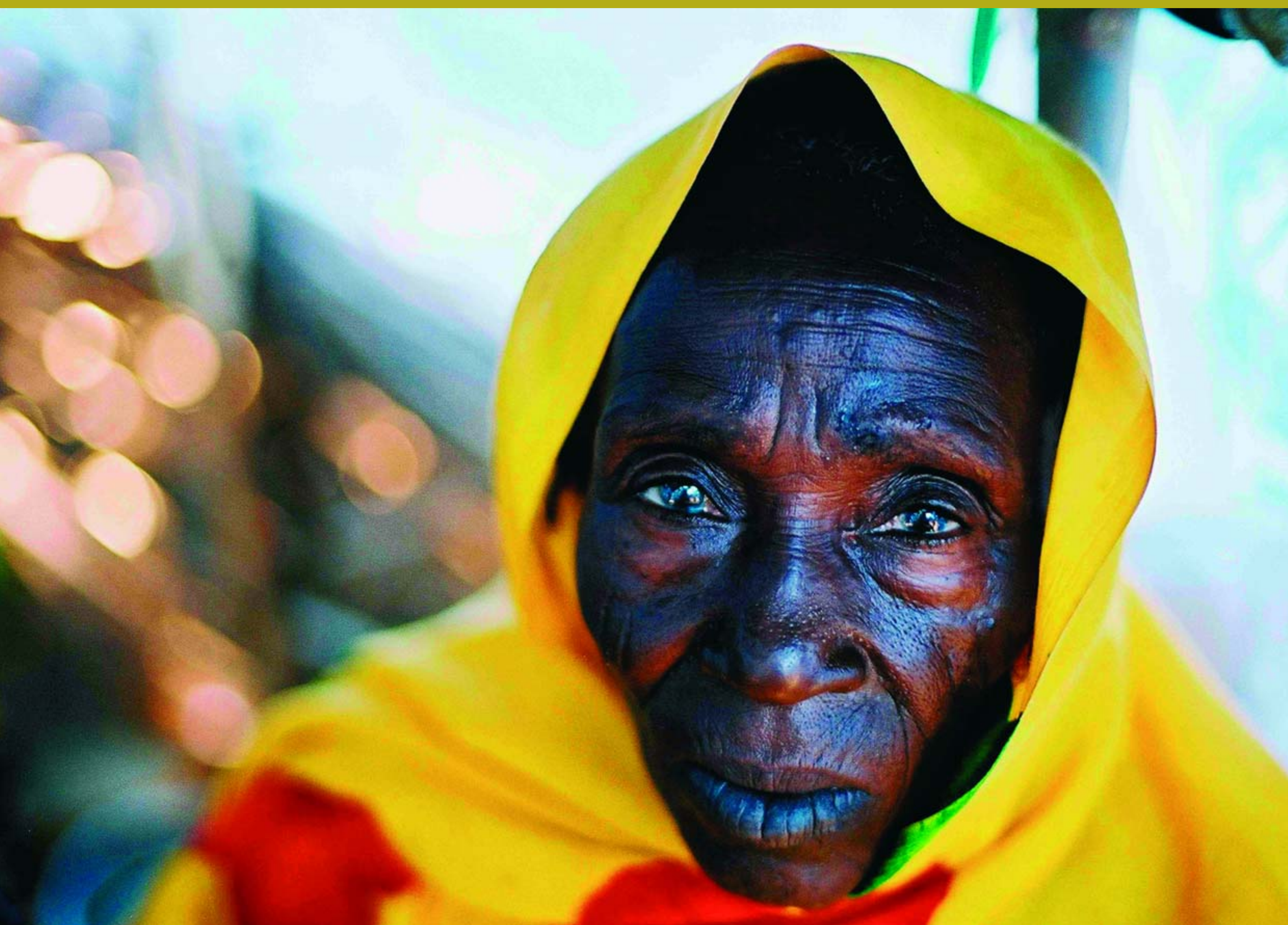
Rebuilding lives in longer-term emergencies

Older people's experience in Darfur



HelpAge International

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HelpAge International is a global network of not-for-profit organisations with a mission to work with and for disadvantaged older people worldwide to achieve a lasting improvement in the quality of their lives.

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Older people in West Darfur have, themselves, enriched HelpAge International's understanding of the context of Darfur and the myriad challenges facing their demographic group. We thank them once again for opening their doors to our field officers and volunteers during the creation of this report, and sharing their views and their stories.

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Kate Holt/HelpAge International

'If I go back there is no home, there are no animals, and the people I know are gone or killed. Who can I sit with?'

80-year old woman

Executive summary

Responses to humanitarian emergencies on the scale of the Darfur crisis concentrate on meeting immediate basic needs and ensuring the safety and protection of the endangered population. It is well documented that older people, as a vulnerable group, are often neglected or ignored in this initial response. Prolonged violence and displacement present a further challenge to humanitarian agencies, creating longer-term social, economic and psychological needs.

In this report, HelpAge International draws on its experience of working in West Darfur and in comparable protracted emergencies to suggest ways to identify and respond to these longer-term needs among older people and their families. In addition to addressing older people's specific needs, HelpAge International advocates integrating its work with older people into a broader cross-generational approach that helps to build the capacity of communities affected by protracted conflict and violence, so that they can function effectively beyond the period of the crisis.

The Darfur humanitarian emergency of 2003/4 has become a prolonged humanitarian crisis, with an estimated 1.65 million to 2 million internally displaced people (IDPs) and a further several hundred thousand Darfurian refugees in neighbouring Chad.

Research by HelpAge International in IDP camps indicates that older people, some 8 per cent of the camp population, have derived little benefit from the international aid effort. In part this is the result of INGOs' strong and justified focus on protection of women and children who are at particular risk of violence.

HelpAge International has also concluded that the unrecognised vulnerability of older people is exacerbated by their isolation in IDP camps where they are often separated from their extended families. In their villages, older people were respected and well cared for, even in a crisis. In the camps, however family structures have fragmented. Older people, especially older men lose their status and have few family members to support them. Indeed they are often caring for young dependants themselves.

The disintegration of families is also creating rifts between different generations and leading to violence among another vulnerable and neglected group – teenagers, who no longer see traditions and respect between generations as relevant to their lives.

In response, the agency has initiated a series of quick impact projects focusing on key areas of vulnerability for older people: health problems, social isolation and lack of intergenerational support. The success of such work depends critically on cooperation with other INGOs working in health care and supporting other vulnerable groups, particularly women and children.

HelpAge International puts forward a series of suggestions for best practice in prolonged emergencies, building on its previous research on supporting older people in emergencies:

1. Relief delivery – *ensure that services reach the most vulnerable rather than the most visible and that they meet chronic needs*
Health programmes should respond to chronic health care issues, not only typical emergency-related problems. This is particularly relevant for older people, who are intrinsically more vulnerable due to age, physical weakness and susceptibility

to disease. To begin addressing the needs of such groups requires a longer-term commitment and a much more sophisticated targeting of the most vulnerable, accompanied by more effective data collection.

In the experience of HelpAge International, this has meant building a network of community-based staff and volunteers capable of following individual cases and, wherever possible, providing home-based care.

2. Integration versus alienation – *develop a cross-generational approach*
HelpAge International believes that a cross-generational approach adopted by a larger number of agencies could help mitigate some of the longer-term impacts of conflict and societal upheaval. For agencies mandated to address the needs of specific groups – children, women and older people – this means adopting a more inclusive approach to programming. It can also mean building stronger programming links between various humanitarian actors.

3. Peace-building and reconciliation – *start early, involve older people*
Early support for community coping mechanisms and conflict resolution processes could bolster the eventual peace-building role of community members. The potential contribution of older people, who would typically guide community discussions and actions in Darfur, has been largely ignored and their role undermined by the loss of status they have suffered in the social upheavals since the conflict began.

Understanding conflict resolution processes, identifying strategies to involve communities, and supporting the important role older people can play are steps that humanitarian actors should undertake as early as possible if potentially violent tensions are to be healed.

Gina Bramucci/HelpAge International

Gina Bramucci/HelpAge International

'Additional blanket and clothes and going back to cobbling, something I am used to, will be really great.'

Older blind man's response when asked to describe his needs

Introduction

Support for older people in emergencies

HelpAge International has over 20 years' experience of working in natural disasters and complex emergencies. The agency acts as a catalyst to help relief agencies identify older people, address their specific needs and capacities, and ensure full and equal access to relief and to longer-term assistance, so that they can rebuild their lives and livelihoods. While the most vulnerable benefit first, work focuses on older people in the context of their families and the wider community, rather than in isolation. Maximum use is made of local knowledge and human resources, and activities are integrated into local systems and cultures.

In 1999, HelpAge International commissioned a major research project on how older people are affected by disasters and humanitarian emergencies, and how humanitarian agencies addressed their needs. The research concluded that older people's basic needs were typically overlooked by planners and humanitarian agencies and they often experienced difficulty in accessing support and services.

Since the publication of this report in 2000, HelpAge International has worked with international bodies such as the UN High Commission for Refugees (UNHCR) and lobbied governments and other INGOs to include older people and give them a voice in disaster relief and rehabilitation planning.[1] It has also advocated for changes in the collection of data in emergencies to allow older people's needs to be identified. In 2004 the Sphere project published revised guidelines, which incorporated issues affecting older people in key areas of emergency relief, such as food distribution, nutrition, health and shelter.[2]

Following the recent experience of working with older people in the aftermath of the Indian Ocean tsunami, HelpAge International called on governments and relief agencies to:

- collect disaggregated data by age and gender
- recognise older people as a vulnerable group and implement intergenerational approaches in emergency-response programmes that support older people's roles
- establish mechanisms that support older people to access their entitlements
- develop social-protection schemes in the form of small, regular cash payments to older people
- support vulnerable older people who want to work to establish their livelihoods
- create opportunities for older people to participate in decision-making.

HelpAge International in Sudan

HelpAge International has been working in Sudan for more than two decades. In August 2004, as the only INGO in the region that focuses specifically on the needs of older people, the organisation began emergency operations in Darfur, in response to conflict and the massive displacement that had begun in early 2003. HelpAge International's overarching strategy in West Darfur is currently to ensure the protection of beneficiaries through presence, advocacy, and direct interventions with a health and nutritional focus.

HelpAge International currently works in seven camps for internally displaced people (IDPs) in West Darfur. The camps targeted are: Ardamatta, Gokar, Kerenek, Krinding I, Mornei, Riyadh and Sisi. The agency has occasionally carried

1 HelpAge International, *Older People in Disasters and Humanitarian Crises: Guidelines for Best Practice,* 2000

2 Sphere Handbook: *Humanitarian Charter and Minimum Standards in Disaster Response for Humanitarian Workers, 2004.* The Sphere project includes humanitarian agencies and the Red Cross and Red Crescent movements

out activities (mobile eye clinics or targeted non-food item distributions) in the urban camps of Abuzar and Madina Hujaj, in the Habillah area of south-western West Darfur, and in the nomadic communities east of El Geneina.

Darfur: a prolonged humanitarian crisis[3]

The current conflict in Darfur – a region the size of France located 1,000 kilometres from Sudan's capital city, Khartoum – has its roots in a history of internal tension between different ethnic groups, often as a result of competition for dwindling resources. Since the 1990s, Arab herders in the region have used arms as a means of control and to gain access to land for their livestock. This has led to increasing clashes between these nomadic Arab communities and the non-Arab villagers, members of the Fur, Masalit, Zaghawa and numerous other ethnic groups.

The 'Arab' or 'non-Arab' labels have been applied in Darfur as a means of characterising the two dominant parties to conflict; or at times, the labels have also been used to manipulate tensions in the region and in the international community. The Arab or non-Arab description is not, however, always accurate and has led to frequent oversimplifications and misunderstandings of the conflict. Arabs and non-Arab ethnic groups have lived peacefully in the past and have intermingled; the current problems must be viewed in light of strain on resources and imbalances of political power in various regions of Sudan.

In early 2003, two Darfurian rebel groups – the Sudan Liberation Army (SLA) and the Justice and Equality Movement (JEM) – launched an insurgency with the aim of gaining greater economic and political representation for Darfur. In response, a counter-insurgency campaign was carried out by the *janjaweed* – a government-armed militia made up largely of Arab herders. The *janjaweed* militia targeted civilian communities from the same ethnic groups as SLA and JEM members – largely Fur, Masalit and Zaghawa. Wide scale killing, looting, destruction of crops and homes led to the displacement of nearly two million people. In turn, the SLA and JEM rebel groups attacked civilians and government institutions, and raided livestock and commercial goods.

In April 2004, a ceasefire was negotiated for Darfur with the help of neighbouring Chad, the African Union (AU), the European Union and the United States; but all parties to the conflict continually broke the agreement, and violence continued with impunity. Two UN resolutions were passed on Darfur – Resolution 1556 (30 July 2004) and Resolution 1564 (18 September 2004). The first required the government of Sudan to disarm the *janjaweed*; the second called for an expansion of the AU monitoring force and declared that the UN Security Council would consider imposing sanctions on Sudan. The Darfur Peace Agreement signed on 5 May, 2006 by some but not all parties to the conflict has not resulted in a cessation of violence.

Despite international efforts, the situation in Darfur remains extremely unstable and violent. A tangible and lasting peace in the region appears a very distant prospect. Clashes between various armed parties to the conflict continue, with further fragmentation of rebel groups; armed men carry out attacks with impunity in and around IDP camps, terrorising an already frightened population.

In mid-2006, estimates of the number of civilians living in IDP camps ranged from 1.65 million to 2 million, while several hundred thousand Darfurian refugees are living in neighbouring Chad. The humanitarian community has poured resources into providing assistance to the camps, but both the terrain and the high level of

> 'During the conflict I was beaten with sticks and all my family was killed in front of me. I stayed two days with dead bodies. Now the situation has only worsened. We can't move freely. We don't have work. It's very bad.'
>
> *68-year-old woman*

3 For references on the Darfur conflict see Resources

insecurity often prevent relief from reaching affected populations. Attacks on INGO and UN vehicles have been on the rise in 2006, according to the UN, with a marked increase in violence and intent to harm. In West Darfur, where HelpAge International has its base, humanitarian relief delivery has been severely limited due to insecurity.

In this deteriorating context, humanitarian agencies and some international donors have started to recognise the displacement in Darfur as a 'care and maintenance' situation – one that does not show immediate signs of improvement or, even in the longer-term, promise of large-scale returns of displaced people to their original homes. Nearly four years of conflict and the conditions in IDP camps have resulted in major shifts in ways of life and livelihoods. And after experiencing so much violence, IDPs are now reticent about trusting talk of peace.

A note on methodology

The report's findings are derived from HelpAge International's experience in West Darfur, and the agency's emergency work in other parts of the world. Specific assessments and interviews used to support and inform findings are detailed in the footnotes. These include a comprehensive vulnerability assessment (October 2005 to January 2006), a rapid nutrition survey (May 2006), a collection of 60 in-depth one-on-one interviews with older IDPs in West Darfur (March to July 2006), and questionnaires sent to 95 INGO and UN staff in West and South Darfur (2006). All interviews were conducted on the basis of anonymity.

In the case of the agency questionnaires, only 13 out of 95 humanitarian agencies responded, despite multiple attempts to contact them. That said, those that responded were from leading health agencies and offered helpful insights into the lack of focus on older people in their own programming. HelpAge International also has continuous, informal dialogue with other agencies, particularly those involved in medical work in West Darfur, regarding ways to address the needs of older people more effectively. Medical and non-medical staff in management positions echo (unofficially) the general tone of the respondents.

Defining old age in Darfur

The UN defines an older person as someone over 60 years of age. Adhering strictly to this definition can be problematic, as life expectancy and cultural norms vary from one culture to the next. 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.[4] Moreover, a conflict-related emergency often ushers in changes in societal roles and life expectancy, further complicating what we define as an older person. In its programme work in West Darfur, HelpAge International considers an older person to be over 55 years. This definition is, however, elastic with staff and volunteers assessing individual circumstances and needs.

Statistics

A lack of reliable statistics is a major gap which affects all humanitarian work in Darfur. No one has the overall demographic picture; for example, the UN Office for the Coordination of Humanitarian Affairs (OCHA) and the UN World Food Programme (WFP) are still using population figures from 2004. HelpAge International does not have the capacity to map the entire population of older people, but it is possible to give a figure for the number of those whom it categorises as vulnerable (the target population).

4 Wells, J, *Protecting and assisting older people in emergencies*, HPN Network paper 53, ODI, December 2005 p.2

Older people in the Darfur emergency

Older people are probably the least visible demographic group in the Darfur conflict. Population samples from nine camps suggest that older people (over 55 years old) make up about 8 per cent of the IDP camp population.

Camp	Total population	Estimated population 55+ years
Madina Jujaj	3,933	315
Abuzar	14,098	1,128
Krinding I	21,903	1,752
Riyadh	20,072	1,606
Ardamatta	22,644	1,811
Gokar	3,300	264
Sisi	7,840	627
Kerenek	25,449	2,036
Mornei	72,250	5,780
Total	**191,489**	**15, 319**

Kate Holt/HelpAge International

Miriam Abdullah is an older woman who fled from her West Darfur home after *janjaweed* attacked in 2003, killing villagers and burning huts. Her son-in-law was killed and her own son disappeared in the fighting; but Miriam was able to escape and walk to an IDP camp with her daughter and three grandchildren. After three years in the IDP camp, Miriam's daughter remarried and left with her new husband, leaving behind her children. Miriam, who has been blind for the past seven years, now relies entirely on assistance from humanitarian agencies to provide shelter and food for her small family. When her grandchildren are not in school she sends them to help other older people living alone nearby. 'In the village older people had a big role to play in the community and they solved problems with their wisdom,' she says, 'but not anymore.'

HelpAge International has identified four principal types of loss that have influenced the wellbeing of displaced older people in Darfur:

- Loss of the role as the head of a large family and, therefore, loss of status in the community.
- Loss of a tangible contribution to offer the community, and at a deeper level, loss of an ability to sustain or protect the family and village.
- Loss of a general sense of belonging to a familial and social network.
- Loss of control over individual destiny, livelihood and care, as well as that of children and grandchildren.

Kate Holt/HelpAge International

'Living in the camp is like prison... Now we have no freedom to say good things.'

70-year-old woman

The status of displaced older people

The breakdown of traditional family and community structures cannot be underestimated when considering the current status of older IDPs. Patriarchs and matriarchs, almost always the heads of large families, were highly respected and well cared for in Darfur.

As one Sudanese aid worker commented in response to a HelpAge International questionnaire, 'In the African context, the old are cared for by their children or relatives and they are respected for their wisdom and experience in the family or community. But in a conflict situation [that] structure collapses, as people are killed or take refuge in different locations. In this situation, I would say that not much attention has been paid to how much older people have been affected and how much they are benefiting from the current humanitarian response, which does not target the older people specifically but assumes that they are still part of the larger family.'[5]

A 2005 report by Physicians for Human Rights (PHR) drew attention to the demographic depletion of households as a result of the Darfur conflict. In interviews carried out with 558 households in three villages, PHR found the average household size before conflict-related attacks began was 12.1 persons, while after attacks an average of only 6.7 people remained in each household.[6]

'During the first six months of displacement families and neighbours tried to support the most vulnerable, including older people,' explained an OCHA field officer present from the earliest phase of the humanitarian response. 'But this changes when the whole community becomes depleted.'[7]

In late 2005, HelpAge International carried out a series of rapid assessments in six IDP camps in West Darfur,[8] aiming to lay the groundwork for understanding the physical, psychological and social status of older IDPs in West Darfur. The methodology used was a house-by-house survey of vulnerable older people based upon a detailed questionnaire (see appendix 2) and direct observation by trained field officers. More than 4,000 individuals aged 55 and over were interviewed.

From the information collected in this assessment exercise, a scale of vulnerability was developed that helped the organisation to target quick impact interventions. HelpAge International carried out distributions of winter non-food item kits (including blankets, mats and socks) and water collection kits (jerry cans, buckets and basins) based on needs identified through the assessment. In addition, information on social isolation and nutritional status helped in targeting beneficiaries for supplementary feeding programmes.

5 Interviews and questionnaires conducted with West and South Darfur agencies in 2006

6 Physicians for Human Rights, *Darfur: Assault on Survival: A Call for Security, Justice and Restitution,* 2006

7 Interview with OCHA field officer, Geneina, West Darfur, 7 May 2006

8 Assessments were carried out in Mornei (August 2005), Kerenek (September 2005), Krinding I (October 2005), Riyadh (October 2005), Abuzar (November 2005), Madina Hujaj (November 2005)

'Vulnerability' here is used to refer to a combination of social, economic, physical and psychological criteria. The following table highlights some of the key criteria and data resulting from the assessment exercise:

Assessment category	**Socially isolated**	**Living with dependants**	**Limited mobility**	**Total immobility**	**Lacking WFP card**
Percentage of older people	**31**	**30**	**61**	**7**	**12**

'In the village I was everything. Here I am not important. I am dead.'

75-year-old man

Socially isolated

The results reveal that a third of the older people in these camps can be considered as 'socially isolated.' This includes those who may receive limited support from extended family or neighbours (i.e. cooked food that is delivered in the evening or assistance collecting water), but spend the majority of their time alone and express a sense of neglect.

As long as an older person is linked to his or her immediate relations – children or grandchildren – the resources of the household will be shared. But if the head of the household has a more distant link with the older person, it is more likely that humanitarian assistance, such as food will not be shared equally. Like children, older people may also be used to make a household seem larger during the registration process, only to see a very limited share of the aid when it is provided.[9]

Not only have older people been separated from their families, but their role as providers, leaders and councillors to multiple generations has been fragmented. They feel stripped of their dignity and authority because they have lost the economic means to support their families. At the same time, their place as advisors to the young and arbitrators during conflict has evaporated in the face of a war that, for many older people, feels beyond their sphere of influence. Despondence breeds self-isolation, further compounding their vulnerability.

An 'invisible' population

One explanation for the very limited focus on older people in Darfur was their lack of visibility during the early population movements and displacement after the fighting escalated in 2003. Younger generations were the first to abandon their villages and move to IDP camps, but older people often initially refused to leave their ancestral homes.[10] They believed that the displacement would be short-lived, and leaving the villages would only allow nomadic groups to occupy the land, destroying any hope of return. In interviews carried out by UN field officers following fighting and displacement both in 1998 and 2003, older people often expressed a sense of resignation to whatever fate would come to them on their own land: 'This is my land. I will not leave it. I will die on it.'[11]

There is no available data on the demographics of the IDP camps during the initial displacement, but a study carried out by the INGO INTERSOS and UNHCR has confirmed the tendency of older people to remain in their original villages long after the conflict began. INTERSOS field staff monitored more than 500 settlements between August 2005 and April 2006, noting that older people and other individuals identified as vulnerable were often the only people remaining, due either to lack of mobility or lack of will to leave.[12]

9 Interview with OCHA field officer, Geneina, West Darfur, 7 May 2006

10 Interview with UNICEF field officer, Geneina, West Darfur, 3 May 2006; interview with OCHA field officer, Geneina

11 Quotation from field work shared during interview with OCHA field officer, Geneina

12 INTERSOS-UNHCR, *Monitoring of Returns in Southern West Darfur,* August 2005-April 2006, pp. 27, 30, 46, 49, 58, 59

Gina Bramucci/HelpAge International

As the conflict grew more entrenched in Darfur and hopes of immediate return grew dim, those who had stayed behind in the villages and were physically able, gradually began moving to IDP camps. Theirs was not a mass movement, however. They trickled into the camps little noticed and were sometimes unable to relocate their families. The International Committee of the Red Cross (ICRC) handles family tracing and reunification, traditionally for separated children and their parents, in most conflict and post-conflict situations. This service was extended to older people due to the recognition of their increased vulnerability when isolated from their families. The tracing process is long and difficult however, and so far only a small number of older people have accessed these services.

All these factors contributed to a process whereby older people became an 'invisible population' of Darfur, one whose vulnerabilities were not always evident and therefore failed to ignite a sense of urgency or appeal for humanitarian actors.

Protecting women and children

The emergency response in Darfur emphasised the importance of protection, particularly for specific vulnerable groups, due to the extremely violent nature of the conflict, as well as the current focus on protection in humanitarian operations worldwide. Much of this effort was concentrated on women and children,[13] and Darfur has a large presence of agencies that are driven by clear organisational mandates to focus on these groups. The high priority was in part due to the inordinate numbers of women who are direct targets of physical and sexual violence, and the numbers of children who are witnesses to violence or have been orphaned by the war. The tremendous pressure of need on these fronts, along with the exigency of maintaining basic services such as health care, food delivery and access to water, left little room for addressing the needs of other parts of society made vulnerable by conflict.

13 Questionnaires conducted with West and South Darfur agencies in 2006

The humanitarian community has managed to create networks of support and referral through 'women's centres' and 'child-friendly spaces', an effort that is to the credit of specialist agencies such as Save the Children and Terre des Hommes. UN agencies including UNHCR, OCHA and UNICEF also helped to drive coordination forums toward a stronger focus on the vulnerability of women and children in Darfur.

Nonetheless, after more than three years of conflict and displacement, the protection environment for women and children has seen only slight improvements in West Darfur. The presence and impunity of multiple armed groups is a constant threat, both inside the camps and beyond the camp borders. Even the protective measure of firewood collection patrols, which was implemented with some success in North and South Darfur, has functioned only minimally in West Darfur due to lack of capacity in the African Union (AU) monitoring force.

Older people – 'a common gap'

This focus on the basic needs and rights of women and children has meant that less visible groups, such as older people have rarely, if ever, been a direct target for humanitarian agencies responding to the emergency. All international NGOs that responded to questionnaires distributed by HelpAge International in 2006 said that their organisations have not yet directly targeted older people with any programming in Darfur. 'I think this is a common gap. I have never witnessed a humanitarian activity specifically targeted at the needs of older people', said one respondent from an international organisation working with IDPs and refugees.

As one foreign aid worker explained, '[Older people] just don't seem to grab the attention of the cameras and public sympathy like a starving child or a struggling mother. Of the vulnerable, they seem to be triaged last.'[14]

Arguably older women have benefited to some degree from the emphasis on protecting women and responding to their needs. Men (young and old), on the other hand, do not have any access to specialised services. While the activities of these agencies can indirectly benefit the wider family group, the nature of the displacement in Darfur and the scattering of families often inhibit access for older family members.

Other agencies with a more generalist approach provide services such as water, sanitation and health care to the entire camp population, relying on the assumption that beneficiaries will seek out services. This approach fails to take account of the limits on older people's mobility, the absence of familial support, infirmity and lack of access to information. While some generalist agencies in Darfur did at one time put in place plans to address the needs of older people more directly, the deteriorating security situation and budget cuts from some donors in 2006 forced a reallocation of priorities.[15]

Humanitarian agencies may also take for granted that programmes which use family or household targeting methods reach all possible categories of beneficiary, but the separation of nuclear family units, the prolonged nature of the displacement and the struggle for even limited access to livelihoods have often undermined the sense of family and community cohesion.

14 Interviews and questionnaires conducted with West and South Darfur agencies in 2006. 'The underlying principle of triage is allocating limited resources in a manner that provides the greatest health benefit to the greatest number.' Sphere Handbook, 2004 p.287

15 Interviews and questionnaires conducted with West and South Darfur agencies in 2006

Niemat Ali, an older woman, has lived in a West Darfur IDP camp with her husband for the past three years. While out collecting firewood on the camp perimeter in 2006, Niemat and a group of other women were attacked by armed men. One of the men took her axe and used it to beat her, breaking her arm. A HelpAge International volunteer took Niemat to the NGO health clinic in her IDP camp, and she was referred to the regional hospital, 40 kilometres away in El Geneina.
In the hospital, no one explained the planned medical procedures to her. She was afraid, refused treatment and was discharged. HelpAge International staff found her again later, alone in an IDP camp near El Geneina, her arm extremely swollen and painful. They sat with her to explain the procedure she would undergo to treat her arm, and when she was ready accompanied her back to the hospital. Doctors set her arm and cleared up the infection, and Niemat prepared to return to her husband.

Addressing older people's needs

Access to health services

HelpAge International assessments repeatedly showed that a majority of older people in Darfur were not accessing health services despite the presence of INGO clinics in all of the camps surveyed. In addition, 12 per cent of older people reported that they lacked a WFP ration card and were unable to take the steps necessary to register. In response, the agency made the names of all individuals lacking food ration cards available to the WFP and to Save the Children-US, WFP's implementing partner in most of the camps HelpAge International targeted. More than 60 per cent reported having difficulty collecting food, due to mobility problems. In the rapid nutrition survey carried out in May 2006, nearly 40 per cent of older people were shown to be at risk of malnutrition linked to both clinical and social factors.

These results were in keeping with assessments carried out at the onset of HelpAge International programming in Darfur from November 2004 – January 2005. This assessment looked at the health and nutrition status of older people in five camps in West Darfur and found that older people felt isolated and lonely because of food insecurity and that older people are often neglected in humanitarian food aid and health programmes. Results from that research noted: over 20 per cent of older people were not accessing World Food Programme food rations; 45 per cent of older people did not have adequate shelter; 61 per cent of older people were affected by chronic disease that needed specialised treatment or drugs; and 29 per cent were caring for orphaned children.

Improving access to health: quick impact steps

Drawing on its West Darfur assessments, as well as the key criteria the agency uses to assess vulnerability all over the world, HelpAge International identified health and nutrition as two of the most salient needs facing older people living in Darfur IDP camps, in keeping with its findings in previous emergency work.[16] To begin addressing these two areas of need, the following quick-impact steps were taken:

- A network of community health workers was established in each of the camps in which HelpAge International operates. These individuals, who receive ongoing training in various topics related to health, hygiene and older people, are responsible for referring sick older people to INGO health clinics, and later following up cases in their homes. As a result of their presence, several medical agencies have allotted specific hours during which older people are given priority for consultations and treatment.
- A system of donkey-cart ambulances was set up to assist in all medical referrals of older people.
- Through a partnership with WFP, HelpAge International was able to begin distributing supplementary food baskets to older people at risk of malnutrition or caring for several dependants.
- In one camp, a 'social nutrition centre' was piloted, providing freshly cooked meals to vulnerable older people three times per week.

After the first few months' experience of implementing these activities, HelpAge International could point to areas of significant impact on older people. They expressed a greater willingness to access health services and there was often a marked improvement in overall wellbeing as a result of medical attention or

16 Wells, p.11

nutrition support. At the same time, older people exposed to the 'social nutrition centre' as beneficiaries or volunteers expressed a greater sense of community and belonging.

As a result of such impacts, other agencies began to recognise ways in which the services they provide to the general population – primarily related to health and provision of food – could be better tailored to meet the specific needs of older people.

Five key medical agencies in West Darfur (Medair, Medicins Sans Frontier (MSF), International Medical Corps (IMC), Comite d'Aide Mdicale (CAM) and Save the Children-US (SCUS)) are cooperating with HelpAge International field staff and community health workers in IDP camps by designating certain hours or days of the week as priority referral times for older people. This simple move cuts the long waiting times at health clinics, one of the major barriers older people identified when explaining their lack of access to services. The following table gives an overview of each camp and how medical agencies have set aside specific times for older people:

Camp*	Health centre	Clinics for older people	
Mornei	MSF	Five days a week	3pm – 5pm
	SCUS	Sunday & Wednesday	9am – 12pm
Kerenek	SCUS	Sunday & Wednesday	9am – 12pm
	SCUS	Sunday & Wednesday	9am – 12pm
Sisi	Medair	Sunday & Wednesday	9am – 12pm
Ardamatta	Medair	Monday & Thursday	9am – 12pm
Riyadh	IMC	Monday & Thursday	9am – 12pm
	CAM	Monday & Thursday	9am – 12pm

Gina Bramucci/HelpAge International

***Note:** In four other IDP camps near or within El Geneina town – Krinding I, Krinding II, Madina Hujaj and Abuzar – several agencies have committed to giving daily priority to older people. These agencies are: MSF-France, Save the Children-US, Islamic Relief Worldwide, IMC and the African Islamic Relief Agency.

At the same time, WFP requested that HelpAge International increase the number of supplementary food baskets it provides to vulnerable older people and their dependants each month. The programme, which is based on house-by-house identification of need and delivery, has helped fill a gap that is inevitable when a food agency is providing for hundreds of thousands of people in one region.

These straightforward programmes and partnerships with other humanitarian actors have helped begin to address some of the clinical risk factors facing older people. The greater challenge, which grows increasingly evident as the conflict in Darfur is prolonged, is to address the social risk factors and isolation in the IDP camps.

Tackling social isolation and depression

Social isolation, it can be argued, is the principal risk factor for older people living in this context of prolonged displacement. Not only does it have an obvious effect on the overall health, hygiene and nutritional status of older people, but also on their mental and emotional wellbeing.

Separated from their immediate families as well as their original village communities, older people often do not receive adequate care. The stress of life in the camps wears down the entire community, forcing many IDPs to think first and foremost about their own needs and those of their children and their immediate relatives. This approach, which would be uncommon in a peaceful setting where resources are sufficient, severely lessens the likelihood that older people detached from their families will receive care and support from neighbours.

This situation contrasts with the picture in war-affected communities not living in the IDP camps. During visits to nomadic communities now living in 'village-like' settings in certain areas of West Darfur, HelpAge International visited older people who were relatively well taken care of and provided for, despite being separated from their families. With the original community largely intact and living in the same location, traditional support networks are still in place for society's most vulnerable members.

During a series of interviews in IDP camps carried out by HelpAge International in 2006, nearly 50 per cent of older people interviewed said they receive only limited support from the IDP camp community; more than 40 per cent said they receive no support at all.[17]

Despite the large numbers of people that moved to camps in 2003, IDPs do not express any sense of a cohesive, supportive community. While this is partly explained by the wide scattering of villages and families in various camps, it has multiple causes. Older people interviewed by HelpAge International field officers in 2006 named fear of attack in gathering places, fear of the presence of informants or 'spies,' and a lack of familiarity with the surrounding community (versus the sense of shared history in the village), as the most common reasons for their sense of isolation and lack of social interaction. The following table offers an overview of how respondents perceived social gatherings in the IDP camp setting:

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Type of social gathering	Percentage	Overview
Regular and relatively 'normal'	18.3	18.3 per cent of older people experience regular social interaction in the IDP camps
Limited – primarily neighbours in immediate vicinity	20	80 per cent of older people experience limited social interaction, most frequently only as a result of security threats or conflict-related incidents
Only to share conflict or incident-related information	41.7	
None	18.3	

As one OCHA field officer explained: 'Isolation is not just at the household level. Older people don't have other facilities to bring them together. In the village community the elders normally have a place – a tree or one person's home where they go in the morning and in the evening to chat. With the IDPs I haven't seen such a thing.'[18]

Older women and men suffer equally from isolation and the sense of hopelessness that has come with conflict and loss. It could be argued that older men have suffered to a greater extent from the loss of position in their communities. Women traditionally create 'community' in the immediate vicinity of their homes, and to a small extent this 'community' can be recreated in the camps, as women sit outside weaving or chat while waiting in line for water. Older men, on the

17 Interviews carried out by HelpAge International field officers in six West Darfur IDP camps, March-June 2006

18 Interview with OCHA field officer, Geneina, West Darfur, 7 May 2006

other hand, have often lost the traditional structures that help them to build community – their sons, their well-known mosque, their livestock trade.

Tackling social isolation: quick impact steps

While most of HelpAge International's programmes in West Darfur are designed to address the tangible, immediate needs of older people (i.e. supplementary food baskets, medical referral and non-food item distributions), these programmes have, wherever possible, been built around this notion of a sense of 'place' for social engagement. The programme elements described below helped address a specific need, while at the same time creating a space and an 'excuse' to gather and interact socially:

- **Social nutrition centre:** In a pilot programme in Krinding IDP Camp, on the edge of El Geneina Town, older people were selected on the basis of both nutritional needs and social isolation. They were transported to a group centre three times a week to share a freshly cooked meal. They spent several hours in the centre, eating meals high in the protein and vitamins that they miss in the regular camp diet, chatting, telling stories and interacting with camp-based volunteers and staff.

  While the logistical aspects of the hot meal programme proved unsustainable in the long run, the local community does not want to lose the social impact of the centre. In order to maintain this space for vulnerable older people, and to replicate it more easily in other locations, HelpAge International will convert the kitchen into a community-run tea canteen that serves hot tea and high-nutrition snacks to older people with social and/or clinical risk factors.

- **'Social livelihoods' and activity centres:** These centres (one in Riyadh IDP camp and five in the much larger Mornei camp) are once again based on the idea of a space for older people to gather together, share news and stories, and rebuild the sense of community that is often missing in the camps.

  Older women and men are provided with local materials for traditional handicrafts, such as woven pot covers and baskets, local rope and *markob*, the shoes traditionally worn in the area. The products are sold and provide a small income, but the women and men participating in these activity centres as volunteers and beneficiaries consider the social interaction that takes place to be one of the most important benefits.

  In recent monitoring and evaluation exercises, HelpAge International has discovered that the community groups developed through this activity have carried on beyond the centres. Many of the women and men now meet in the evenings or on Fridays (the day of prayer), and visit each other in their homes.

Old and young: bridging the generational divide

Older people have traditionally been highly esteemed by the wider society in Darfur, including young people, playing the role of peacemakers between individuals and villages. They were sought out for advice and counsel and were also responsible for teaching young children about the Quran, about history and about traditions.[19] These roles are no longer as dominant in the displaced setting, leaving a growing gap between the older and younger generations. A field officer from UNICEF shared his view of some of the roots of this divide:

'The grandmother was once a very powerful cultural institution in Darfur. She was the story-teller, and children would sit with her each evening after the family meal

Mukhtar is an older man who had plenty of land to farm and to raise livestock when he lived in the village with his wife, his seven daughters and their families. But when conflict escalated in West Darfur in 2003, his livestock was stolen and he was forced to abandon his home. He now lives with his wife and three orphaned grandchildren in an IDP camp, where they have no access to land for cultivation. Mukhtar has no source of income to provide for his grandchildren, so the family depends entirely on assistance from agencies like WFP. Mukhtar remembers a time when the community would have supported his family after the death. But now in the camp, each person has to struggle to meet the needs of his or her family. There is little time or energy for helping neighbours, he says. Mukhtar often thinks about returning to his village to live the end of his life in the same place as his birth, but this doesn't seem possible anymore. 'The peace will take a very long time to come,' he says.

19 Interviews with UNICEF, OCHA, UNHCR and HelpAge International field officers who come from a Darfurian background, April-May 2006

'Here in the camp I have not seen any respect from the youth toward old people. This is because of the changing of many things – community and culture and thoughts... Instead the youth laugh at us because they think the old person is not useful for the community.'

64-year-old man

to hear stories about family history and some local fables. Now the children go to the 'child-friendly spaces', so they don't go sit with the grandmother anymore.

'Also, in the villages there were so many family members around, it was easy to send a child to spend time with the grandparent. In the camp the families are small and parents need the children nearby to do household tasks.'[20]

Agencies with protection mandates for children have put significant energy and emphasis on the creation of 'child-friendly spaces', sometimes with the involvement of UNICEF, as a child protection initiative. But only nominal progress has been made toward involving older generations in the children's centres. For the most part, older people express a sense of alienation from youth and fear about their future interactions with a generation that is not raised with the same sense of tradition, culture and respect for elders.

Some significant interaction does still take place between children and grandparents. About 30 per cent of older people report that they are responsible for young dependants and although this may prove to be a financial burden, the children can also act as carers for the older person. However, the relationship between adolescents and older people can become particularly problematic.

In interviews collected by HelpAge International field officers in 2006, there is a patent sense of sadness and, at times, shame when older people are confronted by younger generations that would have once looked to them for help and guidance. As one older man explained, 'I have no role to play for the youth, because all night I'm just thinking about what we lost and what situation we faced.' Another asked, 'If I had a role in the community, who would listen to me now?'

As the conflict in Darfur continues, HelpAge International and some youth-focused agencies in West Darfur are starting to place greater emphasis on the need to counteract the deterioration of the relationship between the young and older people. Working across the generations might help to create some cohesion in what has become an extremely fragmented society. As the security situation in Darfur has deteriorated steadily since September 2005, UN security officers noted that incidents of banditry and carjacking targeting INGOs were increasingly being carried out by armed youth. Adolescents, another neglected demographic group in West Darfur, may feel that they have no productive outlet and, as a result, nothing to lose by seeking material gain through violence. Where age and experience once garnered respect and allowed older people to play a guiding role, the fading connection between young and old could have a an unexpectedly detrimental impact on society.

Bridging the generational divide: quick impact steps

Although the thinking about ways to reinforce these links is only in its inception, HelpAge International is starting to build into its programmes support for interactive spaces for young children and older people, as well as components in which adolescents will work with, and at times on behalf of, older people. Ideas discussed in bilateral and multilateral forums in West Darfur include:

- Inclusion of older people as storytellers and 'animators' in the child-friendly spaces operated by key child-focused agencies such as Save the Children and Terre des Hommes.
- Involvement of adolescents in the social activity centres initiated by HelpAge International, providing young people with a place for social interaction and exchange with their elders, while providing some basic income generation.

20 Interview with UNICEF field officer, Geneina, West Darfur, 3 May 2006

- Engagement and inclusion of older people in women's centres operated by other agencies, particularly in camps in which HelpAge International is not currently working.
- Livelihood activities, such as cooperative gardens and livestock regeneration, based on young and older people cooperating to carry out the work and sharing the benefit from it.

The success of such activities will require the active involvement of child- and youth-focused agencies, including UNICEF, and the support of key donors. Social programming is not a first-wave priority in an emergency. It takes time to establish the fundamentals of humanitarian response, to achieve and maintain basic Sphere standards. But as conflict and mass displacement are prolonged, humanitarian agencies can also play a role in mitigating some of the longer-term social impacts on the people and communities of Darfur.

Older people and the prospect of return

Gina Bramucci/HelpAge International

While older people in Darfur are extremely nostalgic about the past, many do not believe that they will see a return to peace in their region. About 28 per cent of older people interviewed by HelpAge International in 2006 said they were still hopeful that they would see a return to peace in Darfur in their lifetimes; others said they thought peace could only come with an expanded presence of international forces or the full disarmament of the janjaweed militia. Slightly more than 50 per cent of older people said they did not believe there would be peace in Darfur during their own lifetime.[21]

According to the Darfurian staff of UN agencies and INGOs as well as older people themselves, the gravity and entrenched nature of the current conflict in Darfur has also weakened the ability of older people to act in their traditional 'peacekeeping' role. The older people who once sat together to resolve conflicts within the community or, when necessary, between neighbouring communities, do not see any potential role for themselves in helping to bring about peace in Darfur or even in solving conflict within their camp communities.

Despite this overwhelmingly negative outlook, older people in Darfur continue to reminisce about the past and talk about the hope of an eventual return to their villages. Almost all of those interviewed expressed a desire to return home, to cultivate their own land and to live self-sufficiently again. They also recognise, however, that the real prospect of return is uncertain.

Older people caring for children, or those who have found new opportunities to generate income in their new environment, acknowledge that a large-scale return to the villages is no longer a tenable or even entirely desirable option. As one older man shared during an interview in 2006, 'I want to stay in town where I see many different things like relief, medicine and education. These are not available in the villages.'

The villages as older people remember them have been destroyed; and in those IDP camps that have grown into trading centres or towns, a large number of young people are likely to remain in the hope of employment. Older people cannot resettle and rebuild without the support of the younger members of the community.

As the contours of society in Darfur shift with both conflict and development, the opportunities shrink for older people to return to a traditional way of life.

21 Interviews carried out by HelpAge International field officers in six West Darfur IDP camps, March-June, 2006

Recommendations for best practice

After more than three years of violent conflict in Darfur, there is a growing acknowledgement among INGOs and UN agencies that the large-scale humanitarian response has neglected some of the weakest members of the war-affected society.

Some limitations on humanitarian actors can be explained by the continued insecurity and lack of safe access; but this does not explain the failure to begin addressing the needs of groups such as the old, the physically disabled and the mentally ill. These groups still risk being left by the wayside as agencies maintain an acute emergency response.

Sporadic violence and sustained displacement inevitably mean that humanitarian agencies still face issues typical of an initial emergency – for example, the need to deal with the war-wounded and provide massive non-food and food relief,

Gina Bramucci/HelpAge International

and the risk of outbreaks of cholera or other diseases. On the other hand, there is little prospect for change in the near future and IDP settlements are growing more 'permanent', and yet humanitarian actors for the most part still lack a longer-term perspective.

Today's conflict-related emergencies, with a few exceptions, have proven more geopolitically complex and, as a result, longer-lasting and more entrenched than expected. Southern Sudan, northern Uganda and eastern Democratic Republic of Congo offer just three examples in this region. The lessons learned through the still-unfolding humanitarian response in West Darfur are also applicable in these contexts, where humanitarian actors must choose to either continue applying temporary 'sticking plasters', or to recognise the demand for a changed paradigm.

Relief delivery – ensure that services reach the most vulnerable rather than the most visible and that they meet chronic needs

The health sector in Darfur perhaps best exemplifies the challenges facing the humanitarian community in prolonged, complex crisis response. Many medical agencies that quickly established clinics to address the myriad health needs of a conflict-affected population in 2003 and 2004, now find themselves in a problematic position as the emergency stretches into another year. Health care needs have already broadened to include not only typical emergency-related problems, but also chronic health care issues. This is particularly true in the case of older people, who are intrinsically more vulnerable due to age, physical weakness and susceptibility to disease. To begin addressing the needs of such groups requires a longer-term commitment and a much more sophisticated targeting of the most vulnerable.

In the experience of HelpAge International, this has meant building a network of community-based staff and volunteers capable of following individual cases and, wherever possible, providing home-based care. Their involvement extends from each step of medical referral, to assessing the needs of each person – including nutritional, non-food and psychosocial needs – to bringing comprehensive services to the beneficiary.

There is also an opportunity to address chronic problems affecting the most vulnerable through services such as mobile eye clinics, physiotherapy services and mobility aids. While such interventions cannot be considered life-saving critical responses, they are life-changing and can have an immeasurable impact on the beneficiaries' ability to access assistance and cater for their own needs independently.

During the follow-up of HelpAge International's first mobile eye clinic in West Darfur, which reached nearly 2,000 people with surgical interventions or medicines, patients that had benefited from sight-restoring operations expressed a renewed sense of self-reliance and pride. Fetching water, collecting firewood, preparing food and cultivating a garden were among basic daily activities that were once again possible for older people who had received treatment for cataracts, glaucoma or trachoma. Some older carers said that they were able to send their children to school for the first time, since the grandparent or guardian was no longer dependent on a child to help them.

Kaltouma, lives with her family in one of West Darfur's largest IDP camps. Kaltouma's dementia leads her to believe that her old world still exists. She doesn't know that her village has been burned, her goats stolen and her crops destroyed. In order to protect her, and keep her from disappearing, her family kept her chained up in a hut all day.

It was in this situation that a HelpAge International extension worker found her, alone, pulling at the chain around her ankle and crying for a key. The family had left her a plate of food but she refused to eat it until she was set free. HelpAge International staff and volunteers visited the family and talked to them about understanding dementia and suggested making a plan to care for Kaltouma. Finally the padlock was opened and the chain discarded. With her grandchildren around her, Kaltouma now passes on to them the world she remembers from her own childhood.

Integration versus alienation – develop a cross-generational approach

In this fourth year of violence and displacement, arguably one of the greatest dangers facing Darfur is the lack of a sense of belonging to a cohesive society. Social programming that focuses on younger children and women has addressed important needs, but has rarely been extended to other groups.

The sense of estrangement among older people has similarly damaging effects on society in the long term. Communities were scattered during the initial displacement, and older people, who cling to tradition and sense of the past, were often at a loss to rebuild links in the new IDP settings. Isolation is now typical for around 30 per cent of war-affected older people, once the most respected group in the community, but now sidelined by most social programming and invisible to the majority of humanitarian actors. The sense of hopelessness and abandonment they express affects not only their emotional health but also has a very real impact on physical wellbeing. Whether or not these issues are addressed with a sense of urgency will have long-lasting implications for the eventual ability to rebuild a healthy society.

Based on its assessments and discussions with older people in West Darfur, HelpAge International believes that if a larger number of agencies adopted a cross-generational approach, this could help mitigate some of the longer-term impacts of conflict and societal upheaval. For agencies mandated to address the needs of specific groups, such as children, women and older people, this means adopting a more inclusive approach to programming. It can also mean building stronger programming links between various humanitarian actors.

The absence of a cross-generational approach remains one of the most noticeable gaps in the relief effort in West Darfur. HelpAge International's initial efforts to involve other agencies in programming that seeks to bridge this gap did not have significant resonance in a humanitarian space of conflicting priorities, static mandates and limited funding. However, its recent initiative to work with other INGOs on specific intergenerational issues is slowly gaining credibility.

Peace-building and reconciliation – start early, involve older people

A tangible and lasting peace in the Darfur region is a very distant prospect. Clashes between various armed parties to the conflict continue; armed men carry out attacks with impunity in and around IDP camps, terrorising an already frightened population; and tension in displaced communities poses a growing threat to outside actors and the nearly two million IDPs still living in camps.[22] It therefore seems too early to speak of peace, reconciliation and resettlement.

Nonetheless, early support for community coping mechanisms and conflict resolution processes could bolster the eventual peace-building role of community members. Thus far, efforts toward peace-building at the grassroots level in West Darfur have been extremely limited. The potential contribution of older people, who would typically guide community discussions and actions, has been largely ignored, and their role has been undermined by the loss of status they have suffered in the social upheavals since the conflict began.

22 IRIN, *Darfur insecurity much worse than last year*, IRIN, (10 August 2006)

Understanding conflict resolution processes, identifying strategies to involve communities, and supporting the important role older people can play are steps that humanitarian actors should undertake as soon as possible if potentially violent tensions are to be healed.

Looking to the future

As the continuing conflict demands a longer-than-expected stay in Darfur, INGOs and UN agencies face a choice either to maintain the status quo, or to use their ongoing presence to benefit communities in the long term. This implies an alternative understanding of 'being there'. Humanitarian agencies are not only important witnesses and providers of immediate relief, but can also be advocates for more durable social cohesion.

Addressing older people's needs is often seen by humanitarian agencies as a breach of a specific mandate, while generalist emergency-response agencies are sometimes not able or willing to respond to the chronic non-emergency needs of this demographic group. This model – prioritising actions so that the highest level of life-saving aid reaches the largest possible section of the disaster-affected population – is reasonable and built on a strong rationale in the case of short-term emergencies. However, 'chronic emergency settings' require a much broader interpretation of the targeting process, when those who are most easily reached or identified are not always those most in need.

In West Darfur, as well as in the wider Darfur region, agencies face the dilemma of providing relief in difficult political and economic contexts. The humanitarian community must navigate the risks of being manipulated for aid or for the political goals of various actors, while maintaining a presence that is widely recognised as fundamental to the protection of conflict-affected communities.

Failing to reach some specifically vulnerable groups can deliver a clear, albeit unintended message to communities that efforts to support the weakest members of society need not be a priority.

In its experience in West Darfur, HelpAge International has been able to extend its programmes to reach the 'invisible' older people and to seek to reaffirm their value within their communities. A critical outcome has been that communities themselves have grown gradually more ready to offer support and to identify with the organisation's goals. At the same time, by lobbying agencies with specific technical mandates, HelpAge International is trying to represent and give a voice to older people, to ensure that they have the physical and social means to survive the emergency with dignity.

HelpAge International's specific mandate to support and protect older people has greater significance as part of a comprehensive cross-generational approach that helps to rebuild the capacity of communities affected by protracted conflict and violence, so that they can flourish effectively beyond the period of the crisis.

Gina Bramucci/HelpAge International

'We hear people talk about peace, but how? The situation is just continuing. If the peace does come in Darfur, I'll go back to my home, because I can't forget my home and lands.'

75-year-old man

Appendices

The following appendices are included to help facilitate greater inclusion of older people by humanitarian agencies. The specific forms and checklists (appendices 1-6) can be used or adapted in order to better understand the most prevalent needs of older people in a given context and to later inform programme development.

Appendix 1. Rapid vulnerability assessment form
This is best used as an initial, rapid assessment of older people in an emergency situation. If some community leadership structure is present, those leaders can be helpful in targeting the most vulnerable older people in the assessment. However, a house-by-house approach is the best means of ensuring that none are overlooked or, as can occur in politically charged environments, purposefully ignored by leadership. The end data can be used to create lists of older people with traits that create specific vulnerabilities, such as people who are blind, immobile or under-nourished, to be used for programme inclusion, follow-up or referral. Finally, the raw data can help build an overall understanding of affected communities through insight into how many older people are caring for children, how many are accessing relief services and so on.

Appendix 2. Health checklist for older people living in IDP camps
This is a simple checklist used by community health workers during their regular visits to older people receiving or in need of medical attention. Each beneficiary is assigned a number code, and relevant boxes are ticked in order to monitor their specific health and nutrition concerns. Action is then taken depending on needs; for example, referral to a health clinic or specialised health programme (as in the case of TB), inclusion in a supplementary feeding programme, or the establishment of a schedule for regular social visits to gauge emotional health.

Appendices 3 and 4. Health monitoring form and Nutrition monitoring form
These are used to monitor the progress of beneficiaries during and after inclusion in supplementary feeding programmes. Each beneficiary is assigned a number code, and a follow-up is carried out at decided intervals during and/or after the programme (i.e. after one month, after three months, after six months). This not only helps measure the impact of the programme, but is also a means of maintaining consistent contact with beneficiaries in case of new concerns.

Appendix 5. Disability form (first home visit interview)
This is a very simple, rapid assessment form used in the initial phase of responding to disability. Older people living with disabilities are interviewed in their homes, allowing field staff with more specialised training or a physiotherapist to assess whether a mobility aid is appropriate. Those selected to receive mobility aids must later be measured by trained staff.

Appendix 6. Extremely vulnerable individual case card for housebound and cases for regular follow-up
This is used in the case of what can be referred to as the 'first-line' vulnerable, that population of older people with a combination of factors, most often including social isolation and/or housebound status, that necessitates a regular schedule of follow-up. This is designed for use by field officers with some background or training in the psychosocial needs of a person. Visits, carried out on either a bi-monthly, weekly or daily basis, are often purely 'social' in nature, in an effort to help build the older person's sense of community and psychosocial wellbeing. The second phase in this effort is to work with family, neighbours and the surrounding community so that such visits are not carried out by field officers alone, but are viewed as valuable and taken on by the wider community.

Appendix 1

Rapid vulnerability assessment form

Field				
Sheikh				
1. Name				
2. Tribe				
3. Age				
4. Gender	Female	Male		
5. Civil status	Married	Divorced	Widowed	Single
6. Dependants	Yes	No	Number of children	
7. Social inclusion	Family	Neighbours	Isolated	
8. Income	Medium/high	Low	None	
9. Housing	Shared shelter	Shared compound	Alone	
10. NFIs	Cooking items	Water storage	Blankets	Mosquito nets
	Sleeping mats	Plastic sheeting	Clothing	
Comments				
11. Physical health	TB	Acute diarrhoea	Vision problem	Dental problem
	GI tract infection	Skin infection	Respiratory infection	
12. Emotional health	Well	Not well		
13. Mental health	Mentally sound	Unstable	Mentally ill	
14. Physical impairments	Vision problem	Hearing problem	Mobility problem	
15. Physical mobility	Normal	Low	Immobilised	
16. Self-reliance	Fully independent	Partially dependent	Fully dependent	
17. Food sources	WFP	Garden	Market	Community
	Feeding programme			
18. WFP ration card	Yes	No		
19. Nutritional status	Normal	Low food intake	Under-nourished	
20. Access to relief aid	Full access	Partial access	None	
Comments				
Any other comments				

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Appendix 2

Health checklist for older people living in IDP camps

Patient code

Health problem	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	Total
Malaria																										
Fever																										
Diarrhoea																										
Vomitting																										
Cough																										
Eye infection																										
Joint / Bone pain																										
Dental problem																										
Stomach pain																										
Urinary tract infection																										
Oedema																										
Constipation																										
Worms																										
Acute respiratory infection																										
Indigestion																										
Malnutrition																										
Loss of appetite																										
Meals per day																										
Headaches																										
Anaemia																										
Isolated / Lonely																										
Depressed / Anxious																										
Other, specify:																										

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Appendix 3

Health follow-up monitoring form

Number	Family status				Basic health overview												
	Alone	Caretaker			Does patient visit the health centre?			Treatment preferred		Does patient take medicine?				If disabled, what kind of disability?			
		Orphans	Neighbour	Spouse	Yes	No	If no, why?	Medical	Local/ Traditional	Regularly	Hesitant	If no, why?		Mental	Physical	Sight	Hearing
												Symptoms relieved	Referred elsewhere				
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
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22																	
23																	

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Appendix 4

Nutrition monitoring form

Number	Nutritional status														Comments/ notes
	Number of meals per day				Types of food eaten										
	1	2	3	None	Assida	Tea	Milk	Meat	Vegetables	CSB	Oil	Sugar	Beans	Lentils	
1															
2															
3															
4															
5															
6															
7															
8															
9															
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23															

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Appendix 5

Disability assessment form (first home visit interview)

Date of visit		Case number	
Name			
Age		Sex	
Camp		Section/Sheikh	
Weight		Height	
Civil status		Income	

Disability type	
Background behind disability	

Do any family members suffer from similar disabilities? ☐ Yes ☐ No

If yes, what is the relationship?	

What daily tasks is he/she able to carry out?		What daily tasks is he/she not able to carry out?	
Next steps to be taken		Next home visit date	
If referred to a specialist: Results of examination		Specialist recommen-dations	

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Appendix 6

Extremely vulnerable individual case card for housebound and cases for regular follow-up

Date		Case number	
Camp		Section	
Name			
Sex		Age	
Tribe		Sheikh	

Living
- ☐ Alone
- ☐ With husband/wife
- ☐ Number of dependants
- ☐ With neighbour

Case identified through
- ☐ Nutrition programme
- ☐ Medical referral
- ☐ HAI extension worker
- ☐ HAI community health worker
- ☐ INGO referral
- Other ______

Primary concerns
- ☐ Nutritional status
- ☐ Chronic disease
- ☐ Lack of vision
- ☐ Limited or no mobility
- ☐ Psychosocial
- ☐ Housebound
- ☐ Ability to care for dependants
- Other ______

For immediate response
- ☐ NFI support
- ☐ Shelter reconstruction/repair
- ☐ Medical referral to INGO clinic
- ☐ Medical referral to El Geneina Hospital
- ☐ Mobility aid
- ☐ Supplementary feeding programme
- ☐ Inclusion in social activity centre

Follow-up plan

HAI staff responsible		Community health worker/ extension worker responsible	

Home visit schedule
- ☐ Daily until ______
- ☐ Once per week
- ☐ Twice per week

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Resource List

Visit HelpAge International's website

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.

Older people and humanitarian emergencies

Older people in Aceh, Indonesia 18 months after the tsunami: Issues and recommendations
HelpAge International, 2006

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.

'Protecting and assisting older people in emergencies' HPN Network Paper 53
Jo Wells, Overseas Development Institute, December 2005

This paper, written by HelpAge International's Emergency programme co-ordinator, argues that changes are required in the way essential services are delivered, and in how older people are viewed.

The impact of the Indian Ocean tsunami on older people: Issues and recommendations
HelpAge International, 2005

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,* HelpAge International**

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

Ageways

Ageways 66, (2005) looks at why older people's specific needs and capacities are overlooked, and suggests practical ways to ensure their inclusion.

***Older people in disasters and humanitarian crisis: Guidelines for best practice,* HelpAge International, 2000**

HelpAge International collaborated with the United Nations and European Community Humanitarian Office to publish guidelines 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.

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.

www.sphereproject.org

Situation in Darfur

Feinstein International Famine Centre, *Livelihoods Under Siege,* June 2005

Human Rights Watch, *'If We Return, We Will Be Killed:' Consolidation of Ethnic Cleansing in Darfur, Sudan*
November 2004

International Crisis Group, *Darfur: The Failure to Protect,* March 2005

Physicians for Human Rights, *Darfur: Assault on Survival: A Call for Security, Justice and Restitution,* 2006

***Report of the International Commission of Inquiry on Darfur to the United Nations Secretary-General, Pursuant to Security Council Resolution 1564 of 18 September 2004,* January 2005**

Kate Holt/HelpAge International

‘I am the Sheikh (community leader) of our old village – there are 88 households from the village who are all living near me in the camp here at Krinding. It is important that we stay near to each other as a community so that we can support each other and talk about problems with each other.’

Rebuilding lives in longer-term emergencies
Older people’s experience in Darfur

Rebuilding lives in longer-term emergencies draws on field research to highlight the situation of older people who have been displaced in West Darfur as a result of the conflict which began in 2003. HelpAge International aims to inform aid workers and others concerned with the ongoing crisis in Darfur of the gaps in emergency response that have left many older displaced people isolated and without access to basic services or opportunities to utilise their skills.

The effects of prolonged displacement create problems in health care, nutrition, and social interaction that require programmes which go beyond immediate basic needs. The findings of HelpAge International show the importance of developing longer-term responses across the generational divide which will contribute to rebuilding communities in Darfur. The report draws on the experience in Darfur for examples of best practice that can be applied more generally in prolonged humanitarian crises.

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