



Rapid needs assessment of older people affected by the earthquake and tsunami in Sulawesi, Indonesia

Carried out October 2018



HelpAge

International

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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Published by HelpAge International
PO Box 70156
London
WC1H 9GB
United Kingdom

Tel +44 (0)20 7278 7778

For more information, please get in touch with:

- Andrew Collodel, Head of Humanitarian: acollodel@helpage.org
- Madeleine McGivern, Humanitarian Advocacy Adviser: madeleine.mcgivern@helpage.org
- Deepak Malik, Regional Programme Adviser - DRR and Humanitarian Response: deepak@helpageasia.org
- Dr Sari Mutia Timur, Director, Yakkum's Emergency Unit: sari.mutiatimur@gmail.com

www.helpage.org

Registered charity no. 288180



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Acronyms

COPD	Chronic obstructive pulmonary disease
DPO	Disabled persons' organisation
FGD	Focus group discussion
HelpAge	HelpAge International
NCD	Non-communicable disease
OP	Older people
OPA	Older people's association
PSS	Psychosocial support
PWD	People with disabilities
RNA	Rapid needs assessment
RNA-OP	Rapid needs assessment of older people
UNDESA	United Nations Department of Economic and Social Affairs
VAN	Violence, abuse and neglect
WASH	Water, sanitation and hygiene
WHO	World Health Organization
Yakkum	Yayasan Kristen Untuk Kesehatan Umum
YEU	Yakkum Emergency Unit

Introduction

Older people's right to humanitarian assistance

HelpAge International's vision of a world where older women and men lead active, dignified, healthy and secure lives applies to all older people, including those affected by humanitarian emergencies. The four principles of humanitarian action – humanity, neutrality, impartiality and operational independence – afford everyone the right to safe and dignified access to humanitarian assistance and protection without discrimination, on an equal basis with others. Commitment to international humanitarian law and these principles means everyone responding has a responsibility to ensure all those affected, including older people, have these rights upheld.

We want older people to be able to access humanitarian aid with dignity and in safety. Older women and men are not inherently vulnerable to disasters. However, we know that when emergencies strike, they are at risk of having their rights denied. The humanitarian community must work together to ensure older people and other at-risk groups are not left behind.

Humanitarian context

On 28 September 2018, a 7.4 magnitude earthquake hit Donggala, in the province of Central Sulawesi, Indonesia. It triggered a tsunami that struck Palu Bay and the western coast of the Donggala.

The official death toll stands at 2,081, another 1,309 are recorded missing, 4,438 as severely injured and 206,494 internally displaced.¹ Homes and other buildings collapsed, hospitals have been damaged and transport has been disrupted in the areas. There is an increased risk of water-borne diseases such as cholera, dysentery and typhoid. The Indonesia Government has been leading the response, with support from local and international NGOs and the UN.

Rapid needs assessment for older people

Older people, including those with a disability, face significant and specific discrimination, inclusion and safety risks in humanitarian contexts. We carry out early rapid needs assessments for older people (RNA-OP) to tell the stories of older people in crisis, and provide an overview of the situation and priority needs.

The aim of this RNA-OP is to support anyone responding to the devastating earthquake and tsunami on the island of Sulawesi, Indonesia to better meet the needs of older people. It intends to highlight specific challenges, opportunities and solutions. The report contains some of the key findings of the RNA-OP, together with observations and analysis from HelpAge International's humanitarian team and advisers.

HelpAge and local partner Yakkum Emergency Unit, with funding from Age International and the Disasters Emergency Committee, jointly conducted the RNA-OP in October 2018.

We welcome comments, questions and dialogue based on this report, and can offer technical support and guidance to support inclusive responses.

¹ ASEAN Coordinating Centre for Humanitarian Assistance on disaster management Situation Update No. 15 – Sulawesi Earthquake – 26 October 2018: <https://ahacentre.org/situation-update/situation-update-no-15-sulawesi-earthquake-26-october-2018/>

Key findings

1. Older men and women told us that accessing enough food, and being able to do so safely, is their highest priority.
2. Older people need documentation to access humanitarian services, yet one in five (19%) of older women and 10% of older men reported that they did not have any ID. Out of those who did have IDs, 20% of older women and 18% of older men did not know they can use them to access humanitarian services.
3. Almost two-thirds (63%) of older women and almost half (48%) of older men said they are dependent on their family to meet their basic needs, including 45% of older women and 36% of older men who are unable to reach humanitarian services alone, often relying on their family and friends for support.
4. Over 90% of those asked what the main safety risk older people are facing² indicated some form of violence or abuse (sexual, physical, financial, emotional or denial of resources). The biggest safety concerns were reported when accessing water, sanitation and hygiene (WASH) services.
5. Significant gender differences were reported on psychosocial wellbeing and older people's ability to cope with their current situation. Only 38% of older women living alone reported being able to cope without additional support, compared to 71% of older men. Additionally, 14% of older women living alone reported not being able to cope at all with the current situation.
6. Of those surveyed, 42% were older people with disabilities, of which 49% were older women.
7. Provision of suitable WASH services for older people is patchy. Forty-two per cent of older women and men said they did not have privacy when using WASH facilities, and a quarter said the facilities were too far for them to reach. These findings raise significant concerns about the dignity and privacy of older people and their right to access humanitarian assistance in a dignified and inclusive way.
8. Access to regular medication for chronic conditions was reported as the biggest issue for older people, with over a third of those who need medicine having no access to it and 20% of people in danger of running out with medicine available to them for less than three days.

² 84% of older women and 64% of older men answered the question on the perceptions of safety risks

Key recommendations for inclusive response

General

1. Collect sex, age and disability-disaggregated data and analyse to ensure appropriate programme responses, such as providing accessible temporary shelter, the right types of food, and accessible and safe WASH facilities.
2. Involve older people as community volunteers to plan, design, implement and monitor response activities.
3. Implement essential outreach services to, for example, register older people for assistance, distribute food and carry out health services. Ensure they are equipped to identify older people with chronic health diseases and disabilities or mobility difficulties, as well as raise protection concerns.
4. Ensure information on eligibility of access to services is shared in accessible formats, taking into consideration any hearing, visual or other communication barriers that older people may face.
5. Engage with relevant UN clusters at field, country and global levels, as well as other government and inter-agency coordination mechanisms, to ensure any groups at risk of being left behind, including older people, are included.
6. Household and family-level support must include specific analysis and response of the needs of older people within households.
7. Use the *Humanitarian inclusion standards for older people and people with disabilities*³ to ensure all sectors are fully inclusive.

Protection

1. Ensure protection and gender-based violence interventions include older people at risk of abuse. This may require gender and age-sensitive mobile services for older people who live alone and are unable to access services.
2. Train staff and volunteers need to ensure high-risk groups, such as older women with disabilities living alone, are included in activities.
3. Include outreach services when registering older people to ensure those without documentation and those facing access barriers can be registered for support.

Food security

1. Include food suitable for older people in distributions, and take measures to consult with older people to ensure they are safely accessing food aid.

Water, sanitation and hygiene

1. Take age, disability and gender considerations into account when designing water, sanitation and hygiene (WASH) facilities.
2. Consult older women and men to ensure safety needs are met, that they are accessible to people with disabilities, that they maintain privacy and provide separate facilities for men and women.
3. Make additional latrines and bathing facilities available for older people and coordinate between WASH and shelter sectors to ensure older people are close enough to these essential facilities to overcome physical access barriers.

³ Download the *Humanitarian inclusion standards for older people and people with disabilities*: <http://www.helpage.org/download/5a7ad49b81cf8>

Disability inclusion and health

1. Make all projects for older people disability-inclusive, and all disability-targeted responses inclusive of older people. Involve disabled person's organisations, older people's associations and women's groups in activities.
2. Make assistive aids, such as eye glasses and mobility aids, that can be adjusted and used by people of different ages, a key part of response.
3. Consider physical access and accessible facilities, accessible transport, availability of information in different formats, and whether older men and women with disabilities are engaging actively for all programme planning meetings and community engagement. Identify older people with a disability in the community and support them to join meetings.
4. Essential medicines to treat NCDs should be provided by outreach teams to support older people who are currently without medication.

Shelter

1. Work with older people to improve the safety and satisfaction of shelter provided, ensuring it is fully accessible.

Rapid needs assessment for older people methodology

There was no formal baseline data in the affected area so the methodology for the rapid needs assessment for older people is a starting point for data collection and analysis. The RNA-OP was conducted 17–21 October 2018 in the most earthquake and tsunami-affected areas of:

- Desa Kawatuna
- Desa Kayumalue Pajeko
- Desa Sibalaya
- Kawatuna
- Labuan Lelean
- Labuan Panimba
- Sibalaya

We consulted older women and men aged 50 and over, with that age cohort selected to reflect the life expectancy of the community. They were interviewed one-to-one to understand their specific needs. The RNA-OP targeted the most affected communities and randomly selected older people who were available at the time of the assessment. In total, 325 older people participated (58% women and 42% men).

The data was collected by Yakkum Emergency Unit's (YEU) volunteers and entered into the KoBoToolbox. It was then cleaned and analysed by technical advisors at HelpAge. The data was used for needs analysis and to inform programme and advocacy recommendations and strategies.

Sector specific findings from the RNA-OP

1. Protection

- 45% of older women and 36% of older men cannot reach humanitarian services alone.
- 19% of older women and 10% of older men have no ID, which means they cannot access aid.
- 16% of older women and 10% of older men consider safety a primary concern, although this increases among men 80 and over.
- 90% of older people indicate some form of violence or abuse as key safety concerns (sexual, physical, financial, emotional or denial of resources).
- 9% of older people feel safe when accessing health, food and shelter services.
- 28% of older women and 27% of older men feel unsafe when accessing bathing and toilet facilities.
- 44% of older women and 39% of older men report having insufficient privacy when using bathing facilities, and 29% and 32%, respectively, when using toilets.
- 38% of older women living alone reported being able to cope with their current situation without additional support, compared to 71% of older men who live alone who say they are coping without support.
- No older men said they could not cope at all when asked about their psychosocial wellbeing compared to 14% of older women who reported not being able to cope at all.

Many older people told us they struggle to access humanitarian services. Some are unable to reach service locations without the support of friends or families. For those who can travel to them, many do not have the ID necessary to access help. Among those who do have ID, some do not know they can use it to get support.

Safety was indicated as a primary or secondary concern of a small proportion of respondents, although among men aged 80 and over, it is the biggest concern. Given the small sample size of the RNA-OP, further analysis is required to understand whether this finding can be generalised across the population.

Despite the small number of people highlighting safety as a primary concern, over 90% of those who responded to the question on specific safety risks⁴ indicated some form of violence or abuse (sexual, physical, financial, emotional or denial of resources) as a key concern. Although this data should be interpreted with caution and be followed up with further analysis, the findings suggest protection and gender-based violence interventions should reach older women and men at risk.

The data indicates women are twice as likely to report not feeling safe accessing food, which includes markets. This may reflect pre-existing gender norms around women's access to public spaces.

The biggest safety concerns were reported when accessing WASH services, particularly privacy and feelings of safety when using toilet and bathing facilities. This is a protection concern that requires addressing in the design of WASH programmes.

Significant gender differences were reported on psychosocial wellbeing and older people's ability to cope with the current situation. More women said they could not cope with their current situation without additional support, and 14% said they could not cope at all, which no older man reported during the assessment. It is important to ensure outreach services are gender-sensitive and include mobile psychosocial support united to meet the needs of these at risk older women.

⁴ 84% of older women and 64% of older men answered the question on the perceptions of safety risks

Recommendations

1. Include outreach services when registering older people to ensure those without documentation and those facing access barriers can be registered for support.
2. Ensure information on eligibility of access to services is shared in accessible formats, taking into consideration any hearing, visual or other communication barriers that older people may face.
3. Ensure older women and men at risk of violence and abuse are included in protection and gender-based violence interventions. This may require gender and age-sensitive mobile service provision for older people who live alone and are unable to access services.
4. Take age, disability and gender considerations into account when designing WASH facilities, consulting older women and men to ensure their safety needs are met, that they are accessible to people with disabilities, that they maintain privacy and they provide separate facilities for men and women.
5. Make food and cash programmes gender and age-sensitive to ensure older women can access and benefit from the support provided.
6. Provide gender and age-sensitive outreach services, including mobile psychosocial support units, to support older women living alone.

2. Disability inclusion

- 42% of older people interviewed had a disability, of which 49% were women.
- 15% of older people have visual impairments, 14% of older people have walking or mobility impairments and 4% of older people have difficulty remembering, with women twice as likely to report a disability in these categories.
- 38% of respondents use assistive aids, and, although 96% still have their device, 67% said they are not working.
- Glasses are the most used assistive aid, followed by canes, and women are twice as likely to use both devices.
- 4.6% of older people with disabilities live alone, of which 70% have multiple disabilities.
- 13.6% of older people with non-communicable diseases also had a related disability which limited their independence and access to health services.

Using the Washington Group questions, the RNA-OP found that 42% of older people have a disability. This rate is concurrent with global figures provided by the World Health Organization that report 46% of people over have a disability.⁵

Nearly half of older women interviewed had one or more disability and there was a strong reliance on assistive aids by older people. This demonstrates the need to ensure older women and men with disabilities are included in protection priorities and response activities.

The number of older people using glasses indicates that eye health should be a priority during the initial response and recovery phase, and outreach services need to be tailored to include eye health. This will reduce the risks around loss of independence and ensure older people with disabilities can access services.

A small but significant number of older men and women with disability said they were living alone, some with multiple disabilities, such as visual, hearing and mobility impairment. If these individuals do not get support, they risk not accessing vital services they need to

⁵ World Report on Disability 2011, World Health Organization

survive, and isolation may have serious implications on their mental health. Outreach responses must connect with these people.

The data found correlations between non-communicable diseases and disability, particularly with older women aged 50-79. This connection can lead to complex conditions that need to be identified and monitored closely by outreach teams who should be well trained to ensure the needs of this high-risk group are met.

Recommendations

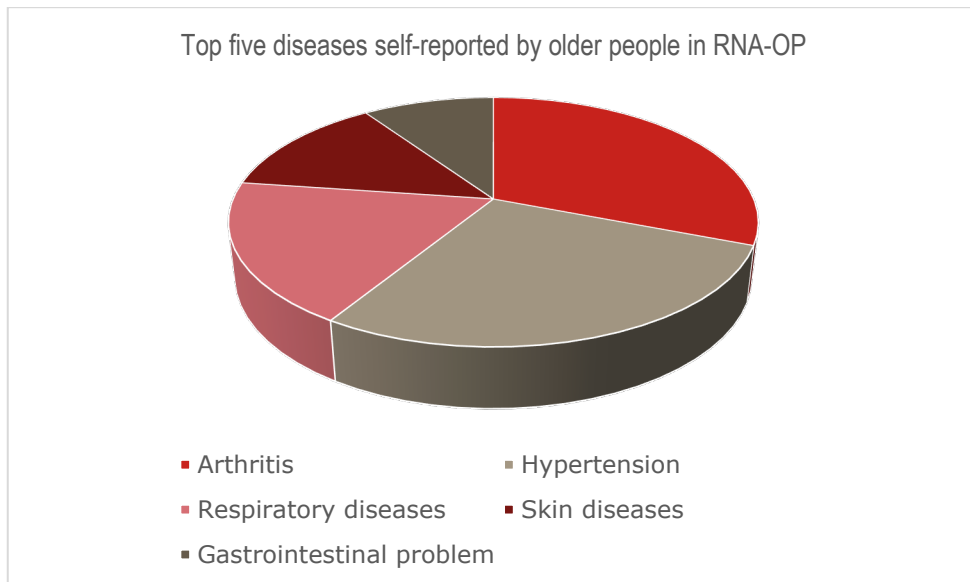
1. Make all projects for older people disability-inclusive, and all disability-targeted responses inclusive of older people.
2. Involve disabled person's organisations, older people's associations and women's groups in response activities.
3. Organise eye screening and services led by opticians across multiple locations.
4. Source and distribute assistive aids to older people who need them. Choose adjustable equipment to allow for better assessment and fitting, and make sure the aids are appropriate for the environment.
5. Carry out an accessibility audit to make sure older people with different communication needs can communicate and ensure staff are trained in these methods.
6. Outreach services should include chronic health management. Develop home-based case management that has a case-by-case approach, and includes the supply of incontinence pads or toilet chairs. Train the carers to provide support that promotes independence and autonomy. Provide support to ensure carers' own wellbeing.
7. Consider physical access and accessible facilities, accessible transport, availability of information in different formats, and whether older people with disabilities are included actively in all programme planning meetings and community engagement.
8. Identify older people with a disability in the community and support them to join meetings.
9. Build a positive attitude towards older people with disabilities.

3. Health

- Most older people have access to healthcare services at time of assessment
- 18% of older people said medication is the top priority for them.
- Arthritis, hypertension and respiratory conditions are the top three self-reported diseases.
- 68% of older people are taking regular medication, but 34% have no drugs or their treatment has been interrupted.
- 20% of older people reported only having medicine for the next three days and 31% for the next three to seven days.
- 3% did not feel safe accessing treatment.

Older people with existing health conditions are especially at risk during humanitarian crises, particularly if they are required to take regular medication. Many will have more than one chronic condition, making their health needs even more complex. When an emergency interrupts treatment or access to health services, the risk of death is increased, but this can be avoided.

At the time of our assessment, most older people had access to healthcare services, but many are unable to get treatment or medication. This could be due to lack of drugs available at health facilities or they cannot afford the drugs or treatment.



Recommendations

1. Develop outreach services and home-based care for those with mobility issues who cannot reach health services, prioritising those without medication and those at risk of death. Ensure these teams are equipped with medicines for non-communicable diseases.
2. Map existing functioning health services and refer older people to access them, particularly those with multiple chronic conditions or complicated health issues.
3. Ensure psychosocial support and mental health services are available for older people, and address the needs of people with functional illnesses, such as depression and dementia.
4. Train staff on basic management of non-communicable diseases at community level and how to support older people with disabilities.
5. Make information accessible for all, particularly on health service locations and outreach teams' visit schedules.
6. Involve community volunteers and older people in designing health activities, tailoring plans to their needs to ensure they are comprehensive, effective and sustainable.
7. Ensure older people who have chronic arthritis are provided with assistive aids to help them improve their mobility and ability to carry out day-to-day activities.

4. Water, sanitation, and hygiene

- 44% of older women and 39% of older men report insufficient privacy when using bathing facilities.
- 44% of older women and 40% of older men have insufficient privacy when accessing toilet facilities.
- 26% of older women and 24% of older men report bathing facilities are too far, and 26% and 22%, respectively, say toilets are too far.

Without sufficient, safe, acceptable and accessible toilet and bathing facilities, older people are denied their right to water and sanitation. Facilities that are too far away, do not guarantee privacy or are unsafe may dissuade older people from using them. If older people cannot clean themselves, access safe drinking water, or urinate and defecate in a sanitary way, it threatens their health and dignity.

Recommendations

1. Increase the volume of water distributed by portable tankers and ensure they reach areas where older people are based to widen access, which would meet Sphere standards.
2. Provide additional latrines and bathing facilities to ensure adequate access and privacy to older men and women.
3. Build appropriate bathing facilities that consider the mobility issues many older people face.
4. Train staff on the specific WASH needs of older men and women.

5. Shelter

- 11% of older people do not have shelter.
- When ranking satisfaction of their shelter, older women ranked it 3.05 out of 5 on average and older men 2.83.

Older people who do not have shelter lack a safe place to rest and may be exposed to the elements, which could have serious implications on their health.

Providing shelter to older people should be a key part of humanitarian response, ensuring that it meets their specific needs and that they get the support they need to construct a new home or rebuild one that is damaged. Shelter responses should be carried out in coordination with the WASH response and activities, given the protection concerns highlighted for older people in relation to accessing water, sanitation and hygiene.

Recommendations

1. Collaborate with organisations working on WASH to ensure older people are included in shelter response.
2. Provide not just shelter materials, but also the right support to ensure structures can be constructed.
3. Work with older people to improve the safety and satisfaction of shelter provided, ensuring it is fully accessible.
4. Identify older people at risk of having no appropriate shelter through outreach services.

6. Food security

- 52% of older men and women said food is their highest priority.
- 12% of older women and 6% of older men have insufficient access to food.
- 8% of older women and 4% of older men say they do not feel safe accessing food.

With more than half of older people surveyed saying food is a high priority, this should be a key aspect of project design. Traditional distributions may not, however, include food suitable for older people. It is best if cash is provided to give older people choice and allow them to buy the food that suits their nutritional needs, providing local markets are active.

Where older people are accessing food distributions, some say they do not feel safe. This can be addressed through training humanitarian and government staff to understand the challenges older people may face in these locations and how their needs can be better met safely. This should involve consultation with older people.

Recommendations

1. Prioritise and support older people in food distributions to make sure they can access food safely.
2. Include food suitable for older people that they can cook and digest.
3. Ensure older people have access to distribution points through effective placement close to where older people and their families are.
4. Consult older people on safety concerns when accessing food
5. Provide cash where possible and if markets are functioning, which allows older people to buy the food that suits them.

Find out more:

www.helpage.org

HelpAge International
PO Box 70156
London
WC1H 9GB
United Kingdom
+44 (0)20 7278 7778

 @HelpAge  HelpAge International

