood interventions suited to their age and ability.

6. Pending further research and consultation with older people, implement a long-term (up to 24 months) cash transfer intervention to those aged 60 or over supporting three or more dependants and with no sustainable income.
7. Distribute a one-off or short-term cash transfer to people aged 70 or over supporting two or more dependants to help them clear their debts. Prioritise Mtendeli camp.

## 2. Protection

Older people expressed significant concerns about safety. The top two concerns for both women and men were neglect and isolation, and physical abuse. Harmful traditional practices were the third most common concern (40% in Mtendeli 35% in Nduta and 11% in Nyarugusu). Emotional and financial abuse were also perceived to be key risks, affecting women more than men. Significantly, nearly a quarter of respondents (24%) perceived sexual violence as a risk for older women, while only 6% perceived this as a risk for older men (see Table 7).

Other concerns included being forced to participate in community policing which put them at risk through placing them in dangerous situations. Older people also encounter ageism and accusation of witchcraft.

**Table 7: Top six safety risks perceived by older people**

Ranking	Safety risk	Older people identifying this as a major risk for older women	Older people identifying this as a major risk for older men
1.	Neglect/isolation	45%	41%
2.	Physical abuse	31%	31%
3.	Harmful traditional practices	28%	28%
4.	Financial abuse	27%	20%
5.	Emotional abuse	26%	21%
6.	Sexual violence/abuse	24%	6%

A substantial proportion of older people, both women and men, said they did not have safe access to services and facilities. For example, 43% said that they had access to bathing facilities, but only 7% had safe access. Ninety-four per cent said that they had a shelter, yet only 62% said they felt safe in their shelter.

While 70% of respondents said they had access to toilets, only 55% said they felt safe using them. A key issue for older people is in adequate street lighting, making it difficult for them to go to the toilet

at night. Safety concerns vary between camps, with higher rates of concern in Nyarugusu and Mtendeli than in Nduta.

Responsibility for others can be a worry for older people, especially when they themselves need support. Sixty-one percent of older people surveyed (58% of women and 64% of men) said they had dependents including children (61%), older people (25%) and people with disabilities (12%). Twenty-four per cent of those who said they depended on family and friends to meet their basic needs were themselves caring for others.

Living alone also brings challenges. More than one in four older people (27%) said they were living alone with 11% of those living alone saying they could not cope on their own. Furthermore, it is troubling that 14% of older people do not know how to contact their family members.

## Recommendations

1. Ensure that older women at risk of abuse are included in protection and gender-based violence interventions, particularly those related to sexual violence and abuse.
2. Refer older people seeking contact with family members to organisations carrying out family tracing.
3. Carry out a safety audit to determine the risks older people face in accessing key facilities and services such as bathing, handwashing and toilet facilities, food and shelter. Based on the findings put in place measures to enable older people to access facilities and services safely. Prioritise Mtendeli and Nyarugusu camps.
4. Establish outreach teams (for example, with community volunteers) to provide tailored support older people to enable them to meet their needs.
5. Arrange for outreach teams to find out directly from older people why they do not feel safe accessing key facilities and services. Develop measures to address their concerns, such as adequate street lighting, accessible walkways and locks to doors of bathing facilities.
6. Set up or strengthen ways to link older carers to other government or non-government service providers that could provide additional support to them in their role as carers.
7. Arrange for outreach teams to provide home-based care to older people with limited mobility to help them regain their independence and autonomy. Provide support and guidance to carers and family members on how to support older family members who are housebound.
8. Provide psychosocial support to older people facing neglect and isolation or feeling unable to cope. For example, engage outreach teams or mobilise community volunteers to provide peer support. Also recognise that older people who can cope may be an important asset and offer them opportunities to volunteer to provide support to those who are isolated or lonely.

## 3. Health

### Health Conditions

Most older people in all three camps face significant challenges to their health, particularly older women. Fifty-nine per cent (68% of women and 49% of men) said they had at least one health condition.

The most common health problem was joint aches and pains (66%), followed by heart problems (29%), respiratory problems (26%) and gastrointestinal problems (22%). The order was similar for

women and men, except that in older women, heart problems were the most common condition, followed by respiratory problems, gastrointestinal issues and hypertension. In older men, respiratory problems were the most common, followed by heart problems, gastrointestinal issues and hypertension (see Table 8).

**Table 8: Health conditions of older people**

Rank	Health condition	Older people with the condition	Older women	Older men
1.	Joint aches and pains	66%	70%	61%
2.	Heart problems	29%	38%	19%
3.	Respiratory problems	26%	28%	24%
4.	Gastrointestinal issues	22%	25%	17%
5.	Hypertension	11%	13%	9%
6.	Diabetes	6%	9%	4%
7.	Cancer	1%	1%	1%

The findings suggest that older people presenting with acute communicable diseases may well have at least one chronic condition too. The order of reported conditions varied between camps. High blood pressure was reported more commonly than respiratory problems in Nyarugusu, whereas respiratory problems were reported more commonly than high blood pressure Mtendeli and Nduta.

The prevalence of these conditions differs markedly between older women and men. Thirty-eight per cent of older women reported having heart problems compared with 19% of older men. While respiratory problems were the most common health condition in older men, rates were still higher older women (28%) than in men (24%).

The prevalence of these conditions also differs between age groups. Respiratory problems are the most common condition in older men of all age groups. In those men aged 50-59, gastrointestinal issues are the next most common, but in all other age groups it is heart problems. Similarly, in older women, gastrointestinal issues are more significant in the 50-59-year age group. The prevalence of these conditions also varies with disability. The findings suggest that older people living with disability are more likely to experience joint aches and pains, respiratory problems, hypertension and diabetes the older people without a disability.

The findings present a mixed picture of how prevalence of disease changes with age. The proportion of women reporting one or more health conditions was similar in all age. However, for men, rates varied from 59% of those aged 70-79 reporting at least one condition to only 42% of those aged 80 and over reporting at least one condition.

A different pattern emerges for those reporting multiple conditions. The highest rate is for men aged 50-59, with 32% reporting two or more health conditions. The lowest rate is in those aged 80 (18% of women and 14% of men). The reasons for these differing patterns are not revealed by the data collected. However, they could suggest that people in poor health at a younger age, particularly men, are less likely to reach higher ages.



## Access to health services

Overall, 40% of respondents said they had no access to health services, with a significant between camps (69% in Mtendeli, 51% in Nyarugusu and 4% in Nduta). The percentages were similar for women (39%) and men (42%) However, they varied by age, with 45% of women aged 80 and over saying they could not access services, compared with 37% of women in both the 60-69 and 70-79 age cohorts. The reverse applies to men, with 47% of men aged 50-59 (the group with the highest rate of multiple conditions) saying they could not access services, compared with 42% of men aged 80 and over.

Distance to the nearest health facility hindered many older people's access to health service. Nearly one in five (18%) older people said that the nearest facility was between one and three hours away (21% of women and 16% of men). Four per cent said there was no health facility close enough for them to reach.

Negative attitudes of healthcare providers also presented a barrier. Twenty-three per cent of both older women and men cited this as a reason they could not access services. This increases with age, from 21% of those aged 50-59 to 28% of those aged 80 or over.

Safety was another issue. A significant proportion of respondents (46%) said they did not feel safe accessing healthcare, especially in Mtendeli (72%) and Nyarugusu (58%).

## Access to medicines

The biggest barrier to accessing health services and appears to be a lack of medicines. Forty per cent of older people said no medicine was available from their health service (59% in Mtendeli, 51% in Nyarugusu and 9% in Nduta). Access to medicine varied with age from approximately 43% of both women and men aged 60-79 to lower rates in those aged 50-59 and 80 and over.

Thirty-eight per cent of respondents with at least one health condition said they had only enough medicine for the coming week or less, making it difficult to manage their condition. The situation was worse for those aged 80 and over, with 30% of both women and men having a week or less supply, with a high of 45% women aged 70-79 and 44% of men aged 50-59. Sixteen per cent of respondents said their medication would last less than two days (22% in Mtendeli, 15% in Nduta and 13% in Nyarugusu).

## Recommendations

1. Train health workers in healthcare of older people and raise their awareness of ageism and the fact that older people have the same right to health as anyone else.
2. Include medicines for conditions common in older age in essential lists of medicines and make adequate stocks available at an affordable price. Allow older people regular access both medicines for chronic conditions and treatment for acute conditions. Prioritise Mtendeli and Nyarugusu camps.
3. Provide holistic, integrated health and care services (promotion, prevention, treatment, rehabilitation and palliative care) and support with daily tasks to older people with disability.
4. Train health workers how to respond to the needs of older people with both communicable and non-communicable diseases, and to those with multiple chronic conditions, supported by appropriate diagnostics and treatment.
5. Link sectors focusing on health, food, and water, sanitation and hygiene to develop multi-sectoral approaches to addressing the significant level of gastrointestinal issues faced by older people.
6. Provide services to support older people with joint aches and pains.

## 4. Disability

One third of older people (34%) of older people are living with a disability (36% of women and 31% of men). Disability rates vary between camps (41% Nyarugusu, 32% Mtendeli and 25% Nduta).

More than half of older people with disability (52%) said they had a lot of difficulty walking or climbing stairs. A significant proportion of respondents (39%) said they had a lot of difficulty in remembering and concentrating, and 34% a lot of difficulty seeing (see Table 3).

**Table 3: The prevalence of disabilities among older people with disability**

Disability	Total	Women	Men
Walking or climbing stairs	52%	54%	49%
Remembering or concentrating	39%	42%	34%
Sight	34%	32%	37%
Hearing	11%	11%	11%
Self-care	15%	16%	13%
Leaving the home	15%	15%	15%
Communication	4%	3%	4%

A high proportion of older people with disability (27%) have more than one disability, increasing with age (see Table 4).

**Table 4: Percentage of older people with disability who have multiple disabilities**

Number of disabilities	People aged 50-69	People aged 70+
1	57%	48%
2-3	40%	41%
4-7	7%	11%

A high proportion of older people with disabilities said they used assistive mobility products (45%) and sensory products (3%) (see Table 5).

**Table 5: Percentage of older people with disabilities using assistive products**

Assistive product	Older people	Older women	Older men
Mobility assistive products*	45%	43%	48%
Eyeglasses and hearing aids	3%	2%	5%

\*Walking stick, crutches, walking frame or wheelchair

It is important to note assistive products are not only used by people with disabilities, with 40% of older people in general saying they used an assistive product. In total, 56% of older people with disabilities said their assistive products were in good condition and useable, 42% say they were not working and 42% said they did not use them.

A large majority of older people with disabilities, including 96% of women and 93% of men with difficulty hearing, and 100% of older people with difficulty seeing, need support to obtain assistive products (see Table 6).

**Table 6: Percentage of older people with disabilities, with no assistive product and needing support and assessment**

Disability	Total	Women	Men
A lot of difficulty seeing	96%	96%	93%
A lot of difficulty hearing	100%	100%	100%
A lot of difficulty walking	40%	50%	24%
A lot of difficulty with selfcare	95%	95%	92%

Cash, food and clothing were the top three priority needs identified by older people with disability, followed by bedding, household kits and medicines.

Older people with disabilities had significant care responsibilities, with 60% caring for others, especially children (see Table7). Their complex needs may limit their access to essential services.

**Table 7: Average number of dependants of older people with disabilities with caring responsibilities**

Dependant	Total	Women	Men
Children	2.9	2.6	3.4
Older people	1.2	1.1	1.2
People with disabilities	0.2	0.1	0.2
Other people	2.2	2.3	2.0

## Recommendations

1. Disaggregate all data is by sex, age and disability to find out and how many have complex issues, such as two or more disabilities. Use the findings to inform the response. Encourage the ongoing recruitment of occupational therapists, physiotherapists and other health professionals to provide rehabilitation services to older people with disabilities.
2. Make sure camp management and key clusters understand that assistive products are a basic need. Encourage them to review and improve the supply and distribution of assistive products, particularly eyeglasses, hearing aids, and mobility aids, and referrals to eye care, ear care and mental health services . Plan with community health actors to carry out screening programmes for people with sight or hearing difficulties.

3. Identify ways of procuring and distributing appropriate assistive products, especially eyeglasses and hearing aids.
4. Consider training a group of volunteers to remedy the lack of maintenance and repair of assistive products, linking with the WHO TAP training materials. This could potentially be self-funded as part of a livelihoods programme.
5. Strengthen outreach and home-based care for older people with disabilities at risk of isolation and neglect. Design a package of basic assessment tools to guide this process (such as Katz, Barthel's, ADL tools and rehabilitation tools).
6. Continue to recruit qualified staff to train new teams, partners and volunteers on how to provide support with daily living to older people with disabilities, including designing care plans, setting goals and monitoring activities.
7. Establish psychosocial support activities for older people with disabilities feeling isolated and neglected as part of community integration and mobilisation. Recruit and train staff and volunteers on how to communicate with older people in formats which meet their own communication needs, for example, the needs of those with difficulty hearing, seeing and remembering.
8. Develop a carer support structure to act as a self-help group and give carers respite for some time in the day or week.
9. Set up buddying schemes to support older people who cannot leave the home, to understand their concerns with remembering and concentrating.
10. Develop carer training and support packages including psychological support to older people with disabilities who are caring for others.
11. Encourage older people with disabilities to participate in activities beyond complaints mechanisms and to take on leadership roles. Include older people with disabilities in existing structures and in developing new ones such as protection committees and older people's associations, to strengthen their advocacy role.
12. Raise attention in working groups and at sector level of the priority needs of older people with disabilities for cash, food, clothing and household items and look at ways to address these needs.
13. Consider setting up a carer support group to bring younger and older carers together to share their concerns and experiences

## 5. Shelter

Nearly all older people have shelter (94%). However, this leaves 6% with no shelter. Many older people (43%) also said they were dissatisfied with their shelter especially in Nyarugusu (52%) and Mtendeli (50%).

One in four older people (24%) said their shelter required major repairs (31% in Nyarugusu, 26% in Mtendeli and 15% in Nduta). Twelve per cent said their shelter required minor repairs.

A barrier to repairing their shelter is lack of cash. Cash is older people's second-highest priority need and 30% have had to borrow since their displacement. Another problem was unsuitable materials, with 22% of respondents saying that their building materials were not appropriate for the weather conditions (32% in Nyarugusu, 24% in Mtendeli and 11% in Nduta). Currently there is a shortage of plastic sheeting to protect shelters against rain. Furthermore, 13% of older people reported that their shelter did not have enough space. These cramped conditions are exacerbated for

the 61% of older people caring for a least one child (on average four) and may well contribute to their health issues.

A key concern in all camps is safety. Thirty-seven per cent of respondents said they felt unsafe in their shelter (46% in Nyarugusu, 45% in Mtendeli and 20% in Nduta). This is unsurprising, given the safety risks facing older (23% identifying threat of violence as a risk, 31% identifying physical abuse and 26% identifying emotional abuse).

## Recommendations

1. Develop the capacity of staff, partners and communities to consult the needs of older people including those with disabilities in the design of shelter programmes, settlement support and household activities or decisions. Pay attention to the size of family units and the need to provide enough personal space for older people or those who are unwell.
2. Assess the availability of weather-appropriate building materials in Nyarugusu and Mtendeli camps. If necessary, plan how to increase the supply.
3. Provide conditional cash transfers to older people in Nyarugusu and Mtendeli camps whose shelter is in urgent need of repair for them to use to purchase building materials and tools.
4. Provide further support, such as shelter kits, to older people living alone, those with reduced mobility and those with one or more dependant.
5. Conduct a focus group discussion with older people in Nyarugusu camp to understand the underlying causes of why older people feel unsafe in their shelter.

## 6. Water, sanitation and hygiene

In all three camps, while most survey respondents (93%) said they had access to safe drinking water, 7% of older people do not. However, in Nyarugusu camp, 29% said they were dissatisfied with the drinking water available to them, with 17% saying there was not enough.

A serious concern in all three camps is the high proportion of older people who have difficulty accessing sanitation and hygiene facilities. On average, 30% of respondents said they had no access toilets, 61% no access to handwashing facilities and 57% no access to bathing facilities. Findings were similar for women and men, except that more women (64%) had difficulty accessing handwashing facilities than men (58%).

Problems with access are most acute in Mtendeli, where 38% of respondents said there were not enough toilets and 53% not enough bathing facilities, and Nyarugusu, where 22% said there were not enough toilets and 46% not enough bathing facilities.

Lack of privacy presents another barrier. On average, 22% of respondents said they had no privacy when using toilets and 28% said they no privacy when using bathing facilities.

Limited access to hygiene facilities creates a risk particularly to older people with health conditions, especially the 22% with gastrointestinal problems, as well those who have difficulty with self-care.



Lack of safety is another key concern. Ten per cent of older people said they felt unsafe accessing drinking water. More said they felt unsafe using toilets (43%) handwashing facilities (63%) and bathing facilities (68%). Safety concerns are felt more in Mtendeli and Nyarugusu camps. Compounding these problems is the impact they have on other members of older people's households. For example, if older people ask children to collect water for them, they may expose they may expose children, particularly girls, to the risk of violence and abuse on their way to and from water points.

## Recommendations

1. Conduct focus group discussions with older people in Nyarugusu camp to find out why they are dissatisfied with drinking water. Use the findings to plan how to improve the quality and quantity of drinking water.
2. Construct toilets and bathing facilities appropriate for older people, located in, or close to, their homes, and providing enough privacy, having roofs and walls. Prioritise Mtendeli and Nyarugusu camps.
3. Conduct a safety audit of facilities to identify the safety concerns of older people. Plan how to reduce these risks in Mtendeli and Nyarugusu camps.
4. Prepare hygiene kits specifically for older people, including incontinence pads or cash or vouchers to buy them) for older people who may need them, such as those who have difficulty with self-care or have chronic gastrointestinal issues.

## 7. Accountability

Only half of all older people surveyed (50%) said they had been consulted by any other humanitarian agency about the services provided to them. This degree of exclusion is particularly alarming in the context of a protracted crisis as it highlights sustained marginalisation of older people over a long period, in this case, almost six years. Slightly more older people with disabilities said they had been consulted (52%), which may reflect a greater focus on disability inclusion than age inclusion by responding agencies.

The degree to which older people had not been consulted varied between camps. It was highest in Nyarugusu (62%). In Nyarugusu and Mtendeli, more women than men said they had not been consulted. However, in Nduta, this was reversed, with slightly more older women than men saying they had not been consulted (see Table 8).

**Table 8: Percentages of older people not consulted by across all three camps**

Camps	Total	Women	Men
Nyarugusu	62%	65%	60%
Mtendeli	49%	57%	43%
Nduta	39%	38%	40%

On average, 51% of older people across the three camps (44% of women and 60% of men), and 54% of older people with disabilities (63% women, 44% men), said they did not know how to give their opinion or make a complaint about humanitarian services. The total percentages were broadly similar but highest in Nyarugusu (65%). This means that not only are programmes being designed without considering the specific needs of older people, but humanitarian agencies are not receiving the feedback they need to improve their programmes either.

There was large gender disparity in favour of older men in all three camps with respect to knowing how to provide feedback on humanitarian services. In Nduta, 7% more men than women said they knew how to complain and in Nyarugusu, 14% more men than women knew how to feedback but the disparity was most significant in Mtendeli where 19% more men than women knew how to provide feedback on services (see Table 9).

**Table 9: Percentage of older people not knowing how to provide feedback or complain about services**

Camp	Total	Women	Men
Nyarugusu	65%	72%	58%
Mtendeli	31%	48%	29%
Nduta	39%	42%	35%

## Recommendations

1. Use accessible communication methods and local languages to consult older people, including women and those with disabilities, about their needs and preferences, gaps in services, whether services are safe and accessible, and how they can access complaints and feedback mechanisms. Repeat the messages frequently in different formats.
2. Gather ideas from older women and men to design inclusive complaints and feedback mechanisms, such as feedback boxes, phone numbers and community focal points.
3. Hold focus group discussions with older people with disabilities, particularly women, to plan how to engage with humanitarian agencies. Share these plans with all sectors at cluster meetings.
4. Develop complaints and feedback mechanisms that can be used by older people with disabilities.
5. Review existing complaints and feedback mechanisms with older people to identify the barriers they face in using them. Hold a review specifically with older women.
6. Ensure older people are aware of complaints and feedback mechanisms and understand the processes and how the information will be used.
7. Act on the feedback and complaints received. Inform the communities and older people about what actions have been taken and when.

Find out more:

[www.helpage.org](http://www.helpage.org)

HelpAge International  
PO Box 70156  
London  
WC1A 9GB  
United Kingdom  
+44 (0)20 7278 7778



@HelpAge



HelpAge International