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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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. Commitment to international humanitarian law and 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, but they do face greater challenges. They may find it difficult to access life-saving services, face isolation and lose their status in their community. We know that when emergencies strike, they risk having their rights denied. The humanitarian community must work together to ensure older people and other at-risk groups are not left behind.

Rapid needs assessment of older people

The rapid needs assessments of older people (RNA-OP) tells the stories of older people in crisis through surveying individuals in the relevant community to provide an overview of their situation and needs. 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 and those in host communities. 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.

Rapid needs assessment 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. Although gender and age quotas were considered, they were not applied as this has the potential to contradict the purposive sampling approach. 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 civilian (POC) camp (zones A, B and C), the Holy Cross IDP collective site and the St Michael host community. 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.

Humanitarian context

South Sudan is approaching its sixth year of a complex and protracted crisis that shows little sign of relenting, with continued widespread violence, a deteriorating economic situation and dire food insecurity. More than seven million people require urgent humanitarian assistance, with over four million people displaced, including 1.76 million who are internally displaced. Some of these IDPs are living in UN POC sites or collective sites. Older people affected by drought, conflict and displacement face multiple risks,[2] yet information on older people in South Sudan is often anecdotal, lacking comprehensive statistics on their situation and needs. Wau has been a hotspot of conflict-related displacement since June 2016 and is expected to face crisis food insecurity in 2019.

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

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

Inclusive response recommendations

General inclusion

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.
   Use the *Humanitarian inclusion standards for older people and people with disabilities*[3] to ensure all sectors are fully inclusive.

Disability inclusion

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.

Accountability

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.

Food security

1. Improve the accessibility of food distributions.
2. Provide more food distributions.

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

3. Carry out a comprehensive nutrition assessment (SMART or RAM-OP survey[4]) 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[5] to address malnutrition.

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.

Health

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
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.

Water, sanitation and hygiene

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

[4] 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/

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

Shelter

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.