Ageing and emergencies

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Invisible in emergencies

Welcome to Ageways 66. In emergencies, the poorest people suffer hardest and longest, including significant numbers of older people.

Older people are often at least as vulnerable as other population groups, such as women and children. They also have unique contributions to make to the protection of their communities. Yet they are frequently invisible in all stages of the response.

This issue of Ageways looks at why older people’s specific needs and capacities are overlooked, and suggests practical ways to ensure their inclusion.

Celia Till and Jo Wells
Editors

Letters

Conflict creates a burden

In the remote part of Nepal where I have been working, there is a vast gap in knowledge, attitudes and practices between the new and old generations.

The old generation are depressed; however, the new generation cannot develop a supportive environment for them. The change towards a nuclear family structure has brought competition for property.

Political conflict has created an extra burden for old people. As with HIV/AIDS, it has created a community of children and old people.

Haribol Bajagain, Nepalganj, Nepal.

Left behind to starve

After reading Ageways 65, I found that I was one of the young people who didn’t think about ageing. The stories reminded me of my dad, who died at the age of 66. He could take 30 minutes getting out of his bed. He could hardly put food inside his mouth. When in the latrine, he could not stand up until somebody went to lift him up.

Uganda, one of Africa’s war-torn countries, has a big number of old people suffering. Many attend to the latrine, he could not stand up until somebody went to lift him up.

Erebu John Michael, Managing Director, Hearts of Life Youth Association, Soroti, Uganda.

Resourceful retired teacher

Though I am young, I have been observing retired persons. I need to introduce you to Mr Lemma Didanna, 62. He is a resourceful retired teacher with a degree in foreign languages and English. He taught in primary and secondary schools for 34 years till he retired in 1997.

Starting from the first year of his retirement, he didn’t want to remain idle. He wrote a pocket dictionary of the local language, Wolatigna. Thereafter he continued to teach in a private school. Sometimes he is a translator. Now he is working as a coordinator of a private distance education programme of a college.

In addition, he participates in social and religious activities. He is a founder member of the local older people’s association.

In this locality, where no information about old age care is accessible to older people, such a retiree can be an example for others.

Solomon Madalcho, Wolaita Sodo, Ethiopia.

An older woman accused

The fear of witchcraft has gripped the inhabitants of one part of Yaoundé. An older woman is allegedly causing nightmares and sickness to many people. She is also said to be capable of charming any man for her daughters. Apparently she rises early and invokes unknown spirits.

The older woman told us that she was innocent and that the story was made up by some jealous people. The matter was reported to the quarter head who promised to take action after carrying out some investigations.

In the meantime, the older woman is cloistered in her house. Whenever she dares to go out, children run away and scream her name.

Jean Robert Mbané, National Coordinator, Ensemble Protégeons les Vieux, Yaoundé, Cameroon.

Our treasure

Old age has its own problems, but these can be helped by planning financially and educating our young ones.
My dear youth, old age awaits you.
Show love, concern and care to the elderly, for they are our treasure.
Educate the younger ones in your church, family and community to do the same.

Cassandra M Ofori, Achimota, Accra, Ghana.

Viewpoint

Old age in Yemen
Yusuf A Hamid, retired director of postal services in Aden, Yemen, reflects on the situation of older Yemenis.

Yemen is one of the poorest countries in the Middle East. More than 42 per cent of Yemenis live below the poverty line. The country has taken a backward turn. The government is struggling to provide education, but is partially helpless in a society that is delving into the past.

Older people, who are remnants of colonial and Imamic rule, find themselves very much out of place. They are the poorest and most marginalised in a new backward society. Older men are repentant for their past deeds, carrying feelings of sorrow and regret. Thus they spend most of their time in prayers and isolation.

Yemenis have quite a few bad habits. Qat, a mild intoxicant, is widely chewed. It ruins physical fitness and creates financial and social problems. Old and young sit for hours daily, chewing the leaves in meetings and in the streets, sometimes beside goats who are fond of the lazy leaves and branches of this shrub.

The Yemeni government is attending to the problems of older people. However, not enough is being done, due to financial constraints. Older people themselves are not demanding. They feel that their family members and society should look after them. Most of them depend on their children, but their children often disown them.

Support for senior citizens
There is a need for a national senior citizens association to represent the interests of all senior citizens. There are pensioners’ organisations in Sanaa, Aden and Mukalla. Their activities are limited to the concerns of pensioners. The Missionaries of Charity Organization has branches in Sanaa, Aden, Taiz and Hodeida. The residents are old men and women who have no visitors.

The sister-in-charge in Aden said that an old man was recently left outside their main gate in a wheelchair at night. He remained there for a couple of days with little water and no food, and became unconscious. The organisation had to accommodate him on humanitarian grounds. On recovery, he related a sad story about his wife and five children who had abandoned him.

On another note
While on a visit to Al-Mahra province some years back, the writer’s Land Rover became stuck in the sand in a remote seashore area at sunset, with no soul around for miles. After a couple of hours waiting in darkness, a very old man appeared, and offered help. On agreeing, he uttered a piercing, high-pitched noise that was hard to believe and horrifying.

As a result, people from the neighbouring villages came to assist by car and motorcycle within ten minutes. The old man said that he had learnt, though not used, this art of notifying danger to the village folk.

More information: Yusuf A Hamid, PO Box 1373, Tawahi, Aden, Yemen.
How disasters affect older people

Jo Wells describes how older people are affected by disasters, and recommends ways to ensure their inclusion in emergency responses.

An emergency is a sudden, unforeseen crisis that requires immediate action. Emergencies are often characterised as either natural disasters, such as floods, drought, earthquakes or hurricanes, or complex political emergencies, which are human-made situations, usually resulting in armed conflict.

Sudden economic emergencies, major technological failures, such as a nuclear power plant meltdown, and disease can also be classified as emergencies. In former Soviet states, the collapse of state welfare systems has plunged a whole generation of pensioners into crisis. The HIV/AIDS pandemic is undoubtedly an emergency, possibly the biggest facing the world today.

Major disasters make international headlines. The Indian Ocean tsunami, Hurricane Katrina and the South Asia earthquake are recent examples. There are many more ‘forgotten’ disasters around the world. In Africa, infectious diseases, war and instability, floods and drought put lives at risk.

Most at risk

Emergencies can have a devastating and lasting impact on people’s lives. It is usually the most vulnerable, such as children, women, disabled people and older people, who suffer most.

Older people are among those most likely to be living in poor housing or in marginal areas, where the risk of damage is greatest. They often remain behind in the rush to escape a disaster, and cannot reach distribution centres. Without medication, common age-related conditions that can normally be kept under control become life-threatening.

When Hurricane Katrina flooded cities in the southern United States in August 2005, television viewers across the world saw how older people were left to fend for themselves. Even in a rich country, large numbers of older people died through lack of access to medication and relief. A study by the Louisiana Department of Health and Hospitals shows that, of nearly 500 victims identified so far, about 60 per cent were aged over 60.

In displaced communities, traditional support structures that previously existed for older people may no longer exist. An older person’s status in the community may change from someone who was respected and cared for, to someone who has become more dispensable in the harsh environment of survival, making them vulnerable to abuse or neglect.

Older people may find themselves taking on new responsibilities, such as looking after orphans and other vulnerable children, whose parents may have been killed or gone further afield. In camps in Darfur, Sudan, two-thirds of older women interviewed recently by HelpAge International were looking after two or more children.

Younger people, however difficult the circumstances of the emergency, generally find it easier to look ahead to the future. Older people, who may have seen their entire life’s work destroyed in a day, suffer disproportionately.
Response

Tens of thousands of people need to be at risk before an emergency captures the attention of the international humanitarian system. Support from international organisations is nearly always a supplement to local community assistance and people’s own survival strategies.

Since the mid-1990s there has been increasing emphasis on developing standards and ensuring accountability within the humanitarian system. Notable developments are the International Federation of the Red Cross and Red Crescent Movement and NGOs Code of Conduct in Disaster Relief, the Sphere Humanitarian Charter and Minimum Standards in groups, including a category for older people.

However, older people are often overlooked in aid responses. They remain widely ignored in data collection, making it difficult to assess their needs, and their potential to contribute during disasters is rarely recognised.

Recommendations

In research conducted by HelpAge International on emergencies, older people consistently asked:

- to be seen, heard and understood
- to have equal access to essential support services
- to have their potential and contributions recognised, valued and supported.

The following are helpful ways to reduce the neglect of older people in crises:

- Collect data on emergency-affected populations, broken down by age and gender, to show numbers, location and situation of older men and women.
- Ensure equal access to services for older people by targeting them for humanitarian aid programmes and consulting with them at all stages of response.
- Lobby other service providers to mainstream older people into their humanitarian aid programmes.
- Provide technical support and assistance where special services are required – for example, psychosocial support or treatment for chronic health conditions.
- Recognise and promote the contributions older people make as carers or as income providers, rather than viewing them as passive dependants.

Jo Wells is Emergencies Programme Coordinator, HelpAge International.

Older people’s experience

Fatima, who is in her seventies, lives in a camp in Darfur, Sudan with seven grandchildren aged three to eleven. ‘When we came we had nothing,’ she says. ‘Everything in our village had gone or been burnt.’

Fatima made her shelter from wood and twigs, and was given some plastic sheeting. Her eldest granddaughter collects grass from around the camp to sell at the market. Sometimes she makes some money to buy food. The four boys go to school and the youngest children stay with Fatima.

‘It would be good for us to go back to our village, but I am not willing to take the children back unless the United Nations makes it safe. Seven of my relatives have been killed. I don’t want to risk these bad things happening again.’

Sixty-five year old Muhammad, who lives in Darfur with his grandson, is blind. As a sheikh in his home village he was a respected man. Now he begs for food and money in the market. He sells the food to pay school fees for his grandson.

Alfonse Mwindo, a retired headmaster from Pinga, Democratic Republic of Congo, had made provision for his old age. But in 2000, heavy fighting by rival militia forced him to flee with his grandchildren to Goma. Then in 2002, a volcanic eruption destroyed everything and he was reduced to begging on the streets.

With the assistance of HelpAge International’s partner, he received credit to purchase household items for sale. It was a long way from being a headmaster, but a first step towards regaining his self-respect.

‘Before I got credit, people were afraid of me. They thought I was just coming to beg. Now that they see me selling things outside my house, they are no longer afraid of me. People laugh more at older people, because they believe that we are unable to support ourselves.’
Improving older people’s access to relief

Why are older people’s needs often ignored by humanitarian aid agencies, and what can be done to improve their access to emergency relief? Bill Gray offers some advice.

Older people’s access to relief immediately after a crisis is often limited. HelpAge International research in Darfur, Sudan shows that, in some camps, more than one in five older people had no World Food Programme ration card.

False impressions

Discrimination against older people is rarely, if ever, deliberate. It happens for a number of reasons:

- A mistaken belief that the extended family and community protects its members. In fact, families and communities do not always provide. Immediately after the Indian Ocean tsunami of 26 December 2004, HelpAge India identified more than 9,000 older people who had been missed in the rush for assistance.

- A failure to understand that older people have particular cultural, dietary or other requirements that are not met by a general relief distribution. For example, clothes distributed in response to the Darfur crisis in July 2004 were not appropriate for older people, and medicines did not cater for chronic illnesses associated with old age.

- Insufficient recognition that older people increasingly carry a dual protection burden. Displacement, conflict and forced migration, coupled in many countries with the impact of HIV/AIDS, mean that increasing numbers of older people are responsible both for themselves and for their children or grandchildren. In Darfur, one in seven older people had lost a partner, and up to a quarter had lost their own children. About 29 per cent were caring for orphans.

- Older people who are deprived of a livelihood, separated from their families and caring for children need special attention in a crisis.

- A false perception that older people expect to be passive recipients of aid. The reality is that older people want to be recognised for their capabilities. Accustomed to providing for themselves, they want to regain control of their lives and to contribute to the welfare of the community.

Key approaches

Improving older people’s access to emergency relief requires four key approaches:

Education: Advocacy with the humanitarian aid community helps aid agencies to understand that older people are a growing and particularly vulnerable group.

Demonstration: Implementing emergency response programmes that satisfy the needs, rights and capabilities of older people shows others how this can be done.

Cooperation: Responding to requests for cooperation encourages relief agencies to include older people in their response. Such requests will increase as understanding of older people’s situation grows. In Darfur, for example, international NGOs have asked HelpAge International for technical advice on improving services in camps for internally displaced people.

Assimilation: Seconding technical staff to leading humanitarian aid agencies helps to ensure that older people are included in their plans to protect displaced communities. In Darfur, HelpAge International has seconded a member of staff to the United Nations High Commissioner for Refugees to help them improve services for older displaced people.

Targeting relief

Providing appropriate relief to those most in need requires an analysis of the overall situation.

An example of this comes from the Democratic Republic of Congo.
In 2002, Mount Nyiragongo erupted, flooding the town of Goma with molten lava. About 60,000 people lost their homes and livelihoods. Many of these were internally displaced people who had fled from fighting in the east of the country.

Immediately after the eruption, HelpAge International provided relief to communities around Goma, to which people had fled from the eruption.

HelpAge International then commissioned an extensive assessment to identify the most needy older people. As a result, HelpAge International provided relief both to vulnerable older people who had been directly affected by the volcano, and those displaced by the war.

Subsequently, HelpAge International supported the development of older people’s committees to supervise the management of micro-credit schemes. Advocacy was also an important part of the programme. This included radio broadcasts to heighten awareness of older people’s situation in a society wracked by ten years of conflict, and to emphasise their contribution to that society.

**Most vulnerable**

In a crisis, the relative vulnerabilities of different groups within the overall affected community may go unnoticed. It is important to look beneath the surface to identify the most vulnerable groups, and provide them with extra support.

In 2003, drought and the collapse of its agricultural production led to severe food shortages in Zimbabwe. HelpAge International and HelpAge Zimbabwe managed a monthly food distribution for the World Food Programme in Nkayi district, Matabeleland North. Food was distributed to 90,000 people, constituting four-fifths of the population.

Special provision was made for older people. An area was cordoned off where older people could divide the rations into smaller quantities that were easier to carry, and where they could rest before starting a long walk home.

When carrying out the distribution assessment, HelpAge Zimbabwe and the local communities found that, within the overall stressed population, a significant number of older-headed households were especially at risk.

As a result, HelpAge International secured funding from ECHO to distribute seeds and fertiliser to 6,000 older-headed households. This was in addition to the World Food Programme ration.

**Appropriate support**

In some cases, local organisations find that they know less about their community than they thought. Poor older people generally remain ‘invisible’ unless their views are specifically sought.

Sri Lanka was one of the countries worst hit by the Indian Ocean tsunami of December 2004. More than half a million people were made homeless.

HelpAge International and HelpAge Sri Lanka provided emergency relief in Ampara District in the north-east of the country. They then selected two local organisations and a consortium of community-based organisations to work on a longer-term basis in the most-affected communities in Batticaloa District, also in the north-east, where HelpAge Sri Lanka had not worked before.

An initial survey showed that many of the people most in need of emergency relief were not the direct victims of the tsunami, who were mostly from fishing communities. Those most in need were very poor people who relied on the fishing communities for employment, and those affected by the civil war.

The partners then carried out a detailed survey of approximately 10,000 older people to assess their needs. The partners, who had extensive knowledge of their communities, were nevertheless surprised at how little they knew about older people, and were interested in developing expertise in working with older people.

HelpAge Sri Lanka and the two local partners, Thadaham and Community Development Foundation (CDF) distributed non-food relief items to the most vulnerable families.

The needs assessment had focused on older people’s material needs. However, it became clear that older people’s needs were not only material. Four months after the tsunami, some older people who had lost their families were in a worse state psychologically than they had been immediately after the disaster.

In response to discussions with older people, the head of another local organisation, CDP, arranged for two groups of older men and women from affected communities in Batticaloa District to go on a pilgrimage to a sacred place. The pilgrimage helped the older people to reflect on their experiences and regain some spiritual strength to face what had seemed a hopeless situation. Many said that this was a very important aspect of their personal post-disaster recovery.

As HelpAge Sri Lanka moves to longer-term reconstruction, they have left the tabulated survey results with the local partners. All this evidence of older people’s needs can be used to influence other agencies and the local government to understand and respond to older people’s needs, rights and capabilities.

*Bill Gray is Emergencies Manager, HelpAge International.*
Finding out who needs most help

Checklists can be a useful tool for relief workers to identify the most vulnerable older people, and to assess whether services are meeting their needs.

Relief services

The checklist below has been designed by HelpAge International to gain a rapid overview of the situation of older people in a displaced people’s camp. It can be used to raise awareness among relief agencies of older people’s needs, and to help ensure that vulnerable older people receive adequate assistance.

Relief services checklist

Demographic data
Is demographic data, broken down by age and gender, available? Yes No
If not, could it be included in data collection? Yes No
What is the number of unaccompanied older people?
What is the number of children being cared for by older people?
How many older-headed households are there?
How many housebound older people are there?

Health
Are there special clinic days for older people? Yes No
Are there outreach health services for housebound older people? Yes No
Are drugs available to treat common health problems in older people? Yes No
What are the main disabilities of older people?
Is there a record of these in the camp? Yes No
Are mobility aids available? Yes No

Nutrition
Is the ration suitable for older people? Yes No
Have older people been screened to enter feeding programmes? Yes No

Distributions
Are there special provisions to avoid older people queuing for a long time? Yes No
Are there special provisions to help older people carry loads back from distribution points? Yes No
Are non-food items (e.g. clothes, blankets) appropriate for older people? Yes No

Inclusion
Are older people represented on committees (e.g. health, water, women’s)? Yes No
Has an older people’s committee been established? Yes No
Are older people active participants in camp activities, e.g. literacy projects, life skills, agriculture? Yes No
Are older people represented as a vulnerable group at camp management level? Yes No

Social support
Do older people receive support from their family or neighbours? Yes No
Who is collecting fuel and water for older people?
Have older people been separated from their families? Yes No
Vulnerable individuals

The following checklist has been developed by HelpAge International for use in camps for internally displaced people and refugee camps. The key themes of family circumstances, social support, health, mobility, and basic needs are common to most checklists used to identify vulnerable individuals.

This checklist does not offer hard-and-fast answers to identifying vulnerability, but is a tool for highlighting indicators of vulnerability. For example, it may show that a person who has health-related problems is well supported by their family, and is therefore not among the most vulnerable. Another person may have fewer health-related problems, but be isolated and therefore potentially more vulnerable.

### Vulnerable individual checklist

#### Individual

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<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Age</td>
<td>Male/Female</td>
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<tr>
<td>Location</td>
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#### Carer

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<tr>
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#### Household

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<td>Lives alone</td>
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<td></td>
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<tr>
<td>Number of children</td>
<td></td>
<td></td>
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<tr>
<td>Number under 14 years</td>
<td></td>
<td></td>
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<tr>
<td>Number of adults</td>
<td></td>
<td></td>
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<tr>
<td>Number aged 15-50</td>
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<td>Number aged 50+</td>
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#### Social

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<td>Family or neighbours provide help</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water collection</td>
<td>Self</td>
<td>Helper</td>
</tr>
<tr>
<td>Fuel/firewood collection</td>
<td>Self</td>
<td>Helper</td>
</tr>
<tr>
<td>Cooking of food</td>
<td>Self</td>
<td>Helper</td>
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<td>Comments</td>
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#### Health

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<tbody>
<tr>
<td>Has problems breathing</td>
<td></td>
<td></td>
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<tr>
<td>Has problems with digestion</td>
<td></td>
<td></td>
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<tr>
<td>Has problems with elimination</td>
<td></td>
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<tr>
<td>Has joint pains</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has swollen legs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has skin problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has other health problems</td>
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#### Mobility

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<td>Can wash and dress self</td>
<td></td>
<td></td>
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<tr>
<td>Has problems using latrine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses walking stick/crutches</td>
<td></td>
<td></td>
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<tr>
<td>Can walk to neighbours</td>
<td></td>
<td></td>
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<tr>
<td>Can walk to marketplace</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can walk to nearest health post</td>
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#### Basic needs

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<tr>
<td>Has adequate shelter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has water supply and container</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has regular, adequate food supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has cooking facilities and fuel</td>
<td></td>
<td></td>
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<tr>
<td>Has a blanket(s)</td>
<td></td>
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<tr>
<td>Has a change of clothes</td>
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How communities can be prepared

How can communities protect themselves from natural disasters, and how can older people contribute?

Development programmes often take place in areas that are prone to natural hazards, such as landslides, floods, drought or fire. Incorporating community-based disaster preparedness activities into development programmes can save lives and property, and help sustain the benefits of development.

Community-based disaster preparedness programmes generally include three elements:

• raising awareness
• setting up a disaster management committee
• training the community in disaster management.

Older people should be included at all stages. In emergencies, older people have particular needs for support. They also have knowledge and experience that they can contribute to prevention and relief efforts. For example, they may know about warning signs, safe or unsafe areas, survival strategies, and community structures and family networks.

Awareness-raising sessions about natural disasters can be organised with community leaders and organisations representing vulnerable groups, including older people’s organisations.

Local and national government representatives, health service providers and NGOs also need to be made aware of older people’s specific needs and potential contribution. These organisations should be encouraged to include older people in their disaster preparedness plans.

Local disaster management committees, linked to government emergency programmes, can help communities prepare for disasters and recover from them. Preparedness plans should be developed in consultation with community leaders.

The disaster management committee may take responsibility for monitoring weather systems, analysing risk, warning the community of an impending disaster, circulating information and coordinating relief and rehabilitation. The committee can help the community to protect itself, for example by planting trees or constructing dykes, building shelters, storing emergency supplies and planning evacuation procedures.

Training for disaster management committee members and community volunteers may include discussions on how to respond to a disaster, drawing on local knowledge and experience, and simulation exercises to clarify roles and responsibilities.

Saving lives in Haiti

The Caribbean country of Haiti is subject to cyclones and floods. Fonds-Verettes is one of the most vulnerable districts. Massive deforestation in the area has increased the risk of flooding.

In 2004, Haitian NGO ASSODLO worked with communities in Fonds-Verettes to protect themselves against flooding. Training was given to older people, schoolchildren and community leaders to help them understand the causes of flooding and how to protect themselves and their property.

The training was put to the test during the project, when torrential rains caused serious flooding. About 1,500 lives were lost in the wider commune, crops and animals were destroyed, and buildings were swept away. However, in Gros Cheval, where the project was focused, there were just eight deaths in the 12,000-strong community.

Community members who had received training took action. ‘As the rains and wind approached, people cut overhanging branches near their homes,’ said one participant. Another said: ‘I alerted my neighbours, so they were able to escape.’

The project included planting 12,000 trees to help prevent flooding, distributing emergency equipment, including torches and storage drums for food and water, and working with the national government agency to establish a local disaster preparedness committee.

More information: Jeff James, Regional Representative, HelpAge International Caribbean Regional Development Centre (address on page 15).
New confidence after the earthquake

Four years after the devastating earthquake in Gujarat, India, some of the poorest older women are facing the future with new confidence, writes Hina Sharma.

The earthquake that shook Gujarat in January 2001 killed nearly 20,000 people and left 600,000 homeless. In just two minutes, Bhimasar, like most villages in Kutch district, was transformed into a pile of rubble.

People were traumatised, livelihoods were destroyed, and in the struggle for survival, the older generation were treated as a burden by their families. Older women from the poorest communities, who were already living on the margins, were especially vulnerable.

Sixty-year-old Aayeshabai has laboured all her life in the saltpans near Bhimasar. She and her husband, who is disabled, depend on her income and contributions from their two sons. The earthquake destroyed their house and they lived in tents for 18 months until their village was rebuilt.

Aayeshabai is now president of the Momai Old Women’s Association, a group of about ten marginalised older women who are supporting each other to improve their standard of living and their status in the community. The group is one of 71 set up with support from HelpAge India and four local partners in Kutch with funding from the European Union.

The women were apprehensive when called to a first meeting. ‘Saving was a totally new and impossible concept for us,’ says Aayeshabai. ‘We did not want to save when we could not even buy proper food to eat.’ Members of already-established self-help groups came and explained that saving could give them financial security, and that uniting with other women would give them confidence to face difficult situations.

The women were allowed to set their own rules. ‘We started by saving Rs20 [US$0.5] a month and now we have increased it to Rs30 [US$0.7].’ They deposit their savings at the bank, something they had never dreamt of doing before. The savings are used to support income-generating activities such as selling salt or vegetables.

The women have also learnt about state benefits. They have identified seven older people in Bhimisar who are eligible for old-age or widow’s pensions. They have filled in application forms on these people’s behalf and are in regular touch with the authorities to follow up on progress.

Group members have also received loans to pay medical insurance premiums, paying back to the group in instalments. One member, Rajiben, has successfully claimed expenses for malaria treatment. The women are now thinking of insuring their houses so that they get adequate compensation in the event of another disaster.

‘We are getting educated at the last stage of our life and we are proud of it,’ sums up Rajiben. ‘Because of this self-help group we are in a position to help our families and others in the village.’

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The southern Indian state of Tamil Nadu was one of the regions worst affected by the Indian Ocean tsunami of December 2004. Merlin Freeda describes how older survivors are recovering their livelihoods.

Restoring land and livelihoods

Ten months on, the situation looks brighter. HelpAge India is working with local partners to help older tsunami survivors to restore their livelihoods, improve their access to social protection, and protect themselves against future disasters, with funding from the UK Disasters Emergency Committee.

A key activity is the establishment of older people’s self-help groups, drawing on HelpAge India’s experience after the Gujarat earthquake in 2001 (see page 11). Pattammal is a member of a mixed group of older men and women who have set up a savings scheme to provide loans for income-generating activities.

Pattammal is also one of 100 older people in Tamil Nadu who are receiving help from HelpAge India to reclaim their land. The two-year process includes removing sand, deep-ploughing to improve drainage, and digging a pond for water to drain into and provide water for crops. To begin with, the land is only suitable for fodder grass and a few crops, but is gradually restored to full production.

HelpAge India’s partner pays families to do this work and provides each family with a cow and calf.

Pattammal feels more optimistic about the future. ‘I never thought that my land could be fertile again. Now I spend most of my time working on my land. I am no longer a burden to my son. I have gained confidence in myself. All of us are going to work on the land. We don’t want to go fishing any more. This is enough for us.’

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Pattammal can start to farm her land again, after the tsunami silted it over.
Contributing knowledge and skills

Older people’s knowledge and skills can be used to support relief efforts, and to contribute to peace-building initiatives.

Kyrgyzstan border

In the central Asian state of Kyrgyzstan, the creation of a border with Uzbekistan, following the collapse of the Soviet Union, has divided communities. Competition for resources, such as farmland, water supplies and public services, has exacerbated tensions between communities on either side of the border.

Older people in Kyrgyzstan remember what the situation was like before. Many still have contact with people across the border and realise that they share many of the same problems.

Groups of older people in southern Kyrgyzstan are volunteering as mediators, with support from HelpAge International’s partners UMUT and Foundation for Tolerance International. In one village, older people have organised roundtable discussions with representatives of two villages in Uzbekistan, helping to improve relations and encouraging people from different communities to mix socially at festivals.

Another group has organised meetings with local government representatives to address violations of the rights of the Uzbek minority in southern Kyrgyzstan.

Bangladesh floods

In 2004, Bangladesh suffered severe floods that covered more than half the country. In Gazipur district, an older citizens’ committee stepped in to provide relief to older people worst affected by the floods.

The committee had been set up with support from HelpAge International affiliate, Resource Integration Centre, to monitor access to government social protection schemes.

The committee coordinated donations, arranged temporary accommodation and tracked the selection process for recipients of the government’s emergency food support programme.

‘This is the first time in such a crisis I have the feeling that I’m not alone, that there are many fellow older people around me to share and do something collectively,’ said one committee member.

Sudan relief

Sudan’s long-running civil war has led to large numbers of displaced people. In Juba, older people’s committees, supported by HelpAge International, play an active part in registering people for relief and identifying the most vulnerable. They coordinate practical work, including house construction, sanitation work and agricultural work, increasing awareness of older people’s issues and lobbying on their own behalf.

Following the signing of a peace agreement in January 2005, displaced people have started returning to their homes in southern Sudan. Older people in and around Juba are being trained to resolve conflicts that might arise between returnees and host communities.

Jamaica hurricane

In Jamaica, too, older citizens’ monitoring groups have responded to emergencies. Jamaica was one of the Caribbean islands worst hit by Hurricane Ivan in 2004. Farmers suffered particularly badly. The Ministry of Agriculture promised compensation, but in many poor rural areas this failed to materialise.

Leaders of older citizens’ monitoring groups in the Parish of St Catherine had received advocacy training from HelpAge International’s partner, SACDA. One of the leaders telephoned the Ministry of Agriculture to invite a representative to visit the community. As a result, the Ministry provided fertiliser, which the older citizens’ leader distributed in his community.
Resources

**International agreements and standards**

**Madrid International Plan of Action on Ageing (2002)**
Commits governments to recognise that older persons can make a positive contribution in emergencies and calls for equal access to services during and after emergencies.
*Can be downloaded from:* [www.ifrc.org/publicat/standard/code.asp](http://www.ifrc.org/publicat/standard/code.asp)

Includes recommendations on protecting the rights of older people in crises, emergencies and epidemics.
*Available from HelpAge International Africa Regional Development Centre* (address on page 15). Can be downloaded from: [www.helpage.org](http://www.helpage.org)

**Sphere Humanitarian Charter and Minimum Standards in Disaster Response (revised 2004)**
Set of universal minimum standards for disaster response. The guidelines recommend that special care is taken of all affected vulnerable groups, including older people. They also emphasise older people’s role as carers, resource managers and income generators.
*Sphere Handbook available from Oxfam Publishing.* Price £11.95 plus postage. Tel. +44 1865 472255 Fax: +44 1865 472393 Email: publish@oxfam.org.uk Can be downloaded from: [www.sphereproject.org/handbook/hdbkpdf/hdbk_full.pdf](http://www.sphereproject.org/handbook/hdbkpdf/hdbk_full.pdf)

**Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief (1994)**
Used by the International Federation of Red Cross and Red Crescent Societies to monitor their own standards of relief delivery and to encourage other agencies to set similar standards.
*Can be downloaded from:* [www.ifrc.org/publicat/standard/code.asp](http://www.ifrc.org/publicat/standard/code.asp)

**Publications**

**Older people in disasters and humanitarian crises: guidelines for best practice**
Based on HelpAge International’s research and experience in Asia, Africa, Europe and the Americas, these guidelines aim to help relief agencies meet the special needs of older people during and after an emergency.
*HelpAge International, 2000.* Also available in Spanish, French, Portuguese, Bangla and Mongolian.
*Available from HelpAge International* (address on page 16). Can be downloaded from: [www.helpage.org](http://www.helpage.org)

**The impact of the Indian Ocean tsunami on older people: issues and recommendations**
Draws on initial surveys in India, Indonesia, Sri Lanka and Thailand.
*Available from HelpAge International* (see above).

**Addressing the nutritional needs of older people in emergency situations in Africa: ideas for action**
Highlights issues affecting the nutrition of older people in emergencies and suggests ways in which their needs can be met.
*HelpAge International, 2001.* Also available in French.
*Available from HelpAge International Africa Regional Development Centre* (address on page 15).

**Humanitarian protection and assistance of older people**
Summarises current policy and practice and recommends measures to ensure that older people caught up in humanitarian crises enjoy equal rights, have a fair share of resources and are included in decision-making.
*Jo Wells, HPN paper 53, ODI, due 2005.*
*Available in print and CD-Rom* (free to HPN members, £4 plus postage to others) from: [Humanitarian Practice Network (HPN), Overseas Development Institute, 111 Westminster Bridge Road, London SE1 7JD, UK. Email: hpn@odi.org.uk](http://www.hdninternational.com)

**UNHCR policy on older refugees**
The policy stresses that older people’s needs should not be addressed in isolation, and that older people need to be treated as active, contributing members of their families and communities.
*UNHCR, 2001.* More information: [Health and Community Development Section, UNHCR, Geneva, Switzerland](http://www.unhcr.org).

**Handbook for emergencies**
Managers’ guide to setting up emergency operations for large-scale influxes.
*UNHCR, 1999* (second edition). Also available in Arabic, Chinese, French, Italian, Japanese, Russian and Spanish.
*Can be downloaded from:* [www.unhcr.ch](http://www.unhcr.ch)

**Safety first: a field security handbook for NGO staff**
Outlines the basic principles of security and provides practical guidance on dealing with a range of security and safety issues.
*S Bickley, Save the Children UK, 2003.* ISBN: 1 84187 065 X Price: £14.95 Email: enquiries@nbninternational.com

**World disasters report**
Published annually by the International Federation of Red Cross and Red Crescent Societies, this brings together the latest trends, facts and analysis of current crises.
*Can be downloaded from:* [www.ifrc.org/publicat](http://www.ifrc.org/publicat)

**Organisation**
**Humanitarian Accountability Partnership – International**
Partnership of agencies, launched in 2003, that share a commitment to making humanitarian action accountable to their intended beneficiaries.
[www.hapinternational.org/en](http://www.hapinternational.org/en)
HelpAge International

Affiliates

Caribbean
Action Ageing Jamaica
ECHI, Grenada
HelpAge Barbados/Barbados
National Council on Aging
Haitian Society for the Blind
HelpAge Belize
National Council of and for Older Persons/HelpAge St Lucia
Old People’s Welfare Association (OPWA), Montserrat
REACH Dominica
Society of St Vincent de Paul (SVP), Antigua

Africa
APOSEMO, Mozambique
CME Outreach, Sierra Leone
Elim Hlanganani Society for the Care of the Aged, South Africa
HelpAge Ghana (HAG)
HelpAge Kenya
HelpAge Zimbabwe
HelpAge Zimbabwe
Maseru Women Senior Citizen
Association, Lesotho
Mauritius Family Planning Association
Muthandane Society for the Aged (MUSA), South Africa
Regional Centre for Welfare of Ageing Persons in Cameroon (RECWAPEC)
Senior Citizens’ Council, Mauritius
Sierra Leone Society for the Welfare of the Aged
Sudanese Society in Care of Older People (SSCOP)
Uganda Reach the Aged Association

Asia/Pacific
Bangladesh Women’s Health Coalition (BWHC)
China National Committee on Aging (CNCA)
Coalition of Services of the Elderly (COSE), Philippines
Council on the Ageing (Australia)
Foundation for Older Persons’ Development (FOPDEV), Thailand
HelpAge India
HelpAge Korea
HelpAge Sri Lanka
Helping Hand Hong Kong
Instituto de Acção Social de Macau
Mongolian Association of Elderly People
NACSCOM, Malaysia
Office of Seniors’ Interests, Australia
Pakistan Medico International
Positive Ageing Foundation, Australia
Resource Integration Centre (RIC), Bangladesh
Senior Citizens Association of Thailand
Senior Citizens Council of Thailand
Singapore Action Group of Elders
Tsao Foundation, Singapore
USIMAS, Malaysia

Europe
Age Concern England
Caritas Malta HelpAge, Malta
Centre for Policy on Ageing, UK
Cordaid, Netherlands
DaneAge Association, Denmark
Elderly Woman’s Activities Centre, Lithuania
Help the Aged, UK
London School of Hygiene and Tropical Medicine (LSHTM), UK
Mission Armenia

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Help the Aged (Canada)
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Second Breath (Gerontological Association of Moldova)
Slovene Philanthropy
UMUT (Resource Centre for Elderly People), Kyrgyzstan

Zivot 90, Czech Republic

Latin America
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CooperAcción, Peru
CESTRA, Colombia
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Alice Searle describes how grandmothers in South Africa are making AIDS pins to help their families and community.

A grandmother dances with delight as she is paid for pins she has made.

In a converted shipping container in the township of Esikhawini, in KwaZulu Natal, South Africa, grandmothers chat as they craft tiny Zulu ‘love letters’.

The Zulu ‘love letter’ was once a token of affection, bearing a message in coloured beads from a young woman to the man ‘she had her eye on’. Now the pin carries the red HIV/AIDS ribbon, the international message of concern for those with HIV/AIDS.

The grandmothers, now mothers to their orphaned grandchildren, have produced over 15,000 pins since the year 2000. Each grandmother cares for up to ten children, since many have lost more than one son or daughter. The pins are sold around the world by a network of voluntary supporters to produce an immediate income for the grandmothers.

The community benefits from sales abroad, where the currency gives a higher return. The profit is paid into a South African bank account to build a welfare fund. The fund is administered by a local committee to provide food, clothes and other essentials. It also pays for education and training to improve the children’s employment prospects.

The success of the pin-making has stimulated a rush of entrepreneurial ideas. The grandmothers are now diversifying with traditional jewellery and knitted items.

More than 100 families and 300 children now benefit. An important by-product has been raising awareness abroad of the impact of HIV/AIDS on older people.

The success of the PIN (People in Need) Project has empowered the grandmothers. Four years ago they would not have mentioned the word ‘AIDS’ for fear of stigma, but now they wear their pins with pride. They have attended AIDS-related workshops and are able to discuss the subject with each other.

KwaZulu Natal is one of the areas worst affected by the HIV/AIDS epidemic, with up to 30 per cent of those aged between 15 and 49 infected. This is the age group most likely to have children, so the number of orphans will increase as the epidemic reaches its peak in deaths.

The grandmothers involved in the PIN Project not only care for their sick adult children, but are finding courage and developing initiatives to support their new families. They know they are making a vital contribution.

Help the Aged provides core funding to HelpAge International, and is also a leading partner of HelpAge International’s global network of not-for-profit organisations.