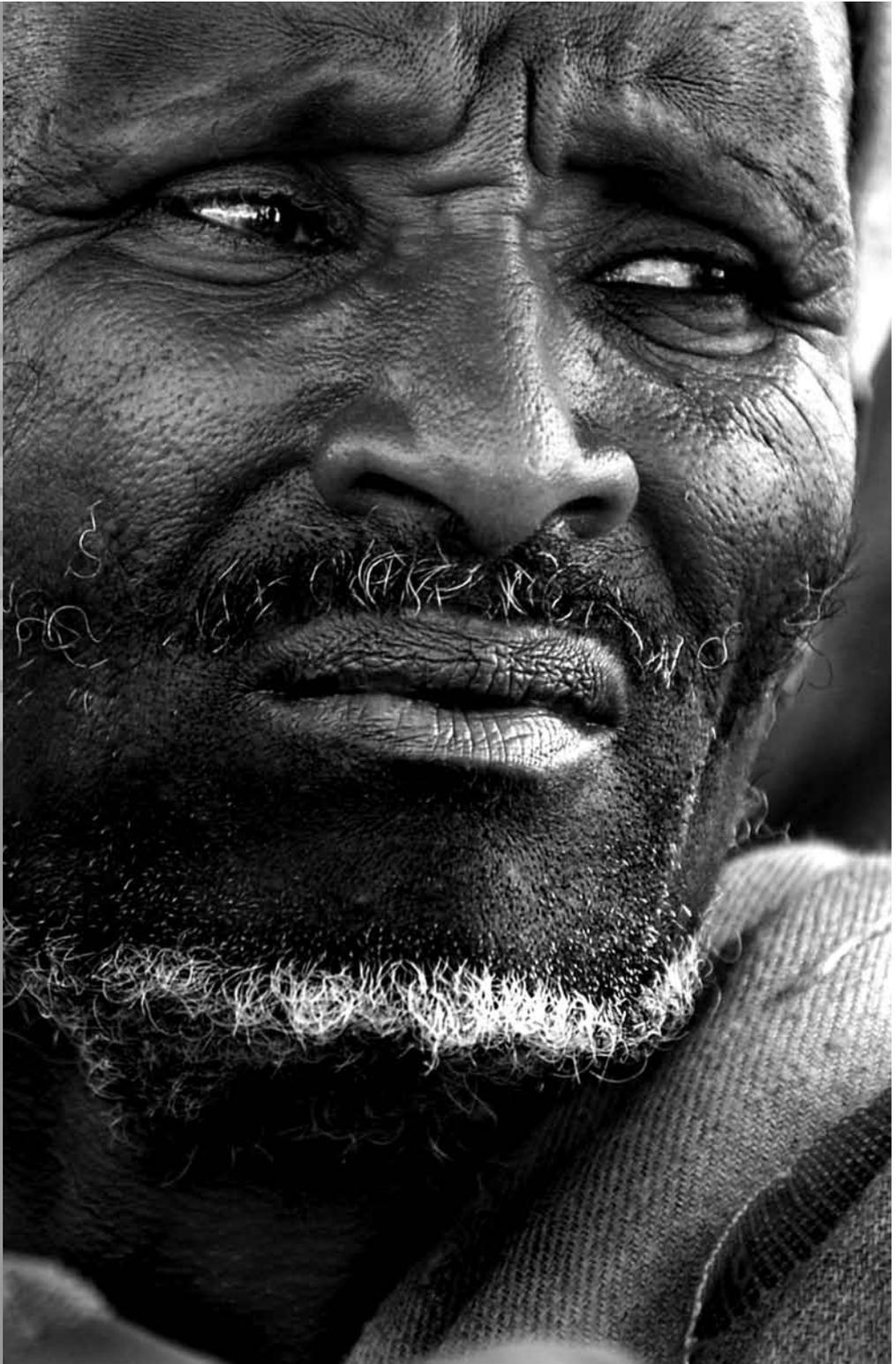


CHAPTER 3



Older people and discrimination in crises

“Some cars came by and just threw the packets. The fastest get the food, the strong one wins. The elderly and the injured don’t get anything. We feel like dogs.”

Perumal, 75, Tamil Nadu, India

When relief material was being distributed following the Indian Ocean tsunami, Perumal stood alone in the remains of his thatched hut, refusing to join the hungry crowds jostling for aid. Asked why he did not join in, Perumal shook his head and said: “It’s no use. I’ve been pushed out before and have fallen on the ground. I know I’ll get nothing this time around, too.”

This chapter focuses on how older people are discriminated against during humanitarian emergencies (for a definition of older people, see Box 3.1). It examines the ways in which this discrimination – at the hands of governments, humanitarian organizations and communities – exacerbates the inherent vulnerability of age and prevents older people from realizing their rights to disaster response and resources for recovery.

Limitations of mobility, chronic poor health, isolation and poverty are difficulties common to older people across the world. But such physical and economic constraints are greatly aggravated by prejudices and false assumptions which this chapter seeks to explore.

Most humanitarian agencies assume – wrongly – that generalized emergency aid will reach older people or that family members will look after their interests. Only a handful of organizations implement programmes that consider their specific needs and actively engage them.

The lack of a United Nations (UN) agency dedicated to ageing issues; the failure of many humanitarian agencies to develop a clear rationale for reaching older people; the lack of specific data and information on this group; and the assumption that older people will be covered by general response provisions – all these factors add up to discrimination which, whether intentional or not, has a life-threatening impact on the lives of older people.

Box 3.1 Defining older people

The UN defines an older person as being aged 60 and over. As with other age groups, the diversity of older people must be recognized and captured in age-disaggregated data. The internationally defined categories for research and advocacy purposes are:

- Young old (60–70)
- Old old (70–80)
- Oldest old (80+) ■

Source: The International Plan of Action on Ageing adopted at the first World Assembly on Ageing (Vienna, 1982) used “aged 60 years and older” for defining “older persons”. This was endorsed by the Second World Assembly on Ageing (Madrid, 2002).

Photo opposite page:
One of the village elders of Bubisa, Marsabit District, Kenya, who met to discuss how to distribute food delivered by the Kenya Red Cross Society. The region was affected by a severe drought in 2006.

Daniel Cima/
American Red Cross

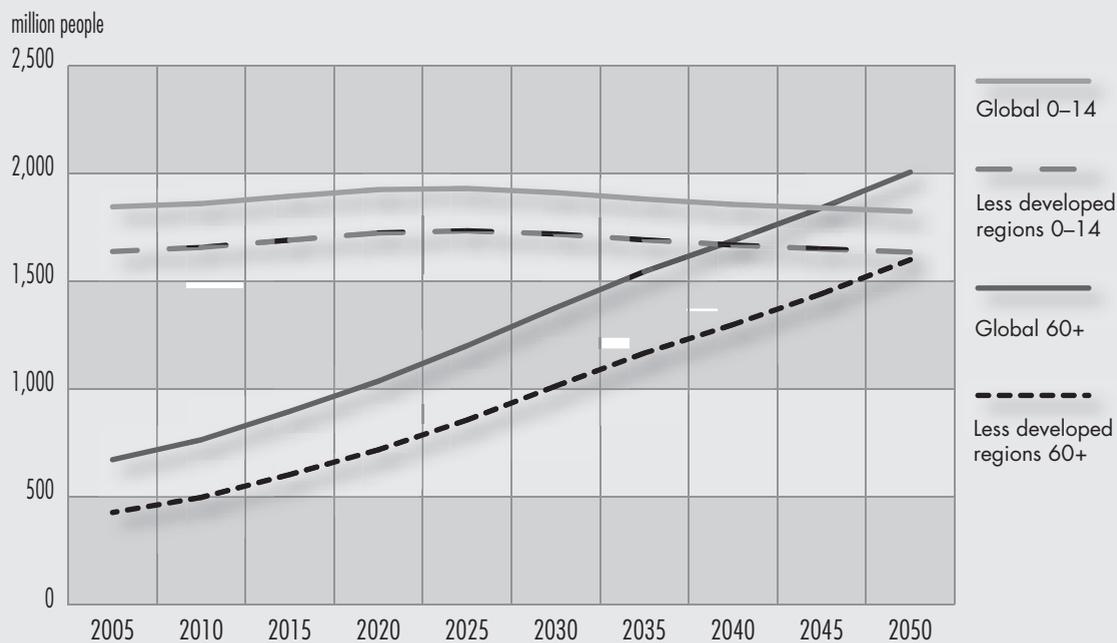
The chapter argues that creating greater awareness of older people's specific vulnerabilities and capacities can help redress the false assumptions that lie behind prejudicial attitudes towards the over-60s. It presents good practice to combat discrimination in emergency response. And it proposes a new UN convention on the rights of older people, to complement similar provisions for children, women, minority groups and people with disabilities.

Ageing world triples while children stay static

Between 2005 and 2050, the global population aged 60 or above will triple from 673 million to over 2 billion, while the number of children (0–14 years of age) will remain largely static at around 1.8 billion, according to the UN's *World Population Prospects, 2006* (see Figure 3.1). Today, two-thirds of the world's older people live in developing countries. By 2050, this will increase to 80 per cent.

As a proportion of populations within developing countries, older people will leap from 8 per cent in 2005 to 20 per cent by 2050. Over the same period, the proportion of children will drop from 31 to 21 per cent. So, by the middle of the century,

Figure 3.1 Caseload of older people set to triple by 2050



Source: UN *World Population Prospects, 2006*

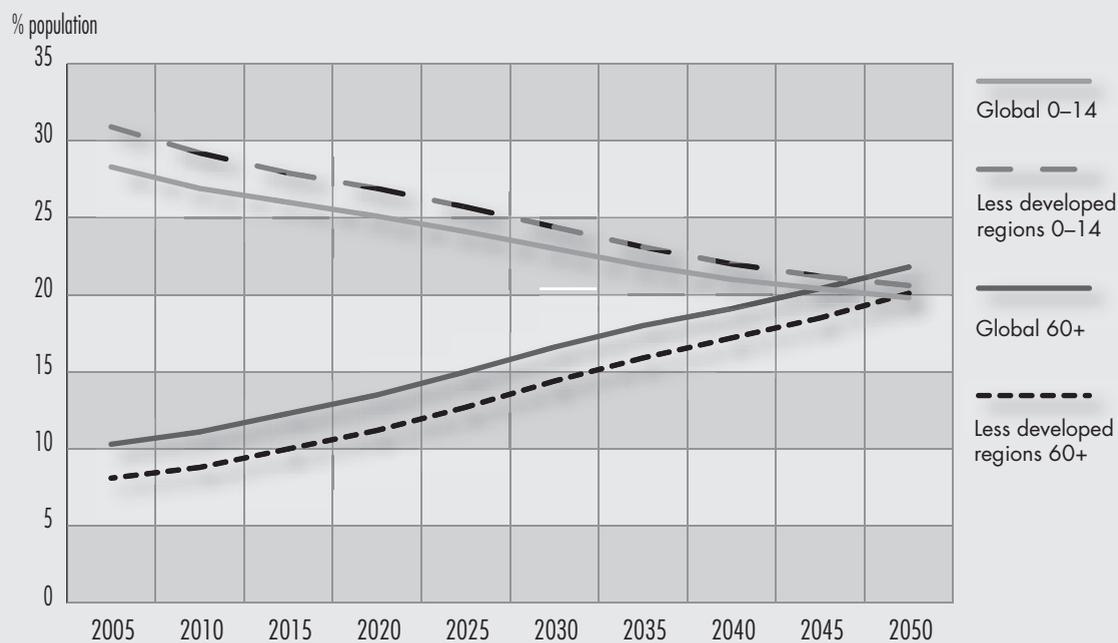
humanitarian organizations are likely to be assisting as many older people as children (see Figure 3.2).

Between 1997 and 2006, an average of 260 million people worldwide were affected by natural disasters per year, according to the Belgium-based Centre for Research on the Epidemiology of Disasters (CRED). Given that roughly one in ten people is aged over 60, this means that around 26 million older people were likely to have been affected by natural disasters each year over the past decade.

However, the number of older people affected by disasters or displaced by crises is often measurably higher than their proportion in the general population. The 2003 heatwave in France claimed nearly 15,000 lives, 70 per cent of whom were older than 75 years (see *World Disasters Report 2004*, Chapter 2). According to the UN refugee agency, UNHCR, those over 60 comprise 21 per cent of people displaced by war in Serbia and Montenegro. This is probably because many young adults had already migrated in search of work, fled or been killed.

Yet data on populations affected by disasters and crises, disaggregated by age and gender, are very limited. Collecting and presenting such data would help humanitarians to identify and reach vulnerable populations far more accurately.

Figure 3.2 Equal proportion of children and over-60s by 2050



Source: UN *World Population Prospects*, 2006

Misconceptions about older people perpetuate discrimination

At the root of discrimination against older people lies a range of prejudices and false assumptions, grounded in older people's physical, mental and economic vulnerability. These prejudices are held by communities in which older people live as well as by people in governments and aid organizations seeking to serve them (see Box 3.2).

Older people are often less mobile than younger people – or perceived to be less mobile. They may suffer from chronic poor health – or are perceived to be always ill. They may not contribute to decision-making and the local economy – or their potential to contribute may be ignored. Such perceptions and attitudes, whether grounded in reality or not, can create a stigma around older people that they are weak, useless or worthless. As a result, their needs, contributions and rights are neglected. They are left battling with not only their own objective physical, mental and financial barriers, but also with the subjective, attitudinal barriers in the minds of people around them.

Box 3.2 Six misconceptions about older people in emergencies

Misconception 1: The extended family and community will protect them at all times. Not always true, especially not in exceptional situations (e.g. disaster situations). After the Indian Ocean tsunami of 26 December 2004, HelpAge India identified more than 9,000 older people who had been missed in the rush for assistance. Even if they have families, older people are not always treated equitably and may be denied the opportunity to contribute.

Misconception 2: An agency will look after them. There are no UN agencies and very few international NGOs (INGOs) dedicated to older people.

Misconception 3: They can be covered by general aid distributions. In fact, older people have particular nutritional, cultural and other requirements that are not met by a general relief distribution. Clothes distributed in response to the Darfur crisis in July 2004 were culturally inappropriate for

older people, and medicines did not cater for their chronic illnesses.

Misconception 4: They only have themselves to worry about. Displacement, conflict and serious diseases such as HIV mean that increasing numbers of older people are responsible not only for themselves, but also for their children or grandchildren. In Darfur, nearly a third are caring for orphans.

Misconception 5: They're waiting to be helped. The reality is that older people want to be recognized for their capabilities. Accustomed to providing for themselves, they want to regain control of their lives and contribute to the welfare of the community as much as they are able to.

Misconception 6: They're too old to work. Older people often still contribute economically to their households and may remain the key decision-makers in times of crisis. Supporting the recovery of their livelihoods after disaster is an important but neglected priority. ■

Relief organizations often assume that older people's needs and rights are met within community support networks or through generalized emergency response. Discrimination is the result, not through intentional exclusion but because a one-size-fits-all response is not always appropriate for older people. Nor are they always assisted through the household.

Agencies may wrongly assume that specialist organizations are focusing on older people's issues (as there are agencies whose focus is on children or women). And they may fail to appreciate the value of older people's contributions – as carers and coordinators and decision-makers.

In 2005, HelpAge India observed a massive gap in post-tsunami service provision: there was no specific component for older people in the relief operations of state governments, non-governmental organizations (NGOs) or multilateral agencies. Older people make up over 7 per cent of the population, but they were not singled out as a vulnerable group and were unable to access food, health care and cash due to discrimination and a lack of information or support mechanisms.

In Sri Lanka, older people received no monetary compensation to help them restart their livelihoods after the tsunami, if they were living with adult children. One older man complained that his son received all the relief material and he got nothing. The pervasive assumption by aid organizations that all relief materials (including food) will be shared equally within multi-generational families often leaves older people without the material support they need to reassert their economic and social independence.

False assumptions perpetuate discrimination against older people. Exploring such misconceptions is vital to reduce the unnecessary suffering of some of society's most vulnerable people.

Age discrimination in emergency relief

Edith Moore, a 70-year-old survivor of Hurricane Katrina, said: "It was the worst thing I've ever witnessed in my life... Nobody ever told me anything... This is America, but they didn't think enough of [older people here] to get them out." Her experience epitomizes that of many older people in emergencies throughout the world.

Those who suffer most during crises are vulnerable populations who remain largely invisible, who are overlooked in the design and provision of emergency services, and whose potential to contribute is not tapped. Some older people face discrimination at the hands of individuals, while at the same time the failure of governments and aid organizations to provide older people with assistance that takes into account their situation also amounts to discrimination.

Within the context of emergency relief, the following factors can, among others, lead to discrimination against older people:

1. limited agency mandates
2. lack of data
3. few specific laws or policies
4. inadequate resources

1. Limited agency mandates: humanitarian organizations carry different, specific mandates of response on which their programmes are focused. There is no UN agency solely dedicated to ageing issues.

Agencies with specific mandates rarely engage in integrated interventions that include vulnerable populations beyond their immediate target groups. There are some instances of child-focused agencies recognizing the role of older people as carers of children, such as the United Nations Children’s Fund (UNICEF) and Save the Children, working in conjunction with HelpAge International in Darfur, Sudan. However, this work is just getting underway and remains the exception.

Older people’s lack of representation within the humanitarian system means their specific needs are often omitted from pre-disaster planning. This is as much a challenge for the developed world as for the developing world.

2. Lack of data: there is a lack of official baseline data on the demographic representation of older people prior to an emergency. This is compounded by a failure to identify their needs and capacities during emergency assessments. As a result, older people become invisible and excluded from emergency planning and response.

Following the tsunami, estimates of the displaced 60-plus population across the region were almost non-existent and the number of those killed was extrapolated from country censuses up to five years out of date.

During initial emergency response, humanitarian agencies tend to undertake rapid assessments tailored to their own skills, mandates and resources. Comprehensive assessments that provide a total picture of needs are unusual – even in well-resourced operations such as the tsunami response. This results in indirect discrimination during subsequent relief and recovery. There are very few references to older people in the Tsunami Evaluation Coalition’s (TEC) synthesis report of July 2006, other than to note: “TEC studies found that in general the needs of vulnerable groups (women, the elderly and children) tended to be overlooked.”

Indicators in needs assessment manuals focus on measurements of under-five mortality, morbidity and malnutrition – with few indicators for older people. Data are rarely disaggregated by sex and age. Yet collecting such data is essential – not just

on the over-60s, but in decade intervals up to 80-plus years. Older people are not one homogenous group: those aged 61–70 or 71–80 may have substantially different capacities and vulnerabilities to the over-80s.

The failure to include older people in assessments can have devastating effects. A survey of nine camps for internally displaced people (IDPs) in West Darfur revealed that 8 per cent of IDPs were older people. Of these, 12 per cent lacked ration cards issued by the World Food Programme (WFP). They might have been physically unable to reach WFP's registration points or, because of their relative invisibility within communities, they might simply have been excluded from the camp population lists submitted to WFP. This meant that roughly 700 IDPs and 4,700 extended household members had been missing out on vital food aid until they were identified at a later stage.

By addressing older people's invisibility through better data collection during needs assessments and monitoring, humanitarian organizations can avoid discriminating against them – and, by extension, the households in which they live.

3. Few specific laws or policies: few legal instruments or policy frameworks relate specifically to older people as a distinct category (see Box 3.3). The rights of over-60s are not legally protected by international instruments in the same way as other vulnerable groups, such as children, women, minorities and people with disabilities – all of whom are the subject of specific UN conventions.

Older people tend to be covered implicitly through the universality of certain fundamental rights, including the right of all people to non-discrimination, enshrined in international humanitarian and human rights law. They may also be covered by way of their gender, refugee status or membership of a minority.

However, the absence of a specific legal treaty devoted to older people and the corresponding lack of focus on their needs and concerns inadvertently compounds their discrimination. A specific legal treaty would raise awareness of older people's rights within the human rights system and catalogue the specific contexts where older men and women's rights are violated. Currently, governments frequently fail to address older people's rights in their periodic reporting on the implementation of the human rights conventions that they have already ratified.

There are some policy trends towards recognizing older people as a vulnerable group: the *Sphere Humanitarian Charter and Minimum Standards in Disaster Response 2004* calls on agencies to pay special attention to their nutritional and care needs. But the humanitarian response illustrates that such policies are rarely put into practice. Research carried out by HelpAge International in 2005 with 16 leading INGOs found that, while organizations do not actively exclude older people

Box 3.3 Humanitarian policy for older people

United Nations Principles for Older Persons, 1991: the first intergovernmental initiative to recognize the importance of focusing attention on the situation of older persons. It encourages governments to address the “independence, participation, care, self-fulfilment and dignity of older persons”. In 2001, the UN refugee agency, UNHCR, developed a policy on older refugees – the only separate policy for this age group within the UN system.

Madrid International Plan of Action on Ageing (MIPAA), 2002: this international agreement explicitly commits governments to include ageing in social and economic development policies and devotes several key articles to older people in emergencies. For example, MIPAA demands that there is:

“Equal access by older persons to food, shelter and medical care and other services during and after natural disasters and other humanitarian emergencies” and “enhanced contributions of older persons to the re-establishment and reconstruction of communities and the rebuilding of the social fabric following emergencies”.

While not a legal treaty, MIPAA was endorsed by the UN General Assembly and, therefore, all 192 member states have a moral and political obligation to ensure its implementation.

IASC Operational Guidelines on Human Rights and Natural Disasters, 2006: the Inter-Agency Standing Committee (IASC) is the primary mechanism for coordination between UN and non-UN humanitarian organizations. Its guidelines emphasize “the need to ensure non-discriminatory humanitarian assistance” and mention older people among those whose physical security may be most at risk during displacement.

The issue of ageing is addressed in several other humanitarian policy frameworks, usually by including older people as one of a list of vulnerable groups. However, the specific needs of older people are not comprehensively articulated and the policy texts relating to them are not widely known. This is in stark contrast to policy on other vulnerable groups such as children – a key reason for discrimination against older people in disasters.

In 2007, HelpAge International is leading an IASC review of policy and practice relating to older people. This will focus on developing policy guidance in the health and protection clusters as part of the humanitarian reform process. Once clearer policies are in place, the challenge will be to develop capacity on ageing issues within humanitarian organizations. ■

from their programmes, they do not explicitly address their needs. As the director of one INGO in West Darfur admitted in 2005: “Yes, we had forgotten about them.”

4. Inadequate resources: funding to support older people represents a fraction of the overall sums directed through humanitarian organizations. Research by HelpAge International reveals that such funding accounts for 1 per cent or less of individual country responses – significantly short of the 7 per cent recommended by the Sphere Project.

Bridging the gap between perceptions of older people's lives and the reality of their rights, needs and potential contributions is a key challenge for the humanitarian community. Meeting this challenge means first tackling the false assumptions and prejudices that lead to discrimination. Creating greater awareness of ageing issues is one way to start changing such attitudes.

Impact of discrimination on older people

The chapter will now focus on five areas in which the over-60s are particularly vulnerable, explore how discrimination exacerbates these vulnerabilities and propose possible solutions:

1. lack of mobility
2. chronic poor health
3. nutritional needs
4. isolation
5. abuse and sexual violence

1. Lack of mobility

“When they attacked I couldn't run. Some neighbours helped me to the fields and hid me under the trees. I stayed there for four days because I was scared,” relates Halima Ahmed Hissein, an older woman who lives alone in Goker camp, Darfur. Not everyone was as lucky as Halima: some older people who did not flee had ropes put around their necks and were dragged around by horses until they died.

For those who can flee from crises, extended periods travelling with inadequate food and shelter take their toll. Some older Darfurians are unable to make it to reception centres and simply die along the way. Those who remain are often unprotected and less likely to receive aid due to limited access and provision.

Of the 4,000 older Darfurian IDPs surveyed in 2005, 61 per cent had limited mobility. In a population of 2 million IDPs, this equates to 140,000 people. Of these, one-quarter could not move without a guide, one-fifth had impaired vision and 7 per cent were housebound.

Across a wide range of emergencies, age-related mobility problems affect the ability of older people to access humanitarian services. Older people find it difficult to travel to relief distribution sites. On arrival, they often lack the strength to carry heavy goods (including vital supplies of food and water) back to their shelters. Distributions are frequently located at high points away from inhabited areas: this helps aid workers to visually gauge the number and movement of people seeking aid. It enables agencies to transfer relief items directly to the majority of recipients in a controlled, secure way. This process, however, discriminates against older people and those who are housebound.

Research undertaken by HelpAge International in Colombia in 2006, where 9 per cent of IDPs are over 60, confirmed that many older people are the last to leave dangerous and isolated areas and suffer the greatest upheaval and isolation on arrival in new places. In the Pailin area of western Cambodia, over 40 per cent of war-affected, older IDPs surveyed in late 2006 cited difficulty performing physical tasks such as crouching, lifting heavy objects and walking. These challenges were more difficult for older women than men.

HelpAge International's findings confirm this, noting that limited mobility was a critical issue for older people throughout tsunami-affected areas. Older Indians told of being pushed out of the way by younger, more physically able people during relief distributions. Aid workers observed that the receipt of relief packages was down to "the survival of the fittest". Older people often had to rely on a child, grandchild or neighbour to help carry relief goods to their shelters.



Weary elderly evacuees rest in the Houston Astrodome following Hurricane Katrina, which struck in August 2005.

Daniel Cima/
American Red Cross

The outreach programmes and referral systems needed to get to housebound, immobile older people are extremely limited – but there are some examples of good practice. Networks of older people, community-based staff and volunteers capable of following individual cases from assessment through to addressing nutritional, non-food and psychosocial needs have succeeded in Darfur.

Older people's ability to overcome immobility and access lifesaving services can be enhanced by:

- moving distribution points to more level, accessible locations, while ensuring that these distribution points do not pose added security risks to people receiving aid
- ensuring that food and non-food items are packed in containers sufficiently small and light for older people to transport, as well as easy for older hands to open
- enabling older people to use a proxy to collect relief goods
- setting up a committee of older people to assist with aid verification and distribution
- providing simple aids commonplace in wealthier countries, such as walking sticks or frames, spectacles, hearing aids and transport tailored to older people's needs
- greater community participation and consultation

2. Chronic poor health

Older people cite health as the most important issue affecting their ability to live with dignity. For many, the immediate health issues during crises are characterized and compounded by the effects of pre-existing chronic ailments, as well as by discrimination at the hands of health staff and the lack of accessible, appropriate response services.

By failing to consider the impact of chronic, age-related health issues, health staff assume that older people are not ill, but rather just old. Health staff operate within cultural prejudices about the kinds of services older people seek to access as well as the health issues which concern them. In South Africa, clinic staff do not routinely offer people aged 49-plus HIV tests, because data are only collected nationally for people up to the age of 49, after which they are considered sexually inactive.

Interventions for chronic illnesses – such as mobile eye clinics, physiotherapy and the provision of mobility aids – may not be lifesaving, but they are *life-changing*. Treatment for chronic arthritis or a cataract operation would enable an older person to work again or to move unaided around their community. Fetching water, collecting firewood, preparing food and cultivating a garden are some basic, daily activities that are possible for older people receiving treatment and mobility aids.

Accessing health services is more difficult for older people. This can be addressed through networks of community health workers who are trained to care for older

people, to refer them to health clinics when necessary and to follow up on their return home. In Darfur, several international medical NGOs have allotted specific hours during which older people are given priority for consultations. Donkey-cart ambulances transport older people for referrals. Following the tsunami and South Asia earthquake, HelpAge India established mobile medical units providing chronic and acute health care to older people and their communities.

Older people also experience mental trauma stemming from the shock of a crisis. It may not be the first time they have experienced disaster, or lost the accumulated memories and assets of a lifetime. It can be physically and emotionally devastating. Apart from the loss of household members and community networks, they are overwhelmed by the lack of support available.

Research conducted by the World Health Organization (WHO) has detected a global shift from communicable to chronic disease patterns which will increase as populations age. To avoid discriminating against vulnerable older people during emergencies, interventions must include long-term support for these health issues. Equally, educational and awareness training for health staff and humanitarian service providers should be a priority.

3. Nutritional needs

In a rapid survey carried out in Darfur in 2006, HelpAge International researchers found nearly 40 per cent of older people were at risk of malnutrition. Yet, apart from isolated surveys, little is known about rates of malnutrition for older people globally. Research by WHO in 2002 into emergency situations in Africa found that the nutritional requirements of older people were overlooked and that dependable systems for measuring adult malnutrition were woefully inadequate.

But the number of people dying from nutritional deficiencies in low-income countries is more than 50 per cent higher among the over-60s than among children under 14, according to WHO. Emergency food rations, when available, are generally the same as for younger adults, with no allowance made for the difficulty older people might have in chewing, digesting and absorbing sufficient micronutrients. Nor do agencies give sufficient thought as to whether older people can collect enough water with which to cook the food.

As a result, HelpAge International, in partnership with WFP, began distributing supplementary food baskets to older people at risk of malnutrition or caring for several dependants. In one camp, a 'social nutrition centre' was piloted, providing freshly cooked meals to vulnerable older people three times per week. After a few months, a significant impact was evident: older people became more willing to access health services and their overall well-being showed a marked improvement.

4. Isolation

“These thousands of elderly victims didn’t die from a heatwave as such, but from the isolation and insufficient assistance they lived with day in and out.” So Stéphane Manton, a French Red Cross official, told *Time* magazine in an article on the 2003 heatwave which claimed nearly 15,000 lives and caused an outcry in his country.

But why was the loss of life considerably lower in other European countries, despite similar temperatures that summer? “The French family structure is more dislocated than elsewhere in Europe, and prevailing social attitudes hold that once older people are closed behind their apartment doors or in nursing homes, they are someone else’s problem,” Manton said.

Similarly, in his study of the Chicago heatwave of 1995, Eric Klinenberg found that death rates depended significantly on social ecology. “The areas of the city that had high concentrations of deaths are areas that had lost the viable public spaces, the busy sidewalks, the commercial streets. Those are the things that draw people out of the home and into social contact.”

Isolation is now the norm for many older, war-affected Darfurians. A house-to-house survey of over 4,000 IDPs aged 55 and over, carried out by HelpAge International in six camps in West Darfur in late 2005, found 80 per cent of respondents citing limited social interaction. Once the most respected group in the community, they are now sidelined by most social programming and are invisible to the majority of humanitarian actors. The hopelessness and abandonment they express affect not only their emotional health but also their physical well-being.

Older people in Georgia cite social isolation as one of five main issues characterizing their lives, along with a lack of income, poor health, food security and shelter (see Box 3.4). The collapse of the Soviet social welfare system has left many older Georgians abandoned, isolated and plunged into destitution. Researchers found that older people had minimal opportunities to interact socially.

For those affected by the 2005 South Asia earthquake, mental health concerns were more prevalent among people aged 60 and over, including “increased isolation, feelings of being a burden more than an asset, inter-generational conflict, and the reality of major losses that will not be able to be restored in their lifetimes”, according to the author of a psychosocial needs assessment conducted in September 2006.

Social programmes for older people during crises can help combat isolation. Evaluations carried out by HelpAge International in Darfur of the impact of establishing centres for older people to come together for a meal or to produce local

Box 3.4 Elderly Georgians cope with extended emergency

For 17 years, much of Georgia has endured an extended humanitarian emergency. Civil war ended over ten years ago, but people displaced by civil war continue to live in collective centres. The wider population remains impoverished from the post-Soviet, socio-economic collapse. The official subsistence minimum in 2006 was 165 Georgian lari (US\$ 85) per month. Over a third of the population lives on less than this. Pensions are around 38 lari (US\$ 20).

In 2004, the Red Cross Society of Georgia and its international partners embarked on a research project with the active participation of older people in western Georgia. The aim was to identify support options for Georgia's most vulnerable people – with a view to consolidating ongoing coping mechanisms rather than just meeting immediate needs. The research painted a stark picture of daily crisis.

Older people were among those most disorientated by the collapse of the Soviet social welfare system. The entitlements they had accumulated throughout their working lives suddenly became inaccessible. Family networks broke up as children moved away to find work. Older people were left struggling to access what were now hostile transport and health services. Their pensions were sufficient for only the most frugal diet. As a result, older people socialized less and left their homes less frequently. Many slipped into very hidden lives, ever receding in influence and scope.

Discussions in focus groups with older people revealed stories of great hardship. "It is so embarrassing to talk about this," one participant said. "In the past, we never had to think about food, and now food has become our greatest concern." Another said: "Sometimes, when my neighbours are cooking, I have to

shut all the doors and windows so that I am not tortured by the smell." Participants spoke of eating one or, at the most, two meals a day, and never eating meat or fish.

Many suffered from chronic health problems and were distressed by the difficulties of accessing health care. One participant told us: "My insurance policy finally got me admitted to hospital and allocated a bed. But the hospital had no food and so I couldn't stay." Most participants related tales of humiliation in the face of rudeness in hospitals and polyclinics.

Initially, there was some reluctance to talk about 'coping strategies'. One participant claimed: "It is no good asking us how we cope in the winter. We stay wrapped up in bed for months. That's how we cope." Yet four strategies did emerge:

- using neighbourhood support networks (borrowing from shops, reciprocal favours between neighbours)
- addressing ill-health through self-medication
- selling capital assets (although most participants had already exhausted this option by the time research was conducted)
- staying at home to avoid hunger, cold and unnecessary contact with people

Of these, the first strategy was always the most important.

What quickly became evident was the strength and dignity that emerged within the focus groups once participants began to share ideas, concerns and experiences. These were doctors, engineers, factory directors and teachers that had become isolated and excluded by the impact of a 17-year socio-economic crisis.

What they wanted was not handouts, but better access to quality health services where they would be treated with dignity. They wanted

to be able to influence decision-makers so that the everyday realities of older people – such as the inadequate size of their pension and the way it is distributed – could be understood and reflected in policy and budgets. And they wanted opportunities to socialize, to contribute and to break the cycle of isolation and loneliness. As one participant said: “I would get up in the morning if I only had somewhere to go.”

It was with these comments in mind that the Red Cross Society of Georgia began to design social rooms for older people, to provide:

- some service delivery, supporting access to entitlements and basic health advice
- a platform for advocacy and sensitization work between older people, service providers and policy-makers
- a place for older people to engage in the social and civil activities most important to them

The transformation among those older people who are now regular visitors to these social rooms is remarkable. The two pilot centres attract around 400 regular visitors a month. Another 140 homebound older people are visited by volunteers from among the 400. Demand to visit the centres is far higher, but financing and space are limited.

Both centres are guided by a pensioners’ advisory committee to ensure that ownership remains in the hands of older people. Visitors regularly claim that now they have an incentive to get up in the morning and once again feel that they are needed.

Regular visits from doctors and other health workers mean that providers of health

services are becoming more aware of the needs of older people. And when older people do report problems in accessing health care, the health visitors are quick to take action to address the issue. An entitlement officer at each centre follows through on individual cases of access to entitlements.

Perhaps the greatest contribution has been psychological. The warmth of the centres keeps older people visiting for long hours in the winter; the light snacks are no small incentive, given the day-to-day struggle to find enough to eat; and the opportunity to have entitlement claims dealt with is of fundamental importance to many visitors. But it is the opportunity to meet, to help each other, to volunteer and to influence visiting health workers and politicians that is restoring older people’s dignity and motivation.

The external environment has not improved since the research was conducted in 2004. Pensions have increased, but at the same rate as the price of utilities and basic products, so purchasing power is as weak as it was three years ago. The quality of life and coping mechanisms of those older people who do not visit the centres has, therefore, remained unchanged.

For now, the pilot centres are having a positive impact on the quality of life of regular visitors. Encouragingly, there has been private and government interest in copying the model in other parts of Georgia. Further centres could contribute to the wider goal of empowering older people to influence national service provision and social policy. ■

handicrafts show that the activities have gone beyond the centres: many older men and women now meet in the evenings and visit each other in their homes.

In northern Pakistan, a joint Pakistan Red Crescent Society/Danish Red Cross programme is benefiting from older women’s involvement: 41 older women in Kashtara

village support field officers in encouraging younger women and the youth to participate in psychosocial education sessions. In Hissari village, 25 older women conduct sewing and embroidery classes for younger women, giving them an opportunity to pass on useful skills and to support younger women on a range of issues.

Socially or physically isolated older people need to be identified in advance for disaster preparedness measures. This will help agencies provide them with the kind of swift, targeted disaster response which is vital to ensure their own survival and well-being – as well as the survival of those for whom they care.

To achieve this, humanitarian organizations need to adopt a more cross-generational approach to programming (see Box 3.5). For agencies mandated to address the needs of specific groups such as children, women and older people, this means integrating all vulnerable groups in their interventions and building stronger operational links with other agencies.

5. Abuse and sexual violence

Kaltouma lives with her family in one of West Darfur's largest IDP camps. When a HelpAge International worker found her she had a chain tied around her ankle to stop her wandering outside the family shelter. She was crying for a key and the plate of food left by her side had not been touched.

In her sixties, Kaltouma was suffering from dementia and her family did not understand her condition or how to care for her. HelpAge International staff visited the family to work out a plan to care for Kaltouma. Finally, the padlock was opened and the chain discarded.

The crisis in Darfur contradicts the widely-held but false assumption that older people are not victims of abuse and sexual violence. They have taken on the task of foraging for wild food and collecting firewood outside the relative safety of the camps in order to protect younger women from rape, despite putting themselves at risk. In other crises where older women have been forced to live close to men, there have been instances of rape, for example in Bangladeshi flood shelters.

Elder abuse, which includes physical, sexual, psychological and financial abuse, neglect and abandonment, is under-reported and is more likely to occur when resources are stretched and older people are perceived to be unproductive. It is vital that more is done to protect people of all ages from this abuse. One way of minimizing the risks is to tackle the isolation in which older people find themselves.

Clearly, unlocking Kaltouma is simply addressing the symptom rather than the cause of discrimination. How to enable her and others like her to live a life of dignity is an

Box 3.5 Contributions across generations

"We older people have no future, so we have no status here. Even children have a higher status, because they can be useful in the future." Halima, Sisi camp, West Darfur

Older people often play key roles in their communities and households that are not sufficiently recognized. They contribute significantly to caring for children, particularly when conflict and disease take their toll on middle-aged population groups.

In the face of the HIV pandemic, grandparents struggle to look after their own dying children, as well as the orphans left behind. UNAIDS data from eight countries in sub-Saharan Africa found that up to 60 per cent of orphans live in households headed by grandparents, particularly by older women.

Older people maintain traditional knowledge and survival strategies of benefit to others. They may know how to collect, preserve and prepare wild foods. They may understand complementary medicine or act as traditional birth attendants. Studies by HelpAge International in sub-Saharan Africa have shown that the presence of a grandmother in the household reduces infant mortality and improves nutritional status and child development.

Older people are often preservers of cultural and social identity through oral history, storytelling and songs. They can help solve problems and advise younger people. They can pass on to children skills learnt from decades pursuing their profession or trade. They often contribute to the income and food security of their families. By not consulting older people or considering them in livelihood interventions, aid organizations reinforce the perception among younger people that older people no longer serve a useful purpose.

In Darfur, where older people have traditionally been highly esteemed by society, there is a growing gap between the older and younger generations. Child-friendly spaces created by agencies with protection mandates for children place little emphasis on involving older people. This contributes to a growing sense of older people's alienation from youth. Older Darfurians expressed feeling a sense of shame among adolescents who would once have looked to them for help and guidance.

"Here in the camp I have not seen any respect from the youth towards old people," says Muhammed. "This is because of the changing of many things – community and culture and thoughts. Instead, the youth laugh at us because they think the older person is not useful for the community."

Muhammed, aged 65 and blind, lives alone with his 13-year-old grandson. He was a well-respected former sheikh in his home village for 27 years, but now begs in the market to support them both. In turn, he relies on the boy to undertake chores and guide him, which means the boy cannot attend school.

Inter-generational programming is key to recognizing that older people need not exist in isolation from their communities and can play important roles that will earn respect and support. This programming may:

- involve adolescents in older people's social centres, to provide young people with a place for interaction with their elders
- develop livelihood activities based on young and older people sharing the work in cooperative gardens and livestock regeneration
- include older people as storytellers and animators in child-friendly spaces operated by child protection agencies in camps ■

altogether tougher challenge, which starts with changing societies' attitudes towards older people.

Older people's contributions overlooked

One vital way of dispelling the negative attitudes that underpin discrimination against older people is to spread a broader understanding of the positive contributions they make to their households and communities – both during disasters and 'normal' times.

“Before I got credit, people were afraid of me. They thought I was just coming to beg. Now that they see me selling things outside my house, they are no longer afraid of me,” says Alfonse Mwindo. “People laugh more at older people, because they believe that we are unable to support ourselves.”

Mwindo, a retired headmaster from Pinga in the Democratic Republic of the Congo, had made provision for his old age. But in 2000, heavy fighting by rival militia forced him to flee with his grandchildren to Goma, Zaire. Then, in 2002, a volcanic eruption destroyed everything and he was reduced to begging on the streets. He used the credit he received to purchase household items for sale. It was a long way from being a headmaster, but a first step towards regaining his self-respect.

It is a useful reminder of the role that older people play at various levels of society – crisis or otherwise. At least half the global population aged over 60 is economically active, while a third of 70- to 74-year-olds and a fifth of those over 75 still work. Maintaining independence as long as possible is crucial for older people and for society. When resources are scarce, their active economic participation becomes even more urgent.

Because older people are not a homogenous group, they need specific and targeted support in rebuilding their livelihoods – based on an awareness of the contributions they make to the household economy as both providers and decision-makers.

Older people contribute to household security through their accumulated knowledge of disasters, traditional foods, coping strategies and other forms of livelihood support during times of crisis. Evidence shows that older people are more likely to be aid givers than receivers.

In communities hit by conflict, migration and disease, older people take on additional childcare responsibilities. Over half of older people living in southern African countries severely affected by HIV and AIDS care for orphaned and vulnerable children. In Darfur, 29 per cent of the 4,000 older people surveyed by HelpAge International looked after orphans – most of them caring for two or more.

Older people and their associations are also active in disaster response. When the Iranian city of Bam and surrounding villages were destroyed by an earthquake in December 2003, killing over 26,000 people, it was not just disaster response experts who rushed to the rescue. They were helped by local ‘notables’ or ‘white beards’ – five or six men of influence who, centred on the mosques, organized community responses across the city.

One way of supporting older people and building on their capacities is to establish community-based older people’s associations (see Box 3.6). When the tsunami struck Sri Lanka, Hinnihmina lost the home she shared with her daughter and son-in-law. The 84-year-old widow from Matara was worried for her family’s survival. With no income coming in, she felt she was a burden on the household’s already stretched finances.

However, through a local older people’s association, Hinnihmina received a grant of 50,000 rupees (US\$ 490) to open a shop with her daughter. The shop sells biscuits, rice, soap and other household items and now provides the family with an income of 200 rupees (US\$ 2) a day. This helps buy food and pay towards rebuilding their house. “The older people’s association has been a great help to me and my family by providing a cash grant to help us establish a livelihood,” says Hinnihmina.

Older people’s associations aim to:

- enable older people to participate in decisions that affect their lives
- provide a channel for communication between older people, their families, their communities and external agencies and authorities
- identify those who need specific support
- promote mutual support through the development of healthy social networks
- provide learning opportunities to increase knowledge and skills
- create opportunities for income generation and greater financial independence
- increase older people’s awareness of access to services and entitlements

Most importantly, such associations empower older people.

Conclusion

Older people throughout the world are poorly served in terms of disaster preparedness and response. Far more needs to be done to tackle the false assumptions and discrimination that blight their chances of survival and recovery.

They have consistently asked to be seen, heard and understood. They need equal access to essential services. They want their potential and contributions to be valued and supported. When this does not happen older, vulnerable people feel worthless and powerless – as well as deteriorating physically and mentally. The full participation

Box 3.6 Older people take initiative in South Asian disasters

Relief: in August 2006, unprecedented floods hit the normally drought-affected Barmer district of the Thar Desert in north-western India. Older people were not given any preferential treatment during governmental evacuation, relief and rehabilitation efforts. In relief camps, there was no separate provision for older people to receive food or medicines. However, four village-based older people's associations (OPAs) took the initiative and organized community kitchens to provide hot meals for 2,250 flood-affected people during the initial days of the crisis, before food aid arrived. The meals were available at the community kitchen sites and were also taken to those who could not get to the kitchen. OPA members used village funds to buy supplies and coordinated a team of volunteers to help. They also took a lead in consoling affected families and were actively involved in beneficiary selection.

In Bangladesh, following floods in Pubail district in September 2004, older citizen monitoring groups identified poor, older people who needed assistance, developed a list of relief items to be distributed and packaged and delivered those items once they had been procured by a local aid organization. One member said: "This is the first time in such a crisis I have the feeling I am not alone. There are many fellow older people around me to share and do something collectively."

Rehabilitation: in tsunami-affected areas of Tamil Nadu and Kerala, India, older people joined self-help groups established exclusively for older people. The primary role of these groups is to provide income-generation and savings activities for poor, older tsunami survivors. The elder self-help groups are often organized around particular livelihood activities, for example fish vending or basket weaving, to enable members to share experiences and expertise as well as to advocate with authorities

on specific issues of concern. Individuals are able to access loans though the group.

Senior citizen committees have been established in tsunami-affected areas of southern and eastern Sri Lanka to provide livelihood support for older people. Puthukudierupu, in Batticaloa district, is a village where many people lost family, belongings and property. It is famous for cane craft and, although older people felt they could not collect the cane themselves, they were confident that by working as a group they could buy cane to restart their activities.

One committee member, Mr Markandu, said: "We could not work alone but we could work together in groups and start a saving system to provide loans for self-employment."

Mitigation: since 2003, village-based OPAs have been established in the chronically drought-affected Barmer and Jodhpur districts of western Rajasthan, India, where traditional family networks were breaking down. The OPAs are actively consulted by the local community and government officials and are involved in implementing disaster mitigation activities such as constructing traditional water-harvesting systems, setting up and running community-based fodder and seed banks, and maintaining village ponds.

OPAs encourage older people's participation and promote dignity and respect. They are found in South and South-East Asia, (e.g. India, Bangladesh, Viet Nam, Cambodia, China, the Philippines), Africa (Sudan) and eastern Europe. In Cambodia, they have existed for over ten years and they are spreading. Most have been established by HelpAge International members, but other humanitarian organizations are building on this methodology. The Sri Lankan government is now establishing OPAs. Often, older people form their own groups after seeing successful groups operating nearby. ■

of older men and women in disaster management – as in development – is both an operational imperative and a matter of basic human rights.

Over the past decade, an estimated 26 million older people were affected each year by natural disasters alone. By mid-century, this figure could more than double, as the proportion of older people overtakes that of children under 14.

These changing demographics of ageing combined with the increasing number of disasters will exert a disproportionate impact on the world's oldest and poorest. Ageing issues need to be integrated into all humanitarian programmes, from preparedness and relief to recovery and risk reduction. All stages of the project cycle, including planning, assessments, implementation, monitoring and evaluation, must include the active participation of older people to ensure effective, sustainable targeting.

Failure by governments, humanitarian organizations and communities to perceive older people as a group with specific needs and capacities compounds discrimination. It delivers a clear, if unintended, message that efforts to support the most vulnerable members of society need not be a priority. Conversely, integrating older people in humanitarian efforts will reduce vulnerability and discrimination.

Lasting solutions to the problem of discrimination are as difficult and elusive to find as the root causes – but they revolve around changing the attitudes of individuals, societies and governments towards older people. While this may be beyond the scope of disaster response organizations, there are many solutions that agencies can adopt to tackle the symptoms of discrimination. And adopting such measures may, in turn, help create a greater awareness of the needs – and rights – of older people in disasters.

Humanitarian organizations and governments need to take the following steps:

1. Protect older people through relevant legislation

- Understand how older people are currently covered by human rights law and ensure these rights are upheld and protected in emergencies.
- Take a proactive stance to prohibit discrimination by age.
- Create a specific legal treaty or UN convention on the rights of older people.

2. Mainstream older people's concerns into policies and practice

- Banish false assumptions – that older people will be covered through general aid provision or that they are the responsibility of a specialized agency.
- Develop a clear rationale for reaching older people, by recognizing their unique vulnerabilities and contributions.
- Train disaster relief staff to recognize older people's needs and rights.

- Pay particular attention to those who are less mobile and housebound – establish outreach services.
- Collaborate with other agencies to develop inter-generational programmes, boosting the place of older people in society.

3. Provide more resources

- Increase funding for community-based older people’s organizations – and for those agencies that support them.
- Increase the global funding for older people via humanitarian organizations from the current 1 per cent to the 7 per cent recommended by the Sphere Project.

4. Improve data and delivery by increasing older people’s participation

- Include older people in emergency needs assessments, targeting, planning, implementation, monitoring and evaluation.
- Disaggregate data by age and gender.
- Carry out more research into the impact of disasters on older people.
- Record older people’s views through evaluations.
- Assess the impact of humanitarian aid on older people.

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