

HelpAge

International



RAPID NEED ASSESSMENT FOR OLDER PEOPLE – (RNA-OP) REPORT

MARCH 2019

HELPAGE INTERNATIONAL

PAKISTAN

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Executive Summary

HelpAge International supports older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives. We work in over 65 countries with more than 100 HelpAge network members and 180 other partners across all continents. In Pakistan, HelpAge International has been implementing humanitarian interventions since 2005. HelpAge International brings on board expertise in inclusive DRR and humanitarian response especially with a focus on inclusion of older people and persons with disabilities in the humanitarian policies and interventions. HelpAge International is implementing Age-Friendly PHC services in Pakistan since 2005. HelpAge International has an MoU with the Economic Affairs Division and the Ministry of Interior of Pakistan. We have implemented several Humanitarian projects in disaster prone areas of Pakistan including Sindh, Punjab and Khyber Pakhtunkhwa provinces.

Why older people and people with disabilities: Population ageing is a global issue now and world is experiencing a demographic transition. Increasing longevity is one of humanity's greatest achievements. Indeed, population ageing is cause for celebration. The opportunities that this presents are as endless. Opportunities come with challenges, however. Population ageing presents social, economic and cultural challenges to individuals, families, societies and the global community.

Pakistan is sixth most populous country in the world; it is amongst those 15 countries where population of people over the age of sixty is more than 10 million. It is estimated that 7% of the total population of Pakistan is over 60 with a figure of 11.6 million and this figure will rise to 43.3 million by 2050.

[Rates of disability are increasing](#) due to population ageing and increases in chronic health conditions, among other causes. WHO data puts [prevalence of disability in lower income countries](#) among people aged 60 years and above at 43.4%, compared with 29.5% in higher income countries.

Global prevalence rates increase with age: 9% for the 18-49 age group, 21% for the 50-59 age group and 38% for those over 60 years. Looking ahead, the global trends in ageing populations and the [higher risk of disability in older age](#) are likely to lead to further increases in the population affected by disability.

[The prevalence of disability among older people is high and growing](#) (UN DESA). The prevalence rates across all categories of disability in older age are higher than for working age adults, including for severe disabilities associated with difficulties in self-care.

Older people and people with disabilities are disproportionately affected by humanitarian situations including drought. During an emergency older people and persons with disabilities' vulnerabilities get further compounded. Yet, they are routinely excluded from accessing assistance, assessments and monitoring systems. Data collection is often inadequate and the numbers of older persons and people with disabilities often remains unknown even if data is collected for other age groups within the population. Older people are not factored into assessments or consulted adequately; this type of approach informs all future response. When population data is disaggregated by sex and age, disaggregation often stops at age 49, reflecting a form of latent discrimination. Nutrition surveys commonly focus exclusively on children under five and data about women usually stops at age 45, when reproductivity ceases. Therefore, HelpAge promotes collection of age, gender, and disability disaggregated data.

Methodology: HelpAge International carried out Rapid Need Assessment (RNA) of older people in two drought affected districts of Sindh province, Jamshoro and Tharparkar in February 2019. The assessment sample consisted of randomly selected 607 respondents (older people or their caregivers) (294 female, 312 male and 01 transgender) from 120 villages in 20 union committees of 04 taluka of the two districts declared by the government as drought hit areas including 294 female and 01 transgender respondents. The RNA-OP is a multisectoral assessment with a specific focus on older people including men and women with disabilities.

For collection of data HelpAge adapted its globally tested and used RNA tool that also integrates Washington Group Questions on disability. The data was manually collected from the sample of 607 and later entered and analyzed using KOBO survey tool. HelpAge International engaged FRDP's eight male and female community mobilization staff for collecting data from the field.

KEY FINDINGS

DEPENDENCY/ISOLATION /INCLUSION

The finding of RNA – OP about dependency/isolation and inclusion of older people and older people with disabilities are:

- 15.82% older people are living alone
- 3.95% did not know about their families' whereabouts
- 5.11% do not have any information about how to contact with their families.
- Older persons are still caring of 38.71% children, 42.17% older people, 15.65% persons with disabilities and 16.80% other persons in families
- 76.28% respondents submitted that they are dependent on other family members, friends or other persons for meeting their basic needs of life

PROTECTION

RNA-OP Sindh drought revealed that:

- 17.63% older persons and their care givers reported that their ID does not allow them to access humanitarian support.
- 28% women are facing financial abuse and 25% are emotional abuse and 13% have denial of resources, opportunities or services. Other key safety risks with older women include neglect/isolation (reported by 10%) and physical abuse (reported by 8%). 8% reported that they have no major safety risks in the community.
- older men in drought hit areas of Sindh have major safety risks as 29% older men are facing financial abuse and 25% are emotional abuse and 14% have denial of resources, opportunities or services. Other key safety risks with older men are as, 9% suffer from neglect/isolation and 8% reported suffering from physical abuse. 8% reported that they have no major safety risks in the community.
- 51% older people affirmed that they can cope with drought like situation with the support of friends and family, 44% shared they can independently cope with it without any support, 5% of the respondent shared that they do not have the capacity to deal with the situation at all.

DISABILITY

- 55.52% responded that they are not able to reach aid distribution sites independently.
- 54.36% shared that they were assisted by family, friend or a volunteer to reach distribution site, while 38.71% shared that they did not reach the distribution site at all. 5% shared that their friend or family member brought the relief item to them. 4% shared that they had to pay for the transportation costs to reach the distribution site.
- 19.28% reported that they are facing a lot of difficulties in walking and climbing stair while 18.29% reported a lot of difficulty in visioning. 12.69% have a lot of difficulty in hearing, 13.67% have lot of difficulty in remembering or concentration while 10.21% have lot of difficulty in self-care (dressing and washing). 12.03% have much difficulty in living place while 4.12% have lot of difficulty in communicating even in local language.
- 0.99% responded they cannot get out of their living space, 0.66% responded that they could not go out at all due to disability related to vision, hearing, walking or climbing stairs and issues of self-care. 0.49% reported extreme difficulty in communicating even in local languages while 0.16% reported difficulty remembering or concentration.
- 40.86% are using walking sticks/cane, 15.32% are using vision glasses, 2.47% using walking frames and 6.42% are using other assistive devices including crutches, wheel chairs, toilet chairs and hearing aids. Among them 36.74% reported that they have still their assistive devices and are using them while 31.96% reported that they have no assistive devices available and currently do not use them.

HEALTH

- 51.07% persons are not able to access health services due to various reasons.
- 72.32% respondents reported that medicines are too expensive while 55.52% stated that medicines were not available at health services.
- 37.56% respondents have complaints about the negative attituded and behavior of health services providers 2.31% reported needing assistance in accessing health services.
- 13.18% respondents informed that they were using traditional medicines for their treatment.
- 45.96% respondents mentioned that they were not feeling safe when accessing health facilities
- 35.91% of the respondent reported around 1-3hour, 34.93% reported 30 mins to 1 hour while 25.37% reported less than 30 mins were required to reach the health facility.
- 62.77% older men and women respondents reported having joint aches and pain and 60,13% reported suffering from hypertension and high blood pressure as a health problem. At the survey 33.44% reported having gastro-intestinal and 25.41% having respiratory problems.
- 47.12% responded that their medicine last for less than two days, 19.44% reported medicines lasting 3-7 days while 9.72% reported more than 10 days. A small percentage of 2.64% stated that their medicines lasted for 7-10 days.

FOOD AND INCOME

- 32.29% reported having no access to sufficient food at the time of assessment.
- 38.22% respondents submitted that they were not feeling safe in accessing food.
- 78.9% respondents reported that they were eating 2 times in a day, 11.7% reported one time food in a day, 7.5% reported three times food in a day while only 0.99% reported 4 time food in a day.

- 38.22% reported that they went to bed hungry 1-2 nights in a week while 16.14% respondents reported 3-5 nights in a week. 0.33% respondents informed that they went to bed hungry every day without having a meal. 44.48% respondents stated they never in a week went to bed without food.
- 78.98% stated that they did not have any income at the time of assessment.
- 69.52% reported borrowing money to meet their food needs since the crises started
- 71.99% mentioned that they would be able to use cash, if provided.

SHELTER

- 40.31% of the respondent shared that they did not have any shelter
- 36.24% respondents submitted that they did not feel safe in their shelter.
- 44.98% respondent were not satisfied from their current shelter
- 34.76% reported that they could not afford any shelter material.
- 27.02% reported that they could not build shelter without physical support.
- 12.19% said that they did not any space to build their shelter

WASH

- 50.08% respondents stated that they did not have access to safe drinking water, 82.37% reported having no access to bathing facilities, 77.43% mentioned that they have no access to handwashing facilities and 63.1% respondents submitted that there are not enough toilets available for them
- 83.36% respondents shared that they did not feel safe in accessing WASH related facilities.
- 76.61% respondents reported not being satisfied with the available WASH related facilities.
- 63.10% respondents responded that they did not have sufficient WASH facilities
- 42.34% responded that WASH facilities were too far away from their shelter sites.
- 25.86% respondents shared concerns about privacy while accessing WASH facilities.
- 2.31% reported that they have had complaints about cleanliness at WASH facilities.

ACCOUNTABILITY / PARTICIPATION

- Not a single organization is specifically addressing the humanitarian needs of older people and persons with disabilities.
- 64.58% respondents shared that no organization consulted them regarding the humanitarian assistance they needed.
- 70.80% respondents were not aware about how to convey their opinion, feedback or complains about humanitarian services provided in their areas.

Introduction

Pakistan is facing drought like situation in Southern and Eastern parts of Sindh, Southern Punjab and most of arid parts of Balochistan province. Climate change phenomenon is primarily responsible for the drought conditions. Since late 2013 due to low average or less rainfall during the monsoon season including in 2018 the intensity and frequency of such phenomenon is likely to increase. This alarming situation warrants quick and effective measures and concentrated interventions. Government declared 8 districts of Sindh and 18 districts of Balochistan as drought hit districts and started humanitarian interventions with support from the UN and other humanitarian actors in the country.

HelpAge International in Pakistan has a mandate to support older people and older people with disabilities in humanitarian crises to address their special needs and care. HelpAge International planned a Rapid Need Assessment for older people in two drought affected districts of Sindh province, Jamshoro and Tharparkar and initiated RNA-OP process. RNA – OP is a tool used in emergencies or humanitarian crises to assess gaps in the existing services and needs of older people and older people with disabilities. It is a quantitative tool containing 80 questions focused on various sectors including Food, Income, Health, WASH, Accountability, Protection, Disability, Shelter and Inclusion. The data using RNA tool is collected from older people or his/her care-givers as individual respondents. The tool is for rapid assessment and on average takes 40 minutes for getting responses from individual respondent. It is digitalized tool on KoBo toolbox and can be used both online where authorities have no objection or off line where there are access issues. HelpAge carried out this RNA in Sindh using off line/paper tool.

The RNA-OP is locally led assessment and older people specific.

The RNA – OP was activated in the end of February 2019 in Jamshoro and Tharparkar and completed data collection in the first week of March 2019 after collecting data from a sample of 607 respondents. The data collected off line was then entered in online KoBo tool, cleaned and analyzed.

Objectives of the RNA-OP

Rapid need assessment for older people is a tool to get an overview of the situation faced by older people and older people with disabilities in any humanitarian situation to identify needs and gaps in humanitarian services. It helps the organizations in designing older people and persons with disabilities inclusive humanitarian activities, strategic planning and advocacy for the older people and persons with disabilities.

The RNA-OP will not guarantee immediate new programs or humanitarian projects but will inform future programs and interventions and will sensitize the donors to focus or include older people in humanitarian funding. It also supports the organizations in making informed decisions and developing humanitarian interventions for older people which really impact their lives and support them to mitigate negative impacts of humanitarian crises.

Methodology

HelpAge International conducted Rapid Need Assessment for older people – RNA-OP in the end of February 2019. Fast Rural Development Program – FRDP was recruited for support in RNA-OP in the field. FRDP was selected because of its expertise is using ALERT platform and RAM-OP, the emergency preparedness trainings and tools provided by HelpAge International for local organizations in Pakistan. An

MoU was signed with FRDP to conduct the RNA-OP in district Tharparkar and Jamshoro where FRDP is already present and implementing development and humanitarian activities.

The senior staff of FRDP was oriented and involved in planning of RNA-OP and together with them the data collection team was selected. FRDP also facilitated in acquiring required permissions from the local authorities. The data collection team, consisting of four men and four women enumerators, was trained on sampling methodology, use of RNA-OP tool, security and the overall process for data collection. FRDP's Monitoring officer/supervisor was involved to coordinate the assessment team and provide them support in the field. FRDP arranged all logistic arrangement for RNA-OP activity.

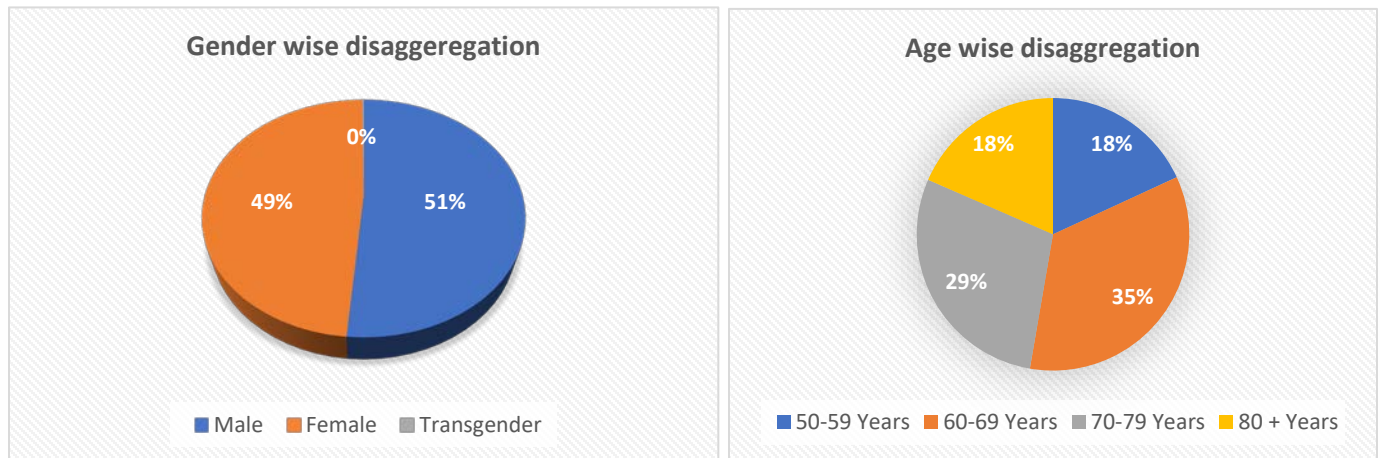
After the completion of training of the enumerators, they were divided into two teams (2 male and 2 female) for each of the districts, Jamshoro and other for Tharparkar. Field teams collected data from 324 individuals in Jamshoro and 283 individuals from Tharparkar districts (older women and men or their care givers in situations where older people could not respond to our questions due to frailty and ill-health), from two taluka from each district and 5 union committees of each taluka selected as a sample on random basis. From these 05 union committees each, 06 villages from each union committee were randomly selected and from each village 5 respondents were interviewed.

District	Taluka	Union Committee	# of surveyed villages	# of surveyed HH	
Jamshoro	Manjhand	Khanot	4	27	
		Lakha	7	31	
		Manzoorabad	6	30	
		Shah awais Karni	6	29	
		Shalmani	7	42	
		Unar Pur	2	5	
	Thano Bula Khan	Dhamach	7	29	
		Mol	6	30	
		Munder Khan	6	36	
		Sari	6	25	
Thano Ahmed Khan		7	40		
Tharparkar	Chachro	Charnor	6	35	
		Dharendiro	3	21	
		Heerar	2	8	
		Khainsar	6	34	
		Mithryo Charan	6	20	
		Rajoro	6	29	
		Sarangyar	6	18	
	Dahli	Dahli	7	34	
		Jesu Jo Par	4	24	
		Qamarhar	5	28	
		Tar Ahmed	6	32	
2	4	22	121	607	

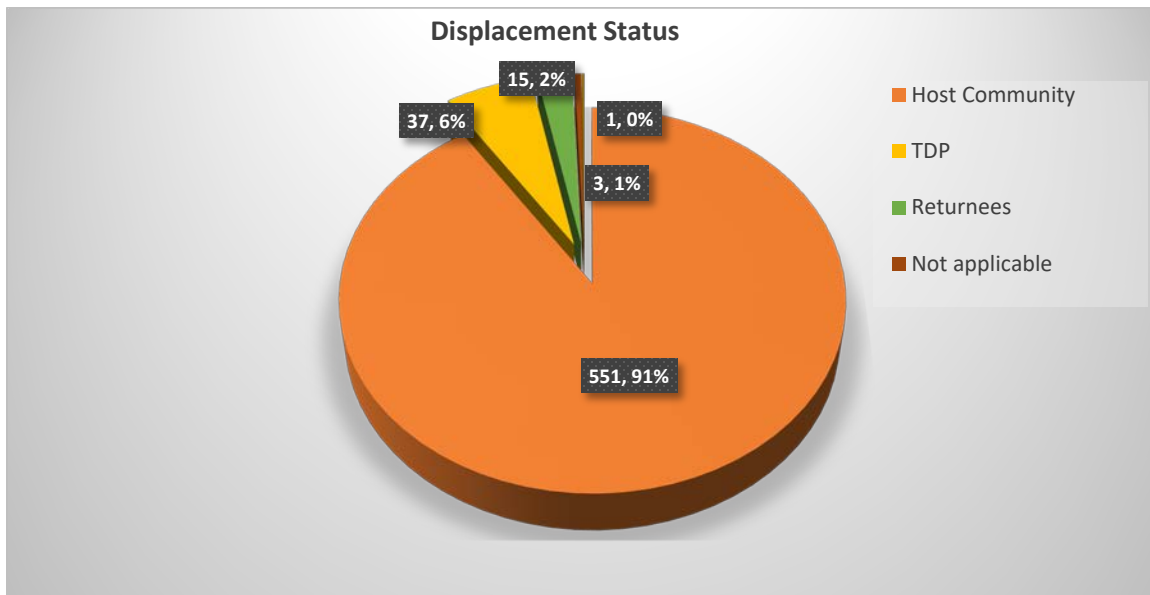
The team of enumerators collected data from 607 respondents in 8 days. Then, collected data was digitalized, cleaned and analyzed.

Socio-Demographic profile of surveyed household

During the rapid need assessment of older people in drought 2018, 51% male and 49% female respondents were assessed including 1 transgender. While the age disaggregation of respondents is 18% falling in age cohort of 50-59 years, 35% is falling in age cohort of 60-69 years, 29% is falling in age cohort of 70-79 year while 18% is falling in age cohort of 80 + years.



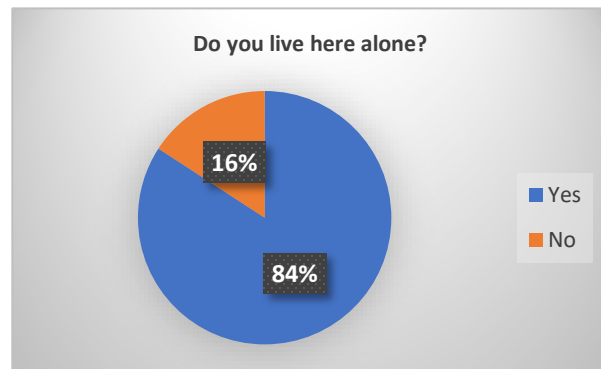
The current displacement status of respondents in Tharparkar and Jamshoro districts is that 6% people migrated from their places of origins while 2% returned to their areas after migration during the crises period started from September 2019. 91% respondents are still living at their places of origin and are facing impacts of drought in the area.



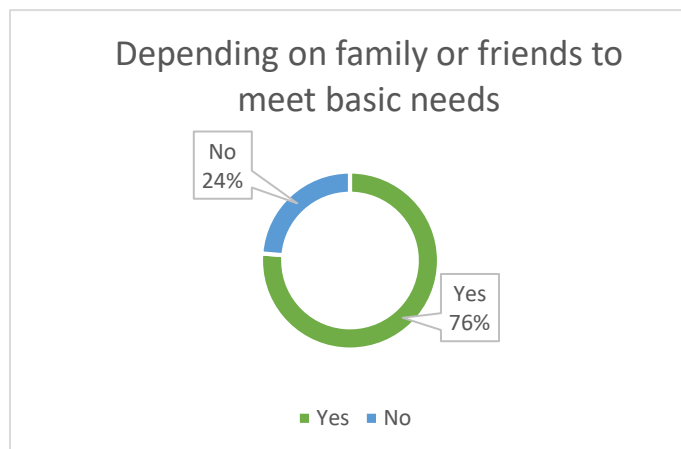
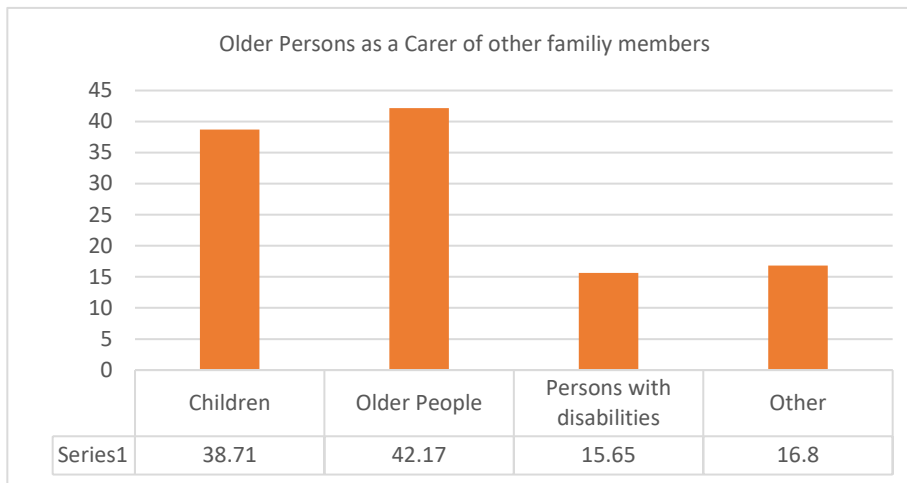
Multisectoral findings of the assessment

DEPENDENCY / ISOLATION / INCLUSION

The RNA revealed that 15.82% older people are living alone in Jamshoro and Tharparkar districts. Among them 3.95% did not know about their families' whereabouts while 95.88% know where their family has moved. 94.56% have knowledge and information about their family contacts while only 5.11% do not have any information about how to contact with their families.



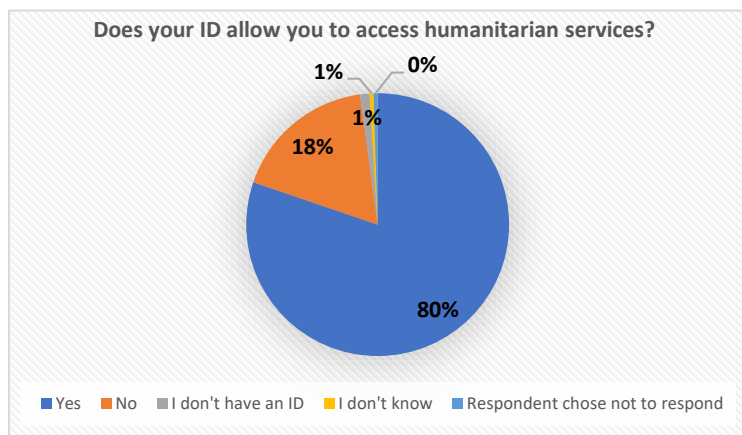
When asked from older people about caring of other people in the family including children, older people and persons with disabilities. Assessment revealed that 38.71% of older persons are still caring for children, 42.17% caring for older people, 15.65% for persons with disabilities and 16.80% caring for other persons the family ranging from 1-5 family members.



76.28% mentioned their dependency on other family members, friends or other persons for meeting their basic needs of life.

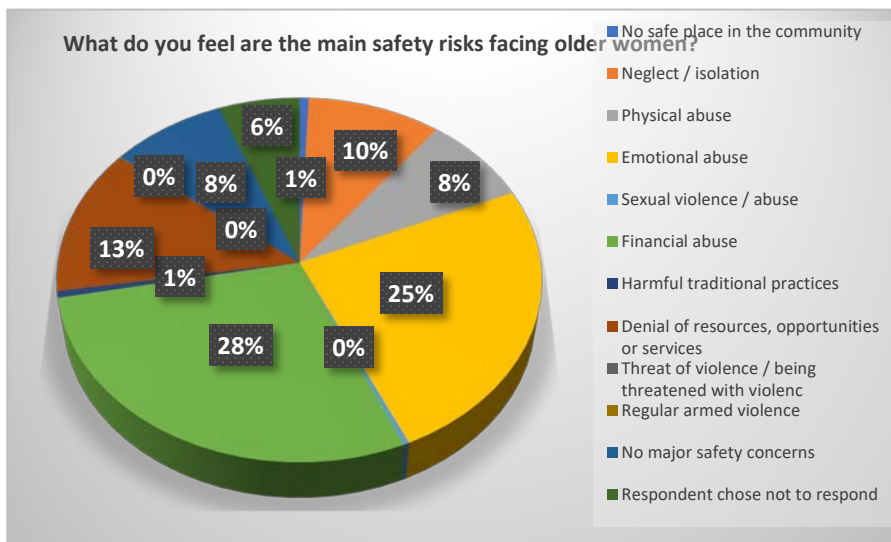
Protection

Lack of proper documentation is often reported as a main hinderance for older people to access humanitarian support available in their areas. However, overwhelming 80% shared that their civil documents (Computerized National Identity Card - CNIC) allows access to humanitarian aid while only 17.63% reported that their CNIC did not allow them to access humanitarian support. Only 1.15% respondent reported not having a CNIC needed to access humanitarian aid while remaining 0.98% either reported as “I don’t know” or did not responded.



As major component in ensuring protection and safety from all types of abuse, RNA-OP aimed at assessing possible safety and protection risks for older women and men. The objective of this particular assessment was to get a perspective of older people as to how they see their condition and what particular aspect

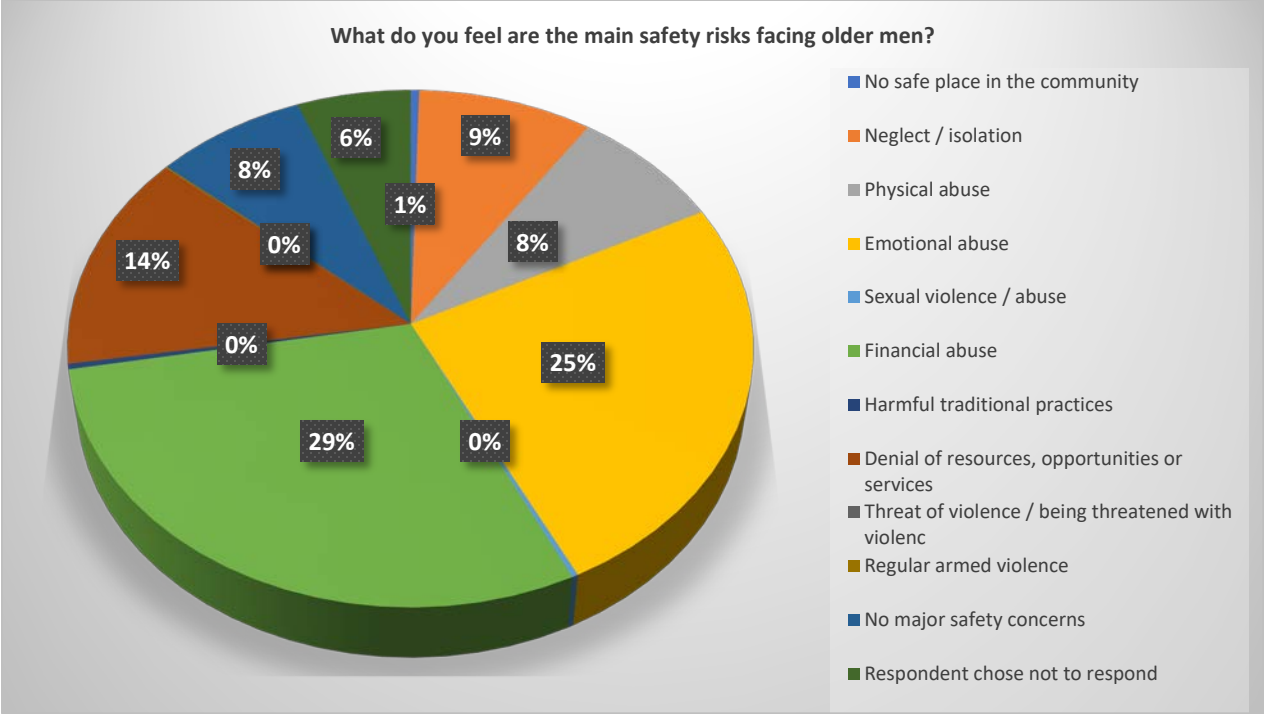
they feel most vulnerable about. Again, the responses were a shocking eye-opener as the data shared below clearly shows that financial and emotional abuse were termed as major safety risks for older women and older men.



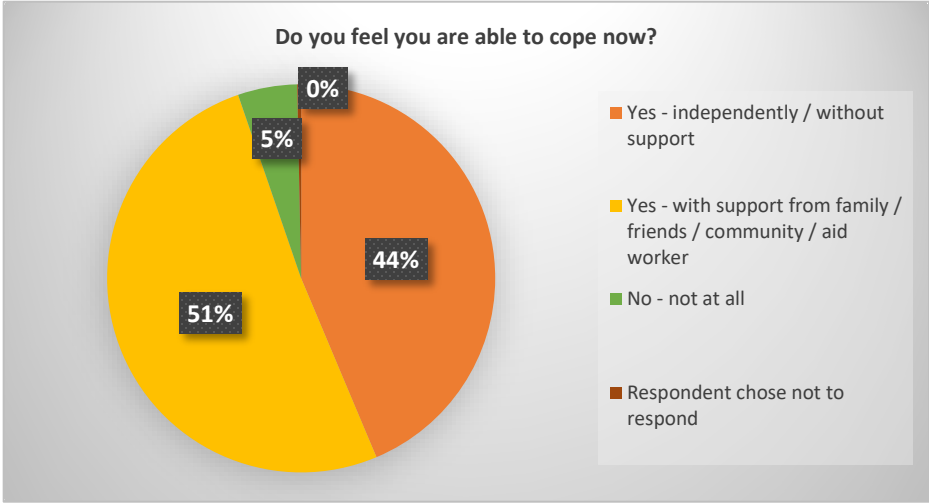
of resources, opportunities or services, 10% mentioned neglect/isolation and 8% reported physical abuse as the key risks. Only 8% reported that they did not have major safety risks in the community.

The safety risks for older men are not much variant from older women in these two droughts hit areas of Sindh. RNA – OP revealed that 29% older men termed financial abuse, 25% reported emotional abuse and 14% mentioned denial of resources, opportunities or services. Other key safety risks with older men are as, 9% mentioned neglect/isolation and 8% reported risk of physical abuse. Similar to older women, 8% reported that they have no major safety risks in the community.

The RNA found that 28% women view facing financial abuse, 25% see emotional abuse and 13% termed denial

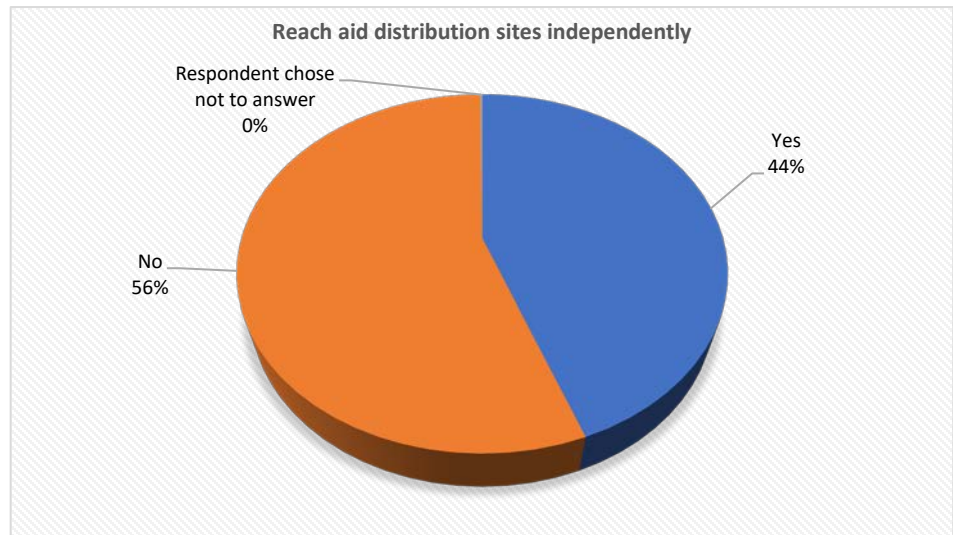


To assess the capacity of older people capacity to deal with the prevalent drought situation 51% older people affirmed they can cope with it with the support of friends and family, 44% shared they can independently cope with it without any support, while 5% of the respondents shared they do not have the capacity to deal with the situation at all.



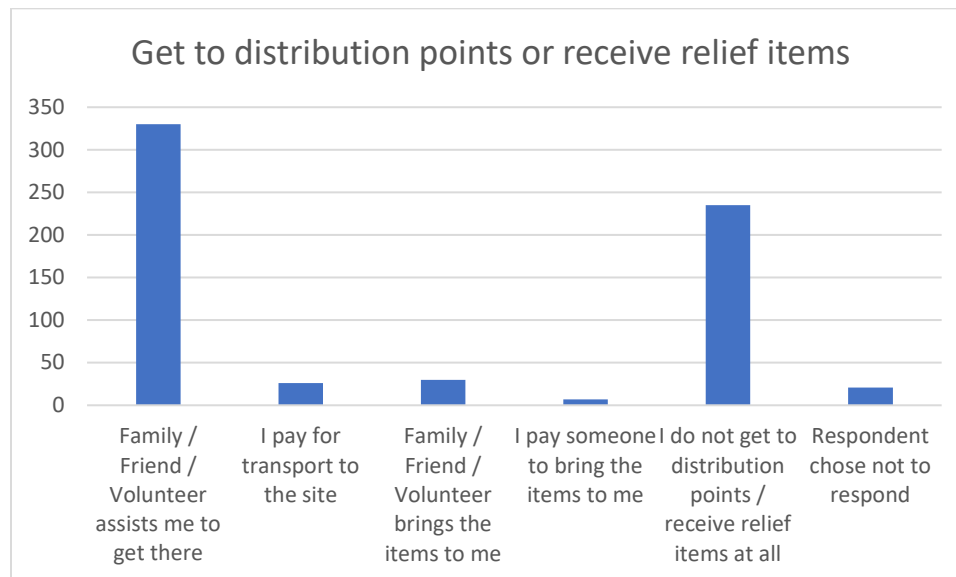
Disability

The component of disability is perhaps the most critical for older people particularly in this context as roughly half of our target population has some form of disability which makes their access to the safe places and distribution sites extremely challenging. To assess this component respondents were asked to answer about their reach to aid distribution sites independently.



55.52% responded that they are not able to reach aid distribution sites independently.

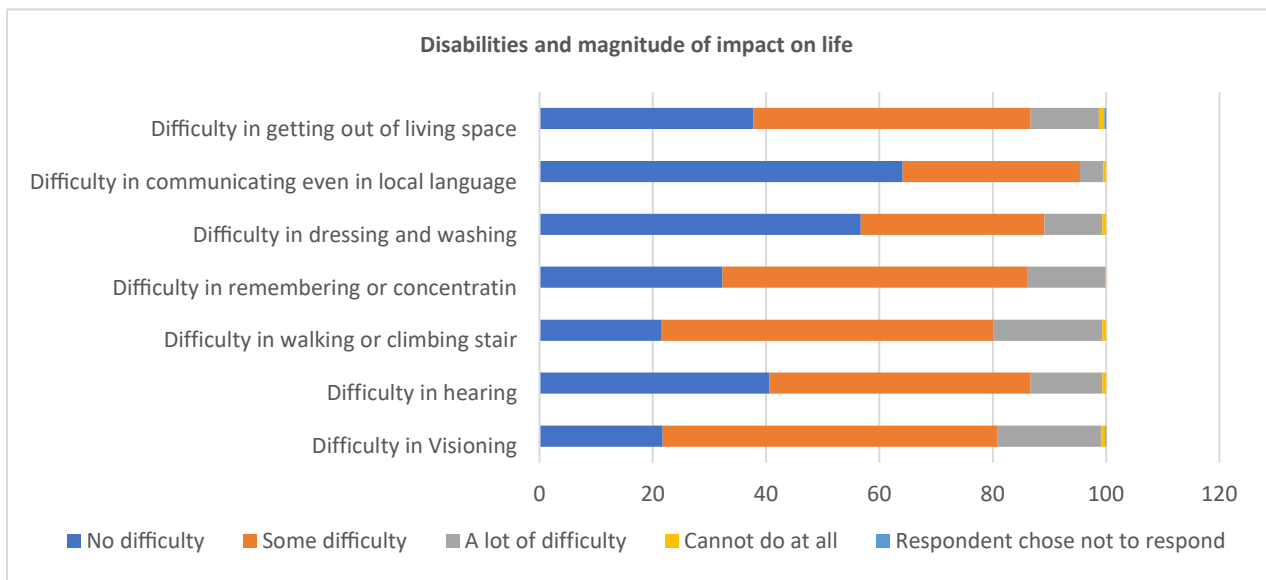
Their opinions on how older population reach the distribution site, 54.36% shared that they were assisted by family, friend or a volunteer to reach distribution site, while 38.71% shared that they did not reach the distribution site at all. 5% shared that their friend or family member brought the relief item to them. 4% shared that they had to pay for the transportation cost to get to the distribution site. Remaining respondents either chose not to respond or said that they paid someone to bring the items to them.



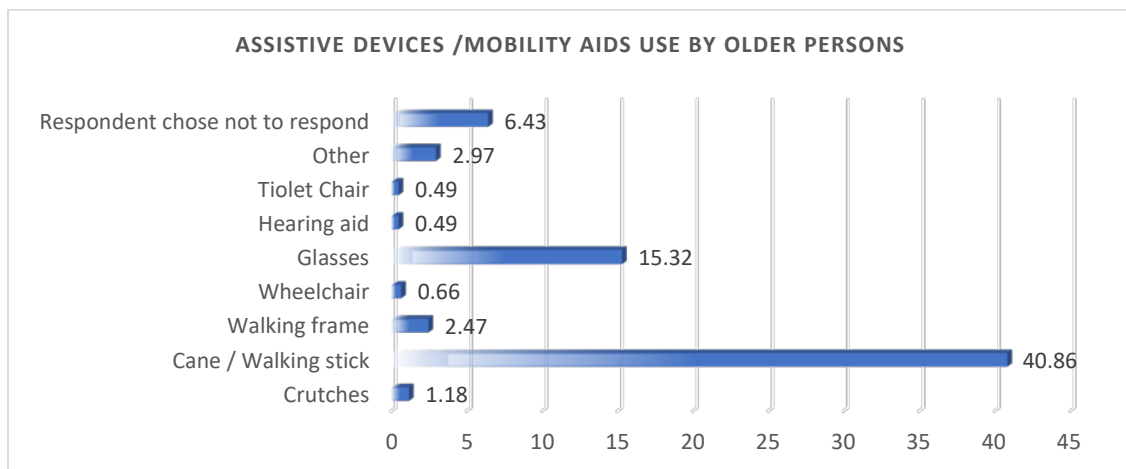
When respondents were asked about their disability, if any and its impact level on their life, 59.14% respondents stated that they have some difficulty in seeing while 18.29% have lot of difficulty. 46.13% respondents have some difficulty in hearing while 12.69% have lot of difficulty. 58.48% have some difficulty in walking or climbing stairs while 19.28% have lot of difficulty. In the same way 53.87% shared that they have some difficulty in remembering or concentrating while 13.67% have lot of difficulty. 32.45%

respondents have some difficulty in selfcare (dressing and washing) while 10.21% have lot of difficulty. 31.30% respondents submitted that they have some difficulty in communicating (understanding or being understood) even in local language and 4.12% have lot of difficulty. When surveyed older people and older persons with disabilities asked about difficulty in getting out of living space, 48.93% stated that they have some difficulty while 12.03% have lot of difficulty.

When respondents were asked about their disability and level of impact as 'cannot do at all', 0.99% responded they cannot at all get out of living space, 0.66% mentioned that they cannot go out at all due to disability related to vision, hearing, walking or climbing stairs and self-care. 0.49% mentioned they cannot do at all due to disability of communicating even in local language while 0.16% cannot do at all due to disability of remembering or concentration.



To tackle the challenges of disabilities older people use various mobility aids and assistive devices in Tharparker and Jamshoro districts. As per information derived from collected data 40.86% are using walking sticks/cane, 15.32% are using vision glasses, 2.47% using walking frames and 6.42% are using other assistive devices including crutches, wheel chairs, toilet chairs and hearing aids. Among them 36.74% reported that they still have their assistive devices and are using them while 31.96% reported that they have no assistive devices available and currently do not use them.

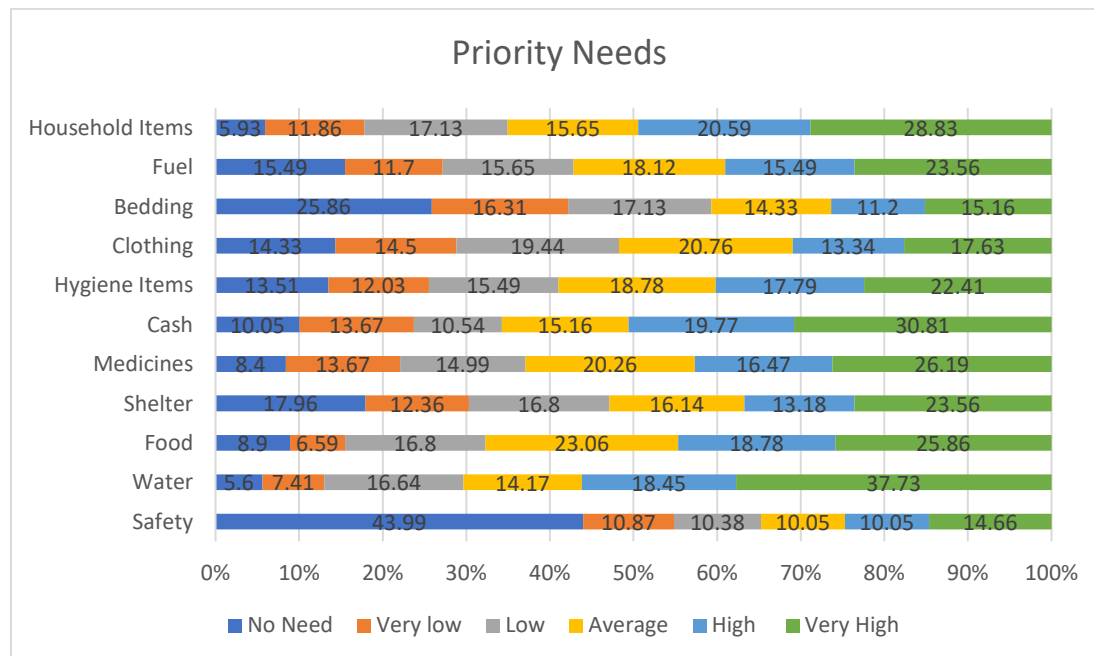


Priority needs

Respondents were asked about the priority needs of older people during drought situation in Tharparkar and Jamshoro districts of Sindh and asked them to rank each mentioned need from very low to very high priority need. 37.73% respondents ranked water, 28.83% ranked household items, and 25.86% ranked food as very high priority need. 20.59% respondent ranked household item as high priority need and 19.77% ranked cash as high priority need while 18.78% ranked food as **high priority need** of older people in the drought hit areas.

23.06% respondent ranked food as average priority need and 20.76% ranked clothing as average priority need of the older people while 20.26% respondent ranked medicines as **priority need**.

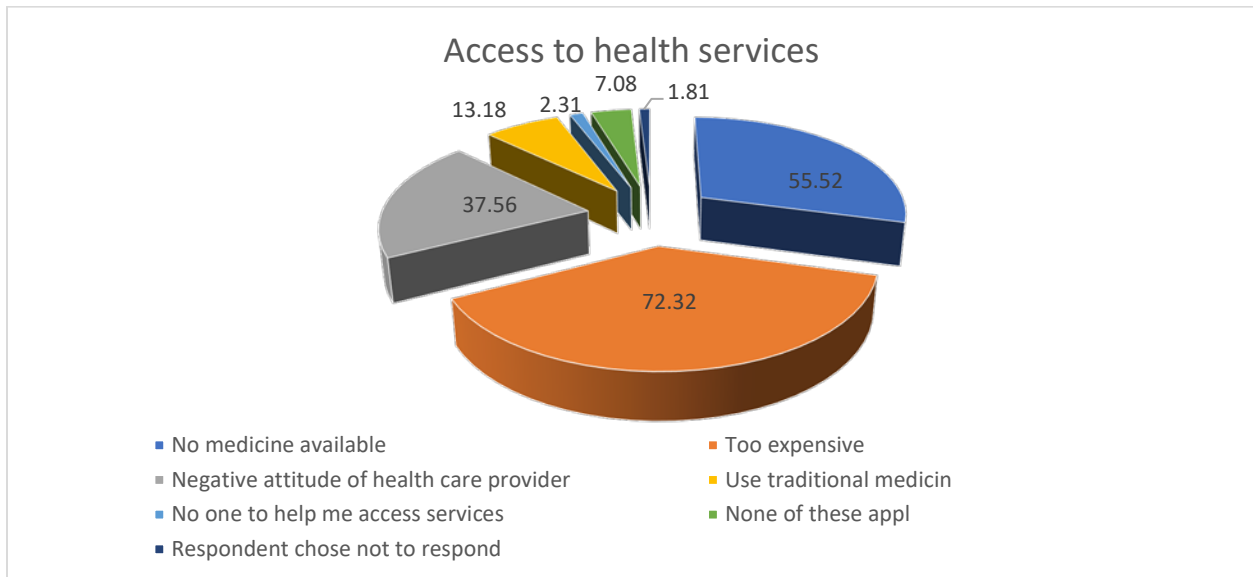
19.44% respondents ranked clothing as **low priority need** and 14.50% ranked clothing as **very low priority** need of the older people in drought hit areas and 17.13% respondent ranked bedding and household items as low priority need and 16.31 ranked the same as very low priority need of the older people. while 16.64% ranked water as low priority need.



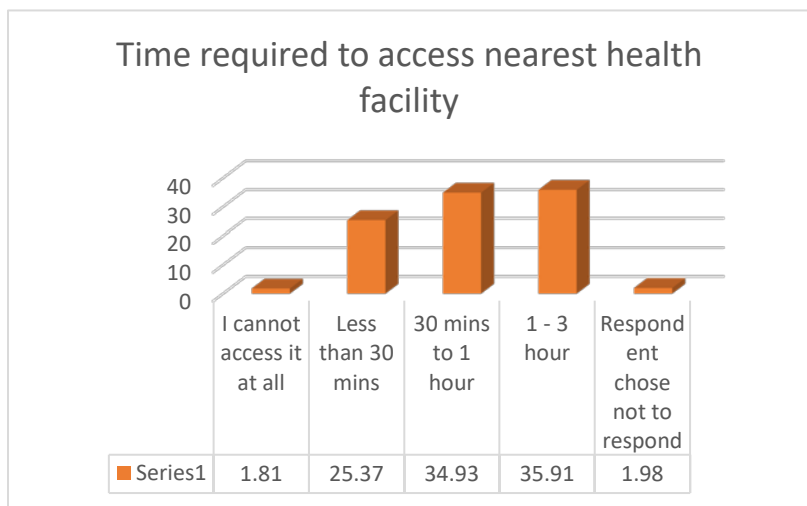
Health

Access of older people on health services is crucially important because older men and women have specific needs which includes specialized health services as well. However, any disaster put elderly at significant risk as the problems related to access to primary health care services arise and at times worsen their health condition. To assess this aspect, rapid need assessment for older people in drought hit areas reveals that 51.07% persons are not able to access health services due to various reasons. 72.32% respondents reported that medicines are too expensive while 55.52% submitted that medicines are not available at health services. 37.56% respondents have complaints about the negative attituded and

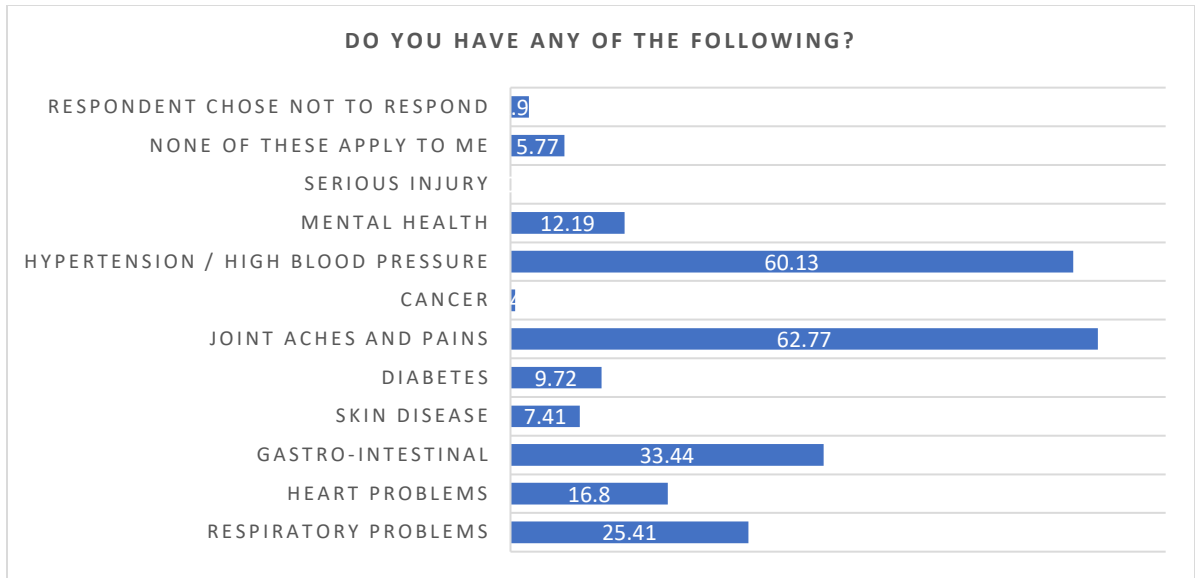
behavior of health services providers and 2.31% have need of someone to help them in accessing health services. 13.18% respondents informed they were using traditional medicines for their treatment.



45.96% respondents reported not feeling safe when accessing health facilities, which is also alarming in emergency. When asked to assess the time it takes to get to the nearest health facility when in need, 35.91% of the respondent reported around 1-3 hours, 34.93% reported 30 mins to 1 hour while 25.37% reported less than 30 mins required.

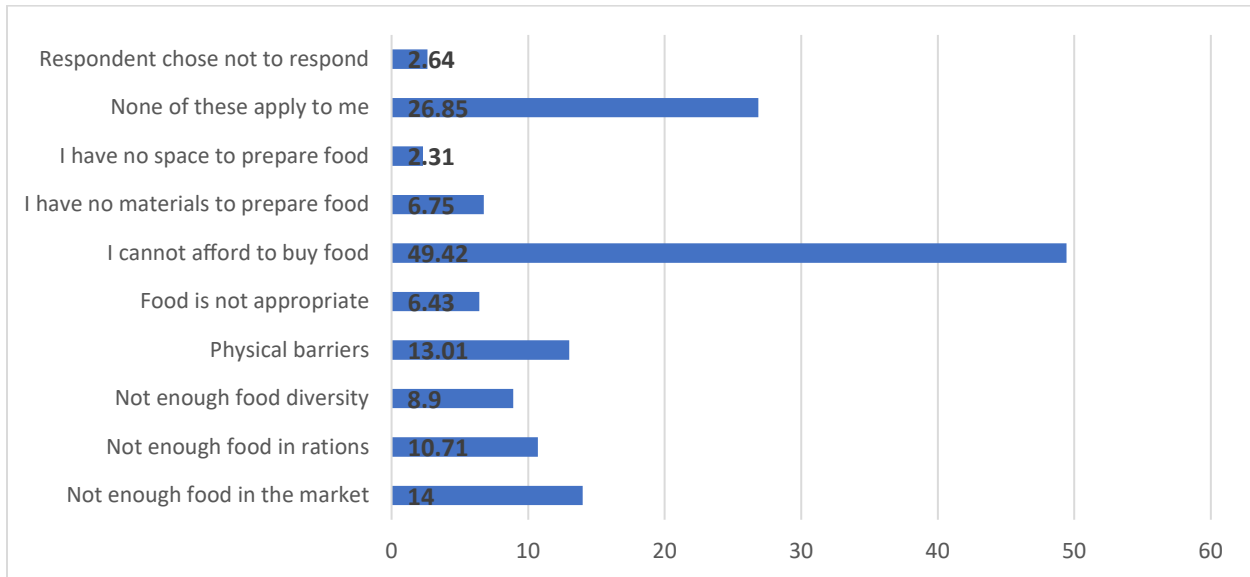


Regarding the prevalent health issues in older women and men, 62.77% older men and women respondent reported having joint aches and pain and 60.13% reported hypertension and high blood pressure as their health problem. Around 33.44% have gastro-intestinal and 25.41% have respiratory issues. Other health challenges faced by the older people were heart problems (16.80%) mental health issues (12.19%), Diabetes (9.72%), and Skin disease (7.41%). With much dependence on medication and health services when elderly respondents were asked how long their medicine last an overwhelming 47.12% responded that their medicine lasts for less than two days and 19.44% reported 3-7 days, and only 9.72% more than 10 days. A small percentage of 2.64% mentioned their medicines lasted for 7-10 days at the time of assessment.



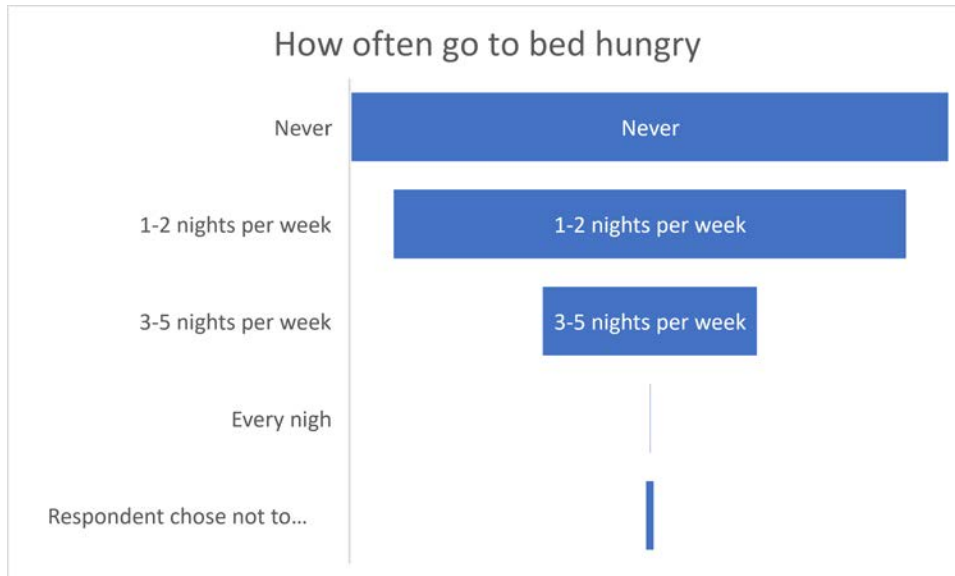
Food and Income

During the rapid need assessment for older people, when asked about access to sufficient food 32.29% reported they did not have access to sufficient food at the time of assessment. 38.22% respondents mentioned not feeling safe in accessing food.



At the time of assessment, 78.9% respondents reported eating food 2 times in a day, 11.7% reported one time food in a day, 7.5% reported three times food in a day while 0.99% reported 4 time food in a day.

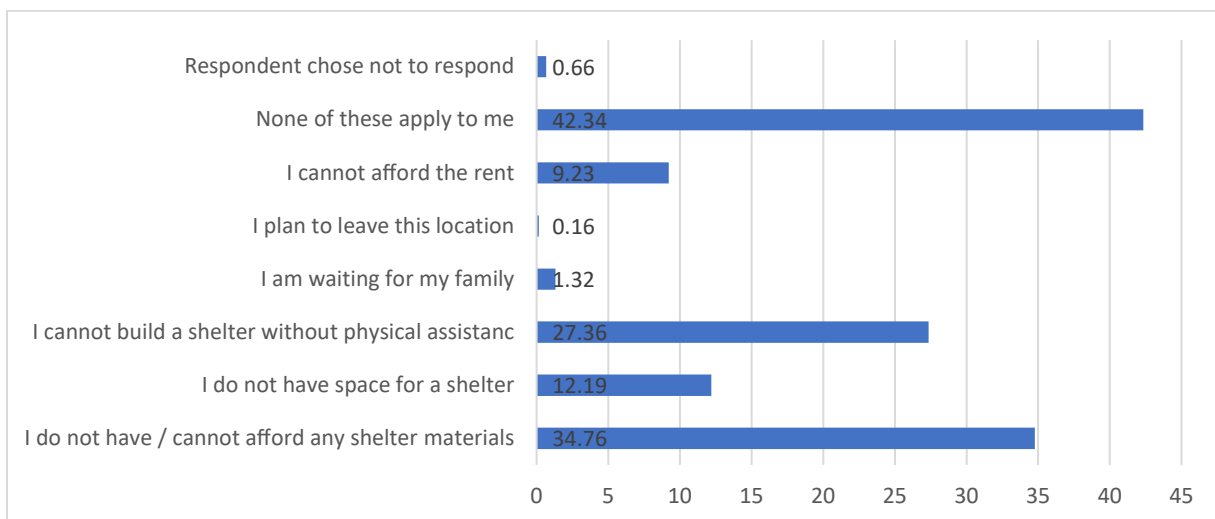
38.22% respondent reported go to bed hungry 1-2 days in a week while 16.14% respondent reported 3-5 nights in a week. Only 0.33% respondents informed that they went to bed without food every night. 44.48% respondents mentioned never going to bed without food in a week.



When respondents were asked about their current income, 78.98% said that they had no income currently. 69.52% had borrowed money or taken loans when the crises started. 71.99% mentioned that they would be able to use cash, if provided.

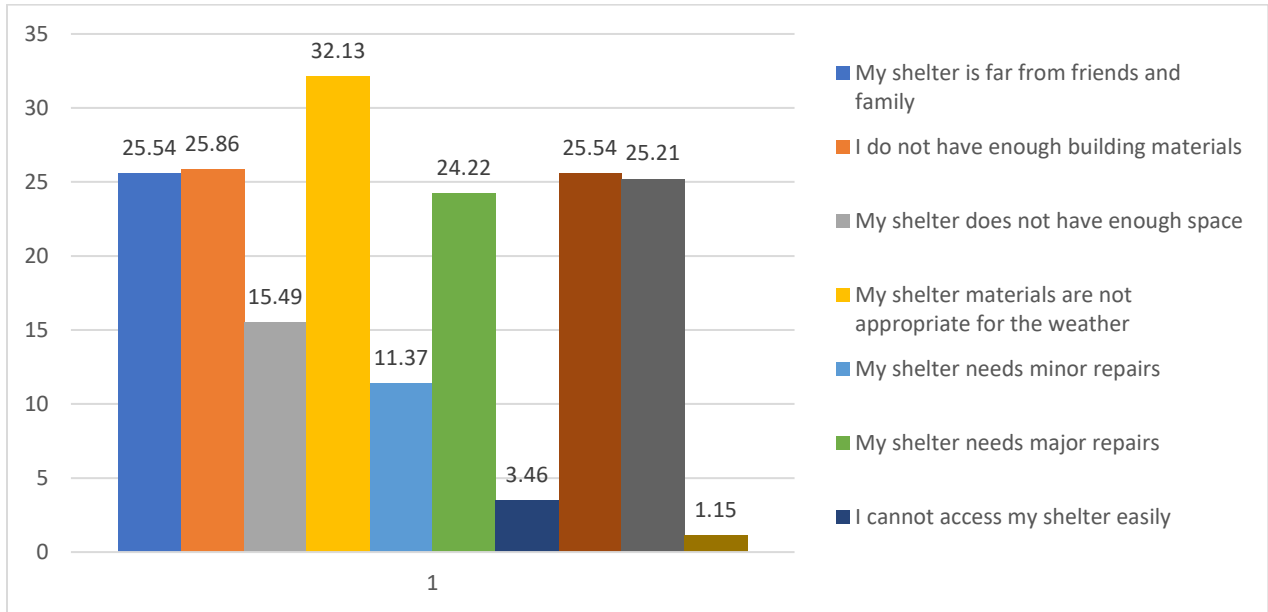
Shelter

69.69% of the respondent shared that they have a shelter. 36.24% respondents said that they did not feel safe in their shelter. 44.98% respondents were not satisfied with their current shelter. When respondents were asked about shelter conditions applied on them, 34.76% reported that they cannot afford any shelter material. 27.02% reported that they cannot build shelter without physical support. 12.19% said that they did not have any space to build the shelter. Other responses of the participants are mentioned in the following graph.



32.13% respondents informed that shelter material was not appropriate for weather conditions while 25.86% submitted that they did not have enough building material to construct shelter. 25.54% respondents replied that their shelter was far from friends and relatives and 24.22% responded that their

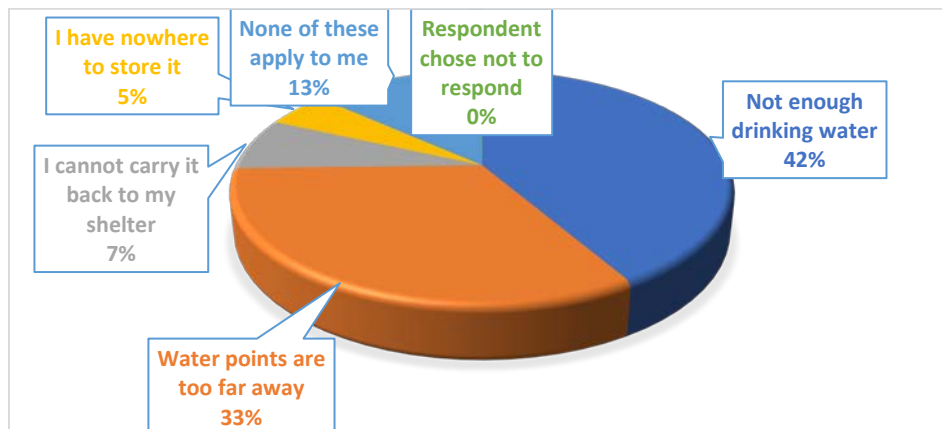
shelter needed major repair. 15.49% submitted that their shelter did not have enough space and 11.37% responded that their shelter needed minor repair only.



Wash

Respondents of rapid need assessment were asked about the availability of water for drinking and washing purposes. 50.08% respondents replied that they did not have access to safe drinking water. 66.06% respondents reported not feeling safe when accessing drinking water. 73.64% respondents reported that they were not satisfied with available drinking water facilities.

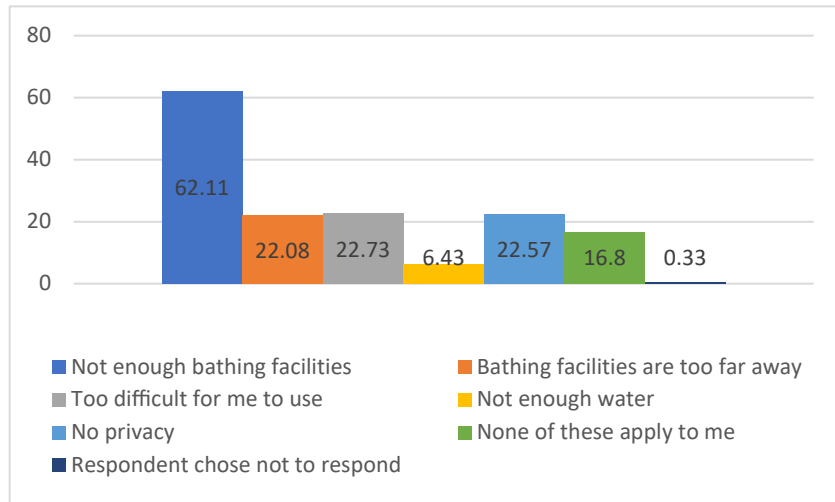
53.38% respondents responded that they did not have enough water, 42.34% responded water points being too far away from their shelter sites, 9.23% replied that they could not carry water back to their shelter and 6.26% said that they did not have any space to store water while 16.8% responded none of these condition applied to them.



82.37% respondents mentioned that they did not have any access to bathing facilities and 83.36% said that they did not feel safe when accessing bathing facilities. Furthermore, 62.11% respondents

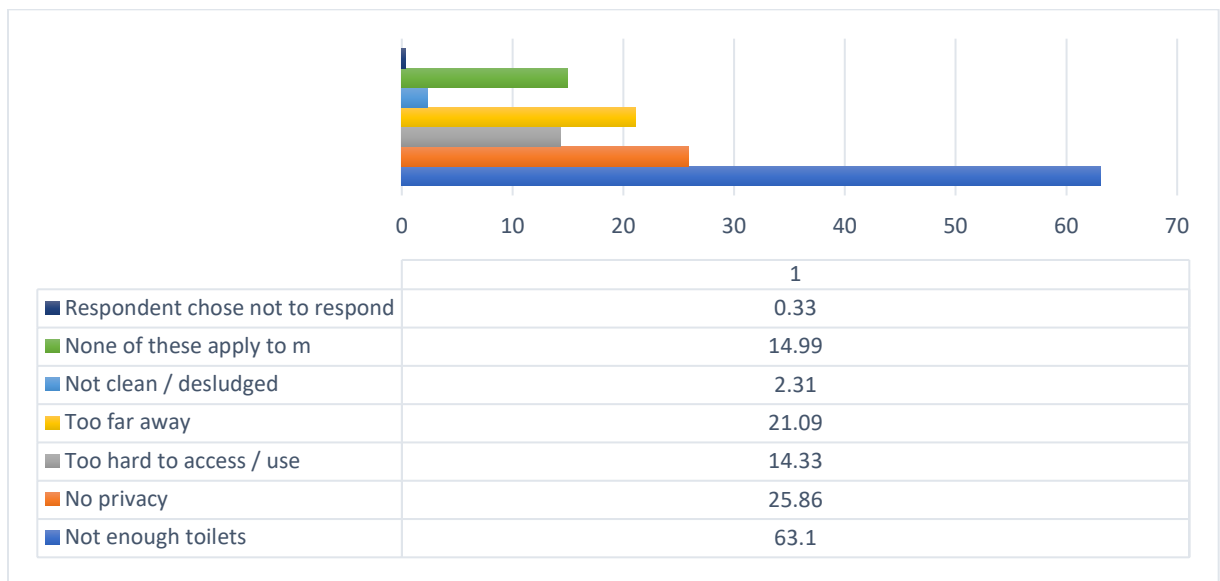
responded that they did not have enough bathing facilities, 22.73% responded it was too difficult for them to use available bathing facilities, 22.57% responded said there was no privacy when using bathing facilities, 22.08% reported that bathing facilities

were too far away for them and 6.43% stated that there was no water available in bathing facilities. 16.8% responded that none of the mentioned conditions applied to them.



When respondents were asked about handwashing facilities, 77.43% reported not having access to handwashing facilities at all and 76.61% mentioned that they did not feel safe when using handwashing facilities. 84.35% respondents replied during rapid need assessment for older people that they did have not access to toilets while 85.34% respondents were not feeling safe when using toilets.

63.1% respondents said that there were not enough toilets available for them while 25.86% complained about not having any privacy. 21.09% responded that toilets were far away from their shelter and 14.33% said toilets were too hard to access/use. 2.31% complained about lack of cleanliness in toilets while 14.99% said none of these conditions applied to them.



Accountability / Participation

Respondents were asked about the humanitarian assistance available in the area to reduce the vulnerabilities of older people. Not a single organization is specifically addressing the humanitarian needs of older people. 64.58% respondents said that no organization had contacted or consulted them for humanitarian assistance except previously. 70.80% respondents were not aware about how and who to make a complaint or share their opinion about the available humanitarian services provided in their areas.

Conclusion and Recommendation

- The government and humanitarian organizations including delivering humanitarian services in drought affected areas need to be sensitized on the specific needs of older people and persons with disabilities. They need to be urged to ensure that their interventions are inclusive of the specific needs of older people. In this regard, key findings of the RNA need to be shared widely with the humanitarian organizations, government and the donors.
- The humanitarian organizations should be trained on collecting sex, age and disability disaggregated (SADD) data and applying SADD methodology across their all data collection and reporting tools including the needs assessments.
- The RNA needs to be supplemented with a qualitative study to understand the context, causes of the issues reported by older women and men e.g. living alone, financial abuse etc.
- Initiate a multi-sectoral older people and persons with disabilities inclusive response in drought affected areas specifically addressing the health, disability and protection needs of older women and men.