



Rapid needs assessment of older people

Gambella, Ethiopia

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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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Introduction

Older people's right to humanitarian assistance

HelpAge International's vision is of a world where older women and men lead active, dignified, healthy and secure lives. This 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 and on an equal basis with others. Commitment to international humanitarian law and these principles means everyone responding to a humanitarian crisis 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, when disasters strike, they are at risk of having their rights denied.

Rapid needs assessment of older people

The *Rapid needs assessment of older people in Gambella, Ethiopia* (RNA-OP) provides an outline of the specific needs of older refugees based in Kule camp, Gambella who have fled civil war in South Sudan. Kule was chosen as it has been in operation since the beginning of the influx in 2014 and the age and gender demographics are similar to the demographics across all Gambella camps.¹

The report contains key findings of the assessment, together with observations and analysis by HelpAge's humanitarian team and sectoral advisers. It aims to help all organisations operating in Gambella – including humanitarian agencies, donors and cluster groups – to develop and implement inclusive programmes, and to support advocacy for the rights of older refugees.

HelpAge's Ethiopia team, which has been working in Gambella since 2015, conducted the assessment in October 2019. HelpAge welcomes comments and questions based on this report and offers technical support for inclusive responses.

Methodology

The rapid needs assessment data collection was carried out through face-to-face, one-on-one interviews using a structured survey tool created by HelpAge. Local data collectors were used to conduct the interviews to reduce challenges created by language barriers and to ensure greater contextual knowledge.

The assessment used a purposive sampling approach in order to reach women and men aged 50 and over, complemented by snowball sampling. This facilitated a greater focus on marginalised older people through requesting the identification of the most at-risk older people who are often hard to find due to a range of difficulties, including a lack of mobility. People in their 50s proved difficult to interview as many were at work while the enumerators were gathering data. The targeted approach means the sample is not representative of the demographics in the Gambella refugee camps, but highlights trends in relation to older people.

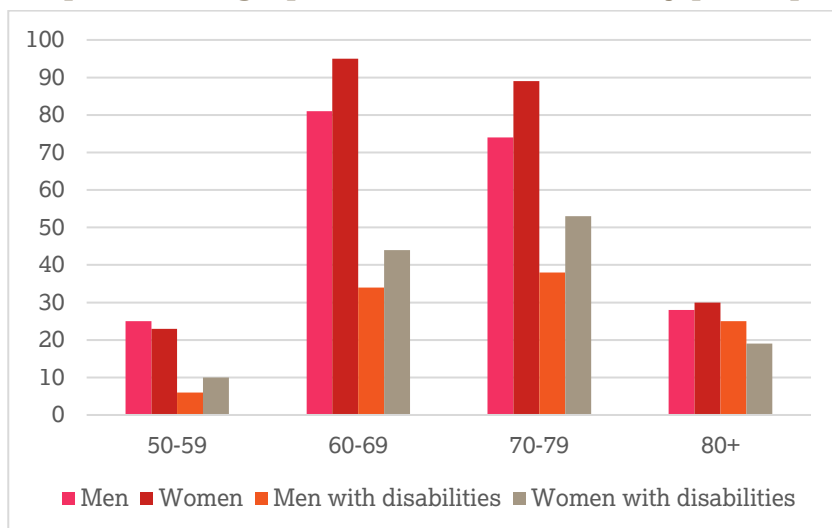
Prior to the data collection, HelpAge provided training to 20 local data collectors on the RNA-OP purpose, tool, process and methodology. A field-based pilot test was conducted to identify and resolve any issues with the tool and data collection.

The 445 older people interviewed was a sufficient sample size to disaggregate the data into smaller subgroups. Of those interviewed, 237 were female (53%) and 208 were male (47%). To allow for a 95% confidence level, we determined a minimum sample size of 380, using a statistical sample size calculator.² Where there is no large disparity (more than 5%), the sex-disaggregated data is not mentioned. A breakdown of participants by sex, age and disability is given in Graph 1. A focus group discussion was held in December with older people to explore particular findings based on the RNA-OP data, such as safety, cash, food, isolation and neglect, and violence and abuse.

¹ UNHCR, Refugee population in Gambella region (Dec 2019): <https://data2.unhcr.org/en/documents/download/73354>

² Raosoft sample size calculator: www.raosoft.com/sample_size.html

Graph 1: Demographic breakdown of survey participants



Humanitarian context

Fleeing the violence of civil war and ongoing food insecurity, there are over 310,000 refugees from South Sudan in Ethiopia, more than in any other country, and making up nearly half of the total refugee population hosted by Ethiopia.³ The majority reside in the refugee camps in Gambella, where most of the camps were established in 2014.⁴ Among them, 43,434 of them are in the Kule refugee camp where 2.1%, or 912, are older people, with three older women for every one older man.⁵

South Sudanese older people in Kule camp face many protection risks, similar to those faced across the other Gambella refugee camps. Older people remain in need of food, shelter, healthcare, clean water and sanitation. Many older people are also malnourished and exposed to the elements due to poor shelters. Health services remain stretched far beyond capacity as funding fails to keep up with need. While efforts are underway to ensure refugees access national health systems, the health services in many of the host communities are extremely poor and hampered by a lack of qualified staff, equipment and medicines. The situation in Kule camp and across the other Gambella refugee camps, has been recently worsened by severe funding shortages, leading to reduced World Food Programme (WFP) rations.

Tensions inside Kule camp between refugees and the host community along tribal lines are also high, with the risk of sporadic violence breaking out. This has led to vandalism and theft of key infrastructure materials, such as corrugated iron sheets around the latrines. Tensions have also reduced the ability of aid workers to access the camps. Further efforts are needed to ensure peaceful coexistence among the communities.

In Kule camp, there is a high prevalence of older people who are not registered and unable to access support and assistance. This in part is due to younger family members fleeing South Sudan first and, once established, requesting their parents and/or grandparents join them. Therefore, many older people arrived at the camp after the Ethiopian Government had closed registration due to tensions between refugee and host communities. New arrivals were encouraged to relocate to another part of Ethiopia to be registered, but many preferred to remain unregistered and with their families.

³ UNHCR Refugee Update, Fact Sheet (October 2019)

⁴ OCHA, HRP Ethiopia (Oct 19)

⁵ UNHCR, Operation portal (Dec 19). Across all Gambella camps, the gender breakdown is 0.6% older men and 1.4% older women.

Key findings

Older population at risk

It is critical to recognise the diverse situation of older people affected by the conflict and the specific risks they face. Older people surveyed do not have access to many basic services, notably:

- 75% do not have access to enough food
- 65% do not have access to toilet facilities (70% women and 60% men)
- 79% do not have access to bathing facilities
- 78% do not have access to handwashing facilities.

Fifty-seven per cent of older people surveyed stated they could not reach services or distribution points alone, with 23% of them stating they are unable to reach distributions points or receive relief items at all. The challenges many older people encounter in accessing services raise protection concerns for themselves and others, given that 95% of older people provide care to others, particularly children who depend on them for access to important resources. Accessing services is vital not only for these older carers, but also their dependants.

Thirty-two per cent of older people who responded are living alone, with more than half of them (51%) unable to reach aid on their own. While the majority of older people who live alone (89% women and 82% men) stated they could cope on their own or with some support, 14% of those living alone stated they could not cope at all.

Older people's priorities

The survey asked older people to choose their top priorities among safety, water, food, shelter, medicine, cash, hygiene items, clothing, bedding, fuel and household items. The results are shown in Tables 1 and 2 below.

Table 1: Older people's top five priorities

Priority	Older people	Older women	Older men
1.	Food	Food	Food
2.	Safety	Safety	Safety
3.	Household Items	Medicine	Household Items
4.	Shelter	Household Items	Shelter
5.	Medicine	Shelter	Water

Table 2: Older people with disabilities' top five priorities

Priority	Older people	Older women	Older men
1.	Food	Food	Food
2.	Household Items	Household Items	Household Items
3.	Water	Medicine	Water
4.	Safety	Water	Safety
5.	Medicine	Safety	Shelter

Key findings by sector

Food security, income and debt

- Older people in Kule camp are eating an average of 1.7 meals per day, with 31% of older people eating only one meal per day.
- 25% of older people reported they are going to bed hungry three to five nights per week.
- 75% of older people reported they do not have access to sufficient food.
- 82% of older people reported that there is insufficient food in the WFP monthly ration and 59% that the little food they have is not appropriate to their needs.
- 93% of older people currently do not currently have a sustainable income.
- 67% of older people say that they do not feel safe accessing food.
- 18% of older people reported that they have insufficient materials for food preparation, and household kits were ranked as the third priority need.
- 84% of older people reported that there is enough food in the market, but 23% of older people say they cannot afford to it.

Protection

- 95% of older people are caring for four children on average.
- 80% of older people felt unsafe when accessing bathing facilities, 69% toilet facilities, 66% food and 57% healthcare services.
- 51% of older people stated that they depend on their family and friends to meet their basic needs.
- 50% of those who depend on others to meet their basic needs care for children, other older people and people with disabilities.
- 20% of older people indicated they cannot cope at all, however, 70% said they could cope on their own with some additional support.
- 42% of older people identified neglect/isolation as a major safety risk for older women.

Shelter

- Shelter is the fourth highest priority of older women and men.
- 28% of older people in Kule camp currently do not have their own shelter.
- 39% of older people (35% women and 44% men) said their shelters are in urgent need of major repairs.
- 27% of older people need physical assistance to rehabilitate their shelter.
- 28% do not have enough building materials or tools and 93% of older people do not have any income, which may prevent them from purchasing them.
- 18% of older people reported that their shelter materials are not appropriate for the weather.

Health

- 66% of older people reported having one or more health conditions and of these 47% had no access to health services. Conditions include:
 - heart problems (39%)
 - gastrointestinal issues (28%)
 - respiratory problems (24%)
 - cancer (5%)
 - diabetes (4%)

- hypertension (3%)
- 56% of older people reported having joint aches and pains.
- 79% of men aged 80 and over reported one or more health condition, compared with 60% of men aged 50-59.
- 63% of women aged 80 and over reported one or more health condition compared with 57% of women aged 50-59, but rates were highest in the 70-79 age group at 71%.
- 27% of older people reported living with two or more health conditions.
- 42% of older people reported having no access to health services and 17% of older people had no one to help them get to health services.
- 43% of older people reported experiencing negative attitudes from health providers, while.
- 63% of older people taking medication (69% women and 59% men) said they only had medication for the coming week or less.

Disability

- 51% of older people are living with a disability (53% women and 50% men).
- 29% of older people either cannot leave their homes at all or have a lot of difficulty leaving their homes, and 51% said they face a lot of difficulty walking.
- 97% of older people are living with multiple disabilities, such as difficulty seeing, hearing, communicating, remembering and/or with self-care.
- 56% of older people who report a difficulty in walking do not have access to appropriate assistive products.
- Of the 57% of older people who cannot reach aid without assistance, 63% have a disability and nearly 31% of those with a disability said they do not receive any aid.

Water, sanitation and hygiene

- Most older people lack access to water, sanitation and hygiene (WASH) facilities, such as bathing (79%), hand washing (78%) and toilet facilities (65%).
- 39% of older people reported they do not have access to safe drinking water.
- 23% say they do not feel safe accessing WASH facilities.

Accountability

- 63% of all older people surveyed and 59% of older people with disabilities had not been consulted by any humanitarian agencies about the services being provided to them.
- 49% of older people (53% women and 44% men) reported not knowing how to make a complaint or how to provide feedback on the humanitarian services designed to support them. The gender disparity may highlight heightened marginalisation due to age and gender.

Recommendations for an inclusive response

1. Use data disaggregated by sex, age and disability to inform responses, and ensure that this information is used to support implementing partners' and other service providers' programme activities.
2. Consult older people, particularly women and those with disabilities, in a meaningful way.
3. Establish outreach services for those who are unable to reach static facilities and assist older people to register and receive support.
4. Share information with older people in accessible formats and languages, considering the hearing, visual or other communication barriers older people may face.
5. Register dependants of older people, including children, people with disabilities and other older people, and ensure referral pathways are in place to other service providers who can provide additional support to older carers and their dependants.
6. Provide opportunities for older people, particularly those with disabilities, to take on voluntary roles, such as community monitors and peer-to-peer support providers for those who feel they cannot cope.
7. Identify older people and people with disabilities who have lost or do not have relevant IDs to access services and support them to find or replace their IDs.
8. Use the *Humanitarian inclusion standards for older people and people with disabilities*⁶ to design activities and ensure all sectors respond in a fully inclusive way.

⁶ <https://www.helpage.org/newsroom/latest-news/new-humanitarian-guidelines-launched-for-ageing-and-disability-inclusion/>

Sector-specific findings and recommendations

1. Food security, income and debt

Food is the highest priority among older people in Kule camp. Overwhelmingly, 75% of older people who responded do not have access to sufficient food and 82% report that there is not enough food in the WFP ration. Twenty-five per cent of older people report that the little food they can access does not meet their dietary needs and food preferences for an active and healthy life. Older people eat an average of 1.7 meals per day in the camps, while 31% of older people only eat one meal per day. 58% of older people are going to bed hungry one or two nights a week and a further 25% of older people are going to bed hungry three to five nights a week. This is a major concern and evidence of the high level of food insecurity.

When considering the responsibilities older people have supporting others, their food insecurity becomes even more alarming. Ninety-five per cent of older people support others, and those with childcare responsibilities care for an average of four children. This level of dependency places an immense strain on older people trying to meet the food requirements of themselves and their dependants.

Older people face economic, physical and safety barriers, such as a lack of income, distance to markets and protection risks, when trying to access sufficient food. More than half (51%) of older people reported some form of disability. This may make it difficult for many individuals to reach the market, which is more than five kilometres away.

Cash, however, is a low priority for older people, ranked 10th out of 11 priorities. When asked about this during follow-up focus group discussions, they acknowledged that while cash would enable them to buy additional food not included in WFP rations, they were afraid of the associated risks that came with cash. Older women in the focus group discussions said that having cash may lead to abuse from family members, being robbed or exposed to sexual violence. Others cited several examples of emotional and/or physical abuse by youth, care givers and spouses. This finding was reinforced by the RNA-OP data, which states that 67% of older people felt unsafe when trying to access food. During the focus group discussions, older people explained that, particularly among those who are living alone, travelling to the market with peers gave them some sense of security.

Despite the examples, the risks surrounding cash are based on perceptions, rather than the reality of having received cash. However, we must still acknowledge the high levels of unsafe access to food, exposure to emotional and financial abuse, and the high levels of reported isolation and neglect (42% women and 31% men). These risks make cash transfers unattractive to older people, despite the clear advantages that the money could offer them. However, the safety risks in the community relate to all additional resources an older person may have, whether cash or in-kind. Therefore, safety must be a consideration whenever resources are distributed.

Many older people said they also struggled to prepare food, caused by a lack of access to safe drinking water (39%), lack of materials (18%) and a lack of space (9%). Emphasising this gap, older people ranked household kits as their third highest priority.

Recommendations

1. Conduct a food security assessment with older people to determine in more detail the gaps in food and food preparation materials, such as utensils, fuel and water, as well as space, and investigate the lack of access to food further, ideally through a household survey,
2. Hold follow-up focus group discussions with older and younger people to determine what is leading to intergenerational financial/emotional abuse, and ways to address it.

3. Conduct a safety audit on who controls household assets, followed by consultations with older people to ensure that programming, whether cash or in-kind, does not cause or exacerbate household tensions.
4. Amend tools for assessing and mitigating risks of gender-based violence during cash distributions⁷ if power dynamics are not being considered in programme design.
5. Distribute fuel, utensils, and complementary items within the WFP ration to enable older people to cook meals.
6. Provide targeted food distributions to vulnerable older people, such as those caring for others.
7. Use outreach income and food services for very vulnerable older people, and older people who are living alone and/or have a disability.
8. Carry out a market and trade/traders' assessment to determine supply gaps and use this research to increase the appropriateness and diversity of commodities in markets frequented by older people. The market assessment should also include a component on how secure the markets are for older people to access.
9. Consult older people to explore alternative ways they can access markets, such as the provision of group transport for shopping or encouraging traders to hold market days in areas more accessible to older people.
10. Pending further research and consultation with older people, implement a long term (up to 24 month) conditional cash transfer intervention for older men and women to support longer-term livelihood and food security for those who are living alone with no sustainable income.
11. Advocate with food security agencies to consider the specific dietary and food needs of older people.
12. Conduct post-distribution monitoring to households that have older people in them.

2. Protection

Older people have significant concerns about their safety in accessing many basic services. Several months ago, tribal conflict resulted in iron sheeting walls and ceilings of toilet facilities' being stripped and sold. Consequently, people residing in the camp have reported a lack of privacy at toilet facilities. In response to this survey, 80% of older people felt unsafe using bathing facilities (83% women and 76% men), while 69% felt unsafe accessing toilet facilities (74% women and 64% men). Sixty-six per cent of older people also felt unsafe accessing food, while over half of older people interviewed (57%) felt unsafe accessing healthcare.

Older people report high levels of perceived risk of financial and emotional abuse. During focus group discussions and key informant interviews carried out after the RNA, the older people reported that this abuse is occurring in their homes, perpetrated by their spouses and young carers. Outside the home it is criminals who are robbing and causing physical abuse.

Older people noted that supplementary food and cooking items are required to complement their current in-kind food rations, but that market access is particularly challenging for them. This puts older people at risk because they rely on others to access the market for them, handing over cash to family members to buy goods, or items to sell on their behalf. They are not, however, necessarily receiving a fair price for their sellable items or the items they require to be purchased.

In the discussions and interviews, older people spoke about isolation and neglect being caused in some part resulted due to past trauma experienced by older people. Women also revealed they feel

⁷ <https://www.womensrefugeecommission.org/issues/livelihoods/research-and-resources/1549-mainstreaming-gbv-considerations-in-cbis-and-utilizing-cash-in-gbv-response>

unsafe reporting abuse to the responsible bodies, such as the Refugee Central Committee zonal leaders, refugee community police, and community leaders, because they believe there will be a delayed response, insufficient punishment, lack of acceptance for female survivors, and disinterest from the courts in trying any crime.

Table 7: Top five safety risks perceived by older people

Safety risks	Older people identifying this as a major risk for older women	Older people identifying this as a major risk for older men
Neglect/isolation	42%	31%
Denial of resources, opportunities or services	33%	30%
No safe space	33%	30%
Financial abuse	29%	30%
Emotional abuse	26%	21%

A striking 95% of older people surveyed are caring for dependants. On average, older people are caring for six dependants, with 95% of older people reporting caring for four children, 76% caring for two other older people and 46% caring for two people with a disability. Many of these older carers are themselves dependent on support from others. Where the risk of denial of resources, opportunities or services is high for older people, those they care for may also face the same denial. In such cases, dependants can also face additional protection risks, for example, children may be tasked with collecting drinking water, exposing them to risk of violence and abuse in public spaces, particularly girls.

Twenty per cent of older people surveyed felt they could not cope at all with their current situation, but 70% felt they could cope on their own or with some additional support.

Recommendations

1. Establish outreach teams that use volunteers to provide tailored support, such as home-based care for those with limited mobility or at risk of being isolated, to meet the needs of older people caring for others.
2. Replace removed corrugated iron sheeting to restore privacy at bathing and toilet facilities.
3. Through outreach teams, collect additional information on the reasons why older people do not feel safe accessing bathing and toilet facilities, and develop appropriate activities, in consultation with older people, that will address their concerns, such as better lighting, accessible walkways, locks and distribute flashlights/whistles.
4. Develop carer training and support packages, including psychological support, for older carers.
5. Set up or strengthen ways to refer or link older carers to other service providers (government and non-government) that could give them additional support with caring for their dependants.
6. Establish psychosocial support activities, including peer-to-peer support for those who feel they are unable to cope, which enables older people who are coping better to help others.
7. Mobilise the community and develop activities to strengthen older people's resilience and coping mechanisms to help them deal with trauma and build links with their local community.
8. Hold awareness and capacity building sessions on safety and security, including gender equality, for community structures, the refugee community and responsible bodies, such as Refugee Central Committee, zonal leaders, refugee community police and community leaders.⁸

3. Shelter

The protracted situation in the refugee camps and the lack of, or inconsistent, support from humanitarian actors has had an adverse impact on the living conditions of older people. Eleven per cent of older people do not have their own transitional or more permanent shelter, and 56% of homes need major repairs. Many in the camp live in tents given to them on arrival. The lifespan of these shelters ranges from six months to one year, depending on the impact of the weather. Many shelters, therefore, are inadequate, which is highlighted by the large number needing major repairs. Cultural norms mean that older people should have their own shelter but many are instead living with relatives or neighbours. Older people who do not have their own shelters urgently need them, while the repair and rehabilitation of existing shelters is also vital.

When rehabilitating shelters, older people face many barriers:

- 27% need physical assistance to rehabilitate their shelter.
- 27% do not have enough building materials or tools.
- 28% cannot afford to purchase shelter materials.
- 18% do not have a space where they can construct a shelter.
- 18% report that shelter materials are not appropriate for the weather.

A small number of older people (9%) are living in accommodation where they cannot afford the rent. While this is unsurprising given 93% do not have a sustainable income, it is also intriguing because refugees are not required to pay rent in the camp. Further investigation is needed into this finding.

One other lesser cause of dissatisfaction is that 12% say their present shelter is far from friends and family, which is important when you consider that 32% of older people are living alone and 51% of older people depend on their family or friends to help them meet their basic needs.

⁸ This recommendation came directly from older people who took part in focus group discussions and key informant interviews.

Recommendations

1. Distribute temporary shelters, rather than shelter kits, urgently to older people. Temporary shelter kits, if distributed to older people, must be accompanied by some form of labour assistance.
2. For older people who support other dependants and have no sustainable income and, following further research, provide 6-12-month cash transfers to spend on appropriate and adequate building materials, tools and labour. The cash grant value should be proportional to the costs of shelter rehabilitation.
3. For older people who need urgent repairs, provide tool and shelter material vouchers or cash to older people whose shelters are in urgent need of repair. The cash should be conditional on the procurement of building materials, tools and labour costs and should target older men and women who are able to supervise and ensure the work is completed to their satisfaction. Older people with less mobility should be included in the more comprehensive shelter rehabilitation intervention described below.
4. Provide shelter rehabilitation support such as shelter kits and/or shelter labour support to older women, older people who are living alone, older people with reduced mobility and older people who are supporting one or more dependants.
5. Develop the capacity of staff, partners and communities to include older people and those with disabilities in the design of shelter programmes, settlement support and household activities or decisions.
6. Evaluate and adapt the shelter of older people with disabilities to be more accessible and provide support for daily living activities where needed.
7. Conduct a second assessment after six months when emergency shelters or tents may begin to deteriorate.
8. Carry out further research into the issue of rent reported by 9% of the older people sample.

4. Health

Older people in Kule camp face significant challenges in relation to their health. Sixty-six per cent of respondents report having one or more health condition, and data suggests prevalence of disease tends to increase with age, with those in the older cohorts reporting more health conditions than younger age groups.

Table 8: Health conditions of older people

Health condition	Percentage of older people with the condition
Heart problems	42%
Gastrointestinal issues	33%
Respiratory problems	33%
Joint problems	56%

With heart problems and gastrointestinal issues the most common, it suggests a double burden of non-communicable and communicable diseases in the camp, with older people potentially experiencing acute communicable health challenges alongside longer term NCDs.

The data suggests the experience of disease follows similar patterns among different age groups. The exceptions appear to be among older men, where gastrointestinal issues are reported as more

prevalent than heart problems among those aged 50-59 and 70-79. Furthermore, heart problems may increase with age in both women and men until age 79, and then decline.

Joint aches and pains are more common among older women than older men, 59% and 53% respectively, and they are an increasing problem with age. Older people aged 80 and over are most likely to report joint aches and pains.

Multi-morbidity presents a notable challenge, with 27% of older people reporting two or more health conditions. This can lead to complex health needs, for example, due to the impact of polypharmacy, when individuals are taking several different medications at the same time which may react with each other. Rates increase with age among older women, from none aged 50-59 reporting two or more conditions, to 33% of those aged 80 and over.

Significantly, 43% of older people report having previously experienced negative attitudes from health providers. This suggests a significant issue with ageism and age discrimination within health services and among health providers. The reported figure is much higher than in other humanitarian contexts. This requires an immediate response to ensure older people can access health services without fear of discrimination.

Forty-two per cent of older people report having no access to health services. Access also appears to decline with age, with the oldest women and men having the poorest access. Sixty per cent of women aged 80 and over report not being able to access health services, compared with 49% aged 70-79, 36% aged 60-69 and 26% aged 50-59. The same pattern is seen with older men: 79% of men aged 80 and over could not access services, 41% aged 70-79, 36% aged 60-69 and 20% aged 50-59. With older people more likely to have health conditions, it is those in need who are most likely to not access services.

While there are health facilities in the camps, many older people may be unable to reach them due to mobility challenges. This may explain why 19% of older people say they do not have health services close enough to them to be accessible. Seventeen per cent of older people have no one to help them get to health services and 12% say they are too expensive.

Sixty per cent of older people report taking medicine for a health condition (63% men and 57% women). The proportion taking medication declines with age, with the lowest rates reported for the oldest age group of both women and men. Consistent access to medicines is a problem, with 63% of those taking medication saying they only have supplies for the coming week or less (69% women and 59% men).

Recommendations

1. Put in place strategies to reach older people closer to where they live, including through outreach and mobile services.
2. Train health workers to ensure they have appropriate and adequate knowledge and skills on older people's health, including their health rights.
3. Put in place complaints mechanisms so older people can report ageism experienced from health workers and within health facilities.
4. Ensure essential medicines lists include drugs for conditions common in older age and that adequate stocks are kept and prices are affordable.
5. Provide regular and uninterrupted access to treatment and medication for older people living with chronic conditions, alongside access to treatment for acute conditions.
6. Equip health services to respond to both communicable and non-communicable diseases, and to older people who have multiple conditions, through adequate training for health workers, and appropriate diagnostics and treatment.
7. Put in place multi-sectoral efforts to address the significant level of gastrointestinal issues faced by older people through health, water, sanitation and hygiene, and food-related services and actors.
8. Provide services to support older people with joint aches and pains.

5. Disability

Table 3: The prevalence of disabilities among older people

Disability	Total	Women	Men
Sight	67%	64%	60%
Walking or climbing stairs	51%	52%	50%
Difficulty leaving home	29%	27%	31%
Hearing	24%	24%	25%
Remembering or concentrating	25%	23%	28%
Self-care	33%	34%	32%
Communication	8%	9%	7%

More than half (52%) of people in Kule camp have a disability. The level of independence is particularly concerning, with 29% of older people having a lot of difficulty leaving their home and 51% having a lot of difficulty⁹ in walking. This may prevent older people from meeting their daily needs, and accessing support and assistance.

The significant number of older women and older men with visual and hearing difficulties, and problems remembering and concentrating can be strongly linked with social isolation, which is the top perceived risk of older people and there is a lack of support services within Kule camp. More research is needed to better understand the type of interventions, care and support that could be provided.

Table 4: Number of older people with multiple disabilities

Number of disabilities older people are living with	50-69	70+
1	35%	36%
2 to 3	43%	44%
4 to 7	22%	21%

Table 4 shows that across all older age groups, those with disabilities are more likely to be suffering from multiple disabilities. Providing quality care and support in programme design to maintain and improve people's level of independence and autonomy will need careful case management. It is important to have a multidisciplinary health, rehabilitation and social care team to prevent further deterioration of their conditions and escalating health problems, as well as maintaining and improving their quality of life and independence.

Table 5: Percentages of older people with disabilities using assistive products

Older people with disability	Total	Women	Men
Have mobility assistive products	45%	44%	46%
Have glasses and hearing aids	5%	4%	5%

⁹ The Washington Group Question refers to "a lot of difficulty" and "cannot do at all", both of which are considered here as "a lot of difficulty".

Table 5 suggests there is poor access to assistive products to older people. Fifty-six per cent of those with difficulty in walking do not have access to appropriate products related to help with their impairment. The data suggests further work is needed to verify whether older people have the assistive products relevant to their specific needs and that replacements are available should the existing products become worn, lost or damaged. The low availability of glasses and hearing aids is concerning, given the number of older people reporting problems with vision and hearing.

Table 6: Number of older women and men with disabilities with caring responsibilities

Type of dependant	Average number of dependants for older women with disabilities	Average number of dependants for older men with disabilities
Children	3.3	3.9
Older people	2.0	1.6
People with disabilities	0.7	0.8
Other people	2.3	3.0

Older men and women with disabilities have significant care responsibilities, as seen in Table 6. Many of older people face multiple challenges due to living with multiple disabilities or having increased caring responsibilities. They therefore need increased carer support and their responsibilities may put up barriers preventing their access to services to meet their needs. Understanding family and community support mechanisms is important to be able to provide relevant support, for example, setting up children's play groups and providing community support to carers to give them time to get medical care or respite from their demanding family and carer roles.

Recommendations

1. Recruit and train staff and volunteers on how to develop case management with care plans to address the accessibility needs of older people with disabilities.
2. Strengthen community outreach and home-based care models.
3. Recruit and train staff and volunteers to establish psychosocial support activities to better integrate into the community older people with disabilities who are feeling isolated and neglected. Being able to listen and communicate with older people in ways that meet their communication needs is key for those with difficulty in hearing, seeing and remembering.
4. Review camp activities on the supply and distribution of assistive products, such as eye glasses and hearing aids, and the eye and ear care services available to better understand and address gaps.

6. Water, sanitation and hygiene

The survey responses show that significant numbers of older people have difficulty in accessing water, sanitation and hygiene (WASH) facilities, such as bathing (79%), hand washing (78%), toilets (65%) and drinking water (39%). The situation was similar for older women and older men except in relation to handwashing facilities and toilet facilities. Only 17% of older women reported access to

handwashing facilities compared to 27% of older men, and only 30% of older women reported access to toilets compared of 40% of older men.

Access to drinking water can be irregular, and many only receive sufficient drinking water a few days a week, with water sources often too far away. A coping strategy common in the camps is to dig shallow wells in the surrounding areas which results in drinking unsafe or contaminated water. For older people with disabilities, reaching these sources is more difficult and there is a significant gender imbalance, with 56% of older women with mobility disabilities accessing drinking water, compared to 32% of men.

Many people do not have access to bathing and washing facilities, but some prefer their current approach of bringing water into their house to wash and bathe. But this may be a result of the lack of security within the camps.

Privacy was identified as an issue, with 23% of older people reporting insufficient privacy when using toilet and bathing facilities, which may be because they were stripped of corrugated iron sheet walling during a conflict between two groups.

Recommendations

1. Construct appropriate toilet and bathing facilities in or close to the homes of older people that provide sufficient privacy, ensuring they have roofs and walls.
2. Increase the number of accessible water points to help older people, especially those with mobility disabilities and/or dependants, to reach them. To ensure accessibility, provide ramps, handrails and lowered taps.
3. Prepare specific hygiene kits, which may include adult diapers (or cash/vouchers to purchase these supplies) for older people for those who have difficulty with self-care.
4. Conduct an accessibility audit on the WASH facilities to determine what specific accessibility barriers exist for older people with disabilities, particularly older women as they have worse access to toilet and handwashing facilities than men.
5. Ensure all interventions include a WASH outreach team for less mobile or home-bound older people.

7. Accountability

Only a third of older people said they had been consulted by other humanitarian agencies about the services provided to them. This is particularly alarming within a protracted crisis environment as it highlights sustained exclusion or marginalisation of older people over a long period, in this case, over five years. Slightly more older people with disabilities were consulted (41%), which may reflect greater focus on disability inclusion than age inclusion among responding agencies.

Forty-nine per cent of older people said they did not know how to give their opinion or make a complaint about humanitarian services. This means that not only are programmes being designed without considering the specific needs of older people, but humanitarian agencies are not getting the feedback to improve their programmes either.

The data suggests older women, whether they have a disability or not, are more excluded than men. Sixty-five per cent of older women report not being consulted, compared to 60% of older men, and 53% of older women report not knowing how to complain or provide feedback on services, compared to 44% of older men. This gender dynamic is mirrored among older people with disabilities, with 50% of older women with disabilities compared to 45% of older men with disabilities not being consulted and the same percentages not knowing how to make a complaint or provide feedback on services. This highlights the need for gender-specific considerations in engaging with older people, and in complaint and feedback mechanisms.

Given that South Sudanese refugee camps have been open since in Gambella 2014, the lack of consultation and inability of older people to give feedback is concerning and needs to be addressed. Without proper consultation and feedback, programming may not address the differing needs and concerns of older people or uphold their rights, and it can reinforce unequal power relations between older men and women along gender lines. It may even exclude older people from accessing support and assistance altogether. A failure to consult the impacted parties can exacerbate the risks faced by older people, particularly those with disabilities, by reinforcing their exclusion or marginalisation as the norm.

Recommendations

1. Use accessible communication methods and local languages to consult older women and men, including those with disabilities, about their needs and preferences, gaps in services, whether services are safe and accessible, and how they can access complaints and feedback mechanisms.
2. Prior to implementation, gather and incorporate older women's and men's input in to the design of inclusive complaints and feedback mechanisms, such as feedback boxes, phone numbers and community focal points.
3. Hold focus group discussions with older people with disabilities, particularly women, to design an engagement plan for working with humanitarian agencies and share these across all cluster meetings.
4. Analyse feedback from all older people on a regular basis and adapt programmes.
5. Review current complaints and feedback mechanisms with older people in the community to determine what barriers older women and men face in accessing them, with a specific review held with older women.
6. Identify accessible and community-based complaints and feedback mechanisms that enable older people with disabilities to share their concerns and receive appropriate feedback.
7. Ensure older people are aware of complaints and feedback mechanisms and understand the processes and how the information will be used.

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