

## Humanitarian response for older people in Haiti: three months on



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## Executive summary

### Introduction

This review is a snapshot of how the cluster system and individual agencies have supported and integrated older people's needs into emergency response and relief efforts in the first three months after Haiti's earthquake. The report provides an overview of what is being done to address older people's needs; highlights any areas of good practice; assesses challenges; and recommends ways forward to ensure a more comprehensive response to the needs of all vulnerable groups. This review is not a comprehensive review of all interventions. Nor does it attempt to provide a comprehensive analysis of older people's needs in Haiti. It focuses exclusively on interventions being carried out by international humanitarian actors working in Haiti and does not include government interventions.

Information was gathered through 26 interviews and cluster meetings with a range of UN agencies, INGOs and NGOs working primarily in Port-au-Prince between 29 March and 8 April 2010 and through discussions with HelpAge International. The interviews were supplemented by questionnaires completed by a range of agencies and cluster leaders.

### Key Findings

The earthquake that struck Haiti on 12 January, 2010 affected an estimated 200,000<sup>1</sup> older people aged sixty and over. Like everyone else, their homes were reduced to rubble, food and water became increasingly scarce, and they could no longer rely upon previous existing safety nets of community, family, health care, and other general services. Results of the *Rapid Initial Needs Assessment for Haiti*<sup>2</sup> (RINAH), carried out in January-February 2010 by the Inter-Agency Standing Committee (IASC) and coordinated by OCHA and the Haitian government, identified older people as one of two most vulnerable groups to be affected by the earthquake. Despite these findings and the widely distributed 2008 recommendations from the IASC's report on *Humanitarian Action and Older Persons*<sup>3</sup> the needs of vulnerable older people remain largely unaddressed in the midst of response efforts in Haiti.

Between 12 January and 12 April, agencies and organizations coordinated an astonishing array of emergency response services. Without this comprehensive and rapid system of intervention, the fate of all the earthquake-affected population of Haiti would currently be much worse. However, the inclusion of older people within response efforts has been sparse.

It is assumed that older people are reached through programmes that extend to the whole population (i.e. blanket response mechanisms), yet few programmes have specifically addressed their needs. **There is a lack of consistent and formal**

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<sup>1</sup> HelpAge International estimates this number of affected older people out of the 800,000 individuals over age 60 (7% of the population) currently living in Haiti.

<sup>2</sup> *Key Findings from the Multi-Cluster Rapid Initial Situational Assessment for Haiti*. OCHA: February 2010.

<sup>3</sup> *Humanitarian Action and Older Persons: An essential brief for humanitarian actors*. Inter-Agency Standing Committee (IASC): 2008.

**recognition of older people's particular vulnerabilities or strengths. This has often led to inaction**, rather than active development of appropriate or alternative age-friendly responses. For example, whilst some of the clusters have identified older people as amongst the most vulnerable, none of those interviewed had yet made systematic efforts to ensure that further data is collected; or that they are identified and targeted within their particular sector. In addition, the assets and strengths of older Haitians and their contributions to family and community have rarely been sufficiently considered, let alone acted upon.

Haiti's older population has largely been subsumed under the general assistance approach. There has been varied levels of inclusion from one sector and agency to another, rather than specific targeted programmes. Yet despite general assistance programmes purporting to assist older people, **few of those interviewed felt that older people currently do access their services**. This would imply that whilst general responses to the crisis do capture the breadth of older people's needs, much more work is required to tailor those interventions effectively and to ensure that older people can access them. For example, the health sector has been the most proactive in recognizing the needs of older people, yet a lack of health and community care professionals trained in geriatrics and a lack of consolidated data on older people, considerably hinders efforts. Organisations expressed concern over older people's access to food. One NGO reported that it had found older people at high risk of dehydration and starvation due, it claimed to the fact that older family members were often the lowest priority for food and drink within the family. Older people who are isolated or have been abandoned are a huge protection concern, and support to those who are living in institutions presents enormous challenges for the humanitarian community grappling with an urban context where these kinds of institutions are more prevalent.

On a more positive note, as the three-month anniversary comes to pass, and the focus of immediate emergency response slowly turns towards recovery, more age-responsive initiatives are beginning to take shape. Efforts are now underway to provide food assistance to large numbers of vulnerable older people alongside the World Food Programme. Specially designated zones for vulnerable older people are being created within camps. These spaces will be separated from the general camp and distinguished by additional security, guaranteed to be access-friendly for older people and the disabled, have close access to health care facilities providing geriatric and disability care, and to child friendly spaces for those who are caregivers.

### **Why a limited response so far?**

Some interviewees attributed the limited direct response so far on the inadequacy of accurate and detailed knowledge of who and where the older affected population were located. This is surprising, given the wealth of experience within the humanitarian sector on identifying and targeting other vulnerable groups such as children or developing gender sensitive programming that can and should support similar initiatives for older people. Reflecting on HelpAge International's role and limited capacity, strong support and input from the broader humanitarian community is essential in the immediate outset of a crisis, before the opportunity to help shape and integrate older people into immediate programmes is lost.

According to agencies, many early assessments collected do not disaggregate data by sex and age of individuals sixty-years and older. Nor are many agencies building upon the baseline information detailed in the RINAH assessment. Without proactively

accessing and enhancing this data, knowing where to begin and how to best address these individuals remains a challenge.

A lack of “know how” and technical expertise on addressing the needs of older people was cited as a hindrance to furthering these efforts. Yet for those who have incorporated these needs and concerns, the results have led to some innovative and resourceful programming. These initiatives will provide huge opportunities to learn what works well and to develop better practice for older people. The willingness of interviewees during this review to discuss ageing issues within their programmes suggests there is further interest in pursuing such initiatives.

(Please see the end of this review document for some general conclusions and recommendations; and the sectoral responses section, for sectoral suggestions and good practice examples)

## Sectoral Responses

The sectoral responses below provide a slightly more in-depth understanding of how the various humanitarian sectors in Haiti have responded and includes some examples where agencies are integrating older people into their efforts. These 'notable practices' are provided as a potential for learning. However, the scale and scope of such practices is difficult to ascertain and clear areas for further improvement are highlighted.

### Protection

Identifying and responding to protection concerns are central to the well being of older people in crises. Whether residing in their own homes or in institutional nursing homes, those affected by the earthquake found themselves with heightened vulnerabilities and at increased risk. Families found their resources limited and some were unable to continue providing for their older family member.

NGOs reported incidents of abandonment of older people in camps, presumably acts of desperation by family or community members. Though numbers and details had not been confirmed, it remains a worry that these actions may increase if not addressed. Concerns have been raised of older people being at risk of abuse and unable to protect their belongings from thieves in camps and settlements. Without appropriate protection, older women face sexual and gender-based violence, while older caregivers unable to find a means of income, or access services, may become unable to provide for the children under their care. Despite these concerns, little action regarding the rights and protections of older people is taking place. The Protection cluster identified older people as an "at risk" vulnerable group yet stated that, to date, systematic efforts have not yet been made to gather data or include them in protection strategies.

#### *Notable Practices*

- Handicap International is including the protection of older people within their awareness-raising campaigns and intervention strategies.
- GenCap showed keen interest in identifying measures for including older people within their long-term mainstreaming and advocacy programmes.

#### *Suggestions for Protection*

1. Actively recognize vulnerable older people as a population requiring tailored interventions and safeguards within the protection framework.
2. Ensure that protection assessments include data that informs the development of such interventions

### Health

Health sector relief efforts have been one of the strongest in adapting their response to the needs of older people. The Health cluster recognizes the needs of older people, particularly those who have lost their family and are alone or hospitalized. Yet the lack of geriatric specialists, low visibility of older people in camps, and inconsistency of age specific data collected has limited a widespread direct response.

Facing the closure of hospitals and the discontinuation of state provided medical services, many older Haitians are in a dangerously precarious physical position. Many of the injured and ill remain unable to care for themselves and face being discharged without anywhere to return. Finding appropriate caregivers with the skills, time and compassion for their needs requires attention. Many state and privately run care

facilities have been badly damaged, lost staff, and are without the ability to continue providing an appropriate level of care. Some are receiving supplementary assistance from INGOs and church organisations but the needs and demands to support such facilities remains extremely high and challenging.

#### *Notable Practices*

- Several agencies are assisting older people discharged from hospitals by providing transportation and follow-up care. Safe relocation centres are in the process of being identified for post-discharge care.
- Community health workers have been trained by one agency to assess the health indicators of older people encountered in camps. These workers determine the nutrition level of older people by administering a mid-upper arm circumference (MUAC) measurement. If necessary, additional care and follow-up will be provided.

#### *Suggestions for Health*

1. Increase the availability of geriatric care specialists by training community health workers, nurses, caregivers, and doctors with geriatric expertise. Ensure such providers are present in care homes, mobile clinics, and other health facilities.
2. Define specific guidelines on health care provision for older people, including data collection.
3. Identify a clear and easily-accessed referral system for at risk older people.
4. Given the current cessation of state-provided care, routine identification of those being discharged from hospitals is essential. Provide safe transport and attempt to identify housing options for these individuals.

### **Water, Sanitation & Hygiene**

With the promotion of safe and secure latrines and shower facilities, many agencies recognize the need for building appropriate and accessible facilities within camps and resettlement sites. The development of such installations is being promoted for both individuals with disabilities and older people. However, ensuring that older people are housed near these facilities remains a challenge within camps and resettlement areas. Some agencies cite difficulties with the terrain (at risk of flood and erosion) as a hindrance for building appropriate facilities.

#### *Notable Practices*

- A number of agencies have either begun or intend to begin the construction of appropriate and easily accessible latrines for both disabled and older individuals.
- A small number of handicap (and thus including some older people) accessible shower units that allow individuals to safely bathe have been built or are planned for construction by several INGOs. This allows many older persons the privacy and dignity to care for themselves unassisted.

#### *Suggestions for Water, Sanitation and Hygiene*

1. Access to clean drinking water is a challenge for many older people. Without cash to purchase, or the strength to carry large containers, alternative sources or methods of ensuring their procurement of drinkable water are necessary.
2. Within camps and resettlement sites, guarantee that older people are settled within a safe walking distance from these specialized latrines and shower facilities.

## **Food**

The food sector is particularly interested in identifying and supporting guidelines of age specific vulnerability criteria. Between 12 January and 12 April older people were commonly part of blanket food distributions. There was no specific attention given to how or whether they safely collect or receive their distribution. Concern over older peoples' access to food and safe transportation and storage of food distributions were expressed. General knowledge of targeted programmes was limited.

### *Suggestions for Food*

1. It has been reported that within new resettlement sites and existing camps, comprehensive food distributions will not continue. The possible establishment of canteens or food kitchens within these areas intends to fill the "food gap". If established, a system should be in place to monitor older people's access to these centres, and a network of food distributors developed to bring meals to those unable to access the canteens.
2. Include data collection of older people in food assessments and develop age-related vulnerability criteria.

## **Nutrition**

There were no known well-established response efforts for targeting the nutritional needs of older people. Yet one NGO reported that they have found older people at high risk for dehydration and starvation due to often being the lowest priority for food and drink dissemination within the family. However, in exceptional cases (as defined on site by implementing NGOs) older people who are malnourished can be included temporarily in selective feeding programs. Initially, it was put forth that older people should be identified in strategy documents, but in practice this has not happened systematically.

### *Notable Practices*

- One NGO has provided a separate pack of nutritional supplies for each "at risk" older person they encounter. However, given their capacity they are only able to reach a small number of individuals.

### *Suggestions for Nutrition*

1. Advocacy for inclusion of older people in various targeted programmes, much like children and lactating women. Explore the possibility of including vulnerable older people in nutritional feeding initiatives.
2. Develop a specific treatment protocol for severely malnourished older people within the national guidelines, as none currently exists.

## **Shelter**

Like the rest of the population, older individuals who lost their homes due to the earthquake have been residing wherever they can find shelter. Home may now be a under a tent or tarpaulin, a host family (neighbors, relatives, strangers) or anywhere else that provides some protection. Specific measures for relocation strategies or housing options for older people have not yet been provided. Secure housing options for older people is a key priority during the next stage of early recovery. The displaced population will be given a selection of five options for relocation. However, the information campaign has been delayed and these options remain unknown to many camp inhabitants. The placement of individuals or families with identified host families is one such option.



To date, no provisions have been made to distinguish households willing and capable of taking in older individuals. This is a concern due to the special needs and requirements necessary for older care and living environments. Older hosted individuals are less likely to be “temporary” and longer-term solutions may be harder to find. Older people also require added assistance in setting-up and maintaining tents, tarps, and other shelter options. Little community assistance or agency intervention, specific to older people, was reported for this process.

#### *Notable Practices*

- One NGO has initiated a small-scale rubble removal programme for older people, people with disabilities, single mothers, or financially challenged families that cannot undertake the physical labour themselves or cannot pay someone else to do it. Shelter Cluster members are coordinating with partners who can follow-up with the building of a transitional shelter on these sites, thus allowing families and individuals to return to their home sites and re-establish family/social ties.
- Several NGOs and INGOs reported that they are strongly encouraging community-led assistance with rubble removal and rebuilding assistance for vulnerable persons, including older people.

#### *Suggestions for Shelter*

1. Identify housing options that are secure for older people, recognize their constraints in maintenance and the need for near and secure access to water and sanitation facilities, food, and health care.
2. The physical limitations of some older people should be taken into account when determining shelter construction and appropriate assistance to those unable to physically rebuild or construct their homes should be provided.
3. Establish host family identification criteria specific to the needs and concerns of older residents, including, long-term capacity for care, and monitoring of the housing situation to ensure older residents are not abused or neglected.

#### **Camp Coordination and Camp Management (CCCM)**

Finding suitable and secure housing for older people, within camps and relocation sites is a particular challenge for NGOs managing camps in and around Port-au-Prince.

These areas are prone to security and environmental risks and can render older people invisible or “lost in the shuffle”. Agencies managing camps reported that they had various levels of data and knowledge (from no indicators to detailed assessments) of older people residing within their camps. Within the first three months of the response, advocates for both people with disabilities and older people successfully lobbied for the creation and management of vulnerability zones. These zones will include “age friendly areas” specifically designated for vulnerable older people. As mentioned earlier, these spaces will be separated from the general camp and distinguished by additional security, guaranteed to be access-friendly for older people and the disabled, have nearby health care facilities with individuals trained in geriatric and disability care, and nearby child friendly spaces for those who are caregivers. Though these zones will not be able to house all older people, it is anticipated that those with chronic illness, disability or reduced mobility, will be eligible to live within the vulnerability zone. However, identification of individuals and criteria for eligibility has not yet been established.

#### *Notable Practices*

- Successful lobbying for creation of “vulnerability zones” though it is still too early to assess what impact they will have.

#### *Suggestions for CCCM*

1. To better provide secure living arrangements, camp managers should collect detailed information on households, including age and sex disaggregated data, which captures older people residing within families, on their own, and as heads of households.
2. Use this data to ensure older residents are not excluded or missing out on information dissemination and other available services.

### **Agriculture**

In the initial response, the Agriculture cluster advocated for a blanket distribution of seeds and tools in order to support earthquake-affected families in rural areas. The assumption was that most of these families had lost their assets and the seed and tools distribution would support their coping mechanisms, allowing them eventually to feed their families, including older family members. In the next phase of interventions, efforts will be made to target vulnerable groups who may not be able to engage in agriculture activities

#### *Notable Practices*

- An “earth-box” project has begun, in limited sites, which allows labour-constrained beneficiaries to produce their own food on a small scale using very few inputs.
- The Agriculture cluster is currently partnering with other clusters in order to design aid packages for displaced families as well as host families/communities. Several assessments are being conducted by implementing partners and appropriate responses for vulnerable groups (including older people) are reportedly included.

#### *Suggestions for Agriculture*

1. Continue to adapt and develop methods of food production or access to food livelihood strategies for older people.

### **Early Recovery**

Looking beyond the emergency period of the first three months, many agencies are questioning how to include older labour-constrained, and disabled Haitians into livelihood development programmes. Without creative and well-planned strategies, they will be forced to continue to rely solely on family and community members or external and government assistance. Despite some physical limitations, older Haitians remain a valuable resource and have the capacity to become contributing members of their family and community, yet the assets and strengths of older people are insufficiently considered by agencies.

#### *Notable Practices*

- One NGO proposes to involve unaccompanied rural older women in the running of a school and orphanage. One activity involves the women running site stores that the children and young people would participate in as part of a technical or business course. The older women would assist in overseeing the activities, and receive payment or in-kind payment from its revenue. By working together they can establish intergenerational relationships and the women would be contributing to their own livelihood and well-being.

- Two NGOs are currently designing cash transfer programmes for both the disabled and older people at risk.

#### *Suggestions for Early Recovery*

1. Development of livelihood strategies appropriate for older people, including, but not limited to, age appropriate cash for work and cash transfer schemes.
2. Promote initiatives that increase intergenerational activities and programmes.

## **Conclusions**

### **Challenges and Constraints for Addressing Older People in Haiti**

Whilst there is a willingness to develop age-appropriate response mechanisms, several common hindering factors are evident amidst sectors and agencies:

- In spite of the IASC recommendations; IASC Essential briefing on older people and humanitarian action and the RINAH findings, agencies remain greatly unaware of these and other documents regarding the inclusion of older people in emergency response. As a result, clusters are not developing age related criteria for their sectors, despite age being a universally accepted cross-cutting issue in humanitarian response
- Because of this, the needs and vulnerabilities specific to older people are not broadly understood and therefore, from the outset, are not adequately targeted.
- Given the lack of perceived expertise in identifying and responding to the specific needs of older people, clusters and agencies request specific guidelines on what types of information to include in assessments, and how best to respond to the data collected. **However, it is important to note that many of the solutions require common sense and an inclusive approach, rather than technically specific expertise.**
- Data disaggregated by age, specifically identifying those aged 60-69; 70-79 and 80+, is hardly ever collected. Agencies complete numerous assessments, yet rarely identify older people. Once collected the sharing of data is not widespread and this clearly results in a less holistic and comprehensive response.
- Smaller NGOs and local organizations are often more apt at identifying the needs of older people. However they are frequently financially constrained and unable to implement a larger scale response. They also tend to have less participation within formal humanitarian structures, such as the clusters.

### **Some Cross-Sector Ways Forward to Support improved inclusion of Older People**

Opportunities to enable better integration of older people are abundant. Through the engagement of agencies with experience of working with older people, and the adaptation of recommendations and lessons learned by clusters, the needs of older people can be more appropriately addressed in the next phase of rehabilitation and reconstruction in Haiti.

The following key points suggest measures to be taken to include older people in their humanitarian response efforts:

1. Establish criteria for identifying older people who may be particularly vulnerable in Haiti. Whilst subject to contextual variances, general criteria would include older people who: are housebound; are immobile; have ill health (e.g. chronic illness, mental health problems such as dementia, etc.); are over 70-years old; are the sole carers of children (i.e. skipped generation families); and those who are living alone or socially isolated.
2. Clusters should explore further the links between other cross cutting issues – most particularly gender, age and disability, where there are clear commonalities and where some progress is already being made.
3. Disseminate the IASC *Humanitarian Action and Older Persons* brief amongst programme and assessment teams in Haiti, which includes recommendations for action and a table outlining the key issues for each cluster.
4. Where other resources don't exist, ways need to be found to create guiding briefs or bulletins regarding emergency responses to older people's needs. These should be concise and provide accessible information detailing essential measures.
5. Prepare 2-4 questions that can be circulated as suggested points of inclusion specific to older people on assessments. Consider if these would change by sector and over time.
6. Identify appropriate organizations for technical guidance or as a guiding resource for agencies– HelpAge International is a key agency available to assist in this manner.