More at risk

How older people are excluded in humanitarian data

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Abbreviations and Acronyms

AADMER   Disaster Management and Emergency Response

ADCAP   Age and Disability Capacity Programme

AHA   ASEAN Coordinating Centre for Humanitarian Assistance

ASEAN   Association of Southeast Asian Nations

CBM   Christian Blind Mission

CHS   Core Humanitarian Standards

COD   Common Operational Datasets

DFID   Department for International Development of the United Kingdom

DMRS   Disaster Monitoring System

DRM   Disaster Risk Management

DRR   Disaster Risk Reduction

ER   Emergency Response

ERAT   Emergency Response and Assessment Team

FOD   fundamental operational

HFA   Hyogo Framework for Action

IASC   Inter-Agency Standing Committee

ICT   Information Communication Technology

IDP   Internally Displaced Person

IFRC   International Federation of the Red Cross

IM-TWG   Inter-agency Information Management Technical Working Group

IOTWS   Indian Ocean Tsunami Warning System

JICA   Japan International Cooperation Agency

JOCCA   Joint Operation and Coordinating Centre of ASEAN

MIRA   Multi-Cluster Initial Rapid Assessment

NDMO   National Disaster Management Office

NGO   Non-Government Organization

OCHA	UN Office for the Coordination of Humanitarian Affairs
PDNA	Post-Disaster Needs Assessment
RAM-OP	Rapid Assessment Method for Older People
SADD	Sex, Age and Disability-Disaggregated data
UNDP	United Nations Development Programme
UNISDR	United Nations Office for Disaster Risk Reduction
VDC	Village Development Committee
WASH	Water, Sanitation and Hygiene

Executive Summary

When disaster strikes, older people are more at risk than other age groups. Consider these statistics:

75% of those who died during Hurricane Katrina in 2005 were aged 60 or over (who constituted only 16% of the local population)

56% of those who died during the Japanese Tsunami in 2011 were aged 65 or over (who constituted only 23% of the local population)

38% of fatalities in Typhoon Haiyan in the Philippines in 2013 were people aged over 60 (who constituted only 7% of the local population)

29% of those who died in the Nepal earthquake in 2015 were aged over 60 (who constiututed only 8.1% of the local population)

The Disaster Risk and Age Index projects an increasing frequency and intensity of disasters, and estimates a global population of 2 billion older people by 2050. This suggests that older people will suffer disproportionately in any future disasters. Yet despite a universal commitment to 'leave no one behind', older people are still left behind when disasters occur, for several reasons. These include a prevailing mindset of older people as victims rather than as active participants in their recovery, and older people's invisibility in terms of data concerning preparedness for and response to disasters. The below research conducted by HelpAge provides evidence of how older people are excluded in data collection, either intentionally or unintentionally.

Highlights of the study
Despite the fact that several international humanitarian organisations, including the United Nations Office for Disaster Risk Reduction (UNISDR) and HelpAge International, have emphasised the importance of collecting age-inclusive data, the research found that only one in five organisations collected age- and sex-disaggregated data in all their disaster preparedness initiatives. Also, only one in three agencies collected age-inclusive data in all of their emergency responses.

This is particularly disappointing considering the fact that guidelines and tools for the disaggregation of data by sex, age and disability are available from sources

such as the Sphere Handbook, the Inter-Agency Standing Committee (IASC) Gender Handbook and Humanitarian Inclusion Standards for Older People and People with Disabilities.

Several other findings of the study indicate how older people are excluded in data. For example, in most emergency responses, data concerning older people is collected using a single category, such as 'over 60', instead of distinguishing between people aged 60–70, 70–80 and over 80. Also, only 13 per cent of reports reviewed mentioned that older people participated in data collection, though this would be an excellent opportunity to obtain their feedback. In addition, the review of documents for five major disasters revealed that just one in four of the needs assessment reports mentioned older people, and only one in 10 reports provided specific data or analysis from the field. Furthermore, the report found that although some agencies collected data from and about older people, they did not use age as a unit or area of analysis.

Another disturbing trend revealed by the study was that older people are often only mentioned as part of a 'household', 'vulnerable group' or 'affected population'. Thus the assistance they receive is a standard package, which may not address their specific needs. In all of 226 documents reviewed, only five reports had specific recommendations to address the special needs of older people.

In many cases, "priority" for older people only meant they should be first to receive assistance, but the types of assistance were the same for all vulnerable groups. When priority is not matched with appropriateness in the different response phases, the issue of exclusion worsens.

Of the disaster reports reviewed, none discussed how many older people were reached or what actions were undertaken to address their identified needs. Although some reports described older people as a group in need of assistance, few documents mentioned older people's ability to contribute to their community's recovery process.

A survey conducted by this study also revealed that there is a limited awareness of humanitarian standards for the collection of data about older people. It was found that only 4 out of 10 organisations that have an inclusion policy ensure that staff responsible for disaster preparedness and response are aware of humanitarian standards specific to older people.

Conclusions
This study demonstrates that older people are inadequately included in data collection relating to preparedness for and response to disasters, which has marginalized them more than normal. This situation must change, as older people have the same rights as everyone else to assistance that upholds their dignity as

people, as well as the right to participate in all matters that affect them, including disaster risk management. Ensuring that there is age-inclusive data in all phases of disaster risk management has been called for since the Madrid International Platform for Action in 2002, and the need for such data has been recognized by almost all country policies. Besides this, Humanitarian Inclusion Standards were produced in early 2018, which are complimentary to Sphere standards and need to be used for planning data collection and analysis from pre-disaster to post-disaster recovery phases of a crisis.

This study also shows that there is a misconception that the needs of older people and people with disabilities are similar to the general population or that using "vulnerable groups" or similar terms as a category is sufficient to capture their specific context, which is not the case. Research also revealed that the statistical department of all countries collected minimum and expanded data sets at the pre-disaster stage, and this data could be used in the period immediately following a disaster as a reference guide to analysis.

Recommendations
Overall, the journey towards inclusiveness so that older women and men are visible in data protection practices still has a long way to go. In general, all stakeholders can improve the situation by:
- Recognising age and ageing as a unit of analysis that intersects with gender and disability across the life stages
- Recognising the capacity of older people to know, analyse and participate in actions that will lead to their recovery after a disaster
- Addressing barriers to collecting data about older people, building staff capacities, and integrating data on older people within data collection systems across all sectors and agencies
- Identifying areas of complementation and collaboration in sharing responsibilities in data collection, analysis and utilisation and an overall increase in investment in data management

More specifically, development and humanitarian organisations should work on:
- Integrating analysis of ageing concerns within institutional mandates or the scope of programming
- Increasing the awareness of staff concerning humanitarian inclusion standards, and increasing their capacity for the collection and analysis of data, as well as the use of sex-, age- and disability-disaggregated data
- Identifying and addressing misconceptions about collecting disaggregated data by sex, age, and disability
- Increasing organisations' capacities for data preparedness by making existing data and indices on older people available online
- Reviewing and updating existing vulnerability assessment and DRR action plans to integrate actions in disaster preparedness to address older people's

vulnerability and specific needs (e.g., relief items such as food, medicines, blankets, etc.)
- Ensuring the inclusion of older people in data collection, analysis and in planning responses
- Increasing collaboration in data collection and sharing, beginning with common data sets to be collected, analysed and used throughout the response and recovery phases
- Ensuring that the overall response meets the needs of diverse affected populations, including the specific needs of older men and women, with reference to the Humanitarian Inclusion Standards for Older People and People with Disabilities[1]

Collaboration between concerned agencies can be strengthened:
- By working together to influence policy and government data systems in setting up common data standards, tools and templates that incorporate the broader objective to leave no one behind
- By promoting existing tools of data collection and analysis of gender and disability (such as the Washington Group Questionnaire) that enable disaggregation as well as an integrated analysis of the intersection of age, sex and disability data
- By ensuring through coordinated monitoring that the overall response is tracked not at project level but at the community level through common monitoring tools to identify significant gaps in meeting the objective of leaving no one behind
- By advocating for an increase in investment by government, donors, and other institutions in data management systems, with reference to the Inclusive Data Charter2
- By producing information resources on disaster risk reduction and important aspects of the ongoing humanitarian response for development and humanitarian staff, as well as for people with limited sight, hearing, and speech
- By increasing the capacity of local governments and communities for disaster risk reduction, disaster preparedness and planning and monitoring aspects of humanitarian response
- By pooling or sharing resources and expertise and enabling the cross-fertilisation of ideas and practices to effect change throughout the disaster risk management and response phases and by ensuring that needs are met appropriately in an ongoing response
- By providing platforms – physical or virtual spaces – for people or for the use of information management technology for data exchange.

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[1] https://reliefweb.int/report/world/humanitarian-inclusion-standards-older-people-and-people-disabilities
[2] http://www.data4sdgs.org/initiatives/inclusive-data-charter

Following these recommendations will enable organisations concerned with disaster risk reduction to better prepare for future disasters and help disaster-affected communities to recover hand in hand, with older people as active participants in rebuilding their lives.

1 Introduction

The Disaster Risk and Age Index projects an increasing frequency and intensity of global disasters. It also estimates an increase in the number of older people to 2 billion by 2050.[3] In an ever more age-stratified society, this increase requires a better understanding of the diversity of contexts in which older people are able to prepare for and recover from disasters.

This changing situation is already affecting older people adversely. Hurricane Katrina, which struck New Orleans in 2005, claimed the lives of 75 per cent of people aged 60 and over, although this age cohort only constituted 16 per cent of the local population. The 2011 tsunami in Japan killed 56 per cent of the same age group, which made up only 23 per cent of the population.[4] Similarly, Typhoon Haiyan, which struck the Philippines in 2013, claimed 40 per cent of the same age group, though people over 60 only accounted for 8 per cent of the local population in the worst affected areas.[5]

Major disasters that have occurred in the last two decades have already shown the inadequacy of the humanitarian system to be prepared for and to respond appropriately to the specific needs of older people. Much more needs to be done to recognize and incorporate the capacities of older men and women in disaster preparedness, response and recovery. Older people have the same right as everyone else to appropriate assistance that upholds their dignity as people, as well as the right to participate in all matters that affect them, including disaster risk management. However, there are many blind spots and prevailing mindsets (such as treating older people as victims rather than as active participants in their recovery) that hinder the realisation of older people's rights in the context of disasters.

Data about older people at risk of disasters is one critical blind spot. As will be shown in this report, the collection, analysis, and use of data about older people in humanitarian settings and in disaster preparedness needs urgent attention in terms of both policy and practice to ensure they are not left behind. The invisibility of older people in data systems in disaster risk reduction (DRR) and humanitarian response can lead to DRR and humanitarian programmes that are inappropriate or insensitive to their specific needs and that are unable to address a combination of age, sex and disabilities. The absence of older people's voice and perspectives in risk assessment to response and recovery ignores their knowledge and their potential contribution to mitigate disaster risks. Essentially, the invisibility of older people in data systems can lead to their exclusion and a disregard for their rights.

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[3] Harris, C. and Mihnovits, A. 2015.

[4] Ibid.

[5] Kulcsar, A., 2013.

This desk research, commissioned by HelpAge International, provides evidence on data systems (from policy, collection, and utilisation of age-disaggregated data) in select countries in South and Southeast Asia. Focusing on countries where HelpAge International is present, the research also recommends strategies on advocacy to improve the collection and use of data and engage the participation of older people in terms of preparedness for and management of disasters.

Especially in disaster contexts, older people's capabilities need to be recognised. Leaving no one behind means that older people as a specific disaster-affected group should be able to receive quality assistance and as invaluable movers of society, they should be able to participate in rebuilding their lives, because it is their right.

2 Objectives and methods of the study

2.1 Objectives of the study

HelpAge International commissioned this study to gather information about the state of and trends in the collection and use of data about older people by humanitarian organisations in terms of disaster preparedness and humanitarian response. Selected countries in South and Southeast Asia where HelpAge is active were covered in the study. The research also aims to recommend strategies for advocacy towards a more inclusive practice of collecting and using data relating to older people in the humanitarian context.

In particular, the research aims to investigate the following areas in order to propose recommendations for improved collection and utilisation of age-, disability- and gender-inclusive data for disaster preparedness and humanitarian response:

1) Analyse the current policy environment in the area of DRR and emergency response (ER), focusing on:
   a. the inclusion of older people as a significant aspect of policy
   b. the availability of operational guidelines in the collection, systematisation and utilisation of data for age-inclusive DRR and humanitarian response

2) Describe and analyse the current practices and limitations of humanitarian organisations in collecting and utilising data on the inclusion of older people that focuses on recent major disasters in the region, particularly the 2010 floods in Pakistan, the 2013 Typhoon Haiyan in the Philippines, the 2015 Gorkha Earthquake in Nepal, the 2008 Cyclone Nargis in Myanmar, and the 2010 Merapi Eruption

The countries covered by this study in South Asia were Bangladesh, India, Nepal, Pakistan and Sri Lanka; and in Southeast Asia, they were Cambodia, Indonesia, Myanmar, Philippines, Thailand and Vietnam.

2.2 Methods

In order to evaluate existing policies and practices in the collection of inclusion data, the research employed two main methods: a review of documents and a survey. The review of documents was conducted in three stages: a global literature

review, followed by a policy review and a practice review. The survey analysed the responses of 72 respondents from 10 countries[6].

The global literature review looked at documents retrieved from the Internet that were published from 2012 to the present. These documents concerned international standards, assessment methodologies or technical guidelines, and cases of good practice, issues and challenges in DRR relating to older people in the humanitarian context. A number of documents that were deemed relevant even if they were produced before 2012 were also included, such as HelpAge publications and international guidelines or policies.

The objective of the policy review was to scope existing national laws, policies and guidelines on the inclusion of older people in data collection. The documents that were looked into were (a) international commitments, standards and tools; (b) national laws, policies, frameworks and plans; and (c) national data collection guidelines.

Using published reports, the review of practice analysed trends in the collection of age-disaggregated data, specifically on (1) the participation of older people in data collection, (2) data produced about older people, and (3) recommendations for further action targeting older people. Reports from 33 NGOs, both members and non-members of the Core Humanitarian Standards (CHS) Alliance were included in the review. A total of 226 reports from Non-Government Organizations (NGOs), UN agencies and clusters, and governments were reviewed in August 2018.

The practice review focused on three types of documents:

1) Pre-disaster data or risk assessments published on PreventionWeb, covering the 11 focus countries of this research
2) Disaster response assessments, plans, and lessons learnt from five major disasters in the regions covered in this research that were available on ReliefWeb: the 2008 Cyclone Nargis in Myanmar, the 2010 Merapi Eruption, the 2010 Pakistan Floods, the 2013 Typhoon Haiyan in the Philippines, and the 2015 Gorkha Earthquake in Nepal
3) Recovery needs assessment and plans for the five major disasters that were available on ReliefWeb.

Further description of the methodology and data analysis are explained in Annex 1.

The general timeline in the production of this report follows:

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[6] There were no respondents from Thailand (see Annex 1 for methodology).

June 2018	July 2018	August 2018	September 2018
Finalisation of research design	Finalisation of survey design Launch of survey	Revision of design to focus on secondary literature for the practice review	Close of survey Consolidation of survey findings
Document collection for global literature and policy review	Global literature document analysis Policy document analysis	Document collection for practice review Document analysis for practice review	Document analysis for practice review
	First draft (global review and policy review) and initial survey results report		Write-up of full draft to finalisation (November-December)

2.3   Limitations

Given the multi-layered data needs requirement at each phase of the disaster risk management cycle, this study was unable to consider some equally important aspects of data and knowledge creation concerning:

- Climate change, except to recognise that it increases the risks of exposed communities and vulnerable groups
- Early warning systems as channels of communicating data and risk knowledge
- Humanitarian accountability studies, except those produced for the five disasters that are covered in this report
- Use of information technology in humanitarian data management systems

2.4   Concepts used

Throughout this study, "age-inclusive data or information" pertains to *data* and *analysis* about older people's situations that recognises the intersection of age with sex and disability that increases their vulnerability to disasters. The availability of disaggregated data is an important starting point in DRR and humanitarian response that many international agreements and standards call attention to. Also, qualitative data are equally important, including quotes, anecdotes, stories and case studies that describe older men and women's experiences during and after disasters. These are also included in the concept of "data" or "information". Beyond numbers and stories, the processing and analysis of data make up a significant body of knowledge that can make the difference in saving lives and upholding the dignity of older people who are affected by disasters.

This research uses "inclusive data collection" to pertain to the entire process of generating, collating, analysing, and using data in humanitarian context. In addition, humanitarian "organisations" or "agencies" in this report refers to governments, UN agencies, Red Cross societies, NGOs and other institutions that respond to disasters as one of their interventions or core mandates.

3 Global calls for more data

"In emergency situations, such as natural disasters and other humanitarian emergencies, older persons are especially vulnerable and should be identified as such because they may be isolated from family and friends and less able to find food and shelter. They may also be called upon to assume primary caregiving roles. Governments and humanitarian relief agencies should recognize that older persons can make a positive contribution in coping with emergencies and in promoting rehabilitation and reconstruction" (Madrid International Plan of Action on Ageing, 2002).

3.1 Standards for age-inclusive data

The year 2015 established global milestones such as the international community committed to the Sustainable Development Goals, the Sendai Framework for Disaster Risk Reduction[7] and the Paris Agreement on climate change. In 2016, the World Humanitarian Summit forged commitments that emphasised the need to "leave no one behind" and to transform the delivery of humanitarian action to people who were affected by disasters, conflicts and other emergencies. These global commitments – by states and non-state actors – have consistently called for the systematic collection, analysis, dissemination and use of disaggregated data to provide more accurate information about the severity of the impact of disasters and the needs of all social groups and sectors based on age, sex, disability, and other determinants[8] of social vulnerability.

Together with the United Nations Office for Disaster Risk Reduction (UNISDR), HelpAge International developed Charter 14 for Older People in Disaster Risk Reduction that championed older people to be visible as beneficiaries and agents in the entire sphere of risk reduction and humanitarian response[9]. This inclusive approach recognises the abilities of older people to prepare for and respond appropriately to their needs. Collecting and sharing data about older people

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[7] "Disaster risk reduction requires a multi-hazard approach and inclusive risk-informed decision-making based on the open exchange and dissemination of disaggregated data, including by sex, age and disability, as well as on the easily accessible, up-to-date, comprehensible, science-based, non-sensitive risk information, complemented by traditional knowledge." (Sendai Framework for Disaster Risk Reduction 2015-2030, 2015)

[8] See also HelpAge Global Age Watch Index (http://www.helpage.org/global-agewatch/) and Duncan, A., Parkinson, D., and Keech, E. 2018.

[9] Charter 14 for Older People in Disaster Risk Reduction, 2015

increases the ability of humanitarian response programmes to respond appropriately to their needs.

There had been earlier efforts to include older people in humanitarian action before 2015. As early as 2002, the Madrid International Plan of Action on Ageing had already recognised the distinct contexts by which older persons become severely affected by disasters, and the need for older people to be identified, located and involved in rebuilding their lives and the community.

Humanitarian standards are based on the principles of humanity and impartiality that should aim to provide appropriate relief and assistance to people based on age, sex, disability and other vulnerability markers. Other significant global compacts, standards and guidelines that have underscored the inclusion of older persons are:

- Inter-Agency Standing Committee (IASC) on Humanitarian Action and Older Persons: An essential brief for humanitarian actors (2008)
- The Sphere Handbook - Humanitarian Charter and Minimum Standards in Humanitarian Response (2000 with succeeding updates),
- Core Humanitarian Standards (CHS) (2014)[10]
- IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: promoting resilience and aiding recovery (2015)
- Charter on Inclusion of Persons with Disabilities in Humanitarian Action (2016)[11]
- New York Declaration for Refugees and Migrants (2016)
- Humanitarian Inclusion Standards for Older People and People with Disabilities (2018)[12]

Beyond disaster risk management, HelpAge is also involved, through the global Titchfield Group, to address issues of concepts, methodology and instrumentation in support of global calls for data inclusion on ageing and the availability of age-disaggregated statistics.[13]

3.2   Tools for collecting sex-, age-, and disability-disaggregated data

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,

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[10] The CHS is a voluntary code of practice that brings together elements from the Red Cross/Red Crescent and the NGO Code of Conduct, the Sphere Handbook Core Standards and Protection Principles, the 2010 HAP Standard, the People In Aid Code of Good Practice and the Quality COMPAS method (The Sphere Project, n.d.)

[11] See also Inclusion Charter, http://www.inclusioncharter.org/

[12] The sector inclusion standards are structured around three key areas of inclusion: (1) data and information management, (2) addressing barriers, and (3) the participation of older people and people with disabilities and the strengthening of their capacities.

[13] United Nations Economic and Social Council, 2018.

women, older people), depending on their agency mandates. For the purposes of this study, the following guidelines are worth mentioning because they encompass the different needs of data collection from disaster preparedness to response, and provide guidance for age, sex and disability[14] disaggregation:

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

Since the adoption of Sphere Standards by various humanitarian agencies and the release of the MIRA guidelines in 2012, there have been both a substantial basis and practical guidelines for collecting disaggregated data that enables not just a single-factor disaggregation but a combination of at least three factors: age, sex and disability. These guidelines also cover sector concerns such as health, food and nutrition, water, sanitation and hygiene (WASH), shelter and protection. The Humanitarian Inclusion Standards for Older People and People with Disabilities (released in 2018) requires the disaggregation of data by sex, age and disability according to age groups 60-69, 70-79, 80+[15].

HelpAge also produced guidelines such as Ensuring Inclusion of Older People in Initial Emergency Needs Assessments (2012), the Rapid Assessment Method for Older People (RAM-OP) (2015) and the Good Practice Guide: Embedding Inclusion of Older People and People with Disabilities in Humanitarian Policy and Practice (2018). The Department For International Development of the United Kingdom (DFID) and European Civil Protection and Humanitarian Aid Operations (ECHO), two of the largest humanitarian donor agencies, also have gender- and age-specific guidelines[16] evaluating humanitarian project proposals in terms of the inclusion of age, gender and disability concerns.

In 2017 UNISDR released technical guidance on data and methodology for monitoring the Sendai Framework, which includes "minimum and desirable data" by age, sex, disability and income for applicable targets and indicators.

Country-specific data standards or requirements are discussed in the next chapter.

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[14] It is also worth mentioning that the Washington Group questionnaire on disability was developed "for use on national censuses for gathering information about limitations in basic activity functioning among national populations" and to enable field data collectors to account for the number of people with disabilities in the population.

[15] Or according to the nationally developed age clusters; See also Harris, C. and Mihnovits, A., 2015.

[16] See Gender-Age Marker toolkit by ECHO/European Commission (https://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf)

3.3   Mapping what is needed

Understanding what is required is a necessary first step to be able to explore data that is available or absent. Table 1 puts together the data disaggregation requirements in DRR, humanitarian response and recovery as provided for in the Sendai Framework for Action, IASC Common Operational Datasets (COD) guidelines, Multi-Cluster Initial Rapid Assessment (MIRA) and Post-Disaster Needs Assessment (PDNA). These four reference documents or guidelines provide a holistic overview of the data requirements in the different stages of the disaster risk management cycle. The Sendai Framework is accompanied by technical guidance for monitoring progress in achieving the seven targets. The IASC CODs in Disaster Preparedness and Response (2010) is a data management and governance framework in response preparedness in the UN system. MIRA is a post-disaster coordinated assessment process involving the government, non-state humanitarian agencies and the UN. The UNDP/World Bank's PDNA tool is most often used by governments for assessing recovery needs.

At the minimum, the following data are required for data preparedness and initial post-disaster assessment:

- Population data disaggregated by age and sex
- Population of people with disability by age and sex
- Affected population disaggregated by age and sex
- Humanitarian profile disaggregated by age and sex (internally displaced, dead, injured, missing)

3.4   Mapping what is available

HelpAge data mapping study on ageing in Asia (2014) is useful as a reference to determine the data available that can be useful for risk assessments, contingency planning and response preparedness. The UNISDR also released findings of the Sendai Framework Data Readiness Review (2018), which provides a good overview of data that countries are collecting based on the 7 targets, and the extent to which data is disaggregated by age, sex and disability.

Overall, it can be said that age- and sex-disaggregated statistical data are available through national censuses, Demographic Health Surveys and ageing studies[17] that

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[17] From the HelpAge study (Teerawichitchainan & Knodel, 2015), all countries have census, Demographic and Health Surveys (DHS) and ageing surveys as of 2014, except for Pakistan. Census and household data available varies from country-to-country on the following: Basic characteristics: demographic characteristics, cultural characteristics, education; Employment and income: economic activity, reasons for not working, amount of income; Health: self-assessed health, recent illness, sensory impairments, disability, cognitive difficulty, psychological well-being, health behaviour, access to insurance, healthcare utilisation; Support for elderly:

can inform pre-disaster plans, including contingency plans at the national level. In some countries, statistics on disability are available but may not be age-or sex-disaggregated. The national level data can then further be referenced to extrapolate the number of affected population at lower levels (administrative boundaries). The HelpAge Rapid Assessment Method – Older Persons Guide provides a method for calculating such estimates[18].

Table 1 - Data disaggregation requirements in DRR, humanitarian response and recovery

Guideline	Data realms	Data required in relation to population and older people	Disaggregation requirement
Sendai Framework for Disaster Risk Reduction[19]	7 Targets: • reduce disaster mortality • reduce the number of affected people • reduce direct disaster economic loss • reduce disaster damage to critical infrastructure and disruption of basic services • increase the number of countries with national and local disaster risk reduction strategies • enhance international cooperation to developing countries • increase the availability of and access to multi-hazard early warning systems and disaster	Disaster mortality: • Number of deaths and missing persons attributed to disasters, per 100,000 population • Number of missing persons attributed to disasters, per 100,000 population Number of people affected • Number of people directly affected attributed to disasters, per 100,000 population • Number of people injured or ill attributed to disasters, per 100,000 population • Number of people whose damaged	By age, sex, disability, income OIEWG noted that data disaggregation might not be immediately feasible across all member states (Sendai Data Readiness Review)

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personal care, social support, number of children, location of children; Others: migration history, contribution to household, social participation. Household level information from census, DHS and studies on ageing also provide the following information on older persons: location, household (HH) membership size/composition, house/land ownership, characteristics of HH head, cultural characteristics of HH, characteristics of dwelling, construction material, water supply , electricity, kitchen/cooking fuel, heating system, bathing room, sanitary facilities, means of communication, possessions, means of transportation, livestock ownership, bank accounts/savings, HH economic activity, HH source of income, health risks, information about HH members living abroad, recent deaths.

[18] The UN Women also has a training manual on gender and economics (2017) that may be used as reference for using economic concepts in gender analysis. It notes, for example, male breadwinner bias as an outcome of economic policies that make women dependent on the breadwinner or on social transfers when gender contexts are not taken into account in economic planning.

[19] Based on Technical guidance for monitoring and reporting on Progress in achieving the global targets of the Sendai Framework for Disaster Risk Reduction (UNISDR, 2017)

Guideline	Data realms	Data required in relation to population and older people	Disaggregation requirement
	risk information and assessments	dwellings were attributed to disasters • Number of people whose destroyed dwellings were attributed to disasters • Number of people whose livelihoods were disrupted or destroyed attributed to disasters	
IASC Guidelines on Common Operational Datasets (CODs) in Disaster Preparedness and Response (2010)	7 Data sets: • Humanitarian Profile • Population Statistics • Administrative Boundaries • Populated Places • Transportation Network • Hydrology and • Hypsography	For Humanitarian Profile: • internally displaced • non-displaced affected • host family/resident community affected • refugee • dead • injured • missing For Population Statistics: • Total population by admin level (Individuals) • Total population by admin level (Number of Households) • Age • Sex Average family size by admin level	Aggregate (total population only)
Multi-Sector Initial Rapid Assessment (MIRA) Guideline	Analytical Framework • Humanitarian profile: Geographical scope and scale of the crisis; estimate of the number and type of affected groups • Severity of the crisis; estimate of the number of people in need at each sector level • Gaps in response; estimate of the number of people whose needs cannot be fulfilled with the current level of response or capacity • Operational constraints: Operational	Phase 1 (first 1-3 days after a disaster) Geographical characteristics: • Administrative area • Setting (urban/rural, coastal/inland) • Composite (population density, exposure to secondary risks, etc.) Population or group characteristics: • Affected groups (IDPs • /affected residents) • Vulnerable Groups • Socio-economic groups • Sex and age	Disaggregate by sex, age and other relevant vulnerability criteria by theme (may be reliant on presence of specialist in the team to ensure disaggregation and analysis)

Guideline	Data realms	Data required in relation to population and older people	Disaggregation requirement
		constraints; estimate of the people in need unable to receive regular assistance	
Post-Disaster Needs Assessments Volume A Guidelines 2013	Core elements • Disaster effect (infrastructure, service delivery, governance, risks, vulnerabilities and impact • Disaster impact (macroeconomic, human and social development)	Baseline data: Pre-disaster demographic, socio-economic, geographic, ethnic and cultural information* • Total population • Population density per sq km • Age 0-14 • Age 15-59 • Age 60 and above • Rural / urban • Male /female headed households • Literacy rate (15-24 yrs.) (female / male) • Life expectancy (female /male) • Human poverty index • Human development index • Urban poverty • Rural poverty • Per capita income • Infant mortality rate • Maternal mortality rate Pre-disaster data for each sector Nature and extent of pre-disaster hazards, vulnerabilities and risks National regional (or local) development plans, socio-economic goals in the short term, and poverty reduction strategies	Suggests data to be disaggregated by sex and age and to pursue a gender analysis, including cost of accessing goods and services (cost to individual/ household to procure goods/ services) A consideration during assessment is to focus on social exclusion and the measures needed to ensure universal access to all basic services, be it women, girls, men, boys, the physically disabled, youth, older people, vulnerable population groups, the landless, or persons with HIV/AIDS

* The list of items are selected examples of the information required for PDNA

4 Humanitarian data standards in Asia

Policies on inclusive data collection in the region

"We thought we were inclusive in our approach, but suddenly realised that we didn't have a common definition of old age, and we were not aware of different types of disabilities or how to collect such detailed information." [ADCAP, 2018]

The review of policies for this study shows that affirmative policies on inclusion are in place in all 11 countries, either as a law, legal framework, or long-term plan. Some policies still look at older people more as victims of disasters and hardly mention their capacities. Disaggregation by age, sex, and disability in data collection are also enshrined in national legal frameworks and operationalised in varying levels of details or guidelines.

Countries that have policies that acknowledge the capacities of older people to contribute to the entire disaster risk management cycle can be encouraged to promote collaboration.

4.1 Inclusion in policy

All countries that were covered in this study have a disaster management law. Except for Nepal, disaster management laws were adopted from 2005 to 2013, or after the Hyogo Framework for Action, with the likelihood that such laws were aligned to the HFA. Nepal's existing disaster management regime is governed by the 1992 Natural Calamity (Relief) Act.

In six countries, the right to protection and assistance for older people during disasters is explicitly stated (Bangladesh, Cambodia, Indonesia, Myanmar, Philippines and Vietnam). In India, an anti-discrimination clause is provided under its disaster management law, although it does not specifically mention older people: "No discrimination on the ground of sex, caste, community, descent or religion should be done while providing compensation and relief to the victims of disaster". Pakistan's DM law provides "special provisions to be made for vulnerable groups" but this is not further defined. In general, where the law does not define vulnerable groups or its associated terms such as inclusion or diversity, older people are not mentioned.

Cambodia's disaster management law provides for a rights-based approach, stating "Every individual has the right to the protection of life, dignity, property, and relief aid during a disaster. Every individual has the right to access information regarding hazards, vulnerabilities, risks, methodologies, and technologies for self-protection, disaster risk reduction, prevention, emergency response, and recovery." It further demands that competent authorities "pay high attention to the needs of women, children, elderly, handicapped and disabled persons."

The Philippine Disaster Risk Reduction and Management law identifies "vulnerable and marginalised groups" to include "individuals or groups of people that face higher exposure to disaster risk and poverty, including but not limited to women, especially pregnant women, youth, children, especially orphans and accompanied children, elderly, differently-abled people, indigenous people, disadvantaged families and individuals living in high-risk areas and danger zones, and those living beside main roads and in highly congested areas who are vulnerable to industrial, environmental and health hazards as well as road accidents. Included in the group exposed to poverty are marginalized farmers and fisher folks."

Vietnam's disaster management law provides another example of an inclusive statement: "Vulnerable group means a group of people who, due to their characteristics and circumstances, are likely to suffer more adverse impacts of natural disasters than other groups in the community. Vulnerable groups include children, elderly people, pregnant women, women nursing under-12-month children, people with disabilities, people suffering from dangerous diseases and poor people."

If other disaster management policies and plans are taken into consideration, it can be said that all countries explicitly call for the inclusion of older people who have distinct needs in the context of disasters. For example, Sri Lanka's National Policy on Disaster Management of 2010 has an entire section on "Equality, diversity and inclusion" in which older people are mentioned. Pakistan adopted the Policy Guidelines on Vulnerable Groups in 2014 that recognises the challenges of older people and provides overarching guidelines in addressing the needs of vulnerable groups, including older people. Nepal's National Strategy for Disaster Risk Management of 2014 calls for "all issues of gender and social inclusion [to be] mainstreamed into all phases of DRM." The National Disaster Risk Management Plan adopted by Thailand in 2015 tasks the Ministry of Social Development and Human Security to "support the provision of social welfare services to disaster-affected people as well as providing care and support to orphans, persons with disabilities and the elderly in disaster stricken areas."

Some policy documents have also shifted their view of older people (and vulnerable groups, in general) as helpless or merely victims of disasters who need assistance to being more empowered agents. Cambodia's National Action Plan for DRR 2014-

2018 states as an aim that "[vulnerable] men, women and children in rural, urban, coastal and mountainous regions are well-informed with the capacity to understand current and future risks, and are capable of organising themselves to prepare for, respond to and be resilient to disasters."

Nepal's National Strategy for Disaster Risk Management (NSDRM) states that "vulnerable groups will be enabled to understand the situation and decide what to do, when to act, and how to act in the event of a disaster. For this, activities will be carried out to enhance their self-confidence by raising their awareness to make use of their knowledge, capacity, opportunity, and rights."

4.2   Community-based risk assessments

Almost all countries in this study require, through their respective DM laws, the collection of risk data (hazards, vulnerabilities and capacities) at the local level, and the designation of local authorities to undertake the tasks. Some countries have adopted community-based disaster risk management as an integral approach and participatory risk assessments alongside science-based methods.

- Bangladesh: A Facilitators' Guidebook for Community Risk Assessment and Risk Reduction Plan
- India: National Disaster Management Guidelines: Preparation of State Disaster Management Plans (2009)
- Nepal: Guidelines for Formulation of District Disaster Management Plan 2012
- Pakistan: Instructors' Guidelines on Community-Based Disaster Risk Management
- Philippines: Community-Based Disaster Risk Reduction and Management Manual

In India, community participation in the development of the State Disaster Management Plan is suggested in the guidelines. In Pakistan, the use of generic participatory research methods for community risk assessment is provided as a guide for facilitators.

The Nepal guidelines for community risk assessments suggest conducting focus group discussions for each vulnerable group to ensure that the causes and impacts arising from their specific vulnerabilities are taken into consideration. A separate template for disaggregating population data by age, sex, disability and caste (Dalit) is also provided. The results are then fed into the development of the disaster risk management plan. However, the planning templates use only geographic categories and will require further effort to ensure that concerns specific to age, sex, disability or caste are integrated in the plans.

The Philippines community risk assessment guide includes a template for acquiring information through participatory methods, sex- and age-disaggregated data – age 61+ for older people – and by level of risk exposure (high, medium and low) for each hazard. The results make up the basis for the local Disaster Risk Reduction and Management Plan and the use of the Local Disaster Risk Reduction and Management Fund. The guidelines also require regular updating of community risk assessment alongside the usual local community planning processes as mandated by law.

The Bangladesh Community Risk Assessment encourages the generation of historical and seasonal community risks (including climate-related) by engaging specific vulnerable groups (women, people with disabilities, economic groups such as farmers and landless people) and the local authorities. The CRA guidelines outline the seven steps to undertake risk assessment covering hazard identification, risk analysis, and achieving consensus on options. The entire process entails seven days in-situ data collection to planning. While older people are not explicitly identified as a vulnerable group, there is no deterrent to older people participating in the process.

4.3   Guidelines for data disaggregation

All countries in this study have indicated the importance of risk information, the development of a database or information management system, the dissemination of risk information and early warning, and the collection of data on disaster needs and losses.

Five countries have specific formats or templates for sex-, age- and disability-disaggregated (SADD) data collection (Bangladesh, Indonesia, Nepal, Pakistan, Philippines). Nepal has a Vulnerability of the District and Risk and Capacity Profile as an annex to the Guidelines for the Formulation of a District Disaster Management Plan (2012). Data collected using this template include household and individual (male and female) population by ethnicity (Dalits, Indigenous Nationalities, Madhesis & Minorities, Others) and by age (Pregnant, Under 1 year, Under 5 years, 6–12 Years, 13–19 Years, 20–59 Years, Above 60 years). Data on disability are also collected and disaggregated by sex.

Bangladesh has its JNA Phase 1 – Initial Days Upazilla Level Assessment Format as a template for gathering general data about a disaster and its impact (deaths, missing, injured and displaced) that is disaggregated by male and female as well as by children (below 19 years old). Some sector data collected, such as on WASH facilities and shelter, assess needs by sex (men/boys and women/girls) as well as by the elderly and people with disabilities.

Indonesia's comprehensive Guidelines for the Use of Population Data in Disaster Management aim to provide technical guidance on the standardisation of disaster data and guide humanitarian aid workers in the application of population data for disaster management. The guidelines specifically mention that in disaster management, "systems of preparedness and emergency response are generally designed for people with no disabilities, whose escape or rescue would naturally involve walking, running, driving, seeing, hearing, and responding quickly to instructions, warnings, and announcements". As such, it directs disaster management planners to take into account the "diversity of the population and ensure that all groups are properly accounted for. It is important to remember that in every community, there are vulnerable groups that need special assistance, and they need to be incorporated in the national system of disaster preparedness and emergency response."

The guidelines provide for the use of both the 2010 census data and the country's Village Potential (PODES) survey to be used for disaster management planning. PODES collects data on demographics and employment, as well as information about housing and environment, education and health services, rural socio-cultural life, entertainment and sports, transportation, communication and information, land-use, security, village autonomy, community empowerment, agricultural modules, and natural disaster mitigation. This initiative is made possible by the collaboration between Indonesia's national statistics and the disaster management agency, the BPS and BNPB, respectively. Data are then translated into maps using GIS, in cooperation with other government agencies. Population data is readily accessible online (http://dibi.bnpb.go.id) through the Indonesian Disaster Data and Information (DIBI) system that uses Desinventar.

Using census and Village Potential Statistics (PODES) data, the reference figures for population can be derived for male and female population by age groups (5–6, 7–9, 10–12, 13–14, 15, 16, 17, 18, 19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50–54, 55–59, 60–64, 65+). Data on disability is available in terms of the number of people with impairment (seeing, hearing, walking, memorising, taking care of oneself).

Pakistan's National Policy Guidelines for the Conduct of Multi-Hazard Vulnerability and Risk Assessment recommends the calculation of the Social Vulnerability Index to include the proportion of the population aged 65+ and the number of those receiving pensions in the Nine Composite Factors for Social Vulnerability Assessment (Table 2). However, data on disability are collected only among children.

Table 2 - Nine composite factors for social vulnerability assessment in Pakistan

Factor	Component
1	Age, education, health outcome, socioeconomic status
2	Rural farm access
3	Information access
4	Children with disability
5	Social benefits
6	Infant safety
7	Low Income labourers
8	Poverty need for external income source
9	Preventative health measures

In the Philippines, the standard operating procedure requires all government agencies to follow templates in reporting about disaster incidents that include information on impacts on infrastructure, transport and other lifelines, and costs of delivered assistance. Data that are reported are number of people evacuated (pre-emptive evacuation), number of affected population (in evacuation centres and outside), number of damaged houses, and number of animals evacuated. A registry of casualties (dead and injured) requires recording name, age, sex, location/address as indicated in the NDRRMC Operations Center Standard Operating Procedures and Guidelines 2016.

In the country's Contingency Planning Guidebook (2017), CP Form 4B requires a breakdown of the number of affected population (CP Form A). For each location, planners must indicate the breakdown by sex (male and female) and by age (0–12 months, 1–3, 4–5, 6–12, 13–17, 18–59, and 60 years old and above), followed by the number of people with disabilities and "others". The form also asks for data input on "pregnant" and "lactating" women.

The Philippines also has several initiatives on standardising Common Operational Datasets (COD) and fundamental operational datasets (FOD), lodged in an inter-agency Information Management Technical Working Group (IM-TWG). The IM-TWG serves as a venue for NDRRMC Member Agencies and key partners to address disaster-related data and information availability, quality, accessibility, and system interoperability across the emergency cycle. The IM-TWG leads the formulation of guidelines in establishing, managing and sharing Common and Fundamental Operational Datasets. It meets frequently within a given year. Based on documents of meetings from the website, the CODs/FODs are currently focused on ensuring the application of the standard geographical coding system[20] of the country's statistics authority to ensure interoperability. However, aside from geographical data and health facilities, population data, socio-economic data, and other statistical data have not yet been incorporated into the data specification.

[20] Refers to the Philippine Standard Geographic Code

Other countries have policies and plans to collect SADD data but no templates or formats were gathered from the online research carried out in this study. For example, the collection of sex- and age-disaggregated data at the district to lower administrative levels is indicated in the Sri Lanka Comprehensive Disaster Management Programme (SLCDMP) 2014 – 2018. However, the reference to age is only for children.

India's Guidelines on the National Disaster Management Information and Communication System aims to develop the National Disaster Management Information System that refers to the "collection, storage, retrieval, mapping and analysis of geographic, demographic, topographic and infrastructure details, socio-economic data, etc., that have been superimposed on a digitised base map . . . and the hazard profile data in conjunction with satellite images to generate knowledge-based information." However, the guidelines are more focused on the use of ICT for data networking and do not identify content or types of data to be collected.

In addition, Japan International Cooperation Agency (JICA) supported a data collection survey on disaster prevention in four states in India. The report pointed out challenges related to institutional arrangements that generate and disseminate hazard information and hazard mitigation actions. The report also acknowledged that in the observed sites, narrow evacuation pathways to shelters constrained access to older people and people with disabilities. It noted "ensuring appropriate care for women, children, senior citizens, and disabled people in shelters" as a high priority issue that requires only minimal costs to address.

In summary, where national guidelines exist (Bangladesh, Indonesia, Nepal and Philippines), collecting age-and sex- disaggregated data, and to a limited extent, on disability and ethnicity was encouraged and supported. However, age-disaggregated data by age groups (in accordance with the Humanitarian Inclusion standards) is not required. Age group categories list "60 and above" or "65 and above" only.

Table 3 - DRR Policy Landscape in Asia

Countries	DM Law Year	Inclusion Principle	Inclusion of Older Persons	Other DM Policy Inclusion	DM Plan Year	Technical Guide for SADD Data Collection	Data collected on Older Persons
Bangladesh	2013	Art 27	Art 27	National Disaster Risk Management Plan (Draft)	2016-2020 (Draft)	SOD Appendix 13 (SOS Form)	None/Generic (Approximate Loss and Damage and Emergency Requirement)
Cambodia	2015	Art 18	Art 18		2014-2018		
India	2005	Sec 61	Sec 61		2016^		
Indonesia	2007	Art 55	Art 55	*	* 2010-2014	Guidelines for the Use of Population Data in Disaster Management	Disaggregated data by age and sex, data on disability
Myanmar	2013	Sec 13 (b)	Sec 13 (b)	National Disaster Management Rules 2015 Myanmar Action Plan on Disaster Risk Reduction 2017	2017^		
Nepal	1982	(None)	(None)	National Strategy for Disaster Risk Management (NSDRM) 2009 3.4.3. Gender and Social Inclusion	2009^	Annex 8 (Vulnerability of the District and Risk and Capacity Profile) in Guidelines for Formulation of District Disaster Management Plan, 2012	Disaggregated data by sex, age and caste
Pakistan	2010	Sec 11	(None)	National DRR Policy 2013 National Policy Guidelines on Vulnerable Groups 2014		NDMA Policy Guidelines for the Conduct of Multi-Hazard Vulnerability and Risk Assessment	Age as part of 9 composite factors for social vulnerability (mentions children with disability)
Philippines	2010	Art 2 Sec 1 (tt)	Art 2 Sec 1 (tt)	National Disaster Risk Reduction and Management Plan	2011-2028	2016 Contingency Planning Guide 2017	Sex- and age-disaggregated data required for contingency planning
Sri Lanka	2005	(None)	(None)	National Policy on Disaster Management 2010	2014-2018		
Thailand	2007	(None)	(None)	NDRMP 2015	2015^		
Vietnam	2013	Art 3	Art 3		2007-2020		

Notes: * - No English text available; ^-Draft policy

4.4   Sharing of disaster data in the ASEAN

The ASEAN sealed a legally binding agreement, the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) in 2005 which was ratified by all countries in 2009. AADMER states that responsibility for disaster risk management remains a primary duty of the affected member state. Regional cooperation and coordination during emergencies are to be managed by the ASEAN Coordinating Centre for Humanitarian Assistance and Disaster Management (AHA Centre), established in 2011. Regional policies and implementation of disaster management are supported by the ASEAN Secretariat under the Division on Disaster Management and Humanitarian Affairs of the Socio-Cultural Community. The ASEAN and the UN cooperate in various aspects of humanitarian response preparedness, including training of the ASEAN's Emergency Response and Assessment Team (ERAT)[21]. The ASEAN also works in partnership with various civil society organisations such as the AADMER Partnership Group (a consortium of INGOs working on humanitarian concerns and DRR in the region), the International Federation of the Red Cross (IFRC) and the private sector.

The ASEAN has in place various tools[22] that enable it to monitor disasters in the region and share risk information among its member states and partner agencies, including:

- Disaster Monitoring System (DMRS) to monitor disasters in near real-time
- Web-based Emergency Operation Centre (Web-EOC) as the information exchange platform during emergency response
- ASEAN Disaster Information Network as a crowd mapping platform for reporting disaster incidents
- ASEAN-Emergency Response and Assessment Team (ERAT) conducts joint assessment and facilitates humanitarian assistance on the ground
- The Joint Operation and Coordinating Centre of ASEAN (JOCCA) , an on-the-ground coordinating hub, managed by the ASEAN-ERAT; responsible for information management during an active emergency response
- ASEAN Joint Disaster Response Plan modules (quick deployable items and expertise) that include information management
- Indian Ocean Tsunami Warning System (IOTWS), developed together with South Asia and other countries for tsunami warning and mitigation

The AHA Centre produces flash and situation updates per incident, shares national disaster situation reports of disaster-affected states, and conducts after-action reviews of emergency response or simulation exercises, which inform the basis for policy development and operational improvement, for example, the publication of

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[21] ASEAN Secretariat, 2017. An Overview of ASEAN-UN Cooperation.
[22] AHA Centre, 2018, and Center for Excellence in Disaster Management & Humanitarian Assistance, 2015.

the Weathering the Perfect Storm: Lessons Learnt from the ASEAN Response in the Aftermath of Typhoon Haiyan.

In the AADMER, risk identification and monitoring covers hazards, vulnerabilities and capacities. In 2017, the ACDM adopted the ASEAN Regional Risk and Vulnerability Assessment Guidelines[23]. The purpose of the guidelines serves three levels:

Regional:
- Support cross-boundary response planning
- Assist in anticipating potential impacts and relative ability to cope at the national level
- Support identification of high-risk areas
- Support cross-boundary risk governance initiatives

National:
- Provide a starting point for national assessment and disaster risk information initiatives
- Assist in anticipating potential impacts and relative ability to cope at the subnational level
- Support prioritisation and resource allocation.

Community:
- Encourage consistent and actionable local-level assessments.

The guidelines provide the definition and methodology for identifying and collecting data on risk with components including hazard, vulnerability and disaster risk management capacity. Data of interest to this study are listed in **Error! Reference source not found.**4. The guidelines use the HFA Local Government Self-Assessment Tool for data collection on DRM capacity.

Table 4 - Selected data to be collected using ASEAN risk and vulnerability assessment

Risk elements	Data
Hazard	Population Households Individuals disaggregated by: gender, age, disability
Vulnerability	Populations of Concern • children and elderly • disabled people • people in poverty (national measure) Gender Concerns

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[23] With technical support from the Pacific Disaster Center and USAID

	• proportional representation in local government • ratio of female to male labour participation • adolescent fertility rate Other data • health, WASH, education, communications, transportation, environmental pressures
DRM Capacity	Local capacities (organisations and authorities) • knowledge, experience, mandate • training • financial resources • partnerships • participation (support vulnerable local communities (particularly women, elderly, infirm, children) • DRM planning participation at national level Investment in DRR • integration of disaster risks in land use policies and planning regulations for housing and development Resilience • integration of DRR plans in environmental and natural resource management • degree of civil society organizations, citizens, and the private sector in environmental and natural resource management • measures being taken to protect critical public facilities and infrastructure from damage during disasters • ability of all main schools, hospitals and health facilities to remain operational during emergencies • enforcement of regulations (e.g., land use plans, building codes) • financial services (e.g., saving and credit schemes, macro and micro-insurance) available to vulnerable and marginalized households • economic incentives for DRR for households and businesses (e.g., reduced insurance premiums for households, tax holidays for businesses) Understanding, Outreach and Awareness • conducting and updating thorough disaster risk assessments for key vulnerable development sectors • regularity of dissemination of information on local hazard trends and risk reduction measures, including early warnings of likely hazard impact • community participation in the development and operation of early warning systems • regularity of awareness building or education programmes on DRR and disaster preparedness for local communities integration of DRR and climate risks in courses, education or training as part of the educational curriculum Enhanced Preparedness for Response and Recovery: Plans • citizens' awareness of evacuation plans and participation in evacuation drills • regularity of training drills and rehearsals with the participation of relevant government and non-government representatives, local leaders and volunteers

- regularity of disaster preparedness drills undertaken in schools, hospitals and health facilities

Enhanced Preparedness for Response and Recovery: Implementation Resources

- extent of microfinancing, cash aid, soft loans, loan guarantees, etc. available to affected households after disasters
- resources and expertise to assist victims of psycho-social (psychological, emotional) impacts

During emergencies, the ERAT with 200 trained personnel is activated when the affected state's NDMO requests or accepts an offer of assistance from another ASEAN member state. The core functions of the ERAT are to conduct humanitarian assessments, to facilitate the reception of incoming assistance from the ASEAN, and to assist the NDMO in coordinating humanitarian response. The purpose of the ERAT's assessment is to provide decision-makers with relevant information to improve humanitarian response and enable the ASEAN to support the NDMO in responding to the needs of the affected population. The roles and skills required by the ERAT include conducting assessment data and providing security and logistics for information management. Gender balance in the team composition is encouraged. When activated, the ERAT is under the supervision, control and direction of the NDMO and becomes part of the affected country's human resource for the response.

In summary, countries in Asia have national guidelines to collect disaggregated data by age, sex, disability and other vulnerability factors. Some countries have more detailed templates and formats while others simply have a policy provision. There is an opportunity to further engage the ASEAN, specifically to collect and consolidate data and use its existing risk assessment guides prior to and after a disaster to ensure inclusion of older people in its information management systems and response.

5 Not up to standard: Data disaggregation in practice

> "Some organisations wrongly believe that their programmes are already inclusive and respond to everyone's needs. This belief usually stems from a misconception that the needs of older people and people with disabilities are similar to the general populations." [ADCAP, 2018]

The challenges in collecting data about older people stem from the inherent process of collecting and analysing data, and the context in which data is demanded during a humanitarian crisis. Governments and humanitarian actors require and produce different types of information in humanitarian settings. Since the humanitarian system is complex with humanitarian organisations having their own specific mandates and operations, the data they produce are diverse.

Issues intrinsic to the data management process[24]:

- Data availability – What is available? In what form? Is it accessible (i.e., through which channels or media, or formats accessible to people who are deaf, blind, etc.)?
- Data quality – Is it accurate, reliable and timely? Is it comparable?
- Data processing – How is it processed and analysed? Who is involved? What is the purpose of the data? How will data be used?
- Control of data – Who makes decisions about the process, access to information, etc.?
- Capacity – Do staff have the capacity to collect, process, analyse and communicate data? Do staff have the right behavioural competencies in interacting with vulnerable men and women of all ages and people with disabilities?

When applied in the humanitarian context, the challenges in data collection increase in complexity, compounded by the additional pressure to produce data rapidly. For example, pre-disaster data may no longer be reliable during and after a disaster because the demographic characteristics will have significantly changed due to the number of casualties and displacement. Difficulties commonly encountered by humanitarian staff in collecting data are site access due to road and transport conditions, language constraints, security issues, and even the availability of female staff to reach out to affected women and girls, which leave isolated communities and vulnerable groups outside the scope of the response.

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[24] See also Datta, A., Sigdel, S., et. Al,, 2018 and Raymond, N., 2016

The IASC notes that in a humanitarian context, the work on information management deserves political support and financial resources and at the same time demands better collaboration through a cluster system, enhanced guidance and standardised humanitarian indicators, predictability of demand for data, interoperability of data systems and accountability to affected communities[25]. Where the humanitarian community falls short in these aspects is manifested in the absence or lack of data on older people that leads to their exclusion in humanitarian response and recovery[26].

5.1   Risk assessments

The Sendai Framework for Action starts with 'Understanding Disaster Risks' as a Priority for Action that calls for concerted efforts to develop risk analysis methods and tools utilising both scientific and local knowledge; to make available non-sensitive and disaggregated data by sex, age and disability; to build the capacities of government, communities, civil society and the private sector; to optimise and invest in the use of technology for data collection, analysis and dissemination; and to increase awareness and the growth of disaster risk knowledge to better inform local disaster management planning.

The demands are high and at the centre of all this is the importance of collecting, consolidating, analysing, and disseminating disaster risk information to better understand the vulnerabilities of communities, their exposure to multiple hazards and their capacity to respond to such hazards, and more particularly, the implications of sex, age, disabilities and other factors.

In the policy review of this study, national risk assessments tend to focus on hazard assessment and provide minimal details about social vulnerability and institutional capacity. Notwithstanding, local disaster management authorities, with the participation of community stakeholder groups, are mandated to conduct local risk assessments that will provide more information about hazard exposure, vulnerabilities and capacities as a basis for planning (refer to previous chapter).

There is virtually a total absence of community risk assessment data that are available for this research to review, except for one report, which does not mention older people.

Most documents available to the public are tools used for community risk assessments. The key areas of analysis essentially focus on physical or infrastructural, social, and institutional vulnerabilities and capacities. These tools

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[25] IASC Task Force on Information Management Workshop on Strengthening IM in Humanitarian Crises, 2015
[26] See also IASC Humanitarian Action and Older Persons: An essential brief for humanitarian actors, 2008

largely utilise participatory research methods and encourage the participation of "all community stakeholders". Some make particular reference to the role of older people, such as the IFRC's Vulnerability and Capacity Analysis, which suggests that older people are sources of historical disaster information. Their capacities, different coping strategies at the household level, and the different impacts of the disasters are to be included in the assessment[27].

Humanitarian organisations do collect information in the pre-disaster phase, according to the survey that was conducted by this study. Data collected are largely demographic information disaggregated by sex and age. But, only one in three organisations collects data that includes the 60-and-above age category. Furthermore, only one in five organisations collects age- and sex-disaggregated data in *all* their disaster preparedness initiatives. Organisations that collect sex-disaggregated data are also more likely to collect age-disaggregated data that include people aged 60 and above. In addition, only one out of three organisations collects both age-and disability-disaggregated data.

There is also less likelihood that during the pre-disaster phase, organisations (one in five) will collect data by age groups (50–59, 60–69, 70–79, and 80-and-above) based on the Humanitarian Inclusion Standards for Older People and People with Disabilities.

Overall, much more is needed from organisations that are conducting disaster risk reduction to be inclusive in their analysis of risks, particularly in terms of the vulnerabilities and capacities of older people. The absence of inclusive data on older people will make data collection during a humanitarian response more challenging, but more importantly, runs the danger of excluding older people's views about community risks and their possible contribution to community resilience.

5.2   Response and recovery

This research focused its analysis on five disasters in the region: Typhoon Nargis in Myanmar (2008), the Pakistan Floods (2010), the Mt. Merapi Eruption in Indonesia (2010), Typhoon Haiyan in the Philippines (2013), and the Gorkha Earthquake in Nepal (2015).

Although the global literature review revealed a limited number of studies that focused on older people in the context of these disasters, the review of reports shared on ReliefWeb on the five disasters shows a more promising landscape. Of the 226 documents reviewed, mention of older people[28] as a vulnerable group was

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[27] International Federation of Red Cross and Red Crescent Societies, 2007

[28] This survey analysis considered the mention of "older people", "elderly", "senior citizen", "older women" and "older men" at least once as positive data.

found in four out of 10 reports. As concerns Typhoon Haiyan and the Gorkha Earthquake, one in two reports mentioned older people.

This study's survey results also show promising practices among organisations that responded to disasters in the last five years. Of the 70 survey respondents, 50 (77 per cent) collected data on older people (60+ years). One in three agencies (25 or 38 per cent) collected ageing-inclusive data in *all* of their responses while another 38 per cent collected data in *some* of their response programmes. However, there is a general trend that responding organisations are less likely to disaggregate data by age clusters (60-69, 70-79 and 80+).

When asked whether organisations intentionally collect data and feedback from older people in monitoring their response programmes, the survey reveals that 50 per cent collect data on older people by age and disability; 43 per cent collect data by age and gender; and 35 per cent collect data by age only.

The survey also reveals that during the recovery phase, more organisations collect data on older persons (61 per cent), by age and sex (63 per cent), and by age and disability (56 per cent).

Figure 1 - Collection of data and feedback from older people
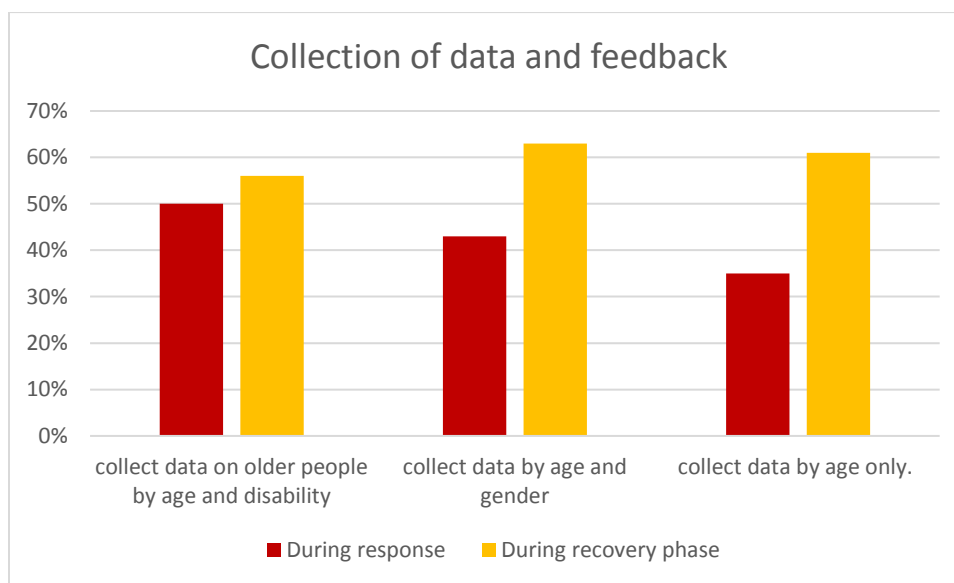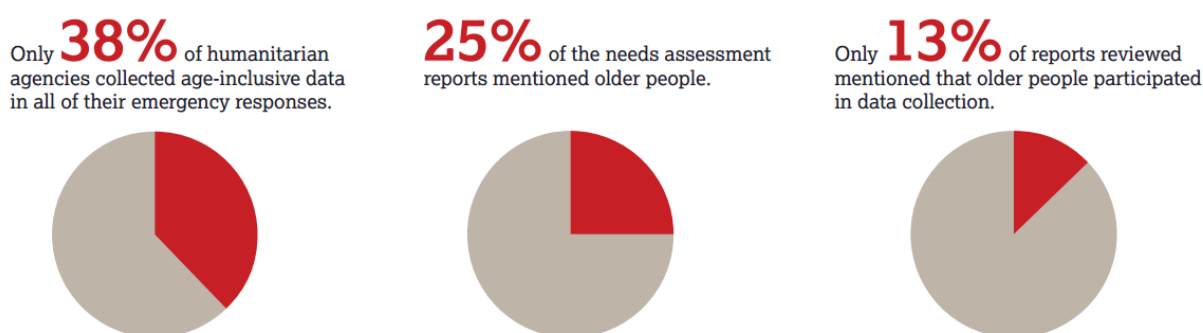

On the other hand, one in five organisations (21 per cent) that responded to at least one disaster in the past five years said they never collected age-disaggregated data or said that collecting such data was "not applicable".

Meanwhile, of the 226 documents reviewed for the five disasters in focus, 54 per cent of the reports mentioned older people. In terms of methodology, few reports

(13 per cent) mentioned that older people participated in data collection activities such as household surveys, interviews and focus group discussions. One report noted that the older people's association in the community served as a channel of feedback about the response.

Age-inclusive assessment still inadequate. This study's review of literature shows that only one in four of the needs assessment reports mentions older people. Out of 120 assessment reports, 12 documents mentioned statistics or data from the field. Some reports provided both age- and sex-disaggregated data. In most of the other reports, older people are merely mentioned in a statement that lists vulnerable groups together with women, children, lower caste, etc.) and lacks discussion about age-specific data or analysis.

Figure 2 - Age-inclusiveness in humanitarian context

Only **38%** of humanitarian agencies collected age-inclusive data in all of their emergency responses.

25% of the needs assessment reports mentioned older people.

Only **13%** of reports reviewed mentioned that older people participated in data collection.

Since only a few organisations collect data on older people, the likelihood that their needs are not met increases. The UN Office for the Coordination of Humanitarian Affairs (OCHA) review of assessments conducted during the Gorkha Earthquake noted:

> Groups considered vulnerable in Nepal include traditionally marginalised castes and indigenous ethnicities, women, elderly, people with disabilities, children, and single-headed households. The use of purposive sampling to get an inclusive picture of needs was used by some actors, such as conducting separate focus group discussions with low-caste community members. The fact that communities closest to the road were more likely to be assessed often meant that some of the most vulnerable groups were likely excluded from assistance. In most cases, there was no systematic way used to include people from vulnerable groups, though many organisations reported trying to interview people from different groups.[29]

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[29] Nepal Earthquake Assessment Unit, 2015f.

Some agencies that disaggregate by age actually exclude older persons – the data included only children under five or under 18 and working-age population or "adults" (up to age 59)[30].

There was one survey conducted in Nepal that sampled 3,000 respondents and identified data on the dependency ratio of those under-5 and above-60 years old, and reported in more detail the impacts on elderly people. Other reports that used survey and random sampling as methodology[31] did not include a discussion specific to older people. One example is an inter-agency initiative that produced a series of reports on community feedback during the Gorkha Earthquake response that hardly mentioned the specific concerns of older people in its reports, even though its sampling distribution showed a significant number of its respondents were aged 55 and above.

There were two reports about Typhoon Haiyan that stated having either limited data or an absence of data on older people. Stating "no data" is also important information as it can trigger further assessments or studies that agencies can plan for.

Aggregated data. Data become less granular in the post-response reports than during assessments. Some documents provide the number of beneficiaries (targeted or benefited) by "households" or "vulnerable groups" as units. By doing so, such generic categories fail to determine the different vulnerability factors of each type of group. Data on beneficiaries were not disaggregated by age, sex, disability, or caste.

Agencies disaggregate data according to their target vulnerable groups, but data of other groups are aggregated. Some examples are:

- A total of 30,236 women benefitted from female safe spaces in 33 Village Development Committees (VDCs) and Gorkha hospital. Elderly women and people with disabilities were also provided with support.
- By October 3,063 people with disabilities and older people had been identified; 56 per cent of people reached were persons with disabilities; 50 per cent were women/girls, 50 per cent men/boys.
- 238,000 target beneficiaries from vulnerable populations received assistance (Dalit; children under five years of age; widows and single women over 60 years of age; people with disabilities; senior citizens over 70 years of age or over 60 years of age if Dalit; and highly marginalised Janajati ethnic groups).

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[30] See also Global Age Watch Policy Brief, 2014.
[31] In a random sampling method, non-biased selection of respondents is likely to include older people or households with older people.

Data are not evolving. The use of available age- and sex-disaggregated secondary data in the immediate period following the Nepal earthquake was notable. One organisation referenced data on the number of women and elderly-headed households as well as the number of people with disabilities. The organisation also produced locally-collected figures for the same indicator in most of their community-level disaster needs assessments. Similar data on elderly female-headed households were also referenced by the government and the UN Clusters.

Reports shared on ReliefWeb for the five disasters show that there is an increased frequency in mentioning older people in evaluation and lessons-learnt reports of humanitarian agencies. There is an increase from 29 per cent of reports that mention older people in assessment reports to 65 per cent in lessons-learnt and evaluation reports.

However, even if more organisations were collecting more data in the latter stages of the response, organisations were no longer reporting disaggregated data. Agencies reverted back to using aggregated terms such as number of "households" and "vulnerable groups", as if there was some form of consensus on who these vulnerable groups to be prioritised were. Only one report on the Typhoon Haiyan response highlighted older people's views.[32] The overall result is a missed opportunity in tracking data from baseline to results across different stages of the response.

It should be expected that as the response progresses, better understanding of needs and contexts will help interventions respond to specific needs of different groups[33]. However, only five of the 226 documents had specific recommendations to address the special needs of older people. The recommendations in the Nepal earthquake response included setting up geriatric wards in hospitals in the affected districts; shifting all the elderly to hotels or good shelter homes so that they could be safe and secure during any following tremors; topping-up existing cash transfers to senior citizens, widows, single women, Dalit children and people with disabilities; and ensuring universal access to rehabilitation facilities. In the case of Typhoon Haiyan, one recommendation was to include infrastructure adaptation kits to improve accessibility for the disabled and the elderly. In the Pakistan flood, the response plan that was recommended was to establish health homes for the elderly and disabled as well as the provision of onsite healthcare and support for the most vulnerable groups. In Cyclone Nargis, one of the proposed priorities included "protecting the savings/interests of the elderly who may have lost control over resources or have difficulty in accessing services." There were no reports how these recommendations were considered or addressed.

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[32] Despite the initiative's efforts to make a representative sample, the number of respondents was disproportionately dominated by female and older respondents who were available for the survey.
[33] The Sphere Project, 2011.

HelpAge and Christian Blind Mission (CBM) International through the National Disaster Risk Reduction Centre [34] produced an extensive and in-depth study on the impacts on and needs of older people during the eight months after the Gorkha Earthquake. Data and areas of analysis included health, psychosocial health, livelihood, social support, food, water and shelter, and others. Studies such as these are important and best done early in the response period to provide baseline information. Through data sharing arrangements with other humanitarian agencies, the task of monitoring relevant indicators can be shared, and HelpAge can use these data for in-depth analysis across the different stages of the response.

Insufficiency of "priority" to meet specific needs. In a study of the response to the Gorkha Earthquake, Save the Children noted that "[w]hile blanket distributions are common practice in the immediate aftermath of a disaster,… if a transition is not made to a targeted approach as early as feasible, vulnerable groups will likely pay the price."

Old age is a criterion of vulnerability in the five focus disasters of this study. However, besides targeting older people as a vulnerable group, it is also important that their needs are met appropriately. One report for the Gorkha earthquake noted, "There have been many challenges in tailoring approaches, often due to the preference of the government for equality over equity. In some cases, differential assistance for pre-set categories could be negotiated. For example, households with lactating mothers or elderly would receive additional packages."[35] However, generally, reports indicate that interventions for older people were not differentiated from other vulnerable groups or the affected general population. This means, for example, that targeted older men and women received the same assistance for food, shelter and health, even if their nutrition and care needs are very different.

One of the constraints of older people and those with disabilities who were targeted for shelter assistance is their inability to reach the distribution sites. Some agencies offered elderly and women headed-households assistance to deliver their Corrugated Galvanised Iron (CGI) sheets and shelter toolkits, paying for transport and/or porters. Another NGO also reported that in the delivery of shelter assistance, two options were identified for the Haiyan-affected households: "direct build" or cash transfers for single working mothers, the elderly and people with disabilities who cannot manage shelter repair on their own. These examples show that when vulnerabilities are specifically identified according to specific groups or persons, the response can be appropriate and effective.

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[34] National Disaster Risk Reduction Centre, 2016

[35] Ferretti, S., de Clarens, M., et. al., 2016.

Mention of older people as a priority appears in sector assessments, plans and evaluation reports, specifically on protection and shelter with little detail about their specific needs. One report on Typhoon Haiyan noted that tuberculosis disproportionately affected older people, especially among men, and that old age was strongly associated with deaths from the disease. Another report in the Gorkha Earthquake recommended setting up geriatric wards during reconstruction. However, reports on sector-based actions undertaken to address the needs of older people were not found, as to how many older people were reached or what actions were undertaken to meet their specific needs. No report was found on livelihood opportunities extended to older people. Data on livelihoods focus on women and men of productive age.

Collaborating on data collection and analysis is an even bigger challenge in large-scale humanitarian crises. The joint UNHCR and HelpAge good practice guide notes that during the Pakistan Flood response, the involvement of a large number of humanitarian stakeholders created difficulties in integrating age-friendly responses by cluster, and that "even with specific cluster commitment to address core concerns such as age and disability, the lack of field data on older people reduced the efficacy (and legitimacy) of advocacy messages, and made claims of exclusion of older people from service provision hard to prove"[36].

Certainly, any response must be evolving in its understanding of specific needs of vulnerable groups due to time spent and interaction with them. What the documents reviewed suggest is that from the early response phase to the recovery phase, the specialisation of assistance for older people did not evolve. "Priority" for older people only meant they should be first to receive assistance, but the type of assistance was the same for all vulnerable groups. In the immediate period following a disaster, this may be acceptable. But as the life-saving phase begins to settle down, and more information has been generated (particularly sectoral assessments), the succeeding response plans must be able to identify the types and manner of delivering assistance specific to age, sex, disability and other vulnerability factors. When "priority" is not matched with "appropriateness" in the different response phases, the issue of exclusion worsens.

Data are not always used. The survey of this study reveals that the more consistent the organisation is in collecting data on older people, the more likely the data will inform the response. Out of the 25 organisations that collected data on older people *in all of their responses*, 15 (60 per cent) said they would use data to inform their response, in all cases and 8 (32 per cent) said they would use the data in some responses only. Of the 25 organisations that collected data on older people in some of their response, 68 per cent said they would use data occasionally to inform their response and only 16 per cent said they used data collected every time.

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[36] HelpAge and UNCHR, 2012, p. 7.

Figure 3 - How data on older people are being used by organisations

Use of data by organizations to inform their response

Occasionaly Always Not used
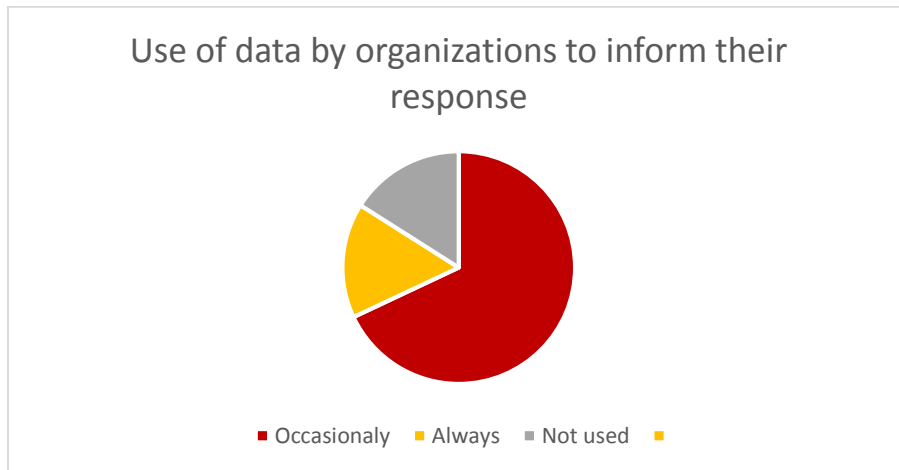
An example mentioned in the survey of how programmes were adjusted is having special queues for older people, for pregnant women and for people with disabilities. Some organisations have adopted a home-delivery approach to provide relief assistance to households whose members could not reach the distribution site, especially older people.

An evaluation of DFID-funded organisations for the Nepal response reported that agencies hardly adapted or adjusted their response strategy despite information that was made available. This was because the time and effort it would take to seek approval for a change in implementation was very tedious and time-consuming[37]. This is a much broader issue that both the humanitarian community and donors must seek to address to enable flexibility in recalibrating the response based on emerging analysis and response context.

Recipients, but not yet agents. In the documents reviewed, older people are described as people in need of assistance. In one document, the only mention of older people is the increased work for carers that they placed on women and girls. Few documents[38] mention older people's capacity to contribute to the response to disaster. One report in the Merapi response discussed the important roles of the elder council in the community, which is usually dominated by men. The report noted that it is difficult, though not impossible, for older women to be a part of this group. In another report about the Cyclone Nargis response, younger women said that they turned to older women when they needed someone to confide in about being sad or having difficulties during the disaster period.

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[37] ITAD, 2015.
[38] Except those produced by HelpAge International.

5.3   Gender and ageing

There is a trend that if women are mentioned in reports, older people are also likely to be acknowledged as a vulnerable group. In a way, gender perspective serves as a significant reminder that vulnerability analysis is a cross-cutting concern.

There is a significant number of reports and documents about gender-based violence, reproductive and sexual health concerns, and women-oriented livelihood interventions—but these focus on girls and women of productive age. If data is provided about these issues, the cut-off age is 59. In another example, HIV prevalence data is generally only collected up to the age of 49, contributing to older people's invisibility and exclusion in all subsequent responses[39], even if older people are likely to have the responsibility to care for family members surviving the disease or for children orphaned as a result of it.

Generally, the reports reviewed make no differentiation of needs between women and men of productive age from women and men in their old age. Older people are treated as homogenous, without acknowledging gender differences.

A study on the impact of the Japan earthquake[40] provides many insights into the exclusion of older people, and older women in particular, that may resonate in other contexts. Two thirds of those who lost their lives were people over 60 years old, although this age cohort accounted for only 30 per cent of the population in the affected areas. Older Japanese who survived the disaster faced a lack of appropriate facilities or insufficient staff to care for their needs or a limited capacity of their local government to implement ageing-specific policies for disaster preparedness and response. This is especially significant in this country where there is a large ageing population and where there is sufficient capacity for disaster preparedness and response in general. Some local governments responded by removing barriers to older people accessing assistance.

In Japan, 96 per cent of community leaders (residents' associations and evacuation centres) were led by men. In the National Disaster Prevention Council, only 1 out of the 25 committee members was a woman. The report also indicated that cash-for-work and other economic opportunities were extended differently to older men and women. In many evacuation centres, women were given the task of preparing meals for the evacuees three times a day, in addition to taking care of the elderly and children while the men were out looking for work. To alleviate workload on the evacuees, a rotation system was established in some centres. However, women were not compensated for their work in the centres, while men engaged in cash-for-work programmes such as cleaning up debris from the disaster area were remunerated. Meanwhile, the study also recognised that the limited data available indicates that some men needed counselling to deal with alcoholism and domestic

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[39] IASC, 2008.
[40] Saito, Y., Shibuya, H., Arnold, M, n.d.

violence, while other men who were left to care for children—a shift in gender roles—needed special counselling as a result of the loss of the female parent or the loss of livelihood.[41]

5.4   Disaggregating Disability

The integration of disability in humanitarian programming and response remains inadequate. Pre-disaster data on disability are inaccurate, while response to people with disabilities fails to take into account the types of impairments and to consider people with disabilities as a distinct group.[42] Two studies delved into the use of disability statistics and the Washington Group Questionnaire shows that the key to inclusion of disability data in data collection is an understanding of how they will be used. Donor requirement was also mentioned as a key factor, together with the global commitment to leave no one behind. The constraints in collecting data using the Washington Group Short Survey to determine the prevalence of disability include limitation of the questions to identify psychosocial disabilities, understanding and the stigma attached to disability, staff capacity and support, and time pressure[43].

The available literature on understanding both disability and ageing is very limited[44]. However, one study points out that an understanding of the functional capacity (and needs) rather than age should be given more emphasis in post-disaster care. "For example, a child with a hearing impairment may have similar needs to a frail adult with hearing deficits. Similarly, a 35-year-old with multiple sclerosis and an older adult with functional limitations may both be wheelchair-bound and require mobility assistance." [45] This makes the intersection of disability and age an important consideration in planning an appropriate disaster response.

The HelpAge study, Missing Millions, points to the various barriers that bring about the exclusion of older people with disabilities in data collection in complex humanitarian emergencies. These barriers include: a lack of specific guidance on understanding the intersection of age and disability, an absence of a standard methodology or the use of mixed approaches to data collection, an inability to utilise existing statistical data on both ageing and disability as a basis for estimating the number of affected people, a lack of consultation with older people, particularly those with disabilities, the time required to gather and disaggregate sex, age and disability data, and the unchecked attitudes or tendency of some humanitarian workers to ignore the already invisible – older people with disabilities. Another key

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[41] Ibid.

[42] Twigg, J., Kett, M. and Lovell, E., 2018.

[43] Thivillier, P., and Cordero R., 2017 and Leonard Cheshire and Humanity and Inclusion, 2018.

[44] Sheppard, P., & Polack, S. 2018

[45] Johnson, H., Ling, C., and McBee, E., 2014.

finding in the Missing Millions report is a lack of collaboration between organisations working with older people and those working with people with disabilities in humanitarian contexts.[46]

In another study on older people whose homes were severely damaged after the earthquake in Chile in 2010, it was revealed that older people experienced a deterioration of their health, both physical and psychological, including post-traumatic stress symptoms. The lack of or decrease in older people's social activities, their isolation, and the degradation of support networks after the disaster were related to the deterioration of physical and psychological health. The survey also noted that these older people belonged to low-income groups, and thus they experienced high material losses and their use of health and social services was limited after the disaster. As such, low-income status was an important determinant of the physical and psychological health deterioration of older people, post-event, than the intensity of the disaster itself.[47]

5.5   Staff awareness

Despite the availability of assessment guides and tools, it is generally agreed that there is an absence of guidance on the minimum data requirements on age disaggregation[48]. The need to achieve standards in data collection is indeed much more complex than asking for the number of people affected by a disaster in terms of sex, age and disability. For example, widespread use of the Washington Group questionnaire has been limited due to time constraints[49]. However, to leave no one behind, SADD is a minimum requirement.

Insensitive attitudes and misconceptions of humanitarian staff[50] also result in excluding older people in data collection, including:

- Focusing on "normal" people first before reaching out to older people and people with disabilities
- Misconceptions that the needs of older people and people with disabilities are similar to the general population or that using "vulnerable groups" as a category is sufficient to capture their specific contexts
- Assuming that the inclusion of older people and people with disabilities will require big budgetary allocations, expensive specialist care and increased programming cost

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[46] Ibid, Sheppard, P., & Polack, S. 2018.

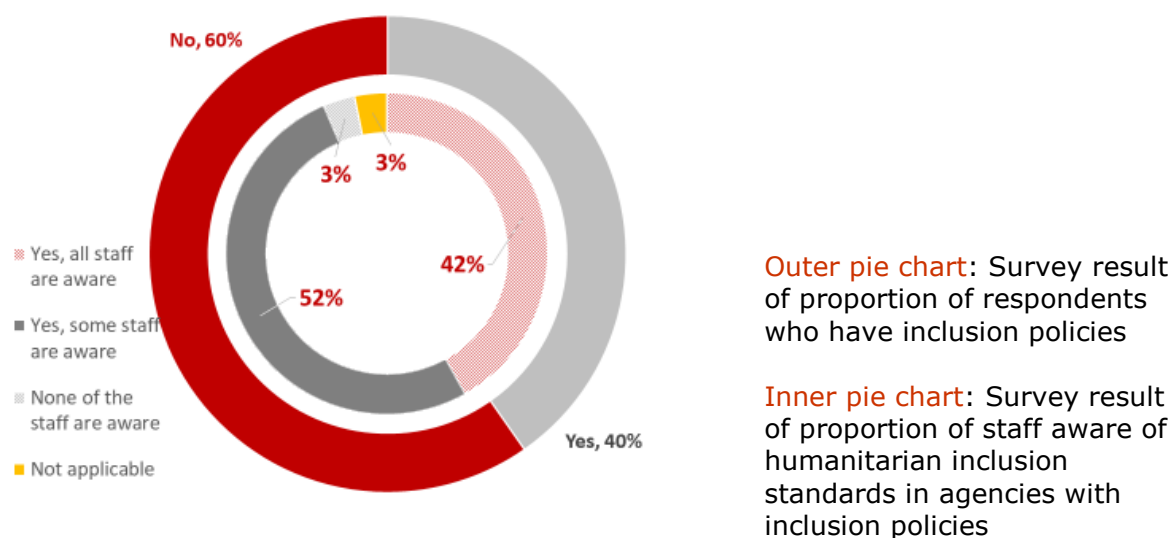[47] Labra, O., Maltais, D., and Gingras-Lacroix, G., 2018.

[48] Akerkar, S. Bhardwaj,R., 2018

[49] UNICEF, Handicap International, International Disability Alliance, Washington Group on Disability Statistics, and UNHCR, 2017.

[50] Ibid, Akerkar, S. Bhardwaj,R., 2018.

To what extent do organisations require their staff to be aware of humanitarian inclusion standards for older people? Respondents to this study's survey show that organisations that have *some staff* who are aware of inclusion standards account for 52 per cent as opposed *to all staff*, 42 per cent, who are aware of inclusion standards.

Figure 4 - Proportion of organisations with policy on inclusion and extent of staff aware of humanitarian inclusion standards for older people.

Outer pie chart: Survey result of proportion of respondents who have inclusion policies

Inner pie chart: Survey result of proportion of staff aware of humanitarian inclusion standards in agencies with inclusion policies

5.6   Institutional constraints

Organisations that collect data on older people have taken steps to improve data collection, such as designating an adviser on inclusion or creating a task force that works on inclusion; training and sensitising staff on inclusion standards, particularly for older people, and enabling them with assessment tools; putting in place policies; and working with–older people's associations.[51]

In the aftermath of Cyclone Nargis in Myanmar in 2008, the Tripartite core group involving the government of Myanmar, the ASEAN, and the UN carried out reviews of sector responses. An expert on ageing from HelpAge was seconded to the Global Protection Cluster. To address gaps in data collected on older people, the expert helped to revise the monitoring questions used in the review that resulted in a more inclusive analysis of the situation of older men and women and their specific needs. Aside from standardising the definition of older people as those aged 60+, the review asked about the number of older people who lacked documentation, which was essential to access health care[52].

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[51] Ibid.

[52] HelpAge and UNHCR, 2012.

Similar to the example given, a number of factors prompt the collection of data on older people, such as the designation of an inclusion adviser[53] or formation of a committee to collect data at the village level[54]; training and sensitising staff on inclusion standards, particularly for older people, and providing them with assessment tools; putting in place policies; and working with older people's associations.

In Moheshkali Union in Cox's Bazar District in Bangladesh, the older people's association conducted a village mapping exercise with older people, including ranking them by poverty and health. Data were updated by the OPA members and NGO staff partners. When the community was struck by a cyclone, the OPA was able to identify the most vulnerable persons who required assistance using information on poverty, poor health and mobility.[55]

Agency mandates. The IASC points out that humanitarian needs assessments tend to be tailored to institutional skills and mandates, and comprehensive assessments are extremely scarce. Housebound older persons are especially likely to be missed out at the rapid assessment stage[56]. This is echoed in the survey results. Constraints in collecting data on older people in disaster contexts include institutional mandates (i.e., older people are not the primary target group of the agency), capacity, cost of collecting and analysing data, purpose and utilisation of data, and time sensitivity (urgency to deal with the response).

Time and resources. Time and resource constraints have been identified (from the survey and documents review) as common barriers to collecting and analysing data on older people. Limited time and resources relate to recruitment of staff (who can speak the language, as well as female staff); geographic and political access constraints to affected communities; concerns about inclusion of the Washington Group questionnaire into existing questionnaires or templates; and the ability to consolidate and process data. For example, in the Gorkha earthquake response, "[when] large datasets such as the number of potentially vulnerable groups (including older people, disabled people, and particular ethnic and caste groups) living in different areas, were available and accessible, they had not been processed or organised in a format that could be used quickly."[57]

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[53] In the implementation of the Age and Disability Capacity Programme, inclusion advisers were trained to conduct organisational assessments and the planning of inclusion initiatives within their respective organisations and then they led or provided support in planning and implementing inclusive organisational practices and systems for older people and concerns about people with disabilities.

[54] This was done by an older people's association in Bangladesh (HelpAge, 2007)

[55] HelpAge International, 2007

[56] IASC, 2008.

[57] Datta, A., Sigdel, S., Oven, K., Rosser, N., Densmore, A., & Rijal, S., 2018, p.21.

Inclusion policy. Among a total of 72 respondents in the survey, 29 organisations (40 per cent) have a policy on inclusion in DRR and response programming that includes older people. Among them, 24 organisations (83 per cent) stated that their inclusion policy also involves working with older people with disabilities, and 21 organisations (72 per cent) said they will consider old age and gender considerations in the policy (shown in Figure 5(A) and (B)). However, having a policy does not usually result in inclusive data collection practices. As shown in
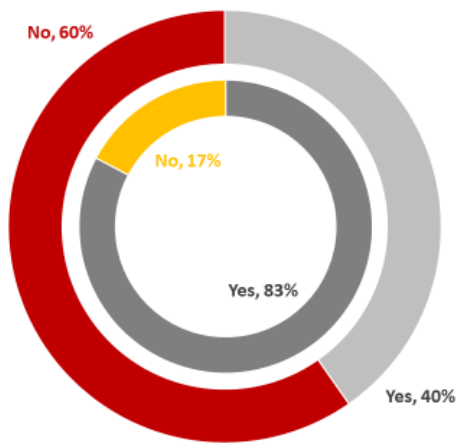
Figure , only 1 in 3 organisations that have inclusion policies (34 per cent) collect age- or sex-disaggregated data all the time.

Figure 5 - Organisations with inclusion policies for older people

Outer graph: Organisations that have a written policy for inclusion of older persons in disaster response or DRR programmes.

Inner graph (A): Inclusion policy of the organisation also involves working on issues of older people with disabilities

Inner graph (B): Inclusion policy of the organisation also involves working on specific issues of older men and older women.
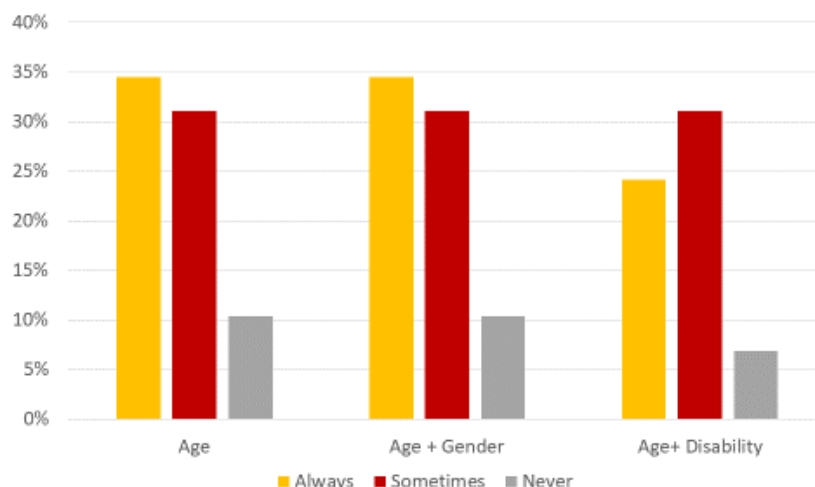

(A)
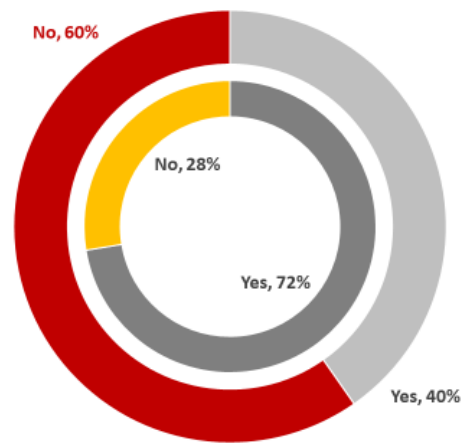
(B)

Figure 6 - Proportion of organisations that have policies on inclusion and have collected data on older people (during the last five years)

Respondents were also asked about enabling factors in the collection of data on older people in disaster management. Table lists the enabling factors according to the Age and Disability Capacity Building Programme (ADCAP) Good Practice Guide "Change Themes".

To summarise the results, the inclusion of older people in data becomes more systematic and intentional when inclusion is embedded in enabling policies, with staff who are equipped with tools and have appropriate attitudes, and when data management systems are maintained. Nevertheless, inclusion policies alone do not guarantee that inclusive data collection will be accomplished.

Agencies that focus on specific target groups such as women, children and people with disabilities can still contribute to age inclusiveness in data collection and analysis, from the pre-disaster phase to the response phase and into the recovery phase. To respond to institutional constraints, agencies must be encouraged to ask what are the barriers that limit their ability to collect and analyse data on older people. This should lead to plans to increase staff awareness and capacity, allocate resources and identify areas of complementation and collaboration with other agencies in data collection, consolidation and analysis.

Table 5 - Survey results on enabling factors in data collection on older people

Good Practice Change Themes	Enabling Factors
Mainstream inclusion within your organisational structure	• Understanding level of the Senior Management Team • Organisational values and policies • Assessment team independent from project team

Good Practice Change Themes	Enabling Factors
Collect, analyse and use sex-, age- and disability-disaggregated data	• Making age- and sex-disaggregated data mandatory in all our humanitarian and development work • Existence of an organisation's data collection system (survey forms, data collection tools, database) – a requirement to collect age- and sex-disaggregated data • Presence of sex- and age-disaggregated data guidelines for humanitarian data collection and for development programming • Use of IT, such as digital assessment, to make collection easy and in real time • Analysis of the root causes of vulnerability and gender inequality • Good relationship with local stakeholders/informants (village leaders, health cadres, etc.) • Information-sharing
Integrate inclusion within humanitarian, development and risk reduction programmes	• Presence of organisational policy on age, sex and disability inclusion • Commitment to ensure inclusion across disaster preparedness and response work • Commitment to Core Humanitarian Standards • Identifying target beneficiaries as the most vulnerable people, such as people with disabilities, pregnant women, lactating mothers, children and senior citizens • Allocating funds from the annual fund distributions
Address intersections between social identities to embed inclusion within programmes	• Understanding of age and disability dimensions • Clear policy on disability inclusion and in disaster management planning • Inclusion through women-centred Disaster Risk Reduction
Develop an institutional pool of inclusion champions	• Coordination • Sharing of response plans • Better advocacy • Relationship with HelpAge • Strong focus on responding to persons with specific needs (older persons included) during emergency response • Working with local organisations in our response and preparedness work • Building ownership and partnership with government DRR structure
Challenge wider cultural and social attitudes towards older people and people with disabilities	• Sensitising the public about older people and disability issues • Sensitising governments on inclusion • Addressing discrimination
Overcome internal barriers to age and disability inclusion	• Inclusion in our theory of change • Innovative programming/ thinking • Presence of organisational guidelines for reference • Quality standard guidelines/availability of policy & standards

Good Practice Change Themes	Enabling Factors
	- Having key performance indicators on how staff implement inclusion - Budget availability - Funding opportunities for specialised projects on people with disabilities, on gender and the elderly - Availability of resources and capacity for resource mobilisation
Develop inclusion competency of staff involved in humanitarian action	- Sensitivity of the staff about most vulnerable people's inclusion - Staff knowledge of age, sex and disability inclusion - Knowledge of inclusion programming of our partners/ induction of staff and partners on disability inclusion - Additional staff (specialists) - Trainings on age and disability to encourage and equip staff to implement inclusion - Awareness received from HelpAge - Capacity building (training on age-inclusion) - Available technical support in the form of human resources/ technical experts/ technical support from our headquarters and networks
Engage older people, people with disabilities and their representative organisations in all aspects of humanitarian programming	Participation in older people's networks

6 Conclusion

"The use of generic categories such as "vulnerable groups" can overlook specific barriers faced by older people, people with disabilities, or social minorities."
[ADCAP, 2018]

While there have been efforts to mention older people in humanitarian assessments, plans and evaluation reports, there are still more gaps to fill in various aspects of data collection, analysis and utilisation.

The manifestations of exclusion of older people in data collection can be summarised as follows:

1) Homogenising older people – using a single category (for example 60+) for older people
2) Using age caps – collecting data up to a certain age under 60
3) Excluding older people as data respondents
4) Excluding questions specific to older people's conditions in all rapid and sector assessments
5) 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.
6) Paying lip service – mentioning older people but not explaining their specific conditions, needs or barriers to assistance
7) Using collective nouns such as "household" and "vulnerable group" (as examples) as data units or units of analysis

These manifestations of exclusion show that older people are inadequately included in data collection relating to preparedness for and response to disasters, which has marginalized them more than normal. This situation must change, as older people have the same rights as everyone else to assistance that upholds their dignity as people, as well as the right to participate in all matters that affect them, including disaster risk management.

7 Recommendations

"Better advocacy." (Survey respondent on the question "what can be done to ensure inclusion of older people in data collection, analysis and utilisation?")

The inclusion of older people in data collection, analysis and utilisation requires a change in perspective about older people as rights holders – with specific needs as well as capacities – in reducing risks and in rebuilding their lives after disasters. To leave no one behind demands increased collaboration and investment from all stakeholders to establish data standards for information to be readily accessible for pre- and post-disaster planning. In general, all stakeholders can improve the situation by:

- Recognising age and ageing as a unit of analysis that intersects with gender and disability across the life stages
- Recognising the capacity of older people to know, analyse and participate in actions that will lead to their recovery after a disaster
- Addressing barriers to collecting data about older people, building staff capacities, and integrating data on older people within data collection systems across all sectors and agencies
- Identifying areas of complementation and collaboration in sharing responsibilities in data collection, analysis and utilisation and an overall increase in investment in data management

More specifically, development and humanitarian organisations should work on:
- Integrating analysis of ageing concerns within institutional mandates or the scope of programming
- Increasing the awareness of staff concerning humanitarian inclusion standards, and increasing their capacity for the collection and analysis of data, as well as the use of sex-, age- and disability-disaggregated data
- Identifying and addressing misconceptions about collecting disaggregated data by sex, age, and disability
- Increasing organisations' capacities for data preparedness by making existing data and indices on older people available online
- Reviewing and updating existing vulnerability assessment and DRR action plans to integrate actions in disaster preparedness to address older people's vulnerability and specific needs (e.g., relief items such as food, medicines, blankets, etc.)
- Ensuring the inclusion of older people in data collection, analysis and in planning responses

- Increasing collaboration in data collection and sharing, beginning with common data sets to be collected, analysed and used throughout the response and recovery phases
- Ensuring that the overall response meets the needs of diverse affected populations, including the specific needs of older men and women, with reference to the Humanitarian Inclusion Standards for Older People and People with Disabilities[58]

Collaboration between concerned agencies can be strengthened:

- By working together to influence policy and government data systems in setting up common data standards, tools and templates that incorporate the broader objective to leave no one behind
- By promoting existing tools of data collection and analysis of gender and disability (such as the Washington Group Questionnaire) that enable disaggregation as well integrated analysis of the intersection of age, sex and disability data
- By ensuring through coordinated monitoring that the overall response is tracked not at project level but at the community level through common monitoring tools to identify significant gaps in meeting the objective of leaving no one behind
- By advocating for an increase in investment by government, donors, and other institutions in data management systems (refer to Inclusive Data Charter[59])
- By producing information resources for development and humanitarian staff as well as for people with limited sight, hearing, and speech on disaster risk reduction and important aspects of ongoing humanitarian response
- By increasing the capacity of local governments and communities for disaster risk reduction, disaster preparedness and planning and monitoring aspects of humanitarian response
- By pooling or sharing resources and expertise and enabling cross-fertilisation of ideas and practices to effect change throughout the disaster risk management and response phases and by ensuring that needs are met appropriately in an ongoing response
- By providing platforms – physical or virtual spaces – for people or for the use of information management technology for data exchange.

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[58] https://reliefweb.int/report/world/humanitarian-inclusion-standards-older-people-and-people-disabilities
[59] http://www.data4sdgs.org/initiatives/inclusive-data-charter

Annex 1 – Data collection and analysis methods

This research employed two main methods – a document review and a survey. The document review involved three stages: global literature review, policy review, and practice review

Document review

The documents review consisted of three specific types of review: literature review, policy review and practice review. Almost all of the literature review was accessed online, except for some national policies and guidelines that are not uploaded on official websites.

Literature on older people in disaster management context, a global literature review. For the literature review, existing studies produced globally from 2012 (six years ago) were collected and reviewed, based on a web search for documents that may be directly relevant to older people in the humanitarian context. Available literature can be categorised into: international standards, assessment methodology or technical guidelines, cases (good practices, issues and challenges), and use of technology in humanitarian data management systems. Several older documents that are also highly relevant (such as policy or international guidelines) were also reviewed.

The "Resources" page on HelpAge International's website was a helpful repository of information. To gather documents produced by other organisations, a combination of search terms was used: "older persons", "elderly", and "aged/aging/ageing" combined with "disasters", "humanitarian", "data", "disaster needs assessment", "Asia", and the names of the countries in focus. A total of 84 documents were thoroughly reviewed in June 2018.

Search results for the global literature review that entailed payment for downloading the document were not included in the study.

Policy review in 11 countries. The policy review consisted of reviewing (a) international commitments, standards and tools, (b) national laws, policies, frameworks, plans, and (c) national data collection guidelines. The objective of the policy review is to scope existing national laws, policies, and guidelines on the inclusion of older people in data collection. A total of 46 policy documents covering all 11 countries were reviewed for this study.

Humanitarian sector data practices on Relief web. The objective of the practice review is to show trends in the collection of age-disaggregated data that specifically focuses on (1) the participation of older people in data collection, (2) data produced on older people, and (3) recommendations for further action targeting older people.

The practice review focused on three types of documents:
4) Pre-disaster data or risk assessments for the 11 focus countries from PreventionWeb
5) Disaster response assessments, plans, and lessons learnt from five major disasters in the region available on ReliefWeb (the 2008 Cyclone Nargis in Myanmar, the 2010 Merapi Eruption and the Mentawai Earthquake in Indonesia, the 2010 Pakistan Floods, the 2013 Typhoon Haiyan in the Philippines, and the 2015 Gorkha Earthquake in Nepal)
6) Recovery needs assessment and plans for the five major disasters in focus available on ReliefWeb

With thousands of documents uploaded to ReliefWeb relating to the five disasters in focus, the practice review applying secondary data analysis used some criteria that narrowed down the number of NGOs (as publishers of reports) to 33 (members and non-members of the CHS Alliance). A total of 258 reports from NGOs, UN agencies and clusters, as well as from governments, were reviewed in August 2018.

The following were the steps undertaken for the practice review:

1) Agreeing with HelpAge on the five disasters in focus. The five were selected based on: (a) major disasters in the last 10 years, (b) representative examples of different types of disasters in Asia, and (c) a geographic spread that includes countries in Southeast Asia and South Asia.

2) Narrowing the list of organisations to be covered in the review involved:

   - A filtered search on ReliefWeb to only show the country and the disaster in focus for each disaster selected. For example, country: Myanmar, disaster: Cyclone Nargis, type of document: assessment report (also, Evaluation/Lessons Learned). This yielded several search results.
   - Listing the names of organisations that submitted reports and documents on each disaster in focus. This created five lists.
   - Identifying the organisations that submitted reports to ReliefWeb on at least two disasters
   - Identifying the organisations that were members of the CHS Alliance (as there was no list for Sphere members), as a proxy for organisations subscribing to inclusion standards. This produced a shorter list.
   - Steps (c) and (d) combined generated a list of 33 organisations.

3) For the review of risk assessment practices, the following steps were undertaken:

- Searching for results on PreventionWeb using search filters: country and risk assessment were downloaded for review and assessment. There were 31 documents.
- Thirteen documents were excluded from the analysis because they were produced before 2008.
- An additional Google search to get risk assessment reports from the 33 organisations was done using the Boolean search entry: name of organisation AND community AND "risk assessment". This yielded 5 positive results. Other documents that contained "community-based risk management" or its variations were excluded from the analysis, even though they may generate tools for conducting risk assessment. The authors searched for case studies but only 2 documents were found.

4) For response and recovery, documents and reports from the 33 organisations, UN agencies, and governments were downloaded for review and analysis. Documents that appeared to focus solely on children and on sexual and reproductive health were not reviewed.

5) The analysis involved:

- A total of 245 documents were reviewed using the following search terms: elderly, older (women, men, people, person), 60, 65, women, disability(ies).
- Each search result that mentioned older people was considered a positive result and counted as data regardless of the substance of the data.
- Findings were tabulated for each document on the participation of older people, data presented, and recommendations. The specific sentences, paragraphs, and tables were incorporated into the tabulation and used for further analysis.
- For each aspect (participation, data, recommendation), markers were used to classify results:
    a) Does not mention any particular vulnerable group
    b) Does not mention older people, gender/sex-disaggregated analysis or disability, but contains data on other vulnerable groups (e.g. children)
    c) Does not mention older people but contains data on/analysis of gender
    d) Does not mention older people but contains data on/analysis of disability
    e) Mentions older people only

f) Mentions older people and gender concerns only
g) Mentions older people and disability concerns only
h) Mentions older people, gender concerns, and disability/disabled people

For each aspect (participation, data, recommendation), the markers were summarised (in totals for each type of document: risk assessment, disaster needs assessment, response/recovery plan, recovery needs assessment, lessons learned/evaluation. Markers D, E and G yielded zero results[60].

The online survey was developed to gather information on the extent of inclusion of age, sex and disability concerns in the collection and utilisation of data by humanitarian organisations in Asia. The survey asked questions about data collection and utilisation practices from preparedness to the recovery phase. The survey was disseminated to humanitarian agencies in the 11 countries through HelpAge country networks

The survey could be completed in about 10 minutes and used a Google survey tool[61]. The survey consisted of mostly closed questions (multiple-choice type) with additional, open-ended questions for respondents to provide additional information. Key questions (in multiple-choice format) were required whereas open-ended questions were optional. Initially, a three-week response period was given, but due to the low response rate, the survey deadline was extended. A total of 72 responses were considered for analysis. Seven responses out of a total of 79 were excluded from the analysis. The responses excluded were four from HelpAge staff and three from the same agency in the same country (the one considered for analysis was randomly selected).

The respondents included 6 national government authorities, 4 intergovernmental organisations, 59 NGOs (international, national and local), two from the private sector (a freelancer and a private foundation) and one from a donor agency.

The reference period for the survey was 2013-2017. This also coincided with the dates when two major disasters happened (2013 Typhoon Haiyan, 2015 Nepal earthquake). HelpAge guides on disaster preparedness were also produced during this period, including Ensuring the Inclusion of Older People in Initial Emergency Needs Assessments (2012).

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[60] Null results, meaning: - (D) No document reviewed mentioned disability only and excluded older people; (E) No document reviewed mentioned older people only; and (G) No document mentioned both older people's and disability concerns only.

[61] One respondent remarked with thanks that the survey was "short and sweet". The 10-minute response window as an important consideration in developing the survey, understanding that the time of humanitarian staff is precious and demanding.

Annex 2 – Survey results

A total of 79 respondents from 10 countries answered the questionnaire. Seven responses were excluded from the analysis where there were three responses from the same organisation in the same country (only one was randomly selected) and four other responses came from HelpAge staff or network.

The form was translated into Thai for distribution locally, but results were not submitted in time for the analysis and writing of this report.

Number of respondents by country and type of organisation

Country	Government	UN Agencies	NGOs	Private	Donor Government	Total
Bangladesh	-	-	8	-	-	8
Cambodia	-	-	11	-	-	11
India	2	1	4	-	-	7
Indonesia	-	-	5	-	-	5
Myanmar	-	2	2	-	1	5
Nepal	1	-	8	-	-	9
Pakistan	2	-	3	-	-	5
Philippines	-	1	9	-	-	1-
Sri Lanka	-	-	5	1	-	6
Vietnam	1	-	3	1	-	5
Other	-	-	1	-	-	1
TOTAL	**6**	**4**	**59**	**2**	**1**	**72**

Number of respondents by country and scope of operations

Country	National	Subnational	Local/Village	International	Total
Bangladesh	6	-	-	2	8
Cambodia	1	1-	-	-	11
India	4	3	-	-	7
Indonesia	3	-	-	2	5
Myanmar	4	-	1	-	5
Nepal	6	1	-	2	9
Pakistan	-	2	-	3	5
Philippines	5	-	-	5	1-
Sri Lanka	4	-	1	1	6
Vietnam	4	-	-	1	5
Other	-	-	-	1	1
TOTAL	37	16	2	17	72

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India

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Indonesia

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Myanmar

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HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.

HelpAge International
Asia Pacific Regional Office
6 Soi 17 Nimmanhaemin Rd., T. Suthep,
A. Muang, Chiang Mai 50200 Thailand
Tel: (66) 53 225400
Fax: (66) 53 225441
hai@helpageasia.org
www.helpage.org
www.AgeingAsia.org