

The neglected generation

the impact of displacement on older people



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HelpAge International was established in 1983. We help older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives. Our work in over 75 countries is strengthened through our global network of like-minded organisations – the only one of its kind in the world.

The Internal Displacement Monitoring Centre (IDMC) was established by the Norwegian Refugee Council in 1998, on the request of the Inter-Agency Standing Committee to set up a global database on internal displacement. Fourteen years later, IDMC remains the leading source of information and analysis on internal displacement caused by armed conflict, generalised violence and violations of human rights worldwide. Since 2009, IDMC has also monitored displacement due to disasters associated with natural hazards.



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Foreword

I am delighted to contribute the foreword to this report *The neglected generation: the impact of displacement on older people*.

As Special Rapporteur on the human rights of internally displaced persons, my mandate is an inclusive one, and implies the responsibility to advocate for and support the effective assistance and protection of internally displaced persons at all stages of their life. Much of my role involves identifying the specific protection and assistance needs of internally displaced persons, particularly in regards to their age, gender and diversity. While internal displacement dramatically and often permanently affects the lives of those affected, older persons face unique challenges. The following report, that combines the expertise of HelpAge International and the Internal Displacement Monitoring Centre, sheds important light on this particular group.

As new and on-going conflicts and natural disasters continue to uproot millions of people from their homes each year, a significant proportion of affected people are struggling to cope with such events in their older years. With a positive increase in life expectancy, older persons make up a growing percentage of the population and yet, they continue to remain marginalised, specifically in situations of displacement.

The following report highlights how, in IDP communities, older people play a pivotal role. They are often the primary care-givers of their grandchildren and of orphans whose parents have been killed or have migrated elsewhere. Yet despite this, they often experience particular assistance and protection challenges, and are frequently the last to achieve durable solutions to their displacement, as wider efforts focus on younger generations.

This report makes an important contribution to understanding the specific situation and needs of older IDPs, and how policy makers and humanitarians can more effectively address these.

Dr. Chaloka Beyani
**UN Special Rapporteur on the Human Rights
of Internally Displaced Persons**

Executive summary

To date, practitioners and policy makers have devoted scant attention to the impact of displacement caused by human rights violations, conflict and natural hazards on older men and women. Yet people forced from their homes by crises are among the world's most vulnerable and, among them, older persons are generally acknowledged to be especially at risk. While older internally displaced persons (IDPs) and refugees share many basic needs with the rest of the population and experience similar insecurity, human rights violations and discrimination, they also face additional challenges and protection risks related to their age. This report shines the spotlight on the experience of displacement for older people in an effort to increase understanding of its particular characteristics.

The neglected generation draws primarily on contexts of internal displacement rather than refugee contexts, largely because IDPs represent a higher proportion of those who are displaced globally, the number of IDPs is increasing, and IDPs are often among the most neglected in humanitarian contexts. Nevertheless, the findings and policy recommendations are applicable to both refugees and IDPs.

The main sections of the report present global data on older people and older IDPs; the policy and legal framework for protecting older IDPs and refugees; core issues concerning older IDPs before and during displacement; and the search for durable solutions. In closing, the report draws conclusions and makes recommendations for policy makers and practitioners. A table identifying the key risks and preventative actions for older people is annexed to the report.

This report identifies actual concerns of older IDPs based on programme evidence from more than 10 country contexts and includes examples from different locations to inform practice. It reveals a general lack of understanding and analysis of the concerns and rights of older persons in all areas of development, especially in humanitarian crises. It also highlights areas where further research is required and aims to prompt further work in this area.

The report identifies the following key issues and challenges for older IDPs:

- Older persons form a significant proportion of IDP and refugee groups – sometimes as high as 30-65 per cent in contexts where there are high numbers of older people in the population and where younger or more able-bodied members of the IDP population have migrated elsewhere, returned home or integrated into local communities.
- The United Nations High Commissioner for Refugees (UNHCR) recognises older IDPs as among the most at-risk individuals, characterising them as “persons with special needs”,¹ alongside the chronically ill or disabled, and those who have experienced very high levels of trauma.
- Each stage of the displacement cycle – the flight, the period of displacement and the process of return, resettlement or local integration – confronts an older IDP and service providers with specific challenges that need to be addressed.
- Prolonged displacement can have a particularly devastating impact on family ties and the community support available to older persons; it cannot be assumed that communities will always assist their old. In many cases, families have had to make painful choices leading to abandonment of older persons in order to survive.²
- HelpAge and IDMC research and data show that older people are consistently neglected in humanitarian operations and policy; that general programming does not integrate their needs; and that they are rarely consulted within IDP operations. Sex- and age-disaggregated data is rarely collected, contributing to invisibility.

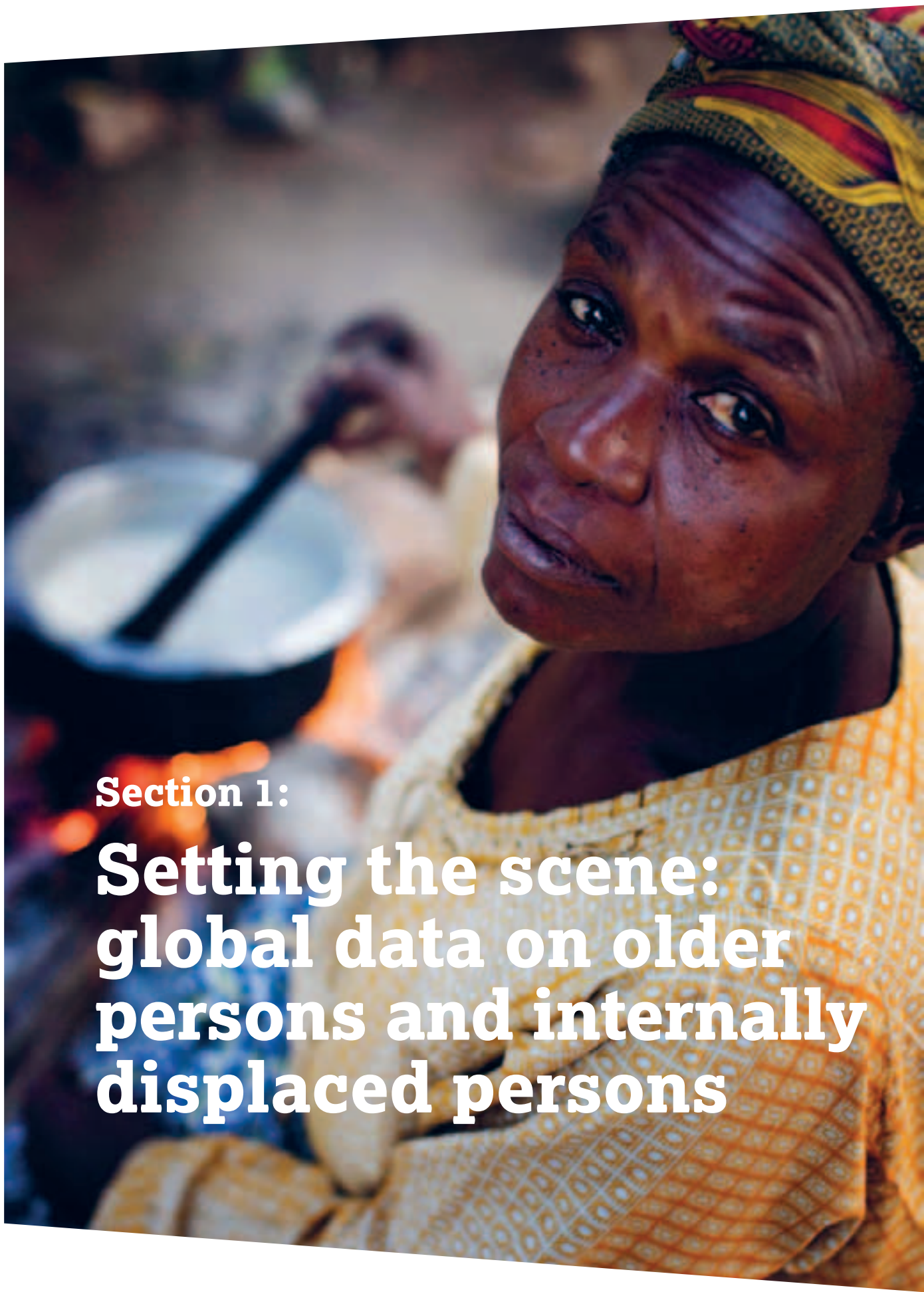
1. UNHCR's persons with special needs include child-headed households; older persons with minor children; older persons alone without accompanying family; female-headed households; persons with disabilities; persons with chronic illness; and persons living in a large family. UNHCR, “Protection starter kit”, n.d., www.unhcr.org/refworld/protection_kit.html

2. UNHCR, *Policy on older refugees*, EC/50/SC/CRP.13, 2000, annex II, www.unhcr.org/refworld/docid/47036b502.html

- Older people have a range of skills, capacities and roles. They often contribute to household income, support household management through childcare and play a role as community leaders, decision makers or mediators. The degree to which these roles are recognised and supported during displacement has a significant impact on the challenges older people face and their ability to survive and recover.
- Levels of vulnerability among displaced older persons often increase with age. For example, in comparison to 50- or 60-year-olds, people in their late seventies or eighties may have significantly reduced physical or mental capacity.
- Issues of limited mobility, visual and hearing impairment, and reduced muscle strength amplify the challenges of living in displacement camps and accessing services such as food, health care, and water and sanitation. Specific nutritional needs, chronic health disease and mental deficiencies may require further tailored assistance not usually included in packages provided to displaced populations.
- Older women require specific attention; due to increased life expectancy, they are more numerous and more likely to be living alone. Protection risks are thus increased for women, who are not necessarily afforded equal status in society. In addition, in many IDP and refugee camps, older women take on the huge responsibility of supporting children whose parents have died or migrated elsewhere.

Some of the main challenges to protecting the rights of older displaced persons include obtaining access to vulnerable older persons who are left behind when more able-bodied flee; securing identification and documentation; ensuring land and housing rights; providing for basic needs; reuniting them with families and other individuals; providing appropriate health care and ensuring access to social support and income. Without an adequate analysis of their needs informing every stage of decision making during displacement, older persons – a growing demographic group – will continue to be marginalised within programmes and policy intended to support the displaced. Crucially, they will continue to form the majority of IDPs and refugees left behind in camps or collective centres while younger people begin new lives for themselves. This is a fundamental breach of older people's basic human rights.

Key to all responses that are inclusive of older people is the recognition of the responsibility of national governments and other duty bearers to ensure that older IDPs are adequately protected through national legislation, policy and appropriate and accessible service provision. In order for this to happen, older people must have a voice in all the decisions that affect them.



Section 1:

Setting the scene: global data on older persons and internally displaced persons

1. Setting the scene: global data on older persons and internally displaced persons

It is well documented that as increasing numbers of younger generations migrate to urban areas they leave behind high numbers of children and older persons, and this is also the case during the displacement cycle. For example, in Ethiopia, in some rural areas affected by recurrent drought, older people now account for 30-50 per cent of the population, compared to the national average of 5 per cent.³ The HIV pandemic has also contributed to increasing numbers of skipped-generation families due to the death of the middle generations.

Notwithstanding displacement, many older persons are among the poorest people on the globe today, particularly in low-income rural areas.⁴ In Bolivia, for instance, 59 per cent of older people are poor, compared to 29 per cent of other age groups.⁵

While countries with comprehensive pension systems can raise older persons out of absolute poverty, regions with high numbers of displaced persons tend to be characterised by state fragility and often offer little in the way of social protection by the state for the most vulnerable. The Democratic Republic of the Congo (DRC), Iraq, Somalia and Sudan – which, alongside Colombia, have the highest numbers of displaced persons globally – do not have any social pensions provided by the state.⁶ In countries where donor-funded cash transfer or safety net schemes do exist, such as in fragile states where the World Bank runs such programmes, they may not be accessible to IDPs who have moved far from their place of origin and are in very unstable areas.⁷ Access to pension income – wherever it exists – is also likely to be undermined for IDPs.

1.1 Global numbers of older persons

The world is ageing at a staggering and unprecedented rate. Global life expectancy at birth has increased by 21 years since 1950, a larger gain over the past 60 years than humanity has achieved over the previous six millennia.⁸ By 2012, 12.5 per cent of the world's population was over 60 – the UN definition of an older person. But in many contexts a person aged 50 and above is considered old and 22 per cent of the world's population is currently over 50. By 2050 there will be more people over 60 than children, including significant numbers of people over 80, who constitute the fastest-growing age group. This translates into an average annual global increase of 29 million older people between 2010 and 2050, of whom 80 per cent will be in developing countries.⁹ Women will continue to live longer than men.

This rise in life expectancy is not just a rich-world phenomenon. The combination of falling birth rates and extended life expectancy is a global pattern that is also taking place in the poorer countries. By 2050 sub-Saharan Africa, where HIV and AIDS has reduced life expectancy, will be home to 160 million people over 60, a figure equivalent to the current older population of Europe.

While there is a significant body of data on the numbers of older persons worldwide, there is very little analysis of the impact of demographic trends on their lives and wellbeing. A recent UN paper on the social situation, wellbeing and rights of older persons worldwide states: “it should be noted that while much data and analysis are available on population ageing, data and information about the lives and situation of older persons are strikingly lacking”.¹⁰ This lack of understanding and analysis of the concerns and rights of older persons is prevalent in all areas of development, but it is especially stark in humanitarian crises. To date, the attention of international institutions, national governments and those responding to displacement crises has been focused almost exclusively on children, rather than on supporting both of societies' most dependent age groups.

3. HelpAge, “East Africa Crisis: Ethiopia”, n.d., www.helpage.org/what-we-do/emergencies/other-emergencies/ethiopia-drought-and-floods/

4. United Nations Population Fund and HelpAge International, *State of the world's older persons*, 2012 (forthcoming)

5. Beales, S, “Intergenerational consequences of inequality”, presentation to Save the Children, September 2009

6. HelpAge International (HelpAge), “Pension watch”, n.d., www.pension-watch.net

7. For example, the Government of Uganda is running a pilot cash transfer scheme, but the northern districts previously affected by conflict are not covered.

8. Jackson, R, N Howe, K Nakashima, “Global ageing preparedness index”, Washington, DC: Centre for Strategic and International Studies, 2010, p.1, csis.org/publication/global-aging-preparedness-index

9. Age Action Ireland, “Ageing and development”, Policy brief, 2012

10. UN Office of the High Commissioner for Human Rights, *Current status of the social situation, well-being, participation in development and rights of older persons worldwide*, draft, August 2010

1.2 Global numbers of internally displaced persons

In contrast to refugees, the number of IDPs is increasing. At the end of 2011, the global number of people internally displaced by armed conflict, generalised violence or human rights violations stood at 26.4 million.¹¹ Older persons form a significant proportion of groups of IDPs and refugees, as 35-65 per cent of them may be over 60.¹²

Disasters associated with natural hazards such as earthquakes, floods and storms also displace millions of people each year; changes in the global climate are expected to increase the frequency and intensity of such weather-related events. In 2010 alone, rapid-onset disasters displaced 42.3 million people, including 38.3 million who were displaced by weather-related events.¹³

Urban displacement is a growing trend; in 2011, urban areas in 47 out of 50 countries were home to IDPs, who generally lived alongside poorer long-term residents and other migrants.¹⁴ The vast majority of IDPs are not living in camps or collective centres, but are staying with host families and communities or living in informal settlements rather than camps or formal collective centres. This is particularly true for regions where displacement has been protracted, such as the Balkans, adding to the challenge of collecting accurate data on all IDPs.

1.3 Data collection for older IDPs

The exclusion of older people in situations of displacement begins with registration to access assistance, assessments and monitoring systems. Data collection is often inadequate and the numbers of older persons in IDP camps, where data is more likely to be available than for IDPs living in host communities, often remains unknown even if data is collected for other age groups within the population. Older people are not factored into assessments or consulted adequately; this type of approach informs all future response. When population data is disaggregated by sex and age, disaggregation often stops at age 49, reflecting a form of latent discrimination. Nutrition surveys commonly focus exclusively on children under five and HIV data usually stops at age 45, when reproductivity ceases.

Even where age-disaggregated data is gathered, information on older people will not necessarily be captured. Data collected in the Philippines following tropical storm Washi suggested that only 4 per cent of people living in evacuation centres were old.¹⁵ Yet a local HelpAge partner revealed that these numbers were far lower than expected based on national demographic data; indeed, 3,000 elderly survivors had not been captured in the data probably because they were living in their damaged homes with little or minimal assistance.¹⁶

Of the 50 countries reviewed by IDMC for its global IDP survey, only 11 had updated sex- and age-disaggregated data; in only 6 out of the 50 countries did national policies make specific reference to older people, though 3 of the 6 had not gathered any information on older people.¹⁷ As a result, older people often only become visible when the return process is under way and their numbers only become apparent as they are left behind in camps many years later (see Section 4). As with other age groups, older IDPs need to be included in every stage of programming, with data collection and analysis as the starting point.

1.4 Who is old?

An additional major challenge in collecting data on older people is determining their correct age. In many countries older people have no account of their age and often take a guess when asked. Many times they claim to be younger than they are in order to ensure that they are not counted as old and consequently deprived of opportunities to work. Thus, people who say they are in their fifties may look or be older. Research shows that the psychological and physiological toll incurred from traumatic experiences, combined with exposure to disease,

11. IDMC, *Global overview 2011: people internally displaced by conflict and violence*, 2012

12. For example, in northern Uganda in 2009, 65 per cent of IDPs remaining in camps were over 60 years of age.

13. IDMC, *Displacement due to natural hazard-induced disasters: global estimates for 2009 and 2010*, June 2011

14. IDMC, *Global overview 2011*

15. Coalition of Services of the Elderly Philippines and HelpAge International (CSEP and HelpAge), "How are you incorporating the needs of senior citizens?" Advocacy note, February 2012

16. CSEP and HelpAge, "How are you incorporating the needs of senior citizens?"

17. IDMC, *Global overview 2011*

stressors, and poor nutrition, causes refugees to “age” sooner than the general population in resettlement countries.¹⁸

Yet another challenge derives from the lack of understanding of the socio-cultural dimension of the definition of “old person”. While the UN defines older people based on their actual age (60 and above), families and communities often use different socio-cultural factors, such as status in the family (grandparents), physical appearance (grey hair and wrinkles), and health (age-related conditions). Determining what constitutes old age is therefore context-specific and should be analysed accordingly.

1.5 Diversity, age and gender

Older persons are not a homogenous group; both their different ages and capacities to sustain their livelihood require consideration. Differences exist between those who are productive (physically and mentally healthy) and those who are not; similarly, the “young” old (aged 50-69) may differ significantly from the old (70-79) and the oldest old (80+). In the experience of HelpAge, the most vulnerable older persons tend to be over 80; living alone (especially women); heading households or skipped-generation families; or suffering from chronic disease or disabilities. There is a clear similarity between these categories and those UNHCR uses to identify refugees and IDPs as “persons with special needs”, meaning that they require specific attention in programming.¹⁹

Gender-based differences also exist. For older women who tend to live longer and whose numbers are therefore increasing at a faster rate, this demographic trend can translate as reduced family and household support, and decreased access to services and other community-based and government assistance. In addition, older women are taking on the large share of the burden of caring for children in many regions; in some areas of sub-Saharan Africa, for example, between 40 and 60 per cent of orphaned children were being cared for by their grandmothers.²⁰ For older displaced men, the challenge of not being economically productive and able to provide for their families, of losing their former role and status through displacement and of finding themselves in new situations may also have consequences relating to their psychosocial and mental health.

18. Atwell, RSJ, I Correa-Velez, and SM Gifford, “Ageing out of place: health and well-being needs and access to home and aged care services for recently arrived older refugees in Melbourne, Australia”, *International Journal of Migration, Health and Social Care*, 3(1), 2007, pp.4-14

19. UNHCR, “Protection starter kit”

20. UNICEF, *State of the world's children*, 2007



Section 2:

Relevant international law and humanitarian policy for older displaced persons

Gina Bramucci/HelpAge International

2. Relevant international law and humanitarian policy for older displaced persons

Primary responsibility to protect IDPs lies with states – be they national governments with IDPs in their own territories, donor governments that are supporting response or governments acting in a humanitarian capacity. For this reason, this chapter aims to give an overview of relevant applicable law and policy that can support older IDPs as well as highlight omissions. It does not focus on humanitarian policy that applies to the wide range of humanitarian actors that lack a formal mandate.

2.1 Human rights law and its relevance to older persons

Older people's rights are protected in a general sense under various existing international human rights treaties, though not in any specific, systematic or comprehensive way. Age as a prohibited ground for discrimination is only explicitly included in one convention, that on migrant workers, and there is little understanding of how general human rights standards apply in the context of ageing. The 1948 Universal Declaration of Human Rights, whose standards are considered international customary law, applies to every person regardless of age, is broadly applicable in contexts of internal displacement and specifically prohibits discrimination on the basis of any "status".²¹ Under international human rights law, the two core international human rights treaties – the UN Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights – both prohibit discrimination "of any kind" on grounds based on "any status", which implicitly includes age.²² However, the Universal Declaration of Human Rights provides only one specific provision for older persons, namely in relation to a standard of living adequate in old age (art. 25).²³

There is general interpretative guidance on the rights of older people. The UN Committee on Economic, Social and Cultural Rights specifically states that while the Covenant contains no explicit reference to the rights of older people, the range of economic, social and cultural rights applies to them on the basis of non-discrimination; moreover, it recognises the lack of explicit reference to special protective measures for older people.²⁴ Further, the Committee has interpreted physical access to food as a core component of the right to adequate food, including for older persons.²⁵ The UN Committee on the Elimination of Discrimination against Women has explored gendered discrimination against older women and interprets relevant provisions in this light.²⁶

Older people are also protected in general terms under other conventions, such as the Convention on the Rights of Persons with Disabilities of 2006, which prohibits "discrimination on the basis of disability" to ensure that people with disabilities may enjoy the same rights and freedoms as others.²⁷ This is particularly relevant given that disability is on the increase due to global ageing and the higher risk of disability in older people as well as the global increase in chronic health conditions such as diabetes, heart disease, cancer and mental health disorders. Nevertheless, while significant numbers of older people are not disabled, they still need adequate protection.²⁸ The Convention does not make specific reference to displacement but it does mention "situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters".²⁹

21. The Universal Declaration of Human Rights stipulates: "Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status." UN, Universal Declaration of Human Rights, 1948, art.2, www.un.org/en/documents/udhr/index.shtml

22. The International Covenant on Economic, Social and Cultural Rights states: "The States Parties [...] undertake to guarantee that the rights [...] will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status." UN, International Covenant on Economic, Social and Cultural Rights, 1966, art.2.2, www2.ohchr.org/english/law/cescr.htm. Similar language appears in UN, International Covenant on Civil and Political Rights, 1966, art.2.1, www2.ohchr.org/english/law/ccpr.htm

23. UN, Universal Declaration of Human Rights, art.25

24. UN Committee on Economic, Social and Cultural Rights (UNCESCR), *Report on the twelfth and thirteenth sessions*, general comment 6, E/1996/22, 1996., paras.10-13, http://shr.aaas.org/article15/Reference_Materials/General%20Comment%206_ICESCR_older%20persons.pdf

25. UNCESCR, *Substantive issues arising in the implementation of the international covenant on economic, social and cultural rights: general comment 12*, E/C.12/1999/5, 1999, para.13(2), www.unhcr.ch/tbs/doc.nsf/0/3d02758c707031d58025677f003b73b9General

26. United Nations Committee on the Elimination of Discrimination against Women, Convention on the Elimination of Discrimination against Women, General recommendation 27 on older women and protection of their human rights, CEDAW/C/GC/27, 2010, www.unhcr.org/refworld/docid/4ed3528b2.html

27. UN General Assembly, Convention on the Rights of Persons with Disabilities, A/61/611, 2006, www.un.org/esa/socdev/enable/rights/convtexte.htm

28. World Health Organization and World Bank, *World Report on Disability*, 2011

29. UN General Assembly, Convention on the Rights of Persons with Disabilities, art.11

Although older people's rights are protected under general human rights law, governments that report on their implementation of obligations under relevant treaties seldom mention the rights of older people in their submissions. Critical rights issues for older people – such as elder abuse, long-term care, autonomy and equal recognition before the law – have yet to be fully addressed.

As human rights actors have begun to recognise the need to clarify how human rights apply in the context of ageing, momentum for new international instruments has also grown, specifically with respect to a UN convention and a special rapporteur on the rights of older people. A UN convention would complement regional mechanisms, enshrining universal standards on older people's rights in international law and providing all older people with specific guarantees of their rights wherever they live. A new special rapporteur with a mandate to conduct country visits, enter into dialogue with governments, make recommendations, and submit findings to the Human Rights Council, the General Assembly and the Open-ended Working Group on Ageing would be able to deepen our understanding of and begin to bridge the gaps concerning older people in the human rights framework.

2.2 International humanitarian law

In situations of armed conflict, and while international human rights law continues to apply, international humanitarian law provides specific provisions on “protected persons”.

Under the Geneva Conventions of 1949 and their Additional Protocols older people are protected as persons not participating in the hostilities alongside other members of the civilian population. As such, Common Article 3 of the Geneva Conventions, applying to both international and non-international conflicts, provides protection to older people.³⁰ Moreover, the fundamental guarantees provided under customary international humanitarian law apply to them, regardless of the nature of the conflict.³¹

In the context of international armed conflict, two other articles of the Geneva Conventions also mention older persons as requiring special protection because of their weakened condition, alongside other vulnerable groups:

Article 14: *The Parties to the conflict may establish in their own territory and, if the need arises, in occupied areas, hospital and safety zones and localities so organized as to protect from the effects of war, wounded, sick and aged persons, children under fifteen, expectant mothers and mothers of children under seven.*

Article 17: *The Parties to the conflict shall endeavour to conclude local agreements for the removal from besieged or encircled areas, of wounded, sick, infirm, and aged persons, children and maternity cases.*

2.3 The Guiding Principles and their relevance to older persons

The 1998 Guiding Principles on Internal Displacement are based on international humanitarian and human rights law. They are intended to serve as an international standard to guide governments, international organisations and all other relevant actors in providing assistance and protection to IDPs. The Principles identify the rights and guarantees relevant to the protection of the internally displaced in all phases of displacement. They provide protection against arbitrary displacement, offer a basis for protection and assistance during displacement, and set out guarantees for safe return, resettlement and reintegration. Although they do not constitute a binding instrument, the Principles reflect and are consistent with international law; since their introduction, they have enjoyed moral endorsement by a number of international forums and many states have developed national legislation accordingly.

30. International Committee of the Red Cross (ICRC), Geneva Conventions, 1949, art.3, www.icrc.org/ihl.nsf/WebART/365-570006?OpenDocument

31. Fundamental guarantees provide that civilians should be treated humanely and without adverse distinction; they also prohibit murder, torture, corporal punishment, mutilation, medical or scientific experiments, rape and other forms of sexual violence, and hostage-taking, among other criminal acts. ICRC, *Customary international humanitarian law*, 1995, vol.1, rules 87-94, 96-97, 100-104

Concerning the special needs of vulnerable groups, the Guiding Principles set out a general rule that includes older people:

*Certain internally displaced persons, such as children, especially unaccompanied minors, expectant mothers, mothers with young children, female heads of household, persons with disabilities and elderly persons, shall be entitled to protection and assistance required by their condition and to treatment that takes into account their special needs.*³²

The Principles also refer generally to conditions that are often associated with old age:

*All wounded and sick internally displaced persons, as well as those with disabilities, shall receive, to the fullest extent practicable and with the least possible delay, the medical care and attention they require, without distinction on any grounds other than medical ones. When necessary, internally displaced persons shall have access to psychological and social services.*³³

Yet while other principles go into more detail about the needs of children and women – such as on the forced recruitment of children and on education for children and women³⁴ – older persons are not specifically mentioned in any other principle.

2.4 Protection under regional conventions

Regional human rights treaties that provide general protection are also applicable to the protection of older persons in situations of displacement. These binding treaties include the European Convention on Human Rights, the American Convention on Human Rights and the African Charter on Human and Peoples' Rights. The latter instrument specifically provides that the “aged [...] shall also have the right to special measures of protection in keeping with their physical and moral needs”.³⁵

The adoption of two binding regional treaties in Africa signified a big leap in the protection of internally displaced persons. Adopted in 2006, the “Great Lakes Pact”³⁶ includes two protocols on the protection of IDPs and of returning populations as well as one on the prevention of violence against women and children.³⁷

Hailed as a historic accomplishment, the first legally binding instrument at the continental level – the African Union’s Convention for the Protection and Assistance of Internally Displaced Persons – was adopted in October 2009. The so-called Kampala Convention applies in cases of displacement due to a wide range of causes – from conflict and human rights violations to natural or man-made disaster and development projects – and provides standards for the protection of people from arbitrary displacement, the protection of IDPs while they are displaced and durable solutions to their displacement. Of particular relevance to older people is the Kampala Convention’s assertion that states parties shall:

*Provide special protection for and assistance to internally displaced persons with special needs, including separated and unaccompanied children, female heads of households, expectant mothers, mothers with young children, the elderly, and persons with disabilities or communicable diseases.*³⁸

For the Kampala Convention to enter into force and become legally binding, however, it must be ratified by 15 countries.

32. ICRC, Guiding Principles, Principle 4(2)

33. ICRC, Guiding Principles, Principle 19

34. ICRC, Guiding Principles, Principles 13, 23

35. Organization of African Unity, African Charter on Human and Peoples' Rights (“Banjul Charter”), CAB/LEG/67/3 rev.5, 21 I.L.M. 58, 1982, art.18, www.unhcr.org/refworld/docid/3ae6b3630.html

36. International Conference on the Great Lakes Region, Pact on Security, Stability and Development in the Great Lakes Region, 2006, www.internal-displacement.org/greatlakes

37. See also IDMC and International Refugee Rights Initiative, *The Great Lakes Pact and the rights of displaced people: a guide for civil society*, 2008, www.internal-displacement.org/greatlakes

38. African Union, African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (“Kampala Convention”), 2009, www.unhcr.org/refworld/docid/4ae572d82.html

2.5 The UN Principles for Older Persons and the Madrid International Plan of Action on Ageing

In 1991, the UN General Assembly adopted the United Nations Principles for Older Persons, encouraging governments to incorporate them into national programmes whenever possible. The Principles call for action in many areas, practically all of which are relevant in situations of internal displacement. In particular, Principles 1-6, under the heading of “Independence”, state that older persons should have access to food, water, shelter, clothing, health care, work and other income-generating opportunities, education, training, and a life in safe environments; Principle 7, under the heading of “Participation”, states that older persons should remain integrated in community life and participate actively in the formulation of policies affecting their wellbeing; Principles 10-14, under the heading of “Care”, state that older persons should have access to social and legal services and to health care so that they can maintain an optimum level of physical, mental and emotional wellbeing.³⁹

The Madrid International Plan of Action on Ageing was adopted and endorsed by the UN General Assembly in 2002. It is a practical tool to assist policy makers in focusing on the key priorities associated with population ageing. It addresses a wide range of issues with implications for the lives of older people, including social protection, health, urbanisation, labour, education, nutrition, training of carers, housing, infrastructure, and images of ageing. Of particular relevance to displacement, the Plan recognises that:

*in emergency situations, such as natural disasters and other humanitarian emergencies, older persons are especially vulnerable and should be identified as such because they may be isolated from family and friends and less able to find food and shelter. They may also be called upon to assume primary caregiving roles.*⁴⁰

Consequently, Objectives 1 and 2 under Issue 8 (“Emergencies”) respectively call for: “Equal access by older persons to food, shelter and medical care and other services during and after natural disasters and other humanitarian emergencies” and “Enhanced contributions of older persons to the re-establishment and reconstruction of communities and the rebuilding of the social fabric following emergencies”.⁴¹

While both the UN Principles for Older Persons and the Madrid International Plan of Action on Ageing are important as they recognise the specific rights of older people, they are non-binding and thus non-enforceable.

2.6 Humanitarian policy

The IDMC global IDP overview for 2011 reports that “only in 6 out of 50 countries did national policies make specific references to older people; in 3 of those countries information on their numbers had not even been gathered”.⁴²

The majority of humanitarian actors operating within the UN humanitarian coordination system consider older people a cross-cutting issue or include them in a long list of potentially vulnerable groups. While some key policy initiatives, such as the Sphere Project’s Minimum Standards in Disaster response,⁴³ do include older people, practice remains behind policy.

2.6.1 The Inter-Agency Standing Committee

The highest humanitarian policy body in the UN system – the Inter-Agency Standing Committee Working Group (IASC-WG) – considered the concerns of older people caught up in crisis during an inter-agency review in 2007. This process revealed that the needs of older people were not being systematically identified or acted upon within humanitarian response or coordination. One year later, the IASC developed guidance on humanitarian action and older persons, a key policy statement on the part of the humanitarian community although it remains relatively unknown within humanitarian country teams.⁴⁴

39. United Nations, United Nations Principles for Older Persons, adopted by General Assembly resolution 46/91, 1991, www2.ohchr.org/english/law/pdf/olderpersons.pdf

40. Second World Assembly on Ageing, Madrid International Plan of Action on Ageing, 2002, para.54, social.un.org/index/Ageing/Resources/MadridInternationalPlanofActiononAgeing.aspx

41. Second World Assembly on Ageing, paras.55-56

42. IDMC, *Global overview 2011: people internally displaced by conflict and violence*, 2012, p.8

43. Sphere Project, “The Sphere humanitarian charter and minimum standards in humanitarian response”, 2010

44. IASC, *Humanitarian action and older persons: an essential brief for humanitarian actors*, 2008, www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-products-products&productcatid=24; IASC, “Results of the internet surveys for the review of IASC products”, 2009, www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-news-newsdetails&newsid=139

A further review was undertaken in 2010⁴⁵ on behalf of the IASC-WG, which noted limited progress in addressing the humanitarian needs of older people, mainly the result of technical engagement at the global level. Currently, work is being taken forward to ensure the incorporation of the needs of older people in humanitarian assessments, to promote the development of training materials, guidelines and the documentation of best practices and, critically, to establish closer links between age and other cross-cutting issues such as gender and disability.

In December 2009 the IASC endorsed the Framework on durable solutions for IDPs,⁴⁶ which recognises that even after conflict or events that have led to natural disasters have ended, competent authorities have obligations to establish conditions and provide means to IDPs to return to their homes voluntarily in safety and with dignity, to integrate in their place of refuge or to settle elsewhere in the country. Older persons are only specifically mentioned twice in the Framework, under the banner of other “persons with special needs”, whereas children and women are mentioned in almost every article. Given the particular difficulty of securing durable solutions for older persons, this is a glaring omission.

2.6.2 The UN High Commissioner for Refugees

UNHCR, which has specific responsibility for refugees, developed a Policy on Older Refugees in 2000. It acknowledges that older refugees can comprise more than 30 per cent of displaced groups and that they tend to be insufficiently recognised.⁴⁷ In particular, the policy highlights that:

Older refugees often serve as formal and informal leaders of communities; they are valuable resources for guidance and advice, and transmitters of culture, skills and crafts that are important in preserving the traditions of the dispossessed and displaced. Older refugees can and do make an active contribution to the well-being of their next-of-kin, and only become totally dependent in the final stages of frailty, disability and illness. Older persons have taken the lead in return to countries as far afield as Croatia and Liberia. Older persons can also contribute to peace and reconciliation measures.⁴⁸

As a result of UNHCR's policy of age, gender and diversity mainstreaming, which was established in 2004 to enhance the integration of issues in programming,⁴⁹ HelpAge International has been able to work with the global protection cluster led by UNHCR since 2008. In particular, HelpAge has deployed ageing experts to key operations in numerous countries around the world, thereby improving practice for older IDPs (see Section 3).

45. IASC, “Mainstreaming age in inter-agency processes and products”, Paper presented at the 78th IASC-WG meeting, November 2010

46. Brookings Institution–University of Bern Project on Internal Displacement, *IASC Framework on Durable Solutions for IDPs*, 2010, www.unhcr.org/refworld/docid/4c5149312.html

47. UNHCR, *Policy on older refugees*, Annex II, para.1

48. UNHCR, *Policy on older refugees*, Annex II, para.2

49. UNHCR, *Age, gender and diversity policy: working with people and communities for equality and protection*, 2011, www.unhcr.org/4e7757449.html



Section 3:
**Core issues
concerning older
displaced persons**

3. Core issues concerning older displaced persons

All of HelpAge International's 11 priority programmes since 2009 are supporting older IDPs or refugees during different phases of displacement, which resulted from natural hazards or conflict.⁵⁰ Advocacy, research or the secondment of specialist staff to support UNHCR has been undertaken in a further 11 IDP contexts where the plight of older persons has been of particular concern.⁵¹ This experience has helped identify specific challenges facing older persons, be they at their places of origin, displaced (including during flight) or affected by the displacement of their families.

By drawing on evidence and country data in numerous locations that have experienced disasters or conflict, this chapter analyses some of these challenges. It also provides case study examples to highlight ways that displaced older people have been supported.

3.1 Staying behind

A growing number of case studies reveal that older people are often left behind when the rest of their community is displaced. During the Georgian conflict in 2008, for instance, those who remained in their villages throughout the hostilities were predominantly older persons, as indicated by data from assessments, the UN and discussions with those who had reached collective centres. These older persons remained at the frontline of the conflict, often hiding in the forest during the night for safety, with only their spouse or other older persons for support and assistance.⁵³

There are several reasons why older persons often remain at their place of origin. One major reason is the physical incapacity of many older persons to move, whether real or perceived by the family. On the one hand, the older person may not be physically capable of making the journey required to get to safety due to disability, ill health or weakness. On the other, the family may be concerned that the older person would not be able to keep up with the pace of displacement, which could put everybody at risk. Either of these two factors, and most likely a combination of the two, may result in a decision to stay.

Secondly, older people may have personal reasons for remaining at home. They may feel particularly tied to their home and lands, or they may have resisted pre-emptive disaster evacuations and thus experienced and managed similar situations before – that is, “ridden out” previous cyclones or floods. Moreover, the prospect of starting over elsewhere may be too overwhelming for an older person.

Thirdly, the older person or the family may decide that it is important for someone to remain at home to secure their assets. Evidence from Colombia shows that older people are the most resistant to displacement, wishing to stay and protect their farms and livelihoods.

3.2 Staying or fleeing: assessing the risks

Regardless of whether older people stay behind or enter the displacement cycle, they face significant protection risks.

First, older people who stay behind may be subject to violence, intimidation or secondary impacts of natural hazards, such as aftershocks or rising flood waters. This was the case in Darfur, where older people who did not leave were terrorised and then killed by “Janjaweed” militia.⁵⁴ Similarly, at the height of displacement during the 2008 crisis in Georgia:

When the enemy attacked I couldn't run away because my legs don't work. My neighbours hid me under trees. I stayed there for four days.

**Halima, 80,
West Darfur⁵²**

50. The 11 priority programmes are running in Colombia, Darfur, DRC, Ethiopia, Haiti, Kenya, Kyrgyzstan, Pakistan, the Philippines, the Occupied Palestinian Territories, and Uganda.

51. The 11 support programmes are under way in Gaza, Georgia, Indonesia, Kenya, Kyrgyzstan, Myanmar, Pakistan, Somalia, South Sudan, Uganda, and Yemen.

52. HelpAge, “International case study”, 2004

53. HelpAge, Protection Cluster Working Group (PCWG) and UNHCR, “Georgia trip report to Gori and adjacent areas: secondment of specialist on older persons”, 2008

54. Wells, J, “Protecting and assisting older people in emergencies”, ODI Network Paper, 2005

IDPs reported [...] only some 80 old people left in the village, as everybody else fled when the conflict broke out two weeks ago. On Sunday and Monday militias repeatedly entered the village, looted the houses, tried to extort money and harassed the inhabitants, beating some of them up severely. [As a result] another 65 villagers decided to flee. They walked towards Gori in small groups and spent the night in the open. [...] Now about 15 to 20 people are said to be left behind in the village of Megvrekisi. They are the most vulnerable elderly. Villagers said that there was no electricity and no potable water when they left.⁵⁵

Neighbouring villages experienced the same situation.

Second, those who do not leave their area of origin often lose essential assistance and support mechanisms. In the wake of Hurricane Katrina in the United States, for example, older people who were unable to leave residential homes were exposed to grave risk as their carers left New Orleans, abandoning them to their fate. Seventy per cent of those who died as a result of the disaster were over 70.⁵⁶ Likewise, during the 2011 earthquake and subsequent tsunami in Japan, where older people comprise more than 40 per cent of the population, many lost their lives while trying to get to higher ground after the tsunami warnings were sounded. At a hospital in Futaba, just 10km from the Fukushima power plant, troops discovered 128 older patients who seemed to have been left to fend for themselves by medical staff.⁵⁷

For older people who decide to flee, risks include the possibility of being separated from their family and thus ending up in near-complete isolation. In Darfur in 2004, for example, when huge numbers of people fled across large distances to urban centres, numerous older people reportedly arrived in IDP camps alone, having been separated from their families during the journey, or simply having stopped or been abandoned along the route due to physical exhaustion.⁵⁸ In Georgia, older persons reported that because younger members were displaced earlier in the conflict, they often ended up in separate collective centres alone and that the process of tracking each other down was time-consuming and emotionally difficult for them.⁵⁹

Another category of risk concerns delayed displacement. If older people make a decision to attempt to rejoin their families, they may not be included in the register for assistance and may therefore remain invisible and unsupported. According to a local government official in the Colombian city of Cali, for instance, “While an event in the armed conflict may have caused the displacement of their family, when the older person decides to join the family he or she is not considered displaced.”⁶⁰ This assessment is corroborated by the ICRC, which reports that when older people in Colombia cite loneliness, abandonment and health problems as reasons for arriving in a city – rather than mentioning events related to internal armed conflict – they are not added in displacement registers.⁶¹

Delayed displacement also entails the risk that older people will stay as close to home as possible, thus abandoning their own homes while potentially remaining separated from their family. In the DRC, for instance, many older people move into farms in the bush abandoned by their relatives or by strangers to eke out a living until a conflict subsides. Often they look after children who have also been abandoned, but who are not necessarily their relatives.⁶²

Despite the documentation of such risks, however, good practice examples of how older people can be supported are almost non-existent. Among the few examples is HelpAge’s work in cyclone-prone areas in Bangladesh and Pakistan, where programmes involve communities in identifying older people and prioritising them for support, enabling them to reach shelters as fast as possible in the case of a cyclone.

55. UNHCR, “Emergency operation in Georgia”, Update, 26 August 2008, p.1, www.unhcr.org/48b431254.pdf

56. Reuters, “In wars and disasters, old people get left behind,” 29 September 2009

57. McCurry, J, “Japan: the aftermath”, *Lancet*, 377(9771), pp.1061-62, 2011, [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)60413-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60413-3/fulltext)

58. Wells, J, “Protecting and assisting older people in emergencies”

59. HelpAge, PCWG and UNHCR, “Georgia trip report to Gori and adjacent areas”

60. HelpAge, “Forced to change horizons: internal displacement, a tailored approach for older people in Cali, Colombia”, 2010

61. HelpAge, “Forced to change horizons”

62. HelpAge, HelpAge programme internal report on DRC, 2009

Given the grave protection risks that older persons face, there is a vital need for the following areas to be considered and integrated into policy and practice:

- advocacy and liaising with authorities, especially parties to armed conflict, to enable access to the most vulnerable who remain behind
- assistance with transportation and movement for the most vulnerable
- support for family tracing and reunification for older people
- particular attention to older persons arriving alone or with children at displacement reception centres
- increased focus on areas that are accessible but remain outside core displacement centres and camps where older persons are likely to be
- integration and prioritisation of older people into evacuation, preparedness and disaster risk reduction plans prior to crisis
- identification of local coping strategies (individual and collective) of IDPs in general and of older IDPs in particular, as guidance for the humanitarian work throughout the displacement cycle.

3.3 Displacement itself

This section assesses some identified areas of concern of older persons in relation to displacement itself:

- a) exclusion and discrimination
- b) erosion of family and traditional support systems
- c) access to information and documentation
- d) access to basic services, including shelter, food and nutrition, livelihoods and recovery, and health.

3.3.1 Exclusion and discrimination

It is essential for humanitarian actors to understand that situations of displacement affect different groups of people – and particularly different age groups – differently. Yet although it is common knowledge that the age group 0-40 is composed of different sub-groups, such as children under five and adolescents, the differences among those 50 and over are much less acknowledged.

In order to ensure that support for IDPs does not discriminate against older people and reaches everyone in a non-discriminatory manner, it is not only necessary to assess factors such as age, but also others such as gender, health, origin, and social and cultural practices. However, such specific attention is often lacking. In addition, a significant body of evidence shows that the support that older people receive from governments, international and national organisations can be minimal or non-existent as it is frequently merged into programmes targeting IDPs as one homogeneous group.

As revealed by a study of humanitarian financing undertaken by HelpAge in 2011,⁶⁴ a mere 0.78 per cent of 6,003 projects analysed included at least one activity targeting older people and only 0.3 per cent of these were funded. The projects were under way in 14 consolidated appeals process countries and four major humanitarian crises, all of which include high numbers of IDPs. In a baseline assessment for a cash transfer programme in Haiti for older IDPs, only 3 per cent of respondents said they were receiving any assistance from other NGOs other than HelpAge.⁶⁵

The exclusion of older persons from services and support often mirrors the pre-existing conditions of displacement, which are generally characterised by the absence of state protection and an inability to access basic rights of citizenship. These shortfalls can be addressed through an inclusive approach that recognises older people as right-holders and enables them to make active contributions to their communities in line with their capacities.

You [humanitarian actors] are the first people in the history of this camp to ever come and talk to older people and to ask about the circumstances and needs of the elderly.

Tom Okello, camp leader, Olwal Camp, Acholi district, Uganda, 2007⁶³

63. Day, "Strong and fragile: learning from older people in emergencies", prepared for the IASC-WG, 2007

64. HelpAge and Handicap International, *A study of humanitarian financing for older people and persons with disabilities, 2010-2011, 2012*

65. HelpAge, Internal baseline assessment on the Haiti programme, 2011



Frederic Dupoux/HelpAge International

**Diliane Charles, 80,
Camp St Therese,
Port au Prince, Haiti
with HelpAge staff**

Case study 1

Haiti: older persons' own advocacy successes⁶⁶

At the outset of HelpAge's intervention in Haiti, it established a network of community outreach agents working at the camp level and known as "friends". Friends were older, able-bodied camp residents responsible for collecting data and providing home-based support to highly vulnerable older people living in camps. A further level of community staff, working at the commune level and called "vulnerability focal points", were responsible for coordinating the activities of the friends and representing HelpAge on camp management committees.

These networks were established in 93 camps across Port-au-Prince, Leogane, Peti-Goave, Grand-Goave and Jacmel. The following are examples of how older persons, through older persons' associations established in the camps, have achieved small but significant changes in Haiti:

- They successfully advocated for the integration of older people into cash-for-work activity and for the dismissal of a camp committee that was not working for the wellbeing of camp residents (Croix des Bouquets).
- They created a cash box to which members can contribute. With the contributions, they are able to support older members who are facing problems. For example, they were able to cover funeral fees for one member (Jacmel).
- They started a literacy programme for members of the older persons' association who cannot read (Pétion-Ville).
- Older people have replicated the training they have received on hygiene promotion to prevent further outbreaks of cholera and have requested better services at the health centre (Pétion-Ville).
- Two health centres have opened special lines for older people, as a new good practice (Croix des Bouquets).

66. Cren, B, "Emergency response and ensuring inclusion of the needs and capacities of older people in Haiti's reconstruction", October 2011

3.3.2 Erosion of family and traditional support systems

This section highlights some of the impact of displacement on the status of older people, their relationships within families and communities, and the erosion of support on which they may once have relied.

Change in status and psychosocial impact As a result of displacement, many older people experience a radical change in status: from being a respected elder with a clear role within a (generally rural) community to living in unfamiliar (often urban) surroundings as a dependant and perceived burden on other family members. Migration and displacement is eroding many social safety nets. A HelpAge partner in Cali, Colombia, reports that many young people no longer recognise the authority of older people, or listen to them.⁶⁷

Similarly, in northern Uganda, older persons used to play a central role in the Acholi culture. The fact of residing in camps and being dependent on aid over nearly two decades has had a devastating effect on them and altered the social fabric of the community. Older persons have lost much of their traditional respect, and young persons have had to make painful choices regarding how they use the little assets they have, often prioritising children. This situation has been made worse by humanitarian agencies, which have paid scant or no attention to older persons' needs. In particular, they failed to include them in livelihood activities, denying them the possibility of making a contribution.

Such degradation can lead to sheer destitution among older persons. In Lira district of northern Uganda, in the absence of an alternative strategy to support their needs, the local government declared Fridays begging days for older persons living in IDP camps.⁶⁸

The loss of the status they once had in their community can lead older people to depression. In 2003, an older man, his wife and their ten children were forced from their home in West Darfur, Sudan, when conflict reached their village. The man said:

“It was a tragic day. I lost everything I had, including my animals.” He and his family went to live in an IDP camp, where they became dependent upon humanitarian aid. “I felt I was no longer respected in society. I felt helpless in front of my family and the rest of my relatives in the camp,” he said.

Living alone The most apparent sign of the loss of support from family and community is the fact that many older IDPs live alone, especially widowed women. In traditional Palestinian society, for instance, home care for older people through the extended family used to be the norm. Today, modernisation, urbanisation and conflict have led to radically changing values and practices regarding family care for older people. The Palestinian Central Bureau of Statistics shows a shift from the traditional extended family to nuclear families; the latter now represent 79 per cent of households in the Occupied Palestinian Territories (82 per cent in the West Bank and 73 per cent in Gaza). As a result, older people are more likely to live alone, away from their children. Bureau data shows that 9 per cent of people over 65 live alone; HelpAge surveys in Gaza find that 92 per cent of the older IDPs who live alone are women.⁶⁹

67. HelpAge, “Forced to change horizons”

68. Discussions with older camp residents in Lira district, Uganda 2007

69. Palestinian Central Bureau of Statistics, “Main findings of violence survey in Palestinian society”, Press release, December 2011

Relationships with children Furthermore, some of the very practices of humanitarian operations may contribute to the loss of status and erosion in generational relationships. For instance, while children are an important focus among IDP populations, their relationship with older adult carers is barely considered, despite the fact that in displacement contexts many middle-aged groups will migrate away to find work. Humanitarian response has insufficiently identified skipped-generation households. That said, children living solely with older carers are at increased risk of early marriage as a means to financial gain; school non-attendance; child labour; loss of rights or access to familial land; and of becoming a child-headed household when the grandparent passes away. In addition, older caregivers struggle with the hardship of raising children while becoming less capable of generating a viable income.⁷⁰

Interventions that address these skipped-generation households are essential. The creation of child-friendly spaces is a standard humanitarian intervention in IDP camps, and yet grandparents in Pakistan told HelpAge that they had cared for children who had now been taken away from them to a ‘child-friendly space’ from which they were excluded.⁷¹ Subsequently, the spaces were opened up to allow grandparents to attend and participate in the activities.

Erosion of traditional support In Pakistan there is a strong culture of honouring and supporting older people. Parents are held in great esteem and their status increases in the family with age. Yet a 72-year-old in Neelum district described the days immediately after the 2005 earthquake as follows:

My family was struggling for their own survival in [the] wake of the earthquake and they were not able to take care of me. I remained isolated for four days and was unable to contribute towards my family and community. My sons hardly talked to me during those days and I was treated like a burden.⁷²

In the same country, the situation was similar following the devastating floods of 2010. On the one hand, there is a strong sense among communities and humanitarian actors in Sindh province that numbers of older people living alone and without family support are limited. Religious and cultural values support the idea that older people are continually consulted in decision making and always provided with support. Yet in focus group discussions held by HelpAge, older people did identify themselves as living alone, and detailed discussions with partners highlighted cases of older people being abandoned when families fled the flood. The Ministry of Social Welfare went as far to estimate the numbers of older people living without family support at 10 per cent of the older population.⁷³

Preventing erosion of support systems Central to minimising the effects of displacement on the erosion of family support and psychosocial wellbeing is a recognition of the huge contributions that older people can and do make to society. IDMC research finds that older women played an important support role in enabling younger women without a male head of the household to access services in Sindh province after the flood; in particular, the older women accompanied younger ones who had no male guardian or chaperone to distribution points, as social rules of *purdah* are less restrictive on older women.⁷⁴

It is essential to ensure the participation of older persons in the decisions that affect their life and ability to access basic services including livelihood support. A core strategy of HelpAge in humanitarian settings, including IDP camps, has been to support the establishment of social spaces and associations of older persons who can meet, support one another and identify available services (see Case studies 1 and 2). While participation in decision making is essential in humanitarian responses, it is also a human right.

70. DeRemer, K, “Is the middle ground collapsing? The impact of conflict and HIV and AIDS on skipped-generation households in northern Uganda”, UNICEF, HelpAge International and UNAIDS, 2009

71. HelpAge focus group discussions with older people, Kashmir, 2005

72. HelpAge, *Analysis of older people’s ongoing vulnerabilities in Sindh, Pakistan*, 2011

73. HelpAge, *Analysis of older people’s ongoing vulnerabilities in Sindh, Pakistan*

74. IDMC, “Flood-displaced women in Sindh province, Pakistan: research findings and recommendations”, June 2011



Marcus Skinner/HelpAge International

Income generating activities in one of HelpAge's social spaces, Eastern DRC

Case study 2

Eastern DRC: the role of social spaces⁷⁵

An estimated 1.7 million IDPs live in Eastern DRC and the older persons among them face enormous individual, social, and economic challenges related to meeting their basic needs. They report being isolated or excluded from their communities, suffering from land losses and disputes, and being broadly unable to access support from the Congolese government and humanitarian community.

In 2010-11, HelpAge constructed 'social spaces' or community centres under the management of local associations of older persons in camps and return areas. The aim was to a) provide a place where older persons could meet, b) facilitate advocacy within communities and with leaders and c) provide for livelihood support.

Some of the positive impacts of the spaces as reported by older persons themselves include:

- a reduction in isolation thanks to having a place to share experiences, discuss challenges and help each other to solve problems
- somewhere for older people to take shelter from daily rains, an important function for IDPs in temporary shelters or tents
- a mechanism by which older people are represented in the community and whose value and credibility is supported by their ownership of the space
- a mechanism through which many older people in the camp are registered for other support services
- organisation of activities that aim to increase knowledge around older people's rights and to combat exclusion and discrimination (such as a forum for dialogue and debate within communities to help them reflect on what is lacking within the community to ensure protection and inclusion of older people)
- intergenerational activities that aim to reduce the gap between older and younger generations by building understanding on the issues and challenges they face
- literacy classes and conflict resolution
- income-generation activities such as tailoring, basket making, and production of combustible briquettes made from recycled paper that can be burnt instead of wood, reducing risks associated with collecting firewood and providing older people with protection against extreme poverty.

75. Skinner, M, "Social spaces: use and impact", Internal report, May 2011

An evaluation conducted in February 2011 shows that:

- **Attendance rates are high: 89 per cent of older persons interviewed attend the social space at least once a week; 24 per cent go every day; and 29 attend two to three times per week.**
- **About 63 per cent of those attending the social space are men.**
- **The majority of older persons explained that before the construction of the social space, they were spending their day at home without occupation.**
- **The majority of older persons go to the social space for support with income-generation and training, while 22 per cent go to meet and speak with other older people and listen to the radio.**
- **About 95 per cent said that the social space increased their visibility in the community and made them feel more confident.**
- **Qualitative results also show that older people feel that the community gives them more respect and attention and that they feel stronger as a group because they have a meeting place that represents them.**
- **Women said they felt empowered by having the same access to the social space as men.**

3.3.3 Access to information and documentation

All individuals have the right to receive information to allow for meaningful participation in matters concerning themselves. In the context of a crisis, access to information is a key part of upholding human dignity. To respect the principle of equality and non-discrimination, communication to disaster-affected populations, including IDPs, must also be accessible to older people and take into consideration any visual, aural or mobility challenges they face in reading, hearing or getting to community meetings where information on rights and entitlements may be shared. Dissemination strategies must therefore consider the possibility that a significant percentage of the older population may be illiterate or that they may speak only local dialects rather than the official language spoken by aid workers (see Case study 3). The fact that the majority of individuals employed to work in IDP camps tend to be young, with limited sensitisation to the needs of older persons, must be taken into account in programming.

Securing identification for older people is also paramount. The loss of identity documents in a displacement crisis can lead to several serious protection problems, including the loss of entitlement to pension and other social services. This situation is well illustrated by an example from HelpAge's experience in southern Kyrgyzstan. In December 2010, nearly six months after the violence that displaced 400,000 people in and around Osh, 16 per cent of older persons interviewed⁷⁶ for a baseline assessment had not recovered valid identity papers. Without valid ID cards, older people from this group, on top of having lost their homes and possessions, would not be able to access even their minimum pension of just 2,042KGS (US\$44), well below the 3,122KGS (US\$67) deemed to be the bare minimum for survival.⁷⁷

To help correct this situation, HelpAge contracted three local lawyers to provide outreach advice on replacement of identity documents or the provision of temporary identity documents and access to benefits and services. Leaflets were produced explaining the process for older persons. HelpAge facilitated training on equal and fair procedures on replacement of identity documents and the provision of temporary identity documents to local service providers. This project could easily be replicated in other countries where older IDPs cannot access the pension because they have no access to their work records, which show years of service and pension entitlements.

76. HelpAge, *Emergency response to re-establish the socio-economic position of vulnerable groups in southern Kyrgyzstan: baseline assessment*, 2010

77. Kyrgyz Republic National Statistics Committee, *Annual report 2009*, Bishkek: National Statistics Committee, 2010, p.83



HelpAge International

A displaced grandmother and grandchild in front of their house in Cartagena – the grandmother lives on her own with the baby

Case study 3

Colombia: legal and psychosocial support in an urban context

More than 3.5 million people have been forcibly displaced in Colombia since 1997 and the Ministry of Social Protection estimates that 10.1 per cent of them are people over the age of 60. Colombia is one of the countries in Latin America that is ageing most rapidly; older persons comprise 14 per cent of the total population and suffer from higher rates of poverty than other age groups.⁷⁸

While there is a National Policy on Ageing and Old Age for 2007-19, the document makes scarce reference to people who have been forcibly displaced and is not effectively translated into practice on the ground. Meanwhile, there is no non-contributory pension included in the Colombian pension system. The Ministry of Social Protection manages the National Social Protection Programme for Older People, which provides a basic means tested subsidy of about US\$35 per month for a limited number of older people in the poorest two quintiles. In 2008, there were 435,000 spaces available, covering about one-quarter of the eligible population. A National Food Programme for Older People provides hot meals on weekdays at community kitchens or dry-food rations. In 2010, there were 417,230 spaces available, which only cover approximately 25 per cent of the eligible older population.

In 1997 the government passed Law 387, which stipulates that the state has the obligation to prevent forced displacement and to support, protect, settle and ensure the social and economic stabilisation of people who are internally displaced by the violence in the country. However, it makes little reference to older people (Article 6.17 mentions special assistance in health, education and housing). In 2004 a constitutional court judgement found that the state of affairs with regard to forced displacement in the country was unconstitutional and issued orders to ensure that this situation be rectified and to guarantee that displaced people be effectively enabled to enjoy their fundamental rights, both individually and collectively. The judgement requires that sex, age, ethnic origin and disability be taken into account in the design, implementation and delivery of government assistance for IDPs.

Subsequent judgements from the constitutional court concern the protection of persons with disabilities and indigenous populations, but there has been no specific follow-up regarding the issue of age. This seems to be for a range of reasons, including the fact that the Colombian government as a whole has not yet taken on board the implications of ageing for the country, despite being one of the fastest-ageing countries in the region. Specifically, Colombia is the only country in South America that has not come out in favour of a convention for the rights of older people. Secondly, there has been a lack of advocacy around older people as a group affected by the conflict as opposed to other groups, such as Afro-Colombians and indigenous groups. Finally, Colombia does not yet have a strong organised advocacy movement of older people at the national level. Given that Colombia remains the country in the world with the highest number of IDPs, the fact that older people continue to be very low on the agenda is illustrative of the broader neglect they face.

78. HelpAge, "Forced to change horizons"

UNHCR and the Colombian Ministry of Social Protection have produced “Guidelines for a differentiated approach to enable older displaced people in Colombia to effectively enjoy their rights”, which are supported by HelpAge. Since these guidelines were only recently completed, it is too early to assess what impact they will have.

HelpAge supports an advice centre for IDPs in Cali to facilitate access to assistance under Law 387. Priority is given to older persons to ensure that they have a dignified and adequate reception. They are interviewed by a qualified counsellor who is trained to recognise and address common problems for older persons, such as hearing loss or illiteracy. Legal advice is provided to facilitate access to state aid, such as the government social protection programme for older persons or the national food programme for older people.

Older persons are also referred to the gerontology service, which evaluates their physical and mental health and the family situation to develop a personalised care plan. This may include referral to a doctor and the appointment of someone to accompany the older person. Promotion of psychosocial support to re-establish self-sufficiency so that older persons may regain control of their lives is prioritised. Self-sufficiency is partly supported through the following:

- the establishment of social networks among older IDPs
- reflection workshops on the past to support psychological recovery
- spaces for spiritual or religious reflection to help overcome the trauma of displacement
- livelihoods and micro-business programmes
- literacy workshops to support completion of basic information on forms to access entitlements.

3.3.4 Access to basic services

Concerns about basic services – such as shelter, food and nutrition, livelihoods and recovery, and general health as well as mental health and psychosocial services – extend throughout the displacement cycle for older persons and other groups alike. This section considers issues surrounding access to each of these services for older people.

Land and shelter Numerous displaced older people face challenges in terms of finding adequate shelter and in claiming their rights to the land from which they were originally displaced. In many cases of displacement, home has not just been left behind, but there is no more home to return to.

In Kyrgyzstan, for example, 67 per cent of more than 600 older persons interviewed during a survey following the conflict in June 2009 reported that their houses had been completely destroyed. An additional 8 per cent reported that although their homes were still standing, their condition had rendered them unfit for occupation. This is a difficult blow for older persons, especially if they or generations of their families built their homes themselves. Their emotional attachment to their homes runs very deep and the psychological consequences of the destruction can be severe.

Furthermore, in climates such as those of Eastern Europe and Central Asia, the arrival of winter heralds an extremely difficult situation for all IDPs. Older people are particularly susceptible to the cold and may forgo food in order to pay for heating. In Mongolia, for example, dzuds (severe weather conditions – such as heavy snowfall, drought and windstorms) can result in migration and mass livestock mortality, which are particularly hard for older people.⁷⁹

⁷⁹ Intergovernmental Panel on Climate Change, *Managing the risks of extreme events and disasters to advance climate change adaptation*, Cambridge: Cambridge University Press, 2012

Differences in access to shelter between younger and older people were particularly apparent in Pakistan following the 2010 floods. Many young persons, women and children were accommodated in community structures such as school buildings, whereas many older people were relocated to makeshift arrangements and camps on the site of their damaged houses. Families with youths and children settled in areas where they heard that there was access to aid. Many older people were not given shelter by their adult children and were thus forced to find shelter for themselves. Moreover, older people were sleeping on cold, hard, damp surfaces which, in turn, resulted in joint problems becoming acute and severely debilitating.⁸⁰

Food and nutrition Access to adequate food is often a major problem for older IDPs. The way humanitarian operations are organised, focusing on the bulk distribution of undifferentiated dry rations, may suit the needs of aid organisations better than the needs of the population, particularly those who are vulnerable. Older people often have problems with the way the food rations are distributed, and with the nature of the food itself.

In Pakistan, for example, following the devastating floods in 2010, the rapid common humanitarian assessment undertaken revealed that three-quarters of older people found distribution points for non-food items inaccessible. They found it a challenge to their dignity and self-respect to wait for alms or relief goods and services and described how demeaning the distribution process was in certain places, with food being thrown from helicopters or flung to people while they wrestled among themselves. These modes of distribution limited the access of older persons and especially older women. In a rapid assessment HelpAge found that 40 per cent of older people were at risk of malnutrition and that their nutritional needs had been completely overlooked. Indeed, multi-cluster rapid assessment “data signals that least attention is paid to food intake of the elderly”.⁸¹ Focus group discussions conducted by IDMC with women still displaced by the 2010 floods in March 2011 also revealed that older women, as well as unmarried women, were particularly discriminated against; they received less assistance than others within their families, based on decisions of male heads of household who had been charged with distribution by external aid providers.⁸²

In a nutrition survey undertaken by HelpAge in Dadaab refugee camp in Kenya in 2011, more than 500 older persons were found to be in need of nutritional support. This need was attributed to exclusion or lack of access to the general food distribution; low diet diversity; and infrequent meals. The survey found a prevalence of malnutrition, indicating that aid agencies supporting refugees and IDPs should be targeting older people as a specific vulnerable group. The survey recommends that:

- malnourished older people should be identified in order to receive appropriate treatment
- older people should be guaranteed access to the general food ration distribution
- older people should receive more regular and more diverse food intake
- community-based services targeting older people should be developed in the camps.⁸³

Livelihoods and recovery Older persons in the developing world tend to work into their late seventies, whether in formal or informal employment. As with younger generations, the lack of employment brought about through displacement can be extremely demoralising, and many older people are eager to continue to be productive and contribute to the livelihood of their families. Yet older people do suffer from the transition from a rural to an urban environment that is often associated with displacement. Many of the skills they have may not appear relevant in the new situation, and aid agencies rarely consider them as part of programme planning for livelihood work – a form of age-related discrimination, even if unintentional.

80. HelpAge, *Rapid needs assessment report of older people affected by the floods in Swat, Buner, Charsadda and Nowshera districts, Khyber Pakhtunkhwa, Pakistan*, 2010

81. UNIFEM, “Rapid gender needs assessment of flood-affected communities, Pakistan floods”, 2010

82. IDMC, “Flood-displaced women in Sindh province, Pakistan”

83. HelpAge, *Nutrition and baseline survey of older people in three refugee camps in Dadaab*, October 2011

HelpAge's research in Haiti, for instance, shows that older people have been excluded from cash-for-work and livelihood recovery programmes on the basis of age.⁸⁴ Older persons who were previously reliant on petty trade, casual labour or remittances from abroad thus find themselves completely dependent on the services of non-state actors.

Likewise, older persons who may have relied on pensions or some form of social protection, such as cash transfers, often lose these lifelines during displacement. Coping strategies available to younger generations – particularly seasonal migration back to fields to continue harvesting land during displacement – may not be available to older persons. In West Darfur, during a profiling of older IDPs in the harvest period, the 50-60 age group was noticeably absent, while those 60 and older remained in the camps.⁸⁵ In Burundi, the majority of IDPs may still have their fields of origin, but these can be several kilometres away. IDPs generally walk to reach their field, and older IDPs are the least likely to access them on a regular basis.⁸⁶

In numerous contexts – including Kyrgyzstan and Haiti – HelpAge has provided monthly cash transfers to extremely vulnerable families and older persons to replace lost income such as pensions, increase their purchasing power, enable older persons to establish their own priorities and give them the choice of items they wish to procure to re-establish livelihoods. This also enables older IDPs living with host families to make a contribution to the household and thus combat feelings of dependency. In Kyrgyzstan, monthly cash distribution assisted older people during the period they were without benefits, to help them avoid further levels of despair.

General health Older people in low- and middle-income countries are at especially high risk of cardiovascular disease, stroke, diabetes and dementia. They may require palliative care and end-of-life pain management. Evidence from conflicts and natural disasters shows that much excess morbidity and mortality results from exacerbation of existing non-infectious diseases such as hypertension, diabetes and cancer.⁸⁷ These chronic conditions as well as visual, aural and mobility challenges and impairments are likely to be exacerbated when an older person is displaced.⁸⁸ For example, 72 per cent of older people displaced during the floods in Pakistan told HelpAge that they had lost their assistive devices, such as walking sticks, mobility aids, hearing aids, glasses and dentures. By 2050, the prevalence of disability in some developing countries is projected to rise by more than 400 per cent as the population ages.⁸⁹

The outcomes on health after displacement can be devastating for older people. A study led by researchers at the Johns Hopkins Bloomberg School of Public Health finds that in the year following Hurricane Katrina, the health of survivors age 65 and over was nearly four times worse than that of older US-based adults not affected by the disaster. The report states:

In the year following Hurricane Katrina, morbidity rates increased substantially [...] and there was a significant increase in the prevalence of patients with cardiac diagnoses, congestive heart failure and sleep problems. Survivors displaced out-of-state experienced higher morbidity rates than those not displaced. In the month following the disaster, mortality spiked, but during the remainder of the year returned to a level consistent with the previous year. The enormous health burden experienced by older individuals and the disruptions in service utilisation reveal the long-term effects of Hurricane Katrina on this vulnerable population.⁹⁰

In addition to requiring more general health support than other age groups, older people face real challenges accessing health services, including having the means to pay for them. An important aspect of the right to health is that health facilities should be accessible to everyone without discrimination.

84. Skinner, M, *Haiti: emergency cash transfer to older people living in IDP camps*, internal report, HelpAge, 2010

85. Skinner, M, *Profiling of older IDPs in West Darfur*, internal report, HelpAge, November 2011

86. Zeender, G, "Securing the right to stay: local integration of IDPs in Burundi", in *Resolving internal displacement: prospects for local integration*, pp.24-40, Brookings-LSE Project on Internal Displacement and IDMC, June 2011

87. Spiegel, P et al, "Health-care needs of people affected by conflict: future trends and changing frameworks", *Lancet*, 375(9711), 2010, pp.341-45, [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)61873-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)61873-0/fulltext)

88. Atwell, RSJ, I Correa-Velez, and SM Gifford, "Ageing out of place"

89. Hutton, D, *Older people and emergencies: considerations for action and policy development*, Geneva: WHO, 2008

90. Weiner, J, *Decline in health among older adults affected by Hurricane Katrina*, Baltimore: School of Public Health, John Hopkins University, 2006, emphasis added

Yet physical distance to primary health services can be a major problem; following displacement older people often lack information about where services are available and how they can be reached. In urban contexts of displacement, this can be particularly challenging. In Cali, Colombia, there is no differentiated care for older people and much of the health is provided privately. As reported by the ICRC, older persons often skip appointments and scheduled check-ups as they do not have anyone to accompany them, lack the money for transport, or fear getting lost, not knowing where the health centres are located or how to get around the city. Home-based care strategies are needed for particularly vulnerable older IDPs and community health workers need to be trained to identify when older people require health assistance.

Even if older people are able to access services, they often find themselves in long queues without provisions for them to sit or remain in the shade, and as a result many older persons forgo treatment. When older persons are able to see medical staff, services often do not include age-appropriate medicines and staff is not necessarily trained to deal with older persons. Even in many protracted IDP contexts, there is still no attention paid to the non-communicable chronic conditions that affect older persons; emergency medical kits have often failed to supply medicines to address non-communicable diseases. Moreover, if communicable diseases in a rapid onset displacement or protracted crisis are the priority, older persons are rarely included in response. Preliminary results from a study of data from MSF cholera treatment centres in Haiti indicates that individuals over 60 years old are more likely to present with severe dehydration as opposed to mild dehydration when compared with younger adults. In addition, after controlling for other factors, individuals aged 80 years old have 11 times the mortality of younger adults in the cholera treatment centre.

One treatment area that has had considerable success in supporting older IDPs in Darfur and could be replicated in many areas of the world is that of eye camps (see Case study 4). From 2004 to date, HelpAge has been running eye camps for all age groups. Older people represent by far the highest proportion of beneficiaries needing operations for trachoma and cataracts (84 per cent) as well as other treatment (51 per cent). Upon completion of the eye surgery, three post-operative eye clinic follow-ups are undertaken to ensure that there are no post-operative complications, 24 hours, two weeks and one month after surgery. Eye camps are an example of the kinds of interventions that could be integrated into IDP operations; they have a significant impact on the quality of life of older persons as well as their productive capacity, while also providing an essential service to other age groups. In addition, they are cost-effective and do not involve the establishment of permanent structures or support.

Mental health and psychosocial services The overall loss of status deriving from displacement, the loss of homes and belongings, the inability to provide for families and the hardship of living in an IDP camp can have major psychological consequences for older displaced persons. Whereas younger generations may be occupied in livelihood activities, supported by the aid system, older IDPs are often excluded and therefore have more time to dwell on their current plight. Conversely, older people may also have the resilience necessary to support younger generations.

A study of post-traumatic stress disorder (PTSD) among the displaced population of Darfur reveals a high rate among older persons in particular. The rate is attributed to difficulties faced by older IDPs in their efforts to cope with the new social environment created by displacement – particularly the loss of the status they enjoyed in the community before the war – and to the poor the quality of life in the camps. High levels of PTSD were also closely linked to the lack of employment, the lack of security and the unsuitability of food items.⁹¹

Security indeed appears as a major issue. In Haiti, 32 per cent of respondents in a baseline assessment undertaken by HelpAge said they did not feel safe walking around the camps. The study highlights that, in a generally violent

91. Abdalla, ARM et al, "Mental health problems among internally displaced persons in Darfur", *International Journal of Psychology*, 45(4), 2010, pp.278-85

and insecure environment such as Haiti, older persons are as vulnerable to abuse, theft and violence as people in other age groups, if not more. In many situations, IDPs flee direct attacks and witness family members dying, or are evicted from their homes. In Burundi, for example, an IDMC survey in four IDP settlements finds that older IDPs did not want to return home, citing security risks and tensions with former neighbours, while younger IDPs who were born in displacement did not share the same concerns.

In Kyrgyzstan, unlike many other developing countries, the large majority of older people received a formal education. Furthermore, they were raised – during the Soviet era – to believe in the promise of a secure future. With the destruction of their homes and the loss of family members during the conflict that took place in June 2009, it became clear that many older persons needed support to overcome the psychological and social consequences of the events. Alongside the obvious challenges to their dignity, living close to their burnt homes with shattered dreams was extremely depressing for them. Yet, while rebuilding homes and providing supplies were certainly important aspects of the recovery process in Osh, the need to bridge the ethnic divide and re-establish inter-communal trust was of equal importance. In Kyrgyzstan, older persons were able to play a central role in this peace-building process while receiving support designed to help them deal with their traumatic experiences.

HelpAge programmes reveal a high level of self-reporting of depression among older IDPs.⁹² Evidence shows that the absence of basic social goods and services such as food, water and health care has a significant association with outcomes of PTSD and depression.



Dominika Kronsteiner/HelpAge International

Older man receives treatment at a HelpAge run eye camp

Case study 4

Darfur, Sudan: access to health services for older people

HelpAge conducted a profiling study of nearly 13,000 older IDPs across 12 camps in West Darfur in 2011. The findings include the following:

- Older people exhibit a significant reliance on camp services such as World Food Programme food rations. In rural camps only 7 per cent of older people surveyed were receiving food from relatives, and 3 per cent from neighbours. Food was cited by more than 80 per cent of respondents as the overwhelming need.

92. In Cali, 50 per cent of older beneficiary IDPs report suffering from depression. HelpAge, “Forced to change horizons”

- Half of all older people surveyed were suffering from blindness or partial blindness; approximately 50 per cent of the older IDPs also had low mobility and 7-10 per cent had hearing difficulties.
- Eight per cent of older people are housebound and would therefore fall into the category of extremely vulnerable; many people in this category are over 80.
- Numbers of older women in West Darfur IDP camps are significantly higher than numbers of older men.
- Commonly reported ailments included joint pain, respiratory problems, chronic illnesses, skin infections and gastrointestinal disease.

HelpAge International identified health and nutrition as two of the most salient needs facing older people living in Darfur IDP camps. To begin addressing these two areas of need in 2004, the following 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 areas related to health, hygiene and older people, are responsible for referring sick older people to health clinics and for following up on the cases once patients have returned home.
- HelpAge allotted hours during which older people are to be given priority for consultations and treatment in primary health care facilities.
- Medicines were provided for the treatment of chronic illnesses.
- A system of donkey-cart ambulances was established to assist in all medical referrals of older people.
- Through a partnership with the World Food Programme, HelpAge facilitates the distribution of supplementary food baskets to older people at risk of malnutrition or caring for several dependants.
- A “social nutrition centre” was established in one large camp to provide freshly cooked meals to vulnerable older people three times per week.
- Treatment for ophthalmic problems such as cataracts was provided through the establishment of regular eye camps to rectify debilitating but rectifiable eye problems.

Within a few months 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 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.



Section 4:
**Finding durable
solutions for older
people**

Kate Holt/HelpAge International

4. Finding durable solutions for older people

Return, resettlement elsewhere in the country or local integration, all involve specific challenges for older people. As numbers of older IDPs continue to grow, there is an urgent need to analyse these challenges and integrate them into policy and practice. Data from numerous countries shows higher proportions of older IDPs remaining in camps when other age groups start to return.

There is a grave risk, evidenced in many locations in Africa and the Caucasus in particular, that older persons and any dependent children, including orphans in their care, may arrive home without the assistance to which they are entitled; be left stranded in transit settlements; or become destitute in decaying IDP camps as durable solutions prove elusive and humanitarian support ends. Securing durable situations is especially challenging wherever governments have been reluctant to develop policies to address a protracted IDP situation, preferring to place an emphasis on a swift return to the status quo ante, rather than on local integration or other alternatives. On the whole, the lack of attention paid to the basic protection of older IDPs during displacement is likely to increase the challenge of finding durable and satisfactory solutions.

UNHCR describes the phenomenon of older people remaining behind in camps as “negative social selection”, pointing out that it occurs when refugee camps and collective centres empty over time. Those who are young, healthy and able-bodied are generally the first to depart, leaving behind the weaker and more vulnerable members of the group, namely the sick, the disabled, single mothers with young children and older persons. UNHCR’s *Policy on older refugees* argues that:

The plight of the elderly is particularly tragic. Often they have nowhere to go and no one to take care of them. In this way, some collective centres in Central and Eastern Europe have become geriatric wards in all but name.⁹³

Older persons also become more vulnerable if their support is reduced or cut off as a result of permanent housing reconstruction for the resettlement of displaced families. For example, some housing reconstruction in India following the 2004 Indian Ocean tsunami separated older members of the household from their families; such assistance inadvertently increased the vulnerability of older people.⁹⁴

4.1 Return to places of origin

Many older persons are among the most willing to return home to their places of origin due to their strong historical ties to their land. Yet, regardless of whether they are extremely vulnerable, older people may require assistance to be able to get back home; to carry return packages or assets with them; or to rebuild shelter in places of origin. These challenges are especially difficult for older people who are without family support or caring for dependent children whom they are reluctant to remove from camp services.

In northern Uganda, many older people have been faced with intractable choices. Should they return home to face the uncertainties of reduced access to food, clean water, health care and education for their dependent grandchildren, or should they stay where these have been provided? Older people who are reluctant to take dependent grandchildren out of school regularly cited the lack of any educational provision in return areas in northern Uganda as a major disincentive.⁹⁵

93. UNHCR, *Policy on older refugees*

94. ACT International, *India with courage in hope: five years after the tsunami*, 2009

95. Day, “Strong and fragile”

Return programmes are traditionally under-resourced. The phasing out of food distributions and the provision of “take-home rations” rarely fills the gap until the next harvest, and older people find this process especially difficult. Individuals who are returning home to an uncertain future are often reluctant to take on the additional responsibility of older persons and are thus also faced with difficult choices. In northern Uganda, young family members reported shame at leaving their older relatives behind while government officials reported surprise that they did not take them home.⁹⁶

Following displacement from rural areas, families have traditionally returned with seeds and tools and some basic food to enable them to plant and grow sufficient food, though they face the daunting task of starting from scratch with fields overgrown and infertile. For this type of return strategy to work for older people, they either need family support to help them clear and rehabilitate their fields or they must possess the physical strength to do so themselves. For older women returnees near Yambio town in South Sudan, these problems and a lack of assistance resulted in their having to beg for money on the street to raise cash for food, thereby increasing their exposure to abuse and harassment.⁹⁷

The prospect of having to build or reconstruct housing can also represent a great obstacle to older people’s return after displacement. Many older people, especially the oldest old, are physically unable to rebuild their houses. However, if some way were found to build them, many of them would prefer to return to their villages and attempt to restart their lives. This problem was reported in 2011 in the newly formed Republic of South Sudan, where inadequate shelter and poor construction were problems for older returnees and a primary barrier to their taking up residence on newly allocated land. Reasons that older persons gave for not building new shelter in areas of return included:

- a lack of physical capacity and strength to carry out the necessary preparation and building activities
- a lack of materials such as grasses for thatching
- a lack of able-bodied male relatives to assist with construction in a culture that sees building as an activity carried out by men, which further limits older women’s ability to construct shelter.⁹⁸

The very access to land for return is often fraught with complex land tenure and ownership issues. Population growth in many developing countries is placing ever-greater pressure on usable land and priority will most likely be given to younger people, even when many older persons are capable and willing to resume agricultural activities. Older women, particularly widows, are at high risk of having their land taken from them by younger generations, especially since they often lack documentation to prove ownership. In Burundi, for instance, the constitution may guarantee the equality of men and women, but widows, who tend to be older, have generally been unable to access their land in areas of return.⁹⁹

Finally, while physical return and its practical challenges are important, it is equally important to strengthen the relationship between the state and the population, and to bolster economic development to enable communities to move out of poverty and away from fragility towards peace and justice. Older people, with their historical knowledge, the wisdom of years and their role in communities, must be an integral part of this rebuilding process.

96. Day, “Strong and fragile”

97. Erb, S, “South Sudan secondment report”, 2011

98. Erb, “South Sudan secondment report”

99. Zeender, “Securing the right to stay”



Kate Holt/HelpAge International

Eliza Masika, 72, cares for 14 orphans and her daughter's five children

Case study 5

Northern Uganda: supporting return

The experience of older persons in northern Uganda shows how important it is to integrate their concerns into all return strategies from the outset. In Gulu district in 2009, 65 per cent of IDPs who remained in camps were over 60 – meaning roughly 6,500 of the more than 10,000 extremely vulnerable individuals remaining.

An Old Citizen Monitoring Group report released in December 2011 reveals that three older people died of starvation following their failure to obtain food after being abandoned in former IDP camps in the Acholi sub-region. The report finds that many older people still encounter difficulties in securing food for themselves because of their destitution and because many of them lost their children in the Lord's Resistance Army insurgency, leaving them alone.

HelpAge recommends that those working to support the return of IDP populations to their places of origin integrate older people in their plans by:

- Actively feed information to camp closure or phase-out clusters and other key clusters (such as livelihoods, protection and health) on potential risks for older people.
- Monitor the return process, identify which categories of older persons are returning and which are failing or struggling to return and point out the gaps in the return process.
- Develop and disseminate key data to inform humanitarian agencies on numbers of older people in camps as well as numbers of extremely vulnerable individuals – who tend to be older people living alone without support; older people with disabilities or ill health; and older people caring for young children (skipped-generation families).
- Advocate for and ensure that cluster and key agency data collection tools both in camps and return areas include disaggregated data on older age groups, so that information on older persons is not missed out in any location.

- **Work closely with child protection agencies, underlining the importance of an integrated strategy due to the intergenerational protection roles, and the need to factor in older people into plans for the return of vulnerable children.**
- **Provide a comprehensive return package for older people to sustain and support return. Return package elements and services should also include:**
 - **construction of shelter in areas of return for isolated older persons and those without family support**
 - **the provision of return food packages to returnees, including the most vulnerable older persons, in collaboration with the World Food Programme**
 - **the provision of basic household items**
 - **livelihood or cash transfer support, especially for older persons who are caring for children**
 - **agricultural tools and seeds**
 - **the provision of transport for older people to areas of return so that they do not have to carry heavy return packages or walk long distances.**
- **Assist communities in taking their older family members home, which is the preferred option in most cultures, and, in the spirit of doing no harm, remind humanitarian actors not to ignore the needs of this vulnerable group.**
- **Work with donors to raise awareness of these issues and ensure they support the voluntary and safe return of all IDPs.**
- **Advocate for and develop a clear strategy for extremely vulnerable individuals who will not be able to return because they are too frail and vulnerable, reluctant to leave services in urban camps, or have no support to go home.**
- **Promote the development of longer-term social protection measures to support extremely vulnerable individuals over the longer term and sustainable solutions tailored to their situation.**

4.2 Transit

Older returnees find transit home particularly challenging in regions where this process may take many months, if they have limited or no family support, or if they suffer from health problems. Interviewed older persons who were in transit in Upper Nile state, South Sudan, said they experienced multiple challenges to meet their basic needs and indicated a connection between length of transit, or waiting time, and decreased levels of physical and mental wellbeing. Such concerns are compounded by the depletion of food stocks, a lack of regular health care to manage chronic age-related illnesses and treat trauma, inadequate shelter, stymied livelihood opportunities, and uncertainty about the destination, onward transport, and economic prospects. In Renk region, South Sudan, high numbers of older persons in transit who participated in focus group discussions were reportedly extremely thin or emaciated.¹⁰⁰

One protection NGO began consulting with older people in transit locations in northern Uganda who were caring for orphaned and vulnerable children. It identified older people who wanted to develop their livelihood by running small market stalls and selling kitchen garden produce. The NGO worked with community leaders to arrange for a handful of stalls to be used and subsidised initial rental fees until the stalls were self-sufficient. This intervention also

100. Erb, "South Sudan secondment report"

helped legitimise the position of the stall workers and protected them from harassment by other stall holders. The produce was sold by, or on behalf of, older household heads (most of whom were older women). The profits were then reinvested in kitchen gardens, which were used to support grandchildren with school fees, clothing and medication. This simple livelihood initiative succeeded in mitigating economic risk, both to the older people and to the children in their care.¹⁰¹

4.3 Settlement options

In May 1997, the Croatian government decided to resettle remaining residents of the Gasinci camp, as the number of camp residents had dwindled. While the 1,545 camp residents had reduced to only 519 by the end of March 1998, all of them were older people who were vulnerable and in need of assistance. Most of them were thus brought to care facilities.¹⁰² Indeed, the building of care facilities and villages for older people was a key element of Croatia's strategy to find durable solutions. Yet the Croatian example is not unique. In January 2010, almost 3,800 IDPs were still accommodated in 43 official collective centres in Serbia and 17 in Kosovo. Most remaining residents of collective centres are extremely vulnerable older persons or persons with disabilities or PTSD who require specific assistance.¹⁰³

Similar strategies have been developed in many other locations, such as India and Sri Lanka following displacement after the Asian tsunami. Yet there is a danger that this approach may become a standard policy response. While social care facilities may be attractive from a political viewpoint as a means of “tidying away” the last remaining displaced people, they should always be seen as a last resort as they tend not to be older persons preferred options and are highly costly. Settlement options for the most vulnerable are an area in need of further research.

4.4 Local integration

Local integration, particularly following protracted displacement, is the focus of increasing policy attention; for younger people who have been displaced into urban contexts, it represents an opportunity for a new future. A significant proportion of IDPs in Darfur have indicated that they would prefer to stay in the three main urban centres of North, West and South Darfur.¹⁰⁴ This is also the case in Burundi:

The main factor facilitating local integration is the strong desire of IDPs to remain where they are today. Having lived in their current location for up to 17 years in some cases, they have developed strong relationships with other members of the settlements. Many are elderly people and/or widows, and as such a social support network is crucial to them. One widow in Ruvubu interviewed for this study said that her neighbours' help in making regular visits to the local health centre had been invaluable.¹⁰⁵

Yet older people may also lack skills, capacity or willingness to adapt permanently to a new way of life and new forms of livelihoods; they need support to do so. Vulnerable older individuals – who may already have been vulnerable prior to the emergency and remain so at its cessation – may require long-term social protection that exceeds the scope and remit of many humanitarian organisations, which often phase out operations once return processes are in place and generally do not support longer-term local integration.

In Gulu district in northern Uganda in 2009, following nearly 20 years of displacement, 65 per cent of IDPs remaining in camps were 60 or older. By 2011 this number had dropped, but reports of older persons stranded in transit areas and in camps without food or in dire condition continued to reach HelpAge in 2012. These older persons had not integrated locally, yet neither had they been able to return.

101. UNHCR and HelpAge International, *Protecting older people in emergencies*, Good practice guide, 2011

102. International Federation of Red Cross and Red Crescent Societies, *Croatia: assistance to refugees, displaced persons and returnees*, May 1998

103. Internal Displacement Monitoring Centre website, 'Government of Serbia's initiatives to close the remaining collective centres', 2009 [www.internal-displacement.org/idmc/website/countries.nsf/\(httpEnvelopes\)/4E1DCA10466E7E2DC125765F00459FB5?OpenDocument](http://www.internal-displacement.org/idmc/website/countries.nsf/(httpEnvelopes)/4E1DCA10466E7E2DC125765F00459FB5?OpenDocument)

104. Buchanan Smith, M, *City limits, urbanisation and vulnerability in Sudan*, 2011

105. Zeender, "Securing the right to stay"

The lack of attention paid to older IDPs during displacement and, in particular, the lack of focus on supporting them in accessing labour markets and income-generating opportunities appear to contribute to the particular challenges of local integration. There is a need to ensure that older people, particularly those caring for dependent children, are actively considered in approaches to support local integration; such an inclusive approach would help prevent older persons from becoming or remaining among the most vulnerable residing with domicile populations, while facilitating their access to social services and employment opportunities (see Case study 6).



HelpAge International

Serbian woman draws water from the local well

Case study 6

Serbia: IDP profiling exercise and local integration

An IDP profiling exercise that included the collection of disaggregated data was undertaken in Serbia in late 2010.¹⁰⁶ It aimed to identify the main problems of IDPs and the vulnerable groups among them, and to make recommendations to improve their plight.

The findings show that older people are among the categories of persons in need of assistance. Of more than 200,000 remaining IDPs in Serbia since the Kosovo crisis in 1998, approximately 41 per cent of the households are classified as vulnerable groups. These comprise:

- single parents with minor children
- children without parental care
- older people living alone
- older people with minor children.

¹⁰⁶ UNHCR, Joint IDP Profiling Service and Serbian Commissariat for Refugees, *Assessment of the needs of internally displaced persons in Serbia*, 2011

The majority of these households comprise a single older person or an older person over 60 caring for one or more minor children, even though older people on average form a smaller proportion of total IDPs (8.2 per cent). In other words, older IDPs are disproportionately represented among the most vulnerable. About 27.5 per cent of these four categories of vulnerable groups reported not knowing how to apply for social assistance and 15.2 per cent said the procedures involved were too complicated.

One-quarter of the IDPs surveyed suffer from chronic diseases and 8 per cent are disabled. IDPs are generally found to be at higher risk of disease than the domicile population due to increased stress levels and poor living conditions. The likelihood of chronic disease is higher among older people; while 20.7 per cent of 30-49-year-olds suffer from chronic disease, the rate climbs to 78.4 per cent among those who are over 64.

While the majority of IDPs live in private accommodation or with family and friends, more than 3,000 are in collective centres although they "belong to an extremely vulnerable group of old and ill in need of special attention".¹⁰⁷ In this context, IDPs who are, for example, members of an ethnic minority as well as older or infirm face this type of compound vulnerability. The Roma population is particularly vulnerable, with many lacking the identity cards and birth certificates that would enable them to access support.

Similarly, access to labour markets is a key indication of IDPs' quality of life. Indeed, employment rates among IDPs are generally much lower than the national level. Many of the measures designed to improve the income deficit in IDP households probably do not target older people, though those who live with their families may be able to benefit.

The report makes specific recommendations aimed at directing the attention of social welfare institutions to vulnerable groups, and especially female-headed households and older people. In particular it calls upon the state to:

- empower social welfare institutions to assist extremely vulnerable people, specifically older persons who may lack adequate documentation or information, including through regular visits to these households.
- provide greater access to understandable information on opportunities offered by social assistance programmes.
- simplify procedures for applying for social assistance and provide free technical assistance to those who are most in need.

107. UNHCR, Joint IDP Profiling Service and Serbian Commissariat for Refugees, p.6



Antonio Olmos/HelpAge International

Section 5:
**Conclusions and
recommendations**

5. Conclusions and recommendations

This report has highlighted the significant challenges older people face at every stage of displacement and the difficult choices and decisions that older people themselves but also their families and communities face when considering their assistance.

Development and humanitarian agencies, local and national governments and human rights organisations need much greater awareness of the needs and rights of older persons at all stages of the displacement cycle. Every effort should be made to ensure that vulnerable older people are identified and that those with protection responsibilities have the capacity to fulfil them. Current humanitarian policy and international law falls far short of systematic and inclusive consideration of older person's needs, and practice is still failing to integrate them alongside other vulnerable groups.

Older persons have the right to security in old age, which requires that they be able to access basic services and lead dignified lives. The following recommendations are targeted at actors with specific protection responsibilities, including national governments, the United Nations, and humanitarian and development partners working in displacement contexts. Together with the recommendations offered in Section 3.2 and Case study 5, they are designed to guide the protection community in better addressing the needs of older displaced persons throughout the displacement cycle.

To national governments hosting IDP populations, international donor governments and United Nations agencies contributing to IDP response

In order that older IDPs access their rights and entitlements and in recognition of their growing global numbers, protection actors should:

- Address older persons specific needs and their active contributions within national IDP legislation, policy and assistance and the development of regional and human rights law.
- Ensure that national disaster risk reduction plans and frameworks recognise and address the risks that older people face, such as by covering their potential evacuation from areas affected by natural disasters.
- Establish adequate systems for the collection of sex- and age-disaggregated data on numbers and locations of IDPs, including older people.¹⁰⁸
- Assist older IDPs during flight and while displaced to secure their basic needs and provide adequate levels of protection.
- Pay sufficient attention to the facilitation of durable solutions for older people, including return, resettlement and local integration. Steps may include facilitating adequate social support for older IDPs, such as by ensuring that they are integrated into any existing national pension and health care schemes and that these incorporate greater sensitivity to the needs of older adults.
- In collaboration with key stakeholders – including older people themselves and service providers such as the UN, national and international NGOs – make efforts to develop and support further research on older IDPs and related issues of concern, such as older people in urban displacement, inter-generational relationships and roles during displacement, and options for durable solutions for older people.

¹⁰⁸ HelpAge recommends that age data be disaggregated as follows: 50-59, 60-69, 70-79 and 80+.

To development and humanitarian actors in the UN, donor governments, international organisations, NGOs and community-based organisations working with IDPs

Awareness, visibility and participation

- Take active steps to consult with older people and ensure their participation in the decisions that affect their lives, recognising their capacities as well as the risks they face.
- Integrate older person's concerns into sectoral and multi-sectoral assessments.
- Collect registration and monitoring data disaggregated by sex, age and location to inform programming.

Humanitarian response

- Ensure that older people have access to information concerning their rights and entitlements. In this context, consider the mobility, visual and aural challenges that older people may have.
- Where populations are fleeing from conflict and natural disasters, liaise with relevant actors to enable access to the most vulnerable remaining behind; to assist with transportation and movement for the most vulnerable; and to support family tracing and reunification for older people.
- Promote programmes to involve older adults and ensure that community centres include “older-friendly” spaces for meaningful social interaction and informal support groups.
- Develop appropriate community-level identification and referral systems for older persons and monitor their access to services.

Short- and long-term support in securing durable solutions

- Ensure that support for older people is integrated into strategies to assist other age groups. For example, child protection strategies must include their older carers, and families should be supported to take care of their old.
- Ensure that livelihood support for IDPs, returned IDPs and those seeking to integrate locally – including training and small business loans – does not discriminate against older men and women who are still able and willing to work.
- Include and specifically target older people in cash transfer schemes.
- Facilitate access to identification documents that enable older people to obtain social support and provide assistance with administrative processes for the most vulnerable.

Annex:

Older people in emergencies: identifying and reducing risks

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

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

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

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

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

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

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

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

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

Nutrition

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

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

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

Essential resources

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

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

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

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

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

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

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

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

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

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

Older people and humanitarian financing, HelpAge International, 2010.

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

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

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

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

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

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

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

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

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

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

An essential brief for humanitarian actors.

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

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

Abbreviations

DRC	Democratic Republic of the Congo
IASC	Inter-Agency Standing Committee
IASC-WG	Inter-Agency Standing Committee Working Group
ICRC	International Committee of the Red Cross
IDMC	Internal Displacement Monitoring Centre
IDP	Internally displaced person
MUAC	Mid-upper-arm circumference
NFI	Non-food item
PTSD	Post-traumatic stress disorder
UNHCR	United Nations High Commissioner for Refugees

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



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