



Rapid Needs Assessment of Older People

Mt. Agung, Bali, Indonesia

December 2017



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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Acronyms

ADRA	Adventist Development and Relief Agency
BNPB	Badan Nasional Penanggulangan Bencana/Indonesia National Disaster Mitigation Agency
BMKG	Indonesian Meteorological, Hydrological and Geophysical Agency
COPD	Chronic Obstructive Pulmonary Disease
FGD	Focus Group Discussion
HelpAge	HelpAge International
NCD	Non-communicable disease
OP	Older People
PSS	Psychosocial Support
PVMBG	Indonesian Centre of Volcanology and Geological Hazard Mitigation
PWD	People with Disabilities
RNA	Rapid Needs Assessment
RNA-OP	Rapid Needs Assessment of Older People
VAN	Violence, Abuse and Neglect
VONA	Volcano Observatory Notice for Aviation Indonesia
WHO	World Health Organization
WITA	Central Indonesian Time

Executive summary

HelpAge International and ADRA International, with the support from the Start Analysis for Action Fund, jointly conducted a Rapid Needs Assessment for Older People (RNA-OP) in Bali, Indonesia to identify the gaps and needs of Older People in relation to the eruption of Mount Agung volcano. The joint assessment was carried out on 18-21st December 2017 at 5 displacement camps located close to Mount Agung (radius of 30km).

An early Rapid Needs Assessment (RNA) aims to provide the best possible overview of the situation and priority needs of Older People - given the data and time available and other constraints, thus providing key information for preparedness planning. The aim of this particular RNA was to support the development of the preparedness plan required in the event of a major volcanic eruption.

This report contains some of the key findings of the RNA-OP, together with observations and analysis from HelpAge International Humanitarian Team and advisers.

1. Humanitarian context

Since early August 2017, there has been increased seismic activity at Mt. Agung, Bali, including rumbling of the mountain, plumes of smoke and ash, and several small volcanic earthquakes and eruptions, prompting fear of an imminent major eruption.

The volcano threat level was raised to level IV – the highest threat level, and the aviation ask warning is orange. The latest Volcano Observatory Notice for Aviation (VONA) was issued after Mount Agung erupted on 24th December following several days of calm. Indonesian volcanologists believe a larger eruption is yet to occur, saying there is clear evidence that magma continues to push up towards the crater. It is unknown exactly when the next major eruption might occur.

BNPB recorded that as of 21st December 2017 at 18:00 WITA (Central Indonesia Time) the number of evacuees due to volcanic activity of Mount Agung in Bali, Indonesia, reached 71,836 persons who are being accommodated in 239 sites:

- Karang asem District: 42,913 people in 133 sites,
- Klungkung District: 11,346 people in 43 sites,
- Buleleng District: 10,781 people in 9 sites,
- Bangli District: 963 people in 4 sites,
- Gianyar District: 3,522 people in 8 sites,
- Tabanan District: 782 people in 9 sites,
- Denpasar City: 734 people in 5 sites,
- Badung District: 590 people in 5 sites,
- Jembrana District: 205 people in 23 sites.

The Centre of Volcanology and Geological Hazard Mitigation (PVMBG) reported that since 21st December the volcano can be seen spewing whitish to greyish smoke with medium pressure up to 1,500 meters above the crater towards east and west. The status level for the volcano remains at Level IV (highest). A number of tremors were recorded on the 21st December. PVMBG flew a drone over the volcano to take aerial photographs on 21st December and it was identified that approximately one quarter of the crater is filled with lava. PVMBG is unable to conclude whether the magma will continue to move up the crater or will go down. According to the Head of Division for Mitigation PVMBG, Gede Suantika, it would take years to completely fill the crater with lava with the speed of current magma movement into the crater. PVMBG continues to monitor the volcano and regularly provides updates on the status of Mt. Agung.

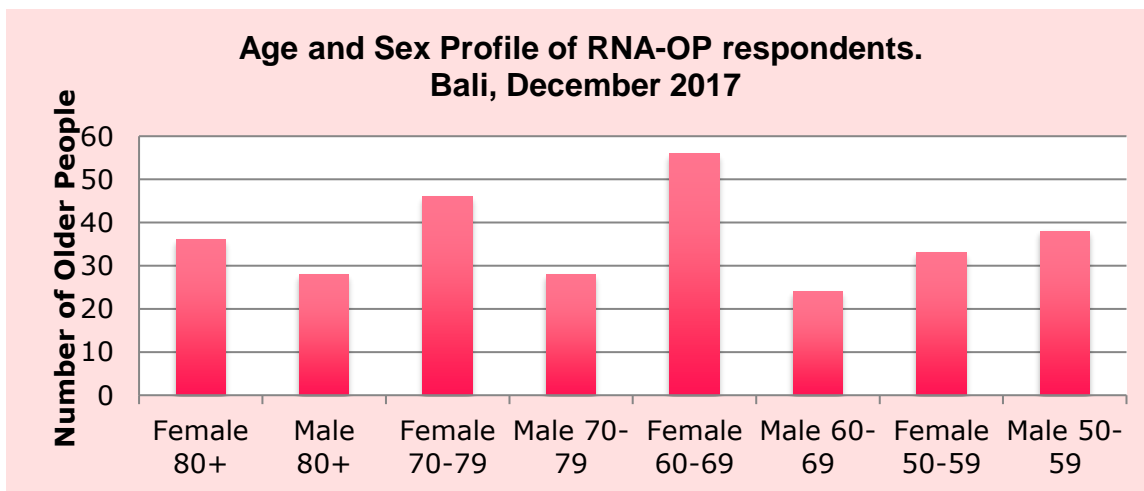
The Head of the Meteorological, Hydrological and Geophysical Agency, (BMKG), Prof. Dr. Dwikorita Karnawati, explained that until February 2018 the wind is predicted to blow eastward, driving Mt. Agung volcanic materials away from Ngurah Rai International Airport. As the rainy season starts, BMKG predicts that medium to heavy rains will fall in some areas in Bali. She predicted that the rain will fall at the altitude above the volcanic ash and will help to clean the air. In March 2018, the wind is predicted to change its direction towards southwest.

In a press conference on 21st December in the Office of the Coordinating Minister for Maritime Affairs Minister, Luhut Binsar Panjaitan, emphasized that in case of eruption, the dangerous zone is the area within the radius of 10 km from the crater. The Vice-Governor of Bali Province, Ketut Sudikerta, handed over assistance to the evacuees in Dajah Village, Abang Sub-district, Karangasem

District. He encouraged the evacuees to be active and be involved in positive activities at the evacuation sites such as making handicrafts, webbing etc. BNPB, through the Directorate for Social and Socio-Economic Rehabilitation, considers that micro-economic livelihoods activities are key issues, especially given the uncertainty about when evacuees may be able to return to their homes. It plans to discuss with relevant government ministries/institutions and non-government organizations in early January 2018 with the aim of developing an action plan for Mt. Agung affected people in Bali.

2. RNA-OP Methodology

The RNA-OP conducted from 18-21 December consulted women and men aged over 50 years old. A mixed method approach of individual RNA Questionnaire and Focus Group Discussions (FGD) were used in the assessment process. In total 309 Older People participated in the RNA-OP, of which 191 (62%) were females and 118 (38%) were males. Please see the chart below for the participants disaggregated by sex and age.



A sample size of 62 people was selected from each targeted camp. The relatively small sample size of males can be explained due to many Older People still being active and in this case, males would leave the camps in early morning to return to their village and come back late at night to the camp.

Interestingly, the cohort of those 80+ was 21%, which is greater than we expected, and some of them are “double” generation where the parents are over 90 years old and children are aged over 60. Indonesian authorities have mobilised national resources to support displaced people and did not require international support. The humanitarian aid has been distributed by different organisations and Indonesian Red Cross is active in all camps.

3. Protection

Tom Colley

A high number of respondents, 95%, reported that they felt safe. However, despite this figure, 24.5% of Older People reported a reason for feeling unsafe¹. Further discussion with those affected is needed to determine the disparity in these figures.

Understandably, given the context, the main reasons reported by Older People for feeling unsafe was due to a risk of a natural disaster (11%), followed by extortion (6%) and personal safety reasons (4%). Older women disproportionately reported reasons for feeling unsafe, with 62% of respondents to this question being female.

Overall, 42% of all Older People have caring responsibilities for an average of 2.8 dependents. The table below outlines the average number of dependents per demographic using Sex Age Disaggregated Data (SADD). This average can include both a role as the only carer or as a carer in the wider family or community.

Demographic	Average Number of Dependents Cared For
Women 80+	3
Men 80+	2.3
Women 70 – 79	3.9
Men 70 – 79	2.1
Women 60 – 69	4.3
Men 60 – 69	2.3
Women 50 – 59	2.5
Men 50 – 59	2.1
Overall Average	2.8

As can be seen from these figures, women are, on average, caring for more dependents than men, but the figures for both sexes are high. It is also important to consider the local context and culture when analysing this data as well as the possible absence of younger carers due to migration or labour.

In regards to access to distributions and services 2.3% of Older People surveyed did not have access at all which rises to 2.7% when only considering women. Overall, 62.8% of Older People rely on their families or friends to take them to distributions and 1.3% pay for transportation to access distribution.

Women depend more on having relief items brought to them directly, with 34.4% receiving assistance in this manner, compared to 27.8% in the combined older population. It is not clear on whether this services is free, provided by organisations working with the communities, or if it is a paid for service.

¹ The question about safety is made up of two parts: 1. Do you feel safe? 2. If you do not feel safe what is the reason?

Violence, Abuse and Neglect

The table below outlines the awareness of Older People of Violence Abuse and Neglect (VAN) within the Bali context.

	Older Women	Older Men
Percentage Reporting Knowledge of VAN against Older People	14.6%	16.5%

It is necessary to interrogate the cultural and contextual information around these figures. The number of those reporting VAN against Older People may be higher (due to a reluctance to report abuse, violence or neglect) or lower due to a broader understanding of VAN by the community. Despite these caveats, amongst both older men and women the knowledge of VAN is around 15% which will require further investigation.

Recommendations:

- A high proportion of Older People surveyed were caring for an average of 2.8 dependents and this should be explored especially amongst Child Protection agencies. Older People need to be included in Child Protection awareness activities and support for those Older People caring for children should be provided so that children are not exposed to negative coping strategies such as using children for inappropriate chores which may result in school dropouts, neglect and abuse.
- Access to basic services should be monitored by outreach teams and support provided so that Older People have meaningful access to services. One example of how access can be adapted based on the needs of Older People is by delivering food distributions directly to their places of residences. Not only will this assist those Older People who have trouble walking, it may also circumvent those potentially charging money for such services and will relieve pressure on other members of the family or community who current take responsibility for the delivery of such items.
- Finally, protection agencies should further investigate the issues raised in regards to violence, abuse and neglect. Approximately 15% of men and women surveyed knew of violence, abuse and neglect of Older People and this requires more in depth investigation.

4. Disability and Mobility

Tom Colley

55.3% of all Older People questioned were dependent on others for basic needs. Of this number, 66% were women.

Overall, 56% of both genders have indicated that they are dependent on other family members or friends and 44% stated that they are not dependent on others and can look after themselves. Breakdown by gender showed that 61% of female respondents are dependent on others while 39% function independently. The situation for males is slightly different, whereby only 49% indicated that they are dependent on others and 51% didn't think that they rely on others.

Enumerators used the *Washington Group Questions*² to help gain an understanding into the number of Older People with disabilities. Below are some of the key points:

34% of all respondents reported some problems with sight.

29% of all respondents reported some problems with walking.

17% of all respondents reported a lot of problems with communication³.

Although only 6% of all respondents reported that they could not perform self-care at all in 5 camps, across the other camps this figure is high and requires a proper preparedness plan for evacuation, settlement and return after the volcanic eruption.

25% of all respondents reported a lot of problems with sight and 17% of all respondents reported a lot of problems with walking.

Recommendations

- This needs assessment has raised the complexities and multiple vulnerabilities that face Older People. Service providers must adapt their ways of working to ensure Older People, with or without disabilities, are included in their programming. Protection mainstreaming should be the cornerstone of this approach so that Older People can access services in a safe, dignified and meaningful way. Training should be given to staff of frontline agencies through coordination mechanisms so that Older People receive inclusive programming.
- An Age and Disability analysis should be undertaken to look at the different gender and age roles of men and women. This will give an insight into how the different sexes need assistance.
- There are gaps in training of national institutions in relation to how to evacuate people with disabilities and provide them with basic assistive devices.
- Special data collection and planning activities may be needed for preparedness planning to identify populations facing barriers to access their services and evaluate their transport needs, including their special needs during emergency evacuations.
- Distribute emergency evacuation information of at-risk populations such as Older People and those with disabilities for all officials, including institutions on pickup locations and what evacuees should bring. This information should be distributed regularly, not just during major emergencies.

5. Health

Dr. Juma Khudonazarov

² The Washington Group (WG) Short Set is a set of questions designed to identify (in a census or survey format) people with a disability. Consistent with the purpose of the WG questions, these are people at greater risk than the general population for participation restrictions due to the presence of difficulties in six core functional domains, if appropriate accommodations are not made - <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>

³ Communication in this respect is a cognitive or neurological issue in communicating with others

2.3% of Older People do not receive aid, 62.8% rely on family or friends to take them to distribution and community health centres, 27.8% have relief items brought to them, 1.3% pays for transport, all of which must be considered within the health component of the preparedness plan.

31% of all respondents indicated that getting medicine is one of their top priorities while 36% of both genders highlighted health as one of their problems despite the fact that the Indonesian Red Cross and other national health agencies are supporting the camps. Those aged 80+ of both genders highlighted a lack of medicine that they needed. Lowest demands for medicine were among males aged 60-69 (7.3%) and the highest demand for males aged 80+ (11%). Within the female cohort, those aged 70-79 indicated a high demand for medicine (12%) and 80+ female (21%). As such, they will require careful consideration in the preparedness plan including training of the National Emergency Response Team on how to evacuate these groups. These Older People have multiple health conditions and without continuity of care their condition will deteriorate and in many cases, they will face life threatening conditions.

63% of respondents indicated that they have chronic health conditions while 37% have no pre-existing health problems. 28% of respondents are linking the respiratory problem they reported to the volcanic eruption while 72% think that there is little or no direct correlation.

49.5% of respondents are taking medication at the moment for chronic non-communicable disease (NCD) conditions while 50.4% are lacking medications. 8% of Older People have not seen medical staff at all, while only 16% heard about nurse visiting camps once in 3-4 weeks.

112 or 36% of Older People reported to have multiple morbidity that requires medical monitoring at least every 2 weeks and are struggling to attend local health clinics. 17% of all Older People have hypertension and many people have cardiovascular disease undiagnosed, many of which had never visited health clinics until now.

16% of all Older People reported to be suffering with chronic asthma conditions and those who live close to the high-risk zone (6km) stated that they had difficulty breathing and increased inhaler use of 3-4 times more compared with before the eruption of the volcano. Overall 49% respondents reported to have chronic respiratory disease including tuberculosis and common COPD.

More than 54% of Older People have chronic arthritis and this is limiting their movement so they must rely on friends and family for daily support.

Around 60% of Older People participated in FGD highlighted that they have seen members of family or close relatives experiencing breathing difficulties after the volcano eruption. Amongst FGD groups, between 11%-18% of Older People said that they feel that they produced more secretions, which makes it difficult to breathe when they walk around the villages or climb up the mountains. This effect can be linked to the fact that the fine ash particles irritate the airways and cause them to contract, making breathing more difficult in people who already have lung problems. The fine dust also causes the lining of the airways to produce more secretions, which can cause people to cough and breathe more heavily. Asthma sufferers, especially Older People and children who may be

heavily exposed to the ash when they play or walk outdoors, suffer bouts of coughing, tightness of the chest and wheezing. 6 Older People who have never knowingly had asthma before, experienced asthma symptoms following an ash fall, especially when they spend 4-5 hours outdoors in the ash and over-exert themselves. 66% of Older People who took part in the FGD indicated that they do not use proper masks and most of the time use ones made from different clothes or cloths that does not protect them adequately.

With the Mount Agung eruptions, the ash particles are so fine that they can be breathed deep into the lungs. With high exposure, even healthy individuals will experience chest discomfort with increased coughing and irritation. Common acute (short-term) symptoms people experienced in high-risk areas (6km from volcano) and medium risk areas (8km) are summarised:

Participants of FGD also indicated what they thought went well in terms of the response and what were the major challenges in terms of health impacts. The following are the common experiences that many evacuees, including Older People, have gone through:

- Nasal irritation and discharge (runny nose) eye irritation
- Throat irritation and sore throat accompanied by dry coughing
- People with pre-existing chest complaints may develop severe bronchitic symptoms which last some days beyond exposure to ash (for example, hacking cough, production of sputum, wheezing, or shortness of breath)
- Airway irritation for people with asthma or bronchitis; common complaints of people with asthma include shortness of breath, wheezing and coughing.
- Breathing becomes uncomfortable.

Long-term exposure to fine Mount Agung volcanic ash may lead to serious lung diseases. For these diseases to occur, the ash must be very fine mostly in 6km high risk zone, contain crystalline silica (for the disease silicosis to occur) and the people must be exposed to the ash in high concentrations over long time. Exposure to crystalline silica in volcanic ash in Indonesia has been typically of short duration (days to weeks), and studies suggest that the recommended exposure limits (similar in most countries) can be exceeded for short periods of time for the general population.

The substantial fraction of fine-grained material could generate elevated levels of airborne particulate matter <2.5 µm and 10 µm in diameter (PM2.5 and PM10) when the deposits are re-suspended under dry, windy conditions or by outdoor human activity (outdoor workers in particular can be heavily exposed).⁴

The ash fallout from Mount Agung contains a substantial fraction of fine-grained material, which could generate elevated levels of PM2.5 and PM10 in the ambient air when re-suspended by dry, windy conditions, by traffic and by those working in the ash. Average outdoor air concentrations in the ash fall area can be expected to regularly exceed World Health Organisation 24-hour guideline levels for particles in the ambient air until the ash is incorporated into the environment with repeated rainfall, however continuity of small eruptions of a volcano for 3 or 6 months will have a significant impact on the health of those living in areas 6km from the volcano

⁴ http://www.ivhnn.org/images/pdf/iceland_ash_health_report.pdf

sources. Experiences from different parts of the world where volcanic eruption ash has been investigated showed that *in vitro* toxicity tests suggest that the potential for the ash to trigger acute pulmonary inflammation at ambient levels of exposure is low. Persistence of deposited ash in the soils and environment would not present a significant silicosis hazard, e.g. to outdoor workers, as crystalline silica content is negligible.

	Impact on Health	Monitoring	Preventive Measures
Epidemiological surveillance	Public health record of pulmonary disease	Morbidity and mortality related volcano eruption	Inform health specialists on common trend of pulmonary disease
Respiratory			
Inhalation of ash <100 µm diameter	<100 µm: Irritation of the upper airways. <10 µm: Exacerbation of pre-existing lung diseases (e.g. asthma, bronchitis)	Syndromic surveillance of acute respiratory health symptoms Monitoring of PM10 concentrations	Initiate clean-up of ash. Advise public to reduce their exposure and wear an approved mask. Protect homes and workplaces from ash ingress
Inhalation of respirable crystalline silica	Prolonged exposure may raise risk of silicosis or other chronic lung diseases	Determine free crystalline silica content of bulk ash samples. Air sampling to determine respirable crystalline silica (for exposure monitoring for high-exposure occupations or individuals)	Initiate clean-up of ash. Advise public to reduce their exposure and wear an approved mask. Protect homes and workplaces from ash ingress
Ocular (eye)			
Foreign bodies in eyes	Corneal abrasion, conjunctivitis	Syndromic surveillance of ocular symptoms	Advise public to reduce exposure and wear goggles
Mechanical			
Roof collapse due to ash accumulation	Trauma, including death	Syndromic surveillance of emergency department admissions	Advise public to prevent excessive accumulation of ash on roofs

FGD very clearly indicated that the majority of Older People across the 5 camps are under huge psychological distress and there are no services available at the time of assessment.

Psychosocial support (PSS) is required for the majority of older people both during evacuation and settlement. Displacement is very hard for them to cope

with and disconnecting with village life and farming puts them under enormous psychological distress.

Recommendations:

- All residents in high risk areas (6-8km) need to have access to personal protection such as masks and eyeglasses. Masks should be standard (not improvised), as part of the preparedness plan and people should be trained in how to use them and their importance.
- Epidemiological surveillance of respiratory/pulmonary diseases should be monitored annually and can be part of preparedness plan and include COPD, asthma, breathing difficulties unknown etiology, eye irritation, skin diseases and co-infection.
- All high risk groups such as Older People with chronic medical conditions, pulmonary disease, asthma, mobility issues, those with disabilities, pregnant lactating women and people with special needs should be registered and included in the preparedness evacuation plan as priority groups.
- The pyroclastic deposits from Mount Agung will remain hot for between 3-8 years and make affected areas inhabitable and uncultivable for long periods and research needs to explore the link between human health and pyroclastic deposit.
- 63% of Older People rely on family members or friends to take them to aid distribution centres, an indication that preparedness plan both for evacuation and settlement process should take this into account
- Older People aged 80+ indicated health and getting medicine one of their top priorities during the displacement and this should be reflected in the preparedness plan.
- Ash-related respiratory problems should be further examined to determine the spectrum of such diseases and the timing of illness onsets among infants and other special population subgroups. Data collected on health conditions before and after an eruption by passive surveillance can be used to detect eruption related morbidity. Systems already in place, such as Indonesia national epidemiological surveillance system, can be modified or extended to increase their sensitivity to new cases and hence their ability to provide appropriate notification to medical relief agencies.
- 36% of Older People reported to have multiple chronic conditions predominately NCD's and require medical monitoring at least every 2 weeks. The preparedness plan needs to take this into account both for evacuation and camp settlement.
- More than 54% of Older People have chronic arthritis conditions and require support from friends or family to access services. Not addressing this issue in preparedness plan will impact resource mobilisation.
- 49% of respondents in RNA survey indicated that they have respiratory diseases, predominately COPD, but also cases of tuberculosis. Volcanic ash will make them more vulnerable as inhalation of ash <100 µm diameter causes irritation of the upper airways. <10 µm causes exacerbation of pre-existing lung diseases (e.g. asthma, bronchitis).

6. Water, Sanitation, and Hygiene (WASH)

Dr. Juma Khudonazarov

Overall the water sanitation situation across the camps vary. It was noted that latrines and hand washing facilities are not sufficient in all camps. 54% of Older People have indicated that there are not enough hand washing facilities and 77% respondents have highlighted that there is also not enough soap.

46% of Older People consider the number of latrines as insufficient and from FGD, it was highlighted that there are queues in the morning to use the toilets. 15% of Older People who participated in the survey mentioned that latrines are not private enough and 13% consider existing latrines not age-friendly. 6% of respondents indicated that the latrines are dirty and require regular cleaning. In 2 camps, people need to pay for drinking water that is delivered by trucks.

Although hygiene education has been provided by the Indonesian Red Cross there are still gaps and it is not consistent across the camps.

34% of respondents indicated that they are getting drinking water from host communities and it takes 1-2 hours walking. Older People with chronic conditions like arthritis rely heavily on friends or family for water access for cleaning, drinking, washing and cooking. In two camps, displaced people use the closest house as a source of water either the host community or a friend/relative. It is important to consider that both the quality and the quantity of water available to the displaced people is verified so there is need for a secure water supply to meet the Sphere Standards.

46% of Older People indicated that there are not enough bathing facilities across the camps and 11% of respondents consider them not enough private to use.

Recommendations:

- Additional latrines are required that provide adequate all access use and are within a safe/achievable distance.
- Hand washing facilities need to be provided at all latrine stations.
- Hygiene education and a supply of soap needs to be initiated and maintained.
- The quality of water needs to be verified/tested to ensure it complies with WHO guidelines and to prevent the spread of water borne diseases.
- The quantity of water needs to be verified/assessed to ensure it complies with Sphere Standards to prevent the spread of water washed diseases.
- The safety of access to and distance to water supply and latrine facilities needs to be considered as paramount for the preparedness plan.
- To ensure the sustainability of the above infrastructure it will also be important that the plan engages a suitable management system for the latrines and water supply.

- Given the limited mobility of many Older People, appropriate bathing facilities need to be part of the preparedness plan.

7. Income and Livelihoods

Mehmood Ahmed

The people of the effected regency are considered as the poorest in Bali with the lowest ranking during the 2016 Human Development Index and during the assessment it was revealed that overall 68% of older men (71%) and women (65%) lost or decreased their income and livelihood activity due to the eruption of Mount Agung volcano. This means that either their livelihood or income activity was directly affected by the volcano being partially or completely damaged/destroyed which made them dependant on their family members, friends or humanitarian assistance. As they are already among the poorest, the displacement, their health and economic conditions results in a difficult living situation for older men and women.

Considering the low ranking in the Human Development Index, displacement, disabilities, chronic illness, dependency on the older men and women as well as their loss of income and livelihood activities makes them extremely vulnerable.

Due to a loss of income men and women prioritized the needs of personal clothing, firewood, food, hygiene items etc. 44% of Older People (29% older women and 15% older men) noted food as their priority.

Common discussion and FGD indicated that livelihood in one of the biggest changes for all displacement people. Many have sold their cattle for 50%-70% less than market value and are worried that as soon as they return to their village it will take 2-5 years for them to recover. People evacuated from the high-risk zone (6km) fear that their land is not suitable for farming for at least 2 years. Despite these serious concerns, the current preparedness plan does not include a recovery plan for after eruption period.

Recommendations:

- Older men and women should be prioritised and supported with food distribution so their dietary needs are fulfilled
- Access for older men and women to food distribution and firewood should be enhanced so that their basic cooking needs are meet and they have access to distribution points
- Older men and women should be prioritised in livelihood and food security activities, so that they can also start livelihood or income generation activities, e.g. fruit, vegetables, nuts, rice production. A further assessment of possible alternative livelihood options is needed.
- Older women should be given additional support to meet their dependants and their own needs.

8. Conclusions and Recommendations

Protection

- A high proportion of Older People surveyed were caring for an average of 2.8 dependents and this should be explored especially amongst Child Protection agencies. Older People need to be included in Child Protection awareness activities and support for Older People caring for children should be provided so that children are not exposed to negative coping strategies such as using children for inappropriate chores which may result in school dropouts, neglect and abuse.
- Access to basic services should be monitored by outreach teams and support provided so that Older People have meaningful access to services. One example of how access can be adapted based on the needs of Older People is by delivering food distributions directly to their places of residences. Not only will this assist those Older People who have trouble walking, it may also circumvent those potentially charging money for such services and will relieve pressure on other members of the family or community who currently take responsibility for the delivery of items.
- Finally, protection agencies should further investigate the issues raised in regards to violence, abuse and neglect. Approximately 15% of men and women surveyed knew of violence, abuse and neglect of Older People and this requires more in depth investigation.

Disability and Mobility

- This needs assessment has raised the complexities and multiple vulnerabilities that face Older People. Service providers must adapt their ways of working to ensure Older People, with or without disabilities, are included in their programming. Protection mainstreaming should be the cornerstone of this approach so that Older People can access services in a safe, dignified and meaningful way. Training should be given to staff of frontline agencies through coordination mechanisms so that Older People receive inclusive programming.
- An Age and Disability analysis should be undertaken to look at the different gender and age roles of men and women. This will give an insight into how the different sexes need assistance.
- 25% of all respondents reported a lot of problems with sight and 17% of all respondents reported a lot of problems with walking. Both national institutions and NGOs have not been able to provide people with basic disability assistive aids. The preparedness plan should include providing disability assistive devices.
- There are gaps in training of national institutions in relation to how to evacuate people with disabilities and provide them with basic assistive device. Training should be provided in this area.
- Special data collection and planning activities may be needed for preparedness planning to populations facing barriers to access their services (those with disabilities and older people) and evaluate their transport needs, including their special needs during emergency evacuations.
- Distribute emergency evacuation information of at-risk populations such as Older People and those with disabilities for all officials, including institutions on pickup locations and what evacuees should bring. This

information should be distributed regularly, not just during major emergencies.

Health

- All residents in high risk areas (6-8km) need to have access to personal protection such as masks and eyeglasses. Mask should be standard (not improvised). As part of the preparedness plan, people should be trained where to get them, how to use them when the volcano erupts and understand their importance particularly for those with COPD.
- Epidemiological surveillance of respiratory/pulmonary diseases should be monitored annually and can be part of preparedness plan to include COPD, asthma, breathing difficulties unknown etiology, eye irritation, skin diseases and co-infection
- All high risk groups such as Older People with chronic medical conditions, pulmonary disease, asthma, mobility issues, those with disabilities, PLW and people with special needs should be registered and included in the preparedness evacuation plan as priority groups.
- The relatively short distance between the lahar source areas and population centres (high risk Zone 6km) means that people will have less than an hour to respond to warnings. This requires a well-developed preparedness plan particularly for vulnerable groups such as Older People and those with disabilities.
- The pyroclastic deposits from Mount Agung will remain hot for between 3-8 years and make affected areas inhabitable and uncultivable for long periods and research needs to explore the link between human health and pyroclastic deposit.
- 63% of Older People rely on family members or friends to take them to aid distribution centres, an indication that the preparedness plan both for evacuation and settlement process should take this into account
- Older People aged 80+ indicated health and getting medicine one of their top priorities during the displacement, which should be considered in the preparedness plan.
- Ash-related respiratory problems should be further examined to determine the spectrum of such diseases and the timing of illness onsets among infants and other special population subgroups. Data collected on health conditions before and after an eruption by passive surveillance can be used to detect eruption related morbidity. Systems already in place, such as Indonesia national epidemiological surveillance system, can be modified or extended to increase their sensitivity to new cases and hence their ability to provide appropriate notification to medical relief agencies.
- 36% of Older People reported to have multiple chronic conditions, predominately NCD's, and require medical monitoring at least every 2 weeks. The preparedness plan needs to take this into account both for evacuation and camp settlement.
- More than 54% of Older People have chronic arthritis conditions and require support from friends or family to have access to services. Not addressing this issue in the preparedness plan will impact resource mobilisation.
- 49% of respondents in the RNA survey indicated that they have a respiratory disease, predominately COPD, but also cases of tuberculosis. Volcanic ash will make them more vulnerable as inhalation of ash <100

µm diameter causes irritation of the upper airways. <10 µm causes exacerbation of pre-existing lung diseases (e.g. asthma, bronchitis)

- PSS (psychosocial support) is required for the majority of Older People both during evacuation and settlement. Displacement is very hard for them to cope with and disconnecting with village life and farming puts them under an enormous psychological distress.

WASH

- Additional latrines are required that provide adequate all access use and are within a safe/achievable distance
- Hand washing facilities need to be provided at all latrine stations.
- Hygiene education and a supply of soap is needed
- The quality of water needs to be verified/tested to ensure it complies with WHO guidelines and to prevent the spread of water borne diseases
- The quantity of water needs also to be verified/assessed to ensure it complies with Sphere Standards to prevent the spread of water washed diseases.
- The safety of access to and distance to water supply and latrine facilities needs to be considered as paramount for the preparedness plan
- To ensure the sustainability of the above infrastructure it will also be important that the plan engages a suitable management system for the latrines and water supply.
- Given the limited mobility of Older People appropriate bathing facilities need to be part of preparedness plan.

Income and Livelihoods

- Older men and women should be included in all assessments and project designs so that their immediate and long term needs are assessed and responded to.
- Older men and women should be prioritised and supported with food distribution so that their dietary needs are fulfilled.
- Access for older men and women to food distribution and firewood should be enhanced so that their basic cooking needs are met and they have access to distribution points.
- Older men and women should be prioritised in livelihood and food security activities, so that they can also start livelihood or income generation activities.

Older women should be given additional support to meet their dependants and their own needs.

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