



HPG Commissioned Report

Older people in displacement

Falling through the cracks of emergency responses

Veronique Barbelet

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About the author

Veronique Barbelet is a Research Fellow with the Humanitarian Policy Group (HPG) at the Overseas Development Institute (ODI).

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Humanitarian Policy Group
Overseas Development Institute
203 Blackfriars Road
London SE1 8NJ
United Kingdom

Tel. +44 (0) 20 7922 0300
Fax. +44 (0) 20 7922 0399
Email: hpgadmin@odi.org
Website: www.odi.org/hpg

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Contents

Acronyms	iii
Executive summary	v
1 Introduction	1
1.1 Older people and displacement: an introduction	1
1.2 Overview of the study and methodology	1
1.3 The South Sudan crisis: regional context	3
1.4 The protection of older displaced people: legal frameworks and policies	3
1.5 Structure of the report	5
2 The roles and capacities of older South Sudanese in displacement	7
2.1 Older South Sudanese women in displacement	7
2.2 The impact of displacement on older people's social status	9
2.3 Conclusion	11
3 Older people's vulnerabilities in displacement	13
3.1 Seeking refuge	13
3.2 Protection concerns	14
3.3 Psychological wellbeing and mental health	15
3.4 Conclusion	15
4 Older people and humanitarian action: responding to displacement	17
4.1 Assessments	17
4.2 Responding to the needs of older displaced people: gaps in health, nutrition and food assistance	19
4.3 Information, communication and relationships between aid providers and older refugees	21
4.4 Harnessing older people's roles and capacities	22
4.5 Conclusion	24

5	Challenges and opportunities in including older people in displacement	25
	5.1 Remaining challenges to better inclusion of older people	25
	5.2 Opportunities and ways forward	26

6	Conclusion and recommendations	31
	6.1 Recommendations	31

	Annex 1 List of organisations interviewed	35
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	References	37
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Acronyms

ACTED	Agence d'Aide à la Coopération Technique et au Développement
ADCAP	Age and Disability Capacity Project
AU	African Union
DFID	Department for International Development
DRC	Democratic Republic of Congo
ECHO	European Commission Civil Protection and Humanitarian Aid Office
EIDHR	European Instrument for Democracy and Human Rights
GAM	Gender and age marker
GBV	Gender based violence
HPG	Humanitarian Policy Group
IASC	Inter-Agency Standing Committee
IDPs	Internally displaced persons
INGOs	International non-governmental organisations
NFIs	Non-food items
NGOs	Non-governmental organisations
OAU	Organisation of African Unity
OCHA	Office for the Coordination of Humanitarian Affairs
ODI	Overseas Development Institute
PoC	Protection of Civilian sites
SDGs	Sustainable Development Goals
SIDA	Swedish International Development Agency
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
WASH	Water sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

Executive summary

As part of HelpAge International's project on advancing the rights and protection of conflict-affected older South Sudanese migrants in Ethiopia, Uganda and South Sudan, HelpAge commissioned the Humanitarian Policy Group (HPG) to conduct a study on older South Sudanese displaced by conflict, both within South Sudan and across the border in Uganda and Ethiopia. This study takes stock of the progress made and remaining challenges faced by those responding to forced displacement, both in addressing the specific needs of older people and harnessing their capacities. The study looks at how the role of older people changes during displacement and their specific vulnerabilities and coping strategies. It also examines how well the humanitarian response to displacement has included older people, and the role of legal and policy frameworks in ensuring the rights and protection of older people.

Roles, capacities and vulnerabilities of older people in displacement

Our study shows that the roles of older South Sudanese displaced people, both men and women, change during displacement. Older women's care-giving role increases as the number of orphaned children increases. We also found that older people's traditional power and influence diminish. Understanding why this is so has revealed that older people's roles in communities are determined, not only by local rules and values, but also by their ownership and management of natural and other resources. The loss of this control during displacement can have significant implications for older people's power, influence and access to community support. At the same time, we found a disconnect between older people's perceptions of their changing roles and understanding of these issues among aid actors.

The changing role and status of older people in displacement can result in high vulnerability to mental health issues. Indeed, older people interviewed for this study highlighted psychological ill-health, and linked

mental health and psychological issues with their loss of power, authority and role in the community as a result of displacement. The changing social standing of older people also led to a reduction in the informal support and assistance that older people received. Partly as a result, older people relied heavily on formal assistance and services provided by aid agencies. Focus group discussions with older South Sudanese in South Sudan, Ethiopia and Uganda highlighted the difficulties many (though not all) older people faced in accessing services and assistance in Protection of Civilians sites, refugee camps and settlements. Older people face greater challenges in seeking refuge, and make up a significant proportion of those left behind.

The study also highlights some important findings that could contribute to better programming and better inclusion of older people. Older women's role as care-givers tends to increase during displacement, in parallel with their decreasing ability to contribute income and food to the household. The study also confirmed the need to distinguish between 'older people' and the smaller subset of 'elders'. There is no intrinsic respect owed to older people: whatever power and influence they have very much depends on their socio-economic standing in their community. In turn, this means that elders – too often the only older people engaging with aid actors – may or may not be representative of all older people, especially the most marginalised. The study also found low levels of engagement of older people in income-generating activities – and at the same time high levels of interest from older people in displacement to engage further in these programmes. Support to older people for income-generating activities should consider physical impediments and the need for activities that do not require significant movement.

The humanitarian response to older people and displacement: challenges and opportunities

There is a long way to go in the aid sector to support older people's roles and harness their capacities and

contributions in the context of displacement. While aid agencies recognise that older people have capacities as well as vulnerabilities, actual interventions still lack a sufficiently nuanced understanding of how displacement affects the status and role of older people in their communities and households, and resources continue to be skewed towards younger generations.

Many challenges to the better inclusion of older people in responding to displacement remain. One of the main challenges of older people in humanitarian response is the small proportion of older people in populations affected by crises, including in the South Sudan displacement context. The small number of older people in displaced populations means that organisations deprioritise them in favour of larger and more visible demographic groups, notably women of childbearing age and children.

The challenges around older people's inclusion in humanitarian response speak to a broader issue of the appropriateness, quality and effectiveness of humanitarian programmes. Respondents to this study repeatedly said that the scale and intensity of need in a context like South Sudan prevented a more nuanced response. Rather than an outright rejection of the age lens or age mainstreaming, respondents also felt that such demands on programme staff were not matched by adequate tools and capacity, and therefore did not necessarily result in better – or more nuanced – programming.

A large number of interviewees argued for building on older people's roles and capacities in displacement. The study found that, despite challenges and concerns over adding another mainstreaming agenda to the humanitarian portfolio, respondents recognised that older people could be included more extensively in humanitarian programming by building on their roles and capacities. The Inter-Agency Standing Committee (IASC) has been piloting a new version of the gender marker that includes both gender and age. A number of respondents in the companion drought study pointed to this development as an opportunity, while others felt more cautious given that the gender and age marker has been criticised as a box-ticking exercise.

HelpAge's presence as a programme implementer not only enables it to build its own know-how and experience, but also allows HelpAge to work more closely with other programme implementers at the

ground level. It is therefore crucial for HelpAge to continue receiving support from donors. This study also supports moves to redirect advocacy messages away from a paradigm which focuses on older people and their inclusion towards advocating for age-sensitive programming. Such a shift in the way HelpAge frames the issue and its advocacy would directly address concerns among aid actors that the inclusion of older people means further fragmenting humanitarian programmes.

Strategic partnerships offer a real opportunity for HelpAge to help ensure that other organisations include older people in their programming. Strategic partnerships can have a multiplier effect, spreading expertise and knowledge on how to better include older people in humanitarian responses.

Recommendations

To donors:

1. Donors should continue supporting HelpAge through programming and advocacy specific to older people, and capacity-building and institutionalisation.
2. Building on the ECHO gender and age marker and the IASC pilots, donors should adopt an age, gender and disability marker and integrate into their policy a strategy to build the capacity of the humanitarian community to better assess, programme and monitor the mainstreaming of age, gender and diversity.
3. Support further research on specific gaps around older people in humanitarian crises.

To humanitarian organisations and development partners:

4. Humanitarian organisations should adopt policies and practices based on the new Age and Disability Capacity Programme (ADCAP) minimum humanitarian inclusion standards for older people and people with disabilities.
5. Humanitarian actors should work closely with their development counterparts to identify opportunities to better link up work on older people.
6. Humanitarian organisations should consider how the issue of inclusion of older people can become part and parcel of gender and protection mainstreaming efforts, as well as overall programming.

To HelpAge International:

7. In implementing specific programmes for older people, HelpAge should strategically partner with humanitarian organisations not specialised in issues particularly affecting older people.
8. HelpAge should create strategic coalitions with organisations supporting the inclusion of other marginalised groups, such as youth and adolescents and people living with disability.

1 Introduction

1.1 Older people and displacement: an introduction

Older people could make up 10–30% of displaced people, with a majority being older women (MacDonald, 2002; Goveas, 2002). Older people are more vulnerable in emergencies, including in situations of displacement (Brookings, n.d.; HelpAge International, 2016a). While humanitarian principles require that aid is delivered in an impartial manner, based on needs alone, in emergencies humanitarian organisations tend to implement blanket, one-size-fits-all programmes that fail to adequately address the specific vulnerabilities of older people (Age International and HelpAge International, 2016; DFID, 2015, Allaire, 2013).

As part of HelpAge International’s project on advancing the rights and protection of conflict-affected older South Sudanese migrants in Ethiopia, Uganda and South Sudan, HelpAge commissioned the Humanitarian Policy Group (HPG) to conduct a study on older South Sudanese displaced by conflict, both within South Sudan and across the border in Uganda and Ethiopia. This study takes stock of the progress made and remaining challenges faced by those responding to forced displacement, both in addressing the specific needs of older people and harnessing their capacities. The study looks at how the role of older people changes during displacement and their specific vulnerabilities and coping strategies. It also examines how well the humanitarian response to displacement has included older people, and the role of legal and policy frameworks in ensuring the rights and protection of older people.

UNHCR’s evaluation of assistance to older displaced people, published in 1998, is in many ways a seminal work in identifying the specific circumstances and vulnerabilities of older refugees, as well their contributions and roles in displacement. Since then, UNHCR, the United Nations more widely, humanitarian organisations and governments have made commitments to ensuring the rights and dignity of older people, including older people in humanitarian crises and in displacement. Despite these developments, the inclusion of older people remains

challenging. For HelpAge International, ‘the negligence of governments and the international community to include and address older people as equal citizens in times of displacement has serious consequences for the ability of older people to exercise their rights’ (HelpAge International and Samuel Hall, 2017).

HelpAge International has identified a number of issues facing older people in displacement: ‘1) lack of access to information about their rights and available legal services; 2) lack of mobility or confidence to seek advice; 3) barriers to the realisation of a legal status which would entitle them to services, schemes and entitlements; 4) lack of knowledge of older people’s rights and needs (including comprehensive and disaggregated data) among international agencies, refugee response administrations/services and civil society leading to interventions that are not inclusive of older South Sudanese migrants; 5) significant gaps in the ratification, adoption and adequate implementation of international conventions and instruments, including the African Union protocol to the African Charter on Human and People’s Rights on the Rights of Older Persons in Africa (African Union, 2016); the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa also known as the Kampala Convention (African Union, 2009); and the 1951 Refugee Convention and 1967 Protocol Relating to the Status of Refugees; 6) law enforcement officials, humanitarian relief providers and civil society actors lack understanding of these frameworks and related national laws and policies, which hinders effective protection for older migrants’ (HelpAge International, 2017 Proposal).

1.2 Overview of the study and methodology

The study centres around three main research questions:

1. Are older people able to seek refuge in times of conflict? What are the existing obstacles (including gender-specific ones) to their ability to seek refuge and safety through displacement?

2. What traditional support mechanisms and systems support older people (including gender-specific) during crisis, including older people's own strategies?
3. What role do legal and policy frameworks and past/current interventions (community level, capacity strengthening, resilience, advocacy, older people's associations, etc.) play in enabling the safety and protection of older people in displacement?

The study included a review of existing literature on older people in displacement, focus group discussions with older South Sudanese displaced people in South Sudan, Uganda and Ethiopia and interviews with aid actors (UN agencies, international NGOs and local NGOs), donors and host governments. Information was collected between October 2017 and January 2018.

A total of 42 focus group discussions were conducted in South Sudan, Uganda and Ethiopia. All the older displaced people participating in focus group discussions were either settled in IDP camps or refugee camps. Table 1 provides an overview of the focus groups conducted by country. Focus groups were carried out with men and women separately. Each had a specific profile: those living with family, older people-headed households, people living with disability,

Box 1: Defining older people

The concept of 'old age' must be understood in broad terms. Older age should not be thought of solely in terms of chronological age, but also changes in social roles and positions, which vary greatly among different societies and cultures (Allaire, 2013). Being considered old may be linked to social roles such as being a grandparent, or showing physical signs of ageing. Where people live in hardship, some of the physical conditions that can be associated with older age, such as mobility problems or chronic disease, are present at younger ages. Although many sources use the age of 60 and above as a definition of old age, a cut-off point of 50 years and over may be more appropriate in many humanitarian contexts (ADCAP, 2015). However, for the purpose of this report older people are considered to be individuals over the age of 60.

etc. Where possible, focus group discussions were also conducted with older people in host communities, as well as with older people's associations and committees. Discussions were conducted by HelpAge staff and

Table 1: Breakdown of focus group discussions by type and country

Focus group discussions with people over 60 years old	South Sudan (majority Nuer)	Uganda (majority Dinka)	Ethiopia (majority Nuer)	Total
Older people with family – men	X	X	X	
Older people with family – women	X	X	X	
Older person-headed household – men	X*	X	X	
Older person-headed household – women	X, X*	X	X	
Older person with disability – men	X	X	X	
Older person with disability – women		X	X	
Isolated older person – men	X	X	X	
Isolated older person – women		X	X	
Older people's association – men	X	X	X	
Older people's association – women		X	X	
Host community – men		X	X	
Host community – women		X	X	
Older person from minority group – men	X	Nuer		
Older person from minority group – women		Nuer		
Refugee central committee – men	X	X	X	
Refugee central committee – women		X	X	
Total	10	18	14	42

* In South Sudan, these groups included older person-headed household, older people with disability and isolated older person.

Note: All respondents were Nuer in Ethiopia and South Sudan, while respondents were mainly Dinka in Uganda, with a minority group representing Nuer.

2 Older people in displacement: falling through the cracks of emergency responses

local partners, including staff of national older people's organisations, namely the South Sudanese Old People's Organization and the Uganda Reach the Aged Association. While this may have introduced a response bias, including that older people may have felt that they should say what they thought these agencies wanted to hear, the information collected focused mainly on older people's perceptions of how their roles have evolved with displacement, and the challenges they face.

Interviews with key informants were conducted in person in Ethiopia, and by phone and Skype for other countries. A total of 17 interviews were conducted (11 with actors based in Ethiopia and the rest with actors based in South Sudan and Uganda (respectively four and two)). Interviewees were from international and national NGOs, host governments, donors and UNHCR. The analysis below is also based on interviews conducted for a companion study on the inclusion of older people in drought responses in East Africa, commissioned by HelpAge (Samuels and Barbelet, 2018). These two research pieces ran concurrently, and information gathered in each study was used to complement the other.

In both studies, the response rate for interviews with key informants was low. A number of people contacted felt unable to take part in the study due to their lack of expertise on issues affecting older people. As one HelpAge respondent put it: 'Because of lack of information and knowledge on older people, many people are fearing to venture on addressing the needs of older people because they lack capacity and expertise'. The low response rate is in itself a consideration in this study, and reflects the general lack of awareness of – and perhaps interest in – the issue of older people in displacement.

Three important limitations are to be noted in the analysis below. The data collected for this study did not provide enough nuance to allow for a more gendered analysis. Few key informants were able to provide very detailed accounts of the role gender played, or how displacement affected older men and women differently. Similarly, beyond acknowledging that older people with disabilities faced a dual challenge and were more vulnerable during displacement, our data did not allow further analysis on how age and disability affect the roles and vulnerabilities of older men and women. Focus group discussions alluded to some gender differences and specific issues for older people living with disability, but the data was not rich enough to allow for a more

sensitive analysis. Finally, while the study aimed to look at the role of policy and legal frameworks in the protection of older women and men in displacement, very few key informants were knowledgeable enough to be able to speak to this issue. Similar limitations were found with older women and men being unable to discuss the outcomes of these policy and legal frameworks for their protection. One exception, noted further below, was the perception among older women that gender-sensitive policies and legal frameworks in Uganda had had a positive impact on their protection, especially against violence from men in their community.

1.3 The South Sudan crisis: regional context

Widespread violence and a deteriorating economic situation have resulted in a large-scale humanitarian crisis in South Sudan. In January 2018, UNHCR estimated that 2.4 million South Sudanese had sought refuge in neighbouring countries, 1.9 million as a result of renewed conflict since December 2013. Older men represent 0.6% of this total, and older women 1.2% (UNHCR, 2018). Another 1.9 million are internally displaced (OCHA, 2017a). In the 2018 Humanitarian Response Plan, elderly men and women represent 3% of the total population being targeted (OCHA, 2017b). The 2017 Humanitarian Needs Overview estimated that 2% of IDPs in Protection of Civilians sites were elderly women, and 1% elderly men (OCHA, 2016a). According to OCHA, children, the elderly, people with disabilities and people living with HIV/AIDS are particularly vulnerable during displacement (OCHA, 2016a), with many families 'having had to abandon young children, aged and infirm family members when fleeing fighting' (OCHA, 2016a).

1.4 The protection of older displaced people: legal frameworks and policies

While there is no global convention on older people in displacement, a number of legal frameworks afford them specific protection. Some are global, others regional; some are specific to older people, and others more specific to displacement. Box 2 provides an overview.

Box 2: List of relevant global, regional and other frameworks on the rights of older people

Global: older people

- United Nations Principles for Older Persons, 1991
- Political Declaration and Madrid International Plan of Action on Ageing, 2002

Global: development

- Sustainable Development Goals

Global: protection-specific

- The 1948 Universal Declaration of Human Rights
- The 1949 Geneva Conventions and 1977 Additional Protocols
- The Charter on Inclusion of Persons with Disabilities in Humanitarian Action, 2016

Global: forced displacement

- The UN 1951 Refugee Convention and 1967 Protocol on the Status of Refugees

- UNHCR's 2011 Policy on Age, Gender and Diversity
- Guiding Principles on Internal Displacement, 1998

Regional: older people

- Protocol to the African Charter on Human and People's Rights, 2016, on the rights of older people in Africa

Regional: forced displacement

- OAU Convention on Specific Problems Relating to Refugees in Africa, 1969
- African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention), 2009

Organisational policies on older people and displacement

- UNHCR Policy on Age, Gender and Diversity, 2011
- ECHO gender and age marker

In 1991, the UN General Assembly adopted the United Nations Principles for Older Persons, with 18 principles relating to older people's independence, participation, care, self-fulfilment and dignity (United Nations, 1991). According to Allaire (2013): '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'. Ten years later, in 2002, the Second World Assembly on Ageing in Madrid produced a Political Declaration and an International Plan of Action on Ageing (United Nations, 2002). The plan stipulates a number of steps that governments should take, including the development of national action plans in three priority areas: 'older persons and development; advancing health and wellbeing into old age; and ensuring that older people benefit from enabling and supportive environments' (United Nations, 2002). The agreement is non-binding, and it makes no provision for additional resources or a monitoring mechanism (HelpAge International and Samuel Hall, 2017; Macdonald, 2002).

The Charter on Inclusion of Persons with Disabilities in Humanitarian Action was developed in advance of the World Humanitarian Summit in May 2016. Endorsed by 160 stakeholders, it promotes humanitarian action that is inclusive of specific vulnerabilities (HelpAge

International and Samuel Hall, 2017).¹ A set of humanitarian inclusion standards for older people and people with disabilities has also recently been finalised (ADCAP, 2018). Meanwhile, a number of General Assembly Resolutions call on states, UNHCR and other UN agencies to ensure that the needs of elderly refugees are addressed (General Assembly Resolution A/Res/55/77, 2001). The AU Framework on Refugees, Returnees and Internally Displaced Persons (the Kampala Convention) makes specific recommendations on older people in displacement: '1. Ensure the protection of the rights of older migrants. 2. Ensure that the needs of older people migrants are met at the time of migration and at the time of resettlement. 3. Ensure that older people migrants receive adequate quality and quantity of health care and other social services. 4. Protect the entitlements of older people migrants including pensions and other provisions. 5. Ensure that programmes relating to training and resettlement take into account the needs of older people in terms of re-uniting them with their families' (HelpAge International and Samuel Hall, 2017).

In 2011, UNHCR adopted a policy on age, gender and diversity (UNHCR, 2011a), alongside an age,

1 For more information see <http://humanitariananddisabilitycharter.org/>

gender and diversity mainstreaming plan. This outlined a two-pronged approach to policy implementation: ‘Integrating age, gender and diversity sensitive analysis and action into all organisational practices, policies and programmes in order to enhance field impact; and targeted actions to specifically address protection gaps and ensure gender equality and the equitable protection of all persons of concern to UNHCR’ (UNHCR, 2011b). The policy follows from an evaluation in 2010 of UNHCR’s 2004–2009 age, gender and diversity mainstreaming strategy and earlier policies on older people developed in 2000 and 2002.

1.5 Structure of the report

The next section focuses on the roles of older South Sudanese prior to displacement, how these

roles are perceived to have changed as a result of displacement, and the implications of these changes. Section 3 looks at the specific vulnerabilities of older South Sudanese during displacement. More particularly, the section examines the challenges older people face in seeking safety through displacement, their protection concerns, the impact of displacement on their wellbeing and mental health and the challenges older people face in accessing services and assistance. Section 4 evaluates the level of inclusion of older people in the current humanitarian response to displacement in South Sudan, Uganda and Ethiopia. Finally, Section 5 identifies the remaining challenges in better including older people in humanitarian responses to displacement, as well as existing opportunities. Key recommendations are proposed in the conclusion.

2 The roles and capacities of older South Sudanese in displacement

Older people in African societies play an active role in community governance; in Rwanda, for instance, they have a significant role in community conflict resolution and reconciliation and in the leadership of community self-help groups. They also take care of grandchildren and manage resources (MacDonald, 2002). In emergencies, older people tend to take on larger responsibilities, for instance looking after orphaned children or children who have been separated from their parents as a result of the crisis (HelpAge International, 2002). At the same time, however, older people also tend to be perceived more negatively by their families and communities in emergencies as ‘assumptions and societal stereotypes that portray old people as a burden are exacerbated’ (MacDonald, 2002). Box 3 outlines the main questions humanitarian organisations should consider integrating into existing assessments to support a

Box 3: Understanding the role and contribution of older people: a quick guide (Gonzalez, 2012)

- Do older people traditionally work, particularly in agriculture?
- Do they traditionally care for children?
- Are they honoured, respected and listened to, or do they become less visible with age?
- Do their families consider them an asset or a burden?
- Do families traditionally assist non-self-sufficient older people?
- Do communities or governments step in if families do not?
- Are older people included in family or community decisions?
- Do older people play specific roles in the community – as elders, or in conflict resolution or decision-making?

better understanding of the role and contribution of older people (Gonzalez, 2012).

Focus group discussions conducted for this study explored the roles of older people in South Sudan prior to their displacement, and the changes that resulted from displacement. Box 4 provides an overview of the roles of older men and women in the community and in the household, as highlighted by respondents. Two important points should be noted. First, both older men and older women have some leadership roles at the community level in South Sudan. Second, they contribute to the household economy through cattle-rearing, farming and petty trade. A recent market survey by HelpAge with older South Sudanese displaced people in Ethiopia, Uganda and South Sudan confirmed that 70% of those surveyed took part in some kind of income-generating activities prior to displacement (Aungo, 2018).

HelpAge International conducted assessments in Ethiopia, South Sudan and Uganda as part of its intervention (of which this study is a part) on the knowledge, attitudes and practices of older people and key actors. In Ethiopia, the assessment highlighted that almost half of all older people who participated in the survey agreed with the statement that older people do not need access to employment and income-generating opportunities despite traditionally contributing to household income (HelpAge International, 2017a). In Uganda, the assessment found that the majority of older people are keen to participate in community meetings because they ‘advise and guide young people’ (Obot, 2017).

2.1 Older South Sudanese women in displacement

Taking care of young children is a traditional role for older women in South Sudan. Traditionally, this is to

Box 4: Role of older people in South Sudan (prior to displacement)

<i>Older women in the community</i>	<i>Older men in the community</i>
<ul style="list-style-type: none">• Provide community leadership in difficult times• Advise young women on family matters and bringing up children• Teaching children manners• Supporting traditional ceremonies• Maintaining traditional norms• Midwifery	<ul style="list-style-type: none">• Transmitting culture and traditions• Protecting community• Custodians of traditions• Leadership• Mediation and settlement of communal problems• Telling stories• Peacemakers
<i>Older women in the household</i>	<i>Older men in the household</i>
<ul style="list-style-type: none">• Contribute resources and income through running small shops, trade, food production, farming, knitting, selling firewood, milking cows• Allocate family resources among relatives• Taking care of children• Participating in decision-making• House maintenance	<ul style="list-style-type: none">• Leadership and head of family• Income support and contributing through farming, cattle-rearing, business, fishing, farming

support economically active parents, in particular in pastoralist communities, where physically able adults may migrate with cattle in search of water and pasture.

HelpAge International assessments conducted with displaced older South Sudanese in Uganda, Ethiopia and South Sudan showed that, in Ethiopia, 90% of older South Sudanese refugees were living with dependents under the age of 18 (HelpAge International, 2017a); in Uganda, 64% of older people surveyed lived with at least one dependent (8.4% had more than five dependents), of whom three-quarters were under 18 (Obot, 2017). According to our focus group discussions, older South Sudanese women saw their role as care-givers significantly increase in displacement, whether internally or to Ethiopia and Uganda. Respondents in the groups highlighted that older women found themselves having to care for an increased number of children due to death of the parents during the conflict, or because they are separated from their parents during flight. This was also noted in UNHCR's 1998 evaluation of older people in displacement:

The neediest cases witnessed during the field visits concerned what may be termed elderly-headed households where a grandparent was

in charge of grandchildren following the death or forcible departure of the middle generation. ... Such families live in desperate poverty due to the lack of an employable breadwinner. The physical and mental strains are enormous (Crips and Mayne, 1998).

Prior to displacement, older women contributed income to their household through petty trade, and by gardening and looking after small animals. With displacement, they found it difficult to contribute income and food, having lost their animals, land and trading capital. Older women reported selling their food ration and collecting firewood for sale. Very few resources were available to them beyond the formal aid they received; in HelpAge's assessment in Uganda, all the older people surveyed were dependent on food assistance, and had no other means self-reliance (Obot, 2017).

Older women in Uganda reported feeling more respected and better protected because laws in Uganda and norms in the camps meant that 'men's hands had been tied', meaning that they could no longer abuse women and wield power over them. While this study was not able to gather enough evidence on the extent to which legal and policy frameworks genuinely

supported older people in displacement, in Uganda it does appear that the legal and policy environment helped to promote better gender outcomes for older women. This study found that, in general, older South Sudanese women benefitted greatly – in the sense of perceiving that their rights were more respected and they were afforded better protection – from the gender and women’s empowerment work of NGOs, even though these programmes did not specifically target the needs of older women.

While aid programmes responding to displacement only harness the roles of older women in an ad hoc manner (see Section 4), interviews with aid actors, host governments and donors found that most of these actors recognise the role older women play in care-taking, as well as contributing to household income.

2.2 The impact of displacement on older people’s social status

The literature on older people provides historical evidence attesting to how displacement affects their roles and social status. UNHCR’s 1998 evaluation explains these changes as a result of the ‘erosion of social support systems’:

Economic decline, resulting in a drastic reduction of living standards for the poorest, with refugees among the hardest hit; and the separation and dispersal of families as a result of war, flight and economic or security pressures, resulting in a rise in the number of unaccompanied elderly persons in need (Crips and Mayne, 1998).

Crips and Mayne (1998) also found that ‘everyone interviewed paid lip service to traditional community values but admitted in the same breath that economic decline, social mobility and the pace of social change meant that the elderly no longer enjoyed the same authority, care and attention they had in the past’. A study of Mozambican refugees in Zimbabwe in the 1980s also identified loss of social status among older refugees in camps. The study highlighted how organisations such as HelpAge and Christian Care supported older refugees through ‘a developmental approach aimed at assisting the refugee to achieve self-reliance’, but failed to address the issue of social status:

The elderly, especially in camp situations are often not respected and are regarded with contempt by their younger counterparts and sometimes by development personal as well. There is now a tendency to view old age as a disability or illness (Mupedziswa, 1989).

In our study, older people identified a link between their declining social status in refugee camps and loss of control over natural resources and assets. While older men still tried to offer advice, settle disputes and participate in community meetings, and older women continued to look after grandchildren and advise young girls, all our respondents noted how they had lost the respect of the community, their power had declined and their ability to influence community life was minimal. These findings about loss of status and influence are echoed by recent HPG research looking at the livelihoods of Central African refugees in Cameroon, which noted changing intergenerational dynamics in part due to older people not being able to hand down resources, land, skills or other productive assets. As a result, older Central African refugees feared being abandoned by their children (Barbelet, 2017).

Without capital and assets, and having lost their traditional role in the management of resources, older people may be seen as too vulnerable to have any influence or power. Their other major resource – life experience – may be less useful in new environments that they do not know well, and laws and norms in places of refuge may differ from practices they are used to at home. Older people told us that Western values and education and the role given to younger people in the camps created tensions between generations, and that young people had taken over their role as community leaders:

In our villages, older people hold a lot of power as they have access to resources such as land, animals and traditional authority, but in camp situations, this has gone the other way. Young people with little money have become powerful and dictate what the community should do.

This point is echoed by Eruesto (2002), who notes that ‘the prolonged conflict in Angola and the consequent forced migration of millions have drastically reduced the level of interaction between older and younger people’:

The setting up of community schools, for example, has lessened the role played by the

older members of society in the lives of the youth, as they are no longer perceived as the bearers of wisdom and advice. As in many other parts of the world, they are also often seen as old-fashioned and outdated, their views and principles conflicting with those being taught at school (Eruesto, 2002).

Allaire (2013) suggests that the changing position of older people within their communities and households may leave them marginalised in the household and unaware of the assistance available to them, ‘compounding a downward spiral of discrimination, poverty and isolation’. Another study notes:

Contrary to common belief, often older people in displacement cannot count on a safety network, as they find themselves marginalised – and at times excluded – by their own families and communities in a situation of competition for scarce resources (HelpAge International and Samuel Hall, 2017).

Only two respondents in our study noted the changing role and status of older people in displacement. One aid worker highlighted the problem:

The social fabric that existed is dying out to the extent that people are thinking more about their immediate family than caring for their grandmother. Older people are finding themselves in these situations, where the trust that they had in their children is no longer working. Whatever kind of support system they have trusted for years is no longer working in these dire situations. Everybody is becoming frustrated and equally everybody is traumatised and in these kind of situations older people find themselves isolated and marginalised.

Key informant interviews for this study mostly failed to make these connections. According to one respondent: ‘There is no evidence to say that family support systems changes during displacement’. Respondents generally felt that the respect accorded to older people in South Sudanese culture, and their traditional leadership roles, continued into displacement, for instance via camp management structures. Most key informants also believed that communities and families constituted the main safety net for older people in displacement, and acted as a critical bridge between older people and services

and assistance. By contrast, while during focus group discussions older people acknowledged the support they received from their family and the wider community, they also noted that this was ad hoc and was declining, and that they could no longer rely on community charity, for instance to help with shelter and food, as they had back home.

These findings suggest a need for aid workers to further investigate and understand how the assumptions they are making about community life and power dynamics in households affect older people’s needs and rights, in particular their ability to access information, services and assistance. Most respondents in focus group discussions told us that they wanted to regain their role, in particular in contributing income to their household, and wanted more support for livelihoods. A recent HelpAge market survey with older South Sudanese highlighted that, while there is a low level of engagement among older men and women refugees in income-generating and business activities, there is a strong desire to do more (Aungo, 2018). According to the report, more than two-thirds (70%) of respondents engaged in some income-generating activity prior to displacement (Aungo, 2018), dropping to about 30% post-displacement (Aungo, 2018). The challenges older South Sudanese women and men face in becoming more involved in livelihoods in displacement include a lack of training in business/IGA operations, including planning and management; low literacy and inadequate capital; and chronic health conditions or disability, which means that many older people are restricted to work that does not involve significant physical effort (Aungo, 2018).

Another common assumption that requires testing is that ‘older people’ are the same as ‘elders’ (Kessely, 2002). As Crips and Mayne (1998) argue: ‘the degree of support and respect the elderly receive is by no means uniform but depends very much on their social status within the community: not all elderly are elders’. As such, there is no intrinsic respect owed to older people: their power and influence very much depends on their socio-economic standing in their community. While elders – by which we mean older people in positions of (relative) power and leadership within their communities – are consulted in aid agencies’ decision-making processes, they may not always represent all older people, especially those most marginalised within the community. Elders also tend to be men.

2.3 Conclusion

Our study shows that the roles of older South Sudanese displaced people, both men and women, change during displacement. Older women's care-giving role increases as the number of orphaned children increases. We also found that older people's traditional power and influence diminish. Understanding why this is so has revealed that older people's roles in communities are determined,

not only by local rules and values, but also by their ownership and management of natural and other resources. The loss of this control during displacement can have significant implications for older people's power, influence and access to community support. At the same time, we found a disconnect between older people's perceptions of their changing roles and understanding of these issues among aid actors, raising the risk that interventions may further erode older people's capacities.

3 Older people's vulnerabilities in displacement

The literature on older people has purposefully highlighted the roles and capacities of older people in order to counter the widely held assumption that older people are *only* vulnerable. The literature on older people, including in humanitarian crises and displacement, also calls on governments, the international community and aid actors to address their current 'inability ... to understand the specific challenges faced by older people' (HelpAge International and Samuel Hall, 2017). Understanding the specific vulnerabilities of older people in displacement is difficult in part because of the lack of studies and assessments that systematically compare older people with other segments of the population. However, there is a large body of evidence from studies of older people around the challenges they face in humanitarian crises and displacement (HelpAge International, 2012b; 2016a; Hutton, 2008; Strong et al., 2015; Age International and HelpAge International, 2016). In this study, we were particularly interested in understanding the obstacles that older people face when fleeing and seeking refuge, and potential interventions to help them, whether through the adoption of policies and legal frameworks or interventions to increase older people's ability to fulfil their rights during displacement.

Vulnerabilities among older people in humanitarian crises stem from both pre-existing conditions exacerbated by crisis, and the risks emanating from the crisis itself, at the individual, community and structural levels. HelpAge International (2013a) also reminds us that older people face different challenges at different stages of displacement (see also Allaire, 2013):

- Inability to flee due to physical frailty.
- Increased dependence, with reduced support leading to neglect, discrimination and violence.
- Reduced ability to adapt to a new environment, access and understand information and access assistance.

Older people tend to be less mobile physically, and live with chronic illnesses and some form of disability.

(According to HelpAge's recent assessment in South Sudanese refugee settlements in Uganda, 72% of older South Sudanese have a disability (Obot, 2017).) As a result, older people tend to face specific protection concerns and are affected by displacement differently, in particular in terms of their psychological wellbeing, their ability to seek refuge and their ability to access services and assistance.

3.1 Seeking refuge

Fleeing and seeking refuge in the first place is a significant challenge for older people (OCHA, 2016a). In one study in eastern Ukraine, HelpAge found that almost half of the older people consulted remained in their homes when the conflict there began, some because they were physically unable to move, others because they had nowhere to go (HelpAge International, 2016a). Many older people are left behind when other segments of the population flee violence and conflict because they are unable or unwilling to leave (Crips and Mayne, 1998; MacDonald, 2002):

Reasons for this are wide ranging and include: physical incapacity of many older persons to move, whether real or perceived by their family; homeland ties: they may feel particularly tied to their home and lands; ridden out: they may have resisted pre-emptive disaster evacuations and thus experienced and managed similar situations before – that is, 'ridden out' previous disasters; starting elsewhere: the prospect of starting again elsewhere may be too overwhelming for an older person and the feeling that it is important for someone to remain at home to secure their assets (HelpAge International and Samuel Hall, 2017).

A recent study entitled *Missing millions* highlights that older people with disabilities face a number of barriers that make it harder for them to escape from danger and exercise their right to humanitarian assistance and

participation (Sheppard et al., 2018). According to the literature this can have tragic consequences for older people who are left behind, including isolation and destitution. They may also be invisible to aid actors (Crips and Mayne, 1998; HelpAge International and Samuel Hall, 2017), and exposed to violence including reprisals, abduction and looting (Crips and Mayne, 1998; MacDonald, 2002; HelpAge International and Samuel Hall, 2017; Human Right Watch, 2017).

During focus group discussions, older people repeatedly mentioned the difficulties they faced in fleeing conflict and seeking refuge. Those who were able to reach either the protection sites in Juba or refugee camps in Uganda and Ethiopia did so through:

- Evacuation by the Sudanese government, using military aircraft.
- Travelling on UN trucks to the border.
- Travelling on UN aircraft to Juba.
- Paying for public transport.
- Paying for private transport, including commercial trucks and taxi.
- Using family vehicles.
- Taking UNHCR transport from the border to camps.
- Taking Ugandan government transport from the border to camps.

Older South Sudanese highlighted the role that governments (including their own government providing protection to Nuer men) and the role the United Nations played in helping them reach safety. Only one group mentioned Good Samaritans offering transport on the way. Other focus groups talked of the support they received from family directly, either with transport or through being given information on where to go. Many older people relied on information broadcast on the radio to know when and where to flee, as well as their past experience as refugees in the last war. However, this does not detract from the fact that many older people mentioned walking long distances on foot, enduring significant suffering along the way. During focus group discussions, older people said that they also encountered violence during their journey, or were detained by the South Sudanese government. They reported older people falling victim to communal violence, though it was unclear from the data gathered during the focus group discussions whether older people were targeted as community elders or because of other roles. They also mentioned the physical challenges they faced in moving.

Many older people were not sure who had remained in their neighbourhoods, towns and villages, as most could not communicate with those who stayed behind. However, they felt that those left behind were either older people who had not been targeted by the violence (either because of their tribal affiliation or because they were protected by the government), or who were unable to leave due to disability, ill-health, very old age or inability to pay for or access transportation. Older people highlighted that, for some, their family members would rather take children to safety, leaving older people behind. Older people also felt that some of those left behind had refused to leave. Most respondents believed that older people who had remained behind had been killed.

The study also explored the types of intervention that have supported or could support older people seeking refuge. While older people identified governments, the UN and UNHCR as sources of help, interviews with these actors did not highlight specific practices or policies to support older people seeking refuge. Interventions in displacement situations focus on camp and 'camp-like' settings, and interviews for this study highlighted that very few were geared towards those left behind, including older people. One respondent from an INGO noted that the World Food Programme (WFP) had tried to assist people left behind through air drops and medical boats, but felt that older people would probably find such assistance difficult to access. A new protection strategy in South Sudan aims to create intervention hubs outside of Protection of Civilians sites for people who have stayed behind, including older people.

3.2 Protection concerns

In a recent report, HelpAge International found that, in Ethiopia, both older South Sudanese men and women have protection concerns in refugee camps, including psychological abuse, physical violence, neglect, sexual violence, theft and restrictions on movement imposed by family members (HelpAge International, 2017a). Older South Sudanese refugees in Ethiopia reported that marketplaces, distribution sites and quarters in the host community were especially risky areas (HelpAge International, 2017a). In Uganda, older South Sudanese refugees were most concerned with theft, psychological abuse and neglect (Obot, 2017), followed by sexual violence and restricted movement (no difference between genders).

Risky areas were identified as distribution points and community service centres. Among older IDPs in Juba, the main protection concerns were neglect, psychological abuse and restrictions on movement (Oloya Nekemiah, 2017). Older women felt most unsafe in latrines, at home and in the host community, while older men felt most unsafe at distribution sites, in the host community and while using latrines (Oloya Nekemiah, 2017). In South Sudan, the priority protection services requested by older people were legal assistance (35%) and psychological support/counselling (31%) (Oloya Nekemiah, 2017). These protection concerns tell us two important things: first, the prominence of neglect and psychological abuse; and second, the perception among older people that distribution sites are unsafe, with serious implications for their ability to access assistance.

3.3 Psychological wellbeing and mental health

A review in 2016 highlighted a ‘dearth of evidence about the impact of forced migration on the mental health of older adults’ and called for ‘further research ... to explore the risk factors and processes that contribute to adverse mental health outcomes among older adult populations’ (Virgincar et al., 2016). A recent HelpAge International assessment in Ethiopia revealed that older men put protection from psychological abuse high on their list of priority needs, with 73% ranking it as their main protection need (HelpAge International, 2017a). While this is not evidence of the risks and processes that contribute to adverse mental health for older refugees, it does highlight the significance of the issue in the South Sudanese displacement crisis.

Our study also highlights the centrality of psychological wellbeing – or lack thereof – among older displaced South Sudanese in the region. Respondents in focus group discussions mentioned how the loss of their traditional roles, in addition to trauma from the conflict, had resulted in depression

and mental illness among older South Sudanese men and women. Respondents reported feeling more isolated from their community and confined to the home. As highlighted above, focus group discussions with older people noted the changing relationships within families and communities, in particular the lack of respect younger people showed towards older generations. The loss of power, dignity and respect during displacement has clearly contributed to the generally poor psychological health of older people in displacement, particularly those with a disability or without family with them. Many older people felt no sense of belonging and found it difficult to get support from neighbours. Older people living with disability reported receiving less support from family during displacement as resources were scarce and families became tired of caring for them.

3.4 Conclusion

The literature on older people has long highlighted their vulnerabilities in disasters, emergencies and conflicts. This study confirms that, during conflict, older people face greater challenges in seeking refuge. Older people interviewed for this study also highlighted psychological ill-health, and linked mental health and psychological issues with a loss of power, authority and role in displacement.

As highlighted in Section 2, older South Sudanese saw a significant shift in their social standing, role and power within their communities and households, leading to a reduction in informal support. Partly as a result, they relied heavily on formal assistance and services provided by aid agencies. Focus group discussions with older South Sudanese in South Sudan, Ethiopia and Uganda highlighted the difficulties many (though not all) older people faced in accessing services and assistance in Protection of Civilians sites, refugee camps and settlements. The next section examines the response to South Sudanese displacement, and how far interventions have been inclusive of older people: harnessing their specific roles and capacities, while also addressing their specific needs.

4 Older people and humanitarian action: responding to displacement

This section takes stock of current levels of inclusion of older people in humanitarian interventions.²

The literature highlights the challenges the aid sector faces in supporting older people, who are ‘all too often bypassed by humanitarian efforts’ (MacDonald, 2002) because a ‘disregard for basic age-specific considerations results in humanitarian programmes which are inaccessible or not suited to the specific needs of older people’ (Gonzalez, 2012). In displacement situations specifically, UNHCR regularly publishes an accountability report on age, gender and diversity which provides some indication of where the organisation stands in terms of including older people in its operations globally. The 2016 edition reports that, while measures including the publication of the accountability report were being implemented to support the inclusion of older people, with some progress and successes, important gaps remained. Only 29 out of 78 operations reported that at least 80% of older people had received adequate and appropriate services (UNHCR, 2016a).

In the South Sudan response, this study found some progress. Respondents felt that the inclusion charter signed at the World Humanitarian Summit, the language of ‘leaving no one behind’ from the SDGs and the work and advocacy of HelpAge have all contributed to progress. However, gaps in policy and practice remain despite guidance from UNHCR, HelpAge International and the Age and Disability Capacity Programme, and a range of good practice examples identified in the literature (see Box 5, page 18).

4.1 Assessments

One of the major challenges to supporting older people in forced displacement is the lack of basic information and data on this cohort, including a lack of good basic demographic data in the country of origin, and a lack of data on how older people are affected during displacement, and what older people themselves identify as their needs and capacities (HelpAge International and Samuel Hall, 2017). Assessments are a critical first step in ensuring the inclusion of older people in interventions. Without adequately assessing and understanding the situation of older people in displacement it is impossible to design adequate interventions (MacDonald, 2002). According to MacDonald (2002), this is not just about counting older people, but also identifying where they are, their gender, ethnicity, socio-economic and employment status and the conditions in which they live. For HelpAge International (2002), ‘older people are rarely asked about their needs’. As a consequence, there is often ‘a mismatch between humanitarian and development agencies’ ideas of what older people need in emergencies’ (HelpAge International and Samuel Hall, 2017).

This study found a lack of systematic age disaggregation and inadequate inclusion of older people in assessments. Data on disability among this age group was also missing. Although many respondents said that they involve older people in assessments and ensure that they consult older men and women, our review of assessments on the South Sudanese displacement situation found no specific recommendations to address concerns raised by older people. Most recognised older people as vulnerable or as a special group (Participatory assessment, 2017; Multi-Sector Rapid Needs Assessment, 2016; Inter-Agency Emergency Assessment, 2014), but did not propose or call for follow-up actions, or provide

2 This study also set out to examine the role of legal and policy frameworks in providing for the safety and protection of older people in displacement, but respondents were largely unable to shed light on this. A minority of respondents pointed to the utility of such frameworks for advocacy and to ensure that government resources were allocated to action plans for older people.

Box 5: Guidance and good practice examples from the literature

Key resources and guidance to support better inclusion of older people in humanitarian action, emergencies and responses include:

- The Age and Disability Capacity Programme (ADCAP) *Minimum standards for age and disability inclusion in humanitarian action* (ADCAP, 2015).
- The new ADCAP Humanitarian inclusion standards for older people and people with disabilities (ADCAP, 2018).
- HelpAge International (2012) *Older people in emergencies: identifying and reducing risks*: includes key issues to look for that apply to internally displaced older people and older refugees.
- UNHCR guidance *Working with older persons in forced displacement: need to know guidance* (UNHCR, 2013).

Good practice identified by the literature:

Clubs, peer-to-peer support and networks

- Mutual aid committees established in Chad to help strengthen the protection of older people and people with disabilities, including during food distributions (UNHCR, 2016a).
- Clubs of older people in Jordan and Lebanon providing cultural, educational and recreational activities to build support networks and enable UNHCR's formal and informal mechanisms to monitor older people's protection and wellbeing (UNHCR, 2016a).

Legal support for older people

- Advocacy on behalf of older IDPs for full access to their pensions (UNHCR, 2016a).
- In Cameroon, UNHCR's advocacy enabled older people with disabilities to access national disability services provided by the Ministry of Social Affairs (UNHCR, 2016a).

Nutrition

- In Mozambique, older people were included/ targeted as beneficiaries in complementary feeding programmes, a step forward as most complementary feeding programmes only target children under five (UNHCR, 2016a).
- In South Sudan, a feeding programme for adult

IDPs delivered by Médecins Sans Frontières (MSF) in 2012 demonstrated that older people can be successfully treated by therapeutic programming. The programme addressed challenges such as reaching isolated older people through transferring them to outpatient care, home visits and transportation to ambulatory feeding centres through a donkey cart system (ADCAP, 2015).

Health

- In Mozambique, older people benefitted from medical services including eye exams, the provision of eye glasses as well as psychiatric medication and individual and group counselling (UNHCR, 2016a).
- In Kenya, UNHCR provided home-based training in basic physiotherapy to carers of older people (UNHCR, 2016a).
- In Uganda, a desk for older people was created in the Ministry of Gender, Labour and Social Development and a minister responsible for older people and people with disabilities was appointed, facilitating increased dialogue between the government and older people, including older refugees (Kesselly, 2002).
- In 2014 in Lebanon, HelpAge International launched a project to tackle chronic diseases among older Syrian refugees by improving the management of diabetes and hypertension at primary healthcare level, addressing the financial obstacles that were preventing older Syrian refugees from seeking medical support for these chronic illnesses (ADCAP, 2015).

Livelihoods

- In Cameroon, UNHCR prioritised older people who were able and willing to engage in livelihood programmes (UNHCR, 2016a).
- In Syria, UNHCR revised eligibility criteria for livelihood programming to remove age restrictions (UNHCR, 2016a).

WASH

- In Kyrgyzstan, the WASH cluster collaborated with the Age and Disability Working Group to adapt the design of latrines to meet international accessibility standards, including wider doorways to allow room for wheelchairs (ADCAP, 2015).

detailed recommendations targeting older people. As an example, the South Sudan Humanitarian Needs Overview 2017 notes that nutrition issues affect elderly people, but makes no further mention of older people's nutrition needs, or how the humanitarian sector should address them (OCHA, 2016a).

Age disaggregation in particular sectors remains inadequate. The South Sudan Humanitarian Needs Overview for 2017 reports WASH indicators for cholera under only two age categories: under five years and over five years (OCHA, 2016a). The South Sudanese Refugee Inter-Agency Emergency Assessment Report for West Nile and Acholi Region does not mention nutrition indicators for older people (Inter-Agency Emergency Assessment, 2014). A nutrition assessment by HelpAge International in Protection of Civilians sites in Juba found that 23.3% of older people suffered from global acute malnutrition, and 2.6% severe acute malnutrition.

Most assessments reviewed included some participation from older people, though often only traditional chiefs and community leaders. While this is a step towards gathering the concerns of older people in a community, it fails to ensure that these concerns represent the majority of older people, including the most marginalised. As noted earlier, lumping together 'older people' and 'elders' is problematic in a sector concerned with helping the most vulnerable.

Assessments by HelpAge International have been critical in shedding light on the situation of older people. As part of its EIDHR-supported work to enhance the protection of older people, HelpAge conducted needs assessments in South Sudan, Uganda and Ethiopia with older displaced South Sudanese. These reports highlight where and why older South Sudanese cannot access services and information, and the concerns they have. Such assessments help build a baseline for HelpAge International to see how interventions are improving the situation of older displaced South Sudanese, as well as providing much-needed information for the humanitarian sector, and particularly for protection actors. However, assessments that only focus on older people do not provide a comparison of how other individuals fare in terms of their access to services, information and assistance. It is only by doing a comparative assessment of the ability of different individuals to access services, information and assistance that one can conclude how different factors such as age and

disability affect access. Without knowing how the concerns and challenges of older people compare to those of other categories of the population, it is difficult to conclude that older people are being under-served or not adequately considered in humanitarian response. As discussed later in this report, respondents alluded to the fact that there was a general lack of good-quality programming in the response to the South Sudanese displacement crisis.

4.2 Responding to the needs of older displaced people: gaps in health, nutrition and food assistance

This study, and recent assessments by HelpAge International under the EIDHR-funded project, show that more progress has been made than has been reported in the literature towards the inclusion of older people in responses to forced displacement. However, gaps and challenges remain, many of which pertain to wider challenges in responding to large-scale emergencies.

Assessments by HelpAge International in the South Sudan displacement context report significant gaps in older people's ability to access services and assistance. In Ethiopia, while 60% of older people reported having access to specific support (the identification of family members to carry rations, household visits for registration, transport), 34% said that no support was available to them. Similarly, 24.5% reported that older people were never prioritised at distribution or registration sites, and 40% reported that they were sometimes prioritised (HelpAge International, 2017a). The assessment in Uganda found that 31% of older men and 29% of older women found it very difficult to access services that contributed to their safety, dignity and wellbeing (Obot, 2017). The same report noted that older people have better access to services in some camps than in others in Northern Uganda, suggesting an issue of implementation, rather than policy. According to the assessment, access to registration sites is split more-or-less evenly, with 50.1% claiming they are not accessible and 46.3% saying they had been able to access the sites. Although access to distribution sites for food and non-food items was relatively good, just over half of older people surveyed said that they were never given

priority. This means having to stand for long periods in queues, which may be physically challenging for older people and may discourage them from coming back. A high percentage of older people (41%) stated that they went to distribution sites to collect their ration; 20% have caregivers to collect it on their behalf, and for 4% a member of their household went to distribution sites for them (Obot, 2017).

In South Sudan, older IDPs living in Protection of Civilians sites were more positive: 9% felt that access to services that contribute to their safety, dignity and wellbeing was very hard, compared with 30.6% who regarded it as very easy or easy (Oloya Nekemiah, 2017). However, similarly polarised results were reported in terms of access to registration sites, with 55% of older people saying they had access and 41% reporting that they did not. Three-quarters of older people access their food ration through a member of the household, while 68% reported not having access to information on food distributions.

A significant trend and challenge in including older people is that very few organisations we interviewed had a definition of older people in their programme, or specific policies on older people. Most respondents nevertheless recognised older people as vulnerable in crises, and while certain key sectors are not adequately adapted to the specific needs of older people (see below for more on health and nutrition), in general respondents noted that older people were often prioritised in interventions in camps: prioritised for new shelters or WASH facilities, prioritised at food distribution points, prioritised for NFI distributions, etc. UNHCR has adopted a thorough categorisation of people with special needs, which includes age (UNHCR, n.d.).

While older people are recognised as vulnerable, including by donors, there is a general lack of specific interventions for this group:

Vulnerable groups are female headed households, pregnant women, people with disabilities and elderly people but we have no specific programmes to address the needs of elderly people and people with disability.

The lack of specific interventions means that, despite mainstreaming efforts and the recognition of older people as a vulnerable category, they were, according to one donor, ‘falling through the cracks’:

There are other populations that we would like to target such as people with disabilities and elderly. Unfortunately, our perception is the needs of these populations should be covered and included in what they are doing in the field with UNHCR and partners but seems they are falling through the cracks. When we look at these populations, they are a priority but due to funding constraints we cannot support older people. But we keep asking UNHCR and our partners to incorporate them into their programming.

Aid actors interviewed recognised the gaps in services for older people, and that their needs were not adequately being addressed, either by humanitarian agencies or communities, but felt unable to move away from blanket interventions that did not target the specific vulnerabilities of older people. Two areas in particular merit attention: health and nutrition.

4.2.1 Health

The literature points to a failure to adequately consider the health situation of older people, or provide adequate services for them. UNHCR’s 1998 evaluation found that ‘UNHCR has not as yet developed a standard mechanism for the identification and monitoring of health problems among this group’ (Crips and Mayne, 1998). Almost 20 years later, in 2016, another UNHCR report noted that access to adequate health services was still a challenge for older people (UNHCR, 2016a). Standard emergency responses tend to focus on primary healthcare and communicable diseases, while ‘older people need to have access to curative and preventive healthcare services, particularly if they are affected by chronic diseases’ (Allaire, 2013).

HelpAge International’s recent assessments with older South Sudanese displaced people found mixed results. The majority of older South Sudanese refugees in Ethiopia said that they had good access to preventive, diagnostic and therapeutic health services for non-communicable diseases (HelpAge International, 2017), but only 35% reported having access in South Sudan (Oloya Nekemiah, 2017), and 56% reported having no access in Uganda (Obot, 2017). Interviews for this study confirmed the lack of specialist health services (e.g. treatment for diabetes or high blood pressure) for older people in emergency clinics.

4.2.2 Nutrition and food

Older people’s specific nutrition needs (e.g. food that is easy to eat and digest) and vulnerability to

malnutrition continue to be largely sidelined in responses to emergencies and displacement (see Allaire, 2013; HelpAge International, 2002). The findings of UNHCR's 1998 assessment still ring true today:

It is symptomatic that WFP has so far never undertaken a study to determine the nutritional requirements of older persons, let alone established any projects targeted at this group ... Supplementary feeding programmes run by UNHCR are primarily designed for children under five and pregnant or lactating mothers and rarely cater for the specific needs of the elderly (Crips and Mayne, 1998).

In 2016, UNHCR reported that 'food assistance [is] often not appropriate to the requirements of older persons' (UNHCR, 2016a). HelpAge International's recent assessments confirm the lack of nutrition interventions for older people, and that 'the primary targets of organizations are children under five, and pregnant and lactating women' (HelpAge International, 2017a).

One respondent in this study noted that Concern had recently expressed a willingness to support malnourished older people in its nutrition programme in Protection of Civilians sites in Juba. This respondent felt that one challenge to including older people more systematically in nutrition programmes was the time and commitment these programmes require: 'With children you enrol them in a programme and within one month you see the child gaining weight, but for older people it takes more time and partners do not want to commit themselves to long-term care'.

4.3 Information, communication and relationships between aid providers and older refugees

UNHCR's 1998 evaluation highlighted the crucial role community services (i.e. the deployment of social workers visiting households in refugee camps) play in reaching older people, especially as 'the neediest among the elderly are often the least visible' (Crips and Mayne, 1998). It also noted that, where community services are conducted by a qualified NGO, this 'proved indispensable in identifying beneficiaries who might otherwise never have come to the notice of the Office' (Crips and Mayne, 1998). However, the evaluation also noted that,

in some protracted refugee situations, there had been no community service structure, or community service structures were staffed with junior officers often unable to change senior management decisions on programme design (Crips and Mayne, 1998). Goveas (2002) warns that community structures set up by aid agencies 'are usually not the structures that the refugee community themselves use', and that those most vulnerable, including older refugees, can be marginalised from such structures.

In this light, we incorporated key questions in the needs assessments conducted by HelpAge International with older South Sudanese refugees to gather more information on how older people obtained information on assistance and services in camps. The results show that older South Sudanese displaced people used numerous channels of information, and that these varied between countries, and between older men and older women. Older South Sudanese displaced people used or preferred a combination of informal (family and friends) and formal channels (refugee committees) (see Table 2). HelpAge staff interviewed felt there was an over-reliance by aid actors on HelpAge to ensure communication with older displaced people. With no clear trends, the findings imply that it is critical to ensure that multiple channels of information, formal and informal, are available and supported so that older people can access information in displacement.

In Ethiopia, older South Sudanese women accessed information from refugee committees much more than men. One explanation is that older women may be better connected to formal camp structures thanks to gender and empowerment interventions by NGOs. Older South Sudanese men gained more information from protection and home-based care workers. This may be due to a general trend that older men tend to suffer from health issues more than older women, and are thus in more contact with care workers (the HelpAge assessment reports that the number of older men with health problems is higher than older women). Gender differences were also noted in terms of older people reporting abuse. Older men preferred to report concerns or incidents directly to project staff (57%, as opposed to 30% reporting to refugee committees). Women preferred reporting concerns and abuse through refugee committees (60%).

The HelpAge needs assessment in Uganda found few differences between older men and women in terms of sources of information (Obot, 2017). Older South Sudanese refugees access information through religious

Table 2: Sources of information for older South Sudanese refugees in Ethiopia (HelpAge International, 2017a)

	Male	Female
Family/relatives/friends	44.8%	56.4%
Protection/home-based care workers	57.5%	17.7%
Refugee committees	6.0%	35.9%
Religious/community leaders	6.0%	12.2%
Administration for Refugee and Returnee Affairs	11.2%	0.0%
Radio	0.0%	4.4%
Hospital/clinics	0.0%	3.3%
NGOs	0.7%	1.1%
Other	10.4%	6.1%

and community leaders (38%); relatives and friends (19.7%); protection and home-based care workers (14.7%); and NGOs (10.5%) (Obot, 2017). Women expressed a preference for information from family, friends and neighbours, while men favoured community groups first, followed by family, friends and neighbours. Most older people channelled complaints about assistance through religious and community leaders and refugee committees. In Protection of Civilians sites in Juba, older South Sudanese IDPs mainly gained their information about services from NGOs, with only 17% citing family, none religious and community leaders and 4% refugee committees. Older male IDPs prefer receiving information from NGOs, while older women prefer the radio. Other preferences including getting information from social and health workers, community groups and family, friends and neighbours. In Ethiopia, the HelpAge assessment found that ‘the majority of respondents do not have full information on what services are available, where the services are provided, and which agencies are providing the services’ (HelpAge International, 2017a). In Uganda, a third (37%) found access to information on food assistance to be very easy, while a majority (44%) rarely had access to such information (Obot, 2017).

4.4 Harnessing older people’s roles and capacities

The tragedy of older people who have been forcibly displaced is not so much that they become dependent on others but that they have been robbed of the means to provide for others in the manner they would wish (Crips and Mayne, 1998).

With a few exceptions, aid actors interviewed for this study did not see the role of older people and their position in communities and households as having changed in displacement. Many interventions, and the way aid actors engage with older people, are based on this assumption. However, as we have seen focus group discussions with older South Sudanese displaced people – and some of the literature on older people in displacement – indicate that the status of older people does change with displacement, as their power and influence weaken and their access to community-based safety nets and support decreases. Aid actors’ and donors’ perceptions that the community will pick up where formal assistance fails to include older people does not hold. Yet respondents to this study reiterated that, while ‘there are so many gaps in the camps and access to care is always a concern, basically the community will carry older people to health centres and rely on their community networks’. This widely held assumption that community and family will take care of older people is undermining efforts to include older people in formal aid interventions.

The changing status of older people vis-à-vis their family and their community does not mean that aid actors should not find ways to harness their leadership skills and experience. As Kesselly (2002) argues: ‘in refugee settlements, agencies wishing to set up programmes and projects often consult with the older people who serve as leaders or representatives of their respective communities’. Respondents to this study agreed that the role and leadership of older people should be supported and replicated in displacement. As one respondent observed: ‘we do not see older people as people who are vulnerable but as a support to our programme’. In that sense, this study found that, in general, there was recognition of the potential leadership roles that

older people could play in contexts of displacement. Similarly, respondents widely recognised the role older people played as care-givers, as well as the importance of engaging older people in intergenerational dialogue. The 1998 UNHCR evaluation picked up on the opportunities that intergenerational dialogue could offer for displaced communities, arguing that:

Community development projects may be designed in a such a way as to bring older people more regularly into contact with children and to organise storytelling sessions, this perpetuating the oral tradition which many older people are still part of (Crips and Mayne, 1998).

The evaluation also found that, too often, ‘activities tend to be organised principally for the benefit of younger persons’ (Crips and Mayne, 1998). Many interview respondents highlighted the role older people played in taking care of children. For aid actors in particular, this calls for better attention to the inclusion of older people in child protection. Some good practice was highlighted in Ethiopia, where child protection actors engaged older people in storytelling to pass on traditional stories and knowledge. At the same time, respondents highlighted that, while a number of sectors including child protection have tried to work with older people in displacement contexts, their important role is ‘not always recognised by [displaced] communities or organisations’. HelpAge respondents also highlighted the difficulties they face in explaining to organisations whose mandates are solely focused on children the connection between children and older people. Including older people’s role in child protection was also perceived by donors to be critical, albeit the onus was placed on child-focused organisations to change their approach, rather than on donors to invest resources in programming focused on older people.

Our study found some examples where aid organisations supported intergenerational dialogue. In gender programming, some aid organisations have recognised the role that older women can play in supporting gender norm change among young women given that advising young women is one of the traditional roles of older women in South Sudan. These organisations highlighted that older women need to be included in gender transformative work. Evidence shows that the involvement of older women in social and behavioural change makes this work more effective.

HelpAge International’s assessments of knowledge, attitudes and practices with older South Sudanese displaced people revealed mixed views on livelihood interventions. In Ethiopia, 22% of older South Sudanese men disagreed with the statement ‘older people do not need to have employment or income generating activities’, compared to 64% of older South Sudanese women. This result is surprising given that older men and women mentioned during focus group discussions that, prior to displacement, they had contributed to the income and resources of their households. We may need to consider these answers more contextually, as older people tend not to produce new assets, but rather manage existing ones, and their role and contribution cannot be engineered: it is not through training, education or employment that they are used to contributing to household income. Older people’s contribution to household income had evolved more organically back in South Sudan. With changing roles and loss of social status through displacement, it was unclear how to best support older people in resuming their contributions to household income. In addition, older people do not necessarily see employment, education and training as a way to regain their roles and standing in their communities in displacement.

Aid actors interviewed for this study also had mixed views about livelihoods opportunities for older people, with many feeling that support should be provided to younger members of the household. Beyond aid programming, older people also face specific challenges finding work because of age discrimination, and because their skills are often unrecognised and under-utilised (UNHCR, 2016a; Crips and Mayne, 1998). HelpAge has developed good practice in other settings to support the livelihoods of older women and men (see Sloan, 2017). Following the Ebola epidemic in Sierra Leone, HelpAge, in collaboration with Age International and Restless Development, adopted an intergenerational approach where young people led initiatives ‘to strengthen older people’s ability to start small businesses, strengthen their livelihoods and help them to start saving some of their income’ (Sloan, 2017). The EIDHR project, of which this study is a part, is also supporting older people to engage in livelihoods directly, based on an assessment of the market situation, older people’s capacity and experience, their mobility and the viability of livelihood schemes (see Aungo, 2018).

4.5 Conclusion

There is a long way to go in the aid sector to support older people's roles and harness their capacities and contributions in the context of displacement. While aid agencies recognise that older people

have capacities as well as vulnerabilities, actual interventions still lack a sufficiently nuanced understanding of how displacement affects the status and role of older people in their communities and households, and resources continue to be skewed towards younger generations.

5 Challenges and opportunities in including older people in displacement

5.1 Remaining challenges to better inclusion of older people

The previous section analysed some of the challenges the aid sector continues to confront in including older people adequately in responses to displacement. Most of these have been highlighted in the literature, and while our study provides evidence that the inclusion of older people is improving, significant gaps remain. This section examines these challenges and explores the opportunities that exist to advance the inclusion of older people in displacement responses. The findings outlined below also apply to wider humanitarian situations beyond displacement settings.

5.1.1 Older people: a small proportion of the displaced population

One of the main challenges to the inclusion of older people in humanitarian response is the small proportion of older people in populations affected by crises, including in the South Sudan displacement context. The small number of older people in displaced populations means that organisations deprioritise them in favour of larger and more visible demographic groups, such as women of childbearing age and children. Organisations we interviewed almost exclusively focused on women and children as marginalised groups. In our study, only HelpAge International and its national counterparts focused on older people.

Respondents to this study highlighted that, while recognising that older people are often not effectively included in humanitarian responses, aid actors and governments had to make difficult decisions regarding how to allocate insufficient funding. Limited resources and the scale of needs for South Sudanese IDPs and refugees in Ethiopia and Uganda mean that minority groups, including older people, effectively fall through the cracks of the emergency response. One respondent from a UN agency noted that ‘When you look at

resource allocation and donor policies, priority is given to women and children’. Another, from a donor, recognised that ‘Older people are a small population – and I think the main issue is that the larger population are infants and minors and that takes over any other priorities’.

Some organisations agreed that mainstreaming the inclusion of older people could be a way forward, though they also felt that this had to be done ‘taking into account that the elderly will be the minority in emergencies’:

The vast majority of funding is for children under five. I have never heard anyone discussing the needs [of elderly people] in regards to nutrition; I believe this is because the percentages are relatively low that older people in nutrition programmes has never been a topic of any discussion.

Underlying these responses was a feeling that aid actors and governments prioritised interventions where they felt they were not only most needed, but where they also acted as an investment for the future. In other words, children were deliberately prioritised ahead of older people in funding allocations.

5.1.2 Programme quality

The challenges around older people’s inclusion in humanitarian response speak to a broader issue of the appropriateness, quality and effectiveness of humanitarian programmes. Respondents to this study repeatedly said that the scale and intensity of need in a place like South Sudan prevented a more nuanced response. This is reflected in the literature; as Gonzalez (2012) argues:

When looked at from an ageing perspective, today’s humanitarian operations appear as almost automatic reflexes, producing a standard set of delivery-based responses,

irrespective of the specific needs of different sectors of the population.

One INGO respondent told the study that ‘nothing is up to the standards’:

There are a lot of people who should be included in vulnerable groups and that are not getting proper care. It is not about a lack of age sensitivity but about a lack of capacity, budget, staffing.

The sheer amount of funding compared to the need are putting the older people on the margin. In the refugee camps, nothing is very structured or well thought through.

5.1.3 Adding another lens to the humanitarian portfolio

Another, perhaps less obvious but also critical, barrier to the age inclusivity of humanitarian response is a reluctance among organisations to add ‘extra’ dimensions to their work:

Each agency has its own mandate and not every agency can tailor every project to every vulnerability. When an agency does not consider a specialist in that particular vulnerability we tend to stick to what we are used to. Some donors focus on other groups like women’s empowerment. Maybe being reassured that simple steps can improve programming would help.

Rather than an outright rejection of the age lens or age mainstreaming, respondents felt that such demands on programme staff were not matched by adequate tools and capacity, and therefore did not necessarily result in better – or more nuanced – programming. While some respondents highlighted that there may be a lack of commitment to age mainstreaming, lack of knowledge was felt to be the main obstacle. Indeed, most interviewees in this study, and in the parallel study on older people in drought (Barbelet and Samuels, 2018), had little knowledge or awareness of existing guidance on older people in humanitarian crises. For many respondents, programming dedicated to older people meant moving away from holistic responses that take into account the way communities work, including the way reciprocity plays out within communities and between generations.

Mainstreaming older people within more general targeting and programme design would be a step towards better programming in the humanitarian sector. However, this can only happen when there is a widespread recognition and understanding of the ways in which certain vulnerable older people are affected in crises, alongside the expertise to adequately respond to their specific needs. Nutrition and health are two sectors where such recognition, understanding and expertise need specific attention. Assessments for both nutrition and health tend to focus on children and women – again, often in recognition of the fact that they make up the majority of beneficiaries. However, this results in a lack of data on rates of malnutrition among older people, and on the health issues older people face. Humanitarian staff specialised in nutrition and health also tend to lack knowledge of geriatrics (the treatment of older people) and the nutrition requirements and challenges of older people, leading not only to a failure to detect nutrition and health issues among older people, but also an inability to intervene if and when they are detected.

The study highlighted frustration on both sides: on the one hand, among those trying to sensitise the humanitarian sector to the specific circumstances of older people in crises, and on the other from those implementing emergency responses on the ground, who fear the burden of additional work. Given repeated claims from respondents that they lacked the tools, knowledge and support to adequately consider older people in humanitarian crises, investment of some sort might be needed to ensure that programming is truly holistic – defined as able to incorporate and address the specific needs and vulnerabilities and build on the capacities of different groups within an affected community – and in ways that support older people. However, the perceived burden of adding another mainstreaming agenda, age lens and/or initiatives around the inclusion of older people needs to be considered seriously as a challenge to be addressed by HelpAge and other organisations aiming to advance the issue of older people in the humanitarian sector. The section below and the conclusion set out some ways and opportunities to do this.

5.2 Opportunities and ways forward

Beyond existing good practice and programme guidance, there is very little in the literature on

opportunities and ways forward to advance the inclusion of older people in displacement, or why this remains such a challenge for the humanitarian sector. The 14 recommendations made in UNHCR's 1998 evaluation on how UNHCR could further its work with older refugees remain relevant today (see Crips and Mayne, 1998).

A 2002 report from HelpAge International reflects on what more the organisation could do, including developing advocacy and awareness-raising with other national and international NGOs, UN agencies and government bodies, and developing more effective monitoring of the outcomes of its advocacy with other NGOs (HelpAge International, 2002). The report also highlights the challenges HelpAge itself faces in meeting local and international organisations' expectations, especially given the size of the organisation (budget, reach, field presence) and the fact that it is one of very few organisations working with older people.

This section presents opportunities for HelpAge and the sector more broadly to improve the inclusion of older people in displacement and humanitarian response. This study's findings were limited in this respect, and most of the analysis below derives from the twin report on older people and the response to the East Africa drought (Barbelet and Samuels, 2018). Conducting the two studies in parallel highlighted specific opportunities to better support older people in drought response, including through safety net programmes that include older people and consider their specific needs during drought (Barbelet and Samuels, 2018). However, and surprisingly, there were no specific opportunities to better support older people in displacement. The main finding of this research pertains to how displacement affects older people's position within their community. Indeed, the study found that older people's changing role, power and authority in displacement results in a lack of access to informal safety nets and negative impacts on their psychological wellbeing and mental health.

5.2.1 Recognising older people's roles and capacities, not just their vulnerabilities

A large number of interviewees argued for building on older people's roles and capacities in displacement. The study found that, despite challenges and concerns over adding another mainstreaming agenda to the humanitarian portfolio, respondents recognised that older people could be included better in humanitarian

programming by building on their roles and capacities. The contribution older people make to supporting communities during crisis has long been recognised in the literature, and there are individual examples where humanitarian organisations have actively engaged with older people in this way, including HelpAge (HelpAge International, 2014a; WHO, 2008; Crips and Mayne, 1998).

Respondents acknowledged that the role of older people was too often built on in an ad hoc manner and much more work is needed to ensure that the human capital of older people is better utilised in crisis. Turning 'should dos' into action may require further investment in capacity strengthening (such as training on HelpAge's tools and guidelines, and working with organisations to incorporate those tools in organisational policies, assessments and tools) and guidance from HelpAge to donors, crisis response coordination mechanisms including clusters and government response agencies. The increased recognition of older people as contributing actors, not just vulnerable recipients of assistance, is a critical juncture for donors, government, aid actors and HelpAge to push this agenda forward.

5.2.2 Gender and age marker

The IASC has been piloting a new version of the gender marker that includes both gender and age. A number of respondents in the twin drought study pointed to this development as an opportunity, while others felt more cautious given that the gender and age marker has been criticised as a box-ticking exercise (Barbelet and Samuels, 2018).

Among other limitations mentioned by respondents to this study were that the marker did not (or was not meant to) lead to increased programming for older people specifically and access to funding was not conditional on being age inclusive. This study also finds that, while long-term work on gender, including mainstreaming initiatives and capacity-building within the humanitarian sector, has ensured improvements in gender programming, age-sensitive programming is yet to be fully accepted as a principle by humanitarian organisations, and integrated in their policies, strategic outcome indicators and other programming standard operating procedures. According to interviewees for this study, the gender and age marker was also felt to be a good tool to monitor improvements in the level of inclusion and mainstreaming of gender and age considerations throughout the life of a programme.

Box 7: The IASC gender and age marker

The IASC gender and age marker (GAM) launched in January 2014 assesses the integration of both gender and age from the proposal stage through to project implementation and evaluation. It has developed in depth criteria to support a review and coding (assessment score) process. Although a code is given at the design stage, the final code is not awarded until the completion of the project, based on reports and monitoring visits (IASC, 2014). The 'building blocks' of the GAM are: gender analysis, sex and age disaggregated data and targeting; tailored activities including protection against GBV; beneficiary participation in project management and satisfaction, both via feedback mechanisms and transparent implementation. The most recent iteration of the GAM was piloted in 2017 by: The Early Recovery Cluster in Pakistan and Haiti; WFP in Myanmar and DRC; and in the Ukraine (IASC, 2017).

Interviews for this study identified the gender and age marker as both an opportunity and a challenge. Some interviewees highlighted the adoption of such a marker as a minimum step forward to better inclusion of older people. However, some warned that the gender marker had become a box ticking exercise without measures taken during monitoring and evaluation to identify better gender outcomes. Indeed, there is yet to be an evaluation of the piloted gender and age marker that provides evidence that such a marker has a positive impact in terms of attention given to age groups that tend to be forgotten, the quality and inclusiveness of assistance and more funding going to those age groups usually under-supported.

The marker was also linked to a range of protection mainstreaming indicators including age.

Again, as evaluations on the gender and age marker are being finalised, it creates a critical juncture to move forward the inclusion of older people in humanitarian response. However, respondents are justified in their concern that the gender and age marker will become a bureaucratic exercise that does

not translate into better programming, particularly if donors do not invest the right resources to support implementation. Akin to the experience with the gender marker, some additional investments are therefore needed to ensure that age is mainstreamed adequately in assessments, programme design, programme implementation and monitoring and evaluation. Thus, as donors adopt the gender and age marker, they should accompany this policy decision with specific funding. In particular, the rolling out of a gender and age marker could help disseminate further the humanitarian inclusion standards for older people and people with disabilities (see ADCAP, 2018) through the Age and Disability Capacity Programme (ADCAP), which aims to strengthen the capacity of humanitarian agencies to deliver age- and disability-inclusive emergency response.

The gender and age marker could also be an opportunity for HelpAge and other organisations working specifically with older people to modify advocacy to focus on age mainstreaming, rather than on older people per se, and in doing so to seek partnerships with those concerned with age-specific groups that continue to be overlooked in humanitarian response, in particular youth, adolescents and young adults.

5.2.3 HelpAge's role: mainstreaming and participation in coordination systems

Interviews with aid actors in this study and the twin study on drought (Barbelet and Samuels, 2018) led to some interesting discussions of the role of HelpAge and how HelpAge could strategically engage with the humanitarian sector. This discussion was often linked to concerns over further fragmenting programmes and adding additional mainstreaming agendas to an already busy portfolio. This feedback arguably provides an opportunity to identify what in other aid actors' view could work best. Recognising that HelpAge is already implementing the actions recommended by interviewees at different levels, it is important to highlight what respondents felt HelpAge could do. Supporting HelpAge in scaling up activities proposed, as well as seeking the financial support to do so, would address the challenge of limited resources mentioned by many respondents as a key challenge to inclusion. As one respondent highlighted, one of the challenges to better including older people is resources beyond just funding, including dedicated human resources and expertise deployed in coordination mechanisms and platforms. Respondents alluded to

the fact that HelpAge was only one organisation, and recognised the limitations the organisation faced. They also pointed to the need for funding to enable HelpAge to influence humanitarian responses through active participation in coordination meetings and presence at the field level, either directly or through the many local and national older person's organisations HelpAge is working with. As one donor respondent highlighted: 'What is important is to continue programmes established by HelpAge and Handicap International: there is a need for training NGOs and make them aware of the needs of these populations and they fit in wider programming'.

Proposed activities and strategies at the coordination level

In Ethiopia HelpAge has attended protection cluster meetings, and respondents recognised the value of HelpAge's advice on how to better support older people. Indeed, when HelpAge is present in cluster meetings 'they are making sure that voices of older people are heard, that the need to ensuring thinking about needs of older people' (Barbelet and Samuels, 2018).

A number of respondents suggested that, while the protection cluster was a natural ally for the type of advocacy and work that HelpAge aimed to do, its presence may be more valuable in other clusters. Hence, given the importance (programmatically but also in terms of volumes of aid and funding) of food, nutrition and WASH, respondents felt that HelpAge should focus on these clusters in its advocacy and mainstreaming work at the national and sub-national level. HelpAge's engagement with the nutrition cluster in Ethiopia demonstrated the usefulness of HelpAge's Rapid Assessment Method for Older People in identifying the high rate of malnutrition among older people, as well as its ease of use, leading to the adoption of the assessment tool by the members of the nutrition cluster in Ethiopia (see Barbelet and Samuels, 2018).

Proposed activities and strategies at the implementation level

Reflecting on the fact that too often policy decisions and discussion in coordination mechanisms such as clusters do not automatically translate into implementation, some respondents felt that HelpAge's role should be giving practical recommendations on how to implement general programming at the field level. As one respondent from an INGO highlighted:

Everyone understands how important it is but everyone needs some sort of advocacy, some

sort of reminder to take into consideration older people's needs and how. We are all improvising. Agencies are not familiar with it. We need to go back to advisors and have to dig deep to find appropriate approaches that would come naturally to HelpAge. Some advocacy with concrete suggestions this is how we believe this should be mainstreamed further.

The majority of respondents called, not for more advocacy, but instead for more support to find practical ways to include older people in programming. Translating existing guidance and transferring HelpAge's know-how require specific support for HelpAge to be able to deploy inclusion advisors in coordination structures, as well as alongside generalist teams in the field. HelpAge has had some success in doing this during the drought in Ethiopia, deploying inclusion advisors as well as actively participating in protection cluster meetings through the funding of a protection staff member (Barbelet and Samuels, 2018).

To move forward, HelpAge needs to find the right balance between continuing programming specific to older people, and investing in enabling others to include older people in their programming, both aid organisations and governments. HelpAge's presence as a programme implementer not only enables it to continue to build its own know-how and experience, but also allows it to work more closely with other programme implementers at the ground level. It is therefore crucial that donors continue to support HelpAge in programme implementation. However, as this study repeatedly demonstrates, investing in rolling out existing guidance and working closely at national and sub-national levels with non-specialist organisations, in order to scale up the inclusion of older people and ensure more systematic mainstreaming, is critical. HelpAge also needs to be supported pre-emergency to carry out more inclusion work through developing the capacities of national health staff and infrastructure, as well as government response mechanisms.

5.2.4 Shifting advocacy messages from older people's inclusion to age-sensitive and quality programming

A number of respondents alluded to the need to reframe the issue of older people. This study supports shifting advocacy messages away from a paradigm which focuses on older people and their inclusion towards advocating for age-sensitive programming,

and thereby also supporting better-quality programming. Such a shift in the way HelpAge frames the issue and its advocacy would directly address fears among aid actors that the inclusion of older people means further fragmenting humanitarian programmes.

Drawing on findings from this study and the companion drought study (Barbelet and Samuels, 2018), we propose three ways in which the inclusion of older people could be reframed:

1. Improve gender analysis and programming to include age: technically, gender analysis should already include an age dimension. Current language used in gender guidance discusses analysing the different needs and circumstances of women, men, girls and boys. More could be done to highlight the specific circumstances of older women and older men, including incorporating guidance for working with older people into existing gender tools (SIDA, 2015). In this study, we found that older women benefit greatly from gender interventions.
2. Develop advocacy messages on age-sensitivity, an age lens and age mainstreaming: older people are not the only group left behind in humanitarian programming. Youth and adolescents, for instance, fall between the cracks of school feeding, under-five nutrition programmes and primary school-based assistance, while also not qualifying for cash for work and cash for training opportunities. An overall advocacy message on age-sensitive programming/response or on adopting an age lens would not only allow HelpAge to connect with the efforts of other organisations working on youth and adolescent issues, but would also reinforce the intergenerational approach HelpAge supports.
3. Join up advocacy on programming quality: ultimately, the inclusion of older people in humanitarian response is a programme quality issue for the sector. The inclusion of older people can be motivated by a range of humanitarian and good programming principles: the necessity to uphold impartial humanitarian action, support to the most vulnerable, rights-based approaches to humanitarian action, the Do No Harm approach or commitments to gender-sensitive programme or the mainstreaming of protection. In any case, all of the above require aid actors to assess the situation of older people in humanitarian crises, their active participation in programme design,

inclusion in feedback mechanisms and monitoring and evaluation tools that ensure that outcomes for older people are taken into account.

5.5.5 Strategic partnerships

The positive impact of HelpAge's presence on the inclusion of older people has been noted by all respondents. One specific example pointed to the use of partnerships as a mainstreaming tool. In South Sudan, HelpAge implemented its drought response programme through ACTED, and worked closely and over time with ACTED to strengthen its capacity to support older people. Similarly, in Ethiopia HelpAge is joining other organisations (such as Humanity and Inclusion) to operationalise mobile protection teams.

Several respondents recognised that HelpAge has done a great deal already in terms of providing support and guidance to the sector. However, interviews also highlighted that many more organisations are not aware of or feel unable to translate existing guidance into programming. As one respondent highlighted, as each organisation has its own mandate and expertise, it is difficult for every agency to tailor every project to every vulnerability, but it should be possible to reassure non-specialist organisations that small steps can improve programming. In that sense, this study highlighted that what has worked well in translating existing guidance into programming by other organisations is where HelpAge works in partnership with another organisation, as it did with ACTED in South Sudan, Oxfam in Ethiopia (in the South Sudanese refugee camps) or the government in Kenya on its safety nets programming. According to one INGO interviewee:

We could share assets more closely. We did that with HelpAge and benefited from that – we benefited from their training by being their partners and from their know-how on how to include older people. They built our capacity to do more age sensitive work.

Strategic partnerships are a genuine opportunity for HelpAge to further ensure that other organisations better include older people. Strategic partnerships can have a multiplier effect, spreading expertise and knowledge on how to better include older people in humanitarian response.

6 Conclusion and recommendations

This study aimed to take stock of the progress made and remaining challenges faced by those responding to forced displacement in addressing the specific needs of older refugees, as well as harnessing their capacities. Within the context of the current displacement crises caused by the conflict in South Sudan, the study looked at how the roles of older people change during displacement, the specific vulnerabilities they face in displacement, in particular in seeking refuge, and the extent to which the humanitarian response to displacement has included older men and women.

The study concludes that older people see their role as changing during displacement; notably, they experience a significant loss of influence and power within their communities and households. These changes in roles and status have not been readily picked up by aid actors, who continue to assume that the gaps in assistance and services for older people in the humanitarian response are being filled by communities and relatives. At the same time, there is an increasing recognition by the aid sector that older people can and should contribute to their communities and households during displacement, including by playing a role in humanitarian programming and in livelihoods activities.

The study also highlights some important findings that could contribute to better programming and better inclusion of older people. Older women's role as care-givers tends to increase during displacement, in parallel with their decreasing ability to contribute income and food to the household. The study also confirmed the need to distinguish between 'older people' and the smaller subset of 'elders'. There is no intrinsic respect owed to older people: whatever power and influence they have very much depends on their socio-economic standing in their community. In turn, this means that elders – too often the only older people engaging with aid actors – may or may not be representative of all older people, especially the most marginalised. The study also found that there continues to be a low level of engagement of older people in income-generating activities, and at the same time strong interest among

older people in displacement to engage further in such activities. Support to older people for income-generating activities should consider physical impediments and the need for activities that do not require significant physical effort.

Age, disability and mobility difficulties mean that older people face particular protection concerns in conflict and displacement. They may also find it difficult to access assistance, services and information. People with disabilities reported receiving less support from their family during displacement as resources were scarce and families grew tired of caring for them. Finally, the study highlights how critical it is for aid workers to investigate and understand the assumptions they are making about how community life and power dynamics within households affect older people's needs and rights, in particular their ability to access information, services and assistance.

6.1 Recommendations

This study has demonstrated HelpAge's unique and critical role in ensuring that older people's needs and vulnerabilities are addressed, and their capacities and roles harnessed. The following recommendations are suggested for consideration.

To donors:

1. **Donors should continue supporting HelpAge in two important ways:**
 - a. **Programming and advocacy specific to older people.** Supporting HelpAge to implement specific programmes to assist older people and harness their capacities during drought. This could include livelihoods programmes building on HelpAge's experience in Sierra Leone with inter-generational interventions; programmes targeting the specific health problems of older people, in particular drugs for chronic illnesses most common among older people; and protection and empowerment interventions,

including advocacy for the adoption of treaties and rights awareness-raising among older people.

- b. **Capacity-building and institutionalisation.** Supporting HelpAge to work with affected governments and humanitarian agencies in better including older people, addressing their needs and vulnerabilities, as well as harnessing their capacities and roles. Donors can fund full-time positions dedicated to coordination within HelpAge country and regional offices. This would allow HelpAge staff to be present in coordination mechanisms (e.g. clusters), where opportunities can be more readily identified for training on tools and partnerships and the inclusion of older people. Donors can fund specific advocacy and mainstreaming activities such as training and secondments of HelpAge staff to other organisations or within governments.
2. **Mainstreaming age in donor policy.** Building on the ECHO gender and age marker and the IASC pilots of the gender and age marker, donors should adopt an age, gender and disability marker, and integrate into their policy a strategy to build the capacity of the humanitarian community to better assess, programme and monitor the mainstreaming of age, gender and diversity. In doing so, the market should ensure that adequate funding is available to HelpAge to support the implementation of the marker in ways that adequately include older people. Supporting additional implementation activities and mainstreaming activities alongside the age, gender and disability marker is a necessary step to avoid it becoming a box-ticking exercise. Coupling adoption of the marker with a mainstreaming strategy offers a real opportunity to improve programming and inclusion.
 3. **Support further research on specific gaps around older people, in humanitarian crises in particular:**
 - a. On the intersection of age, gender and disability in humanitarian crises and the implications for humanitarian aid.
 - b. On 'older' old people in humanitarian crises, to provide further analysis on how best to disaggregate data by age, and more specifically comparing how vulnerabilities, capacities and roles change with older age, as opposed to as a result of ill-health and age-induced disability.

- c. On a comparative study of different age groups to understand how the exclusion/inclusion of older people compares to that of adolescents and youth (another too-often-forgotten group) with that of children under five, primary school-age children and young adults, in particular women of reproductive age.
- d. On further research on the changing roles of older men and women in displacement in other regions, with an additional focus on: the factors that could support more effective participation of older people in camp management structures; and the factors that encourage agencies to seek out older people's capacity and participation in camp settings (i.e. policies, commitment to supporting older people, etc.).

To humanitarian organisations and development partners:

4. **Adoption of new ADCAP minimum humanitarian inclusion standards.** In line with the principles of humanitarian action, humanitarian organisations should adopt policies and practices based on the new ADCAP minimum humanitarian inclusion standards for older people and people with disabilities. These aim to ensure that all vulnerable people are included in interventions, including through assessment tools that capture the specific vulnerabilities and needs of older people, and disaggregating data by age. OCHA and global cluster leads could lead this process by adopting and implementing the ADCAP minimum humanitarian standards on inclusion. OCHA and the global cluster leads could also support the inclusion of older people by deploying ADCAP and HelpAge staff to revise policies, tools and other standard operating procedures to mainstream the minimum humanitarian standards on inclusion and other existing tools.
5. **Better links between humanitarian and development partners.** Humanitarian actors should work closely with their development counterparts to identify opportunities to better link up work on older people, in particular regarding social protection policies and safety net programmes, to reinforce processes that support the inclusion of older people in times of drought.
6. **Linking age mainstreaming to gender and protection mainstreaming.** Humanitarian organisations should consider how the issue of

inclusion of older people can become part and parcel of gender and protection mainstreaming efforts, as well as overall programme quality work. In particular, organisations with both protection and refugee mandates could be a priority for capacity-building around older people's inclusion. Protection and refugee organisations such as DRC, NRC and the IRC should consider partnering with HelpAge as well as national and local older people's associations that are part of the web of HelpAge partners. Such national and local organisations have developed capacity and expertise in supporting older people, including in displacement.

To HelpAge International:

7. **Strategic partnerships.** In implementing specific programmes for older people, in particular in health, nutrition, livelihoods and protection, HelpAge should strategically partner with humanitarian organisations not specialised in issues particularly affecting older people. Through partnerships, HelpAge can more effectively support other humanitarian organisations to adopt existing tools and guidelines and develop know-how and expertise through learning by doing. This will support HelpAge's objective of mainstreaming older people and age-sensitive programming.
8. **A wider lens for advocacy and mainstreaming.** In advocating and mainstreaming older people, HelpAge should create strategic coalitions with organisations supporting the inclusion of other marginalised groups such as youth and adolescents and people living with disability. These coalitions would enable HelpAge to build on existing initiatives, and encourage joint initiatives. ADCAP is a good example of where HelpAge is doing this already. HelpAge should consider going beyond this alliance with disability-focused organisations and examine partnerships with organisations supporting other marginalised age groups, drawing specifically on the role older people play in inter-generational dialogue and caring for younger members of the community. In order to do this, HelpAge should switch its advocacy messaging away from a focus on older people to age-sensitive programming and programme quality. We believe this will eventually benefit older people and improve the assistance they receive.

Annex 1

List of organisations interviewed

Ethiopian Elderly and Pensioners National Association	Ethiopia
International Medical Corps	Ethiopia
Oxfam	Ethiopia
Oxfam	Ethiopia
Administration for Refugees and Returnees Affairs	Ethiopia
Norwegian Refugee Council	Ethiopia
International Rescue Committee	Ethiopia
International Rescue Committee	Ethiopia
HelpAge	Ethiopia
HelpAge	South Sudan
South Sudan Old People Organisation	South Sudan
Bureau for Population, Refugee, Migration, State Department	Ethiopia
ACTED	South Sudan
Uganda Reach the Aged Association	Uganda
UNHCR	Ethiopia
HelpAge	Uganda
UNHCR	South Sudan

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Humanitarian Policy Group
Overseas Development Institute
203 Blackfriars Road
London SE1 8NJ
United Kingdom

Tel. +44 (0) 20 7922 0300
Fax. +44 (0) 20 7922 0399
Email: hpgadmin@odi.org
Website: www.odi.org/hpg

Cover photo: Mary, 85, was displaced from Jonglei, one of the states hit worst by the crisis, and currently lives in a camp for internally displaced people in South Sudan.
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