

# New guidelines aim to support older people in emergencies

**H**umanitarian disasters, whether caused by floods, conflict or earthquakes, put older people in special danger. They cannot always move as fast or as far as younger people and often lose out in competition for food, water and shelter. But their needs and views are given low priority compared with other vulnerable groups, according to research by HelpAge International. Humanitarian organisations frequently lack the expertise and capacity to address their particular needs. The result is often discrimination and unnecessary hardship.

There is a common misconception that in developing countries, relatively few people live to beyond 60 years of age. This is no longer true. The number of older people in developing countries will more than double over the next quarter century, reaching 850 million by 2025—12 per cent of the population<sup>1</sup>. By 2020, seven of the ten nations with the largest populations of older people will be developing countries: China with 231 million, India 145 million, Brazil 30 million, Indonesia 29 million, Pakistan 18 million, Mexico 15 million and Bangladesh 14 million.

These figures indicate how important consideration of older people's needs will become—in emergencies as well as in development work. Today, in major emergencies children are usually highlighted as the key victims, and saving their lives is the main priority. But older people have a right to care and protection along with other vulnerable groups when disaster strikes, HelpAge International argues.

1999 was the last year of the International Decade for Natural Disaster Reduction, and it was also the UN International Year of Older People. During 1999, HelpAge International was commissioned by the European Community Humanitarian Office (ECHO) and UNHCR to conduct a study of older people in major emergencies. The result was the publi-

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cation in April 2000 of a set of guidelines that aim to assist humanitarian agencies working with older people in disasters and humanitarian crises. They suggest practical ways to meet older people's needs and to recognise their potential in emergency situations.

## Research on older people in emergencies

The research that formed the basis for the guidelines documented HelpAge International's existing knowledge and experience from its involvement in emergency responses and explored the links between humanitarian organisations and older people in emergencies. Most importantly, it recorded the experience of older people in emergency situations, using participatory methods including group work, workshops, semi-structured interviews, story telling, case studies and ranking exercises. The researchers sought to cross-check points with key actors in civil society (officials, community and religious leaders, and other age groups including young people) and both inter-

national and local relief and development agencies.

The research examined relief work during crises and also during the subsequent phases of rehabilitation and recovery, with three main components:

- a review of HelpAge International's experience, using an internal workshop and literature review to formalise its institutional knowledge gathered over 15 years of working with and for older people in development projects and emergencies. The documentation covered 21 different emergency settings (initial assessments, rapid appraisal, project proposals, internal and external evaluations).
- four field studies of different types of emergencies covering both natural disasters and humanitarian crises as a result of conflict:
  - slow onset natural disasters (repeated flooding in Bangladesh)
  - sudden onset natural disasters (the 1998 Hurricane George in the Dominican Republic)
  - protracted conflict (in Bosnia during and after the war of 1992-6)
  - sudden onset political emergencies (the 1994 genocide in Rwanda)
- a questionnaire survey of humanitarian agencies to assess the level of understanding and experience within the



Figure 1: Blagoje Cirkovic, 83, rests on firewood provided by HelpAge International. He and his wife Roksanda, 86, (in background) are Serbians living in Gracanica, Kosovo.

## Notes

1. For further details of population ageing see *The Ageing and Development Report: Poverty, Independence and the World's Older People*, HelpAge International and Earthscan, London, 1999. A summary of this report is available from HelpAge International.



Figure 2: Orissa, India, 1999.

humanitarian community of the situation and needs of older people. The replies (60 out of 180 circulated) were analyzed in a workshop.

### Structural issues: poverty and invisibility

This research built up a fairly clear and consistent picture of the effects of emergencies on older people. Though not seen as definitive, the research and the guidelines based upon it are seen as contributions to an ongoing debate.

HelpAge International concludes that 'invisibility, exclusion and powerlessness are common themes emerging from older people's experiences of crises. It argues that this invisibility is part of a broader pattern of poverty and powerlessness. In a crisis, the chronic problems of poverty, exclusion and poor health become acute.

Among the key structural problems facing older people is poverty. Older people as a group are among the poorest in most societies. Their economic vulnerability makes coping with crises more difficult and recovery slower. Industrialisation, rural-urban migration and high labour mobility in many regions makes for unstable economic conditions, while better health care and longer lives mean the ratio of older people to those in middle age is increasing. The prospect is for an increasingly fragile economic and social situation for most older people worldwide.

Older women, the research suggests, experience emergencies differently to men. They tend to live longer than men, so usually form the majority of older survivors. The UN High Commission for

Refugees estimates that on average 10 per cent of refugees in humanitarian crises are over 60 years old. In some cases, the proportion can rise as high as 30 per cent. The majority of these older refugees are women.

Older women as a group tend to be more vulnerable than men. A cyclone, a war or a flood is likely to undermine the networks that help them to survive, in addition to loss of homes or displacement. They depend on the informal economic sector for their livelihoods and rarely have any retirement benefits. Widows in particular may have to depend on relatives and neighbours to survive. Older women, and widows particularly, are excluded in many societies not just from wealth and resources but also from decision making.

An additional obstacle to addressing older people's needs in emergencies is their invisibility. The general public, governments and aid agencies in both the developed and developing world tend to ignore older people and rarely regard them as active members of society. They are at best seen as a burden or as passive recipients of care. They are rarely asked what their needs are.

The study of two natural disasters in Bangladesh, chosen as an example of prolonged or repeated natural disasters, illustrates these issues. In Bangladesh, large areas of land are close to sea level and prone to recurrent flooding of disaster proportions. Many coastal areas along the Bay of Bengal are affected by cyclones.

Older people from areas affected by flooding were interviewed in Munshiganj,

in the flood plain of the Padma (or Ganges). They gave first hand accounts of floods that lasted for three months in 1998 and commented on their experience of earlier major floods. Older people on Moheshkhali Island were interviewed about the effects of the severe cyclone that struck in 1998 and gave accounts of earlier cyclones over the previous 50 years.

Referring to the Munshiganj floods, an aid worker with a local NGO noted: 'When we examined the mortality figures for four unions during last year's flood we found that out of 140 flood-related deaths, 77 were older people—over 50% of the total'.

After the floods, older people were often left behind, either to guard property or because they were not seen as a priority for communal shelter. In the cyclone shelters, older people could not compete with young people for refuge and there was insufficient room for all.

Loss of income, livelihood and ongoing poverty were the most difficult problems they faced. Their low social status and the absence of state benefits meant that older people were the last to receive help. The breakdown of family networks was a particular problem. Some felt that their abandonment was not intentional, but the result of the poverty of their sons, whose priority was their own families.

Many lost husbands, wives or family members and the trauma made it very difficult to find the motivation to rebuild their homes. Older widows found themselves dispossessed and forced to beg to survive. In a situation of food shortages, older people found it hard to compete for food and were often the last members of the family to be fed.

### Aid agencies and older people in emergencies

The stated aim of most humanitarian organisations in emergencies is to provide emergency relief to whole communities, if possible targeting the most vulnerable. Most aid agencies recognise older people as a vulnerable group in emergencies but rarely assign them the priority given, for example, to children. Humanitarian organisations frequently lack the particular expertise and capacity to address older people's needs. This can result in discrimination and unnecessary hardship.

Immediate survival in an emergency often depends on rapid access to relief. Longer-term rehabilitation depends on the recovery of coping and support mechanisms. Many older people reported that they had problems in accessing relief aid and were often excluded from support



with economic and social recovery. Even when agencies carry out participatory assessments of need at community level to determine relief priorities, older people's vulnerability and their potential contribution to relief delivery and rehabilitation tend to be ignored.

A notable difference emerged between the perceptions of older people, as reflected in HelpAge International's experience, and those of respondents from aid agencies dealing with emergencies. In the ranking exercise shown in *Table 1* older people assessed their most important problem in emergencies as lack of income, followed by poor access to health services. Aid agencies thought food and nutrition and isolation were the most important with income not included in the top six problems they identified. This seems to reflect older people's concern with re-establishing their coping mechanisms compared with the relief agencies' more welfare oriented approach.

### The guidelines

Invisibility, exclusion and powerlessness are common themes emerging from the experience of older people as expressed in the research. They consistently asked to be seen, heard and understood, to have equal access to essential support services and to have their potential and contributions recognised, valued and supported. The guidelines therefore promote consultation, inclusion and empowerment as the primary indicators for good practice.

Experience in the field indicates that these principles require changes in the way essential services are delivered and the way older people are viewed. This does not mean that special services should be established for older people. The emphasis is on integrating older people into mainstream services and ensuring equity of service provision across all sections of the community.

Older people identified the following as key issues and needs in an emergency:

- *basic needs*: shelter, fuel, clothing, bedding, household items
- *mobility*: incapacity, population movement and transport, disability
- *health*: access to services, appropriate food, water, sanitation, psychosocial needs
- *family and social*: separation, dependants, security, changes in social structures, loss of status
- *economic and legal*: income, land, information, documentation, skills training.

These are issues that any service provider must take into account when

Problems identified by older people	Main activities of NGOs	NGO perception of older people's problems
Income	Health	Food and nutrition
Access to health services	Food and nutrition	Isolation / separation from family
Shelter	Water and sanitation	Access to health services
Access to age-sensitive health services	Basic need / non-food items	Age-related health services
Food and nutrition	Shelter	Psychosocial needs
Isolation / separation from family	Skills training	Destruction of social structures

*Table 1: The six most common problems in emergencies identified by older people, compared with the six most common activities of the NGOs surveyed and the six most common problems that NGO staff thought older people would face in an emergency (HelpAge International 2000).*

dealing with emergencies, if they are to challenge the discrimination currently experienced by older people. The guidelines can be adapted to meet needs in specific situations but the principles of consultation, inclusion and empowerment are intended to be evident in each case.

### Basic needs and mobility

Older people identified several basic needs from their experience of emergencies. Where homes have been destroyed, they need building materials and labour to help rebuild shelters. In order to cook food, they need help collecting fuel and ways to share cooking arrangements with neighbours or other individuals. Clothing, blankets, pots, pans and other kitchen and household equipment were among the basic items required, as well as a mattress or a raised sleeping area to avoid acute joint and muscle pain caused by sleeping on the ground. Solutions as simple as straw or grass inside flour sacks can dramatically increase an older person's capacity for self-care and survival.

When planning their work, agencies need to be aware that many older people are not automatically given shelter by their adult children and must find shelter for themselves. Grouping older people together with people who they do not know (for example, to make up the numbers required to qualify for shelter or for allocation of supplies such as utensils, plastic sheeting and blankets) can



*Figure 3: In an emergency, older people often find themselves with increased responsibilities for supporting their families, mobilising resources and caring for children, orphans and dependants. At the age of 58, Adera Karwirungu looked after 10 orphans in Rwanda in the aftermath of the conflict.*

lead to problems of exclusion and abuse as the larger group rejects or resents the presence of the older person. Communal shelters that do not offer some measure of gender separation may exclude women or other groups from using them. In some cases, such as cyclone shelters, this may represent a direct threat to personal survival.

Older people may have more difficulty in finding fuel and water than younger members of a community. This can affect their capacity to feed themselves, in turn



Figure 4: Recent flooding in Mozambique and Zimbabwe left many older people without shelter.

reducing their capacity to collect fuel and water. Woodpiles and other fuel stocks can be provided for use only by vulnerable members of a community. Alternatively older people may be linked to supportive families where younger members help to collect fuel or water for the older person or the older person adds their ration to the family 'pot' and shares the cooked meal.

The research identified four main problems with mobility in emergencies:

- when housebound older people are left behind or are unable to gain access to essential services
- older people are sometimes unable to climb into trucks, or are slower than others and get left behind
- where there are no regular transport facilities, older people may not be able to reach essential services
- some older people are disabled by the loss of mobility aids, prostheses and spectacles in the emergency.

To address these difficulties, outreach elements can be built into service assessment, delivery and monitoring. In the Rwandan refugee camps in Tanzania, HelpAge International supported able older people to set up a home visiting system that aimed to identify housebound people, abandoned elders and those who lacked information about what help was available. Able elders and other community members made stretchers from locally available materials to transport those who could not walk to clinics.

'Fast track' queueing systems allow access for the most frail and vulnerable at service delivery points, especially where physical competition for relief supplies is high. Where trucks are used for transport, account needs to be taken of

whether people with restricted mobility can climb into high-sided vehicles.

### Healthcare and nutrition

Where the problems of isolation, lack of mobility and physical strength or trauma make it difficult for older people to access essential services, it is necessary to adapt these services to preserve equity of provision. Older people may find difficulties with access to health services because of mobility problems, the distance to centralised services, or the absence of community health systems and the loss of regular health facilities because of the emergency. Where older people are able to reach centralised relief and service delivery points, they may need protection or other support to access the service if they find themselves competing with people who are more able bodied. Establishing outreach services or prioritising the most vulnerable at clinics can address these difficulties. In emergencies there is often a lack of medication for chronic disorders, especially disorders that will become acute without regular treatment.

Simple age-related clinics to deal with issues such as joint pain and other ailments associated with ageing are especially relevant where displaced people are sleeping in the open or on hard, cold or damp surfaces. They also need to ensure that drugs are available to treat chronic disorders. These clinics may help to reduce pressure on limited resources by treating groups of older people together, and can limit 'revolving door' patterns of repeated patient visits to regular clinics.

Older people often encounter reluctance on the part of service providers to include them in supplementary feeding

programs. Where they receive food, the food is frequently unsuitable for digestive systems and teeth compromised by the ageing process. Older people are also vulnerable to rapid debilitation caused by diarrhoea in the same way that children are, but their nutritional status is rarely monitored<sup>1</sup>.

### Psychosocial support

In the research surveys, older people identified the social and psychological traumas that accompany separation from, or loss of, family members, bereavement and loss of support. Older people are often left to care for younger children or other dependants in the absence of middle-generation adults. The destruction of social structures may cause loss of family and community support and loss of respect for older people as cultural and social values break down. In extreme cases this results in abandonment. Older people find they need protection against theft, dispossession, physical and sexual abuse.

Support can include extending family tracing services to isolated older people or, when no family members can be found, to develop 'foster' family links with supportive neighbours and families willing and able to support older people.

Those older people who have long term responsibility for children can be helped by providing support with school fees, materials or uniforms—preferably channelled through the carers—and linking older carers with other carers for mutual support and information.

The risk of sexual abuse can be reduced by creating awareness of the separate needs of older women and men and not mixing older women and men together to make up numbers for shelters without the informed permission of the older women, as experience has shown that this creates a high risk of abuse for the women.

The crisis in Kosovo is an example of how community breakdown can lead to violent and abusive behaviour towards all vulnerable groups, including older people. In late 1999, the Organisation for Security and Cooperation in Europe reported 'a deplorable pattern of violence and harassment' against older people. This occurred both during the Serb

### Notes

1. For a discussion of nutritional monitoring of older people, see Suraya Ismail and Mary Manandhar, *Better Nutrition for Older People: Assessment and Action*, HelpAge International and the London School of Hygiene and Tropical Medicine, 1999.



onslaught on the Albanian majority and, after the refugees returned, against older Serbs remaining in Kosovo. These vulnerable older Serbs face recrimination attacks and harassment on the streets, at World Food Program distribution points and at medical centres. HelpAge International has set up a home visiting program, in coordination with other agencies, in Pristina to ensure that vulnerable older people from ethnic minorities receive warm clothing, meals and medical attention in their homes.

### Rehabilitation

In the aftermath of humanitarian crises and natural disasters older people, as much as younger adults, need to rebuild their lives. But they suffer from a variety of economic disadvantages: inflation, loss of employment, lack of pensions, loss of markets and lack of access to credit schemes. Restoring income and the means of livelihood therefore play a critical role in the recovery and self-support of older people and their contribution to their families or other support networks, especially where there is no other form of income support. They need training in literacy, numeracy and new language skills in changed circumstances, as well as new practical and income-generating skills.

Rehabilitation programs often fail to take account of these needs, excluding older people from income generating projects and credit schemes. Yet the provision of tools, seeds and other material inputs and support for other forms of income generation is a means of supporting a whole family and the wider community, as well as older people themselves. Experience has shown that older people are among the most consistent and reliable in the management of savings and return of loans. Older people have also successfully undertaken literacy classes in refugee and resettlement programs.

Occupational activities can stimulate social contact, physical activity and a sense of self-worth, especially in refugee camps where opportunities for income generation are very limited or made redundant by the level of relief provision.

In Rwanda, aid agencies emphasised the importance of encouraging self-help rather than dependency, but older people themselves felt that the assistance given, while it was appreciated, was too short term, while their problems were long term ones. An older woman commented: 'Why don't the agencies support our projects? This would be much better than us waiting

for them to bring things to us. We want to keep our projects growing—we can look after ourselves.'

### Consultation and participation

The guidelines emphasise that older people should be consulted and involved in decision-making, both in making the initial assessments of need and in deciding how to allocate assistance. They recommend an 'outreach' approach to assessments—using staff, volunteers and other older people to locate vulnerable elders. In an emergency, older people often find themselves with increased responsibilities for supporting their families, mobilising resources and caring for children, orphans and other dependants. The guidelines argue that building on their contributions offers potential gains for both older people and service providers. Previous experiences of disaster or conflict, coping strategies, traditional skills and local environmental knowledge are important in mitigating the impact of emergencies.

This strategy is not confined to emergency responses. In protracted conflict situations such as that of southern Sudan, older people can become involved in managing their own lives. The HelpAge International Juba Emergency Programme, initiated in 1998, improved the quality of life and self reliance of older people by actively involving them in deciding priorities for aid. Juba's population of 160,000, including some 8,500 older people, has been heavily dependent on aid for the last 15 years. But the needs of older people were not specifically catered for.

Local committees of older people identified vulnerable elders by a set of criteria—including age, sources of income, living family members, health status—which they themselves had agreed.

The committees ensured that aid was delivered and monitored. They also organised practical activities, such as house building, sanitation and agricultural work. Members of the committees represented the needs of older people to NGOs, UN agencies and government officials. Training was a key part of the program, to increase older people's abilities to assess needs and to improve the awareness of older people's views and needs among NGO, government and UN staff.

### Vulnerability checklists

HelpAge International has developed checklists to assess the needs of older people in emergencies. The first was developed for the HelpAge International refugee program in Tanzania. The check-

list was designed for use in the large refugee camps found on the Tanzania/Rwanda border at that time. These key themes are common to most checklists:

- family circumstances
- social supports
- health
- mobility
- basic needs

Variations can be made according to the particular circumstances of any given emergency. Identifying the source or adequacy of income, for example, is an element not seen in this checklist but which would be important in most other settings.

What was evident from using the checklist was that a person could have problems in the areas of health, mobility and basic needs and still not be counted as vulnerable if they were well supported (social support). On the other hand a person might have fewer problems lower down the checklist but potentially be very vulnerable if they were isolated and unsupported. This checklist does not offer hard and fast answers to identifying vulnerability, but is a tool for highlighting the indicators of vulnerability.

During the Orissa cyclone relief program with HelpAge India, HelpAge International distributed questionnaires with a request to other aid agencies (international and local) to provide feedback on the situation of older people in the areas of cyclone relief. The importance of these forms and the information they provided was twofold:

- to raise awareness among agencies of older people's needs and whether older people's needs were even being considered
- to help ensure more accurate needs assessments for the provision of adequate relief assistance.

These forms are also being used in Kosovo and Mozambique and have enabled HelpAge International to identify and service the special needs of older people. They form the basis of referrals from other aid agencies to HelpAge International requesting assistance in developing aid programs to include older people.

### Recent disaster responses—Orissa and Mozambique

In the period following the devastating November 1999 cyclone in Orissa, HelpAge International has been working to integrate its key principles for older people into the emergency response of local organisations with which HelpAge India works.

This cyclone was an example of a recurring type of natural disaster of which many older people have had experience. But one older villager commented that whereas in the past younger people in the village used to pay attention to older people's advice on what to do, they were less willing to do so now. This observation had also been made in the Bangladesh research.

In rural areas affected by the cyclone, there was a general lack of food and loss of utensils needed to cook rice and *dal*. Poor mobility limited many older people's access to food and water distribution points. In cyclone or hurricane disasters older people, like children, are severely affected by gastro-enteritis, diarrhoea and dehydration, as well as chronic respiratory problems aggravated by hours immersed in water and wearing damp clothes. Local NGOs, working with HelpAge India, are using mobile clinics to give frail older people easier access to health services and psychosocial support.

If older people are included in reconstruction they can play a key role in economic and social recovery after a disaster. In Orissa, HelpAge International plans to continue food provision, especially where older people are excluded from food for work programs.

Those who can, are rebuilding their homes, but community-based initiatives are needed for those older people who cannot do the work themselves and do not have family to help them. HelpAge India and local partners plan to implement small-scale income generation projects that will help to provide a self-sustaining livelihood for older villagers.

Severe floods in early 2000 devastated wide areas of southern Africa and especially Mozambique, affecting all population groups but in particular the vulnerable young, the frail and the elderly. The young and the old were most frequently separated from abler adults or abandoned in the immediate rush for survival. Some older people still do not know where their family members are.

The majority of older people found themselves in camps where their specific needs were not immediately recognised or taken into consideration. They were the last group to reach the established camps and were the last to know about the recession of waters and resettlement information.

Like many others older people spent many days in flood waters as they waited for rescue services, and those on safe land had no roof over their heads. The health of older people—without bedding, warm

clothes or adequate food—deteriorates rapidly. Drinking dirty water, when there was no alternative source, aggravated what were already poor health conditions of the young and elderly. They were also more prone to skin diseases, malaria, diarrhoea, high blood pressure, and intestinal infections, in a situation where there were inadequate medical facilities. Some older people also reported that the food provided aggravated diarrhoea.

HelpAge International and HelpAge Mozambique are working in Gaza and Maputo provinces with local organisations for older people, to implement a relief and rehabilitation project. The initial goal is to relieve suffering and minimise the distress and psycho-social trauma of older people, their carers and wider family members and dependants.

The community-based nature of HelpAge Mozambique's local partner organisations, APOSEMO and VUKOXA which both work directly with older people, means that staff and facilities are already in place to purchase and distribute materials. From the onset of the disaster, field workers and volunteers began identifying the affected older people in both Maputo and Chokwe. Small contributions in cash and in kind were made towards the immediate needs of the most vulnerable infirm older people within their families and community.

In the medium- to long-term, HelpAge International and its partners seek to re-

establish the coping mechanisms and self-reliance of older people. Older people in Mozambique must continue to work as it is their only means of livelihood. Few receive any kind of pension. They will need safe and fertile agricultural land to relocate and construct new homesteads.

Martha Mbiza is not sure of her age, but looks over 75 years old. She lives with her widowed daughter in law, Madelena, 56, and four children. The floods swept away their house and possessions, including Madelena's two goats. Madelena says she still has the strength for agricultural activities, helped by her mother in law and daughters, and will buy and sell items to boost her income. Martha says, 'the dead are in rest, but we continue to live to witness the worst torture of humankind.'

## References

HelpAge International, *Older People in disasters and humanitarian crises: Guidelines for best practice*, London 2000, p. 18. Available free in English, French, Portuguese and Spanish from HelpAge International. The full document is available in English at [www.helpage.org](http://www.helpage.org).

## Further information

*HelpAge International* is a global network of not-for-profit organisations with a mission to work with and for disadvantaged older people world wide to achieve a lasting improvement in the quality of their lives. To deliver this vision, HelpAge International works through local partners providing fund and support to over 200 organisations in 70 countries. It has 63 member organisations. [www.helpage.org](http://www.helpage.org)

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