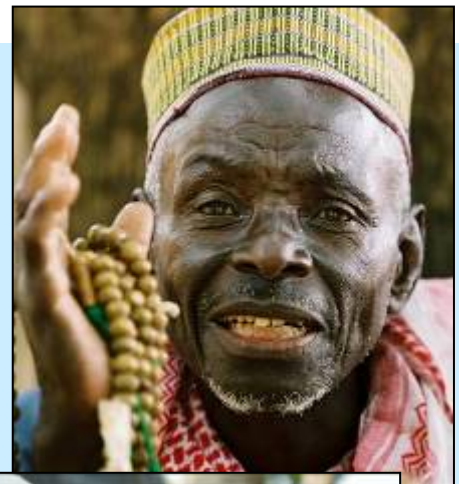


# Humanitarian Action and Older Persons

An essential brief for humanitarian actors



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The following agencies have contributed to the development of the IASC advocacy paper on humanitarian assistance and older persons.

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United Nations High Commissioner for Refugees (UNHCR)

United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

United States Agency for International Development (USAID)

World Health Organization (WHO)

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Photos: clockwise, John Cobb, WHO/Marko Kokic, WHO/Jim Holmes, WHO/Chris Black, IRIN/Edward Parsons, WHO/Chris Black.

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## Why Pay Attention to Older Persons in Emergencies?

Between 2006 and 2050, the number of persons aged 60 and over will triple from 650 million, or 11% of the world's population, to 2 billion people, or 22%. By then, older persons will begin to outnumber children aged 14 and under. Just over 80% of the world's older persons will be living in developing countries, compared to 60% today. In developed countries, the proportion of older persons will rise to about one person in three by mid-century. Globally, the "oldest-old" (80 and above) constitute the fastest growing age segment of the older population.

Recent events have brought to light the disproportionate impact of natural disasters and crises on older persons:

- 80% of the "extremely vulnerable individuals" remaining in camps in northern Uganda's Lira District in 2007 were over 60 years.
- 71% of those who died in the wake of Hurricane Katrina in 2005 were 60 years and older.

Older persons play key roles in their families and communities. These roles continue, and may even become more important, in emergency situations:

- UNICEF data show that 40 to 60% of orphaned children in countries severely affected by HIV/AIDS are cared for by their grandparents.
- During and after the 2007 Cyclone Sidr in Bangladesh, older persons' committees took an active role, disseminating early warning messages to vulnerable older persons and their families, identifying those who were worst hit, compiling beneficiary lists and notifying people when and where to receive relief goods.

Older persons are entitled to equal protection under international human rights and humanitarian law. Building awareness about the rights and needs of older persons is the first step to reducing their marginalization during and after crises and enabling them to continue supporting themselves and others.

## How Do Emergencies Affect Older Persons?

**Normal Ageing and Health.** Older age can result in decreased mobility, sight, hearing and muscle strength, as well as in greater vulnerability to heat and cold. Minor conditions can quickly become major handicaps that overwhelm older persons' ability to cope. They have more difficulty accessing services, and are less able or willing to flee quickly or to protect themselves from harm. For instance, older persons have more difficulty accessing distribution points and carrying heavy supplies, while the loss of eyeglasses or walking canes can render them dependent on others.

Chronic diseases common to older age, such as coronary heart disease, hypertension, diabetes and respiratory diseases, can worsen without adequate routine assessment and medication. Lack of steady power supply to maintain the cold chain or medical equipment such as respiratory and dialysis machines can quickly aggravate their condition. Moreover, older persons can suffer nutritional deficiencies if their food intake decreases during an emergency or lacks sufficient nutrient density.

- Surveys conducted in Darfur in 2005 showed that 61% of older persons had limited mobility; of these, one-quarter could not move without a guide, one-fifth had impaired vision and 7% were housebound.

- During the response to the 2004 tsunami in Aceh, emergency health centres did not have chronic disease medications and staff was not trained to diagnose or treat conditions affecting older persons.
- During the 2008 post-election violence in Kenya, reports described how older persons were unable to queue up for a long time to receive food in their IDP camp.

**Social and Psychological Support.** Older persons may be hidden from the view of humanitarian agencies and their concerns not addressed if their families try to attend to them without explicitly identifying them. Family members may have died, leaving older persons without support. In other situations, families struggling to survive may be forced to neglect or leave behind older members, significantly affecting their safety and well-being. Outreach programmes and home visits can be life-saving to isolated older people. Crisis-related symptoms of psychological trauma may be at least as common among older persons as their younger counterparts, with serious consequences if ignored.

- In both Pakistan-Administered Kashmir and the Lango region of northern Uganda, older persons account for most of the people remaining in IDP camps. Although faced with diminishing services in the camps, many are unable to cope with the hardships of return, or remain to ensure that children in their care receive schooling and other essential services.
- A survey conducted among older Lebanese persons affected by the 2006 conflict showed that 68% were depressed or displayed probable depression.

**Protection.** Social and economic marginalization often means that older persons are less protected from the hazards of a crisis. Language and literacy barriers and social isolation may also limit their capacity to grasp and respond to public information on the risks they face during emergencies and on resources available. The poverty affecting 80% of older persons in developing countries frequently means that they have unsafe housing in high-risk areas, and are unable to relocate. They may be omitted, or treated unfairly in the distribution of cash and other benefits. Like their younger counterparts, older persons are exposed to the full wrath of war atrocities. They also can be more vulnerable to violence, theft and abandonment when resources are limited.

- In rural areas of Jamaica, the poorly maintained and unsafe housing of older widows was most heavily damaged by hurricanes in 2004 and 2005.

**Livelihoods.** In many countries, older persons must continue to earn their living as long as possible. However, arbitrary exclusion of older persons from income-generating activities, food-for-work programmes and micro-credit is common and livelihood recovery activities are often planned without considering the capacities of older persons. Older persons may be more affected during conflict because they are often custodians of the land that is ravaged or occupied. Older women's position in the informal economic sector can leave them with few marketable skills and no retirement compensation. Older widows, in particular, are often among the most marginalized in cultures where the inheritance codes dispossess them on their husband's death.

- Habitual food- or cash-for-work programmes in Pakistan and northern Uganda involve heavy labour unsuitable for older persons.

## **Data Collection: to Be Counted Is to Be Seen**

Older persons can be overlooked during emergencies due to lack of data on the age distribution of the affected populations and insufficient consultation with the community.

Countries and communities often lack baseline statistical information on the age distribution and health status of their population prior to an emergency. The disaggregation is limited to gender and does not include sufficient information on age. Likewise, HIV prevalence data is generally only collected up to the age of 49, contributing to older persons’ invisibility and exclusion in all subsequent responses. Humanitarian needs assessments tend to be tailored to institutional skills and mandates, and comprehensive assessments are extremely scarce. Housebound older persons are especially likely to be missed out at the rapid assessment stage.

**Including Older Persons in Key Sectors of the Humanitarian Response**

Age is one of the cross-cutting issues emphasized by the current humanitarian reforms. The following table highlights some of the key issues for older persons that should be considered by the humanitarian response clusters. Creating special services for elderly persons is not the answer; rather, mainstream services should accommodate their specific needs.

Cluster	Key humanitarian requirements
<b>Health</b>	<ul style="list-style-type: none"> <li>• Older persons have access to all health services and disability aids they need</li> <li>• Medications for chronic diseases are included in emergency health kits</li> <li>• Staff attitudes, skills and training on older persons’ health issues are ascertained</li> <li>• Data disaggregated by age and sex are collected to determine the number and specific needs of older persons</li> </ul>
<b>Water, Sanitation and Hygiene</b>	<ul style="list-style-type: none"> <li>• Appropriate water carrying containers are provided to older persons</li> <li>• Latrines are designed in such a way that older persons can use them e.g. handrails</li> <li>• Older women’s role in hygiene promotion is emphasized</li> </ul>
<b>Food and Nutrition</b>	<ul style="list-style-type: none"> <li>• Older persons have access to food distribution points and are able to carry rations for long distances</li> <li>• Older persons’ access to appropriate nutritious foods is guaranteed</li> <li>• Older persons’ inclusion in nutritional assessments and monitoring is guaranteed</li> </ul>
<b>Shelter</b>	<ul style="list-style-type: none"> <li>• Assistance with early warning and evacuation to safe places is provided</li> <li>• Particular attention for the ill and disabled is ensured, e.g. provision of mattresses, warm blankets and clothing</li> <li>• Assistance is provided to older persons to construct shelter if they are without family support</li> <li>• Consultation of older persons on cultural practices and privacy issues is guaranteed</li> </ul>
<b>Camp coordination and management</b>	<ul style="list-style-type: none"> <li>• Identification of housebound, vulnerable older persons is guaranteed as is assistance with replacing or accessing relevant documentation</li> <li>• Inclusion of age/sex disaggregated data in camp population figures is ensured</li> </ul>
<b>Early Recovery</b>	<ul style="list-style-type: none"> <li>• Livelihood programmes target older persons, particularly those who are alone or caring for children</li> <li>• Return programmes take into account the needs of older persons</li> </ul>
<b>Protection</b>	<ul style="list-style-type: none"> <li>• All data are disaggregated by sex and age to determine the numbers and kind of protection needed</li> <li>• Older persons’ involvement in decision-making, and in humanitarian prevention and response activities is facilitated</li> <li>• The protection of older persons left without caretakers is ensured</li> <li>• Older displaced persons are included in tracing and re-unification activities</li> <li>• Protection strategies include               <ul style="list-style-type: none"> <li>○ older persons caring for young children</li> <li>○ older persons caring for persons with disabilities</li> <li>○ addressing abuse of older persons and older women as victims of gender-based violence and sexual abuse, and</li> <li>○ land/property rights for women, in particular for widows</li> </ul> </li> </ul>

## IASC Recommendations

1. Increase the awareness of policy-makers, humanitarian partners (such as Cluster members and Cluster Leads), and donors on:
  - The global growth in the numbers of the old and very old;
  - Its impact on emergency- and disaster-affected populations, and the need to include older persons as both vulnerable and resource groups into all aspects of risk reduction and emergency preparedness, relief and recovery processes.
2. Sensitize the emergency preparedness, response and recovery systems at international, national and local levels to the cross-cutting issue of age, by:
  - Incorporating into training events targeted at humanitarian managers and coordinators a specific module focusing on the needs and opportunities that are associated with an ageing population;
  - Integrating these into the guidelines and technical resources made available to the emergency and humanitarian community.
3. Introduce more effective data collection processes to ensure that registration, needs assessments and morbidity and mortality figures are collected and disaggregated by age and sex to allow for better understanding of, and response to, the needs of older persons.
4. In the design and implementation of emergency response and recovery programmes, special attention and emphasis should be put on:
  - Active consultation and engagement of older persons in decision-making, programme development, and implementation;
  - Caring for the needs of older persons in designing health and nutrition programmes (access to services, treatment of chronic diseases, specific food rations, etc.);
  - Income generation and repatriation programmes should take into account the specific needs of older persons both to cater for themselves as well as to support survivors such as children and disabled persons.

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