

Rapid Needs Assessment of older people in Haiti's Southern Region

August 2022



Fondation Nouvelle Grand’Anse (FNGA) is a Haitian organization in the humanitarian and development sectors with more than 25 years of experience providing humanitarian assistance, sustainable development, education, and non-formal training to communities.

HelpAge USA advances the wellbeing and inclusion of older people around the world. We work in the U.S. and with the HelpAge Global Network to recognize the contributions of older people and ensure their right to a healthy, safe, and secure life.

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

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Cover photo: Norma Mathias, April 2022

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Introduction

Older people's right to humanitarian assistance

HelpAge's vision is of a world where older people lead active, dignified, healthy and secure lives. This applies to all older people, including those affected by humanitarian emergencies.

The four principles of humanitarian action – humanity, neutrality, impartiality, and operational independence – afford everyone the right to safe and dignified access to humanitarian assistance and protection without discrimination and on an equal basis with others. Commitment to international humanitarian law and these principles means everyone responding to a humanitarian crisis has a responsibility to ensure all those affected, including older people, have these rights upheld.

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

Purpose

The purpose of this assessment is to understand the situation and needs of older persons in Haiti. The report contains key findings of the assessment, together with observations and analysis by HelpAge's humanitarian and sectoral advisers with input from HelpAge's Haiti-based partner, Foundation Nouvelle de Grand'Anse (FNGA).

The report aims to help all organizations operating in Haiti – including humanitarian agencies, donors, and coordination mechanisms– to develop and implement inclusive programs, and to support advocacy for the rights of older refugees, migrants, returnees, and host communities.

The RNA-OP was conducted jointly by HelpAge and FNGA.

HelpAge and FNGA welcome comments and questions based on this report and HelpAge offers technical support for inclusive responses.

Context

Haiti has been experiencing a deep crisis for many years, including more recently due to political unrest in 2018 and 2019 and the COVID-19 pandemic beginning in March 2020. GDP declined by 3.3% in 2020 and 1.8 in 2021.¹ It is against this difficult backdrop that on August 14, 2021 an earthquake of magnitude 7.2 on the Richter scale hit the southern peninsula of Haiti, which includes the Grand'Anse, Nippes, and Sud Departments, affecting over 800,000 people.²

On the same day, the national authorities declared a state of emergency and activated the national natural disaster risk system to coordinate, through the General Directorate of Civil Protection, rescue operations aimed at saving lives and responding to the immediate needs of the affected populations. The first Post Disaster Needs Assessment

¹ Institut haïtien de statistique et d'informatique, "Les Comptes Economiques en 2021," December 2021, <https://ihsi.ayiti.digital/public/images/documents/1651163484.pdf>

² United Nations Development Programme (UNDP), "Haiti launches Post Disaster Needs Assessment as first step towards a recovery strategy," September 14, 2021, <https://www.undp.org/news/haiti-launches-post-disaster-needs-assessment-first-step-towards-recovery-strategy>.

(PDNA) was launched two days later by the Haitian government with the support of the World Bank, the United Nations, the European Union, and the Inter-American Development Bank. This evaluation was completed on September 22, 2021.³

Even before the earthquake of August 14, 2021, the South Peninsula departments of Grand'Anse, Nippes, and Sud were particularly at risk due to their pre-existing environmental and socioeconomic vulnerability. Communities had been struggling to recover from the impact of Hurricane Matthew, which hit the same areas five years ago. The earthquake occurred in the middle of the hurricane season and tropical storm depression Grace hit the South Peninsula just a few days later, damaging or destroying 130,000 homes.⁴

Population groups such as older people, people with disabilities, pregnant women, and children are especially at risk during these environmental emergencies.

Faced with this situation, FNGA, with support from HelpAge, carried out a Rapid Needs Assessment (RNA) in the Grand'Anse, Sud and Nippes departments to better understand the situation and needs of the most at-risk populations after the earthquake.

Methodology

Between March 27 and April 8, 2022, FNGA interviewed 359 older people: 44% were 60-69 years old; 34% were 70-79 years old, and: 21% were 80 and older. Among them, 37% had a disability.

Nine local enumerators collected the data in communes across 3 departments (Commune of Jérémie in Grand'Anse; Communes of Aquin, Cavallion and Les Cayes in Sud, and Communes of Plaisance du Sud, and Petit Trou de Nippes in Nippes). A purposive sampling approach was taken to identify older people in each location.

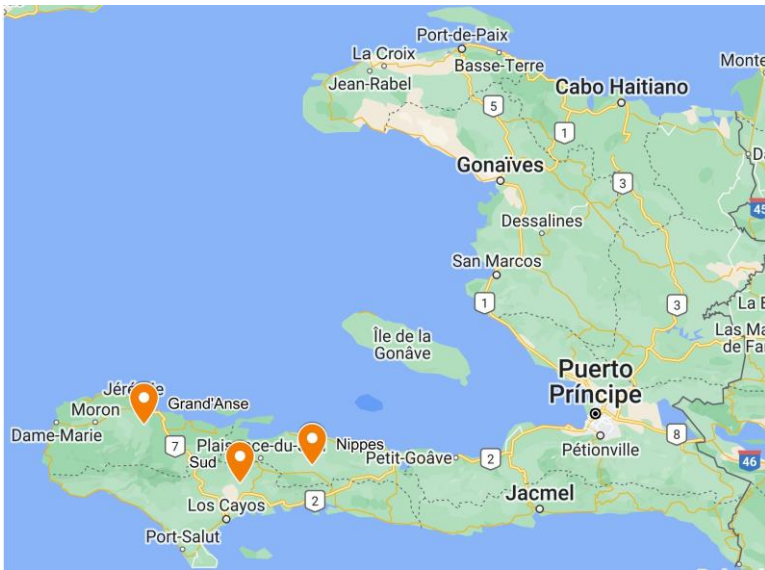
Prior to data collection, the enumerators completed training and pilot sessions led by HelpAge. FNGA staff closely monitored data collection to ensure that the quality of the data collection was maintained and that the sample was representative of older people in each location. Data was disaggregated by sex, age, and disability, and significant disparities were noted. The total sample had a 5% margin of error which increases when disaggregating, which was taken into considering during analysis.

³ Ibid.

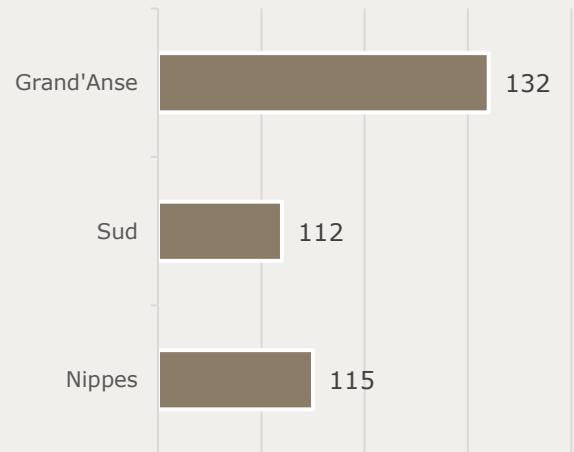
⁴ Ibid.

Locations and demographics

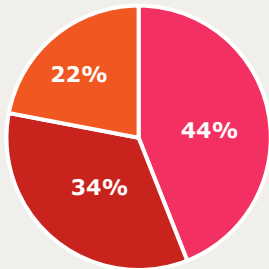
359 older people interviewed



Interviews by location

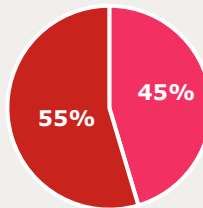


Age



■ 60-69 ■ 70-79 ■ 80+

Sex



■ Male ■ Female

37% of older people have at least one disability

Walking: 20%

Remembering: 19%

Sight: 16%

Self-care: 9%

Hearing: 6%

Communicating: 4%

94% of older people have at least one health condition

Joint aches and pains: 84%

High blood pressure: 47%

Sight issues: 17%

Respiratory issues: 13%

Heart problems: 10%

Gastro-intestinal condition: 7%

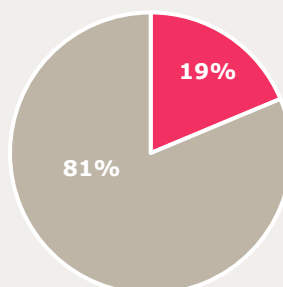
Diabetes: 3%

Incontinence: 2%

Mental health condition: 2%

Oral and dental issues: 1%

Older People Living Alone



■ Yes ■ No

63%

care for a child

34%

care for other older people

12%

care for people with a disability

Key findings

Protection

56% of older respondents rely on others to meet their basic needs and **19%** live alone.



Health

94% of older people interviewed reported having at least one health condition and **50%** of older respondents across different locations said that it took them between 1-3 hours to reach the nearest health facility.



Mental health and wellbeing

38% of older people interviewed reported they feel depressed 'most days' or 'everyday' in the last three months and **25%** feel they cannot cope with their current situation at all.



Water and Sanitation (WASH)

80% of older respondents reported not having access to bathing facilities and **55%** do not have access to drinking water.



Food and Income

94% of older respondents do not have access to sufficient food and **49%** only had only one meal a day over the last two weeks.



Disability

37% of older respondents had a least one disability relating to sight, hearing, mobility, self-care, remembering or communicating.



Shelter

75% of houses in the affected areas require repairs and **55%** of older respondents reported feeling unsafe where they were currently staying.



Accountability & Participation

66% of older people interviewed said they did not feel included in the earthquake response services and **89%** reported that they did not know how to provide feedback on the services provided to them.



Findings and recommendations

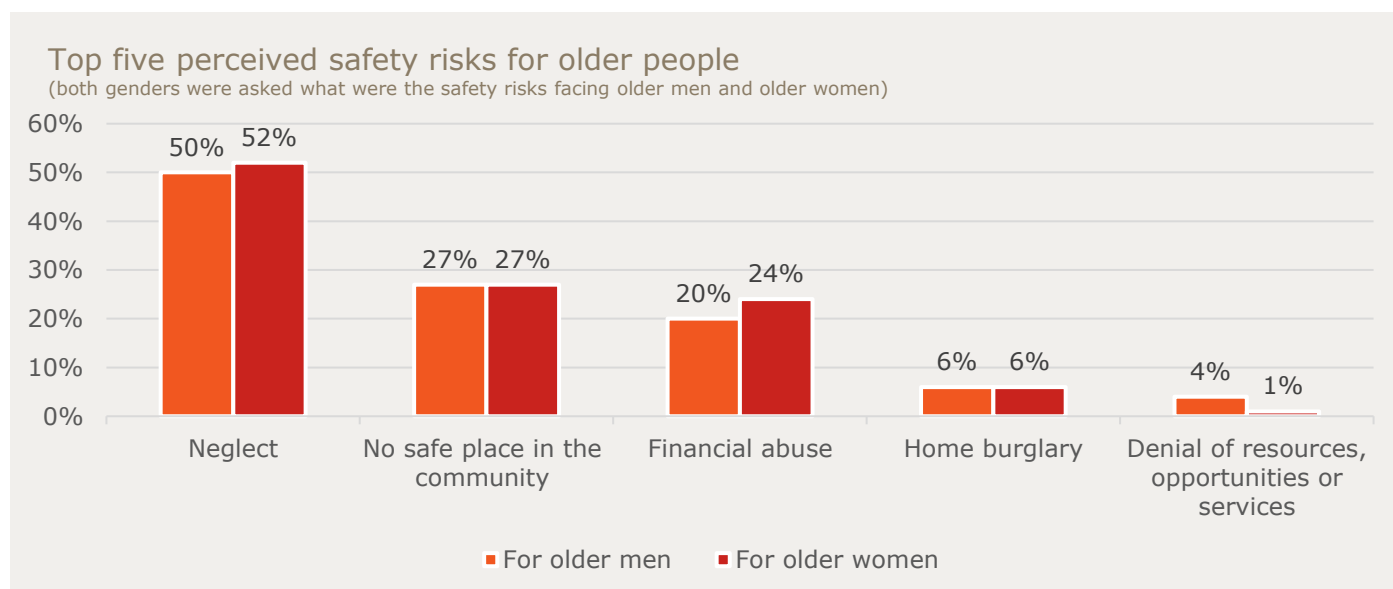
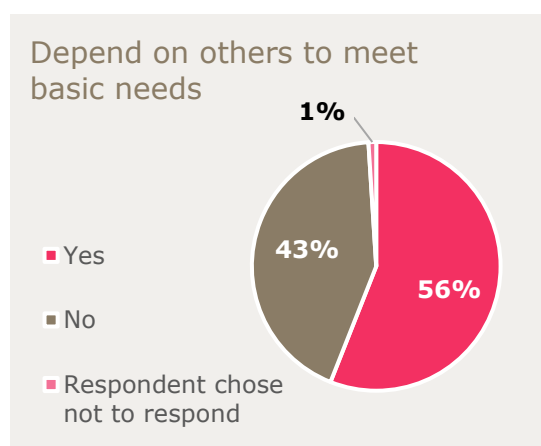
Protection

Currently, people in Grand'Anse, Nippes and Sud Departments of Haiti face significant safety risks: 55% of older respondents do not feel safe and secure where they currently live which was higher for those with a disability (56%), and 19% for those older people living alone. Among all respondents, 37% have a disability and 42% said they do not have an income.

Levels of dependency are high among the older people interviewed, with 56% saying they are dependent on their family or friends to meet their basic needs. This was especially high for those aged over 80 (78%).

In addition, 63% of older people responded that they are caring for children (2 children on average) and 34% for an older person. Of those caring for children, 35% are in their 70s. Many are both struggling to cope themselves and support others, which can have an impact on their overall wellbeing.

As the chart below shows, the main perceived safety risks for older women and men are the same: neglect, no safe place, financial abuse, home burglary and denial of resources, opportunities, or services.



Recommendations

1. Establish or strengthen existing volunteer networks (intergenerational) to reach out and support those, including older people and people with a disability, who are at risk of being isolation and neglect.
2. Provide opportunities for all age groups, including older people, to take on roles in the community, such as volunteers in the volunteer network. Consider setting up accessible community safe spaces where people can socialize, meet people of the same age, find peer support, and strengthen community links.
3. Mobilize volunteer networks to support those who rely on others to meet their basic needs, particularly older people over 80, people with disabilities, and those caring for others including children.
4. With participation and input from the community, including women and women's organizations and religious leaders, develop culturally sensitive community-based activities that can re-establish or strengthen community links, especially for those at risk of neglect, isolation, and emotional abuse.
5. Provide tailored and practical support to older people caring for others and register dependents of older people, including children and people with disabilities and other older people, and link them to other relevant services providers if locally available.

Health

Nearly all older people (94%) interviewed reported having at least one health condition, with over half of older respondents (56%) reporting they have two or more health conditions. In terms of location, older people in Grand'Anse and Sud were more likely to report a health condition compared to those in Nippes, with 98%, 100% and 83% of respondents reporting this respectively.

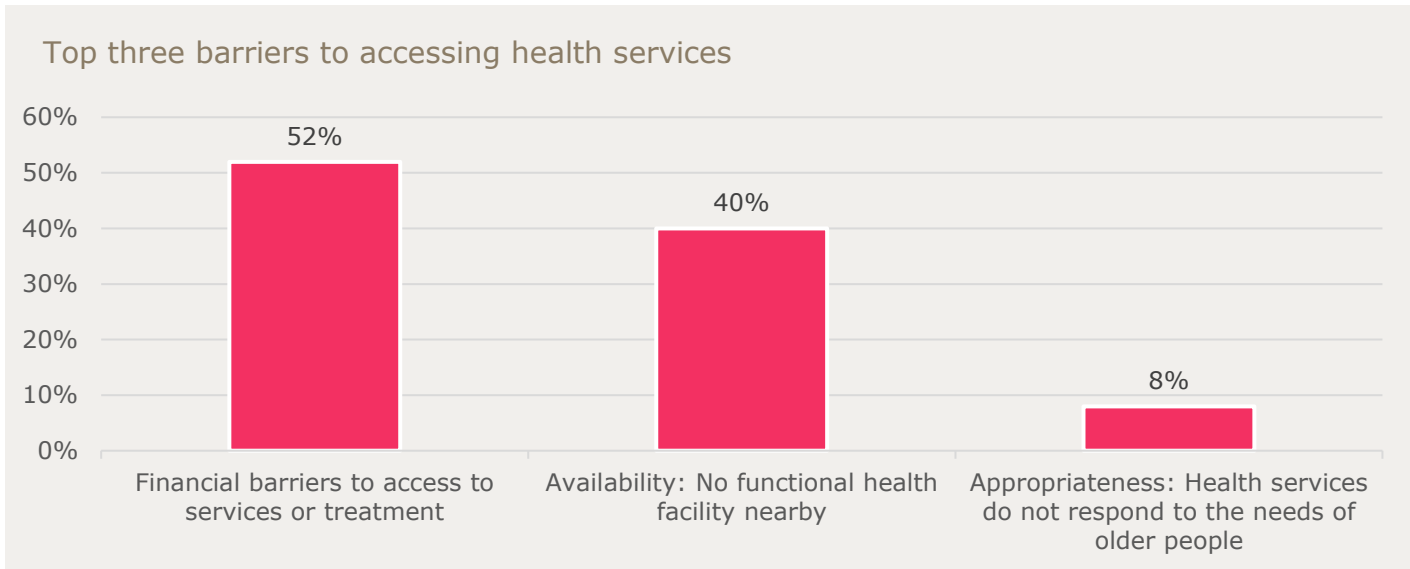
The most common health conditions reported across settings were joint aches and pains (84%), high blood pressure / hypertension (47%), cataracts (17%), and respiratory issues (13%).

Older respondents in Nippes reported a high rate of digestive/gastrointestinal problems (19%). Access to drinking water is limited in Nippes and some communities use non-potable wells for their water consumption, and water-borne diseases are frequent. Important work on WASH is required for these communities, especially since it is a problem that is not being properly addressed.

For those respondents who said they were on medication, almost two fifths (38%) reported that the medicine they had would last them less than 10 days.

There are significant disparities in access to health services. Over three quarters of respondents (76%) in Nippes and almost all respondents (92%) in Sud said they could not access health services, while only 8% of respondents in Grand'Anse shared this concern. On average, people with a disability were slightly more likely to report being unable to access a health facility than those without.

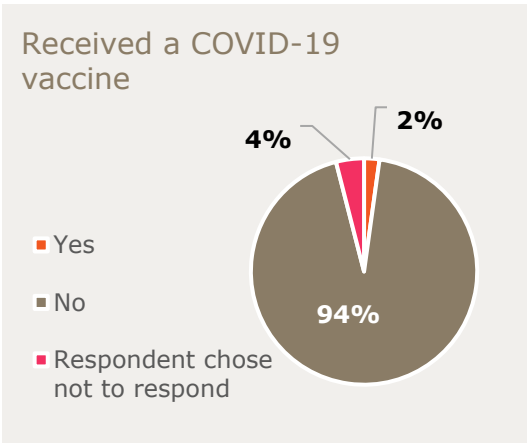
The most common barriers to accessing health services reported in Grand'Anse and Nippes were financial barriers (92% and 52% respectively) and there not being a functional health facility nearby (38% and 26% respectively). In Grand'Anse 18% also reported that they preferred to use traditional medicine. In Sur, the most common barriers reported were there not being a functioning health facility nearby (54%) and health services not meeting the needs of older people (20%).



In total, 41% of older respondents across locations said that it took them between 30 minutes to 1 hour to reach the nearest health facility, while as many as half of respondents (50%) said it took between 1-3 hours. This was broadly similar across all locations and groups.

Critically, (80%) of respondents said they did not feel safe accessing health services. Alongside availability and accessibility issues, feeling unsafe in accessing health facilities is likely to have a significant impact on older people’s health seeking behavior.

Very few respondents had received the Covid-19 vaccine: 5% in Grand’Anse, 1% in Nippes and none in Sur This broadly aligns with the population wide vaccination rate of 1.5% at the end of April 2022,⁵ though it suggests more work is needed to prioritize older people in vaccine rollout as one of the groups most at risk of death and serious health complications from the virus. More broadly, low vaccination rates highlight the continued importance of promoting adherence to virus prevention and control measures and provision of preventative tools, including masks and hand washing.



Recommendations

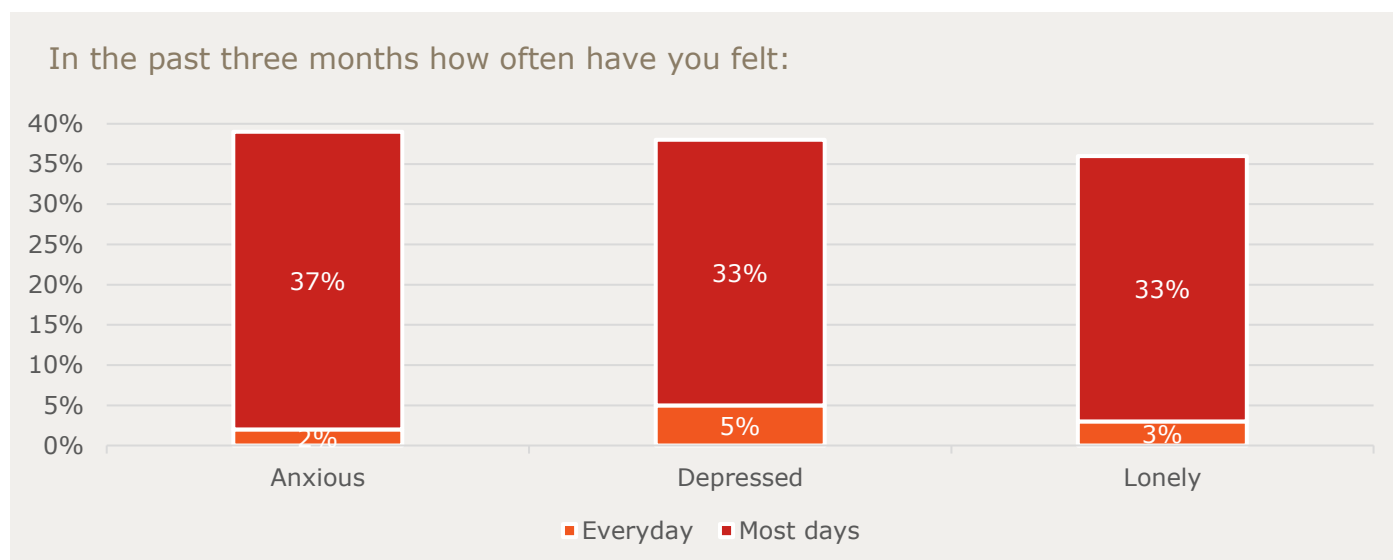
1. Share location specific findings from this research with those planning and delivering health services so they can better tailor responses to meet the needs of older populations in these settings.
2. Support local health providers to review essential medicine lists and to take action to ensure sufficient supply aligns. This is crucial considering the high rates of health conditions reported among those interviewed and the short amount of time many said their medicine will last.
3. Work with local partners to address barriers older people face in accessing health services, including by exploring transport options and outreach services such as mobile clinics or volunteer initiatives.

⁵ Our World in Data, “[Haiti: Coronavirus Pandemic Country Profile - Our World in Data,](https://ourworldindata.org/coronavirus/country/haiti#what-share-of-the-population-has-received-at-least-one-dose-of-the-covid-19-vaccine)” <https://ourworldindata.org/coronavirus/country/haiti#what-share-of-the-population-has-received-at-least-one-dose-of-the-covid-19-vaccine> (data as of April 30, 2022)

4. Consider community-based interventions to support health promotion and prevention, including by recruiting and training volunteers to deliver information and health and wellbeing activities tailored to the local context. This should include interventions focused on COVID-19 prevention and control, as well as those promoting mental and psychosocial health and wellbeing (see below).
5. COVID-19 vaccines. Use HelpAge resources to highlight to government the importance of prioritizing older people in vaccine rollout, as one of the groups most at risk. Work with government and providers to ensure health staff have the tools and training they need to be able to share tailored information on COVID-19 vaccines with older people in accessible formats to support them to make an informed choice about vaccination. Where possible, consider implementing mobile vaccination drives to promote uptake.

Mental health and wellbeing

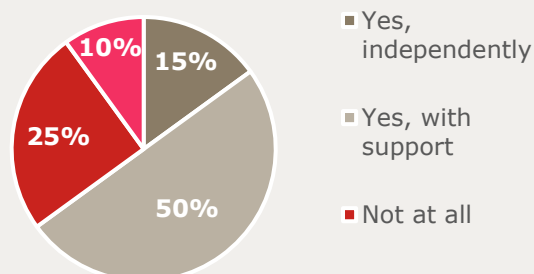
Over 38% of older people interviewed reported they feel depressed ‘most days’ or ‘everyday’ in the last three months. This was even higher for those with a disability (44%). 46% of all older people interviewed reported feeling worried or anxious ‘most days’ or ‘everyday’ in the last three months, which was slightly higher for older men (43%) than older women (39%).



The main reasons for worry and anxiety were a fear of another disaster and concerns about how they can acquire the resources to fix what has been destroyed, and sometimes even the inner strength, to re-build their lives. It’s also important to remember that 63% are caring for children and 34% for an older person. Such caring roles can have a significant impact on older carers’ overall wellbeing. Along with the feeling of worry and depression about their current situation, 36% of older people interviewed reported feeling lonely or isolated ‘most days’ or ‘everyday’ in the last three months.

25% of older people interviewed feel they cannot cope with their current situation at all (women 19% /men 32%). 50% said they could cope but only with support (women: 58% /men 42%). The need for integrated community focused psychosocial support along with support in accessing basic needs, health, livelihoods, WASH, and shelter, is key for long-term recovery within the community. Feelings of inability to cope, anxiety and worry about the current situation and further earthquakes or other disasters are evident across all

Able to cope or manage with current situation



age groups. Furthermore, for many Haitians, their religious beliefs and spiritual support can help strengthen their wellbeing and community connections. Emotional and social recovery takes time and activities and support provided need to be community focused and culturally appropriate.

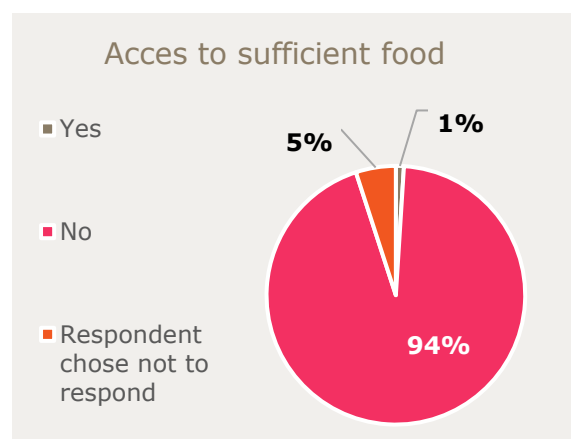
Recommendations

1. Work with existing, and identify new, community-based psychosocial support options. Support and mobilize them to provide basic psychosocial support including group support and activities, befriending, and sharing of information. Focus on strengthening and building the capacity of a volunteer network and/or community members to support themselves and each other (e.g., women’s groups, men’s groups, peer supporters, intergenerational links, older peoples’ groups etc.).
2. Create opportunities for community and family focused psychosocial support, to guide and assist people on how to address feelings of anxiety, loneliness, and their inability to cope.
3. Share information in accessible ways on other services and service providers that may be available within the community for those needing more specialized support.
4. Seek ways to reinforce community ties and promote healthy connections across people of all ages in all phases of humanitarian assistance.
5. Reach out to those with a disability and older people who feel particularly isolated and unable to cope, provide them and their caregivers with befriending support, including listening, and sharing information and providing some basic home support.
6. Contribute to address communities' need for spiritual support through liaising with local religious and spiritual leaders and members.

Food and income

A March 2022 IPC analysis projected that 4.5 million people across Haiti are likely facing severe acute food insecurity.⁶ This represents an increase of approximately 200,000 people compared with last year. Food insecurity has been exacerbated by the earthquake but is worsening as a result of the high food prices caused by socio-political instability, and the economic fallout of COVID-19.⁷

While local markets are generally functioning, 94% of older respondents indicated that they do not have access to sufficient food and 16% reported there is not enough food diversity. 86% reported they cannot afford to buy food.



⁶ Integrated Food Security Phase Classification (IPC), "Haiti: Acute Food Insecurity Projection Update March-June 2022," <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1155488/?iso3=HTI>

⁷ Famine Early Warning Systems Network, "Haiti: High Commodity Prices and the Socio-Political Crisis continue to have a negative impact on food security," FewsNet, April 2022, <https://fews.net/central-america-and-caribbean/haiti/food-security-outlook-update/april-2022>

Some 49% of older respondents reported that they ate only one meal per day over the last two weeks. This highlights an alarming situation for older people, people living with a disability and people providing care to others.

Despite the efforts of various humanitarian agencies to provide emergency food assistance to people in earthquake-affected areas, the lack of supporting infrastructure, insecurity surrounding food aid at distribution points, lack of support from officials, and limited opportunities for income generation and overall recovery contribute to a precarious food situation for many.

Of those interviewed, 42% do not have any income. This is higher in women (46%), and in the age group of 70-79 years old (49%). Finally, when asked what their main sources of income were the most common responses were agriculture, ranching and lumber (39%), humanitarian assistance (15%), loans (8%), and remittances (8%).

Recommendations

1. For relief groups in a position to deliver food and non-food items (NFI), do so with prior approval of and in coordination with local authorities and community leadership. Consider provision by door-to-door delivery, in line with the “do no harm” principle and operations security perspectives.

Provide culturally appropriate livelihood opportunities to those that have no employment, including older people and people with disabilities, and members of households that include at risk people.

2. Support inclusive livelihood recovery opportunities with training components adapted to the needs and skills of older people, people with disabilities, and their caregivers, including through active consultation with these groups.
3. Adapt livelihoods recovery and income-generation initiatives to local urban and rural contexts by engaging existing community structures (e.g., community-based organizations, women's groups, mutual solidarity groups and/or credit unions) in their design and implementation.

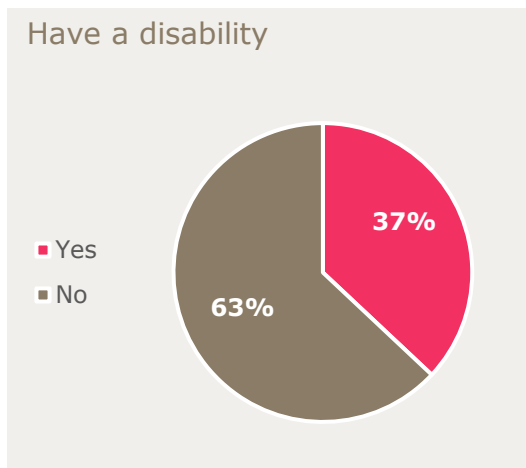
Disability

Of those interviewed, 37% had a least one disability relating to sight, hearing, mobility, self-care, remembering or communicating (34% of men and 40% of women), as determined using the internationally-recognized Washington Group of Questions.⁸

8% of older respondents are not able to leave their accommodation, 16% have difficulty seeing, and 20% experience difficulty walking. In addition, as noted above, 94% of older respondents have a health condition.

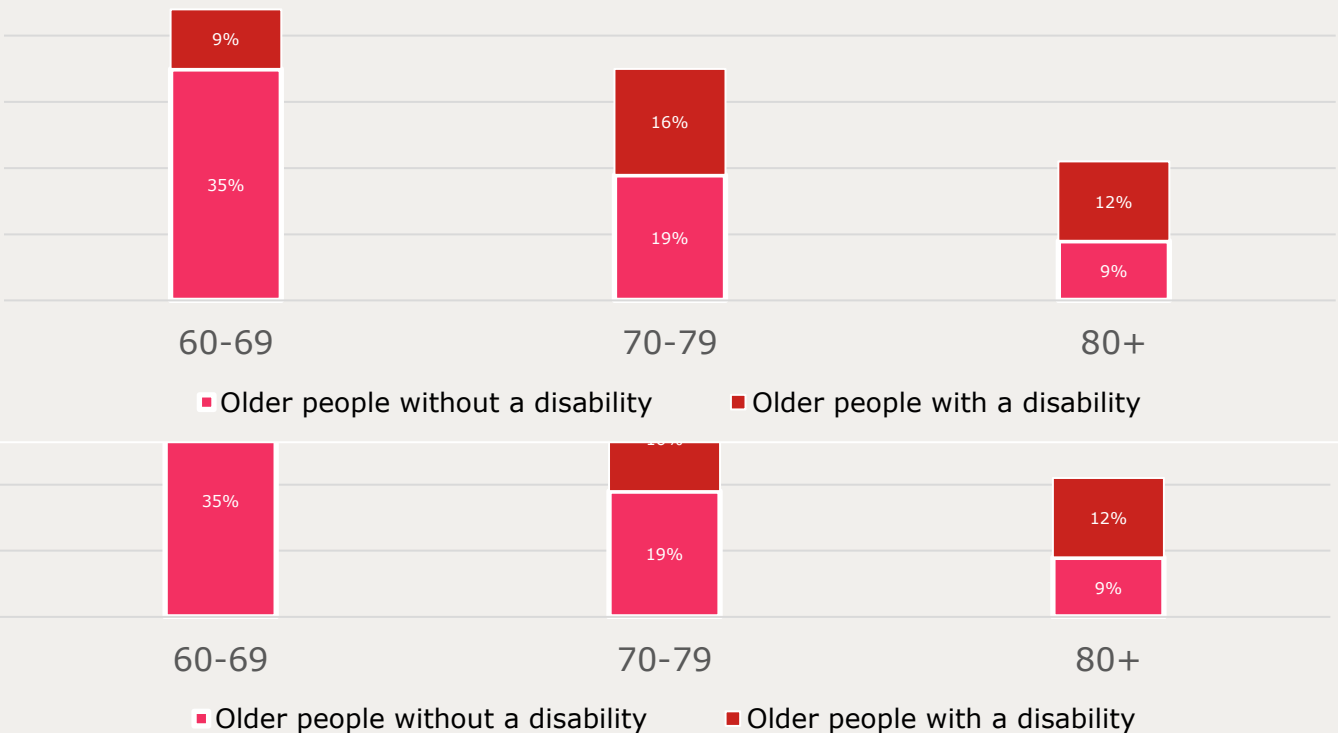
Services and activities should be accessible and tailored to different needs and inclusive of men and women with disabilities of all ages.

Many essential services are inaccessible or unavailable. For example, municipalities have health facilities in their capital cities, while the communal sections typically do not have medical care. This situation forces many people to travel, often on foot, significant distances to reach health facilities.



⁸ Further information can be found at: <http://www.washingtongroup-disability.com/>

Age and disability



It is important to note that during data collection several older people had difficulty in responding to the Washington Group Questions. This is to be expected, especially for older people reporting disabilities related to remembering and concentrating or communication. This highlights the need to ensure that needs assessment, programs and feedback mechanisms are inclusive and accessible.

In light of the high levels of disability, more work is needed to understand the specific protection risks faced by older people with disabilities and identify measures to mitigate them. This is an important finding when considering the types of support needed, and how to prioritize the needs of people with disabilities in order to maintain their independence and autonomy.

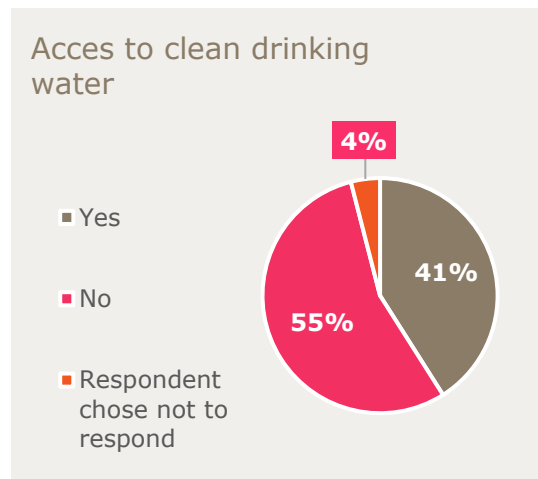
Recommendations

1. Reach out to specialized agencies to provide basic WHO community-based rehabilitation (CBR) training to staff and volunteers in the community to deliver outreach services and/or train staff operating health facilities in CBR. The CBR training includes supporting those who have been injured regain mobility and providing advice on how to reduce the risk of falls.
2. Link with active older people associations and associations of people with disabilities in the community to work together to do joint activities e.g., social events, Christmas events, etc.
3. Identify people with disabilities who are interested in volunteering in their community and promote peer to peer exchanges or intergenerational activities with other members of the community.
4. Link with the local authorities to share data on disabilities in the Departments and advocate for more services to be accessible for older people with disabilities, including through increased outreach services.
5. Include occupational therapists and physiotherapists in plans for next steps in project development.
6. Set up buddying schemes to support adults and older people who cannot leave their homes in maintaining their independence and autonomy.
7. Provide accessible messages to everyone about the different services that exist to assist people of all ages with disabilities, as well as messages to promote their inclusion in the community and in decision-making spaces.

Water, Sanitation, and Hygiene

Of those older interviewed, 55% reported that they do not have access to safe drinking water. For 20% of older respondents, the water points are too far away. These barriers mean that many people are drinking dirty water, which, combined with reduced dietary intake and exhaustion, can leave populations more susceptible to water-borne, communicable diseases.

Many older people in these three Departments also currently face barriers in accessing other WASH facilities. For example, 61% reported they do not have access to handwashing facilities, while 80% do not have access to bathing facilities, and 71% to toilets. This also increases the risk of acute respiratory infections, diarrheal diseases, cholera, and malaria. Hand hygiene in non-health care settings is one of the most important measures that can be used to prevent COVID-19 infection. Due to barriers in accessing WASH facilities, the risk of COVID-19 virus spread is increasing. This, combined with low vaccination rates, poses additional serious health risks especially to older people and people with disabilities.



Recommendations

1. Upgrade at-risk households' emergency water storage capacity by supplying water storage containers and chlorine.
2. Invest in durable solutions by building rainwater catchment systems and repair damaged community water supply systems and sources (protected and unprotected springs, wells, public fountains).
3. Monitor indicators of water-borne diseases and work with local authorities and humanitarian responders to secure access to chlorine to purify drinking water to households and schools in critical communal sections.
4. Provide hygiene kits to those at risk within the community, including women-headed households and households with older people and/or people with disabilities.
5. Conduct an accessibility analysis of WASH facilities and ensure repairs and new construction addresses accessibility barriers for older people and people with disabilities. Ensure they are consulted in the design of any interventions.
6. Provide information to the community on the risks of dehydration and drinking unclean water, using accessible formats. Identify humanitarian agencies working in the area on WASH. Advocate for them to meet the needs of older people, women, and those with disabilities.
7. Across all WASH activities, include culturally appropriate and accessible information and educational material in multiple formats (digital, printed, video, etc.) related to personal, family and community hygiene, vector-related disease prevention, and related topics, to ensure adequate use and maintenance of household and community WASH equipment.

Shelter

Nippes, Sud and Grand'Anse, where this assessment was conducted, were the worst affected departments by the earthquake in 2021. Some 75% of houses in these areas require repairs. However, due to a lack of resources, independent recovery will be difficult, and support is greatly needed.

Over 80% of people said they were staying at their own homes, 6.7% reported sheltering with family, neighbors, or friends, and 7.2% in shelters or tents. Crucially, 1.7% of older respondents do not have accommodation.

The majority of those interviewed (55%) reported feeling unsafe where they were currently staying. This figure is even higher in Nippes (64%). Several factors may cause a feeling of lack of safety – fear of structural collapse while sleeping, lack of police presence, fear of robbery due to reduced security of shelter, etc. Further analysis is needed given this widely reported concern. Poor house construction, economic hardship, and the impact of COVID-19 have left the population highly exposed to increased risks in future disasters and further deterioration in their safety and wellbeing.

Recommendations

1. Prioritize re-building the homes of the most at -risk groups within the community.
2. Ensure the houses are built in safer locations and are made of strong, locally sourced building material to minimize the impact of future disasters.
3. Provide information and training to homeowners and construction workers to ensure new and reconstructed houses comply with national construction codes and international standards for earthquake and hurricane resistance.
4. In collaboration with local associations of people with disabilities, evaluate the accommodation of people with disabilities and people with severe health conditions and, if necessary, support accessibility adaptations so they can carry out their daily living activities. This could involve low-cost adaptations such as ropes to guide blind people across spaces, etc.
5. Conduct a safety audit to identify the reasons why people feel unsafe in their accommodations and pay particular attention to those facing additional risks.
6. Use the findings to develop appropriate responses, such as encouraging a stronger security presence in the neighborhood, developing community-based security support strategies, or helping people to relocate to safer areas.

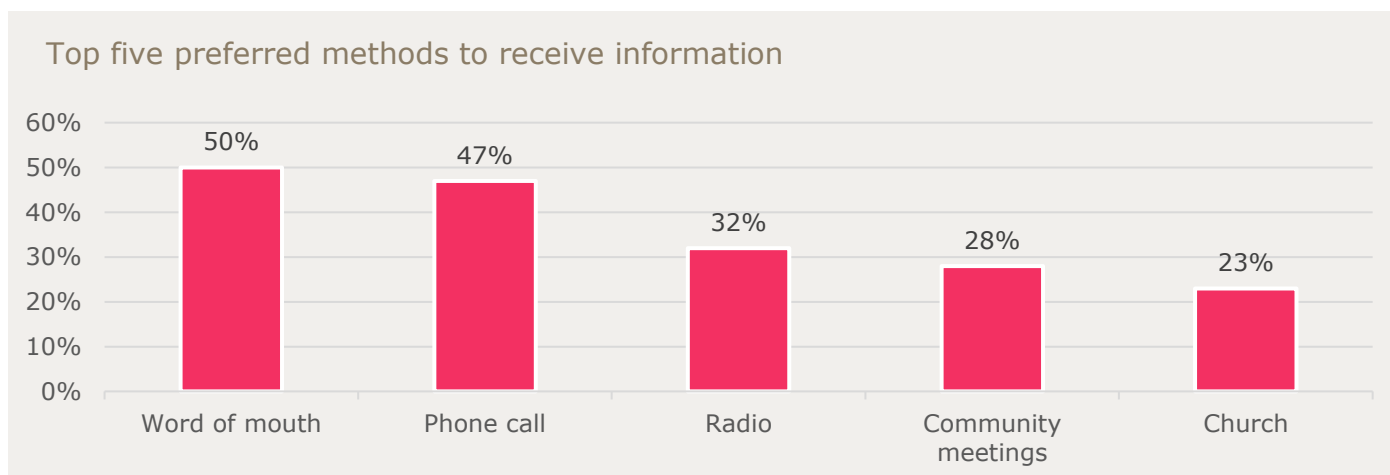
Accountability & Participation

Two thirds (66%) of older people reported that they did not feel included in the earthquake emergency response. While this did not vary significantly across sex, age, or disability cohorts, it did vary across locations, again with a higher proportion of those interviewed in Grand'Anse (77%) reporting feeling excluded, compared with lower figures in Nippes (62%) and Sud (58%).

The majority of older people interviewed reported that they have not been consulted by an agency or organization about the services provided to them: Grand'Anse (66%), Nippes (56%), and Sud (58%). This did not vary significantly across sex, age, or disability. Failure to consult older people can result in their marginalization from services and

services that do not meet their needs. It also reinforces a narrative of older people as dependent on others to support and make decisions for them and ignores the active participation older people can and should have in their situation.

Over 25% of respondents stated that the earthquake emergency response services have stopped, but more alarmingly, 65% said that they did not know if the services were still ongoing or not, which suggests either a lack of clear communication with older people or their complete exclusion from these services. In line with other accountability and participation findings, the situation was worse in Grand'Anse, with 80% not knowing if services were ongoing, compared to Nippes (57%) and Sud (55%). This was also varied across the age cohorts with 75% of respondents aged 60-69, 60% of respondents aged 70-79, and 53% of respondents aged over 80 years, stating that they did not know if services had stopped. It is important to keep older people informed. A lack of awareness of the support services available can be a critical problem and result in those most in need not being reached.



Over half of interviewed older people (55%) stated that they did not receive any of these services, and of those who did (45% of total), 61% said they were satisfied with the support they received. This varied significantly across sex, disability, and locations. While approximately 44% of older women and older men both received earthquake emergency services, only 26% of older men stated that they were satisfied with the services provided to them, compared to 60% of older women. Older people with disabilities also had heightened dissatisfaction with provided services, with only 49% stating they were satisfied with them. There was a dramatic difference in the percentage of older people in Grand'Anse, Nippes and Sud who received support, with only 17% of those in Grand'Anse, compared to 77% of older people in Nippes.

An alarming 89% of interviewees said that they do not know how to provide their opinion or make a complaint about the services they are provided with, be it from humanitarian agencies or from the local or national government. Although this varied slightly between older women (93%) and older men (83%), it did not differ for older people with disabilities, among the three age cohorts, or across the three locations. This lack of a clearly understood and accessible channel for complaints and feedback is concerning. The lack of such mechanisms can reduce the effectiveness of assistance provided. When creating complaint and feedback mechanisms, they should be accessible, age and disability inclusive, safe, and confidential, and consider the preferred communication methods of older people.

Without proper consultation, inclusion and feedback, programming may not address the differing needs and concerns of older people or uphold their rights, and it can reinforce unequal power relations between communities. It may even exclude older people from accessing support and assistance altogether and reinforce their exclusion or marginalization.

Recommendations

- 1.** Consult older women and men, including those with disabilities, using accessible communication methods, on their priority needs and preferences, service gaps and whether available services are safe and accessible. This could be through focus group discussions or forums held at community level.
- 2.** Hold sessions with emergency response agencies and local authorities to highlight the issues facing older people, including their lack of inclusion in the response, particularly in Grand'Anse, and offer support to facilitate age-inclusive responses from these agencies.
- 3.** Conduct an awareness raising campaign on existing services, service providers and how older people can provide feedback on the services provided. This should include explaining how the processes work and how their opinion or feedback will be used.
- 4.** Prioritize, in consultation with older people, community-based complaints and feedback mechanisms that use a variety of accessible communications methods to be inclusive of older people with disabilities (e.g., feedback boxes, phone numbers, community focal points).
- 5.** Analyze and use feedback from older women and men on a regular basis, for example, as part of monitoring, to support accessible programming and to redesign interventions that are found to be inaccessible or inappropriate for older people.