



**AGE INCLUSIVE DISASTER  
RISK REDUCTION – A TOOLKIT**

**HelpAge**

**International**

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

[www.helpage.org](http://www.helpage.org)

#### Note to readers

Disasters Risk Management and its response has to be adapted to each particular context. Hence, the toolkit should be used only as a guiding material.

The toolkit will be updated as necessary. We welcome your feedback, suggestion and sharing of your experience, please write to Deepak Malik at [deepak@helpageasia.org](mailto:deepak@helpageasia.org)

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# AGE INCLUSIVE DISASTER RISK REDUCTION – A TOOLKIT



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## *Acknowledgements*

The manual is a compilation of many resources developed by HelpAge and other agencies to address the issue of age inclusion in disaster risk management (DRM). It customises the messages to suit the need for age inclusive DRM across Asia Pacific region and other parts of the world. The development of this toolkit was led by Deepak Malik, and invaluable technical expertise, knowledge and direction were received from Bert Maerten, Quyen Tran, Godfred Paul, Diana Hiscock, Syed Moez, Shahzad Khaskheli, Michiel de Groot, Pradesh K. Rai and Anamul Haque. HelpAge would like to thank the StratComm team, especially Roshni Subhash and Sonia Singh.



## *Foreword*

The Disaster Risk and Age Index foresees an increased frequency and intensity of disasters, in the context of a rapid process of population ageing. By 2050, there will be over two billion older people globally. This suggests that in any future disaster, older people will represent a growing proportion of the affected population. Yet, despite a universal commitment to ‘leave no one behind’, older people still tend to be left behind when disasters occur. HelpAge International and other organisations, are committed to promoting age inclusive Disaster Risk Management (DRM). Over the years, HelpAge has developed knowledge products, enhanced capacity building, raised awareness and implemented community-level inclusive DRM projects. This toolkit is another step to support the inclusiveness and resilience of communities.

The message that resonates throughout this publication is that older people have a right to be included, valued for who they are, having specific needs, but also that older people are a valuable resource and their engagement in DRM can be highly relevant for their communities. An inclusive approach to disaster preparedness saves lives while also promoting equity and human rights.

We hope this publication will support communities, social organisations and older people themselves in stepping up their preparedness for disasters.

We would like to thank everyone who contributed to the development of this toolkit, including older people.

Eduardo Klien  
Regional Director



## *Abbreviations and Acronyms*

ADCAP	Age and Disability Capacity Programme
AIDRR	Age inclusive disaster risk reduction
DMC	Disaster management committee
DPO	Disabled people's organisation
DRM	Disaster risk management
DRR	Disaster risk reduction
EWS	Early warning system
GBV	Gender-based violence
HFA	Hyogo Framework for Action
HVCA	Hazard Vulnerability and Capacity Analysis
IDP	Internally displaced people
MIPAA	Madrid International Plan of Action on Ageing
MIRA	Multi-sector Initial Rapid Assessment Guideline
NFI	Non-food item
NGO	Non-government organisations
OPA	Older people's association
PLA	Participatory learning and assessment
PWD	Person with disabilities
RECU	Reach Enter Circulate Use
RIC	Resource Integration Centre
SADDD	Sex, age and disability disaggregated data
SDG	Sustainable Development Goals
VDRMP	Village Disaster Risk Management Plan



## Section A Introduction

### *Key takeaways*

- This toolkit outlines the process of age inclusion in programming for disaster risk reduction. It draws from existing resources developed by HelpAge International and other development agencies on age inclusive disaster risk reduction.
- This is a resource designed for organisations working on disaster risk reduction, especially network members of HelpAge International.
- The toolkit provides an introduction to concepts, policies and frameworks that guide disaster risk reduction, with a special focus on those linked to age and disability. This is followed by insights and tools to support age inclusion in risk assessment, planning, preparedness, resilience building and advocacy.

## Need for age inclusion in DRR

### Women and ageing

- Over 23 per cent of the women in the world are already aged 50 and over.
- 54 per cent of people aged 60 and over are women and 46 per cent are men.
- 62 per cent of people aged 80 and over are women and 38 per cent are men.
- In less developed regions, 22 per cent of older women work, compared with only 6 per cent in developed regions.



### Older people and humanitarian response to DRR

- Four key factors increasing the vulnerability of older people are:
  1. Physical decline;
  2. Age discrimination;
  3. Inadequate services for older people; and
  4. Poverty.
- Disasters exacerbate existing vulnerabilities of older people.
- There is inadequate service provision, support and information for older people, both in DRR planning and during emergencies.
- Older people have rich experience, knowledge and skills that are rooted in the local, social and environmental hazards contexts.
- Older people tend to be excluded from DRR process in the communities, and tend to become even more vulnerable to the effects of disasters.
- Older people should be included as social change agents for building resilience for all.

### Disability and ageing

- Age is linked to increasing difficulties in functioning; as populations age, the prevalence of disability will increase.
- Disability prevalence is increasing due to a global increase in chronic health conditions. Such conditions are estimated to account for 66.5 per cent of all years lived with disability in low- and middle-income countries.<sup>1</sup>
- By the age of 60, the major burdens of disability and death arise from age-related losses in hearing, seeing and moving, and non-communicable diseases.
- 43.6 per cent of older people have a disability with vision, mobility and hearing being the most common types of disability.



<sup>1</sup>World Report on Disability, World Health Organization and World Bank (2011).

### Population ageing

- There were 901 million people aged 60 and over in 2015 and in 2050 this number will increase to 2.1 billion.
- 70 per cent of the world's population eventually falling below replacement level of 2.1 births per woman.
- 15 trillion USD is the spending power of 60-plus-year-old consumers globally.
- By 2030 there will only be 4.9 workers per older person globally.
- 1 in 4 of people aged 65 and over expect never to be able to fully retire.
- 48 per cent of the retirement-age population does not receive pension.

## Welcome to the toolkit on age inclusive disaster risk reduction!

### 1. Why do we need this toolkit?

Disaster risk reduction (DRR) looks at ‘reducing damage caused by natural hazards such as earthquakes, floods, droughts and cyclones by analysing and managing the factors that cause disasters, including reducing exposure to hazards, reducing the vulnerability of people and property, managing land and the environment wisely, and being better prepared for adverse events’.

A lot of work on DRR is happening, but many of the existing resources and toolkits on DRR do not explicitly outline the process of age inclusion in DRR programming. This toolkit adopts a practical approach to age inclusive DRR, using tools and methods that strengthen inclusion. This toolkit draws from existing resources developed by HelpAge International and other development agencies on age inclusive disaster risk reduction (AIDRR) and aims to build knowledge, perspective and skills to promote age inclusion in DRR.

Age inclusion is a subset of a broader goal to ensure active inclusion and participation of people, regardless of their sex, age, gender or disability in any development activity. We hope this toolkit will provide you with some practical ideas to successfully design and implement DRR programmes.

### 2. Who is this toolkit for?

This toolkit is designed for organisations working on DRR programming and practice, especially DRR managers within HelpAge International and network member organisations. It can also be a valuable resource for a wider group of organisations working on DRR and on key areas of inclusive DRR programming and practice. The toolkit will be particularly useful for:

- DRR managers;
- Practitioners;
- DRR volunteers;
- DRR technical trainers;
- Consortium partners: DRR instructors at the national, state or regional levels;
- Members of older people’s associations and caregivers; and
- Non-government organisations and individuals working on DRR projects and programmes.

This toolkit has been developed as a one-stop resource on AIDRR. It can be used as a reference while designing, implementing and advocating for AIDRR or for training teams on AIDRR. This toolkit is designed to facilitate age inclusion and is not meant to serve as a primer on disaster risk reduction. An underlying assumption is that the users of the toolkit will be familiar with the overall DRR processes.

As a part of the DRR community, you play a pivotal role in developing and managing evidence-based DRR programmes at community, district and national levels. You can play a critical role in bringing about age inclusion in DRR programming by not

only designing and implementing inclusive DRR programmes but also by spreading awareness and promoting collaboration with partners in developing core processes to include and empower vulnerable groups, including older people. A successful and impactful AIDRR programme has the potential to inform and influence policy and practice for inclusion in future disaster resilience strategies. This toolkit will help you do just that!

### 3. What does this toolkit include?

The objective of this toolkit is to facilitate age inclusion in DRR programmes and help DRR practitioners integrate this approach into the various stages of DRR. The toolkit has been divided into four key sections:

The first section, that is, this one, provides information on the basics of this toolkit. The need, intended audience and scope of the toolkit and the guidance on how to use it.

The second section introduces some of the key concepts, policies and frameworks that guide the process of AIDRR. This section also delves into the basic concepts linked to age inclusion and vulnerability.

The third section addresses age inclusion in risk assessment. It discusses the ways through which risk assessment practices can be made age inclusive and also provides recommendations for doing so.

The fourth section outlines age inclusion in planning and monitoring. It provides guidance on how age inclusion can be factored into planning, preparedness and resilience building.

The fifth section focuses on advocacy for age inclusion, as well as including older people in advocacy efforts, and an overview of the basics of advocacy for age inclusion. It outlines the use of evidence, networking and strategising for advocacy on AIDRR.

Sections have relevant examples of AIDRR interventions, references to international standards and checklists and worksheets to facilitate age inclusion in DRR programmes.





## Section B

# Framework and key concepts for AIDRR

### Key takeaways

- Over the years, the recognition of vulnerability of older people in humanitarian crisis has increased, and international, regional and national policy frameworks have started having a specific mention of older people as one of the vulnerable groups.
- Humanitarian policy and guidance is increasingly recognising the vulnerabilities and specific experiences of older persons in a humanitarian context, although these policies are non-binding.
- Despite recognition of vulnerability, older people are intentionally or unintentionally excluded from DRR interventions and humanitarian responses.
- As signatory to Sendai and other frameworks, and the commitment to reduce vulnerability, it is the duty of every organisation and government body to ensure inclusion in their work.
- Core humanitarian guidance and standards, for example the Sphere Handbook and Core Humanitarian Standards, contain recommendations on the needs and risks faced by older persons and persons with disabilities but do not provide specific analysis and guidance on older persons with disabilities.
- Humanitarian Inclusion Standards for Older People and People with Disabilities developed by ADCAP are a companion standard of the Sphere standards. They offer guidance to ensure older persons and persons with disabilities are included in humanitarian response; they consider their capacities and needs and affirm their rights to access, safety and dignity in humanitarian response.

## International ageing policies and frameworks

Before undertaking the DRR process, it is important to understand the international policies and frameworks that promote AIDRR. Becoming familiar with these policies and frameworks and adapting them in national DRR/DRM (Disaster risk management) strategies can ensure appropriate inclusion of older people and other at-risk groups.

### Madrid International Plan of Action on Ageing 2002

Over the years, age inclusion in DRR has gained momentum. In 2002, the United Nations General Assembly endorsed the ‘Madrid International Plan of Action on Ageing (MIPAA)’, which highlighted the need to ‘build a society for all ages’ and address the issue of ageing in the 21st century.<sup>2</sup>

The recommendations included three priority action areas: Older persons and development, advancing health and wellbeing into old age, and ensuring that older people benefit from enabling and supportive environments. The MIPAA is an important resource for the government, NGOs, policy-makers and other decision-makers to incorporate an age inclusive dimension into frameworks for social and economic development and human rights.

### The Sendai Framework for Disaster Risk Reduction 2015–2030<sup>3</sup>

The Sendai Framework for Disaster Risk Reduction 2015–2030 succeeded the Hyogo Framework for Action 2005–2015: Building the Resilience of Nations and Communities to Disasters (HFA). There are four priority action areas within the framework: Understanding disaster risk, strengthening disaster risk governance, investing in disaster reduction for resilience and enhancing disaster preparedness for effective response, and to ‘Build Back Better’ in recovery, rehabilitation and reconstruction.

Acknowledging the capabilities and contribution of older persons, the framework states: ‘Older persons have years of knowledge, skills and wisdom, which are invaluable assets to reduce disaster risk, and they should be included in the design of policies and mechanisms, including for early warning.’

Let’s get into a little more detail on the four priority action areas under the Sendai Framework:

*A society for all ages encompasses the goal of providing older persons with the opportunity to continue contributing to society. To work towards this goal, it is necessary to remove whatever excludes or discriminates against them.*

#### Political Declaration and Madrid International Plan of Action on Ageing

#### Key areas of inclusion under humanitarian standards

Participation

Addressing barriers

Data and information management

<sup>2</sup> Political Declaration and Madrid International Plan of Action on Ageing, United Nations (2002).

<sup>3</sup> Sendai Framework for Disaster Risk Reduction 2015–2030, United Nations (2015).

<sup>4</sup> Minimum Standards for Age and Disability Inclusion in Humanitarian Aid: Pilot Version, Age and Disability Consortium (2015).

<sup>5</sup> Humanitarian Inclusion Standards for Older People and People with Disabilities, Age and Disability Consortium (2015).

#### Priority 1 Understanding disaster risk

In order to strengthen disaster risk assessment, preparedness and response, it is important to have a good understanding of the existing hazards and the subsequent capacities and vulnerabilities of the community, including vulnerable groups, to cope with them.

#### Priority 2 Strengthening disaster risk governance to manage disaster risk

Strengthening governance at the local, national and global levels fosters collaboration and is extremely crucial for disaster prevention, preparedness, response and recovery.

#### Priority 3 Investing in disaster risk reduction for resilience

Disaster risk prevention and strengthening resilience of communities to cope with a disaster requires major structural and non-structural investments from both the public and the private sector.

#### Priority 4 Enhancing disaster preparedness for effective response and to ‘Build Back Better’ in recovery, rehabilitation and reconstruction

Disaster preparedness builds resilience of the communities and prepares them in anticipation of a disaster to cope with the situation. The recovery, rehabilitation and reconstruction phases also provide a chance to ‘Build Back Better’, which means to be better prepared for a disaster situation in the future by integrating disaster risk reduction into all development measures.

### Humanitarian Inclusion Standards for Older People and People with Disabilities 2017

The Minimum Standards for Age and Disability Inclusion in Humanitarian Action<sup>4</sup> was first developed and published in 2015 by ADCAP (Age and Disability Capacity Programme), an initiative of the Age and Disability Consortium. The pilot version was reviewed in 2017 and the revised version became the Humanitarian Inclusion Standards for Older People and People with Disabilities.<sup>5</sup> The standards aim to promote inclusion by addressing the gap in understanding the specific needs, vulnerabilities and capacities of older people and people with disabilities (PWDs), which is their human right. The standards are a guide for developing policies and programmes that are inclusive of the needs of older people and ensure their participation.

The standards include seven sets of sector-specific inclusion standards: Protection, water, sanitation and hygiene, food security and livelihoods, nutrition, shelter, settlement and household items, health and education.

## Sustainable Development Goals 2015

The outcome document of the ‘2030 Agenda for Sustainable Development’ refers to the outcomes of the Sendai Framework as well as opportunities for achievement of Sustainable Development Goals (SDGs) through DRR.

Sustainable Development Goal Target 11.5 reads: ‘By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations.’

Sustainable Development Goal Target 11.b says: ‘By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015–2030, holistic disaster risk management at all levels.’



### Ending poverty in all its forms everywhere

Strengthening the resilience of older people in communities can prevent future disaster events from pulling older people into poverty as well as enabling faster recovery by protecting their livelihoods and assets.



### Ensure healthy lives and promote wellbeing for all at all ages

Strengthening health systems can build the capacities and resilience of older people to cope and recover from the impacts of disasters. The Sendai Framework

calls for inclusion of people with life-threatening and chronic diseases in policy design and planning in order to manage risks before, during and after disasters.



### Take urgent action to combat climate change and its impacts

Climate change magnifies disaster risk and increases DRM costs. The Sendai Framework calls for strengthening disaster risk assessment, monitoring,

including climate change scenarios and integration of DRR measures with climate change awareness programmes. Older people, women and children are worst hit by climate change and it is important to include them in the planning of these programmes.

*Charter 14 calls for an inclusive approach whereby DRR responds to older people who are in need invaluable and invisible.*

## Charter 14 for Older People in Disaster Risk Reduction

Charter 14, outlined by the United Nations Office for Disaster Risk Reduction with HelpAge International, calls for an inclusive approach to DRR response to older people, supporting the United Nations’ efforts to sensitise governments across the world to also accept the pledge. Charter 14 lists 14 minimum standards for inclusion of older people and calls for greater commitment from key stakeholders, such as the government, donors and governmental organisations, to bring an inclusive approach to DRR policies and strategies.

The 14 minimum standards can be classified as easy win 1-star actions to best practices 3-star actions. The 1-star actions primarily concern the inclusion of specific needs of older people in disaster preparedness and response; the 2-star actions pertain more to inclusion of ways to build resilience of older people in the DRR process; the 3-star actions pertain to best DRR and governance practices that can build resilience of older people.

### DRR Strategies in the Asia Pacific Region

The Asia Pacific region accounts for 60 per cent of the global population and is extremely prone to disasters due to a combination of social and environmental factors. Since 1970, disasters caused by natural hazards have killed around 2 million people, which accounts for 57 per cent of global deaths.

Nearly every country in the Asia Pacific region has established a legal and institutional framework for disaster management as well as national frameworks, policies and action plans on disaster risk reduction. The region regularly organises Asian ministerial conferences on disaster risk reduction, inspiring other regions to do so too. Climate change is exacerbating the risk of disasters and almost all Asia Pacific countries have adopted national plans and strategies to strengthen their resilience. Many initiatives throughout the region are targeted towards the larger global agenda of building resilience to disasters. These initiatives are in line with the Sendai Framework and the 2030 Agenda for Sustainable Development. However, the message of inclusive DRR, which is the hallmark of the 2030 Agenda and the Sendai Framework, needs to be an explicit component of these DRR frameworks across the region.

### Examples of country level policy action

Countries in the Asia Pacific region have taken policy initiatives to address climate change and disaster risk reduction. For instance, India has set up eight national missions on climate action and Bangladesh has set up a Climate Change Resilience Fund to support projects for reducing risks associated with extreme climatic events. Philippines has put in place a Disaster Risk Reduction and Management Act (2010) which provides a legal framework for integrating disaster risk reduction with climate change adaptation and the Philippine National Disaster Risk Reduction and Management. The Plan was formulated to operationalise the Act, and develop and implement holistic and participatory disaster risk management.

## Worksheet: Preliminary review of inclusiveness of DRR guidelines and policies

Make a list of DRR guidelines and policies in the country.

Check and make note if the guidelines are inclusive, in terms of the specific needs of vulnerable populations, such as women, persons with disabilities and older populations. Specifically look at whether the guidelines are inclusive when it comes to

- Data and information management;
- Addressing barriers; and
- Participation.

Yes, the guidelines are inclusive because

No, the guidelines can be made more inclusive by

## Worksheet: Institutional age inclusion policies

Apart from governmental-level inclusion, there is a persistent need for having strategy or organisational policy on inclusion of older people, in the absence of which organisations tend to focus only on their niche area and older people are left out. To understand how inclusive your organisation is, undertake the organisational assessment below.

\*Color: **Red** not complied; **Amber** somewhat complied; **Green** fully complied

\*\*Write key strengths and gaps

\*\*\*Notes on how we can make it inclusive

<b>Domain A: Organisational policy and commitment</b>	<b>Color coding*</b>	<b>Notes**</b>	<b>Needs***</b>
A1. Organisation has a specific policy commitment to age and disability inclusion, signed off by the board and disseminated to staff. The organisation (including the board and the senior management) takes action to implement it.			
A2. Staff are encouraged to take practical steps to include older people and people with disabilities in their work.			
A3. Age and disability issues are frequently raised by the staff in the organisation and programme meetings and discussions.			
A4. Age and disability issues are taken into account in strategic planning processes and are visible in organisational strategies, aims and objectives.			
A5. Specific financial resources are allocated to support age and disability inclusion within the organisation and its programmes.			
A6. Organisation maintains active partnerships and network collaboration with age and disability specialised organisations including disabled people's and older people's organisations.			

<b>Domain A: Organisational policy and commitment</b>	<b>Color coding*</b>	<b>Notes**</b>	<b>Needs***</b>
A7. Organisational policies (HR, employment, safeguarding, protection policies, etc.) include a commitment to equal access to services and employment for all.			
A8. The organisation makes provision to ensure that people with disabilities and older people have equal opportunities for employment and volunteering and equal access to office and project sites.			
A9. Age and disability awareness is included in job descriptions and job performance appraisals.			
A10. The organisation monitors, analyses and reports on the age and diversity of staff and volunteers and their positions.			

<b>Domain B: Project and programme design and implementation and review</b>	<b>Color coding*</b>	<b>Notes**</b>	<b>Needs***</b>
B1. Older people and people with disabilities (men, women, boys and girls) are systematically included and identified in data collection (formats for assessment, registration and evaluation disaggregated data by sex, age and disability).			
B2. Needs assessments systematically include direct consultation with older people and people with disabilities and their carers (women and men, boys and girls) – their perspectives are actively sought (e.g. formats and guidelines, specify this, and this is reported on).			

<b>Domain B: Project and programme design, implementation and review</b>	<b>Color coding*</b>	<b>Notes**</b>	<b>Needs***</b>
B3. Project staff consult with older and disabled people on practical ways to overcome barriers to participation and access to services and protection.			
B4. Project activities, services and facilities are designed to maximise access and participation of older people and people with disabilities.			
B5. Targeted assistance is provided where particular needs of older people and people with disabilities have been identified (e.g. appropriate NFIs).			
B6. People with disabilities and older people with specific needs requiring technical attention are referred to organisations with the relevant expertise, and this is followed up.			
B7. Reporting formats include specific sections for reporting on project progress on steps to improve access, participation and address protection issues for older people and people with disability.			
B8. Projects use a variety of communication methods, media and information channels so that older people and people with disabilities can access and respond to all important information, including processes for providing feedback.			
B9. People with disabilities and older people participate in monitoring and evaluation alongside other people affected by crisis; project committees include older and disabled people and promote their active participation.			
B10. TORs for project evaluations examine and report on the extent of access and participation for older people and people with disabilities.			

Domain C: Technical capacity, knowledge and skills	Color coding*	Notes**	Needs***
C1. The organisation has staff at appropriate levels (including senior level), trained to support and monitor cross-organisation and partner activities to deliver age and disability inclusive responses.			
C2. Induction and training for all staff provides information on the rights of people with disabilities and older people and the importance of having them in all programmes including humanitarian response.			
C3. Staff are aware of key issues and basic statistics concerning age and disability in their own country and programme context.			
C4. Programme staff and volunteers are aware of:			
<ul style="list-style-type: none"> <li>Examples of disability – age and gender-based discrimination – and how this limits participation.</li> </ul>			
<ul style="list-style-type: none"> <li>Risks that may affect people with disabilities and older people (e.g. difficulty accessing services, risks of gender-based violence (GBV) and exploitation particularly for women and girls).</li> </ul>			
<ul style="list-style-type: none"> <li>Importance of collecting, analysing and using sex, age and disability-disaggregated data.</li> </ul>			
C5. There is a set of tools and resources that are used by programme staff to gather disaggregated data.			
C6. There is a set of tools and resources that are used by the programme staff to consult and communicate with women and men of all ages and abilities.			

Domain C: Technical capacity, knowledge and skills	Color coding*	Notes**	Needs***
C7. Project staff demonstrate the ability to identify and respond to barriers to participation for older people and people with disabilities in consultations, field visits and training activities.			
C8. Teams carrying out project implementation and assessment or evaluation assignments include at least one person trained on age and disability inclusion.			
C9. Each technical team or unit includes at least one person with knowledge and skills on age and disability inclusion for their sector. (e.g., WASH, food security, etc.)			
C10. Programme staff are aware of the Minimum Standards for Age and Disability Inclusion in Humanitarian Action (or alternative) and have used these in their specific role.			



## Key concepts for AIDRR

Despite the increasing evidence that older people are disproportionately affected by disasters, older people and their needs are often overlooked in disaster planning and response. In order to understand and address the issue of age inclusion in DRR, you must first familiarise yourself with some key concepts such as who exactly is defined as an older person and what is it that makes them more vulnerable than others in a disaster situation?

### 1. Who is defined as an older person?

The United Nations describes an older person as being 60 years and above. However, in many developed countries, the age of 65 is used as a reference for older persons. The definition can be further broken down into three categories as below.



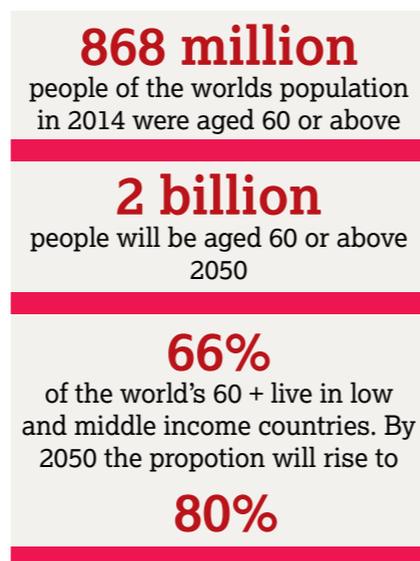
Every individual passes through different life stages such as infancy, childhood, adolescence, adulthood and old age. Each of these stages is characterised by their own biological, psychological and social characteristics and vulnerabilities. Although the chronological age of a person is measured from birth to a given date, the mental development of a person greatly depends on their interactions and behaviours. This is referred to as their social age. For example, not all 60-year-old men in a community have the same degree of physical and mental fitness. Some of them may be physically fit and active with no health conditions, while others may have heart conditions. Hence, it is important to assess the capacities of older people more on the basis of their social age than their chronological age, to ensure greater contribution from them in the DRR process.

### 2. Is ageing really an issue for the world?

With better healthcare facilities and life expectancy, there are more older people in the world today than before. People over 60 years of age constitute 11 per cent of the global population. By 2050, this proportion will be doubled, to 22 per cent – that is, 2 billion older people. Sixty per cent of the world's older populations live in developing countries, and this number will go up to 80 per cent by 2050.<sup>6</sup>

### 3. What do hazard, risk and vulnerability mean in the context of disaster?

Hazard is defined as: 'A potentially damaging physical event, phenomenon or human activity that may cause the loss of life or injury, property damage, social and economic disruption or environmental degradation. Hazards can include latent conditions that



<sup>6</sup> Ageing in the Twenty-First Century: A Celebration and a Challenge, UNFPA and HelpAge International (2012).

<sup>7</sup> Sendai Framework for Disaster Risk Reduction 2015–2030, United Nations (2015).

<sup>8</sup> UNISDR Terminology on Disaster Risk Reduction, United Nations (2009).

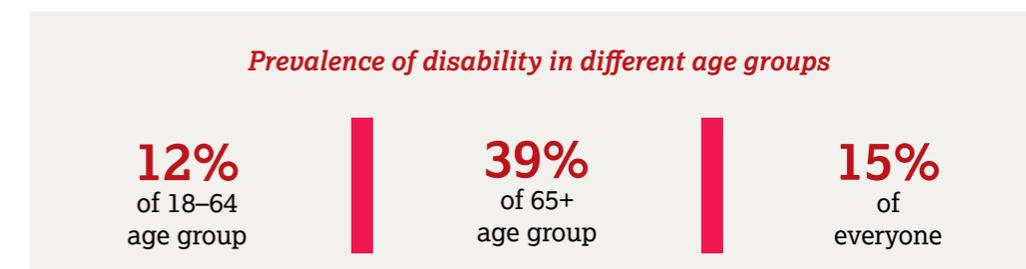
may represent future threats and can have different origins: Natural (geological, hydrometeorological and biological) or induced by human processes (environmental degradation and technological hazards).<sup>7</sup>

**Disaster risk** is the potential disaster losses, in lives, health status, livelihoods, assets and services, which could occur to a particular community or a society over some specified future time period.<sup>8</sup> The people or community continuously exposed to the hazard, are said to be 'at-risk'. However, not everyone in a community is equally impacted by a hazard – the extent of risk a hazard poses on a person or a community is a function of degree of exposure, vulnerability and capacity.

**Vulnerability** is defined in the Hyogo Framework for Action as: 'The conditions determined by physical, social, economic and environmental factors or processes, which increase the susceptibility of a community to the impact of hazards.' It relates to being susceptible to the adverse effects of the hazard. It could be a result of physical, social, economic and/or environmental factors.

Not everyone in a community is equally vulnerable. For example, specific challenges associated with old age, such as decreased strength, poor tolerance of physical activity, functional limitations, decreased sensory awareness, etc, increases the vulnerability of older people when compared to other adults in the community. However, not everyone is equally vulnerable all the time. For example, in a flood situation, community members who cannot swim are more vulnerable than those who can. However, if the same village was to experience an earthquake, the non-swimmers would not be as vulnerable as the situation would have changed.

### 4. Why are older people are vulnerable?



There are four key factors behind the increased vulnerability of older people:

- **Physical decline** including poor health, mobility, sight, and hearing.
- **Inadequate services for older people**, both in day-to-day life and during emergencies, bearing in mind their specific needs. For example, older people may have trouble climbing stairs and hence may not be able to attend meetings at places with no provision for wheelchairs.
- **Age discrimination** which actively excludes and isolates older people and often violates their rights. For example, older people are often overlooked and not included in the process of DRR planning and preparedness, which results in a community DRR plan that doesn't bear in mind their specific needs (such as

an emergency evacuation plan, bearing in mind the physical limitations of older people).

- **Poverty** due to lack of social protection mechanisms and livelihood opportunities. For example, lack of livelihood opportunities in the disaster recovery stage can push older people into extreme poverty, since, unlike younger people, they may not be able to actively seek other employment opportunities.

## 5. Does the gender of an older person have an impact on their vulnerability?

Women, particularly women with disabilities, elderly women and young girls, are most affected in disaster situations. Women are subjected to discrimination and inequality all their lives in the form of inadequate access to basic education, health facilities and employment opportunities. The responsibilities of older women usually pertain to household-related work and caregiving, and they may have little exposure to the outside world, as compared to their male counterparts. In a post-disaster situation, older women are also susceptible to sexual- and gender-based violence, putting them at greater risk.

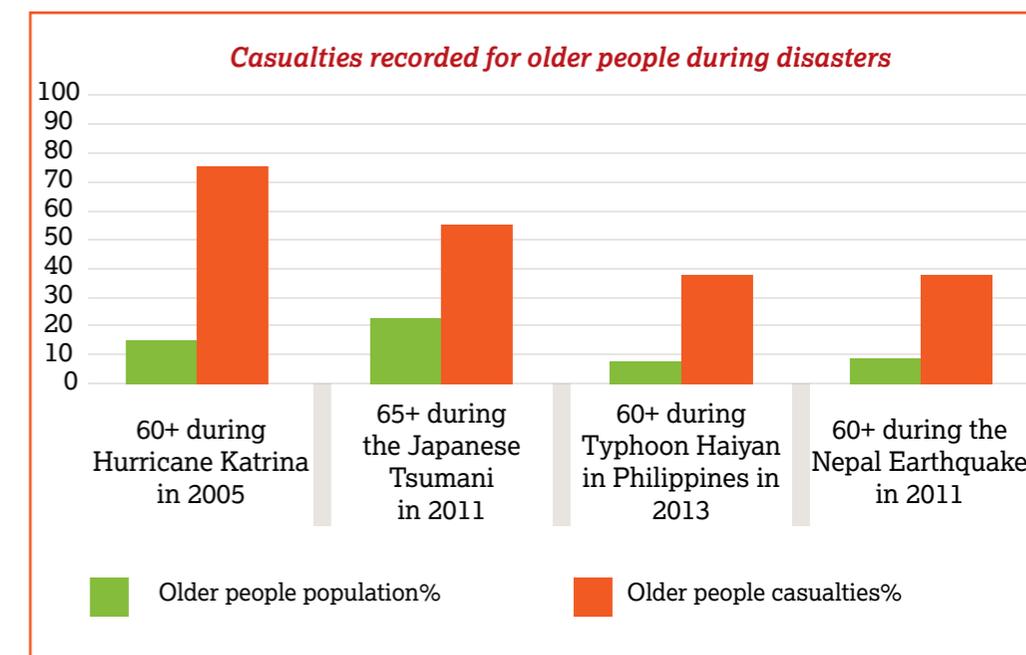
## 6. Why are older people disproportionately affected in disaster situations?

Multiple factors increase older people's vulnerability in disasters, leading to disproportionate impact. A few such factors are:

- Many frail older people are reluctant or unable to flee and protect themselves in times of disaster.
- Disasters exacerbate existing vulnerabilities of older people.
- There is inadequate service provision, support and information for older people, both in DRR planning and during emergencies.
- Older people's specific needs are often overlooked in the aftermath of an emergency, leading to greater suffering.
- Their social networks may be disrupted which could limit their access to resources they need to be able to survive and recover, and they are more likely to be excluded from the decisions that will affect their future.
- Older people may practice self-exclusion and opt out of activities that might help prevent disasters or reduce disaster risk. This could be due to low interest, a perception that their contributions will not be welcome or valued and/or a tendency to resist change.
- The vulnerabilities and capacities of older people are often overlooked in disaster situations, despite them having equal rights as other age groups.
- Following the Asian tsunami disaster, research conducted by HelpAge International found that less than one per cent of the funds provided by three major donors in India, Sri Lanka and Indonesia had been explicitly directed at older people.<sup>9</sup>

<sup>9</sup> A Study of Humanitarian Financing for Older People, HelpAge International (2010).

Recent events have shown the disproportionate impact of natural disasters and conflict on older people. For instance, in Hurricane Katrina (USA, 2005), people over than 60 years of age accounted for 75 per cent of the casualties and similarly in the Tsunami (Japan, 2011) people older than 65 years accounted for 56 per cent of the casualties.



## 7. What is inclusion?

Inclusion means a rights-based approach to community programming, aiming to ensure older people and persons with disabilities have equal access to basic services and a voice in the development and implementation of those services. At the same time, it requires mainstream organisations to make dedicated efforts to address and remove barriers.<sup>10</sup>

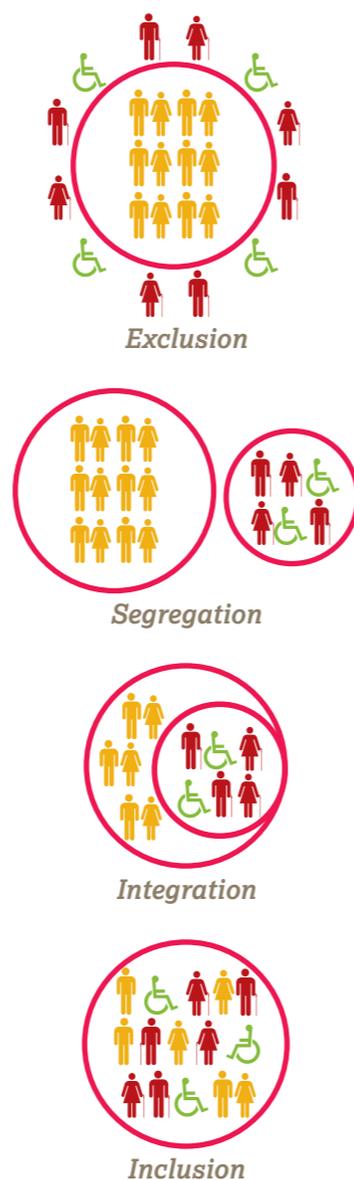
Older people are not a homogenous group and discrimination in older age can be complex. Older women and men may be subjected to discrimination on a number of different grounds, including, but not limited to their age, gender, disability, place of origin, caste, class or sexual orientation. They may also face unique forms of exclusion created by the intersection of two or more characteristics (e.g., older women with disabilities might face additional barriers when trying to access services or claim their rights).

The inclusion outlined in this document is about identifying these different characteristics and the systems, policies, attitudes and environments that create potential barriers for older people, preventing them from fully participating in their communities and in the wider society. It is about ensuring access, redressing power imbalances and achieving transformative effects for the most marginalised older people.

Myths about older people inclusion

- **Poor health is inevitable in old age:** Every individual passes through different life stages characterised by their own biological, psychological and social characteristics and vulnerabilities. The health at a certain age is a determinant of chronological age, interactions, behaviours and is different for every individual.
- **All older people have similar needs:** Every individual including older people have different needs. To some extent the needs of older persons can be grouped by age cohorts, and are suggested to be analysed from 60–69, 70–79 and 80 plus.
- **The extended family and community will always protect them:** Migration and urbanisation means that the extended family is no longer as common as it once used to be. Some older people do not have families; others are caring for orphaned grandchildren. People may not have the resources or the ability to help others at a time when they are also suffering.
- **A humanitarian agency will look after them:** There are no United Nations agencies and there are only a few international non-governmental organisations (NGOs) dedicated to older people.
- **They will be covered by general aid distributions:** Older people have particular nutritional, cultural and health needs that are often not met by a general relief distribution. Sick and frail people might find it difficult to queue at or walk to relief distribution points, limiting their access to general aid distributions in the first place.
- **Inclusion is costly, complicated and time-taking:** Yes, there is some extra time and cost associated with the analysis of vulnerability based on age, gender

### Exclusion–Segregation– Integration–Inclusion: A visual representation



<sup>10</sup> All Under One Roof, Disability-inclusive Shelter and Settlements in Emergencies, International Federation of Red Cross and Red Crescent Societies, Geneva, IFRC (2015).

<sup>11</sup> World Disability Report, World Health Organization (2011).

<sup>12</sup> The World's Women, Trends and Statistics, UN Statistics Division (2015), <http://unstats.un.org/unsd/gender/worldswomen.html>.

and disability. However, this is the only way for understanding and planning for individual vulnerabilities. Inclusion requires sensitisation and some tools for field action.

## 8. What is exclusion?

Exclusion is multi-dimensional and overlapping. It occurs at all levels of society and affects older women and men across their life course, often in different ways. The consequences of exclusion include invisibility, stigma and a lack of power and voice. Overall, social exclusion describes a state in which individuals are unable to participate fully in economic, social, political and cultural life, as well in the process leading to and sustaining such a state.

The impact of discrimination based on different characteristics, such as age, gender, disability, place of origin, marital status, religion, class or sexual orientation, can accumulate over a life course, often having a compound negative effect in older age. Older women and men can also experience unique and multiple forms of discrimination when these characteristics overlap with age-based discrimination; for example, social, policy and legal responses to the intersection of marital status, age and gender can create multiple barriers for widows in contexts where women do not enjoy equal inheritance rights and are at risk of violence.

The barriers faced by a particular group or individual depend on the response to their characteristics in a context. For example, in some contexts or for some groups, ethnicity may be the main characteristic with which others overlap, whereas elsewhere, religious identity might be more significant. HelpAge knows from our work that responses to the intersection of age, gender and disability create unique forms of exclusion for older people, seen in different contexts and cultures (due to pervasiveness of gender inequality, ageism and stigma associated with having a disability). Moreover, the prevalence of disability increases in older age<sup>11</sup> and the experience of ageing is different for women and men.

## 9. Intersecting characteristics: Considering age, gender and disability

- **Ageism** is discrimination or unfair treatment based on a person's age. While families and communities may value their older members, in many societies across the world, a negative view of older age predominates and older age is stereotyped as a time of loss and vulnerability. The experience of ageism is compounded for older women when combined with effects of sexism, reflected; for example, in unequal access to income, employment, pensions and decision-making roles and exposure to violence and abuse.<sup>12</sup>
- **Gender inequality** affects women throughout their lives, including in older age. Gender inequality is very significant as it intensifies the negative effects of all other forms of exclusion. Older women can be subjected to discrimination based on their age and gender, and other factors including disability, which results in a unique experience of intersecting discrimination. For example, older women

can be particularly vulnerable to losing their livelihoods due to their lower status, lack of knowledge of their rights and local laws that prevent them from inheriting property. Men can also face discrimination related to their gender as they move into older age. For example, men who have fulfilled a traditional gender role of being the main income earner may lose their status and experience a sense of isolation and disempowerment when they stop earning an income.<sup>13</sup>

- **Disability** can be both a cause and result of poverty and those living with a disability are more likely to face social exclusion and inequality.<sup>14</sup> Age discrimination means that older people with disabilities are especially likely to be excluded. Many experience severe poverty, malnutrition and isolation. Disability affects men and women differently. Older women with disabilities can face additional levels of marginalisation and discrimination. However, existing disability programmes tend to focus on children or younger adults, while development programmes, including those involving older people, often exclude a disability perspective. Older women and men with disabilities face physical, communication, attitudinal and institutional barriers that prevent them from fully participating in society.

## 10. What are barriers to inclusion that are driven by discrimination?

- **Physical/environmental:** For example, transport and buildings that have steps may be inaccessible to people who have difficulty walking or who use a wheelchair.
- **Communication:** Using only written documentation excludes those who are illiterate. Small print or only written materials might be inaccessible to people with visual impairments or lower literacy levels. The language we use can be discriminatory and reinforce social and attitudinal barriers.
- **Social/attitudinal:** People with disabilities can be perceived as helpless or unproductive. Older age can be viewed as an impairment making disability in older age 'normal' which, in turn, can prevent people from fully participating in their everyday life.
- **Institutional/systems:** Many laws, policies, strategies or practices that discriminate against people with certain characteristics. For example, employers or credit facilities may specify an upper age limit for job application or credit schemes, or require a person to be able to see, hear or walk, even if this is not strictly necessary for the job. This directly discriminates against older people with disabilities. Gaps in data systems can result in poor quality or a lack of reliable data can mean older people are excluded from processes and programmes. For example, when population data ends at 49 years or if we do not collect data for our programmes, the most vulnerable may not be considered or included.
- **Economic:** Access to services or participation in social activities may require a certain level of resources, for example, an older person may not be able to afford the cost of the bus fare to reach a free health service.
- **Internalised barriers:** People who experience discrimination in society sometimes

<sup>13</sup>Ending Gender Inequality in Older Age, HelpAge International (2015).

<sup>14</sup>World Report on Disability, World Health Organization (2015), [http://www.who.int/disabilities/world\\_report/2011/report.pdf](http://www.who.int/disabilities/world_report/2011/report.pdf).

*Utilise the capacity of the older people. Older people are often considered as trustworthy and respected leaders in the community. Their experience and insight are valuable contributions in DRR/DRM activities! At every stage, ask yourself: How can you utilise the capacity of older people in risk assessment, prevention and preparedness.*

<sup>15</sup>Disaster Resilience in an Ageing World: How to Make Policies and Programmes Inclusive of Older People, HelpAge International (2014).

<sup>16</sup>Ibid.

internalise negative stereotypes. For example, some older people hold negative views about ageing and do not wish to identify themselves as 'older'. In addition, self-discrimination might cause an individual to remove themselves from society or affect their behaviour, such as seeking healthcare when needed.

## 11. Why is it important to include older people in DRR?

Older people have rich experience, knowledge and skills that are rooted in the local social and environmental hazards context. Along with their experience, their roles in the community can be tapped into in the context of disasters. For instance:<sup>15</sup>

- **Traditional knowledge holders:** Older people can be a valuable source of information on local hazard and risk profiles, and sustainable community-based mitigation strategies.
- **Facilitators:** As older people may not be heavily engaged in day-to-day economic activities as compared to younger people, they can spend more time on DRR actions, while encouraging other community members to get involved too.
- **Caregivers:** Older people often play an important role in supporting family members, grandchildren and other vulnerable groups. In addition to their needs, their experience as caregivers needs to be considered.
- **Agents of change:** Older people can be strong agents for change when it comes to DRR. They generally have the ability to reflect, and to benefit from hindsight, and are strongly motivated to make the world a safer place for their grandchildren.

### *Traditional knowledge holders: Elders in Peru develop accurate weather forecasting<sup>16</sup>*

In rural areas of Peru, indigenous elders (60–75 age group) are working out how to adjust weather forecasts in the light of climate change, while taking measures to safeguard their crops.

Elders and traditional weather forecasters make forecasts by observing early warning signals. For example, if certain birds build their nests high up on the floating reed islands on the lake, there will be plenty of rain; but if they nest low down on the islands, there will be drought. When seagulls can be heard, a storm is coming, and people are urged to seek shelter. However, climate change and other factors are producing changes in the behaviour of fauna and flora, which are difficult for elders to interpret, threatening the accuracy of their forecasting.

Several elders are accessing scientific information to help fine-tune their observations. They also encourage small farmers to take certain prevention and adaptation measures, such as planting earlier or later based on rainfall patterns of recent years, growing crops in different places to test their resistance and diversifying their crops.

## 12. What is capacity assessment? Why is it important to consider older people in capacity assessment?

Capacity refers to a combination of all the strengths, attributes and resources available within a community, society or organisation that can be used to achieve agreed goals. It can include infrastructure and physical means, institutions, societal coping abilities, as well as human knowledge, skills and collective attributes such as social relationships, leadership and management.

Capacity assessment in DRR is a term for the process by which the capacity of a community is reviewed against the hazards and risks that it faces.<sup>17</sup>

Older people form a sizeable part of communities and contribute to it in many ways, a few of which have been outlined in the section above. Often as survivors of previous disasters, older people have years of valuable experience, knowledge and skills and their insights can be extremely useful in local assessments. Accounting for the strengths, attributes and needs of older people ensures that the assessment process is a comprehensive and representative one.

<sup>17</sup>UNISDR Terminology on Disaster Risk Reduction, United Nations (2009).





## ***Section C***

### ***Risk assessment for an AIDRR intervention***

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#### ***Key takeaways***

- Ensure complete and meaningful participation of all groups and individuals in identifying and reducing risk.
- Ensure that those at risk of being excluded are included in the response, ensuring equal rights for all.
- Appreciate and respond to their diverse characteristics, capacities and vulnerabilities.
- Contribute to resilience for everyone by removing barriers that keep excluded people out of the planning and decision-making process and transforms power relations.

Understanding the context is the formative stage of any intervention. In DRR, risk assessments serve as the starting point and these are tailored to specific hazards and threats a community faces. Provided below are select DRR tools and techniques used in risk assessment and means to make them age inclusive.

## Identification for inclusion

The Humanitarian Inclusion Standards, highlights 'identification' as a key area for inclusion. It spells out identification as, 'Older people and people with disabilities are identified to ensure they access humanitarian assistance and protection that is participative, appropriate and relevant to their needs.'

Key actions recommended under the standards include:

1.1: Collect, analyse and report information relating to older people and people with disabilities in all humanitarian information management systems.

1.2: Engage directly with older people and people with disabilities to identify and monitor their capacities and needs, and their access to humanitarian assistance.

*Source: Humanitarian Inclusion Standards for Older People and People with Disabilities, Age and Disability Consortium (2018).*

## Socialisation for risk assessment

It is a common practice to engage with stakeholders prior to actual exercises for risk assessment under any programme. Thus, inclusion of older people should also start at this preliminary stage itself. This facilitates building of a foundation for participation and inclusion.

Separate or individual meetings with older people may be necessary to ensure that barriers to participation are understood and addressed as much as possible from the beginning. Alternatively, reaching out to older people's associations and local NGOs working with older people can provide a fair insight on whom to reach out to first.

Once the assessment modalities are designed, taking into consideration the needs of older people, and ensure that they are informed about the need for their participation as well as their role in the assessments.

Apart from using socialisation tools as prescribed by your organisations, check the following through meetings and informal discussions.

***Remember to include older people from the inception phase of the exercise. Invite them along with all other stakeholders to a planning workshop. Make arrangements to ensure easy access.***

***Inclusion from the initial phase ensures a buy-in from the older people, and the community at large.***

## Checklist: Socialisation for risk assessment

Questions	Best way for ensuring inclusion
• Who are the community leaders?	
• Whom do they consider as vulnerable?	
• Who normally attends community meetings?	
• Where are meetings normally conducted?	
• How accessible are those locations are for all community members, including vulnerable groups?	
• Are there any older people specific community groups formed and active?	

## Inclusion in disaster management committees

Almost every country's guidelines on disaster risk management calls for formation of disaster management committees (DMCs) at all administrative levels including villages, blocks, districts and states. To ensure inclusion of vulnerable groups, it is important that these committees are formed with representatives of all vulnerable groups. If you are working on formation of committee/s, or analysing their strengths, include the following questions to check and ensure inclusion.

## Checklist: Monitoring establishment of DMC

Note: Please tick every question or provide numbers wherever appropriate

Statement	Answer/options 'Yes', 'no', 'a little' or 'sometimes'	Explanation (If required)
Target group is having representation from all vulnerable groups (older people, PWDs, women, children, minorities, IDPs and refugees).		
All vulnerable groups attended broad-based community meetings or meetings held for nomination of members for DMCs.		
Older people nominated for DMC.		
PWDs nominated for DMC.		

Statement	Answer/options 'Yes', 'no', 'a little' or 'sometimes'	Explanation (If required)
Women nominated for DMC.		
Minority members nominated for DMC.		
Children nominated for DMC.		
IDPs nominated for DMC.		
Refugees nominated for DMC.		
List of issues, especially related to the voice of vulnerable groups in DMCs, are documented in activity report.		
All vulnerable groups are represented in DMC according to proportional ageing.		
Specific roles/designations are given to vulnerable groups.		
DMC is according to cultural norms and women.		
Caregivers are included in DMC or focal points are nominated to communicate with PWDs.		
All vulnerable groups attend periodic meetings.		
Meetings are representative of all vulnerable groups.		
Vulnerable people speak during meetings and express their opinions.		

### Older people's associations (OPAs)

Mapping capacities of older people can also include mapping capacities of collectives and clubs of older people. A few criteria for assessing capacities of older people's associations are:<sup>18</sup>

- Number of regular members and number of new members;
- Frequency of meetings, regular attendance and number of women attending meetings;
- Records/minutes (accurate and regular);
- Regular nomination and election of office bearers (process);

<sup>18</sup>Older People's Associations in Community Disaster Risk Reduction, A Resource Book of Good Practices, HelpAge International (2007).

- Management and implementation of specific activities (accurate and regular record keeping, repayments, management of savings/credit, rice, cow or seed banks);
- Observation of communication at meetings;
- Number of training sessions on general management (management, leadership, record-keeping and fundraising);
- Number of training sessions on specific activities (rice and cow banks, community funds and savings groups);
- Examples of OPAs taking the initiative to plan and implement activities within their communities;
- OPA fundraising capacity and successes; and
- Inclusion of older people through OPAs in local government consultations.

### Disabled people's organisations

There are intersections with age and disability issues such as increased longevity of individuals with disabilities and an aging population with age-related disabilities. This makes disabled people's organisations (DPOs) a significant resource when it comes to age inclusion. Mapping their presence and assessing their capacities can help in utilising their experience and strengths for inclusive programming. A few criteria for assessment are:

- Number of regular members and number of new members;
- Age distribution of members;
- Frequency of meetings, regular attendance and number of women attending meetings;
- Records/minutes (accurate and regular);
- Management and implementation of specific activities (accurate and regular record keeping, repayments and management of savings/credit);
- Observation of communication at meetings and age-linked sensitivities; and
- Examples of DPOs and OPAs taking the initiative to plan and implement activities together.

### Understanding the heterogeneity within older people

While planning AIDRR interventions and understanding vulnerabilities, it is important to be cognisant of the fact that older people are not a homogenous category. Within this category are sub sections with different extents of vulnerability and privilege. While factoring in participation, it is important to understand the most vulnerable groups within older people. The criteria used by HelpAge to identify the most vulnerable people within older populations are:<sup>19</sup>

**Older people are not a homogeneous category. A combination of age, disability, gender, caste, class and other factors determine the experience of marginalisation, vulnerability and specific needs.**

<sup>19</sup>Ibid.

- Older women and men who are isolated because they live alone or without family support. Examples include widows, those without children or those whose family members have been killed or have been displaced from the home area;
- Older people, especially women, who provide care to grandchildren and orphans;
- Older people with health difficulties. Examples include chronic illnesses, digestion, eyesight or mental health problems;
- Older people with mobility problems. For example, being unable to move without the aid of a stick, or being able to move only very limited distances therefore unable to access water points or central relief distribution points;
- Older people who have only limited literacy;
- Older people without the documentation – for example, birth or marriage certificates and ration cards – to prove ownership or rights to assets, including land; and
- The ‘older old’ age group (more likely to be women than men).

### Checklist: Mapping the most vulnerable individuals among older people

(Mark ✓ or ✗ against each)

Older men and women living alone in old shacks or dilapidated homes.	
Older women providing care to grandchildren (between 2–10 years of age).	
Older people with chronic illness, sight, digestion and mental health issues living over 5 kms from a health centre.	
Older people with restricted mobility living with family and having a walking stick.	
Older people with limited literacy and difficulty in hearing.	
Older people without proper documentation.	
‘Older old’ age group with two non-communicable diseases, disability and living alone.	

### Facilitating participation of older people

The process of DRR includes consultations, meetings and dialogues with community and stakeholders. Inclusion of older people in DRR cannot be facilitated without meaningful participation of older people in its processes. The Humanitarian Inclusion Standards provide guidance on how this participation can be facilitated.

Older people may have hearing impairments, visual impairments, etc, and the use of only one medium for communication can lead to their exclusion. To overcome this, communication materials and messages should be simple, easy to understand and

### Tips to overcome immediate financial barriers in participation of older people:

- *Providing free transportation for older people who cannot afford to pay on their own and want to join community meetings;*
- *Linking DRR activities to income-generation schemes;*
- *Timing the DRR activities according to older people’s convenience, as they often have set schedules; and*
- *Combining DRR activities with other community meetings so that older people don’t have to make multiple trips.*

in variable formats, in order to meet the needs of different groups of people. Some examples include:

- Provision of hearing aids and TV announcements with subtitles for people with hearing impairment;
- Tying up with specialist organisations, which can provide support for people with speech or hearing disability to express themselves;
- Preparing print materials in large prints to facilitate reading; and
- Audio materials for older people with visual impairment.

Do not assume that a particular communication method is suitable for a particular group. For example, not everyone with a visual impairment can use Braille, often literacy skills may vary considerably. Use the risk assessment phase to understand these nuances.

A checklist for ensuring meaningful participation:

### Checklist: Ensuring meaningful participation of older people

Questions	Yes/no	Planned action
Organising separate meetings with older people and/or their representative organisations.		
Ensuring diversity and gender balance among participants and in the meeting organising team for all planned meetings.		
Checking accessibility of the venue for all vulnerable groups.		
Providing information before, during and after the meeting.		
Designing communication materials and messages that are simple and easy to understand.		
Checking if all participants are following the proceedings of the meeting.		
Providing time to all vulnerable groups to express their views and ensuring that they are documented in meeting minutes.		
Checking before closing the meeting if they agree with the decisions made.		

## Training older people to collect and manage data<sup>20</sup>

Older people, with support from the organisations working with them, can collect information on the types and frequency of hazards as well as vulnerabilities and capacities in their communities. Training older people to collect and manage information has multiple advantages such as:

- Gives older people ownership of information on their communities;
- Gives older people confidence to identify and prioritise problems and plan appropriate responses;
- Gives older people the ability to contribute to disaster risk reduction plans and activities managed by local leaders/organisations; and
- Ensures that data on community vulnerabilities and capacities is disaggregated by age.

### Checklist: Inclusion of older people in preparation for risk assessment<sup>21</sup>

(Mark ✓ or ✗ against each)

Met with local leaders and other community members to find out who is most vulnerable.	
Contacted older people's associations and local NGOs working with older people.	
Briefed older people individually or through collectives about the need to participate in the assessment and assured them of accessibility.	
Selected a suitable site for risk and capacity assessment – accessible by older people. <i>(Some older people find it difficult to travel longer distances. So, while exploring options for venues where the risk and capacity assessment process will be undertaken, keep in mind what would be most convenient for them. Find out what facilities the venue has – older people might require wheelchairs and walkers.)</i>	
Especially reached out to older women to ensure their participation. <i>(Older women who stay at home and are not exposed to the outside environment are more vulnerable than the ones who are economically independent, and hence should be prioritised.)</i>	
Planned individual orientation, if required. <i>(Older people with physical disabilities like visual impairment would need an individual orientation and special arrangements to ensure their participation in the risk-assessment process.)</i>	
Found out about the disaster timeline while meeting older people individually or in groups. <i>(Ask the older people about the disaster timeline of the community and ensure its significance to the risk and capacity assessment process. This will give them the confidence to participate in the process.)</i>	

<sup>20</sup>Older people's associations in community disaster risk reduction, A resource book of good practices, HelpAge International (2007).

<sup>21</sup>Training Manual, Inclusion of Age and Disability in Humanitarian Action, ADCAP, (2013).

## Experiences with age inclusion in meetings, Myanmar

Nine per cent of the population in Myanmar is over 60, and is expected to grow up to 15 per cent by 2030. Although older people are respected in the community, those not holding important positions, such as older women, are particularly vulnerable and their contributions can be overlooked in the DRR process. In a village meeting organised by an NGO in the Ayeyarwaddy Delta, an older man did not speak, despite the facilitator trying to involve him. The facilitator later realised that he was a disabled person. He could not hear the facilitator due to a hearing impairment. This incident made the facilitator and the implementing NGO sensitive to invisible barriers, which are not obvious at first. It also highlighted the importance of meeting the specific needs of a diverse group of people.

Source: *Inclusive Framework and Toolkit for Community-Based Disaster Risk Reduction in Myanmar*, Myanmar Consortium for Community Resilience.



## Community overview

This process promotes a better understanding of the nature of the community, its environment, resources, socio-economic structures and livelihoods. It not only serves as a stepping-stone to analyse the capacity and vulnerability but also promotes ownership of the DRR process within the community. This is a facilitative stage where the team seeks together with the community, using participatory learning and action tools, to generate evidence about the context.

### Working with secondary data

Existing sources can provide insights into the status of older people in a community. Sources include censuses, government and civil society databases, programmes catering to older people, older people's associations, reports of NGOs working in the area and so on. Desk research and secondary data is especially helpful to understand policies and programmes, past interventions in the region as well as overview of broad demographic characteristics.

Inconsistencies in data on older people may be a challenge as methodologies used by these studies may differ. Humanitarian Inclusion Standards recommend the use of estimations in such scenarios. Specifically, an estimated 13 per cent of people globally are aged 60 or over and 46 per cent of older people (aged 60 and over) have a disability. The standards also recommend the use of same age cohorts as in national data collection systems. If there are no national-age cohorts, the following may be used: 0–5, 6–12, 13–17, 18–29, 30–39, 40–49, 50–59, 60–69, 70–79 and 80 plus.

*Source: Humanitarian Inclusion Standards for Older People and People with Disabilities, Age and Disability Consortium (2018).*

A variety of participatory learning and assessment (PLA) tools are used to gather information about the community and its resources. This sub section provides a few examples of techniques to generate community overviews, hazard and exposure and vulnerability and capacity. Broad overview of each technique commonly used in DRR is accompanied by tips to factor in age inclusion.

S.No   Tool	Age inclusion
01	<p><b>Plate diagram</b> is a PLA technique through which the composition of a community can be mapped. Each segment of the plate refers to a population segment. This exercise can be done to understand age, caste and ethnic segments within a community.</p> <p>The exercise design includes mapping of different age groups and, therefore, covers older people as a sub group.</p> <p>Participation of older people in the overall exercise for the community can help in obtaining more accurate estimations.</p> <p>Develop a separate diagram for older people. Map age and disability in this population to understand specific needs. Ideally, use age cohorts as used in the national database or 60–69, 70–79 and 80 plus as recommended by Humanitarian Standards for Inclusion.</p>
02	<p><b>Annual livelihoods calendar</b> depicts the key livelihood activities for individuals or communities for each month during an annual cycle. Ensure that there is at least one group of men and one group of women. The annual livelihoods calendar is an excellent way to capture the indigenous knowledge of older people as they have been members of the community for several decades and have a sound knowledge of its means of livelihood.</p> <p>Include older people in each group as they have significant insight into traditional livelihoods and associated cycles.</p>

S.No	Tool	Age inclusion
03	<p><b>Daily time chart</b> depicts the daily activity timeline of members of the community, which gives an idea of how people spend their time through the day. Since daily activities vary significantly based on age and sex, the exercise is taken separately with sub groups such as men, women, different age groups, etc. Daily activity is usually plotted on a timescale, from at 5:00 am to 10:00 pm.</p>	<p>Ensure that time charts are developed for older people, including segments like older retired women and men, older working women and men.</p> <p>While forming groups, ensure that groups are made on the basis of both age and gender, to be able to collect sex and age disaggregated data.</p>
04	<p><b>Seasonal calendar</b><sup>22</sup> helps identify seasonal patterns and plan for periods where nature induced disasters are more probable. It records seasons, the wettest, driest months, etc.</p>	<p>The experiences of older people through the years will help identify rainfall patterns and the periods that have higher probabilities of facing climate-based disasters in the region.</p>
05	<p><b>A circle or Venn diagram</b> is a representation of the different actors within the community, their relative importance and influence and the interactions of the community, both internal and external.</p> <p>Groups draw a big circle. This circle at the centre represents the community. Smaller circles within the big circle represent an actor that the community interacts with. The position of these circles represents their relationship with other actors as well as the community, while the size represents its influence in the community. This exercise can also be used to map stakeholders.</p>	<p>While identifying different actors in the community, make note of local hospitals with special facilities for old people and local NGOs working with old people.</p>

<sup>22</sup>Integrating older people, HelpAge International and Canadian Red Cross. (2009).

S.No	Tool	Age inclusion
06	<p><b>A resource map</b> is used to visualise the accessible natural and physical resources. Livelihood, education and health resources can be mapped through a transect walk. Participants walk around in groups within the community and upon their return, draw a visual depiction of the community, including, lakes, trees, houses, schools, health facilities and others.</p>	<p>Encourage an older person in each group to take the lead in this activity – this will significantly boost their confidence.</p> <p>Ensure that the routes that they lead are accessible. Older people with restricted mobility can be encouraged to participate in the post-walk mapping. Make a note of any problems they may experience, for example, in seeing, hearing, walking, etc. Visit key locations associated with older people. This will provide you a chance to assess the spaces that older people prefer and help in identifying how these can be included in disaster planning.</p> <p>Make note of local hospitals with special facilities for old people, local NGOs working with old people, spaces where old people gather like community centres, etc.</p>
07	<p><b>Surveys</b> are often used during the assessment phase to understand the context of the communities. DRR agencies often train local resources on the survey tool and facilitate data collection. The survey sample often factors in representation of different vulnerable groups.</p>	<p>Ensure that older people are adequately represented in the sample.</p> <p>Ensure that vulnerable segments within older people are adequately represented.</p> <p>Consider using the rapid assessment method for older people. It is a simple, low-cost and effective assessment tool that provides an overview of the needs of older people. This method requires a sample of only 192 respondents, regardless of the size of the population.</p>

## S.No | Tool

## | Age inclusion

08

**Semi-structured interviews** are planned during risk assessment to gather information on a range of parameters. They can take place with individuals, small groups and key informants (i.e., local leaders and health workers).

While selecting households, specifically include old people living alone and households with people with disabilities and older people.

To better understand the vulnerabilities, the questionnaire could include difficulties one may have because of a health problem; such as, “Do you have difficulty in climbing stairs?” “Or do you have difficulty remembering or concentrating?”

Consider using the Washington Group Short Set of Questions on Disability.

## Guidelines

Standards on data collection are translated by the humanitarian community through assessment guides and tools. A number of such guides and tools have been produced by different agencies focusing on different target groups (children, women, older people), depending on their agency mandates. The following guidelines encompass the different needs of data collection from disaster preparedness to response, and provide guidance for age, sex and disability disaggregation:

- IASC Gender Handbook (2006/2017);
- Multi-sector Initial Rapid Assessment (MIRA) Guideline (2012/2015);
- Sphere Unpacked (2014); and
- Humanitarian Inclusion Standards for Older People and People with Disabilities (2018).

Source: *More at Risk: How Older People are Excluded in Humanitarian Data*, HelpAge International (2019).

## Mapping of hazards and vulnerabilities

These exercises enable community members to identify their vulnerabilities and capacities pertaining to disasters like natural hazards, weather, and the impact of climate change. The community can then prioritise risks and develop an appropriate DRR action plan.

## S.No | Tool

## | Age inclusion

01

**Hazard mapping** is visually mapping the type, location/ influence and potential resources (bridges and market places) exposed to the hazards.

Representative groups walk through the community and note down hazards they identify along the way. Once all participants have returned, observations are marked on a map to depict:

- all the identified hazards;
- who/what asset is most at risk; and
- the extent of impact.

Ask older people who have lived in the community from their childhoods to recall hazards from their younger days. Check if these hazards still hold true for the community and map the extent.

02

**A historical timeline** is used to plot the past hazards and disasters that have posed the most significant risk to a particular community. It is a linear representation of past disasters according to the specific year in which they have happened.

This exercise calls for recollection of past events and share experiences on patterns. Older people are well-placed to offer these insights as they have lived through many changes, disasters and observed changes in the environment around them.

03

**The problem tree** shows the root cause of a problem and its ripple effect on other factors leading to vulnerability. Participants write down a problem resulting from a disaster and then draw a problem tree around it. The trunk represents the problems the leaves represent its effects and while the roots represent its causes.

Group the older people together and compare how the effects of the same disaster on their problem tree are similar or different from those of other groups. Discuss these differences with all groups together to make them understand the vulnerabilities of the community.

## S.No | Tool | Age inclusion

04

**An impact visualisation tool** is used to explore the impact of hazards on livelihood resources. Participants are split into mixed groups where possible and use the matrix below to brainstorm the impact of hazards on the family as a whole, community, organisations, livelihoods and resources.

**Example:**

Hazard	Who or what is affected?	When?	Where?	Impact
Decrease in intensity of rainfall/rains at irregular intervals.	Entire community, particularly farmers.	August	Areas away from natural water bodies.	Changes in cultivation practices due to short rainy season;  Growing crops severely affected;  Poor or no yield;  Labour crisis due to increase in demand, increased prices.

If mixed groups are formed, ensure older persons are part of each group.

Encourage listing of how vulnerable groups especially older people are affected.

## S.No | Tool | Age inclusion

05

**Market mapping** identifies opportunities and bottlenecks with different institutional providers. Participants identify actors in the market supply chain and their relationship and influence in the community.

Here, it may be important to divide older people into groups of those who are engaged in businesses/ other professions and the ones who are retired. Older women who are not working should also be put in another group. Use this example to educate the groups of non-working older people to understand the market dynamics and identify potential livelihood opportunities they may need in a disaster situation.

06

**Accessibility audits** are assessments that help identify barriers to mobility in a given space (in a building or street or elsewhere) and are a critical tool to identify and plan strategies to overcome physical obstacles for people with disabilities.

The audits can act as a tool to create awareness about the specific needs of people with disabilities, including older people with disabilities, and also provide sufficient information to draw up an action plan to improve accessibility.

Category	Sample questions
Physical impairment	<ul style="list-style-type: none"> <li>• What are some buildings and public spaces easily accessible to you?</li> <li>• What are some of the buildings and public spaces which are not easily accessible to you? Can you share why?</li> <li>• Is there an accessible route from your house to key areas? If there are obstacles, can you share details?</li> <li>• Are corridors in buildings obstacle free?</li> <li>• Can you easily access different floors of a building?</li> <li>• Are there ramps in the buildings?</li> <li>• Are toilets fitted for ease of usage?</li> </ul>
Visual impairment	<ul style="list-style-type: none"> <li>• Can you find audio or other support to help you move around?</li> <li>• Can you identify public spaces and buildings?</li> </ul>
Hearing impairment	<ul style="list-style-type: none"> <li>• Can you find support to help you move around?</li> <li>• Can you use sign language to communicate?</li> <li>• Are there signages providing directions to key areas and public spaces and does this help you get to them?</li> </ul>

## S.No | Tool

## | Age inclusion

07 **Risk mapping in quadrants** supports prioritisation of risk based on impact and probability. It helps develop a shared understanding of risks to the community and compares different sources of risks. As vulnerable groups perceive risks differently, segregate groups and compare results. How do the results of older people differ from the rest?

Ensure that along with other smaller groups, a group of older people undertake this exercise and participate in the larger group discussion on mapping each risk on a scale of impact and probability.

08 **Vulnerability and capacity mapping** means mapping locations and how different elements at the location are exposed to a hazard to varying degrees with reasons. It is important that vulnerable people are encouraged to express their problems and are motivated to find solutions. Such maps are made in conjunction with information about locations which are exposed to different types of hazards. Mapping should also include tabulation of this information. A sample format is given below.

Usually such exercises focus on infrastructural vulnerability and capacity like houses below high flood line, or houses with cemented roof, etc. Here, it is important that individual vulnerabilities are also mapped, including people with specific vulnerabilities like houses with people who cannot hear or see properly, people who cannot move out of the house, lactating women, children below 3 years of age, physically and mentally disabled people, etc. This helps in addressing the individual needs of vulnerable people and groups.

Name	Address	Vulnerability				Other	Special need	Volunteer close-by
		Elderly (age)	Disabled (type)	Pregnant woman	Children			

## Mapping capacities of older people

These exercises enable community members to identify their vulnerabilities and capacities pertaining to disasters like natural hazards, weather and the impact of climate change. The community can then prioritise risks and develop an appropriate DRR action plan.

Older people have years of knowledge, skills and experience, which, if tapped into can be an enormous asset to the disaster risk preparedness and planning process. It is therefore important to assess the capacities of older people and make use of their identified skill sets to ensure their optimum contribution and involvement.

In order to do so, the following strategies can be used:

- During an earlier step on the determination of the demographic composition of the community, SADD data must have been collected. From among the data sets on older people (60–69, 70–79, 80 plus years), divide the older men and women into three groups each:



- Pull out information from the above data set on the jobs held in the past, skills, etc. and create lists of older people with specific skill sets such as account keeping, construction and civil engineering, farming, etc.
- Consult with family members, friends or neighbours of the older person, who have knowledge of the older adult's functioning to help make a determination of his or her capacity or the lack of it; and
- One-on-one meetings with these groups can be extremely helpful in understanding their capacities. You could include sessions on their past professions to gauge their skill set.

The following different roles can be assigned to older members of the community to integrate them in DRR planning:<sup>23</sup>

- Older people in decision-making: Alert individuals who can assist in goal-setting, planning and implementation;
- Older people as information sources: Individuals who can be consulted for information about disaster preparedness; and
- Older people as participants: Individuals who can participate in providing services by sharing their skills.

<sup>23</sup>Integrating older people, HelpAge International and Canadian Red Cross (2009).

## Older people and traditional knowledge, Rajasthan

In Rajasthan, India, local NGO Gramin Vikas Vigyan Samiti (GRAVIS) noted that older people have invaluable knowledge on traditional water harvesting technologies. ‘Storing every drop of rain is the best option that we have to survive in this desert,’ says a 75-year-old person. Village elders, living in communities experiencing chronic drought, were credited with the development of simple but effective structures such as the *khadin* (dyke), *taanka* (underground water storage tank), *beri* (shallow percolation well) and *naadi* (community pond) – structures which are still in use today. A *khadin* helps retain rainwater in agricultural lands and thus increases crop productivity. A *taanka* stores rainwater and provides a source of drinking water for humans and cattle for many months. All these traditional technologies have played a very important role in the survival of drought-impacted communities in the Thar – the world’s most populated desert.

Source: *Older People’s Associations in Community Disaster Risk Reduction: A Resource Book of Good Practices*, HelpAge International (2017).

### Checklist: Assessment of capacities of older people

Use some of the following questions to assess their capacities. Add questions that you think will help you with the assessment.

- **Physical assessment:**<sup>24</sup>
  - Do you have difficulty seeing, even if wearing glasses?
  - Do you have difficulty hearing, even if using a hearing aid?
  - Do you have difficulty walking or climbing steps?
  - Do you have difficulty remembering or concentrating?
  - Do you have difficulty (with self-care such as) washing all over or dressing?
  - Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?
- **Assessment of contextual/specific knowledge:**
  - How long have you lived in the community?
  - Are you familiar with the disaster history of the community?
  - Can you recall details of the last disaster that hit the community?
  - Looking back, what could have been done differently in the mitigation strategies?
- **Assessment of skills:**
  - What did you do when you were younger?
  - What is your role in the household now?
  - What is your role in the community?
  - How do you think you can contribute to DRR – within the household, in the community?
  - What will help you enhance your skills to contribute?

<sup>24</sup>Washington Group on Disability Statistics (2017).





## ***Section D*** ***Planning and monitoring an AIDRR intervention***

### ***Key takeaways***

- Ensure full and meaningful participation of all groups and individuals in planning and monitoring of DRR.
- Ensure that those at risk of being excluded are included in the preparation, implementation and monitoring of response, thus ensuring equal rights for all.
- Observe and respond to their diverse characteristics, capacities and vulnerabilities.
- Remove barriers that keep excluded people out of the planning and decision-making process.
- Build capacities of excluded communities for meaningful participation.

The risk assessment provides critical information on hazards, capacities, exposure, vulnerabilities and impact, which acts as a foundation for planning. A contingency plan, supporting preparedness plan and community DRR plan should be based on potential disaster scenarios and cover as a minimum: early warning systems, evacuation and rescue, shelter and relief management, first aid and medical support, individual and household preparedness, and mitigation activities for reducing the risk of hazards of communities.

The general community plan may not be suitable for all ages, for example, the agreed evacuation route might be too steep to use for people with mobility problems. Similarly, where the assessment has identified households with older person with physical mobility issues, who need additional support in evacuating, the corresponding evacuation plan must account for that and allocate responsibilities and resources accordingly. In order to make plans age inclusive, ensure:

1. **Participation:** Make sure that older people are represented in the designing of planning process and in making decisions. Consider appointing a person within the committee responsible for monitoring the age inclusion, for supporting communication and helping to address challenges as they arise.
2. **Triangulation of information:** In order to make the plan inclusive of older people, it is important to review, analyse and triangulate this information with different review groups, including older people, and share it with the community for their understanding and feedback.
3. **Make plans visible:** There are many tools through which visibility can be ensured like developing the plan and putting it on large boards, creating leaflets and organising meetings for all stakeholders including older women and men.
4. **Conduct simulations or mock drills:** Mock drills and simulations help to raise awareness, demonstrate and test the effectiveness of preparedness and contingency plans. To ensure inclusion, organisations must:
  - Share information on planned events, well in advance with all vulnerable groups including older women and men;
  - Address logistical challenges for their participation;
  - Encourage their participation;
  - Ensure simulation/drills, include activities targeting vulnerable group needs including older people;
  - Encourage older people to demonstrate skills and roles in preparedness; and
  - Assess level of inclusion in the exercise.

### Checklist: Process monitoring for Village Disaster Risk Management Plan (VDRMP)

Note: Please tick against every question or provide numbers wherever appropriate

Statement	Answer/options	Explanation (If required)
The VDRMP is prepared after completion of Hazard Vulnerability and Capacity Analysis (HVCA) and after a detailed analysis of vulnerabilities and capacities.		
VDRMP is prepared in consultation with representatives of all habitations in the village.		
VDRMP is prepared in consultation with all older people, older people with disabilities, children, disabled, women, immigrants, other ethnic groups, etc.		
After preparation, it was read aloud and agreed upon in the village meeting.		
VDRMP has specific activities for reduction in vulnerabilities of older people, older people with disabilities, children, disabled, women, immigrants, other ethnic groups, etc.		
Evacuation plan in VDRMP includes concerns of vulnerable groups.		
VDRMP includes specific activities for individual preparedness plans of vulnerable groups.		
VDRMP is in line with government approved format for preparation of plan.		
Communication and dissemination of alerts/messages in emergency are vulnerability-inclusive.		
VDRMP is endorsed by local government.		
Local government agreed to take or has taken up activities in their development plans from VDRMP.		

## Preparedness

Once relevant information on hazards affecting the community and the vulnerability within the community are obtained, copings strategies can be assessed to address the most significant risks. Provided below are insights into ways in which age inclusion can be factored into DRR interventions for preparedness such as DRR committees, early warning systems, stockpiling and evacuation.

### Insights on human resource to facilitate age inclusion

A skilled human resource base will ensure sensitivity for preparedness.

- Explore the availability of human resources to address the needs of older persons;
- In the absence of trained personnel, assess opportunities for training of staff in the care of older persons, including those with special needs;
- Incorporate, into health disaster training modules, sessions that specifically build capacity to address and meet the needs of older persons;
- Establish teams of equipped local volunteers to address specific needs of older people. This team should include older people who are mobile as well as caregivers of older people; and
- Involve older people as volunteers in post-disaster activities, targeted towards restoring emotional and psychological health of people.

## Building capacities of older people

While facilitating AIDRR processes, capacity building of older people is a step towards building their resilience. Previous sections have provided insights into various ways in which capacities of older people can be utilised, as well as specific areas in which capacities of older people can be built. A few overall recommendations on conducting trainings for older people are:

During trainings, take care of the following:

- **Identify who needs to be trained and how:** Older people will have specific needs and these must be factored in. For example, older people who have visual impairment will not be able to read clearly. Use big fonts for visual representations. For those who can't see, have audio versions of the training available.
- **Recognise and build on existing capacities:** As working with any other group, effective trainings of older people should take into account their strengths and experience and build on them.
- **Be patient:** Older people might take more time than others to process new, unfamiliar information. Be patient and polite with them and encourage them to ask as many questions so that all their doubts are clarified.

*Older people have been consulted in the development of national and local disaster and climate risk assessment and their vulnerabilities and capacities included.*

*Early warning signals and information are available, accessible, understandable and actionable by older people.*

*Evacuation plans at community level have specific actions to ensure older people can evacuate and are protected during these operations, including actions specific to mobility, sight, hearing and mental impairments and isolation.*

*Disaster supplies and stockpiles include specialist items, medication and food required by older people and are accessible to older people in emergency distributions.*

*Evacuation and rest centres are age responsive, with off-floor seating, wheelchair accessible facilities, handrails and privacy for men and women.*

**Excerpts from Charter 14 for Older People in Disaster Risk Reduction.**

*A DRR committee is a committee constituted for and dedicated to prevention and preparedness of emergency situations response following major natural and/or man-made disasters, as well as during and after military conflicts.*

- **Use simple, understandable language:** Not all older people, particularly rural women who are not very educated, will be familiar with technical language. For them, make sure you simplify information to whatever extent needed.
- **Use simple, effective technology:** Most older people are not very familiar with the use of technology. Assess their technological knowledge and design trainings accordingly using simple tools which require a pen and paper.

## DRR committees

DRR committees are set up to assess the needs and capacities of communities preparing for a disaster situation and to develop a corresponding coping mechanism. The work of the committee involves limiting and containing damage through risk reduction and mitigation strategies. It also supports long-term capacity building of the community and fosters the development of regional networks. The committee works in coordination with local, national and international communities and institutions to build and share knowledge and information to improve risk management. In communities, especially those with a large number of older people, their involvement in the DRR planning and preparedness process is very important. While ensuring their active representation in the DRR committee is a step, it is a good idea to establish sub committees or an advisory body like older people's association comprising active older people who could advise the planning process.

Older people are trusted and respected in the community which can be instrumental in disaster action planning. As part of the DRR process, older people can contribute in the following ways:

- Older people tend to have more time at hand and can become a central DRR resource for their community. Link the DRR committees to older people's associations, who can then be trained to conduct disaster risk assessments, early warning systems, record-keeping and first aid. Since the older people are locals, their efforts are likely to continue beyond the project duration.
- Older people are well positioned to take leadership roles in the community. Older members of the DRR committees can play a critical role in working and advocating with local governments to ensure their support in the DRR process. More on this in Section D.
- It is important to note that active participation of older people in the DRR meetings can strengthen their resilience further and enable them to make positive contributions during times of crisis.
- Ensure facilities are available to increase accessibility:
  - Ensure meeting venues have ramps for wheelchairs;
  - Tie up with local NGOs and organisations who can provide support with assistive devices like wheelchairs and crutches at the meeting venue;
  - Hold meetings at venues convenient for older people; and
  - Arrange transport for people with limited mobility to ensure their presence at meetings.

### Checklist: Ensuring inclusion in DRR committees

Note: Please tick against every question or provide numbers wherever appropriate

Statement	Answer/options 'Yes', 'no', 'a little' or 'sometimes'	Explanation (If required)
Representation from all vulnerable groups (older people, PWDs, women, children, minorities, IDPs and refugees).		
All vulnerable groups attended broad based community meetings or meetings held for nomination of members for DMCs.		
All vulnerable groups attended broad based community meetings or meetings held for nomination of members for DMCs.		
Older people nominated for DRR committees.		
PWDs nominated for DRR committees.		
Women nominated for DRR committees.		
Minority members nominated for DRR committees.		
Children nominated for DRR committees.		
IDPs nominated for DRR Committees.		
Refugees nominated for DRR committees.		
List of issues especially related to voice of vulnerable groups in DRR committees are documented in activity report.		
All vulnerable groups are represented in DRR committees according to proportional ageing.		
Specific roles/designations are given to vulnerable groups.		

DRR committees are according to cultural norms and women. DRR committees are established separately if required.		
Caregivers are included in DRR committees or focal points are nominated to communicate with PWDs.		
All vulnerable groups attended broad based community meetings or meetings held for nomination of members for DMCs.		
All vulnerable groups attend periodic meetings.		
The meetings are representative of all vulnerable groups.		
Vulnerable people speak during meetings and express their opinions.		
Vulnerable people participate in decision-making during meetings.		

### White Brigades, Bolivia

In three districts of La Paz, Bolivia, HelpAge has trained local Brigadas Blancas (self-named 'White Brigades' due to the colour of people's hair) in disaster prevention, preparedness and planning. Each of them is allocated a 'buddy' from the community and they are responsible for registering and identifying vulnerable older people, recognising threats and risks, building an emergency preparedness plan, and participating in community drills.

Source: *Disaster Resilience in an Ageing World: How to Make Policies and Programmes Inclusive of Older People*, HelpAge International (2014).

## Early warning systems

Early warning is important for every person to be able to take early action to save lives, resources and assets. To make it effective for each and every person, it is important that the message is accessible and people are aware of what actions one should take. Please consider while planning for:

**Communication:** Plan to utilise multiple appropriate modes of communication to ensure that people with different impairments receive the message.

Ensure that older people are aware of specific actions to be taken in response to early warning signals and are able to carry them out unassisted. Also ensure that people with disabilities, their caregivers and family members are included in training on how the early warning system works, what the warning signals mean and what actions should be taken.

### Checklist: Appropriate inclusive Early Warning System (EWS) per type of disability<sup>25</sup>

Type of disability	Appropriate inclusive EWS
Hearing and/or speech	Visual signals; Written documents (if the person can read); Gestures, body language; Articulate words clearly (for people hard of hearing or able to do lip reading); Sign language (for people able to communicate through sign language).
Intellectual learning and mental health	Auditory signals (ideal), but training is required to avoid panic; Gestures, body language; Visual signals, flags, spotlights, etc. Visual signals leaflets, posters, pictures; Pictures drawings (one signal per picture).
Physical	Audio signals (e.g., bell alarms, sirens, radio, drums, loudspeakers); Visual signals, leaflets, posters, spotlight turned on and off repeatedly; Signage for directions, going to and from evacuation centre and medical facility.
Visual.	Audio signals (e.g., bell alarms, sirens, radio, drums, loudspeakers); Leaflets in Braille (if person can read Braille); Information displayed in big fonts and flashy colours.

<sup>25</sup>Facilitating Inclusion in Disaster Preparedness: A Practical Guide for CBOs, IIRR (2018).

**Buddy system:** The Buddy system is geared to create a buddy-elderly/disabled relationship where the buddies can help the dependents they are responsible for in the event of a disaster or emergency. It is important that buddies are from within their community who can easily reach their household and are trustworthy. The senior or disabled individual is expected to share personal information concerning their needs with the buddy and buddies should be available several times per week to check in on their dependent in the event of a disaster or emergency. The dependent and the buddy must decide on a medium of communication and procedure in the event of an emergency.

### Checklist: Buddy questions

Questions that buddies can administer to understand personal and medically relevant information and tailor support during an emergency situation:

1. Do you have a family member who lives within one hour distance (name, address and phone)?
2. Impairments: Movement, hearing, seeing, talking etc. and what do you use to improve the situation?
3. Do you have a medical history of illnesses or injuries? If so, specify.
4. Do you require specialised medical treatment (dialysis, oxygen therapy, catheters)?
5. Do you currently take any prescription medication?
6. Do you have an emergency supply of prescription medication? (Will your pharmacist allow you to obtain an emergency supply?)
7. Do you have a health information card?
8. Do you have a first aid kit handy and accessible in the house?
9. Do you have an emergency contact card?
10. Do you know how the provider will respond in an emergency? Do you have designated backup or alternative providers that you can contact in an emergency?
11. In the past, have you ever experienced a natural disaster that has affected your home?
12. Do you know the proper procedure in case of a natural disaster?
13. Do you have access to the phone or internet or other sources of media?
14. How have you been notified of emergency situations in your area in the past?
15. Do you have a disaster supply kit? (What does it contain?)
16. When you go grocery shopping, do you buy enough food to last you for the week?

## Older people's association and early warning signs in Pakistan

Floods are common in Pakistan. In 2012, Jacobabad district in Sindh province of Pakistan was flooded, killing 50 people and causing destruction. Before the flood hit, HelpAge had trained older people's associations in the villages of Havaladar Baroi and Mud Khoso as part of a community DRR programme. The training included organising a mock drill, stockpiling essential materials like digging materials, food, first aid, search and rescue teams and establishing early warning systems. The older persons association identified early warning signs just before the flood hit and informed the district DRR authorities, who confirmed the signs. The older people's association mobilised other community members to block canals and divert some of the water with the digging materials. Their actions resulted in 50 per cent less water hitting the village as compared to previous floods.

*Source: Disaster Resilience in an Ageing World: How to Make Policies and Programmes Inclusive of Older People, HelpAge International (2014).*

## Stockpiling

Preparedness measures include accumulating material like, food, health supplies and so on, and this is referred to as stockpiling. While stockpiling, special attention must be paid to the nutrition of older persons. Diet can be influenced by several factors such as living conditions, gender, medications, mental and physical health. Based on variations in their nutrition requirements, work with the community to divide older people into three categories:

- **Functional older persons:** Their nutritional needs are largely similar to those of young persons.
- **Frail older persons:** They are likely to suffer from nutritional deficiencies and low food intake.
- **Older persons with chronic diseases:** They have special dietary requirements and may require special assistance in order to manage the disease.

Work with different groups to identify and list food supplies in the situation of a disaster/hazard. Try to identify locally available food.

Timely stocking and arrangements for first aid in preparation for a disaster is important and as a DRR manager, you need to make sure to involve older people in the planning process to ensure their needs are met. A few considerations specific to older people:

- **Distribution points for first aid:** The distribution points of these supplies should be easily accessible to older people, including those with disability.
- **First aid kit:** Include medicines that are routinely needed by older people. For example, medication for diabetes, blood pressure, etc.
- **Clothing and Supplies:** Factor in needs of older people like mobility aids, wheelchairs, reading glasses, etc.

## Worksheet: Food supplies

Category	Beverage	Breakfast	Lunch	Snack	Other items
Functional older person	Water (8 glasses per person per day) Canned fruit juice Milk (dry, canned or evaporated) Instant hot beverages like soups, tea and coffee sachets Sachets of electrolyte drinks	Canned fruit and fruit juice Ready to eat cereal Instant oatmeal Crackers	Canned beans Canned vegetables and meats Canned soups Ready-to-eat meal packets	High protein drinks/protein bars Canned fruit Comfort foods such as cookies	Can opener Scissors and knife Disposable plates and bowls Cups and utensils
Older person with chronic disease	Water (8 glasses per person per day) Sugar free hot or cold drinks	Ready-to-eat cereal, crackers	Canned beans Canned vegetables and meats Canned soups Ready-to-eat meal packets	High protein drinks/protein bars Canned fruit	Can opener Scissors and knife Disposable plates and bowls, Cups and utensils

## OPAs and local government in disaster preparedness in Bangladesh

Moheshkali – a coastal area in Cox’s Bazar district, Bangladesh – 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.

Resource Integration Centre (RIC) established an OPA in Moheshkali as part of its post-cyclone reconstruction project. In coordination with the government early warning system, RIC and 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 (with a special focus on older people), and then plans action to assist vulnerable community members. RIC staff provide advice and support for their activities as required.

Source: *Older People’s Associations in Community Disaster Risk Reduction, A Resource Book of Good Practices*, HelpAge International (2007).

## Evacuation routes

Preparing for evacuation is an important part of DRR planning and requires the involvement of local government, communities and individual households. It includes identifying and informing people of evacuation routes and identifying and/or building evacuation centres.

Work with the community, including older people, to identify safe and inclusive evacuation routes by undertaking the following:

- **Map the older people in the community:** The first step is to identify, register and track older people who cannot evacuate on their own and put them on high priority during community meetings.
- **Prioritise older people:** Facilitate prioritisation of older people with examples in meetings.
- **Establish a buddy system:** Put a buddy system in place at the institutional or community/individual level to help vulnerable older people evacuate. Active older people who can learn new skills have the potential to become a big asset to the DRR process. For example, train an active 50-year old person to be a ‘buddy’, wherein she/he is allocated a frail 70-year old buddy from the community. The former will be responsible for registering and identifying vulnerable older people and ensuring their safety in the event of a disaster.

## Grab bags for older people

*HelpAge encourages older people to maintain a small bag of essential items, which they can grab in the event of a disaster. This grab bag could include:*

- *Spare glasses;*
- *Personal medications;*
- *Hearing aids and batteries;*
- *Identity documents;*
- *Contact details of friends and family and home address;*
- *Warm blanket and clothes;*
- *Toiletries; and*
- *Health records and medication details.*

## RECU

*It reminds us to examine barriers to:*

### Reach

*(road condition, transport)*

### Enter

*(doorways, stairs)*

### Circulate within

*(hallways/room space)*

### Use

*(table height, toilet, sink, computers)*

- **Identify skilled emergency evacuation personnel:** Identify local organisations with distinct skill sets and train them in the care of older persons and in disaster management. Work with social services staff and local emergency management personnel to develop old persons-specific emergency plans.
- **Identify age-appropriate evacuation routes:** Evacuation routes and shelters should take into account mobility restrictions of vulnerable groups, in order to reach them between warning and impact. Ensure that evacuation routes are large enough for the number of people expected to use them.
- **Put up noticeable evacuation signs:** Evacuation signs should be eye-catching, with clear visual and audible instructions for older people. Posters and information about evacuation routes should be shared with individual households as well as put up in public places.
- **Maintain a special needs registry:** Maintain a ‘special needs’ registry for older persons with written records of medications and allergies. Request them to also keep it with them at all times. Ensure that older people and their medical information can be identified during and after evacuation.
- **Conduct regular evacuation drills:** Regular evacuation drills should be carried out with older people to test their knowledge, efficiency as well as transport and support systems.
- **Establish safe and comfortable evacuation centres:** Evacuation centres should be safe, comfortable and age-appropriate, keeping in mind the needs of older people. For example, ramps and handles to allow safe movement of older people; toilets with doors wide enough to allow entry of wheelchairs, ramp access and grab rails, level handles instead of doorknobs to allow easy opening, space below the basin for the wheelchair and non-slippery floor surface.
- **Inform older people on when to evacuate:** Ensure that evacuation information reaches older persons, especially those who live alone. Some disasters have warning signals while others come unannounced. For example, for earthquakes, evacuation measures will be spontaneous and need to be clearly communicated to older people.

## Worksheet: Safe evacuation shelter and route map

Develop a safe evacuation shelter and route map for your community.

Identify

- the safe centre;
- map the route from homes to the centre; and
- identify improvements to be made to evacuation shelter and route for better accessibility.

## Monitoring

Including older people in the design and implementation of a DRR monitoring system is of particular importance to a DRR intervention. The previous sections have provided an overview on making risk assessment, planning, preparedness and resilience more age inclusive. This section provides insight into making programme monitoring more age inclusive.

### Considerations for baseline

Including at-risk and marginalised groups in the design and implementation of a disaster risk reduction monitoring system strengthens interventions by revealing their impact on those most at risk and enabling them to be more responsive to need. Monitoring frameworks and indicators need to include people of all ages, with data disaggregated by age, sex and disability (SADD). The monitoring framework should provide a minimum level of age disaggregation that ensures consistency and allows for comparison, but does not prohibit an additional, further level of age disaggregation within these groups, as appropriate. At the minimum for disaster risk reduction monitoring, age-disaggregated data should relate to the most vulnerable age cohorts (0–4 years, 5–14 years, 60 or 65 plus).

Based on the processes and results of the risk assessment phase, the following data should be documented, disaggregated and recorded within the baseline with a special focus on older people:

- Different types of hazards identified and prioritised by communities and vulnerable groups;
- Frequency, duration and impact (For example, loss of life, livelihoods and health) of prioritised hazards; and
- Key human, social, economic, natural and physical vulnerabilities and capacities identified for priority hazards.

### Participatory monitoring

#### Establishing monitoring committee

Community participation in monitoring can be factored into the monitoring process by setting up committees of community members who will be responsible for tracking the implementation of activities according to roles and timeframes, and assess whether they are satisfied with the standards. This committee can draw representation of different segments of the community and ensure that different skills and expertise are included. This committee can meet regularly with the programme team to report and review progress of community level actions and get updates on actions taken at governance and systemic level.

Including older people in monitoring committees can yield many advantages:

- They may have more time at hand so they can participate in meetings and monitor ground work.
- They are elders of the community and respected for their age and experience. Their supervisory role and recommendations may be easily accepted by the community.
- The experience of the land, terrain and the community makes them well-placed to troubleshoot and find solutions to road blocks.

#### Age inclusion in monitoring systems

AIDRR monitoring systems broadly collect data on hazards, vulnerabilities and capacities, activities, outcome and impact.

Inclusion can be factored into each of these domains as below:

Domain	Monitoring for age inclusion
<b>Hazards</b>	<p>Are older people actively engaging in hazard prioritisation?</p> <p>Have their priorities been documented and are they different from the wider community or other at-risk groups?</p>
<b>Vulnerabilities and capacities</b>	<p>Are older people taking part in the risk assessment process?</p> <p>Have older people's vulnerabilities and capacities been identified and documented?</p>
<b>Action plans/ activities</b>	<p>Are actions identified in the community action plan older people inclusive?</p> <p>Are actions specifically targeting older people?</p> <p>Have older people's priorities been reflected in selected actions?</p> <p>Do older people have a role in the implementation of these actions?</p>
<b>Monitoring and evaluation</b>	<p>Are older people taking part in the monitoring and evaluation (M&amp;E) process?</p> <p>Is M&amp;E information disaggregated?</p> <p>What are the specific impacts of the programme on older people's wellbeing, vulnerability and capacities?</p>

*Train older people to conduct rapid assessments in their local areas. Older people are usually known and trusted by their communities and people are usually comfortable sharing their personal information and vulnerabilities with them, especially pertaining to violence and security concerns. Data collection tools should be simple and easy to use to ensure that older people can administer it as well as participate.*

Inclusiveness of older people in data collection while developing baseline, monitoring and impact measures means fulfilling the following:<sup>26</sup>

- Collecting segregated data by age groups (50–59, 60–69, 70–79 and 80 plus) and by sex.
- Collecting age- and sex-disaggregated data alongside types of disability (visual, hearing, speech and cognitive).
- Identifying differential impacts of disasters on older men and women and the specific vulnerability contexts (living alone, with relatives, etc.).
- Identifying barriers to participation and access to assistance including geographic, cultural and gender dimensions.
- Identifying positive and negative coping mechanisms of older people and their households.
- Identifying sector-specific needs of older people, specifically, access concerns and protection.
- Highlighting feedback, opinions and perceptions of older people through direct quotes or ageing-specific analysis and discussion.
- Describing situations and events that show their capacities.
- Analysing data and its implication on how the response is able to address older people's needs.

<sup>26</sup>More at Risk: How Older People are Excluded in Humanitarian Data, HelpAge International (2019).





## *Section E*

### *Advocacy for AIDRR and including older people in advocacy*

#### *Key takeaways*

- Make visible the need for inclusive DRR and amplify the voice of excluded communities.
- Ensure participation of vulnerable and excluded communities in setting the advocacy agenda and claiming their rights.
- Identify advocacy issues that impact inclusiveness of DRR and strategise to address them.
- Map stakeholders and allies and present a collective voice.
- Build capacities of platforms and forums of vulnerable and excluded groups to participate and lead advocacy for inclusive DRR.

Advocating for age inclusive DRR policies and programmes that prioritise the specific needs of older people in disaster situations is a way to help community voices reach and persuade policy-makers and decision-makers to make changes to policies, practices, systems and structures. These changes would allow inclusion of older people in policy-making, and in making those policies more responsive to older people's needs. The key is to include older people – as individuals and groups – in advocacy efforts.

Some of the factors that increase the vulnerability of older persons to disasters, such as poverty, inadequate pensions, and access to resources for chronic disease prevention and management, extend beyond the control of the individual and require external intervention. The ultimate aim of an age inclusive DRR advocacy intervention is to demonstrate to decision-makers that inclusive DRR programmes will ultimately demonstrate greater impact.

#### Including older people in advocacy for AIDRR

- Ensure that DRR committees have representation of older people;
- Identify existing OPAs, DPOs clubs and networks of older people and facilitate their participation in advocacy activities right from reviewing evidence, to mapping stakeholders, crafting advocacy tasks as well as networking and campaigning; and
- Identify champions and agents of change among older people and build their capacities to engage with government and non-government organisations for AIDRR.

### Using evidence and identifying advocacy objectives

Since the objective of advocacy for age inclusive DRR is to inform policy changes in favour of older people, it is very important that your advocacy efforts are evidence-based, that is, they are based on credible primary or secondary data and information that can strengthen inclusive DRR during the design, implementation and monitoring and evaluation stages.

While there have been efforts to mention older people in humanitarian assessments, plans and evaluation reports, there are still more gaps to be filled in various aspects of data collection, analysis and utilisation. A study on exclusion of older people in humanitarian data points to the following gaps and these can be critical points for advocacy.<sup>27</sup>

<sup>27</sup>More at Risk: How Older People are Excluded in Humanitarian Data, HelpAge International (2019).

### Advocacy issues linked to humanitarian data

#### Gaps

#### Point for advocacy

Homogenising older people – using a single category (for example, 60 plus) for older people.

Ignoring data on older people – some agencies collect data from and about older people (such as through surveys) but do not use age as a unit or area of analysis or to improve the response.

Using age caps – collecting data up to a certain age under 60.

Inclusion of age brackets over 60 for data collection as recommended by Humanitarian Standards: 60–69, 70–79 and 80 plus.

Excluding older people as data respondents.

Older people are an integral part of the community, their needs need to be studied for effective response and DRR. Include older people in assessments.

Excluding questions specific to older people's conditions in all rapid and sector assessments.

Rapid assessments need to take into account different population segments. A few inclusions in the assessment design for assessments can ensure that the information collected can lead to a truly inclusive response.

Ignoring data on older people – some agencies collect data from and about older people (such as through surveys) but do not use age as a unit or area of analysis or to improve the response.

Not many studies take into account data on older people, and if you have already collected it, make sure it is analysed and used for response tailoring. Unused data is of no benefit to the programme.

Paying lip service – mentioning older people but not explaining their specific conditions, needs or barriers to assistance.

Move beyond tokenism. Collect and analyse data to reflect the barriers and facilitators for older people in the communities.

Using collective nouns such as 'households' and 'vulnerable group' (as examples) as data units or units of analysis.

Vulnerabilities depend on multiple factors and age is one of them. Vulnerabilities of older people are distinct from those of economically weak segments, women or children. They need to be given due prominence in reporting and analysis.

## Information sources

Evidence-based advocacy enables the collection of information that can be used to influence decision-makers. Before reaching out to decision-makers and stakeholders, it is important to collate and package evidence gathered during assessment, planning and monitoring of the DRR intervention. This information can be used to ensure that the DRR responses are targeted.

### Evidence building for advocacy: Sources of information and its use

Source	Details	How can this information be used for advocacy
Risk assessment	<p>What are the identified capacities and vulnerabilities of older people?</p> <p>What changes in the existing policies or implementation strategies can overcome vulnerabilities and strengthen capacities of older people?</p> <p>Who can bring about this change (target audience for advocacy)?</p> <p>What hazards have the older people prioritised and why do they pose a particular risk to older people as compared to the rest of the community?</p>	<p>To draw attention to decision-makers of the need to prioritise inclusive DRR programmes.</p> <p>To draw attention to the need to ensure that DRR responses are targeted.</p> <p>Capacity data can also highlight the existing capacities of older people which should be built upon, and the value of engaging older people within DRR interventions.</p> <p>To identify decision-makers who can effect change to address underlying vulnerabilities.</p>
Planning and implementation	<p>What activities are being specifically designed to meet the needs of older people?</p> <p>What actions have older people prioritised?</p> <p>What are the gaps in the existing interventions and how can they be made age inclusive?</p>	<p>If collated across programmes, this data can build up a body of knowledge and best practices used to influence national level development and DRR plans to ensure that they contain older people inclusive interventions.</p>

Source	Details	How can this information be used for advocacy
	<p>What are the gaps in implementation of certain activities in existing interventions that could promote age inclusion?</p> <p>Who are the key stakeholders and what are their specific responsibilities/commitments towards promoting age inclusion in the AIDRR process?</p> <p>Are these commitments/responsibilities being fulfilled?</p>	<p>To influence the smooth implementation of the programme by ensuring that stakeholders are fulfilling commitments. If the data is collated across programmes, it can also strengthen advocacy in relation to the role of local government, private sector and other stakeholders in supporting inclusive DRR.</p>
Monitoring and evaluation	<p>The data collected during this stage is particularly useful to track progress and measure success of an AIDRR intervention, not only for the purpose of advocacy with policy-makers and decision-makers but also for the project staff and stakeholders.</p> <p>Age inclusive indicators help track specific impacts of the intervention for older people.</p>	<p>It can enable participants to share their experiences with project staff and stakeholders, hold them to account and enable changes within the project design or implementation.</p> <p>Data can also be collated to demonstrate the value of inclusive DRR programmes to national government agencies and donors.</p>

## Mapping of stakeholders

The circle or Venn diagram exercise conducted during risk assessment provides significant insights into mapping stakeholders. While the stakeholders identified during the community exercise might be those coming in immediate contact with the community, a similar mapping of stakeholders and their influence should also be made for national and sub national levels.

Governance analysis also contributes to evidence building as it highlights the roles played by and accessibility of local governments, and different organisations both within and outside the community. This can also be factored into the risk and capacity assessment phase. This assessment is necessary to understand how different players can contribute to improvements in the community. Identify answers to the following:

- What organisation, agencies and local governance structures exist within the community?
- Which organisations are responsible for ensuring DRR activities in the community?
- What governance structures, policies are responsible for supporting DRR and other relevant activities (like livelihoods) in the community?
- What are the gaps in policies and processes of local organisations that are contributing to the progression of vulnerability?
- Which local organisations, policies or processes could support the DRR or DRM efforts within the community and how?
- What are the effective advocacy channels to support DRR processes?

**Identify champions of inclusion:** Are there any politicians at the national or local level, or any concerned district level officials, who have supported the cause of inclusion? Make a list of all such champions, as they will be instrumental in advancing our advocacy goals. Remember to ensure inclusion of champions from the older people in the community too!

### Checklist: Questions to guide stakeholder mapping and identification

- Do the identified stakeholders include those invested in the needs of vulnerable people? If not, then how can they be included?
- Who can provide services to advance your issue?
- Who are your supporters and who are your opponents?
- Which stakeholders can contribute significantly to the issue as partners?
- Which stakeholders can provide technical or financial support to the advocacy plan?

### Worksheet: Data sources, stakeholders and objectives

Make a list of all the data sources and data points essential for your advocacy

Make a preliminary list of stakeholders and champions for advocacy.

Define your advocacy ask. Make sure it is SMART.

While data collection and mapping is critical, what is equally important is presentation of the data. Some key points to remember here are:

- Vulnerabilities of people exposed to the same risks vary significantly based on sex, age and disability, which make **collection of disaggregated data imperative**.
- Age disaggregation allows comparative identification of the needs of older people. This is helpful in **identifying data sets that may be most useful and effective** for presentation, for instance, to make a case for a particular risk reduction strategy over the other, based on how inclusive one is over the other.
- The collected data should be **analysed and explained within the context of the risk in question** to ensure everyone understands and interprets it similarly.
- And finally, the **visual presentation of data is crucial** to have a lasting impact on the readers and to ensure feasibility for older people accessing it (for example, use large fonts).



### Example using evidence and identifying an advocacy issue

Consider the following situation: A small island country X has been impacted strongly by climate changes, resulting in successive periods of drought and shortage of rainfall, and is showing signs of a slow-onset disaster. This has greatly affected the vulnerabilities of the people, particularly the vulnerable groups like older people who form 20 per cent of the total population and are also progressively increasing in number. While the national DRR policy follows an inclusive approach, it is not reflected in the budget allocations, which are generic and do not take into account the specific needs of older people. Subsequently, the utilisation of DRR budgets at the district levels is largely generic and does not follow a tailor-made approach towards inclusion of older people. The current scenario has put the older population at greater risk and increased their vulnerabilities.

How to identify the advocacy issue?

Check if it answers the following questions

- Is there a clear target and policy issue to address?
- Why is it necessary to carry out advocacy for these issues?
- Would the outcome impact the lives of a number of people by empowering them?
- Will it capacitate vulnerable groups like women and older people to take charge of their lives?
- Will it link local and national/global issues?
- Will it help generate funds to carry out the proposed activities?

The above-mentioned issue has two components: One pertaining to the budget allocation, which can be addressed by advocacy at the national level, and the second one pertaining to age inclusive utilisation of budgets at the district levels, which will be addressed at the sub-national level. Here is what you can do:

- Make a case for the need for specific investments in older people in the country, given the disaster risk. In addition to the old people specific information from the risk and capacity assessment, collect information and statistics on the vulnerable situation of older people in the country from reports from the national government, research articles, other NGOs, case studies on AIDRR from other countries, United Nations, Sendai Framework. Why are older people at greater risk compared to the rest of the population and what is the need for specific budgetary allocations to strengthen their resilience?

- Analyse the national DRR budget as well as DRR budget utilisation trends at the district level. Analyse the budget heads, for example, programme activities and human resources. One advocacy ask could be to allocate separate budgets for activities catering to the specific needs of vulnerable groups under each of the budget heads. For example, under human resources cost, a separate head for human resources training to meet the needs of vulnerable groups. At the district level, utilisation of DRR budgets to strengthen resilience of older people will require sensitisation of district officials.

#### Defining the objectives

The next step here is to define your advocacy ask or your advocacy objectives. What exactly are you trying to achieve? Make sure your advocacy ask is SMART

- Specific: What exactly do you want to target and change?
- Measurable: What is your measure of success?
- Achievable: Is it realistic given your timeframe, funding, socio-political environment?
- Relevant: Does it contribute to your larger goal?
- Time-bound: Is the timeframe realistic?

For our example, let's consider the following objective: To prioritise age inclusion in the utilisation of existing DRR budgets in district Y (in country X) by 2020.

*Note that we have focused on only one objective, although we had defined two probable objectives in the previous section. This is because we have set the timeframe to 2020, which is a relatively short time from now. Given the timeframe, making the advocacy ask realistic and attainable increases the chances of getting buy-in from relevant stakeholders, which in this case would be the district level officials.*



## Networking for advocacy

The mapping of stakeholders will provide key insights into organisations, networks and government bodies working on DRR and age inclusion. Effective advocacy for AIDRR involves collaboration with stakeholders across sectors and utilising different sets of capacities and strengths.

Identification of allies or partners in the advocacy process helps engagement with likeminded organisations that are working towards a common objective.

It will be useful to develop a list of stakeholders and understand their position, approach and influence on AIDRR.

### Worksheet: Allies, targets and opponents

Identify the stakeholders for your objective. Also state what is the reason behind choosing them.

Grade the stakeholders to identify allies, targets and opponents as per the table below:

Stakeholder	Attitude towards the issue	Influence the stakeholder has on the issue	Ease of reaching
Example: Older people's association representative	Positive	Low	High
Example: Political leader	Positive	High	Low
District DRR official	Neutral	Medium	Medium

## Advocacy strategy

An effective advocacy strategy uses the most appropriate methods to reach your advocacy targets according to your audience, resources and time. It is also important to choose multiple methods to reach the targets. Strategies could include campaigning, lobbying with government officials, using media as a tool for sensitisation and awareness and capacity building by providing technical support.

Some examples of advocacy strategies and ways to ensure inclusion of older people are provided below:

## Advocacy issues linked to humanitarian data

### Strategy

### Tips on age inclusion

Public campaigning, including events, rallies, speeches to raise awareness and public support on the issue, which could bring attention to the issue among the advocacy targets.

Ensure that older people are the face of public campaigning and their testimonials and voices are amplified.  
Ensure that the list of speakers includes representation of OPAs and DPOs.

Working with the media, TV, radio, newspapers and the press can play an instrumental role in bringing the advocacy issue to the notice of both public and advocacy targets.

Identify good practices in AIDRR implementation in communities and brief the media on it.  
Facilitate exposure visits of media facilitated and led by older people.

Identify good practices in AIDRR implementation in communities and brief the media on it.

Facilitate exposure visits of media facilitated and led by older people.

Ensure access and participation of older people in these forums. Provide support of communication aids and attendants as required. For events organised by your organisation, ensure accessibility of venue and participation of older people.

Organising one-on-one meetings with the advocacy targets is probably the best way to engage with them.

Ensure that identified champions and representatives of older people are part of the meeting. Discuss the objective of the meeting and advocacy asks prior to the meeting.

Developing advocacy materials like leaflets, posters, handouts and briefs can highlight key disaster risk reduction advocacy messages and can be distributed in larger gatherings or used for one-on-one meetings. In contrast, developing presentations can be used for workshops, conferences and seminars but may not be the best way to advocate in a one-on-one meeting.

Ensure that messaging focuses on both strengths and vulnerabilities of older people.  
Highlight need for AIDRR combined with good practices and achievements of AIDRR.  
Provide a call to action on how different audiences for the material can engage with or contribute to AIDRR.

### Worksheet: Advocacy strategy

Map your advocacy strategy and specify how you would ensure age inclusion.

Strategy	Measures to facilitate age inclusion





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