Rapid needs assessment of older people
Wau, South Sudan

November 2018

NORWEGIAN REFUGEE COUNCIL NRC

HelpAge International

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

The Norwegian Refugee Council is an independent humanitarian organisation helping people forced to flee and working to protect the rights of displaced and vulnerable people during crisis.

NRC and HelpAge would like to thank the interview participants, and those who contributed to the data collection used in this assessment report. In particular, we are grateful to the members of the Disability Association of Wau AA POC, the Relief and Rehabilitation Commission, and local leaders.

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Contents

Acronyms

ADL	Activities of daily living
COPD	Chronic obstructive pulmonary disease
DPO	Disabled persons' organisation
FGD	Focus group discussion
HelpAge	HelpAge International
NCD	Non-communicable disease
NRC	Norwegian Refugee Council
OP	Older people
OPA	Older people's association
OM	Older men
OW	Older women
POC	Protection of civilians
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

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 and 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. In line with the Sustainable Development Goals, the humanitarian community must work together to ensure older people and other at-risk groups are not left behind.

Rapid needs assessment for older people

Older people, including those with a disability, face significant and specific discrimination in humanitarian contexts, as well as inclusion and protection risks. 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 older people's situation and priority needs in crisis.

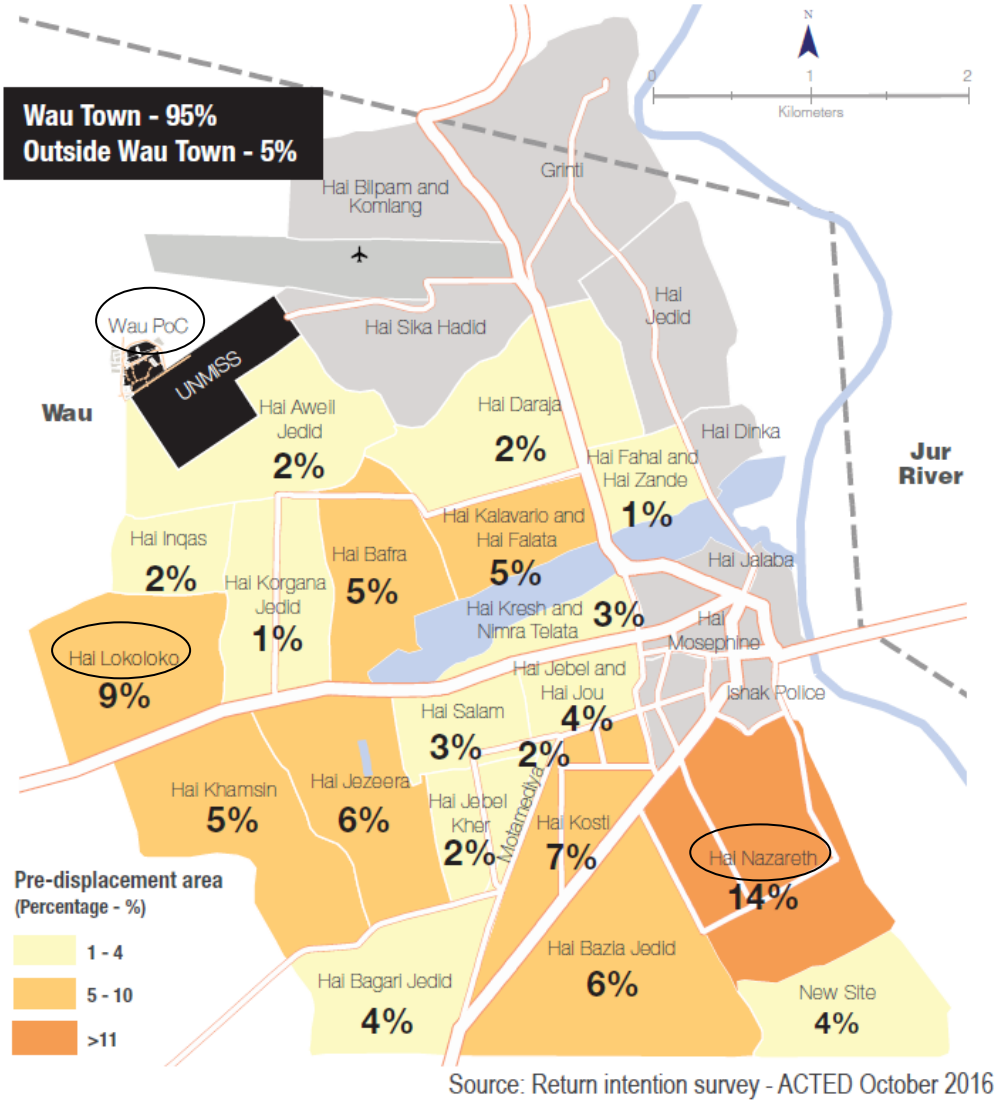
The aim of this RNA-OP is to support organisations in Wau, South Sudan to develop inclusive programmes and advocate for the needs of older people who have been internally displaced, those who have returned after fleeing their homes and those in host communities. It intends to highlight specific challenges, opportunities and solutions. The report contains some of the key findings of the RNA-OP, together with observations and analysis from HelpAge's humanitarian team and advisers.

HelpAge and the Norwegian Refugee Council jointly conducted the RNA-OP in November 2018. We welcome comments, questions and dialogue based on this report, and can offer technical support and guidance to support inclusive responses.

Methodology

As this study was commissioned to consider the specific experiences of older people, we used a purposive sampling approach to specifically survey women and men aged 50 and over, selecting them from the internally displaced population and host communities. Although gender and age quotas were considered, they were not applied as this has the potential to contradict the purposive sampling approach. In addition, to strengthen the diversity of the sample, participants were asked to recommend other participants who were aged 50 and over who may be difficult to reach.

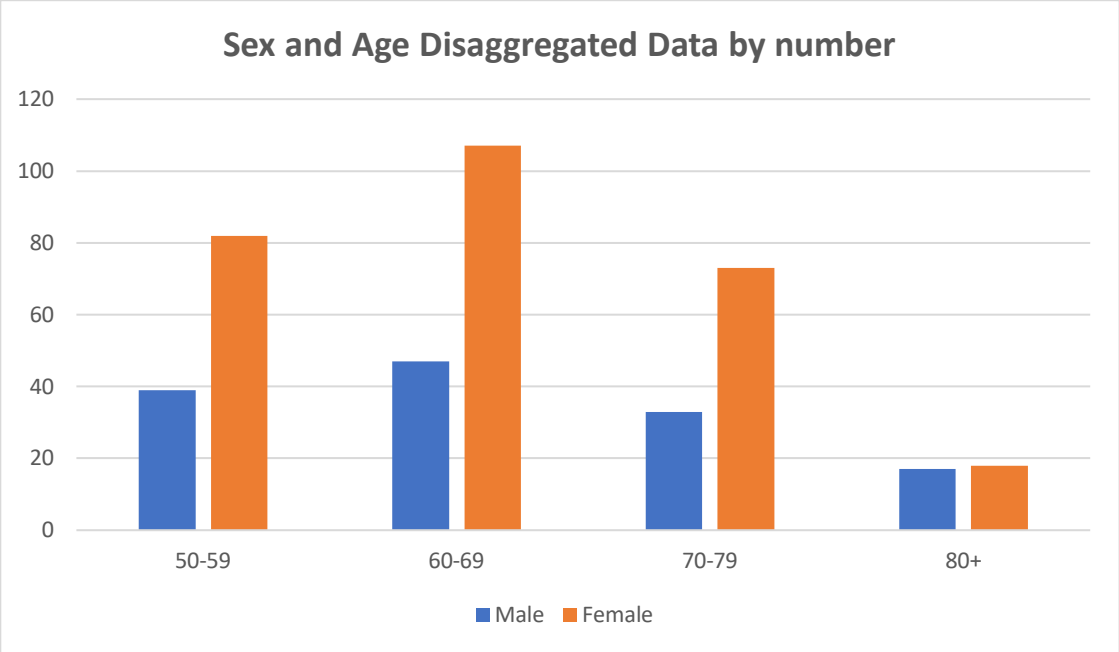
The RNA-OP focused on internally displaced people (IDPs) and host communities in and around Wau, South Sudan. Specifically, the Wau protection of civilians camp (zones A, B and C), Holy Cross IDP collective site and the St Michael host community. Please see the chart below for the locations:



Source: Return intention survey - ACTED October 2016

To allow for a 95% confidence level, a minimum sample size of 380 was determined using a statistical sample size calculator.[1] A total of 416 older people participated in the RNA-OP, of whom 136 (33%) were men and 280 (67%) were women.

[1] Raosoft sample size calculator: http://www.raosoft.com/samplesize.html



The relatively small sample size of males can be explained by the fact that many older men may have left the camps and collective sites in the early morning and come back to the camp in the afternoon. Evening interviews were not possible because there is a curfew imposed by camp management authorities for those not staying in the sites overnight.

It is worth noting that the average life expectancy in South Sudan is only 58 for men and 60 for women. However, 34% of participants were aged 70 and over, indicating that we reached some of the oldest members of the community.[2]

In terms of displacement status, 279 (67%) were IDPs and 137 (33%) were from the host community. The study was designed to predominantly focus on IDPs to inform future programming with this group. However, views from host communities are valuable to reflect on the impact of existing projects and to ensure programme responses do not cause any harm or disruption to, for example, community cohesion or local markets.

Humanitarian context

South Sudan is entering the sixth year of a complex and protracted crisis. Continued widespread violence, a deteriorating economic situation and dire food insecurity plague the country. More than seven million people required urgent humanitarian assistance in 2018 and this may reach nearly 10 million in 2019 as food insecurity is expected to worsen.[3] By early 2018, over four million people were displaced, of whom 1.76 million remain within South Sudan. Some of these internally displaced people are living in UN protection of civilian (POC) sites or collective sites, which are IDP sites for those who are not vulnerable enough to live in the POCs.

Displaced people's safety, health and livelihoods are at high risk. Older people, people with disabilities and children, in particular, often suffer the most serious negative effects of sustained displacement, violence and lack of access to services due to a range of barriers.

[2] WHO, Country Profile, South Sudan, 2016.

[3] FEWS NET, Key message update, South Sudan, November 2018

Older people affected by drought, conflict and displacement, such as in South Sudan, face multiple risks.[4] Appropriate foods may be unavailable, their mobility may be reduced and their dependence on others may increase. The traditional roles and social positions of older people in the power and support structures of communities are often dismantled, leaving older people with less influence. Yet information on older people in South Sudan is often anecdotal, with comprehensive statistics on their situation and needs lacking. This results in their systematic exclusion in humanitarian responses. This is why rapid needs assessments that focus on older people are so important.

Wau has been a hotspot of conflict-related displacement since June 2016 and as recently as June 2018. Following the 2016 fighting in and around Wau, over 87,000 people were displaced to the UN's Wau POC and Wau POC Adjacent Area, and collective sites such as Lokoloko, Nazareth, St Joseph and Cathedral. Wau POC AA continues to host 17,300 people[5] and there are over 11,000 people in the various collective sites.[6] Wau town faced heavy clashes again in April 2017 and an influx of IDPs fleeing conflict in the neighbouring Baggari area in June 2018. FEWS NET predicted that Wau would face emergency food insecurity in 2018.[7] This was averted due to the provision of humanitarian assistance, however, Wau is predicted to reach crisis food insecurity (IPC 3) and potentially emergency food insecurity (IPC 4) if humanitarian assistance is not provided to the IDP and host communities. Given the timing of the RNA-OP at the beginning of the dry season, it is important that the situation as it affects older people is accurately assessed to ensure future food security and inform other humanitarian response programmes.

[4] ODI/ HPG: The role and vulnerabilities of older people in drought in East Africa: progress, challenges and opportunities for a more inclusive humanitarian response https://bit.ly/2vMJw4k; Older people in displacement: falling through the cracks of emergency responses https://bit.ly/2M9vofK ; July 2018

[5] CCCM Cluster, Site Profile Wau POC area adjacent to UNMISS, August 2018

[6] CCCM Cluster Bi-weekly Situation Report South Sudan, 16-30 September 2018.

[7] FEWSNET, Food Security Outlook, Famine remains likely in absence of assistance, Feb to Sept 2018

Key findings

Disability inclusion

- Almost half of surveyed older men and women have a disability, the highest proportion having mobility issues.
- Over half of older people with disabilities use assistive aids, but, of those, 36% no longer have them or the ones they have are broken. Women with assistive aids outnumber men two to one.
- 44% of older people living alone have disabilities (primarily mobility and visual) and, of those, 35% cannot access services without support.
- Older people with disabilities in the host communities face greater challenges due to less access to food, water, sanitation, hygiene (WASH) facilities and other support than the IDP communities receive.
- Almost half of all older people with disabilities are caring for children, other older people and/or people with disabilities

Accountability

- The majority of older men and women were not consulted by other humanitarian agencies. This is particularly high within the host community.
- Nearly half of surveyed older men and women do not know how to make a complaint or provide feedback on humanitarian services. This is more of an issue within the IDP settings than host communities.
- 65% of older people with disabilities are unable to complain or give feedback about the humanitarian assistance provided to them.

Food security

- 85% of older people self-reported that they do not have access to sufficient food (equal across IDP and host communities). One-third of those without access are aged 70+.
- 41% of all older people considered food a top priority (43% IDPs and 36% host communities). One-third of all older people who highlighted food as a top priority live alone and need support.
- 52% of older people stated they cannot afford the food available in local markets (92% have no income) and this is heightened in the host community where 64% stated they could not afford food.
- 35% of respondents (equal across IDP and host populations) said that they have no food diversity. This means they are unable to access protein and nutrient-rich foods that have a direct correlation to their well-being. Over half of all respondents reported that food rations were insufficient.
- 60% of older people reported going to bed hungry 1-2 nights per week, 19% said 3-5 nights per week and 5% went to bed hungry every night, a clear indication that malnourishment is a high risk. One-in-five (21%) of those who went to bed hungry three nights per week were older people who lived alone and rely on support from others.

Protection

- Nearly a quarter of older women and men reported safety as their main concern.
- Lack of safe space in the community and isolation were the two greatest perceived risks for older women and men across the IDP and host communities.

- Lack of identification documents is a greater issue for older women and men in host communities, affecting 59% and 49%, respectively, compared to 35% and 25% in IDP sites.
- Approximately half of all older people in the host communities cannot access humanitarian services, compared to 13% in IDP sites.
- A quarter of older people said they do not feel capable of coping with their current situation, reflecting the stark need for psychosocial support.

Health

- Four out of five older people from IDPs sites have access to health services, compared to 68% of older people in host communities.
- However, over half of those older people in IDP sites who have access to health services reported that the facilities have no medicine and a similar figure stated they had no money to pay for health services.
- One-in-five older people said health services are situated between one to three hours away from their home, which is too far for them to go.
- Arthritis, gastrointestinal/digestive problems and hypertension are the top three health issues reported by older people in both the IDP and host sites.
- One-in-five older people who live alone have arthritis and mobility problems, limiting their access to essential services.
- Among older people in IDP sites, women comprise 77% of hypertension cases, compared to 23% of men.

Water, sanitation and hygiene

- The vast majority of older men and women in the IDP sites have access to safe drinking water, and bathing, handwashing and toilet facilities compared to 39% of those in host communities.
- Nearly half of older people said drinking water facilities are too far and one-in-ten said toilet facilities are too far.
- Three out of every ten older people reported they do not have sufficient privacy when using toilet or bathing facilities.
- Over half of older people who have difficulty getting out of their home had no access to safe drinking water.

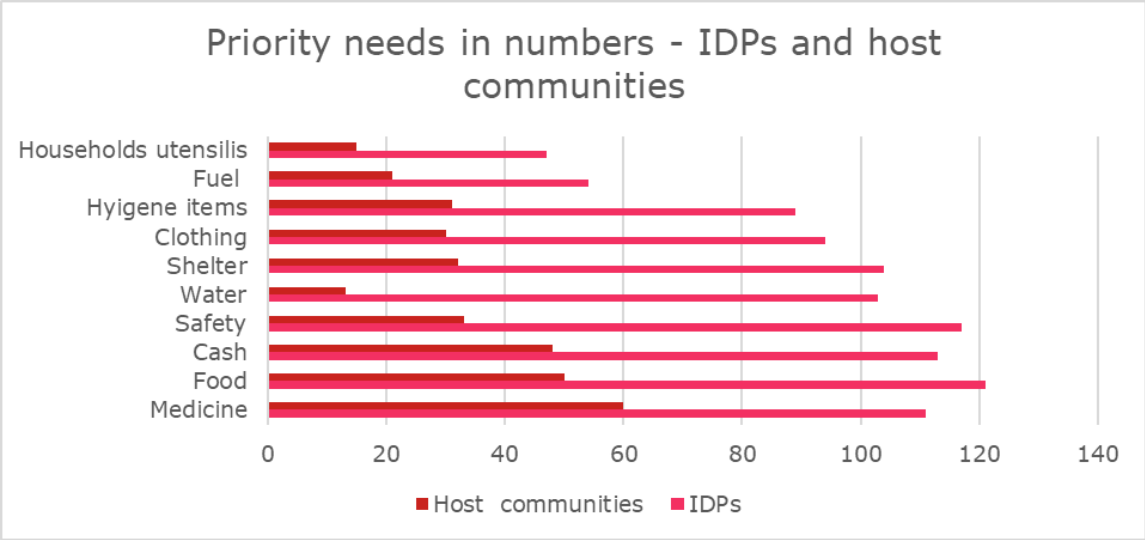
Shelter

- One-third of older people do not have or cannot afford shelter materials, and a similar figure cannot build a shelter without physical assistance from family members and friends.
- One-third of older people who live alone and need support reported shelter as their top priority.
- Three out of every five older people who have moderate or severe disabilities prioritised shelter as one of their top priorities.
- Nearly every older people person stated they plan to remain in the area, which highlights the need to give shelter attention.
- One-third of older people and those with disabilities who have arthritis said their shelter needs substantial improvement and they cannot move around it.

Priorities of older people

Older people chose their top priorities across safety, medicine, water, shelter, cash, food, hygiene items, clothing, household items, bedding, and fuel.

Priorities of older people	Priorities of older women	Priorities of older men
1. Food	1. Food	1. Medicine
2. Medicine	2. Medicine	2. Food
3. Cash	3. Water	3. Cash
4. Safety	4. Cash	4. Water
5. Shelter	5. Shelter	5. Hygiene items



Inclusive response recommendations

1. Assistance should be people-centred, ensuring the interests and protection of beneficiaries are at the centre of operations, that assistance is accountable to them, and that it is tailored to their varied needs.
2. Collect sex, age and disability-disaggregated data and analyse it to ensure appropriate programme responses.
3. Provide training opportunities for older people and people with disabilities so they can take on roles in the community, such as volunteers and health workers to plan, design, implement and monitor response activities.
4. Implement essential outreach to register older people for assistance, distribute food and other items, and carry out health services.
5. Ensure information on access to services is shared in accessible formats, considering hearing, visual or other communication barriers.
6. Engage with relevant UN clusters at field, country and global levels, as well as government and inter-agency coordination mechanisms.
7. Use the *Humanitarian inclusion standards for older people and people with disabilities*[8] to ensure all sectors are fully inclusive.

[8] Download the HIS for OP and OPwD: http://www.helpage.org/download/5a7ad49b81cf8

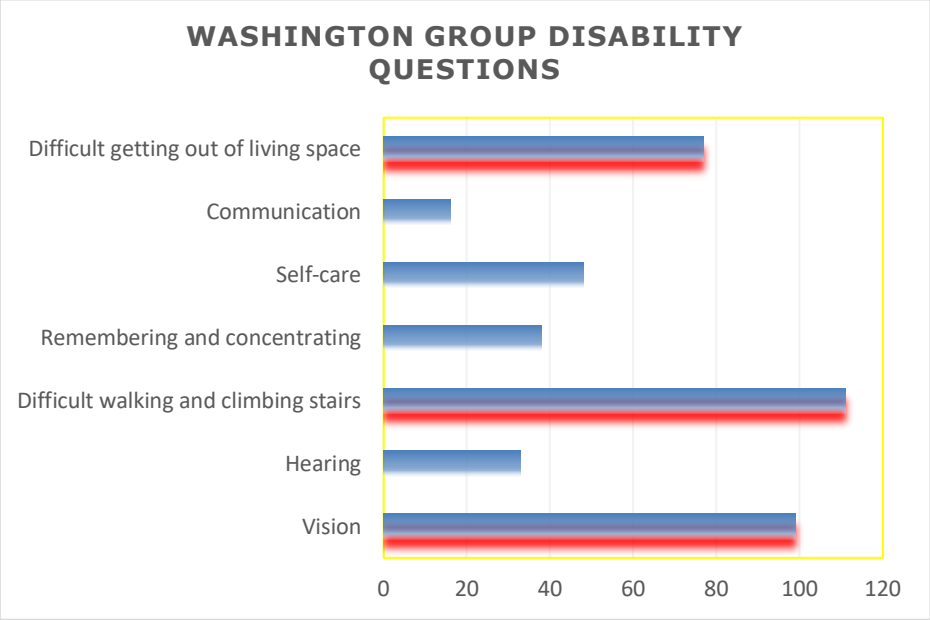
Sector specific findings from the RNA-OP

1. Disability inclusion

Nearly half (46%) of older men and women surveyed reported a disability, corresponding with the global level and with similar figures across IDP and host community sites (47% among IDP sites, 43% among host community sites). The rate is higher among men (53%) than women (43%).

These high rates reflect a need for programming that is inclusive of older people with disabilities. Of those with disabilities, 58% have a physical impairment, and 50% of the older men and women have mobility challenges in their homes. Over half (52%) of older people with disabilities have a visual impairment and 17% have a hearing impairment, with twice as many women affected than men among those with visual or hearing impairments. These older men and women face challenges to actively engage in daily life.

Moderate and severe disability among IDPs and host communities, Wau, South Sudan, November 2018.



Given the high percentage of older men and women with physical impairments and mobility challenges in their shelters, many will be unable to leave their homes to access humanitarian services. Particularly concerning is that one-quarter of older people state they have a lot of difficulty with or are dependent on others for self-care. Therefore, it is suggested that aid distribution, case management and support services, including for carers, are provided through outreach or mobile teams. Twenty per cent of older people have a lot of difficulty with remembering and concentrating, which can impact on their involvement in decision-making and managing their daily tasks.

Nearly half (44%) of older people living alone have a disability, of which 79% cannot access aid. This highlights the daily challenges they face that could be mitigated by inclusive programming. Additionally, 30% of older men and 20% of older women have mobility challenges and 26% of older men and women having visual impairments, which may also hinder access to services.

Ten per cent of older men and women who have a disability are living alone and have difficulty with self-care Those with multiple challenges like these will find it particularly difficult to meet their basic needs and may not have adequate support in place.

Coping mechanisms are in place for people with disabilities, as over 32% of those who have difficulty leaving their homes have support to access aid and over 17% have family, friends or volunteers bring aid to their homes. Paying for help or transport are not ways they use to ensure aid reaches them.

Host communities have less access to food and support than the IDP communities, leaving older people with disabilities in host communities more at risk and isolated from relevant support and access to basic services.

In South Sudan, older women and men are recognised as caregivers in their family. Data shows that older women and men with disabilities are principal carers and have multiple roles. 46% of older people with disabilities are caring principally for children, other older people and people with disabilities in their family. The majority (70%) of older women with disabilities in this caring role are IDPs.

Fifty-one per cent of older men and women surveyed use assistive aids, with 39% using mobility aids, such as a walking stick, usually made locally, walker or crutches and 9% using glasses and 3% using a toilet chair. A high percentage of older people report having a visual impairment, yet there is a very low percentage of older people using glasses (9%). This may mean there is little or no access to eyecare, including screening, treatment, aids, and/or no reliable information on how to access it. Double the number of older women compared to older men report using mobility aids. Further assessment is needed to understand how access to services impacts on the use of their assistive aids.

Recommendations

1. Outreach services should be multi-disciplinary through including community mobilisers, qualified health professionals (physiotherapists, occupational therapists), community social workers, rehabilitation professionals and community volunteers. They need to be ready to provide home-based care services, address accessibility concerns, encourage independent living in the community and develop case management approaches to promote independence living skills for people with disabilities.
2. With the high dependency on assistive aids, it is important to review the existing assessment and carry out a more in-depth assessment to ensure assistive aids are available in the IDP and host communities, ensuring there is equal access to both groups.
3. Follow up visual impairment data to better understand older men and women's need for eye care and glasses.
4. Even though there are relatively low numbers of older men and women with communication and memory problems, staff should still be trained in alternative communication methods to ensure this group is not forgotten.
5. Older people with disabilities need to be included in community and advocacy activities alongside other men and women so they can raise their voice and be heard.

2. Accountability

Overall, 65% of older women and 63% of older men report not being consulted by humanitarian agencies about the services provided to them. The percentage is higher among the host community, with 81% of older women and 78% of older men not consulted, compared to 58% and 54%, respectively, among IDPs. This could lead to programmes being inappropriate for older people's needs, which seems to be confirmed by the multiple barriers that older people reported facing when accessing assistance.

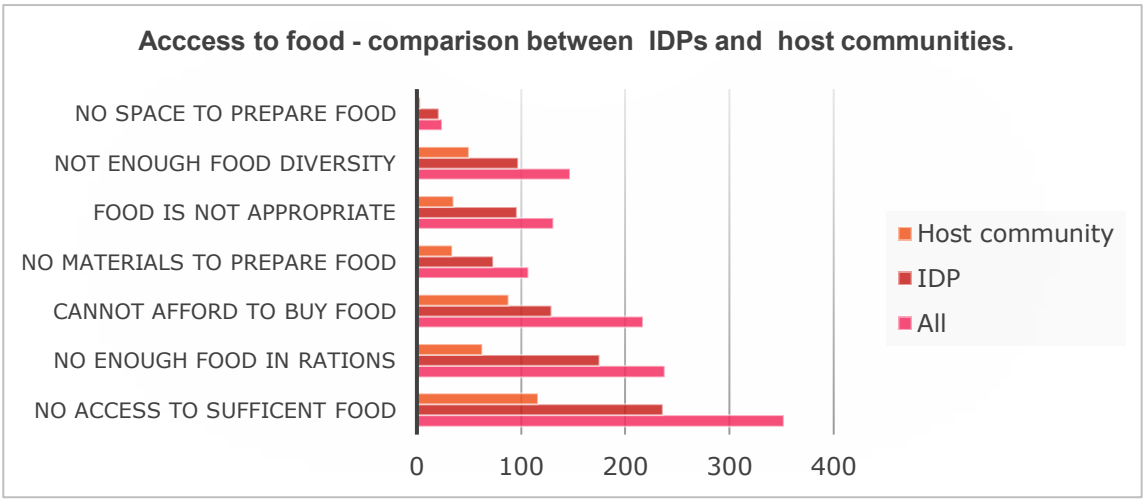
Nearly half of older people do not know how to make a complaint or give feedback on the services that are provided. The percentages are slightly higher for the internally displaced older women (47%) and men (56%) compared to the host community (42% and 43%, respectively). Older people with disabilities face additional barriers, with 65% unable to provide feedback.

Recommendations

1. Consult older women and men, including those with disabilities, using accessible communication methods on their needs, service gaps and whether available humanitarian services are safe and accessible.
2. Prioritise community-based complaints and feedback mechanisms that use a variety of accessible communications methods.
3. Analyse and use feedback from older women and men on a regular basis, for example, as part of monitoring, to support adaptive programming and to redesign interventions inaccessible or inappropriate for older people's needs.

3. Food security

Most of the food provided by humanitarian agencies must be cooked, but cooking stoves and fuel are rarely provided in South Sudan. As a result, women and children risk their safety, health, and sometimes their lives, to search for and collect firewood to cook food over smoky, polluting open fires. As shown in the table below, IDPs struggle to access food more than the host communities. This may be because host communities have established food supplies or because IDPs lack access to the market and may be fully dependant on food distributions. In addition, this food does not provide sufficient nutritional diversity.



Sixty per cent of older people (59% of IDPs and 63% of people in host communities) reported they went to bed hungry 1-2 nights per week. A further 19% went to bed hungry 3-5 nights

per week and 5% went to bed every night hungry. Most of the older people who went to bed hungry were females aged 60-69 years old. Twenty-one per cent of older people who went to bed hungry lived alone and rely on support from others.

Given the dependence on food distributions, if the ration was withdrawn, it would increase acute malnutrition among older people. More in-depth qualitative studies are needed but it can be understood that older persons, especially those who were displaced from rural areas and had no access to land within the boundaries of Wau town may be particularly at risk if the rations were withdrawn. As there will be limited access to food, it is very likely there will be cases of severe acute malnutrition, which can be managed with the community management of acute malnutrition model.

Micronutrient deficiencies can occur even when older people are getting enough calories as an imbalance of nutrients can make them vulnerable to infection and can cause a decline in cognitive function. With poor harvests expected in South Sudan, acute malnutrition could increase rapidly in the near future.

Recommendations

1. Improve the accessibility of food distributions.
2. Provide more food distributions.
3. Carry out a comprehensive nutrition assessment (SMART or RAM-OP survey[9]) to identify older people's needs and whether there are any gaps in accessing micronutrient and protein-rich food.
4. Distribute cash to support older people to buy food as 90% of older people stated that if they are given cash they would be able to use it. This requires a market assessment to understand the availability of food locally.
5. Distribute diverse food to avoid loss of cognitive function and deteriorating.
6. Consider community management of acute malnutrition[10] to address malnutrition.

4. Protection

Safety was listed as the top priority need by 24% of older people and was overall ranked as the fourth greatest concern for older women and men. The percentage was slightly higher for IDPs (25% for women and 27% for men), compared to 21% and 18%, respectively, from the host community. When considered alongside other rapid needs assessments conducted by HelpAge, this is a much higher percentage than is usually found.[11]

Given the situation in South Sudan, a higher level of concern about safety could be reasonably expected. However, with nearly one in four older people reporting safety as their main concern, targeted work is needed to ensure older people can be safe. A follow-up safety audit is recommended to unpack and address why safety is such a prominent concern among IDPs.

The main security risks perceived to be faced by older women, according to older people were:

[9] Standardised Monitoring and Assessment of Relief and Transitions (SMART) https://smartmethodology.org/about-smart/, and Rapid Assessment Method for Older People (RAM-OP) http://www.helpage.org/what-we-do/emergencies/ramop-rapid-assessment-method-for-older-people/

[10] CMAM is a methodology for treating acute malnutrition using a case-finding and triage approach

[11] Other RNA-OP were conducted in Bangladesh 2017, the Philippines 2018 and Indonesia 2018.

Security risk identified by older women	% in IDP sites	% host communities
Lack of a safe space in the community	52%	45%
Isolation	40%	48%
Emotional violence	25%	44%
Physical violence	19%	26%

For older men, the most common perceived safety risks identified by older people were: isolation (48% of IDPs and 45% of host community), followed by the lack of safe space (42% IDPs and 33% of host community) as well as physical violence for internally displaced older men (26%) and armed violence for older men living in the host community (27%).

The high level of older people's perception about having no safe place in the community suggests a loss of status within the community due to conflict and displacement. Before, older women and men were considered central pillars of a community, but where the conflict has broken down social structures, this role has been eroded. This feeds into further perceptions about neglect and isolation, and being emotionally and physical abused, both of which are high among older women and men. Providing accessible, gender and age-appropriate community safe spaces within the camp, combined with social rehabilitation interventions and psychosocial support are necessary to address the safety risks of older people. Additionally, given the relatively high levels of perceived physical violence among older women and men, the existing gender-based violence and protection services should include targeted outreach. Mobile outreach teams and community empowerment activities are also recommended for older people living in the host communities who face isolation and emotional abuse.

One-quarter of older women and 35% of older men in the IDP communities, and 59% and 49%, respectively, in the host communities do not have any identification documents, which limits their access to aid and services.

Older people in the host community report significant barriers when accessing services, with 42% of older women and 51% of older men not being able to access aid. This compares to 12% of older women and 15% of older men in the IDP community, 55% of older women and 67% of older men in the host community cannot access services unassisted, often relying on their family to support them. 26% of internally displaced older women and 32% of older men report requiring assistance to be able to reach humanitarian aid. There is an urgent need for humanitarian interventions to reach out to the host communities, especially older women and men who might face multiple barriers to access.

Large proportions of older women and men do not feel safe accessing services, with the host community reporting more safety concerns than the IDP population.

Unsafe access to	% IDP communities	% host communities
Toilets	15% (17% women, 13% men)	59% (59% women, 59% men)
Food	41% (38% women, 44% men)	53% (58% women, 47% men)
Home	36% (35% women, 36% men)	49% (48% women, 49% men)

Overall, less than 30% of older people report being able to cope on their own with their current situation. 57% of older women in both IDP and host communities) said they can cope but only with further support, compared to 61% of IDP older men and 45% in the host

communities. One in five (20%) older people in the IDP and host communities reported being unable to cope at all. This was slightly higher for women with 22% reporting inability to cope compared to 18% of men.

Over one in three older people report living alone (33% of IDPs and 36.5% among the host communities). For internally displaced older people, 33% of older women and 39% of older men do not know where their family is, and 56% of older women and 61% of older men do not know how to contact them. A slightly lower percentage of older women (38%) and older men (35%) from the host community report not knowing where their family is, with 27% of older women and 22% of older men unable to contact them.

Large numbers of older people who are unable to cope with the current situation, live alone and do not have a safe space in the community might lead to further isolation and risk being excluded from the life-saving humanitarian assistance.

Protection

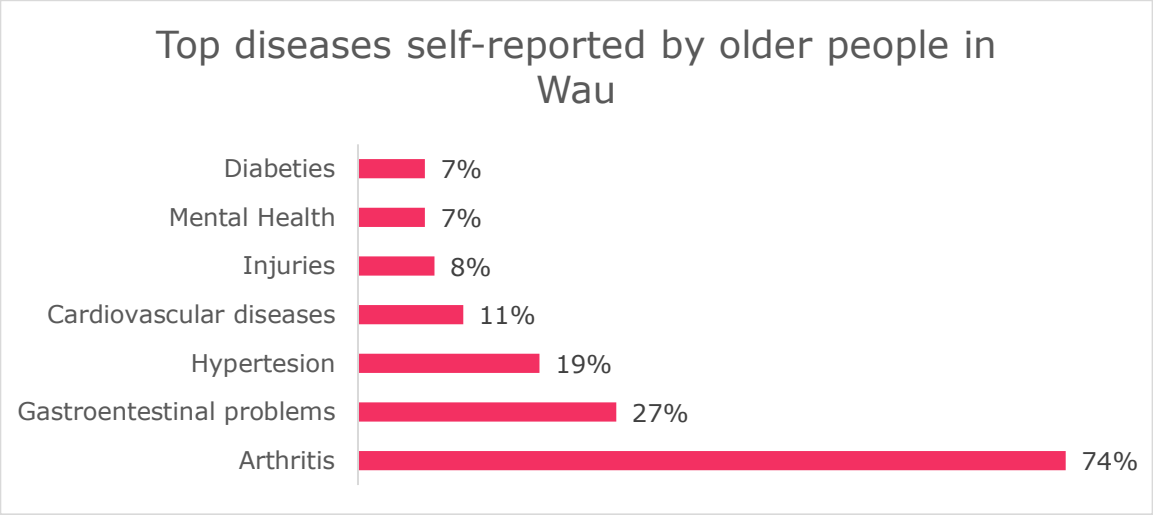
1. Carry out a follow-up safety audit to unpack and address the reasons for high levels of safety concerns among the older IDPs, as well as an accessibility audit for WASH and food interventions in host communities.
2. Establish accessible, gender and age-appropriate community safe spaces within the camp, combined with social rehabilitation interventions and psychosocial support to address the safety risks of older people.
3. Use mobile outreach teams and community empowerment activities to help reach older people living in the host communities who are isolated and face emotional abuse.
4. Issue older people, especially those living in the host communities, with a means of identification to facilitate their access to humanitarian aid and services.
5. Use targeted outreach to ensure older women and men from the host communities can access services.
6. Use psychosocial support to help older women and men who are unable to cope with their situation. Given the high levels of isolation, it is recommended that these are community-based and linked with the community safe spaces' activities.

5. Health

Three-quarters (76%) of older people across the IDP and host populations surveyed reported having access to health services, but 48% said the health facilities have no medicine, which needs to be addressed in future programming. Two-thirds (68%) of those who had access to health services are female and 34% male.

There is a significant difference between the IDPs and host community in accessing health services. The majority (80%) of older people in IDPs camps have access to health services compared to 68% of older people in host community, which shows that the host communities need greater health support. 16% of all older people confirmed they have a health problem and think no one can help them, which should be investigated further. 27% of those who live alone highlighted medicine as a top priority.

Arthritis, gastrointestinal/digestion problems and hypertension are the top 3 diseases self-reported by older people both from the IDP and host communities.



74% of older people reported having arthritis which causes pain, swollen and stiff joints, and a feeling of exhaustion or fatigue in older people, impacting their mobility and making it difficult to access services and carry out day-to-day activities. 36% of older people who have arthritis live alone, 35% cannot reach distribution points independently and 29% reported to have moderate or severe difficulty walking and climbing steps. Older people with arthritis are more likely to develop new disabilities and the lack of mobility they experience may contribute to increased dependency on caregivers.

There were 81 self-reported hypertension cases - 19% of respondents, with figures higher among IDPs (59%) compared to host communities (23%). Among IDPs, 77% of hypertension cases were among women and only 23% among men, suggesting women are experiencing high levels of stress in IDP sites. Hypertension is among one of the highest risk factors for severe disability,[12] and 27% of older people with hypertension surveyed have severe or moderate problems with walking and climbing steps. Women account for 68% of cases, indicating that hypertension could be a key cause in the functional status decline among older women who are often responsible for looking after family members.

Self-reported diseases were found to be higher among the IDPs than in the host communities. This disparity could be due to IDPs having greater access to health services where they can be diagnosed, while in the host communities, health services are less common.

Recommendations

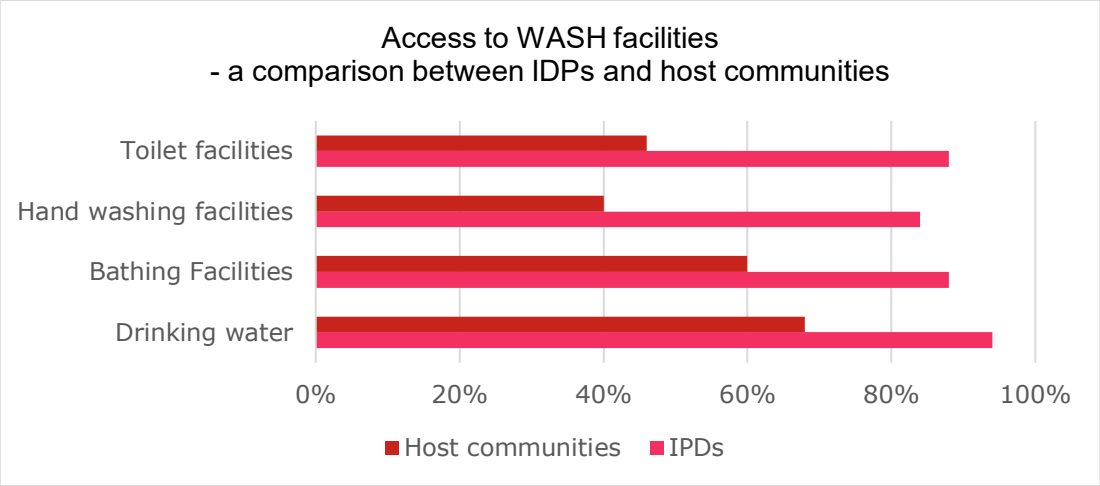
1. Raise awareness and conduct training on older people's health among health with staff and communities to ensure health facilities are more accessible.
2. Maintain a stock of life-saving medicine, assistive devices and medical equipment both in host communities and IDP camps, provide access to treatments and carry out follow-up services.
3. Put in place strong home-based care and outreach activities to support older people, those with disabilities and those far from services both in IDP sites and host communities.
4. Provide psychosocial support to women in the IDP sites to help them cope with the stressful situation to help reduce hypertension

[12] Defined as two or more limitations in activities of daily living.

5. Recruit community health workers to support older people who live alone and, with support from family members or friends, to meet their basic needs, including access to health services.

6. Water, sanitation, and hygiene

Older people from the host communities reported worse access to water, sanitation and hygiene (WASH) services as shown in the table below. Accessibility was also raised as an issue by the host communities, with 45% stating water facilities are too far and 10% saying toilet facilities are too far. The same issue was much lower for IDPs, demonstrating that more needs to be done ensure the host communities get the WASH support they need. A gender breakdown shows an almost equal access level to drinking water – 86% of older women have access compared to 84% of older men. Privacy was also identified as an issue - 30% of older people stated they did not have privacy in bathing or toilet facilities (33% in IDP communities, 25% in host communities).



Inadequate access to drinking water can cause acute gastrointestinal illness and, where a proportion of people have full access to safe drinking water, the self-reported prevalence of gastrointestinal infection is low.[13] One-quarter (23%) of older people from host communities reported having no access to drinking water and no gastrointestinal problems, compared to 5% of IDPs.[14] More than half (58%) of older people who had access to drinking water had no reported gastrointestinal illnesses, though there was a significant difference between IDPs and host communities - 70% and 46%, respectively in accessing drinking water. This implies that the risk of potential waterborne disease outbreak is higher in the host communities rather than IDP camps.

Nealy half (48%) of all older people who reported that they did not feel they had safe access to drinking water also have a moderate or severe disability and struggle to get out of their living space. Three-in-ten (29%) older people who have moderate or severely visual impairment reported having no access to WASH facilities (bathing, toilet and handwashing facilities). More than half (58%) of older people who have difficulty getting out of their living space had no access to safe drinking water, indicating that people with mobility issues are excluded from WASH services.

Recommendations

1. Target host communities in future WASH programming, to prevent an outbreak of waterborne diseases, which can spread to other areas, including IDP sites.

[13] There is no information on microbial/chemical contamination of water so it is impossible to have a precise predictive value to show the correlation of safe drinking water and gastrointestinal infections.
[14] Data is self-reported so the probability of underreporting and overreporting is high.

2. Make WASH facilities private and safe by installing locks and good lighting and placing facilities in locations better suited to older people and people with disabilities.
3. Use community volunteers to help transport water, supply hygiene kits, and provide health education and home-based care for older people who have mobility issues or disabilities and those who live too far from facilities.
4. Provide age and gender-sensitive health education to older people through community volunteers in a way that protects their dignity. For example, by distributing intimate hygiene products directly.

7. Shelter

Sheltering the survivors of displacement and performing urgent rehabilitation is a core humanitarian activity to prevent excessive death and illness. Beyond survival, shelter is necessary to provide security and ensure personal safety and protection, and to promote resistance to ill-health and disease.

Although shelter is a top priority for just 32% of older people in host communities (37% of IDP communities and 23% of host communities), the majority of older people are struggling to cope with their existing shelter. For example, 33% cannot afford shelter materials, 18% do not have adequate space in or for their shelter and, most notably, 70% of all surveyed older people said they are not satisfied with their shelter (71% of older women and 67% of older men).

Sixty-one per cent of older people with disabilities who have severe or moderate disabilities and have difficulties walking and climbing steps reported that their shelters are not adequate for their daily needs, reflecting the need for shelter support for people with disabilities.

Recommendations

1. Provide labour to support older people's shelter rehabilitation.
2. Build the capacity of staff, partners and communities to include older people and those with disabilities in shelter, settlements and household activities.
3. Evaluate and adapt the shelter of older people with disabilities and provide support for daily living activities where needed.
4. Support the participation of older people and people with disabilities in shelter-related activities and decision-making.
5. Engage with other sectors/clusters and existing disability representatives to ensure shelter is considered across all sectors. For example, in Wau, there is a group of disability representatives from each zone who should be involved in all shelter decision-making.
6. Install portable ramps and handrails, provide extra blankets and clothing for people with reduced mobility, and install better lighting for people with visual impairments.

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