

Older people in disasters and humanitarian crises:

Guidelines for best practice



HelpAge
International

Leading global action on ageing

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

Contents

1 Summary

Part 1: Guidelines for best practice

2 Key issues and needs

The guidelines

3 Addressing older people's needs

4 Meeting basic needs

5 Mobility

5 Equal access to essential services

7 Social, psychosocial and family needs

8 Recognise and support the contributions of older people

Part 2: The issues

10 Principles in an ageing world

11 Older people's vulnerability in emergencies

12 Capacities and contributions

12 Gender questions

Part 3: The research

13 Investigating emergencies

14 Research results

Part 4: Applying the guidelines

21 Vulnerability checklists

22 Appendix 1

23 Appendix 2

24 Appendix 3

25 Resource list

Summary

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

While older people are commonly accepted as being a vulnerable or potentially vulnerable group, at present very little is done to meet their particular needs, or to recognise their unique capacities and contributions. Humanitarian interventions often ignore older people's special needs, using systems that discriminate against them and, on occasion, undermine their capacity to support themselves.

The guidelines give examples of key approaches and actions that could help the humanitarian community reduce the vulnerability associated with ageing. They also suggest ways to enhance the capacities and contribution of older people in emergencies.

The guidelines also explore the wider issues relating to older people in humanitarian crises. These range from globally agreed principles of social and civil practice and global demographic changes, to the physical impact of the ageing process, common images and assumptions held about older people, the key problems they face, and the gender dimensions of their needs.

HelpAge International's experience in emergencies

HelpAge International (HAI) has over 20 years' experience of working with and for older people, in development projects and emergencies. Building on that experience, the research behind this report has drawn on documentation – initial assessments, participatory rapid appraisals, project proposals, internal and external evaluations – from 21 different emergency settings and additional surveys, seminars and interviews from four countries. The range of emergencies includes sudden and gradual emergencies, natural disasters and complex political emergencies in Asia, Africa, the Americas and Europe.

Prepared by HelpAge International (HAI) and its 63 member organisations, with research sponsored by the European Community Humanitarian Office (ECHO) and the UN High Commission for Refugees (UNHCR), these guidelines also draw on the results of the international conference 'Older people – A burden or a resource? Their needs and contributions in humanitarian crises' in Helsinki, Finland, in September 1999.

The ageing world

Population ageing remains one of the most neglected of all issues for those working in developing countries. This may be due to a widespread belief that few older people exist in developing countries or that traditional structures provide support to older people. There is also a mistaken presumption that older people are economically inactive. Ageing issues have a low priority in government business. When they are considered, they are seen as welfare issues, in which older people are regarded as a burden on society and passive recipients of care.

Few non-governmental organisations (NGOs) include older people among their target group, because of the common misconception that older people are difficult to train, not open to new ideas, and unable to participate effectively in community and economic activities.

Negative images of ageing

Lack of public awareness and information about older people's contributions, circumstances, issues or needs creates negative images of ageing. Although knowledge of older people's issues is growing, these images and assumptions persist, increasing the 'invisibility' and marginal position of older people. In an emergency, where service provision and allocation of resources may be uneven, this invisibility often results in older people being deprived of critical life-saving resources.



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Despite negative images, older people play an active role in emergencies.

Older people in emergencies

Recent research highlights the valuable roles older people play in emergencies and the economic and social contributions they make. Reducing the vulnerability of older people is not primarily about creating special services for them. It is about ensuring that they have equal access to vital services.

Ensuring equal access for older people relies on making service providers more aware of the particular problems and obstacles they face. It means including older people in the planning and delivery of services and supporting their capacity to live independent lives once the emergency has passed. Successful interventions encompass both the welfare and rehabilitation of older people, and address these needs in the context of their families and communities.

As an international community committed to humanitarian advancement we need to adopt attitudes, policies and programmes that protect and support older people's rights and contributions at all times.

Part 1: Guidelines for best practice

Key issues and needs

The stated aim of most humanitarian organisations is to provide emergency relief to whole communities in a crisis, if possible targeting the most vulnerable. The research carried out by HelpAge International shows clearly that older people tend not to be considered among the most vulnerable. Agencies' priorities, assumptions and delivery systems can limit or impede older people's access to humanitarian assistance. Immediate survival in an emergency often depends on rapid access to relief. Longer-term rehabilitation depends on the recovery of coping and support mechanisms. Many older people reported that they had problems in accessing relief aid and were often excluded from support with economic and social recovery. Even when agencies carry out participatory assessments of need at community level to determine relief priorities, older people's vulnerability, and their potential contribution to relief delivery and rehabilitation, tend to be ignored.

If invisibility, exclusion and powerlessness are common themes emerging from the experience of older people, then consultation, inclusion, and empowerment through partnership have emerged as the primary indicators for good practice.

Older people have consistently asked:

- *to be seen, heard and understood*
- *to have equal access to essential support services*
- *to have their potential and contributions recognised, valued and supported.*

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

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

- *basic needs:* shelter, fuel, clothing, bedding, household items
- *mobility:* incapacity, population movement and transport, disability

Sudan

Samson Kwaje, 62, was a civil servant in Juba before the conflict in Sudan made it impossible for him to work and forced him to rely on aid. Now, rather than simply receiving food or medicine, he is working with HelpAge International and nine partner organisations to ensure aid gets to the neediest older people in his community.

Samson oversees a network of 23 committees. As well as constructing shelters and water pumps and registering older people, residents have a united voice with which to lobby local government. "Strengthening old people's ability to control their lives is key to long-term change," says project co-ordinator Necodemus Chipfupa.

HelpAge International is now running a course on participatory planning for 25 non-governmental organisations in Sudan.

- *health*: access to services, appropriate food, water, sanitation, psychosocial needs
- *family and social*: separation, dependants, security, changes in social structures, loss of status
- *economic and legal*: income, land, information, documentation, skills training.

These are issues that any service provider must take into account when dealing with emergencies if they are to challenge the discrimination currently experienced by older people.

Although there are inevitably many points of overlap, it was found useful to separate the *Best practice guidelines* into a number of key areas for action. The guidelines have been tried and tested in the field and can be adapted to meet needs in specific situations but the principles of consultation, inclusion and empowerment are intended to be evident in each case. In each of the key areas, the needs identified by older people themselves are outlined, followed by practical steps that can be taken to address them.

The guidelines

1. Addressing older people's needs

The first key principle of good practice is to be aware of the presence of older people in an emergency and take active steps to locate and identify them. Field-based checklists can be developed (see Part 4) to include older people in needs assessments. At all stages of the process, older people themselves should be consulted directly on actions to be taken.

It is essential that relief interventions are developed in consultation with the target community. To do this it is necessary to locate, meet and assess the needs of older people through direct observation and discussion – working with them to identify and address both their immediate needs and their vision for recovery.

Practical steps to achieve these goals include:

Locating older people

- Check records in service facilities to find out if the expected numbers of older people have attended and, if not, investigate why they are not attending.
- Build an 'outreach' approach into assessments – using staff, volunteers and other older people to locate vulnerable older people in particular.
- Use the mutual support networks of older people to gather information on the whole community of older people.
- Enquire through civic, religious and other community leaders about the role, status and location of older people.

Consultation

- Organise group meetings using participatory rapid appraisal (PRA) techniques to allow older people to identify, prioritise and begin to address their problems and explore their capacities.
- Ensure that older people are represented on relevant decision-making and advisory bodies such as disaster preparedness committees, emergency co-ordination committees and special issue groups (such as psychosocial, sexual health or HIV/AIDS).
- Arrange meetings between emergency co-ordinators, health and social services staff and older people's representatives to obtain feedback and develop mechanisms for ensuring quick and easy communication in both directions.



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Older people in Sudan have begun to control their own lives and influence decisions in their own communities.

Assessment

- Develop simple checklists to assess levels of isolation and vulnerability and assist in targeting resources.
- Provide basic training to older people's representatives and other community leaders to help them to identify the most vulnerable members in a community.
- Use simple ranking, resource mapping and other PRA techniques to facilitate the self-assessment of older people's needs.
- Contact the Worldwide Emergencies Unit at the HelpAge International Secretariat for advice.

2. Meeting basic needs

Older people identified several basic needs from their experience of emergencies. Where homes have been destroyed, they need building materials and labour to help rebuild shelters. In order to cook food, they need help collecting fuel and ways to share cooking arrangements with neighbours or other individuals. Clothing, blankets, pots, pans and other kitchen and household equipment were among the basic items required as well as a mattress or a raised sleeping area to avoid acute joint and muscle pain caused by sleeping on the ground.

When planning their work, agencies addressing basic needs should therefore take account of the following factors:

Shelter

- Many older people are not automatically given shelter by their adult children and must find shelter for themselves.
- Grouping older people together with people whom they do not know (for example, to make up the numbers required to qualify for shelter or for allocation of supplies such as utensils, plastic sheeting and blankets) can lead to problems of exclusion and abuse as the larger group rejects or resents the presence of the older person.
- Situations where basic shelter facilities leave older people sleeping on cold, hard, or damp surfaces may mean that chronic but manageable joint problems become acute and severely debilitating. Solutions as simple as straw or grass inside flour sacks can dramatically increase an older person's capacity for self-care and survival.
- Communal shelters that do not offer some measure of gender separation may exclude women or other groups from using them. In some cases, such as cyclone shelters, this may represent a direct threat to personal survival.

Fuel

- Older people may have more difficulty in sourcing fuel and water than younger members of a community. This can affect their capacity to feed themselves, which in turn reduces their capacity to collect fuel and water.
- Woodpiles and other fuel stocks have successfully been provided for use only by vulnerable members of a community.
- Alternatively older people may be linked to supportive families where younger members help to collect fuel or water for the older person or the older person adds their ration to the family 'pot' and shares the cooked meal.

"The only thing I had before the hurricane was my bed but I was comfortable. When the hurricane came my roof was taken and water flooded my house like a lagoon, and then a tree fell down on top of it. I lost my mattress. I have tried to rebuild my home; neighbours have helped me."

*Jaime Jimenez, 94,
Dominican Republic*

Other basic needs

- 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 such as saris, kangas and other forms of cloth wraps.
- 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.

3. Mobility

Limited mobility can create severe problems for older people in crises. The research identified four main problems. First, incapacity: for example, when housebound older people are left behind or are unable to gain access to essential services. Secondly older people are sometimes unable to climb into trucks, or are slower than others and get left behind. Thirdly where there are no regular transport facilities, older people may not be able to reach essential services. Finally some older people are disabled by the loss of mobility aids, prostheses and spectacles in the emergency while others need physiotherapy and exercise opportunities to reduce joint and muscle pain.

A number of steps can be taken to alleviate older people's mobility problems:

- Outreach elements can be built into service assessment, delivery and monitoring.
- Service delivery points should be made as accessible as possible, taking account of terrain, the impact of seasonal weather conditions (such as heavy rains) and population spread.
- 'Fast track' queues will allow access for the most frail and vulnerable at service delivery points, especially where physical competition for relief supplies is high.
- In situations of mass population movement, similar steps to those above can be applied to accessing and allocating transport.
- Where trucks are used for transport, take account of how easily people with restricted mobility can climb into high-sided vehicles.

4. Equal access to essential services

Where the problems of isolation, lack of mobility and physical strength or trauma make it difficult for older people to access essential services, it is necessary to adapt these services to preserve equity of provision. Where older people are able to reach centralised relief and service delivery points, they may need protection or other support to access the service if they find themselves competing with people who are more able bodied. Older people find difficulties with access to health services because of mobility problems, the distance to centralised services, the absence of community health systems and the loss of regular health facilities because of the emergency.

In emergencies there is often a lack of medication for chronic disorders, especially disorders that will become acute without regular treatment. Older people often encounter reluctance on the part of service providers to include them in supplementary feeding programmes. Where they receive food, the food is frequently unsuitable for digestive systems and teeth compromised by the ageing process. They may be far from centralised distribution points for food and water and have insufficient strength to compete for limited supplies. Older people are also vulnerable to rapid debilitation caused by diarrhoea in the same way as children are.



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Aid workers need to ensure that older people have equal access to services.

Practical steps:**Health**

- Establish outreach care and home visiting programmes.
- Develop systems that prioritise or protect the most vulnerable – for example using priority queueing for the weakest or most vulnerable, and establishing systems for monitoring and preventing theft of medicines and other supplies from vulnerable people.
- Simple age-related clinics to deal with issues such as joint pain and other ailments associated with ageing are especially relevant where displaced people are sleeping in the open or on hard, cold or damp surfaces. These clinics may help to reduce pressure on limited resources by treating groups of older people together, and can limit 'revolving door' patterns of repeated patient visits to regular clinics.
- Ensure that drugs are available to treat chronic disorders.
- Raise awareness of the impact of grief and trauma on older people and distinguish this from the disabling effects of ageing.
- Develop psychosocial programmes that involve and support older people. In situations of displacement this may mean dealing with issues such as the fear of death and burial in a 'foreign' place, as well grief for losses already sustained.

Nutrition

- Provide food that is digestible by older people (such as maize flour rather than whole grain maize), and that takes account of digestive disorders and a common lack of teeth.
- Food should be familiar and culturally acceptable.
- Lobby for supplementary feeding systems to include severely malnourished older people.
- Ensure that food for work programmes do not exclude older people from food provision.
- Ensure that older people have the resources (such as fuel, water and utensils) to cook their food rations.
- Where older people live alone or in pairs, it is important that the utensils available to them are manageable – for example, smaller cooking pots or two smaller water containers are more suitable than one large one.
- Link older people with supporting families for the joint preparation of meals where they are unable to do this for themselves.
- Understand the particular risk factors and issues affecting the nutritional status of older people.



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Mukamudege Maria, 59, from Rwanda had six children who all died. Now she cares for six orphans.

5. Social, psychosocial and family needs

In the research surveys, older people identified the social and psychological traumas that afflict them. Separation from, or loss of, family members leads to isolation, bereavement, and loss of support. Older people are often left to care for younger children or other dependants in the absence of middle-generation adults. The destruction of social structures may cause loss of family and community support and loss of respect for older people as cultural and social values break down. In extreme cases this results in abandonment. Older people find they need protection against theft, dispossession, physical and sexual abuse. The distress and disorientation caused by sudden changes in social status are compounded by trauma and stress resulting from loss of family, home and livelihood.

The following are some of the forms of support and assistance that agencies can give:

Tracing

- Extend 'family tracing' services to include isolated older people.
- Reunite older people with their families or, where this is impossible, develop 'foster' family links with supportive neighbours and families who are willing and able to support older people.
- Recognise and support older people as carers of children and other dependants by:

providing support with school fees, materials or uniforms – preferably channelled through the carer rather than being seen to come from external 'benefactors'

providing training in child health and care skills

linking older carers with other carers for mutual support and information

providing practical support with procuring basic need items, such as clothes, blankets and utensils.

Abuse

- Raise awareness of physical, emotional, material and sexual abuse of older people and provide them with protection, especially where destruction of traditional social structures has allowed violent and abusive practices to flourish.
- The risk of abuse can be reduced by creating awareness of the separate needs of older women and men (see gender questions on page 12) by:
 - not mixing older women and men together to make up numbers for shelters without the informed permission of the older women, as experience has shown that this creates a high risk of abuse of the women*
 - ensuring that communal facilities, such as cyclone shelters and collection centres, have adequate toilet facilities and some measure of segregation, to accommodate religious and social norms and reduce the potential for abuse.*
- Raise community awareness of problems of robbery and intimidation of older people, especially in situations where community systems of monitoring and intervention have broken down.
- Take steps to prevent the build-up of residual caseloads of isolated or abandoned older people in refugee and displaced persons collection centres by involving community leaders and supportive neighbours in the process of building community links, identifying supportive 'foster' families or mobilising support for older people who could move into the community if supported.
- Take account of prevailing religious, social and cultural norms in the content and methods of relief delivery.

"Older people try to hide their sorrow and bad experiences, they are patient, they gather together in groups to support each other and try to cope. Older people want to build, not to destroy."

Community leader, Rwanda

6. Recognise and support the contributions of older people

As a result of emergencies older people have increased responsibilities for supporting their families, mobilising resources and caring for children, orphans and other dependants. Earlier emergency experiences, coping strategies, traditional skills and local environmental knowledge are important in mitigating the impact of emergencies. Older people's responsibilities and knowledge base should be recognised and built on.

Older people want to challenge the common image held of them as disabled, unproductive and dependent and to establish a more balanced view of both their needs and capacities. The goal of agencies should be to enhance the contributions of older people both during and after the emergency through community-based programmes in which older people become partners in the task of relief provision and rehabilitation programmes. Building on the contributions of older people offers potential gains for both older people and service providers. Older people are supported in both their needs and contributions while service providers are able to mobilise a wide range of skills, knowledge, experience and authority in achieving their stated aims.

Examples of this in practice include:

Partnership

- The social knowledge, experience and credibility of older people is critical in identifying and targeting the most vulnerable in a community. Older people can also play an active role in the distribution of relief materials. Examples include:

mobilising older people in house-to-house visiting and vulnerability assessment

'food on foot' projects in which able older people take food to less mobile older people

shelter project management and co-ordination

stores management.

All of these can be undertaken on the basis of community mobilisation and empowerment as opposed to agencies employing people to carry out these tasks on behalf of the wider community.

- Involve older people in the development of psychosocial programmes rooted in culturally appropriate coping strategies.
- Recognise older people as a vehicle for education, communication and leadership in their families and communities.

Rebuilding livelihoods and supporting change

After emergencies, older people find that they suffer from a variety of economic disadvantages: inflation, loss of employment, lack of pensions, loss of markets and lack of access to credit schemes. Restoring income and the means of livelihood therefore play a critical role in the recovery and self-support of older people and their contribution to their families or other support networks, especially where there is no other form of income support, such as pensions. They need training in literacy, numeracy, and new language skills in changed circumstances, as well as new practical and income-generating skills.

Those who have been displaced or dispossessed of their land need legal and practical help, which is also required to address older people's legal rights, and to provide health advice, information on repatriation, trespass, and inheritance. Another problem is lack or loss of documentation or Identity Documentation (ID). Some older people never had IDs, others may have had their ID stolen, or do not understand the nature of and need for personal documentation, and become excluded from systems that require it.

Bangladesh

Banu Hussain, 70, widow and grandmother, lost her husband in the 1970 cyclone. She has five daughters and two sons. She considers herself lucky because she lives with her son and daughter-in-law.

Her eyesight is failing and her hearing is impaired. But she earns a living by carrying stones and working in a restaurant kitchen. She shares her income with her family and contributes to the housekeeping duties.

During the cyclone there was no food, clean water or toilet facilities. Her main concerns are to generate enough money to pay for food and shelter. She is devout, but is worried that the incessant need to work does not allow her to pray five times a day. She also hopes to die in a decent manner.

Income and livelihood

- Include older people in rehabilitation projects, such as the provision of tools, seeds and other material inputs.
- Support older people in developing their own projects in income generation as a means of supporting a whole family and the wider community.
- Include older people in skills training to support existing or new livelihood strategies.
- Include older people in credit and savings schemes. Experience has shown that older people are among the most consistent and reliable in the management of savings and return of loans.
- Include older people in other educational initiatives. Older people have successfully undertaken literacy classes in refugee and resettlement programmes.
- Use occupational activities to stimulate social contact, physical activity and a sense of self-worth, especially in refugee camps, where opportunities for income generation are very limited or made redundant by the level of relief provision.
- Support older carers as part of child-care initiatives, such as material support and parenting skills.

Conflict resolution

- Encourage the role of older people in micro-conflict resolution in the context of community reconciliation.
- Encourage older people to exercise conflict resolution skills – for example, to help rebuild estranged family networks as part of community mobilisation for shelter construction programmes, or home-based care of vulnerable family members.
- Include older people in conflict resolution and ‘peace and justice’ initiatives.
- Recognise the importance of integrating the memory and history of pain, loss and trauma in the process of reconciliation and renewal, and the particular role played by older people in this process.

Disaster prevention and preparedness

- Recognise and facilitate the sharing of older people’s knowledge, experience and strategies in the avoidance or mitigation of emergencies. This is increasingly important as formal education systems reduce the authority of indigenous knowledge and take children away from their homes each day where the exchange of this knowledge might previously have happened.
- Involve older people in disaster prevention, preparedness and management projects at all levels in communities.



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“Our problems are obvious – we are poor, we are old and we are women so no-one wants us. We are alone.”

Older woman, Moheshkhali, Bangladesh

Part 2: The issues

Principles in an ageing world

In 1991 the United Nations agreed a set of principles to guide social and civil practice toward older people:

- *Independence*
- *Participation*
- *Care*
- *Self fulfilment*
- *Dignity*

These principles are designed to recognise and promote the contributions, strengths, needs and rights of older people within their families, communities and the global community.

Amid conflict and humanitarian disasters, these principles should guide all work concerned with older people, yet they are too often unknown, ignored or violated. This is happening during the most dramatic demographic change in global history, with an unprecedented expansion in the numbers and proportions of older people, especially in less developed countries, where 80 per cent of the increase is taking place.

Changing demographics

The World Health Organization estimates that the world's 580 million elderly people (aged 60 years and more) include around 355 million in developing countries. By 2020, when the total will reach 1,000 million, 710 million will be developing countries and seven of the ten nations with the largest populations of older people will be developing countries: China with 231 million, India 145 million, Brazil 30 million, Indonesia 29 million, Pakistan 18 million, Mexico 15 million, and Bangladesh 14 million. By that date, the proportion of the world's population aged 60 and over is projected to reach 23 per cent in North America, 17 per cent in East Asia, 12 per cent in Latin America and 10 per cent in South Asia.

In France it took 115 years (1865-1980) for the proportion of older people to double from 7 to 17 per cent. The same doubling in China will be four times as fast, taking just 27 years, from 2000 to 2027.

Worldwide, rapid industrialisation, rural-urban migration and high labour mobility within and between countries have been complicated by unstable economic conditions. These factors cause rapid changes and disruption to informal support systems based on the extended family and the local community.

Better health care, increased longevity, and successful family planning programmes are producing smaller able-adult families, which support larger numbers of less able, older family members. There is little hope that social security nets will emerge to mitigate the loss of traditional sources of support. The prospect is an increasingly fragile situation for older people.

Threats to older people in an ageing world

Poverty and exclusion remain the greatest threat to older people. Disasters make a bad situation worse. Older people describe a crisis of poverty and low status – being left invisible, excluded, powerless – even before humanitarian disasters strike.

The ageing process

The ageing process is a change in which the physical, nervous and mental capacities of the human body gradually break down. The most obvious physical signs of ageing are bones that become weak and brittle, and muscles that weaken and shrink. Stiffening of the rib cage, weakening of the heart muscle, and changes in the walls of arteries and veins lead to high blood pressure, breathlessness and general body weakness. Stiffness and pain in the joints and muscles is a common and disabling problem for many older people. Some cases are treatable.

Low nourishment from a poor diet can be aggravated by loss of teeth and a lack of saliva. Nerve endings may weaken and lose their sensitivity, which affects all the faculties. Poor vision and hearing can affect balance and mobility. Physical changes in the brain and nervous system may result in short-term memory loss. This may lead to acute confusion and disorientation, especially when familiar patterns and environments are disrupted.

The combination of these physical changes leaves the individual less able to cope with the activities of daily living. In an emergency, where survival may depend on being able-bodied, the capacity of older people to survive is already seriously compromised by the ageing process.

The physical aspect of ageing has direct implications for the nature of the support older people will require and their capacity to access it. Older people experience discrimination when these factors are not taken into account by service providers in emergency situations.

Each year millions of people are affected by disasters and conflicts, with the impact disproportionately felt by the poor. Over 53 million are estimated to be refugees or internally displaced, while up to 90 per cent of current conflict casualties are civilians. Coping with emergencies is part of the daily life of millions of older people.

Appreciating the chronic problems of older people contributes to an understanding of how their difficulties become acute in emergencies as the limited support on which they have relied is damaged or destroyed, cutting their capacity to cope from their own resources.

While the key problems identified by older people may be common to all sections of the community, their capacity to solve these problems themselves is already seriously compromised before the emergency.

Older people's vulnerability in emergencies

Isolation is possibly the most important factor in creating vulnerability. Older people find that the problems they face are compounded by the destruction of their families and communities. This may include the loss of the support mechanisms on which they had relied.

Isolated, older people are often left to fend for themselves as those around them struggle to ensure their own survival and that of their families. In the chaos associated with the early stages of emergencies, older people are physically less able than most other adults to struggle for food and other resources. They cannot travel long distances to where resources may be more readily available. They find it difficult to endure even relatively short periods without shelter and amenities.

The capacity of the community to take on the care of its vulnerable members is seriously compromised by the lack of food, medical, material and human resources associated with emergencies.

Many older people find themselves looking after young dependants whose parents are missing. Others live alone or as vulnerable couples, relying on hard-pressed neighbours and the support services for essentials. The very limited opportunities that the fittest find to supplement their incomes are rarely open to the more vulnerable.

Vulnerable older people fall into several categories:

- *isolated single older people who are frail or disabled*
- *isolated older couples or couples where one or both partners are disabled*
- *isolated older people living with young dependants*
- *isolated older people living in non-supporting families.*

In principle, older people may be recognised as a vulnerable group, but in practice, their particular needs are rarely met by the providers of emergency services. Chronic problems of health, mobility and mental deficiency are not seen as a priority in most emergencies, yet it is these problems that make it difficult for older people to support themselves.

Physical and mental health problems, reduced income, and limited mobility can all make it difficult for older people to support themselves and their dependants in emergencies. Ensuring that older people have equal access to all mainstream services is more effective in reducing vulnerability and enhancing their contributions than creating special services.



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Kosovo, 1999. In emergencies, disabled older people are especially vulnerable.

Capacities and contributions

Emergency interventions too often fail to notice, utilise or enhance the capacities and contributions of older people. Their long experience, influence on decision-making, and control of economic assets makes older people well placed to take leadership roles in emergencies, encourage conflict resolution and community justice, and foster problem solving, especially if regular leadership structures are disrupted.

Older people play valuable roles as carers and resource managers, while the knowledge they hold – of traditional survival systems, appropriate technologies, and alternative medicines – can be central to the development of community coping strategies in and after crises. Their sense of history can help preserve communities' cultural and social identity, even in situations such as refugee camps, where corrosive 'camp culture' can predominate.

Older women contribute in many ways: as income generators; caring for children, the sick, or orphaned dependants; teaching younger people, especially by their example of co-operative action; in farming, food production and shelter construction.

Older people are more likely to be aid givers than receivers. Their assistance to others means that supporting older people – with healthcare or income generation activities, skills training or credit – supports their families and communities. Little attention has yet been paid to how older people can be helped to fulfil such valuable roles in rebuilding communities, and recognition of their special contribution should not lead to devolution of yet more responsibilities without a corresponding increase in support.

Gender questions

Men and women face different experiences in emergencies. All poor older people are systematically challenged and disempowered by poverty, lack of assets and documents, and inadequate access to social services, often compounded by geographic displacement or destruction of traditional social structures.

Older women tend to be more numerous in refugee populations, but age and gender barriers are likely to exclude them from decision-making and resources. They are far more likely than older men to be caring for children, and often have long-term responsibility for bringing children up. Older women's place in the informal economic sector leaves them with few marketable skills and no retirement compensation.

Older widows are often among the most marginalised in cultures where inheritance codes dispossess them on their husband's death. A woman widowed in a disaster may be stripped of her last resources. Older widows are less likely to remarry than widowers, leaving them isolated and often reliant on the goodwill of relatives or the charity of neighbours. In an emergency these factors undermine the capacity of older women to fend for themselves and can obstruct their access to essential services.

Social and religious restrictions on the movement, speech and public exposure of women and their bodies increases their vulnerability during emergencies, when they are more likely to be confined to the home in maximum danger. Older women can be excluded from communal shelters where inadequate latrines, mixed sleeping areas and a lack of gender separation break the codes of their faith.

Dress codes of complete cover can restrict mobility, particularly in floods, hurricanes and other natural disasters. By usually being stricter in religious and cultural observance, older women can be more vulnerable than younger women.

Poor, older people, especially women, are systematically challenged and disempowered by poverty and lack of access to social services. These are often compounded by displacement from traditional homes and/or the destruction of traditional social structures.

Bosnia-Herzegovina and Croatia

Vida Pletikapa, 67, is a widow living with her daughter.

They have no work but share a small pension, which does not go far. Before the war, she had a good life, with animals and crops. Her husband had an income, they had a house and the daughters lived locally.

Because of the war she had to move to Bosnia. She returned to her home but it was burned in 1995 by security forces. She continued to visit the site but was warned off by a soldier. A Swiss relief agency provided some support, but the family was short of food, water and most material supplies. She had no electricity for a month. An unidentified woman helped with clothes, blankets and potatoes. She tried to resume working but the authorities only provided work for young people.

She would like to start planting crops for an income and food. But the fields are neglected, damaged by wild boars, ploughs are expensive, and land is still mined.

Part 3: The research

Investigating emergencies

The *Guidelines for best practice* are based on the research programme into the experience of older people in humanitarian emergencies, developed by HelpAge International for ECHO and UNHCR. The programme had three strands:

- documenting HAI knowledge and experience from many emergency responses
- exploring the links between humanitarian organisations and older people in emergencies
- recording the experience of older people in emergency situations.

Observing the UN Principles for Older Persons, the research emphasised participation and consultation with older people and members of their communities. The results will be used to promote understanding of issues faced by older people, and to encourage improvements in humanitarian relief programmes.

The nature of the emergency strongly influences the needs of older people so the research took place in a range of countries to describe and record the experience of older people in four types of crisis:

- sudden onset natural disasters (e.g. volcanoes, hurricanes, earthquakes) – Dominican Republic
- slow onset natural disasters (e.g. drought, repeated/annual flooding) – Bangladesh
- sudden onset political emergencies (e.g. sudden outbreak of conflict/war) – Rwanda
- slow onset political emergencies (e.g. protracted conflicts/wars) – Bosnia.

The views of older peoples and others were sought on:

- social, physical and material impact of emergencies on older people, and their resulting special needs
- main sources of support for older people in emergencies (including intergenerational aspects)
- level of older people's access to essential services in an emergency
- older people's contributions to their family and communities in emergencies (including intergenerational aspects)
- older people's experience of the relevance and effectiveness of humanitarian organisations' relief responses.

The research sought to cross-check points with key actors in civil society (officials, community and religious leaders, other age groups, including young people) and the humanitarian world (local and international development/relief agencies).

The research employed a mix of participatory research tools, including group work, workshops, semi-structured interviews, storytelling, case studies and ranking exercises. HelpAge International drew on learning from 15 years of relief work in many emergencies, and examined this in a series of analytical workshops. Humanitarian agencies' views were accessed via a questionnaire and workshop.



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Older people's access to food, water and health care is critical to saving lives.

Research results

Poverty is a problem in all natural disasters, while complex political emergencies are linked to issues of isolation and separation, transport and mobility, protection and theft, destruction of social structures, erosion of respect and status, loss of identity papers and other personal documents.

Older people's poverty leads to a spiral of problems related to shelter, food, water, health, transport and schooling of children in their care that further undermine their ability to support themselves. Many older people feel vulnerable and dependent on external support in the absence of resources to manage their changed circumstances. Most feel that with help in generating an income they could manage most of the practical problems focused on by relief agencies.

Isolation creates vulnerability

Isolation is one of the most important factors creating vulnerability. Destruction of families and communities also undermines the support networks on which older people rely. Isolated older people are often left to fend for themselves as others struggle to ensure their survival and that of their families.

Older people may be left behind as families move away – unwilling or unable to travel, or left to guard family property and belongings, thereby becoming convenient targets for bandits, mafia thugs or those seeking retaliation. At risk of being abandoned and isolated at the best of times, many older widows have no one to turn to in emergencies.

Few agencies provide family tracing or reuniting services for adults, and isolation and abandonment during population movements often leads to collections of unaccompanied vulnerable older people in relief centres who become a concentrated residual caseload long after others have settled or returned home, leading to chronic institutionalisation and neglect.

In the Balkans, some military medical staff found that aid agencies focused on children and the risk of epidemics, even though there were few unaccompanied children and no epidemics; and there were many more unaccompanied older people, who were in greatest need of health services.

A lack of consultation

Patterns of discrimination and marginalisation are often accentuated in the drive for survival in humanitarian crises. Discrimination, already obvious against women and people with disabilities, is compounded by relief operations that fail to see or understand the needs and contributions of older people. Research identified an almost universal lack of consultation, which is both a symptom and a cause of the marginal position of older people in emergencies.

Age and gender discrimination combine with problems of mobility and physical strength to hide older people in emergencies. Older people feel they are 'not being seen' and that agencies fail to consult older people on their needs and priorities. Age specific issues, such as chronic health problems, mobility and psychosocial needs are not understood or given priority in most emergencies, although they are specific factors that make it difficult for older people to support themselves through a crisis.

Untested assumptions about the care and respect offered to older people combine with the lack of consultation to significantly increase vulnerability and create an environment in which serious abuses, such as rape, prostitution, theft, and confinement of older people, go unseen and unchallenged.



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"Poverty was the cause of the emergency, poverty made it difficult for me to survive the emergency and now I'm still poor."

Older woman, Kibungo, Rwanda

Older people fight a losing battle in the competition for resources. In the chaos of emergencies older people are physically less able to struggle for food or to travel far to find what they need. Many spoke of using valuable energy to reach central relief points only to arrive late and find little or nothing left. Older people who did reach distribution points in time told of being pushed out of queues, given short measures or having relief items stolen by younger people.

Negative images and assumptions about older people are a further factor increasing their vulnerability in emergencies. The effects of a crisis, even if extreme, are often temporary but the incapacity of older people in emergencies is often confused with and then dismissed as the disabling effects of ageing.

Older people are often seen as inflexible, out of touch, unproductive and dependant, a 'poor investment' for skills and credit programmes because they are unable or unwilling to learn, or perceived as a high risk because they may die with their debt. This contrasts sharply with the range of coping strategies and contributions of older people that was identified in the research.

Sources of support

Few non-governmental organisations (NGOs) include older people among their target groups, especially if their activities are developmental. This is due to the common but grossly mistaken conception that older people are difficult to train, resist new ideas, and cannot participate effectively in community and economic activities.

Research in Rwanda found that destruction of families was seen as the war's single most devastating effect. When the family – usually identified by older people as the most important unit of socio-economic power and support in society – was destroyed or disrupted, older people found themselves isolated, unsupported and potentially very vulnerable while suffering the effects of bereavement, trauma and sometimes despair. People previously self-supporting within their families often lost this capacity and struggled to find new ways of coping.

In Bosnia older people accumulated layers of physical and psychological trauma occasioned by war and its aftermath, losing contact with families, isolation in collective homes, the cumulative impact of living in hiding or under siege, and being separated from all resources, including land and livelihood.

While being grateful for initial relief, older people are disappointed at short term relief that does not address their long-term problems. They feel strongly that such aid risks dependency and does not foster sustainable community-based self-help initiatives that could avoid older people becoming extremely vulnerable. Despite this, older people identify families, mutual support groups and relief agencies as their most important sources of support during and after an emergency. Provision of food, shelter and basic need items at the height of an emergency is welcomed for saving lives across the whole community.

However, as agencies withdraw, many older people still lack family support and return to the problems they faced prior to the arrival of relief. Older people find that cost-sharing aspects of mainstream government provision severely restrict access to essential services such as health, food, water and education. Relief is not seen to be connected to life before and after the emergency.

Rwanda

Joyce Mukankundiye, 70, lost her husband in 1994. She supports her three grandchildren because her daughter has suffered from psychological trauma since the war.

She had a good life before the war, the family was together, and they had goats and land, which provided income and food. The war destroyed everything. Her husband was killed and she fled with one son to Tanzania. The aid agencies helped with food, clothes, plastic sheeting and cooking utensils. Health care was provided for older people.

After the war, everything is different. The goats have gone and the land has been divided amongst the sons. Her health is not good because of the poor diet. But she believes older people have a part to play in the community.

Access to services

Older people are the most disadvantaged when it comes to aid:

- *older people find it difficult to access centralised relief and service delivery points because of the distances involved, poor mobility, or being confined to their homes by the need to guard property or care for dependants. Health provision without outreach systems discriminates against housebound people*
- *older people do not have the physical strength to compete for limited services and supplies – they are often pushed out of or to the back of queues, or queue for long periods*
- *many older people are unable to access government services because of their scarcity and the costs of transport and treatment. Older people are the lowest priority for treatment costs in most households, including those headed by older people themselves*
- *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. Older people in collective homes in Bosnia complained about nutrition deficiencies and the lack of fresh food, asking why they could not have vegetable gardens*
- *supplementary feeding systems rarely include malnourished adults. Older people find food-for-work programmes difficult to manage*
- *older people are excluded, often systematically, from rehabilitation programmes, particularly micro-credit and skills training. Even when older people organise their own projects they find it difficult to source funds or other inputs.*

It is widely assumed that general systems of provision include older people without finding out whether this is so. Older people in each field study said that they were rarely if ever consulted on their needs or access to services, and that doing this would solve many of their problems.

Older contributions

Older men and women identify their most important contributions as:

- *income generation and financial support to their family*
- *child care and care of other dependants and sick family members*
- *housekeeping and guarding*
- *disaster coping strategies*
- *recovery and reconstruction*
- *a wide range of (indigenous) knowledge and experience*
- *traditional healing and crafts*
- *motivation of others and personal courage in adversity*
- *preservation and transmission of cultural heritage, stories, and activities*
- *family and community conflict resolution*
- *community knowledge that can assist in relief targeting and distribution.*

When asked, many NGO staff recognise some contributions by older people, but there is a strong pattern of non-recognition of their overall contribution. In particular, NGOs often do not recognise the role of older people in income generation, disaster coping strategies, reconstruction and recovery, traditional skills and the support of others in a crisis.

"Older people do so many things – looking after children, keeping the house, looking after livestock, growing food, earning money – but we do all this on a voluntary basis and no-one recognises its value. Instead we are seen as a burden."

*Older men and women,
Moheshkhali, Bangladesh*

Consequences of exclusion

Older people generally do not know the identity or aims of many of the relief agencies, and do not understand the criteria relating to who qualifies for what kind of support. This encourages a general concern about the lack of transparency of distribution systems.

Most older people think NGOs are unaware of the special needs of older people, do not think older people are important or a priority, and do not consult older people directly. Older people commonly face problems in being excluded not only from relief but also from support for rehabilitation and the re-establishment of livelihoods usually available to younger people.

Most older people believe that they have important contributions to make in disaster prevention and preparedness and in the process of reconstruction and recovery if they receive the necessary support.

Relief interventions are strongly criticised for not addressing longer-term issues of recovery and the capacity to survive future emergencies; relief provided is often inadequate to meet the needs of the whole community, and as older people are generally the lowest priority and weaker than other groups they often end up with less support than others and less than they need.

Humanitarian views

In field research, humanitarian agency staff commonly said that it was neither possible nor desirable to prioritise one group, such as older people, over others in emergencies. But in the questionnaire, 51 of 60 agencies reported having policies identifying particular vulnerable groups, and of these:

- 32 gave children their highest priority
- 22 gave older people their lowest priority or did not give older people any priority rating
- 3 gave older people their highest priority.

NGOs which did not prioritise any particular vulnerable groups said that they targeted whoever were the most vulnerable. But in the field research older people reported that they were the lowest priority in their communities and for NGOs.

The most notable differences of perception between the HelpAge International experience of older people and the agency respondents are around income, shelter, psychosocial needs, land and fuel (which were all given a higher ranking by older people) and abandonment (which is given a much higher ranking by the agency respondents), as shown in Table 1.



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Orissa, 1999, recovering from disaster. Older people see income generation as crucial.

Table 1:

The six most common problems in emergencies identified by older people compared with the six most common activities of the NGOs surveyed and the six most common problems that the NGO staff thought older people would face in an emergency:

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

Despite a great deal of common ground in the understanding of older people and NGOs, there are clear differences over the importance of income and shelter, which are much higher priorities for older people than NGO staff assumed. Further down the list, land, fuel and skills training are identified as key needs by older people in 25-35 per cent of the 21 emergencies studied, while none of these are identified as important needs for older people by any of the 60 NGOs surveyed.

There is a clear gap in understanding that seems to reflect older people's concern with re-establishing their coping mechanisms compared to relief agencies' more welfare-oriented approach. In terms of shelter, NGOs may be assuming that older people will be served within a family or that minimum numbers set for shelter provision (4-5 people) exclude them because they may be living alone or find it difficult to be part of another family or group.

Contrary to the research findings and HelpAge International's experience, the questionnaire also showed that 29 respondents thought that there were no significant differences between the experience of older men and older women in emergencies, while 25 thought there were; 37 respondents identified particular contributions made by older people in emergencies while 23 either felt that they were not in a position to give an opinion or could not identify any particular contribution.

But field research reveals older people consistently making contributions across areas of care, education, coping strategies, counselling, leadership, income generation, wisdom, knowledge and rehabilitation. Older people see their most important contribution as the generation of income to support families, especially in providing school fees. In Rwanda older people were the main source of support for orphans in the immediate aftermath of the genocide. Older people in Bangladesh highlighted their local knowledge, experience and coping strategies as important but usually untapped resources for disaster prevention, preparedness and recovery.

Dominican Republic

Aurelia Morello, 70, is widowed, but owns a house. She lost her crops during the hurricane but some are re-growing, and she also breeds chickens. The community was warned of the hurricane but did not believe it would hit them as the previous hurricane passed through the village but did little harm. There was not enough shelter, only one school.

She lost everything including the house and its contents. Many older people suffered health problems and had little access to medical supplies. Children were given priority. There was no food or water at the time. But food arrived quickly, supplied by the NGOs and the church.

House building materials did not arrive for five months – and they were of wood, not stone or brick. The community was without a water pump for two months. But while they were waiting for relief, the community got on with rebuilding homes and recovering contents.

What next

Improving access to services

In the research NGOs identified areas they felt could most easily and appropriately be adapted to meet the needs of older people. The leading areas, identified by more than one respondent, are shown in Table 2.

Table 2:
Services that could be improved, as identified by NGOs

Service	No. of NGOs
Health and medication	18
Social programmes/centres and outreach	8
Food and nutrition services	8
Basic relief and non-food items	6
Psychosocial programmes	5
Community links and identifying the most vulnerable	5
Employment as project officers	2
Rehabilitation services/prosthesis	2
Credit schemes	2
Shelter	2

While many of these are priority areas for older people, income and shelter are higher on older people's agenda. Many NGOs agree that they would be able to target and tailor interventions to the needs of older people if they could gain a more complete picture of their circumstances. The impact of this would depend on the particular emergency and older people's priorities.



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Croatia, returning home. Shelter is a high priority for older people.

Building capacity to work with older people

NGO staff want and need more information on the experience of older people, pilot programmes to give examples of good practice, and advocacy work to raise awareness as a means of changing and developing practice (see Table 3).

Table 3:

In the questionnaire NGOs said these resources would support them most in developing work with older people:

Support needed	No. of NGOs
Information and reference materials on work with older people in emergencies	41
Training in age care issues	34
Material resources (e.g. finances, sample materials such as mobility aids)	26
General information and reference materials on ageing and ageing issues	23
Human resources	20
External policy changes (e.g. donors, government bodies)	18
Internal policy changes	12
Others	2



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Rebuilding lives: aid agencies can support older people's independence.

Part 4: Applying the guidelines

Vulnerability checklist

Two types of sample checklists to assess older people's needs in emergencies are shown in Appendices 1-3.

1. The first checklist was developed for the HelpAge International refugee programme in Tanzania. The checklist was designed for use in the large refugee camps found on the Tanzania/Rwanda border at that time. The key themes are common to most checklists:

Family circumstances

Social support

Health

Mobility

Basic needs

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

What was evident from using the checklist was that a person could have problems in the areas of health, mobility and basic needs and still not be counted as vulnerable if they were well supported (social support). On the other hand, a person may have had fewer problems lower down the checklist but potentially be very vulnerable if they were isolated and unsupported.

This checklist does not offer hard and fast answers to identifying vulnerability but is a tool for highlighting the indicators of vulnerability.

2. The second example consists of two questionnaire forms that HelpAge International distributed during the 1999 Orissa cyclone relief programme with HelpAge India.

They were distributed as a request to other aid agencies (international and local) to provide feedback to HelpAge International on the situation of older people in the areas of cyclone relief. The importance of these forms and the information they provided was twofold:

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

HelpAge International hoped to serve as a resource, assisting other agencies in their areas of response to include older people in their relief programmes.

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

HelpAge International's recommendation is that agencies adapt these forms or include parts of them in their own needs assessment forms. They are not prescriptive, but should serve as a guide and resource.

"Support us
where we are
strong – not just
where we are
weak."

Older woman, Rwanda

Appendix 1

HelpAge Vulnerable individual checklist

HelpAge
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Name	
Age	M/F
Location	

Carer

Name	
Location	

Indicator

Household

Lives alone	Yes	No
Number of children		
Number under 14 years		
Number of adults		
Number aged 15-50	Aged 50+	
Comments		

Social

Family or neighbours provide help	Yes	No	
Water collection	Self	Helper	Nobody
Fuel/firewood collection	Self	Helper	Nobody
Cooking of food	Self	Helper	Nobody
Comments			

Health

Has problems breathing	Yes	No
Has problems with digestion	Yes	No
Has problems with elimination	Yes	No
Has joint pains	Yes	No
Has swollen legs	Yes	No
Has skin problems	Yes	No
Has other health problems	Yes	No
Comments		

Mobility

Can wash and dress self	Yes	No
Has problems using latrine	Yes	No
Uses walking stick/crutches	Yes	No
Can walk to neighbours	Yes	No
Can walk to market place	Yes	No
Can walk to nearest health post	Yes	No
Comments		

Basic Needs

Has adequate shelter	Yes	No
Has water supply and container	Yes	No
Has regular, adequate food supply	Yes	No
Has cooking facilities and fuel	Yes	No
Has a blanket(s)	Yes	No
Has a change of clothes	Yes	No
Comments		

Other comments

[illegible]

Appendix 3

Cyclone Orissa Post-disaster village needs assessment

HelpAge
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Name of village

Name of block

Total population of village

Number of households

Older population male female

Number of families left behind
without earning members or breadwinners

Number of damaged houses/huts

Number of livestock alive

Sources of uncontaminated drinking water

Distance of the village from nearby town

What are the available means of communication?

What are the immediate needs of older people?

☐ Food ☐ Medical care ☐ Other (please specify)☐ Shelter ☐ Clothing

What items could be provided in the relief package?

To what extent have the relief services reached older people?

Which agencies have provided relief?

☐ Government departments ☐ Local community groups☐ NGOs ☐ Other (please specify)

Do families with older people have extended support?

Do you have younger members in your family who have a source of income or who are part of a food-for-work programme? Yes ☐ No ☐Did the older people have any income before the cyclone? Yes ☐ No ☐Do they have any income now? Yes ☐ No ☐

If yes, how and by what means?

If no, do they have any ideas as how they would like to start?

From their years of experience of cyclone situations, what would the older people recommend needs to happen to save lives in their community in a future cyclone?

Please expand from personal experience.

Agency

Date

Resource list

World Wide Emergencies Unit

Co-operation and networking is a priority for HelpAge International's Emergency Programme. Building partnerships with international bodies and other NGOs involved in emergencies is essential to the promotion and recognition of the rights and needs of older people in disaster situations. Co-ordination is essential to avoid duplication and HelpAge International's knowledge and expertise, efficiently shared in the field, can add unique value and effectiveness to other NGO relief efforts. Contact the Emergency Programme at the HelpAge International Secretariat to discuss collaboration and for further information (see back cover for details).

Publications

The Ageing and Development Report:

Poverty, Independence and the World's Older People

Provides a comprehensive review of the condition of older people in the world's poorest countries, addressing key themes such as community involvement, family life, health and well-being, poverty and exclusion, gender, migration and economic security. Published by HelpAge International and Earthscan, London. ISBN 1 85383 648 6. Copies can be purchased at £14.95 from Earthscan, Freeport 1, 120 Pentonville Road, London N1 9BR, UK. Customer Service tel: +44 (0)20 7278 0433. A summary of the report is available in English, French and Spanish free of charge from HelpAge International.

Better Nutrition for Older People:

Assessment and Action

Easy-to-use handbook for organisations to assess and improve the nutritional status of older people.

Working with Elderly People

Practical guide to setting up community services for older people.

Ageing and Development

HelpAge International newsletter aimed at raising awareness of ageing as a development issue. Available in English and Spanish.

Ageways

HelpAge International quarterly journal providing practical information for those working with older people. Available in English and Spanish.

All these publications are available from:

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Guidelines for best practice

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