

Briefing – Crisis Affected Older people in Kenya and Somalia



Introduction

The Horn of Africa is facing a prolonged humanitarian crisis due to recurring conflicts, droughts and displacement. This precarious situation was aggravated following a severe drought in mid 2011 affecting millions of people, particularly in Kenya, Somalia and Ethiopia. As the humanitarian crisis from the drought unfolded in the Horn of Africa, HelpAge International has been highlighting the needs and capacities of displaced older people in the region (specifically in Kenya, Somalia and Ethiopia) so that the international humanitarian community does not overlook their needs. Various need assessments conducted by HelpAge indicated that older people were not being adequately considered within drought response. With funding raised primarily from the UK Disasters Emergency Committee, Helpage was able to mount a response to support drought affected older people in both Ethiopia and Kenya. In addition, to assist UNHCR in integrating older persons in its programmes, HelpAge seconded a specialist to the UNHCR Regional Support Hub in Nairobi for a period of 6 weeks in September – October 2011. The deployment was to raise attention of older people’s issues in the Horn of Africa particularly in the refugee operations of Kenya (Dadaab) and IDP operations in Somalia (Puntland) through analysis and assessment.

Whilst this document focuses on the older men and women in the refugee and IDP groups of Kenya and Somalia, Helpage’s work in Ethiopia suggests older people are facing similar challenges there as well. By highlighting the challenges of displaced older people in Kenya and Somalia, this document urges for greater engagement from humanitarian actors to integrate the concerns of older populations into their humanitarian operations. In so doing humanitarian actors and donors should be mindful of the following:

Commitments: The humanitarian principle of impartiality demands that humanitarian aid is provided on the basis of need, so that particularly vulnerable groups receive appropriate assistance. It requires the needs of all potentially vulnerable people to be assessed and analysed, and assistance to be guided by this analysis. Various policies, including UN Principles on ageing¹, UN IASC recommendations² and UNHCR policy on ageing³ reflect the commitment international humanitarian actors have made toward older people.

¹ United Nations Principles for Older Persons. Adopted by General Assembly resolution 46/91 of 16 December 1991. <http://www2.ohchr.org/english/law/olderpersons.htm>

Vulnerability: Practices and approaches that neither recognize their potential nor incorporate their needs place older men and women in a vulnerable situation. Older people’s vulnerabilities stem from lack of opportunities, services and exclusion. There is also growing feminization of the older population as women outlive men leaving many widowed older women. However, gender bias and discrimination can place older women in a very vulnerable situation with few projects targeting older women.

Whilst many of the challenges faced by older persons are also faced by other community members, for instance water storage, collection of fire wood and limited opportunities for livelihoods, the implications of these challenges can be much greater for older men and women, due to age-related vulnerabilities.

Resources: Older men and women play a multitude of roles as formal and informal leaders of communities, providing guidance and advice, and as transmitters of culture, skills and crafts that are important in preserving the traditions of the dispossessed and displaced. Older people can and do make an active contribution to the well-being of their communities and next-of-kin, and only become totally dependent in the final stages of frailty, disability and illness.

Kenya

June 2011 saw a major influx of Somali refugees into Kenya (three times more than the monthly average) following the onset of the drought adding further to the already large number of IDPs in the country. In response HelpAge conducted a series of needs assessment to get a deeper understanding of the situation faced by older men and women in the IDP and refugee populations. The information provided here draws on (1) HelpAge’s need assessments of older IDP in the districts of Turkana, Mandera and Wajir in June-July 2011; (2) HelpAge’s need assessment of older refugees in Dadaab in July 2011; (3) the follow up need assessment conducted through the secondment to UNHCR (Regional Support Hub) in Dadaab in September 2011 and (4) a nutrition survey conducted by HelpAge in Dadaab with support from Lutheran World Federation and UNHCR in October 2011.

A substantial case load of older men and women: HelpAge’s research suggests approximately 15% of the IDP groups in Kenya are older men and women. Up to 75% of older persons living in Turkana are living with 3 to 8 children and older women therefore take on a huge burden of care either in support of parents or because the parents are absent. Due to the migration of younger generations, there are proportionately higher numbers of older people living in rural areas – up to 40% in some communities.

The latest statistics from Dadaab (November 2011), show there are close to 16,000 older men and women (older refugees) in the camps. It is important to note that these older refugees are those whose age is recorded as 60 and above. The community service team of UNHCR Dadaab believes that at least 10% of people currently recorded in the age group of 50–59 should be counted as older persons as they do not know, or are hesitant to tell, their real age in fear of exclusion from assistance. This estimation means the actual number of older persons in Dadaab refugee camps could be well over 30,000.

Multiple vulnerabilities and challenges

Sector/Cluster	Vulnerabilities and challenges faced by older people in IDP and refugee camps of Kenya
Protection	<ul style="list-style-type: none"> - Knowledge gap about processes and access to services - Unaccompanied older people who live alone and depend on the support of well wishers who collect their food rations and assist in cooking - Risk of attack or other health related dangers such as heat stroke or falling while collecting fire wood - A significant number of older persons are caregivers to children or guardians to women - No concerted efforts made to promote older men and women as resources for the community

² Older Persons and Humanitarian Action. 78th IASC-WG Meeting. Rome, November 2010

³ UNHCR’s Policy on Older Refugees. 19 April 2000. <http://www.unhcr.org/4e857c279.html>

Health	<ul style="list-style-type: none"> - Limited or no availability of appropriate drugs, especially for chronic diseases - No prioritisation of treatment for older people in health centres leading to long waiting times or being forced to return to clinics after a day long wait resulting in limited access and use of services - No appropriate outreach or referral - Large percentages of older persons living with disabilities or mobility problems - No outreach or community based services available to identify and track older persons with chronic illness or other health problems - No appropriate feeding programmes in the camps for malnourished older people
Livelihoods	<ul style="list-style-type: none"> - No distinction between productive and unproductive older men and women leading to missed opportunities to support older persons who are capable of working
Food	<ul style="list-style-type: none"> - Age appropriate foods distributed at the reception centres continue to be reduced due to a lack of available resources to deal with the increased influx of refugees - No separate cue for fast tracking older persons/other vulnerable groups at food distribution points - No system of home delivery of ration to the house bound older persons - No culturally appropriate foods for pastoralist Somali refugees are pastoralist who are used to eating milk and meat - Limited fire wood means older people must collect wood outside the camp to cook on a daily basis exposing them to risk of attack etc. Firewood is distributed only once in a year. - Older people give up their food to feed children or exchange it for other essential items and thus risk falling into a cycle of malnutrition
Non Food Items	<ul style="list-style-type: none"> - Minimum NFIs such as mattresses and blankets are only given to a small number of older persons due to limited funding.
Shelter and WATSAN	<ul style="list-style-type: none"> - Community led shelter programmes which rely on members to build structures and produce materials such as bricks exclude older people who have limited physical capacities to partake in the process - Lack of water storage units (or even small water filters) means older people must collect water several times a day from distant water points - Toilets are difficult to use for most older men and women. Many complained that they fall while sitting down and getting up

Scaling up of good practices: There are a number of good practices relating to working with older people in Kenya, particularly in Dadaab. Scaling up and further developing these approaches is very important for systematic integration of ageing.

- **Vulnerability desk at reception area to identify vulnerable older persons and Fast-track vulnerable cases:** The newly placed vulnerability desk in the reception area in Dadaab has listed “elderly without family support” as a vulnerable case to be fast-tracked. This initiative can be scaled up by embedding vulnerability desk in the reception area for screening new arrivals as a long term measure, sensitizing the staff managing the vulnerability desk on ageing, increasing older people’s understanding of services available with age appropriate communication styles, and developing a common criteria of vulnerability which takes account of the interlinked vulnerabilities of older people.
- **Screening of older people for malnutrition at the reception centres:** Currently, older persons are screened for malnutrition at the reception centres in Dadaab as a temporary measure. Systematic screening of older people at reception centres should be continuous, using more sensitive case definition. Community based health workers should be trained to actively detect malnutrition in older people through a process of ongoing screening.
- **Distribution of soft foods to vulnerable older persons:** At the reception points soft foods were provided to older persons, but this is not a regular activity due to inconsistent funding. Such assistance should be standard practice and the dietary diversity in general ration could be improved by diversifying the ration with foods which meet older people’s dietary needs. Additionally, a daytime meal delivery to the most vulnerable older people can also be organised.
- **Community support structures such as the elderly meetings every month:** In February 2011, a small pilot programme of 6 support groups of older people were formed in Dadaab - two per camp. These groups provided the older people an opportunity to meet and discuss concerns, contribute to decision making and enhance their emotional well being. This community based protection mechanism can be scaled up drawing on experience of the Older People’s Monitoring that HelpAge has successfully implemented in many countries.
- **Foster elderly parents:** In Dadaab, Save the Children has initiated a pilot programme in which 35 unaccompanied children between 12-18 years of age are placed under the care of 35 older couples between

50 years and 65 years. Having foster children not only gives older persons a sense of purpose and fulfillment, but children also assist them in practical tasks such as shelter construction and repair. This activity can be scaled up by increasing the number of older foster parents and providing them with age appropriate livelihood opportunities through unconditional cash transfers.

- **Livelihoods:** Successful intergenerational livelihoods have been implemented with older and younger men sharing ownership of donkey carts both providing skills and capacities to support upkeep. Additionally, CARE has implemented multi storey gardens in which vegetables are grown in sacks requiring very little water. CARE reports that by far the most successful gardens are managed by older beneficiaries.

Somalia

Population estimates indicate that of the 9.3 million people in Somalia, over 400,000 (4.3% of the population) are aged 60 or over.⁴ Nearly half the population – 3.7 million people – are now in crisis.⁵ Amongst them are approximately 160,000 people aged 60 and over. The lack of further specific information on older people resulted in the decision to undertake the first assessment of older people’s needs through a mission to Bosaso (Puntland) by the secondee to UNHCR (Regional Support Hub) in October 2011. In addition to the field mission to Puntland, an online survey was also carried out with the protection cluster members across Somalia to understand their level of engagement with older people. The information provided below is based on the secondee’s report from the Somalia mission. The vulnerabilities and challenges identified reflect the challenges older men and women face in the IDP settlements of Bosaso in Puntland which in many cases will be similar to challenges older displaced people face throughout Somalia.

A substantial case load of older men and women: The current database for IDPs in Bosaso (Puntland) does not disaggregate the population by age over 18. Thus, all adults over 18 are combined in one group making it impossible to conduct any statistical analysis on older people. Based on a qualitative assessment that involved seven Focus Group Discussions with over 100 older people, it is estimated that 15% of IDP camp populations are older people and 75% of older women are widows/divorced/single head of households. Culturally, women are considered old when they reach menopause; and men are considered old when they are unable to work and earn a living.

Lack of resource allocation and technical skills to mainstream ageing: In September 2011, an online survey was sent to all protection cluster members in Somalia to gauge their level of engagement with older people. Only eight agencies out of over hundred protection cluster members responded to this survey. Of the eight agencies, only two said they have activities which target older people including the provision of appropriate foods to very vulnerable older people and psychosocial therapy. The survey indicated that the main challenges agencies face in mainstreaming ageing are: (1) absence of policy framework, (2) declining community support for older people, (3) lack of technical expertise and (4) lack of financial support.

Multiple vulnerabilities and challenges

Vulnerabilities and challenges of older people in IDP camps in Puntland, Somalia	
Sector/Cluster	
Protection	<ul style="list-style-type: none"> - Absence of age disaggregated data makes older men and women invisible statistically. - Large numbers of older women – many are considered old when they reach the menopause i.e. their late 40s - Limited consultation - many older men complained they are “used” by agencies as mediators in conflicts between clans but later forgotten when it comes programme consultation or provision of support. - Older women are reported as one of the most common victims of sex and gender based violence⁶ - No mechanism for older people to communicate with their community representative in an organised manner - Exposure to danger while collecting fire wood
Health	<ul style="list-style-type: none"> - Absence of adequate health facilities. No health posts, Community Health Workers or referral network available. The only health centre older people can access is in the town where they have to pay 10 USD for each visit

⁴ *World Population Prospects: the 2010 Revision*, Population Division, Department of Economic and Social Affairs, United Nations Secretariat (<http://esa.un.org/unpd/wpp/index.htm>)

⁵ OCHA Horn of Africa Drought Crisis Factsheet, 25 July 2011

⁶ Rapid Assessment of SGBV, August 2011

	<ul style="list-style-type: none"> - No availability of appropriate drugs, especially for chronic diseases - Vision problems, high blood pressure, diabetes, gastritis, malaria, asthma, joint pain, headaches, diarrhoea and tooth ache are very common. A lot of older women, especially those who work as maids and cleaners, suffer from slipped discs
Livelihoods	<ul style="list-style-type: none"> - Many older women work as sanitation workers, or maids/cleaners in the host communities. The jobs are poorly paid and hard work (many older women suffer from slipped discs and chronic back pain because of the tasks associated with their work) - Most older men do not work and depend on their wives for support - In re-located communities women cannot work in the homes of the host community anymore as the town is a long way from their new settlement.
Food	<ul style="list-style-type: none"> - No system of home delivery for vulnerable older people. Food is distributed through blanket "general distributions" meaning older persons living alone depend on others to carry their ration - No targeted supplementary food distribution for extremely vulnerable older men and women, especially those who live alone.
Non Food Items	<ul style="list-style-type: none"> - Minimum NFIs such as mattresses and blankets are only given to a small number of older persons due to limited funding.
Shelter and WATSAN	<ul style="list-style-type: none"> - Limited adequate shelter. Less than half of the 26 settlements have received transitional shelters (tents) and just 1 or 2 have permanent shelters. The rest consist of very flimsy, highly flammable small shacks made from card board boxes, rags and plastic sheets - Shelters cannot provide protection in the extreme weather conditions of Puntland - Older women said there is no privacy in their shelters and women are always at risk of abuse by outsiders in the night - In a few settlements, public latrines are available but there a nominal fee is charged for use. In the new settlements there is open defecation

How can older people be better assisted in Kenya and Somalia?

Ensure inclusion of older people

- Equity, inclusion and rights of older people are understood and applied by everyone in humanitarian response teams. Policies, standards and guidelines on integrating ageing are communicated to all staff and partners in an accessible format.
- Ensure active and continuous assessment of who is excluded from projects, the causes of exclusion or discrimination (e.g. political, economic, social, cultural) and the impact of exclusion on their lives and livelihoods.
- Actively involve marginalised and excluded older people in programme designing, budgeting, implementation, and monitoring
- Knowledge and evidence on integrating of ageing is gathered and disseminated through research, monitoring, evaluation and documentation.⁷

Recognise and utilize older people's capacities: While the plight of displaced older people can be severe, they should not only be seen as passive recipients of assistance. Older people are an untapped resource of expertise and experience of previous emergencies. Combined with socio-cultural roles such as caring for children and acting as mediators in communities they provide extensive resources that can deliver high returns on investment if adequate funds are allocated for integrating/mainstreaming ageing into existing assistance activities. It is therefore crucial that agencies take account of both the needs older people have, as well as recognize and utilize older people's capacities to address and contribute to solutions to their own and broader community vulnerabilities.

Invest resources: Despite guidance provided by the Inter Agency Standing Committee (IASC), humanitarian coordinators and cluster leads have a limited understanding of older people's needs and capabilities and how to respond to them. To implement the recommendations for integrating ageing properly, there is a need to allocate greater resources for both programme interventions and capacity building of staff members on ageing. In most operations, older persons constitute at least 5%-10% of the population – a figure which is increasing. However, resource allocation (funds, human and other resources) are not provided in proportion to the percentage of older people in any given displaced community. HelpAge research shows that disproportionately little humanitarian

⁷ Equity and Inclusion framework by Water Aid

funding – just 0.2 per cent – is allocated to older people.⁸ For instance, in Kenya in 2008 only 1.48% of CAP/Flash appeal projects targeted older persons, none of which were funded

Integrate ageing across all sectors/clusters: Supporting older people alongside other potentially vulnerable groups is core to humanitarian action. Creating special services for older persons is not the answer; rather, integrating ageing into various services should accommodate their specific needs. It is important for donors to support humanitarian agencies in integrating ageing in their programmes. It is equally important to fund interventions that improve the global and field-level capacity to assist older people in humanitarian crises. The following table taken from the IASC endorsed publication: **Humanitarian Action and Older Persons: An essential brief for humanitarian actors** (WHO/Helpage, 2009), highlights some of the key issues for older persons that should be considered by the humanitarian response clusters/sectors.

Sector/Cluster	Key humanitarian requirements
Protection	<ul style="list-style-type: none"> • All data are disaggregated by sex and age to determine the numbers and kind of protection needed • Older persons' involvement in decision-making, and in humanitarian prevention and response activities is facilitated • The protection of older persons left without caretakers is ensured • Older displaced persons are included in tracing and re-unification activities • Protection strategies include <ul style="list-style-type: none"> ◦ older persons caring for young children ◦ older persons caring for persons with disabilities • addressing abuse of older persons and older women as victims of gender-based violence and sexual abuse, and land/property rights for women, in particular for widows
Health	<ul style="list-style-type: none"> • Older persons have access to all health services and disability aids they need • Medications for chronic diseases are included in emergency health kits • Staff attitudes, skills and training on older persons' health issues are ascertained • Data disaggregated by age and sex are collected to determine the number and specific needs of older persons • Supplementary and therapeutic feeding services are including older people
Livelihoods	<ul style="list-style-type: none"> • Livelihood programmes target older persons, particularly those who are alone or caring for children • Return programmes take into account the needs of older persons
Food	<ul style="list-style-type: none"> • Older persons have access to food distribution points and are able to carry rations for long distances • Older persons' access to appropriate nutritious foods is guaranteed • Older persons' inclusion in nutritional assessments and monitoring is guaranteed
Water, Sanitation and Hygiene	<ul style="list-style-type: none"> • Appropriate water carrying containers are provided to older persons • Latrines are designed in such a way that older persons can use them e.g. handrails • Older women's role in hygiene promotion is emphasized
Shelter	<ul style="list-style-type: none"> • Assistance with early warning and evacuation to safe places is provided • Particular attention for the ill and disabled is ensured, e.g. provision of mattresses, warm blankets and clothing • Assistance is provided to older persons to construct shelter if they are without family support • Consultation of older persons on cultural practices and privacy issues is guaranteed
Camp coordination and management	<ul style="list-style-type: none"> • Identification of housebound, vulnerable older persons is guaranteed as is assistance with replacing or accessing relevant documentation • Inclusion of age/sex disaggregated data in camp population figures is ensured

⁸ HelpAge International, *A study of humanitarian financing for older people*, London, HelpAge International, 2010

Resources



HelpAge International is the only global network of not-for-profit organisations with a mission to improve the lives of disadvantaged older people. It does this by supporting practical programmes, giving a voice to older people, and influencing policy at local, national and international levels. It has produced a number of publications on older people in emergencies all of which can be found at <http://www.helpage.org>, including:

1. *Guidance on including older people in emergency shelter programmes (2011)*
2. *IASC, Humanitarian action and older persons: an essential brief for humanitarian actors (2008)*
3. *Strong and fragile: learning from older people in emergencies (2007)*
4. *Older People's Associations in Community Disaster Risk Reduction (2007)*
5. *Rebuilding Lives in Longer Term Emergencies : Older People's Experience in Darfur (2006)*
6. *The impact of the Indian Ocean Tsunami on Older People – Issues and Recommendations (2006)*
7. *Older People in Disasters and Humanitarian Crises: Guidelines for Best Practice, (1999)*