GUIDELINES FOR INCLUDING AGEING AND OLDER PEOPLE IN DEVELOPMENT AND HUMANITARIAN POLICY & PRACTICE

AgeAction

For all older people

ABOUT AGE ACTION IRELAND

Age Action Ireland is a non-government organisation (NGO) that campaigns for better policies and services for older people. It works to empower older people to live full lives as actively engaged citizens, helping to secure their right to comprehensive high-quality services according to their changing needs.

These guidelines have been developed as part of the Ageing and Development Programme at Age Action Ireland. The aim of this programme is to build, in cooperation with development organisations in Ireland, a growing constituency of support for ageing as a development issue and for solidarity between older people in Ireland and older people in developing countries.

ACKNOWLEDGEMENTS

The front cover photo is of Tubakwerwa, 58, from Uganda at her stall in a fruit and vegetable garden © Antonio Olmos/HelpAge International

ACRONYMS

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CERD	International Convention on the Elimination of All Forms of Racial Discrimination
CSO	Civil society organisation
ECHO	European Commission Humanitarian Aid and Civil Protection Department
GBV	Gender-based violence
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
IHL	International humanitarian law
IHRL	International human rights law
INGO	International non-governmental organisation
MDGs	Millenium Development Goals
MSF	Médecins Sans Frontières
NGO	Non-governmental organisation
WHO	World Health Organisation

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1. BACKGROUND & INTRODUCTION

Galgallo, 85, a farmer from Miyo District, an arid part of Ethiopia and has suffered from reoccurring droughts
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BACKGROUND & INTRODUCTION

"There is a new face of vulnerability – an increase in protracted crises and their implications. The response to this will increasingly have to include support for growth and resilience – helping people to cope with shocks when they happen (including economic and environmental shocks). This has particular implications for engaging with vulnerable groups."[1]

Global demographic changes and increasing humanitarian crises mean that (1) older people constitute a growing proportion of overall populations in developing and developed countries; and (2) older people constitute a growing number of those affected by humanitarian crises. "By 2050, more than 80% of older people will live in developing countries, compared to the 60% who do so today, where disasters are more likely to occur and their effects are greater. Older people are less likely to flee in times of crisis (and are often less able to do so) and often face challenges in accessing and travelling to health facilities, food and cash distributions, water. Compounding this, many do not have access to care through or within their families and communities."[2]

At the same time, the role and place of older people in developing societies is evolving. In many communities, migration and death – particularly due to HIV/AIDS and conflict in many cases – of younger adults means that older people have a central role in raising children, in the labour force, and in the wider running of communities and households.

International agencies (including UN and EU agencies and organisations), UN member states (including donor agencies), and civil society organisations (CSOs) involved in development and humanitarian work increasingly recognise the importance and implications of including older people in development and humanitarian operations, as evidenced for example by the ongoing discussions regarding the drafting of a proposed UN Convention on the Rights of Older People, and by the adoption of standards and procedures to ensure inclusion in development and humanitarian practice.[3]

Concurrently, the humanitarian transformative agenda has supported actors to increasingly place the individual at the heart of programmes and policies, enabling organisations to identify who the most vulnerable are, why they are vulnerable, and what support they need to become empowered and secure. It is expected that individual organisations will increasingly be required to showcase evidence of their results in responding to the most

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1   A respondent consulted during the consultation process.

2   Unni Karunakara and Frances Stevenson, "Ending neglect of older people in the response to humanitarian emergencies", *PLoS Medicine*, 9(12), 2012, 1.

3   For example, see the "Gender and Age Marker Toolkit" developed by the European Commission Directorate-General for Humanitarian Aid and Civil Protection (DG-ECHO). The marker will be used by ECHO to assess programmes according to four criteria: gender and age analysis; adapted assistance; negative effects; and adequate participation. The toolkit provides a clear overview of what each of these four criteria means, how organisations can integrate them into their programmes, and how ECHO can assess the proposals accordingly.

vulnerable individuals and groups in communities in which they work, including some older individuals and groups. Within the Irish context, Irish Aid in particular has highlighted the need to firmly embed a robust analysis of the operating context, particularly the underlying causes of poverty and vulnerability, and to constantly sharpen and refocus programme interventions throughout the programme cycle.

Against this background, and to support Irish development and humanitarian-focused NGOs[4] to ensure inclusion of older people in their work, Age Action Ireland compiled these brief guidelines, drawing on available international literature on best practices and the experiences of Irish NGOs to date. The document is intended as an aid to management, policy and programme teams within these organisations, at headquarters and operational levels, to support the continuous development of best practices, working methods and progressive policies, using a rights-based approach centred on inclusion, non-discrimination, equality, equity, and participation.

As with all groups, older people have varying needs, strengths, capacities, and vulnerabilities. Thus we need to devise "the right strategy for the right population".[5] This requires understanding who constitutes the population that an organisation works with (including identifying who the older people within the community are), identifying who is most vulnerable/marginalised/poor among the population, why they are vulnerable/marginalised/poor, and what their capacity to protect themselves from vulnerability or improve their socio-economic security is; and targeting and responding appropriately to these realities, to ensure equitable and sustainable outcomes. As one respondent noted, "we just need to take the blinkers off and make sure that the aged are more visible".

To this end, the guidelines outline the policy framework for engaging with older people in development (section 1.2) and key factors associated with working with older people (section 1.3), before presenting some introductory guidance for organisations to consider in their work (section 2). This guidance addresses external action and programming (section 2.1), the role of advocacy (section 2.2), and considerations for organisations' internal systems and procedures (section 2.3). Finally, the guidelines provide a brief reference document containing key questions for consideration in a range of humanitarian and development thematic sectors, and a list of key resources that policy makers and practitioners can refer to for further information (Annex I).

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4   The target audience for this document is Irish INGOs primarily: NGOs that have a HQ in Ireland and an operational presence overseas. However, these guidelines may also be useful for other policy makers and practitioners working in development or humanitarian sectors.

5   A respondent consulted during the consultation process.

Who constitutes an older person?

How we think about a challenge has implications for how we frame the solutions. Therefore, a common understanding of "older person" is a useful point of departure. However, no common definition exists, because being perceived as "old" varies between and within countries and contexts. Often, it is linked to circumstances such as being a grandparent, or showing physical signs such as hair colour. In challenging living environments where people live in hardship, "many of the conditions usually associated with older age, such as disability and chronic disease, are present at earlier ages".[6] Thus, while the UN definition of old age is those aged 60 years and above, some organisations use a cut-off point of 50 years in more challenging living environments.

Why is the concept of "vulnerability" so important?

"Older people's vulnerabilities stem from lack of opportunities, services and exclusion."[7] In many cases, while the same challenges faced by older people confront the younger groups, the implications for older people might be greater, due to physical limitations, age-related discrimination, increased poverty levels, or other factors. In many cases, older women outnumber older men, as women tend to live longer. These women might face double vulnerability owing to their age and gender, both of which are factors in discrimination and exclusion in many cases.

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6   Help Age International, *Ensuring inclusion of older people in initial emergency needs assessments*, 2012, 7.
7   Help Age International, *Crisis-affected older people in Kenya and Somalia*, 2011, 2.

Capacity of older people

Older people do not constitute a homogeneous group, and their capacities are as diverse as their needs and vulnerabilities can be. The contributions that older people make to their communities (and their potential to contribute when supported to do so) should also inform development and humanitarian planning. These include:

- Economic contribution: often older people are working, supporting their families and communities, and themselves.

- Family support: older women in particular often raise grandchildren and other younger family/community members, particularly in situations in which much of the parenting generation has died as a result of illness (such as HIV/AIDS) or conflict, or where the parenting generation has travelled for work in urban centres or abroad.

- Leadership: in many cases, older people – particularly men – occupy positions of leadership and/or influence within their communities; as tribal or religious leaders, for example. Other older people, such as older women, might have an unofficial position of leadership and/or influence owing to their seniority within the community. At the same time, there are often groups of older people – especially the extremely poor who do not take a seat at the decision-making table – that may be marginalised within their communities. It is important to ensure that these groups are also visible.

- Knowledge transfer: older people's lifetime of experience within a community might have provided them with skills and knowledge that are critical to understanding and responding to threats, hazards and disasters within the given context. In particular, they may have vital knowledge regarding sustainable community-based mitigation strategies.[8]

1.1 METHODOLOGY & LIMITATIONS

The methodology used included a survey of available literature regarding ageing/ older people and development, and ageing/older people and humanitarian action, and consultations with representatives of 10 Irish-based INGOs and one non-Irish NGO.[9] While the primary output of the process is the guidelines themselves, the process of consultation was also intended to promote discussion in the sector on ageing/older people and development/humanitarian work, which Age Action Ireland intents to build upon in the coming months and years.

A number of points should be acknowledged regarding the scope and limitations of these guidelines:

1. The guidelines are not intended as a "one-size-fits-all" document. Given that Irish INGOs have varying priorities, mandates, ethos, and operational modalities, a prescriptive "how to" manual would be impractical. Rather, the guidelines support organisational rethinking of policies and programmes, and how these can be adapted or refined to strengthen the inclusion of older people. For the humanitarian sector, detailed technical guidelines for

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8   Help Age International, *Disaster resilience in an ageing world: How to make policies and programmes inclusive of older people*, 2014, 6.

9   The full list of INGOs consulted is presented in Annex II. Ten of the INGOs consulted have an overseas operational presence, while one – Dóchas – operates exclusively in Ireland in providing a coordination function for NGOs.

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humanitarian programming have been developed by Help Age International, ECHO, and others (see the bibliography for further details).

2. The guidelines do not prioritise development of new policies or programmes which target older people. Rather, they intend to ensure that existing policies and practices across the humanitarian and development programmes incorporate actions to include older people as target groups, partners and intended beneficiaries. As one respondent noted, "the priority is to have a sharper lens, not a different one". Irish INGOs use complex and responsive tools in their work; with minor modification, these can become excellent tools for responding directly to the needs and capacity of older people.

3. The guidelines address development and humanitarian work concurrently. Notwithstanding the differences between these thematic areas, the guidelines attempt to highlight key overarching considerations and actions that apply to both (in some cases), or specifically highlight actions for one of these areas only (as specified throughout the document). The guidelines do not address all of the relevant key issues within each thematic sector.

4. Practitioners and policy makers do not necessarily need to read through the full document. Instead, readers can focus on the sections of the guidelines that relate most closely to their work at any given time.

5. A limitation in the methodological design was the inability to engage with older people affected by development and/or humanitarian contexts during the data collection or validation stages. This was due to the nature of the document, and the inappropriateness of engaging with the affected community at this stage. However, if one or more organisation is willing to trial some of the guidance included herein, consultation with older people on the guidelines' utility in practice is recommended to inform the future revision and evolution of these guidelines.[10]

6. This is a living document. In Ireland, and globally, the conversation about including older people in development/humanitarian work is relatively new. Good practices are being identified on an ongoing basis, and the evolution of policy and practice is ongoing. This document thus serves as an interim point of departure, to document the priorities of Irish NGOs and to support their work by presenting a set of basic tools. These guidelines should be revisited in the future, and adapted on the basis of lessons learned and evolution of best practices at organisational level.

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10 Age Action Ireland is willing and available to provide support to such an initiative. Interested organisations should contact Age Action Ireland directly to follow up.

1.2 POLICY FRAMEWORK

A robust legal and policy framework provides a basis for including older people in development and humanitarian work.

1.2.1 International human rights law (IHRL)

The international human rights doctrine provides the basis for development and humanitarian activity, including through the articulation of the protection of the human rights of all people, without discrimination of any kind, which implicitly includes discrimination on the basis of age. Because older persons do not constitute a homogeneous group, the challenges they face in exercising their human rights are highly variable and often complex, and often include multiple and compounding discrimination. For example, age-related discrimination may be linked to discrimination based on sex, ethnicity, disability, health status, or socio-economic status.[11]

In humanitarian and development work, failure to recognise the particular needs and vulnerabilities of older people can contribute to failure to protect their human rights; and if these groups are not considered in programme design, they can sometimes be discriminated against unintentionally. By basing policies and practices within the IHRL framework, older people are presented as rights holders, and responsibility for accountability to protect these rights is placed on the State and its agencies.

The International Covenant on Economic, Social and Cultural Rights (ICESCR) and the International Covenant on Civil and Political Rights (ICCPR) include provisions for protecting the human rights of older persons, including their right to good health, an adequate standard of living, legal capacity, and equality before the law. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the International Convention on the Elimination of All Forms of Racial Discrimination (CERD), the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families,[12] and the Convention on the Rights of Persons with Disabilities also contain provisions that can be operationalised to ensure the human rights of older persons.[13]

In 2010, the United Nations General Assembly established the Open-Ended Working Group on Ageing to "consider the existing international framework of the human rights of older persons and identify possible gaps and how best to address them, including by considering, as appropriate, the feasibility of further instruments and measures".[14] One of the potential tools considered by the working group is a UN Convention on the Rights of Older People.[15]

1.2.2 International humanitarian law (IHL)

IHL provides protection during armed conflicts for all people – including older people – who are not taking part in the hostilities, as enshrined in the 1949 Geneva Conventions and the

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11 United Nations Department of Economic and Social Affairs (UN-DESA), *Current status of the social situation, well-being, participation in development and rights of older persons worldwide*, 2011, 58.

12 Article 7 includes "age" in the list of prohibited grounds for discrimination.

13 UN-DESA (note 11 above), 58.

14 Resolution 65/182 (21 December 2010); UN-DESA, *Open-ended Working Group on Ageing for the purpose of strengthening the protection of the human rights of older persons*, available at: http://social.un.org/ageing-working-group/

15 Further information can be found on the website of the Global Alliance for the Rights of Older People, at http://www.rightsofolderpeople.org/

Additional Protocols of 1977. The Fourth Geneva Convention provides for establishment by parties to the conflict of locations to protect vulnerable groups, including older persons, and for the removal of vulnerable groups, including older persons, from conflict-affected areas.

1.2.3 Non-binding and policy documents

While no legally binding treaty that specifically addresses the rights of older people has been adopted to date, the UN has developed principles which articulate member states' non-binding commitment to protecting the rights of older people. The UN Principles for Older Persons (1991) call for ensuring the independence, participation, care, self-fulfilment and dignity of older people,[16] which reinforces protection needs of older people, including security, access to social and legal services, and access to a fair system of justice.

The Madrid International Plan of Action on Ageing (2002) was adopted by the UN General Assembly to provide "a practical tool to assist governments in addressing issues associated with population ageing, including social protection, health, nutrition, urbanisation, infrastructure, housing, and training of carers". This plan recognises that national policy makers should address priority issues with direct implications for older people. It also states that specific vulnerabilities and capacities associated with ageing in emergency situations should be considered.[17]

Humanitarian principles also provide a basis for engaging with older people in humanitarian action. The Sphere Humanitarian Charter and Minimum Standards in Humanitarian Response defines four protection principles, including (i) avoiding exposure to harm as a result of humanitarian actions; (ii) ensuring impartial access to assistance; (iii) protection of people from physical and psychological harm due to violence or coercion; and (iv) assisting people to claim their human rights and to access effective remedies. The Charter acknowledges that some people may be particularly vulnerable to abuse and adverse discrimination due to defining characteristics, including age, and may thus require special measures of protection and assistance.[18]

Finally, individual NGOs commit themselves to several principles and organisational policies, typically including accountability to the members of the communities that they serve and targeted action for those that need it most, which by definition includes older people within those communities, and in some cases will include older people as a specific group requiring targeted action.

In summary, engaging with and being accountable to older people and their human rights is an obligation for all humanitarian and development actors, and should inform all policies and programmes which directly and indirectly affect older people.

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16   UN General Assembly resolution 46/91.

17   Help Age International, *Protection interventions for older people in emergencies*, 2013, 5–6.

18   Help Age International, *Protection interventions for older people in emergencies*, 2013, 5–6. See also: Principles of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Response Programmes (http://www.ifrc.org/en/publications-and-reports/code-of-conduct/).

1.3 UNDERSTANDING THE REALITIES OF OLDER PEOPLE IN DEVELOPMENT & HUMANITARIAN CONTEXTS

Assumptions and narratives about older people and their needs, vulnerabilities and capacities can misinform the development and implementation of humanitarian and development operations that affect them or their communities. For example, assumptions might include the belief that older people are taken care of within their community/ families, when often many are isolated and neglected; or that older people are by their nature vulnerable and disempowered, while many might have a unique capacity to support themselves or their communities using their knowledge base, political capital or other skills/ qualities.

Thus, presuppositions and prevailing normative values or practices *can* be misleading and can misrepresent older people. In development and humanitarian programmes, these have the potential to contribute to neglect or exclusion of older people, or failure to target or respond appropriately. In the wider societal context, assumptions about older people and their abilities and capacities can lead to direct and indirect discrimination, including exclusion from the labour market or decision making mechanisms.

The first step in ensuring the inclusion of older people in development and humanitarian work is therefore to recognise existing narratives and assumptions where they exist, and to challenge those that are not based on evidence. This requires that actors identify and recognise older people within the communities/contexts in which they work, and that they build an understanding of how this group/these groups live on the basis of accountable and inclusive assessment frameworks, robust contextual analysis, and inclusive intervention criteria.

A useful conceptual framework within which to consider the role and position of older people within a community/society is the "life-course" approach. This understanding is particularly useful for development work, as a tool to frame how we understand individuals' lives and the contexts in which they live. While it has less applicability for humanitarian programming, understanding the life-course is nevertheless useful to inform needs and context assessments. This tool is particularly useful for supporting robust needs assessments and context analysis (including in understanding vulnerability and poverty), which are increasingly required by donor agencies and policy makers and continuously evolving through the work of development and humanitarian organisations.

The Life-Course Approach

Older people are not a homogeneous group. From a socio-economic perspective, they can constitute some of the most destitute within a community, or the most financially well-off. The political capital of older people also varies by context, and within given contexts, where factors such as sex, ethnicity, profession, or socio-economic status have implications for defining an individual's role within society. It is important to note that older people and other groups are not mutually exclusive: with regard to vulnerabilities, there will be overlaps with disability, gender, HIV status, or other factors.

Viewing age as part of the life-course, as opposed to a static determinant, requires that we challenge the perception that at a particular age, an individual transforms from woman/man/worker/parent to "older person" only. This view fails to understand that ageing is an ongoing process; how a person ages depends on how they have lived their life up to the that point: for example, a girl child who is precluded from education has a higher chance of entering an early marriage, leading to higher risks of domestic violence and poverty, which in turn lead to a higher risk that she will be a poor and marginalised older woman. The life-course approach calls for ageing to be understood as ongoing, and for development programmes (and to a lesser extent, humanitarian operations) to respond to the different needs that a person will have throughout their life-cycle, from birth to old age. In particular, it presents issues such as gender, disability, poverty, and discrimination as life-span issues, affecting people that experience them throughout their lives. It advocates that the response to these issues be correspondingly inclusive of all age groups.

The realities of older people are not always clearly visible. This is particularly the case for the most marginalised and destitute. The most effective way to ensure their visibility is to design and use context-appropriate data collection tools, whereby data is disaggregated by age, sex, and a range of other variables to enable development and humanitarian actors to clearly identify which members of the community are more or less vulnerable.

The life-cycle approach recognises that functional (physical) capacity "increases in childhood, peaks in early adulthood and eventually declines", while the "rate of individual decline is largely determined by the risks and opportunities encountered during life. The extent to which persons become, or remain, disabled depends on social, environmental and economic factors that raise or lower the threshold of disability." Thus, consideration should be given to the variety of social, structural and material determinants that impact upon individuals, families and communities. "All of these factors, and the interplay between them, affect how resilient – or vulnerable – people become as they grow older."[19]

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19 World Health Organisation (WHO), *Older persons in emergencies: An active ageing perspective,* 2008, 27–28.

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2. GUIDANCE FOR INCLUDING AGEING AND OLDER PEOPLE IN PRACTICE

Mama Brigitia is 64 years old and lives in Kenya. Her husband and 5 of her children died of AIDS, now she must care for 8 orphaned grandchildren aged between 2 to 17. ©Frederic Courbet/ HelpAge International

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2. GUIDANCE FOR INCLUDING AGEING AND OLDER PEOPLE IN PRACTICE

This section presents the key recommendations and actions that organisations can use to inform their policy making and programming, with a view to supporting stronger inclusion of older people in development and humanitarian work. Section 2.1 outlines some of the key considerations that should inform external action in development and humanitarian operations. Section 2.2 discusses the role of advocacy and outlines some considerations for refining advocacy approaches and messaging. Finally, Section 2.3 presents some considerations for organisations regarding their internal systems and procedures.
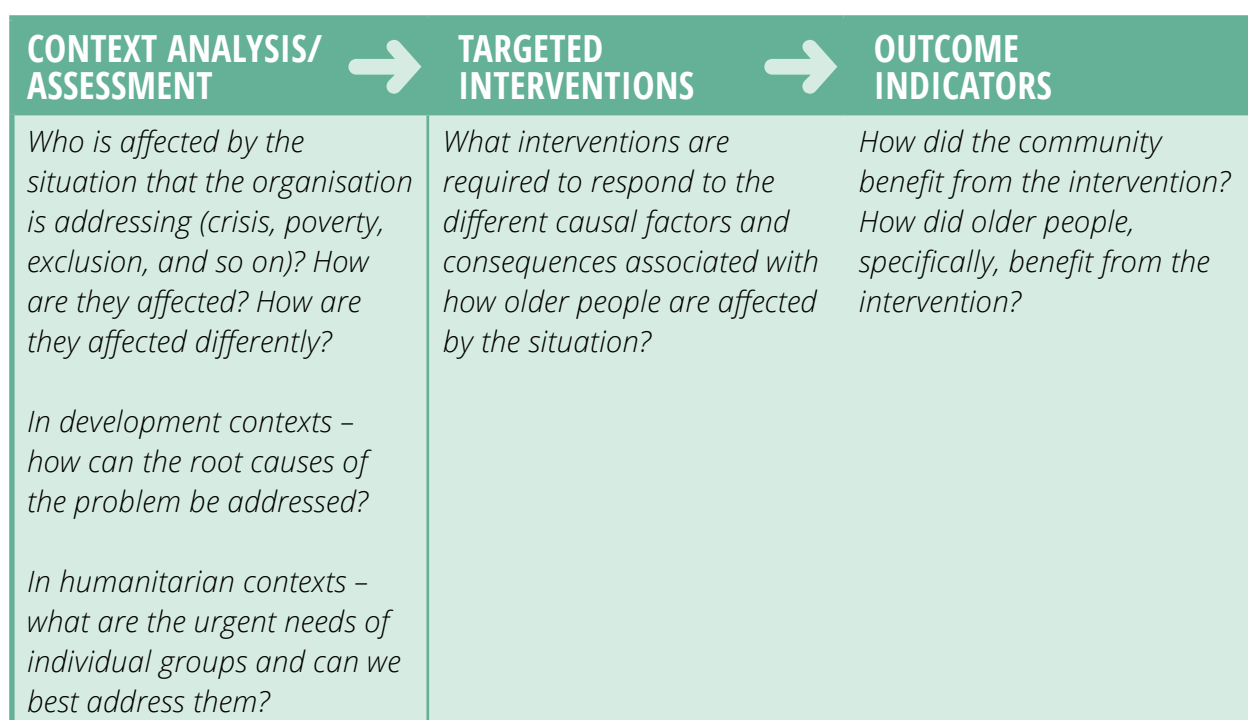
In most cases, the guidelines present suggested actions that apply to both humanitarian and development contexts, while in some sections the two are separated to respond to their differences, including the speed at which contextual analysis happens, the precarious nature or urgency of situations emerging, and the level of detail or category of problem (e.g. social benefits or pensions, or life-saving protection) involved.

2.1 COMPREHENSIVE INCLUSION OF AGEING AND OLDER PEOPLE IN PROGRAMMING AND EXTERNAL ACTION

Applying an "ageing lens" to programming means that organisations should identify older people within the communities in which they work, using their existing contextual analysis and data collection frameworks; they should assess and understand their needs, vulnerabilities, strengths, and capacities; design and implement policies and programmes that respond to the needs of the most vulnerable (including, where applicable, older people); and measure the short-, medium-, and long-term impacts for older people (within their existing monitoring and evaluation framework). The ageing lens should be applied throughout the programme cycle and reflected in results-based monitoring, and should include policy making, programme assessment, design and implementation, monitoring and evaluation, and participation of all affected groups.

This section addresses how the ageing lens can be included throughout the project cycle. The ageing lens has many benefits for organisations' work, and in particular in meeting minimum requirements set by development and humanitarian principles. It allows organisations to better meet the needs of different age groups; to ensure equitable delivery of services and supports; to provide more targeted assistance to the most vulnerable; to protect all age groups from the potential negative impacts of human rights abuses in development and humanitarian contexts; to recognise and prevent harm though development and humanitarian work itself; and to involve men and women of all age groups in design and implementation stages, empowering them to contribute to long-term development.[20]

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20 DG-ECHO, *Gender and Age Marker Toolkit*, (2014), 16.

CONTEXT ANALYSIS/ ASSESSMENT →	TARGETED INTERVENTIONS →	OUTCOME INDICATORS
Who is affected by the situation that the organisation is addressing (crisis, poverty, exclusion, and so on)? How are they affected? How are they affected differently? *In development contexts – how can the root causes of the problem be addressed?* *In humanitarian contexts – what are the urgent needs of individual groups and can we best address them?*	*What interventions are required to respond to the different causal factors and consequences associated with how older people are affected by the situation?*	*How did the community benefit from the intervention? How did older people, specifically, benefit from the intervention?*

2.1.1 Assessments: Planning & targeting to ensure visibility of older people

While in policy or theory, older people are often recognised as a vulnerable group, in practice they can remain invisible to humanitarian and development actors, because data about them is sometimes not collected, programmes are not tailored to meet their specific needs, they are minimally consulted, and their capacity to be active participants in recovery and response is ignored.[21] To remedy this, organisations must ensure that:

(1) Their conceptions of equality, vulnerability, poverty and inclusion include references to and understanding of older populations, including their needs and capacities (as referred to in earlier sections); and
(2) Their contextual analysis and data collection frameworks capture the realities of older people.

By capturing the data that demonstrates through evidence the vulnerability of older people, organisations can design programmes which respond to their specific needs.

Understanding the context

Tools for making older people visible will vary depending on whether the context is a development or a humanitarian situation. In an emergency, organisations conduct limited and rapid assessments initially, followed later by a detailed sectoral analysis, while in development contexts, a detailed contextual analysis can be undertaken from the outset. In emergency response, there will be opportunities to address wider, more strategic risks (like gender equality and GBV) as well as basic needs, but a contextual analysis is required to inform this, and this is not the initial objective in an acute response. At the same time, emergencies often occur in situations where development work is already happening. If the contextual analysis has been done, it makes it easier to respond appropriately to the emergency – where often underlying inequalities are massively exaggerated and escalated. Thus, there are crossovers between analyses for both sectors.

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21   Help Age International, *Older people in emergencies: identifying and reducing risks*, 2012, 2.

Most Irish INGOs use a framework which informs their contextual and needs analyses, identifying poverty, equality/inequality, vulnerability, or inclusion/exclusion. The prevailing approach across the sector is to identify, using evidence, who the most vulnerable are; who benefits from programming/policies; and what impact policies/programming have for distinct groups. The key recommendation presented here is to include older people within that lens, rather than to conduct a separate analysis of older people. This is particularly relevant at a time when, as we edge close to reaching the Millenium Development Goals (MDGs), we are placing increasing attention on the hardest to reach and most marginalised groups in development contexts, and continuing to strengthen accountability and quality of response in the humanitarian sector.

Collecting and analysing the data

For development and humanitarian work, age-disaggregated data is central to context and needs analyses. Lack of disaggregated data at the state and community levels is repeatedly cited as a challenge to designing and implementing age-appropriate programmes. At the national level, there is a general lack of data on older people, and where data is collected, it tends to group all older people within one category (often 60+). In order to achieve a framework that is inclusive of people of all ages, indicators should require the collection and analysis of data for all people of all ages, with data disaggregated by sex and age, at a minimum. This should be supported by clear reporting requirements and guidelines, and inclusive data collection tools.

Age-disaggregated context and needs analysis requires that staff and partners have a strong understanding of the local context and the role and position of older people within it, and that they use a robust data collection and analysis framework. Lessons can be learned here from the experiences of organisations' work on gender. While work on gender is still evolving, a large focus has been on making gender dynamics visible, through gender-disaggregated data and contextual analysis. The first systematic effort to achieve this by a major donor agency is through the gender and age marker developed by ECHO, specifically tailored for humanitarian programming. The ageing lens is a useful framework to achieve this.

Key initial steps to embed the ageing lens include:

Make a clear commitment to (i) ensuring the teams understand the local context; (ii) conduct age- and gender-disaggregated data analysis; (iii) use this as a starting point to further analyse the context/needs; and (iv) tailor the response appropriately.
Include "older people" in the analysis framework/toolkit to assess.
Prompt staff/partners to recognise ageing as an issue for concern and/or consideration by asking the right questions, using the existing tools. This will require inclusion of age-related indicators in results-based frameworks.

Contextual analysis & data collection: The development context[22]

Contextual analysis is a holistic view of a context. It is the whole environment in which programmes operate, including policies, institutions and processes; demographics; the social, political, cultural, environmental, and economic aspects of life in a specific area. It examines all aspects of people's lives to provide the necessary information in order to determine what the various programme options are in a given context. It should include an analysis of the individuals' roles/position within the communities, and *within* households (intra-household dynamics). Criteria such as age and gender are particularly relevant in this. Understanding the age and gender dynamics can inform not just an understanding of vulnerability, but also the potential of different groups to bring about positive change.

For example, Concern found that older men have more positive attitudes to women/ girls than younger men, and are therefore vehicles for tackling gender inequality and gender-based violence. In this way, the unique role that older people play in development is recognised and capitalised on. The context analysis should examine power dynamics (representation, voice and influence) within communities: who has a voice, and who does not; i.e. not just looking at whether older people have a voice, but which ones do and which ones don't, and what influence these groups have.

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22 Concern Worldwide, *Contextual Analysis Guide*, 2011

Sample questions for inclusion on context analysis that incorporate an ageing lens

(Note: these questions should be adapted for each specific context and could apply in both humanitarian and development contexts.)[23]

- Do older people traditionally work, for example in agriculture?
- Do they traditionally care for children?
- What roles do women, girls, boys, men and older people traditionally play, and who controls resources in the household and the society?
- Are they honoured, respected and listened to, or do they become progressively invisible with age? Are they considered an asset or a burden to their families?
- 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 decision-making processes?
- Do older people play specific roles in the community – as elders, or roles in conflict resolution or in decision-making?
- What capacities do different population groups have for coping with, responding to, recovering from and preparing for future crises?
- What specific needs do women, girls, boys and men of different ages have for assistance and human rights protections?
- Are there any specifically vulnerable groups or groups with particular needs that should be targeted for certain types of assistance? If the action intends to target only one or a few specific gender and age groups, what other groups might need to be involved as well, and what would be the consequences of not involving them (e.g. tensions, stigmatisation, failure of objectives)?

Adopting an organisational policy which could institutionalise an ageing lens in development contexts: An example from Concern

Concern uses a unique model to describe extreme poverty that focuses on the extreme poor's assets, as well as their returns on these assets and recognises that the causes, maintainers and obstacles to people moving out of extreme poverty, are grounded in inequality, risk and vulnerability. This understanding of poverty is intended to inform how Concern responds to extreme poverty. It intends to guide teams to understand the make up of communities by individual groups using a contextual analysis (e.g. female headed households; old and disabled; children; disabled; minority groups, etc). This should include a breakdown by age and gender. This process has been useful in making visible what resources and assets the extreme poor have access to or not along with the inequalities, risks and vulnerabilities of individual groups within a community.

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23 Help Age International, *Ensuring inclusion of older people in initial emergency needs assessments*, 2012, 12; and DG-ECHO, *Gender and age marker toolkit*, 2014, 23.

To assist in this process, Concern developed a framework for guiding data collection. This supports the organisation to identify through secondary and primary data collection who the extreme poor groups/sub groups are in a specific context. The guide for data collection supports the team to gather information on the assets, livelihood strategies and access to services of the extreme poor and to identify issues of inequality, risks and vulnerabilities experienced by these groups that are preventing them from moving out of extreme poverty. The team subsequently unpacks these complexities further. This informs much more complex and responsive programming at the planning and design stage. The central principle is to ensure that the team on the ground understands the local community and can recognise the groups living within it. After that, they can start to analyse the context further, looking at what the dynamics are, what opportunities are available and what needs to change and how they should be responded to.

Context/needs analysis and data collection in the humanitarian context:

In a humanitarian emergency, incorporating an age analysis can be used to "deconstruct the affected population and better understand what specific needs and capacities women, girls, boys, men and older people affected by an emergency have and what specific threats they face. This understanding is a precondition for providing assistance that is well targeted to the specific needs of the different groups."[24] Integrating age into needs assessments requires adapting who asks, what is asked, how the question is asked, and what specific questions are asked. The adaptation should be made on the basis of a solid understanding of the local context more generally. The process should challenge assumptions about ageing and older people, and question whether commonly assumed practices hold in the communities in which the organisation works, and should analyse both capacity and needs of older people. The outcome of the analysis should be identification of "the distinct needs, concerns and capacities of women, girls, boys and men of all ages to inform a more effective response. It is the analysis of the differentiated needs and capacities of these groups that serves to justify why the target group was chosen."[25]

Where possible, agencies should use national-level data (through national statistics offices and census information, for example), or data estimations using secondary sources where national data is not available, and should adapt data collection tools to ensure older people are included. The data collected should include socio-economic data, including on social protection, employment levels, numbers of widows/widowers, disability and residential situation, as applicable. Any corresponding risks should also be documented, such as living alone, caring for children or being housebound.

To the greatest extent possible, data should be disaggregated by age. For the adult populations, differentiate by year gaps (10-year age gaps ideally) or use wider age groupings if necessary (50+, 70+, and so on). Depending on the context, the lowest category for "older person" might be as low as 50 years, to accommodate the fact that people age earlier in more challenging living environments, and this designation should be informed by a context understanding and analysis.

Finally, organisations and coordination mechanisms should create an "at risk" map and register, so that the location and status of all older people with specific vulnerabilities have

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24 DG-ECHO, *Gender and age marker toolkit*, 2014, 22.

25 Ibid., 28.

been recorded, and should ensure that "all external data, such as scientific investigations, are communicated effectively and discussed in relation to local knowledge, with older people and the wider community".[26]

Sample questions for inclusion on context/needs analysis in humanitarian contexts

- What roles do women, girls, boys, men, and older people traditionally play and who controls resources in the household and the society?

- Do any gender or age groups in the society face discrimination – including in their ability to access humanitarian assistance? How does the crisis or emergency affect different gender and age groups and their roles in different ways? What specific needs do women, girls, boys, and men of different ages have for assistance and protection?

- What capacities do different population groups have for coping with, responding to, recovering from, and preparing for future crises?

- Are there any specifically vulnerable groups or groups with particular needs that should be targeted for certain types of assistance? If the action intends to target only one or a few specific gender and age groups, what other groups might need to be involved as well and what would be the consequences of not involving them (e.g. tensions, stigmatisation, failure of objectives)?[27]

Revising organisational policies to ensure targeted action for older people: An example from Médecins Sans Frontières (MSF)[28]

Traditionally, medicine/health-focused aid prioritises the under-5 age group and pregnant women. In MSF, this gave rise to concern that indicators were failing to capture many older displaced people, who present with a variety of health and medical needs that differ from those of younger groups, and that these groups often fall outside the target groups for food aid packages, assessments of malnutrition and other services. For this reason, MSF undertook a policy review and found that "older people" as a focus group did not have an explicit mention in policy. However, MSF also found that in practice, it actively responded to older people (despite the lack of mentions in policy) to a greater or lesser degree, varying by situation. Practice was challenging policy in this respect. MSF also found that sensitivity to older people was stronger in emergency than in development contexts. Overarching findings included that older people are not well researched or conceptualised; there is no common definition of older people; and there is no disaggregation of data by age – instead there is usually an arbitrary age cut-off. As a result of these factors, programmes were not found to be correctly adapted.

26   Help Age International, *Disaster resilience in an ageing world: How to make policies and programmes inclusive of older people*, 2014, 17.
27   DG-ECHO, *Gender and age marker toolkit*, 2014, 23.
28   Médecins Sans Frontières, *Older people in crises: A review of MSF's approach to vulnerability and needs,* 2012.

This raised questions about vulnerability and how it is understood. Currently, MSF is refining its framework for vulnerability which would allow it to assess and respond to all groups more effectively. This process includes challenging indicators that are used to measure mortality, and trying to move towards new qualitative indicators that measure a more comprehensive set of criteria for vulnerability, to encapsulate social, economic and other vulnerabilities. The result of the process of thinking about ageing has thus been to trigger an organisation-wide rethinking about vulnerability and what it means. The concern is not with age *per se*, but with solidarity, care, and equality, among other overarching principles, and to question how age fits into these paradigms. This requires that there is a solid and uniform understanding of what vulnerability means in the first place.

There is a consensus across the organisation that a more comprehensive approach on who receives treatment is required (extending beyond those that reach clinics to include outreach). It also requires thinking beyond the usual target populations to work towards reaching the most vulnerable across society (using a sliding scale to assess individual-, community-, and institution-level influence on vulnerability). Among other positive findings, MSF found many examples of progressive work, being done on an ad hoc basis, which provides the foundation to move towards recognising, identifying, and targeting older people in the first place in the needs analysis phase.

2.1.2 Participation of older people: Ensure the voices of older people are heard

While most organisations are committed to inclusion of all members of the community in programme planning, design, and monitoring, age-sensitive tools are not always utilised, and thus many older people are often *de facto* excluded. Participation is a critical element in needs assessment; context analysis; and programme design, implementation, and monitoring. Thus, meaningful and active participation of all members of communities relevant for the planned activity should be ensured, including representation and influence over decisions regarding resource allocation.

Levels of participation
Information ➜ Consultation ➜ Joint Planning ➜ Decision making ➜ Empowerment[29]

Participation begins with formal and informal information sharing, and continues with meaningful consultation and engagement, which in turn informs joint planning and ongoing decision making. This should ultimately result in the full empowerment of members of the targeted community to lead on decision making about programmes and policies that affect them. At the initial planning and consultation stage, the participatory process should be sensitive to cultural contexts, drawing on "pre-existing consultation and decision-making mechanisms" but avoiding systematic exclusion for social or cultural reasons.[30]

Participation should be a component for review at monitoring stage: What is the impact of the influence that older people exert, if any? Were the views of older people taken into account and acted upon? What impact and result did that have (this can apply when the focus of the project is advocacy, or on wider programmes generally where older people should have a role in influencing them).

29   Bruijn, P., Regeer, B., Cornielje, H., Wolting, R., van Veen, S., and Maharaj, N. *Count me in: Include people with disabilities in development projects – A practical guide for organisations in North and South*, 2012, 40.
30   DG-ECHO, *Gender and age marker toolkit*, 2014, 47.

Suggested actions to ensure participation of older people in development/humanitarian action

- During assessment processes:

  - Ensure diversity in staff composition (on the basis of age and gender), to ensure that all members of the community have access to a development or humanitarian worker that they feel comfortable speaking to.

  - Critically reflect on the attitudes and inherent assumptions of humanitarian and development workers and examine whether these attitudes are reflected in reality.

  - Observe which groups are absent from the consultation process, and actively engage marginalised groups.

  - Identify obstacles to participation (see the section on barrier-free access below).

- During programme design and implementation:

  - If local communities are established to support implementation or monitoring of the programme, ensure an age-balanced cohort.

  - Continue to collect age-disaggregated data on who uses and benefits from a programme or service (where applicable).

- During the monitoring state:

  - Collect and analyse data through participatory methods to measure the impact that the programme had on older people.

  - Review whether the participation of older people, and the views they shared, influenced the programme roll-out.

- Throughout the programme cycle:

  - Work with older people's groups/networks at field level – groups that work specifically with older populations, to ensure their inclusion throughout the programme cycle.

  - Work with thematic groups to challenge silent discrimination. This might include working with women's groups or farmers' groups to put the ageing perspective on the table. If a group has a stated objective of including all members of the community, then they should be able to demonstrate that people of all ages *are* involved. To this end, organisations should press the partners/staff/consortia they are involved with; engaging older persons' advocates in these thematic groups is often a potential route to put it on the agenda.

  - While large-scale targeting of older people might not be feasible, it should be possible to have at least a small number of key informant interviews, and to ensure some degree of inclusion on surveys, including household surveys.

  - Where the technology allows, explore social media for outreach with older people.

Emergency preparedness and disaster risk reduction

Emergency preparedness and disaster risk reduction (DRR) cut across the humanitarian and development sectors. All groups should be included in this. Effective DRR should be age-inclusive, including priority evacuation and assistance, for example, using strong local partnerships. This requires (i) capacity building of older people; and (ii) participation in local fora/mechanisms. A simple and tangible example is the collection of older people during environmental disasters and evacuation to somewhere safe, which they could not manage on their own. Emergency planning should also include contingency plans in place to ensure that older people can access services.

Inclusion of older people in emergency planning: An example from Cuba

WHO conducted a review of responses to emergencies in a range of situations, including the regular hurricanes that affect the island of Cuba. It found positive examples of age-inclusive emergency preparedness:

"Here, preparation is provided to all emergency responders and to the general population every year just prior to hurricane season. Local evacuation and service plans and resources are reviewed and updated, including identification of vulnerable persons and review of procedures for self protection and protection of others. Local health clinics and providers are closely involved in identifying and planning services for vulnerable older persons in the community. Older persons participate actively on local emergency committees, making the community aware of their potential needs and contributions, and they play a role in public information and education."[31]

2.1.3 Programme design & implementation: Provide accessible infrastructure and barrier-free programmes

"Women, girls, boys, men, young children, adolescents and older people are affected in different ways by crises and emergencies and have different capacities for coping with and preparing for these situations. Quality humanitarian assistance needs to take these differences into account."[32]

In some cases, humanitarian and development programmes are unintentionally inaccessible to older people, because failure to include age-friendly infrastructure and policies results in *de facto* exclusion. Examples might include inability of older people to access basic services due to inability to travel long distances, or exclusion from aid packages that primarily target mothers or heads of household. In times of crisis, in particular, older people are among the least mobile (along with children, sick and extremely poor and others), and are often less well able to access scarce resources. While self-recovery programmes are often key pillars of disaster risk reduction and resilience-building programmes, many are not suitably adapted for all members of older groups. This highlights not only their vulnerability, but also the need for barrier-free programming and protection. For example, cash for work should be available

31 *WHO, Older persons in emergencies: An active ageing perspective,* 2008, 16.
32 DG-ECHO, *Gender and age marker toolkit,* 2014, 16.

for older people if they are capable. Those that cannot be included in labour-intensive work can participate in other roles (such as child care) that they can also be paid for.

Making programmes accessible

In addition, some processes have a tendency not to be age-sensitive. For example, use of new technologies in development programming might not include targeted adjustments for older recipients of these technologies with training appropriate to their skills/capacities. Thus, age-sensitivity must be incorporated into training and capacity, as well as physical infrastructure, and programmes must be adapted to ensure that they are accessible to older people.

Access includes information and means of communication, which is critical in emergencies to support older people to address their own needs and recovery. It also includes physical accessibility, financial accessibility and equitable access to resources. Understanding these barriers and how they can be overcome requires a strong understanding of the target community, which should be provided by the contextual analysis, as well as by ensuring active participation of older community members.

It is also important to remember that disability increases with age. Thus, older people will increasingly need support appropriate to their physical and mental abilities.

Removing age-caps

While contextual analysis and robust data collection tools might take time to develop within each organisation, an immediate first step that can be taken is the elimination of age-caps (cutting off provision of supports at a particular age) and arbitrary discrimination within programmes (if applicable). These are especially prevalent in livelihoods and financing sectors, including in training courses and micro-financing, although often unofficially and informally only. This means ensuring that organisations have successfully challenged notions that older people cannot participate/are not able-bodied enough. This issue is most relevant at operational/community level, where it often occurs, but is rarely documented. One initial and simple step will be to review data on responses/programmes and query cases in which no older people participated.

Targeted programming

In some cases, where older people are identified as particularly affected by poverty, inequality or crisis, organisations should consider designing and implementing targeted programmes, to meet their specific nutrition, health or livelihoods needs. This should be considered where their specific needs cannot be met through wider community programming and where removing barriers is not in itself sufficient.

Suggested actions to ensure barrier-free programming

Identify and remove barriers to allow equitable access to services, supports, and information and communication opportunities. This requires a case-by-case review of programmes and policies, and should be done at the design stage. It should be informed by context analysis and data collection, and should incorporate active participation of older people.

Identify and remove arbitrary age caps in programmes and policies, including those that are unofficial and typically hidden from view.

Consider the need for targeted interventions to meet the needs of older people, where existing programmes fail to respond sufficiently to the needs of older people.

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Criteria for barrier-free humanitarian services/supports[33]

Adaptability

- Programme design should be informed by the context or needs analysis, with specific programmes and supports adapted to meet the specific needs, vulnerabilities and capacities of men and women (and boys and girls) of all ages.

Accessibility

- Accessible services and supports for older people should include:
  - Physical accessibility: service facilities should not be located too far away for an older person to attend, and their attendance should be facilitated by organising transport if necessary. The infrastructure of the facility should be "age-friendly"; for example, it should not have too many stairs, or should be accessible by ramps.
  - Financial accessibility: in an emergency situation, services should be free or subsidised for older people who have no financial means to pay for them. (In development contexts, procedures for affordable access should be discussed with the national authorities.)
  - Availability: good-quality essential basic resources which meet medical and nutritional needs, including drugs for chronic diseases as continuity of treatment and appropriate food, should be provided.
  - Access to information and means of communication: this can be a critical life-saving tool in emergencies, and is crucial in supporting older people to address their own protection needs.

Equity

- All identified vulnerable groups should have equal access to programmes, services and supports.

Gender equality

- Services should be designed to meet the specific needs of both older women and men.

- Older women and men should participate equally in the design, implementation, monitoring and evaluation of projects, programmes and strategies. Particular attention may be needed to ensure that older women are in decision-making positions.

- Older women and men should benefit equally from training or other capacity-building initiatives, and should be targeted with specific actions when appropriate.

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2.1.4 Monitoring & evaluation: Measure the impact on older people

Agencies should follow up on their service/support provision, to check whether the older population have accessed and – crucially – benefited from it. This is often done through key informant interview and focus group discussions (e.g. with women only) in the wider population. Generally, it is atypical to have targeted focus group discussions with older men and women. Thus, in many cases, their feedback is not being captured. Organisations should consider how best to capture data on impact for older people, through existing monitoring and evaluation tools.

33 Help Age International, *Health interventions for older people in emergencies,* 2012, 6.

2.1.5 Working with partners: Build a community of practice

Many Irish-based INGOs implement their programmes primarily through partners (exclusively in some cases). Where appropriate, these partners should be supported to ensure that they reach the most vulnerable groups, including members of older populations. Initial supporting steps might include provision of training and workshops on adopting an ageing lens in programming; provision of technical support to disaggregate by age in data collection, analysis and use; and support to identify and articulate criteria for long-term change for vulnerable groups, including older groups.

Selection of partners usually includes institutional assessments. This could include age-sensitive information/questions examining structure (e.g. composition of board) and programmes (who the programme targets and who that includes/excludes, what processes are used and whether these lead to inclusion/exclusion). While excluding partners on this basis might not be feasible, including age-related questions raises the platform of ageing as an evolving issue for consideration across the development and humanitarian sector.

Furthermore, there are many organisations, networks and associations whose *raison d'être* is the support and advocacy of older groups. These groups could be considered as potential partners in programme implementation and included in programme design as experts. Notably, the life-course approach provides the framework for avoiding competition between different phases of the same person's life (i.e. potential competition for support/resources between child-focused, woman-focused, or older-person-focused groups).

Suggested actions to build a community of practice with partners

- Promote and utilise the life-cycle approach. The first step is to include this language in organisational strategies and plans; and eventually this will influence thinking which will finally lead a change in how responses are planned and delivered.
- Include age-sensitive questions and discussion on partner assessments, and consider providing capacity building and technical support to ensure partners can meet the needs of all vulnerable groups, including older people.
- Disseminate positive lessons learned from organisations that have successfully worked with older groups to achieve positive outcomes.
- Work with donor agencies to ensure that support for all age groups is a priority in meeting the needs of the most vulnerable groups.

2.1.6 Respecting human rights: ensure protection for older people

Human rights considerations should underpin all activities within the development and humanitarian sectors, and inclusion of older people is no different. While section 1.3, above, outlines the legal human rights framework for engaging with and supporting older people, protection of older people as a separate thematic consideration is also important. Work with older people should include empowerment to seek a remedy for violations, including - at a minimum - access to justice, redress, rule of law, and non-discrimination in access to services and supports. Protection and promotion of human rights, including for older people, should underpin all development work.

Older people and human rights monitoring

One approach (or many) to protecting the human rights of older people is to support "older citizens monitoring".

"Older citizens monitoring is a process that promotes dialogue between older people, civil society organisations, governments and service providers. Groups of older people monitor their access to services they are entitled to and lobby for improvements ... It is based on the idea that evidence is needed to support arguments for change. Often, evidence is gathered by professional researchers, with older people playing a passive role. Older citizens monitoring turns this around, so that older people gather data on their access to services and use this evidence to lobby policy makers and service providers for improvements."[34]

Older citizens monitoring works by training groups of older people to monitor and report on key issues that matter to them, using applicable methodologies, and by supporting dialogue and advocacy with authorities to share information on results and advocate for strengthened protection of human rights through service provision, protection, etc.

Protection risks in humanitarian crises

In humanitarian crises, older people face many risks, including deepening of existing marginalisation, disadvantage and discrimination, as well as new risks associated with the crisis they find themselves in. In an emergency, two specific sources of threats should be acknowledged:

- Negative effects resulting from the humanitarian action – such as the risk of stigmatisation, violence or tensions within households.
- Negative effects resulting from the context – such as exclusion of gender-based violence.[35]

Literacy barriers and social isolation may further limit the capacity of older people to access and respond to public information. In addition, "they may be omitted, or treated unfairly in the distribution of cash and other benefits. Like their younger counterparts, older persons are exposed to the full wrath of war atrocities. They also can be more vulnerable to violence, theft and abandonment when resources are limited."[36] These risks should be acknowledged and addressed in the context of needs analysis, and responded to in programme design and monitoring. They require mitigation measures before, during, and after the crisis or intervention. Help Age International has categorised risks according to the levels at which they occur (state/armed actors and family/community), as follows.[37]

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34 Help Age International, *Older citizens monitoring*, 2011, 1.

35 DG-ECHO, *Gender and age marker toolkit*, 2014, 39.

36 Inter-Agency Standing Committee (IASC), *Humanitarian action and older persons: An essential brief for humanitarian actors*, 2008.

37 Help Age International, *Protection interventions for older people in emergencies*, 2013, 12.

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

To mitigate protection risks in a humanitarian crisis, organisations should include age-appropriate emergency preparation measures that include the identification of older people living alone, the planning of outreach activities in case of an emergency, and the provision of mobility and adaptive aids. After the onset of crisis, they should "ensure that information on the impact of the disaster and on humanitarian response and services is accessible to older people (taking into account any hearing or visual impairments) and is communicated

in a way and in a language they understand. Ensure that older people have appropriate documentation to identify themselves so that they may access both humanitarian and state-provided social services."[38]

Help Age International recommends five action points for addressing the protection needs of older people in emergencies:[39]

1. Assess the protection issues faced by older people in emergencies – including through age-disaggregated data collection and analysis and an assessment of the gaps between the needs and capacities of the affected population (addressing the context; the stakeholders; the potential threats and abuses; local perceptions and strategies for protection; and the effects on older people). Incorporate a participatory approach to involve older women and men, including the most isolated, through focus group discussions, protection mapping exercises, and individual interviews.

2. Define the protection strategy – analyse the protection issues faced by older people in the emergency context and define priorities and aims for your protection response. ("Do you aim to stop or prevent imminent violations? Do you aim to provide redress for older people? Do you aim to create or consolidate a protective environment? Define the level of your intervention to ensure older people's protection. Do you want to mainstream response to older people's protection risks or deliver targeted protection activities for older people?") Identify the appropriate modes of action to address these protection priorities, "for example by influencing decision-makers, by building or strengthening capacities, or by providing assistance and delivering protection services".

3. Implement protection activities – Design an advocacy strategy and strengthen the capacities of community-based organisations, older people's groups, and other national and international actors to ensure a broader and more sustainable impact on protection for older people. Provide or facilitate the delivery of information to older people and their families and carers, and provide psychosocial support.

4. Build partnerships – Support the establishment of a referral mechanism with humanitarian agencies and national authorities (if applicable); strengthen the capacities of local actors; monitor the assistance and support received following referrals; and consider potential joint programming with other agencies where appropriate.

5. Monitor and evaluate the protection response – Ensure that protection responses are based on robust baseline data, and are linked to expected results and measurable indicators. Identify behavioural as well as structural changes associated with perpetrators, authorities, and victims.

38 Help Age International, *Older people in emergencies: identifying and reducing risks*, 2012, 2.

39 This table synopsises the detailed proposals in Help Age International, *Protection interventions for older people in emergencies*, 2013, 14–15.

2.2 ADVOCACY

Advocacy is central to inclusion of older people in development and humanitarian work. At the global level, organisations should consider the extent to which global discussions such as the post-2015 framework, and global humanitarian coordination and responses, respond to the needs of older populations. At country level, organisations should consider whether coordination bodies, such as national authorities, clusters and working groups, adequately analyse and respond to the needs of older people. The priority is not to include an age-specific advocacy framework, but to ensure people of all ages are referred to in advocacy activities, so that older people are not *de facto* excluded.

Advocacy messages should be framed in the language of human rights and inclusion, and should showcase the vulnerability, capacity, and potential of older people. If older people are not referred to or explicitly mentioned in high-level documents, they are more easily overlooked in policy and programme development.

The role of media and images needs to be addressed. Organisations should use (i) a mixture of positive images showing the capacity and vulnerability of older people, e.g. older people as teachers, carers and (ii) a mixture of ages. This is particularly relevant for the external communications departments of organisations.[40]

2.2.1 Older people and global advocacy development contexts

Ageing is an evolving issue and will be a priority for development and humanitarian organisations in the coming years. High level advocacy opportunities currently include the post 2015 framework, climate change, and the increasing number of humanitarian crises. Organisations should draw on their country-level experience to identify key priority issues for advocacy, and include these within their organisation's wider set of advocacy priorities. This not does require adopting new priorities, but showcasing the ageing dimension of existing priority advocacy issues. For example, when discussing healthcare as a priority, include references and recommendations regarding health care for older people (since health care in older life is a key issue for older populations). If advocacy is about care, then include references to community-based solutions where older people play a role; if it is about human rights, then include references to the rights/protections of older people from violence and abuse; if it is about women, then include references to older women.

Ageing-expert organisations such as Age Action Ireland should participate on relevant working groups, such as those that work on disability or development messaging at HQ level, using these platforms to highlight the issue of older people and development both to the Dóchas membership and in Dóchas policy submissions. The potential of a concerted effort is evident from the work done on disability, which has recently been referred to in the Irish Aid "One World; One Future" policy document, and which is also on the agenda of the Dóchas members and is supported by a Dóchas working group.

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40   These should comply also with general best practice on use of images and messages. See Dóchas, *Code of conduct on images and messages*, 2006, which has 82 signatories.

Advocacy on older people can also be linked to advocacy on gender equality and children, highlighting the role that older people play in care of children for example. Advocacy should highlight the cost of not including older people in development and humanitarian programmes – including the implications for health, loss of knowledge, failure to protect human rights, and lack of social protection. Finally, it should be noted that these implications will only increase as ageing becomes an increasingly important issue.

Organisations should also take steps to ensure a coherent approach by linking coordination with partner organisations/agencies, donors, national government, and other actors. This process can itself be strengthened by building the capacity of older groups' networks/voices so that they can engage and participate directly.

Global advocacy platforms should be utilised to highlight issues concerning older people, to maintain the focus on the population at risk, rather than older people *per se*, including for example WHO platforms on specific subject areas such as non-communicable diseases.

Finally, specific interest groups such as Age Action Ireland should build solidarity/momentum between older people in Ireland and internationally, to build a constituent base that will in turn demand action and accountability from the CSO sector and donor agencies. This is being done, for example, though Age Action Ireland's work in development education, which creates a demand for accountability and human rights, builds solidarity among communities globally, and builds a strong support base for action.

Suggested actions for advocacy in global international development contexts

- Include references to older people and ageing in advocacy documents, strategies, and messages. Ageing should be consistently presented as a cross-cutting issue that should be considered across all humanitarian and development goals and targets. The growth in older populations should consistently be highlighted.

- Use language such as "for all people/men/women" and "people/men/women of all ages" wherever possible and appropriate.

- Ground advocacy messaging in the language and framework of international human rights law, consistently highlighting equality and prioritisation of vulnerable groups, empowerment and participation of those affected by development and humanitarian actions, and accountability. Promote inclusion and inclusive development, including through decent employment opportunities, social protection, and access to social services, for all age groups and abilities.

- To ensure that the post-2015 development framework truly leaves no-one behind, is inclusive of older people along with others, and addresses the rights and needs of people of all ages, call for consideration of population dynamics, including global population ageing, in development of goals, targets, and indicators for the post-2015 sustainable development framework.

2.2.2 Advocacy on humanitarian crises

Older people are extremely vulnerable to the impacts of humanitarian crises, natural disasters and environmental change. As climate change continues to have global implications, this vulnerability is likely to grow further. This narrative should be restated often and in whatever fora possible. Organisations should work with media and donors to showcase, using evidence, the real impact of excluding older people, to combat the challenge that currently exists in fundraising for programmes that target older people. The messages should present the realities of older people in disasters, emergencies, and development contexts. Advocacy should be evidence-based, and should articulate how older people are differently affected by given situations, and why that matters.

Suggested actions for advocacy in humanitarian contexts

- Use a range of images and stories, showcasing the potential, capacity, needs and vulnerabilities of older men and women from different communities and groups. The need to include older people both as vulnerable and resourceful groups in risk reduction and preparedness, relief and recovery processes should consistently be highlighted.

2.2.3 Advocacy at national and community levels

In some target communities, older people exert considerable power and influence, which can be used to reinforce or to encourage positive changes. Many civil society organisations use this leverage for positive messaging and behavioural change, by working with older people. Organisations should continue to look for these opportunities. At the same time, some older groups may experience discrimination in compounding ways: as women, as older people, or as the poor. Thus, positive steps should be taken to ensure their participation. The key recommendation here is that all groups should be at the discussion table, particularly when empowerment is a feature or aim of the programme.

At country level, as at global level, inclusion of ageing-expert groups and representatives on coordination, planning and advocacy fora is useful to highlight the considerations in planning and programming. This might include cluster meetings in the humanitarian context, or on fora designed to promote engagement with national agencies or bodies in development contexts.

Help Age International and its partners have supported older people's associations in resilience-building activities in Bolivia, Cambodia, Jamaica, Kenya, and Pakistan, using models that "promote mutual support among older people and reduce their isolation and vulnerability by creating a social support network that can facilitate community development and risk reduction activities. The model utilises older people's skills and experiences to enable them to help themselves and their communities." The key functions of the associations include:

- "Providing social activities for older people

- Providing social support such as home visits and religious ceremonies for those who are sick and frail

- Assisting the poorest and sickest older people

- Creating social cohesion among older people in the community

- Giving a voice to those who cannot convey their needs

- Improving the social status of older people

- Acting as a trusted network for older people, and helping to identify vulnerabilities and capacities of the community

- Increasing the skills and abilities of older people

- Improving the overall development of the village or community."[41]

Suggested action points for advocacy at local level

- Ensure that older people are represented in the cluster response mechanism.

- Bring together age and disability stakeholders to increase the capacity for advocacy within the cluster system, and to identify key areas of influence.

- Develop holistic ways of meeting the priority needs of older and disabled people through cross-cluster advocacy and partnership.

2.2.4 Key issue for advocacy: Social protection

While there are many issues that affect older people disproportionately, one key issue requiring advocacy is social protection. For organisations that are willing or interested in adopting some key messaging regarding older people and development, social protection could be selected as an issue to highlight in external advocacy efforts.

One of the implications of rapid population ageing for development practice is that social protection cover takes on added importance. The lack of a secure income in older age is a major problem facing people in developing countries. Few people in poverty can afford to save for older age, and family support for older people is under pressure. Around the world, the majority of older people lack a secure income, and fewer than one in five people over 60 receive a pension.[42]

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41 Help Age International, *Disaster resilience in an ageing world: How to make policies and programmes inclusive of older people,* 2014, 10.

42 UN-DESA (2007) *World Economic and Social Survey 2007*, UN-DESA, New York, p. xiv

Universal social pensions have a number of benefits as a foundation to any pension system. They are the most effective way to reach poor older men and women, are relatively simple to implement, and avoid many of the challenges associated with means-tested programmes. Existing universal pensions have contributed not only to the income security of older people, but also to the wellbeing of their families and communities, especially that of grandchildren in the household. In this sense, they have proved to be an effective step towards providing a minimum "floor" of social protection across the life-course.[43]

Suggested advocacy messages on social protection

- Social pensions provide a minimum "floor" of social protection across the life-course.

- Data collection at the upper age limits allows us to adequately identify and target any risks and vulnerabilities.

- There is an overlap between people with disabilities and older people; social service and social protection should respond to this by providing accessible health and other services, within the social protection system.

The Committee on Economic, Social and Cultural Rights has recognized that old age is one of the contingencies to be covered by social security and has emphasised the importance of:

- "Taking appropriate measures to establish general regimes for compulsory old-age insurance, starting at a particular age, to be prescribed by national law;

- Establishing a retirement age range that is flexible, taking into account national circumstances (including demographic, economic and social factors), the type of work performed (with special consideration given to hazardous occupations, for example), and the ability of older persons to remain in the workforce;

- Ensuring that survivors and orphans receive benefits upon the death of a breadwinner who was covered by social security or receiving a pension;

- Providing non-contributory old-age benefits, within available resources, and other assistance for all older persons, who, when reaching the age prescribed in national legislation, have not completed a qualifying period of contribution and are not entitled to old-age pension or other social security benefits or assistance and have no other source of income."[45]

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43 Information on a UN initiative working on the global extension of social security is available at http://www.socialsecurityextension.org/gimi/gess/ShowTheme.do?tid=1321#contact . See also Help Age's work towards universal pension coverage at www.pension-watch.net .

44 UN-DESA, *Current status of the social situation, well-being, participation in development and rights of older persons worldwide,* 2011, 64.

2.3 ORGANISATION-WIDE POLICIES

2.3.1 Inclusion in strategic plan and organisational policy

To ensure an organisation-wide commitment to including older people in development and humanitarian work, key organisational policy documents should include explicit references and commitments, including in organisational plans, strategies and priorities. This does not require that the group is included as a separate target group; rather, existing priorities and programmes should include specific reference to older people as one of many target groups whose needs must be met.

As one respondent noted, "We shouldn't assume older people will be captured in the organisation's work, unless specific reference is made to them – We should prompt teams to acknowledge, look for, and identify the needs, vulnerability, capacity, and strengths of older groups in communities in which they work. A programmatic commitment is what is necessary." A top-down organisational commitment is a key driving factor in strategic commitments. The priority is not to place ageing front and centre; rather it is to ensure that the organisational policies are inclusive of *all* people, including older people.

References to older people should be reflective of other key principles that inform development and humanitarian work, including equality and equitable access to support, gender equality, dignity, and non-discrimination.

The organisation-wide commitment should be underpinned by a needs/gaps analysis using evidence-based research. It should refer to the need to target not only older people, but also the families and communities that support them. Finally, the strategy should be tied to key performance indicators to measure progress, and HQ should engage with country teams to have these priorities included at country priority level or in country strategy papers.

2.3.2 High-level leadership and commitment

In addition to a formal organisation commitment, the effectiveness of including a commitment to older people will be strengthened by a stated commitment within the organisation's leadership team. Where possible, a "bottom-up" approach providing evidence-based analysis from programme implementation level should also be used to advocate internally.

Donor prioritisation is also required, given that limited resources and extensive needs mean that many organisations will have to prioritise issues that donor organisations are willing to support.

2.3.3 Capacity building and training of staff and partners

Once an organisation-wide commitment has been secured, organisations should consider the capacity of their staff and partners to understand and engage with key issues affecting older people. Where limitations exist, support can be sought from expert groups such as Age Action Ireland, or through international training resources provided by Help Age International and others. Basic capacity building to ensure a common organisational understanding of the physical, psychological, economic, and social needs of older people might be useful. Alternatively, organisations might prioritise technical training for programme

design or implementation. However, training will be of limited use in the absence of an organisational commitment. Thus, as a starting point, it might be more helpful to begin by selecting one/two projects within which to address the ageing considerations and follow these through to examine the impact and implications of taking those steps. Once the positive results become visible, this will demonstrate the utility of the perspective to the wider organisation. This will be the first step in changing thinking on the issue, which will eventually inform a change in behaviour.

All organisations should ensure that older people are valued internally, as this inherent belief system is needed to inform effective programming at country level. Actions might include inclusion of retired volunteers, inclusion of older people on boards, or maintaining of connections with retired staff, for example through voluntary advisory groups.

ANNEXES & BIBLIOGRAPHY

Yeun Vi, 59, from Cambodia cares for two grandchildren and lives alone
© Régis Binard/HelpAge International

Guidelines for including ageing and older people in development and humanitarian policy & practice

Annex I: Key considerations for development and humanitarian actors

Note: These *steps are drawn from the extensive support material developed for each thematic area by Help Age International, ECHO and others. For further information on any given sector, download the relevant material/guide.*

SECTOR	KEY QUESTIONS. CONSIDERATIONS	FURTHER INFORMATION
Humanitarian contexts:		
Access to aid and services in emergencies	• Ensure that all older people have access to available support, including by ensuring barrier-free services and support, and taking proactive steps to reach the most vulnerable. • Provide early warning and evacuation support to older people that require it. • Communicate effectively with older people, by providing timely, accurate and practical information regarding the emergency, the risks, and the resources available for protection and support. • Use the knowledge and capacities of all affected population groups to identify negative effects and develop coping and recovery mechanisms.	• IASC, *Humanitarian action and older persons: An essential brief for humanitarian actors*, 2008 • WHO, *Older persons in emergencies: An active ageing perspective*, 2008 • WHO, *Older persons in emergencies: Considerations for action and policy development*, 2008
Access to food and accurate registration	• Consult older people on their food needs, including preferred foods that they find easy to chew and digest, their ability to access distribution sites, and their capacity to carry food distributions home. • Ensure accurate inclusion of older men and women in registration lists. • Communicate age-friendly distribution processes with the support and cooperation of community leaders and humanitarian actors – for example, through separate distribution queues and proxy collection systems. • Provide transport or other support to enable older people to take their distributions home. • Coordinate the response with other clusters, such as food, health, and nutrition.	• Help Age International, *Cash transfers in emergencies: A practical field guide*, 2010 • Inter-Agency Standing Committee, *Humanitarian action and older persons: An essential brief for humanitarian actors*, 2008 • Help Age International, *Food security and livelihoods interventions for older people in emergencies*, 2012

Accessible shelters and latrines	• Consult older people on their priority needs. • Involve older people in designing and building shelters. Provide assistance to older people to build their own shelters if they are without family support to assist them. • Incorporate age-friendly features into temporary shelters and latrines and into those being repaired or constructed, including ramps, handrails, grab bars, and lighting. • Coordinate responses with other clusters, such as Shelter, WASH, and others focusing on core concerns, such as gender and disability. • Adhere to international standards of accessibility when building shelters and latrines. • Provide basic necessary items, such as blankets and clothing.	• Help Age International, *Protecting older people in emergencies: Good practice guide*, 2012 • International Federation of Red Cross and Red Crescent Societies/Help Age International, *Guidance on including older people in emergency shelter programmes*, 2011 • Help Age International, *Guidance on including older people in emergency shelter programmes: A summary*, 2010
Cash transfers	• Ensure older people are included in the assessment to inform the cash transfer system, especially those living alone. • Ensure access to the distribution point so that targeted beneficiaries can collect/receive their transfer. • Ensure that older recipients are aware of the potential risks associated with receiving cash aid and take steps to mitigate such risks. • In evaluation, consider the impact that cash transfers have on all members of a household or community, including older people.	• Help Age International, *Cash transfers in emergencies: A practical field guide*, 2010

Healthcare & nutrition	• Provide emergency health providers with training in how to treat older patients. • Coordinate responses with other clusters, such as food and nutrition, and with other agencies. • Strengthen the health service to make it more suitable to older people, including with referral systems, age-friendly/barrier-free services, mobile clinics, appropriately trained health care staff, and appropriate resources (medicines, hearing aids, etc). • Ensure that appropriate water carrying containers are provided, particularly to those that are less well able to carry heavy loads. • Ensure that medical services meeting the priority needs of the most vulnerable groups are offered. This can include sexual and reproductive health services, the clinical management of rape or the treatment of diseases that are typical for older people. • Allot specific times when vulnerable groups such as older people, pregnant women, or young children are given priority for consultations and treatment in healthcare facilities. • Arrange local transportation systems (e.g. donkey-cart ambulances) to assist medical referrals of people with restricted mobility, including older people.	• Help Age International, *Cash transfers in emergencies: A practical field guide*, 2010 • IASC, *Report on an inter-agency review conducted by Help Age International*, 2007 • Help Age International, *Health interventions for older people in emergencies*, 2012 • Help Age International, *Nutrition interventions for older people in emergencies*, 2013 • Help Age International, *Good nutrition in later life*, 2011
Livelihoods support	• Consult older people on their priority needs. • Recognise older people's capacity and desire to be involved in livelihood activities. • Implement solutions with the support and cooperation of community leaders. • Coordinate response with other clusters, such as Early Recovery. • Ensure that age-appropriate income-generating opportunities are available in the programme. • Ensure that initiatives do not contain formal or informal upper age limits.	• Help Age International, *Cash transfers in emergencies: A practical field guide*, 2010 • Help Age International/Cordaid, *Making a living last longer,* 2011

Development contexts:		
Strengthening family and community structures	• Consult older people about what their priority needs are. • Recognise the role of older people both as carers and as people in need of care. • Give older persons a voice in community decision-making processes and encourage them to participate actively in finding the solutions. • Involve older people in developing intergenerational activities. • Establish older people's committees and support groups. • Seek holistic and intergenerational solutions to psychosocial responses. • Make sure community meetings include a wide representation of older people, with men and women alike given the opportunity to formally voice their concerns and ideas.	• Help Age International, *Cash transfers in emergencies: A practical field guide*, 2010
HIV/AIDS and communicable diseases	• Challenge prevailing HIV data collection systems by continuing age-disaggregated data beyond the MDG-recommended age of 49 years. • Ensure that programmes are age-appropriate, and include training and psycho-social support for older people, including those that are HIV positive, or that care for HIV positive people and/or their families.	• Help Age International, *Income-generating activities for older people affected by HIV and AIDS*, 2012 • Help Age International, *Using peer education to inform older people about HIV,* 2012 • Help Age International, *Protecting inheritance in multi-generational households affected by HIV and AIDS*, 2012 • Help Age International, *Psychosocial support for older carers: A summary*, 2011 • Help Age International, *Training and supporting older people to be home or community-based carers*, 2012 • UNAIDS (Joint United Nations Programme on HIV/AIDS), *HIV and ageing: A special supplement to the UNAIDS report on the global AIDS epidemic 2013*, 2013

Livelihoods support and food security	• Consult older people on their priority needs. • Recognise older people's capacity and desire to be involved in livelihood activities. • Involve older people – men and women – in developing and implementing livelihood solutions. • In programme design for younger adults, consider whether the employment supported in turn supports social protection for older people, and whether this can be incorporated. • Where food is available, but older people cannot afford to purchase it, consider cash payment schemes, and advocate for minimum social pension schemes with authorities. • Supporting older people's ability to farm or earn an income by improving their access to credit and providing inputs and training is also important. • Support older people's associations to support their members to work, access services, and pool resources, skills and knowledge.	• Help Age International, *Disaster resilience in an ageing world: How to make policies and programmes inclusive of older people*, 2014 • Help Age International, "Tackling the food crisis", in *Ageways: Practical Issues in Ageing and Development*, Issue 76, February 2011
Healthcare & nutrition	• Consult older people on their priority needs. • Make sure that health services respond to older people's chronic health needs (on the basis of a contextual analysis). • Disaggregate health data by age and gender, including information on HIV/AIDS, to ensure clarity on older people's health needs. • Strengthen the health service to make it more suitable to older people, including with referral systems, age-friendly/barrier-free services, mobile clinics, appropriately trained health care staff, and appropriate resources (medicines, hearing aids, etc).	

Annex II: Organisations and individuals consulted

1	CBM (Christian Blind Mission) Ireland	Mary Keogh
2	Christian Aid Ireland	Ciara Loughney, Humanitarian Programme Advisor
3	Concern Worldwide	Bernadette Crawford, Equality Officer
4	Dóchas	Fiona Coyle, Programme Officer
5	Gorta	Isabella Rae, Head of Policy
6	Help Age International	Marcus Skinner, Humanitarian Policy Manager
7	Help Age International	Eppu Mikkonen-Jeanneret, Head of Policy
8	Oxfam Ireland	Enida Friel, HIV Coordinator
9	Médecins Sans Frontières	Beverley Stringer, Health Policy and Practice Advisor
10	Plan International Ireland	Frank Velthuizen, Disability Programme Coordinator
11	Trócaire	Finola Finnan, Head of Programmes
12	VSO	Deirdre Finlay, Head of Programmes

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USEFUL WEB-LINKS

- Global Alliance for the Rights of Older People, at http://www.rightsofolderpeople.org/

- UN DESA population division (statistics, reports, papers, UN commentary on ageing) http://www.un.org/en/development/desa/population/theme/ageing/index.shtml and http://undesadspd.org/Ageing.aspx

- UN Open Ended Working Group on Ageing (OEWG) on the rights of older people (many reports, papers on rights of older people) http://social.un.org/ageing-working-group/index.shtml

- WHO and ageing general website http://www.who.int/topics/ageing/en/

NOTES

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