

# Older people in emergencies – identifying and reducing risks



This document systematically reviews the main risks (defined as potential adverse consequences of a crisis) older people are exposed to in emergency situations. It is intended for humanitarian practitioners and emergency managers involved in the design and implementation of emergency programmes. For each risk, under “key actions” the document also lists simple measures that can be taken within the standard programming and funding parameters of humanitarian organisations to reduce risks for older people in emergencies. At the end, the document points to essential technical references for further reading.

May 2012

Risk	Explanatory notes	Key actions
------	-------------------	-------------

**General concerns**

**Worsening of pre-existing marginalisation and exclusion**

The drive towards the market economy of a growing number of societies around the world, combined with the erosion of traditional social and cultural values, results in older people being marginalised and sometimes outright abandoned by families, communities and society at large.

Contrary to common beliefs, older people are not always cared for by family and community: these patterns of discrimination may actually be accentuated in the drive for survival in humanitarian crises. When excluded by their own communities and families, older people may become isolated, and be unaware that humanitarian assistance is available.

Before the crisis, undertake community-based preparedness activities that include the identification of older people living alone, the planning of outreach activities in case of an emergency and the provision of mobility and adaptive aids.

After the crisis, ensure that information on the impact of the disaster and on humanitarian response and services is accessible to older people (taking into account any hearing or visual impairments) and is communicated in a way and in a language they understand.

Ensure that older people have appropriate documentation to identify themselves to access both humanitarian and state-provided social services.

**Invisibility to humanitarian actors**

In principle, older people may be recognised as a vulnerable group. In practice, however:

- data about them are often not collected;
- humanitarian programs are not tuned to meet their specific needs;
- they are minimally consulted in the planning and execution of humanitarian operations;
- their capacity to be active participants in recovery and response is ignored.

Collect assessment, registration and monitoring data disaggregated by age and sex, including ages 60-69, 70-79 and 80+.

Document specific vulnerabilities faced by older people – who are living alone, caring for children, are housebound etc.

Implement the key actions listed in the sector-specific parts of this document to adapt humanitarian programs.

Support the creation of older people’s committees, a well-established way of ensuring that old people’s voices are heard.

Identify older people as key resources.

## Protection

### **Not being able to leave home even if one wants to**

Older people may be left behind as families are displaced by conflict or natural disasters – because they are unwilling or unable to travel, or are left to guard family property and belongings. They remain without access to services and potentially become targets for armed groups (including security forces), bandits, mafia thugs or those seeking retaliation, but also are at risk of potential secondary impacts where they continue to stay after a natural disaster. At risk of being abandoned and isolated at the best of times, many older people have no one to turn to during emergencies.

Consider the following actions:

- advocate and liaise with authorities, especially parties to armed conflict, to enable access for the most vulnerable who remain behind;
- assist with transportation and movement for the most vulnerable;
- support for family tracing and reunification for older people;
- attend to older people arriving alone or with children at displacement reception centres;
- increase focus on areas that are accessible but remain outside core displacement centres and camps where older people are likely to be;
- integrate, involve, and prioritise older people into evacuation, preparedness and DRR plans and activities prior to crises.

### **Not being able to leave IDP/refugee camp even if one wants to**

Older people may be left behind as families return – because they are unwilling or unable to travel, or because the family faces an uncertain future in terms of shelter and livelihood.

Consider the following actions:

- monitor the return process, identify older people failing/struggling to return;
- provide a comprehensive return package for older people;
- build shelter in the area of return for isolated older people and those without family support;
- provide agricultural/livelihood support, especially for older people caring for children.
- provide transport;
- assist communities to re-integrate older people.

### **Being separated from family or community**

Isolation is possibly the most important factor in creating vulnerability. Older people find that the problems they face are compounded by the fragmentation and dissolution of their families and communities. This may include the loss of the support mechanisms on which they had relied. Older women live longer and are more likely to be widowed and less likely to re-marry

Include older people in reunification and family tracing.

Train community workers to identify isolated older people.

Integrate home-based care into programmes.

<p><b>Being victim of abuse</b></p>	<p>Untested assumptions about the care and respect offered to older people, combined with the lack of consultation, create an environment in which serious abuses, such as rape, GBV, prostitution, theft, and confinement of older people, go unseen and unchallenged.</p>	<p>Include older women in GBV prevention and response programmes.</p> <p>Recognise that older women may be both victims of abuse (sexual, physical, and mental) as well as perpetrators (FGM).</p>
<p><b>Having to care for children</b></p>	<p>If they were not doing so already before the crisis, many older people find themselves looking after young dependants whose parents are missing. Those who were doing so already before the crisis may find themselves suddenly having to care for many more.</p>	<p>Identify older care givers in assessments specifically including registration of older widow/single carers.</p> <p>Ensure that child protection programmes recognise the role of older carers and that support is extended to them as well as children.</p> <p>Ensure that information on child protection and services for children is communicated to older caregivers.</p> <p>Consult older caregivers on their priority needs and challenges in caring for young children post crisis.</p>
<p><b>Having housing, land and properties rights ignored</b></p>	<p>In a 'survival of the fittest' environment, the already difficult issue of HLP rights may become intractable if the right holder is an older person. Older widows are regularly the victims of discrimination and exclusion due to prevailing traditional beliefs, social norms and accepted cultural practices. Older people may lack legal documentation to prove ownership of land and assets.</p>	<p>Provide legal and administrative support to older people in order to obtain documentation that may have been lost during a crisis and to re-take possession of land or property. If such services are already available to younger people, make sure the older people are included.</p>
<p><b>Being excluded by communal shelters</b></p>	<p>In some cases, such as in cyclone shelters, exclusion from communal shelters may represent a direct threat to personal survival.</p>	<p>Ensure older people's needs are considered in evacuation plans.</p>

## Food

### **Not being registered for food distributions**

If the registration of beneficiaries for food distributions does not include a systematic outreach process, older people may easily be excluded, as other, more mobile and vocal population groups are registered.

Ensure that the data collected during the registration process are disaggregated by sex and age, including at least one 'older people, 60+' category. Where possible, cross-check this against census data to identify discrepancies.

Use outreach programmes (e.g. community health, home-based care) to reach unregistered older people and register them.

### **Having difficulties reaching the food distribution point or market**

Older people find it difficult to access centralised relief and service delivery points because of the distances involved, poor mobility, or being confined to their homes because of the need to guard property, care for dependants, or through physical infirmity.

Hold distributions at locations that are physically accessible – for example, in central locations on level ground.

Support older people with limited mobility to reach distributions.

### **Having difficulties at the food distribution point**

If receiving a food ration requires, as is often the case, standing in a queue for a long time, in heat/rain with no shelter, water, etc. in the absence of separate queues for older people and the mobility-impaired, these groups may completely miss the distributions.

Set up a separate distribution line for older people and those with disabilities.

### **Having difficulties transporting the food back home**

Dry rations at the food distribution points are generally handed out in bulk, as a stock for up to four weeks. For a single person, this means a load of tens of kilos, and may be difficult or impossible for an older, weaker or mobility-compromised person to transport.

Set up a proxy collection system, where younger, able-bodied relatives or neighbours collect the food on the person's behalf. Information on the proxy person can be communicated either on the registration card or with the distributing agency to make sure the proxy can access the distribution and to avoid fraudulent collection of assistance.

Arrange 'home' delivery for the most vulnerable older people.

**Not receiving an equal share of food within the family**

Even when food reaches the household, it may be consumed differently by different members of the family. Older people are also apt to share their rations, especially with male household heads and children.

Introduce home visits to monitor that food intake by older people is sufficient to their nutritional and caloric needs.

Consider hot meal distribution for older people. This will not change the cultural expectations for food distribution, but the provision of a hot meal is a guaranteed way to ensure that the OP receives at least one meal a day.

**Having inappropriate food**

Older people may be unable to eat food rations because they have few teeth, cannot digest the food, have not eaten a particular food before, or cannot find cooking fuel. Furthermore, food ration content usually does not take account of the protein and micronutrient ratios needed by older people.

Advocate for WFP and other emergency food rations to include foods that are easier to chew and appropriate for older people.

Ensure that the food rations are culturally and regionally appropriate.

Provide fuel and cooking sets as an accompaniment to food distributions.

**Non-food items**

**Not having enough warm clothes /blankets**

Older people may find that circulatory problems make it harder for them to manage or endure cold temperatures. They may need extra layers of clothing or blankets compared to other adults.

Provide double sets of blankets and clothing to older people.

**Not having culturally acceptable clothes**

The cultural acceptability of clothing supplied in an emergency is likely to be a particular issue for older women, who may find it impossible to abandon traditional forms of dress.

Ensure that NFI packages for older people include traditional forms of dress.

Introduce a system of distribution that involves proxy delivery to protect older women's dignity.

**Not being included in NFI distribution lists**

If the registration of beneficiaries for NFI distributions does not include a systematic reach out process, elderly people may easily be excluded, as other, more mobile and vocal population groups are registered and aid agencies a) have the impression to have registered everybody and b) assume that the older people will use NFIs given to their families.

Ensure that the data collected during the registration process are disaggregated by sex and age, including ages 60-69; 70-79 and 80+. If possible, cross-check this data with the overall census of the beneficiary population looking for discrepancies.

Use outreach programmes (e.g. community health, home-based care) to reach unregistered older people and register them.

## Shelter

### **Not being automatically given shelter by family**

Older people whose family has lost a house must often find shelter by themselves, as younger members may think of their own needs first.

On the one hand, ensure that shelter projects, both temporary and permanent, consider older people as individual households. On the other, try to avoid fragmentation of extended multi-generation households.

### **Having inaccessible shelter**

Temporary or rebuilt shelter made available by aid organisations may be inaccessible for mobility-impaired people. Simple things such as ramps, handrails, grab bars and lighting are often ignored in the design and construction of the dwellings. Even the entrance door to the dwelling can be too narrow or difficult to open.

Incorporate age-friendly features, following international guidelines on accessibility, into temporary shelters and latrines and into those being repaired or constructed to include ramps, handrails, grab bars and lighting.

Ensure that there is sufficient space to enable dignified use of 'assistance' for those needing help when using the toilet.

### **Having to sleep on cold, hard or damp surfaces**

Chronic but manageable joint problems become acute and severely debilitating.

Recognise that people's mobility declines with age and adapt shelters accordingly. For instance, in camps or temporary shelters, sleeping on a mattress can make a substantial difference to older people's health. Raised beds are easier for older people to get in and out of.

Provide mattresses as part of NFI packages.

### **Not having proper gender separation**

Shelters do not offer gender separation increasing the likelihood that older single women would not use them due to cultural prohibitions.

Ensure that, where families are being relocated into temporary shelters, gender specific communal shelters exist for people on their own.

### **Being grouped with unknown people**

For example, to make up the numbers required to qualify for shelter or for allocation of supplies - can lead to problems of exclusion and abuse as the larger group rejects or resents the presence of the older person.

Ask for older people's preferences with regard to placement in communal temporary shelters.

## Wash

### **Not being included in water distribution schemes**

Older people at risk of being ignored when designing and building water distribution schemes.

Ensure that the data collected during the registration process are disaggregated by sex and age, including at least one 'older people, 60+' category. If possible, cross-check this data with the overall census of the beneficiary population looking for discrepancies.

Ensure representation by older men and women on water committees.

### **Having difficulties reaching water distribution points, wells or sources**

Older people find it physically difficult to access water distribution points.

Establish community systems of water delivery to ensure that the household are provided with clean water daily.

Work with shelter actors to design roofs so that rain run off can be collected in water butts/containers for washing and small scale kitchen garden irrigation.

### **Having difficulties transporting water back home**

The typical jerry can distributed as NFI in humanitarian operations is 20 litres, which makes it 20 kilos heavy and impossible to hand carry by most older people.

Distribute smaller jerry cans – ideally 5 litres maximum – to older people who would otherwise be unable to collect large amounts of water in 20 litre jerry cans.

Consider proxy system of delivery to enable sufficient water to those who cannot transport it.

### **Having difficulties reaching sanitation facilities**

Older people find it physically difficult to access latrines and other sanitation facilities.

In camp settings, when constructing new shelter or revitalising damaged shelter, be sure that latrines are built in close proximity to older people. In collective centres and camps, be sure that older people are allocated sites near water sources and latrines.

Ensure that the pathway to the latrines is marked by string for those with visual disabilities and that it is flattened and smooth to facilitate accessibility for those with mobility challenges or those in wheelchairs.

**Having difficulties using sanitation facilities**

Latrines and other sanitation facilities made available by humanitarian stakeholders (including government) may be inaccessible for mobility-impaired people. Simple things such as ramps, handrails, grab bars and lighting are often ignored in the design and construction. Even the entrance door to the latrines can be too narrow or difficult to open.

Incorporate age-friendly features into temporary shelters and latrines and into those being repaired or constructed, including ramps, handrails, grab bars and lighting.

Ensure that there is sufficient space to enable dignified use of 'assistance' for those needing help when using the toilet.

**Having difficulties disposing of waste**

When mobility is a problem, waste can be disposed of immediately outside the dwelling and pile up in great quantities, becoming a health hazard.

Set up community support networks to help the housebound manage their waste. Also, work with local government or camp authorities to do this.

**Nutrition**

**Having malnutrition unchecked**

Older people are never included in nutritional surveys and rarely screened for malnutrition.

In displacement crises, organise the systematic screening of older people at reception centres using MUAC tapes. In other cases, try to involve older people in nutritional surveys. Train community health workers to actively detect malnutrition in older people through a process of ongoing screening with MUAC tapes. In all cases, use more sensitive case definition.

**Having malnutrition untreated**

Selective feeding programmes for nutrition rehabilitation rarely include malnourished adults.

Include malnourished older people in supplementary and therapeutic feeding programmes. CMAM (community based management of acute malnutrition) can be extended to older people.

Train community health workers to identify and address acute malnutrition in older people, and to provide nutrition education.

Ensure that severely malnourished older people are referred to the nearest hospital for assessment.

## Health

### **Being more subject to ill health or injury**

Poor health and reduced mobility increase the risk of serious injury and illness in crisis situations. Even normal physical changes associated with ageing that may not greatly impair daily functioning, such as reduced mobility and failing eyesight, can become significantly disabling during an emergency.

Ensure that older people are included in health assessment

Ensure that mobility aids and adaptive devices that have been lost or damaged during the crisis are made urgently available to older people so that impairments do not become disabling.

### **Having difficulties accessing health services**

Older people find it difficult to access centralised relief and service delivery points. Community-based health programs often exclude older people.

Financial accessibility might also be an issue for older people.

Use Community Health Workers to identify older people who are unable to reach health posts and consider either providing home-based care or transport for referral to the health centre or the hospital. It is often necessary to make sure that somebody is accompanying the older person.

Train community health workers to provide health education on healthy ageing to older people, and train them in self-management of their chronic condition

Promote free access for healthcare to older people: free hospitalisation, free consultation, free laboratory exams and free drugs, at primary and secondary levels.

### **Having inappropriate health services**

When healthcare is accessed, it generally focuses almost exclusively on communicable diseases, for which older people are at increased risk. However, non-communicable, chronic diseases, which are the main concern for older people, are rarely taken into account.

Ensure that emergency health kits include medication to treat chronic illness especially high blood pressure, diabetes and hypertension.

Ensure that older people are identified as at higher risk for communicable diseases particularly when there is an outbreak.

Palliative care should be considered in order to allow older people to die in dignity.

Ensure that appropriate mobility aids and adaptive devices (such as spectacles and hearing aids) are provided during the initial days of response to avoid creating disabilities out of impairments.

**Having difficulties accessing psychological support**

The loss of their worldly possessions is a psychological shock. Loss of children, relatives and friends is a big trial. Rebuilding is a slow and painstaking process. Very little psychological support is available to older people.

Include older people in psychosocial activities.

Explore ways to increase intergenerational and community support.

Include opportunities for older people to engage in cultural rituals, such as puja and funerals, to enable grieving and initiate the process of emotional recovery and closure.

**Recovery**

**Being excluded from rehabilitation and livelihood projects**

Older people are excluded, often systematically, from rehabilitation programmes such as the distribution of seeds and tools, cash and food for work, micro-credit, cash transfers and skills training. Even when older people organise their own projects they find it difficult to source funds or other inputs.

Ensure that the data collected during the registration process for rehabilitation/livelihoods activities are disaggregated by sex and age, including at least one 'older people, 60+' category. If possible, cross-check this data with the overall census of the beneficiary population looking for discrepancies.

Advocate with communities and humanitarian actors to make them recognise the contributions older people can make.

**Not being able to earn a living**

Producing an income can be exceedingly difficult in crisis situations, and few countries affected by humanitarian crises have old age pension schemes to begin with.

Help older people access social protection mechanisms (old age pension, disability allowance, widow pension), particularly through legal and administrative support.

## Essential resources

DOCUMENT	PUBLISHER	NOTES
<b>Need to Know Guidance Series, Volume III - Working with Older Persons in Forced Displacement</b>	UNHCR, 2011	Older refugees face particular challenges in displacement and have both specific needs and assets. It is important for UNHCR to ensure that the rights of older persons of concern are met without discrimination. This places an onus on offices to develop a thorough understanding of the circumstances of older persons under their care. This note provides staff with guidance on a range of issues when working to meet these responsibilities.
<b>A Study of Humanitarian Financing for Older People</b>	HelpAge International, 2012	The study finds a significant disparity between the needs of older people as a vulnerable group and the humanitarian assistance funded to meet that need. There remains minimal reference to older people within proposals compared with reference to other vulnerable groups.
<b>Sex and Age Matter</b>	Tufts University, 2011	The study finds almost no documented and published cases in which lead agencies within the five sectors under study collected Sex and Age Disaggregated Data properly, analyzed the data in context, used those findings to influence programming, and then carried out proper monitoring and evaluation to determine the effect on programming.
<b>What do older people need in emergencies? The experience in the Philippines after Typhoon Ketsana</b>	HelpAge International, 2010	The study investigates basic needs and problems of older people during emergencies; the degree of participation of older people in emergency and relief services carried out by government and voluntary service organisations; the level of understanding of older people on the current policies and laws of government units and agencies that address the needs of older people in emergencies (local ordinances); the coping strategies and mechanisms of older people in addressing their needs and problems in emergencies.
<b>Older People and Effective Disaster Risk Reduction</b>	HelpAge International, 2010	Old People Associations make invaluable contributions to community safety through disaster preparedness in the Philippines.
<b>Older People and Humanitarian Financing</b>	HelpAge International, 2010	Improving the recognition of vulnerable groups, and older people in particular, in the Consolidated Appeal Process.
<b>Protecting and Assisting Older People in Emergencies</b>	ODI, 2005	"The" reference document on ageing and humanitarian action.
<b>Addressing the nutritional needs of older people in emergency situations: ideas for action</b>	HelpAge International, 2001	The document addresses issues of nutritional requirements of older people and examines these in light of current emergency food and nutrition interventions. It also provides a preliminary framework for the design of emergency nutrition interventions for the purpose of piloting and review.

<b>Older People in Disasters and Humanitarian Crises</b>	HelpAge International, 2000	These Guidelines for best practice are based on wide-ranging new research from Asia, Africa, Europe and the Americas and many years' global disaster experience. They aim to help relief agencies meet the special needs of older people in emergencies.
<b>Guidance on Including Older People in Emergency Shelter Programmes</b>	IFCR, HelpAge International,	Suitable housing for older people is crucial to ensure a dignified life. When managing a shelter programme, it is essential to identify and address the needs of vulnerable older people and engage them in decision-making, in order for age-appropriate decisions to be taken.
<b>Humanitarian Action and Older Persons</b>	IASC, 2008	An essential brief for humanitarian actors
<b>Older people in emergencies: Considerations for action and policy development</b>	WHO, 2008	This analysis seeks to: (1) highlight factors that particularly affect older people in emergencies, especially health-related concerns; (2) propose a strategy to raise awareness about older people in emergencies; and (3) recommend policies and practices to address these considerations.

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

HelpAge International  
 PO Box 70156  
 London WC1A 9GB, UK  
 Tel +44 (0)20 7278 7778  
 Fax +44 (0)20 7713 7993  
[www.helpage.org](http://www.helpage.org)  
[info@helpage.org](mailto:info@helpage.org)