

# East Africa: Older People Face Hunger, Thirst, Poor Health

## Context

At least 18 million people in East Africa do not have enough food as a result of one of the most severe droughts in the region's recent history. According to the UN, 7 million people in Ethiopia, 4 million in Kenya, and 5 million in South Sudan need humanitarian assistance. People are already dying from starvation and the threat of a large loss of life looms.

The drought has been caused by significantly below average rainfall. Many water holes have dried up and pasture for cattle grazing has become scarce. As a result, many families have lost their livestock, a vital source of sustenance and income.

Some are selling assets, taking on debt, or fleeing to displacement

camps in order to survive. The impact of the drought has been further compounded by inflation in food and fuel prices, in part due to the war in Ukraine.

The effect of the drought on older pastoralists is far-reaching. They play a vital role within families, communities, and society. When there are droughts, their role in caring for children increases as younger adults migrate to urban areas in search of work or move further distances to find land for their herds to graze. Older people also face reduced food intake, which can rapidly affect their health and wellbeing. Some may be unable to walk the significant distances required to access the lifesaving services and support available to them and their families.

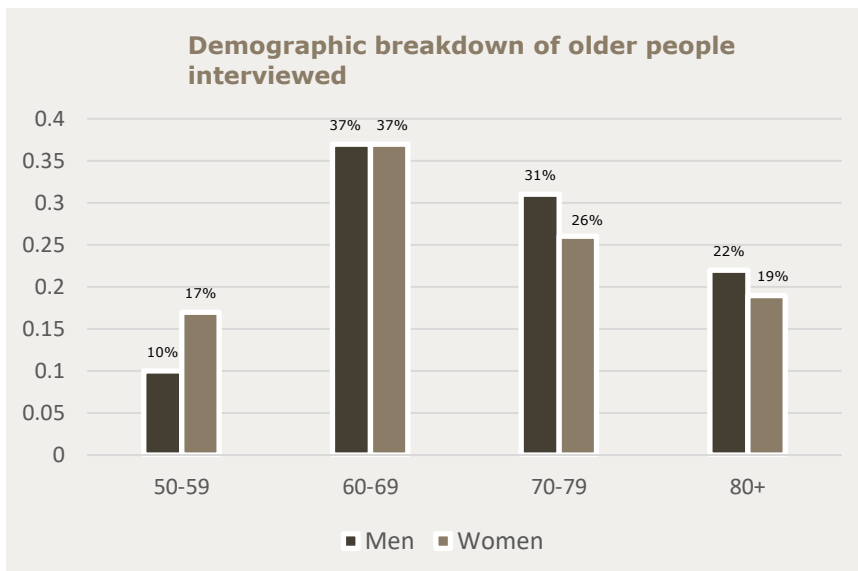
HelpAge and the Humanitarian Development Consortium (HDC) carried out a Rapid Needs Assessment in April and May 2022 to understand the situation in the region and the specific risks older people face.

## Methodology

HelpAge and HDC interviewed 1,191 older people (59% women / 41% men) using a multi-sectoral needs assessment between April 27 and May 6, 2022 in Borena zone in southern Ethiopia, Marsabit county in northern Kenya, and Eastern Equatoria state in eastern South Sudan. These states are representative of areas in East Africa affected by the drought. HelpAge and HCD researchers collected data through a purposive non-probability sampling approach, identifying people to interview based on pre-defined categories including gender, age, and disability within set locations.



Tune Haro, 66 with her grandchildren in Marsabit country, Kenya.



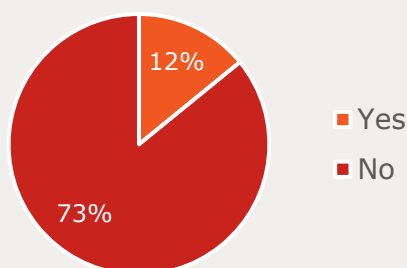
# Key Findings

## Food

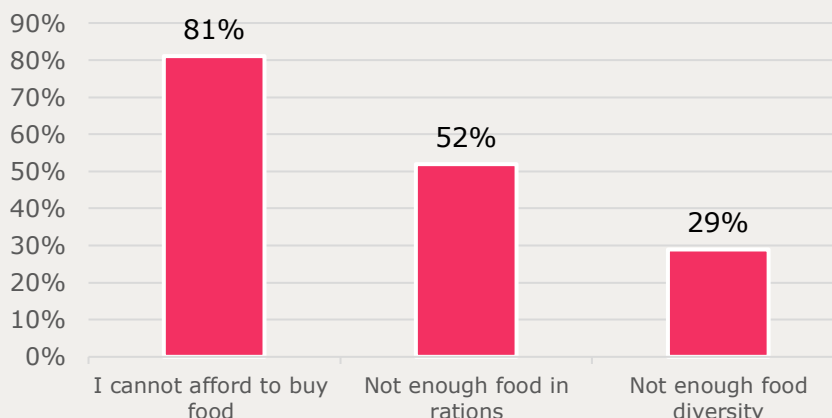


- **73%** of older people reported they do not have sufficient food. This was even higher for those who are displaced (**92%**), as well as those interviewed in Ethiopia (**92%**). Many older people are skipping meals, with over half currently eating only one meal per day. 82% also reported going to bed hungry at least one night per week.
- **81%** of those who do not have access to sufficient food said that their key barrier was a lack of money. Food is available but becoming unaffordable. Decreased earnings due to loss of livestock is exacerbated by rising inflation. For 14% of people interviewed, there is not enough food in their local markets.
- **52%** responded that the current rations provided by humanitarian organizations are insufficient to meet their daily needs. Many humanitarian organisations are reallocating food from the hungry to the starving and are struggling to fund their programs.
  - In some cases, rations do not meet nutritional requirements for older people or are difficult to digest.
  - Often to receive the food rations older people must queue for long periods in extreme weather conditions.
  - Many also struggle to carry the rations home.
- **29%** responded the food available in local markets is not diverse enough to meet nutritional needs. This was especially the case in Ethiopia (41%) and South Sudan (41%). Older people, like other at-risk groups such as children and people with disabilities, are even more susceptible to ill-health from poor nutrition. Due to lack of income and sometimes the lack of variety in local markets, older people are often having to eat the same food. In Ethiopia for example many older people said they only eat palm fruit.

### Have access to sufficient food



### Top 3 barriers to food

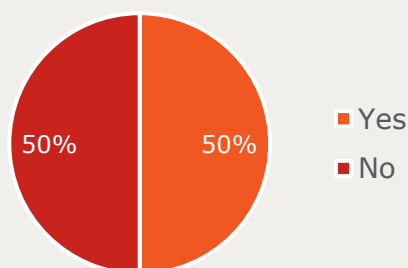


## Water

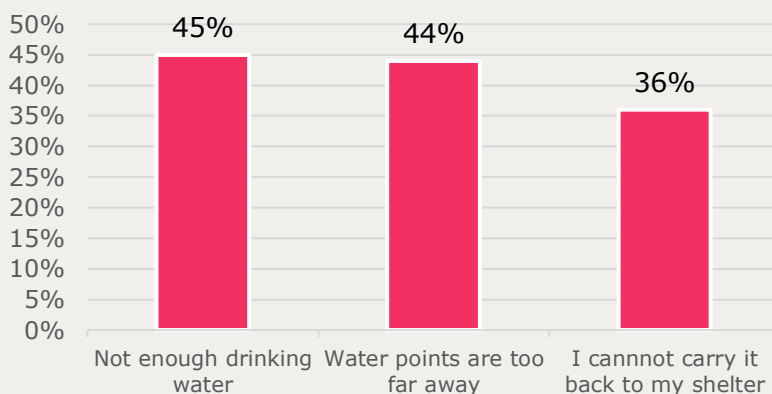
- **1 in 2 older people** reported they do not have access to safe drinking water. Water points have dried up or diminished in their quality.
- **44%** reported that water points are too far away from their homes
- **36%** reported they struggled to carry water back to the shelter. This number increased to 58% of older people who reported having difficulty walking. Reduced supply means having to travel longer distances to find water. The overwhelming majority of older people also reported that they are not consulted in the designs and locations of wells and other water facilities provided by humanitarian organisations.
- The lack of accessible water is leading to massive displacement. For example, in Ethiopia, **286,000 people** have been forced to leave their homes to survive. Often it is younger adults who leave and older people care for grandchildren.



### Have access to sufficient water



### Top 3 barriers to water



## Financial Resources + Cash

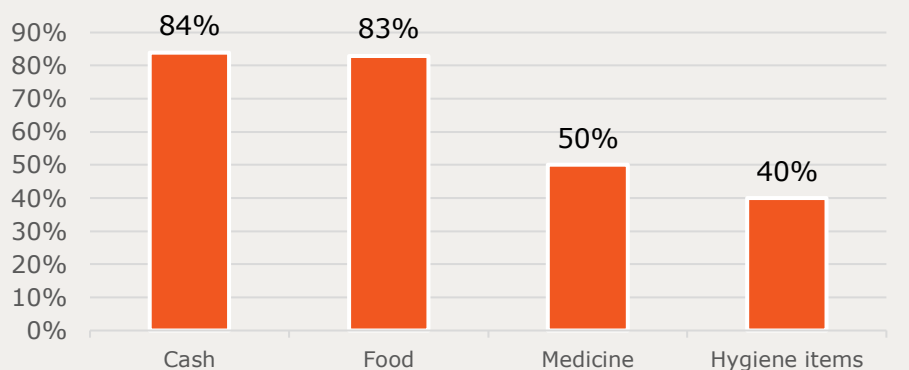
- **56%** of older people reported having to borrow money to cover their basic needs since the start of the crisis. This was higher in Kenya, where 63% had taken on debt. This raises concerns because of the high interest rates often charged by lenders. Failure to repay debts can result in threats of violence and seizure of assets. This debt burden could be very damaging for older people and their families' ability to recover.
- **81%** of older people reported they currently do not have an income, reported equally among all age groups, although it was highest for those who are displaced (91%).



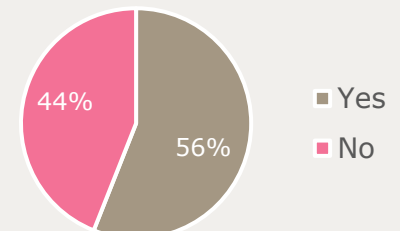
Generally, it may be harder for older people to secure an income as their capacity to work can change. In pastoralist communities, older people who become less mobile and unable to migrate with the cattle for pasture may not be able to provide the same income support to their families.

- **72%** of older people reported that they rely on their families and friends to meet their basic needs. This reliance increased with age. Pensions are not available for any those interviewed, which can be vital to ensuring older people can maintain their autonomy and independence as they age.
- At the same time, older people are often caregivers, including after older adults have left home in search of work or better pasturelands. **88%** of older people reported they care for at least one child, with the average older person caring for more than five children.
- **Cash was the highest priority need** of those interviewed in Kenya and South Sudan. In Ethiopia food and medicine were ranked as higher priorities. While cash is one of the most dignified modalities of providing assistance to those who need it, across all age groups, it requires a strong functioning market as well as a strong contextual understanding of the risks.
- Older people reported that they could use cash safely (92%). This was lower in Ethiopia, at 84%. People over 80 were significantly less likely to feel safe using cash (88%). Despite the high number of older people who reported they could safely use cash assistance, distribution requires care. In some cases, families control how the cash is spent instead of older people. Distribution should be done safely and in a manner preferred by those receiving it.

#### Top 4 priorities



#### Have had to borrow



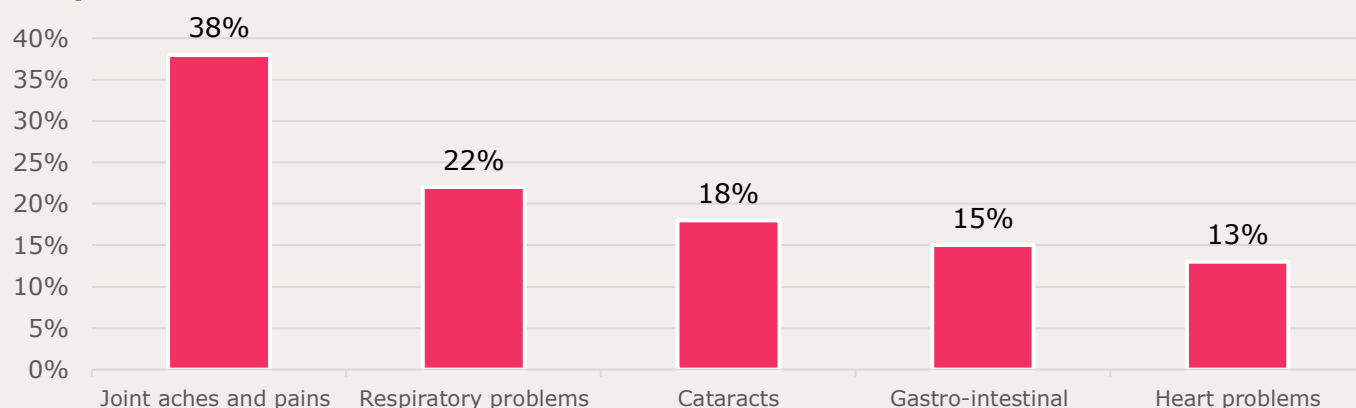
### Health + Medicine

- **72%** of older people reported that they have at least one health condition. The number of older people reporting a health condition increased with age. The top four conditions were joint aches and pains, respiratory problems, cataracts, and gastrointestinal issues. More than half of those with health conditions such as heart problems, high blood pressure, or diabetes were not taking any medication. These health conditions can be exacerbated as food and water intake reduces. The absence of income limits access to medicine and health services.
- According to HelpAge research in 2018, older people in East Africa may also be reluctant to seek medical services or take medicine as they simply accept health conditions as a sign of old age. Overall, 28% of those with a health condition are taking medication, of which 13% reported it would last less than 2 days. 8% reported their medication was already completely depleted.



- For the majority of those interviewed, there are health services available in their locations, but they face barriers to access. **60%** reported that no medicine is available at their local health services. This was **especially critical in Ethiopia (71%)**. Health services in the region often focus on communicable diseases, rather than chronic non-communicable diseases and related health conditions, which require specific types of medicines as well as regular follow-ups. Another challenge is that health services in rural areas often lack staff with expertise to provide geriatric care.
- Across the regions, **52%** reported that they cannot afford their local health services. This was **higher in Kenya, with 72%**. In Kenya, the government introduced free health insurance for older people as part of a broader social safety net program. However, this is not always implemented, and older people usually have to pay out of pocket for their health care.
- Another common barrier is the distance, with **28%** of older people reporting it takes them between 1 and 3 hours to reach their nearest health services. This challenge increases for older people with a disability (35%) and a chronic health condition (31%). The time it takes to reach the nearest hospital is likely to be significantly longer.

### Top 5 health conditions



### Protection + Wellbeing

- Safety remains a significant concern, with **between a third and half** of older people responding that they do not feel safe accessing their basic needs, including food and health services. The main risks were neglect, isolation, denial of resources, financial abuse, physical abuse, and traditional harmful practices. During periods of drought, community tension and even violence may increase as resources are stretched. For example, in Kenya, the tensions have resulted in deaths, forcing the government to place dawn-to-dusk curfew restrictions in some areas. In South Sudan, there have also been attacks. As one interviewee reported: "There are no cattle, they are all finished. The enemies took it..., we even run to the bush (fearing attacks)".
- Within specific groups of older people, the protection risks are also heightened. For example, as older women are forced to walk further afield for water, they can be exposed to violence. Of those interviewed, 14% live alone and 33% do not know how to contact their families. In addition, 21% of older people reported they are displaced. These groups are likely to be living with a reduced support network, in the absence of family, friends and community.



- **82%** reported they feel depressed or upset, and **79%** anxious or worried at least some of the time. Wellbeing can be deeply impacted by drought, including isolation for those displaced or alone, as well as a sense of reduced status if they feel they are becoming dependent on others. In Ethiopia, one interviewee told HelpAge, "People in this village are not doing well. ... They have lost a lot like me. They used to depend on their cows, and now all the cows have gone."

## Shelter



- While the majority of older people reported they had shelter, there were variations between locations, with nearly all respondents in Kenya and South Sudan having shelter, while **in Ethiopia 19%** reported they were homeless. Those recently displaced were significantly more likely to be homeless as compared to those non-displaced. Those who are homeless are exposed to extreme risks, and urgent action should be taken to address this.
- For older people in need of temporary accommodation, it is important that shelter meets their requirements. This may include elements such as ramps, handrails, and grab bars. If older people are sleeping on cold, hard or damp floors, it increases their chronic painful problems. Shelters should offer separated spaces between men and women to reduce risks for women especially, and respect cultural norms. Shelters should be weather resistant, as local reports from Ethiopia highlight many tents provided last only six months, which can be insufficient for the length of their displacement.
- In Ethiopia, many interviewed either live in temporary shelters called waros made from plastic sheets and sticks, which often fail to protect them from the elements, or huts made of mud covered with wood. A key concern raised by over half of older people was that their shelters were not appropriate for the weather and in need of repairs, for example when the waros' plastic melted or the wood in the huts was old and rotting. A lack of income can mean older people and their families are unable to purchase sufficient building materials or cover labor costs. Many older people also reported their shelters were too small.
- Around **three-quarters** of those interviewed do not have access to toilet, handwashing, and bathing facilities. For many this lack of access to basic hygiene facilities pre-dates the drought and is symptomatic of the conditions in which many pastoralists live. As the water supply reduces, many older people are being forced to prioritise drinking and cooking water over personal hygiene, increasing the risk of disease spread. Other specific concerns that older people mentioned regarding toilet facilities were cleanliness (19%), no privacy (19%), and difficulty of use (17%). Similarly, for bathing facilities, older people reported difficulties with use (17%) and lack of privacy (17%).

## Disabilities



- **40%** of older people interviewed had a least one disability. The number of older people with disabilities increased with age. The most common disabilities identified were walking (27%), vision (24%), self-care (13%), and hearing (10%). Older people with a disability, especially those who are part of pastoralist communities, can face challenges to move with their families as they look for arable land. During drought, these conditions can increase their isolation and survival. There are reported incidents of older people with a disability being left behind by their families who were unable to afford transportation costs to move.
- Older people with disabilities can also face obstacles reaching aid distribution points: **72%** reported needing support in reaching them. In addition, people may be forced to wait a long time and can face chaotic distribution. In Kenya, one interviewee described: “during relief food distribution, there is always a scramble and getting the food becomes a challenge.”
- In addition, ensuring older people with a disability are kept informed about the services available to them is critical, to ensure their inclusion and access.
- **43%** of older people with a disability do not have an assistive product. The four assistive products needed were canes/walking stick (47%), walkers (8%), crutches (5%), and glasses (4%). Only 6% of those requiring glasses have them, and only 2% with hearing disabilities have a hearing aid. Older women interviewed are less likely to have an assistive product compared to older men.

## Recommendations

1. There is urgent need to provide live saving food assistance to older persons for whom access, price, and quality of food are immediate concerns. This needs to be done through clear, coordinated collaboration between local, national, and international actors.
2. There is need to scale up water rationing and rehabilitation of water sources to meet increased demand of water in areas affected by drought. This includes developing new sources of water which are both sustainable and accessible to older people, including those with disabilities.
3. Multi-purpose cash should be provided to older people to support their immediate needs and enhance recovery. Risk and market assessments well as consultations with older people on preferred mechanisms are essential.
4. Support should be provided to establish and strengthen early warning systems to ensure lives and livelihoods are saved, drawing upon local expertise. This can mean utilizing both scientific weather forecasting as well as the traditional knowledge of the pastoralist communities.
5. Establish and deploy mobile health outreach teams to affected communities to reach older people most at risk and with the least access to existing services.
6. In the long run, government, humanitarian, and development partners should develop an integrated program with several components such as cash for work, access to food, savings and loans associations, as well as support the restoration of the pastoralist livelihoods through livestock restocking programs.

## Malicha Guyo, 66

Malicha Guyo is a pastoralist, distinguished elder, and a community leader from Ego village in Dubluk district in Borena zone. Like most in his community he is a victim of the drought, losing all of his 130 cows. He is advocating for immediate attention to address the looming starvation in his village.

"I am a pastoralist. Cattle are my life. I support my family with what I get from the cattle. We drink the milk and eat the meat and also sell the meat to earn money. This is how I provide for my family. I was elected as the community leader two years ago. I love to serve my community. Apart from my job as a pastoralist, I do lead people in this village. I help them to live in harmony with each other. Whenever there is a conflict between communities, I intervene to find a solution. I am like a spokesperson for my village. I have lived here my whole life.

We had the basics we needed for our lives before the drought hit. We had food. All my children were raised drinking milk. Everyone in this village is a pastoralist. We don't plough the land. We have our cows. We have food. We didn't starve like we are doing today. But since the drought came, we are just surviving on a sack of wheat flour we get from the government every month. It is not enough to feed my family.

I don't know why this drought came to us. What I know is that we haven't had any rain. We waited and waited; months and seasons passed. We missed multiple rainy seasons. Then all the pasturelands went dry. And ponds dried up. Our cows had nothing to eat. I tried to keep them alive by buying hay with some of the money I saved up. However, it was beyond my capacity. Eventually, I took all my cows to a nearby district called Miyo about 50 miles from my village. I found the same situation there and immediately returned. The cows started dying on the road. All together I lost 130 cows. I also lost 30 of my 40 goats because of the drought. Now I am left with 10 goats.

It's not only me. About ten thousand cows have died just in my village. They are still dying. Even this morning, I saw six freshly dead cows as I walked through the village. Since then, I always visit the cattle graveyard. It hurts me a lot.

I appeal to the government to provide help for us. This is an unbearable situation. I sometimes don't want to believe that I have lost all my cattle. It seems like a nightmare to me. I cannot sleep at night. My eldest son has also lost all of his cattle. Suddenly, we now need help from the government.

Currently the biggest challenge we are facing is lack of food. People are starving everywhere in our village. However, we get very little support. We need more support from the government. Some people in this village are planning to move to Dubluk en masse in desperate need for food. We don't know what to do now. We are pastoralists and all our cows are gone. Everyone in the village is in a difficult situation. Children and older people like me, are the most affected. Now we only eat once a day. We just mix water and wheat flour and put it on the fire to bake. That is our one meal of the day. And that's not even available every day. I have a large family. We all live together in the same compound. So, a sack of wheat flour is not enough to feed us all."





## Background on Locations

### Borena, Ethiopia

Borena zone is one of the lowland areas of Southern Ethiopia on the Kenya border, with a population of nearly 1 million people. This region has faced back-to-back droughts and several infestations of desert locusts, which have destroyed many local farmers' harvests. The majority of those interviewed were pastoralists who live in the remote rural woredas (areas) of Elwaye and Dubluq. The drought has caused the deaths of more than 100,000 cattle in these woredas. The remaining cattle are hard to sell as people fear they are too weak. Both locations have few functioning roads and few markets, which often do not have sufficient food variety.

### Marsabit, Kenya

Marsabit county is in Northern Kenya with a population of nearly half a million people, per the 2019 National Population Census. It is one of the 27 counties in Kenya classified as arid or semi-arid. It is among the six counties most affected by the drought. The majority of those interviewed in Marsabit county are pastoralists, living in the remote locations of Kalacha, Kaikona, and Logologo. They battle strong gusty winds while shepherding the few weak animals left with any hope of survival. In the area of the assessment, there are approximately 15,500 older men and women who have been left with no food as they have exhausted the search for pasture to feed their animals.

### Eastern Equatoria, South Sudan

Eastern Equatoria is in southeast South Sudan bordering Uganda, Kenya and Ethiopia. The population of the state is close to 1 million. Older people in this assessment were interviewed in Kapoeta South County and in the remote areas of Narus and Kapoeta City. The majority of those interviewed are displaced pastoralists and farmers whose crops have failed or produced insufficient yields. As a result of the prolonged drought, the landscape is bare, and the animals are growing weak. Many of those interviewed have experienced violence because of communal tensions, exacerbated by the increasing scarcity of resources.