

# Ageways

Practical issues in ageing and development  
Issue 82 / March 2014



## Emergencies

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**HelpAge  
International**

*age helps*

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Future issues

Issue 83 (September 2014):  
Disaster risk reduction

We welcome articles and ideas for future issues. Please send articles three months before the month of publication.

Front cover

An older man in Leyte, the Philippines, receives food aid from HelpAge's Affiliate, the Coalition of Services for the Elderly (COSE), in the wake of Typhoon Haiyan.  
Photo: Peter Caton/HelpAge International

# Comment

## Disasters and discrimination

Welcome to *Ageways* 82. When a disaster strikes, governments and individuals often donate generously towards the relief effort. But how fairly is the money spent?

Relief agencies agree that humanitarian workers should provide assistance in proportion to need and without discrimination. However, this is not happening. Evidence shows that older people are often neglected during the very first stage of assessing needs, and are consequently missed from relief programmes.

HelpAge International has drawn on nearly thirty years' experience to produce guidelines for humanitarian workers on how to include older people in emergency responses. This issue of *Ageways* presents key points from the guidelines and links to the full versions. We hope you find this issue useful and we welcome your feedback.

**Frances Stevenson**  
*Head of Emergencies, HelpAge International*

## Read more, follow HelpAge!

HelpAge publishes a bi-monthly Global AgeWatch newsletter to keep policy makers and influencers up to date on population ageing. Sign up at: [www.helpage.org](http://www.helpage.org)

On Twitter, you can follow HelpAge at: [@helpage](https://twitter.com/helpage) and HelpAge's chief executive, Toby Porter, at: [@tobyporter](https://twitter.com/tobyporter)

You can also join us on Facebook at: [Facebook.com/HelpAgeInternational](https://www.facebook.com/HelpAgeInternational)



# New publications

These new HelpAge publications can be downloaded from: [www.helpage.org/publications](http://www.helpage.org/publications)

**Home care for older people: The experience of ASEAN countries**  
This report looks at the development of a volunteer-based home care model.

**Towards universal pensions in Tanzania: Evidence on opportunities and challenges from a remote area, Ngenge ward, Kagera**  
This study explores the impacts of a cash transfer programme and lessons for its implementation in remote areas.

**Age and Disability Monitor 1**  
This newsletter provides an overview of the most pressing issues and needs faced by people with specific needs displaced by the conflict in Syria.

**The rights of older people in Kyrgyzstan, The rights of older people in Mozambique and The rights of older people in Peru**  
These summaries present survey findings from three countries that reinforce the need for better protection of the human rights of older people.

**The changing well-being of Thai elderly: An update from the 2011 Survey of Older Persons in Thailand**  
This report assesses the situation of older people in Thailand.

**Older people count: Making data fit for purpose**  
This policy brief highlights the lack of data on older women and men and recommends ways to make data systems fit for purpose in today's ageing world.

**Displacement and older people: The case of the Great East Japan Earthquake and Tsunami of 2011**  
This study shows how older people were affected and the importance of emergency preparedness at the personal, community and institutional level.

**Including older women and men in HIV data**  
This policy brief highlights the risks of HIV for people aged 50 and over, and recommends how to ensure that data includes this age group.

# News

## Calls for a convention

More than 200,000 people in 58 countries took part in Age Demands Action (ADA) on or around 1 October 2013, the International Day of Older Persons, to call for policy changes such as better social protection and stronger rights instruments. They met with government representatives, organised street events and collected over 31,000 petition signatures, calling for a convention on the rights of older people, bringing the total to more than 203,000.

Over the past five years, the campaign has contributed to policy pledges and tangible improvements for older people, such as the introduction of social pensions in the Philippines and discounts on public transport in Pakistan.

The campaign continues in 2014 with ADA for Health (7 April, World Health Day), ADA for Rights (15 June, World Elder Abuse Day) and ADA Global (1 October, International Day of Older Persons).

Find out more at: [www.helpage.org/campaigns](http://www.helpage.org/campaigns), or by signing up for our campaign newsletter at [www.helpage.org](http://www.helpage.org) or by contacting Barbara Dockalova, Campaigns Coordinator, HelpAge International, London.  
Email: [bdockalova@helpage.org](mailto:bdockalova@helpage.org)

**A woman signs a petition in Chisinau, Moldova, calling for a convention on the rights of older people as part of the Age Demands Action campaign.**



Ranath Fraser/HelpAge International



## First global ageing index

The first-ever index to measure the quality of life and wellbeing of older people around the world was launched by HelpAge International on 1 October 2013, International Day of Older Persons.

The Global AgeWatch Index uses internationally comparable data on older people's income security, health, employment and education, and enabling environment to rank 91 countries, covering 89 per cent of the world's older people.

The Index shows that Sweden, which celebrated a century of its state pension in 2013, is the best place for older people. Poorer countries with a history of progressive social policies such as Sri Lanka, Bolivia and Mauritius score higher than might be expected from the size of their economies.

The fastest-ageing countries – Jordan, Lao PDR, Mongolia, Nicaragua and Vietnam – all fall into the lower half of the ranking, suggesting that policy makers need to tackle ageing head on if they are to support their ageing populations.

HelpAge International will publish an updated Index in 2014, focusing on income security.

You can download *Global AgeWatch Index 2013: Insight report*, view the country ranking table, see a country report card for your country and read expert comments at: [www.globalagewatch.org](http://www.globalagewatch.org)

# Letters

## Preventing elder abuse

The Centre for Happy Elderly People (CHEP) is a group of expert and experienced caregivers bent on changing the way in which older citizens are treated in their homes and by the community at large. Over the years we have impacted on the lives of over 500 elders through seminars, outreach work and free medical services. We also join the world to celebrate older people's activities in our own locality. In June last year, we celebrated "WEAAD" (World Elder Abuse Awareness Day) by organising an event with elders from the Ejigbo Local Council Development Area. We discussed issues like elder care, prevention of elder abuse, steps to take when an elder is abused and creating awareness among youth on how to treat older people.

*Shoga Fashola, Centre for Happy Elderly People (CHEP), Nigeria (by email).*

## Making others happy

Swami Premdas Seva Niketan has been striving to improve the welfare of poor people for thirty years. Our motto is: "Be happy by making others happy". We render economic, educational, medical and social services to about 40,000 children, students, collegians, widows and people who are sick or suffering, without distinction of caste and creed.

We manage the Premdas Jalaram Hospital, which provides treatment at concessional rates, and the Swami Premdas Elders' Home, which provides lodging and boarding for homeless older people. There is a library, TV and radio, indoor games and a garden. The home arranges sightseeing visits and birthday celebrations in nearby temples, where the priest or monk garlands the person and gives them flowers, a shawl and blessings.

*Manohar L Purswani, Managing Trustee, Sindhu Sevak Sangh, C-16, Sardar Industrial Estate, Ajwa Road, Vadodara 390019, Gujarat, India.*

## We welcome letters

Please write to: The Editor, *Ageways*, HelpAge International, PO Box 32832, London N1 9ZN, UK.  
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Include your name, organisation (if any) and postal address. Letters may be edited.



Frédéric Courbet/HelpAge International

Many older people care for children, as in this family which was displaced by conflict in DR Congo.

# How older people are affected by crises

**Older people are affected by disasters in particular ways, but their need for assistance and their potential to contribute are widely overlooked, writes *Frances Stevenson*.**

Every year, millions of people are affected by disasters. Climate change, population growth, rapid and unplanned urbanisation, and food and water insecurity are all putting increasing numbers of people at risk. In 2012, 144 million people were affected by conflict or a natural disaster.<sup>1</sup>

The classic image of a humanitarian crisis is a sudden event that causes intense needs for a short period before the situation returns to normal. Far from being unpredictable, however, many crises, such as seasonal floods and storms and cyclical droughts, are recurrent and to some extent foreseeable. Their effect can be mitigated by preparedness, which we will cover in the next issue of *Ageways*.

However, many predictable disasters are becoming more severe. Typhoon Haiyan, for example, was one of an average of eight or nine tropical cyclones to make landfall in the Philippines every year, but it was exceptional in its scale and intensity, leaving over 6,000 people dead, 4 million homeless and 6 million with their livelihoods destroyed.<sup>2</sup> The Horn of Africa has long been plagued by cyclical drought, but what used to be a ten-year drought cycle is now occurring every other year.<sup>3</sup>

Some of the world's worst humanitarian crises are not at all short lived, but are protracted over years or even decades, such as the conflicts in Sudan, DR Congo, Somalia, Pakistan and Myanmar. The conflict in Syria has now entered a fourth year, leaving well over 100,000 dead, a quarter of the country's people internally displaced and 2.4 million as refugees in other countries.<sup>4</sup>

## More at risk

As populations age across the world, increasing numbers of older people will be affected. Worldwide, one in eight people are aged 60 or over, and more than one in five are over the age of 50. By 2050, more than one in five people will be over 60 and more than four in five older people will live in developing countries, where disasters are more likely to occur and their effects are greater.<sup>5</sup>

In some areas, particularly more remote or risk-prone areas, the proportion of older people is higher than the national average as a result of high HIV prevalence, conflict and economic migration.

In many respects, older people who are affected by disasters have similar needs to everyone else – for food and clean

water, shelter, healthcare, information and emotional support. However, they also have particular needs related to their age, as well as ways in which they may be able to contribute to the relief effort, which are often overlooked.

Older people are more likely to have chronic, non-communicable diseases such as heart disease, stroke, diabetes and dementia. Without treatment, these can become life-threatening. Older people may also require palliative care and end-of-life pain management. Currently, management of non-communicable chronic disease is largely neglected in humanitarian assistance programmes.

Many older people are also at increased risk of infectious diseases such as HIV, TB, diarrhoea, pneumonia, malaria and cholera. Yet they are rarely identified as an at-risk group for infectious diseases.

Older people have special nutritional needs. Although they may need fewer calories than younger people, requirements for nutrients such as vitamins and minerals increase in older age.

Strength, mobility, eyesight and hearing decline with age, making it harder for many older people to access services.

## Men and women's experiences

Older men and women face different experiences in emergencies. Older women are less likely to have a source of income and more likely to be caring for children. They may be more restricted in their movement because of social or religious customs and may be more at risk of violence and abuse. It is essential to collect data that is disaggregated by age and sex in order to understand the different needs and requirements of women and men of all ages.

Read more in *Ageways 75: Focus on older women* at: [www.helpage.org/ageways](http://www.helpage.org/ageways)

They may be unable to obtain information, travel to health facilities, stand in queues, carry food packages or water containers, or compete with younger people for relief supplies.

As a result, older people often need help from their families and neighbours to receive care and assistance. However, evidence shows that in many humanitarian crises, older people are not cared for by their families. Following the 2010 floods in Pakistan, for example, the Ministry for Social Welfare estimated that one in ten older people were living without family support.<sup>6</sup> In camps for internally displaced people in Darfur, half of all the older people live alone.<sup>7</sup>

Many older people play a valuable role in their families and communities, especially in crises. Many care for children, particularly in areas where parents are absent because of AIDS, economic migration or conflict. These older people need financial support, through age-appropriate employment or micro-finance opportunities if they need to work, or cash transfers, particularly if they cannot work. Yet they are frequently excluded from livelihoods support schemes because of their age.

Older people can also have specific protection needs. In the chaos and confusion of a crisis, they can become separated from their families and left without support. They are less able to defend themselves and are more vulnerable to violence and abuse.

Evidence shows that older people are less likely to flee in times of crisis due to hardships associated with a long journey to find assistance or refuge, as well as a reluctance to leave their home, land and possessions. This leaves them more exposed to risk. Research on the 2011 earthquake and tsunami in Japan shows that nearly 60 per cent of the people who died in the disaster were over the age of 65.<sup>8</sup> Data from the Philippines also

indicates that a disproportionately high number of older people lost their lives in Typhoon Haiyan.<sup>9</sup>

### Neglecting principles

Humanitarian action is guided by internationally agreed principles and standards as set out in the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, and the Sphere Humanitarian Charter and Minimum Standards in Disaster Response.

If humanitarian action is to be principled, it must respond impartially to the needs and rights of all population groups, including older people. Ignoring older people's needs amounts to discrimination and a failure to respect humanitarian principles. However, humanitarian agencies, donors, and international bodies neglect older people's humanitarian needs. Older people's needs are rarely assessed in emergencies and they are not prioritised, despite evidence of disproportionate death and illness in this group. There are considerable gaps in knowledge and research about the needs of older people in emergencies.

HelpAge International has serious concerns about the current willingness and capacity of humanitarian actors to address the humanitarian challenges associated with population ageing.

We call for changes in policy and practice by humanitarian agencies and donors to

ensure that the needs of this vulnerable group are met:

- Understand the impact of disasters and conflicts on older people and their consequent humanitarian needs. Ensure that older people's needs are included in needs assessments and addressed in humanitarian response policy and programmes.
- Understand the implications of population ageing for humanitarian response and incorporate this in organisational strategic planning.

This issue of *Ageways* looks at the different areas of response and recommends how to include older people. Each article is taken from detailed guidance available from HelpAge and includes links to these publications, which we encourage you to download or request.

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**To learn about HelpAge's humanitarian work and download publications, visit the Emergencies section of the website at:**  
[www.helpage.org/what-we-do/emergencies](http://www.helpage.org/what-we-do/emergencies)

1. *World humanitarian data and trends 2013*, UN Office for the Coordination of Humanitarian Affairs (OCHA), 2013
2. *Philippines: Typhoon Haiyan Situation Report No. 22* (as of 10 December 2013), OCHA Philippines and OCHA New York, 2013
3. Xan Rice, 'Hunger pains: famine in the Horn of Africa', *The Guardian*, 8 August 2011
4. OCHA Syria, <http://syria.unocha.org> (11 March 2014) and UNHCR, Syria Regional Refugee Response, <http://data.unhcr.org/syrianrefugees/regional.php> (11 March 2014)
5. UNDESA, World Population Prospects: the 2012 revision, 2013
- 6,7. Karunakara U and Stevenson F, 'Ending Neglect of Older People in the Response to Humanitarian Emergencies', *PLOS Medicine*, 18 December, 2012
8. HelpAge International, *Displacement and older people: The case of the Great East Japan Earthquake and Tsunami of 2011*, Chiang Mai, HelpAge International, 2013. Original source: <http://reconstruction.go.jp/english>
9. 'Older people disproportionately affected by Typhoon Haiyan', [www.helpage.org/newsroom/latest-news/older-people-disproportionately-affected-by-typhoon-haiyan](http://www.helpage.org/newsroom/latest-news/older-people-disproportionately-affected-by-typhoon-haiyan) (11 March 2014)

## Using the media

Media coverage of both new and ongoing emergencies is vital to shine a light on the suffering and loss of life that is happening, and to generate support. This includes sharing stories, pictures and videos through social media channels such as Facebook, Twitter, YouTube, Flickr and blogs, as well as traditional media.

To find out more, see *Ageways 74: Working with the media* at: [www.helpage.org/ageways](http://www.helpage.org/ageways)

# Assessing the need for assistance

**Good needs assessments can save lives by helping to make sure that people who have been affected by a disaster receive appropriate assistance. Marcus Skinner explains how.**

A good needs assessment recognises that different people are affected by a disaster in different ways, and that their needs for assistance vary, depending on their age and sex. Yet studies consistently point to a lack of attention to the specific needs of different population groups. A 2011 study by Tufts University, for example, found almost no published cases in which lead agencies had properly collected and analysed data broken down by sex and age.<sup>1</sup>

An initial needs assessment must be carried out during the first two weeks after a disaster. It is based mainly on information that has been collected before the disaster. Depending on the type of emergency, such as acute or chronic, you may need to carry out further assessments on specific issues such as healthcare or livelihoods support at different stages of the response (see table).

HelpAge International recommends three actions to make sure that older people are included in initial needs assessments:

## 1. Gather secondary data during the preparedness phase

Secondary (already existing) data on the potential affected population should be collected as part of your emergency

preparedness measures. This means that when an emergency strikes, you will have an idea of how many people have been affected and what their likely needs for assistance will be. The data should include:

- population data from national sources, broken down by age and sex
- more detailed socio-economic information about older people, such as pension coverage, living arrangements, literacy levels and health status
- information about the role and position of older people in families and society
- information about the effects of previous disasters on older people.

Make sure you avoid false assumptions, such as that older people are always supported by their families. You can do this by collating information from a range of sources and by consulting people who know the local culture.

## 2. Make initial assessments ageing-sensitive

If you have not collected secondary population data before the disaster, you will need to do so now. You should collect population data broken down by age and sex from global sources such as the United Nations Department of Economic and

Social Affairs (UNDESA). You can use this data to estimate the size of the older population in the area affected by the disaster. For older age groups, HelpAge recommends collecting population data for 50-59, 60-69, 70-79 and 80 years and above, separately for men and women.

You should also collect primary (new) data through community-level assessments (mainly through group discussions with the people you aim to assist, and interviews with community leaders and key informants). These provide an insight into the roles, abilities and needs of older people. Ask about their situation before and immediately after the crisis.

Avoid gender bias by interviewing a similar number of women and men. Make sure that key informants include older people.

## 3. Analyse the data

First, ensure that everyone who is involved in the analysis has a common understanding of why there are humanitarian needs in the area, what factors contribute to vulnerability and what risks are faced by different population groups.

Then examine the data. Consider not only the numbers of older people but also the physical and socio-economic factors that can contribute to their vulnerability.

Using the data this way can highlight vulnerabilities that you might not have considered otherwise, such as difficulties women may have in reaching distribution points because they are not allowed out of their house without a male chaperone, or older people remaining in camps after it is safe to leave, because of poor mobility or lack of family support.

1. Mazurana D, Benelli P, Gupta H and Walker P, *Sex and Age Matter: Improving Humanitarian Response in Emergencies*, Feinstein International Center, Tufts University, 2011

This article is taken from *Ensuring inclusion of older people in initial emergency needs assessments*. You can download the full publication from [www.helpage.org](http://www.helpage.org) or request a copy from the Editor, *Ageways*.

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### Assessing older people's needs at different stages

	Preparedness phase (before the disaster)	Phase 1 (first eight weeks)	Phase 2 (after eight weeks)
Information to collect	<p>Secondary population data broken down by age and sex</p> <p>Social and cultural habits</p> <p>Experience of previous emergencies</p>	<p>Secondary population data broken down by age and sex (collected in the first two weeks if not collected earlier)</p> <p>Primary data on the needs and priorities of the affected population</p>	<p>Data on older people's roles, capabilities and needs from ageing-sensitive community-level assessments</p>
Used for	<p>Planning an initial response</p>	<p>Estimating how many older women and men are affected and in what ways, to plan an initial response</p>	<p>Validating information collected during the preparedness phase and phase 1 in order to plan further interventions</p>



Pascale Fritsch/HelpAge International

**Sitting at the same level as the people you are talking to shows respect and aids communication.**

# Communicating clearly

**In emergencies, older people often say they are not listened to or even asked what they need. Rhea Bhardwaj provides some advice.**

Communication with older people can be complicated by a number of factors. These include the effects of ageing, such as hearing loss, or age-related disorders such as dementia or Parkinson's. Other factors include the physical environment, cultural barriers, prejudice, gender issues, language, new technology and lack of sensitivity.

Once a person is labelled "difficult" or "a problem", there is a risk that a humanitarian worker will avoid them. You can use the following techniques to improve the way you communicate with older people:

- Be aware of the person's health issues such as hearing problems, speech problems, and memory loss, and adjust your communication style accordingly.
- Notice the environment such as background noise, other people speaking, or background music. If necessary, move to a quieter location.
- Make eye contact to let the person know that you are interested in them – but only if it is culturally appropriate. For example, in some cultures, it is disrespectful for a younger person to make eye contact with an older person.
- Speak clearly and direct your speech to the person's face, not their side. Move your mouth and pronounce each word precisely.
- Adjust your volume to suit the individual. Do not shout simply because they are older.
- Repeat or rephrase what you have said if you sense that the person has not understood.
- Use language the person understands, such as the local language or dialect, arranging for an interpreter if necessary.
- Reduce the "noise" in your sentences and questions, keeping them brief and avoiding slang or filler words such as "like," "well," and "you know".
- Stick to one topic at a time and set out your ideas and questions logically.
- Take it slowly, be patient, and (if culturally acceptable) smile to show that you understand and to give the person an opportunity to digest what you have said.
- Allow extra time and do not appear rushed, or the person may sense that you are not interested and shut down.
- Listen and encourage the person to ask questions.
- Be aware of cultural requirements such as starting the meeting with a prayer.
- Show respect by sitting at the same level as the person you are talking to. If they are sitting on the floor, provide cushions or mats for them to sit on.
- Be aware of your assumptions and treat people as individuals, not stereotypes.

## Health issues

**For older people with difficulty seeing**  
Give verbal guidance to the person you are guiding so that they know what obstacles are ahead (such as rocks, water, stairs and so on). Let them know if they are coming to stairs, doors, narrow passages, ramps, and so on. You can use mats at starting and ending points.

**For older people with difficulty hearing**  
Use visual means (such as hand gestures or pictures) to communicate instructions.

**For older people with seeing, hearing, and speaking and intellectual disabilities**  
Explain the situation clearly (what has happened, whether there still any danger, how can they protect themselves, and so on).

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This article is taken from 'Communicating with older people during emergencies', a module of HelpAge International's training programme HOPE (Helping Older People in Emergencies).

More than 500 humanitarian practitioners in Africa, Europe and Asia have been trained in HOPE. The course helps participants to gain an understanding of older people's specific needs during emergencies and how to put age-friendly humanitarian programming into practice.

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# Restoring livelihoods

**Andrew Collodel explains why older people should be included in emergency food security and livelihoods assistance programmes and describes how to do this.**

Older people in developing countries often remain economically active well into old age. Many also contribute to their family's income by caring for children so that their parents can work. Furthermore, research shows that social pensions have a positive impact on older people's families and communities.

Including older people in food security and livelihoods assistance is therefore not only a means of allowing older people to meet their own needs, but also a mechanism for supporting families and communities. Yet older people are often excluded from livelihood and food security interventions. After the earthquake in Haiti in 2010, for example, HelpAge staff observed that cash-for-work programmes only targeted people of "working age" (under 45).

In the often chaotic period immediately after a disaster, the priority is to assess the needs of the affected population for life-saving interventions. These include providing food aid or cash to buy food and other necessities. During this "critical period", which lasts about eight weeks, you will also need to assess the impact of the disaster on people's livelihoods and plan interventions to support livelihood recovery.

By the end of the critical period, the food security situation has usually been stabilised. Food or cash-for-food programmes may continue, but the attention starts to focus on restoring people's livelihoods and reducing dependence on humanitarian aid.

## Planning a programme

HelpAge recommends four actions for including older people in food security and livelihoods programmes:

### 1. Needs assessment

Assess the needs of the affected population, involving older people at all stages. Analyse the impact of the disaster on different livelihood groups such as farmers, fishers and traders. Consider the availability of food, functioning of markets and trade, changes in the food security situation, and the nutritional status of the affected population.

Remember that interventions such as cash transfers or food aid will affect the local economy, and take steps to mitigate any negative effects. Too much food aid, for example, can displace local food sales, and too much cash injected suddenly into a market increases demand and drives up prices. Older people may use smaller, local markets, so consider this when assessing markets.

Do include a gender analysis. This means collecting data broken down by sex as well as age.

### 2. Design a livelihoods programme

Take account of the skills and abilities of the entire working population, including older people, so that the intervention includes all age groups. Decide how assets lost in the disaster will be replaced (cash or in-kind), what conditions, if any, you will place on cash distributions, and how much money or other forms of assistance you will provide.

### 3. Integrate older people in emergency cash transfers

Understand the difficulties that older people may face in collecting cash, such as travelling to distribution points, lacking identification or being unable to stand in a queue. Carefully consider security at cash distribution points, to minimise the risk to staff and recipients. Work out how to overcome

potential problems, such as by allowing proxy collection or changing distribution methods. Ensure that recipients have a say in the design of the programme.

HelpAge experience shows that effective complaints mechanisms, such as help-desks, dedicated phone lines and the presence of community leaders at cash distribution points have helped to meet the particular needs of older people (see page 16).

### 4. Advocacy

Advocate for the inclusion of older people, using robust statistical evidence and examples of their exclusion, at coordination forums, the Food Security Cluster, and meetings with ministry officials and other decision makers. Collaborate with international and local partners working in the food security and livelihoods sector to ensure that the needs and concerns of older people and other vulnerable groups are addressed in the humanitarian response.

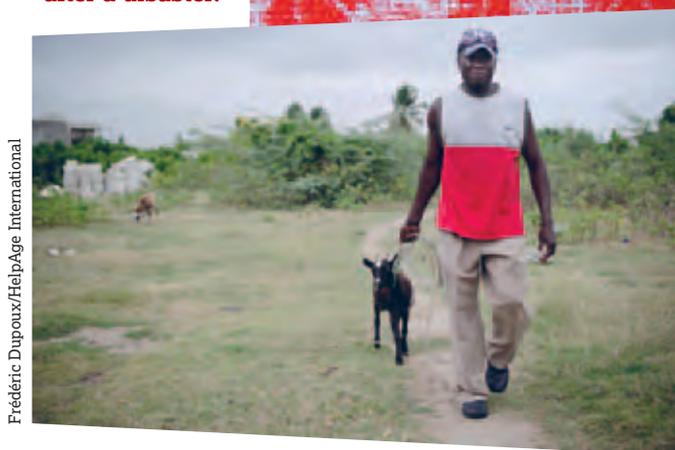
This article is taken from *Food security and livelihoods interventions for older people in emergencies*. You can download the full publication from [www.helpage.org](http://www.helpage.org) or request a copy from the Editor, *Ageways*.

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See also *Cash transfers in emergencies: A practical field guide* at:

[www.helpage.org/resources/publications](http://www.helpage.org/resources/publications)

**Cash distributions can be used by older people to recover their livelihoods after a disaster.**



Frédéric Dupoux/HelpAge International

# Cash to repair the damage

**Vincent Henson describes how cash distributions helped older people affected by Typhoon Haiyan in the Philippines.**

Margarita, aged 72, is from Negros Island in the Philippines. She lives with her 71-year-old husband Floro, who earns 2,000 pesos (just over US\$2) a day chopping bamboo, and the five children of their daughter, who works as a domestic help in Bacolod City about 100 kilometres away.

When Typhoon Haiyan struck in November 2013, the family clung to bamboo trees as they watched the wind and flood waters sweep away their bamboo and coco lumber house and all their possessions. They struggled to the nearest evacuation centre as the wind sent splintered wood and debris flying in all directions.

After the typhoon had passed, the family returned to the place where their house had once stood, with nothing to wear but the wet clothes on their backs. They tried to rebuild their home with whatever they could find. They managed to put up four wooden pillars and stretch an old tarpaulin over them to form a roof. They laid out another tarpaulin on the ground to sleep on, but were woken at night by rain coming through holes in the tarpaulin roof.

## One-off payment

So it came as a great relief to Margarita to learn that she had been selected to receive a cash grant from HelpAge's partner, the Coalition of Services for the Elderly (COSE). Hers was one of 377 households in five barangays (villages) to receive a one-off payment of 2,000 pesos (US\$47) during the last week of November.

The HelpAge-COSE team decided to distribute cash after checking that goods and services were available in local markets. They agreed criteria for households to receive cash – there must be at least one person aged 60 or over, no regular source of income, and damage to the house. The amount of cash was

calculated as seven times the minimum daily wage, enough to sustain a five-member household. This was the amount being distributed by most other NGOs.

COSE arranged for community volunteers, accompanied by village health workers, to go to the barangays and identify families that fitted the criteria. The village health workers compiled lists of eligible households and sent the lists to COSE. The HelpAge-COSE team sent the lists to the volunteers and health workers with vouchers to be used for claiming cash.

The cash was distributed by HelpAge-COSE staff at two barangay council offices in Sagay City and Molocaboc Island. The staff confirmed recipients' identity by checking the vouchers against matching pairs they held themselves. Recipients either queued up themselves to collect their cash, or arranged for a relative or friend to come on their behalf, with a letter and proof of identity.

As a security precaution, volunteers and barangay officials only informed recipients the day before the distribution that they would be receiving "support". In addition, staff of the Department of Social Welfare and Development and Office of Senior Citizens Affairs, local

government units, and barangay leaders were present at distributions.

## Having a choice

In a review of the programme, most of the recipients said that they had been glad to receive cash because they could choose how to use it. Most, like Margarita, used the money to buy building materials to repair their houses. Some used it to pay for labour and some bought food and medicine. However, a few said that they would have preferred to be given food or goods, because of inflated prices or long distances to markets.

Everyone who took part in the review said that the cash transfers had helped their families and lifted their spirits, giving them hope that they could recover from their dire situation of having no work, no home and no food.

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The cash transfer programme was funded by the UK Department for International Development (DFID) and the German Federal Foreign Office (AA).

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Vincent Henson/HelpAge International



**Cash distributions have helped older people such as Margarita who lost their homes in Typhoon Haiyan.**

# Protecting older people

**Amandine Allaire explains why older people need special protection in emergencies and recommends ways to provide this.**

In emergencies, older people are particularly vulnerable to abuses such as theft, violence and neglect, or other risks such as injuries, lack of identification documents, separation from their families or taking on childcare. HelpAge recommends five actions for protecting older people in emergencies:

## 1. Assess the need for protection

Collect population data broken down by age and sex, using the age groups recommended in the Sphere Handbook ([www.sphereproject.org/handbook](http://www.sphereproject.org/handbook)). Train your team and, where appropriate, any partners you are working with to comply with the four protection principles outlined in the Sphere Handbook:

- Avoid exposing people to further harm as a result of your actions.
- Ensure people's access to impartial assistance.
- Protect people from physical and psychological harm due to violence or coercion.
- Assist with rights claims, access to remedies and recovery from abuse.

Identify what risks the affected population face, how far they can deal with these themselves and what assistance they will need.

## 2. Define the protection strategy

Using the information you have collected, work out your priorities. For example, will you aim to stop or prevent violations, provide redress, or create a protective environment? Decide on the level of intervention. For example, will you include older people in a broader response or organise interventions for older people only?

## 3. Implement protection activities

Organise one or more protection activities. For example:

- Influence local, national and international organisations to improve protection for older people and ensure they have access to humanitarian assistance.

- Build the capacity of community-based organisations, older people's groups, national and international actors, and older people and their families to protect older people.
- Provide information to older people and their families and carers on services available to them.
- Provide shelters with basic security fittings, and let older people know where they can get help.
- Provide psychosocial support to older people and their families to cope with the crisis.
- Ensure that older people are not at risk of separation from their relatives. Where necessary, ensure that older people are included in family reunification programming.
- Identify safe alternatives for older people who are engaged in risky income-generation activities.

## 4. Build partnerships

Set up a referral mechanism with humanitarian agencies and, eventually, authorities. Consider partnering with other agencies if frequent referrals indicate that you are working on similar activities.

## 5. Monitoring and evaluation

Set clear objectives for your protection interventions and identify what you expect to change. Identify who is responsible for monitoring and evaluating it.

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This article is taken from *Protection interventions for older people in emergencies*. You can download the full publication from [www.helpage.org](http://www.helpage.org) or request a copy from the Editor, *Ageways*.

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Older women in Gaza signed this banner with their handprints at an event organised by Al Ataa' Society to campaign against violence against women.

### Access to lawyers

HelpAge and Fundación Paz y Bien are helping older displaced people in Aguablanca, Colombia to apply for government assistance.

### Support network

After the earthquake in Haiti in 2010, HelpAge International established a network of older women and men to identify vulnerable older people in displaced people's camps and help them collect relief distributions.

### Age-friendly spaces

HelpAge, El Wedad and the Palestinian Center for Communication and Development Strategies have established two "age-friendly spaces" in the West Bank and Gaza, where older people can eat together, exercise, and receive healthcare and legal advice in safe surroundings.

Julie Catangay/COPAP



**A patient at Ormoc District Hospital in the Philippines receives comforting words from volunteer counsellor, Salve Basiano, in the wake of Typhoon Haiyan.**

# Comfort after the trauma

**Some of the best emotional support for older people affected by Typhoon Haiyan came from other older people, writes *Kate Pagsolingan*.**

When Typhoon Haiyan devastated parts of the Philippines in November 2013, many older people were traumatised by the loss of family members, destruction of houses and treasured possessions, loss of livelihoods, hunger, cold and fear of death.

Recognising their pressing need for emotional support, the Emergency Response Team from HelpAge International, the Coalition of Services of the Elderly (COSE) and the Confederation of Older People's Associations of the Philippines (COPAP) met to discuss how they could provide this, in the province of Leyte.

The Philippines has a strong network of older people's organisations, supported by COSE. It is the philosophy of HelpAge and COSE that older people understand best what their fellow older people need in any situation. COPAP therefore requested older people to volunteer as counsellors to those who had been affected by the typhoon.

COPAP leaders were asked to identify volunteers from 95 older people's organisations using the following criteria – those who had been trained as peer counsellors and community organisers, could speak the local dialect, and who had enough time to spare. It took a few days to identify volunteers and work out the logistics. In total, 13 volunteers were identified – 11 women and two men aged 60-75 years. On 2 December 2013, the first batch of five volunteers flew and sailed from Manila to Leyte.

The HelpAge and COSE team conducted an orientation with the volunteers. Later batches were given orientation by the COPAP leaders. The sessions included discussions about common traumatic experiences of older people during emergencies, active listening, do's and don'ts of counselling, and how to keep notes of their visits in a log book.

Doctors and nurses in Ormoc District Hospital recommended people for counselling. Between the beginning of December and the end of January, the volunteers visited 1,800 people in the hospital, mobile clinics run by MERCY Malaysia, and their own homes.

## Sitting and listening

The volunteers sat with hospital patients for 20-30 minutes as they talked about their traumatic experiences. They also put up a table in the outpatient department to serve as a help desk. Two volunteers were assigned to talk with the hospital's out-patients as they queued up for check-ups. As well as providing emotional support, the volunteers informed each older person about their rights and entitlements, such as free vaccinations for pneumonia and influenza, and discounts on all medicines, which many were unaware of.

Older people greatly appreciated the support. In a random visit by HelpAge and COSE staff, they said that the volunteers understood their concerns and knew about government programmes because they were older people themselves.

"We are very happy that you are here to listen to us. Your presence lessens our sadness and gives us strength to move forward with our lives," said 84-year-old Canete, who cares for her five-year-old grandson and had to give up selling fish after the typhoon destroyed her home.

The main issue was that the volunteers were affected by the stories they heard and needed an avenue to unload their distress. Sessions led by the COPAP team leader and COSE staff were set up each evening to help them de-stress and discuss how to provide further support.

Though they faced some difficulties, the volunteers found their overall experience rewarding. Salve Basiano, aged 69, said: "There is a sense of fulfilment. It is amazing how people you have just met share their emotions. It is like older people working together."

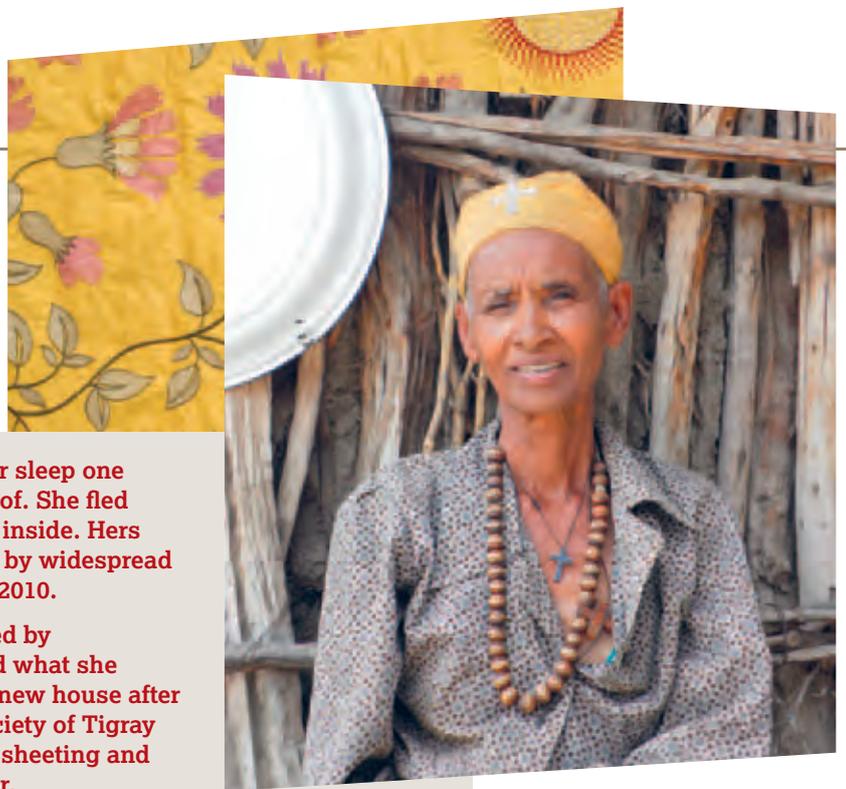
MERCY Malaysia, which provides outpatient services, was also enthusiastic, saying it would like a longer-term partnership to incorporate older people's concerns into its psychological support programme.

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**The counselling programme was funded by the UK Department for International Development (DFID).**

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**Watch the video 'Older people supporting older people in typhoon Haiyan (Yolanda)' on YouTube at: [www.youtube.com/watch?v=NTL8pxha-G0](http://www.youtube.com/watch?v=NTL8pxha-G0)**



Erna Mentenot Hintz

Emahoy, 75, was roused from her sleep one night by rain pounding on the roof. She fled from her house as water swirled inside. Hers was one of thousands destroyed by widespread flooding in northern Ethiopia in 2010.

Unlike many older people affected by emergencies, Emahoy was asked what she needed. She was able to build a new house after HelpAge's partner, the Relief Society of Tigray (REST), gave her the corrugated sheeting and other materials she had asked for.

# Providing suitable shelter

*Marcus Skinner* outlines how to include older people in shelter programmes.

Despite the fact that shelter is particularly important for older people, their needs are widely neglected by relief agencies. A study by HelpAge International shows that in 12 humanitarian emergencies between 2008 and 2010, only one shelter project funded through the Consolidated Appeals Process or Flash Appeals specifically highlighted the needs of older people.

HelpAge recommends five actions for including older people in shelter programmes:

### 1. Understand the needs and capacities of older people

Train your team to collect data on older people. Make sure that they ask about older people's abilities as well as their needs, and that they include the most vulnerable older people (such as isolated, with health problems, aged 80 or above, or caring for children).

### 2. Ensure that older people participate and are represented

If necessary, adapt your communication style to suit older people. Make sure that older people are represented on community-based committees, involved in discussions about issues such as land rights and construction, and have an

opportunity to complain or comment about your programme (see page 16).

### 3. Target vulnerable older people and explain to the community

Target older people, especially the most vulnerable. Find out what support systems were available to older people before the disaster and how these have been affected. Older people whose support systems have been eroded will become more vulnerable and experience more distress.

Make sure that the community knows the risks older people now face. Tensions can arise when older people are seen to be receiving benefits. You can diffuse these by holding discussions with other community members before and after the selection process, so that they understand why people have been selected.

### 4. Incorporate age-friendly features in shelters

Adhere to national and international standards for shelter construction to ensure that shelters are durable and accessible. Make sure that shelters are culturally acceptable and age-friendly. For example, fit a ramp at the entrance, install handrails, or place electrical sockets at a convenient height.

Site shelters near water sources, healthcare centres, cyclone shelters and other facilities. For less mobile older people, design the shelter to meet their future needs, such as home-based livelihood activities.

### 5. Promote coordination, cooperation and sharing

Ensure that older people's issues are on the agenda of Shelter Cluster meetings. Encourage other clusters (Water and Sanitation, Health, Livelihood, Protection, Camp Coordination and Camp Management) to link older people to different services, as older people in need of shelter are likely to require assistance in other areas as well.

Link also with agencies assisting other vulnerable groups, such as children, women and people with disabilities, as there are often overlaps.

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This article is taken from *Guidance on including older people in emergency shelter programmes*. You can download the full publication from [www.helpage.org](http://www.helpage.org) or request a copy from the Editor, *Ageways*.

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# Coordinating healthcare

## **Pascale Fritsch recommends how to meet the healthcare needs of older people in an emergency.**

In emergencies, older people are particularly affected by the disruption of health services. Minor conditions such as colds and cuts, and chronic diseases such as diabetes can have serious consequences for them if left untreated.

HelpAge recommends five actions to meet the healthcare needs of older people affected by disasters:

### **1. Assess the healthcare needs of older people**

Identify existing gaps in the organisation of the health system by collecting data, meeting health officials and health partners at all levels, and visiting health facilities and communities. Involve older people through focus group discussions and individual meetings.

### **2. Strengthen the health system**

Promote older people's access to effective, safe and high-quality health services at both primary level (local clinics) and secondary level (hospitals), as well as the referral system between the two levels. Make sure that a family member or a carer accompanies the referred older person. Mobile clinics might be useful as a temporary measure.

Consult with older people when designing the response, for example,

through older people's associations, group discussions, and interviews with key informants such as service providers.

Make information about health services available to older people in an appropriate way. Advise how to communicate with older people (see page 7). Set up mechanisms to ensure accountability (see page 16). Take steps to ensure that health workers providing services for older people have adequate knowledge and skills.

In emergencies, everyone should have access to free primary health care services for the duration of the disaster. If there is no national consensus about doing this, link with other organisations to deliver primary health services free to older people.

Finally, take action to ensure that the design and delivery of health services is guided by the collection, analysis, interpretation and utilisation of relevant public health data.

### **3. Provide integrated essential health services to older people**

Provide essential health services to older people according to their needs. Depending on the context, the priority might be surgery, control of communicable diseases (such as cholera), specialised geriatric care, disability management (such as eye clinics), or nutrition.

#### **Pakistan partnership**

HelpAge International seconded public health, psychosocial and protection specialists to health NGO Merlin in Pakistan-administered Kashmir after the earthquake in 2006 to improve care for older people. HelpAge also supported the provision of disability aids and eyecare services. In 2008 and 2012, in response to conflict-related displacement, Merlin and HelpAge worked together again. As a result of the collaboration, Merlin has now integrated older people into its health programmes in north-western Pakistan.

Make sure also that older people have essential drugs for non-communicable diseases. Consider providing palliative care, and emotional support for those suffering trauma (see page 11). Remember to assess the needs of older people in care homes and institutions, as they may need support too.

### **4. Build partnerships**

Integrate care for older people in the general health system at both primary and secondary levels by building partnerships with public or private health facilities and international or national non-governmental organisations.

### **5. Advocate for older people's right to health**

Present evidence at coordination forums, take part in Health Cluster meetings, build relationships with key decision-makers, and participate in the Consolidated Appeal Process. Share reliable sex- and age-disaggregated data and make recommendations to cluster partners and the relevant levels of the Ministry of Health. It is important also to coordinate with international and local partners who are working to address older people's health needs.

This article is taken from *Health interventions for older people in emergencies*. You can download the full publication from [www.helpage.org](http://www.helpage.org) or request a copy from the Editor, *Ageways*.

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Lydia de Leeuw/Handicap International



**Ahmed, 67, is a Syrian refugee in Lebanon who fled the bombing with his wife, Ilham, and their son, Mustafa. He has heart disease and diabetes, which led to the amputation of his lower right leg. He is concerned about obtaining his medicines. "I need my medication. That is what is most important to me," he says.**

# Meeting nutritional needs

## **Pascale Fritsch recommends how to manage nutrition interventions for older people in an emergency.**

As with the general population, older people need energy and a balanced diet. They also have particular needs for vitamins and minerals, and, in many cases, food that is easy to chew and digest. But there are few specific nutrition interventions targeting older people in humanitarian situations.

HelpAge recommends seven actions to address the nutritional needs of older people in emergencies:

### **1. Assess the food situation of older people**

Collect information about the national policy on nutrition, recent food security and anthropometric surveys, food availability, access, consumption and utilisation, and food interventions currently in place. Get information on the functioning of the health system (since food responses are often delivered through existing health structures).

### **2. Assess the nutritional status of older people**

Use the middle upper arm circumference (MUAC) to assess the nutritional status of older people. Also look for malnutrition oedemas. Organise nutrition surveys and assess the presence of potential risk factors.

### **3. Plan nutrition interventions for older people**

Adapt the general food ration to older people. Set up blanket supplementary feeding programmes to prevent acute malnutrition, and supplementary feeding programmes to treat moderate acute malnutrition. Put in place community-based management of acute malnutrition for severely malnourished older people.

### **4. Prevent and treat micronutrient deficiencies**

Micronutrient (vitamin and mineral) deficiencies have severe consequences for older people. Strategies for preventing micronutrient deficiency include the promotion of diet diversity and balance, such as provision of fresh food items and fortified foods, and distribution of micronutrient supplements.

**A woman affected by flooding in northern Colombia receives food aid from HelpAge's partner, Fundación Red Desarrollo y Paz de los Montes de María.**



HelpAge International

### **5. Monitor and evaluate your projects**

Use the Minimum Reporting Package (MRP) for Emergency Supplementary and Therapeutic Feeding Programme: User Guidelines to monitor your programmes. Evaluate the coverage of your programmes with SQUEAC (Semi-Quantitative Evaluation of Access and Coverage) and SLEAC (Simplified LQAS Evaluation and Coverage).

### **6. Build partnerships**

Work with the country Nutrition Cluster or equivalent national coordinating authority, and NGOs already involved in selective feeding programmes.

### **7. Advocate for older people's right to nutrition**

Make evidence-based recommendations to cluster partners and ministry officials. Encourage international and local partners to recognise that older people are a vulnerable group for malnutrition and include them in national nutrition strategies and community management of acute malnutrition.

This article is taken from *Nutrition interventions for older people in emergencies*. You can download the full publication from [www.helpage.org](http://www.helpage.org) or request a copy from the Editor, *Ageways*.

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You can also read about nutrition for older people in *Ageways 76: Food and nutrition*, [www.helpage.org/ageways](http://www.helpage.org/ageways)

### **Therapeutic feeding**

Sudanese refugees fleeing conflict in Sudan arrived in Maban County, South Sudan in November 2012. Médecins Sans Frontières Belgium, working in two camps, observed that a large number of adults as well as children were suffering from malnutrition, having spent a long time travelling in the bush without proper food. They therefore decided to include adults in a therapeutic feeding programme.

To begin with, older people complained about the therapeutic milk, which was difficult for them to digest and caused diarrhoea. However, the situation improved after a few days. Older people said they were satisfied about recovering some strength and were glad to be looked after.

However, it appeared that being transferred to outpatient care was a problem for a number of older people who had no community support or who still had medical conditions. These outpatients were monitored by home visitors, who provided the therapeutic milk and arranged for donkey carts to take them for monthly visits to the ambulatory feeding centre.

This project showed that older people can be successfully treated in a therapeutic feeding programme.

# Affiliates

More than 100 organisations in over 60 countries are affiliated to HelpAge International, forming a global network standing up for the rights of older people.

We extend a warm welcome to three new Affiliates: ALA Dominicana, Dominican Republic, Ardager, Kazakhstan, and PRO, Sweden.

## Caribbean

Action Ageing Jamaica  
Dominica Council on Ageing  
Extended Care through Hope and Optimism (ECHO), Grenada  
HelpAge Barbados  
HelpAge Belize\*  
HelpAge St Lucia  
National Foundation for Blind Care, Suriname  
Old People's Welfare Association (OPWA), Montserrat  
REACH Dominica  
Society of St Vincent de Paul, Antigua  
St Catherine Community Development Agency (SACDA), Jamaica

## East, West and Central Africa

Current Evangelism Ministries, Sierra Leone  
District Pastoralist Association, Kenya  
Ethiopia Elderly and Pensioners National Association (EEPNA)  
Fantsuam Foundation, Nigeria  
HelpAge Ghana  
HelpAge Kenya\*  
Kenya Society for People with AIDS (KESPA)  
Mauritius Family Planning Association  
RECEWAPEC, Cameroon  
Rift Valley Children and Women Development Organisation (RCWDO), Ethiopia  
SAWAKA, Tanzania  
Senior Citizens' Council, Mauritius  
Sierra Leone Society for the Welfare of the Aged  
South Sudan Older People's Organisation (SSOPO)  
Tanzania Mission to the Poor and Disabled (PADI)  
Uganda Reach the Aged Association (URAA)

## Southern Africa

Age-in-Action, South Africa  
APOSEMO, Mozambique  
Elim Hlanganani Society for the Care of the Aged, South Africa  
HelpAge Zimbabwe  
Maseru Senior Women's Association, Lesotho  
Muthande Society for the Aged (MUSA), South Africa  
Senior Citizens' Association of Zambia  
VUKOXA, Mozambique

## East Asia and Pacific

CASCD (formerly RECAS), Vietnam  
China National Committee on Aging (CNCA)  
Coalition of Services of the Elderly (COSE), Philippines

Council on the Ageing (COTA), Australia  
Fiji Council of Social Services (FCOSS)  
Foundation for Older Persons Development (FOPDEV), Thailand  
HelpAge Korea\*  
Helping Hand Hong Kong  
Instituto de Acção Social, Macau  
Mongolian Association of Elderly People  
National Council of Senior Citizens Organisations Malaysia (NACSCOM)  
Office of Seniors' Interests, Australia  
Senior Citizens' Association of Thailand  
Senior Citizens' Council of Thailand  
Singapore Action Group of Elders (SAGE)  
Society for WINGS, Singapore  
Tsao Foundation, Singapore  
USIAMAS, Malaysia  
Vietnam Association of the Elderly (VAE)  
Yayasan Emong Lansia (YEL), Indonesia\*

## South Asia

Bangladesh Women's Health Coalition (BWHC)  
Dhaka Ahsania Mission, Bangladesh  
Gramin Vikas Vigyan Samiti (GRAVIS), India  
HelpAge India  
HelpAge Sri Lanka\*  
Pakistan Medico International  
Resource Integration Centre (RIC), Bangladesh

## Eastern Europe and Central Asia

Ardager, Kazakhstan  
Dobroe Delo, Russia  
Lastavica, Serbia  
Mission Armenia  
Resource Centre for Elderly People (RCE), Kyrgyzstan  
Second Breath (Gerontological Association of Moldova)  
Turbota pro Litnix v Ukraini

## Western Europe

Age Action Ireland  
Age International, UK\*  
Caritas Malta  
Centre for Policy on Ageing, UK  
Cordaid, Netherlands  
DaneAge Association  
HelpAge Deutschland\*  
Helpage International España\*  
Kwa Wazee, Switzerland  
Pensionärernas Riksorganisation (PRO), Sweden  
Slovene Philanthropy  
WorldGranny, Netherlands\*  
Zivot 90, Czech Republic

## Latin America

AGECO, Costa Rica  
ALA Dominicana, Dominican Republic  
Asociación Red Tiempos de Colombia  
CAPIS, Peru  
Caritas Chile  
Centro Proceso Social, Peru  
CESTRA, Colombia  
CooperAcción, Peru  
Fundación Horizontes, Bolivia  
Haitian Society for the Blind (SHAA)  
IPEMIN, Peru  
ISALUD, Argentina  
Peru Coordinating Group for Older People (Mesa de Trabajo)  
Pro Vida Bolivia  
Pro Vida Colombia  
Pro Vida Perú  
Red de Programas para el Adulto Mayor, Chile

## North America

AARP, USA  
HelpAge Canada\*  
HelpAge USA\*  
West Virginia University Center on Aging, USA

## Middle East and Northern Africa

El-Wedad Society for Community Rehabilitation (WSCR), oPt  
Palestinian Center for Communication & Development Strategies (PCCDS), oPt  
Sudanese Society for the Care of Older People (SSCOP)

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## Find out more

If you are an Affiliate, you can use the HelpAge intranet to find out more about the HelpAge global network, regional networks and other Affiliates. You can also download a wide range of resources and take part in discussion forums. <http://hai-intra.jamkit.com>

To enquire about affiliation, contact your nearest HelpAge regional centre or the London office. Full contact details are at: [www.helpage.org/where-we-work](http://www.helpage.org/where-we-work) (click on name of region)

Any questions? Please contact Anders Hylander, Network Communications Assistant, HelpAge International, PO Box 70156, London WC1A 9GB, UK. Email: [ahylander@helpage.org](mailto:ahylander@helpage.org)

# Accountability

Everyone involved in providing relief to people affected by an emergency should be accountable to them. *Magda Rossmann* explains how to do this.

Accountability is about reducing the risk of mistakes and showing communities respect. It means following six principles:

**Participation** Make sure that older people and other stakeholders such as local partners are involved in planning the emergency response and can influence how it is delivered.

**Transparency** Share information about your organisation and the programme you are delivering in an appropriate way.

**Complaints and feedback** Give an opportunity for the people you are aiming to assist to comment on or complain about your work. You can do this by setting up help desks, hot lines or suggestion boxes. Make sure that anyone who makes any suggestions or complaints receives a response.

**Staff competency** Make sure that your staff have the skills they need and that they behave in a respectful way.

**Monitoring, evaluation and learning** Assess the difference your programme has made and learn from the experience to improve future work.

**Programme quality** Have sound financial and management systems.

More information: [www.helpage.org/who-we-are/how-we-are-accountable](http://www.helpage.org/who-we-are/how-we-are-accountable)  
[www.hapinternational.org](http://www.hapinternational.org)

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

Copies of *Ageways* are available free of charge to people working with older people. Please use the order form at: [www.helpage.org/ageways](http://www.helpage.org/ageways)  
Alternatively, email: [info@helpage.org](mailto:info@helpage.org) or write to the editor. You can also download *Ageways* as a PDF.

## Help desks in Kenya

**Severe drought in Turkana, northern Kenya, has led to food shortages among pastoral and agricultural communities. Older people, children and disabled people are especially vulnerable, writes Ibrahim Njuguna.**

HelpAge International has been distributing cash grants to 3,000 households with people aged over 60 in nine areas, so that they can replace lost livestock, start small businesses and buy essentials.

HelpAge established a “help desk committee” in each area to enable people to comment or complain about the project. Each committee is made up of two men and two women (to encourage women, who do not normally have the opportunity to speak out, to come forward). Committee members include older and younger adults to benefit from a mix of knowledge and abilities.

HelpAge introduced the idea of the help desks to community leaders in each area. The leaders called open meetings at which HelpAge staff explained the roles and responsibilities of the help desk committees and committee members were elected. The 36 volunteers attended a three-day training programme in the town of Lodwar.

*Ageways* exchanges practical information on ageing and development, particularly good practice developed in the HelpAge network. *Ageways* is published twice a year.

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The help desks are publicised through community meetings and during cash distributions. Most enquiries and complaints are handled by the volunteers, such as questions about who is eligible, and lack of identification to prove eligibility. If necessary, the volunteers refer enquiries to the HelpAge office in Lodwar. For example, after an older person who was receiving the cash transfer died, a member of their household came to ask if they would still be supported. The HelpAge office determined that the household was vulnerable and that the support would continue.

The help desks have led to improvements in the project, such as ensuring that the right people are receiving grants, and changing from regular, smaller cash transfers to larger, lump sums in response to requests by recipients.

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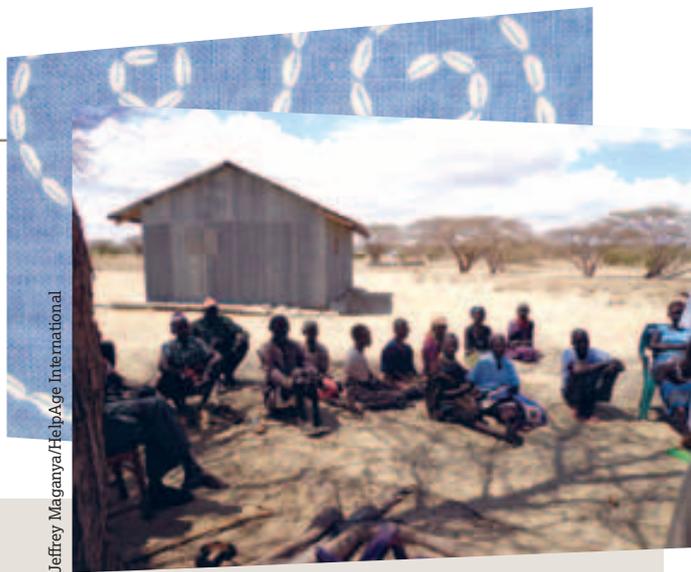
Read Magda Rossmann's blog at: [www.helpage.org/blogs](http://www.helpage.org/blogs)

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