



HPG Commissioned Report

The role and vulnerabilities of older people in drought in East Africa

Progress, challenges and opportunities for a more inclusive humanitarian response

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with Georgia Plank

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Acronyms

ACTED	Agence d'Aide à la Coopération Technique et au Développement
ADCAP	Age and Disability Capacity Programme
BMZ	Federal Ministry for Economic Cooperation and Development
CRPD	Convention on the Rights of Persons with Disabilities
CSB	Corn soya blend
DDR	Disaster risk reduction
DFID	Department for International Development
ECHO	European Commission Civil Protection and Humanitarian Aid Office
GAM	Global acute malnutrition
GBV	Gender based violence
HPG	Humanitarian Policy Group
HQ	Headquarters
KII	Key informant interview
IASC	Inter-Agency Standing Committee
IDPs	Internally displaced persons
INGOs	International non-government organisations
IRC	International Rescue Committee
MAM	Moderate acute malnutrition
NFIs	Non-food items
NGOs	Non-government organisations
NRC	Norwegian Refugee Committee
ODI	Overseas Development Institute
PSNP	Productive Safety Net Programme
RAM-OP	Rapid Assessment Method for Older People
SAM	Severe acute malnutrition
SDGs	Sustainable Development Goals
SIDA	Swedish International Development Agency
SNNPR	Southern Nations, Nationalities and People's Region
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Fund
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Executive summary

Given that the frequency and severity of natural disasters as a result of climate change are likely to increase, and that, by 2050, 22% of the world's population will be aged 60 or over, it is increasingly important that humanitarian action not only responds to the specific needs and vulnerabilities of older people, but also recognises and builds on their capacities to contribute to humanitarian preparedness and response. This study, commissioned by HelpAge International with funding from Age International, explores how organisations such as HelpAge can further support actors involved in drought crises to include older men and women in their responses. Focus countries for this study include Ethiopia, Kenya and South Sudan, with a particular focus on Ethiopia.

Roles, capacities and vulnerabilities of older people

Whilst older people have special needs, they also have unique skills, experiences and roles within their families, communities and societies. The roles of older people differ according to gender, mirroring the division of roles and responsibilities between women and men established earlier in life. Within the household, older people, particularly women, play an important role as caregivers, and are often centrally involved in bringing up grandchildren. They also support the household with domestic chores and take on economic activities if they are fit and able to do so. Within the community, older people are seen as custodians of knowledge, and older men in particular play a key role in decision-making and mediating in disputes.

These roles continue to a certain extent during droughts, though household burdens may increase as younger adults have migrated or are grazing livestock further away. Similarly, as communities break up, older people's role in maintaining cohesion may weaken. At the same time, droughts tend to increase older people's vulnerabilities: appropriate foods may be unavailable, their mobility might be reduced and their dependence on others may increase. Droughts also negatively affect the traditional roles of older people, and perhaps more specifically their social position, as communities and power and support structures are dismantled, leaving older people with less influence and power.

Inclusion of older people in drought response: informal and formal

Traditional and informal coping mechanisms and safety nets, which often were already insufficient in non-drought situations, are weakening and being further undermined in a context of repeated shocks and droughts. This has resulted in a decline in social cohesion, particularly in urban areas. Negative coping is common among older people in drought contexts, and includes reducing their food intake and/or eating less preferred foods; gathering and consuming 'wild' foods; sharing among or borrowing from neighbours; selling or consuming productive assets, including livestock and property; staying behind when families migrate; and relying on income or remittances from adult children.

The formal traditional humanitarian response has failed to adequately consider both the roles and specific vulnerabilities of older people. Similarly, most organisations not focused on older people do not have policies specifically for them. Limited age- and sex-disaggregated data may limit the inclusion of older people in humanitarian programming. Evidence of good practice in the drought response related mainly to mainstreaming efforts: either through programme guidance, which required the organisation to consider adapting programmes to the special needs of older people (and other individuals that may require specific attention), or through HelpAge's work with other organisations to integrate older people in their programming. There was a general recognition that HelpAge played a significant role where it was present, including through attending coordination and cluster meetings and advocating on behalf of older people, and in influencing funding and programming that includes the specific vulnerabilities and roles of older people.

Challenges and opportunities for the inclusion of older people

One of the main challenges is the small percentage of older people in the population more generally, and in a crisis situation in particular (though demographic trends suggest that this may change in the future),

leading to a focus on the needs and vulnerabilities of other groups, particularly children. Respondents in our study also felt that adding an age lens or age mainstreaming would also create an extra burden for organisations already under pressure in humanitarian contexts, and further fragment the response. There was also a lack of consensus on whose job it is to ensure that older people are included adequately in humanitarian response. While recognising that HelpAge is only one organisation (albeit also the secretariat for a global network of age-focused organisations), respondents felt that it had the primary responsibility to advance the issue of older people, and pointed to a need for more guidance and tools, training and capacity strengthening, greater presence of HelpAge staff in coordination mechanisms and more effective advocacy.

Opportunities for increasing older people's inclusion could build on their roles and capacities, including their capacities to convene and act as mediators, their centrality in decision-making processes and their knowledge of drought management. Although respondents were mixed in their views of its effectiveness beyond a box-ticking exercise, the Inter-Agency Standing Committee (IASC) has been piloting a new version of the gender marker that includes both gender and age. The potential to strengthen and scale up HelpAge's role (including by seeking financial and other resources) at the coordination level, in inter-cluster discussions, in developing strategic partnerships and at the field level in programming implementation, was also mentioned as a critical opportunity. Shifting advocacy messages away from a focus on older people and towards advocating for age-sensitive programming, thereby also supporting better-quality programming, is also seen as an opportunity. Governments in East Africa also represent a critical opportunity, with social protection policies, universal pensions and other safety net mechanisms in Ethiopia and Kenya showing progress.

Recommendations

To donors:

1. Donors should continue supporting HelpAge's network through programming and advocacy specific to older people, and capacity-building and institutionalisation.
2. Building on the ECHO gender and age marker and the IASC pilots of the gender and age marker, donors should adopt an age, gender and disability marker and integrate in their policy a strategy to build the capacity of the humanitarian community to better assess, programme and monitor the mainstreaming of age, gender and diversity.
3. Support further research on specific gaps around older people in humanitarian crises.

To host governments:

4. Governments should adopt social protection policies that include older people and implement social protection schemes for the most vulnerable, including older people.
5. Host governments should consider adopting unconditional safety nets that do not require labour, to allow very old people and people with disabilities to benefit from this assistance.

To humanitarian organisations and development partners:

6. Humanitarian organisations should adopt policies and practices based on the new Age and Disability Capacity Programme (ADCAP) humanitarian inclusion standards for older people and people with disabilities.
7. Humanitarian actors should work closely with their development counterparts to identify opportunities to better link up work on older people outside of humanitarian situations, such as social policy and safety nets.
8. Humanitarian organisations should consider how the issue of inclusion of older people can become integrated with gender and protection mainstreaming efforts, as well as overall programme quality work.

To HelpAge International:

9. In implementing specific programmes for older people, HelpAge should strategically partner with humanitarian organisations not specialised in issues particularly affecting older people, in order to build capacity and facilitate the inclusion of older people in humanitarian response.
10. HelpAge should create strategic coalitions with organisations supporting the inclusion of other marginalised groups, such as youth and adolescents and people living with disability.

1 Introduction

1.1 Rationale: why look at the inclusion of older people in drought response?

Older people are disproportionately vulnerable to disasters and other types of emergencies. When Hurricane Katrina struck New Orleans in 2005, three-quarters of those who died were over 60 years old, although older people made up only 16% of the city's population. When the Japan tsunami hit in 2011, 56% those who died were 65 years and over, despite accounting for only 23% of the population. The highest death rate from the 2004 Indian Ocean tsunami was among people over 70 years of age: 28% of this age group were killed (HelpAge International, 2016a).

While humanitarian principles require that assistance be delivered impartially, prioritising assistance to those most in need without discrimination, in practice humanitarian operations can tend towards one-size-fits-all emergency responses that overlook the specific, yet wide-ranging, vulnerabilities of older people in emergency contexts (Slim, 2018; Age International and HelpAge International, 2016a). While this approach tends to be perceived as the best way to quickly reach the most people in emergencies, a number of factors including age, sex, socio-economic background, ethnicity and health status come into play when disaster strikes, making each individual vulnerable in different ways (Slim, 2018). Beyond humanitarian principles, other human rights commitments,¹ the 'leave no one behind' ethos of the Sustainable Development Goals (SDGs) and commitments under the Inclusion Charter require humanitarian organisations and donor governments to ensure the proper inclusion of older people, including understanding how age intersects with sex and disability (see UN, 2016; UNDP, 2017; Inclusion Charter, n.d.). Given that the frequency and severity of natural disasters as a result of climate change are likely to increase, and that, by 2050, 22% of the world's population will be aged 60 or over (Brookings n.d.), it

is increasingly important that humanitarian action not only responds to the specific needs and vulnerabilities of older people, but also recognises and builds on their capacities to contribute to humanitarian preparedness and response (UN, 2015).

This study, commissioned by HelpAge International with funding from Age International, explores how organisations such as HelpAge can further support actors involved in drought crises to include older men and women in their responses; and how aid agencies can better address the needs of older men and women, as well as their capacities and roles in responding to drought. Focus countries for this study include Ethiopia, Kenya and South Sudan, with a particular focus on Ethiopia, which included a field visit there. HelpAge and the Humanitarian Policy Group (HPG) at the Overseas Development Institute (ODI) are also undertaking a companion study on the inclusion of older people in responses to displacement in Uganda, Ethiopia and South Sudan (Barbelet, 2018).

1.2 Structure of the report

The remainder of this first section provides the context to the drought in East Africa as well as the situation of older people, with a focus on Ethiopia. This is followed by an overview of the methodology, and the study's limitations. In Section 2, the report explores older people's roles and associated vulnerabilities, both in drought and non-drought contexts. The response environment is then explored in Section 3, starting first with informal responses and coping strategies before moving on to more formal government and international responses. Section 4 presents both challenges and opportunities going forward. Finally, Section 5 concludes the paper by providing a set of recommendations.

1.3 Context

1.3.1 Drought in East Africa and Ethiopia

The 2016 short rain season (October–December) brought severely low levels of rainfall to East Africa.

¹ For more on human rights and older people, see <https://social.un.org/ageing-working-group/>

This deficit was particularly acute in Somalia, southern and south-eastern Ethiopia, northern and coastal Kenya and – to a lesser extent – south-western Ethiopia, central and south-western Uganda and south-eastern South Sudan (UN OCHA, 2017b). This was the third consecutive year of drought in a region where years of diminished food production had exhausted people’s capacity to cope with another shock. The drought also had a major impact on water resources, including water levels in rivers and the availability of water for human and livestock consumption. Widespread crop failures affected farming and agro-pastoral communities in most of Somalia, south-western Ethiopia and north-eastern Kenya. Livestock contracted diseases at alarming rates, with catastrophic consequences for the region’s pastoral communities. Terms of trade also declined sharply for pastoralists, contributing to rising household food insecurity and malnutrition. Household milk and meat production decreased, while the price of milk and other dairy products skyrocketed. By November 2017, about 15 million people across Ethiopia, Uganda, Kenya and Somalia were severely food insecure and in need of humanitarian assistance. Repeated cycles of climatic shocks, coupled with insufficient recovery periods, have limited household and community coping mechanisms (OCHA, 2017a).

In Ethiopia, at the beginning of 2017 the government estimated that approximately 5.6 million people would require emergency food assistance and 2.7 million children and pregnant and lactating mothers required supplementary feeding; about 9.1 million people would not have regular access to safe drinking water; and 1.9 million households would need specific livestock support (Government of Ethiopia and Humanitarian Partners, 2017). By the middle of 2017, numbers had increased to 8.5 million food-insecure people and almost 1.1 million internally displaced, including some 420,000 displaced as a result of drought (OCHA, 2017a).

1.3.2 Older people globally, regionally and in Ethiopia

In 2016, there were 928 million people aged 60 years and over globally (HelpAge International, 2016a).² By 2050, the global number of older people is likely to exceed the number of children for the first time in history, accounting for 22% of the global population

2 Half of people aged 60-plus worldwide have one or more disabilities (RedR and ADCAP, 2017a).

(RedR and ADCAP, 2017a). More than 80% of the world’s older population – compared with 60% today – will live in developing countries, where disasters are more likely and their humanitarian impact is greater (RedR and ADCAP, 2017a). Each year, an estimated 26 million older people are affected by natural disasters (Age International and HelpAge International, 2016).

According to government figures, 4.4% of Ethiopians are aged 60 and above (Federal Democratic Republic of Ethiopia, 2018). Studies suggest that poverty has become more acute among the older population in recent years, exacerbating their susceptibility to specific vulnerabilities. Poor health, unsuitable housing, inadequate diet and shelter, diminishing family and community support, limited social security provision, lack of education and training opportunities and limited employment and income opportunities are among the factors contributing to poverty among older people (HelpAge International, 2013a). There is, however, a dearth of statistical information on the situation of older people, including disaggregated data by gender, age (60–80, 80-plus) or location (rural or urban).

1.4 Methodology and limitations of the study

The study methodology consisted of two main components: a literature review and key informant interviews in-country (Ethiopia) and over the phone for all three countries, with support from the HelpAge teams in the Regional Office in Kenya and the Country Office in Ethiopia. Relevant unpublished (grey) and published materials were identified, and web searches were undertaken including INGO, donor and UN websites. Keyword searches and combinations of words related to the themes of interest to the study included: older persons, older women/men, definitions of roles of older persons, vulnerabilities of older persons, drought/drought responses, Ethiopia, Kenya, South Sudan and East Africa. Findings from the literature review are incorporated into the study report, and were used to inform the key informant interview guide (see Annex 1), which was developed by the ODI team and then shared with the HelpAge teams for their inputs and suggestions.

Guided by the HelpAge teams in the region, key informants were identified who could speak to a number of issues, including drought in the region,

as well as country-specific situations; the roles and vulnerabilities of older people; and NGO, UN, other donor and government drought responses. It was also decided to obtain country-specific, regional and international perspectives on the issues, to triangulate and build on emerging findings. Respondents included representatives of INGOs, donor agencies and government bodies (the full list of study respondents is in Annex 2). A total of 25 interviews were conducted, lasting approximately one hour each. With appropriate consent, interviews were recorded, transcribed and coded using MAXQDA software. Coding was carried out by one coder, with the coding structure developed jointly by the researchers, then tested with a few transcripts and modified accordingly. Following the coding, and based on discussions with the full team, data from the coded segments was summarised and then written up in the report outline.

The literature review concentrated on material from the region, with a strong emphasis on Ethiopia. We do not claim to have covered all the available material on older people's roles, their vulnerabilities and their responses and coping strategies in drought contexts both globally and in the three countries under review here. We do not believe that this affects the report's findings. Generally, it appears that there is limited material available on older people in drought responses beyond studies commissioned or carried out by HelpAge.

Because of the level of resources available for this study, it was decided to focus on key informants, and the perspectives of the ultimate target group for this study (i.e. older people) are missing. However, the literature review did uncover the perspectives of older people in a number of documents, and key informants, many of whom work in the humanitarian sector, often spoke from the perspectives of older

people. The inclusion of HelpAge staff and the staff of local organisations working directly with older people enabled the researchers to collect the perspectives of older people indirectly.

Although key informants were carefully selected with input from the HelpAge teams, it is important to note that not all informants are working directly with older people. Respondents were selected partly because of their ability to speak about drought-related vulnerabilities and responses more broadly in the region, and to obtain their views on where they considered older people fitting into these debates and responses. The response rate for interviews was very low. A number of people contacted felt unable to take part in the study due to their lack of expertise on issues affecting older people. The low response rate reflects a general lack of awareness – and perhaps interest – in older people in humanitarian crises. Although efforts were made to accommodate respondents' availability and timing, and despite following up with respondents a number of times, some planned key informant interviews did not take place.

Two important limitations should be noted in the analysis below. The data collected for this study did not provide enough nuance to allow for a more gendered analysis. Few respondents were able to provide detailed accounts and understandings of the situation of older people and the impact of drought, let alone an understanding of how or whether the drought affected older men and older women differently. Similarly, beyond acknowledging that older people with disabilities faced a dual challenge and were more vulnerable in droughts, the data did not allow for further analysis on how age and disability intersect with the impacts of drought situations on the roles and vulnerabilities of older men and women.

2 Roles, capacities and vulnerabilities of older people

The following sections provide a snapshot of findings from the literature review and the primary data. In each case, we present the situation of older people in a non-drought context, and then explore how their vulnerability might be exacerbated during drought. Findings are disaggregated by gender, age and location where relevant.

2.1 The role of older people in drought and non-drought contexts

Whilst older people have special needs, they also have unique skills, experiences and roles in their families, communities and societies. As emphasised repeatedly in the literature, older people possess diverse capacities, skills and resources, and a lifetime of experience, knowledge and skills (WHO, 2008; HelpAge International, 2014a). With increasing life expectancy due to healthier lifestyles and better healthcare, many older people are able to stay active and independent much longer. According to one study, at least half of people over 60 years old in developing countries are economically active, and a significant proportion (a fifth or more) are still working into their seventies (HelpAge International, 2012a; WHO, 2015). Older people, particularly women, play an important, if not critical, household care role, especially in households where the middle generation may be missing (e.g. due to conflict, death, HIV/AIDS or migration (Brookings, n.d.; HelpAge International, 2012b; Samuels and Wells, 2009). The literature also shows that older people's pensions are vital for the household in general – in a survey in Namibia and South Africa, only 28% of pensions was spent directly on pensioners themselves: 43% was used to address the needs of the whole household, and 29% was passed to individual relatives (HelpAge International, 2012b).

In terms of emergency and drought responses, the literature notes that older people can be a valuable source of information on local hazards

and risks (especially in rural areas, where data on previous disasters tends to be sparse), as well as in the development of appropriate and sustainable community-based mitigation strategies (BMZ, 2013). Given that older people may not be as heavily engaged in day-to-day economic activities, one study notes that they may be able to spend more time on disaster risk management, while also encouraging other community members to get involved (HelpAge International, 2014b). This is in line with a study in the Philippines, where older people expressly asked for increased support for 'active ageing' – to enable them to actively participate and lead emergency preparedness and response (Barclay et al., 2016). Table 1 (page 6) provides examples of the contributions of older people in humanitarian contexts, and Box 4 gives good practice examples of ways to help older people take on leadership roles in disaster risk reduction.

2.1.1 The role of older people in the household in East Africa

Also [older people] support livelihood activities, for a man, do not engage in hard activities but take care of calves, when others are herding they take care of issues around the homestead, left to oversee younger children, act in a supervisory role. For older mothers, active younger women engaged in fetching water, watering animals, leaving behind young children which older mothers will look after. Normally play a complementary role to other people, depending on their capacities in terms of physical strength. Contribute both in terms of intellectual development for the people and also in terms of giving supervisory roles (Government agency, Kenya).

Findings from the primary data collection echo the literature. According to a majority of key informants, from NGOs, donors and government, older people in East Africa were seen to have a range of capacities and roles both within the family and beyond. Within

Table 1: Examples of older people's contributions in emergencies

Emergency	Contributions
Aceh tsunami, 2004	<ul style="list-style-type: none"> • Helped families in evacuation and cared for children during recovery • Told stories to children and cared for them in camps • Reached out to others (women and children) to offer support and aid
Bophirima drought, 2002–2005	<ul style="list-style-type: none"> • Supported families economically with government pensions • Deprived themselves of food to feed children and grandchildren • Cared for grandchildren when adult children go to work in cities • Shared traditional knowledge and farming skills to cope with drought
British Columbia wildfires, 2003	<ul style="list-style-type: none"> • Formed the 'backbone' of community emergency response • Helped their immediate family • Provided information, advice and technical skills in recovery phase (e.g. location of wells, fences, job creation and economic development, assessment of building damage, advice on rebuilding)
Chernobyl power plant accident, 1986	<ul style="list-style-type: none"> • Served as historical witnesses of the event and as examples of taking control over personal destiny (by returning to home area) • Facilitated social and economic revitalisation of previously evacuated area • Shared knowledge on how to minimise exposure to radiation in the soil
Cuban hurricanes, 150-year period	<ul style="list-style-type: none"> • Participated in all aspects of community emergency planning, response and recovery: <ul style="list-style-type: none"> – information and education on evacuation and home safety measures – weather watches and dissemination of local emergency directives – identification of local risks and safe, secure areas – clean-up, reconstruction and moral support to others
Kobe earthquake, 1995	<ul style="list-style-type: none"> • Were models of resilience and resourcefulness • Became historical witnesses to relate the disaster and provide lessons for the future • Set up mutual aid and support projects in temporary housing • Offered ongoing outreach and support to other older people still affected by the earthquake
Jamaica hurricanes, 2004–2005	<ul style="list-style-type: none"> • Acted as models of resourcefulness and resilience • Cared for younger and sick family members while adults dealt with immediate problems • Provided shelter for displaced people • Volunteered practical skills (older tradesmen volunteered help)
Kashmir earthquake, 2005	<ul style="list-style-type: none"> • Provided wisdom and coping skills learned from previous hardships • Cared for children and the ill and took in orphans • Used traditional position of honour and respect to keep families and communities intact and functional (e.g. taking responsibility for admission of camp children to the public school outside the camp) • Older imams provided counselling and teaching • Established a tented mosque for community worship
Lebanon armed conflict, 2006	<ul style="list-style-type: none"> • Provided care for others, including other older people, children and grandchildren, during and after the conflict
Louisiana hurricane, 2005	<ul style="list-style-type: none"> • Served as volunteers and contributed professional skills (retired emergency response personnel) to emergency efforts
Manitoba flood, 1997	<ul style="list-style-type: none"> • Served as volunteers (cooking, baking, donating money and clothing, fundraising, hauling sandbags, helping in shelters, socialising with evacuees)
Mozambique flood, 2000	<ul style="list-style-type: none"> • Provided traditional knowledge in predicting weather • Participated in community-based rehabilitation projects, e.g. home visiting vulnerable individuals, organising reconstruction efforts, planning and managing seed distribution in the community
Saguenay flood, 1996	<ul style="list-style-type: none"> • Acted as volunteers at a day centre established by community health and social services • Created and operated a committee providing technical and moral support to flood victims and advocacy in dealing with government offices • Provided shelter to family members • Served as volunteers for community organisations
Quebec ice storm, 1998	<ul style="list-style-type: none"> • Served as volunteers in shelters • Provided shelter to family members

Source: WHO, 2008.

the household, older people, particularly women, play an important role as caregivers and are often centrally involved in bringing up grandchildren, as well as supporting the household with domestic chores. According to a majority of study respondents, this is usually because the adult/parent are either working or have migrated elsewhere in search of employment or the ‘bright city lights’. This results in older people also often taking care of household or family resources. Many respondents noted that older people continue to play a role in the household’s economic activities, if they are fit and able to do so. These include farming and gardening activities, and in pastoralist communities taking care of smaller animals. These roles change as people get older and move progressively from more manual or more physically strenuous activities to lighter, more supervisory roles.

2.1.2 The effects of drought on older people’s role in the household

If there is a drought and water is further [away] it is women who have to go further. Elderly are left taking care of those children and those younger and not going to move (Donor, Regional/Somalia).

According to study respondents, older people’s – particularly older women’s – caring roles and domestic work burdens have increased during the drought. This is largely because the middle generation of adults have had to move further away to find grazing land or have moved to urban areas, leaving older people (largely women) to take on additional domestic and caring responsibilities. Older people may also play a greater economic role during drought, again largely because the middle generation has moved away. Study respondents noted that this may be reflected in increased farming activities, greater participation in public works programmes and (especially for older women) taking on/increasing responsibilities for managing household finances, as well as other household tasks, including taking care of children. These roles are often un- or under-recognised because they are informal and confined to the home.

2.1.3 The role of older people in the community

All study respondents noted the role that older people play at the community level in terms of their knowledge and wisdom. They were variously spoken of as being custodians of knowledge, knowledge-

holders and ‘libraries’, able to educate and advise children and young people on a range of issues including building community resilience to shocks, which coping mechanisms to use and how to apply them and which ‘wild’ foods to gather when crops fail.

Older people are more like the libraries, African culture, oral tradition, are the wisdom banks for the community, that is number one. Pass on skills, traditions, culture, are the cultural pillars of the community/society ... Also older people better placed at reading signs of climate patterns, compared to younger ones, more able to look at weather patterns, can say this is going to be a better cropping season, plant more or less, etc. That kind of wisdom that younger people can’t read the patterns, do natural analysis (NGO, Regional).

Older people, particularly men, were also mentioned by most study respondents as being community leaders and playing an important role in decision-making, for instance regarding land distribution and identifying programme beneficiaries (see below). These leadership roles varied between locations, and tended to be more pertinent in rural than urban areas, and according to status (socioeconomic, health, intellectual capability, etc.). They also draw on traditional ideas and systems of leadership (it was noted that one ethnic group in Ethiopia, the Borana, often place older people in strategic positions). Older people are also often seen as community mediators, tasked with settling disputes and other conflicts, often related to land. Again, this is because they are seen as able to draw on their knowledge and wisdom in helping aggrieved parties reach a solution. More generally, and linked to their role in promoting social cohesion, they (and possibly particularly women) are seen as being connectors or ‘rallying points’, bringing people together and enabling younger generations to keep in touch with their origins and roots.

Communities are connected by very old people. If [for example] a conflict, elderly people will be involved in arbitration, people will have restraint not to do something because of the existence of older people. [Older people] are revered, age is revered. [In] Ethiopia, South Sudan, Kenya, Somalia, elderly [people are] very respected, say an elder can curse you, elderly people meet, if [they] pronounce on something the younger generation tends to listen.

[In] warring communities (Turkana), usually elderly people provide a level of restraint, help in cleansing rituals, catch young generation if do something that is seen to be harmful (NGO, Regional).

2.1.4 The role of older people in the community during drought

But once the drought happens, they become more vulnerable rather than bring support (HelpAge, Ethiopia).

Older people's roles as both knowledge-holders and leaders have been enhanced or taken in new directions as a result of drought or in post-drought situations. According to study respondents, this has included providing advice on drought management and coping mechanisms, and reading climate patterns and indications that communities should migrate for improved livelihoods opportunities.

Respondents also noted that the types of disputes that older people preside over and mediate during or post-drought will largely be related to climate and livelihoods factors as pressure on resources increases. Some may also play this role in new contexts, for instance IDP camps, if they migrate with their communities. As one respondent explained:

[the role of older people] also depends on the kind of emergency, if [it is a] drought response emergency, [we] can see a role for older people as after the emergency there will need to be some social cohesion and peace-building among the different communities, so [they] don't face competition among beneficiaries for food or land, they can play a role as mitigators to avoid conflict (UN agency, Ethiopia).

There were, however, differing opinions among respondents as to the extent of the role of older people in the community, and their influence post-drought, with some arguing that their increased vulnerability as a result of the crisis overshadowed or challenged the roles they had previously played in supporting the community, particularly in the context of repeated cycles of drought. As one respondent explained:

With increased cycles of violence and drought, the things that elderly people used to predict and made them valuable they are less able to

do ... [The] knowledge that was helpful to prepare communities and households and to provide them with some resilience, that kind of contribution wanes out ... When people are displaced, living on hand-outs ... the role of elderly people also gets eroded (NGO, Regional)

The parallel ODI study reached a similar conclusion (Barbelet, 2018). Based on focus group discussions with older South Sudanese refugees in Uganda and Ethiopia and IDPs in South Sudan, the study concluded that there was a strong link between the role and influence of older people in the community and their socio-economic vulnerability. As older people lose assets, in particular access to and management of natural resources, land and livestock, their role, power and influence diminish.

One interviewee argued that this perception of older people as 'knowledge bearers' and sources of advice for the community was idealised – and that in most cases only a minority of older people have knowledge that enables them to cope during drought better than younger people:

[I] [w]ouldn't want to over romanticise older people's knowledge of the environment of what they can/can't eat ... Only in extreme cases [you] might get one or two people who know something, some traditional knowledge, which allows them to survive or eke out an existence where young people might have lost that (NGO, Regional).

2.1.5 Role of older people in development and drought response

In most countries, older people have a role to play, I don't think we take full advantage of the important role they could play in our programming (NGO, Regional).

Older people play a role, albeit a limited one, in external programmes or other interventions implemented by the government and other aid actors. This is often because older people are the entry-point or first port of call in villages, or because the younger adult generation have migrated out. Thus, they may be involved in identifying programme beneficiaries (e.g. older people are involved in the Kenya Hunger Safety Net Programme, and in Ethiopia older people are part of community-based targeting mechanisms

used by the government (see Section 3)), they may be involved in older people's associations, and older women were also spoken about as playing an advisory role for some NGOs.

Some NGO programmes have drawn on older people's traditional roles as bearers of knowledge, particularly around drought preparedness and early warning systems. World Vision – the only NGO cited by name – has produced a book based on the knowledge older people in Ethiopia hold on early warning. Similarly, while HelpAge International staff and its network members across the region recognise that older people may also play important roles in mobilisation, distribution and mediation, there is no evidence to suggest that such strategies are being deployed by other NGOs. Indeed, both donors and HelpAge International staff interviewed, while recognising the potential to build on older people's traditional roles in support of drought response programming, also noted that these capacities have so far been drawn on only in a very limited way (see also Section 4).

Interviewees also stressed the risks associated with relying only on older leaders (i.e. gatekeepers/ influencers), especially to inform targeting. If older people are to be involved in programming, governments and aid actors need to ensure the participation of less influential and more marginalised or vulnerable older people as well. This is also true for the participation of other age groups. Indeed, as the respondent below explains, older people may be replicating discriminatory beliefs when carrying out targeting activities and informing the interventions of governments and aid actors.

During the emergency response itself perhaps they can play a role in targeting, because they know very well the communities and who are the poorest. But at the same time, based on experience, older people are also the guardians of the social norms, old ways, hierarchies in community, can also be a barrier and constraint in changing norms and making sure that we are targeting those most in need. So there are pros and cons for giving more power to older people in the response (UN agency, Ethiopia).

2.1.6 Variations in roles by gender, age and rural versus urban settings

The roles of older people differ according to gender, to an extent mirroring the division of roles and

responsibilities between women and men established earlier in life. Hence, the burden of care for children and the sick as well as domestic responsibilities (cooking, fetching water and firewood) fall on older women; older men will continue to be involved in farming, and will keep herds and follow cattle. Older men will also be involved in a supervisory role and in decision-making (e.g. in relation to land- or farming-related issues) more than older women, as they are often landowners and have control over assets.

Community decision-making also falls more to older men, while older women's community roles tend to be limited to acting as a focal point for social and cultural activities and advising adolescents and young women. However, there are entry-points for women to exert greater community influence and leadership where this is tied into other traditional structures of authority, such as clan structures. When respondents spoke about older people as custodians of knowledge and cultural practices, this was felt to be the domain of both older men and, perhaps more so, older women. It was also noted, however, that older people, especially women, may perpetuate negative or harmful practices such as early marriage. While older men are frequently the entry-points for external actors (NGOs and government), older women may often be a source of information about the impact of programmes and policies. Socio-cultural barriers to women's involvement in programming include restrictions on their mobility and the expectation that they will be seen but not heard, limiting their participation. While older women were perceived to be listened to more and more respected than younger counterparts, older men are more influential and powerful.

When looking for a first entry into the communities to get our programmes socialised, we are usually introduced to older men to give us access to the rest of the community ... [however] ... See older women very much involved in the programme in terms of seeing the real impact, positive, negative, foreseen/ unforeseen impact of programmes, they are the ones to talk to you. Whereas older men much more about gatekeepers, are the voice about seeing the bigger picture that they want to see from the programme (NGO, Regional).

When study respondents were asked about differences in the roles of younger versus 'older' older people, their answers mostly focused on the reduced capacity,

both in terms of community leadership and manual labour, in 'later' old age. There is a sense that both older men's and women's authority can increase with old age in accordance with norms about wisdom and respectability, and then wane in 'older' old age as their roles diminish and they become more dependent on other family/community members, with the dependency phase perhaps more notable in women. The two quotes below highlight both the gender and age dimension of social status and relationships:

Elder men still have a more powerful role in society. Elderly women [are] there as someone to take care of or who helps in the household. They have lost the ability to have children so change their social status (Donor, Regional/Somalia).

In terms of older men, in patriarchal societies, the more man you are and the older the man you are, the bigger the man you are. Older men are revered, placed at the head of every table, every meeting. There's an interesting balance between young upstart men and the older men in a community and the transfer of power between them, that's all culturally and socially dictated, when the beta male overtakes the alpha male (NGO, Regional).

When asked whether there were differences between older people's roles in urban and rural areas, it was generally felt that, while life may be easier for older people in urban areas (water is easier to access, grandchildren are going to school, there are no livestock to take care of, healthcare and other facilities are often better), they may face isolation and loneliness, and the respect usually accorded them in rural areas may be absent. For older people living in agro-pastoralist communities, productive and caring responsibilities are likely to continue well into old age, compared with their urban or peri-urban counterparts. The differing roles of older people in urban compared to rural areas is also linked to the decreasing role of traditional life more generally in urban areas. As one respondent explained: 'In urban areas mainly, older people they are confined they are just at home. In rural areas, they have traditional roles and share information and share experience' (Government agency, Kenya).

The gendered division of roles among older men and women during drought is generally consistent with non-drought situations, with older women likely to have more responsibility for childcare and fetching

wood and water and, at community level, men more likely to be leaders and mediators. Some notable exceptions are cited by interviewees, including men fetching water where longer journeys are required when water is scarce. In terms of different phases of old age, again very little was obtained from study respondents beyond the fact that it is likely that any increases in the roles of older people during drought are restricted to 'younger' older people of 60–79 years of age, rather than those 80 years old and above, who are less likely to play an active role in both drought and non-drought situations.

While our study focuses on the role older people have played in responding to the latest drought in East Africa, and how the drought has affected those roles, outside of shocks such as droughts other factors have also had an impact. Environmental and climate change, urbanisation and better access to healthcare were all highlighted by respondents as changing the roles of older people. Improved access to healthcare in both rural and urban communities in East Africa has enabled older people to continue productive and social roles for longer. According to one HelpAge respondent:

now with improved health and facilities – in urban settings mostly – more access to medication and improving their role not just as caregiver but still earning, they are more social, more engaged in social activities. In our older people associations, there are older women and men above 70 (HelpAge, Regional).

Respondents also highlighted how environmental change has led to changing gender roles. As one respondent explained, 'we are seeing more change happening especially in pastoral communities. When water becomes scarce we see more men going to fetch water' (HelpAge, Regional).

Finally, migration and urbanisation were noted as having a negative impact on the role of older people in the region. Respondents reported a breakdown in social cohesion as a result of people moving away in search of work. As one respondent explained:

[There is] a lot of change ... Communities are increasingly becoming less cohesive. People traditionally didn't use to go far away from homes, the further they get away from home the less cohesive [society is] and the less the role that elderly people have. There is a need to have

people living together for elderly people to have a role. As people get dispersed elderly people also lose out (NGO, Regional).

Respondents to the study also pointed to the effect migration, urbanisation and new and different livelihood choices among young people were having on family relations, and thus also on the role of older people and their interaction with younger people in the community and the family. As one respondent summed up:

Urbanisation is changing family configurations and roles. Older people stay in villages and don't go into the capital ... younger people don't live with grandparents anymore and are living in cities to find a job. This is impacting everyone's role in the family, including older people (NGO, Regional).

2.2 Vulnerabilities of older people

Older people face a range of vulnerabilities which can be exacerbated during emergencies, including droughts.

2.2.1 Health

Older people are more susceptible to ill-health, disability and injury. Even normal physical changes associated with ageing that may not greatly impair daily functioning, such as reduced mobility and failing eyesight, can become significantly disabling during an emergency (HelpAge International, 2012c; 2016a; Hutton, 2008; Strong et al., 2015). Health services often neglect the needs of older people in emergencies, and where services do exist they often exclude older people, focus only on communicable diseases (not non-communicable diseases, which are critical for older people and need continued treatment and follow-up) and may be inaccessible to older people (HelpAge International, 2016a; 2012a; Age International and HelpAge International, 2016; Galvani et al., 2017).

According to study respondents, the main cause of increased vulnerability for older people – particularly those of more advanced age – is physical decline and deteriorating health. Physical vulnerabilities include weakened immune systems, and hence increased susceptibility to disease, physical disability and chronic health conditions, all of which can be exacerbated and accentuated during emergencies, including drought. Similarly, respondents note that older people face

barriers to health services, including distance, and when they can access them services are often poor-quality and not tailored to their particular needs. According to the majority of key informants, barriers to access in rural areas were related more to distance and quality of services, while in urban areas they related more to affordability. In some countries, while there may be a policy that older people are exempt from paying health-related costs (see Section 3), the drugs and services they need are often not available. Respondents also spoke about older people being reluctant to use services, instead accepting ill-health simply as a sign of old age. Lack of expertise in the care of older people was also highlighted, and in emergencies was compared to the investments made in children's health in emergencies:

The health facilities in emergencies especially of older people doctors and nurses are not well trained in geriatric care but if you look at children there is a lot of training that goes on. That tends to heighten their vulnerabilities (HelpAge, Regional).

2.2.2 Food and nutrition

Older people require particular proteins and micronutrients in their diet, but during emergency and drought situations the quantity and quality of food typically decline. Older people are rarely included in nutritional surveys or screened for malnutrition, with feeding and other nutrition programmes largely focused on the needs of women, lactating mothers and under-fives (HelpAge International, 2012c; Age International and HelpAge International, 2016). In emergency food distributions, older people may be excluded from lists, find it difficult to get to centralised distribution points, be unable to stand in a queue for long periods and may be physically unable to carry the bulk amounts handed out (HelpAge International, 2012c). Even if the food reaches their household, older people frequently share their rations, especially with male household heads and children; they may also be unable to eat the rations because they cannot chew or digest the type of food provided (HelpAge International, 2012c; Hutton, 2008).

Once again, the findings of this study resonate widely with the secondary literature. While older people may have specific nutritional requirements, their food consumption and nutritional status are often poor, even in non-crisis situations. Interviewees linked this to

competition for resources within the household, with families and even older people themselves prioritising younger members. More specifically, older people's nutrition in pastoralist communities is heavily reliant on milk. Respondents highlighted repeatedly that one of the main nutritional impacts of drought for older people is lack of access to milk as livestock perish, or because emergency food assistance usually does not include milk. Taken together, these factors can result in increased food insecurity, malnutrition and related illnesses and diseases.

In terms of nutrition is a big challenge, especially if that family doesn't have enough to support their own children ... Tough decisions are made at household level of where to expend resources and what's worth it. Try and keep kids and particularly your boys alive, families constantly having to prioritise scarce resources so based in their values, where the return on investment is most likely. With older they're going one direction, might not choose to use scarce resources on something that will not pay itself back, so they will not be the ones taking care of the mum and dad in the future, so making those downwards investments rather than upwards investments. Leads to older people losing out (NGO, Regional).

According to a recent HelpAge International nutrition survey in Kenya and Ethiopia, drought has had a significant impact on the nutritional status of older people.³ In Turkana, northern Kenya, up to 96% of older people reported moderate or severe hunger in their household, with an estimated one meal a day. The prevalence of acute malnutrition among older people was found to be critical, at a Global Acute Malnutrition (GAM) rate of 29%. Men had a higher prevalence (36%) than women (26%). However, more older women were found to suffer from Severe Acute Malnutrition (SAM), at 4%, than men (1%), with an average SAM rate of 5% (HelpAge International, 2018a). A rapid nutritional assessment by HelpAge in the Oromia region of Ethiopia found that the prevalence of acute malnutrition among older people was critical (GAM rate of 15%), with 2% of older women suffering from SAM (HelpAge International, 2017a).

³ The methodology, tools, training workshop and other information are available on the RAM-OP website: <http://www.helpage.org/what-we-do/emergencies/ramop-rapid-assessment-method-for-older-people/>

2.2.3 WASH and shelter

In terms of water and sanitation, as with other services, older people may have difficulty accessing water distribution points, wells or water sources, as well as transporting water back home. Older people are also at risk of being ignored in the design and construction of water distribution schemes (HelpAge International, 2012a). Hygiene facilities and behaviours are also critically important for older people – not only are they more susceptible to infection, but poor hygiene can cause disabilities (e.g. trachoma from poor face-washing) (WaterAid, 2012). Latrines and other sanitation facilities made available by humanitarian actors (including governments) may be inaccessible for older or mobility-impaired people (HelpAge International, 2012a).

Older people also have particular requirements regarding shelter, and temporary shelters made available by aid organisations may be inaccessible without elements such as ramps, handrails and grab bars. Shelters also rarely offer separation by sex, increasing the likelihood that older single women may avoid them due to cultural prohibitions. Where older people are able to access shelters, sleeping on cold, hard or damp surfaces may aggravate chronic joint problems, making previously manageable conditions acute and debilitating. Being grouped with unknown people can also lead to problems of exclusion and abuse as, according to studies, larger groups reject or resent the presence of the older person (HelpAge International, 2012c).

2.2.4 Psychological health

Psychological ill health/distress is prominent among older people and is exacerbated during emergencies (Wells, 2005). One study has shown that more than 65% of older refugees in Lebanon and Jordan are presenting signs of psychological distress – three times more than the general refugee population. Although psychosocial support to people following disasters is increasing, little is specifically for older people (HelpAge International, 2016a). Even in non-drought situations, a combination of reduced social status and less frequent social interactions can mean that older people become isolated, and may suffer from a range of associated symptoms, such as depression, loneliness and loss of self-esteem, which can also result in physical ill-health (headaches, etc.). Social isolation is likely to be exacerbated for those who are forced to migrate to new locations where they do not have existing social networks, with respondents noting how moving to urban areas is often a cause of great distress for older

people. While previously they were awarded respect this is now being eroded, and their roles and status are being diminished. All of this is heightened in contexts of drought, with social networks further weakened and respect for older people declining further as they are seen to become a burden, or their wellbeing is deprioritised relative to other family members.

2.2.5 Protection

There is considerable evidence that the marginalisation older people experience places them at increased risk of abuse and exploitation (Hutton, 2008), including rape, gender-based violence, prostitution, theft and confinement, all of which is heightened during emergencies, including droughts (HelpAge International, 2012c). A report on sexual violence in the Democratic Republic of Congo (DRC) in 2010 found that more than 15% of the displaced people seeking health services for sexual violence were over 55, and women over 49 experienced rates of sexual violence on a par with the rest of the population (Age International, n.d.). Witchcraft-related abuse – i.e. violent attacks and even killing of people accused by their neighbours of practising witchcraft – specifically targets poor and vulnerable older people, with accusations linked to, for example, crop failure, poor milk production by cows, school dropouts, polygamy and loss of wealth or alcoholism in families, with underlying drivers related to poverty, ageism and gender inequality more broadly (Maingaila, 2017; Roles, 2016; Maina, 2011; Age International, n.d.).

Our findings also show that older people, and especially women, may face increased risk of abuse and violence during droughts. Respondents spoke about older women being placed at increased risk of violence as they are forced to walk further and further afield in search of scarce water resources. It was also noted that the incidence of domestic violence may also increase with increased stress and tension within families, with women, of whatever age but including older women, often bearing the brunt.

2.2.6 Mobility

Because of the droughts, internally displaced people, the youth are the ones migrating, by implication the old ones are left behind (Donor, Ethiopia).

Older people are left behind ... Staying behind means staying in areas that are problematic:

Somalia and South Sudan – not accessible for humanitarian workers. Not being able to move means not being able to reach where assistance is (Donor, Regional/Somalia).

Lack of or limited mobility among older people can have large ramifications during emergency situations. Older people can be left behind during displacement, becoming potential targets for armed groups or risking secondary impacts of natural disasters and lack of services. They may also be unable to leave refugee or IDP camps, and may be left behind as families return home (HelpAge International, 2016a). In some instances, older people choose to stay behind to guard property, because of the difficulties relocating would involve, or because they would rather stay in their home area than face an unknown environment (see Barbelet, 2018).

Older people's mobility-related vulnerabilities were repeatedly mentioned by all study respondents. All are exacerbated during shocks and emergencies, including drought contexts. Older people may be unable to move or move/flee quickly/quickly enough (especially during conflicts) when faced with emergencies, and their movement is likely to incur additional costs that are untenable in households where resources are already stretched beyond breaking-point. The quote below sums up well how respondents saw older people's vulnerability, both during drought and in emergencies in general:

I had a visit to one area I visited an elder woman affected by drought. Had no support from relatives, was not able to get information. We discussed in the Kebeles why they forgot her. They tried to consider her. Most of elder people who have limited mobility they may not have information if they do not have information then they will not receive services. There is such kind of limitation at grass root level. All humanitarian actors need to consider how information is accessed by all age groups. And should be a mechanism to monitor how information is flowing. They have the right to access information. Those able to move to committee meetings, those are special groups who access information. Some elder people who are left behind at home, cannot access info so overlooked during targeting (NGO, Ethiopia).

2.2.7 Dependency and livelihoods

Dependency is both an underlying factor in and a result of the many vulnerabilities older people face. Most respondents associated this with difficulties in securing a livelihood as people age. This makes older people increasingly dependent on other family members, while their control over resources and decision-making power in the household and community starts to wane. It was suggested that, in pastoralist communities in particular, people lose access to livelihoods and income as they age (and become the 'older' old) because they are unable to migrate with herds of cattle in search of water and fodder. While it was felt that dependency may be less of an issue in rural areas, where norms are stronger and wherever possible older people continued to be respected and supported, older people in urban areas may be better off, with easier access to resources.

As is to be expected, older people's dependency increases during droughts as resources become scarcer and their ability to control assets or make decisions weakens. Similarly, as described above, they are less able to access assistance or humanitarian aid because of mobility and health issues, and because they may not understand or have access to new technology through which aid is distributed, again signalling their dependence on others.

2.2.8 Intersecting vulnerabilities: gender, disability, age, locality

Being [a] wom[a]n, older, [with] disability means intersection of three vulnerabilities and it brings more vulnerability to women (HelpAge, Regional).

The vulnerabilities of older people may differ according to their gender, age and disability status, among other things. Often, such variables intersect to make older people doubly or even triply vulnerable. The secondary literature focuses largely on the intersection between old age and gender and disability, with relatively little/limited attention to other factors, such as educational level, socio-economic status, religious beliefs or ethnicity. Nor does it differentiate between the vulnerabilities faced by older people of different ages, or suggest how these can be most usefully disaggregated (e.g. 60–69, 70–79, 80-plus). According to the secondary material reviewed, more than 46% of people aged 60 and over worldwide have one or more physical or sensory disabilities (RedR and ADCAP, 2017a),

and people with disabilities are strongly impacted in a crisis: according to a Handicap International (2015) study, 54% respondents with disabilities stated that they had experienced a direct physical impact as a result of an emergency, sometimes causing new impairments; 27% reported having been psychologically, physically or sexually abused, and 38% experienced increased psychological stress and/or disorientation.

Because women typically live longer, older women are over-represented among the group of very frail, disabled and socially isolated older people facing the greatest risks (PRO Global, 2015). As women reach an advanced age they also often face the cumulative effects of lifelong gendered discrimination and inequality, including exclusion from decision-making and resource allocation (WHO, 2008). Older women are more likely to be widowed and less likely to remarry than men, which means they may also face discrimination, exclusion, abuse and neglect due to their widowed status (HelpAge International, 2012c; 2013b). Older women are also more likely to have inadequate housing and material resources, to live alone or with children without sufficient support, and are often unable to access or are denied health services if there are not enough female health providers or insufficient supplies or trained practitioners to meet their needs (HelpAge International, 2012c; HelpAge International, 2016a; Chan et al., 2017; WHO, 2008). Finally, the literature shows that the social and economic disadvantages faced by older women are exacerbated by emergencies – among other things, older women experience more trauma, anxiety and depression than older men (HelpAge International, 2016b), and are more likely to face violence than men during conflict (Chan et al., 2017).

Findings from the primary data collection add to this relatively small body of literature exploring the intersecting vulnerabilities of older people. Much of this has already been noted in the previous sections, but it is useful to highlight these issues again here. According to study respondents, although older men and women face similar kinds of vulnerabilities (as discussed above), they also differ and vary in unequal measures. Older men may face specific risks including political violence, and it was also noted that they may lack access to some of the informal forms of support women have, older women being (or at least perceived to be) better socially connected or receiving more support from their children.

Generally, the gender inequalities which result in women having limited voice, decision-making power

and control over household assets and resources, including inheritance rights, alongside larger domestic workloads, continues into advanced age, leaving older women arguably more vulnerable than older men. While both older men and older women face difficulties and challenges in accessing services, older women may be more vulnerable as they also face social and gendered norms which may limit their mobility (if they are able to move/travel).

Most older people you see are female, men die earlier. Ownership of property is an issue, livestock and property is owned by men, are patriarchal societies, so a widow won't own anything if a husband is not there, it is inherited by the son. If the man is there, whatever belongs to her husband also belongs to wife, so a woman's life is better if the husband is alive. When he dies, whatever belongs to father is divided between the sons and the wife has nothing, so her life becomes more dependent on the sons. So females are more disadvantaged by virtue of that cultural arrangement, and ownership of inheritance (Government agency, Kenya).

Gender and disability were also seen to intersect, according to our study respondents, with older women with disabilities less likely to access services adapted to, and advocate for, their needs.

Respondents also noted different vulnerabilities according to different ages of older people, a topic which is scarce in the literature. Thus, 'older' older people are the most vulnerable, particularly as regards physical health and disability, and therefore also require the most support through a full range of tailored services (health, nutrition, social protection). 'Younger' older people, by contrast, were often seen as able to continue to work since they may still be active; at the same time, study respondents noted that they were often excluded from livelihood programmes and discriminated against because they were considered 'old'.

The younger older people are systematically alienated from the things that may enable them to become resilient to shocks, especially in development programmes. They tend to focus more on age group 18–60 which they term the productive age group. And see government laws saying older people need to resign when they are 60 in the public service. Yet there is no

mechanism to continue their contribution to livelihood activities. You find them not being able to resist any shocks. And be pushed out of economic sector or access to loans for example. Age group systematically being alienated. When these shocks come in they are more vulnerable (HelpAge, Regional).

As discussed above, older people face different kinds of vulnerabilities according to the locality in which they live, in this case whether it is an urban or rural area. Varying views were expressed: on the one hand, because of the easy availability of services in urban areas, older people were seen to be less vulnerable to service-related challenges, though they were affected by affordability. On the other, because of loss of support networks, loneliness and social isolation for older people may be greater in urban areas. In rural areas, older people's social networks and access to informal sources of support were seen to be stronger. Yet the social norms which dictate behaviour and which often discriminate against women, including older women, are much more ingrained in rural than in urban areas.

In crisis and drought situations, all of the above may be exacerbated. Older women are often the last in line when household resources are distributed; they usually have to take on increasing care and domestic burdens; they may become more susceptible to SGBV-related risks; they face more difficulties in accessing services, including because of restrictive social norms; they usually have little say in which coping strategies to adopt; and they often face the consequences of decisions made by men.

2.3 Conclusion

Our findings highlight that older men and women have a role to play before, during and after droughts. Within the household, older people, and particularly women, play an important role as caregivers, and many, assuming they are still fit, continue to play a role in household economic activities. At community level, older people are often seen as the custodians of knowledge and skills and also, particularly men, as acting as mediators, connectors and more generally in maintaining social cohesion. These roles continue to a certain extent during drought situations, though household burdens may increase as younger adults have migrated or are grazing livestock further away. Similarly, as communities break up, older people's role in maintaining cohesion may lessen.

Droughts tend to increase older people's vulnerabilities: appropriate food may be unavailable, older people's mobility might be reduced and their dependence on others may increase. Droughts also negatively affect the traditional roles of older people, and perhaps more specifically their social position, as communities and power and support structures are dismantled, leaving older people with less influence and power.

Our findings also indicate that, in East Africa, older people's roles, capacities and vulnerabilities are changing as a result of access to better healthcare, environmental change, repeated shocks and urbanisation. These changes have wider consequences both for gender roles within the family and for relations within the wider community. On the one hand, access to better health care is allowing older people to live longer and healthier lives. On the other, urbanisation, while perhaps easing the burden of domestic work for older people (e.g. WASH services are often more easily

accessible), also brings with it increasing isolation, which in turn affects older people's psychosocial wellbeing. This highlights the importance of having a general understanding of older people's roles and vulnerabilities outside of crises, to then understand how crises affect these roles and vulnerabilities.

Our study also highlighted that there is relatively good knowledge and understanding among government and aid actors of older people's roles and their specific vulnerabilities, including their role as custodians of knowledge, their ability to act as mediators and the effects that drought, migration and urbanisation may be having on their traditional roles and broader psychosocial wellbeing. The next section discusses further whether and how this knowledge translates into programming, followed by a discussion around the challenges and opportunities (Section 4) in including older people, their roles and their vulnerabilities, in drought response.

3 Inclusion of older people in drought response

3.1 Informal responses and coping

This section draws from the primary data collection, with the exception of Box 1, which presents some literature on coping strategies for older people in Ethiopia. In a non-drought or non-emergency situation, most respondents felt that older people have relatively few coping strategies, and rely mostly on informal networks, particularly the immediate and extended family, as well as clan-based networks in pastoralist communities; less often, according to study respondents, older people received support from others, including neighbours. Respondents also noted the lack of formal social safety nets for older people, though some also mentioned that pensions for (a limited number of) retired public servants, mostly living in urban areas, were also an important source of coping for older people, and indeed often for the rest of the household.

Generally, family is the first point of care and support. And then beyond that the community. Reciprocal coping support mechanisms in traditional community culture or religion. There are ways when people come together and help each other (HelpAge, Regional).

Critically, and a dimension which was echoed by most respondents, these traditional and informal coping mechanisms and traditional safety nets, which often were already insufficient in non-drought situations, are weakening and being further undermined in a context of repeated shocks and droughts. This has resulted in a decline in social cohesion, particularly in urban areas.

Social cohesion is reducing because of the recurrence of the droughts, children used to traditionally assist, the surrounding used to contribute something to affected family. This social cohesion has gone down to non-existing. So there is no support from society because of the drought being so recurrent. Used to be 5 years now a drought every year or every

other year. Each family is looking after itself (HelpAge, Ethiopia).

While there is (limited) acknowledgement that older people may possess skills, knowledge and experience which younger people lack, and which have helped them to eke out livelihoods and survive (see above), negative coping is common among older people in drought contexts (see also Box 1). According to study respondents, negative coping strategies include reducing their food intake and/or eating less preferred foods, often to enable better food consumption and nutrition for younger relatives; gathering and consuming ‘wild’ foods not eaten in better circumstances; sharing among or borrowing from neighbours, if they have any; selling or consuming productive assets, including livestock and property; staying behind when families migrate; and relying on income or remittances from adult children, often acquired through risky behaviours, including sex work.

Often older people make sacrifices, including during drought, to make sure younger members of the household, adults or children, are able to get through the drought. Coping mechanisms are negative, and out of choice, older people are seen as the guardians, that they would sacrifice certain things and would stay behind if it meant the rest of the family could move, seen as part of their role and dignity (UN agency, Regional).

It is worth noting that there is some disagreement among interviewees as to whether older women or men have better access to coping mechanisms – particularly informal and familial sources of support. On the one hand, respondents noted that older women often sacrifice more than older men during droughts. As one respondent explained, ‘Especially where women are head of households, women struggle to cope, they cope by sacrificing their own needs and letting children and family members first’ (HelpAge, Regional). On the other, older men may find some of the privileges they have previously enjoyed eroded – for example,

Box 1: Older people's coping mechanisms during droughts in Ethiopia

A number of studies have explored the coping strategies of older people in Ethiopia. One assessment in Oromia, Amhara and Southern Nations, Nationalities and People's Region (SNNPR) found that coping strategies for older people in urban areas consisted of eating less preferred foods, skipping meals, eating fewer meals per day, reducing the quantity and quality of food per meal, borrowing cash, selling productive assets and eating food normally not consumed (HelpAge International, 2010). In response to the recent drought, one rapid assessment in Oromia (Ziway Dugda, Adami-Tullu and Jiddo Kombolcha woredas) found that older people's coping strategies included borrowing money or food grain from relatives and friends; selling sheep and goats during the early stages of drought but refraining from selling food crops; minimising their food intake to give priority to children and maximising their chances of survival (with people eating one meal a day or sometimes nothing at all); among younger older people, engaging in physically intensive work and looking for alternative income sources in nearby towns, including selling fuel wood and charcoal; petty-trading in vegetables at nearby markets; increased reliance on remittances from children living in urban areas elsewhere; and selling assets including jewellery and cattle to support their children (HelpAge International, 2016c). The same study found that dietary diversity among older people had declined sharply (nine to five points, a 56% decline), and a rapid nutrition assessment indicated a global acute malnutrition (GAM) rate of 10.5% among older people – with moderate acute malnutrition (MAM) at 8.9% and severe acute malnutrition (SAM) at 1.6% (HelpAge International, 2016d).

as they come under pressure from family members to liquidate property or other assets. Similarly, in some settings it was felt that older women had more options than men when it came to moving around to find alternative living arrangements as a coping response. In other contexts, however, and particularly among pastoralist communities, older men were seen as being

able to move around and claim assistance from clan members in different locations, with older women 'stuck at home'. The two quotes below exemplify the lack of consensus on the gender dimension of coping mechanisms for older people during droughts:

women are more advantaged in terms of migration they can move from one relative to another. Older men traditionally they do not move. Women can have an option. If you have a working daughter you can move and stay there. For men in most traditional set up they do not move with their sons and daughters (Government agency, Kenya).

These people [pastoralists in general] are very resilient. You will see old men above 90 travelling a long distance. They use coping mechanism where they move to the places where they think they can get assistance from clan members. You will find someone who will claim linkage through their grand grandfathers. Cultural things, when old people lose belongings because of the drought or conflict, what they do is they move around, they go to clans the next one for them they go out and that community will start supporting. Men who do that and get support through going around and asking contribution from clan men. Women will be stuck at home, for them they normally go to their married sons or married daughters that is the closest things. Not the same access to traditional support (NGO, Ethiopia).

3.2 Government policies and interventions at national and regional levels

This section draws on information collected through the literature review as well as during the primary data collection. In order to obtain a fuller picture of government policies and programmes focusing on older people at national and regional level, further interviews and documentary analysis would be necessary.

3.2.1 National and regional policy and programmes (with a particular focus on Ethiopia)

Policies focused on older people

The literature review found one government policy of direct relevance to older people in Ethiopia, the

‘National Plan of Action on older persons’ for the years 1998 to 2007. This plan required both that protection and service delivery be age-inclusive, and that the contributions of older people be taken into account. The plan acknowledges the roles and capacities of older people as ‘not only owners of extensive knowledge and rich experience accumulated during their long life, but they are also capable to participate in the social and economic development of their countries if they are given the chance’ (Federal Democratic Republic of Ethiopia, 2006). The plan also calls for ‘older persons to take part in development efforts’ (Federal Democratic Republic of Ethiopia, 2006).

Activities specified in the plan included: expanding and strengthening services for older people; encouraging the participation of older people to make use of their knowledge and experience; and giving attention to the rights and needs of older people in country development plans and poverty reduction strategies. These were to be applied across a wide range of sectors, including poverty reduction, food and nutrition, health and wellbeing, housing, education and training and employment and income generation, including in emergency contexts. The plan also considered older people’s rights to independence, participation and dignity, as well as the specific needs and rights of older women (Federal Democratic Republic of Ethiopia, 2006). The policy appears not to have been renewed after 2007, and no further government policies of direct relevance to the age-inclusivity of emergency response in Ethiopia were identified.

Ethiopia is a signatory to the 2009 African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (the Kampala Convention), which recognises the specific rights of older people. The Convention requires that state parties ‘take measures to protect and assist persons who have been internally displaced due to natural or human made disasters, including climate change’, as well as the provision of ‘special protection for and assistance to internally displaced persons with special needs, including ... the elderly, and persons with disabilities’ (African Union, 2009).

Ethiopia is not a signatory to the 2016 Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Older Persons. This protocol requires that:

In situations of risk, including natural calamities, conflict situations, during civil strife

or wars, Older Persons ... be among those to enjoy access, on a priority basis, to assistance during rescue efforts, settlement, repatriation and other interventions; and ... that Older Persons receive humane treatment, protection and respect at all times and are not left without needed medical assistance and care.

More generally, the protocol calls for the elimination of discrimination against older people, their protection from abuse and harmful traditional practices, equal protection before the law, social protection and access to health and education services. It identifies older women, older people with disabilities and older people taking care of vulnerable children as groups with specific needs and deserving of particular support. It also requires that state signatories recognise older people’s right to make decisions, to participate in programmes and recreational activities and to access employment without discrimination. It also recognises their responsibilities, specified as: ‘1. mentor[ing] and pass[ing] on knowledge and experience to the younger generations; 2. foster[ing] and [facilitating] inter-generational dialogue and solidarity within their families and communities; and 3. play[ing] a role in mediation and conflict resolution’ (African Union, 2016).

Social protection mechanisms and related programmes

In East Africa, a range of social protection policies and mechanisms are being developed for different vulnerable groups, including older people. Knowledge

Box 2: Lessons from the development of policies for people with disabilities in Ethiopia

In Ethiopia, policies for people with disabilities are arguably more advanced and progressive than policies for older people. Such policies will contribute to the wellbeing of and support for older people as older generations are likely to have disabilities. While policies are important in triggering action and budgets and provide a framework for advocacy, policies on people with disabilities in Ethiopia have been poorly implemented, with low awareness among government staff, limited government resources and challenges arising from cultural beliefs and attitudes around people with disability.

of these policies and mechanisms remains low among aid organisations, reflected by their infrequent mention by study respondents. In Kenya, the development of universal pension schemes should be seen as an opportunity to enhance support for older people in the region. According to respondents, while universal pension schemes benefit relatively few people and the amount of the pension is negligible, its predictability was welcome and was deemed to enhance ‘dignity and respect’ (HelpAge, Regional).

Two respondents noted that the Kenyan government is planning to introduce free health insurance for older people (and other vulnerable groups) as part of broader national social safety net programmes. However, given the country’s decentralised structure this national-level policy needs to be implemented in the counties if older people are to benefit from the measure. Similarly, the Ethiopian government has introduced a new social protection policy which recognises older people as a vulnerable category. However, it remains unclear what the policy will achieve for older people.

3.2.2 Government safety nets and drought response programming in Ethiopia and Kenya

Since April 2015, the Ethiopian government has provided some support to older people through its Productive Safety Net Programme (PSNP), as well as general food aid. The PSNP aims to prevent people from having to sell productive assets in times of stress, during the lean season for instance, and targets households most at risk of food insecurity through cash (where markets are functioning) or food transfers. According to respondents, the PSNP consists of conditional (public works with additional support to recreate assets and support livelihoods) and unconditional transfers, with older people eligible to receive the unconditional transfers. In that sense, the PSNP mechanism recognises that older people may not be physically able to take part in public works. Others benefiting from unconditional transfers under the PSNP include pregnant and lactating women, women-headed households and people with disabilities. A HelpAge International (2016a) assessment found that the needs of older people have not been adequately considered in the distribution of these general rations. Despite 64.7% of the older people interviewed reporting having received food baskets of grains, such as maize and wheat, edible oil and pulses, there is no supplementary or complementary food distribution for older people with specific nutritional needs.

Most respondents in Ethiopia were aware of the PSNP, and many also noted that it was extended as a core part of government drought responses: cash transfers were provided for a longer period, rather than simply covering the lean period. According to one respondent, four million PSNP recipients affected by the drought received an additional one- or two-month transfer, on top of the six months of support they already benefit from.

One of the main challenges raised during interviews was the lack of disaggregated data, making it difficult to measure the extent to which the PSNP supports older people. Information about the composition of households receiving conditional cash transfers, and thus whether older people are part of the household, is not readily available. Furthermore, while we know that about 20% of PSNP beneficiaries receive unconditional transfers, there is no data on how many within that 20% are female-headed households, older people, etc.

Those beneficiaries receiving a conditional transfer are further supported with small funds for livelihoods projects. As older people are automatically considered as non-productive or not working, such support has historically not been extended to them. However, following consultations with those individuals (including older people) benefiting from the unconditional transfer, a small pilot project has extended this support to older people, with great success. There is an opportunity to support the government and the PSNP by challenging the perception that older people are not contributing through work. As we know from the literature, and as confirmed by this study, older people in Ethiopia tend to remain active and productive for longer than assumed.

There is a perception if you are a direct support beneficiary there is no opportunity for that household to be self-sustainable to have diversified livelihood opportunity. We have seen in the PSNP programme when they get a grant not a credit – do not want to take risk. The PSNP has a small pilot component to providing grant to the ultra-poor and we have seen even if disabled older people accessing that grant changing the livelihoods. Small few examples of good practice. Perception of older people if there are old they do not engage in livelihoods. But it breaks that that I have seen if grant is available then they can change their livelihoods. But resources are limited. That is a good example for me. Initially we thought

we give grant to able bodied household but the direct beneficiaries showed interest and we have seen good example and successes and they can change their livelihoods and not be dependent on welfare system (Donor, Ethiopia).

Respondents also pointed out that provision through the PSNP is not sufficiently adapted to meet older people's needs, and that older people are often overlooked during targeting exercises. Capacity and resource constraints and the limitations of implementing organisations also pose a challenge to the effective implementation of the PSNP. It was noted that more advocacy was needed to ensure that older people are included in the programme. Another respondent said that, despite older people being included in the PSNP's legal framework, how it is implemented limits their participation – feeding centres being far away, for instance.

Several respondents mentioned the Kenya hunger safety net as targeting older people. This was extended as a core part of the government drought response, though there was a lack of clarity on how it was operating. Many aid actors responding to drought in East Africa have very little understanding and knowledge of the formal safety nets available (or not) to older people, and how they linked to their intervention.

3.3 The formal traditional humanitarian response: donors, NGOs and the UN

Historically, the formal traditional humanitarian response – interventions from international NGOs and UN agencies funded mainly by Western donors – has failed to adequately consider, both the roles and the specific vulnerabilities of older people. Our study found that some progress has been made, but both practice and policies remain ad hoc: while older people are commonly recognised as having specific vulnerabilities and are often prioritised during interventions, age-disaggregated data and assessments are still lacking, and most organisations do not have a specific policy on older people. More generally, the difficulty in identifying interlocutors who felt able and willing to reflect on the circumstances of older people during the study highlights that the question of older people in crisis situations remains a marginal issue for most in the humanitarian sector. While older people are recognised as vulnerable, this is yet to translate

into adapted programming or specific interventions to address their needs and vulnerabilities.

3.3.1 Policy initiatives and issues of definition

The past few years have seen significant progress on the inclusion of older people and people with disabilities in international frameworks. The Sendai Framework for Disaster Risk Reduction (DRR) 2015–2030 refers to both groups as key participants in DRR processes and programmes. In addition to guiding principles, such as inclusive, accessible and non-discriminatory participation, the framework requires that older people and people with disabilities are empowered to publicly lead and promote gender-equitable and universally accessible response, recovery, rehabilitation and reconstruction approaches. Also included in the framework is a requirement that disaster risk reduction be based on the open exchange and dissemination of disaggregated data (RedR and ADCAP, 2017b; CRPD, 2017).

In 2002, the UN General Assembly endorsed the Madrid International Plan of Action on Ageing, which identifies three priorities: 'older persons and development; advancing health and wellbeing into old age; and ensuring that older people benefit from enabling and supportive environments'. More recently, the Charter on Inclusion of Persons with Disabilities in Humanitarian Action was developed in advance of the World Humanitarian Summit in Istanbul in May 2016 by over 70 stakeholders from member states, UN agencies, international civil society and global, regional and national organisations concerned with people with disabilities. The Charter has been endorsed by over 160 stakeholders. Its five core commitments are non-discrimination, participation, inclusive programming, inclusive responses and services and cooperation and coordination. In November 2016, the IASC established a task team – comprising organisations concerned with people with disabilities, humanitarian and civil society actors and UN agencies – to develop guidance by December 2018 on the inclusion of people with disabilities in humanitarian action (RedR and ADCAP, 2017b; CRPD, 2017). Part of this work has been initiated through the adoption by the IASC of a gender and age marker. Interviews during our study highlighted possible uptake of the marker more widely by donors beyond those that have already adopted it (e.g. ECHO, as part of its policy on gender).⁴

4 ECHO has developed a toolkit on the gender and age marker. For more information see: https://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf

Box 3: THE IASC gender and age marker

In Ethiopia, policies for people with disabilities are arguably more advanced and progressive than policies for older people. Such policies will contribute to the wellbeing of and support for older people as older generations are likely to have disabilities. While policies are important in triggering action and budgets and provide a framework for advocacy, policies on people with disabilities in Ethiopia have been poorly implemented, with low awareness among government staff, limited government resources and challenges arising from cultural beliefs and attitudes around people with disability.

Interviews for this study identified the gender and age marker as both an opportunity and a challenge. Some interviewees highlighted its adoption as a minimum step forward to better inclusion of older people. However, some warned that the marker had become a box-ticking exercise without measures taken during monitoring and evaluation to identify better outcomes. There has been no evaluation of the piloted gender and age marker that provides evidence that it has had a positive impact in terms of the attention given to groups that tend to be forgotten, the quality and inclusiveness of assistance and the level of funding going to those groups.

The Age and Disability Capacity Programme (ADCAP) aims to strengthen the capacity of humanitarian agencies to deliver age- and disability-inclusive emergency response. ADCAP has recently finalised a set of humanitarian inclusion standards for older people and people with disabilities (ADCAP, 2018):

1. Identification. Older people and people with disabilities are identified to ensure that they have access to humanitarian assistance and protection that is participative, appropriate and relevant to their needs.
2. Safe and equitable access. Older people and people with disabilities have safe and equitable access to humanitarian assistance.
3. Resilience. Older people and people with disabilities are not negatively affected, are more prepared and resilient, and are less at risk as a result of humanitarian action.
4. Knowledge and participation. Older people and people with disabilities know their rights and

entitlements, and participate in decisions that affect their lives.

5. Feedback and complaints. Older people and people with disabilities have access to safe and responsive feedback and complaints mechanisms.
6. Coordination. Older people and people with disabilities access and participate in humanitarian assistance that is coordinated and complementary.
7. Learning. Organisations collect and apply learning to deliver more inclusive assistance.
8. Human resources. Staff and volunteers have the appropriate skills and attitudes to implement inclusive humanitarian action, and older people and people with disabilities have equal opportunities for employment and volunteering in humanitarian organisations.
9. Resource management. Older people and people with disabilities can expect that humanitarian organisations are managing resources in a way that promotes inclusion.

Despite policy frameworks and initiatives to support the inclusion of older people in humanitarian response, the majority of interviewees reported that either their organisation did not have a definition of older people, or that they were unaware whether a definition or policies existed. Therefore, although most aid actors interviewed stated that their organisations considered older people as part of the vulnerable category, there was ‘no specific definition of older people’ (NGO, Ethiopia) or ‘no [organisational] policy or definition’ of older people (UN agency, Ethiopia). One interviewee reflected that their organisation’s work on older people was ‘on the whole guided by protection partners and, where they are present, guided by the work of HelpAge and others who have expertise in this area’ (UN agency, Regional). In practice, most interviewees said that they adopted either the UN definition of older people (60-plus) or nationally accepted definitions of older people and/or old age. (One donor highlighted that their policy on age used a slightly different definition than the UN one, setting the age for ‘older people’ at 50, instead of the UN definition of 60.)

While there is debate in the literature as to whether ‘old age’ should be defined by age or by other social, cultural and/or physical factors, respondents almost exclusively mentioned age as the main factor for defining older people. One interviewee highlighted other factors, including whether the person is retired, the national age of retirement and the level of

dependency of people of a certain age in the country. An interviewee from HelpAge reflected that definitions based on chronological age alone overlooked the productive capacities of some older people, with implications for programming:

I see older people are regarded as one group. Above 60. You put all of them in one group and what is the perception. The perception there is that older people are not contributing much to the GDP or the community livelihoods and economy. The assumption is that [...] they should just be given the handouts ... We have been trying to ask humanitarian actors, can you not group older people into one basket but differentiate between these that are productive and these not productive (HelpAge, Regional).

Findings of this study confirm that most organisations not focused on or specialised in older people do not have policies specifically for them. However, aid actors we interviewed widely acknowledged and recognised (including in policy documents, guidance documents and targeting policies) that older people are among the most vulnerable in crises. A small number of interviewees highlighted specific policies they had adopted that supported better inclusion of older people, including adopting a gender and age marker and through staff training on age inclusivity. One donor had adopted a gender and age marker, although they did not have a policy on older people and did not have specific programming to support them.

3.3.2 Older people in assessments and humanitarian data

The first challenge to the inclusion of older people in humanitarian programming is a lack of data, alongside a lack of age-sensitive analysis (Age Action, 2014). HelpAge International (n.d.) suggests that most government-led multi-sector and agency assessments have failed to adequately address the impact of drought on older people – and that more comprehensive analysis is required to understand the extent to which the response has catered to their needs. Indeed, whereas the Disasters Emergency Committee (2017) regional review considers the adequacy of the humanitarian response for children, women and other vulnerable groups, at no point does it refer specifically to the needs of older people. Similarly, a HelpAge assessment in Oromia region found that, although *woreda* officials acknowledge

that older people could be more heavily affected than other population groups, they are not fully aware of the specific impacts of the drought on this age group (HelpAge International, 2016c).

While some interviewees highlighted that sex- and age-disaggregated data was now a donor requirement – ECHO, for instance, has adopted a gender and age marker – there was broad recognition among aid actors interviewed that current data was insufficient to ensure that the specific vulnerabilities and needs of older people were addressed. Older people may also not be consulted during assessments, and ‘there is limited information on older people, because we may not consider the issue of elderly when we talk about assessment’ (NGO, Ethiopia). As noted, while elders – older people in leadership positions – are often consulted as gatekeepers for communities, older people not in positions of power are often not included in assessments, or it is simply assumed that they are taking part in generic adult focus group discussions and consultations that do not necessarily include older people.

3.3.3 Older people in programme response: specific interventions versus mainstreaming

The sheer amount of funding compared to the need are putting the older people on the margin (NGO, Ethiopia).

In the past few years the humanitarian sector has been moving towards more nuanced assessments that include exploring how crises affect different categories of people, including older people. However, although study respondents recognise that older people have specific vulnerabilities in crises, there is general consensus that this recognition has not yet been translated into broader awareness, commitment and action, especially when compared to other vulnerable groups. As such, women and children continue to take centre stage in humanitarian response:

There is a kind of focus on women and children. They are the first. When you look at statistics the majority are women and children ... Same with refugee majority women and children. It does not mean there are no older people but the policy level emphasises the needs of women and children. The likes of WFP and other agencies really emphasise women and children. There is no emphasis on older [people] (Donor, Ethiopia).

Not only are there more women- and children-focused NGOs and UN agencies than those focused on older people, but donors also have specific funding lines for such groups while no special funding streams exist for older people. In a context of fierce competition for funds, this leaves less prominent vulnerable groups such as older people on the margins. Likewise, interventions to address older people's specific vulnerabilities and support their roles are minimal, and tend to be carried out by HelpAge. Instead, older people are largely mainstreamed within the 'vulnerable group' category, alongside children, women, people with disabilities, etc. Initiatives to support more gender-sensitive programming have resulted in a significant focus on girls and women, leaving older people sidelined:

We take into consideration gender and age. We are not looking specifically in programming for older people. We ask partners to do analysis for different groups including different age groups and that their needs are taken into account. But no specific programming (Donor, Regional/Somalia).

More generally, vulnerability-based targeting is an unrefined approach, especially during large-scale emergencies such as the East Africa drought. Groups (women, children, older people) are categorised as vulnerable often without understanding how other social, economic or cultural factors may intersect to create that vulnerability. Among interviewees, vulnerability was almost always equated with a specific group of people:

In general, in terms of taking in consideration different vulnerabilities it is a challenge, how much partners take into account different vulnerabilities gender, ethnicity age etc. There is a cut and paste default: women and children most vulnerable (Donor, Regional/Somalia).

Aid actors interviewed in Ethiopia emphasised that targeting is the sole mandate and remit of the government: as such, they can influence but do not dictate the way assistance and services are allocated. Targeting is done by local officials through consultation with communities and aid actors. According to respondents, older people are included in targeting criteria, again as a component of the most vulnerable group.

Respondents confirmed that the nutrition sector is particularly blind to the specific needs of older people, given its long-standing focus on children and nursing mothers. The lack of nutrition interventions for older people during the East Africa drought has been noted by HelpAge's own assessments. One study identifies an emergency nutrition project in two *woredas* of Oromia region, where older people aged 60 years and over were screened for acute malnutrition (HelpAge International, 2016d). Those identified as suffering from severe or moderate acute malnutrition – 1,898 older people (965 older women) across the two districts – received a monthly ration of supplementary food comprising 6.5kg of corn soya blend (CSB), one litre of vegetable oil and 1.5kg of haricot beans for three to four months, during which their nutrition status was monitored (HelpAge International, 2017b).

Surprisingly, given older people's specific health needs, interviewees offered virtually no comments on emergency healthcare provision for them. As with nutrition, the dominant focus tends to be on children: 'many [health interventions] relate to immunisation, childhood diseases so I can't see anywhere where we can touch on older people' (UN agency, Ethiopia).

Where there was good practice in the drought response (see Box 4), we found this related mainly to mainstreaming efforts: either through programme guidance, which required the organisation to consider adapting programmes to the special needs of older people (and other individuals that may require specific attention), or through HelpAge's work with other organisations to integrate older people in their programming. In WASH, for instance, while interviews highlighted that children and mothers tended to be prioritised, positive steps towards the inclusion of older people were reported, in particular through reducing the physical barriers to their access to water distributions and WASH infrastructure. One NGO told the study that it was providing smaller water containers for older people unable physically to carry 60-litre containers (NGO, Regional). Steps were also being taken to either prioritise food distributions to older people (so that they do not have to wait at the distribution centre for too long), or to help older people carry food rations and non-food items home. One NGO explained:

[W]e provide training for the inclusion of elderly and children in the community, we prioritise elderly people – when we distribute NFIs one of the criteria is elderly and people

Box 4: Good practices for including older people in responding to the drought in East Africa

HelpAge's work with mobile protection units

HelpAge, through its engagement with the protection cluster, is collaborating with Humanity and Inclusion (formerly Handicap International) to support the cluster's protection strategy in the drought response. With the support of the OCHA Ethiopia Humanitarian Fund, HelpAge has operationalised two mobile protection teams of general protection experts, child protection experts and GBV protection experts. HelpAge's engagement on the mobile protection units ensures that older men and women are included in assessments and responses. HelpAge, through its presence, is able to lend its expertise and knowledge on older people.

HelpAge's Rapid Assessment Method for Older People (RAM-OP) and engagement with the nutrition cluster

As part of its response to the drought in Kenya and Ethiopia, HelpAge used its Rapid Assessment Method for Older People to provide critical information on the malnutrition rate among older people. Following a presentation of the results by HelpAge staff, the nutrition cluster members in Ethiopia adopted the RAM-OP in their system. The adoption of such tools by the wider nutrition community helps multiply and mainstream older people in nutrition interventions in Ethiopia.

Government Productive Safety Net Programmes and Hunger Safety Net Programmes

In both Kenya and Ethiopia, the inclusion of older people in safety net programmes has provided a more formal coping mechanism during drought.

Including older people in seed distributions to support livelihoods

The literature on older people has long warned that aid actors were failing to recognise the productive capacity of older people. Many of those interviewed for this study highlighted that progress has been made, and that their organisations were including older people directly in seed and livestock distributions, as well as indirectly through targeting households containing older people. In doing so, these organisations recognised that some older people continue to have productive capacity while others may require assistance rather than support through the distribution of productive assets. In targeting older people with seed and livestock distributions, respondents highlighted the role of communities either as influencing the targeting of older people or as acting as brokers to support inter-generational (younger and older people working together) livelihood collaboration.

with disability and we try to organise volunteers to transport items to elderly people. But we do not have long term activity to support them (NGO, Ethiopia).

Interviews also highlighted a number of challenges with mainstreaming older people into general programming. Among the most significant was the recognition among aid actors that older people may not know what humanitarian assistance is available to them, or may find it difficult to access. It was also felt that aid programmes too often relied on informal communications channels on the assumption that information would automatically and systematically reach older people.

The challenge in including older people more comprehensively in drought response may not be specifically related to age. Indeed, respondents felt that there was a wider issue with programming that adapts to specific

vulnerabilities and circumstances during emergencies. There was a general recognition and consensus that older people had specific vulnerabilities during drought response, and more widely in humanitarian situations, but this is not translating into programming on the ground. For some organisations, it was simply a matter of time to further develop, disseminate and refine vulnerability programming, including for older people. For others, this reflected the challenge the humanitarian sector faces in implementing large-scale programming during emergencies that is nuanced and sensitive to different categories of people. Indeed, respondents highlighted that emergencies often require bold prioritisation to reach the most people quickly, which can go against more nuanced programming that could more effectively reach older people:

As a general critique, the cleverness and programme strategies and ideas and ideologies

tend to be developed in donor capitals by the time it comes to country programmes it is diluted and diluted again to what is actually implemented in the field. Where we can really push back is the quality of submission submitted to us. We are reviewing proposals than then goes to cluster leads for review under time pressure. It is not a sophisticated tool for inclusion of these sort of issues you are asking me about (UN agency, Ethiopia).

One concern among some aid actors was the discrepancy between organisational initiatives, policies and commitments and actual programming on the ground.

[HelpAge] have not been successful in their advocacy effort to inculcate as a standard practice. Even with gender we really struggle. This is the other case where we try to improve. Everybody speaks the language but on the ground poor implementation. Joint project CARE Oxfam etc engaged in manual and research on gender. But again, without visible improvement and uptake (UN agency, Ethiopia).

Beyond integrating the specific vulnerabilities of older people, those responding to drought also failed to build on their roles and capacities. While widely acknowledging that older people play a role in early warning and response within their community, respondents also acknowledged that such roles were not sufficiently reflected in interventions. Some highlighted ad hoc examples where their organisation or others have harnessed older people's specific roles. One organisation built on older women's traditional function in communities as advisers for younger women by including them in discussions in girl- and women-friendly spaces, allowing them to pass on advice to younger women. In doing so, the organisation aimed to support inter-generational dialogue and empower older women as agents of change and champions to combat negative traditional practices and norms. Other organisations highlighted initiatives to document community-based early warning signs, including the historical knowledge that older people in drought-affected communities possess.

I think there is an improvement on the understanding of the different roles within a community but now from how this better understanding informs the programme ... There

is still a lot to do. Not sure our understanding has improved the response ... Capacities of communities not taken into account. Elderly are always seen as a vulnerable – and we see they are always in the vulnerable groups – but we push back to also look at capacities. We should use the capacity they have. In child friendly space, everybody is doing storytelling but have not seen elderly doing storytelling instead get books from other countries (Donor, Regional/Somalia).

3.3.4 Perceptions of HelpAge's role and contribution

There was a general recognition that HelpAge played a significant role where it was present, including through attending coordination and cluster meetings and advocating on behalf of older people, and in influencing funding and programming that includes the specific vulnerabilities and roles of older people. As such, HelpAge's participation and presence in coordination and cluster meetings should be noted as pushing forward the inclusion of older people in drought response, including in influencing other organisations' programming.

Many of the organisations we interviewed have a focus on gender, women and/or children. As a result, there was a general feeling from the interviews that HelpAge and its network members, as organisations responsible for older people, should shoulder the burden regarding this group. Respondents called for HelpAge to be more prominent in coordination structures and clusters, since when it was present they felt the issue of older people was brought forward and collaboration on programming easier to broker. Others felt that HelpAge should develop guidance on how they should mainstream and ensure the inclusion of older people, and were often not aware of the extensive guidance already developed by HelpAge and others on this topic. This view contrasted strongly with interviews with staff members from HelpAge, who felt that it was the responsibility of humanitarian donors and organisations to include older people, their needs and roles. For HelpAge, the inclusion of older people is in line with aid actors' and donors' commitment to principled humanitarian action and rights-based approaches, and interviewees from HelpAge felt that donors could play a critical role in influencing and pushing forward the age inclusion agenda throughout the sector.

3.4 Conclusion

Largely in contrast to the literature reviewed, the findings from our study show that there has been some progress with regard to the inclusion of older people in the humanitarian response to the drought in East Africa: this progress, while limited, is mainly seen through the recognition by governments and humanitarian organisations that older people are a specific group that may be more vulnerable during drought. The issue of older people is benefiting from the more general attention being given to better understanding how different people are affected in humanitarian crises, and how assistance can be delivered more in line with people's different vulnerabilities, roles and capacities. This is a slow process, and resembles efforts on the inclusion of gender and people with disabilities, as well as mainstreaming efforts such as those on gender and protection.

At the same time, the humanitarian response to the drought in East Africa confirmed the lack of specific interventions for older people, and a concern that, despite stronger commitments to vulnerability-based assessments and programming, the inclusion of older people remains largely rhetorical. Where inclusion

does happen, it is ad hoc rather than systematic. Some respondents felt that, ultimately, emergency response required acting quickly and setting priorities, which could limit the ability of humanitarian organisations to more effectively include older people. These challenges, which are further discussed in the next section, do not fully explain the current status of older people's inclusion in humanitarian programming. Thus, while recognising efforts by aid actors to prioritise older people in distributions of food and non-food items, this study found that little investment has been made in ensuring the physical access of older people to assistance and services; in guaranteeing that information reaches them; and in ensuring that adequate assistance (for instance easily digestible foods) is available. The focus on children and women by many organisations, while justified by their high numbers among the most affected/vulnerable, is reducing attention to nutrition and health programming for older people. This is acknowledged by most aid actors interviewed for the study, who felt that progress has been made, but that a lot more could be done to ensure that older people, their vulnerabilities, roles and capacities, are effectively included in drought responses.

4 Remaining challenges and existing opportunities for inclusion of older people

In the previous sections we alluded to some of the challenges involved in including older people in the drought response in East Africa. None of these challenges is new to the discussion, or to the literature more generally on older people and drought response. Our study, however, has provided further insights into some of the blockages and challenges within the humanitarian sector, and government policies and responses. This section examines these, before exploring the opportunities that potentially exist to advance the inclusion of older people within drought responses, and which could be taken up by both the aid community and national governments facing recurrent droughts. These challenges and opportunities also apply to wider humanitarian situations beyond just drought.

4.1 Remaining challenges for better inclusion of older people

4.1.1 Older people: a small percentage of the affected population in a context of constrained funding

One of the main challenges that will continue to face the inclusion agenda around older people in drought and humanitarian responses is the small percentage of older people in the population more generally, and in a crisis situation in particular (though demographic trends suggest that this may change in the future). The small number of older people in the population in East Africa means that organisations working in the region tend to focus on the needs and vulnerabilities of other groups. Respondents also referred to the fact that older people were a minority in relation to funding, and that aid actors and governments had to make difficult decisions regarding how to prioritise insufficient funding and stretched operational capacity.

[I]t's also important to understand why sometimes older people are forgotten and

de-prioritised, sounds inhumane but have to say, [in my last duty country] had to have weekly discussions on where to prioritise our assets for response, we couldn't go everywhere. Understanding that bigger picture, how resources particularly in humanitarian contexts are constrained, high pressure, highly fluid environment, you need [to make] choices, not always the right choices ... come at things from a more realistic perspective that can't help everyone everywhere (UN agency, Regional).

Underlying these responses was a feeling that aid actors and governments prioritised interventions where they felt they were not only most needed, but also acted as an investment for the future, in effect prioritising children ahead of older people. This has an underlying impact on how resources are allocated.

4.1.2 Is adding another 'lens' to the humanitarian portfolio fragmenting the response?

Another, perhaps less obvious but also critical, barrier to the age inclusivity of humanitarian response is resistance from organisations to adding 'extra' dimensions to their work. Resistance to what was seen as yet another mainstreaming agenda was evident from many study respondents.

... clusters are asked to mainstream everything – gender, protection, accountability, environmental concerns – can get overwhelming ... Challenge that they face is, when have organisation/entity that has specific group of people advocating on behalf of (women, children, older people), when engaging with an organisation who are running a full response, if it feels burdensome or difficult to take on this new consideration, they won't do it. Long guidance / guidelines I think put people off. Likewise, if do age audit, can feel to people

who are more generalist to be judgmental, not understanding, etc. (UN agency, Regional).

Rather than an outright rejection of the age lens or age mainstreaming, respondents felt – as the quote above exemplifies – that mainstreaming demands on programme staff were not matched with adequate tools and capacity, and therefore did not necessarily ensure better programming. Some respondents felt that the tools that do exist are burdensome and require further simplification if they are to be adopted and implemented. While some respondents highlighted that there may be a lack of commitment to age mainstreaming, lack of knowledge was felt to be the main challenge.

Respondents further reflected on the implications of adding more mainstreaming and lenses to humanitarian programme response. For many respondents, programming dedicated to older people meant moving away from holistic responses that take into account the way communities work, including the way reciprocity plays out within communities and between generations.

We have the luxury to work with communities that are pretty cohesive, that have their own support systems, but we tend to separate and divide these societies into small groups rather than working on linkages. Working for elderly does not mean providing assistance to elderly people, but maybe helping the parents, and change the presence in the household and thus burden on older people (Donor, Regional/Somalia).

One donor agency noted that, while good practice manuals and policies highlight older people as a vulnerable category, from experience long lists of different vulnerable groups can lead to fragmented and ineffective action. Instead, this respondent argued that vulnerability needs to be considered holistically, in particular as people ‘are vulnerable from their circumstances and not due to inherent vulnerability’ (Donor, HQ). This donor was strongly against having specific funding streams and money dedicated solely to older people.

Mainstreaming older people within more general targeting and programme design would be a step towards better programming in the humanitarian sector. However, this can only happen when there is a widespread recognition and understanding of the ways

in which certain vulnerable older people are affected in crises, alongside the expertise to adequately respond to their specific needs. Nutrition and health are two sectors where such recognition, understanding and expertise need specific attention. Assessments for both nutrition and health tend to focus on children and women – again, often in recognition of the fact that they make up the majority of beneficiaries. However, this results in a lack of data on rates of malnutrition among older people, and on the health issues older people face. Humanitarian staff specialised in nutrition and health also tend to lack knowledge of geriatrics (the treatment of older people) and the nutrition requirements and challenges of older people, leading not only to a failure to detect nutrition and health issues among older people, but also an inability to intervene if and when they are detected.

The study highlighted frustration on both sides: on the one hand, among those trying to sensitise the humanitarian sector to the specific circumstances of older people in crises, and on the other from those implementing emergency responses on the ground, who fear the burden of additional work. Given repeated claims from respondents that they lacked the tools, knowledge and support to adequately consider older people in humanitarian crises, investment of some sort might be needed to ensure that programming is truly holistic – defined as able to incorporate and address the specific needs and vulnerabilities and build on the capacities of different groups within an affected community – and in ways that support older people. However, the perceived burden of adding another mainstreaming agenda, age lens and/or initiatives around the inclusion of older people needs to be considered seriously as a challenge to be addressed by HelpAge and other organisations aiming to advance the issue of older people in the humanitarian sector. The section below and the conclusion set out some ways and opportunities to do this.

4.1.3 Older people’s inclusion in humanitarian response: whose role is it?

A final challenge is the lack of consensus on whose task it is to ensure that older people are included adequately and effectively in humanitarian response. As noted earlier, there was a discrepancy between the sector’s expectations of HelpAge’s role and HelpAge’s expectations of the role of humanitarian actors, in particular donors. While recognising that HelpAge is only one organisation (albeit supporting a global network of age-focused organisations), respondents felt

that it had the primary responsibility to advance the issue of older people. Among other things, respondents wanted more guidance and tools from HelpAge, training and capacity strengthening, more presence of HelpAge staff in coordination mechanisms, including at the sub-national level, and more effective advocacy.

HelpAge's work has included all of the above, but the size of the organisation – and its network – and limited resources have made it difficult to translate this into wider impacts in the humanitarian sector. For HelpAge and some other respondents, donors have a particular role to play in helping to multiply the investment already made by HelpAge. As one respondent stated: 'You have to advocate and make an agenda for the donors then the donors can make it an agenda for everyone' (NGO, Ethiopia). However, the small number of older people represented in affected populations, limited funding that needs to be prioritised, usually elsewhere, and the perception that the inclusion of older people is an additional burden and risks fragmenting humanitarian programmes too much all constitute reasons why donors have not – or not yet – adopted a stronger agenda on older people.

Even where donors have pushed for better inclusion of older people, respondents highlighted that policies do not easily translate on the ground: 'You will find DFID at UK level has done a big push on older people and had HelpAge staff in DFID. But when you come to DFID staff in Kenya they might not be aware of these things so they do business as usual' (HelpAge, Regional). Additionally, the study has identified that, where HelpAge is able to participate in coordination mechanisms, other actors tend to include older people better in their programming. Finally, the study identified a general concern over how nuanced and complex programming can be in the midst of an emergency, recognising the general challenges in implementing quality programming in humanitarian situations.

From this, we conclude that, while the study found a lack of consensus on whether the inclusion agenda on older people should be taken forward by donors or by HelpAge, there is enough evidence to suggest that a three-pronged approach to improving the inclusion of older people is needed: one where HelpAge becomes more strategic about how it invests its resources; another where donors further support such investment by adopting policies and processes that ensure better consideration for older people in

crisis; and finally one where the humanitarian sector overall improves programme quality, in particular in terms of vulnerability-based programme design and implementation. The section below explores where some of the possible opportunities may lie, and suggests some ways forward.

4.2 Existing opportunities to better include older people in humanitarian responses

Despite the challenges highlighted above, the study found a number of opportunities that could be built on or exploited to increase older people's inclusion.

4.2.1 Older people's roles/capacities, not just their vulnerabilities, are recognised

A considerable number of interviewees argued for building on older people's roles and capacities. The study found that, despite challenges and concerns over adding another mainstreaming agenda to the humanitarian portfolio, respondents recognised that older people could be included more fully in humanitarian programming by building on their roles and capacities. The contribution older people make to supporting communities during drought has long been recognised in the literature, and there are ad hoc examples of humanitarian organisations actively engaging with older people in this way, including HelpAge (HelpAge International, 2014b; WHO, 2008). Through strategic partnerships, HelpAge is developing innovative approaches and expertise in supporting older people's livelihoods. One example is the programme HelpAge implemented in collaboration with Age International and Restless Development following the Ebola outbreak in Sierra Leone. This programme adopted an inter-generational approach, where young people led initiatives 'to strengthen older people's ability to start small businesses, strengthen their livelihoods and help them to start saving some of their income' (Sloan, 2017).

Respondents also felt that humanitarian programming should rely more on the role that older people play in communities, including in terms of convening. Indeed, at community level respondents highlighted how older people's roles as mediators and gatekeepers could be built on; their participation in decision-making, including programme decision-making bodies and

other community engagement mechanisms, should be encouraged; and the critical importance of involving them in an advisory role, drawing on indigenous knowledge, including increased use of early warning community-based groups and mechanisms.

Finally, respondents identified the specific contribution that older women could make during crises, including the ways in which traditional gender roles are challenged in crisis situations. As the respondent below highlights, while the potential contributions of older women and older people are known, they remain untapped:

Considering the respect of older women, they should be used more. We should use the capacity they have. When they speak it is recognised as a value, when we pass on messages, this capacity should be considered. But not the case. In Child friendly space, everybody is doing storytelling but have not seen elderly doing storytelling instead get books from other countries (Donor, Regional/Somalia).

Respondents acknowledged that the role of older people was too often built on in an ad hoc way, and much more work is needed to ensure that their capacities are better utilised in crisis. Turning this into action during droughts may require further investment in capacity strengthening and guidance from HelpAge to donors, crisis response coordination mechanisms including clusters, and government response agencies. The increased focus on resilience programmes alongside the development of government safety nets to prepare for, respond to and recover from droughts are all opportunities to include older people as contributing actors. The increased recognition of older people as contributing actors, not just vulnerable recipients of assistance, suggests that this may be a critical juncture for donors, governments, aid actors and HelpAge to push this agenda forward.

4.2.2 Gender and age marker: box-ticking exercise or opportunity?

The IASC has been piloting a new version of the gender marker that includes both gender and age. A number of respondents pointed to this as an opportunity, while others were more cautious. Among the limitations mentioned were that the marker did not lead (or was not meant to lead) to programming directed towards older people specifically; access to funding was not conditional on being age-inclusive, and while long-term work on gender, including mainstreaming initiatives

and capacity-building within the humanitarian sector, has improved programming, the age issue is yet to be fully accepted and taken on. Only one respondent had experience with using the marker.

The gender and age marker was felt to be a good tool to monitor improvements in the level of inclusion and mainstreaming of gender and age considerations throughout the lifetime of a programme. It was also linked to a range of protection mainstreaming indicators including age. This respondent concluded: 'For the gender and age marker, according to the first report, from the first two years of implementation, there has been an improvement. I do have the feeling – this is empirical based on my experience, while gender has been more or less passed on as a message, age is still an issue' (Donor, Regional/Somalia).

As evaluations of the gender and age marker are being finalised, this creates a critical opportunity to move the inclusion agenda forward. However, there remains a risk that the marker will not translate into better programming, particularly if donors do not invest the right resources to support its implementation. Akin to the experience with the gender marker, additional investments are needed to ensure that age is mainstreamed adequately in assessments, programme design and implementation and monitoring and evaluation. Thus, as donors adopt the gender and age marker, they should accompany this policy decision with specific funding for its implementation. The gender and age marker could also be seen as an opportunity for HelpAge and other organisations working specifically with older people to modify its advocacy to focus on age mainstreaming, rather than on older people per se, and in doing so to seek partnerships with those concerned with age-specific groups that continue to be overlooked in humanitarian response, in particular youth, adolescents and young adults. The next sections will further explore this way forward.

4.2.3 HelpAge's role: mainstreaming and participating in coordination systems

Interviews with aid actors led to some interesting discussions of the role of HelpAge and how HelpAge could strategically engage with the humanitarian sector. Despite concerns over the further fragmentation of programmes and the addition of more mainstreaming agendas to an already busy portfolio, respondents were not denying the need to assess and respond to the specific vulnerabilities of older people – but they were worried about implementing

programmes targeted specifically to particular groups of people. This feedback arguably provides an opportunity to identify what in other aid actors' views could work best. Recognising that HelpAge is already implementing actions recommended by interviewees at different levels, it is important to highlight what respondents felt HelpAge and its network could do. Scaling up activities and seeking the financial support to do this would address the challenge of limited resources mentioned by many respondents. As one highlighted, one of the challenges inclusion efforts face is resources, not just funding, but also dedicated human resources and expertise deployed in coordination mechanisms and platforms. A number of respondents highlighted that it was 'not common to see HelpAge being vocal in coordination meetings' (UN agency, Ethiopia) and that, recognising the size of the organisation – and its network – and the limitations it faces, funding was needed to ensure HelpAge's ability to influence drought response through active participation in such meetings. As another respondent explained: 'it would be easy to criticise HelpAge ... They are not a huge agency here and for them to attend all the cluster meetings would be a serious commitment' (UN agency, Ethiopia).

Proposed activities and strategies at the coordination level

HelpAge in Ethiopia has been present in protection cluster meetings and respondents recognised the value of the advice of HelpAge staff. For respondents, when HelpAge is present in cluster meetings they are 'making sure that voices of older people are heard, that the need to ensuring thinking about needs of older people' (UN agency, Regional). A commitment by OCHA and the global cluster leads to the inclusion of older people, along the lines of commitments on protection and gender, would support the role HelpAge could play in coordination structures. OCHA and global cluster leads could start this process by adopting and implementing the ADCAP humanitarian standards on inclusion. OCHA and the global cluster leads could also support HelpAge and the inclusion of older people by deploying ADCAP staff and HelpAge staff to revise policies, tools and other standard operating procedures to mainstream the humanitarian standards on inclusion and other existing tools. Respondents also acknowledged that, similar to UN coordination structures, HelpAge's participation in government safety net coordination platforms has been beneficial in terms of inclusion.

A number of respondents suggested that, while the protection cluster was a natural ally for the type of advocacy and work that HelpAge aimed to do, other clusters may be more important. Respondents also pointed to the need for HelpAge to feed into inter-cluster discussions. Given the importance (programmatically and in terms of volumes of aid and funding) of food, nutrition and WASH in drought responses, respondents felt that HelpAge should focus on these clusters in its advocacy and mainstreaming work at the national and sub-national level. As highlighted in Box 4, HelpAge's engagement with the nutrition cluster demonstrated both the usefulness Rapid Assessment Method for Older People in identifying the high rate of malnutrition among older people, and its ease of use, leading to the adoption of the tool by the members of the nutrition cluster in Ethiopia.

Proposed activities and strategies at the implementation level

Reflecting on the fact that too often policy decisions and discussions in coordination mechanisms such as clusters do not automatically translate into implementation, some respondents felt that HelpAge's role at the field level should be providing practical recommendations on how to implement general programming. Respondents felt that what was needed was 'monitoring and talking to implementers of programmes in a very practical way' (UN agency, Ethiopia). HelpAge respondents also felt a 'need to shift from global policy discussions to implementation at national and local level' (HelpAge, Regional). The majority of respondents called, not for more advocacy, but instead for more support to find quick and practical fixes to including older people. For HelpAge, this included being supported to work more effectively in pre-emergency contexts, such as addressing the lack of nutritional care for older people in hospitals in the region.

We need guidelines. Guidelines from UNICEF to make WASH accessible to disabled and older people. We do not think about accessibility when it comes to water supply or sanitation. It is making the guidelines implemented and monitoring that [is the issue]. And making people aware of the existence of the guidelines (NGO, Ethiopia).

Translating existing guidance and transferring HelpAge's know-how requires specific support to enable HelpAge to deploy inclusion advisors in coordination structures, and alongside generalist

teams in the field. HelpAge has had some success in doing this during the drought, but it needs to find the right balance between programming specific to older people and investing in enabling others to include older people better in their programming, both aid organisations and governments. HelpAge's presence as a programme implementer not only enables it to continue to build its own know-how and experience, but also allows it to work more closely with other programme implementers on the ground. It is therefore crucial that donors continue to support HelpAge and its network in programme implementation. However, as this study has repeatedly demonstrated, investing in rolling out existing guidance and working closely at national and sub-national levels with non-specialised organisations in order to increase the inclusion of older people and ensure more systematic mainstreaming is critical. HelpAge also needs to be supported pre-emergency to carry out more inclusion work through developing the capacities of national health staff and infrastructures, as well as government response mechanisms.

4.2.4 Shifting advocacy messages from older people's inclusion to age-sensitive and quality programming

A number of respondents alluded to the need to reframe the issue of older people. This study supports shifting advocacy messages away from a focus on older people and their inclusion towards advocating for age-sensitive programming, thereby also supporting better-quality programming. Such a shift in the way HelpAge frames the issue and its advocacy would directly address fears from aid actors that the inclusion of older people means the further fragmentation of humanitarian programmes. One respondent argued that adopting a quality programming umbrella would help overcome organisational fatigue with multiple mainstreaming agendas, and noted that such an approach had worked in South Sudan:

In terms of making things simple, in South Sudan, rather than get everyone to do different chapters on age, gender, etc. we put it all under 'quality programming', if you are to do quality programming, you need to be gender sensitive, conflict sensitive, need to do disaggregation, you need to understand different impacts on different people, etc. (UN agency, Regional).

Drawing on the findings of this study, we propose three ways in which the inclusion of older people could be reframed:

1. Improve gender analysis and programming to include age: technically, gender analysis should already include an age dimension. Current language used in gender guidance discusses analysing the different needs and circumstances of women, men, girls and boys. More could be done to highlight the specific circumstances of older women and older men, including incorporating existing guidance for working with older people into existing gender tools (SIDA, 2015).
2. Develop advocacy messages on age sensitivity, an age lens and age mainstreaming: older people are not the only group left behind in humanitarian programming. Youth and adolescents, for instance, fall between the cracks of school feeding, under-five nutrition programmes and primary school-based assistance, and do not (yet) qualify for cash for work and cash for training opportunities. An overall advocacy message on age-sensitive programming/response or on adopting an age lens would not only allow HelpAge to join up efforts with other organisations pushing the youth and adolescent issue, but would also bolster the inter-generational approach that HelpAge supports, and which fits better with the realities of many communities affected by drought.
3. Make the focus quality programming when doing advocacy: ultimately, the inclusion of older people in humanitarian response is a programme quality issue for the sector. The inclusion of older people can be encouraged by a range of humanitarian and good programming principles: the necessity to uphold impartial humanitarian action, support to the most vulnerable, rights-based approaches to humanitarian action, the Do No Harm approach or commitments to gender-sensitive programme or the mainstreaming of protection. All of the above require aid actors to assess the situation of older people in humanitarian crises, and their active participation in programme design and inclusion in feedback mechanisms and monitoring and evaluation tools that ensure that the outcomes for older people are considered.

4.2.5 Strategic partnerships

All respondents noted the positive impact that HelpAge's work has had on the inclusion of older people. One specific example pointed to the use of partnerships as a mainstreaming tool. In South Sudan, HelpAge implemented its drought response programme through ACTED, working closely and over time to strengthen ACTED's capacity to support

older people. Similarly, in Ethiopia HelpAge is joining other organisations to work together within mobile protection teams.

Some respondents recognised that HelpAge has done a lot already in terms of providing support and guidance to the sector. However, interviews also highlighted that many organisations are not aware of existing guidance, or feel unable to translate it into programming. As one respondent noted, as each organisation has its own mandate and area of expertise, it is difficult for every agency to tailor every project to every vulnerability, while at the same time arguing that HelpAge should convince non-specialised organisations that they can improve outcomes for older people through taking small and simple steps in their programming. Translating existing guidance into programming by other organisations has worked well where HelpAge operates in partnership with another organisation, such as with ACTED in South Sudan or Oxfam in Ethiopia (in the South Sudanese refugee camps), or with the government in Kenya on its safety net programming.

We could share assets more closely. We did that with HelpAge and benefitted from that – we benefitted from their training by being their partners and from their know-how on how to include older people. They built our capacity to do more age-sensitive work (NGO).

Strategic partnerships are a real opportunity for HelpAge to further ensure that other organisations better include older people. Such partnerships can have a multiplier effect, spreading expertise and

knowledge on how to better include older people in humanitarian response.

4.2.6 Government safety nets and social protection: new partner, new opportunity

The final opportunity this study highlighted is the role that governments in East Africa are playing in developing policies and mechanisms that support older people and build their resilience. Examples of successful government safety nets for older people exist in other developing and middle-income countries and other regions (see PRO Global, 2017). Social protection policies, universal pensions and other safety net mechanisms in Ethiopia and Kenya have highlighted that governments in East Africa are taking steps to support older people, including scaling up safety nets during drought.

This presents a two-fold opportunity for HelpAge. On the one hand, HelpAge can further support the implementation of these new policies and mechanisms especially as respondents highlighted that ‘support to older persons is at national level; it has not been cascaded down to programmes at county level’. On the other, the adoption of policies and the inclusion of older people in government safety net and social protection programmes could allow HelpAge to seek more strategic partnerships with governments to influence the way the humanitarian sector responds in the region. By using national policies and commitments, East African governments and HelpAge can work together in promoting the inclusion of older people in the humanitarian sector, be it with donors, UN agencies, international NGOs or national and local NGOs.

5 Conclusion and recommendations

The aim of this study was to examine how older people were included in the response to the latest drought in East Africa. It sought to describe understandings of current practices, challenges, new developments and opportunities. Generally, the study found mixed results in terms of the inclusion of older people in drought response. There seems to be a consensus that older people face specific vulnerabilities during drought, as well as playing roles that can contribute to community resilience. However, despite knowing the specific vulnerabilities of older people and the roles they can play, respondents were unable to think concretely and act on this knowledge and understanding. This means, for instance, that very little information was given in terms of how age, disability and gender intersect, and respondents were only able to speak in general terms.

HelpAge and others such as ADCAP have developed extensive tools and guidelines for better including older people in humanitarian response. However, our study showed that these were often unknown or unused. While a good first step, efforts to implement and mainstream existing guidelines seem essential. The implementation of these guidelines would help inform a more nuanced understanding of older people in humanitarian crises. Older people continue to be mainly perceived as vulnerable, rather than as productive assets for their communities. Older people also tend to be equated with elders – those older people in positions of leadership within their communities – resulting in a lack of participation and representation of the older population more widely in drought response.

The study found that older people continue to be deprioritised by aid actors and governments when responding to drought. The one exception is when they are supported in relation to the children they care for. The deprioritisation of older people for the benefit of children and women is compounded by a general fatigue in the humanitarian sector with adding another mainstreaming agenda to an already long list. This study highlights the continued need to critically

assess the quality of humanitarian aid, in particular how well the sector is able to adapt and respond to the specific vulnerabilities and needs of different groups. This is critical for a sector that situates vulnerability as the bedrock on which humanitarian action stands. However, as this study shows, this is not operationalised, and humanitarian interventions often lack nuance, are automatic and are based on a set mindset regarding who is most vulnerable. This results in a lack of understanding of older people and their particular vulnerabilities during crises.

Layers of conflict and repeated droughts have slowly eroded social cohesion and caused increased migration of rural populations to urban areas. Both phenomena have had detrimental effects on older people (as well as other categories), with traditional roles becoming redundant, and older people being left behind or facing more isolation in urban areas despite better access to services. At the same time, governments in East Africa, in particular Kenya and Ethiopia, are increasingly developing social protection policies, universal pension systems and other safety nets (healthcare, hunger safety nets, etc.). While these formal policies and government mechanisms are increasingly playing a role in older people's resilience, developments are not fast enough or on a scale able to counteract the detrimental impact on older people of conflict, drought, declining social cohesion and urbanisation.

Within the humanitarian sector, opportunities exist to improve humanitarian action and ensure that older people are better included in the response. The IASC gender and age marker is one of these opportunities. The pilot offers HelpAge a platform to further disseminate tools, guidelines and expertise, and ensure that this initiative goes beyond a box-ticking exercise.

5.1 Recommendations

This study demonstrated that HelpAge has a unique and critical role in ensuring that older people's needs,

vulnerabilities, capacities and roles are addressed and harnessed. The following recommendations are suggested for consideration.

To donors:

1. **Donors should continue supporting HelpAge in two important ways:**
 - a. **Programming and advocacy specific to older people.** Supporting HelpAge and its network to implement specific programmes to assist older people and harness their capacities during drought. This could include livelihoods programmes building on HelpAge's experience in Sierra Leone with inter-generational interventions; programmes targeting the specific health problems of older people, in particular drugs for chronic illnesses most common among older people; and protection and empowerment interventions, including advocacy for the adoption of treaties and rights awareness-raising among older people.
 - b. **Capacity-building and institutionalisation.** Supporting HelpAge to work with affected governments and humanitarian agencies in better including older people, addressing their needs and vulnerabilities, as well as harnessing their capacities and roles. Donors can fund full-time positions dedicated to coordination within HelpAge country and regional offices. This would allow HelpAge staff to be present in coordination mechanisms (e.g. clusters), where opportunities can be more readily identified for training on tools and partnerships and the inclusion of older people. Donors can fund specific advocacy and mainstreaming activities, such as training and secondments of HelpAge staff to other organisations or within governments.
2. **Mainstreaming age in donor policy.** Building on the ECHO gender and age marker and the IASC pilots of the gender and age marker, donors should adopt an age, gender and disability marker, and integrate into their policy a strategy to build the capacity of the humanitarian community to better assess, programme and monitor the mainstreaming of age, gender and diversity. In doing so, the marker should ensure that adequate funding is available to HelpAge to support the implementation of the marker in ways that adequately include older people. Supporting additional implementation activities and mainstreaming activities alongside

the age, gender and disability marker is a necessary step to avoid it becoming a box-ticking exercise. Coupling adoption of the marker with a mainstreaming strategy offers a real opportunity to improve programming and inclusion.

3. **Support further research on specific gaps around older people, in humanitarian crises in particular:**
 - a. On the intersection of age, gender and disability in humanitarian crises and the implications for humanitarian aid.
 - b. On 'older' older people in humanitarian crises, to provide further analysis on how best to disaggregate data by age, and more specifically comparing how vulnerabilities, capacities and roles change with older age, as opposed to as a result of ill-health and age-induced disability.
 - c. On a comparative study of different age groups to understand how the exclusion/inclusion of older people compares to that of adolescents and youth (another too-often-forgotten group) with that of children under five, primary school-age children and young adults, in particular women of reproductive age.

To host governments:

4. **Age-sensitive social protection policies.** Governments facing recurring droughts and other similar recurring shocks should adopt social protection policies that include older people, and implement social protection schemes for the most vulnerable, including older people. These social protection schemes or social safety nets should be used in times of drought (and other crises) to channel additional assistance to these people. Learning from the Productive Safety Net Programme in Ethiopia and the Older Persons Cash Transfer programme in Kenya,⁵ data should be disaggregated by age.
5. **Age-sensitive safety net programmes.** Host governments should consider adopting unconditional safety nets that do not require labour, to allow very old people and people with disabilities to benefit from this assistance. Where feasible, older people taking part in safety net

5 The Older Persons Cash Transfer (OPCT) programme in Kenya aims to provide regular and predictable cash transfer to poor and vulnerable older people (65 years of age and above) in targeted households (<http://www.socialprotection.or.ke/national-safety-net-program/125-older-persons-cash-transfer-opct>).

programmes such as the one developed in Ethiopia should be considered as able, and should be supported with further livelihoods interventions.

To humanitarian organisations and development partners:

- 6. Adopt new ADCAP humanitarian inclusion standards.** In line with the principles of humanitarian action, humanitarian organisations should adopt policies and practices based on the new ADCAP humanitarian inclusion standards for older people and people with disabilities. These aim to ensure that all vulnerable people are included in interventions, including through assessment tools that capture the specific vulnerabilities and needs of older people, and disaggregating data by age. OCHA and global cluster leads could lead this process by adopting and implementing the ADCAP humanitarian standards on inclusion. OCHA and the global cluster leads could also support the inclusion of older people by deploying ADCAP and HelpAge staff to revise policies, tools and other standard operating procedures to mainstream the humanitarian standards on inclusion and other existing tools.
- 7. Improve links between humanitarian and development partners.** Humanitarian actors should work closely with their development counterparts to identify opportunities to better link up work on older people, in particular regarding social protection policies and safety net programmes, to reinforce processes that support the inclusion of older people in times of drought.
- 8. Link age mainstreaming to gender and protection mainstreaming.** Humanitarian organisations should consider how the issue of inclusion of older people can become part and parcel of gender and

protection mainstreaming efforts, as well as overall programme quality work.

To HelpAge International:

- 9. Strategic partnerships.** In implementing specific programmes for older people, in particular in health, nutrition, livelihoods and protection, HelpAge should strategically partner with humanitarian organisations not specialised in issues particularly affecting older people. Through partnerships, HelpAge can more effectively support other humanitarian organisations to adopt existing tools and guidelines and develop know-how and expertise through learning by doing. This will support HelpAge's objective of mainstreaming older people and age-sensitive programming.
- 10. A wider lens for advocacy and mainstreaming.** In advocating and mainstreaming older people, HelpAge should create strategic coalitions with organisations supporting the inclusion of other marginalised groups such as youth and adolescents and people living with disability. These coalitions would enable HelpAge to build on existing initiatives, and encourage joint initiatives. ADCAP is a good example of where HelpAge is doing this already. HelpAge should consider going beyond this alliance with disability-focused organisations and examine partnerships with organisations supporting other marginalised age groups, drawing specifically on the role older people play in inter-generational dialogue and caring for younger members of the community. In order to do this, HelpAge could refocus its advocacy towards age-sensitive programming and programme quality. We believe this will eventually benefit older people and improve the assistance they receive.

Annex 1

Interview guide

Research questions: with a focus on Ethiopia as well as regional dimension in South Sudan and Kenya.

- How can organisations such as HelpAge further support actors involved in responding to droughts and contribute to aid actors' capacity to include older persons in humanitarian response?
- How can aid agencies better address the needs of older persons as well as their capacities (role) in responding to drought?

Please note not all sections will be relevant to all respondents. They will also need to be tweaked for different kinds of respondents. The sub-bullets represent probes and may not necessarily need to be asked, but should come out during the interview.

1. Their (respondents') work

- What do they/the organisation they work for do in relation to older people and drought?
 - Main focus of programmes
 - How they target/who targets
 - Who is considered vulnerable in their targeting? Why?
 - How do you define older people (age or social attribute – being a grandparent)?
 - Are there any specific interventions for different categories within older persons (women/men, disability, older old)?
 - Coverage/reach (both macro and micro-level and the partnerships around their work partners)
 - Since when?
 - Who funds their intervention with respect to drought response or risk reduction (over what range of time?)
 - Success/challenges in their emergency (drought) related programme

2. Role of older people in the community and in the household

- What are the roles of older people in the community?
 - How does this differ for men/women, in rural vs urban vs peri-urban areas, for old vs older, etc.?
 - Have the roles of older people been changing, how why, since when?
- What are the roles of older people in the family?
 - How does this differ for men/women, in rural vs urban vs peri-urban areas, for old vs older, etc.?
 - Have these been changing, how why, since when?

3. Vulnerabilities of older people

- What are the key vulnerabilities of older people? (could probe for health, psychosocial, nutrition, shelter, loneliness, isolation (security), mobility, disability, neglect functional ability)
 - How does this differ for men/women, in rural vs urban vs peri-urban areas, for old vs older, etc.?
 - Has this changed over time, if so, how, why, since when?
- How do older people cope with these vulnerabilities? (in a non-drought related situation)
 - What formal/informal processes and mechanisms do they draw on?
 - Who supports older people? What helps older people?
 - Have these changed over time? If so, how, why, since when?

4. Drought and older people

- How has drought affected older people?
 - How do the effects differ for men/women, in rural vs urban vs peri-urban areas, for old vs older, etc.?
- How have older people been coping with the effects of drought? What about currently? What coping strategies have they adopted?
 - What skills, knowledge, experience do these coping strategies draw on (both former and current)?
 - What formal/informal mechanisms and/or institutions do the people in this community draw on to support them during drought?

- Do coping strategies differ between men/women? If yes, how, why?
- Do coping strategies differ between rural vs urban vs peri urban areas?
- Do coping strategies differ according to the length/duration and severity of the drought? If so, how?
- Have coping strategies changed over time? If yes, how why?
- What do you think, if any, is their role of older persons in drought response? At household level/at community level/in programme response, beyond?
 - Has their role been changing? If yes, why, since when, etc.
 - What are differences for men/women, in rural vs urban vs peri-urban areas, for old vs older, etc.?
 - Since when have they had a role?
- What are the challenges for including older people in drought programming responses?
 - What could be done by whom to address these challenges?
 - How would you describe the current inclusion of older people in assessments?
 - (if applicable following answer to the above question) In your view, why is the situation of older people under reported?
- (if know about the programme) What has been HelpAge’s and partners’ role/approach in including older people in drought programming?
 - How successful has it been?
 - What have the challenges been?
- What role could organisations like HelpAge and their partners play in supporting governments and aid actors to better support older people during drought?

5. Drought responses

- How have aid actors and government taken into account the vulnerability of older persons in responding to the drought?
 - In your view how effective has the drought response been in including older person specific needs and roles?
 - In terms of access to services (distance, cost of travel, benefits, etc.)
 - Awareness of services
 - Data on older people (assessment, vulnerability)
 - Older person’s participation in informing and influencing drought response decisions
 - Definition of vulnerability
- What other interventions exist (or have existed) to support older people, and particularly to respond to drought situations?
 - Including programmes to build their resilience, capacities, OPAs, empowerment programmes, education, etc.
 - What have been their strengths and weaknesses?
- Going forward, what existing processes/systems could be drawn on/built on in order to involve older people more in supporting drought responses?
- How can you include older people better in drought programming responses?
 - How have you adapted your programmes to address the particular needs and vulnerabilities of older people?
 - Are there any missing data that should be collected to support better programming for older people?

6. Policy environment

- What national level policies exist for older people? Which ministries?
 - To include social protection policies (pensions, safety nets, food safety nets, etc.)
- What other national level processes, institutions, working groups, etc. exist to support older people, or where older people are included?
 - Since when? What does their mandate include, how do they operate, who leads, etc.
 - How successful/effective have these been?
- What institutional arrangements are in place to support the cause of older people? Current performance? Challenges?
- What regional level policies exist for older people? Have they been adopted in this country/context?
- Which policies (national or devolved) have been more or less successful? Why? What suggestions would you give to improve them?
- Where are the gaps? What are the opportunities for these gaps to be filled? What are current obstacles/challenges for these policy gaps to be addressed? Which policies are less inclusive of older people’s concerns/rights/needs?
- What is needed to further support older people?

Questions to donors:

- What is your policy on older persons in responding to drought?
 - Are there particular standards regarding older persons that you have adopted and are applying? If yes, which ones and how? What are successes? Challenges of doing so?
 - Do you make specific allocations around inclusion of older persons?
 - If yes, how much?
 - In what ways?
 - If not, why not?
 - What are challenges to do so?
- How do you define vulnerability in your policies? Would older persons qualify as vulnerable?
 - If yes, how?
 - If not, why not?

End of interview ask for more reports and information

- Do you have any quantitative information that you could share with us regarding older persons and the drought?

Annex 2

Study respondents

1.	Irish Aid	HQ
2.	Plan International Inc.	Regional
3.	OCHA	Regional
4.	Oxfam	Ethiopia
5.	IRC	Regional
6.	NRC	Ethiopia
7.	IRC	Ethiopia
8.	IRC	Ethiopia
9.	Irish Aid	Ethiopia
10.	UNFPA	Ethiopia
11.	OCHA	Ethiopia
12.	Oxfam	Regional
13.	CARE	Ethiopia
14.	Pastoralist Integrated Support Programme	Kenya
15.	UNICEF	Ethiopia
16.	HelpAge	Regional
17.	HelpAge	Regional
18.	HelpAge	Kenya
19.	Handicap International	Ethiopia
20.	National Drought Management Agency	Kenya
21.	HelpAge	Ethiopia
22.	HelpAge	Region
23.	ECHO	Region/Somalia
24.	National Disaster Risk Management Council, Government of Ethiopia	Ethiopia
25.	ACTED	South Sudan

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Cover photo: This community in Meja, Ethiopia has benefited from a borehole rehabilitation project implemented by HelpAge International.

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