

INTER-AGENCY STANDING COMMITTEE  
69<sup>TH</sup> WORKING GROUP MEETING

**Report on an inter-agency review conducted by  
HelpAge International**

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## **I Description of review**

This report was prepared following the request of the IASC WG at its July 2006 meeting to “facilitate an inter-agency review of proposed IASC actions in relation to meeting the needs of older people in humanitarian response taking into consideration the proposals included in the paper submitted by HelpAge International to the 65th IASC Working Group and the comments made at the 65th IASC Working Group Meeting.” The terms of reference that resulted laid out a pressing demographic and humanitarian case for improvements in this area, and the findings and conclusions of HelpAge International support that assumption.

The overall conclusion is that there are several aspects of current practice which do not adequately meet the needs of this particular vulnerable group, and a wide ranging recognition on the part of government, IASC and NGO partners staff that change is required.

## **II Process**

The HelpAge International research team visited the head offices of IASC member agencies (UNICEF, WFP, UNHCR, UNFPA, WHO, UNDP, FAO and OCHA) as well as of OXFAM Great Britain and CARE USA, ICRC and IFRC in Geneva, and the British Red Cross Society in London.

The research team presented the background issues and global trends that underpin this review, and in particular raised awareness of the profile and scale of global ageing and the predicted growth in the number and impact of natural disasters. The presentation by HelpAge International was met with very little skepticism and comments received confirmed that agencies were seeing the first stages of these trends already, and recognised them as relevant.

In addition to head offices, the research team visited two relief programmes with displaced and returning populations in Uganda and Pakistan, and met with a range of humanitarian agencies. The research team met with stakeholders recommended by local OCHA and NGO partners to ensure those agencies most directly involved in programme design and implementation were consulted. These in-country conversations involved local and international NGOs, district regional and national government, and the UN system. Many of the issues and concerns identified reflected HelpAge International’s previous experience and analysis.

The purpose of these missions was to look at health and protection issues in particular, and so a health specialist accompanied the team in Uganda, and a protection specialist in Pakistan. Their reports and recommendations are available separately if required, and their findings and conclusions have informed the recommendations below.

Importantly, the research team met with as many old people as possible, including groups, individuals, displaced, returned, with families or on their own. The research team also gathered an informal reference group of representatives from IASC and NGO participating agencies to help review and comment on the draft recommendations before submission to the IASC-WG to ensure that the recommendations were clear, practical and actionable.

### **III Findings and Implications**

#### **3.1 General**

It was striking how quickly the implications of an ageing global population on the roles of organisations and individuals were recognised by the people interviewed for this report. Global ageing and increased natural disasters do not respect national borders, and their likely consequences were recognised as relevant for developed and developing countries alike.

There are few international or local non-governmental organisations working to raise the profile of the ageing and the needs of old people. On several occasions the research team was told they were the first visitors ever to have discussed the needs of older people, despite awareness of their vulnerability. This reality is in sharp contrast to the advocacy on behalf of other vulnerable groups.

District government and camp administrations in both Pakistan and Uganda acknowledged that the 'oldest old' (80+) were amongst the most vulnerable in their populations. At the same time, at the national level, the needs of old people did not appear to be a domestic political priority. They are either not seen as a problem, or as relatively unimportant. However, the sheer scale of the growing numbers of older people means that it is essential for government and communities to be better able to provide support before, during and after emergencies.

Despite rhetoric suggesting the contrary, the research team was made aware in Pakistan and Uganda of an erosion of traditional community and family support mechanisms. These support systems tend to be further weakened by displacement, thus undermining a vital asset to facilitate support and return processes at a time when they are most needed. This trend is leading to a greater level of destitution on the part of old people, and a reduction in their ability to cope with the upheavals caused by disaster and displacement.

The 'invisibility' of the older part of the population was very striking. In both Pakistan and Uganda, the presence of elderly people as a significantly vulnerable element in the displaced population was only properly exposed by the return of the bulk of those displaced. When brought together by displacement (as opposed to being distributed more manageably amongst their communities) they present a significant social and humanitarian challenge. The research team saw some particularly grim examples in Uganda, where thousands of older people face a very uncertain future in decaying displaced camps where food and medical support has been reduced or been removed by the humanitarian community.

Illiteracy, physical weakness and limited language abilities amongst the older generation all contribute to this 'invisibility', as it makes it more difficult to communicate with them, and for them to participate and make themselves heard.

All humanitarian interventions have the power to reinforce or undermine traditional values/practice, and relatively simple and no or low cost adaptation of existing processes and approaches can play a significant role in ensuring better access to services for older people.

### **3.2 Health**

The special health and welfare requirements of older people are not being adequately addressed. The appropriate knowledge and skills required are in very short supply when compared to the assistance available for children and pregnant women. The situation is particularly poor at the district level, where without international assistance, technical skills in health and social care for the elderly are virtually absent.

Chronic medical conditions are not being addressed. This situation partly reflects the lack of a primary health care services that take a holistic approach to people's medical, psychological and social needs. An approach that is particularly pertinent to older people where health and social care issues become increasingly blurred and do not fit neatly into vertical models.

Lack of mobility and joint pain is a critical issue, and affects not just quality of life but also the ability of old people to engage as active members of the community, or to access health, food and water. Poor dentition and eyesight amongst old people were also particularly striking in both countries visited. The link between food and health was striking. Given the pressures on their domestic food budget (particularly those caring for children) old people said they are 'always hungry'.

The research team observed that the combined effects of poor nutrition and inadequate health provision have a profound effect on the dignity, and quality of life for this group. At a time in their lives when they require greater support, they are being profoundly disadvantaged by the inadequacy of the services offered, and the difficulty of accessing those that are available.

### **3.3 Camp Life**

As stated above, the research team was struck by the 'invisibility' of old people and their needs in camp settings in both Uganda and Pakistan, and conversely, by their sudden emergence as the majority of those unable to return home when camps are closed. In both Lira and Muzaffarabad a high proportion of those left behind were there primarily for age related reasons (80% in Lira).

Physical infrastructure, such as latrines, can be made more accessible for older users (and for other vulnerable groups) with relatively little effort. Recent experience in Sindh in the recent floods in Pakistan highlighted the beneficial impact of such relatively modest changes on access for old people.

The humanitarian community tends to recruit and employ young people, ideally multi lingual, to help administer camps and design and deliver services. Whilst it is clear why this occurs, old people feel excluded, ignored, and under recognised, and this leads to an increased sense of isolation and worthlessness, contributes to the despair that many feel, and undermines any authority or position that they might have had in their home setting. If older people's views and interests are ignored in the process of establishing and administering displaced camps, then feelings of uselessness and worthlessness may be exacerbated, and the design of procedures and the delivery of services may well be inappropriate for their needs.

In a similar vein, child friendly spaces in camps have tended to exclude grandparents (the original child friendly spaces). Where grandparents have been actively engaged (as they were in some camps in Pakistan) it has worked to everyone's benefit.

### **3.4 Displacement/separation**

Very few old people were separated from their families in Pakistan, as a consequence of displacement. Most of those separated, resulted from the transporting of the injured for medical care in other parts of the country. Families in the affected areas were able to decide for themselves whether to move or not, and if they did so, tended to do so as family units with their

older relations. Those that stayed did so to protect their property, and because stored food and crops were available locally. Families who chose to stay in or around their damaged homes seemed to feel that they had fared better than those who had moved.

In contrast, the conflict in Uganda scattered families widely and the research team heard of many examples of old people who had become lost and separated from their families. People were often not given the choice to stay or leave – that decision was often taken and enforced by the parties to the conflict. Once separated, old people were often abandoned by their families, or remained unaccompanied in displaced camps and settlements.

### **3.5 Return**

Governments and donors are keen to see an early end to the relief phase of any emergency. There is often a political incentive as well as a humanitarian one to get people home. These two interests can be uneasy bedfellows if the timetable driving return is quicker than is practically appropriate.

The process of returning home following displacement (even if relatively short term) raises significant issues for older people, and should be considered as a potentially serious future problem as their numbers inevitably grow. Old people left behind, or unable to return to their homes can quickly become destitute.

It is clear that a proportion of the older displaced, particularly those without family support, will not be able to return home without significant assistance. In an under-resourced return programme they and any dependent grandchildren, risk being left destitute in decaying IDP camps.

Many of the old people consulted for this report were faced with intractable choices. Should they return home to face the uncertainties of reduced access to food, clean water, health care and importantly education for their dependent grandchildren, or stay where these have been provided? The lack of any educational provision in return areas was regularly stated as a major disincentive for old people who were reluctant to take dependent grandchildren out of school.

Return programmes are traditionally under resourced. Health and nutritional status often dip as people struggle to rebuild their lives and livelihoods with inadequate means to do so. The phasing out of food rations and the provision of ‘take home’ rations rarely fills the gap until the next harvest, and old people, and particularly those without family support, find this process very difficult. This situation would appear to be the case in both Uganda and Pakistan, and the consequent deterioration in nutritional status in both should come as no surprise.

Attention must be given to identify long term solutions to the needs of vulnerable groups at an earlier stage, and to strengthen and support community and family support mechanisms to prevent this group being left behind and posing intractable social care problems.

Whilst social care institutions may be attractive from the viewpoint of political as a means of ‘tidying away’ the last remaining displaced people, they should be seen as a last resort. Every effort should be made from as early in the emergency response as possible, to ensure that vulnerable individuals are recognised by families and communities.

### **3.6 Shelter/Land**

Access to land following displacement emerged as one of the most important issues in both field examples studied. The longer the period of displacement, the more difficult and intractable land tenure and ownership issues become when return is possible. The research team expects to see this issue become increasingly important in the years ahead, not least because of the rapid

population increases in a number of developing countries will place ever greater pressure on usable land.

Following displacement from rural areas, families have traditionally returned with seeds and tools and some basic food to enable them to plant and grow sufficient food. For old people, this assumes that they either have family support to help them clear and rehabilitate their fields, or possess the physical strength to do so themselves. The research team met large numbers of old people who had neither, and were effectively stranded in displaced centres.

One of the greatest obstacles to old people's return after displacement was the absence of shelter. In Uganda, after years away from home, people faced the daunting prospect of starting from scratch, with roads, water sources as well as fields overgrown. Many old people said they were physically unable to rebuild their houses – especially the oldest old, but that if some way were found to build them, then they would prefer to return to their villages and attempt to restart their lives. In Pakistan, the issue of shelter is also fundamental. Return has been complicated by the unstable nature of the soil which has led to recommendations that some of the areas to which people are returning are geomorphologically dangerous.

Establishing ownership of disputed land is stretching Uganda's traditional conflict resolution mechanisms. Disputes can be taken to the formal official judicial system. However, the research team heard from old people of their fear that if that happens, the rich will always win, and put older poor at a disadvantage. Lack of documentation proving ownership caused by a disaster has been a significant protection issue. Although this issue affected all old people, the research team heard several times that access to land and to adequate shelter was an issue that old women felt particularly vulnerable about.

### **3.7 Livelihoods**

Financial pressure resulting from disasters places additional strain on all family relationships, and is a critical ingredient in care of the old. In the absence of any form of statutory welfare support, increasing numbers of old people will need to be able to earn an income, however modest, to be able to maintain themselves and any dependents.

The need to develop appropriate livelihoods for old people was a consistent theme both from old people themselves as well as other interviewees. After health, it was identified as their greatest challenge. Traditional food/cash for work programmes tend to exclude old people, who are unable to be labourers, and there are limited alternatives available through existing livelihoods programmes. There was a sense that more innovative and flexible economic opportunities which recognise the physical limitations of older people needed to be developed. The research team met numerous old and most vulnerable struggling to survive by daily labouring for a pittance.

The research team heard from old people in both Pakistan and Uganda – and in particular from those who were responsible for bringing up small children, that they faced real economic pressure. In Uganda this was a consequence of conflict and particularly HIV/AIDS. The team encountered pitiful examples of people in their 70s and 80s struggling to raise tiny sums by daily labour in an attempt to pay school fees or buy food for children in their care. In Pakistan as well, old people in the displaced camps around Muzaffarabad expressed concern that they were not able to earn an income.

### **3.8 Psycho Social**

A striking finding was the level of psycho social issues encountered in both countries. Depression, loneliness, despair, reduced sense of self worth, isolation, role change; all were in

evidence. Given the circumstances that people find themselves in, this is hardly a surprise, however, old people tend to be disproportionately affected.

As stated above, agencies unwittingly contribute to this by employing young/middle aged local staff thus further marginalising the elderly. As a consequence, decisions are taken, and processes established that often do not reflect the particular interests of this group, further exacerbating their sense of disconnection and irrelevance.

Mental health issues still tend to be somewhat taboo and local service provision weak or non-existent in many developing countries. Trauma and other related mental health consequences of disasters tend to go unrecognised and certainly untreated.

### ***3.9 Migration***

Migration is one of several global trends having a potentially detrimental impact on the lives of the elderly. In Pakistan immediately following the earthquake, there was movement of people in two directions. Those living in the affected areas chose whether to stay or leave to seek assistance. In the other direction a large number of men who had been living away from their families as migrant labour, were attempting to discover whether their families had survived. The population actually hit by the earthquake was disproportionately composed of the elderly, women and children.

Given the predicted increase of large scale, global economic migration by men of working age, the humanitarian community should expect to see rural areas, and particularly remote ones, with a population disproportionately composed of old people, women and children. Some of that movement may be temporary, but the continuing growth of cities and urban economies, and the impact of climate change on agriculture are leading to significant and permanent shifts. The humanitarian community should therefore expect future disasters in remote areas to have an immediate impact on a disproportionately vulnerable population.

### ***3.10 HIV/AIDS***

The HIV pandemic has distorted the nature, roles and responsibilities of the crisis affected populations, with a particular impact on the older population. With rising rates of HIV/AIDS infection globally (not entirely unrelated to migration), we should expect to see an increase in grandparent headed families.

Whilst a natural disaster may cause many deaths and injuries, the demographically focused nature of deaths from HIV/AIDS leave in its wake a population of old and young often with mutual caring responsibilities. This has significant implications both for immediate responses and the management of support for populations affected. As expected, the direct impact was most apparent in Uganda, with over half the children in the north now being cared for by a grandparent.

### ***3.11 Cluster System***

The overall finding of the research team was that the Cluster system is potentially an excellent way of ensuring that cross cutting issues such as the needs of the elderly are adequately understood and responded to. However, in both field visits the research team heard suggestions that there had been some shortcomings in practice. These included:

- Actual or perceived conflicts of interest on the part of the Cluster Lead Agency.
- Some significant weaknesses in the actual management and chairing of Cluster meetings.

- Cluster Lead agencies being allocated/taking on too many Lead roles, to the detriment of the service provided.
- A combination of poor individual and member agency understanding of protection and/or a consequence of organisational mandates resulting in too narrow a focus on child protection.

Cluster agendas appear to be more reactive/less proactive, only looking at what is easily measurable and short term in vision (e.g. number sharing and relief delivery allocation), without necessarily properly understanding underlying issues and longer solutions and impact. This may be inevitable given the emergency nature of Cluster System, but minimises the time that can be spent on longer term planning and developing an appropriate awareness of cross cutting issues such as the needs of old people.

## IV Recommendations

1. Increase awareness amongst policy makers, donors and practitioners of:
  - the global growth in the numbers of old and very old;
  - its impact on disaster affected populations, and
  - the need to incorporate this understanding into all aspects of contingency and preparedness planning, relief responses and return processes.
2. Strengthen the Cluster system's response to the cross cutting issue of age, by:
  - Developing a training/induction module for all Humanitarian Coordinators and Cluster Chairs on the special needs and opportunities that accompany an ageing population, covering both the scale and implications of this trend.
  - Ensuring that considerations of age are integrated into the guidelines and technical resources that are currently being developed to ensure that relief responses reflect the fact that older people have special requirements but also represent a social asset.
3. Introduce more effective data collection processes to ensure that registration, needs assessment, morbidity and mortality figures are collected and disaggregated by age and sex to allow for better understanding of, and response to, the needs of older people.
4. Relief agencies should consult with, and actively engage, older people in decision making and programme design and delivery, to improve the appropriateness of service delivery. Programmes must be inclusive and accessible by all, and inter generational approaches and the use of old people's committees are both techniques that can assist in achieving this.
5. Health services should better reflect the particular health needs of older people. Treatment should be given for those chronic conditions that reduce older people's active participation in the life of the community.
6. Acknowledge the need for many older people to earn an income. Many older people care for children as a result of displacement, conflict, the HIV pandemic or all three. All livelihood and income generating interventions should be designed to include them, capitalise on their skills and be realistic about their capabilities.
7. Return, repatriation and reintegration programmes should reflect the special requirements of older people. The challenge and needs of the 'unaccompanied old' should be addressed as energetically as those of unaccompanied children, with priority placed on strengthening reunification and family/community based solutions.

8. Recognise the physical changes in food needs that accompany ageing, and reflect these in any food support being considered.

### **Proposed Actions by the IASC Working Group**

1. To endorse the recommendations and request member agencies to incorporate the recommendations into their work, with the support of HelpAge International where appropriate.
2. To circulate the recommendations to global cluster leads and the chairs of the IASC subsidiary bodies.
3. To review progress within the next 18 months.

Prepared by: HelpAge International – October 2007