

# Protection interventions for older people in emergencies



**HelpAge  
International**

*age helps*



HelpAge Sri Lanka

HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.

## Protection interventions for older people in emergencies

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# The background

**This guideline has been developed to support field teams to implement protection activities for older people in emergency and recovery contexts. Its primary targets are humanitarian workers in the field. No specific knowledge of protection is assumed, as the guidance provides a basic introduction and essential definitions in line with the accepted practice in protection programming. It also defines the main protection issues for older people in emergencies as a basis for supporting the design of an inclusive protection strategy.**

**At both global and field level, this document can also be used to inform and advocate for the inclusion of older people in protection activities, and more broadly in humanitarian response.**

Older people constitute a significant and growing number of those affected by humanitarian crises. Currently, 11.8 per cent of the world's population is aged 60 or over, and 21.7 per cent is aged 50 or over. By 2050, there will be more people over 60 than children under 15. Global trends show that this is not only a developed world phenomenon: by 2050, nearly 80 per cent of the world's older people will live in emerging and developing economies, where disasters are more likely to occur and their effects are felt more acutely.<sup>1</sup>

At the heart of humanitarian action are four principles: Humanity, Neutrality, Impartiality and Operational Independence, which are formally enshrined in two resolutions by the General Assembly of the United Nations.<sup>2</sup> The vast majority of humanitarian organisations are committed to these principles,<sup>3</sup> affirming that all people have equal value and dignity, that everyone has the right to humanitarian assistance, and that “no one should be discriminated against on any grounds of status, including age [and] gender”.<sup>4</sup> To honour this commitment, humanitarian assistance must be provided according to need and without discrimination or exclusion. Failure to abide by these principles is contrary to the humanitarian ethos.

It is often assumed that older people's needs are met simply by implementing needs-based assistance. Yet a growing body of evidence suggests that older people, who constitute a significant and growing proportion of those affected by humanitarian crises and disasters, are routinely neglected in humanitarian protection and assistance.

A 2012 study published by HelpAge International on the humanitarian financing provided through the consolidated appeals process (CAP) and flash appeals found that of 6,003 analysed projects, only 47 (0.78 per cent) included at least one activity targeting older people, and only 18 (0.3 per cent) of those were funded.<sup>5</sup> Recognising that older people and people with disabilities may benefit from assistance designed to support the general population, the study also analysed projects to see if these groups were integrated into projects as part of a wider vulnerable group. The findings were equally stark: only 312 of the projects analysed (5.2 per cent) specifically mentioned older people and people with disabilities alongside other vulnerable groups.

The lack of programming and funding for older people in emergencies belies the fact that they do indeed face specific protection issues and risks in emergency contexts. In some cases, for reasons related to age and gender, these issues require tailored protection programming in response. The protection issues that older people face may arise from human rights violations perpetrated by states, state or non-state armed groups, or other international or national actors. They may also arise from problems at individual, family or community level that are exacerbated by a crisis. Therefore, when implementing a humanitarian protection response it is essential to undertake a comprehensive situation assessment, to consider the contextual issues relevant to the environment, and to ensure older people's participation in assessments and the decision-making process. This approach will allow you to identify the risks faced by older people and the degree to which they can be addressed by mainstreaming older people in protection programming, and when they require a specific tailored approach.

1. UNDESA, Population Division, *World Population Prospects: The 2010 Revision, CD-ROM Edition*, 2011, <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>

2. The first three principles were endorsed by the General Assembly Resolution 46/182, 1991. The fourth principle was added in 2004 under Resolution 58/114

3. 481 organisations are signatory to the Red Cross/NGO Code of Conduct for operations in emergencies, which includes a commitment to adhere to these humanitarian principles

4. The Sphere Project 2011, *Humanitarian charter and minimum standards in humanitarian response*, The Sphere Project, UK, 2011, [www.spherehandbook.org](http://www.spherehandbook.org)

5. HelpAge and Handicap International, *A study of humanitarian financing for older people and persons with disabilities*, 2010-2011, 2012

## HelpAge guidance: needs assessments and interventions in emergencies

This document is part of a series that aims to provide guidance for the inclusion of older people in emergency assessments and response.<sup>6</sup> The series, mainly funded by the European Commission for Humanitarian Aid, includes:

- *Ensuring inclusion of older people in initial emergency needs assessments, 2012*
- *Food security and livelihoods interventions for older people in emergencies, 2012*
- *Health interventions for older people in emergencies, 2012*
- *Protection interventions for older people in emergencies, 2013*
- *Nutrition interventions for older people in emergencies, 2013*

Kate Holly/HelpAge International



## The commitments

The right to protection is enshrined in the sovereign responsibility of states to protect their populations, in international law, and in resolutions of the United Nations and other intergovernmental organisations.

**International human rights law (IHRL)** affirms that all people have fundamental rights that must be protected at all times, even in emergency contexts, including the right to life, the right to due process of law, and the prohibition of torture, slavery, and degrading or inhumane treatment or punishment.<sup>7</sup> IHRL prohibits discrimination of any kind, which implicitly includes discrimination on the basis of age.

**International humanitarian law (IHL)** provides protection during armed conflicts for all people who are not taking part in the hostilities. This is enshrined in the 1949 Geneva Conventions and the Additional Protocols of 1977. As such, older people are protected alongside other members of the civilian population.

IHL is not based on groupings of individuals; nevertheless it does take into consideration the particular vulnerabilities experienced by certain categories of a conflict-affected population. The Fourth Geneva Convention contains two provisions requesting specific attention and protection for groups including older people:

Article 14, paragraph 1: “In time of peace, the High Contracting Parties and, after the outbreak of hostilities, the Parties thereto, may establish in their own territory and, if the need arises, in occupied areas, hospital and safety zones and localities so organized as to protect from the effects of war, wounded, sick and *aged persons*, children under fifteen, expectant mothers and mothers of children under seven.”

Article 17: “The Parties to the conflict shall endeavour to conclude local agreements for the removal from besieged or encircled areas, of wounded, sick, infirm, and *aged persons*, children and maternity cases, and for the passage of ministers of all religions, medical personnel and medical equipment on their way to such areas.”

**The 1951 Convention Relating to the Status of Refugees**, along with other international and regional treaties, provides protection for populations forced to seek safety and security in another country or territory. The same protection applies by extension to internally displaced persons, as reflected in international human rights law and related regional and national law. **The 1998 Guiding Principles on Internal Displacement**, while not legally binding, provide guidance to ensure the protection of internally displaced people at all phases of displacement. **The African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa**, also known as the Kampala Convention, came into force in December 2012. It is the first regional treaty to comprehensively address the issues

6. Guidance available on HelpAge's website: [www.helpage.org/what-we-do/emergencies](http://www.helpage.org/what-we-do/emergencies)

7. *International Covenant on Civil and Political Rights*, Article 4, UN General Assembly, 16 December 1966

of internally displaced people (IDPs), from preventing displacement, to providing protection and assistance, and supporting durable solutions. The Kampala Convention reflects the Guiding Principles on Internal Displacement and identifies older people as “internally displaced persons with special needs”<sup>8</sup> within Article 9: “Obligations of states and parties relating to protection and assistance during internal displacement”, section 2.c.<sup>9</sup>

**The UN Principles for Older Persons** (UN General Assembly resolution 46/91) call for ensuring the independence, participation, care, self-fulfilment and dignity of older people. The principles reinforce the specific protection needs of older people, such as security, access to social and legal services, and access to a fair system of justice. Governments are encouraged to integrate those principles into national programmes whenever possible.

**The Madrid International Plan of Action on Ageing**, endorsed by the UN General Assembly in 2002, is a practical tool to assist governments in addressing issues associated with population ageing, including social protection, health, nutrition, urbanisation, infrastructure, housing, and training of carers. This plan recognises that national policy makers should address priority issues with direct implications for older people. It also states that specific vulnerabilities and capacities associated with ageing in emergency situations should be considered.<sup>10</sup>

**The Sphere Humanitarian Charter and Minimum Standards in Humanitarian Response** establishes that both “protection” and “assistance” are the main pillars of the humanitarian action. Four protection principles are defined. They underpin all humanitarian action and encompass the basic elements of protection in the context of humanitarian response:<sup>11</sup>

1. Avoid exposing people to further harm as a result of your actions.
2. Ensure people’s access to impartial assistance.
3. Protect people from physical and psychological harm due to violence or coercion.
4. Assist with rights claims, access to remedies and recovery from abuse.

The Humanitarian Charter also states that some people may be particularly vulnerable to abuse and adverse discrimination due to factors such as age, gender or race, and may require special measures of protection and assistance.

## Concepts and definitions

### What is “older”?

The concept of old age must be understood in broad terms. In many countries and cultures, being considered old is not necessarily a matter of age, but rather, it is linked to circumstances such as being a grandparent, or showing physical signs such as white hair. The UN defines old age as 60 years and above.

8. See also Principle 4 of the 1998 *Guiding Principles on Internal Displacement*, [www.brookings.edu/~/media/Projects/idp/GPEnglish.pdf](http://www.brookings.edu/~/media/Projects/idp/GPEnglish.pdf)

9. *African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa* (Kampala Convention), [www.unhcr.org/4ae9bede9.html](http://www.unhcr.org/4ae9bede9.html)

10. Second World Assembly on Ageing, *Madrid International Plan of Action on Ageing*, 2002, <http://social.un.org/index/Ageing/Resources/MadridInternationalPlanofActiononAgeing.aspx>

11. The Sphere Project 2011, *Humanitarian charter and minimum standards in humanitarian response*, The Sphere Project, UK, 2011, [www.spherehandbook.org](http://www.spherehandbook.org), p.28



Jeff Williams/HelpAge International

Using this definition, the average over-60 population is 11.8 per cent worldwide.<sup>12</sup> However, HelpAge International has observed that in many poverty- and emergency-affected contexts, many of the conditions usually associated with older age, such as disability and chronic disease, are present at earlier ages. As such, using a cut-off point of 50 years and over is very often more appropriate in contexts where humanitarian crises occur. Using this cut-off point, the global population of older people stands at 21.7 per cent.

## What is protection?

The most commonly used definition of protection was developed by the International Committee of the Red Cross (ICRC) in 2001. It says that the concept of protection:

*“Encompass[es] all activities aimed at ensuring full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law, i.e. human rights law, international humanitarian law and refugee law. Human rights and humanitarian organizations must conduct these activities in an impartial manner (not on the basis of race, national or ethnic origin, language or gender).”*<sup>13</sup>

## Levels of protection intervention

Protection encompasses three levels of programming:

- safe programming
- protection mainstreaming
- tailored protection programming.

**Safe programming**, or the “Do No Harm” approach, means ensuring that assistance does not have negative consequences for the safety and security of the population. Safe programming is a minimum requirement for all humanitarian intervention.

**Protection mainstreaming** refers to putting into practice the *Humanitarian charter and minimum standards in humanitarian response* by incorporating protection principles into the assessment, design, implementation, monitoring, and evaluation of humanitarian programmes.<sup>14</sup> Protection mainstreaming is the process of promoting meaningful access, safety and dignity for all affected populations in the delivery of humanitarian aid. It means putting people’s safety at the heart of humanitarian response by avoiding doing harm, ensuring impartiality and equality in delivery of assistance, taking into consideration the specific vulnerabilities of different population groups, ensuring accountability to beneficiaries, and promoting participation and empowerment for all.

The protection principles enshrined in Sphere are therefore central to the delivery of assistance that meets the basic minimum standards. As such, Sphere states that “all humanitarian actors have an ethical responsibility to incorporate protection principles in their humanitarian response programmes.”<sup>15</sup>

**Protection programming** means the delivery of a specific response designed to address the fundamental protection needs of a particular at-risk group, reduce risk and mitigate the impact of violations and abuses. Protection in emergency contexts contributes to human rights but must be distinguished from longer-term development processes in the broader area of rights.

We can distinguish three types of action in protection programming:

- **Responsive Action:** stopping or preventing an imminent rights violation or protection problem.
- **Remedial Action:** ensuring that people who are victims of human rights violations and abuses obtain redress and protection.
- **Environment-building:** promoting respect for human rights and ensuring a protective environment.

12. UNDESA, Population Division, *World Population Prospects: The 2010 Revision, CD-ROM Edition*, 2011, <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>

13. *Professional Standards for Protection Work carried out by humanitarian and human rights actors in armed conflict and other situations of violence*, ICRC, Geneva, 2009, p.8

14. *Minimum Standards for Protection Mainstreaming*, World Vision UK, 2012, p.5

15. World Vision, p.6

# Older people in emergencies: specific challenges and protection issues



Amandine Allaire/HelpAge International

The challenges and protection issues that older people face in humanitarian crises can be delineated on two levels. The first are pre-existing conditions and positions which are exacerbated by a crisis. The second are those issues and risks created by the emergency itself. In both cases, as we shall see, examples can be found at the individual, community and structural levels.

In an emergency response it may seem logical to focus on the risks that have resulted from the impact of the crisis itself, such as displacement. For older people, who may have trouble adapting to new contexts and the associated challenges, this may seem particularly important. However, your assessment should not overlook the effect of a crisis on pre-existing conditions, which may cause greater longer-term damage to older people's wellbeing and reduce their ability to recover from the crisis.

The following section will outline in more detail the protection issues faced by older people, before moving on to describe the approaches you may adopt to address them.

## Protection issues exacerbated by an emergency

Conflicts or natural disasters often affect a large proportion of a population within a specific territory. Within this population, older people often face a number of pre-existing challenges and risks associated with their age and gender, and which affect their ability to respond to and recover from major crises. These challenges are frequently worsened by the crisis, increasing the vulnerability of older people and leading to more severe protection issues.

### Poverty

Poverty is not an issue exclusive to the older population; however, evidence shows that older people are often among the poorest members of a community. An estimated 100 million older people live on less than a dollar a day, and 80 per cent of older people in the developing world have no regular income. This is explained by a number of complex, interconnected factors including the reduced ability of some older people to work, their employment in low-paying positions, exclusion from livelihoods programming and credit assistance based on their age (despite in many cases a willingness and ability to work), and the growing number of older people caring for dependants, including grandchildren, due to the effects of HIV and AIDS, conflict or economic migration on the middle generation. Furthermore, in many of the contexts where emergencies occur more regularly, older people do not receive any, or a very small, social pension.

**Poverty and access to basic services:** Difficulty accessing basic goods and services, like food and healthcare, can represent a risk for older people's survival and recovery from emergencies. Furthermore, the restricted options created by a position of poverty and desperation to meet basic needs may result in the adoption of coping mechanisms and strategies with long-term negative outcomes. For example, being forced to reduce or cease spending in key areas such as nutrition and healthcare, or withdrawing children from school to engage in begging or transactional sex, can increase protection risks at individual, family and community level.

It is important to recognise the link between older people's poverty at household level and the impact on child protection, health and wellbeing, as many older people are carers of children.



**Poverty and neglect:** Poverty can also play a factor in the neglect, deprivation and even abandonment of older people by family and community members. In contexts where resources are scarce, dependent older people who require even basic care may be too much of a burden for already stretched family or community coping capacities. As such, their needs may not be prioritised in family decision-making, leaving them without access to basic goods and services. Humanitarian actors should recognise that these patterns of discrimination may be accentuated by an emergency, with serious consequences for older people. When excluded by their families or communities, older people may become marginalised and be unaware that humanitarian assistance is available to them, compounding a downward spiral of discrimination, poverty and isolation.

### **Isolation**

In a growing number of societies, the drive towards the market economy, characterised by a decline in traditional social and cultural values associated with family and community support structures, can lead to the marginalisation and isolation of older people. Contrary to commonly held assumptions, older people are not always cared for by their family and community. Vulnerable older people living alone risk increasing levels of marginalisation due to their own reduced level of independence, combined with a lack of willingness, time or ability of families and carers to support them. Without this support they may be unable to leave their homes, visit friends, or take part in social, religious or cultural events. These factors often result in the isolation of older people and reduce their ability to develop an understanding of and utilise the services available to them.

Even within family structures, older people can face patterns of discrimination typified by a lack of involvement in decision-making, limited regular interaction with family or friends in or outside the home, and limited support to meet their basic needs. These conditions often amplify a sense of dependency on family members or carers, while simultaneously contributing to older people's isolation and reduced access to information. It is important therefore not only to assess whether older people are living with their families, but also to gain an insight into community and family power dynamics, and the degree to which these result in continued and tangible support to older people.

In humanitarian crises, it is critical to understand how power dynamics have changed and what impact this has on support to vulnerable older people. With limited family and community resources further stretched by an emergency, patterns of marginalisation may be accentuated and isolated older people's situation may worsen, with the focus of those around them shifted to survival and support to those who are perceived to be more vulnerable. Furthermore, the absence of support and assistance for older people to adjust to the new emergency context, or new surroundings in the case of displacement, can contribute to isolation and a lack of awareness of where and how to access the assistance available to them, and in extreme cases results in neglect, abuse and abandonment.

### **Specific health and nutrition requirements**

Older people need to have access to curative and preventive healthcare services, particularly if they are affected by chronic diseases. Left untreated, chronic diseases such as high blood pressure or diabetes can lead to severe complications, and may be fatal. In addition to these pre-existing issues, in emergencies minor health conditions such as a cold or small wound can quickly become debilitating and have serious consequences for older people.

Older people also have specific nutritional needs resulting from changes in requirements for general food and micronutrient intake with age. Older people with dental or nutritional problems may find certain foods hard to eat, making them more vulnerable to disruptions in food security, or meaning that they are unable to consume the foods included in standard distributions.

The health and nutritional statuses of older people have an impact on their ability to meet their basic needs and ensure their own physical protection. At the operational level, disregard for basic age-specific considerations in humanitarian aid means that assistance is not being provided according to needs, which is a breach of the fundamental principle of impartiality.

### **Disability**

In emergency settings, older people with physical or sensory disabilities may experience greater vulnerability and dependency than before the crisis, due to a breakdown in their normal family and community support structures, and the drastic change in their surroundings, which limits their ability to access goods and services. In contexts of displacement the challenges for people with disabilities including older people, are apparent at three main stages:

- 1.** Older people who are physically unable to flee with other family or community members are left behind. Left without support and protection, older people are prone to isolation, while their exposure to physical risk or harm is often higher than for the rest of the population who have fled, or those better able to protect and support themselves.
- 2.** When older people are able to flee crisis-affected areas, their disability and the changes that are encountered in a new environment (for example in a refugee camp) make them more dependent. As discussed above, this increased dependency, combined with stretched or reduced family support, has a direct impact on the levels of neglect, discrimination and violence that older people may face.
- 3.** Visual or sensory disabilities can represent an obstacle to accessing or understanding information messages about the emergency, the changing security situation, and the availability of humanitarian assistance and rights protection services. Without such information, the protection risks faced by older people often increase due to their reduced ability to adapt and respond to their new environment.

### **Georgia conflict 2008**

**During the Georgia conflict in 2008, those who remained in their villages throughout the hostilities were predominantly older people. These older people who remained at the frontline of the conflict were often the most vulnerable, who were unable to flee due to mobility concerns or a lack of family or community support. Left to fend for themselves against the risk of attack and abuse by militia, older people often hid in the forest during the night for safety, with only their spouse or other older people for support and assistance.**

**Older people who did manage to flee reported that because younger family members had been displaced earlier in the conflict, they often ended up alone in separate collective centres. They said that the process of tracking each other down was time-consuming and emotionally difficult for them. This contributed to feelings of isolation, which, combined with higher levels of dependency, posed major protection risks for those older people.**

### **Housing, land, and property (HLP)**

It is estimated that across Africa, only one per cent of land and property are registered under national cadastral systems.<sup>16</sup> In emergency situations, population displacement can be massive and become protracted, and both formal and customary land tenure systems can break down. In the absence of property registration and cadastre, returnees are often not able to present ownership titles to prove their claim to their land or property. This may render them more vulnerable to land grabbing, unable to restart their livelihood activities, or ineligible for compensation over destroyed property.

16. Internal Displacement Monitoring Centre, 2012, [www.internal-displacement.org](http://www.internal-displacement.org)

Vulnerable groups who have been displaced are particularly affected by the lack of land title, and more so for those who are already discriminated against or have trouble accessing their rights. Women and widows, a large number of whom are older women, often only have tenancy rights, compounding their vulnerability to land grabbing if they are displaced.

In addition, older widows are often among the most marginalised people in cultures where the inheritance codes dispossess them on their husband's death.<sup>17</sup> In emergency settings, inheritance codes and laws denying land and property ownership to women indicate a strong likelihood that older widows will be vulnerable to isolation, neglect, and abuse. These pre-existing conditions undermine their capacities to cope with the crisis, engage in safe livelihood activities, access basic services, and in some cases register for humanitarian assistance.



Amandine Allaire/HelpAge International

## Understanding the pattern of events: a challenge for protection teams

Effective protection responses depend on a good understanding of the causes.

**For instance, poverty is not a protection issue in itself: rather, poverty creates different protection problems for different groups. A protection strategy aimed at supporting stronger social support for older people will be different if the targeted neglect is unintended, for example due to poverty and thus affecting the whole family, or if it is a deliberate abuse of older people.**

## Protection issues resulting from the emergency

In addition to pre-existing protection challenges that are made worse by an emergency, older people may also face a range of protection issues that arise from the crisis itself. These may include human rights violations perpetrated by states, state or non-state armed groups, or other international or national actors, or may result from problems at individual, family or community levels.

In order to effectively design and target your interventions, it is crucial to get a comprehensive understanding of the situation before the crisis, and to differentiate the level at which protection problems or violations occur. Without being grounded in a good understanding of the context, the protection response will be inefficient and even less sustainable.

However, finding reliable baseline data on protection issues in emergencies is a major challenge for humanitarian agencies. In order to tackle this issue, HelpAge recommends collecting the necessary data as part of your emergency preparedness measures, in line with the obligations placed on Inter-Agency Standing Committee (IASC) agencies. Socio-economic information, analysis of the role and position of various segments of the population, power dynamics and relations between and within families and communities, and information regarding the effects of previous

<sup>17</sup> Inter-Agency Standing Committee, *Humanitarian Action and Older Persons, An essential brief for humanitarian actors*, 2008, p.4, available at [www.humanitarianinfo.org](http://www.humanitarianinfo.org)

emergencies will help you to develop a greater understanding of the context, and to identify protection risks and the most vulnerable groups. When an emergency strikes, these data will likely remain unchanged, and will provide you with a vital indicator of the potential size of the affected population to support your initial response planning, including in the protection sector.<sup>18</sup>

**Table 1. Protection issues faced by older people in emergencies**

At the level of state, armed groups and international actors	At individual, family and community level
<p><b>Safety and security:</b> Physical risk or harm as a result of natural disasters or conflicts. Older people's reduced regenerative capacity and mobility challenges place them at greater risk of injury and make them more vulnerable to longer-term impacts resulting from an injury.</p> <p><b>Housing, land and property rights:</b> Interference or discrimination regarding the right to enjoy one's house, land and other property, and possessions. Older people who have lost or never possessed ownership documents, and older women and widows who are not always recognised in inheritance law, face challenges in proving ownership of land or homes. They may also be at high risk of forced eviction.</p> <p><b>Documentation:</b> Loss or destruction of personal documentation (such as ID, birth certificate or marriage certificate) and difficulty replacing it. In some cases older people may have never been issued with relevant, up-to-date documentation.</p> <p><b>Freedom of movement:</b> Restriction on the rights to travel, reside in, or work in any part of the state, as well as to leave that state and return at any time.</p> <p><b>Humanitarian principle of impartiality:</b> Humanitarian assistance is not provided according to need and without discrimination.<sup>19</sup> The failure to ensure access and accessibility of services for older people poses a major violation of the central principle of impartiality.</p>	<p><b>Violence:</b> The act or threat of physical, sexual or psychological abuse. Cycles of dependency, discrimination and isolation may place older people at risk of abuse within the family. Within the community older people may become victims of attack as a result of perceived vulnerability.</p> <p><b>Neglect and deprivation:</b> Older people may be prevented from accessing the goods and services they need. This can be unintended or may be the result of deliberate discrimination.</p> <p><b>Isolation and dependency:</b> Lack of access to support and social relationships compounds the isolation felt by older people, as does the high level of help required in daily activities.</p> <p><b>Family structures and family separation:</b> Family structures, for example older people headed households, female or widow headed households, and households with large numbers of dependent children create specific protection risks for older people and their families. Involuntary family separation affecting older people increases their levels of isolation and reduces levels of support, making it harder for older people to access the goods and services they require.</p>

18. HelpAge International, *Ensuring inclusion of older people in initial emergency needs assessments*, 2012, p.10

19. Humanitarian principles are not legally binding; however they should be interpreted and implemented in accordance with the human rights conventions and international humanitarian law.

## Protecting older people in emergencies: a broad impact

By recognising that the affected population in an emergency is not a homogenous group and that different segments of the population are affected differently by a crisis, you will be able to better assess the impact of the emergency and develop a better understanding of the specific and relative vulnerabilities, roles and capacities of affected girls, boys, women and men of all ages. An age-sensitive analysis is therefore central to the delivery of impartial humanitarian assistance. You can find more guidance on conducting an age-sensitive assessment in HelpAge's technical guidance paper *Ensuring inclusion of older people in initial emergency needs assessments*.

We must furthermore recognise the interconnectivity between the needs and vulnerabilities of various groups. Responding to older people's needs in emergencies can also have a direct impact on other groups among the affected population. By assessing both the needs and the capacities of the affected population and of older people, you will be able to identify the possible roles and responsibilities that older people can be involved in.

For example, older people play an active role in the community and can therefore be involved in facilitating the delivery of humanitarian assistance. HelpAge's experience has shown that older people can take lead roles in activities including the identification of vulnerable people, support to distribution processes, and hosting separated children during family tracing.

In addition, older people are often a pillar of the family, playing an active role in the care and upbringing of children (in some cases as primary carers where the middle generation is missing), acting as key interlocutors in family and community dispute resolution and sharing skills, knowledge and traditions with younger family members. By supporting the existing roles that older people play and ensuring that older people are integrated into your programming, your assistance will have a tangible impact on both older people and those in their care.

### Protecting and supporting older carers: the impact on child protection, health and wellbeing

The following studies have shown that having a living maternal grandmother has a significant effect on the survival of the child:<sup>20</sup>

- ***Beneficial effects of older women on the nutritional status of children in a hunter-gatherer population in Tanzania (Hawkes et al., 1997)***
- ***Positive cognitive and health outcomes (Pope et al., 1993)***
- ***Psychological and sociological wellbeing (Alawad and Sonugarbarke, 1992; Wilson, 1986).***

20. Sear R, Mace R, McGregor IA, 'Maternal grandmothers improve nutritional status and survival of children in rural Gambia', *Proc Biol Sci.*, 2000, London



Frédéric Dupoux/HelpAge International

# The action points

HelpAge recommends five action points for addressing the protection needs of older people in emergencies. The action points are not exhaustive; they provide guidance for essential minimum standards in protection programming.

Below you will find a short summary of the action points, with more details provided in the main section of the guidance.

## Key action points to address older people's protection needs

### **Action point 1: Assess the protection issues faced by older people in emergencies**

- Select your assessment methodologies based on your analysis of the potential risks that could arise during or after the assessment process.
- Collect and analyse sex- and age-disaggregated data (SADD), including the full range of ages from younger to older people (see Annex 1, page 37, for guidance on collecting SADD).
- Provide training to your team and partners involved in the assessment process to ensure that protection principles will be respected.
- Identify the gaps between the needs and capacities of the affected population by undertaking a comprehensive assessment including: the context; the stakeholders; the potential threats and abuses; local perceptions and strategies for protection; and the effects on older people.
- Where possible your analysis should include consideration of baseline data to monitor changes in the context and the degree to which the emergency has worsened protection risks or created new ones.
- Adopt a participatory approach to involve older women and men, including the most isolated, through focus group discussions, protection mapping exercises and individual interviews.
- Share specific recommendations and questions with other organisations to make their assessment tools age-friendly.
- Use a range of assessment tools and meet with various actors and stakeholders to cross-check the information you collect. This will help you avoid bias in your conclusions.

### **Action point 2: Define the protection strategy**

- Consider and analyse the protection issues faced by older people in the emergency context. Particular attention may be required to ensure that older women and men are equally included in consultation and decision-making positions.
- Define priorities and aims for your protection response. Do you aim to stop or prevent imminent violations? Do you aim to provide redress for older people? Do you aim to create or consolidate a protective environment?
- Define the level of your intervention to ensure older people's protection. Do you want to mainstream response to older people's protection risks or deliver targeted protection activities for older people?
- Identify the appropriate modes of action that will ensure that older people's needs for protection are met, for example by influencing decision-makers, by building or strengthening capacities, or by providing assistance and delivering protection services.

### **Action point 3: Implement protection activities**

Based on your analysis of the protection issues facing older people, the level of your response and the mode of action you have chosen, you will now implement one or a number of protection activities including but not limited to:

- Design an advocacy strategy to influence local, national and international stakeholders in order to improve protection for older people and ensure they have access to humanitarian assistance.
- Build or strengthen the capacities of community-based organisations, older people's groups, and other national and international actors to ensure a broader and more sustainable impact on protection for older people. Empower and support communities, in particular older people and their relatives, to develop their own strategies to reduce exposure and mitigate risks.
- Provide or facilitate the delivery of information to older people and their families and carers in order to enable them to better protect themselves, taking account of older people's visual and aural challenges and levels of literacy within the community.
- Ensure older people live in a safe and secure environment, that shelters have basic security fittings, and that older people know where they can access support and information in case of an emergency.
- Provide psychosocial support aimed at improving the protection conditions of older people by supporting them and their families to cope with the crisis.
- Ensure that older people are not at risk of separation from their relatives. Where necessary ensure inclusion of older people in family reunification programming.
- Identify safe alternatives with older people and their relatives who are engaged in harmful or risky income generation activities.

### **Action point 4: Build partnerships**

- Establish a detailed map of protection actors in the geographical area of intervention.
- Put in place a referral mechanism with humanitarian agencies and eventually authorities, at various levels, in order to establish a comprehensive protection strategy for older people.
- Build the capacities of other actors that are operational in the geographical area of intervention to better address older people's issues.
- Document older people's needs when you refer them to another service or organisation.
- Monitor the assistance and support received following the referral. The partner must be accountable by providing regular feedback as well as sharing information regarding protection trends.
- Consider potential joint activities or programming with other agencies when frequent referrals indicate a link or common theme between your activities.

### **Action point 5: Monitor and evaluate the protection response**

- Set clear objectives for your protection response based on available baseline data and indicating the scale and scope of protection needs.
- Identify the expected results of the protection response and the expected level of change in the behaviour of perpetrators, the action of responsible authorities, and the daily lives of older people.
- Define appropriate indicators that will provide information about the results of the implemented activities.
- Identify the means and people responsible for ensuring the monitoring and evaluation (M&E) of your response.
- Use the M&E as a learning process based on experience; eventually adjust or change your protection strategies in response to the results of your action.

# Action point 1: Assess the protection issues faced by older people in emergencies

A comprehensive analysis of the situation is essential to develop protection interventions that meet the needs of older people. Therefore the first and most crucial step for effective protection programming is to undertake an objective and comprehensive situation assessment, taking into account the contextual issues like political, economic, social and security parameters.

Nevertheless it is important to remember that specific protection actions designed to address immediate and pressing risks and abuses may start in the acute emergency phase, before the completion of this in-depth analysis. The adaptation of your protection response to the changing needs of the affected population and the evolving context will be ensured by the periodic review of the strategy, as outlined in more detail in Action point 5: Monitor and evaluate the protection response (page 35).

## Components of a protection assessment

The checklist below identifies eight key components of a protection assessment:

- the context, the threats older people face, and any abuses they are suffering
- a stakeholder analysis
- the applicable legal framework
- the perception of these risks and abuses by the population and older people themselves
- the effects of the crisis on older people compared to other members of the community (comparing the situation before and after the crisis) and the additional challenges encountered by older people in particular social roles, for example older people living alone, older heads of households, older carers and older people with mobility challenges
- the existing local strategies and means for protecting older people
- the gap between older people's needs and their capacities to meet those needs
- the potential strategies for filling gaps between needs and capacities.

## Always collect sex- and age-disaggregated data (SADD)

SADD must include the full range of ages, from the youngest to the oldest people.

**Find out the percentage of older people in the general population: the global average of people aged 60 and above in 2012 is 12.5 per cent but the proportion is context specific. HelpAge recommends that SADD is collected for the following age groups: 50-59; 60-69; 70-79 and 80 years and above.**

*See HelpAge International's recommendations on how to collect and estimate SADD in Annex 1 (page 37).*





There are a number of ways in which this information can be collected. The following section will outline three approaches you should consider when designing your protection assessment, before going on to consider the risks associated with each. Throughout the assessment process you must remember the core principle of all humanitarian assessment, which is to consult with the affected population. Therefore you must always ensure that you include older people and other vulnerable groups in your assessment, using methods such as focus group interviews and including them as key informants.

### **A stakeholder analysis**

**A stakeholder analysis aims to identify who needs to be protected, what their vulnerabilities and capacities are, and how the response should be designed to increase their protection. As such it is an essential part of your assessment and should identify:**

- **primary stakeholders / rights holders: intended beneficiaries of an action, who are the most vulnerable**
- **duty-bearer stakeholders: those who are responsible for the respect, the protection and the fulfilment of the rights of primary stakeholders (states, government bodies, UN agencies, armed groups, ICRC)**
- **key stakeholders: those who can influence the protection of primary stakeholders (UN agencies, other governments, NGOs, local leaders).**

### **Participatory approach**

When access allows, the participatory approach is essential to the assessment process. Older people themselves, as individuals or community representatives, should be your primary source of information for identifying their own protection needs.

In addition you should recognise that communities have often already put in place strategies to cope with the problems, risks or abuses they face. The experience of older people is very useful to understand these coping mechanisms and protection strategies at individual, family or community level. The existing strategies can have positive results, but they can also lead to negative outcomes, expose older people to further risks, or put other people at risk. The results of existing coping strategies should therefore be analysed in order to tackle any negative impacts.

**Protection mapping** and **focus group discussions** that include older people are useful tools for gathering information in a participatory way about the specific needs and priorities of different groups across sectors. To avoid gender bias you should ensure that a balanced number of men and women are involved in your focus groups so that the needs of both can be reflected, enhancing the accuracy and impartiality of your assessment. It is crucial that both the process for primary data collection and the questions asked recognise and provide an insight into the specific roles, capacities and needs of older people.

Where it is not possible to include older people in focus groups or key information interviews, you should ensure that you adopt a “probing” attitude to your questioning, asking questions in a way that makes the expression of older people’s needs easier and more likely.

## Understanding self-protection strategies

Communities and civil society networks, as well as each individual, often play a key role in protecting themselves. Understanding and engaging with local protection perceptions and existing strategies will enhance the effectiveness and sustainability of your intervention.

### Using the *baston de mando*: a self-protection strategy of the indigenous communities in Colombia

For approximately 20 years, the indigenous territory of the Awá community, in the Department of Nariño, has been surrounded by the crossfire between guerrillas and the army. The Awá community has developed self-protection mechanisms, not only to defend and maintain their rights in their territory, but also to deal with daily violence and physical threats, like being associated with armed groups or the abduction of younger people by some armed groups.

Historically, older people, as leaders of the Awá community, used a traditional wooden stick, called the *baston de mando*, as a symbol of unity, integrity and honesty. With the increasing conflict in their territory, older people decided to transfer this symbol to younger members of the Indigenous Guard, who are responsible for the protection of the community. By using the *baston de mando*, the Indigenous Guards are respected and are able to negotiate with various armed actors, in order to make them leave their territory, or sometimes to release abducted people from their communities.

## Interviews and observation

Security, time constraints, or situations where humanitarian access is limited sometimes prevent you from undertaking a participatory assessment. In such situations, you should still apply at least two key methodologies: interviews with key informants, and observation.

Key informants to interview could be community leaders (including from local associations, schools, hospitals or clinics, and local authorities), religious leaders, and older people themselves or their carers.

Since community leaders and specialist key informants in positions of authority are generally men, this can introduce a significant bias. If in a given society or community women are marginalised, it is not likely that by interviewing a man their specific needs will rank high. Similarly, if older people are “invisible” and everybody’s attention is focused on “traditional” vulnerable groups such as children, this invisibility will be automatically transferred into the ranking of needs and priorities.

For this reason, among others, interviews should always be coupled with a direct observation exercise. This approach will enable your assessment team to identify any differences between testimonies and the actual environment (see Annex 2, page 38, for a list of information required for a comprehensive protection assessment).

## Individual protection assessments

Depending on available human resources and the specific protection strategy, assessments can also be carried out with individual older people. This type of assessment will allow you to develop a much more detailed understanding of the specific needs of older people and the types of assistance needed to address them.

The individual assessment is only conducted if the team has been trained and is dedicated to providing direct and targeted protection support to older people. It is essential that the team has the capacity to ensure the follow-up of the identified protection issues and implement the action plan.

The following are some tips for an individual protection assessment:

- Start by identifying vulnerable older people and older people at risk of protection abuses.
- Make sure the interview takes place at a convenient time for the older person and their family or carer. Avoid being surrounded by too many people to ensure confidentiality.
- Adapt the way you communicate with the older person, including consideration of possible sensory disabilities and levels of literacy.
- Do not only communicate with the carer, even if the older person is not able to provide information by him or herself.
- Make sure that you have understood the information you are given.
- Ensure you understand the relationships between the older person and their family and community.
- Visit several times to better inform your analysis and gain the confidence of the older person.
- Avoid giving advice or suggesting solutions prematurely.
- Observe: are the older person's living conditions different from other members of the household or community?

## Triangulation and analysis

**To support the quality and impartiality of your assessment, it is important that you gather information from a wide range of sources, in order to cross-examine the answers you receive and double- or triple-check your findings, thereby increasing the validity and credibility of your results. This technique is called “triangulation”. By gathering information from a wide range of sources, you will begin to develop a clear understanding of the position of older people in families, communities and society, and how their position, needs and capacities may contribute to their vulnerability and self-protection mechanisms in a crisis. You should especially rely on those sources with a good understanding of local culture and tradition and how these issues relate to the current crisis.**

**Once you have gathered this information you must analyse it to form the basis of your protection programme design. Risk patterns often are difficult to analyse and require a rigorous methodology, training and experience. Successful analysis of protection issues is facilitated by strong support from management teams, with regular team meetings and exchanges on complex cases.**

**Further guidance on undertaking an age-sensitive analysis of assessment data can be found in HelpAge's guidance document, *Ensuring inclusion of older people in initial emergency needs assessments*.**



Frédéric Dupoux/HelpAge International

## Data collection and management

While the use of various protection assessment tools can provide a key means of information triangulation, it is crucial that methodologies are selected after you have analysed the potential risks that could arise following the assessment. For instance, individual interviews may expose people to risks of reprisals or discrimination, but also offer the possibility of collecting detailed data that will inform your response. You must therefore balance the risks and benefits against each other.

### Basic principles

Four key principles must be respected by the team in charge of the protection assessment and data collection, and form the basis of your decision making over which methodologies to use:

- **Do no harm:** You need to ensure that gathering information or using the information you collect will not put people further at risk.
- **Usefulness:** The tool you choose to collect protection data must be informed by the proposed use of the data it produces. Never collect data that you have no intended use for.
- **Confidentiality:** Keep information anonymous and confidential. This principle must be applied to the storage and sharing of the data you collect. If you organise focus groups, ask all participants to respect the confidentiality of the discussion.
- **Respect:** Get informed consent and provide a clear explanation of the purpose of the information you collect. People must be reassured and informed that there is no obligation to reply if they do not want to. Be gender-sensitive; for example, it is sometimes preferable that women interview women and men interview men, or that groups of men and women are not interviewed together.

### Local partners

Local partners and community groups such as older people's associations (OPAs) provide useful local resources for protection work, especially to help identify and reach the most vulnerable. Working in emergencies with local organisations and building or strengthening their capacities contributes greatly to the sustainability of the activities you will implement. However, always keep in mind that gathering information related to protection issues requires specific skills and competencies. Never ask local partners to collect sensitive data if they have not been trained by protection staff and if you do not have the capacity to ensure proper monitoring of their activities.

### Protective measures in data collection

Assessment teams must always be made up of gender-balanced teams of at least two people. This is a preventive measure to protect people who are visited as well as to protect the team undertaking the assessment. As it is often preferred to have only one interlocutor in charge of the interview, the second person can be responsible for observing living conditions, the environment and engaging in discussion with the family and neighbours. Avoid conducting a protection assessment with too many team members. If the size of the team is more than three people, you should split the team.

### Database

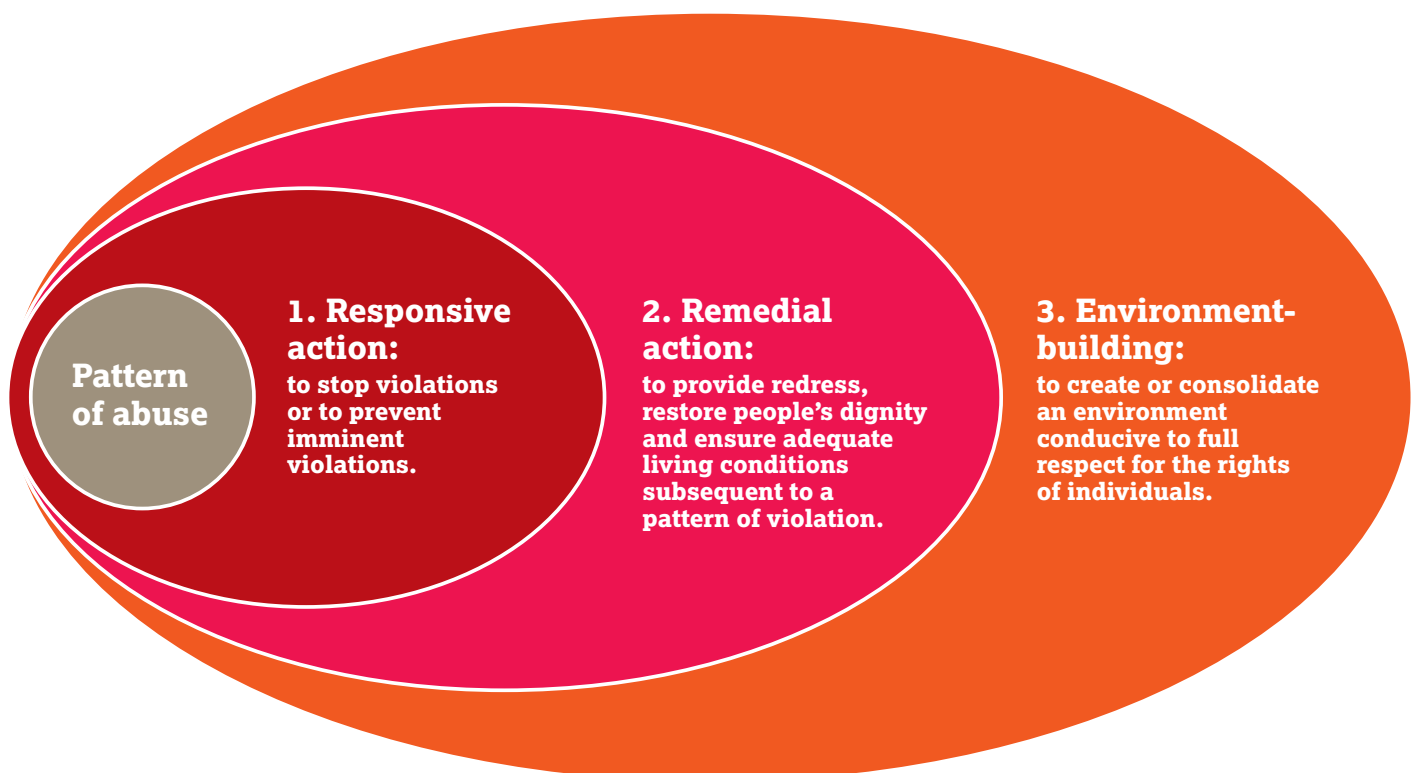
Ideally you should record the information gathered from your assessment in a database to support the analysis of protection trends as well as the follow-up of the action plan at the individual level. This database must respect the basic principles listed above and selected team members should be identified to register and access the information. It is recommended that you use a system of codification to identify each individual case registered, so that information can be shared using the code rather than the person's name. These precautions are essential to protect the confidentiality of the people you are working with.

# Action point 2: Define the protection strategy

## The “egg” model: three spheres of protection actions

Once you have completed your protection assessment and analysis you’ll have the necessary information to define your protection strategy. The strategy you implement will be designed within the scope of a global framework around the point of abuse; this is called the “egg” model.

The model was developed through inter-agency discussions on protection, led by the ICRC,<sup>21</sup> and is a widely recognised framework among protection actors. It defines three main spheres of protective action around the point of abuse or violation.



In emergency situations, humanitarian agencies are particularly involved in responsive and remedial actions, as we work in contexts of emerging or existing abuse and violations related to conflicts or natural disasters.

Our aim is:

- **To stop or prevent imminent abuses or violations of older people** (responsive action). For instance, humanitarian actors should support the evacuation from affected areas of people with limited physical capacities, including older people, strengthen communities’ networks to prevent discrimination against older people, or provide protection kits to isolated older people (more details on protection kits are provided on page 27).
- **To provide assistance and support, or ensure access to assistance, according to the needs, vulnerabilities, and capacities of the affected population**, including older people, while they live with the effects of the abuse or violation (remedial action). Examples of this type of action include ensuring family tracing for separated older people, providing legal counselling or psychosocial support, or supporting access to humanitarian services.

21. ICRC, *Strengthening Protection in War. A Search for Professional Standards*, Geneva, 2001

While it may not be the primary objective of your intervention you must always keep in mind the potential contribution of your activities towards **environment-building**, even during the emergency phase. Environment-building actions are part of a deeper structural process that aims to create or consolidate an environment conducive to full respect for human rights. For example, advocating for a convention on the rights of older people is a purely environment-building action, with a structural impact.

## Remember

- **Not all humanitarian agencies operate in all three phases of the “egg”.**
- **No single organisation is able to provide the comprehensive range of services required to protect the entire affected population in time of emergencies.**

## Level of intervention

Protection for older people can be guaranteed or strengthened by interventions at two levels:

- **Mainstreaming age in your protection strategy** to ensure that older people are included in the implemented response (see Annex 3 on page 39) for a sectoral review of the main risks to which older people are exposed in emergencies).
- **Specifically targeting older people** facing protection issues in emergencies, by addressing the specific needs, vulnerabilities and the capacities they express.

The level of intervention will be informed by the initial assessment, which will provide information on needs and gaps in the humanitarian protection response. Active cooperation and coordination with partners involved in assessment and service delivery are required to decide whether specific programming or mainstreaming age is the most appropriate strategy.

In the short term, the level of intervention will also be associated with the capacity of your organisation, according to the human resources available and the logistical and financial capacities at your disposal. You must be realistic about your own structural capacities.

## Modes of action

Once the global aim, sphere of action (responsive or remedial) and the level (mainstreaming or targeting) of intervention for your humanitarian protection response have been clearly defined, the mode of action can be identified.

There are three categories of modes of action in humanitarian protection:

- **Influencing** the duty-bearer stakeholders to fulfil their obligations and to deliver accessible humanitarian assistance to the most vulnerable people, including older people.
- **Capacity building or strengthening** of primary, duty-bearer and other key stakeholders in the humanitarian protection sector.
- **Assisting** the primary stakeholders, including older people, through the provision of direct protection services to meet their specific needs.

# Action point 3: Implement protection activities

## Protection activities

Action point 3 provides a selection of the main activities that could be implemented in the frame of a protection programme, according to the defined strategy. These activities are not exhaustive and should be adapted to the type of emergency, as well as to the cultural and social context.

Empowering communities, in particular older people, to develop their own strategies to reduce exposure and mitigate the effects of these risks is a core strategy in protection work. You must keep empowerment in mind when you implement protection activities, while at the same time always ensuring that the activities and the community's participation are not harmful to the population.

John Cobb/HelpAge International



## Influencing

### Advocacy

Advocacy means making a persuasive argument in order to achieve a specific change. Its ultimate aim is therefore to influence and change policies, practices or attitudes.

Almost all the humanitarian actors implement advocacy activities in order to promote change and ensure that policy and practice adhere to international humanitarian law and standards. As such, advocacy is the cornerstone of many global protection strategies and is strongly linked to other protection activities such as the provision of information, legal support, campaigns and monitoring. Advocacy messages must be based on concrete examples collected at field level by the teams implementing other protection activities or humanitarian response.

Advocacy also aims to ensure that policy and practice recognise and respond to the specific needs, vulnerabilities and capacities of groups such as older people. HelpAge usually uses advocacy in its strategy at two levels:<sup>22</sup>

- **Persuasion:** Trying to convince the authorities to change their policies and practices of their own accord.
- **Mobilisation:** Sharing information with selected people that have the capacity to influence the authorities to satisfy their obligations and to protect people who are exposed to violations. Targets for mobilisation could include older people's associations, community-based organisations (CBOs), UN agencies and cluster members.

It is essential that you establish a clear advocacy strategy by defining:

- **The objective of the advocacy work.** What is the problem encountered by the affected population? Do older people face different issues? What do you want to change and achieve?
- **Who is your target?** Who are those who can influence your primary target?
- **What procedures, tactics and means** (financial, material and human) will you apply to influence your target?

22. ALNAP defined three levels of advocacy: denunciation, persuasion and mobilisation. See Hugo Slim and Andrew Bonwick, *Protection: An ALNAP guide for humanitarian agencies*, Overseas Development Institute, 2005

Once your advocacy strategy has been defined, it is important to transform the strategy into a plan for action. See Annex 4 (page 49) for an example of an advocacy plan template.

A clear strategy is also required in order to monitor and evaluate the outcomes and impacts of the advocacy strategy. More details are provided in Action point 5: Monitor and evaluate the protection response (page 35).

### **The role of the protection cluster**

The protection cluster holds a responsibility to advocate for the needs of neglected groups, including older people, to other humanitarian actors and clusters. Engagement with the protection cluster, as an advocacy forum at both global and country levels, should be a central part of your activities to raise the profile of older people among other vulnerable groups, as well as to highlight gaps in the humanitarian response. The United Nations High Commissioner for Refugees (UNHCR), the lead agency for the protection cluster at the global level, has established an Age, Gender and Diversity Policy to ensure a broad participatory, rights-based and community-based approach within humanitarian operations, based on an analysis of protection risks from the standpoint of age, gender and other social and economic factors.<sup>23</sup> At field level, protection teams should always actively participate and collaborate with the protection cluster to share evidence, data and examples of the protection risks and issues faced by different vulnerable groups including older people, and to highlight good practice for addressing their needs.

At country level the protection cluster also often plays a “watchdog” function in relation to the other clusters, ensuring that specific protection issues and population groups are not neglected within the overall humanitarian effort. Based on this position, the Global Protection Cluster, with support from HelpAge and Handicap International, has produced an advocacy statement on older people and people with disabilities. The statement targets the humanitarian community, comprising global humanitarian clusters and individual agencies.

The purpose of this statement is to influence the knowledge, attitudes and behaviours of humanitarian actors vis-à-vis two specific population groups that face considerable difficulties in accessing humanitarian assistance during emergencies: older people, and people with disabilities. Experience shows that humanitarian practitioners, planners and decision makers hold a series of strongly held but often incorrect beliefs concerning old age and disability. These positions result in humanitarian programmes that are often not accessible or not adapted to the needs of these two population groups. The full statement can be found in Annex 5 (page 50) and should be used alongside other HelpAge publications and technical guidance documents to support the inclusion of older people across all sectors of response.

23. UNHCR, *Age, Gender and Diversity Policy*, [www.globalprotectioncluster.org/assets/files/tools\\_and\\_guidance/age\\_gender\\_diversity/UNHCR\\_AGD\\_Policy\\_2011\\_EN.pdf](http://www.globalprotectioncluster.org/assets/files/tools_and_guidance/age_gender_diversity/UNHCR_AGD_Policy_2011_EN.pdf)

### **What activities can protection teams do to improve protection of older people?**

- **Meet with national and local authorities.**
- **Meet with donors, UN agencies and NGOs (for example through the cluster system, in particular the Protection Cluster).**
- **Coordinate campaigns and use appropriate media (such as radio spots, newspapers, and posters) to promote better protection, access to basic services and access to humanitarian assistance for older people.**



### **Strength in numbers: working in partnership<sup>24</sup>**

The strength of your advocacy messages can be increased if they are backed up and supported by a greater number of actors with wider experience and evidence to bring to bear on the issue.

Developing partnerships and engaging in joint messaging can therefore become a central part of your advocacy strategy, and will likely help you to have a greater impact and obtain more sustainable results. For example, it can be useful to partner with NGOs with a gender-based violence (GBV) or child protection focus to ensure that older people are included in their specific sector of intervention, for instance in contexts where large numbers of older people play primary care roles for children.



Gacheru Maina/HelpAge International

### **HelpAge and Handicap International: partners in advocating for the inclusion of the most vulnerable groups**

**Under the existing global partnership between HelpAge and Handicap International, as described in the Memorandum of Understanding signed by the two organisations in December 2011, several joint activities and common advocacy strategies have been agreed with teams on the ground:**

- **Ageing and Disability Task Force in Pakistan (since 2010)**
- **Development of a joint advocacy statement signed off by the Global Protection Cluster on the vulnerabilities of older people and people with disabilities (2012) (see Annex 5, page 50)**
- **Joint advocacy work in cluster meetings in DR Congo (since 2012)**
- **Joint advocacy and training for humanitarian actors in Mali (2013)**
- **Agreement to share advocacy work in cluster meetings in South Sudan (2013)**
- **Secondment by HelpAge of an Inclusion Advisor to the Handicap International response team in Jordan (2013)**

### **Capacity building or strengthening**

During the acute phase of a crisis, it is not always feasible to develop or strengthen the capacities of local actors, networks and associations. Nonetheless, you must always try to involve older people themselves, and the community more broadly, as much as possible in the design and delivery of protection activities.

A successful approach adopted by HelpAge and others involves working at two levels:

- with grassroots older people's community based organisations
- through the direct delivery of humanitarian services.

This twofold approach provides a better understanding of the protection issues faced by older people at field level and helps to support and implement more sustainable protection mechanisms within the community. In this model, capacity development focuses on the ability of community-based organisations to play a role in the design and delivery of protection assessments and responses.

Capacity strengthening does not only apply to community-based organisations. You can also provide support to national authorities and actors, and to international organisations (including UN agencies, INGOs, and even international military peacekeepers) with the aim of strengthening their capacities to support the protection of older people.

<sup>24</sup>. See Action point 4: Build partnerships, p.33

The following are some capacity development or strengthening activities that you could implement:

### **Training and workshops**

- **With community-based organisations:** to improve care and protection provided to older people, to better support isolated older people, to encourage solidarity networks, or to monitor and refer abuses and violations. An example might be a workshop on how to advocate for better support to older people with local or national authorities.
- **With humanitarian agencies:** to support awareness and understanding of the needs and capacities of older people, and to share examples of the modifications needed to ensure the inclusion of older people in humanitarian assessments and programming. For example, you might train managers and staff on how to provide accessible distributions or age-friendly health services.
- **With national authorities:** to improve knowledge and awareness regarding ageing issues in emergencies, and to advocate for greater inclusion of older people in contingency planning and response activities.

### **Strengthen community initiatives**

- By providing material or financial support (such as office furniture or financial support for campaigns) to raise the profile of older people.
- By providing technical support or human resources for the delivery of specific activities, for example psychosocial activities or legal counselling.

### **Strengthen by informing**

- Providing information to **all at-risk or affected people** about protection risks and available services is an essential element of protection programming and can be conducted even during the most acute phase of a humanitarian crisis. The provision of such information is not only a way to develop or strengthen the capacities of local organisations or authorities; it is also a way of strengthening the capacities of each older person, and their families, to enable them to better protect themselves and access the assistance they need.
- You should start by analysing the level of existing understanding and knowledge regarding the emergency situation and risks, as well as considering the humanitarian assistance available.
- Identify available information messages: are they accessible and appropriate?
- Make your messages accessible to even the most vulnerable people by multiplying formats and approaches (for example, using a combination of radio spots, posters, flyers, door to door visits, and loudspeaker announcements).

### **Providing protection services**

#### **Removing older people to a safer place**

During a crisis, sometimes the only way to ensure that people are protected is to find a safe and secure environment, even a temporary one, where they can be relocated. As discussed (see “Protection issues exacerbated by an emergency”, point on “Disability”, page 10), older people are particularly exposed to abuses or physical dangers when they are not able to flee the affected area, and older people with limited mobility or poor health are often left behind. In such situations, it is crucial that you identify the most vulnerable older people or those at risk of abandonment if assistance is not provided. These will often be older people living alone, including widows, those with mobility challenges or debilitating chronic diseases, or those with limited family or community support.

For these individuals you should:

- Organise transportation for older people with reduced mobility to ensure their physical safety and security.
- Always take preventive measures to avoid family separation when you support or implement emergency evacuation, such as ensuring that communication with families is maintained, or organising or supporting transportation for all family members whenever possible.

### Material assistance delivery

If your assessment indicates that there are older people and other vulnerable groups who are unable to reach service providers and distributions of essential goods for any reason, outreach services are required to ensure their physical wellbeing during a crisis.

In such situations you should prioritise the mainstreaming of older people into existing distributions and service provision. You should advocate for the provision of outreach services on the basis that ensuring inclusion of all the entire affected population, including those who cannot reach distributions, embodies a fulfilment of the principle of impartiality. If, however, the organisations responsible for service or goods provision are not able to accommodate outreach activities, you must consider filling the gap yourself, either with goods you have procured, or by distributing goods on behalf of another actor.

Basic items that older people should receive include food, water, blankets, mattresses, jerry cans, tarpaulins or tents, protection kits (see below), clothes, and cooking fuel and utensils.

If the crisis continues it is important that you monitor the status and wellbeing of the older people and vulnerable groups requiring outreach services to ensure that their needs are still being met. You should also consider ongoing advocacy with service providers in different response sectors – for example, health, food, and water, sanitation and hygiene (WASH) – to ensure that the needs of these groups are considered in later phases of programme design.

### Protection kits

Protection kits are aimed at strengthening protective conditions by giving vulnerable people a means of being informed, being able to see, and to alert the community in case of imminent danger. Kits may include a whistle, a flashlight and a radio. Always explain the use and the aim of these tools to older people as well as to their families and neighbours, so they are able to identify ways to respond to the protection issues faced.

Protection kits are particularly useful for isolated or dependent older people, households exposed to a higher risk of gender-based violence (GBV), for example households without a male presence, and older people with reduced mobility.

Waterproof plastic bags can also be provided to protect personal documentation in cases of extreme weather events such as floods, tropical storms or hurricanes.



Amandine Allaire/HelpAge International

### ISA Kits: be Informed – See – Alert

**A radio to be Informed:** isolated older people are informed about the environment, potential risks, and available services.

**A flashlight to See:** older people are able to see what is around them at night and avoid any dangers.

**A whistle to Alert:** older people are able to raise an alarm in case of imminent physical danger (accident or attacks). The whistle must be to hand at all times.

### Improving security of shelters

With a few simple adjustments to older people's shelters, for example adding locks to the doors and installing lights, you can greatly improve the security conditions of older people exposed to violence.

In 2011 HelpAge and the International Federation of Red Cross and Red Crescent Societies published guidance for including older people in shelter programmes.<sup>25</sup> This guideline identifies the following five key action points: understand the needs and capacities of older people; ensure that older people participate and are represented; target vulnerable older people; incorporate age-friendly features in both household and community shelters; and promote coordination, cooperation and sharing. By following these key points you will be able to identify the safety and security needs of older people and other vulnerable groups and ensure they are addressed in your programming.

### Legal support and counselling

In order to provide redress for abuses and violations, you may recruit or work in collaboration with lawyers. If you decide to provide legal counsel it must always be done so on the basis that real reparation is expected. If you know that redress will not be provided, you must identify other ways to intervene and eventually plan advocacy activities aimed at addressing issues of equality in the justice system.

Legal support and counselling can cover many issues, for instance:

- HLP issues
- support to obtain or replace personal documentation
- legal support regarding the freedom of movement
- legal counselling regarding abuses and violence (for example sexual violence, domestic violence, or deliberate deprivation).

25. HelpAge International and IFRC, *Guidance on including older people in emergency shelter programmes*, 2011

## Colombia: legal support for older internally displaced people in Aguablanca

In Aguablanca, Department of Valle del Cauca in Colombia, newly arrived displaced people affected by the conflict in the country must get an appointment with the Unidad de Atención a Víctimas, the national service in charge of IDP registration. This registration is the only way to get assistance provided by the government to IDPs, including healthcare, emergency aid, housing, and economic support. To get an appointment in order to be registered, IDPs have to wait on average for two to three months, in addition to a final waiting time before a decision about their status, which is far from certain. In 2011, 17,489 IDPs arrived in Valle del Cauca department but 32.6 per cent of their registration requests were rejected.

Since 2009, HelpAge and its partner Fundación Paz y Bien decided to provide legal support to newly arrived older IDPs in Aguablanca. With their support, older IDPs benefit from a priority appointment with the Unidad de Atención a Víctimas after a maximum of 24 hours. If their applications are rejected, lawyers are made available to provide counselling and support in order to help them file an appeal. In 2012, lawyers provided by HelpAge and the Fundación Paz y Bien submitted 191 appeals on behalf of older people. Of those, 80 per cent were successful.

## Remember

**Legal aid is a human right that is central to ensuring that a range of other human rights are guaranteed through effective access to justice for all. The right to legal aid is explicitly stated in the International Covenant on Civil and Political Rights (1966).**

### Psychosocial activities

The protection issues faced by older people in emergencies may have been caused by or worsened due to social or psychological factors. Pre-existing social support for older people may have been affected, for example due to family separation or the breakdown of community networks. Pre-existing challenges, such as those faced by isolated older people and older people caring for children, may be intensified by a crisis. These changes can have a big impact, further exposing older people to protection risks and creating new protection problems.

The following psychosocial activities aim to improve the protection conditions of older people by supporting them and their families to cope with the crisis.

- **Social networks:** Establish or support solidarity networks within the community and among older people. This can be achieved through the creation or support of older people's groups and associations. Social networks respond to various protection issues at individual, family and community level, helping to mitigate the risks of isolation and dependency, neglect and deprivation, family separation, or violence against older people. Older people's associations can also be useful in supporting the identification of the most vulnerable members of a community, by drawing on older people's social connections and deeper understanding of the changing status of the affected population. In addition these networks can encourage and support the delivery of community-based protection mechanisms.



Cindy Powell/HelpAge International

### Haiti: working with older people to reach and assist the most vulnerable

After the earthquake in Haiti in 2010, reaching vulnerable groups such as older people was a real challenge. Most humanitarian agencies went through camp committees to identify the most vulnerable groups, and were not necessarily aware of the needs or even of the existence of these vulnerable people.

In its earthquake emergency response, HelpAge International relied on a network of older women and men to identify the vulnerable older people in the camps and ensure their registration to access relief distribution. Through this solidarity network, older people were able to accompany the most vulnerable to the distribution points, identify additional issues affecting them, and ensure an adequate referral either to HelpAge teams or to other organisations working in the camps. In 2011, when Hurricane Thomas threatened the camps with heavy rain and wind, the older people's network was active in warning older displaced people and their relatives of the upcoming danger, and helping them identify preventive measures.

In 2012, more than two years after the earthquake, the older people's network was once again active in supporting HelpAge teams to assess needs of affected older people after the passage of hurricanes Isaac and Sandy.

- **Group activities:** Provide a safe space for older people to discuss the problems they encounter and build relationships. Through these activities, older people can be encouraged to share self-protection strategies and potential ways to tackle these problems. Group activities can also be used to respond to issues faced by isolated older people. Activities can take the form of group discussions, or can revolve around recreational activities such as theatre, songs, music, dance, arts and crafts, games, or cooking sessions.

### **Occupied Palestinian territories: group activities for older people in Age-Friendly Spaces**

In the occupied Palestinian territories (oPt), older people's greatest needs are security and safety. The prolonged lack of safe places has led to a sense of fear and anxiety, and to the deterioration of older people's physical and psychosocial wellbeing.

Recognising the absence of a place for older people to receive adequate support, as well as the lack of opportunities for them to participate in social and educational activities and events, HelpAge, together with its affiliate El Wedad and its partner the Palestinian Center for Communication and Development Strategies (PCCDS), established two Age-Friendly Spaces (AFS) in oPt. The AFS, based in the West Bank and in the Gaza strip, aim to improve older people's psychosocial wellbeing, to stimulate their role in the community, and to motivate the community and the authorities to fulfil their duties towards older people. Each AFS can host 20 to 30 older people on a daily basis, but very often more than 50 people visit the spaces each day.

At the AFS, various technical specialists provide specific and adequate psychosocial support, healthcare, and legal counselling. Each AFS has also been equipped with essential tools and equipment required for a variety of activities, such as kitchen sets, sports and exercise equipment, TV, newspapers and books, and games.

- **Home visits:** Individual psychosocial support is required for the most vulnerable people who are not able to participate in group activities or to reach social centres. The identification of these most vulnerable people will be facilitated by the existing social network within the community.

### **Individual support through home visits should only be considered if the following five conditions are fulfilled:**

- the team has been trained to manage individual protection assessments
- the team is made up of two to three people, with at least one male and one female staff member
- you have the capacity to monitor and support the team in charge of the visits
- you ensure a follow up for the required intervention
- you ensure a longer-term system, for instance through a community support network if relevant.

- **Intergenerational activities:** These aims at engaging and building lasting relationships between generations. These are a way to encourage mutual understanding and support, as well as to address psychosocial and protection issues. Intergenerational activities are particularly relevant for older carers, older people facing neglect within the family, and isolated and dependent older people, as they help older people to build relationships with and gain support from the youth in the community.

The rationale for intergenerational activities includes the following points:

- Older people can play a key role in helping children and youth to recover from the psychosocial effects of the crisis, by sharing knowledge of traditional survival mechanisms and previous experience of disasters or conflicts. Interacting with older people also helps children and youth build their awareness and understanding of their culture and traditions through recreational activities such as songs, dance, music, arts and crafts, and games.
- Intergenerational activities are a way to improve the care and protection of children living with older people, by providing information regarding children’s specific needs in areas such as care and nutrition.
- Intergenerational activities are useful to teach skills to youth, including appropriate behaviours and professional skills.

These activities can be implemented within the framework of “safe and friendly spaces” shared between older and younger people. Partnerships with child protection agencies are strongly recommended for the development of this kind of activity.

### Democratic Republic of Congo: intergenerational activities in social centres

In the Democratic Republic of Congo, older people constitute around 8 per cent of the total IDP camp population. When HelpAge International began operating in North Kivu in 2009, it established social centres to support older people who had been displaced from their villages due to the ongoing multiple armed conflicts that have ravaged this part of the eastern Kivus.

The social centre serves as a space for both young and old, where the older generation can bring along their grandchildren and take part in activities together. A typical week in the social centre of the IDP camp Mugunga 3 consists of committee meetings, literacy classes for both young and old, poetry and story-telling sessions, and the *restaurant du coeur* (soup kitchen), among others. There are many psychosocial benefits for older people who take part in organised activities at the social centre.

It is well documented that the interaction and engagement that older people experience in social centres helps to reduce their isolation and fear of being alone. The intergenerational activities are as such a way to promote older people’s visibility, role and participation in the community.



Robin Hammond/Merlin

## Family tracing and reunification

Family tracing is a complex activity requiring a strong network of contacts with communication and transportation capacities. The International Committee of the Red Cross (ICRC) is the primary agency responsible for family tracing and reunification, relying on an international network made up of volunteers as well as humanitarian professionals. Family tracing services have traditionally focused on children, but it is crucial that separated older people should always be referred to the ICRC in order to receive this assistance.

Following an emergency, the ICRC may launch its Restoring Family Links services within a country or through a cross-border response, tracing people, exchanging family messages, reuniting families and seeking to clarify the fate of those who remain missing. However, when family separation affects very few vulnerable older people and if no other agency can respond to those needs, you should consider implementing specific activities in order to link older people with their relatives. Depending on the context and your capacities, you may choose to put people in contact by phone or ensure physical family reunification by providing transport and access.

Always keep in mind that family reunification may also be organised in another region or country. This activity also requires monitoring to make sure a protective environment is provided for the older person through the reunification process. Never engage your organisation in family tracing and reunification programmes if you do not have the required capacities to implement and monitor the process; in that case you must refer separated older people to an organisation with this mandate.



Tayyaba Khan/HelpAge International

### Remember

**Older people who have been involuntarily separated from their relatives due to the emergency must express the willingness to be put in contact or reunified with their families.**

## Income-generation alternatives

Income-generation alternatives can be developed in circumstances in which older people, their carers or their dependants are engaged in harmful or risky income-generation activities, for instance transactional sex or begging, which expose them to violence, or in cases in which they have lost their income sources due to the emergency, for example loss of land due to displacement.

These activities are an appropriate response to reduce the vulnerability of older people, in particular isolated and dependent older people, older people who are heads of households, and older women in households without any male presence. Income-generation alternatives should ideally be developed in collaboration with livelihood experts. More information on the development and delivery of age-friendly food security and livelihood programming can be found in HelpAge's guidance paper, *Food security and livelihoods interventions for older people in emergencies*.

### **Democratic Republic of Congo: reducing protection risks by supporting families engaged in risky income-generation activities**

**HelpAge's local partner, CAEPA, identified and provided support to four older people whose granddaughters had resorted to transactional sex to earn money to buy food for the family. In this situation, both the older people and their granddaughters were aware of health and protection risks, but had no other access to income. By providing older people and their families with safer income-generating activities, such as mat and basket weaving, HelpAge and CAEPA were able to reduce the risks faced by the family, in particular the granddaughters.**



# Action point 4:

## Build partnerships

It is very unlikely that any one humanitarian agency will be able to respond to all the humanitarian protection needs of an affected population. Therefore good protection programming must be complementary and coordinated, and harness to maximum effect the actions of responsible authorities, people's own self-protection capacity, and the protective capacity of other organisations.

In addition, putting in place an adequate and effective referral system through the development of partnerships will provide you with a greater understanding of the protection risks faced by the affected population, and give you the opportunity to analyse where there are gaps, how you can respond to these gaps, and how you can adapt your response to the needs of all vulnerable groups, including older people.

### Why a referral system?

- **To implement a more comprehensive response that meets the diverse needs of all affected groups.**
- **To allow you to adapt regular activities and assistance based on an ongoing analysis of gaps in response to the changing needs of the population.**
- **If the need for referral leads to several adjustments in your regular activities, it will enable you to review and adapt your global strategy in accordance with older people's needs.**

### Mapping of protection actors

When you implement an emergency response, you should map which organisations are addressing the protection needs of the population in the same geographical areas. You can start by using the 3W (who, what, where) mapping from UN OCHA (Office for the Coordination of Humanitarian Affairs), or the information provided by the Protection Cluster, when available. However, it is also necessary to gather additional information and to include a broader spectrum of actors other than those registered in the 3W, such as local NGOs, CBOs, and health centres.

In the list below you will find the potential information you will need to gather during your protection mapping:

- name and type of the organisation
- contact person within the organisation
- sector in protection (such as GBV, child protection, HLP, documentation)
- targeted population segments
- type of response (such as counselling, medical, legal or psychosocial support, income-generating activities)
- geographical areas
- human resources available (size, expertise, status)
- available materials
- source of funding
- collaboration with other local or international organisations
- strategy and upcoming projects
- specific needs.

## Defining partnerships and the referral system

Mapping implies meetings and networking with other agencies. This process provides the opportunity to define potential areas of collaboration with partners on both operational response and advocacy activities, and discuss ways of working together. When considering partnerships and referral mechanisms you should keep in mind the following:

- **Agreement:** do you want to formalise the collaboration with a Memorandum of Understanding?
- **Documentation of the referral:** do you want to establish a referral letter for older people that you will refer?
- **Two-way referral:** are you able to positively respond to referrals from other organisations?
- **Follow-up:** how are you going to monitor the services offered following your referral?

Sometimes joint activities or joint proposals will be the most appropriate way to respond to protection needs.

### Improving the protection of older refugees in South Sudan: HelpAge secondment to the Danish Refugee Council

In January 2013, through a partnership with HelpAge International, the Danish Refugee Council (DRC) launched a new project in Upper Nile, South Sudan, addressing the protection needs of older refugees in Yusuf Batil Camp, host to more than 37,000 refugees. This collaboration brought together different areas of expertise: DRC already had a strong presence in the area, being the camp manager of Yusuf Batil Camp and providing protection services, while HelpAge added the technical expertise on specific protection issues related to older people, particularly in situations of displacement.

Besides working directly with refugees, the partners also sensitised other humanitarian actors on the ground to issues of ageing and displacement, and provided practical recommendations to ensure the inclusion of older people in the humanitarian response.



Anandine Allaire/HelpAge International



## Action point 5: Monitor and evaluate the protection response<sup>26</sup>

In order to establish a monitoring and evaluation (M&E) system for your protection programming, you will need to start by setting clear objectives based on what you hope to see change or what you hope to achieve as a result of your intervention. These objectives must be based on available baseline data indicating the scale and scope of protection needs and how your activities relate to these needs.

Always identify sources of information, as well as focal points responsible for collecting data and information, at the very beginning of your response.

The indicators will then be defined according to the objectives set in order to:

- adjust and change the protection strategies, objectives and plans of action in relation to the changing context and changing needs of the population
- be accountable to the population and to donors regarding the protection response
- contribute to a permanent learning process based on experience.

Protection issues are particularly difficult to quantify, and hence difficult to monitor and evaluate. Initially, it is not easy to measure the initial scale and scope of the violation or protection problem. In addition, the impact of protection activities is very often linked to factors beyond the control of protection teams. Although donors and other stakeholders might be aware of these issues, you nevertheless must have a clear monitoring and evaluation plan.

### Identifying the expected results in protection

There are three categories of results that you target when you implement a protection response:

- **Changes in the behaviour of perpetrators:** reduction in the number of threats, abuses and measurable violations.
- **Changes in the actions of responsible authorities:** development and implementation of policies, commitments and actions to reduce abuses and violations and to increase effective protection of vulnerable groups, including older people.
- **Changes in the daily lives of vulnerable groups including older people:** reduction of exposure to threats.

<sup>26</sup> The information in this section is mostly available from the DG ECHO's Funding Guidelines, *Humanitarian Protection*, 2009

### Defining appropriate indicators

Once you have identified the results you hope to achieve, you will be able to define the indicators which will help you to answer the overall question: “Are older people better protected as a result of the activities you have implemented?”

**Table 2. Potential quantitative and qualitative indicators in humanitarian protection**

<b>Quantitative indicators (numbers, percentages, ratios)</b>	<b>Qualitative indicators (perceptions, opinions, judgements)</b>
<p><b>Examples</b></p> <ul style="list-style-type: none"><li>• Number of and per cent increase in referrals for better protection of older people</li><li>• Number of policies or practices modified or established following your recommendations to include older people in the humanitarian response</li><li>• Number of people from INGOs and UN agencies trained on protection issues faced by older people in emergencies</li><li>• Number of and per cent of targeted older people having participated in psychosocial activities</li><li>• Number of protection kits distributed</li><li>• Number of legal clinics or social centres established and operational</li><li>• Three radio spots promoting rights of older people broadcast every day from September to October and reaching 70 per cent of the targeted population</li><li>• Number of older people participating in intergenerational activities and, of these, number of women</li><li>• Number of older people visited at home</li><li>• Number of older people assisted in the process of return</li></ul>	<p><b>Examples</b></p> <ul style="list-style-type: none"><li>• Growing sense of safety and wellbeing among targeted older people</li><li>• Better support from family or community reported by older people</li><li>• Positive feedback regarding access to and quality of assistance</li><li>• Improved capacities of family members to support older people in the household</li><li>• Growing sense of autonomy and capacities among targeted older women</li><li>• Greater confidence in the existing local protection mechanisms</li></ul>
<p><b>Sources of information</b> Surveys, questionnaires</p>	<p><b>Sources of information</b> Questionnaires, older people’s stories, focus groups</p>

# Annex 1: HelpAge International's sex- and age-disaggregated data methodology

The use of sex- and age-disaggregated data (SADD) is essential for humanitarian programmes, advocacy and learning. The application of the following SADD methodology will enable response teams to understand the demographic composition, profile and number of the older population that may be affected by conflict or natural disaster.

## How and where to collect SADD

It is unlikely that you will find accurate nationally produced SADD in many countries or regions, so you must make demographic projections through estimates that will be close to real figures.

You can use data produced by the National Institute or Bureau of Statistics if the census provides detailed information by sex, age and administrative boundaries, and is no more than five years old. Unfortunately a lot of national statistical information is neither updated nor accurate, and in some contexts can even be influenced by political considerations. In an emergency, when time may be very limited, two alternative sources of information may be used to produce quality demographic projections.

## Data provided by the UN Department of Economic and Social Affairs (UNDESA), Population Division

### How to use UNDESA data to produce national SADD estimates

Follow this link: <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>

It will lead you to the UNDESA World Population Prospects where you will find updated population estimates disaggregated by country, sex, age, population density and dependency ratios. Open the Excel files, search for the relevant country and find the estimates on older age groups.

### How to estimate SADD

Having found the relevant country and the most recent year's data, you can calculate the percentage of older people from the total population and fill in the table below.

You will see that some countries in the UNDESA database have estimates for the 80+ and 90+ age ranges. In these cases, we recommend using 80+ as the cut-off.

### How to estimate SADD for specific geographical or administrative areas

Once you have a nationwide estimate, you can estimate the percentage of older people in the population in specific areas of the country. All you need is an estimate of the total population for the area of interest, and to apply the national percentages of older people to that area.

## Data provided by The World Gazetteer

If you cannot obtain reliable population estimates from country-based information sources, you can use *The World Gazetteer*, by following this link: [www.world-gazetteer.com](http://www.world-gazetteer.com)

*The World Gazetteer* provides a breakdown of population data for countries and offers related statistics for different administrative divisions, areas, cities, towns and maps in English, French, Spanish and German. It will provide you with quality estimates that you can disaggregate later.

### Always remember

You should make both a lower and higher estimate of the numbers of older people (60+) potentially affected by the crisis.

You can establish estimates based on the initial reports issued by the media, UN, INGOs etc of the numbers of people affected by the crisis. Estimates will vary depending on the crisis; for example your lower estimate may show 30-50 per cent of the older population has been affected by a crisis and 60-80 per cent affected as the higher estimate. In some cases these estimates may equal 100 per cent, for example when assessing refugee or IDP camps with defined populations.

Estimating the size of the older population affected by a crisis is not an exact science. However, it can form very important messages to share with humanitarian actors and decision makers in the initial stages of an emergency response.

**Table 3. How to estimate the percentage of older people in the total population**

Age	Male	Female	Total male and female population
50-59 years	Total sum (% of total population)	Total sum (% of total population)	Total sum
60-69 years	Total sum (% of total population)	Total sum (% of total population)	Total sum
70-79 years	Total sum (% of total population)	Total sum (% of total population)	Total sum
80+ years	Total sum (% of total population)	Total sum (% of total population)	Total sum
Total	Total sum (% of total population)	Total sum (% of total population)	Total sum

# Annex 2:

## Information checklist for a comprehensive protection assessment

<b>1. Demographics</b>	<ul style="list-style-type: none"> <li>• Size of the community</li> <li>• Percentage of older people (see Table 3 on page 37)</li> </ul>
<b>2. Experience of the emergency</b>	<ul style="list-style-type: none"> <li>• Perception of the situation, threats or abuses</li> <li>• Different impacts on women, men, boys and girls</li> <li>• Specific risks and impacts on older people, additional challenges</li> </ul>
<b>3. Security, physical protection</b>	<ul style="list-style-type: none"> <li>• Presence of armed groups and kind of threat</li> <li>• Protective presence</li> <li>• Capacity to evacuate</li> <li>• Safety of the living area</li> <li>• Existence of community protection mechanisms and local means</li> </ul>
<b>4. Assistance and access</b>	<ul style="list-style-type: none"> <li>• Access to information on existing services</li> <li>• Access to appropriate healthcare</li> <li>• Access to appropriate food</li> <li>• Access to potable water</li> <li>• Hygiene facilities and materials</li> <li>• Shelter conditions</li> </ul>
<b>5. HLP and livelihoods</b>	<ul style="list-style-type: none"> <li>• Means of livelihood, access to income-generating activities</li> <li>• Access to land</li> <li>• Loss of homes, properties, land or livelihood</li> <li>• Documentation of land and property ownership</li> </ul>
<b>6. Freedom of movement</b>	<ul style="list-style-type: none"> <li>• Forced displacement</li> <li>• Physical constraints to displacement or return</li> <li>• Security constraints (such as roadblocks, unexploded ordinance, forced encampment)</li> </ul>
<b>7. Isolation, neglect and abuses</b>	<ul style="list-style-type: none"> <li>• Power dynamics in the community and the family</li> <li>• Power dynamics between displaced people and host community</li> <li>• Segments of the population who are the most affected or the most vulnerable to the threat (according to age, sex, displacement)</li> <li>• Level of isolation and dependency among older people</li> <li>• Risk or existence of neglect or abuses within the family or the community</li> <li>• Family situation (family separation, older people housebound, older people head of household, household of women)</li> <li>• Safety of the shelter (lighting, doors, locks)</li> </ul>
<b>8. Rights and legal issues</b>	<ul style="list-style-type: none"> <li>• Applicable legal framework</li> <li>• Awareness and knowledge on rights</li> <li>• Access to law enforcement</li> <li>• Impunity</li> <li>• Access or recovery of documentation</li> </ul>
<b>9. Gap between needs and capacities</b>	<ul style="list-style-type: none"> <li>• Existing response to the needs</li> <li>• Gap between older people's needs and capacity to meet those needs</li> <li>• Existing – and functioning – referral system</li> <li>• Existing local NGOs (LNGOs) or CBOs as potential resources, facilitators, implementing partners</li> </ul>
<b>10. Protection strategy</b>	<ul style="list-style-type: none"> <li>• Potential protection response to fill the gap</li> </ul>

# Annex 3:

## Older people in emergencies: identifying and reducing risks

This annex systematically reviews the main risks (defined as potential adverse consequences of a crisis) to which older people are exposed in emergency situations. It is intended for humanitarian practitioners and emergency managers involved in the design and implementation of emergency programmes. For each risk, under “Key actions”, it lists simple measures that can be taken within the standard programming and funding parameters of humanitarian organisations to reduce risks for older people in emergencies.

Risk	Explanatory notes	Key actions
<b>General concerns</b>		
<p><b>Worsening of pre-existing marginalisation and exclusion</b></p>	<p>In a growing number of societies around the world, the drive towards the market economy, combined with the erosion of traditional social and cultural values, results in older people being marginalised and sometimes outright abandoned by families, communities and society at large.</p> <p>Contrary to common belief, older people are not always cared for by their family and community, and these patterns of discrimination may actually be accentuated in the drive for survival in humanitarian crises. When excluded by their communities and families, older people may become isolated, and be unaware that humanitarian assistance is available.</p>	<p>Before the crisis, undertake community-based preparedness activities that include the identification of older people living alone, planning outreach activities in case of an emergency, and the provision of mobility and adaptive aids.</p> <p>After a crisis, ensure that information on the impact of the disaster and on humanitarian response and services is accessible to older people, taking into account any hearing or visual impairments, and is communicated in a way and in a language they understand.</p> <p>Ensure that older people have appropriate documentation to identify themselves to access both humanitarian and state-provided social services.</p>
<p><b>Invisibility to humanitarian actors</b></p>	<p>In principle, older people may be recognised as a vulnerable group. In practice, however:</p> <ul style="list-style-type: none"> <li>• data about them are often not collected</li> <li>• humanitarian programmes are not tuned to meet their specific needs</li> <li>• they are minimally consulted in the planning and execution of humanitarian operations</li> <li>• their capacity to be active participants in recovery and response is ignored.</li> </ul>	<p>Collect assessment, registration and monitoring data disaggregated by age and sex, including ages 50-59, 60-69, 70-79 and 80+.</p> <p>Document specific vulnerabilities faced by older people including those who are living alone, caring for children, or are housebound.</p> <p>Implement the key actions outlined in this document and other HelpAge guidance to adapt humanitarian programmes.</p> <p>Support the creation of older people’s committees, a well-established way of ensuring that older people’s voices are heard.</p> <p>Identify older people as key resources.</p>

Risk	Explanatory notes	Key actions
<b>Protection</b>		
<p><b>Not being able to leave home even if one wants to</b></p>	<p>Older people may be left behind as families are displaced by conflict or natural disasters because they are unwilling or unable to travel, or are left to guard family property and belongings. They remain without access to services and potentially become targets for armed groups (including security forces), bandits, thugs or those seeking retaliation. Older people are also at risk of potential secondary impacts where they continue to stay after a natural disaster. At risk of being abandoned and isolated at the best of times, many older people have no one to turn to during emergencies.</p>	<p>Consider the following actions:</p> <ul style="list-style-type: none"> <li>• advocate and liaise with authorities, especially parties to armed conflict, to enable humanitarian access for the most vulnerable who remain behind</li> <li>• assist with transportation and movement for the most vulnerable</li> <li>• support family tracing and reunification for older people</li> <li>• attend to older people arriving alone or with children at displacement reception centres</li> <li>• increase focus on areas that are accessible but remain outside core displacement centres and camps as this is where older people are likely to be</li> <li>• integrate, involve, and prioritise older people into evacuation, preparedness and disaster risk reduction plans and activities prior to crises.</li> </ul>
<p><b>Not being able to leave an IDP or refugee camp even if one wants to</b></p>	<p>Older people may be left behind as families return, because they are unwilling or unable to travel, or because the family faces an uncertain future in terms of shelter and livelihood.</p>	<p>Consider the following actions:</p> <ul style="list-style-type: none"> <li>• monitor the return process and identify older people failing or struggling to return</li> <li>• provide a comprehensive return package for older people</li> <li>• build shelters in the area of return for isolated older people and those without family support</li> <li>• provide agricultural or livelihood support, especially for older people caring for children</li> <li>• provide transport</li> <li>• assist communities to re-integrate older people.</li> </ul>
<p><b>Being separated from family or community</b></p>	<p>Isolation is possibly the most important factor in creating vulnerability. Older people find that the problems they face are compounded by the fragmentation and dissolution of their families and communities. This may include the loss of the support mechanisms on which they had relied. Older women live longer than men, and are more likely to be widowed and less likely to re-marry, so they are particularly vulnerable to isolation.</p>	<p>Include older people in reunification and family tracing.</p> <p>Train community workers to identify isolated older people.</p> <p>Integrate home-based care into programmes.</p>



Risk	Explanatory notes	Key actions
<b>Protection continued</b>		
<b>Being a victim of abuse</b>	Socio-cultural assumptions about the care and respect offered to older people, combined with the lack of consultation, create an environment in which serious abuses, such as rape, GBV, prostitution, theft, and confinement of older people, go unseen and unchallenged.	<p>Include older women in GBV prevention and response programmes.</p> <p>Recognise that older women may be both victims of abuse (sexual, physical, and mental), as well as perpetrators (female genital mutilation – FGM).</p>
<b>Having to care for children</b>	If they were not doing so already before the crisis, many older people find themselves looking after young dependants whose parents are missing. Those who were doing so already before the crisis may find themselves suddenly having to care for many more.	<p>Identify older carers in assessments, specifically including the registration of older widows and single carers.</p> <p>Ensure that child protection programmes recognise the role of older carers and that support is extended to them as well as children in their care.</p> <p>Ensure that information on child protection and services for children is communicated to older carers.</p> <p>Consult older carers on their priority needs and challenges in caring for young children after a crisis.</p>
<b>Having housing, land and property rights ignored</b>	In a “survival of the fittest” environment, the already difficult issue of HLP rights may become intractable if the rights holder is an older person. Older widows in particular are regularly the victims of discrimination and exclusion from HLP rights due to prevailing traditional beliefs, social norms and accepted cultural practices. Older people may lack legal documentation to prove ownership of land and assets.	Provide legal and administrative support to older people in order to obtain documentation that may have been lost during a crisis and to re-take possession of land or property. If such services are already available to younger people, make sure that older people are included.
<b>Being excluded by communal shelters</b>	In some cases, exclusion from communal shelters may represent a direct threat to personal survival, for example cyclone shelters.	Ensure that older people’s needs are considered in evacuation plans.

Risk	Explanatory notes	Key actions
<b>Food</b>		
<b>Not being registered for food distributions</b>	If the registration of beneficiaries for food distributions does not include a systematic outreach process, older people may be easily excluded, as other, more mobile and vocal population groups are registered.	<p>Ensure that the data collected during the registration process are disaggregated by sex and age, including at least one “older people, 60+” category. Where possible, cross-check this against census data to identify discrepancies.</p> <p>Use outreach programmes such as community health or home-based care initiatives to reach unregistered older people and register them.</p>
<b>Having difficulties reaching the food distribution point or market</b>	Older people find it difficult to access centralised relief and service delivery points because of the distances involved, poor mobility, or being confined to their homes because of the need to guard property, care for dependants, or through physical infirmity.	<p>Hold distributions at locations that are physically accessible – for example, in central locations on level ground.</p> <p>Support older people with limited mobility to reach distributions.</p>
<b>Having difficulties at the food distribution point</b>	Receiving a food ration often requires standing in a queue for a long time, in heat or rain with no shelter or water. In the absence of separate queues for older people and those whose mobility is impaired, these groups may completely miss distributions.	Set up a separate distribution line for older people and those with disabilities.
<b>Having difficulties transporting the food back home</b>	Dry rations at food distribution points are generally handed out in bulk, as a stock for up to four weeks. For a single person, this means a load of tens of kilos, which may be difficult or impossible for an older, weaker or mobility-compromised person to transport.	<p>Set up a proxy collection system, where younger, able-bodied relatives or neighbours collect the food on the person’s behalf. Information on the proxy person can be communicated either on the registration card or with the distributing agency to make sure the proxy can access the distribution and to avoid fraudulent collection of assistance.</p> <p>Arrange “home” delivery for the most vulnerable older people.</p>

Risk	Explanatory notes	Key actions
<b>Food continued</b>		
<b>Not receiving an equal share of food within the family</b>	Even when food reaches the household, it may be consumed differently by different members of the family. Older people are also likely to share their rations, especially with male household heads and children.	<p>Introduce home visits to monitor that food intake by older people is sufficient to meet their nutritional and caloric needs.</p> <p>Consider hot meal distribution for older people. This will not change the cultural expectations for food distribution, but the provision of a hot meal is a way to ensure that the older person receives at least one meal a day.</p>
<b>Having inappropriate food</b>	Older people may be unable to eat food rations because they have few teeth, cannot digest the food, have not eaten a particular food before, or cannot find cooking fuel. Furthermore, food ration content usually does not take account of the protein and micronutrient ratios needed by older people.	<p>Advocate for WFP and other emergency food rations to include foods that are easier to chew and appropriate for older people.</p> <p>Ensure that the food rations are culturally and regionally appropriate.</p> <p>Provide fuel and cooking sets as an accompaniment to food distributions.</p>
<b>Non-food items</b>		
<b>Not having enough warm clothes or blankets</b>	Older people may find that circulatory problems make it harder for them to manage or endure cold temperatures. They may need extra layers of clothing or blankets compared to other adults.	Provide double sets of blankets and clothing to older people.
<b>Not having culturally acceptable clothes</b>	The cultural acceptability of clothing supplied in an emergency is likely to be a particular issue for older women, who may find it impossible to abandon traditional forms of dress.	<p>Ensure that non-food item (NFI) packages for older people include traditional forms of dress.</p> <p>Introduce a system of distribution that involves proxy delivery to protect older women's dignity.</p>
<b>Not being included in NFI distribution lists</b>	If the registration of beneficiaries for NFI distributions does not include a systematic outreach process, older people may easily be excluded, as other, more mobile and vocal population groups are registered. Aid agencies may a) have the impression to have registered everybody and b) assume that older people will use NFIs given to their families.	<p>Ensure that the data collected during the registration process are disaggregated by sex and age, including ages 50-59, 60-69, 70-79 and 80+. If possible, cross-check this data with the overall census of the beneficiary population and look for discrepancies.</p> <p>Use outreach programmes such as community health or home-based care initiatives to reach unregistered older people and register them.</p>

Risk	Explanatory notes	Key actions
<b>Shelter</b>		
<b>Not being automatically given shelter by family</b>	Older people whose family has lost a house must often find shelter by themselves, as younger members may think of their own needs first.	On the one hand, ensure that shelter projects, both temporary and permanent, consider older people as individual households. On the other, try to avoid fragmentation of extended multi-generation households.
<b>Having inaccessible shelter</b>	Temporary or rebuilt shelter made available by aid organisations may be inaccessible for mobility-impaired people. Simple things such as ramps, handrails, grab bars and lighting are often ignored in the design and construction of the dwellings. Even the entrance door to the dwelling can be too narrow or difficult to open.	<p>Incorporate age-friendly features, following international guidelines on accessibility, into temporary shelters and latrines and into those being repaired or constructed. These include ramps, handrails, grab bars and lighting.</p> <p>Ensure that there is sufficient space to enable dignified use of “assistance” for those needing help when using the toilet.</p>
<b>Having to sleep on cold, hard or damp surfaces</b>	Chronic but manageable joint problems become acute and severely debilitating.	<p>Recognise that people’s mobility declines with age and adapt shelters accordingly. For instance, in camps or temporary shelters, sleeping on a mattress can make a substantial difference to older people’s health. Raised beds are easier for older people to get in and out of.</p> <p>Provide mattresses as part of NFI packages.</p>
<b>Not having proper gender separation</b>	Shelters do not offer gender separation, increasing the likelihood that older single women would not use them due to cultural prohibitions.	Ensure that, where families are being relocated into temporary shelters, gender-specific communal shelters exist for people on their own.
<b>Being grouped with unknown people</b>	For example, to make up the numbers required to qualify for shelter or for allocation of supplies – this can lead to problems of exclusion and abuse as the larger group rejects or resents the presence of the older person.	Ask for older people’s preferences with regard to placement in communal temporary shelters.

Risk	Explanatory notes	Key actions
<b>WASH</b>		
<b>Not being included in water distribution schemes</b>	Older people are at risk of being ignored during the design and building of water distribution schemes.	<p>Ensure that the data collected during the registration process are disaggregated by sex and age, including at least one “older people, 60+” category. If possible, cross-check this data with the overall census of the beneficiary population looking for discrepancies.</p> <p>Ensure representation by older men and women on water committees.</p>
<b>Having difficulties reaching water distribution points, wells or sources</b>	Older people find it physically difficult to access water distribution points.	<p>Establish community systems of water delivery to ensure that housebound older people are provided with clean water daily.</p> <p>Work with shelter actors to design roofs so that rain run-off can be collected in water butts or containers for washing and small-scale kitchen garden irrigation.</p>
<b>Having difficulties transporting water back home</b>	The typical jerry can distributed as an NFI in humanitarian operations is 20 litres, which weighs 20 kilos, making it too heavy for most older people to carry.	<p>Distribute smaller jerry cans – ideally 5 litres maximum – to older people who would otherwise be unable to collect large amounts of water in 20-litre jerry cans.</p> <p>Consider establishing a proxy system of delivery to ensure sufficient water to those who cannot transport it.</p>
<b>Having difficulties reaching sanitation facilities</b>	Older people find it physically difficult to access latrines and other sanitation facilities.	<p>In camp settings, when constructing new shelter or revitalising damaged shelter, be sure that latrines are built in close proximity to older people. In collective centres and camps, be sure that older people are allocated sites near water sources and latrines.</p> <p>Ensure that the pathway to the latrines is marked by string for those with visual disabilities and that it is flattened and smooth to facilitate accessibility for those with mobility challenges or those in wheelchairs.</p>

Risk	Explanatory notes	Key actions
<b>WASH continued</b>		
<b>Having difficulties using sanitation facilities</b>	Latrines and other sanitation facilities made available by humanitarian stakeholders (including governments) may be inaccessible for mobility-impaired people. Simple things such as ramps, handrails, grab bars and lighting are often ignored in the design and construction. Even the entrance door to the latrines can be too narrow or difficult to open.	<p>Incorporate age-friendly features into temporary shelters and latrines and into those being repaired or constructed, including ramps, handrails, grab bars and lighting.</p> <p>Ensure that there is sufficient space to enable dignified use of “assistance” for those needing help when using the toilet.</p>
<b>Having difficulties disposing of waste</b>	When mobility is a problem, waste can be disposed of immediately outside the dwelling and pile up in great quantities, becoming a health hazard.	Set up community support networks to help those who are housebound manage their waste. Also, work with local government or camp authorities to do this.
<b>Nutrition</b>		
<b>Having malnutrition unchecked</b>	Older people are not included in nutritional surveys and rarely screened for malnutrition.	In displacement crises, organise the systematic screening of older people at reception centres using MUAC (mid-upper arm circumference) tapes. In other cases, try to involve older people in nutritional surveys. Train community health workers to actively detect malnutrition in older people through a process of ongoing screening with MUAC tapes. In all cases, use more sensitive case definition.
<b>Having malnutrition untreated</b>	Selective feeding programmes for nutrition rehabilitation rarely include malnourished adults.	<p>Include malnourished older people in supplementary and therapeutic feeding programmes. CMAM (community-based management of acute malnutrition) can be extended to older people.</p> <p>Train community health workers to identify and address acute malnutrition in older people, and to provide nutrition education.</p> <p>Ensure that severely malnourished older people are referred to the nearest hospital for assessment.</p>

Risk	Explanatory notes	Key actions
<b>Health</b>		
<b>Being more subject to ill health or injury</b>	<p>Poor health and reduced mobility increase the risk of serious injury and illness in crisis situations. 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.</p>	<p>Ensure that older people are included in health assessments.</p> <p>Ensure that mobility aids and adaptive devices that have been lost or damaged during the crisis are made urgently available to older people so that impairments do not become disabling.</p>
<b>Having difficulties accessing health services</b>	<p>Older people find it difficult to access centralised relief and service delivery points. Community-based health programmes often exclude older people.</p> <p>Financial accessibility might also be an issue for older people.</p>	<p>Use community health workers to identify older people who are unable to reach health posts, and consider either providing home-based care or transport for referral to the health centre or the hospital. It is often necessary to make sure that somebody is accompanying the older person.</p> <p>Train community health workers to provide health education on healthy ageing to older people, and train them in self-management of their chronic conditions.</p> <p>Advocate for free access for healthcare to older people: free hospitalisation, free consultation, free laboratory examinations and free drugs, at primary and secondary levels.</p>
<b>Having inappropriate health services</b>	<p>When healthcare is accessed, it generally focuses almost exclusively on communicable diseases, for which older people are indeed at increased risk. However, non-communicable, chronic diseases, which are the main concern for older people, are rarely taken into account.</p>	<p>Ensure that emergency health kits include medication to treat chronic illness, especially high blood pressure and diabetes.</p> <p>Ensure that older people are identified as at higher risk of communicable diseases, particularly when there is an outbreak.</p> <p>Palliative care should be considered in order to allow older people to die with dignity.</p> <p>Ensure that appropriate mobility aids and adaptive devices (such as spectacles and hearing aids) are provided during the initial days of response to avoid creating disabilities out of impairments.</p>

Risk	Explanatory notes	Key actions
<b>Health continued</b>		
<b>Having difficulties accessing psychological support</b>	The loss of worldly possessions is a psychological shock. Loss of children, relatives and friends is a big trial. Rebuilding is a slow and painstaking process. Very little psychological support is available to older people.	<p>Include older people in psychosocial activities.</p> <p>Explore ways to increase inter-generational and community support.</p> <p>Include opportunities for older people to engage in cultural rituals, such as ceremonies and funerals, to enable grieving and initiate the process of emotional recovery.</p>
<b>Recovery</b>		
<b>Being excluded from rehabilitation and livelihood projects</b>	Older people are excluded, often systematically, from rehabilitation programmes such as the distribution of seeds and tools, cash and food for work, micro-credit, cash transfers and skills training. Even when older people organise their own projects they find it difficult to source funds or other inputs.	<p>Ensure that the data collected during the registration process for rehabilitation or livelihoods activities are disaggregated by sex and age, including at least one “older people, 60+” category. If possible, cross-check this data with the overall census of the beneficiary population and look for discrepancies.</p> <p>Advocate with communities and humanitarian actors to recognise the contributions older people can make.</p>
<b>Not being able to earn a living</b>	Producing an income can be exceedingly difficult in crisis situations, and few countries affected by humanitarian crises have old-age pension schemes.	Help older people access any available social protection mechanisms (old-age pension, disability allowance, widow’s pension), through legal and administrative support.



# Annex 4: Sample advocacy plan

A good advocacy plan respects the principles of “SMART”: your goal should be **S**pecific, **M**easurable, **A**chievable, **R**ealistic and defined by an appropriate **T**imeframe.

While your goals may be based on principles or ideals, you should be realistic about what you can achieve given the resources available to you and the external situation. In the immediate aftermath of a disaster or at the onset of a crisis, your goals will probably focus on “small victories” and have very short timeframes. As relief moves towards recovery you will probably begin to advocate for higher-level policy changes over a longer time period, and have multiple objectives and activities supporting your goal.

In general an advocacy strategy should include at least the following elements and could be presented as a narrative or organised like a log-frame in the following way:

SMART advocacy goal						
Justification						
Main strategies						
Success indicators						
SMART objective	Primary targets	Messages	Activities	Allies & opportunities	Resources	Materials



This statement was agreed by the Protection Cluster in 2012 to support humanitarian actors to fulfil their responsibility to address the specific needs of older people and people with disabilities in emergencies.

## Annex 5: Global Protection Cluster statement on older people and people with disability<sup>27</sup>

**As humanitarian actors, we have committed to provide assistance according to need. Every individual has different needs in an emergency. Age and disability are two critical factors that are often ignored in the assessment of humanitarian needs and operations. Consequently, older people and people with disabilities are exposed to very specific protection risks, which are generally ignored.**

**Most older people or people with disabilities cannot count on adequate family and community support during emergencies to meet their needs. Humanitarian actors have a responsibility to fill that gap. Addressing most of the specific needs of older people and people with disabilities in emergencies is possible within the existing budgets and operational arrangements.**

Currently, 12.5% of the world's population is over 60. By 2050 this figure will increase to 22%, the overwhelming majority of which will be in developing countries. Within the older population it is clear that any crisis is bound to have a different impact on different age groups.

Likewise, people with disabilities – estimated to form some 15% of the world's population<sup>28</sup> – will be affected in significantly different ways depending on the type of impairment they have and the barriers they face in their environment.

For both groups, emergency situations can create disruptions in family and social networks, separation from care-takers, loss of assistive devices, loss of access to basic services and timely, regular and specialized health services. Furthermore, older people and people with disabilities can be subject to multiple or aggravated forms of discrimination, inter alia on the basis of gender. Housing, land and property rights are routinely ignored. They are exposed to violence, abuse, and segregation. Many older people and people with disabilities are unable to leave their homes to escape threats, or to return once the threat has passed. Older women and women/girls with disabilities are also exposed to further risks of violence and abuse, because of isolation, or traditional beliefs and behaviours.

27. UNHCR, *Age, Gender and Diversity Policy*, [www.globalprotectioncluster.org/assets/files/tools\\_and\\_guidance/age\\_gender\\_diversity/UNHCR\\_AGD\\_Policy\\_2011\\_EN.pdf](http://www.globalprotectioncluster.org/assets/files/tools_and_guidance/age_gender_diversity/UNHCR_AGD_Policy_2011_EN.pdf)

28. *World Disability Report*, World Health Organization, 2011

Contrary to common beliefs, many older people and people with disabilities are actively excluded by their own families and communities in the competition for goods and services at times of emergency. Even when willing to assist and protect, families and care-takers are often overwhelmed by the crisis and are hence unable to provide the levels of support older people and people with disabilities require. Although families should be recognised and supported as the entity where coping mechanisms are set up, the common assumption of a “safety net” that would automatically protect the two population groups may also be questioned, as it further contributes to their neglect in emergency situations.

In spite of high levels of need and community neglect, the humanitarian community continues to overlook the specific needs of these two groups. Research published in 2011 by Tufts University found “almost no documented and published cases in which lead agencies [...] collected Sex- and Age-Disaggregated Data properly, analysed the data in context and used those findings to influence programming.”

Practitioners in the field still largely view the specific needs related to age and disability as an afterthought, to be considered if and when time and resources are available. Two consecutive rounds of research (2010 and 2012) looking at over seven thousand individual projects included in the Consolidated Appeal Process<sup>29</sup> showed that less than five per cent made an explicit reference to older people and people with disabilities as vulnerable groups, and only one per cent were actually funded.

These two populations groups often face significant difficulties in accessing goods and services provided as part of the humanitarian effort, and, when they do, these goods and services are often inappropriate. This constitutes a grave breach of the humanitarian principle of impartiality. It is also a fundamental breach of people’s human right to be protected in situations of risks.<sup>30</sup>

Providing humanitarian assistance in a way which is adapted to the needs of older people often requires only minor adjustments. Collecting Sex- and Age-Disaggregated Data only requires small additional effort and resources. A huge difference can be made in several sectors of assistance by introducing marginal and often cost-free changes, for example, equipping latrines with a handrail, organising separate distribution queues for older people and people with disabilities, or using more friendly means of communication accessible to all.

## Key recommendations

- All humanitarian actors should use established needs assessment methodologies and monitoring systems that systematically include the collection of sex- and age-disaggregated data.
- Information should be systematically collected about people with disabilities, considering different types of impairment and involving their representative organisations, when they exist, as primary sources of information.
- Planning and execution of humanitarian operations must be in a rigorous analysis of the humanitarian needs, aiming to understand how people of different age, gender and ability levels are affected differently by the crisis.
- Consult and communicate with all sectors of the population, and representatives of the most vulnerable/marginalised groups in particular.

## Key resources

- *Older people in emergencies – identifying and reducing risks* (HelpAge International, 2012)
- *Disability Checklist for Emergency Response* (Handicap International, 2010)

29. *A study of humanitarian financing for older people and people with disabilities, 2010-2011*, HelpAge International and Handicap International, 2012

30. Article 11 of the UN Convention on the Rights of Persons with Disabilities recalls the obligation for State Parties to take “all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters”. This Convention also applies to international stakeholders in the context of international cooperation (article 32)



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