



Rapid needs assessment of older people Yemen

September 2019

PRODIGY
SYSTEMS



INTERNATIONAL
YOUTH COUNCIL
YEMEN 
مجلس الشباب العالمي - اليمن

HelpAge

International

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

International Youth Council-Yemen (IYCY) is a humanitarian, independent, non-profit, non-governmental organisation that works across Yemen providing direct assistance for conflict-affected populations, internally displaced people, host communities and vulnerable groups.

Prodigy Systems is a Yemeni private company established in 2006 to provide advanced IT and consultancy services.

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Introduction

Older people's right to humanitarian assistance

HelpAge International's vision is of a world where older women and men lead active, dignified, healthy and secure lives. This applies to all older people, including those affected by humanitarian emergencies. The four principles of humanitarian action – humanity, neutrality, impartiality and operational independence – afford everyone the right to safe and dignified access to humanitarian assistance and protection without discrimination and on an equal basis with others. Commitment to international humanitarian law and these principles means everyone responding to a humanitarian crisis has a responsibility to ensure all those affected, including older people, have these rights upheld.

We want older people to be able to access humanitarian aid with dignity and in safety. Older women and men are not inherently vulnerable to disasters. However, when disasters strike, they are at risk of having their rights denied.

Rapid needs assessment of older people

The aim of this rapid needs assessment is to inform the design of our own and other agencies' humanitarian response to the devastating impact of the Yemeni conflict on older people in Sana'a, Lahj, and Taiz governorates in Yemen. The report also aims to support organisations operating in the affected areas to develop inclusive programmes and support our advocacy for the rights of older people to be upheld in the response.

The report contains key findings of the assessment, together with observations and analysis by HelpAge's humanitarian team and advisers. Reflecting our commitment to inclusion and protection of older people, the report includes recommendations for those responding to the crisis, including humanitarian agencies, cluster groups and humanitarian donors, to support a more inclusive response to the crisis. Protection recommendations have been mainstreamed throughout the report. Data disaggregation by gender is provided for figures in the report except in instances where there is no significant difference between women and men in the findings.

International Youth Council Yemen (IYCY) and Prodigy Systems, with support from HelpAge International, conducted the assessment in August-September 2019. We welcome comments and questions based on this report. We can also offer technical support for inclusive responses.

Methodology

The rapid needs assessment (RNA-OP) data collection was carried out through face-to-face individual interviews using a structured survey created by HelpAge International in 2018. The assessment used purposive random sampling approach to survey women and men aged 50 and over, whether internally displaced persons (IDPs), returnees, or host community. The majority of the participants identified as members of the host community (86%), followed by IDPs (13%) and returnees (1%). Based on the targeted approach, the sample is not representative of the demographics of the population in Yemen, but highlights trends across the older people group.

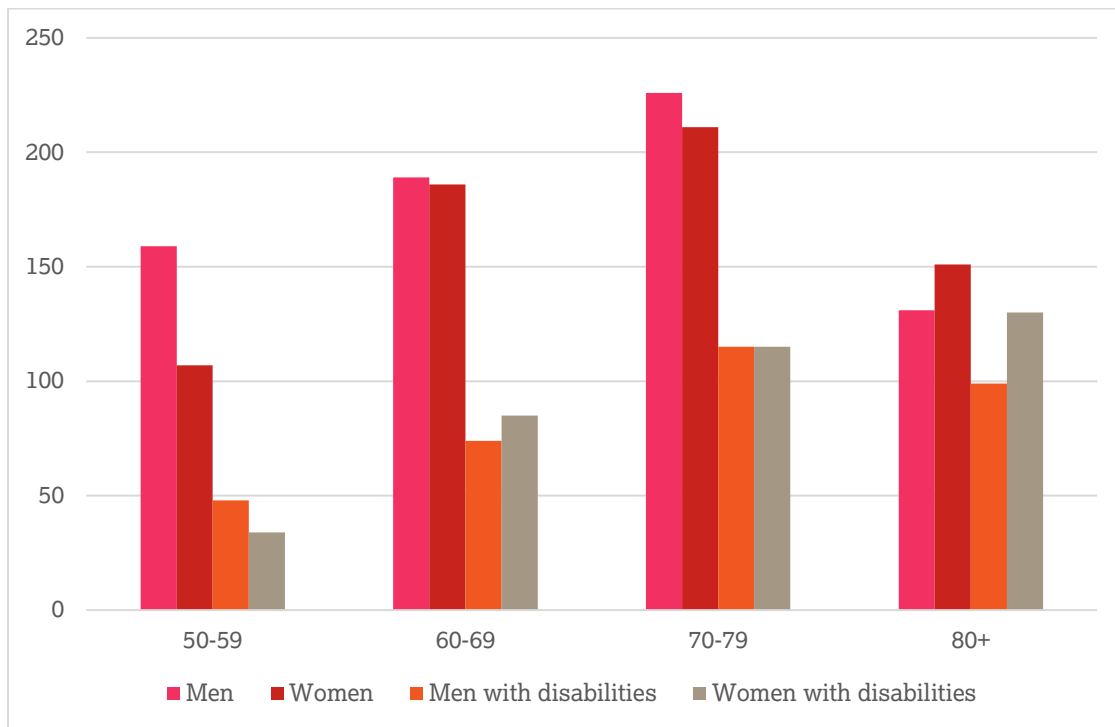
The population targeted for this assessment focused on seven districts across three governorates. Shaub and Bani Al Hareth districts in Sana'a governorate (33% of total sample), Al Hawtah and Tuban districts in Lahj governorate (31%) and Al Mudhafar, Al Qahirah and Al Mawaset in Taiz (36%). The selected districts represent urban and semi-urban areas in the targeted governorates. The three governorates were chosen to reflect those under control of both the internationally-recognised Yemeni Government and the de facto Houthi government, as well as a geographical spread across northern and southern areas of Yemen. Prodigy Systems conducted the RNA-OP in Sana'a and Lahj governorates while IYCY targeted Taiz governorate.

Prior to the data collection, HelpAge International provided a training of trainers for both IYCY and Prodigy Systems leadership on the RNA-OP purpose, tool, process and methodology, which they

then used in training their data enumerators in Yemen. IYCY trained 25 enumerators while Prodigy Systems trained 16. A field-based pilot test was conducted to identify and resolve any issues with the RNA-OP tool and data collection.

To allow for a 95% confidence level, we determined a minimum sample size of 380 for each governorate using a statistical sample size calculator. We planned to target 1,140 older people in this assessment across all locations. However, we reached 1,360 older people, excluding the persons who were interviewed in the pilot test. The 1,360 participants are 655 females (48%) and 705 males (52%). A breakdown of participants by sex, age and disability is given below:

Figure 1: Demographic breakdown of survey participants



As illustrated in the chart above, there are more men than women in the 50-79 categories but then women outnumber men in the over 80s category. In the over 80s category, there are 151 older women and 131 older women with disabilities. Given the numbers are almost equal, the need for responding agencies to implement inclusive responses for older people, particularly the older old, is clear. It is expected that the rates of disability increase with age, however in this sample, older men contradict this trend as there is a higher rate of disability amongst the 70-79 age group than the 80+ age group.

Humanitarian context

After almost five years of continuous conflict, the humanitarian crisis in Yemen is considered the worst in the world.¹ A higher percentage of people face death, hunger and disease than in any other country. UN OCHA's 2019 Humanitarian Needs Overview for Yemen reports that 14.3 million people are in acute need, while more than 20 million people are food insecure, half of them suffering extreme levels of hunger. The data reveals that 17.8 million people need adequate healthcare and 3.3 million people are displaced, up from 2.2 million last year and including 685,000 people who fled fighting in Hudaydah and on the west coast from June 2018 onwards. The severity of needs is deepening, with 80% of the entire population requiring some form of humanitarian assistance and protection, an increase of 84% since the conflict started in 2015 and an increase of 27% since last year.

Humanitarian needs have increased sharply across all sectors, which has exacerbated pre-existing vulnerabilities and protection risks for older people and others at risk of being left behind, degraded community resilience, and accelerated the collapse of public institutions.

Older men and women constitute 8% of the Yemen population, totalling 2.28 million older people². Older people can be particularly affected by the conflict and may find it hard to access basic lifesaving services.

The RNA-OP targeted three governorates which represented the northern and southern areas of the country: Sana'a, Lahj and Taiz governorates. Sana'a is the capital city of Yemen with a population of four million and is under the Houthi forces, the de facto authorities. They control large swathes of territory and exercise a government-like function in that territory, which means they are responsible under international human rights law. In Sana'a, air strikes have hit residential areas, markets, funerals, weddings, detention facilities and even medical centres.³

Lahj governorate has a population of 960,000, of which nearly 10% has been displaced by the conflict. Lahj is under the authority of the internationally recognised Yemeni government. The existing conflict, coupled with the presence of Al-Qaeda in the Arab Peninsula and ISIL (Da'esh) has led to most public infrastructure, including schools and hospitals, being destroyed.⁴

Taiz governorate in southern Yemen faces a complex humanitarian situation as intense fighting between Houthi forces and the Saudi-led coalition for control over areas within and bordering Taiz governorate is ongoing since 2015. The population of Taiz governorate is 3.1 million, including an estimated 5%, or 155,000, older people. The majority of Taiz districts are seriously affected and the governorate is one of the four areas with the most IDPs and returnees.⁵ This increases the need for humanitarian support as the majority of these people are unable to access life-saving basic services.

¹ UNOCHA (February 2019) Humanitarian Need Overview 2019, Yemen.

² OCHA (2016) CSO 2017 Population Projection Sex & Age Disaggregated, <https://data.humdata.org/dataset/yemen-cso-2017-population-projections-by-governorate-district-sex-age-disaggregated>

³ UNICEF (May 2019) Yemen Humanitarian Situation Report.

⁴ IOM (2017) IOM Coordinates First Official UN Mission to Lahj Governorate since Outbreak of Yemen Conflict.

⁵ IOM (March 2019) Yemen Area Assessment.

Key findings

A diverse older population

It is critical to recognise the diverse situation of older people affected by the conflict and the specific risks they face, particularly those related to gender, disability, and the challenges of older people living alone or caring for others.

A significant percentage of older people interviewed depend on others for their basic needs while at the same time they care and support others, including children and people with disabilities. Sixty-nine percent of older people depend on family or friends to meet their needs while 55% of them (59% women and 51% men) also provide care and support for seven to eight dependants, including children. Indeed, older people play an important role as care givers to other older adults and children. Fifty-four per cent of older people (48% women and 61% men) are caring for, on average, three children. Many of these older carers are in their 70s. Fifty-four per cent of older women and men are also caring for at least one other older person and 18% are caring for someone with a disability. Given the challenges many older people encounter in accessing services, their carer role could raise protection concerns, particularly for children in their care as they rely on the older carer for access to important resources. In addition, the responsibility of caring for and supporting others while depending on people for support can increase older carers' levels of stress and worry, and subsequently have a negative impact on their sense of safety and their overall psychosocial wellbeing.

Eleven per cent of older people interviewed live alone. Of those living alone, 59% (53% women and 65% men) feel they cannot cope without additional support and 20% feel they cannot cope at all. Almost half of those living alone (56% women and 43% men) state they cannot reach aid alone and rely on family for their needs.

Older people's priorities

We asked older people to choose their top priorities from safety, water, food, shelter, medicine, cash, hygiene items, clothing, bedding, fuel and household items. Their top five priorities are cash, water, food, safety and medicine. This does not differ significantly between older men and older women. However, older people with disabilities prioritised medicine over food and safety. Additionally, older women with disabilities prioritised medicine over water, food and safety, while men with disabilities did not prioritise medicine (see Table 1).

Table 1: Older people's top five priorities

Priority	Older people	Older people with disabilities	Older women with disabilities
1	Cash	Cash	Cash
2	Water	Water	Medicine
3	Food	Medicine	Water
4	Safety	Food	Food
5	Medicine	Safety	Safety

Key findings by sector

Disability inclusion

- 52% of older people (56% women and 48% men) surveyed reported living with a disability.
- Of older people with a disability:
 - 59% (62% women and 55% men) have a lot of difficulty in walking or cannot walk.
 - 54% (56% women and 51% men) have difficulty leaving the home.
 - 34% (35% women and 33% men) have a lot of difficulty in seeing or cannot see.
 - 20% (19% women and 22% men) have difficulty hearing.
 - 17% of both older women and men have a lot of difficulty remembering and concentrating.
 - 7% (5% women and 8% men) have difficulty communicating.
- Of the 20% of older men and women living alone, 23% have a disability. The most commonly reported impairments among those living alone are difficulty seeing (13%), and problems with walking and mobility in the home (13%).

Accountability

- 22% of older people have been consulted by other humanitarian agencies. Given that the crisis began in 2015, the very low level of engagement with older people by responding agencies is concerning.
- 9% of older people (7% women and 12% men) know how to make a complaint or provide feedback on humanitarian services.
- Of older people with a disability, only 19% have been consulted about their needs (18% women and 19% men). Less than 10% of older people with a disability are aware of how to give their opinion or make a complaint (7% women and 12% men).

Food security

- Food is the third highest priority for both older women and men.
- Older people are eating an average of 3 meals per day, although 6% are going to bed hungry on average three nights a week.
- 32% of older people do not have access to enough food.
- 95% of older people say there is enough food in the market and 37% say they cannot afford food from the market.
- 59% of older people report that the food they access is not appropriate to their needs.

Income and debt

- Cash is the highest priority for older men and older women, including older people with disabilities and 87% of older people said they could use cash if provided to them.
- 65% of older people (70% women and 61% men) do not have an income and 67% of older people (62% women and 71% men) have had to borrow since the conflict began.

Protection

- 51% of older people (63% women and 41% men) who responded cannot reach aid services or distributions alone and require some form of assistance.
- 16% (33% women and 14% men) do not get to distribution points or receive aid items at all.
- 13% of older people (18% women and 9% men) do not have ID and, therefore, have limited access to aid and services, which require documentation.
- 55% of older people (48% women and 61% men) are caring for and supporting on average six to seven dependants, including children and/or other older people.

- 91% said they did not know how to provide their opinion or make a complaint about the services provided to them.
- 24% of older people (28% women and 21% men) feel they cannot cope at all, even if support is provided.
- When older people were asked about the perceived safety risks for older men, over 40% identified neglect/isolation and denial of resources, while 51% perceived neglect/isolation as the main safety risk for women.

Health

- 95% of older people have access to health services within three hours of where they live, however of them, only 48% of older people are within 30 minutes and 36% are within 30 minutes to an hour.
- The largest barrier to accessing health services reported is cost, with 74% of older people reporting services as too expensive.
- 73% of people reported being on medication, but a lack of medicine at health services was reported by 32% of respondents.
- 72% of older people have one or more non-communicable diseases (NCDs) and 58% of these have two or more. Yet 20% of older people with NCDs report inadequate access to health services and 43% have less than a week's supply of medication and 12% are on no medication.
- 60% of older people (64% women and 56% men) have arthritis, making it the most common health condition and it is one that often requires people to have assistive devices. Yet of these, 32% of the older women and 36% of the older men reported that they do not have the assistive devices they need. Forty-two per cent of them use or need a cane; 6% use or need a wheelchair and 7% use or need a toilet chair.
- 41% of respondents have hypertension (47% women and 36% men) and prevalence increases with age.
- Diabetes, heart disease, respiratory disease and gastro-intestinal problems are all common, affecting 20-30% of older people and the prevalence generally increases with age. People with disabilities have a significantly higher rates of diabetes (50% compared with 26% of those without disabilities) and respiratory problems (39% compared with 20%).

Water, sanitation and hygiene

- 89% of older people access toilet facilities, 84% bathing facilities and 72% hand-washing facilities, but the gaps are still a concern.
- 87% of older people lack sufficient privacy when using bathing and toilet facilities.
- 29% of older people are unable to access safe drinking water.
- 18% of older people (15% women and 20% men) say water sources are too far.
- 19% of older people report difficulty with self-care.

Shelter

- 5% of older people have no shelter and 27% of older people report that their shelter is in urgent need of major repairs.
- 10% of older people (7% women and 13% men) need physical assistance to rehabilitate their shelter.

Recommendations for an inclusive response

1. Provide assistance that is accountable to older people, tailored to their needs and upholds their rights.
2. Ensure older people are consulted in a meaningful way and have, and are aware of, feedback and complaints mechanisms that are accessible and inclusive for older people, including older people with disabilities.
3. Collect and analyse data disaggregated by sex, age and disability to develop appropriate responses and ensure the information is included in NGOs and implementing partners inclusive programming.
4. Establish outreach services to register and support older people who are unable to access services and assist them to do so.
5. Make sure that outreach support services also register dependants of older people, including children, people with disabilities and other older people.
6. Ensure referral pathways are in place to other service providers who can provide additional support to older carers and their dependants.
7. Provide opportunities for older people to take on roles in the community, such as volunteers and community monitors supporting the work of outreach teams.
8. Provide psychosocial support activities to older people who feel they are unable to cope with their situation.
9. Include community mobilisation and community-based activities to strengthen older people's resilience and coping mechanisms and to build links with their local community.
10. Share information on access to services in accessible formats, considering the hearing, visual or other communication barriers older people may face.
11. Engage with relevant UN clusters, government and inter-agency coordination mechanisms at local, country and global levels.
12. Use the *Humanitarian inclusion standards for older people and people with disabilities*⁶ to ensure all sectors respond in a fully inclusive way.

⁶ <https://www.helpage.org/newsroom/latest-news/new-humanitarian-guidelines-launched-for-ageing-and-disability-inclusion/>

Sector-specific findings and recommendations⁷

1. Disability inclusion

Table 2: The prevalence of disabilities among older people

Disability	Total	Women	Men
Walking or climbing stairs	59%	62%	55%
Difficulty leaving home	54%	56%	51%
Sight	34%	35%	33%
Hearing	20%	19%	22%
Self-care	19%	19%	18%
Remembering or concentrating	17%	16%	17%
Communication	7%	5%	8%

The general findings show a high level of disabilities throughout all seven domains, which suggests that older people are living with multiple disabilities (table below), threatening their independence, particularly as 19% of older men and women have a lot of difficulty with or depend on others for their self-care. More older women than older men have difficulty with walking and mobility around the home. The figures for both are notably higher than estimated global figures and raise concerns about how they can meet their daily needs and access support and assistance. The significant number of older women and older men with sight and hearing difficulties needs more attention to better understand the type of care and support needed. This data raises protection concerns. Technical staff are needed to provide the relevant support, for example, home based rehabilitation, care and attention from health and social services

To highlight the concern, the figures below show a high number of older people with disabilities have more than one disability (see table below) and that the number of disabilities increases for those aged over 70.

Table 3: Number of older people with multiple disabilities

Number of disabilities older people are living with	50-69	70+
1	44%	39%
2-3	43%	54%
4-7	14%	18%

Living with multiple disabilities makes it difficult for a person to manage day-to-day without a strong care and support structure in place. Programmes need to be designed that respond to factors contributing to disability in older age, such as unmanaged non-communicable diseases.

The data also identifies that a high number of older people with different disabilities do not have access to appropriate assistive products as shown in table 4 on the following page.

⁷ Please note that where gender statistics are not mentioned, there is no large disparity.

Table 4: Number of older people with disability with no access to assistive product

Challenge for which older people with disabilities have no assistive device	Total	Women	Men
Walking or climbing stairs	41%	51%	30%
Difficulty leaving the home	86%	86%	85%
Sight	75%	77%	72%
Hearing	93%	90%	95%
Self-care	85%	88%	82%

There are significantly more older women than men who say they do not have access to mobility aids. The number of older women and men who have no assistive products for hearing and sight needs more attention to understand what services are available, how to source them and to otherwise improve access. This also raises protection and inclusion concerns on the level of involvement in information sharing and consultation in their local areas.

There are a significant number of people being cared for by older men and women who have disabilities, which may impact on their ability to support themselves and others. This needs to be considered when delivering humanitarian programmes to ensure equal access to support and services.

Caring roles need to be better understood to see if there is a need for a community-integrated approach rather than age-centred to better identify activities that prevent and reduce violence, exploitation and abuse, risk and psychological harm. Community support could be provided to carers to give them time to get medical care or respite from their demanding family and carer roles, for example. Understanding the existing family and community support mechanisms is important when designing programmes in this way.

Table 5: Number of older women and men with disabilities with caring responsibilities

Type of dependant	Average number of dependants for older women with disabilities	Average number of dependants for older men with disabilities
Children	1.3	1.7
Older people	0.7	1.3
Person with disability	0.2	0.3
Other people	1.0	0.2
Total	3.2	3.5

Eleven per cent of the sampled older people are living alone; of these over half of them are older people with a disability, particularly with a lot of difficulty walking, mobility in the home, sight and memory. This urgently needs to be looked at in more detail to consider when planning humanitarian assistance and support to ensure older people living alone are consulted and included in the planning of the humanitarian response. It is concerning that 51% of the older people, of which 70% have a disability, cannot reach aid alone and need support. This requires reviewing to see how best to increase the level of support.

Recommendations

1. Consult older women and men with disabilities and their carers to identify the services they need, the barriers they face to accessing services, and how to overcome these.
2. Set up home-based care and rehabilitation services with qualified staff to support the high proportion of older people with multiple disabilities.
3. Identify sources of assistive products, such as mobility aids, wheelchairs, glasses, and hearing aids from both commercial and from primary or secondary healthcare facilities. Use staff who can assess, train and support older and their families on how to use and maintain their assistive products.
4. Provide home-based care for those with reduced mobility or chronic diseases who cannot reach services.
5. Strengthen support networks of older people living in host communities, internally displaced communities and returnee communities, and support their caregivers.
6. Set up support mechanism for care of family members to give respite to older care givers, including older care givers with disability.
7. Include early rehabilitation services as part of local and secondary healthcare services.
8. Use outreach to support older people with complex needs.
9. Strengthen local health systems to meet the needs of older people living in the host, internally displaced and returnee communities.

Protection mainstreaming

10. Supplement all health services provided at a fixed position, such as health clinics, with community outreach activities so that older people with limited mobility, whether due to a disability or because they feel unsafe, can receive them.
11. Collect data disaggregated by sex, age and disability at all stages of the programme cycle to ensure responses are sensitive to specific protection risks facing older women and men.
12. If community health committees are formed, ensure that older women and men, including those with disabilities, are represented so they can give their opinions on the services provided.

2. Accountability

Despite the conflict starting almost five years ago, only 21% of older people said they had been consulted on the services provided by humanitarian agencies responding and just 9% (7% women and 12% men) said they knew how to give their opinion or make a complaint.

Nineteen per cent of older people with disabilities (18% women and 20% men) were consulted by responding agencies, more than older people in general. The gender disparity reflects a need for more tailored engagement with older women with disabilities. Despite more engagement with older people with disabilities by humanitarian agencies, over 90% of older people with disabilities (93% women and 88% men) are still unaware of how to provide their feedback or make a complaint to humanitarian agencies.

The lack of consultation and inability of older people to give feedback can lead to programming that does not meet their needs and uphold their rights, and it may even exclude them from accessing support and assistance altogether. It can exacerbate the marginalisation and protection risks faced by older people, particularly those with disabilities. More needs to be done to understand the barriers preventing older people engaging with responding actors and accessing feedback

mechanisms, for example, reliance on local languages, low literacy levels and complaints having to be made at fixed locations.

Given that the Yemeni crisis began over four years ago, the fact that older people are not being consulted by most humanitarian organisations is highly alarming and needs to be addressed to ensure responses align with the humanitarian principles and human rights standards.

Recommendations

1. Review complaints and feedback mechanisms (CFM) to determine what barriers older people, including older people with disabilities, face in accessing them.
2. Revise how and when older people are consulted throughout project development and implementation.
3. Gather and incorporate older people's input and feedback in the design of new projects, as well as potential complaints and feedback mechanisms, prior to implementation.
4. Use accessible communication methods and local languages to consult older women and men, including those with disabilities, about their needs and preferences, gaps in services, whether services are safe and accessible, and how they can access complaints and feedback mechanisms.
5. Identify accessible complaints mechanisms and community-based CFM that enable older people with disabilities to share their concerns and receive appropriate feedback.
6. Hold focus group discussions with older people with disabilities, particularly women, to design an engagement plan for working with humanitarian agencies
7. Commit human and financial resources to consult with older people and their communities.
8. Prioritise community-based complaints and feedback mechanisms to enable older people with disabilities to use them.
9. Analyse feedback from older people, particularly those with disabilities, on a regular basis and adapt programmes accordingly.

3. Food security

Older people's responses to our questions about food security suggest a mixed picture. While food is not their highest priority and most older people are eating on average three meals per day, older people report insufficient supply and inappropriate diversity. Thirty-two per cent of older people do not have access to enough food and 59% report that the food they are able to access does not meet their dietary needs and food preferences for an active and healthy life. Seventy-one per cent of older people (69% women and 73% men) report that there is not enough diversity in their diet.

While 69% of older people do not go to bed hungry at night, there are still 23% of older people (24% women and 21% men) going to bed hungry one or two nights a week and 6% three to five nights a week. Considering the responsibilities that older people have supporting other people and the additional strain to their and their dependents food requirements, their food insecurity is a serious concern. Older people who are living alone have on average three meals a day but 74% consider the food to not be enough, 51% consider the food inappropriate and 44% cannot afford to buy better food.

Food security, according to the Food and Agriculture Organization definition, exists when all people always have physical, social and economic access to sufficient, safe and nutritious food. Older people, however, face economic, physical and safety barriers when trying to access sufficient and appropriate food in Yemen. The food that they do have does not always meet their dietary needs and food preferences for an active and healthy life, and it is hardly surprising that food is ranked by older people as their third highest priority.

One of the most significant barriers to accessing food for older people in Yemen is their lack of income. 12% of older people reported that their safety was at risk when trying to access food. Interestingly, food availability is not the biggest barrier - 95% of older people reported that there was sufficient food in their local market.

Six per cent of older people reported that they did not have enough materials to prepare food, which could include utensils, oil and spices, though there was no evidence access to fuel and water were major barriers. Furthermore, older people ranked household kits (including cooking utensils and non-food items) as their lowest priority. Twelve per cent of older people reported that they faced physical barriers to accessing food, which is not surprising when one considers that nearly 52% of affected older people have some form of disability, of whom 54% have difficulties leaving their home.

Recommendations

1. Conduct a market analysis to determine supply gaps to increase the diversity of commodities available in markets frequented by older people.
2. Specifically target older people with reduced mobility using alternative food distribution mechanisms (porters, door-to-door delivery and proxies)
3. Specifically target older people living alone, or those with dependents, when distributing food parcels and ensure the food parcels meet their specific dietary needs and food preferences.

Protection mainstreaming

4. Conduct an immediate safety audit among agencies providing food services to address the safety issues faced by older people.

4. Income and debt

Sixty-five per cent of older people reported that they did not have any income (70% women and 61% men) and 37% reported that they cannot afford to buy food (36% women and 38% men). Furthermore

The crisis has driven 67% of older people interviewed to borrow money to cope since the conflict started (62% women and 71% men), which may not be surprising given the number of dependants they have.

Older women and men equally ranked cash as their highest priority. Eighty-seven per cent of older people said if they were given cash, they would be able to use it. This means that cash interventions would be appropriate to improve food insecurity and other basic needs such as medicine.

Recommendations

1. Research the growing debt burden of older people, particularly of those aged 70+.
2. Ensure older people are included in livelihood interventions.
3. Implement an inclusive cash transfer (one-off or short term) to reduce or remove the debt burden of older people, particularly those who are aged over 70 and are supporting two or more other people.
4. Implement a medium-term inclusive cash transfer intervention (12-24 months) for older people who are supporting three or more dependants and have no sustainable income. Design the intervention to ensure that an appropriate and adequate food basket can be purchased and that the cash grant is proportional to the number of people in the household.
5. Implement a long-term cash transfer intervention (up to 24 months) for older men and women who are living alone with no sustainable income. Design the intervention to ensure that an appropriate and adequate food basket can be purchased and that the cash grant is proportional to the number of dependants.

5. Protection

When older people were asked about their perceptions of safety risks, the top three were:

- neglect/isolation
- denial of resources, opportunities or services
- financial abuse.

Fifty-one per cent of older people interviewed said isolation or neglect was a major perceived safety risk for older women, while 48% view it as a major safety risk for older men. Denial of resources, opportunities or services was the second highest perceived safety risk rated for older women (47%) and older men (46%). Furthermore, 28% of older women and 21% of older men stated that they cannot cope at all with their situation, even if support is provided. Their sense of being unable to cope is likely to be influenced by feelings of isolation and neglect, and exacerbated by their concerns on being denied resources. These concerns and feeling can all have a negative impact on older people's feelings of security and overall psychosocial well-being. It indicates a strong need for psychosocial support to strengthen their links and relationships with their community and boost their feelings of being able to cope.

Table 6: Top three safety risks perceived by older people

Safety risk	Percentage of older people identifying this as a perceived major risk for older women	Percentage of older people identifying this as a perceived major risk for older men
Neglect/isolation	51%	48%
Denial of resources, opportunities or services	47%	46%
Financial abuse	19%	19%

Fifty-four per cent of older people said they are caring for other dependants, including children. This includes 62% of older men caring for an average of three children. At the same time, 51% of older people (63% women and 41% men) stated they could not reach services or distribution points alone. Of those unable to reach services on their own 70% had some form of disability. Also, 16% of older

people (33% women and 14% men) stated they could not reach distribution points or receive relief items at all. For older people, many in their 70s, who care for and support children and/or older adults, this barrier to accessing services has serious implications for the care and safety of their dependants who in turn may not get access to these services. Therefore, ways in which to ensure inclusive access to important services for everyone must be included in a response.

Recommendations

1. Provide outreach and home-based care to older people at risk of being isolated and neglected.
2. Establish psychosocial support activities to older people feeling isolated and neglected as part of community integration and mobilisation.
3. Provide tailored protection and inclusion support to older people caring for others.
4. Undertake a service mapping exercise for community members at risk of exclusion to ensure equitable access to services for all. Remove physical, communication, environmental and attitudinal barriers to ensure older people can access services.
5. Establish or strengthen the referral of older people to other service providers, particularly those who can provide additional support to older carers of children and people with disabilities.
6. Provide adequate lighting, accessible walkways and door locks in bathing facilities and distribute whistles to older people to help protect their safety and dignity.
7. Make sure older people receive information about how to replace lost ID, or other legal documents to obtain specialised healthcare or psychological support.
8. Establish a community volunteer network or peer support groups for older people.

6. Health

Nearly all (95%) older people reported having access to health services within three hours from their home, with 48% of older people within 30 minutes and 36% between 30 minutes to an hour. However, 74% report health services as too expensive and, with 73% of older people taking medication, it's concerning that 32% reported a lack of medicine supplies at the health centres. Although only 4% of older people reported that there is no one to help them to access health services, almost half of these were over the age of 80 and a quarter were between 70-79, indicating a greater risk of exclusion with age.

Although non-communicable diseases (NCDs)⁸ are very common, with 72% of older people having one or more and about 58% of these having two or more, 20% of older people with NCDs reported inadequate access to health services. Forty-three per cent of those with NCDs have less than a week's supply of medication and 12% are not on any medication.

Arthritis is the most common health condition among older people – 60% (64% women and 56% men) report having joint aches and pain or arthritis. It causes pain, swollen and stiff joints, leaves people fatigued and impacts their ability to get around, access services and carry out day-to-day activities. Many people require assistive devices to manage the symptoms. However, of those with arthritis, 32% of the older women and 36% of the older men reported that they do not have the assistive devices they need. Forty-two per cent use or need a cane, 6% use or need a wheelchair, and 7% use or need a toilet chair.

Hypertension was reported by 41% of respondents (47% women and 36% men) and prevalence increases with age. Untreated hypertension greatly increases risk of severe health complications, including heart disease, stroke and dementia.

⁸ NCDs accounted for within the RNA-OP include chronic respiratory disease, arthritis, cardiovascular disease, cancer, diabetes, and hypertension.

Diabetes, heart disease, respiratory disease and gastro-intestinal problems are all common as well, each affecting 20-30% of older people. The prevalence of these generally increases with age. Diabetes and heart disease rates are slightly higher for men than women and respiratory problems are a bit more common for women than for men. Gastrointestinal complications are more common for women than men (34% women and 27% men).

The cost of services, improved access to health services and availability of medication for chronic conditions are the key health concerns in Yemen. Those over the age of 80 and people with disabilities have higher rates of NCDs and more difficulty accessing services. For example, people with disabilities have significantly higher rates of diabetes (50% compared with 26% prevalence for all older people) and respiratory problems (39% compared with 20%). This reflects the need for health services to be implemented in a manner inclusive of older people with disabilities.

Recommendations

1. Map households of older people and older people with disabilities who require assistance to access health services and who do not have sufficient support. This will help to identify targeted support and to implement plans to reach those with needed health and care services through Ministry of Public Health and Population, community-based groups or other means.
2. Maintain a stock of life-saving medicine, assistive devices and medical equipment, provide access to treatments and carry out follow-up services. Work with the Ministry of Public Health and Population to ensure that older people, particularly those with NCDs, have regular and uninterrupted access to prescribed medications.
3. Health and social protection interventions should consider cash transfers or other financial assistance to remove the economic barriers to health services, such as cost of medications, services and transport to the health facility.
4. Provide specialised training for health facility staff on prevention, diagnosis, treatment, and management of common health concerns of older people, such as NCDs, particularly arthritis, incontinence, mobility, dementia and mental health, to improve the quality of care provided.
5. Supplement health services at fixed positions (such as health clinics) with community outreach activities or mobile clinics to improve access for all older people, particularly those with disabilities or far from services.
6. Ensure that all older people and those with disabilities are represented in the design and monitoring of humanitarian health and care responses.
7. Consider the needs of older carers, including the provision of psychosocial support to help them manage stress and build resilience and positive coping mechanisms.
8. Provide information on healthy ageing through health information sessions, assistive device distributions and community health groups.

7. Water, sanitation and hygiene

Many older people do not have access to adequate water, sanitation and hygiene (WASH) facilities. Gaps in services include a lack of access to bathing (16% of older people), hand-washing (28%) and toilet (11%) facilities. There is no significant gender disparity in terms of access to WASH facilities.

Safe drinking water is less accessible than other WASH facilities with 29% of older people reporting no access to it (30% women and 28% men). Over two-thirds of older people (72% women and 70% men) have access to safe drinking water. One-in-five older people (15% women and 20% men) reported that the water sources were too far and that they had difficulty accessing enough safe drinking water.

Eighty-eight per cent of older people report that they do not have enough privacy when using bathing facilities, with a similar figure reporting the same issue when using toilet facilities. The lack of privacy when using WASH facilities is a major problem for both older women (87%) and men (88%).

Nineteen per cent of older people have difficulty with self-care. For the 54% of older people who report difficulty moving around their homes and 59% who have difficulty walking/climbing, any water supply and sanitation facility that is not inside or next to their home is going to be too far.

For those older people who are supporting others, insufficient access to water may lead them to send another household member to collect water, which could be a child leading to child protection issues.

Recommendations

1. Research how bathing and hand-washing facilities can be improved to give older people more privacy.
2. Investigate how older people's difficulty with self-care could be related to incontinence.
3. Distribute an appropriate proportion of hygiene kits designed specifically for older people. These would include incontinence pads (or cash/vouchers to purchase them) for older people who have difficulty with self-care.
4. Include WASH outreach services for older people who are less mobile or cannot leave their homes.
5. Construct accessible and sufficiently private washing, bathing and toilet facilities in, or close to, the homes of older people, particularly for those with reduced mobility and who are caring for others.
6. Revise WASH activities to target the water and sanitation needs of older people in an inclusive manner, such as through community outreach and the provision of WASH facilities that are closer to the homes of older people.
7. Improve access to drinking water for older people with mobility constraints and those with dependants. This could be provided through community mobilisation.

Protection mainstreaming

8. Conduct an immediate safety audit among agencies providing WASH services to address the safety issues faced by older people.
9. If community WASH committees are formed, ensure that older people, including those with disabilities, are represented so they can give their opinions on the services provided.

8. Shelter

Ninety-five per cent of older people have their own shelter and 69% of older people are satisfied with them. In the targeted locations, the majority of people live either in owned houses, with host families, in rented accommodation, in makeshift shelters, in spontaneous settlements, or in collective centres. The most urgent shelter need for older people is the rehabilitation or repair of their existing shelter. Twenty-seven per cent of shelters are in urgent need of major repairs (25% women, 28% men) and a further 24% need minor repair. This situation is not surprising given that 11% of older people are living alone, 54% have reduced mobility, 59% have a lot of difficulty walking or climbing, and 55% of older people are supporting seven to eight other people, on average, which may stop them from having the time and money to carry out repairs.

Older people face a number of barriers preventing them from repairing their shelter. First, 12% of older people report that the materials to repair their homes are not appropriate for the weather. Second, 10% of older people (7% women and 13% men) need physical assistance to rehabilitate their shelter. Third, 2% do not have the building materials or tools. Lack of income and the need to repair their homes are possibly some of the drivers behind the growing debt crisis that older people are facing.

Eight per cent of older people say their present shelter is far from friends and family, which is important when you consider that more than 1 in 10 older people are living alone and 69% (78% women and 60% men) of older people depend on their family or friends to help them meet their basic needs. Another 8% of older people say their shelter is far away from basic services.

Recommendations

1. Evaluate the shelter of older people with disabilities and, if necessary, adapt them to support daily living activities.
2. Develop the capacity of staff, partners and communities to include all older people in programmes to provide shelter, settlements and support with household activities.
3. Prioritise shelter or rehabilitation for older people living alone or with dependants.
4. Provide cash or vouchers for tools and shelter materials for 6-12 months to older people whose shelter is in urgent need of repair and can supervise the work to make sure it is completed to their satisfaction. Make the cash transfers conditional on procurement of building materials, tools and labour.
5. Provide cash transfers/vouchers followed by a series of time-bound labour vouchers (both skilled and semi-skilled) for 12-24 months to older people, particularly older women, older people living alone, older people with reduced mobility and older people who are supporting three or more dependants. Make sure that appropriate and adequate building materials, tools and labour are available for recipients to purchase, that labour is available and that the grant is enough to rehabilitate their shelter.

Protection mainstreaming

6. Conduct an immediate safety audit among agencies providing WASH services to address the safety issues faced by older people.

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