



**HelpAge
International**

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Older people's inclusion in the Typhoon Haiyan response



***When you give to
older people***

they give back

HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so they can lead dignified, secure, active and healthy lives.

The Coalition of Services of the Elderly (COSE) bases its mission on the tradition of respecting older people and supporting community-based programmes. COSE helps older people to continue living in their communities and contributing to the lives of others.

HelpAge and COSE are working together in Typhoon Haiyan-affected areas to help poor older people and their communities rebuild and recover.

This informal survey was conducted by older people, on older people, for everyone to better understand the issues facing older people.

It is the result of a DFID* funded activity where older volunteers visited and surveyed more than 7,000 older people to inform them of their rights and learn about their needs and priorities. The volunteers had themselves been affected by Typhoon Haiyan, and were surveying their peers. This information will inform HelpAge-COSE's early recovery programme.

The data was compiled and analysed by Ian Clarke and Amanda Porcheron. The narrative was written by Amanda Porcheron, and the report edited and designed by Carolyn Canham. Photos by Peter Caton (pages 1, 3, 5 and 10) and Carolyn Canham (pages 2, 4, 7-9, 11, 13 and 14).

*UK Department for International Development

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***Rebuilding
communities***

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Executive summary

The six-month anniversary of Typhoon Haiyan on 8 May 2014 is an important time to reflect on the older people rebuilding their lives in the Philippines, and consider how lessons from Typhoon Haiyan can improve future emergency responses by governments and humanitarian agencies.

In an informal survey conducted in Haiyan-affected communities by HelpAge International and the Coalition of Services of the Elderly (COSE), older people reported the extent to which the emergency response reached them, and their needs and priorities. This information is not commonly available for older people in emergency contexts.

Ensuring the inclusion of older people among beneficiaries, and striving for a better understanding of the priorities of older people, will help ensure humanitarian assistance is more effective during emergencies. Older people make valuable contributions in helping their communities recover from disasters, and helping older people can benefit whole families.

Key findings from about 7,000 respondents in an informal door-to-door survey conducted by older volunteers with their peers include:

- 27 per cent of older people received no shelter assistance and 66 per cent said they received insufficient shelter assistance
- Single women 80+ were the most excluded from shelter assistance, with 38 per cent (nine of the 24 single women 80+ surveyed) receiving no shelter assistance
- 22 per cent of older people said food aid did not meet the needs of older people, for example those living with non-communicable diseases who require low-sugar and low-salt diets
- 13 per cent of older people said relief items were taken by their children
- 67 per cent of older women and 69 per cent of older men said their health deteriorated following the disaster
- 28 per cent of older women and 26 per cent of older men said they became sick following the disaster
- 27 per cent of older people could not afford medicine
- 15 per cent of older people could not afford doctor consultations



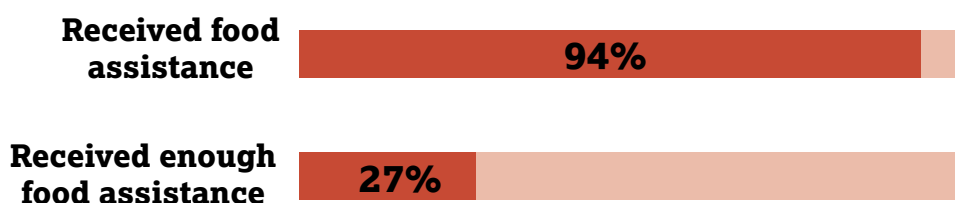
Food assistance

Food assistance was the most inclusive form of assistance for older people in the emergency relief phase, reaching about 94 per cent of the older people surveyed. However, 73 per cent of older people felt they did not receive enough food assistance following the disaster. In all emergencies, humanitarian assistance will rarely fulfil everyone's needs.

“There was relief after the typhoon, but then it all stopped. Our children give us food when they can, but they are poor too and have families to support. So, the food they share with us is not enough. Our only food is rice and salt.”

Francesca, 79

Chart 1. Food assistance for older people affected by Typhoon Haiyan



HelpAge-COSE, 2014

Food assistance did not meet the needs of many older people

The most significant finding related to food assistance following the disaster was that 23 per cent of women and 21 per cent of men felt that the type of food provided did not meet the needs of older people, who often have particular dietary needs.

“Canned goods are very oily. It is not good or healthy for a diabetic person to always eat oily foods.”

Alberto, 80

The food assistance provided by HelpAge-COSE during the emergency response included a one-week supply of food for almost 8,000 households and food security cash transfers for about 11,000 households. Although food packages are important early in an emergency response when food may not be available to purchase, food security cash transfers better suit the needs of older people later in the response phase, as this allows them to purchase food that suits their needs.

HelpAge-COSE's food security activities were funded by DFID and the Government of Germany.

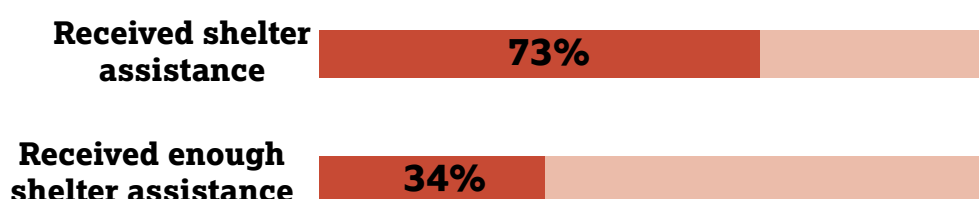


Shelter assistance

Following Typhoon Haiyan, about 27 per cent of older people said they received no shelter assistance and about 66 per cent said they did not receive enough shelter assistance. Six months on, many older people have still not fully rebuilt their homes. Inflation on building materials increased considerably following the disaster and figures of PHP 10,000 (GBP 133) and PHP 30,000 (GBP 400) were recommended by the UN Shelter Cluster to repair partial and total damage to homes, respectively. Rebuilding homes was beyond the reach of people who had lost everything in the typhoon.

Needs are always greater than resources in an emergency, and the immediate response focused on essential short term needs. Fully rehabilitating shelters is a long term activity that is now being planned by international agencies and the Government of the Philippines.

Chart 2. Shelter assistance for older people affected by Typhoon Haiyan



HelpAge-COSE, 2014

“During the typhoon, I went to the evacuation centre, a sports complex, but its roof was blown off. I then went to the municipal hall, but its roof was blown off too... When I arrived home, I saw that my house was devastated.”

Apolinario, 78

Single women 80+ the most excluded from shelter assistance

Access to shelter assistance was similar across most gender and age groups, with the exception of single women aged 80+. Single women aged 80+ were the most excluded group, with 38 per cent (nine of the 24 single women 80+ surveyed) saying they did not receiving shelter assistance, compared with an average of 27 per cent of all older people surveyed.

Table 1. Older people who did not receive shelter assistance

	Women				Men			
Age group	60-69	70-79	80+	Total	60-69	70-79	80+	Total
Widowed	25%	25%	29%	26%	29%	29%	25%	26%
Married	27%	28%	29%	27%	30%	30%	24%	27%
Single	28%	23%	38%	27%	31%	*	29%	25%

HelpAge-COSE, 2014



“My family and I hid under the table. Debris was flying everywhere. Afterwards, the walls of our house were intact but everything else was gone.”

Norma, 70 (above)

“I received 4,800 pesos [GBP 64] in shelter assistance from HelpAge-COSE, which I used to buy lumber and roofing. But I had to borrow 1,000 pesos [GBP 13] to cover the labour costs and I am worried about how I am going to pay this debt.”

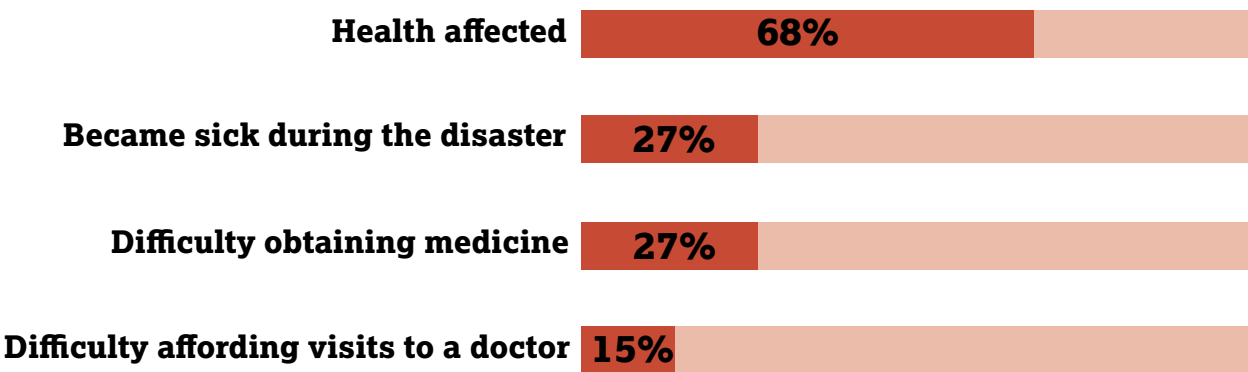
Pacifica, 78

To help with shelter repairs, HelpAge-COSE distributed more than 4,000 emergency shelter kits and provided more than 6,500 households with shelter cash transfers. This included a second round of cash transfers for some people like Pacifica, whose first cash transfer was insufficient and left them worried about debt. The cash transfers were targeted at the most vulnerable older people. These shelter activities were funded by DFID, the Government of Germany, the UK Disasters Emergency Committee (DEC) and AARP.

Health assistance

The disaster had a major impact on the health of many older people. The majority of older people surveyed (68 per cent) said their health was affected by the typhoon - 27 per cent said they became sick during the emergency.

Chart 3. Health status and healthcare access for older people affected by Typhoon Haiyan



HelpAge-COSE, 2014

“The government health centre is nearby but the only service is checking blood pressure. There is no medication. Medication is available in the [village centre], but we can’t afford it. So, if we feel bad, we don’t bother going. This [HelpAge-COSE] health assessment is important because medications are supplied.”

Paulito, 80, pictured below at a HelpAge-COSE health assessment





Health costs and access become increasingly difficult with age

The survey data indicates three key health challenges for older people.

1. Access to health services becomes increasingly difficult with age

About 7 per cent of people aged 60-69 said they have trouble accessing health services, compared with about 9 per cent aged 70-79 and 10 per cent of men and 12 per cent of women aged 80+.

2. Obtaining medicine is a significant challenge, particularly among older women

Obtaining medicine becomes increasingly difficult with age, ranging from 24 per cent of women aged 60-69 saying this is a challenge, to 31 per cent of women aged 80+. The trend was less clear among men; the 70-79 age group had the largest percentage (32 per cent) reporting difficulty accessing medicine.

3. The cost associated with doctors' visit presents a significant challenge for both older men and women as they age

About 13 per cent of men and women aged 60-69 and 16 per cent aged 70-79 said they have trouble affording doctors' visits. For those aged 80+, a slightly larger proportion of women (20 per cent) than men (18 per cent) said they find it difficult to afford a visit to a doctor.

HelpAge-COSE health assessments

To address the immediate health needs of older people, HelpAge-COSE provided health check-ups for 1,630 people in 36 remote communities. The check-up included a consultation with a doctor and one month's supply of medication.

In addition to the medical care, the assessments gathered valuable information about the health needs of older people in the aftermath of disasters. This activity was funded by the DEC.

The German Medical Aid Organisation (Action Medeor) donated medication that was distributed through a partnership with Mercy Malaysia during the initial emergency response.

Community and family support

For older people, especially those who live alone, support from family and community members is crucial. Following Typhoon Haiyan, 25 per cent of older people said they received no support from neighbours and 20 per cent said they received no support from children.

Older women living on their own are a particularly vulnerable group, and the survey found that 39 per cent of single women and 22 per cent of widowed women said they have no children. The responses of older people surveyed were taken at face value - women who identified as single may have been married at one time, and women who said they have no children may have meant they have no children who support them.

Of the 71 per cent of older people who do have children, about 13 per cent said relief items were taken by their children.

Chart 4. Community and family support for older people affected by Typhoon Haiyan



HelpAge-COSE, 2014



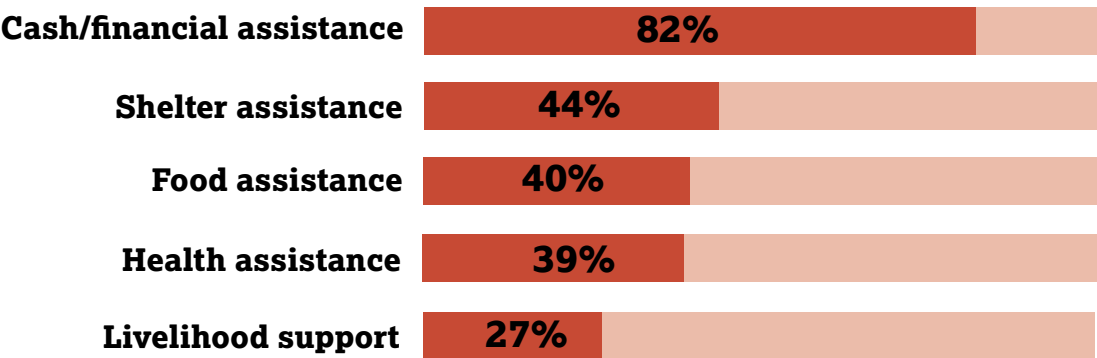
Older people's priorities

“It would be better if assistance for food is in cash because then I can buy the food that I like, and that is suitable for my needs, such as fish, vegetables and fruit.”

Victorina, 87

The survey identified financial assistance as the top priority for older people in emergencies, with 82 per cent of men and women listing it as a priority. Financial assistance allows older people to meet their immediate daily needs, and make rational choices about what they spend their money on. Shelter assistance was the second most commonly cited priority (43 per cent of women and 45 per cent of men), followed by food assistance (39 per cent of women and 42 per cent of men), health assistance (38 per cent of women and 40 per cent of men) and livelihood support (25 per cent of women and 30 per cent of men).

Chart 5. Older people's priorities



HelpAge-COSE, 2014

While livelihood support was the lowest of the top five priorities, 27 per cent is still a significant figure. This reflects the fact that many older people still work to support themselves. The typhoon devastated many people's businesses and crops, and they need help to get back on their feet.

Moving to the recovery stage, HelpAge International and COSE will continue to support older people with activities designed to address their priorities.



Methodology and limitations

The survey was conducted by HelpAge-COSE as part of a DFID-funded activity where older volunteers visited and surveyed more than 7,000 older people affected by Typhoon Haiyan to inform them of their rights, learn about their experience of the emergency response, and ask about their needs and priorities. The volunteers were local people, visiting and surveying their peers. The selection of people interviewed was random, and cannot be considered as a statistically representative sample. The information contained in this report is all based on older people self-reporting their situation. Responses were taken at face value in a process that was designed to give a large number of older people a voice. The information from the survey will inform HelpAge-COSE's early recovery programme.

The survey was conducted in Northern Cebu, Eastern Leyte, and Western Leyte from January 30 to February 4, 2014, across 14 municipalities and 256 barangays (the smallest administrative division in the Philippines). HelpAge-COSE's typhoon response activities are being conducted in some - but not all - of the areas surveyed. Survey questions were designed to explore how the disaster impacted the lives of older people and evaluate how successful assistance was in reaching and addressing their needs. The survey focused on older people as a specific group, and cannot be used to compare how their situation compared with other groups during the emergency.

A total of 7,062 people over the age of 60 were interviewed and complete data from 6,922 older people was included in the data set. The largest age group among the sample was 60-69 years (53 per cent), followed by 70-79 years (33 per cent) and 80+ years (14 per cent). A strong representation of women was achieved, with 62 per cent of respondents being women.

Table 2. Survey sample

Age group		Women	Men	Total	% of n
60-69	Number surveyed	2,107	1,582	3,689	53%
	% of age groups	57%	43%		
	% of women	49%	60%		
	% of total	30%	23%		
70-79	Number surveyed	1,488	807	2,295	33%
	% of age groups	65%	35%		
	% of women	35%	30%		
	% of total	21%	12%		
80+	Number surveyed	678	260	938	14%
	% of age groups	72%	28%		
	% of women	16%	10%		
	% of total	10%	4%		
Total	Number surveyed	4,273	2,649	6,922	100%
	% of total	62%	38%		

Recommendations

Vulnerable older people have particular needs during emergencies, and these needs should be addressed during all stages of the humanitarian response. Based on the concerns and priorities of more than 7,000 older people, who participated in an informal survey conducted by their peers, this report recommends:

- Cash transfers are considered as the priority method of assistance during the first months of an emergency, as financial assistance allows older people to meet their immediate daily needs, and make rational choices about how they spend their money.
- Any food assistance provided should take into account the dietary requirements of older people, who are more likely to be living with non-communicable diseases such as diabetes and hypertension, and may require low-sugar and low-salt diets.
- Poor and vulnerable older people, and in particular, the most vulnerable, such as widowed or single women aged 80+ and living alone, should be included in shelter assistance programmes. Programmes should take into account that older people may need additional assistance with labour costs as part of shelter recovery support, particularly if they have no immediate family to assist with rebuilding.
- Health care support activities should include the provision of appropriate medication and be accessible to all older people, including those with mobility problems and those living in remote locations.
- Livelihood programmes should recognise the fact that many older people still work to support themselves and their families. These programmes should include older people and investigate age-friendly initiatives
- Older people can and do make valuable contributions in helping their communities recover from disasters. This should be acknowledged, respected and facilitated.



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This survey was supported by



HelpAge-COSE Typhoon Haiyan emergency relief was supported by



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