

Supporting older people in Darfur



Older people in displaced people's camps have found they are increasingly responsible for caring for children.

Background

HelpAge International is a global network of not-for-profit organisations working with older people; we strive for the rights of disadvantaged older people to economic and physical security; healthcare and social services; and support in their caregiving role across the generations.

We do this by supporting practical programmes, giving a voice to older people, and influencing policy at local, national and international levels. Our goal is a world in which all older people fulfil their potential to lead dignified, healthy and secure lives.

HelpAge International has over 20 years' experience of work in natural disasters and complex emergencies. Our mandate in humanitarian relief is to target the most vulnerable older people and their immediate carers, dependants and families.

We aim to enhance the capacities and contributions of older people in emergency situations by maximising the use of local knowledge and human resources, and by integrating our activities into local systems. We also lobby the United Nations (UN), European Union, major donors and international relief agencies to address the needs of older people and enhance their contribution in the wider, longer-term development context.

In 2004, HelpAge International established a programme in West Darfur. We currently work in 12 camps for internally displaced people (IDP), supporting approximately 18,500 older people. The camps are Ardamatta, Dorti, Krinding I, Krinding II, Riyadh, Madina Hujaj, and Abuzar in El Geneina town, as well as the rural camps of Gokar, Kerenek, Mornei, Sisi, and Habilah. Our main office is in El Geneina. We also have operational bases in Mornei and Habilah.

Contents

- 2 Older people's issues**
 - Isolation
 - Limited mobility
 - Health
 - Older people as carers
 - Psychological and social effects
 - Lack of intergenerational support
- 3 Recommendations**
- 4 Resources**

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HelpAge International's overarching strategy in West Darfur is to ensure the protection of older people through presence and advocacy, as well as direct interventions.

Older people's issues in Darfur

The December 2007 *World Disasters Report* acknowledges that older people are discriminated against during humanitarian emergencies.

In a more recent development, in early 2008, the Inter-Agency Standing Committee (IASC), the most senior policy-making body of the humanitarian system, made up of leading UN bodies and non-governmental organisations (NGOs), for the first time recognised that older people had been neglected. The IASC acknowledged that the humanitarian community has a responsibility to support older people as well as other vulnerable groups such as women and children.

In most emergency responses, humanitarian agencies tend to prioritise the basic needs and rights of women and children. This has

'I was married with two wives and lots of children. My children used to assist me in cultivating the land or rearing livestock. I used to be very influential and enjoyed a good standard of living. I was well known and respected by my community and the neighbouring villages. When I wasn't in my farm or looking after the livestock, I was busy at the council meetings with other tribal leaders settling common disputes. When the fighters came to my village I lost everything: my wealth, my wives, my friends, and above all my respect.'

Older man from Dorti IDP camp



Gina Bramucci/HelpAge International

Donkey-cart ambulances help older people with limited mobility to reach health services.

meant that less visible groups, such as older people, have rarely been a direct target of the humanitarian response. Other agencies with a more generalist approach provide services such as water, sanitation and healthcare to the entire camp population, relying on the assumption that people will seek out services.

This approach fails to take into account that older people are affected by particular problems and have specific needs. Unless these needs are addressed, the humanitarian response will discriminate against vulnerable older people.

Isolation For older people in emergencies, isolation sharply increases the levels of risk. A survey carried out by HelpAge International in early 2008 in 12 IDP camps, found that 23 per cent of older people out of 1,925 interviewed were socially isolated.

Traditionally, in Darfur, older people are respected and well cared for. However, the current crisis has led to changes to the family unit through death and displacement, and older people find that family coping mechanisms are often overstretched. Older people now have to cope without the social and financial

support they previously relied on, and without the opportunity to build self-reliance.

These isolated older people – who are often not able to collect their own water, who are not strong enough to carry food home from distribution sites, or are not able to get to health clinics when sick – are forced to wait for aid to arrive from international NGOs or, as HelpAge International staff find most often, endure alone and in silence.

For this reason, social isolation can be seen as the principal risk factor for older people living in a context of prolonged displacement. This has obvious effects on the overall health, hygiene and nutritional status of older people, including their mental and emotional wellbeing.

Limited mobility In the same survey, HelpAge International found that 54 per cent of older people interviewed had mobility problems. Limited mobility is one of the main obstacles preventing older people from accessing humanitarian services.

Older people who live far from central distribution points of non-food items or food rations are often

too weak to walk long distances to reach the service. Housebound or disabled older people might not even be aware that the services exist. When they do reach the service, they are unable to stand for hours queuing in the sun, or they arrive too late to find that nothing is left.

Health Most NGOs emphasise primary healthcare programmes that target children and women, but neglect older people. Emergency food and nutrition programmes are rarely adjusted to the needs of older people – for example, hard grains can be inedible because of dental or other health problems – and there is a tendency to see supplementary food programmes for older people as a waste.

Reduced mobility can create significant barriers to older people's access to health services. Furthermore, chronic health conditions, for example, diabetes, are often not addressed.

Older people as carers The conflict has led to changes to the family unit through death and displacement. Older people have found they are increasingly responsible for caring for children and have had to take on new economic responsibilities, while at the same time facing the loss of traditional livelihoods.

In the recent survey, HelpAge International found that 24 per cent of older people were looking after children. Caring for orphans and vulnerable children is putting a tremendous strain on older people's already limited and declining health and resources.

Psychological and social effects

The feelings of loss, trauma, confusion and fear that are familiar to all people in emergencies can be even more damaging for older people. In regions like Darfur, older people may have suffered repeated personal losses, physical displacement and dislocation of social structures. They may need special support to recover emotionally and find new roles.

'The militants burned down our village and all our belongings, I lost everything. I came to Riyadh with nothing. Only life was left, and I asked myself: how will I survive at my age? I cannot move back home while the militants are still taking hold of my village.'

Older woman from Riyadh IDP camp

Lack of intergenerational support

Older people have traditionally been highly esteemed by the wider society in Darfur, including young people, playing the role of peacemakers between individuals and villages.

They were sought out for advice and counsel and were also responsible for teaching young children about the Quran, about history and about traditions. These roles are no longer as dominant in the displaced setting, leaving a growing gap between the older and younger generations.

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

Recommendations

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

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

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

Today's conflict-related emergencies, with a few exceptions, have proven more geopolitically complex and, as a result, longer-lasting and more entrenched than expected. Chronic emergency settings like Darfur require a much broader interpretation of the targeting process, when those who are most easily reached or identified are not always those most in need.

In its experience in West Darfur, HelpAge International has been able to extend its programmes to reach the 'invisible' older people and to seek to reaffirm their value within their communities.

HelpAge International has initiated a series of quick-impact projects focusing on key areas of vulnerability for older people: health problems, social isolation and lack of intergenerational support. The success of such work depends critically on cooperation with other international NGOs working in healthcare and supporting other vulnerable groups, particularly women and children.



Taking part in activities in social centres reduces older people's isolation.

'Despite the fact that I am 85, my hope to live longer has been restored; HelpAge International has not only provided shelter for me, but has also given me food and non-food items. When I look at what has been provided for me at my age, I run short of words. Without HelpAge International, perhaps I would be dead in this winter season; I have now a mattress, a blanket, winter clothing and all these other items with me.'

Older woman from Riyadh IDP camp

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

1. **Relief delivery – ensure that services reach the most vulnerable rather than the most visible and that they meet chronic needs.** Health programmes should respond to chronic healthcare issues, not only typical emergency-related problems. This is particularly relevant for older people, who are intrinsically more vulnerable due to age, physical weakness and susceptibility to disease. To begin addressing the needs of such groups requires a longer-term commitment and a much more sophisticated targeting of the most vulnerable, accompanied by more effective data collection.

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

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

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

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

Resources

Rebuilding lives in long term emergencies: older people's experience in Darfur, HelpAge International, 2006

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

Ageways 66: Ageing and emergencies, HelpAge International, December 2005

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



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