

Integrating older people

A training of trainers manual for successful mainstreaming of age-friendliness in Canadian Red Cross' programme in Aceh, Indonesia



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International

Leading global action on ageing

www.helpage.org

HelpAge International has a vision of a world in which all older people can lead dignified, active and secure lives. We work to ensure people everywhere understand how much older people contribute to society and that they must enjoy their right to healthcare, social services and economic and physical security.

Canadian Red Cross

Our Fundamental Principles

Our actions are guided at all times by our fundamental principles of humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

Our vision

We strive, through voluntary action, for a world of empowered communities, better able to address human suffering and crises with hope, respect for dignity and a concern for equity.

Our mission

To improve the lives of vulnerable people by mobilizing the power of humanity

Integrating older people

A training of trainers' manual for successful mainstreaming of age friendliness in Canadian Red Cross' programme in Aceh, Indonesia.

Coordination : Deepak Malik, Samantha Chattaraj, Meinke Lignac. HelpAge
International, Banda Aceh Office
Guidance : HelpAge International, APRDC
Design : Ade Sonyville

Compiled and developed by

HelpAge International
6, Soi 17, Nimmanhemmin Road
Suthep, Muang
Chiang Mai, 50200, Thailand
Tel: +66 53225440
Fax: +66 53225441
Email: hai@helpageasia.org
www.helpage.org

Printed by

Canadian Red Cross
170 Metcalfe Street, Suite 300
Ottawa, Ontario
K2P 2P2
Tel: (613) 740-1900
Fax: (613) 740-1911

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Acknowledgment

This manual is a compilation of various resources that have been developed by HelpAge International and other agencies to address the issues concerning older people. This manual customizes the messages to suite the need for mainstreaming age-friendliness in Canadian Red Cross' programme in Aceh. We express gratitude to the HelpAge International and Canadian Red Cross teams in Aceh for their contribution in developing this manual as a useful tool for mainstreaming age-friendliness.

Disclaimer

The contents of this manual are compiled and developed for building the capacity of the trainees in understanding the issues related to ageing, and for designing appropriate age-friendly programmes. It is not binding on either HelpAge International or Canadian Red Cross to implement all the components mentioned in this manual.

*“A good community exists when its elders plant trees
to shade the next generations.”*

- A Chinese Proverb

Foreword

The global population is rapidly ageing and while there is a growing awareness of this fact, there is still little understanding of how social and economic policies should take this trend into account.

Ageing populations also present specific challenges to the field of humanitarian aid. No relief or rehabilitation programme should now take place without the explicit inclusion of older people. Some organisations, amongst them the Canadian Red Cross, are wisely taking steps for mainstreaming older people in their programmes. HelpAge International is supporting such agencies to equip them with the necessary expertise for mainstreaming ageing.

In Banda Aceh, Indonesia, HelpAge International and the Canadian Red Cross are collaborating to ensure the programs of the CRC are adapted to take into account the aged population. A key component of this collaboration is the development of this Training of Trainers (ToT) manual with strategies, work-plans and guidance for mainstreaming age-friendliness.

Although, this ToT manual consists of tools and information to support the programmes of the Canadian Red Cross, it can also be adapted by other like-minded institutions to address their specific circumstances.



Eduardo Kliem
Regional Representative
Asia Pacific Region
HelpAge International



Kenneth Baker
Country Representative
Indonesia Mission
Canadian Red Cross

Introduction

The number of older people across the world is increasing rapidly. Over the past decennia the average life expectancy of people all over the world has sprung up. This development is also taking place in Indonesia, leading to a great rise in the proportion of older people in the total population of Indonesia. Consequently, the number of older people hit by disasters has also increased. It has been estimated that 26 million older people¹ are likely to have been affected by natural disasters each year over the past decade. In the face of disaster, older people are especially vulnerable. Older people are among those most likely to be living in poor housing or in marginal areas, where the risk of damage is the greatest. They often remain behind in the rush to escape a disaster, and cannot reach distribution centres.

Recognition amongst governments and relief agencies is growing that older people have special needs and vulnerabilities as well as specific capacities during and after disasters, which require special attention. The UNHCR has identified older people as one of the core policy priorities (along with women, children, and the environment). Both the Sphere Standards and the Madrid International Plan of Action on Ageing specifically call for both older people's vulnerabilities and their potential to make a positive contribution to relief efforts to be supported.

The collaboration between the Canadian Red Cross and HelpAge International in Aceh, Indonesia

The Canadian Red Cross (CRC) in Aceh is working on three main programmatic themes: livelihood, water and sanitation, and Disaster Risk Reduction (DRR). Older people (men and women over 55 years old) are one of the vulnerable groups CRC seeks to address.

HelpAge International in Banda Aceh seeks to mainstream age-friendliness in various agencies programmes. HelpAge provides technical assistance and guidance to ensure older people are included in agencies' programmes appropriately.

To assist CRC mainstream age-friendliness effectively in its programme, HelpAge has provided technical expertise and consultation to the management and staff of CRC to address and include the issues and capacities of older people in the CRC programme, where a scope for such an inclusion exists and where HelpAge's capacity applies. The technical expertise has been in the form of training of trainers, specific consultation, and resource sharing.

After reviewing the work plans of CRC, HelpAge shortlisted the interventions

¹ 55 years and above

that have a strong potential to become age-friendly. Thus, the areas in which HelpAge will provide technical expertise to CRC are as follow:

- General knowledge on ageing and the issues related to it
- Community mobilization with older people
- Needs assessment and assessing capacity of older people
- Working with older people in and after disasters
- Working effectively with older women and older people with disability
- Monitoring and evaluation with and for older people

The process

As a part of the collaboration between HelpAge and CRC, HelpAge conducted a training of trainers for the field teams of CRC on mainstreaming ageing.

This training of trainers manual serves to equip the CRC team with the knowledge and tools to act as trainers for their partners and community based organizations/associations/committees constituted as a part of their programme. This manual is a compilation of various Helpage resources and other resources as listed in the bibliography. This manual also integrates learnings from HAI's experience in Aceh. The contents in this manual have been customized to meet the programmatic needs of CRC. However, this manual can be referred to by other agencies implementing similar programmes as well.

The rationale

The primary grounds behind developing this manual are:

- 1) Older people constitute one of the vulnerable groups and there is a need to gain specialized knowledge to work with them
- 2) There are still many myths and misconceptions about working with older people that should be dispelled.
- 3) Older people are invisible and so not easily reached. Thus, there is a need to unravel strategies and tools to connect better with older people

You are in the front lines. Bring a change!

If you are implementing a programme in a rapidly ageing world, then you are in the frontlines of planning and providing services for a society that is ageing. How you make your strategies or reach out to the ageing groups will determine the path that we take to cater to the needs of the ever-growing number of older people. It will also determine the future of many adults who will eventually grow older.

How will this module help you to include older people successfully in your programme?

- Provide you with background knowledge and information on ageing and the challenges related to it.
- Equip you with the correct tools to understand the needs and capacities of the older people
- Enable you to design appropriate strategies for older people
- Strengthen your organization's understanding on mainstreaming age-friendliness
- Assist you to have older people at the table to expand the reach of your programme to all age-groups
- Help you build a sustainable community for all age-groups.

Using this manual

This manual has 6 units which are to be treated as sessions. The lessons in each unit are sub-sessions, and where required each lesson is further divided into topics. On an average each unit (session) will take 2-3 hours, so, ideally, the entire module should be used over a stretch of a 3 day long intense workshop. However, the module is designed in a way that individual sessions can also be pulled out to provide topic-specific training.

HelpAge understands that there may be a need to adjust the contents of this manual as per the composition and dynamics of various trainees. So, CRC may adapt the contents according to their needs as long as the messages are communicated as per their original meaning and intent. A separate Trainers Guide is included in this manual, containing guidelines on how to deliver the training.

Trainers guide

How to deliver the training with this manual?

1. Please read the content and instructions prior to the training so that you will be familiar with how to carry out the activity.
2. Welcome the group and introduce yourself and the session. Describe how the lesson will be carried out (interactively), and share the objectives. Then, ask participants to introduce themselves by stating their names and some other information of interest (If you have taught this group before, you can alter the introduction to be more appropriate).
3. There is information on each topic that will be discussed, as well as questions that you can pose to the participants as you move through the lesson. These questions will serve to stimulate discussion and even more interaction. “Facilitator Notes” throughout the curriculum provide important instructions or additional strategies for enhancing the lesson. There are also attachments/handouts included that you will need to distribute per the instructions.
4. Once you have covered all of the topics for the lesson, carry out the application exercise. Instructions are included. Again, please read the content and instructions prior to the training so that you will be familiar with how to carry out the activity.
5. If time permits, you can close the lesson with a summary of the major points.
6. Thank participants for their time and for sharing and working together. If you are continuing on with another unit on a different day, you should reiterate the important details of the next training and encourage them to participate.

Unit I:

Ageing in general

Goal: To provide a broad overview of ageing as an increasing global phenomenon and to orient on basic issues concerning older people in disasters.

Objectives:

- to provide basic facts and figures of the global ageing phenomenon
- to provide basic facts and figures about ageing in Indonesia
- to provide an overview of international and national regulations on ageing
- to provide information on the status of older people in Aceh
- to provide understanding on the needs for mainstreaming age-friendliness

Materials needed:

Flip charts, presentation slides, markers, map of Aceh/Indonesia if available

Time needed: 2 - 3 hours

An overview

This unit aims to provide a broad overview on ageing at both global and national levels and helps to get an insight into the need for mainstreaming age-friendliness.

The lessons on global ageing and ageing in Indonesia and the legal framework on ageing, set to familiarise your group with the concepts of ageing, international and national regulations concerning ageing and the gap that exists between laws and regulations and realities on the ground. This topic serves mainly as a background to understand the rationale behind the need to focus on older people.



The proportion of older people is growing rapidly.

Interest approach

The following exercises serve to familiarise the group with the concept of ageing. They help the participants to think about who they consider to be an old person, to think about their attitudes towards older people and old age. Depending on the time available conduct some or all of these exercises with your group.

Exercise 1

Purpose: To help participants to think about how they categorize people by age.

Key steps

- Ask participants to line up in order of age, with the youngest person at one end and the oldest at the other end. They should do this without talking.
- When everyone is in line, ask participants to talk to each other, find out each other's age and, if necessary, rearrange themselves.
- Then ask everyone to sit down and discuss the exercise. Was the line accurate the first time? Why? Why not? How did they categorise people by age? What assumptions did they make? How reliable are these assumptions?

Exercise 2

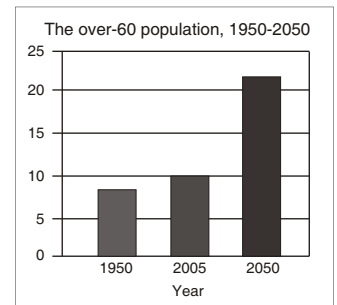
Purpose: To help participants think about society's attitudes towards old age.

Materials: An outline map of the country or region.

Key steps

- Display the map and ask participants to mark where they come from with a pen.

- Using the map, group participants by the country, region or district they come from.
- Ask each group to think of a well-known proverb or saying about old age from their place of origin, and to prepare a short 2-3 minute mime to convey this proverb or saying.
- Ask each group to perform their mime and other participants to guess its meaning.
- Facilitate a group discussion. Are there similarities and differences between countries, regions or districts? Why is this? Are the proverbs and sayings positive, negative or both?



Source: Protecting and assisting older people in emergencies (HPN Network Paper, No. 53. December 2005)

Lesson 1: Global ageing phenomenon & ageing in Indonesia

One of the most remarkable phenomena of the past century, which continues further in the twenty-first century, is global ageing. Significant advances in medical techniques, improvement in public health systems and socio-economic development have resulted into a marked increase in the life span and consequently improvement in average life expectancy all across the globe. While this improvement is significantly noteworthy in the developed world, the developing countries have also shown very steady progress in this context. A person born in 1950 could expect to live for 46 years; a person born in 2000 can expect to live for 65 years and in 2050, the life-expectation will go to 76 years². The evidence of rapid and inexorable global ageing is firm and clear.

Indonesia has contributed significantly to the accelerated growth of older population in the world. In 1971, the older population was 5.3 million or 4.48% of the total Indonesian population, in 1990, it increased to 12.7 million (6.56%), and in 2020 it is estimated to go up to 28.8 million (11.34%). Furthermore, Indonesia is estimated to experience an aged population boom in the first two decades of the 21st century.

The absolute number of older people in Indonesia is much larger than several developed countries such as Japan, South Korea, Singapore and HongKong. Also, within Indonesia, several provinces have higher number of older people than the national average. The province of Jogjakarta has the highest number of older people.

A few highlights

- Some 600 m. people today are above 60 years of age;
- By 2050, the figure will triple to 1.9 billion;
- Many older people live in developing countries and under poverty;
- Feminization of ageing: there will be more older women than men.

² State of the world's older people 2002 : Help Age International



Definitions of older person

Chronological perspective: a person is said to be aged if he/she is 55 years and above (in developing countries) and 60-65 years and above (in developed countries). The older persons are further categorized into young old (55-69), old (70-79), and old old (80 years and above).

Health perspective: a person is considered an older person if aged 60 and above. Those between 45-60 are considered pre-senile, while those who are 70 and above are older people at risk.

Economic perspective: all older persons above 55 are grouped under (a) productive persons, namely those who are healthy physically and/or mentally and (b) non-productive older persons who are not healthy physically and/or mentally.

Note: The definition for older people as mentioned above should be re-adjusted to the local socio-cultural condition where the project is being implemented.

Lesson 2: National and international regulations & the missing links

The world is ageing rapidly. Indonesia is also ageing fast. So, are we ready to cater to the needs of the rapidly aging world? There are several policies and schemes available for older people on the international as well as on the national level.

International

The United Nations Principles on Older Persons (1991) was the first intergovernmental initiative to recognise the importance of focusing attention on the situation of older persons. In 2001, the UNHCR developed a policy on older refugees. This is the only policy for this age-group within the UN-system.

Active Ageing. The term 'active ageing' was developed by the WHO in the late 1990s. It was further expanded as a policy framework by the WHO as part of its contribution of to the Second United Nations World Assembly on Ageing (Madrid, Spain, April 2002). The concept is intended to enable people “to realize their potential for physical, social, and mental well being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance.”³

Madrid International Plan of Action on Ageing. The world community has taken a few steps to fill the missing link, the pinnacle being the Madrid International Plan of Action on Ageing (2002). This is the first international agreement committing governments to recognise that older people can make a positive contribution in emergencies and calls for equal access in services during and after emergencies. Furthermore, it commits governments integrate the rights and needs of older persons into national, as well as international, economic and social development policies.

The Sphere Humanitarian Charter (2004) aims to create universal standards in disaster response. It states that special care is taken of all affected vulnerable groups, including older people. They also emphasize older people's role as carers, resource managers, and income generators.

National

Constitution: The Indonesian government's attention to the needs of the older population is demonstrated in the constitution of 1945 which states in Article 27 verse 2 that all citizens have the right to jobs and a humane livelihood.

³ WHO (2002), *Active Ageing: A Policy Framework*

National Guidelines for Older People: In the 1998 national guidelines for older people it has been stated that

1. Older persons who are healthy and productive still can contribute their wisdom and experience for themselves and to their social economy, they are able to self-support themselves.
2. Older persons who are dependant, sick and non-productive, sick and non-productive have to be protected and adequately cared by the public.

Previously, attention towards older people was directed to dependant older people. But, at present the attention to older people is expanding to all older people (productive and non-productive) so that an environment conducive to their needs and growth can be developed.

It is evident from the above citations that there is an effort at various levels to include older people. Yet, when we look at ground realities we see that most of the times the needs of the older people are unattended. This is because there are two missing links:

- There is a lack of implementation on the ground of the different policies and schemes available for older people
- At times, there also seems to be a need for changes in the policies to address the needs of the older people. But the government or the non-government agencies ignore/fail to take into account or address the older people's opinions and requirements. The missing link emerges again, failing to link the needs of the older people to the policies that are being designed.

The steps to fill in the missing links are:

- Representation of/participation by older people and appropriate needs assessment;
- Implementation of existing regulations;

⁴ <http://paa2006.princeton.edu/download.aspx?submissionId=61757>

Criteria for vulnerability	Findings
Older people, especially women, who provide care to grandchildren or orphans	An estimated 6.7% of households are, after the tsunami, headed by an older person ⁵
Older people with health difficulties	Most people in the focus groups reported at least one health complaint. Common complaints included body aches and joint pains, visual and hearing impairments, numbness of legs etc.
Older people with mobility problems	Many older people are unable to make basic movements such as going to the bathroom or leaving the house. Many require assistance.
Older people who have only limited literacy	Less than 5% of the sample surveyed had finished primary school
Older people without documentation	Most people in Aceh lost crucial pieces of documentation such as identity cards and land titles

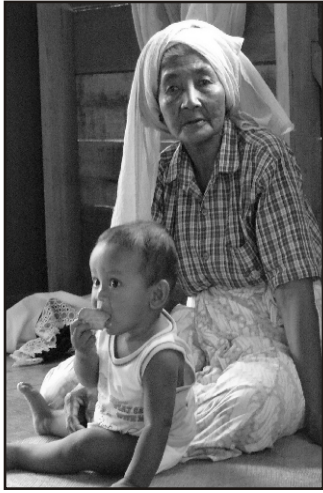
2. Social network

Family ties are very important among older people. Most older people prefer to stay with their extended family and have a strong sense of belonging to their personal space. Older people are often times seen taking care of their grandchildren.

Religion plays a significant role for most Achenese, especially the older people who meet at the mushalla, where they worship and socialize. The Tengku (religious leader) carries a lot of credibility with older people, and many older people indicated finding meaning and hope from religion in dealing with the aftermath of tsunami.

Older people in Aceh place great value on equal assistance for all. While it's a good approach to support community feelings, it can also impede targeting the more vulnerable people.

⁵ Cardi-NRC and IOM under the direction of UNORC, December 2005



An older woman taking care of her grand son

3. Livelihoods

Within the Acehenese culture, older people are allowed to rest after a lifetime of working. However, poverty has necessitated that many older people remain economically active. In many instances, older people maintained sustainable livelihood prior to tsunami such as traditional cooking, fishing trading, handicraft, sewing, animal husbandry, making mats, etc.

Although often humble, these income generating activities give older people a sense of dignity, independence and self-respect values that are highly regarded in Aceh.

Many older people have expressed a strong desire to go back to work, especially because the tsunami had pushed their family deeper into poverty.

4. Participation

Community organizers have oftentimes recognized that even in instances where beneficiaries and communities were consulted, older people were often left out or not sufficiently valued. Many newly elected village leaders are not fully aware of , or sufficiently sensitive to the issues of older people. Furthermore, due to limitations with speaking Bhasa Indonesia, or due to various cultural and social norms, older people oftentimes stay behind and fail to participate in community based growth.

Topic 1: Specific problems of older people and recommendations to empower older people

Based on a detailed focus group discussion with older people from 14 villages of Aceh Besar district, the following problems were identified, and recommendations were given by older people for their empowerment.

Sectors	Problems/Issues	Recommendations
I. Social Protection	- Older people with disability and/or abandoned are in need of greater care. - Older people find it difficult to access services and facilities. - Older people, with their limited income find it difficult to afford public serviced	1(a) Strengthening the Nursing Home System as recommended by the National Policy of Older People in Indonesia. (increasing the number of such nursing homes in the province) 1(b) Strengthening the Non-Nursing Home System that gives assistance to older people in home environment by giving them livelihood options. 2. Windows reserved for older people in various government offices and public service outlets. Separate lines for senior citizens. 3(a) Issuing ID cards to Older People 3(b) Discounts in public services such as public transport fare, tax etc.
II. Health and Nutrition	- Older people find it difficult to travel to the health centers. - Older people are not provided specialized treatment at the health centers. Older people need special care in mental health and eye care too. - Older people also don't get enough nutrition - Although, the government has a policy for improving the older	- Outreach services can be provided to the older people. Regular medical camps at the villages (for example on a monthly basis) can be conducted. - The health staff at health centers "Posyandu" should include geriatricians and must incorporate geriatric care in the program. - Supplementary nutrition to older people can be distributed. A selection and distribution criteria can be developed.

Sectors	Problems/Issues	Recommendations
	for improving the older people's health, the implementation of the policy needs to be strengthened.	criteria can be developed. 4. Better implementation of the policies at the provincial level
III. Livelihood	1. Many older people face poverty due to limited income. Many are in a position to start their own ventures but do not have resources. 2. Many older people are in a need of social pension. 3. Many widows are in need of widow pension.	1. Older people who are eligible to have their own ventures can be given low or no-interest easy-installment loans. 2. Provision of social pension 3. Provision of widow pension
IV. Disaster Risk Reduction	1. There is less preparedness to take care of older people during disasters. 2. There is negligible representation of older people in disaster risk reduction planning.	1(a) Disaster preparedness should include older people's needs. Logistics such as transportation of older people, age-friendly alarm system, foods/medicines/drinking water for older people should be kept in mind. 1(b) There should be simulation of emergencies for older people 2(a) Older people should be represented in various committees working on DRR. 2(b) Older people should be consulted with while planning disaster preparedness. 2(c) Older people should be included in post-disaster relief and rehabilitation programs
V. Miscellaneous	1. Difficult to access government representatives or bureaucrats. 2. Confusion over who to approach for redress of grievances. 3. Difficult to keep up with changing policies and paperwork to access	1&2. A complaint cell can be set up to take up grievances from older people. There can be a helpline for older people. 3. A resource person (maybe the local school teacher) with up-to-date information on the schemes and policies for older people can be placed in every village or cluster of villages. This person will also

Sectors	Problems/Issues	Recommendations
	schemes. 4. Lack of data available on older people 5. Lack of funds to take care of older people's needs	Villages. This person will also assist the older people in completing paperwork to access schemes. 4. Collection of disaggregated data for the older people 5. Greater allocation in funds at the provincial level to meet the needs of the older people

Lesson 4: The need to mainstream age-friendliness

Address the class: Given the context and problems related to ageing, why do you think there is a need to mainstream age-friendliness?

After the group discussion, summarize the key points emerging from the participants, and then add points from this lesson.

To address the vulnerabilities of the older people: The needs and capacities of older people warrant special attention since they are a vulnerable group. However, most of the times the special attention required to empower older people is missing. While most agencies are keen to emphasize that older people are not excluded from their programmes, they also acknowledge that older people are not directly targeted. Therefore, to target older people appropriately, there is a need to mainstream age-friendliness so that appropriate knowledge and tools are internalized in the agency.

To integrate the resources/assets older people bring: Older people have a wealth of experience and knowledge that can add value to any programme. Therefore, to tap those resources, mainstreaming age-friendliness is imperative.

To implement a rights-based approach: A rights based approach tries to understand the power relations that prevent people from

obtaining their rights. It works with duty bearers to deliver and with individuals to claim their inalienable rights. However, for older people it is often more difficult to claim their rights, especially if they have had various rights denied to them throughout their lives. In addition, older people often know very little about their entitlements. Therefore, to extend the rights based approach to the older people, and to make the approach more holistic, there is a need to mainstream age-friendliness.

To recognize age-specific issues: The age-specific needs of older people social protection, health and livelihood have largely been and continued to be ignored. General interventions can and do benefit older people to the extent that they benefit everyone. But the assumption that existing approaches address the entire needs of older people is wrong. Thus, there is a need to mainstream age-friendliness to ensure proper recognition if given to age-specific issues and interventions.

Unit II:

Community mobilization and older people

Goal: To understand how to involve and include older people in community mobilization

Objectives:

1. Get in-depth idea of the phases of community mobilization.
2. Get knowledge and skills for including older people in all the phases community mobilization.
3. Having representatives of older people in village communities.

Materials needed: Flip charts, presentation slides, markers

Time needed: 2 hours

An overview

In the field of relief, recovery and development it is a good practice to involve the community in the planning and implementation of projects and programme. Involving the community takes place by mobilizing the community appropriately. Community mobilization uses deliberate, participatory processes to involve local institutions, local leaders, community groups, and members of the community to organize for collective action toward a common purpose. Community mobilization is characterized by respect for the community and its needs.

In mobilizing the community, stakeholders are engaged from the onset so that everyone remains sufficiently informed to ensure the quality of their input into discussions and decisions.

In this unit, the focus will be on mobilizing older people of the community. Often times, community-based projects miss out on getting the older people to participate effectively. This happens due to the following barriers:

- **Invisibility:** Older people are not easily visible in the community space as many of them stay back indoors.
- **Out-of sight, out-of mind:** Because older people are invisible, many times we forget about them in our interaction or rapport-building with the community.

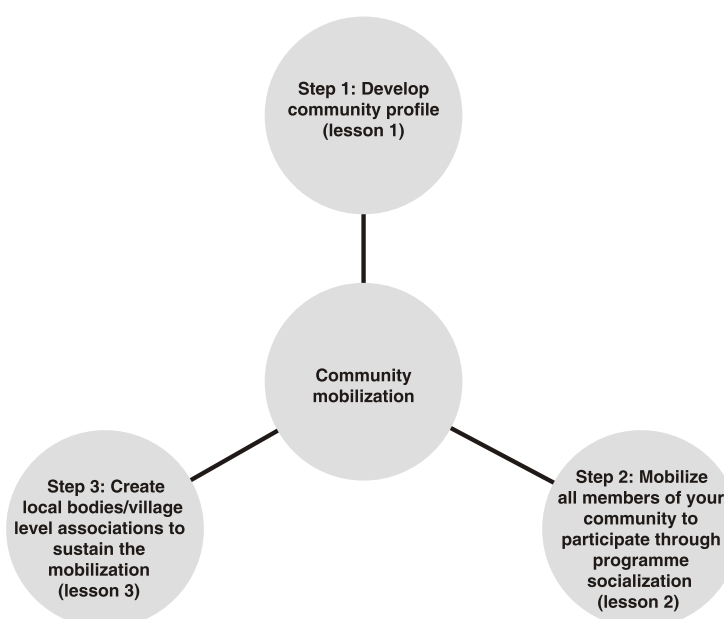
- **Effective communication:** It requires extra effort and effective communication to reach out to the older people in a community.
- **Myths:** There are many myths associated with older people's capacities. They are often looked at as passive recipients of services and thus are excluded from any active process of participation.

This unit is divided into three lessons. The first lesson gives an overview of how to describe the community you will be working with. This lesson will assist you in understanding the various dynamics of your community so that you can match your project's aim with your community's needs. In this lesson, techniques and contents of both preliminary and advanced community profiles will be covered. The second lesson will take you a step further so that you can include older people effectively in your community mobilization process that you have learned about in first lesson. The third lesson will help you understand how to extract older people to represent and participate in various committees.

The process of community mobilization

Community mobilization can be defined as a process which begins a dialogue among members of the community to determine who, what, and how issues are decided, and also to provide an avenue for everyone to participate in decisions and activities that affect their lives.

Community mobilization is a step-by-step process. It is gradual but significant as it lays the foundation for a project. Below is a depiction of the principal steps involved with a generic community mobilization process.



Lesson 1: Community mobilization

Topic 1: Developing community profiles

While we traditionally tend to think that community implies a group of people living in a given geographical region, in reality community can also mean any group sharing something in common. Most often, what we share is:

- Locale. For ex: my village
- Interests. For ex: my interest in playing the guitar
- Challenges. For ex: me and my neighbors facing the same problem in our neighborhood.

Before community mobilization starts you will have to identify the community you want to mobilize. On surface, this may seem simple, but actually it's a complex process with multiple layers attached to it. Before you proceed with your programme implementation, it is important to take stock of your community by answering a few basic questions such as:

- 1) Who will be the community?
- 2) How will the community be described?
- 3) What are the important dynamics of the community in relation to the programme implementation?

Exercise 1: First thing first

Preparing the community tool box for ICBRR programme

Mode:

- Survey
- Individual interviews
- Focus Group Discussions

Basic Profile:

- 1) Identify your community
 - total number of people
 - age and sex disaggregation (age sub-categories young old, old old)

Preparing the community tool box for ICBRR programme

- disability and mobility disaggregation
- Commonalities that make them a community (location, interests, and challenges).

Advanced Profile:

- 1) Describe your community
 - geographic boundary of the community
 - length of time the community has been in existence
 - general history of the community
 - key people and leaders in the community
 - issues of most concern to the community
 - morale and involvement levels
 - key allies and rivals
- 2) Note the dynamics of your community
 - What do the members feel about the community?
 - What are the community's strengths?
 - What are the community's weaknesses?

Once you have collected the background information about your community, make a community profile that will help you in the following ways:

- For your own reference
- To share it with others who do work in your community
- As background information to other agencies

When developing community profile, do remember:

- In the life of a community, there is no cause and effect logic for the ways in which social interactions play themselves out.
- In group meetings, change the power base by asking the question “who isn't here?” The group then becomes a facilitation group rather than a power-holder.
- Having a referral can open doors that would otherwise remain locked to an outsider. Saying, “Rahman told me that you would know a lot about this village,” is likely to elicit

more response than “I represent CRC and would like to know about this village.”

- Ask the individual his or her definition of the community. Some people only see their community as a narrowly defined location; still others will view it in broader, more abstract terms. This might be a good time for you to pull out the village map and let the interviewee point out his or her view on where the physical boundary of the community lie.



Older people participate in drawing village maps

Topic 2: Including older people in community profiles

Once you have gathered enough knowledge about your community, you will have to involve the various groups of your community so that they are adequately reached out to. The community profile will provide information on the various groups present in the area. These groups can be based on gender, age, disability, interest, occupation etc. Each group will have its own specific value, and to ensure that all these groups are involved in the mobilization process properly, special steps should be taken. Since this curriculum focuses on older people, in this lesson information and guidelines to involve older people in the mobilization process will be discussed.

Sampling

After the basic profile of a community is developed, you will come to know how many older people are there in the community. From this information, through various sampling method you can select older people from your community to talk with to make the advanced description of your community. This will ensure adequate representation of older people's participation in your community description process.

When sampling older people, please bear in mind the following:

- Your sample size for older people should not be less than the proportion of actual number of older people to the total

population in your area.

- This sample should have older people from various sub-groups or levels like age groups (young-old and old-old), productivity (productive or non-productive), home-bound, occupation etc

Meeting older people

When you have the sample ready, you will need to determine the day and time for the meeting. This can be done in the following ways:

- If there is an older people's association in your community, then you can inform the leader of this association about your intention to meet some of the members. You can send the list of names to the leader or you can attend the OPA meeting and inform the members then and there.
- If there are no OPAs in your community, then you may use one of the following ways to get your message across:
 - 1) Meunasah gathering
 - 2) Village leader's meetingsDirect home visit to give the invitation and a get a good time to meet

Please be mindful of the following:

- Set up the meeting place as per the convenience of the older people. For the home-bound, you may have to visit their house for the meeting,
- If your interviewee agrees, then try to set up the time in the morning hours when mind remains fresh.
- Moderate the meeting, without necessarily impeding it. Older people have a tendency to converse a lot, so well-crafted moderation is required.

Lesson 2: Programme socialization

Programme socialization is the phase when you deliver the key messages of your programme to the community so that they are aware of the reasons behind your presence and extend their support to achieve the goals.

Please refer to the unit “Effective communication with older people” for more suggestions and insights.

Topic 1: Including older people in programme socialisation

Steps for effective socialisation with older people

Step 1: To ensure older people's presence in the programme socializing meetings

- Ask village leader to invite older people from various groups like young and old groups, older women and men groups etc.
- If there are OPAs in those villages, inform and invite OPA leaders and members.
- Make presentation at OPA meetings if needed
- Set up a mechanism so that information of the programme reaches home bound older people

Step 2: Customizing messages for the older people

- Older people have hearing and sight problems. So, if there are slides, the messages should be written in big and bold letters. The presenter must speak in short sentences in loud and clear voice
- Messages should be made simple to understand
- Graphics and examples work better
- Older people's problems should be recognized in the presentations
- If needed specific consultation or question and answer sessions for the older people should be organized
- It is important to make a summary of the key points at

the end as many older people forget and confuse messages easily

Step 3: Involving older people

- Older people should be asked for their opinions and suggestions
- Older people can be asked to share stories on disaster and related issues as they are generally the bearers of the village history

Overall, in the socialization process, it should be kept in mind that older people should be present in the meetings, should be reached out to in message dissemination and should be consulted for opinions and suggestions.

Lesson 3: Ensuring representation of older people in various bodies and committees

Community mobilization is an ongoing process and is in a continuous flux. It needs continuous attention and nurturing. To keep the wave of mobilization and involvement active, there is a need to set up various community based organizations being represented by members from the community.

From your community description, and capacity inventory (as described in the next unit) you will gain a fair idea about the skills and assets the older people can bring to your community. Thus, when you initiate the setting up of community based organizations; involve the older people who fit such slots.

Older people have various levels of productivity. While those who are physically active and alert can be included in community bodies that require doing more activities, most of the older people make excellent candidates for advisory roles.

A few things to remember:

- Try to ensure membership of older people (minimum) in proportion to the total percentage of older people in the community.
- Many older people might have been ex-village heads or worked in some official capacity who will be familiar with secretarial jobs or networking with government departments. These people can be great resources for the position of committee convenor or secretary.
- Try to ensure equal representation of male and female older people in the committees

Working with older people consistently

Older people tend to burn out quickly. Even though many of them are active and alert, their consistency with participation may vary with their energy levels. So, meetings should be scheduled after consulting with older members and other vulnerable groups' representatives.

You may succeed in getting older people in your community based organizations, but having them to participate successfully in the long term can be a difficult task due to burn-outs.

In case of a burn out lessen the stress on older people by sharing some of their work or delegating it to other members. Burn out can lead to disassociation of the older person from the committee. So take appropriate steps to keep the older people motivated by showing appreciation for his/her work, keeping conversations simple and effective, with anecdotes and graphics, incorporating their suggestions etc.

Exercise/reflection

A reading group meeting: Read the story below and then

reproduce a reading group meeting by coming up with various interpretation of the story.

The story of two villages

My name is Chai. I work in the district disaster management center. Three years ago, two villages in my district, Koka and Nan, were severely affected by floods. After the relief efforts, community based disaster centers were set up in both the villages so that the people from these two villages could be prepared to face any kinds of disaster.

With great anticipation and enthusiasm, I reached the village of Koka. I saw children grazing the buffaloes and some men sitting under a tree smoking. I greeted them and asked, "I am looking for the community based disaster management center. Can you tell me where it is?"

They looked at each other blankly. After asking many other people, I finally met the centre coordinator, Siti. She was quite surprised to find me in her village. Sir, why did you come so far? I would have come to your office. You only had to ask. Please, come and have a cup of tea.

I thanked her but told her that I wanted to see the centre and talk to some of the members. Strangely, I felt that she did not like this idea. Members? Oh, at this time, where will I find them? They come to the centre only in the evening and of course you cannot stay till then.

Well, I replied, let us go and look at the centre then. Upon my insistence, we moved towards the centre. When we got there, it looked unswept and dirty. Siti opened the door. It

was dark inside. I saw bundles of literacy booklets and posters stacked in the room. The walls were bare.

I quickly stepped out, shocked at the state of things. Siti rushed up to me. Sir, sir, I have to run this centre under very difficult circumstances. I have to go from house to house and beg them but still the learners don't come. But don't worry, sir, they have promised me that they will start coming next month.

I began walking back. What had gone wrong? Why were the village people so disinterested in the programme? Why didn't they know what Siti was doing? Why weren't the members coming to the centre?

I reached home with all these questions in my mind.

After a few days I visited another village, Nan. I remembered Koka and worried about what the state of disaster preparedness would be like at Nan. When I reached Nan, the scene was like any other village. The children were playing. But hey, what was this?

A group of men and women were working on building a wooden ramp from a building. I went up to them and said, "I am looking for the disaster preparedness centre. Can you direct me to it?" Oh! You are standing on it! But who are you looking for? We are all the members of this centre."

Well! I am looking for all of you and for your coordinator. Where is he? And what are you doing?" "Our coordinator has gone to the town to invite a doctor from the district hospital to come to our village and give a talk on first aid techniques." When I asked them what were they doing, they explained that one of their committee members is an older

person on wheel chair. To enable him easy access to the centre for meetings, they were building a ramp. I walked to the centre. The building looked like the one in Koka, yet it was different. There were village maps, posters, charts up on the wall.

In the meantime, the coordinator, Sabu, arrived. He was happy to see me and to know that I had come to see the centre. He asked me to meet the members and proudly showed me the work they had done. He then asked me to stay for the committee meeting, which was due to take place later in the day.

I decided to stay. During the meeting they discussed how to update the vulnerable members' list. I also learned that the village community had also donated two bookshelves to store the resources. As I walked out of the village, I was filled with new hope and happiness.

Having read the story of two villages, how do you feel? Which of the villages in the story is your village like? Is it like Koka or is it like Nan?

List five key observations you made from the story and share those with the rest of your reading group members.

Unit III:

Understanding the needs and the capacities of older people

Goal: To introduce and familiarize with various tools that will assist in recognizing the needs and capacities of older people in your community.

Objectives:

1. To provide a knowledgebase of tools that work well to make needs assessment for older people.
2. To equip with skills to capture, understand and tap the assets/capacities/resources that the older people can give.

Materials needed: Flip charts, presentation slides, markers

Time needed: 3 hours

An overview

In this unit, the focus will be on listing a few means to understand the vulnerabilities of your targeted older people, and also to tap their capacities so that they can contribute to the overall welfare of the community.

The contents of this unit can be used at various points of your programme implementation such as:

- During the process of making community profiles
- For needs assessment
- For vulnerability mapping/assessment
- For capacity/asset assessment
- For monitoring and evaluations

In this unit, there are two lessons. The first lesson will offer a variety of tools to capture the needs of the older people, and the second lesson will help you tap the skills and the capacities of the older people.

Interest approach

Purpose: To explore issues facing older people and to show the value of visual representation. This exercise will increase the interest of the participants in applying various innovative and participatory research methods.

Materials: Large sheets of paper and pens.

Key steps

- Divide participants into smaller groups by gender, geographical area, professional background, or other shared characteristics.
- Give each small group a large sheet of paper and a pen.
- Explain that you would like each group to discuss the issues old people face today. Ask them to identify the four most important issues and show these visually (without using writing) on the sheet of paper.
- Bring participants back together, and ask each group in turn to show their visual representation and explain to the others what it represents. Encourage the others to ask questions about the diagram. Continue until each diagram has been explained.
- Facilitate a group discussion. Did all the groups identify the same issues and priorities? Why? Why not? Would older people agree with their analysis? How could they find out?
- Discuss using visual representations to generate discussion. How did the groups participate in creating the diagrams? How well were they able to integrate different ideas within the group in the diagram? How would the process have been different if older people and local people had taken part?

Lesson 1: Capturing the needs of the older people in your community

HelpAge has conducted much research around the world to gain a proper understanding of the needs of the older people. While there are some universal needs of older people around the world, it is also to be noted that the needs of older people vary from region to region and from time to time. Therefore, every time a new project starts, it is important to do a detailed need-assessment of the older people in the project area. (Please refer to handout 1 to see the needs and capacities of older people as summarized by HelpAge International Banda Aceh office)

Development projects can have many themes, or can be multi-themed. So, it is not possible to provide specific data collection formats, however, generic guidelines on how to conduct the need assessment can be provided.

To get started with the needs assessment, you need to address two basic questions:

The “needs”	Research Methods
Level of wellbeing. Older people's perceptions and definitions of wealth, poverty and wellbeing. Local terminologies and descriptions. Gender differences in perceptions.	- Semi-structured interviews - Social mapping - Wellbeing ranking of criteria and indicators
Livelihood. Older people's livelihood activities. Gender analysis of access to resources, consumption and expenditure. Seasonal variations, changes in strategy over time, times of crisis. Coping and adaptive strategies.	- Livelihood analysis diagramming - Resource mapping - Seasonal calendars - Trend lines and analysis - Semi-structured interviews
Status of older people. Living arrangements, family composition, relationships and responsibilities. Daily activities (men and women). Perceptions of role in household and/or community. Skills and social capital. Views on how to sustain desired contributions.	- Daily routine diagramming - Institutional analysis - Semi-structured interviews - Focus group interviews
Support and services. Family and community support structures, and perceptions of change in these. Role of local institutions, individuals, non-government and government bodies in service provision. Gender perceptions of access to services (health, credit, and education).	- Institutional analysis - Matrix ranking of service criteria - Semi-structured interviews - Focus group discussions

The “needs”	Research Methods
Health. Priority local issues in the areas of health and nutrition. Perceptions of ill health, causes, seasonality and treatment (women and men). Knowledge, skills and role in healthcare. Healthcare strategies. Views on provision, preference, access and improvement of services.	- Semi-structured interviews - Matrix ranking diseases, services / strategies - Focus group interviews
Access to services. Older people's perceptions of key issues in gaining access to services and support. Views on priorities for policy and practical support for older people in reducing poverty and improving wellbeing.	- Included in above discussions and analysis - Semi-structured interviews - Focus group interviews

Topic 1: Tools description with key tips

Note to the facilitator: Please practice these tools one at a time with your group.

1. Survey

For any kind of baseline survey conducted for the community in general or older people in specific, information on disaggregated age is essential. Not only is it important to know what proportion of the population is old, it is also significant to understand what proportion of the older population is young old or old old, or how many older people are productive or are immobile.

2. Guided walks

Guided walks or transect walks involve walking through the community with an individual or group of people who live there, to observe or talk about things of local importance. They can help you learn more about the issues people have mentioned during interviews and or mapping. You can use guided walks to find out how far people have to go to fetch water or fuel or to get to the health center, and what their journey is like.

Key steps

- i. Identify local people willing to walk with you through the community
- ii. Talk with them about what you want to find out, for example, where older people live
- iii. Walk through the community with your local guides
- iv. Observe, ask and listen.
- v. Draw diagrams or make notes to record important information, for example, about land use or water sources.

Practical tips:

- The ageing process can reduce our physical and mental capacities. Notice and be prepared to respond to any problems older people may experience, for example, in seeing, hearing, walking or sitting for long periods.
- Generally young old members of the community participate in these guided walks. However if you have problems having an older member to participate, please ask your community guide to take you to the key locations associated with older people.

3. Semi-structured interviews

These are conversations based on a set of guideline questions, which are a powerful way of learning about the views of older people. They can be carried out with:

Individuals: A number of older people can be interviewed separately on the same topic to obtain a range of perceptions and feelings. Try to include those who are least likely to be consulted. They should not last longer than 45-60 minutes.

Groups: Groups of older people generally not more than 12 participants can be interviewed together to obtain different views on the same issue at the same time. These should not last longer than 60-90 minutes.

Key informants: These are people with special knowledge of a subject or community, such as health workers, religious authorities or village leaders.

4. Visual tools

Visual tools enable older people to explore complex relationships and link issues in ways not possible through verbal methods alone. Visual tools that have proven to be effective with older people are:

- Mapping

Please note: The content of the semi-structured interview will be determined by the purpose and the objective of the exercise.

- Seasonal calendars
- Daily activity diagrams
- Trend lines
- Historical profile
- Institutional diagrams
- Flow diagrams
- Livelihood analysis
- Ranking and Scoring
- Wellbeing grouping

Mapping shows information such as where people live, which households have older people or where the village facilities are located. The key steps are:

- 1) Find different groups of local older people willing to participate
- 2) Choose a suitable place and material to draw the map
- 3) Explain the reason behind the exercise. Start with a simple question such as: I do not know this place well, can you show me...?
- 4) Let people make the map themselves
- 5) Observe how people work together, and what causes excitement or disagreement
- 6) When the map is complete, ask the group to explain it to you
- 7) Cross check the map with other groups.

Seasonal calendars show the factors that affect people's lives and when, and the times they are under most pressure. For ex they can show changes in rainfall and farming activities, or identify patterns in work, illness or the availability of food and cash.

Key steps:

- 1) Select different group of people such as older men and older women
- 2) Ask the participants when their year starts, how many seasons and months are there in a year, and what are these called. Do not impose your ideas.
- 3) Ask them to mark the seasons and months on a chart paper
- 4) Encourage them to add details to the calendar. For example, if you want to find out about the rainfall patterns, ask: which are the wettest months? Which are the driest months?

Daily Activity Diagrams are visual representation showing how people spend their typical day. These are especially useful in understanding gender roles and the contribution of the older people in the house and in the community. Older people can demonstrate how their lives have changed over time by

constructing a diagram representing a point in their lives in the past and comparing this with the present.

Key steps:

- 1) Mark a line across the ground to represent a day. Ask participants what unit of time they use to track the progress of a day.
- 2) Encourage them to add details of what they do at each unit of time.

Trend lines show how things have changed over a period of time. This can illustrate information on a wide range of issues such as shift in land use and income, change in patterns of disease and access to health services, or alterations in population size. Older people are particularly good sources for information on trends.

Key steps:

- 1) Identify the topic such as crop yield or prices and the time period people want to discuss.
- 2) Ask participants to draw a horizontal line starting from an agreed time in the past.
- 3) Ask them to draw a vertical line with appropriate units such as crop yields and or price per bag.
- 4) Ask them to mark a trend line for the current year, and the past years.

Historical profiles represent key events over a period of time. Older people's individual histories can reveal factors which determined choices made in the past, and provide a wealth of information about their skills and experiences that may be valuable resources for the present.

- 1) In the same way as for trend lines, decide what time period you want to find out about.
- 2) Ask participants to draw a horizontal line starting from an agreed time in the past
- 3) Ask them to mark on the line any significant events that have taken place during this period such as crop failure, war, and building of clinic or road.
- 4) Try to find out how these events affected their lives at the time and how they affect their lives now.

5. Institutional diagrams

Visual representations which show how organizations or individuals influence people's life are a useful tool to show the relative significance of different actors on a community.

They show important organizations and individuals close to the centre point of the diagram, less important ones further away. These can be represented by different sized object such as fruits or stone placed on the ground, or differently sized circle drawn on a large sheet of paper. Through institutional diagrams, groups and individual can reveal their different perception about the role of institutions in their lives.

Older people have used these diagrams to highlight local institutions providing important types of support to them and their communities. They have also analyse the relationship between these and other institutions.

Key steps

- 1) Ask participants to identify the key organizations and individuals which affect their lives
- 2) Ask them to show the most important ones as large object or circles.
- 3) Ask them to place these objects or circles at a distances from the centre of diagram as follows :
 - Separate : no contact
 - Touching : information passes between them
 - Small overlap : cooperation in decision making
 - Large overlap : considerable contact in decision making.
- 4) Or ask them to draw circles of different size and to use lines and arrows to show the relationship between them
- 5) Discuss the diagram and any issues arising from it.

6. Flow diagrams

Flow diagram show causes, effects and relationships. For example, a flow diagram could show the relationships between old age, security and livelihood. They can also show the impacts of an event, policy or programme on people's lives, for example the impact of new health policy on older people's wellbeing.

Key steps

To explore links and relationships:

- 1) Pinpoint what issues or system people want to analyze.
- 2) Discuss the issues or system with groups of older people or individual older people. Encourage participants to select symbols to represent them.

- 3) Encourage participants to identify the causes and effects of the issues they have identified.
- 4) Ask them to draw lines and arrows to show the links and relationship between issues.
- 5) Use open questions and helper questions to obtain more detailed information and take notes of what people say.

To analyze impact:

- 1) Pinpoint the event or policy people wish to analyse.
- 2) Ask participants to represent the impact and consequences, both positive and negative, of the event.
- 3) Ask participant to link consequences, using arrows to indicate the direction of flow.
- 4) Encourage participants to identify further effect and to group them into subsets if possible.

7. Livelihood analysis

People analyse and quantify different sources of income and support is a useful tool for finding out about sources of cash and non cash income, expenditure and use of resources. It can help us understand how older people make resources decisions, their livelihood strategies, and how household resources are acquired and shared among members.

Key steps

- 1) Identify a participant willing to talk about how his or her household is managed.
- 2) Ask who lives in the household.
- 3) Ask the participant to talk about livelihood resources (for example, community owned resources, own produce, fuel, cash income) and to create symbols to represent them.
- 4) Give the participants a number of beans. Explain that these represent all the type of non-cash and cash resources coming into the household. A round number between 50 and 100 beans is large enough to enable participants to distribute them among items to show relative proportions. Ask him or her to show how much comes from each source by placing the beans next to the symbols.
- 5) Record the number of beans placed next to each symbols. The distribution of the beans can also represented as a pie chart a circle with segments representing proportions of the total number of beans.
- 6) Then ask participant to explain how household resources are used or

spent and to identify symbols for each area of expenditure or use.

- 7) Again, give the participant the same number of beans. Explain that these represent all the household resources and income. Ask him or her to show how much is used on each area of expenditure by placing the beans next to the symbols.
- 8) Record the number of beans placed next to each symbol.
- 9) To understand how different household members control and use income source or materials, this exercise can be done with different members of the household, including older people. Alternatively, older people can be asked to analyse the resources brought in and used by other members of their household.

Ranking and Scoring: putting things in order priority helps us understand how different groups perceive advantages and disadvantages. Scoring indicating preference or weight helps us understand why different group of people hold particular preferences.

Ranking and scoring method can be used to explore people's decisions about types of health provision, income earning activities, or types of produce grown. Method of ranking are particularly useful because :

- Ranking enable people to discuss sensitive areas, such as an individual's level of income or wealth, without causing offence, because people are more willing to provide comparisons than hard figures.
- It is easier to get agreement on rankings than on absolute measurements.

Practical Tips : Using Ranking and Scoring.

- Let people rank things in their own way, and allow them enough time to do it.
- Use people's own units of measurement.
- Use people's own names for whatever is to be ranked or scored.
- Probe the reasons for the order of the ranking or scores produced.

8. Matrix ranking and scoring

Matrix ranking and scoring helps us understand what criteria people use when choosing certain options and why they make certain decisions.

Reason for choices often differ from group to group. Women and men, older and younger people are likely to use different criteria, so it is important to carry out matrix ranking and scoring with different groups in the community.

Key steps

- 1) Decide with participants what things they want to rank, such as health services or types of crops cultivated.
- 2) Ask them to list all items in this category that are relevant to them.
- 3) For each one, ask : what is good about it?.
- 4) Encourage them to list positive and negative criteria identified. Make negative criteria positive, for example, long distance becomes short distance. All criteria must be consistent before asking people to score them, so that they do not give high scores to both negative and positive criteria.
- 5) Ask participants to draw a matrix with items along one axis and the criteria along the other.
- 6) Encourage participants to decide how well criterion is met for each item, for example, how well is the criterion 'low cost' met by various types of health service? For each criterion, ask: Which item is best? Which is next best? Which is worst?.
- 7) Ask participants to score each box of the matrix by placing counters such as seeds or stones on the matrix. There are many ways of doing this. They may score each box out of a given number, for example five or ten. They may prefer to 'free score' with no limit placed on the number of seeds per box. Another method is to allocate a much larger amount of seeds for each criterion, and ask participants to share these between the items to show the degree to which items fulfill each criterion.
- 8) When the group are clear about the scoring, allow them to construct the matrix Themselves. Observe any disagreements and how these are resolved.
- 9) When the group are satisfied with the completed matrix, help them to analyse the scores. Ask them to count up the total scores along the rows and columns to see which item fulfils the criteria best.
- 10) Check these findings. Sometimes the item with the highest score is not the true preference of the group and there may be an important reason that was not in their list of criteria. Ask the group: Which criteria are most important? If they could only have one item, which would they choose? Why?.

9. Wellbeing grouping

Individuals identify how advantaged or disadvantaged they feel in relation to others can help us understand how different groups of people perceive wellbeing, which groups they feel have wellbeing or lack wellbeing, and why.

Wellbeing ranking exercises can be used with older people to identify the most

vulnerable groups of older people (and other groups), and help them probe the nature of social exclusion. In many communities, older women, especially widowed or single women, have been found to be among the least well off according to local definitions.

Wellbeing grouping can be used to group all households in a locality or community according to perceptions of wellbeing or wealth of a range of informants. The following exercise can be used to understand general categories of wellbeing, their features and which categories different groups fall into.

Key steps

- 1) Draw a line and identify which end shows possessing wellbeing and lacking wellbeing.
- 2) Ask participants to describe the characteristics of these two extremes.
- 3) Ask them individually where they would place themselves on the line.
- 4) Probe for reasons. Look for factors such as lack of education or low self-esteem, as well as more obvious factors such as access to cash or land.
- 5) Ask participants to identify any other groups in the community between each end.
- 6) Ask for characteristics of these extra groups and probe for details.
- 7) Continue until there are several clearly defined categories.
- 8) Check the definitions and clarify anything you are not sure about.
- 9) Discuss the wellbeing grouping and any issues it raises.
- 10) Cross-check findings by facilitating the exercise with different groups and individuals.

Topic 2: Post disaster need assessment

Older people are especially vulnerable in and after emergencies. Older people are among those most likely to be living in poor housing or in marginal areas, where the risk of damage is the greatest. They often remain behind in the rush to escape a disaster, and cannot reach distribution centers. The UNHCR has identified older people as one of the core policy priorities (along with women, children, and the environment). Both the Sphere Standards and the Madrid International Plan of Action on Ageing specifically call for both older people's vulnerabilities and their potential to make a positive contribution to relief efforts to be supported. Thus, to capture the needs and the vulnerabilities of older people in post-disaster contexts, appropriate designing and use of data collection tools is required. Here is a list of tools provided in the hand outs:

- Rapid assessment tool immediately after disaster
- Rapid vulnerability assessment form
- Check list for older people in relief camps

Once you have garnered the required information on older people in your post-disaster need assessment, you can develop appropriate programme through the following actions:

- (a) Include older people in the provision of community relief and rehabilitation programmes, including identifying and helping vulnerable older persons.
- (b) Recognize the potential of the older persons as leaders in the family and community for education, communication, and conflict resolution.
- (c) Provide special attention to older persons in humanitarian aid programmes and packages offered in situations of natural disasters and other humanitarian emergencies
- (d) Address the needs of the older people in your long term rehabilitation planning.

More information on this is available in unit IV that specifically focuses on older people in disasters.

Lesson 2: Capturing the capacities of older people in your community

Older people have various capacities, skills and wisdom that can be used for the welfare of a community. Since older people have seen their community longer, they bring a wealth of information and knowledge with them. They also have a greater understanding of the dynamics of the community and often are the best people to resolve disputes among various members of the community.

In this lesson, a few tools will be discussed to capture the skills, wisdoms, capacities and values the older people can bring.

- Capacity inventory
- Story-telling sessions
- Role strip

Topic 1: Capacity inventory

While your community profile will tell you who are the older people in your community, and what kind of backgrounds/needs they have to go deeper and take stock of their capacities, you can use this tool. Capacity inventory is usually conducted in a “survey” mode, meaning these can be used on all older people members in the community. Additionally, this can also be used on similar groups of older people, for example you can sit with a small group of women of same age and fill up the format.

SAMPLE CAPACITY INVENTORY

INTRODUCTION

My name is _____. May I know your name too? _____

Greetings! Thank you for your time. Did someone talk to you about the ICBRR project? Do you know how will this project help you? This project is a community based project that aims at strengthening your capacities to deal with any kind of hazards threatening your safety. However, a holistic and deep-seated approach will be possible only after the community's resources are well-applied and utilized to create a strong internal defense mechanism.

Basically, we believe that everyone has god-given talents and gifts that can be used to benefit the community. I would like to talk to you for a few minutes about your gifts and skills.

GIFTS

Gifts are abilities that we are born with. We may develop them, but no one has to teach them to us.

1. What possible qualities do people say you have?
2. Who are the people you share or give your gifts to? How do you share these qualities with them?
3. When was the last time you got a chance to share your gifts with people?
4. What do you give that makes you feel good?

GIFTS I CAN GIVE TO MY COMMUNITY

Gifts of the head (Things I know something about and would enjoy talking with others. E.g. history, society etc)

Gifts of the hands (Things I know how to do and would like to share with others eg. Carpentry)

Gifts of the heart (Things I care deeply about. E.g protection of the environment)

SKILLS

Sometimes we have talents that we have acquired in everyday life such as cooking and fixing things.

1. What do you enjoy doing?
2. If you could do something for the community in times of need, what could it be?

WISHES

Before we end our conversation, I want to take a minute and hear about your wishes to help make this community stronger against hazards.

1. If you could snap your fingers and bring a change to your community, what would it be?
2. How would your community to prepare against hazards and disasters?

Once, you have compiled all the information, you can create a database to store the various skills the older people can bring to your project goals. Eventually when you are making action plans for disaster risk reduction, these skills can be utilized as community-assets or resources.

Topic 2: Story telling sessions

Older people are the carriers of legacy. They bear the history of a community. To tap this knowledge base, story telling sessions can be arranged. In these sessions groups of community members sit together sharing various anecdotes and other aspects of the community. A facilitator can prompt the story telling, and can also link various stories to chart out the community's progress.

Topic 3: The role strip

Depending on the kind and the levels of skills, there will be a need to assign different kinds of role to the older members of the community. Role strip is a handy tool to determine the roles for the older people.

OP in decision making	OP as participants	OP as information sources	OP as recipients
Alert individuals who can help in goal-setting, planning and implementation	Individuals who can participate in providing services or sharing gifts and skills	Individuals as part of focus groups. Individuals who can be consulted with	Individuals who are mentally and physically not in a position to share. To receive services.

Unit IV:

Working with older people in disaster response and rehabilitation

Goal: to learn how to ensure older people receive appropriate care when a disaster strikes.

Objectives:

1. To learn how older people are affected by disasters.
2. To learn how to include older people at various steps of disaster response.

Materials needed: Flip charts, presentation slides, markers

Time needed: 3 hours

An overview

This Unit will start with providing a detailed overview of the different dynamics that affect older people in disasters. Several misconceptions concerning older people and disasters are discussed. Also, an overview of how older people are affected by disasters is provided.

Next, an example of an age-friendly disaster management plan is put forward, that can be adopted by the community based disaster management teams. In these lessons, several strategies about how to work with older people during the preparedness, relief and rehabilitation phase are discussed.

An old man looking at his dead goat after the flood in the Thar Desert, 2006.



Lesson 1: Older people in disasters

Between 1997 and 2006, an average of 260 million people worldwide were affected by natural disasters each year. Given that roughly one in ten older people is aged 60 and above, this means that 26 million older people are likely to have been affected by natural disasters each year over the past decade.

However, the number of older people affected by disasters or displaced by crisis is often measurably higher than their proportion in the general population. For instance, the 2003 heatwave in France claimed nearly 15 000 lives, 70% of whom were older than 75 years. According to the UN refugee agency (UNHCR) those over 60 comprise 21% of people displaced by war in Serbia and Montenegro.

Yet data on populations affected by disasters and crises, disaggregated by age and gender, are very limited. Collecting and presenting such data would help humanitarians to identify and reach vulnerable populations more accurately.

Interest Approach: Read out the following quote to the group.

“Some cars came by and just threw packets. The fastest get the food, the strong one wins. The elderly and the injured don't get anything. We feel like dogs.”

Perumal, 75, Tamil Nadu, India

Address the class: What are the thoughts that come to your mind at this statement? What are the images that you get of older people when you think of them in relief camps?

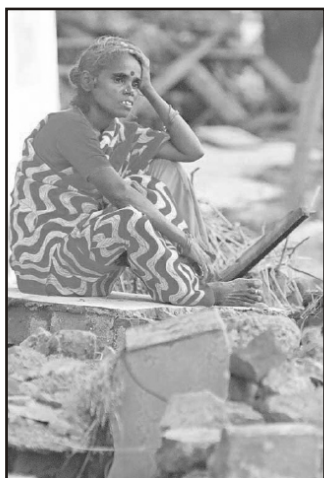
Topic 1: Older people in emergencies: neglect and misconceptions

When relief material was being distributed following the Indian Ocean tsunami, Perumal stood alone in the remains of his thatched hut, refusing to join the hungry crowds jostling for aid. Asked why he did not join in, Perumal shook his head and said: “It's no use. I've been pushed out before and have fallen on the ground. I know I'll get nothing this time around, too.”⁶

Misconceptions about older people in emergencies

Several prejudices and misconceptions are held by communities in which older people live as well as by people in governments and aid organisations seeking to serve them. Such perceptions, whether grounded in reality or not, can create

⁶ The information in this Topic is largely drawn from World Disasters Report 2007, Focus on Discrimination (International Federation of Red Cross and Red Crescent Societies, 2007) 63.



A older woman sitting in the ruins of her house after the tsunami in Sri Lanka in 2004.

a stigma around older people that they are weak, useless or worthless. As a result, their needs, contributions and rights are neglected. They are left battling with not only their own physical, mental and financial barriers, but also with the subjective, attitudinal barriers in the minds of people around them.

Six misconceptions about older people in emergencies

Misconception 1:

The extended family and community will protect them at all times. Not always true, especially not in exceptional situations (e.g. disaster situations). After the Indian Ocean tsunami of 26 December 2004, HelpAge India identified more than 9,000 older people who had been missed in the rush for assistance. Even if they have families, older people are not always treated equitably and may be denied the opportunity to contribute.

Misconception 2:

An agency will look after them. There are no UN agencies and very few international NGOs (INGOs) dedicated to older people.

Misconception 3:

They can be covered by general aid distributions. In fact, older people have particular nutritional, cultural and other requirements that are not met by a general relief distribution. Clothes distributed in response to the Darfur crisis in July 2004 were culturally inappropriate for older people, and medicines did not cater for their chronic illnesses.

Misconception 4:

They only have themselves to worry about. Displacement, conflict and serious diseases such as HIV mean that increasing numbers of older people are responsible not only for themselves, but also for their children or grandchildren. In Darfur, nearly a third are caring for orphans.

Misconception 5:

They're waiting to be helped. The reality is that older people want to be recognized for their capabilities. Accustomed to providing for themselves, they want to regain control of their lives and contribute to the welfare of the community as much as they are able to.

Misconception 6:

They're too old to work. Older people often still contribute economically to their households and may remain the key decision-makers in times of crisis. Supporting the recovery of their livelihoods after disaster is an important but neglected priority.

Topic 2: Older people in emergencies: what happens?

Start a group discussion: are older people more vulnerable in disasters? Why (not)? Do older people have special needs during and after disasters? If so, what are their special needs?

1. Lack of mobility

Old age affects mobility: many older people are unable to run from a disaster, some older people are unable to walk long distances, others might be housebound. Age-related mobility problems affect the ability of older people to access humanitarian services. For instance, older people find it difficult to travel to relief distribution sites. Limited mobility was a critical issue for older people throughout tsunami-affected areas. Older people were pushed out of the way by younger, more physically able people during relief distribution. Older people often had to rely on a child, grandchild or neighbour to help carry relief goods to their shelter, leading to increased dependency of older persons.

2. Chronic poor health

Many older people suffer from chronic health conditions such as hypertension, diabetes, arthritis, hearing and sight problems. During and after emergencies, organisations tend not to provide appropriate health care for these chronic, age-related issues. Interventions for chronic illnesses such as mobile eye-clinics, physiotherapy and the provision of mobility aids may not be life-saving, but they are life-changing.

3. Nutritional needs

Emergency food rations are generally the same for older people as for younger adults. No allowance is made for the difficulty older people might have in chewing, digesting and absorbing sufficient micronutrients. Nor do agencies give sufficient thought as to whether older people can collect enough water with which to cook the food.

4. Isolation

“These thousands of elderly victims didn't die from a heatwave as such, but from the isolation and insufficient assistance they lived with day in and day out,” said one French Red Cross official about the heatwave which claimed nearly 15 000 lives in France.

Isolation is a problem faced by older people in emergencies all over the world. For instance, in Darfur, HelpAge has found that 80% of older IDPs suffered from limited social interaction. Once the most respected group in the community, they are now sidelined and are invisible to the majority of humanitarian workers. The hopelessness and abandonment they express affect not only their emotional health but also their physical well being.

5. Abuse and sexual violence

Kaltouma lives with her family in one of West-Darfur's largest IDP camps. When a HelpAge International worker found her she had a chain tied around her ankle to stop her wandering outside the family shelter. She was crying for a key and the plate of food left by her side had not been touched.

The crisis in Darfur contradicts the widely-held but false assumption that older people are not victims of abuse. Elder abuse, which includes physical, sexual, psychological and financial abuse, neglect and abandonment, is under-reported and is more likely to occur when resources are stretched and older people are perceived to be unproductive and a burden.

6. Mental trauma

Separation from or loss of family members leads to isolation, bereavement, and loss of support. Older people are often left to care for younger children or other dependants in the absence of middle-generation adults. The destruction of social structures may cause loss of family and community support and loss of respect for older people as cultural and social values break down. In extreme cases this results in abandonment. Older people find they need protection against theft, dispossession, physical and sexual abuse. The distress and disorientation caused by sudden changes in social status are compounded by trauma and stress resulting from loss of family, home and livelihood.

The way forward

To address the vulnerabilities of the older people during and after a disaster and to integrate their knowledge and contributions, it is important to appropriately include older people in Disaster Risk Reduction programmes.

Lesson 2: Disaster preparedness

A central step in enhancing the disaster preparedness of the community is the preparation of DRR plans. In order to ensure that in times of a disaster older people, women, children and the disabled are not left out in the response, it is imperative that they are included as a vulnerable group in the DRR plans.

Below follows an example of an age-friendly DRR plan. These plans should be updated on a regular basis. It consists of the following general steps:

1. Draw a map of the village. On this map, all roads, rivers, houses, schools, meunasahs, hills, forests, the coast and other places of significance should be marked.
2. Draw a hazard map. On the village map, reflect all possible hazards that could affect this village (tsunami, flood from river, flood from sea, landslide etc). Also mention the direction from which this hazard is likely to come.
3. Draw a hazard exposure map. On the village map, indicate which part of the village is likely to be affected by any type of hazard that was mentioned on the hazard map.
4. Draw a table, listing each hazard that could affect this village on the vertical axis. Now, assess what is the level of threat that each hazard poses to the community. Do this by determining in which season the hazard is likely to occur, the frequency in which it has occurred previously and what have been the impacts of the hazard in the past. Once these things are known, the level of threat can be determined.
5. Devise a strategy for each hazard, and decide who is responsible for implementation of this strategy.
6. The next step is to mark on the village map where the vulnerable groups are living. Include women, children, older people, people with disabilities, and/or any other vulnerable group you seek to address. It is imperative that this vulnerability map is updated regularly (minimum once a year). This is because who is vulnerable is subject to change.
7. Prepare a list of all vulnerable people in the village, mentioning where they live and what is their vulnerability. Also mention if people have special requirements.
8. Draw a logistics planning map. In this map the evacuation routes must be reflected. In case there are hazards that require different evacuation strategies, multiple logistic planning maps need to be designed.

9. Draw a table listing all actions that CBAT needs to take when a disaster strikes, such as sounding the alarm, providing first aid and search and rescue. Within CBAT, several members should be given responsibility to provide proper care to the vulnerable groups. For each task, a person in charge must be selected.

Specific tips on including older people in disaster preparedness

1. Use the need assessment tools as discussed in unit 3 to tap the needs and the capacities of the older people in your target area. By doing so, not only you will have a good understanding of the vulnerabilities of the older people, but will also know about the assets/skills/knowledge they can bring to your programme.
2. Get representation of older people belonging to various age groups (old old and young old) in your coordinating committee so that they can speak for themselves and participate in the decision making process.
3. Delegate duties and responsibilities to the older people representatives so that they feel involved with the process.
4. Make arrangements to address the needs of the older people adequately. Give special focus on the homebound older people with disability and/or living alone.
5. Oftentimes, older people (and also community members in general) are at a risk of losing their identification cards and/or other documents. Therefore, it is a good practice to create a computerized database with key information (such as id number) so that this information can be used in case of an emergency.

Special Requirements for Vulnerable Individuals

Name	Type of Vulnerability	Special Requirements	CBAT Responsible
xxxxxx	Clipped	Outches, assistance during evacuation	
...etc....			

Logistics Planning Map

Sea

River

Evacuation Route

Mosque

School

No Special Requirement Elderly Disabled Pregnant Women Children CBAT member House

Logistical Planning and Responsibility (Tsunami Evacuation)

Task	Responsibility
Alarm System	
Elderly	
Disabled	
Pregnant Women	
Children / School	
First Aid	
Search and Rescue	
Emergency Supplies	

Lesson 3: What to do when a disaster strikes

Recapitulate with the group: what are the specific vulnerabilities and capacities of older people during disasters? Write the inputs of the group on a flipchart and add any vulnerabilities or capacities that have been left out. Then, ask the group: what should CBAT do to reach out to older people when a disaster is about to strike?

Topic 1: Ensure information about the disaster reaches older people.

“It was the worst thing I've ever witnessed in my life... Nobody ever told me anything... This is America, but they didn't think enough of [older people here] to get them out.”

Edith Moore, a 70-year-old survivor of Hurricane Katrina⁷

Her experience epitomizes that of many older people in emergencies throughout the world.

⁷ World Disasters Report 2007, 67.
Slides source: BRCS

Older people in Aceh tend to rely more towards traditional forms of media for their information, such as verbal communication (mouth-to-mouth) and the meunasah. The oldest old tend to rely primarily on their children and other household members. The majority of older people do not make use of modern forms of communication, such as mobile phones.⁸

Moreover, many older people suffer from hearing loss or sight problems, further limiting their access to information. They might not be able to see or hear the disaster coming or to obtain information about the disaster through television or radio. Older people who are living alone face the greatest risk of lack of information.



Kosovo, 1999 (Source: Older People in disasters, 11).

What to do:

The person(s) of the CBAT responsible for older people should go to all houses where older people live to inform them about the pending disaster and measures that need to be taken. Active older people could also take up this role.

Topic 2: Ensure older people are evacuated

Older people with mobility problems need special assistance in evacuation. Sometimes, older people are reluctant to abandon familiar surroundings and leave their house. They need to be explained about the imminent disaster and the need to evacuate.

What to do:

The person(s) of the CBAT responsible for older people should ensure that all older people with mobility problems receive the assistance they need in evacuation.

⁸ *Aceh Community Preparedness 2008. A baseline and SMP Information Needs Assessment in Banda Aceh and Aceh Besar (Health Communication Resources and Tearfund UK, May 2008) 43-46.*

Older People Association coordinating the disaster response

Moheshkali is a coastal area in Bangladesh which is highly susceptible to cyclones. Following one particularly devastating cyclone in 1991, the government of Bangladesh built cyclone shelters and established a simple early warning system. A radio signal is sent to villages, and identified community members use a megaphone to warn of the impending cyclone.

In Moheshkali an Older People's Association (OPA) was established as part of the post-cyclone reconstruction project. In coordination with the government early warning system, the OPA developed a plan of action to respond to future cyclones. When the community receives a cyclone warning, an emergency meeting is held by the OPA. If the cyclone is imminent, the OPA's emergency-sub-committee decides which shelter to go to and identifies vulnerable older people who will need assistance to get to those shelters. OPA members then secure supplies (i.e. food), assist vulnerable members to shelters, and then seek shelter themselves. After the cyclone, the OPA emergency sub-committee assesses cyclone damage and then plans action to assist vulnerable community members.⁹

Lesson 4: The relief phase

Ask the group: what should CBAT do to reach out to older people after a disaster has hit the village?

Topic 1: Rapid assessment: Collect age and gender segregated data about the affected population.

Rapid assessments are intended to assess the situation immediately after the disaster in terms of damage and affected population.

What to do:

Rapid assessments should include identification of vulnerable individuals soon after a disaster. Tools for a rapid assessment are checklists and maps. In the Annexes examples of questionnaires for vulnerable groups in camps have been included. These can be easily adjusted to the local situation. Moreover, age and gender segregated data about the affected population should be collected. Older people and/or OPA members can play an important role in data collection.

⁹ *Older People's Associations in community disaster risk reduction. A resource book on good practice (HelpAge International 2007) 13.*

OPA led surveys in Bangladesh

In Bangladesh, OPA members have been trained on how to collect information through surveys. The simple survey format includes information such as name, age, village and location, what they have lost, livelihood status and what support they can access for example, affluent relatives. Following a disaster, OPA emergency sub-committee members go from house to house to assess damage and identify the most badly affected households and this information is given to local government disaster committee representatives and organisations providing relief assistance.

Topic 2: Ensure older people reach the relief services that are being provided

As explained in Unit 1, older people may have difficulties in reaching the relief services that are provided by agencies.

What to do: Relatively simple measures can be taken to ensure lifesaving aid reaches older people and other vulnerable groups. For instance:

- Move distribution points to more level, accessible locations, while ensuring that these distribution points do not pose added security risks to people receiving aid;
- Ensure that food and non-food items are packed in containers sufficiently small and light for older people to transport, as well as easy for older hands to open;
- Enabling older people to use a proxy (for instance, a family member) to collect relief goods;
- Assist older people in reaching health services;
- Set up a committee of older people to assist with aid verification and distribution.

Facilitating the access of older people to health services does not have to be costly or difficult. For instance, in a Darfurian refugee camp, a system of donkey-cart ambulances was set up to assist in all medical referrals of older people.¹⁰

Topic 3: Ensure the relief is appropriate for older people

Older people's needs in times of a disaster are often different from those of other age-groups. Older people face different health problems and may have different nutritional needs. Thus, special measures need to be taken in order to

¹⁰ *Rebuilding lives in longer-term emergencies. Older people's experiences in Darfur* (HelpAge International, 2006) 12.

ensure that the relief effort is suitable for older people.

What to do:

Health:

- Promote special hours during which older people are given priority for consultations at medical centres. Or promote a no-waiting policy for older people at medical centres;
- Promote the provision of health care for chronic age-related illnesses, such as mobile eye-clinics, physiotherapy and the provision of mobility aids. Interventions for chronic illnesses may not be lifesaving, but they are life-changing. It could enable an older person to work again or to move unaided around their community.¹¹

Nutrition:

- Older people in developing countries face a higher risk of malnutrition than children. Ensure that food aid reaches all older people.
- Ensure that food aid is suitable for older people: easy to cook, chew and digest and with enough nutrition. Special food packets can be prepared, or supplement food baskets could be handed out to older people.

Extra care:

"Today I need a mattress and a pillow. I can't sleep anymore on the floor. I feel pain in my body. I really need those things,"

Syarifuddin, a 63-year old tsunami victim in Aceh.

- Older people sometimes need specific extra's such as a mattress, blankets and a pillow.
- Ensure that clothing that is provided is culturally appropriate for older people, especially older women.

Lesson 5: The rehabilitation phase

Ask the group: what should CBAT do to reach out to older people after the immediate emergence phase is over?

Include older people in all rehabilitation programmes

After the 2004 tsunami in Aceh, most rehabilitation programmes have failed to properly or widely consider the needs of older people in Aceh in social protection, health and livelihood initiatives. Older people should be included in all rehabilitation programmes of government and NGOs. Community-

¹¹ *World Disasters Report 2007*, 73.

based organisations such as CBAT and SATGANA play an important role in ensuring that older people are included in the rehabilitation programmes that are implemented in their communities.

A specific problem can be the loss of documentation and identity cards. In post-tsunami Aceh, HelpAge has encountered numerous older people who had lost their ID-cards, or had never possessed them, or had wrong information stated on their ID-cards. As a result, they were excluded from rehabilitation programmes that required valid ID-cards.

One of the most effective ways of ensuring that older people's needs and capacities are taken into account in the rehabilitation phase, is to ensure that their voices are heard. Therefore, it must be ensured that older people have a say in the rebuilding of the village and implementation of mitigation activities. Where possible, older people should be given a chance to lead such activities.

Older people leading mitigation activities in the Thar Desert¹²

In the Thar desert, where chronic drought persists, OPAs, with support from a local NGO, have taken the lead in traditional rainwater harvesting activities. Older people contribute their knowledge and are responsible for the maintenance of rainwater harvesting structures (wells and ponds) in their communities. They also motivate younger people to help dig the wells and ponds. Older people raise awareness on how to conserve limited supplies of water so that communities spend less on purchasing water during times of prolonged drought.

Older people raise awareness in their communities about different types of crops that use less water. This helps maximise the use of a community's limited water resources. Finally, older people are active in maintaining community grazing lands for the benefit of the entire community. OPAs, working with community leaders, earmark land and develop regulations on how to use these lands.

What to do:

- Assist people in obtaining relevant documentation and ID-cards. If needed, explain the nature of and need for personal documentation.
- Ensure that older people in the community are represented in any bodies that are being created to assist the rehabilitation effort. Ensure that older people are aware of and present at any meeting that agencies organise to socialise their programmes.

¹² *Older People's Associations in Community Disaster Risk Reduction. A resource book on good practice (HelpAge International 2007) 14.*

Topic 1: Livelihood

A recent survey in Aceh Besar has shown that about 85% of the people aged 55 and above are still economically active. Over 50% even has more than one source of livelihood. Especially after the tsunami, older people want to contribute to rebuilding their community and to the family livelihood.

Contrary to what most people think, a very high proportion of older people in Aceh is still engaged in income generating activities. Unfortunately, many NGOs are not familiar with the fact that the majority of older people in Aceh are productive members of their communities. As a result, many (I)NGOs are not targeting older people in their livelihood programmes. This had led to frustration amongst older people. Especially when older people are left as primary carers for children, they need to be included in appropriate livelihood recovery activities.

What to do:

- Ensure that older people are included in livelihood programmes
- Ensure that livelihood interventions are suitable for older people. For instance, older people may not be able to take part in food for work programmes, which are physically demanding. When such programmes are implemented special provision for the frail and homebound should be made.

Livelihood preferred by older people in Aceh

- **Livestock rearing:** This is one of the most popular livelihoods for older people as it requires less time and has a good potential for high return on investment. In addition, with their traditional knowledge about livestock rearing, older people are also well familiar with this occupation. This occupation also provides ample free time to the older people to take care of other businesses such as caring for their grandchildren, or pursuing their hobbies. However, care should be taken that the older people have easy access to closed grazing areas so that the goats remain safe.
- **Small Enterprises:** In Aceh, older people are often found running small enterprises such as running convenient stores, or selling vegetables/fishes in the markets. There are also many older people engaged in small businesses such as making cakes/sweetmeats or other food products. Both older men and older women are found to be engaged in this occupation.
- **Fishing:** Fishing is generally a male-oriented occupation and so many men

take this as an occupation during old age. Fishing does not require much physical exercise, and due to the close proximity to water bodies with abundant supply of fish, many older men have taken to fishing.

- Handicrafts: Since this industry is based on traditional wisdom, older people are best suited and most familiar with this occupation. Embroidery, weaving baskets, crafting with coconut shells and making mats are some of the more popular activities. Nevertheless, many older people fail to pursue this as an occupation due to sight problems or other physical problems.

Topic 2: Age-friendly shelter and housing

Living in the temporary shelter for eight months after the tsunami was very hard for HJ Melui, an 83 year old tsunami survivor from Pulo Nasi island in Aceh, Indonesia. Besides having to cope with the loss of three of her children, the constant noise of living with so many other families in the temporary barracks prevented her from coming to rest. Her health condition deteriorated during this period. She suffered from a stroke that paralyzed half of her body.

Older people often prefer to stay with their families and in a calm environment. Grouping older people together in temporary shelters with people whom they don't know can lead to problems of exclusion and abuse as the larger group rejects or resents the presence of the older person.

When permanent housing is rebuilt, it must be ensured that the housing is suitable for older people. For instance, Houses in traditional Achenese elevated style may not be accessible for people with mobility problems. Water sources should be close by.

What to do:

- Make efforts for older people in temporary shelters to create a calm environment close to familiar people;
- Ensure permanent housing is age-friendly with features such as non-slippery floors, hand rails, easy access to entrance and toilets, low cabinets etc.

Topic 3: Access to water and sanitation

Although water and sanitation are important to the community as a whole, older people have certain needs toward these that can be addressed to improve older people's quality of life. The following points can be used as general guidelines:

- When setting up water and sanitation sources, the access points should be located close to older members or disabled members of the community. These points can be identified from the village maps and can be consulted and agreed with the community members.
- Simple water purification methods must be introduced and encouraged as older people are prone to stomach ailments easily.
- There maybe a need to put greater efforts to induce behavioural changes among older people so that they use the sanitation facilities as many of them are not used to or comfortable with modern sanitation.
- Special efforts should be made to customize sanitation arrangements to the needs of the older people with disability or mobility problems. Grab bars by the toilet is good assistance to avoid falls and injuries.

Topic 4: Rebuilding and improvement of health care systems

Older people who are healthy and physically fit are more resilient during times of disaster. Rebuilding and improvement of the primary health care system is therefore an essential component of rehabilitation and mitigation activities.

The Provincial Health Office of Aceh (PHO), in collaboration with HelpAge International (HAI), has made efforts towards ensuring that older people have better access to an age-friendly health care system. Hundreds of doctors, nurses and village-volunteers (kaders) have received training in basic geriatrics and gerontology. One major focus has been to implement and improve the government outreach health care programme for older people called Posyandu Usila.

What to do:

- Advocate with the Provincial Health Office of Aceh for implementation of Posyandu for older people in your community;
- Initiate or support initiatives of improving community-based health care systems.

Older people as health care providers:

Members of the Older People Associations in Aceh have received a training in First Aid from the Indonesian Red Cross along with a First Aid Bag for each OPA. Now, the OPA's are able to provide First Aid as a service to their community. Supplies of the First Aid bag are renewed using the OPA Funds. As part of their physiotherapy programme, Handicap International is planning to train older people in basic physiotherapy techniques. After this training, they will support the puskesmas staff as a volunteer in providing physiotherapy services in their communities.

Unit V:

Working with older women and older people with disabilities

Goal: To get specific understanding to work with older women and older people with disabilities.

Objectives:

1. To provide precise understanding of the concept
2. To provide with tools and knowledge to work better with older women and older people with disabilities and mobility problems

Materials needed: All formats, Flip charts and markers, Presentation slides

Time needed: 2 hours

An overview

Older people as a group are vulnerable. However, their vulnerabilities may differ in accordance to their physical, mental and social well-being. As with other age-groups, women and people with physical disabilities have special needs and are a group of more vulnerable groups within their peers.

In this unit, special focus will be given to the various dynamics associated with older women and older people with disabilities.



Widows in
Bangladesh

Lesson 1: Working with older women

In the face of growing “feminization of ageing” there is a need to give special focus on older women. Women and men experience ageing in different ways, and face different problems and relative disadvantages in old age.

Topic 1: Specific vulnerabilities of older women

1. Women generally live longer than men and are more likely to be widowed. Widows often lose their property, including their home, due to patriarchal inheritance laws. They also tend to experience reduced social status on losing a husband.
2. Social and religious restrictions on the movement, speech and public exposure of women and their bodies increases their vulnerability during emergencies, when they are more likely to be confined to the home in maximum danger.
3. Older women can be excluded from communal shelters where inadequate latrines, mixed sleeping areas and a lack of gender separation break their codes of faith.
4. Dress codes of complete cover can restrict mobility, particularly in floods, hurricanes and other natural disasters. By usually being stricter in religious and cultural observances, older women can be more vulnerable than younger women.

Exercise 1: List down which of the above mentioned vulnerabilities apply to the women in your community.

Topic 2: The plight of single elderly women

There are at least four types of single women. It is necessary to make a distinction among them. The four categories are a) never married women, b) widowed women, c) divorced women and d) separated women.

Single status of older women has several implications:

- It implies that women are likely to be the head of the families and are thus responsible for the well being and the survival of the family.
- Older women tend to be more numerous in refugee populations, but age and gender barriers are likely to exclude them from decision making and resources.
- Family support is supposed to provide physical and emotional security to

people when they are growing old. In the absence of such support single older women suffer from loneliness, insecurity, fear and tension.

- Divorced older women also face social stigma and isolation

Note: Social isolation and loneliness have an adverse effect on older people's health and well being. Thus, single older women who face such adversities are rendered vulnerable from several factors as listed below:

1. Feel emotionally unstable
2. Lack of proper respect
3. Worry about financial matters
4. Feel isolated and insecure
5. Feel useless
6. Worry about adjustment with children
7. Lack of satisfaction from way of living
8. Children do not visit them
9. Nostalgia

“Mrs. L is 66 years old and illiterate and was deserted by her husband a long time ago. She sells groundnuts in front of a school to eke out a living. Her six children are all casual labourers. She does not live with any of them. But they keep pestering her for money. Her husband had run away with another woman long back and she is not sure whether he is alive or not. Her health is failing and she is afraid of what will happen to her when her eyesight will fail. She is not aware of the schemes that government may have for older persons of poor economic status.”

What kind of vulnerabilities Mrs. L may have?
How can you reach out to Mrs. L?

Topic 3: Involving older women in your programme

In this manual, useful tools have been provided to include older people effectively in your programme. The mantra to include older women in your programme effectively is to include older women while applying all the tools and procedures. Following are a few specific tips for you:

- 1) Data collection: In your data collection methods, include older women appropriately. Collect data with the disaggregation of gender and marital status such as:
 - Married
 - Single (living with family)
 - Single (living alone)
- 2) Need assessment: Ensure a fair proportion of older women in the sample. Ideally the proportion and breakdown should represent the

World for the DRR slides, Source: The British Red Cross Society

Mini mental state examination: Title: Memory aids for older people: Joy Goodman, Steve Brewster, Phil Gray. Department of Computing Science University of Glasgow . <http://www.dcs.gla.ac.uk/utopia>

actual proportion in the total population. However, if that is not practical, then you may limit it to a certain percentage as seems fair through sampling methods.

For example

Population profile

Total percentage of older women	= 10 %
Percentage of married women	= 5 %
Single (living with family)	= 3 %
Single (living alone)	= 2 %

In your sample, try to have a similar representation of older women

Note: Individual interview, followed by focused group discussions work best with older women.

- 3) Community mobilization: Please include older women in all the steps of your community mobilization starting from community profile to programme socialization. Ensure they are invited to the socialization events; allow them time and opportunity to express their opinions and feelings.
- 4) Programme implementation: As per the needs of the older women from your community that will emerge from the needs assessment, designs programmes strategies and interventions targeted towards them.
- 5) Monitoring and Evaluation: In your monitoring and evaluation process include older women by incorporating them in your sampling, tools, and application.

Lesson 2: Working with older people with disability and mobility problems

As age advances, there is a gradual physiological degradation of our body systems. The longer we live the more prone we are to suffer from the effects of degeneration of the arteries, from malnutrition of joints, from accidents and very soon older people join the category of “people with mobility problems” and/or “people with disability.” There is a need to understand the specific needs of the older people with such mobility problems and disability so that programme interventions are properly addressed toward them.

Topic 1: Identifying older people with mobility problems and/or disability

To identify the older people with mobility problems and/or disability, it is important to clarify the differences between these two terms.

Mobility problems

The changes that occur with aging can lead to problems with mobility (ability to move around). With advancing age, our responses become slower; and mechanism of balance becomes less efficient. As we grow older, our arteries harden, and thicken from inside so blood circulates less freely. The heart becomes less efficient because oxygen supply is reduced to the tissues. Muscle mass and its flexibility decreases by 30% and bone density also plummets to below 30%. Joints also stiffen and enlarge due to loss of elasticity in connective tissues, so that changing of posture become difficult.

So a few common factors contributing to mobility problems among older people are

- Unsteadiness while walking
- Difficulty getting in and out of a chair, or falls.
- Muscle weakness
- Joint problems
- Body pains
- Neurological (brain and nervous system) difficulties
- Low vision/cataract

Note: Falling down is one of the biggest dangers older people with mobility problems face.

Disability

There is some considerable overlap in the issues on which older people's groups and disabled people's groups have campaigned,. For example, while the UN Year of Older People envisages a 'society for all ages', disabled people's groups have sought to create an 'enabling society.' There are numerous parallel examples in relation to social services, transport, environmental access, health care and so on. It is interesting to note that a lot of older people suffer from various disabilities and vice versa, primarily due to two reasons:

- People with disability eventually become old and get into the category of older people with disability.
- Ageing leads to many disabilities (blindness, deaf, paralysis from arthritis)

Note: The major differences between disability and mobility problems are the following

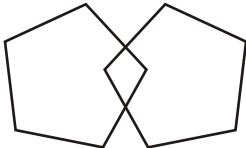
- 1) Mobility problems stem from the gradual degeneration of body due to ageing, but disability is a specific problem that the person may have even before ageing.
- 2) Mobility problems can also stem from disability such as blindness, paralysis, and deafness.
- 3) Most older people suffer from various degrees of mobility problems, but not all can be called disabled as they will still be able to carry out their functions properly.

Topic 2: Identifying older people with mental health problems

The most common mental health problems found in older people are depression and dementia. There is a widespread belief that these problems are a natural part of the ageing process but this not the case. It is important to remember that the majority of older people remain in good mental health until the end of their days. Following are two tools you can use to determine the level of mental health among the older people in your community:

Tool # 1: Mini-mental state examination

Orientation 1. Ask the patient: "What is the year, season, date, day, month?" 2. Ask: "Where are you?" Country, State, city/town, suburb, address, number or floor (or ward).	/5
	/5
Memory registration 3. Tell the patient that you want him/her to remember something for you, then name three unrelated objects (speak clearly and slowly). Ask the patient to repeat the three objects (score 1 point for each object correctly named may have up to 6 trials). Ask patient to keep the three things in mind.	/3
Attention and concentration 4. Ask the patient to take seven from 100, then seven from the result, and so on for five subtractions. Score 1 point for each correct answer. OR Ask the patient to spell "world" backwards, and score 1 point for each correct letter.	/5
Memory recall 5. Ask the patient to recall the three objects from test 3.	/3

Language	
6. Show the patient two familiar objects (eg, a pen, a watch) and ask him/her to name them.	/2
7. Ask the patient to repeat a sentence after you: "No ifs, ands or buts".	/1
8. Ask the patient to follow a three-stage command: "Please take this paper in your left hand, fold it in half and put the paper on the floor".	/3
9. Ask the patient to read and follow a written instruction, eg, "Close your eyes".	/1
10. Ask the patient to write a simple sentence. The sentence should contain a subject and a verb and should make sense.	/1
11. Ask the patient to copy a picture of intersecting pentagons. 	/1
Total Score A score below 24 indicates probable cognitive impairment. A score below 17 indicates definite cognitive impairment.	/30

Tool # 2: Geriatric depression scale (short form)

Choose the best answer for how you have felt over the past week:

1. Are you basically satisfied with your life? Yes / No
2. Have you dropped many of your activities and interests? Yes / No
3. Do you feel that your life is empty? Yes / No
4. Do you often get bored? Yes / No
5. Are you in good spirits most of the time? Yes / No
6. Are you afraid that something bad is going to happen to you? Yes / No
7. Do you feel happy most of the time? Yes / No
8. Do you often feel helpless? Yes / No
9. Do you prefer to stay at home, rather than going out and doing new things? Yes / No

10. Do you feel you have more problems with memory than most? Yes / No
11. Do you think it is wonderful to be alive now? Yes / No
12. Do you feel pretty worthless the way you are now? Yes / No
13. Do you feel full of energy? Yes / No
14. Do you feel that your situation is hopeless? Yes / No
15. Do you think that most people are better off than you are? Yes / No

"No" Answers indicate depression. Each answer counts 1 point; a score between 5 and 9 indicates the strong probability of depression, and a score of 10 or more is almost always indicative of depression.

Tool # 3: Including older people with disabilities in your programme

Participation/representation: Please refer to the previous lesson on older women and adopt the same strategy for older people with disability and/or mobility problems. Please be mindful of disaggregating the data based on:

Mobility problems

- Joint pains
- Haunch back
- Vision problems
- Prone to fall
- Foot problems

Disability

- Paralytic
- Limbs
- Blind/cataract
- Deaf
- Other disabilities

Mental health

- Dementia
- Depression
- Any other type

Help Aids: Given the problems associated with mobility and disability among older people, there is a compelling need to devise some help aids for them. These help aids can help them cope with the challenges of their daily living and will enable them to react better to emergencies as well. These aids must be

Help Aids	Description	Target	Benefit
1. Grab bar	In toilets and bathrooms	Older people especially with mobility problems	Support in getting up Fall prevention
2. Walking/climbing sticks	For easy mobility	Older people, especially with mobility problems, blind.	Fall prevention, mobility
3. Wheel chairs	For selfsufficiency	Paralytic, loss of limbs	Mobility and independence
4. Hearing aid	To enable hearing	Older people with hearing problems	Regained hearing ability
5. Tri-cycle	To enable fast movement	Older people unable to move fast	Mobility and independence
6. Memory aids (cell phone, watch, alarm clock, signal)	To remember events, drills, tasks, appointments	Older people community leaders and people with responsibilities)	More alert and greater responsiveness
7. Artificial limbs	To replace limbs lost	Older people with such needs	Mobility and independence

Topic 4: Specific programmes for older people with disabilities

There are many specific programmes available for home-bound older people who have mobility problems or disability. Having knowledge of these programmes will help you design your programmes for these groups.

- i. Home care programme: This programme provides care for home-bound older people through cadres. Counselling, daily-care, physical exercise etc are provided in the house by the cadres. The Indonesian government has adopted this programme (social welfare department).
- ii. Physiotherapy programme: You can either link the older people from your community to an existing physiotherapy programme or start a new one.
- iii. Trainings and capacity buildings: Trainings and capacity building workshops to help people become self-sufficiency, build memory, use help aids can be organized as well.
- iv. Livelihood support: There may be some older people with mobility problems or disability still willing to carry out livelihoods such as livestock rearing or handicrafts. Proper support through linkage with existing programmes and schemes.

Unit VI:

Monitoring and evaluation to assess age-friendliness

Goal: to ensure that you and your partners take effective steps to include and involve older people in the monitoring and evaluation process

Objectives:

1. To learn how you or your partner/community based organization monitor the impact of your programme on older people
2. To learn how to include older people in monitoring efforts

Materials needed: Formats for all the tools, flip charts and markers

Time needed: 2 hours

An overview

In the previous units, you have been exposed to and learned the various techniques and tools to include and involve older people in your programme. Once your programme starts, the process of monitoring and evaluation follows. While monitoring basically looks at the progress and the impact of your programme, evaluation analyses the outcomes and the lessons learned from your project. In both the processes it is very important to include older people so that new grounds are set in mainstreaming age-friendliness.

In this unit, attempts will be made to provide you with a few tools to assess the following:

- Age-friendliness of your project
- Older people's involvement in the community based organization
- Capturing the impact on older people
- Tips to include older people in your impact monitoring and/or evaluation process

This unit is divided into two lessons: progress/impact monitoring and project evaluation. In each lesson, separate plans and tools will be provided for the inclusion of older people appropriately, and to cover the issues and challenges related to their inclusion.

Interest approach

Have you ever tried to assess how age-friendly your organization or your project is?

Have you ever been curious to see if you have been able to include older people appropriately?

Have you ever wanted to know how you are making way for a framework for inclusion of older people in the future?

The tool below will help you assess the level of age-friendliness in your organization or programme:

Areas of opportunity for you to include older people (Include all the activities/interventions in your organization and/or project to assess whether or not you are including older people)	Level of Activity (Rate as 0-5) Do not know 0 No activity 1 In the planning process 2 Implementation has begun 3 Well along 4 Adequately addressing 5	Priority rating (Rate as 1- 3 those items that got a 0, 1 or 2 activity rating) Low interest 1 Moderate interest 2 High interest 3
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

After you have finished the ratings for the level of activities, then provide priority ranking for all the items that receive 0, 1, or 2 activity rating. Decide as per needs, the level of interest (low, moderate, and/or high)

For those activities that have received a high rating, discuss the following

- Are there any gaps in what we are already doing that may be need to be filled in.? If yes, how can we close these gaps?
- What are we already doing that should be better publicized, promoted and celebrated?
- How can we use our achievements to promote awareness for a sustainable

community for all ages?

You can fill the form separately and then as a group compare the ratings and seek agreement. Or you can do the rating as a full group by assigning the most appropriate ranking for each item through group discussion.

Note: This tool can be used for programme planning, progress monitoring and impact monitoring. It's strongly suggested using this tool at a regular interval.

Lesson 1: Impact monitoring for and with older people

Impact monitoring for older people implies application of various tools to assess how your programme and policies have affected the lives of the older people.

Impact monitoring with older people suggests how you can include older people members of your community in assessing the performance of the project on their own.

The following tools can be used both for and with older people. On one hand you can either give these tools to your field team and/or local partner to apply on the target groups, and on the other hands these tools can be used by the community members themselves to monitor and assess their progress from time to time.

Impact monitoring tool box

1) Monitoring Matrix

Helps in assessing the impact of programme policy and practice in the lives of the older people

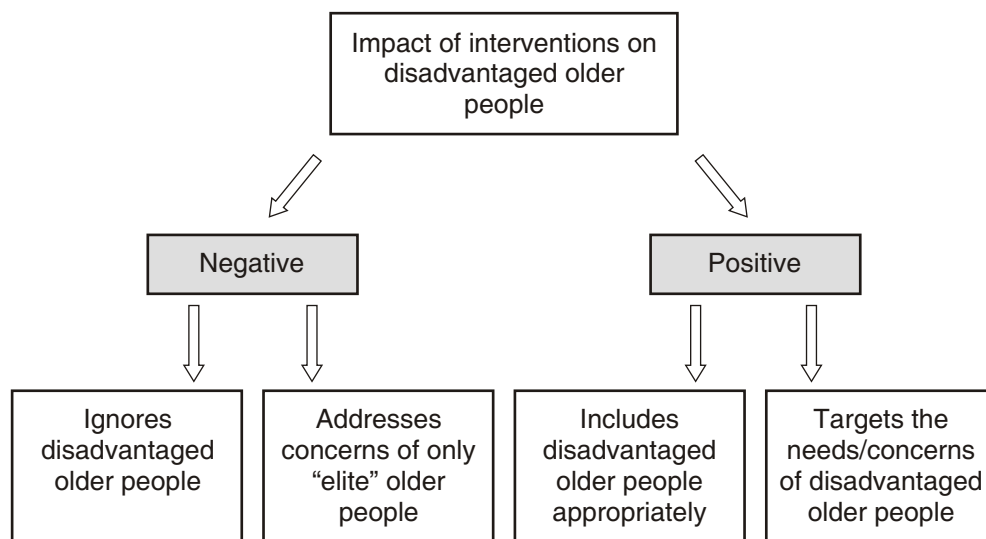
Need of OP	but	Policy/practice	so	Effect	then	Impact	which leads to	Results
	➔		➔		➔		➔	
	➔		➔		➔		➔	
	➔		➔		➔		➔	
	➔		➔		➔		➔	
	➔		➔		➔		➔	

This tool can be used at a regular interval to see the progress in policy changes within your organization and programme for older people.

Tool # 2: Assessing the impact on “disadvantaged” older people.

From the older people in your community, select the most disadvantaged ones to apply this tool. The most disadvantaged would be the following:

- old old
- physically disabled
- Mentally unhealthy
- with low mobility
- living alone or abandoned
- low rank in well-being exercise



What are some examples of your interventions that support the disadvantaged older people, or ignore or even harm disadvantaged older people?

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____
- f) _____

This tool will help you to make special assessment to determine how the most vulnerable older people are being reached out to by your project.

Tool # 3: Assessing the performance of older people represented in various community based groups

Parameters	Ranking				
	Best	Good	Not Satisfactory	Poor	No Work Done
Participation					
Attendance (men/women)					
Are the OP members participating in setting the agenda for discussion? (please note the number of members who participated)					
Are the OP members participating in taking decisions on the points in the agenda?					
Are OP women participating in the discussions?					
Meeting proceedings					
Is the OP member participating in the meeting proceedings?					
Is the OP member completing the tasks assigned?					
Is the OP member providing suggestions to overcome challenges?					
Is the OP member getting enough time and opportunity to complete his/her conversations?					
Is the OP member able to follow and comprehend the meeting procedures?					
Support					
What kind of support the OP member is being able to give to the committee. Please list the items and then rank them.					
Support 1:					
Support 2:					
Support 3:					
Support 4:					

Parameters	Ranking				
	Best	Good	Not Satisfactory	Poor	No Work Done
Team spirit					
What kind of examples are visible between the other committee members and the OP members. Please list and rank them					
1.					
2.					
3.					
4.					
Other comments:					

Lesson 2: Involving older people in your project evaluation

Project evaluation is an opportunity to take stock of your interventions. It is a time to look back and see where you were right, and where you went, well, not so right. It opens the doors to better understanding of problems and help us gain key insights for our next interventions.

To understand how successfully you have been able to integrate older people in your project, it is imperative to involve older people as participants and/or stake holders in your process of evaluation.

Tool # 1: Using stakeholder analysis chart

This chart will help you identify stakeholders and pinpoint their current and potential roles in a clear visual format.

Stakeholders	Role in programme designing	Role in programme planning	Role in programme implementation	Role in programme dissemination and follow-up
1. OP men young				
2. OP women young				
3. OP men old				
4. OP women young				
5. OP disadvantaged				
6. OP village committee representatives				
7. Govt. agencies in charge of OP				
8. NGOs and CBOs focusing on OP				
9. Academicians focusing on OP				
Add more rows as per your requirement				

Tool # 2: Field Research guide for integrating older people's issues in your evaluation

Key themes for investigation in your evaluation concerning older people

- Definition of old age by older people and others
- Wellbeing, poverty and vulnerability among older people
- Older people's livelihood strategies
- Older people's contribution to family and community
- Support system for older people
- Health status of older people
- Services and access to services for older people (DRR and social protection services)

Principal research targets

The stakeholders from your stakeholders' chart.

Key areas of investigation matched with research tools

* These are just examples and may vary with the focus of your project

- Definition of old age by older people and others

Research tools: Semi-structured interviews with older men and women; scoring techniques for criteria of old age.

- Well being, poverty, and vulnerability among older people

Research tools: wellbeing ranking (women and men); flow diagrams (women and men)

- Older people's livelihood strategies

Research tools: Daily activity chart (women and men), scoring and ranking, livelihood analysis diagram and scoring, flow diagram, seasonal analysis diagram

- Older people's contribution to family and community

Research tools: daily activity diagrams (women and men); ranking of activities, seasonal diagrams, timeline.

- Support system for older people

Research tools: institutional diagrams, disaster preparedness indicators for older people

- Services and access to services for older people

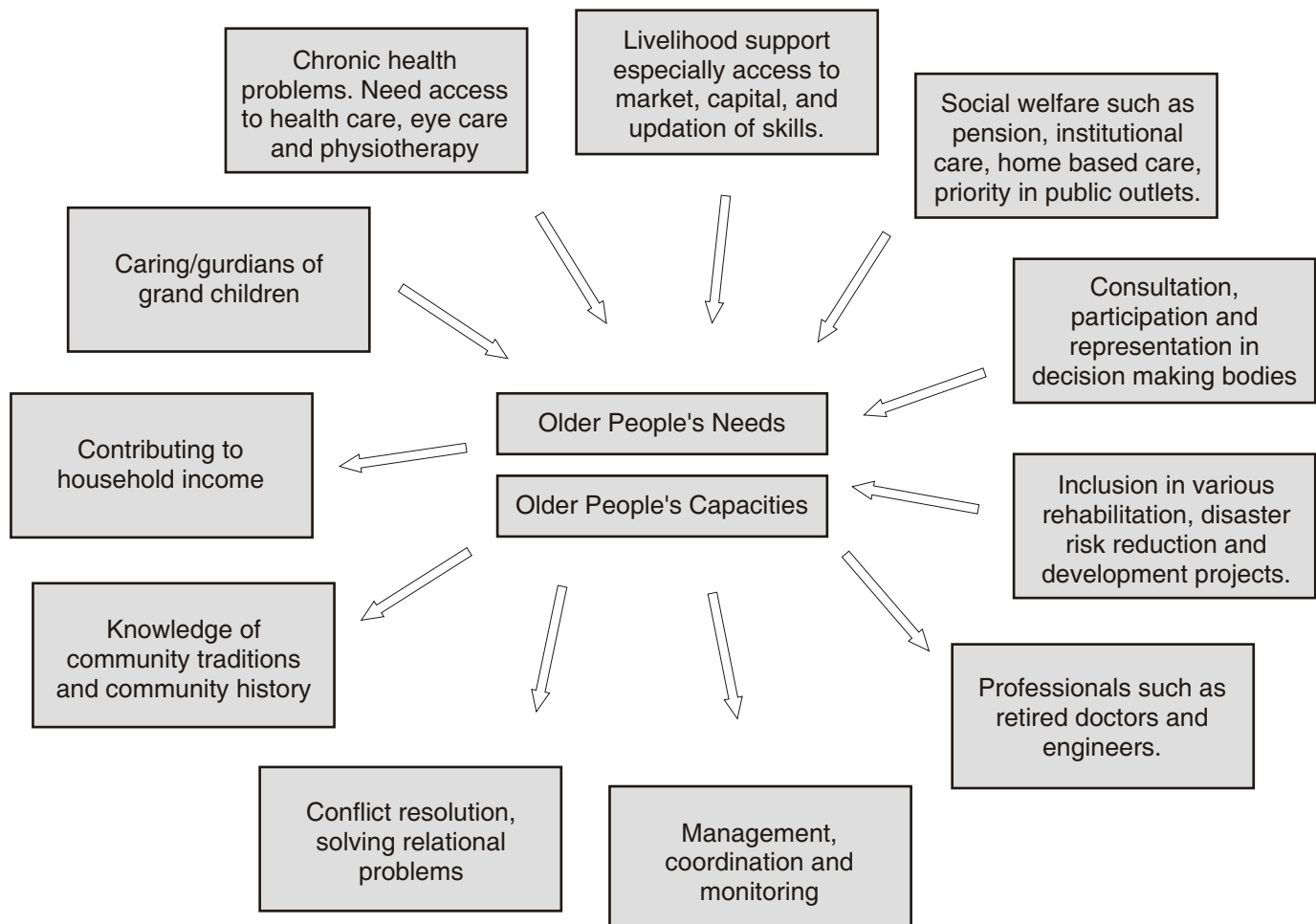
Research tools: institutional analysis, social map, ranking and scoring of adequacy, quantity and quality of provision, matrix ranking of criteria such as affordability, physical accessibility, distance ranking.

Frequently Asked Questions

Please write down the questions that come to your mind about working with older people and send to HelpAge at hai@helpageasia.org.

[illegible]

Handout # 1: Needs and capacities of older people as experienced by HelpAge International in Aceh



Handout # 2 Vulnerable individuals' checklist¹³

The Vulnerable Individuals Checklist was developed by HelpAge International for use in camps for internally displaced people or refugees. The key themes of family circumstances, social support, health, mobility and basic needs are common to most checklists used to identify vulnerable individuals.

This checklist is a tool for highlighting indicators of vulnerability.

Vulnerable individual checklist				
Individual		Health		
Name		Has problems breathing	Yes	No
Age	Male/Female	Has problems with digestion	Yes	No
Location		Has problems with elimination	Yes	No
Other comments		Has joint pains	Yes	No
		Has swollen legs	Yes	No
		Has skin problems	Yes	No
		Has other health problems		
Carers		Comments		
Name				
Location				
Indicator		Mobility		
Household		Can wash and dress self	Yes	No
Live alone	Yes No	Has problem using latrine	Yes	No
Number of children		Uses walking stick/crutches	Yes	No
Number of adults		Can walk to neighbours	Yes	No
Number under 14 years		Can walk to marketplace	Yes	No
Number aged 15-50	Aged 50+	Can walk to nearest health post	Yes	No
Comments		Comments		
Social		Basic needs		
Family or neighbours provide help	Yes No	Has adequate shelter	Yes	No
Has regular, adequate food supply	Yes No	Has water supply and container	Yes	No
Water collection	Self Helper Nobody	Has cooking facilities and fuel	Yes	No
Fuel/firewood collection	Self Helper Nobody	Has a blanket(s)	Yes	No
Comments		Comments		
Other comments				

¹³ "Ageways 66: Ageing and emergencies (HelpAge International, 2005) 9.

Handout # 3 Relief services checklist¹⁴

The relief services checklist allows an organisation to assess the level of services/ support being provided to older people in relief camps. The information can be used to raise awareness amongst relief agencies on the needs of older people not being met, and help to ensure that vulnerable older people receive assistance.

Relief services checklist				
Demographic data		Distributions		
Is demographic data, broken down by age and gender, available?	Yes	No	Are there special provisions to avoid older people queuing for a long time?	
			Yes	
			No	
If not, could it be included in data collection?	Yes	No	Are there special provisions to help older people carry loads back from distribution points?	
			Yes	
			No	
What is the number of unaccompanied older people?			Are non-food items (e.g. clothes, blankets) appropriate for older people?	
			Yes	
			No	
What is the number of children being cared for by older people?				
How many older-headed households are there?				
How many housebound older people are there?				
Health		Inclusion		
Are there special clinic days for older people?	Yes	No	Are older people represented on committees (e.g. health, water, women's)?	
			Yes	
			No	
Are there outreach health services for housebound older people?	Yes	No	Has an older people's committees been established?	
			Yes	
			No	
Are drugs available to treat common health problems in older people?	Yes	No	Are older people active participants in camp activities, e.g. literacy projects, life skills, agriculture?	
			Yes	
			No	
What are the main disabilities of older people			Are older people represented as a vulnerable group at camp management level?	
			Yes	
			No	
Is there a record of these in the camp?	Yes	No	Social support	
			Do older people receive support from their family or neighbours?	
			Yes	
			No	
Nutrition				
Is the ration suitable for older people?	Yes	No	Who is collecting fuel and water for older people?	
			Yes	
			No	
Have older people been screened to enter feeding programme	Yes	No	Have older people been separated from their families?	
			Yes	
			No	

¹⁴ "Ageways 66: Ageing and emergencies (HelpAge International, 2006) 8.

Handout # 4 Communication with older people: 10 tips

1. Ensure peaceful environment, good acoustics: When speaking with older people, either alone or in a group, ensure that the environment is peaceful. Limit background noise, such as traffic, the mosque, radio or television or shouting children.
2. Speak clearly, but not too loud: Older people often have trouble hearing. It is a common misunderstanding that shouting makes people hear you better. It is more effective to speak clearly and slowly rather than very loud. Also, make sure that people can see you speaking.
3. Separate group discussions with older men and older women: When conducting Focus Group Discussions (FGD) in order to obtain data, separate discussions with vulnerable groups should be held. In Aceh, HAI recommends to have FGDs with older men and older women separately. This is because older women tend to be silent when men are around.
4. Group meetings not longer than 1,5 hours: When organising group meetings with older people, try to limit the duration to maximum 1,5 hours. This is because many older people tend to lose focus when the meeting takes longer. Morning time is best to meet, as people's minds are still fresh.
5. One topic at the time: Some older people have difficulties moving from one subject to another and get easily confused when more than one topic is discussed at the same time. So, limit yourself to discussing one topic at the time. Clearly indicate when you are moving to a new topic.
6. Examples work better: The ability of some older people to think in abstract terms is reduced. When explaining a new concept or idea, try to work with examples and stories (case studies).
7. Repeat your message: One aspect of ageing is that the capacity of the short-term memory is diminished. This is why older people tend to have more difficulties with processing new information than younger people. It is therefore very important to repeat your message to older people. At the end of the meeting, recapitulate the most important points/outcomes. It may be necessary to meet several times with older people to get your message internalised.
8. Speak the local language: Whereas most younger people are able to communicate fluently in Bahasa Indonesia, many older people are far more comfortable speaking in their native language. When they are addressed in their native language, they are more apprehensive and are more likely to retain the information that is being conveyed.
9. Ensure illiterate people can also understand the session: Illiteracy amongst older people, especially older women, is still high. Ensure that people who are unable to read or write can also follow the discussion or take part in the training. Use pictures to get your message across.

Be respectful! Older people deserve respect. In all circumstances, treat older people with dignity and always show that you value what they have to say. Allow them the time and opportunity to tell their stories and experience with you. Wherever possible, make provisions for them to contribute.

Handout # 5: Information heest - programme planning for older people

Programme area	Applicable on OP	Strategies for inclusion	Specific intervention for OP	Can be mainstreamed?
1. Livelihood	Yes	- Include in needs assessment to see how many OP need support - Consult with OP about their needs - Target them in your interventions	- Business skill enhancement - Marketing access - Small business capital - Micro credit - Vocational training - Livestock rearing programmes - Self Help Groups	Yes How? Just target relevant older people along with the rest of the people in need of such an intervention.
2. Health care	Yes		- Advocate with local health office to activate/strengthen health care for OP - Conduct outreach medical camps focusing on geriatrics - Activate/conduct home care programme - Activate/conduct physiotherapy sessions - Activate/conduct eye care programme	Yes How? Include activities for older people's health care along with other health care activities. For ex: if you are conducting a medical camp, invite a geriatric to examine the older people. Don't forget to inform the older people to come to your camp.
3. Infrastructure /Housing	Yes		- Introduce age friendly components (ramp, non-slippery bathroom floors, grab bars) in the houses - Introduce age-friendly access in public places	Yes How? Include age-friendly aspects to your infrastructure design plans.
4. DRR	Yes		- Recognize and incorporate the vulnerabilities of OP - Include OP's representation and participation in the CBOs/CBAT/village associations - Make appropriate plans to meet the needs of the OP and tap on their capacities.	Yes How? Incorporate OP as a vulnerable group in your DRR plans.

Handout # 6 Pre and post test questionnaire

You will receive this questionnaire at the beginning and at the end of the training. It is a useful tool for you and us to assess if the training has helped you to increase your knowledge about ageing and age-friendly programmes.

Statements	True	False	Don't know
1. The proportion of older people in the total population of Indonesia is rising at a fast pace			
2. There are still no international agreements on older people's rights			
3. The Indonesian Government has not yet developed a national policy for older people			
4. The Indonesian Government has no specific health care programme for older people			
5. Older people's needs are not very different from the needs of people of other age groups.			
6. The needs of the older people can be understood by talking with their family members			
7. All older people 's financial needs are taken care of by their family members			
8. All older people need to rest at home as ageing slows them down			
9. Post-disaster relief camps cater to the needs of one and all, and so older people do not need any specific attention			

Handout # 7 Fitting this manual into your project

The matrix below will help you to associate your project activities with the information and tools you can apply from this manual. You can also determine which lessons can be directly reproduced to train your partners and CBOs and which will increase your knowledge on a particular aspect.

[illegible]

Resources

From HelpAge International

1. Legal Instruments and Policies

Note : Few legal instruments relate specifically to older people as a distinct category. This neglect is mirrored in humanitarian policies and practises, where organisational definitions of those with special needs often do not include older people. Below, only the most binding legal instruments and guidelines that specifically mention older people are listed.

International Legal Instruments:

Title : Madrid International Plan of Action on Ageing (2002).
Abstract : This is the first international agreement committing governments to recognise that older people can make a positive contribution in emergencies and calls for equal access in services during and after emergencies. Furthermore, it commits governments integrate the rights and needs of older persons into national, as well as international, economic and social development policies

Download:

http://www.un.org/esa/socdev/ageing/madrid_intlplanaction.html and

<http://www.globalaging.org/agingwatch/events/CSD/mipaa+5.htm>

Title : “Ageing and development 23” (HelpAge International, April 2008).
Abstract : Comments on the five-year review of the Madrid International Plan of Action on Ageing and calls for older people's voices to be better heard in the next review cycle. Reports on new UN recommendations on older people and emergencies, pension improvements in Chile and Bolivia, and plans by the African Union to further social protection.

Download:

<http://www.helpage.org/Emergencies/Resources>

Title : Protecting and assisting older people in emergencies (HPN Network Paper, No. 53, December 2005).

Abstract : Chapter 2 provides a comprehensive overview of all

international law and agreements on older people, with a focus on emergencies (humanitarian law, refugee law, human rights law, MIPAA). Moreover, it provides a short overview of policy and practise towards older people within the UN as well as regional organisations and donor governments. Lastly, existing codes and tools are examined.

Download:

<http://www.odihpn.org/documents/networkpaper053.pdf>

Humanitarian Guidelines

- Title : Older People in disasters and humanitarian crises: guidelines for best practise (HelpAge International / UNHCR, 1999).
- Abstract : Based on wide-ranging new research from Asia, Africa, Europe and the Americas and 20 years of global disaster experience these guidelines aim to help relief agencies meet the special needs of older people in emergencies.

Download:

<http://www.helpage.org/resources/manuals>

- Title : UNHCR policy on older refugees (UNHCR 2001).
- Abstract : The policy stresses that older people's needs should be not addressed in isolation, and that older people need to be treated as active, contributing members of their families and communities.

- Title : A Review of Cross Cutting and Other Key Issues Concept Paper (ECHO, November 2005).
- Abstract : This review recognised that an increasing number of older people will be victims of emergencies in the future due to demographic changes. Contains specific objectives and activities relating to older people in all stages of disaster response.

Indonesian Policy

- Title : National Plan of Action For Older Person's Welfare Guidelines (RI Department of Social Affairs, 2003).
- Abstract : This document, compiled as a follow-up to the Madrid Ageing Summit and Shanghai regional meeting in April and September 2002, sets the context of ageing in Indonesia and draws up a plan of action and implementation strategies.

Download:

<http://www.gerbanglansia.com/actionplan.htm>

Older people and the Indian Ocean Tsunami

- Title** : The impact of the Indian Ocean tsunami on older people. Issues and recommendations (HelpAge International, 2005).
- Abstract** : This report describes the impact of the Indian Ocean Tsunami on older people in four severely affected countries India, Indonesia, Sri Lanka and Thailand based on a rapid assessment survey carried out during the initial relief phase. It aims to inform agencies working on relief and rehabilitation plans and to assist future emergency response planning.
Download:
<http://www.helpage.org/Resources/Researchreports#swHC>
- Title** : Older People in Aceh, Indonesia 18 Months after the tsunami. Issues and recommendations (HelpAge International, 2006).
- Abstract** : This reports highlights the situation of older people in Aceh 18 months after the huge rehabilitation effort began. It reveals that the tsunami had a profound effect on older people and that the relief operations have not considered older people as actors of rehabilitation and development. The reports puts forward 4 principles of good practise to be applied by relief agencies.
Download:
<http://www.helpage.org/Resources/Researchreports#swHC>

Older People and Emergencies General

- Title** : Strong and fragile: learning from older people in emergencies (HelpAge International and IASC, 2007).
- Abstract** : This report explores the humanitarian community's current policies and practise in responding to the needs of older people affected by disaster. The overall finding of the report is that there are several aspects of current humanitarian practise that do not adequately meet the needs of vulnerable older people. The report makes a number of practical recommendations that are intended to help those assessing, designing, implementing and funding relief programmes to better understand the needs of affected populations and therefore to meet their particular needs.
Download:
www.humanitarianreform.org/.../clusters%20pages/Protection/Strong%20and%20fragile.pdf
- Title** : Mainstreaming Age-Friendliness. A recapitulation of the collaborative efforts between HelpAge International and the British Red Cross Society in Aceh, Indonesia (HelpAge International, 2007).

- Abstract : This report documents the story of the unique collaboration that took place in the aftermath of the Tsunami, between the British Red Cross and HelpAge International. HelpAge has provided technical support to the tsunami rehabilitation programme of the British Red Cross Society to ensure that older people are included in the interventions and receive appropriate support. This report documents the story of the collaboration. It is hoped that the strategies, tools and lessons learned from this collaboration will be useful in furthering age-friendliness in future programmes.
Download:
<http://www.helpage.org/Emergencies/Resources>
- Title : World Disasters Report 2007, Focus on Discrimination (International Federation of Red Cross and Red Crescent Societies, 2007).
- Abstract : Chapter 3 focuses on older people and discrimination in crises. It sets the context of rapid worldwide ageing and highlights the factors that contribute to the neglect of older people in emergency responses. It lists five areas where older people are particularly vulnerable and recommends several steps that humanitarian organisations and governments need to take in order to tackle discrimination against older people during emergencies.
Download:
<http://www.ifrc.org/publicat/wdr2007/summaries.asp>
- Title : Rebuilding lives in longer term emergencies: older people's experiences in Darfur (HelpAge International, 2006).
- Abstract : This report draws on field research to highlight the situation of older people who have been displaced in West Darfur as a result of the conflict which began in 2003. The findings show the importance of developing longer-term responses across the generational divide which will contribute to rebuilding communities in Darfur.
Download:
<http://www.helpage.org/Resources/Researchreports#swHC>
- Title : "Ageing and development 19" (HelpAge International, February 2006).
- Abstract : Looks particularly at older people and emergencies. Main features include a survey revealing widespread neglect of older people by humanitarian aid agencies, an article on HelpAge India's response to the tsunami, a briefing on the proposed review of the Madrid Plan of Action on Ageing by older people, information about older people's survival strategies in Bolivia,

and a discussion of why widows face eviction in Tanzania.

Download:

<http://www.helpage.org/Emergencies/Resources>

Title : “Draft Fact sheet, Older Persons in Emergencies” (WHO, August 2006).

Abstract : This two-page note lists 13 issues that affect older people from health and psychosocial perspective and that can impact their ability to react in an emergency.

Download:

http://www.who.int/hac/crises/international/middle_east/Lebanon_older_persons_7Aug2006.pdf

Title : Protecting and assisting older people in emergencies (HPN Network Paper, No. 53, December 2005).

Abstract : This survey of leading humanitarian aid agencies reveals widespread neglect of older people in emergency responses. The paper argues that changes are required in the way essential services are delivered and in how older people are viewed. Several recommendations are put forward to ensure that older people caught up in humanitarian crises enjoy equal rights, have a fair share of resources and are included in decision making. Contains several checklists and guidelines to ensure adequate assistance to older people in emergency situations.

Download:

<http://www.odihpn.org/documents/networkpaper053.pdf>

Older People and Emergencies - Livelihood

Title : Making cash count: Lessons from cash transfer schemes in east and southern Africa for supporting the most vulnerable children and households (Save the Children UK, HelpAge International and Institute of Development Studies, 2005).

Abstract : This study was conducted as part of a UNICEF-commissioned review of social-protection measures reaching the increasing numbers of vulnerable children in east and southern Africa. Save the Children and HelpAge International were commissioned to carry out the unconditional cash-transfer component of the review. The Institute of Development Studies brought extensive knowledge of food security and social protection in Africa to the project.”

Download:

www.helpage.org/Resources/Researchreports/main_content/bfT7/MakingCashCount.pdf

Title : HelpAge International Banda Aceh Office livelihood process documents, progress monitoring and impact monitoring learnings.

Older People and Emergencies - DRR / DM

Title : Older People's Associations in community disaster risk reduction. A resource book on good practise (HelpAge International, 2007).

Abstract : This resource book aims to strengthen the capacity of organisations working with older people in planning and implementing age-sensitive responses to disasters. It highlights good practice in utilising Older People's Associations for community-based disaster risk reduction and offers useful tools and formats.

Download:

www.helpage.org/Emergencies/Resources

Older People and Emergencies Health

Title : David Hutton, Older People in Emergencies: considerations for action and policy development (World Health Organisation, 2008).

Abstract : Older people have often been overlooked in disasters and conflicts, and their concerns have rarely been addressed by emergency programmes or planners. This analysis seeks to: (1) highlight factors that particularly affect older people in emergencies, especially health-related concerns; (2) propose a strategy to raise awareness about older people in emergencies; and (3) recommend policies and practices to address these considerations.

Download:

http://www.who.int/ageing/publications/Hutton_report_small.pdf

Title : Addressing the nutritional needs of older people in emergency situations in Africa: ideas for action (HelpAge International, 2001).

Abstract : This publication highlights some of the key issues affecting the nutrition of older people in emergencies and suggests ways in which their rights and needs can be more effectively addressed.

Download:

[Http://www.helpage.org/Emergencies/Resources?autocreate_RelatedHelpagePublicationList_start=11](http://www.helpage.org/Emergencies/Resources?autocreate_RelatedHelpagePublicationList_start=11)

Older people and Health

Title : Primary Healthcare for older people: a participatory study in 5 Asian countries (HelpAge International, 2008).

Abstract : This study provides recommendations and emphasizes what communities can do to improve the access and delivery of primary healthcare (PHC) services, including good practices in the region. Older people represent a valuable asset in society, and by improving the affordability/quality of PHC services, societies can contribute to active and healthy ageing of both the current future generations.

Download:

<http://www.helpage.org/Resources/Researchreports#swHC>

Title : Age-friendly community health services in Aceh, Indonesia (HelpAge International, 2006).

Abstract : This publication focuses on the status of older people in Aceh, Indonesia in the context of rehabilitation programmes carried out during the two years following the tsunami disaster, and on opportunities to improve health care for them through community-based services.

Download:

<http://www.helpage.org/Emergencies/Resources>

Other Resources

1. Title : The community tool box. <http://ctb.ku.edu/en/Default.htm>

2. Title : Discovering community power: A guide to mobilize local assets and your organization's capacity.

Download:

www.sesp.northwestern.edu/images/kelloggabcd.pdf

3. Title : Handbook: non-formal adult education. Community Mobilization.

Download:

<http://www2.unescobkk.org/elib/publications/nonformal/INTR O.pdf>

4. Title: Suitable community for all ages

Download:

<http://www.smartgrowth.org/library/articles.asp?art=2749&res=1024>

5. Title : Memory aids for older people: Joy Goodman, Steve Brewster, Phil Gray. Department of Computing Science University of Glasgow.
<http://www.dcs.gla.ac.uk/utopia>
6. Title : Tsunami Mortality in Aceh Province, Indonesia
Shannon Doocy, Abdur Rofi, Gilbert Burnham, and Courtland Robinson
Download:
<http://paa2006.princeton.edu/download.aspx?submissionId=61757>.
7. Title : Rehabilitation and older people
Download:
http://www.mja.com.au/public/issues/177_07_071002/cam10158_fm.html



Integrating older people

A training of trainers manual for successful mainstreaming of age-friendliness in Canadian Red Cross programme in Aceh, Indonesia

HelpAge International

6, Soi 17, Nimmanhemmin Road
Suthep, Muang
Chiang Mai, 50200, Thailand
Tel: +66 53225440
Fax: +66 53225441
Email: hai@helpageasia.org

HelpAge International

PO Box 32832
London N1 9ZN, UK
Tel: +44 20 72787778
Fax: +44 20 7713 7993
Email: hai@helpage.org

www.helpage.org

Canadian Red Cross

170 Metcalfe Street, Suite 300
Ottawa, Ontario
K2P 2P2
Tel: (613) 740-1900
Fax: (613) 740-1911

CRC Indonesia country office

Jalan Ajun Jeumpet No. 18B
Darul Imarah, Banda Aceh, Indonesia
Tel: (+62651) 742 9409
Fax: (+62651) 40457 / 40469

Include and Involve older people!

Are you implementing a programme in this rapidly ageing society? If yes, then you are in the frontlines of planning and providing services for a community that is ageing. How you make your strategies or reach out to the ageing groups will determine how prepared we are to cater to the needs of the ever-growing number of older people. It will also determine the future of many adults who will eventually grow older.

This manual will:

- Provide you with background knowledge and information on ageing and the challenges related to it.
- Equip you with the correct tools to understand the needs and capacities of the older people.
- Enable you to design appropriate strategies for older people
- Strengthen your organization's ability to mainstream age-friendliness



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