

What older people say about their experiences in humanitarian situations

Findings from rapid needs assessments and interviews with older people

Verity McGivern, HelpAge International

Older people's right to humanitarian assistance

HelpAge International's vision is of a world where older women and men lead active, dignified, healthy and secure lives. This applies to all older people, including those affected by humanitarian emergencies. The four principles of humanitarian action – humanity, neutrality, impartiality and operational independence – afford everyone the right to safe and dignified access to humanitarian assistance and protection without discrimination and on an equal basis with others. Everyone responding to a humanitarian crisis has a responsibility to ensure that all those affected, including older people, have these rights upheld.

We want older people to be able to access humanitarian aid with dignity and in safety. Older women and men are not inherently vulnerable to disasters. However, when disasters strike, they are at risk of having their rights denied.

Despite this, older people are often invisible to those providing aid. Data on the number of older people affected is rarely collected. Older people are seldom consulted in the planning and design of responses, and their skills and knowledge are often ignored. A major consultation conducted for the World Humanitarian Summit in 2016 concluded there was a need to “correct the neglect of older people”.¹ A critical first step is for all stakeholders in humanitarian action listen to what older people living in the midst of crisis have to tell us.

“We’re always being filmed and photographed but nothing ever changes, there’s still not enough to eat.”

Oboch, 86, South Sudan

HelpAge International conducts Rapid Needs Assessments to collect information directly from affected older people in order to inform our humanitarian response and our advocacy towards other humanitarian actors in a crisis. We also consult older people to inform policy and advocacy work.

This paper is based on information collected via these assessments, as well as consultations and interviews² with older people conducted in various recent research projects. It presents insights into the exclusion older people face in humanitarian settings. It includes direct quotes from older people in crisis situations.

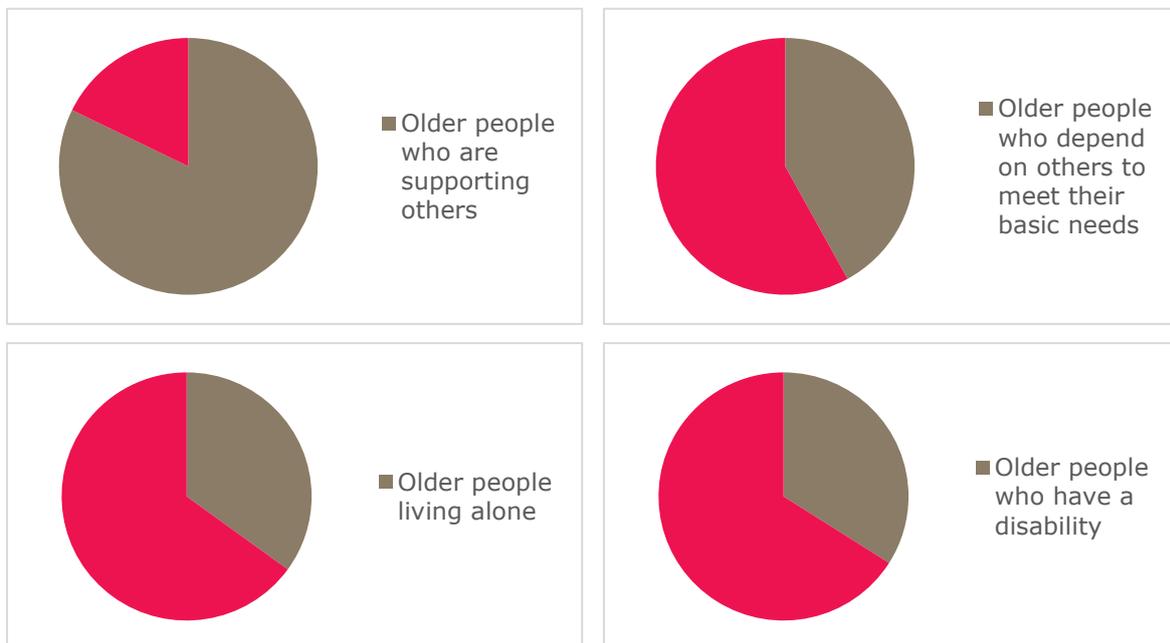
¹ <https://reliefweb.int/report/world/restoring-humanity-global-voices-calling-action-synthesis-consultation-process-world>

Diverse older populations

It is critical to recognise the diverse situation of older people affected by the disaster and the specific risks they face. This includes risks related to gender and disability, but also the additional challenges that older living alone, or caring for others might face.

In a recent rapid needs assessment of older people in cyclone-affected districts of Malawi, three quarters of older people (74%) who took part in the survey said they were supporting other people. Of these, over half (52%) said they were supporting children; 14% were supporting an older adult, and 11% were supporting a person with a disability. Many of these older people carers (37%) were over 70 years of age.

Forty-two per cent of older people who responded said they depended on their family or friends to enable them to meet their basic needs. Thirty-four per cent of older people surveyed are living with a disability (36% of older women and 30% of older men). Thirty-five per cent of older people surveyed said they lived alone.



Priorities

As part of our Rapid Needs Assessments, we ask older people to choose their top priorities from safety, water, food, shelter, medicine, cash, hygiene items, clothing, bedding, fuel and household items. The results vary from one context to the next and between women and men. However, food, medicine, cash, shelter, safety are frequently among older people's priorities.

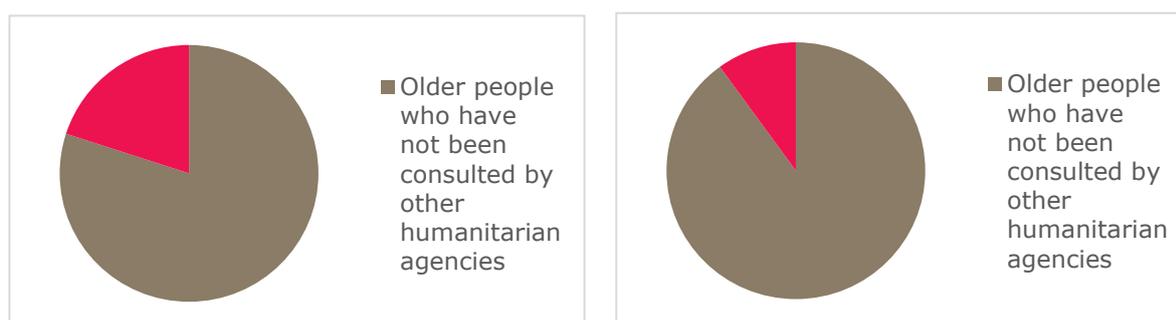
Participation

Older people report that they are often excluded from needs assessments and decision-making mechanisms in humanitarian settings, particularly older people with disabilities. They are therefore prevented from inputting into the design and delivery of humanitarian agencies' response plans and activities, or given the opportunity to participate in their communities. Given aid agencies' failure to speak to and understand older people, it is unsurprising that humanitarian work so often falls short of meeting their needs.

“We are not always consulted during needs assessments, and even when we are consulted, what we ask for is not always provided. Our participation in decision-making processes here in the camp is minimal.”

Nyatuong Yok Madol, South Sudan

This is strongly supported by the findings of rapid needs assessments of older people in various settings. A recent Rapid Needs Assessment³ in Sofala, Mozambique found that 80% of older women and men had not been consulted by other humanitarian agencies. In North East Syria, the assessment⁴ found that 89% of older women and 85% of older men hadn't been consulted about humanitarian services.



Very early findings from a rapid needs assessment carried out by HelpAge network member COSE which took place days after Typhoon Mangkhut hit The Philippines, found that 93% of older persons had not been consulted by any humanitarian agency about the relief services provided to them.⁵

Lack of appropriate and accessible information provided by humanitarian actors is frequently reported as a barrier to older persons accessing their rights and entitlements.

During November and December 2015, HelpAge interviewed 300 women and men aged 60 and over in Lebanon, South Sudan and Ukraine. The vast majority in all three countries said they had not been consulted by humanitarian actors and most felt they did not have enough information about the assistance available to them.⁶

Meanwhile, older people frequently report low levels of knowledge about how to give feedback or make a complaint. For example, 90% of older women and 85% of older men surveyed in North East Syria⁷ didn't know how to make a complaint or give feedback about humanitarian services. In a survey in host and refugee communities in Jordan, only 22% of older people had contacted service providers to give feedback. Of the older people who had provided feedback to organisations, only 33% felt that they had been listened to by staff.⁸

Barriers accessing assistance

Across the board, older people report significant barriers to accessing humanitarian assistance and services. These barriers can be physical, attitudinal and institutional. Here we explore older

³ <https://www.helpage.org/download/5c6aa56f0f656>

⁴ Publication forthcoming – Rapid Needs Assessment of Older People in North East Syria

⁵ <https://www.helpage.org/blogs/madeleine-mcgivern-31050/when-older-people-flee-their-homes-from-danger-ageism-is-a-barrier-to-accessing-help-1088/>

⁶ HelpAge International (2016) Older Voices in Humanitarian Crises

⁷ Publication forthcoming – Rapid Needs Assessment of Older People in North East Syria

⁸ HelpAge Jordan (2018) A profile of older people in Jordan: The experiences and inclusion risks of older Syrian refugees and older Jordanians

people's perspectives on health, income and food – three issues frequently reported as priorities by older people in Rapid Needs Assessments.

“Humanitarian aid might be helping, but only for those who can go and get it”

Warda, 85, Lebanon

Health care

Older persons frequently report inadequate access to medical services during emergencies. A lack of appropriately trained health care personnel, appropriate and accessible health care facilities and medications for common conditions in older age deny older persons their right to health and result in significant unmet health needs.

“In our city there is a shortage of medical specialists. In order to see a doctor, you need to go to other cities. Older people cannot do this since it is expensive or not possible due to poor health”

Grigoriy Atanov, Ukraine

In a recent Rapid Needs Assessment of older persons in Sulawesi, Indonesia, access to regular medication for chronic conditions was reported as the biggest issue for older persons, with over a third of those who need medicine having no access to it and 20% of people in danger of running out with medicine available to them in less than three days.

In Sofala, Mozambique⁹, 83% of older people report having access to health services. However, 66% say there is no medicine available at health services and 51% find health services too expensive. Fourteen per cent of older people reported experiencing negative attitudes from healthcare providers.

In consultations¹⁰ with older people in Lebanon, Ukraine and South Sudan, more than two thirds of respondents had more than one chronic health condition such as diabetes, high blood pressure, joint pain, arthritis, tuberculosis and respiratory problems. Eighty per cent reported poor eyesight and 48 per cent had poor hearing. Just over 30 per cent had a physical disability, 17 per cent were housebound and almost 7 per cent were too sick to leave their bed.

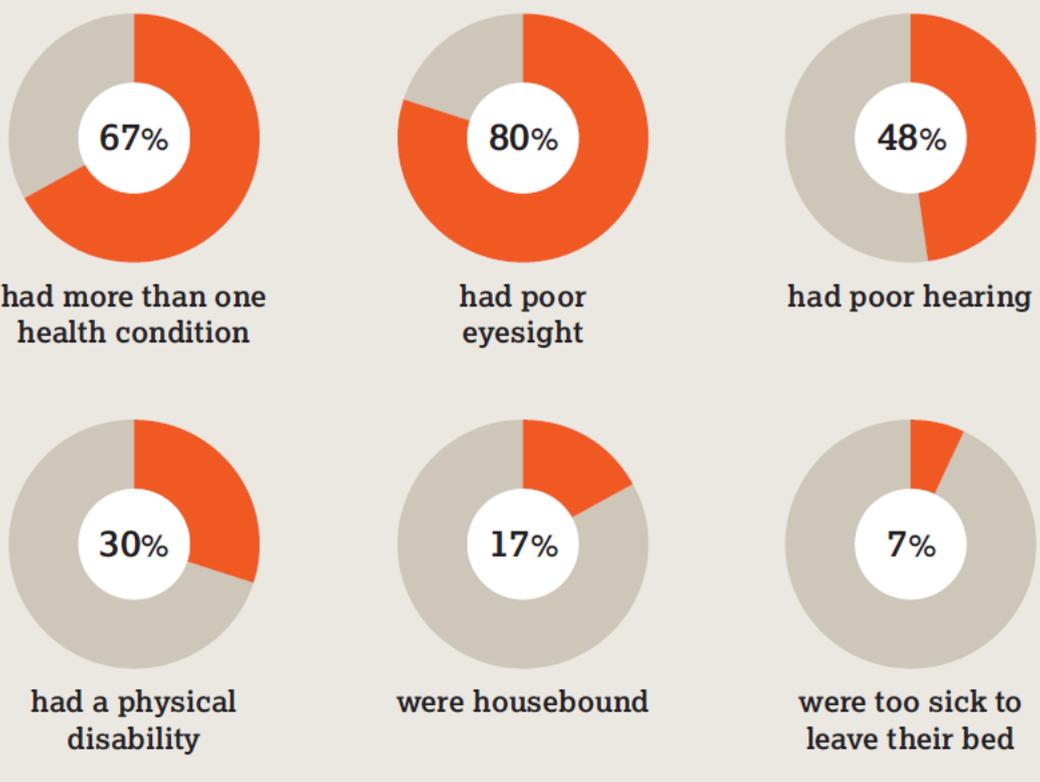
However, only 28 per cent of people we consulted across all three countries said they visited a health service regularly. In South Sudan, more than half (55 per cent) of those we spoke to had never visited the local health centre, health post, clinic, or hospital.

⁹ Publication forthcoming - HelpAge International, Rapid Needs Assessment of Older People, Sofala, Mozambique

¹⁰ HelpAge International (2016) Older Voices in Humanitarian Crises

Complex health and care needs

Of the older people we spoke to in Lebanon, South Sudan and Ukraine:



Income and social protection

In humanitarian contexts, it is not uncommon for older persons to lose access to sources of income or their land or property. Meanwhile, agencies often plan livelihood activities without considering older persons and they are, therefore, often excluded from income-generating activities or cash programmes. These schemes are generally targeted at younger adults and planned without considering older persons' roles and capabilities.

“All the people we’ve met here show us respect but when it comes to jobs they don’t hire us.”

Salwa 60 Lebanon

In North East Syria, older people ranked cash second after medicine in terms of their priority needs. 77% of older women (59% older men) currently do not have a sustainable income. In a recent assessment in cyclone -affected areas of Malawi, Ninety-six per cent of older people reported that they currently have no income.

In a recent study¹¹ many older persons with disabilities in camps for Burundian refugees in Western Tanzania, expressed a desire to earn an income in the absence of any social protection schemes, for example, by setting up a small business at home or nearby. While, younger people and persons without disabilities might find work with NGOs or set up small businesses such as shops and market stalls, older persons with disabilities felt they did not have the same

¹¹ HelpAge International (2018) Missing millions: How older people with disabilities are excluded from humanitarian response <https://www.helpage.org/download/5ae632712297c>

opportunities. Key informants in the study also suggested that older persons with disabilities were being excluded from livelihood programmes, which focused on younger adults.

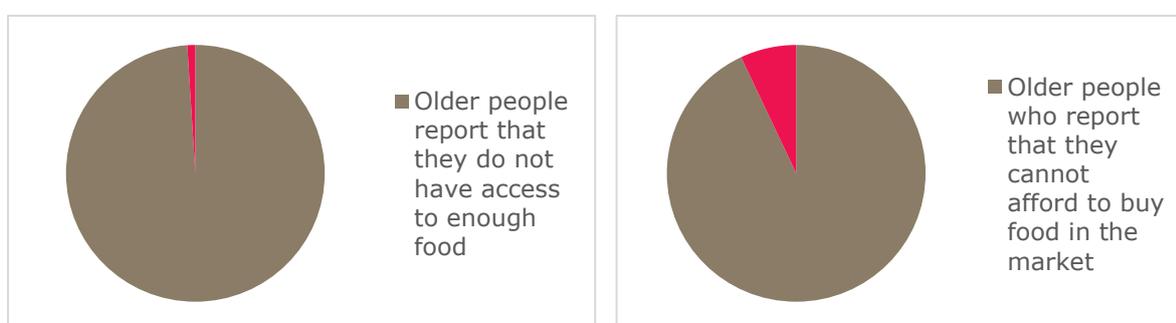
Food security

Inadequate access to food is often reported by older people in HelpAge's Rapid Needs Assessments and the issues can frequently be linked to income.

“We know humanitarian organisations can’t leave people to die of hunger but why is there not enough food?”

Oboch, 86, South Sudan

In cyclone-affected areas of Malawi, older people identify access to food as their top priority. Some 99% of older people report that they do not have enough access to food. Ninety-three per cent of older people say there is enough food in their market, but they cannot afford to buy it.



Older people in Mozambique also identified food as their top priority and 90% of both older women and men reported that they do not have enough food. In North East Syria, a quarter of older people do not have access to sufficient food. However, 72% of older women and 60% older men face a number of physical barriers accessing adequate food.

Despite efforts made by aid agencies to address access issues in food distributions in refugee camps in Tanzania, in interviews with older people with disabilities in Tanzania, lack of food was a common concern among older people with disabilities. Some said they often went hungry.

“It’s difficult for me to carry my food ration because of my poor health and my disabilities.”

Older woman, 100, Tanzania

Threats to dignity and independence

In Rapid Needs Assessments, a high proportion of older people report that they depend on other people to meet their basic needs. For example, a Rapid Needs Assessment¹² of older persons in Sulawesi, Indonesia, found that almost two-thirds (63%) of older women and almost half (48%) of older men said they are dependent on their family to meet their basic needs, including 45% of older women and 36% of older men who are unable to reach humanitarian services alone, often relying on their family and friends for support. The same assessment¹³ of older persons in North East Syria found that 94% of older women and older men reported being dependent on others.

¹² <https://www.helpage.org/download/5c6aa56f0f656>

¹³ Publication forthcoming

This could be seen to support the pervading assumption older people are cared for by their families or communities. However, the picture is often more complicated.

In an Overseas Development Institute research study conducted with HelpAge International in Africa and Age International, key respondents from aid agencies generally felt that the respect accorded to older people in South Sudanese culture, and their traditional leadership roles had continued into displacement. Most also believed that communities and families constituted the main safety net for older people in displacement.

However, in focus group discussions, older people acknowledged the support they received from their family and community, they also noted that this was ad hoc and declining, and that they could no longer rely on community charity.

A significant proportion of older people also report living alone and having no one to support them to access assistance. In consultations with older people in Lebanon, South Sudan and Ukraine¹⁴, one quarter of those we spoke to lived alone and 44 per cent said they did not have anyone to help them with daily activities, such as washing or dressing.

“Sometimes I don’t sleep well. I’m losing hope because I have no one to take care of me.”

Older woman, 70

Equality and non-discrimination

Our research with older people reveals that older people can be subjected to both systemic discrimination and discriminatory attitudes and behaviour in humanitarian settings.

In a recent study¹⁵, interviews with older people with disabilities revealed that the negative attitudes of healthcare staff and humanitarian actors were a barrier to older persons with disabilities accessing healthcare and assistance. Older persons with disabilities reported being turned away and told they cannot be helped because of their age and being forced to stand in long queues in extreme temperatures to wait for aid. Some older persons with disabilities were humiliated by the negative attitudes of staff, and even told to leave a refugee camp by younger people.

“They say we’re pretending to be sick so that we can get a lot of money. If they see us going to the HelpAge office, they think we’re being given a lot of money.”

Older Woman, 70, Tanzania

“Many of our community members have experienced negative attitudes and had decisions made on their behalf by others”.

Natalia Miroshnichenko, Ukraine

¹⁴ HelpAge International (2016) Older Voices in Humanitarian Crises

¹⁵ HelpAge International (2018) Missing millions: How older people with disabilities are excluded from humanitarian response <https://www.helpage.org/download/5ae632712297c>

Older people also report exclusion from vital support on the basis of age. Close to half (44 per cent) of those we spoke to in Ukraine during a 2016 consultation¹⁶ said they felt discriminated against because of their age when trying to access assistance and 43 per cent said they had to wait longer than younger people for assistance. In fact, more than half (55 per cent) said they had been turned away because of their age when seeking assistance.



This experience is reflected elsewhere in interviews with older people.

“In a recent seed distribution by aid agencies, I was not registered as they said I have no energy to farm. On several occasions, older persons have been denied humanitarian support on the pretext of prioritisation of children, youth and women making us feel that we do not count anymore.”

Philip Hakim Bongomin, South Sudan

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Older woman, 70

Safety and risk to mental health

Safety is often a significant issue raised by older people in rapid needs assessments. In a recent Rapid Needs Assessment²⁰ of older persons in Wau, South Sudan, one in four older persons reported safety as their top priority. Both older men and women reported having no safe space in the community at high levels both in IDP sites and host communities. Isolation and emotional and physical violence were also important concerns, particularly for older women.

In Sulawesi, Indonesia²¹, over 90% of those asked what the main safety risk older persons are facing indicated some form of violence or abuse (sexual, physical, financial, emotional or denial of resources). The biggest safety concerns were reported when accessing water, sanitation and hygiene (WASH) services suggesting inappropriate service design or delivery.

Older people report significant concerns about safety in Sofala, Mozambique. Forty-seven per cent of older women and 21% of older men perceive that they are at risk of sexual abuse. Forty-seven per cent of older men and 39% of older women feel threatened by violence.

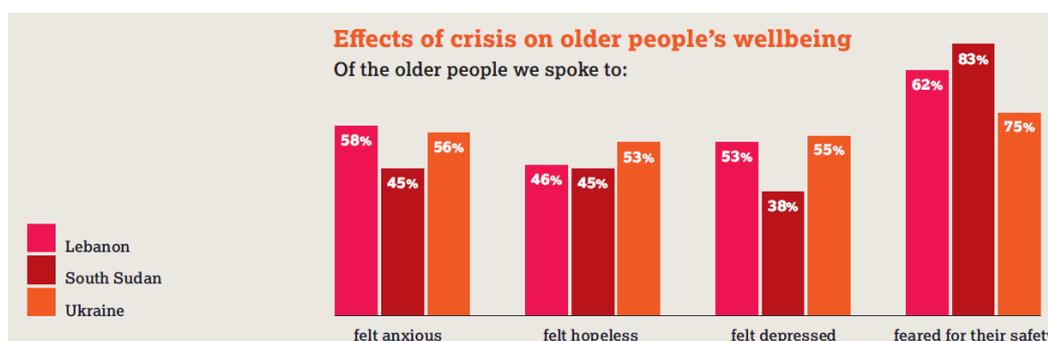
Consultations and interviews with older people also reveal that humanitarian crises have a significant impact on their mental health and wellbeing.

“I feel very bad, now that I realise I won’t be able to take care of myself. It’s as if I’m dead.”

Older man, 62, who was shot during fighting in Burundi

In Sofala, Mozambique, almost two thirds of older people (64% of women and 62% of men) feel they cannot cope, even with additional support. Meanwhile, in affected communities in Malawi only 7% of older women and 15% of older men feel able to cope without any support, and more than 40% of both older women and men feel they cannot cope at all.

In consultations with older people in Lebanon, South Sudan and Ukraine, we asked how often they had felt hopeless, depressed and anxious during the previous month.



¹⁹ HelpAge International (2016) Older Voices in Humanitarian Crises

²⁰ HelpAge International (2018) Rapid needs assessment of older people: Wau, South Sudan <https://www.helpage.org/download/5c6aa56f0f656>

²¹ HelpAge International (2018) Rapid needs assessment of older people affected by the earthquake and tsunami in Sulawesi, Indonesia <https://www.helpage.org/download/5bed84cf25e07>

These findings echo a study²² of Syrian refugees in 2014, which showed that more than 65 per cent of older refugees in Lebanon and Jordan presented signs of psychological distress – three times more than the general refugee population.

Conclusion

For too long, the humanitarian community has failed to live up to the core principles of humanitarianism in its response to older people. A common reason cited is the lack of data on older persons in humanitarian crises. Without a doubt, this is an issue. However, the data and voices presented in this paper and an increasing body of research goes to show that we have a good picture of the challenges older people are facing.

We have heard what older people have to say, we know the interventions that work, we have tools for consultation and standards to support age-inclusive response. It is time now to act.

²² HelpAge International and Handicap International (2014) Hidden victims of the Syrian crisis: disabled, injured and older refugees