



Designing adaptive and shock-responsive social protection

to guarantee the rights of older people



HelpAge

International



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

Designing adaptive and shock-responsive social protection *to guarantee the rights of older people*

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Executive summary

During recent decades, the rapid pace of population ageing has been accompanied by other mega trends, such as in-country and international migration, urbanisation, a digital ‘revolution’ and changing climatic conditions.

Population ageing has indeed been accelerating quickly; by 2050, the number of older people globally is projected to double to approximately 2.1 billion, and most older people will live in low- and middle-income countries.

Recently, COVID-19 and international armed conflicts have further exacerbated the existing food, fuel and finance crises with dire consequences for older people. The pressure from multiple anthropogenic stressors has also intensified. In most countries, governments have implemented fiscal measures to contain the spikes in inflation which, in turn, have had knock-on effects on several sectors of the economy and compromised governments’ capacity to support those at the highest risk from shocks in society.

A combination of pandemic effects, climate events and armed conflict have aggravated the risks to livelihoods and wellbeing faced by older people. This means that the low coverage and inadequacy of social protection systems in many low- and middle-income countries keep undermining older people’s capacity for resilience in the face of shocks and crises.

Yet older people have the right to social protection as well as the right to unconditional, autonomous use of income without any discrimination based on age or any other ground, so they can live with dignity and fully participate in their societies.

This report provides an overview of insights regarding the specific challenges faced by older people during different shocks and crises, highlights breaches of

their fundamental rights, and makes recommendations on how to design an age-sensitive, adaptive and shock-responsive social protection (ASRSP) system. The report’s findings and recommendations are based on desk research and expert consultations.

Firstly, chapters 1 and 2 introduce the issue and point out how older people’s diverse needs have been overlooked. Then chapter 3 summarises the findings from the literature review and discusses factors that affect older people’s exposure, risk and resilience to shocks. The findings show that factors such as gender, living arrangements, income, health and disability status are all associated with older people’s risk and resilience levels in times of shocks and crises. Access to social protection, in particular regular income from social pensions, significantly contributes to strengthening older people’s resilience and adaptive capacity and hence helps mitigate the effects of shocks.

Chapter 4 summarises and discusses key elements of an adaptive and shock-responsive social protection system, with a specific focus on older people. It also provides relevant examples and case studies. When describing the specific elements of an adaptive and shock-responsive social protection system for older people, special attention is paid to systemic issues, such as access to information for older people, the mode of delivery, regular vulnerability assessments and the completeness of civic registries. The critical role of Older People’s Associations (OPAs) in advocating for social protection interventions and in generating evidence that can inform the design of ASRSP programmes is also discussed.

The findings and recommendations are intended to inform the work of HelpAge network members and other organisations designing and implementing adaptive and shock-responsive social protection measures, to ensure that all policies and programmes are fully inclusive of older people in all their diversity.

Recommended priority actions

General priority actions that will benefit older people:

1. Improve targeting in social protection programmes through up-to-date digital registries and regular vulnerability assessments, as well as strengthen/facilitate the interoperability of registries. Crucially, digitalisation of social registries should include a component of secure data storage and handling, plus trainings in digital literacy and the protection of individual data and privacy. Ex-ante and ex-post vulnerability assessments should be conducted on a regular basis and data integrated with other relevant data systems. As climate-change emergencies are becoming ever more frequent, governments must establish inclusive and well-designed social protection systems to mitigate the effects of shocks. If the social protection systems are still weak, alignment and piggybacking can be used to ensure coverage in the face of shocks.

2. Increase social protection coverage of informal workers throughout the life course, both through the promotion of formal employment and through designing measures to facilitate contributions to the system by informal workers. This will contribute to greater income security in old age and strengthen older people's resilience to shocks.

3. Channel more climate financing to social protection to build and/or strengthen 'crisis-proof' social protection systems. The global funding mechanisms to address loss and damage associated with climate change, and to fund adaptation to climate change, should contribute to the financing of social protection systems. This financing should align with other relevant funding streams and activities in the countries of operation.

4. Incorporate social protection objectives into climate change policies. Countries should recognise that social protection can act as a climate-risk management tool, and thus ASRSP should be incorporated in different climate change-related policies and strategies, such as the National Adaptation Plans (NAP) and Nationally Determined Contributions (NDC).

5. Use social protection to incentivise and reward community-based conservation and the protection of biodiversity. At the individual level, this will contribute to older people's resilience, and at the macro level to the decent-work agenda. This is also important in terms of recognising the contribution that older people make to nature conservation and climate change mitigation and adaptation efforts.

Priority actions focusing specifically on older people:

1. Provide universal social pensions for older people. Ample evidence shows that pensions have a positive effect on older people's wellbeing and thus build their resilience and adaptive capacity. Existing old-age social protection programmes should be examined and re-designed to ensure full coverage and adequacy.

2. Invest in widening access to digital tools and strengthening digital literacy of older people, including to facilitate access to financial services. This is particularly important as digitalisation is expected to further progress and, if used properly, has the potential to become an enabler of sustainability transitions and contribute to the wellbeing of all generations.

3. Capitalise on OPA structures. Investing in the OPA structures and working closely with the OPAs is critical to building and/or further strengthening community resilience and optimising the effectiveness of humanitarian responses. OPAs play a key role not only in channelling the voice of older people and advocating for social protection interventions, but also in generating ideas that can inform the design of ASRSP programmes. OPAs are also critical actors when it comes to implementation of ASRSP programmes.

4. Establish and/or strengthen portability mechanisms to ensure that entitlements can be accessed across political boundaries. In the context where many older people are on the move, effective portability mechanisms must be in place. This is ever more important given the transboundary nature of climate change hotspots where livelihoods are often at risk due to natural hazards and disasters and where migration flows are high.

5. Ensure that every older person has a national ID card or help them to obtain one free of charge in any accessible way to guarantee the fundamental rights of all older people to benefit from social protection.

6. Invest in the collection and analysis of sex-, age- and disability-disaggregated data (SADDD). In recognition of the heterogeneity of older people, including women and people with disabilities, the availability of recent data is critical. High quality disaggregated data, complemented by regular vulnerability assessments, will help inform effective policy and programme design.

7. Conduct regular up-to-date comprehensive research that focuses on the wellbeing of older people in different phases of life to ensure the visibility of older people in policies and programming and respond to their needs.



1. Introduction

In the past few decades, the world has witnessed an increase in the intensity and severity of impact of shocks caused by climate change, natural hazards, economic volatility, and conflict.¹

Sometimes referred to as ‘covariate shocks’, these intersecting and multiple crises affect many people simultaneously and may include economic crises, climate shocks, pandemics, and conflict-related crises. Such shocks are different from idiosyncratic shocks that are experienced by single individuals or households.

Such covariate shocks have an especially damaging effect on people’s lives and livelihoods and will continue to pose a threat in future. The COVID-19 pandemic has caused (and in some instances is still causing) immense economic damage and loss of life and livelihoods, only to be compounded by the cost-of-living crisis affecting people’s food security and access to services. This has disproportionate consequences for people who already lack resources to meet their basic needs, including many older people who already live in precarious circumstances, and particularly older women and older people with disabilities.

Supporting people’s intrinsic resilience, as well as their capacity to resist shocks and to cope with shocks, has become a key policy prerogative of many governments and international organisations – but there is still a long way to go.

Older people do have a fundamental right to social protection, recognised on the global level in Article 9 of the International Covenant on Economic, Social and Cultural Rights. The right to social protection is also recognised in regional treaties pertaining to older people, namely Article 17 of the Inter-American Convention on Protecting the Rights of Older Persons and Article 7 of the African Protocol on the Rights of Older Persons. This right includes the right to access and maintain benefits to secure protection from a range of adverse circumstances, such as a lack of work-related income, inability to afford health care and insufficient family support. States are thus obligated to take appropriate measures which mitigate the risks faced by older people (e.g. income insecurity, ill-health).

Specifically, ASRSP is being increasingly used as a policy instrument for supporting those living in poverty or in a vulnerable position exacerbated by covariate shocks. ASRSP refers to a systematic approach of addressing people's vulnerability and enhancing their resilience to shocks that combines disaster risk reduction measures and climate change adaptation and expandable social protection systems.² The aim of shock-responsive social protection is to reduce and mitigate vulnerability to risk in advance of shocks as well as help households to cope with the after-effects of shocks.³ ASRSP seeks to support people in strengthening their capacity to prepare in advance for natural hazards and adapt to shocks through the use of adjustable social protection interventions.⁴ This approach implies that in order to support people's resilience, policy, programmes and systems need to address constraints that those living in poverty and in a vulnerable position experience before shocks occur.

However, to date ASRSP has given little explicit consideration to the rights, needs and agency of populations at risk, such as older people. To develop effective ASRSP systems and programmes, policymakers need to be aware of the vulnerability context, and particularly, how populations with different characteristics are susceptible to and experience different risks. Such knowledge can help develop institutional arrangements to provide adequate and timely response to older people.⁵ This would enable the identification and delivery of effective responses to shocks that would address specific and differential needs and constraints. Furthermore, for adaptive social protection programmes to be effective in strengthening older people's resilience, it is important to examine the factors affecting older people's resilience and capacity to deal with shocks.

In conjunction with the micro-level and community-level factors, it is also critical to consider accelerating global trends, such as climate change and digitalisation, and use innovative social protection mechanisms to minimise loss and damage and to ensure that no one is left behind.

The main objective of this study is therefore to examine new and emerging information about how intersecting factors influence older people's exposure, risk and resilience to shocks and how social protection can contribute to strengthening older people's resilience and adaptive capacity. The study assesses older people's exposure to shocks as well as their capacity to cope, respond and recover (adaptive capacity) from shocks. It seeks to inform ASRSP policy and programming in respect to older persons. Specifically, it calls for an age-inclusive, rights-based approach to ASRSP that recognises and addresses intersecting vulnerabilities, the differential needs of older people and their coping abilities.

The report identifies and consolidates empirical evidence from literature review, HelpAge International project studies and evaluations of the nature of risks faced and resilience demonstrated by older people. It shows that older people's responses to and ability to deal with covariate shocks are contingent on income and access to social protection and other socio-economic characteristics, such as education level, gender, health, disability, social status and living arrangements. The report stresses the need to capture these factors in the design and implementation of ASRSP activities to adequately address people's needs and deliver benefits and services. The key terms and definitions used in the report are summarised in Table 1 on the next page.



The Media Booth/HelpAge International – Palestine

Table 1: Key terms and definitions

Key term	Definition
Adaptive social protection	Adaptive social protection (ASP) helps to build the resilience of poor and vulnerable households to the impacts of large, covariate shocks, such as natural disasters, economic crises, pandemics, armed conflict and forced displacement. Through the provision of transfers and services directly to these households, ASP supports their capacity to prepare for, cope with, and adapt to the shocks they face – before, during, and after these shocks occur. Over the long term, by supporting these three capacities, ASP can provide a pathway to a more resilient state for households that may otherwise lack the resources to move out of chronically vulnerable situations. ⁶
Covariate shock	Covariate risk or shock refers to the experience where many households in the same geographical location suffer similar shocks (i.e. community shocks, such as natural disasters or pandemics/epidemics). ⁷
Exposure	The presence of people; livelihoods; species or ecosystems; environmental functions, services, and resources; infrastructure; or economic, social, or cultural assets in places and settings that could be adversely affected. ⁸
Idiosyncratic shock	Idiosyncratic risk or shock refers to a circumstance in which one household's experience is typically unrelated to that of neighbouring households (i.e. household-level shocks, such as death, injury or unemployment). ⁹
Intersectionality	Intersectionality refers to the interaction between gender, race, and other categories of difference in individuals' lives, social practices, institutional arrangements, and cultural ideologies and the outcomes of these interactions in terms of power. ¹⁰
Just transitions	A set of principles, processes and practices that aim to ensure that no people, workers, places, sectors, countries or regions are left behind in the transition from a high-carbon to a low-carbon economy. ¹¹
Loss and damage	Loss and damage refers to the negative effects of climate change that occur despite mitigation and adaptation efforts. ¹²
Life course approach	The life course approach to social protection derives from the idea that individuals face different risks and vulnerabilities at different stages in life, and that social protection can be tailored to address these risks at each stage. ¹³
Needs assessment	Needs assessment is an effort to understand the needs of individuals in an accurate, timely and comprehensive manner. Needs assessments recognise that different people, depending on their age and gender, are affected differently by different crises. ¹⁴

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Table 1 continued

Key term	Definition
Older people	An older person is defined by the United Nations as a person who is over 60 years of age. ¹⁵
Resilience	The capacity of social, economic and environmental systems to cope with a hazardous event, trend or disturbance, responding or reorganising in ways that maintain their essential function, identity and structure, while also maintaining the capacity for adaptation, learning and transformation. ¹⁶
Risk	The potential for adverse consequences. Risk results from the interaction of vulnerability, exposure, and hazard. ¹⁷
Shock-responsive social protection	Shock-responsive social protection refers to SP which is designed to prepare for and respond to covariate shocks (shocks that affect a large proportion of the population simultaneously). It encompasses the adaptation of routine social protection programmes and systems to cope with changes in context and demand following large-scale shocks. This can be ex-ante by building shock-responsive systems, plans and partnerships in advance of an anticipated shock to better prepare for emergency response; or ex-post, to support households once the shock has occurred. In this way, social protection can complement and support other emergency response interventions. ¹⁸
Social insurance scheme	A contributory social protection scheme that guarantees protection through an insurance mechanism, based on: <ol style="list-style-type: none"> 1. the payment of contributions before the occurrence of the insured contingency; 2. the sharing or ‘pooling’ of risk; and 3. the notion of a guarantee. The contributions paid by (or for) insured people are pooled together, and the resulting fund is used to cover the expenses incurred exclusively by those individuals affected by the occurrence of the relevant (clearly defined) contingency or contingencies.¹⁹
Social protection	Social protection, or social security, is a human right and is defined as the set of policies and programmes designed to reduce and prevent poverty, vulnerability and social exclusion throughout the life cycle. ²⁰
Vulnerability	Vulnerability is the propensity or predisposition to be adversely affected. Vulnerability encompasses a variety of concepts and elements, including sensitivity or susceptibility to harm and lack of capacity to cope and adapt. ²¹ Older people (or women, or any other at-risk group) are not inherently vulnerable but may be in a vulnerable position because of discriminatory laws and practices and other human rights breaches. Thus, in this context, vulnerability can be thought of more in terms of exposure to risk. ²²
Vulnerability assessment	Vulnerability analysis helps identify sources of risk and exclusion that are related to life-cycle changes and intergenerational factors and help inform appropriate social protection responses. ²³



2. Older people's diverse needs overlooked

Today more than 1 billion people are aged 60 and over. By 2030 this will rise to 1.4 billion. By 2050, there will be 2.1 billion older people, making up more than a fifth of the global population. More than 70 per cent of older people today are living in LMICs.^{24, 25}

This rapid rise has been possible largely due to increases in longevity because of reduced mortality at younger ages and rising life expectancy as well as falling fertility rates.

Policy makers are increasingly aware of the economic and social implications of rapid ageing for societies as a whole; however, little attention is given to the consequences of ageing on the wellbeing and livelihoods of older people. Public policies often do not focus on older people as a distinct group and assume that they will benefit from policy actions directed at broader population groups.²⁶

While globally around 77.5 per cent of older people benefit from social protection, this proportion is only 27.1 per cent in Africa and 24 per cent in the Arab States. Yet social pensions, a basic human right, through their proven wellbeing impacts have a huge potential to mitigate devastating impacts of shocks and crises. Universal pension coverage should therefore be a critical element of a comprehensive ASRSP system.

One of the main vehicles for supporting older people in crisis situations has been humanitarian or emergency assistance by governments, civil society, and international actors. However, the humanitarian system has failed older people, by the standards it has set for itself. It is imperative that ASRSP interventions do not replicate narrow approaches, instead integrating the humanitarian inclusion standards for older people and people with disabilities into policy and programme design and implementation.²⁷

Humanitarian programmes may sometimes use a uniform, 'one-size-fits-all' approach that either does not include older people or respond to their differential needs. There is also the issue of how to deliver benefits and services to ensure that older people can access them. This requires following inclusion standards for older people, including those with disabilities, understanding their needs, barriers and enablers to accessing services and ensuring access into programmes in a way that is participative and appropriate to their relevant needs.^{28, 29}

Research shows that older people with disabilities are more at risk of poverty and exclusion from accessing basic necessities and essential services than older people without disabilities; it is also more difficult for them to escape from conflicts and disasters.³⁰ The risks, needs, barriers and enablers for older people have not been adequately assessed and addressed in humanitarian responses. Most humanitarian actors expect specialists – disability and age-focused agencies – to address the needs of older people and people with disabilities. Box 1 on the next page illustrates challenges faced by older people during emergency responses.

Limited focus on older people in humanitarian programmes

Programmes tailored to deliver emergency assistance to at-risk populations commonly exhibit a tendency to prioritise women and children, thereby neglecting older individuals.³¹

A study conducted by HelpAge in several countries revealed the biased focus in humanitarian crises towards women and children, unlike older people. In Afghanistan, programmes intended to assist the entire population received 24.9 per cent of the overall funding, while those specifically targeting women and children received an additional 70.6 per cent. Similarly, in the Philippines, programmes with a focus on women and children obtained an additional 62.7 per cent in funding.

Remarkably, the study revealed that only five out of 1,912 programmes analysed (0.2 per cent) included activities that targeted older people.

In Afghanistan, Burkina Faso, El Salvador, and Honduras, not one of the 1,912 analysed programmes made explicit references to or provided targeted assistance for older people. Merely 4.9 per cent of the programmes explicitly acknowledged older people as an at-risk demographic group. Older people are some of the most at risk among the Syrian refugees in Lebanon; yet there is little effort to assess their needs and provide targeted support to displaced older people.³²

Limited efforts by policy makers and humanitarian organisations to collect, analyse, use and report on data disaggregated by age, sex, disability and socio-economic factors makes at-risk groups, such as older people, invisible.³³ Mainstream disaster risk-related data, for example, tends to view specific groups as homogenous entities and there is often little effort to identify multiple vulnerabilities within groups, especially those experienced by marginalised groups.

LMICs tend to lack adequate mechanisms for generating and using intersectional data on older people, making it highly challenging for policymakers and non-governmental organisations to assess the impact that climate change-related and other major events have on older people. When such data is available, it is not used adequately to identify different and specific needs of older people by different age groups. For example, where sex and disability disaggregated data and other information are collected, they are rarely used for informing the types of benefits and services available and modes of delivering services to address the constraints of different sub-groups.³⁴

A handful of organisations and government entities strive to acknowledge the requirements of older individuals; however, they frequently overlook the heterogeneity within this population. In fact, older

people are considered to be the ‘most heterogeneous’ of all age groups,³⁵ but they should not be treated as a homogenous ‘at risk group’. Certain groups of older people may exhibit greater vulnerability to shocks, and various factors, including geographical location, ethnicity, gender, disability, income, age, health status, education level and living arrangements can significantly influence their susceptibility to risks.³⁶

Limited space for participation and voice inhibits the ability of policy makers to identify older people’s needs and constraints. The findings of rapid assessments conducted by HelpAge and its partners indicate a significant prevalence of exclusion among older individuals in various contexts during needs assessments within crisis situations. In many cases, older individuals were not provided the opportunity to express their needs through consultation with humanitarian actors; specifically, in Mozambique (Sofala), 80 per cent; in North East Syria, approximately 87 per cent; and in the Philippines (following Typhoon Mangkhut), 93 per cent.³⁷



Key criteria to identify most at-risk older people

Some of the key criteria used by HelpAge to identify the most at-risk people within older populations are given below:^{38, 39}

- Older women and men who are isolated because they live alone or without family support. Examples include widows, those without children or those whose family members have been killed or have been displaced from the home area.
- Older people, especially women, who provide care to grandchildren or orphans, spouses or other family members.
- Older people with underlying health conditions, including non-communicable diseases (NCDs) which are more common in later life, including heart disease, cancers, chronic respiratory diseases, diabetes or mental health conditions.
- Older people who experience disability, for example disabilities related to mobility, sight, hearing, cognition, especially where their condition results in a need for care and support.
- Older people with limited literacy.
- Older people in precarious employment, who do not have an option to retire.
- Older people without documentation (e.g. birth or marriage certificates, or health and ration cards) to prove ownership or rights to assets, including land.
- The 'oldest-old' age group (more likely to be women than men), as they are more likely to face intersecting risks, e.g. underlying health conditions.

Lack of consideration of the specific needs of older people in the delivery of emergency assistance further exacerbates the challenges they face. The case of older people with disabilities presented above provides an appropriate illustration. As this report reveals, there are numerous instances when the specific disability-related needs of older people were not considered in the delivery of humanitarian assistance.

Older people can often be excluded from programmes and initiatives as limited attention is given to barriers to accessing assistance. These barriers may include lack of official identification, geographical proximity as well as attitudinal barriers.

Shocks and disasters have different effects on various aspects of wellbeing and livelihoods depending on age, gender and disability status.⁴⁰ Empirical evidence shows that natural hazards, economic shocks and armed conflicts affect older people disproportionately.⁴¹ There are a number of factors that explain, to a certain degree, older people's risk and resilience to shocks, including accelerating global trends and socio-economic factors such as gender, income, health and disability status. There are also structural issues such as ageism and age discrimination, which erode older people's ability to exercise their rights and benefit from societal opportunities. To these we can add lack of adequate recognition and the protection of older people's rights in international human rights law. The next section discusses these factors in more detail.



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3. Factors affecting exposure, risk and resilience in old age

The life-course approach provides an analytical basis for developing age-inclusive social protection.

An age-inclusive approach to social protection is often implied but not fully integrated to existing frameworks that aim to consider vulnerability, specifically on gender-responsive and gender-transformative social protection. Conceptualising a human life in terms of a sequence of phases can help identify common risks people face at a particular life juncture.⁴²

It is important to adopt an intersectional approach in order to understand people's responses to shocks and stresses. This can help identify a variation in vulnerability and adaptive capacity within groups and avoid 'homogenising' vulnerable people by

focusing on common group characteristics and disregarding individual characteristics.⁴³ Age is a key defining variable underlying a person's life course, but it should be used in tandem with other intersecting factors, such as gender, income, race, ethnicity, caste, health status, disability, geographic location and living arrangements.

Resilience is highly situational and needs to be considered within the broader context of inequality and exclusion. In other words, to result in specific vulnerabilities, personal characteristics need to be mediated by economic, socio-cultural, institutional and political contexts. Structural and contextual factors determine how social and economic opportunities and benefits are distributed across different social groups. They also shape individual vulnerabilities and influence a person's ability to deal with shocks.

For example, socio-cultural norms determine gender roles and often lead to exclusionary patterns. Similarly, prejudice and misconceptions can marginalise people with disabilities. The existing institutional and governance environment can have profound implications for people's capacity to respond to shocks. This refers to formal policies, for example, to the availability and enforcement of non-discriminatory policies, redistributive measures, and the availability and reach of social protection. It also includes informal institutions that influence the relations of accountability between government, service providers and other actors and people they serve.

In summary, intersecting factors and contextual environments intertwine and influence the capacities, needs and constraints of older people and their responses

to shocks. The approach will thus draw specific attention to the social root causes of vulnerability to create a more nuanced picture that can help design effective and responsive policies and programmes.⁴⁴ Without such understanding, potential policy solutions could exacerbate existing injustice and inequalities.⁴⁵

A literature review has enabled us to identify several factors that influence older people's vulnerability and resilience (Table 2 below). The key factors include income, education, health, degree of disability and other intersecting factors, such as age, gender, as well as social capital and family support. The role of social protection as an influencing factor is discussed at the end of this chapter. It is important to note that this is not an exhaustive list, and many more factors can be decisive in shaping people's exposure, risk and resilience in different contextual settings.

Table 2: Factors affecting exposure, risk and resilience in old age

Dimension	Factors
Accelerating global trends: – population ageing – climate change – digitalisation	<ul style="list-style-type: none"> • Rapid pace of population ageing implies that more older people will be exposed to shocks and crises, and this is particularly true in LMICs. • Rapidly accelerating climate change implies inevitable loss and damage, and older people are particularly at risk of negative effects of climate change. • Rapid digitalisation means that more older people are likely to be left behind unless we invest in upgrading digital literacy at all ages.
Household (HH) and individual level income	<ul style="list-style-type: none"> • Low income is correlated with limited food security and nutrition. • Low income negatively affects affordability of health care and care services. • Low income translates into limited savings or lack of savings. • Informal work, in turn, negatively affects income level.
Health status, access and quality of healthcare	<ul style="list-style-type: none"> • Due to dependence on medicines, medical support and care arrangements, older people are at particular risk of ill health and death in times of shocks and crises. • Covariate shocks tend to disrupt or constrain access to health care and medicines and related products and exacerbate health vulnerabilities.
Disability	<ul style="list-style-type: none"> • Older people with disabilities face additional costs (e.g. assistive devices) and are at higher risk of living in poverty. They often have difficulty to access services and exercise their rights due to institutional, environmental, and attitudinal barriers, including stigma and discrimination. • Emergency settings heighten vulnerability due to breakdown in existing care structures and services; difficulty to access services and information due to physical and/or communication barriers.

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Table 2 continued

Dimension	Factors
Gender	<ul style="list-style-type: none"> • Women are particularly susceptible to the effects of shocks. • Societal norms often confine women’s role to unpaid providers of care and domestic work (and thus confine them to the home), determine what is acceptable behaviour for women, and restrict mobility or access to decision markers. • Gender disadvantages are often amplified in humanitarian contexts and undermine older women’s adaptive capacity. • Gender inequalities translate into limited ability of women to deal with the consequences of shocks, both due to limited prior economic and social endowments, including limited control over economic resources, and the limited or disrupted capacity of public services to address their needs.
Education and digital literacy	<ul style="list-style-type: none"> • Low levels of literacy, digital literacy and access to communication devices may restrict older people from accessing information. • Education contributes to cognitive and problem-solving skills, better knowledge and risk perception that help people prepare and respond to shocks and stresses. • Education tends to be associated with better income, access to information and social capital and social support networks, all of which enhance resilience.
Minority groups and migration	<ul style="list-style-type: none"> • Older people belonging to ethnic, racial, religious and linguistic minorities, as well as indigenous people, migrants (and especially illegal migrants), refugees and internally displaced persons are likely to be vulnerable to shocks. • Older people belonging to these groups are less likely to enjoy their human rights and benefit from existing economic and social opportunities. • Lack of portability arrangements mean that although many may have contributed through either VAT or contributions, they are unable to claim these in their countries of origin, so have no access to contributory or non-contributory social pensions from their receiving countries in old age.
Social capital, family and living arrangements	<ul style="list-style-type: none"> • Social capital and family support are important sources of support for older people. • Social capital provides practical and emotional support for older people, helps maintain autonomy and benefit from local knowledge and caring arrangements. • Family support is critical when dealing with the immediate consequences of a shock, e.g. helping access information, shelters, and essential resources. • Family often provides important financial support throughout the recovery period.
Age discrimination and ageism	<ul style="list-style-type: none"> • Stereotyping, prejudice, and discrimination because of age lead to less economic opportunities, and negatively affect older people’s livelihoods and wellbeing.

Accelerating global trends

The pace of population ageing has been accelerating rapidly, and it is currently estimated that by 2030, 1.4 billion people will be aged 60 and over. Moreover, estimates show that by 2050, globally the number of older people will double and will reach approximately 2.1 billion. In addition, the number of older people aged 80 years or older is likely to triple between 2020 and 2050 and is estimated to reach around 426 million.⁴⁶ A recent report by the United Nations Department of Economic and Social Affairs (UN DESA) shows that between 2023 and 2050 the number of people aged 65 and older is expected to almost triple.⁴⁷ While the proportion of older people is expected to grow, the majority of countries globally remain unprepared for population ageing.

At the same time, we have witnessed unprecedented changes in climatic factors and widening and intensifying climate change impacts. Climate change is affecting all regions, and the losses and damages are affecting both people and nature. Communities that have contributed least to the adverse effects of climate change are likely to suffer most from its effects.⁴⁸ Based on the estimates of the Intergovernmental Panel on Climate Change (IPCC), global warming will continue, primarily due to CO₂ emissions, and will reach 1.5°C in the near future (2021–2040). Extreme weather events, such as heatwaves and droughts, are projected to be more frequent and tropical cyclones and extratropical storms are likely to intensify.⁴⁹

Recent HelpAge research shows that the issue of ageing has been widely ignored in the climate change debate.⁵⁰ Yet, as population ageing accelerates, more and more older people will be contributing to climate change and will be affected by its impacts. As it is expected that response to climate change is likely to have negative effects on inflation, growth and debt to GDP ratio, and consequently on the wellbeing of older people, it is imperative to mitigate the anticipated risks through strengthening community resilience and improving the overall social protection system, including through adequate ASRSP measures.

Finally, we should consider the effects that accelerating digitalisation is likely to have on the livelihoods and wellbeing of older people in LMICs. Generally, it has been recognised that digitalisation can contribute to sustainability transitions through the smart use of clean digital technologies, and it can be an enabler for environmental sustainability and climate action.⁵¹ However, digitalisation is also expected to exacerbate existing societal inequalities. Older people are particularly at risk of digital exclusion, as they often lack access to the internet and have limited digital literacy skills.

As emergency preparedness and response systems are expected to become ever more digitalised, it is critical to strengthen interventions enabling older people to be aware of, have access to and use the appropriate digital tools. At the same time, it should be recognised that frontline social workers will continue to be critical to reach groups in vulnerable situations, such as older people, and help identify their needs and match them with appropriate schemes/services.

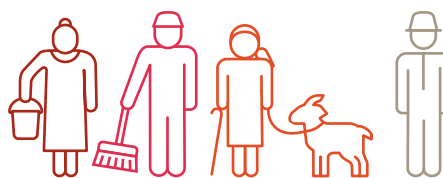
Income

Income is a critical determinant of older people's vulnerability and resilience

Older people in LMICs tend to have limited sources of income, which makes them particularly vulnerable to shocks. Limited income affects resilience in a variety of ways, such as limited food security and nutrition, as well as difficulty in affording health care, medicines and disability-related expenses. Income is often influenced by social inequalities that are driven by several intersecting factors such as age, gender, ethnicity, race, and caste. Some of these aspects will be discussed in the subsequent sections. This section provides an overview of the constraints that older people experience in deriving income from the labour market.

In general, the risk of poverty in all countries increases significantly with age.⁵² In later life, people tend to reduce their engagement in the labour market and when they continue working, they earn low income. Other factors include absent or limited savings to ensure income security and the absence or inadequacy of social protection in many countries to help address basic needs.

Most older people in LMICs are engaged in the informal economy. Worldwide, three out of four older people (77.9 per cent) are in informal employment.⁵³ They are usually engaged in agriculture, livestock rearing, fishing, daily-wage labour, petty trade, begging and domestic labour.⁵⁴ Agriculture is the most important source of employment for older people in LMICs.



Three out of four

older people in LMICs are in informal employment – usually in agriculture, daily-wage labour, petty trade, begging and domestic labour.

Older workers in the informal economy tend to work in harsher conditions and lack social security. With limited social protection, savings, assets and income that is often just enough to feed themselves, older people remain vulnerable to shocks. Many older people have no other choice than to continue working despite ill health and disability.⁵⁵ Throughout their lives, women experience multiple inequalities and discriminations across different domains, including in the labour market, that have an accumulative effect in old age. Additionally, among informal workers, women are much more likely than men to be contributing family workers, the most vulnerable category of self-employment.

While globally more men than women work in the informal economy, in LMICs a higher proportion of women are in informal employment than men.⁵⁶ Women in the informal economy are particularly at risk of poverty. In many geographical contexts, throughout their lives, women have low asset bases and limited opportunities to access credit and productive resources, or to benefit from training and reemployment schemes. Furthermore, women are also most likely to withdraw early from the labour market due to care responsibilities.

Older people do not have equal access to productive resources and training in innovative technologies. Evidence shows that older people also face significant credit constraints compared to their younger counterparts. A study on credit accessibility and poverty amongst smallholder farming households in Nigeria found that older people may have less chance of accessing credit and may also be averse to the risks involved.⁵⁷ Another study in South Africa found that households with younger household heads and those with better social capital are less likely to be credit constrained compared to those with older household heads.⁵⁸

Older people's income insecurity is further exacerbated during shocks and crises

Covariate shocks, including climatic shocks, tend to disrupt the economy through high inflation, market fluctuations and unemployment. HelpAge research on the impacts of the 2022 food, fuel and finance crisis in 10 countries shows that the crisis reduced older people's incomes, resulting in greater food insecurity. The sharp increase in food and fuel prices meant that with little income at their disposal and no access to social protection, older people were unable to buy food and medicines, or access transport. Many found it challenging to maintain the level of their income derived from livestock and agricultural production, and saw their income falling at the same time as prices skyrocketed. For example, in Mozambique, rising costs of agricultural inputs combined with the effects of climate shocks resulted in decreased production and therefore reduced income.



FOPDEV – Thailand

A study of responses to COVID-19 in ten cities shows that informal workers aged 60 and older saw their earnings collapse and experienced a much slower return to their pre-COVID-19 livelihoods than their younger counterparts.⁵⁹ During an economic crisis, older people who are more likely to rely solely on their pension as the main source of income will see a fall in the real value of their pension, making them more vulnerable to these shocks. A recent regional evaluation conducted by HelpAge and UNHCR in Latin America, examining the intersectionality between ageing and human mobility, showed that the COVID-19 pandemic led to a significant loss in earnings and had negative psychological effects, such as depression, anxiety and fear of contagion or death.⁶⁰

In the case of climate change-related shocks, older people face heightened financial insecurity as they usually have to abandon their possessions, land and assets (including animals) when they are displaced. When cyclone Alia hit Bangladesh, physically fragile older people whose main source of income came from renting out land for cultivation were hit hard and became highly vulnerable as land could not be cultivated for years after the cyclone. Older smallholder farmers also struggled to make their land physically and financially productive after the disaster. Thus, many older people who were not previously living in poverty became poor after the disaster.

Poor households are more likely to reside in sheds or in structures that are not sturdy, making them more vulnerable to disasters.⁶¹ In Bangladesh, the houses of older people in coastal communities were constructed of tin or were semi-concrete structures, and as a result, they were more prone to damage compared to those with at least one younger adult present. Financial limitations prevent older people living in poor housing conditions from improving their homes and making them more resilient to disaster.⁶² Furthermore, older people in extreme poverty may live in remote areas which are poorly connected to services, and therefore they might not have the physical means to move to a safer area in times of a disastrous event.⁶³

Health

Older people tend to experience heightened health risks

While there is great diversity in how people age, older people are generally more likely to develop health and care needs. Common conditions experienced in later life include hearing loss, cataracts and other eye disorders, back and neck pain and osteoarthritis, and leading non-communicable diseases (NCDs), such as heart disease, high blood pressure, diabetes, cancers, depression, and dementia. As people age, they are also more likely to experience several conditions at the same time ('multi-' or 'co-' 'morbidity'). These conditions can make them more at risk to emergencies.⁶⁴

Evidence shows that a significant proportion of older people face barriers to accessing the services they need.⁶⁵ One systematic global review and meta-analysis estimated that, on average, 10.4 per cent of older people globally had unmet needs for health care, while 25.1 per cent of older people globally had unmet needs for long-term care and support. However, this data is mostly based on studies from High Income Countries (HICs).⁶⁶ Where analysis has been done on unmet health care needs in LMICs, rates of unmet needs were over 50 per cent in several countries.⁶⁷

This implies that older people in LMICs receive less care relative to their needs and inappropriate or poor-quality services. Limited access is largely related to limited availability of health services in many settings and financial barriers to accessing services that do exist. For example, global data shows that, among 2 billion people globally who face severe financial hardship when paying out-of-pocket (OOP)

for health services and products they need, older households experience the highest rates of catastrophic OOP spending (at 10 per cent of household budget), while multi-generational households, which include older members, experience the highest rates of impoverishing OOP health spending.⁶⁸

Older people face additional barriers to accessing care that meets their needs, including those related to physical accessibility, acceptability and quality of services, as well as ageism and age discrimination in the design and delivery of health and care systems and services.^{69, 70} These barriers mean that even when older people are able to access services, there is often a lack of trained medical professionals who can offer age-appropriate assessment and care. These barriers result in older people facing inequitable access to health services, which contributes to poorer health outcomes at both the individual and population level.

The health status of older people can be linked with resilience outcomes on two levels. On a general level, poor health is a major factor that can undermine people's resilience by affecting their physical and mental capacity to respond to crises, and through the potential impact on income of health costs and missed earnings due to their health condition, both of which can result in impoverishment. On another, practical level, older people with health conditions have particular needs and their wellbeing is highly dependent on the extent to which these needs have been met. Specifically, health conditions may mean they rely on continuous access to medicines, medical support and, potentially, care and support (see below on disabilities). Older people also have specific nutritional needs resulting from changes in requirements for general food and micronutrient intake with age, as illustrated in Box 3 on the next page.



Jorge Panchoaga/Fairpicture/HelpAge International – Colombia

Health and nutritional needs of older people during emergencies

Older people are, on average, more likely than younger people to require access to health-related services and products, including medicines, vaccines and assistive products. This is particularly true if they are affected by non-communicable diseases or other chronic/long-term conditions. Left untreated, chronic conditions, such as high blood pressure or diabetes, can lead to severe complications which may be fatal. In addition to these pre-existing issues, in emergencies minor health conditions such as a cold or small wound can quickly become debilitating and have serious consequences for older people.

Weakened immune systems caused by ageing and the presence of underlying health conditions can also leave older people at heightened risk of infectious diseases during emergencies, for example, cholera and malaria during flood disasters.

As well as experiencing a greater need for health and care services, older people are more at risk than their younger counterparts of experiencing

functional limitations and disability which can affect their access to services and support. Accessibility barriers can become exacerbated during disasters, for example due to damaged roads and other access routes.

Older people also have specific nutritional needs resulting from changes in requirements for general food and micronutrient intake with age. Older people with dental or nutritional problems may find certain foods hard to eat, making them more vulnerable to disruptions in food security, or meaning that they are unable to consume the foods included in standard distributions.⁷¹ The health and nutritional status of older people have an impact on their ability to meet their basic needs and ensure their own physical protection.

At the operational level, disregard for basic age-specific considerations in humanitarian aid means that assistance is not being provided according to needs, which is a breach of the fundamental principle of impartiality.⁷²

Shocks tend to disrupt or constrain access to health-related goods, facilities and services and exacerbate health risks

Older people's health risks are heightened in times of shocks and increase their vulnerability. In humanitarian crisis settings, older people are found to have greater susceptibility to ill health, malnutrition, disability, and injury.^{73, 74} Older people's health is particularly at risk where emergencies affect their access to health-related services and products they need, including medicines, vaccines and assistive products.

Maintaining access to health services and products, including medicines, vaccines and assistive technologies during shocks is critical to upholding older people's rights in emergencies. This includes ensuring the availability and accessibility (both physical and financial) of health-related goods, facilities and services during emergencies, as well as promoting older people's income security to ensure they can afford additional health-related costs they may face. Older people often lack resources for pay for medical treatment and to pay for transport to travel to clinics.⁷⁵ The limited financial capacity of the public sector during times of crisis may mean that health resources are compromised, affecting the quality and availability of medical services to older people.

In Yemen, an increase in fuel costs meant that older people were foregoing visits to health clinics due to the increased transportation cost. Older people often also resort to buying low-cost, poor-quality medicines and are trapped in a cycle of debt.⁷⁶

Additionally, the cost of medications increases in times of conflict. Results from another study in Yemen showed a 71 per cent surge in prices of life-saving medication at private pharmacies. In many cases, the medicines imported may have been smuggled and substandard, lacking key ingredients. These medicines may have a detrimental impact on the health of older people. The study also found that in times of conflict, there are difficulties in accessing health services due to lack of transport, fuel and the inability of the authorities to pay salaries to those who are employed.⁷⁷ A 2022 HelpAge report shows that 34 per cent of older people in Ukraine were in urgent need of medication for chronic illnesses as the conflict has caused a disruption in the supply chain.⁷⁸

When hit by cyclones or floods, older people may not be able to receive much needed medical care due to lack of transportation or good road networks. Some older people with mobility problems may not be able to access healthcare without the help of a younger adult. Such processes delay treatments for older people. Humanitarian assistance is often ill-matched with their needs. They are often left with no medication for chronic diseases, are excluded from supplementary feeding programmes and receive food that is unsuitable.⁷⁹

Disability

Disability among older people exacerbates the risk of poverty, affects access to needed services and support, and increases the likelihood of violence, abuse and neglect

It is estimated that as of 2015, more than 46 per cent of people globally aged 60 years or over have disabilities,⁸⁰ and the prevalence of disability amongst older people above 60 years of age is higher in low-income countries (LICs) compared to high-income countries (HICs). People with disabilities, including older people, face significant barriers to full and equal participation in all aspects of life.⁸¹ Difficulty accessing educational opportunities, the labour market and essential services, in conjunction with higher disability-related costs, significantly reduce the earning capacity and living standards of people with disabilities and make them more vulnerable to shocks.

Compared to their counterparts, older people with disabilities have higher needs and expenses and hence are more at risk of poverty. There are also implications for families with a person who has a disability – higher expenditure required due to specific disability-related extra costs and general costs (e.g. in accessing health care, transportation etc.) and more time spent caring, especially for female household members. This stretches the household's coping capacity. These difficult circumstances are accentuated by limited access to social protection and support services for people with disabilities in LMICs.

Older people with disabilities face discrimination and violation of their basic human rights.⁸² This is conditioned by the intersection of two common forms of social bias – ageism and ableism – and is compounded by other intersecting forms of discrimination based on gender, ethnicity, race and other factors. This translates into difficulties in accessing services and entitlements during an emergency. Research suggests that older people with disabilities face attitudinal barriers such as stigma when trying to access their rights in humanitarian settings.⁸³ For instance, in the aftermath of the 2015 Nepal earthquake, older people reported barriers to access and participation in post-reconstruction activities.⁸⁴

Disability can render older people particularly susceptible to the impact of shocks. They may experience acute vulnerability due to a breakdown in existing care structures and services and difficulty accessing services due to physical and sensory challenges. Older people with a disability related to an underlying physical, mental, cognitive, intellectual or sensory condition or impairment may find it difficult to flee crisis-affected areas, adjust to new conditions in new surroundings, and access or understand information about the situation and assistance available. A study in India found that disability or functional limitations increase the likelihood of

violence, abuse and neglect of older people and that older women with disabilities are more likely to experience abuse or mistreatment than their male counterparts.⁸⁵ Box 4 on the next page presents examples of challenges faced by older people with disabilities in emergency settings.



Lack of consideration for health- and disability-related needs of older people in the delivery of emergency assistance exacerbates their exposure to shocks

There are also challenges related to designing delivery assistance, especially in terms of the limited consideration given to the specific health- and disability-related needs of older people. This may be due to the limited capacity of health systems and inadequate or non-existent, age-inclusive disaster preparedness in the health sector in many countries, as well as ageism and ableism.

Emergency assistance programmes often overlook the specific needs of older people, including health, care and support, and nutrition needs. On a larger scale, in emergency situations, HelpAge International have found that doctors and nurses working in health facilities are often not well trained in the health and care needs of older people and that older people often report inadequate access to medical services and related products in times of emergency.⁸⁶

Evidence suggests that temporary accommodation in humanitarian emergencies is often not suitable to the needs of older people with disabilities. For example, the collective centres that have provided emergency accommodation for many older people in Ukraine since February 2022 were often not designed to accommodate people with disabilities and are inadequate to meet their needs.⁸⁷ In Nepal, temporary accommodations built to host earthquake victims were not disability inclusive. Consequently, older people were unable to use the toilets, which did not have handrails, enough lights, latches and wide doors. Distance between hand-washing stations and toilets also meant it was challenging for them to maintain adequate hygiene practices.⁸⁸

Due to the fighting in Gaza, many older people are moving to emergency shelters, such as the former United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) schools, but these shelters are not designed to accommodate the huge numbers of people staying in them and are inadequate to meet the needs of older people, especially those with disabilities who struggle with limited accessibility, loss of or damage to assistive devices, overcrowding and lack of privacy. The recurring electricity blackouts and lack of partitions in the shelters also present security risks and impede movement.⁸⁹

In Central African Republic, people with disabilities who managed to arrive in camps found that accommodations were often inappropriate for people with disabilities. Thus, they could not access showers and toilets as they lacked ramps and some had to enter the toilet on their hands.⁹⁰

The requirement to collect food aid and social protection payments in person – without considering mobility constraints – acts as an additional barrier for older people with disabilities. Studies show that impacted households were often treated as homogenous groups, neglecting their mobility constraints during aid distribution and/or in designing programmes to support the displaced.⁹¹

In Nepal some older people were left out of emergency post-earthquake assistance as policy makers and organisations failed to consider specific constraints that they experienced. In some cases, older people with disabilities arrived at distribution points too late, when assistance had already been distributed; and older people without family support were unable to travel and queue in extreme weather conditions to collect assistance or carry it back to their homes.⁹²

Older people may be excluded from disability programmes, which tend to focus on children and young adults, and they are often excluded from disaster risk reduction (DRR) activities in the communities and hence are more vulnerable to the effects of disasters.⁹³ For instance, when disaster-related meetings are held in buildings that have steps or are inaccessible to those who have difficulty walking, older people with mobility problems may not be able to participate in these meetings. Moreover, using only written documents as a form of communication may also exclude older people who are illiterate or have visual impairments.⁹⁴

BOX 4

Challenges for older people with disabilities in humanitarian situations

A recent HelpAge report examining how older people are excluded from humanitarian assistance in India, Guatemala, Cameroon and Nepal identified three specific types of barriers they face, namely, physical barriers, attitudinal barriers and institutional barriers. These combined barriers threaten older people's right to independence, dignity and participation.⁹⁵

Regarding physical barriers, older people who are physically unable to flee with other family or community members in times of conflict or crisis are left behind. Without support and protection, older people are prone to isolation, while their exposure to physical risk or harm is often higher than for the rest of the population who have fled, or those better able to protect and support themselves.

Furthermore, sensory (sight, hearing, etc.), cognitive or intellectual disabilities can present an obstacle to accessing or understanding messages about the emergency, the changing security situation, the availability of humanitarian assistance and rights protection services and how to access them. Without such information, the protection risks faced by older people often increase due to their reduced ability to adapt and respond to their new environment.

Attitudinal barriers are related to age discrimination and ageism. These barriers include stigma associated with disability and cash transfer/social pension distribution systems, negative attitudes among the community and public sector workers about the rights to assistance, and over-protection by families. HelpAge research suggests that these barriers could be overcome by engaging with disabled people's organisations and religious groups, and through capitalising on the positive attitudes of community members and family support.⁹⁶

Finally, institutional barriers are barriers resulting from policy or regulatory frameworks. They may include, for example, a requirement to be physically present, lack of priority being given, exclusion from livelihood programmes or the closure of organisations providing humanitarian assistance.

Following the social model of disability, older people's level of disability is likely to increase in a less supportive environment. This increased dependency, combined with stretched or reduced family support, has a direct impact on older people's ability to enjoy their basic human rights and their risk of experiencing neglect, discrimination and violence.

Gender

Women are particularly susceptible to the effects of shocks

Women are disproportionately susceptible to shocks due to existing gender inequalities stemming from rigid societal norms and traditional practices, as well as power imbalances between men and women. These can restrict access to information and services available to older women, prescribe ‘acceptable’ behavioural norms, and may limit older women’s mobility.

Studies on older women’s economic empowerment and on ageism show that gender inequalities are exacerbated throughout the life course and can be compounded in later life.⁹⁷ Older women tend to have caregiving responsibilities which affects their ability to earn income.⁹⁸ Subsequently, women tend to have either no or limited savings, and have lower pensions from contributory schemes due to interruptions in their contributory years. Data compiled by the ILO shows that less women than men are covered by mandatory social protection for old age (see Table 3 below), which contributes to their poverty when they get older.

Table 3: Contributory mandatory social protection legal coverage (old age) in low-income countries

Country	Females	Males	Difference (percentage points)
Burkina Faso	5.1	11.0	5.9
Burundi	2.5	5.9	3.4
Central African Republic	2.4	8.1	5.7
Chad	0.7	8.7	8.0
Democratic Republic of the Congo	5.1	17.3	12.2
Ethiopia	10.3	12.7	2.4
The Gambia	7.1	21.8	14.7
Guinea-Bissau	9.5	23.2	13.7
Liberia	0	0	0
Madagascar	7.0	11.9	4.9
Malawi	23.0	34.7	11.7
Mali	6.8	17.5	10.7
Mozambique	74.6	76.6	2.0
Niger	1.4	6.7	5.3
Rwanda	18.7	34.6	15.9
Sierra Leone	2.9	9.6	6.7
Sudan	21.0	60.3	39.3
Syrian Arab Republic	11.4	69.7	58.3
Togo	54.4	56.9	2.5
Uganda	9.8	20.4	10.6
Republic of Yemen	1.3	29.8	28.5

Notes: The data refer to the proportion of the working-age population covered legally by any statutory pension scheme. Data originates from the ILO’s Social Protection Dashboard and correspondence with the ILO staff. Only LICs with available data were included.



Existing unfair social norms and power imbalances between men and women lead to social roles and expectations that restrict older women's participation in communal meetings and decision-making processes and thus restrict their ability to access information and convey their voice. A study conducted in East Africa reveals that older women are less likely than men to attend trainings and are generally excluded from essential disaster-related information and information regarding relief operations.⁹⁹ Additionally, in Bangladesh, women tend to have fewer opportunities to access information regarding disaster and preparedness, which contributes to their vulnerability.¹⁰⁰ In Ukraine, a HelpAge survey of older people conducted in 2022 indicated that older men were overwhelmingly considered the head of household, meaning that they are more likely to take the lead in decision making and control finances and expenditures, potentially leaving women at risk as they are unable to influence household decisions.¹⁰¹

Societal norms in many countries tend to confine women's role to unpaid care and domestic work and this heightens women's vulnerability. In Nepal, women were more susceptible to death during the earthquake because they were left at home doing household chores or providing care for family members.¹⁰²

Societal norms also determine what behaviour is acceptable for men and women. Thus, in Bangladesh running, climbing trees and swimming is socially frowned upon for women. Consequently, few women know how to swim and such activity may be hindered by their traditional dress (saree), restricting their ability to reach a safe place when faced with a climate-related disaster.⁸⁶ Another study from Bangladesh highlighted that natural hazards and disasters have a significant negative influence on women's mental health, and that the ensuing mental health issues are more severe for women than men.¹⁰³

Older people's adaptive capacity is gendered and is influenced by existing socio-economic inequalities and gender norms

Gender inequalities translate into the limited ability of women to deal with the consequences of shocks, due to both limited prior economic and social endowments and limited or disrupted capacity of public services to address their needs. Women, including older women, are disadvantaged socially, economically and politically. The existing gender inequalities are manifested in limited access to the labour market, education and health, essential services, protection against violence, and in their lack of voice and representation. These gendered disadvantages are often amplified in humanitarian contexts and inhibit women's capacity to adapt and recover from shocks (see Box 5 on next page).

A study in Yogyakarta, Indonesia showed how pre-existing gender inequalities resulted in heightened risks faced by women during reconstruction after the earthquake in Central Java.¹⁰⁴ These risks varied according to each woman's family as well as their economic and social status. The earthquake disrupted the existing caregiving system and undermined health services with particularly severe consequences for older, disabled and pregnant women.

Similarly, a study in Dominica after Hurricane Maria found that older women lived in houses that did not have insurance and were not able to move out of shelters because they did not have housing materials or resources such as labour to re-build their houses.¹⁰⁵ In countries where women are less likely to hold bank accounts, women are at greater risk than men of losing their assets, as the assets are stored in tangible forms which are easily eroded in times of disaster.¹⁰⁶

At such times, women are often expected to carry on with their roles as caregivers in humanitarian contexts, which poses additional responsibilities and difficulties. For example, when disasters hit and affect water supplies, older women see an increase in workload as women are usually primary fetchers of water. In Malawi, women are 18 times more likely to collect water than men.¹⁰⁷

Socio-cultural norms often require men to conform to mainstream masculine norms – hegemonic masculinity – that determine how men should behave in a

particular society. Such norms often dictate the need to display emotional control and self-reliance. A study on the impact of conflict on older people in Colombia found that older men are more psychologically affected by their situations, but they are less willing to seek psycho-social support services and have great difficulty speaking out about their situation.¹⁰⁸

In humanitarian responses, the majority of services designed specifically for women target those of reproductive age and/or adolescents, which often leaves older women – who have specific health and other needs – overlooked by some humanitarian actors.¹⁰⁹

There is generally little recognition of the implications of shocks for lesbian, gay, bisexual, and transgender (LGBT) people, i.e. those with non-normative sexual and gender identities, including older LGBT people. The DRR policy and practice has implicitly been based on the 'heterosexual gender binary', overlooking the vulnerabilities and capabilities of non-heterosexual people as well as those who do not fall into the neat categories of 'men' and 'women'.¹¹⁰ It is, however, important to recognise that discrimination and stigma surrounding LGBT people in everyday life is likely to result in their exclusion from health and other essential services, such as aid distributions, shelter and DRR planning efforts during disasters and other shocks.

BOX 5

Gendered vulnerability

Vulnerability to disasters has a gendered trajectory.¹¹¹ Although men, women, boys and girls are affected by the same natural hazards, the impact that each group experiences from the ensuing disasters is contingent on their gender role and the expectations of society.¹¹² Variations in vulnerability to disasters between men and women is often a reflection of everyday vulnerabilities manifested through unequal access to and control over resources between men and women.

Studies indicate that women are more vulnerable to disasters than men for several reasons, including entrenched patriarchal culture in many societies which determine societal norms and behaviour that are unfavourable to women.

For example, a study assessing gender vulnerability in post-earthquake reconstruction in Indonesia found that pre-existing gender roles for women – such as care work, handcraft work and subordination to men – impeded women's

participation in reconstruction activities, leading to an increase in poverty among women from 30 per cent before the disaster to 67 per cent after the disaster.¹¹³ Women were found to struggle to return to paid work while men were easily hired for construction work. A similar study on the Rohingya refugees in Cox's Bazar in Bangladesh during the COVID-19 pandemic found that pre-existing gender inequalities heightened women's vulnerability to disasters.¹¹⁴ For example, households headed by females without an older male member were hindered from accessing some services such as post-COVID-19 income support. Women and girls also faced increased domestic violence.

Although these studies did not focus exclusively on older people, it can be deduced that older women are more vulnerable to disasters than their male counterparts. Implementing adaptive social protection measures therefore needs to consider a gendered analysis of vulnerability to be more effective.

Education and digital literacy

In this report, ethnicity, religion, digital literacy and education have been grouped as 'other factors' as they play the role of catalyst in enhancing older people's resilience and reducing their vulnerability to shocks. For instance, education affects older people's vulnerability and resilience both directly and indirectly.¹¹⁵ Education contributes directly to cognitive and problem-solving skills, enhanced knowledge and risk perception that can help people prepare for and respond to shocks and stresses. Indirectly, education is associated with higher income, access to information and social capital and social support networks, all of which improve resilience. Therefore, well-educated older people have a better adaptive capacity than those with limited education.

In addition, education acts as a conduit to greater access to information and resources about existing prevention and mitigation measures and responses to catastrophic events. Studies indicate that older people with limited education are less likely to use mobile phones and the internet.¹¹⁶ This limits their access to information and enhances their vulnerability. For example, older women in Ukraine are less likely to receive pension and other benefits in the context of the ongoing war. A possible explanation is that women report lower mobile phone and internet use, resulting in less access to information and weaker connection to networks and organisations providing assistance and support.¹¹⁷ Furthermore, disaster-related information, including aid distribution, is often disseminated via radio or social media. As the study in Nepal showed, this can potentially exacerbate the vulnerability of older people who often lack digital literacy or access to communication devices such as radios and phones.¹¹⁸

There is some discussion in the literature on the role of education and literacy as a conduit to greater access to information and resources about existing prevention and mitigation measures and responses to catastrophic events. The existing studies focus on digital literacy and the use of digital technology as a means for accessing information in times of crisis. Since older women are less likely to use mobile phones and the internet, this can limit their access to information and enhance their vulnerability.



Reza Shahrar Rahman/Amnesty - Bangladesh

Minority groups and migration

Older people belonging to ethnic, racial, religious and linguistic minorities and indigenous groups, as well as migrants (especially illegal migrants), refugees and internally displaced persons are more vulnerable to shocks. People in these groups tend to experience higher degrees of poverty and discrimination, and as such they are less likely to access their human rights and benefit from existing economic and social opportunities. This enhances their susceptibility to shocks. In the United States, for example, a study found that race and class inequalities were manifested in the exclusion of black Americans from employment, educational, and residential opportunities that led to the extreme vulnerability of racial and ethnic minorities in the face of Hurricane Katrina.¹¹⁹ In Nepal, financially disadvantaged older people belonging to so-called low castes were found to be more vulnerable than their counterparts with more income.¹²⁰

Older people who are migrants are at particular risk of poverty due to, amongst other reasons, their legal status and discrimination. Forced displacement has been on the rise. Based on UN data, at the end of September 2023, an estimated 114 million people were displaced by war or violence worldwide.¹²¹ These numbers do not include displacement due to the impact of climate change. An estimated 4 per cent of all displaced persons in the world are older people, though a lack of age-disaggregated data may hide a much higher percentage.¹²² A recent regional assessment carried out by HelpAge and UNHCR in Latin America showed that older people on the move have been deprived of their financial autonomy as many have lost their jobs and other sources of income. Only 10 per cent of the interviewees received a social pension, while 74 per cent had an informal job.¹²³

Lack of portability arrangements implies that although many older people may have contributed through either VAT or contributions, they are unable to claim these in their countries of origin and have no access to contributory or non-contributory social pensions from their receiving countries in old age.

Social capital, family support and living arrangements

Social capital and informal support networks, such as Older People's Associations (OPAs), are key assets that help people, especially older people, to build resilience. Social capital is important as a source of practical and emotional support for older people. Strong reciprocal relationships and informal support networks can help them maintain their autonomy as well as benefit from local knowledge and caring arrangements.¹²⁴ Social capital has been found to strengthen resilience to shocks and to speed up the recovery process after shocks.¹²⁵

For example, a HelpAge implemented project 'Building Disaster Resilient Communities in Coastal Vietnam', funded by USAID's Center of Excellence on Democracy, Human Rights and Governance, provides training and support to older people and persons with disabilities to build resilience and reduce the negative impact of devastating emergencies. Led by 80 OPAs, incorporating Intergenerational Disaster Preparedness Teams, the project conducts community awareness activities and increases mobilisation through buddy systems.

When a crisis hits (a natural disaster or conflict) and households are displaced, older people without any younger family members may experience difficulties in accessing information, reaching shelters and collecting essential resources such as water. Families can also support older people financially. A study of older people in Ethiopia found that older people without family support ended up begging in the streets or living in impoverished conditions around places of worship.¹²⁶

Living arrangements are also a critical factor. Older people with disabilities living with family members are found to experience fewer traumas compared to their counterparts who live alone, irrespective of how they are treated at home by their family members. This is because older people often take on responsibilities such as caring for grandchildren and doing housework, which helps them overcome loneliness.¹²⁷ Meanwhile, many older people are still the sole providers for their family including grandchildren, having to take care of their education, health and other needs in the absence of younger family members. Such families are exposed to greater hardships. As migration increases in developing countries where public resources for welfare programmes are scarce, older people left behind are considered a particularly at-risk group.¹²⁸

Literature shows that older people may show more reluctance to forced displacement in times of conflict or relocation to a safe space in preparation for disaster.¹²⁹ For this reason, they become more exposed to disaster risks and victimisation. Recently, the war in Ukraine saw a similar trend with older people more likely to stay behind in their homes and communities.¹³⁰ Older individuals prefer to protect their land and livelihood and hence only move when the situation becomes impossible because they believe that home is the safest place for them.¹³¹ They also find it harder to adapt to new surroundings compared to their younger counterparts and long for a return to their previous place of residence.¹³²

Ageism

Ageism refers to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) directed towards people based on their age. Evidence shows that one in two people in the world are ageist towards older people.¹³³ Ageism impacts all aspects of older people's lives, including their physical and mental health, whereby data shows that ageism shortens people's lives by around 7.5 years, mainly from placing access barriers to health and care.¹³⁴

Ageism also increases loneliness and social isolation. Although the term ageism was first coined by Robert Butler back in 1969, data, policies and programmes to combat ageism are still scarce, especially in LMICs. Ageism is still invisible and widely accepted which makes it even more dangerous and detrimental for the health and wellbeing of the older population and for the wellbeing of societies at large.

Ageism affects older people's ability to earn income, and hence strengthen their resilience to shocks and crises. Recent HelpAge research conducted in Central Java, Indonesia, showed that some older women entrepreneurs who run businesses in rural areas experienced disrespectful treatment related to their age.¹³⁵ Another HelpAge study on older women's experiences of gendered ageism in Kenya, Rwanda and Uganda found that gendered ageism was a barrier to accessing employment and healthcare.¹³⁶

Ageism tends to increase in humanitarian settings due to the scarcity of resources and the high level of stress, which further jeopardises older people's rights, including their right to social protection. Evidence shows that, despite being heavily affected, older people are frequently excluded from humanitarian assistance and disaster preparedness activities. They experience discrimination and abandonment, and their rights and needs are often disregarded or unaddressed by government, society, and humanitarian actors. Older people are often 'invisible' during humanitarian crises and overlooked in emergency relief systems.¹³⁷ In addition, older people are often not invited to participate in post-disaster needs assessments.¹³⁸

Gendered ageism is the intersectionality of age and gender bias and discrimination. A recurring definition describes it as a double jeopardy, where two interacting power systems lead to increased vulnerability. Although both men and women experience gendered ageism, evidence suggests that it has much worse consequences for older women in terms of their health and wellbeing. Yet prevailing attitudes and norms can render older women's experiences of gendered ageism largely invisible. This can be seen in many aspects of an older woman's life such as gaining access to social protection and the labour force, as well as being able to effectively influence decision and policy makers.



Steve Okumu/HelpAge International – Kenya

The role of social protection

Access to social protection has important implications for older people's ability to withstand shocks

Social protection is critical when it comes to strengthening older people's resilience to shocks and as such would act as an automatic stabiliser in times of shocks if comprehensive contributory and non-contributory schemes were in place.

In general, older people have limited access to social protection across most LMICs. In the majority of lower-income countries, less than 20 per cent of older people over statutory retirement age receive a pension.¹³⁹

Social protection coverage is especially limited for older people in the informal economy.¹⁴⁰ The existing social insurance schemes such as pensions and health insurance generally cover a small share of the population, mainly those employed in the formal economy. Workers in the informal economy, who tend to have unstable and poorly paid jobs, have minimal protection against old age and are more likely to fall into the vicious cycle of poverty in times of a shock.

In recent decades, many countries have introduced social or non-contributory pensions to support those workers in the informal economy who are unable to pay insurance contributions. Some social pension programmes are universal while others are income targeted. For example, the Old Age Allowance (OAA) in Bangladesh is targeted and only supports some older people.¹⁴¹ In some countries, such as Tanzania, Mozambique, and Malawi, older people are only supported through cash transfers designated for people whose income is below a specified poverty threshold and who meet other specific requirements.

Social protection can mitigate vulnerability to risk in advance of shocks as well as help households to cope and adapt in their aftermath. It enables people to invest in basic consumption and supports food security, health and other aspects of wellbeing. In Bolivia, for example, the non-contributory pension programme reduced financial insecurity, food insecurity and stress during the COVID-19 pandemic, with greater impacts seen amongst low-income households and those who experienced a large labour market shock.¹⁴²

The more effective and comprehensive is social protection, the better it can support older people and the more effectively it can respond to their needs when confronted with shocks. Through a mix of contributory and non-contributory schemes, universal health coverage and social protection programmes are especially effective in providing broad-based support that reaches everyone affected by shocks.¹⁴³

Targeted systems in many LMICs tend to leave a substantial proportion of the eligible population without support. This is due to general difficulties in ensuring targeting accuracy, both in terms of the rigour of targeting methodologies and implementation, as well as caps on beneficiary numbers to match expenditure with budget constraints. Nevertheless, targeted programmes offer opportunities for scaling up assistance to include previously uncovered populations and/or enhance the value of benefits. This can be done utilising existing system and programme components such as data registries, targeting mechanisms, digital platforms and institutional structures. Many targeted pension programmes were indeed scaled up during the COVID-19 pandemic, both through enhancing benefit value and extending coverage.

The capacity of existing social protection systems to deliver benefits and services to shock-affected persons has important implications for how quickly people can access emergency assistance. The COVID-19 experience demonstrated that countries with strong health and social protection systems were better prepared to respond to the crisis by utilising and adapting existing institutional mechanisms to support affected groups.¹⁴⁴ A study on responses to COVID-19 in 10 cities shows that the existence of social protection systems, and particularly social pensions, was crucial for channelling emergency assistance to older people in a rapid manner.¹⁴⁵

In fact, older people were more likely to receive government cash transfers in cities where this relief measure was available due to the existing social protection infrastructure. For example, in South Africa an emergency top-up attached to the existing social pension reached beneficiaries more efficiently than the Special COVID-19 Grant aimed at younger informal workers.¹⁴⁶

Generally, older people who do not have access to social protection tend to rely on alternative coping strategies, such as joining the labour market or relying on household, family and community.

A study in the Philippines, Thailand and Vietnam found that older people did indeed receive support from family, but this family support was not adequate.¹⁴⁷ In fact, it was only one of several sources of income, along with work and pensions. Support from children who also experience economic difficulties is often very low.

Conversely, older people who receive social protection often contribute to their households. Studies in Brazil and South Africa found that non-contributory pensions are often shared with other household and non-household members and have a substantial impact on reducing the poverty headcount and poverty gap. The study further found that having a non-contributory pension reduces the probability of those households being in the lowest category of acute vulnerability and that pensions act as a safety net.¹⁴⁸ Importantly, social protection was also found to have a positive effect on mental wellbeing. In Mexico, a year of operating a non-contributory social protection programme brought about a decrease in depressive symptoms amongst older people and contributed to their empowerment.¹⁴⁹ Some examples of the important role that social protection plays in mitigating the impacts of shocks are provided in Table 4 below.

Table 4: Examples of the role of social protection in mitigating impacts of shocks

Dimension of impact	Examples
Greater wellbeing of older people and their household members	Social protection, and in particular pensions, enables older people to invest in basic consumption and supports food security, health and other aspects of well-being. There is ample evidence that other household members also benefit from greater health and food security status if they live in a household with an older person who receives social pension payments.
Resilience building/strengthening	Through its positive impacts on wellbeing and livelihoods, social protection, and in particular social pensions, helps households, including older people, to strengthen resilience, cope with shocks and adapt in the aftermath of shocks.
Greater food and nutritional security	Social protection, including food transfers (e.g. food reserves, food distribution, vouchers), helps mitigate the impact of climate shocks and slow onset events through improving the food and nutritional security of older people.
Empowerment and dignity	Social protection, and in particular social pensions, can help older people establish their own businesses. Evidence from the Zanzibar Universal Pension Scheme made access to small loans easier as recipients are seen as reliable borrowers by community members. ¹⁵⁰ It also contributes to a greater sense of dignity and women's empowerment.

Access to social protection by older people is hindered by various legal, financial, administrative and attitudinal barriers

Despite the well evidenced benefits of social protection, older people face a number of critical barriers when trying to access social protection. A recent report by FAO focusing specifically on rural populations highlighted three main types of barriers: legal barriers, financial barriers, and administrative and institutional barriers.¹⁵¹

When considering legal barriers, it should be highlighted that only one-third of the world's countries have social protection schemes that are established by law and cover all social protection contingencies, as defined in the ILO Social Security Convention No. 102. Even when there is legislation in place, many categories of people are excluded by law from the coverage of contributory social insurance schemes.



Action for Humanity – Morocco

Many older people are excluded because they have worked in the informal sector, due to their residence or other targeting criteria. When social pensions are universal, their age criteria tend to be inadequate. For example, in Zanzibar and Lesotho the current qualifying age of 70 years and above excludes many people younger than this threshold. In addition, many schemes legally exclude international migrant workers, and the lack of portability provisions may disadvantage workers with a high degree of geographic mobility.

When it comes to financial barriers, costs can create challenges or disincentives to extending coverage and increasing the adequacy of benefits, irrespective of contributory, non-contributory or mixed approaches. This applies to the state, specific institutions and to the individuals who should be protected by the scheme. High administration costs for operating social protection institutions may create barriers to coverage in rural, remote and hard-to-reach areas where many older people live. Additionally, many older people face challenges related to the use of digital platforms and tools to access payments. A recent HelpAge study in Ethiopia showed that the majority of interviewed older people could not access online banking and other financial services due to a lack of digital literacy skills.¹⁵²

Administrative and institutional challenges include low administrative capacity and limited budgets. Insufficient information channels to create awareness or knowledge of social protection programmes (e.g. information on their specific eligibility criteria, objective and reach) also limit access to social protection. Lack of integration and policy coherence constitutes another challenge.

From an individual perspective, older people face additional barriers to social protection, such as lack of access to relevant information and high transportation costs, including when collecting payments. A recent study conducted by HelpAge in Malawi showed that official information channels may be less effective for older people, including people with disabilities, due to, amongst other reasons, difficulty in accessing resources to improve digital literacy skills.¹⁵³

Critically, in some countries, such as Ethiopia, these challenges were found to be further exacerbated by attitudinal barriers from public service or bank workers. Cases of abuse were reported when older people sought support with the use of technology.¹⁵⁴



4. Towards ASRSP for older people

Adaptive and shock-responsive social protection has a significant potential to help older people to cope with shocks and to protect those on the brink of falling into poverty. ASRSP provides a vehicle for linking humanitarian assistance with social protection and leveraging social protection systems to help people deal with shocks.

In a broader sense, ASRSP provides a key entry point for supporting the so-called ‘humanitarian-development nexus’, which seeks to find linkages, efficiencies and/or coherence between the two systems where possible. This approach thus calls for greater linkages between social protection and emergency and humanitarian assistance, disaster risk management and climate change adaptation to enable coordinated complementary policy responses.

In practice, ASRSP interventions tend to rely and build, at least in their inception, on the existing experience and traditions of humanitarian assistance delivery. There is a risk that the needs and rights of older people would remain outside the radar of ASRSP initiatives, since ASRSP largely builds on the policy and programmatic experience of humanitarian assistance and may inadvertently inherit its shortcomings, such as limited age-sensitivity and a blanket approach to addressing diversity.

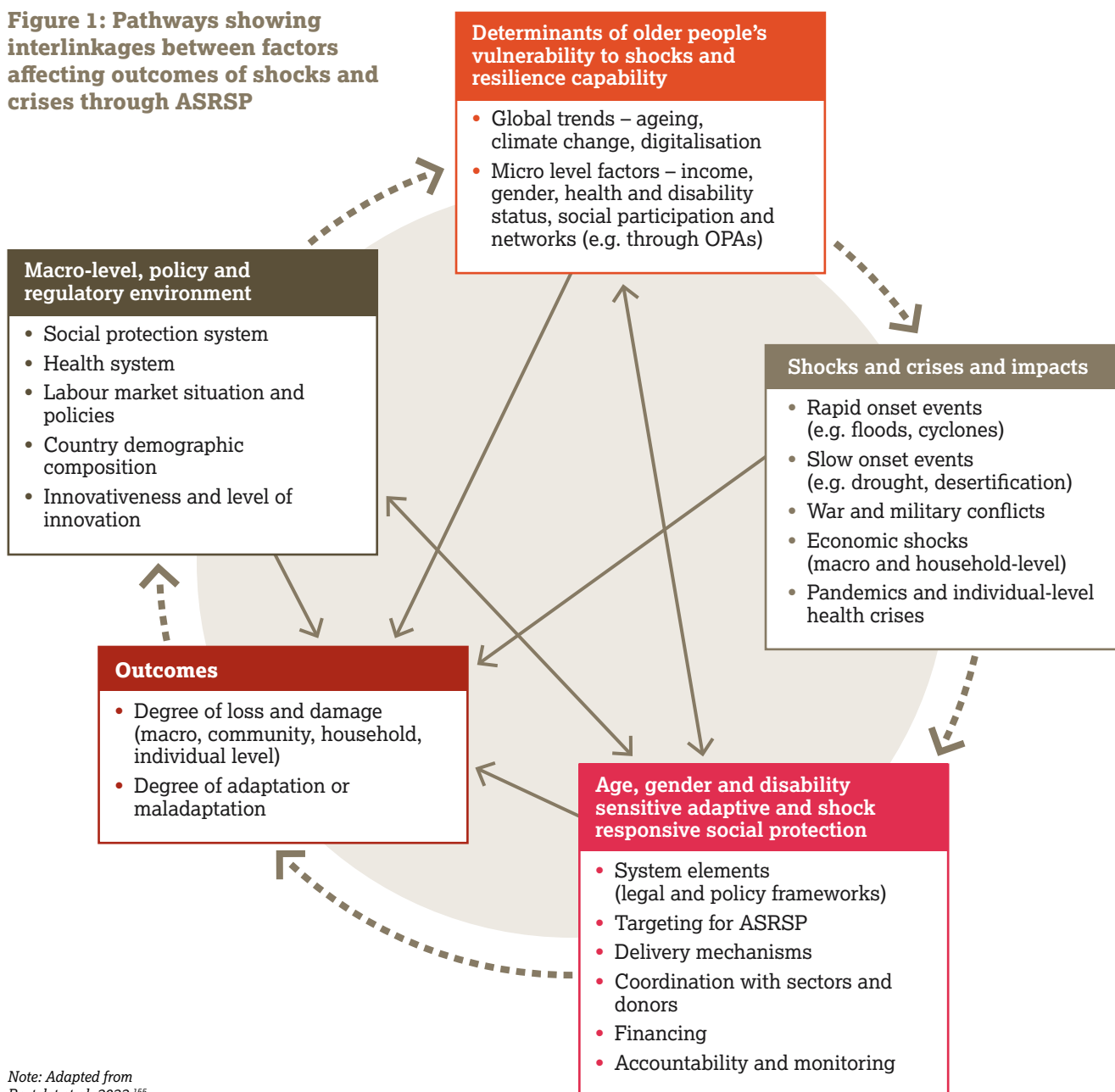
To be effective, ASRSP interventions need to explicitly include older people in their response as a distinct sub-group. They also need to recognise the differentiated nature of vulnerability and resilience. It is important to be aware of the diversity of the population of older people and to identify and recognise the different needs and risks older people exhibit in the face of shocks. This can help inform the design and implementation of age-sensitive policies

and programmes to ensure they consider older people's needs and constraints. Importantly, sex-, age- and disability-disaggregated data and other information collected through vulnerability assessments needs to be used for setting policy parameters (types, quantity and mix of benefits and services) and implementation arrangements and not merely the identification of eligible beneficiaries, i.e. the most 'at-risk' people.

A summary of pathways between factors affecting the vulnerability and resilience of older people (based on the findings highlighted in the previous sections), shocks and crises, ASRSP and specific outcome is presented in Figure 1 below. The figure illustrates direct and indirect linkages between macro-economic policy and regulatory environments, household and individual determinants of resilience capacity, types and strength of shocks and crises, the degree of maturity of the ASRSP, including its age-sensitive component and outcomes.

Government policies and regulations (including the ASRSP, if in place) are those that facilitate microeconomic adaptations, while global trends as well as individual and household level factors affect directly and indirectly the degree of loss and damage. Amongst global trends, climate change is arguably the most noteworthy in the context of this analysis as it translates directly into localised shocks. Climate change impacts include slow onset events (e.g. drought, desertification) and rapid onset events (e.g. hurricanes, flooding) all of which can result in crisis situations when resilience and adaptive capacity are low. The degree of presupposed damage following a shock or crisis depends on a number of interconnected factors and can be mitigated by a robust ASRSP. Potential exogenous variables, not accounted for in this conceptual model might also affect various pathways within the model.

Figure 1: Pathways showing interlinkages between factors affecting outcomes of shocks and crises through ASRSP



5. Designing ASRSP sensitive to the needs of older people

Older people's resilience to the shocks explained in the previous section depends on the design and implementation of the social protection schemes they have access to. The design and implementation of adaptive and shock-responsive social protection is aimed at one key objective, which is to enhance people's resilience to shocks both in the short and the long term.¹⁵⁶

In terms of older people, shock responsiveness focuses on providing short-term relief in times of shock, while the 'adaptiveness' seeks to build long-term resilience by addressing the factors affecting the vulnerability, risk and exposure to shocks, especially in the context of climate change and other natural hazards.¹⁵⁷ The shock responsiveness and the 'adaptiveness' of social protection together lead to an enhanced resilience capacity of older people against covariate shocks. Resilience capacity is comprised of a continuum of three interrelated capacity levels, namely absorptive capacity, anticipatory capacity and adaptive capacity.¹⁵⁸ These capacities stem from the four key objectives of ASRSP which are protection, prevention, promotion and transformation.¹⁵⁹

Absorptive capacity refers to the ability of older people and/or systems to absorb and cope with climate- and human-induced shocks and stresses as and after they occur. It empowers older people to reduce the immediate negative impact on livelihoods and basic needs. This capacity relates to the protection objective of ASRSP which include measures to provide relief from deprivation. It includes provision of safety-net measures for the chronic poor such as targeted resource transfers. These include publicly financed

social pensions, disability transfers, cash transfers from social assistance schemes, cash-for-care benefits and the provision of benefits to families with care responsibilities for older people.

Resilience building refers to boosting the ability of people and systems to be prepared for the prospect of a specific shock through proactive action by avoiding or reducing exposure or by decreasing their vulnerability to the shock. This is in line with the preventive objective of ASRSP which seeks to protect those at risk of falling into deprivation from actually falling into it. These measures include providing social assistance interventions, such as cash transfers, to economically vulnerable groups who have fallen or might fall into poverty. Insurance tools include social insurance (e.g. contributory pensions and health insurance), and other forms of insurance, including weather-index crop insurance. In addition, informal mechanisms such as savings clubs and funeral societies may need support to help households manage their livelihood-related shocks (for key differences between ASRSP and 'regular' SP see Box 6 on the next page).

Transformative social protection requires a particular focus on disadvantaged groups and attempts to understand and address the root causes of the resilience challenges they encounter. This implies identifying vulnerabilities to shocks and the underlying drivers of these vulnerabilities. Policy and discourse on climate change and social protection to date has paid little attention to the specific vulnerabilities and circumstances of disadvantaged groups, such as older people, people with disabilities, ethnic minorities, at-risk women and children. An understanding of the specific drivers of climate-related insecurity can help design measures to address vulnerability to climate risks. An intersectional approach is needed to identify specific patterns of vulnerability, risk and resilience.



The Media Booth – Palestine

How ASRSP differs from ‘regular’ social protection and other sectoral interventions

Differences between ‘regular’ SP and ASRSP:

- Social protection is deployed to address lifecycle contingencies or idiosyncratic shocks, i.e. those that emanate from life-course events. ASRSP extends its role to address covariate shocks.
- ASRSP goes beyond the vertical/horizontal expansion of SRSP, which addresses new or predicted short-term needs, to consider complementary measures which are designed to build longer-term resilience.
- ASRSP often entails some level of interaction between humanitarian response and social protection. Depending on the maturity of existing systems, this can be alignment, piggybacking or delivered fully by social protection systems.
- Shock-responsive features can be integrated into different sectors and programmes, including DRR, climate adaptation, agriculture and infrastructure. Again, some linkages with social protection are necessary – e.g. link climate change contingency planning and nature-based solutions with social cash transfers.

Legal and policy framework

The course that the design of ASRSP takes to achieve resilience is mostly a policy decision influenced by two schools of thought.¹⁶⁰ First, the economic growth approach views ASRSP as a tool for rebuilding and increasing vulnerable people’s incomes by protecting their asset base, promoting their economic status through acquisition of more assets to withstand climate change and preventing them from sliding into poverty. Second, the rights-based approach views ASRSP as a transformative tool for addressing structural factors that affect poverty and vulnerability that erode people’s capacity to deal with shocks. This approach views vulnerability to shocks as a reflection of pre-existing inequalities in any given society. Here, ASRSP is considered as a means of addressing inequalities and marginalisation. Therefore, for ASRSP to be sensitive and responsive to the needs of older people, it has to start with a transformative policy orientation supported by an enabling legal framework. These together influence the programming and administration of ASRSP.

Legal and policy frameworks play a key role in providing direction for the implementation of ASRSP. A country’s strategic agenda and accompanying legislation determine, amongst other outcomes, the nature of social protection in terms of the types of risks covered, population coverage (universal or means-tested), financing (tax-funded or contributory) and geographic focus. These features in turn determine the capacity and reach of social protection in responding to shocks. For example, programmes with large coverage can be more easily scaled up and can cover

a greater number of shock-affected groups compared with those that offer only partial or limited coverage of more at-risk groups. Legal and policy frameworks determine inclusion and exclusion criteria for ASRSP. They also demonstrate a statement of intent by governments and provide the authority for implementing interventions.

A transformational legal and policy framework is therefore key in providing coverage for older people in ASRSP. Without such a policy and regulatory framework, older people often remain excluded from disaster and shock responses as well as from climate change adaptation measures. Focusing on the inclusion of older people in disaster and shock responses as well as resilience building has to be embedded in national legislations and policies as a safeguard of their right to dignity and non-discrimination. The old-age sensitivity of ASRSP can therefore be strengthened by including in the policy and legal frameworks actions that directly affect barriers that older people face in times of shock and those that support the achievement of older people’s rights.

Policies can be designed at several levels. On one level, appropriate legal and regulatory frameworks can establish an enabling environment for the unhindered delivery of shock-responsive interventions. For instance, countries can have shock responsiveness included in their social protection policies with pre-existing funding arrangements, so that when shocks occur, they can respond quickly. Furthermore, the legal framework can allow the by-passing of certain systems, for example lengthy procurement processes, in times of shock to reach out to the affected groups on time. Other examples could be policies that tackle various forms of discrimination, differentiated access to the labour market and other inequalities.

On another level, legal frameworks and policies that support shock-responsive outcomes are also those that aim at addressing drivers of social exclusion and disadvantage to promote sustainable, transformative change. Transformative ASRSP requires a particular focus on disadvantaged groups, along with efforts to understand and address the resilience challenges they encounter. This implies identifying vulnerabilities to shocks and the underlying drivers of these vulnerabilities.

Policy and discourse on climate change and social protection to date has paid little attention to the specific vulnerabilities and circumstances of disadvantaged groups, such as older people, people with disabilities, ethnic minorities and at-risk women and children.¹⁶¹ An understanding of the specific drivers of climate-related insecurity can help design measures to address vulnerability to climate risks. An intersectional approach is needed to identify the specific patterns of vulnerability, risk and resilience. It is imperative to understand the vulnerabilities experienced by disadvantaged groups as a way of identifying policy solutions for promoting their long-

term resilience and empowerment. Box 7 below, illustrates the role of legal and policy frameworks in influencing ASRSP.

These policies can be situated within the social sectors, such as establishing entitlements and ensuring access to social protection, health and essential services for at-risk groups such as older people. Social and public policy can be employed to support transformative changes in the lives and livelihoods of people who have already reached old age. This includes the provision of affordable access to health care; policies that remove age-related obstacles to entering the labour market, such as discriminatory rules in the formal sector; removing discriminatory age-related restrictions to accessing credit and banking services; digital literacy; addressing ageism, including gendered ageism and ableism. For example, establishing rights-based and age-, gender- and disability-responsive universal health coverage to ensure access to quality health and care services without financial hardship across the life course.

BOX 7

Policies and legislation that may hinder or support shock-responsive measures

A country's laws, policies and strategies signify its intention and priorities, including those in response to shocks and disasters. Laws and regulations governing a country may support or hinder a response to shocks and disasters through the social protection sector.¹⁶² This can be in various ways including:

- Ownership of shock-related contingent liabilities and broader public financial management legislation, with implications for viable financing strategies. For example, the financial management acts of governments regulate matters related to finance within national and sub-national governments and stipulate the rules and processes for how public money is collected, used, and therefore accounted for. These acts normally supersede any other legislation in matters related to finance and can present challenges to disbursing resources rapidly during shocks.
- Legal and policy frameworks can support the formulation of contingency financing mechanisms for shocks. With these mechanisms, a country can enter disaster risk financing arrangements such as weather-based index insurance. Such measures can greatly assist a country to respond to shocks when they occur as they make financial resources for the response readily available.
- Legal and policy frameworks provide guarantees for the protection of vulnerable groups such as older people in times of shock. This increases the legitimacy of such groups to claim protection entitlements from their governments.
- Furthermore, legal frameworks ensure cooperation and coordination among institutions involved in ASRSP. Countries can have various sectoral institutions responsible for responding to specific types of shock. For example, countries might have separate institutions for disaster risk management, social protection and climate change adaptation, each tasked with their own mandates. However, if there is no legal provision to facilitate coordination between these institutions, the effective implementation of ASRSP could be a challenge.
- Having in place data protection/privacy/security policies in the context of data sharing. This may be particularly important in times when humanitarian actors are piggybacking on the existing social transfers beneficiary list.
- Being aware of and preventing financial crimes, including through adhering to Know Your Customer (KYC) requirements, especially in the context of payment of transfers, and in situations where crisis-affected people are likely to lose key documents following a shock.

Policy and legal frameworks can also facilitate the implementation of age-sensitive ASRSP through fostering integration between the social protection, climate change adaptation and disaster risk reduction sectors. With advancements in climate hazard prediction, including the ability to estimate their location, intensity, probability and duration, there is a greater opportunity to plan ahead and minimise the impact of shocks. By integrating information on exposure and vulnerability to shocks, it is possible to identify early on groups at risk such as older people. Employing forecast-based financing can enable early warning systems to take prompt measures based on pre-agreed forecast triggers, and protected funding can be set up for a timely response.

It should be emphasised that there are only a few international and regional human rights provisions that focus specifically on the human rights of older people in humanitarian emergencies and conflict situations, such as Article 11 of the Convention on the Rights of Persons with Disabilities, Article 29 of the Inter-American Convention on Protecting the Rights of Older Persons and Article 14 of the African Protocol. Box 8 below provides a relevant excerpt from the Inter-American Convention on the Protection of the Human Rights of Older Persons and the African Charter Protocol on the Rights of Older Persons.

Finally, it should be stressed that a general lack of awareness and a knowledge of the challenges facing older people are also found in institutional and policy frameworks and strategies, both at national and international levels. An analysis of 20 national



HelpAge International – India

adaptation plans of LMICs shows that there are gaps in knowledge of ageing and the needs of older people. The national adaptation plans of most countries barely refer to the demographic changes that their populations will be facing. Countries such as the Democratic Republic of Congo, Ethiopia and Palestine mention the word ‘elderly’ once. Other countries (such as Brazil, Kuwait, South Africa and Sri Lanka) acknowledge the issue, especially regarding health questions and diseases made worse by climate change but they lack strategies to address the issue. There are notable exceptions: Bangladesh has a comprehensive National Adaptation Plan which mentions the word ‘elderly’ 32 times and includes several sections addressing the risks that climate change poses to this group. The plan also foresees the organisation of early warning and training programmes and the creation of safe shelters for older people.¹⁶³

BOX 8

Rights of older people in situations of risk and humanitarian emergencies stated in regional conventions

Inter-American Convention on the Protection of the Human Rights of Older Persons, Article 29

Situations of risk and humanitarian emergencies

States Parties shall adopt all necessary specific measures to ensure the safety and rights of older persons in situations of risk, including situations of armed conflict, humanitarian emergencies, and disasters, in accordance with the norms of international law, particularly international human rights law and international humanitarian law.

States Parties shall adopt assistance measures specific to the needs of older persons in preparedness, prevention, reconstruction, and recovery activities associated with emergencies, disasters, and conflict situations.

States Parties shall foster the participation of interested older persons in civil protection protocols in the event of natural disasters.

Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Older Persons in Africa, Article 14

Protection of Older Persons in Conflict and Disaster Situations

States Parties shall:

1. ensure that, in situations of risk, including natural calamities, conflict situations, during civil strife or wars, older persons shall be among those to enjoy access, on a priority basis, to assistance during rescue efforts, settlement, repatriation and other interventions; and
2. ensure that older persons receive humane treatment, protection and respect at all times and are not left without necessary medical assistance and care.

Programmes

As with other policies and legal frameworks, ASRSP policy and legal frameworks are executed through programmes and projects. These are systems of organised activities set to deliver benefits and services to shock-affected groups. Shock-responsive measures, programmes and projects are implemented by two main approaches: adjustment of existing social protection programmes, and the introduction of new interventions or programmes to allow for the rapid expansion of social protection to reach affected groups in times of shock. This is referred to as the ‘scalability’ of social protection programmes, which is the ability of social protection programmes to expand in the face of adverse events. Both approaches are achieved through design tweaks or modifications in key policy or programme parameters such as the benefit value and eligibility criteria. Scaling up existing programmes involves two main programming approaches, namely vertical expansion and horizontal expansion. For new programmes, the approaches used are piggybacking and alignment.

Vertical expansion (VE)

In the context of shocks or crises, VE refers to a short-term increase in the value and duration of top-up payments in the form of social assistance interventions such as cash transfers to meet the additional needs of existing beneficiaries.¹⁶⁴ For top-ups to be relevant, programmes must have extensive coverage of the disaster-affected area, particularly targeting the most vulnerable households. Therefore, in the case of programmes covering older people, such as old-age grants, additional assistance should be provided in order to meet their increased needs in times of shock.

One example of a vertical scale-up of social protection programmes in times of shock took place in the 2015 earthquake disaster response in Sindhupalchok, Nepal, which left about 3 million people in need of humanitarian assistance. To deal with the ensuing disaster, social protection programmes in Nepal were vertically expanded to meet the additional needs of the affected population.¹⁶⁵ An Emergency Top-up Cash Transfer Program (ETCTP) was implemented across all the five social security assistance (SSAs) programmes in the country, including the Senior Citizens Allowance Program (SCAP), which targets older people aged 60 years and above.

In its regular programming, each beneficiary of the SCAP receives 2,000 Nepalese rupees (NPR; about US\$20) per month to cover their consumption and health needs. However, during the earthquake disaster response, beneficiaries received a top-up of NPR3,000 (about US\$30) to enable them meet their additional needs in view of the disaster.¹⁶⁶ The objective of the ETCTP was to increase the absorptive capacity of affected vulnerable people including older people to cope with and respond to the impact of the disaster by reducing negative coping strategies.

Similarly, during the COVID-19 pandemic, social protection programmes in Latin America and the Caribbean vertically expanded to protect vulnerable populations from negative effects of the pandemic. In Argentina, for example, the Boost Work Program made two rounds of transfer top-ups to its existing beneficiaries with the objective of providing them with additional income support. In Columbia, the Youth in Action Programme delivered five rounds of transfer top-ups to its beneficiaries in response to the COVID-19 pandemic.¹⁶⁷

Expansion of the Malawi Social Cash Transfer Program (SCTP) in response to the 2021–2022 food insecurity crisis induced by drought and flooding provides yet another example of the vertical expansion of social protection in response to shocks. During the 2021–2022 farming season, the country experienced very poor harvests due to a twin challenge of drought and flash floods.¹⁶⁸ This left 1.5 million people in need of food assistance. Among its response strategies to the crisis, the government implemented a vertical expansion of the SCTP for a period of up to three months to provide cash transfer top-ups to programme beneficiaries. The VE reached out to 82,717 households, 42 per cent of which were households headed by older people.¹⁶⁹ Each of these households received a cash top-up of MK18,000.00 (about US\$22) per month in addition to their regular monthly cash transfer of MK10,000.00 (about US\$12).

In Tonga in 2018, the government used its existing social cash transfer programmes, including the Old Age Pension, to provide additional assistance to the most vulnerable people affected by Cyclone Gita. Assessment of the response found that 80 per cent of older people used this additional support to repair their homes.^{170, 171} However, vertical expansion alone can potentially miss out non-beneficiaries who are affected and hence should be reached by horizontal expansion.

Horizontal expansion (HE)

In the context of shocks or crises, horizontal expansion refers to the temporary inclusion into an existing social protection programme of a new caseload of beneficiaries who have been made vulnerable by a shock.¹⁷² This is achieved by enrolling into the programme additional households who meet the programme’s targeting criteria, or by altering the eligibility criteria to reach more people in the existing area of the programme, or by expanding its geographical coverage. For older people, HE could entail automatic inclusion whereby all older people in a disaster-ravaged area are included in the response. Horizontal expansion could also include the introduction of new programmes using social protection administrative systems. Whether an existing or a new programme, new beneficiaries are covered for an agreed period of time, after which, in the case of an existing programme, it scales down back to its regular beneficiaries.

The Hunger Safety Nets Programme (HSNP) in Kenya offers one of the best examples of how a programme can expand horizontally in times of shocks. The programme was designed to cover households living in extreme poverty in northern Kenya. It provides cash transfers every two months to 100,000 extremely impoverished households across the region, each of which is registered with a designated bank account for direct payment. In 2013, a scalability component was added to enable it to expand horizontally to reach out to non-programme beneficiaries in times of acute drought.¹⁷³

The programme has registered all households in northern Kenya and provided them with a bank account. Accounts for non-beneficiaries stay inactive and do not receive regular transfers. However, in times

of shock, some of the pre-registered households are temporarily added to the programme's beneficiary caseload and their accounts are activated for payment of transfers. The HSNP has initiated this temporary expansion of transfers to accommodate more beneficiaries on multiple occasions. In 2015 the programme reached out to over additional 90,000 households that were hit with severe drought.

Another example of horizontal expansion of social protection programmes in times of crisis is the Sembrando Vida Programme in Mexico. During the COVID-19 pandemic, the programme was expanded horizontally to cover an additional 200,000 participants who were otherwise not its regular participants.¹⁷⁴

BOX 9

Example of vertical and horizontal expansion: The Malawi Social Support for Resilience Programme (SSRLP)

The SSRLP is an adaptive social protection programme in Malawi funded by the World Bank. It seeks to build resilience among those experiencing extreme poverty by integrating social protection programming into climate change action plans. The SSRLP uses the Malawi Social Cash Transfer Programme (SCTP) to provide cash transfers to those households experiencing extreme

poverty and 'without labour' (not having a working household member), and through the Climate Smart Enhanced Public Works Programme (CSEPWP) for households 'with labour' (having at least one working household member) in order to support climate change mitigation and disaster risk reduction. The SSRLP has a scalable component that enables the programme to expand both vertically and horizontally in time of shocks and disasters.

In March 2023, Malawi and other Southern African countries were hit by one of the strongest tropical storms on record – Cyclone Freddy, which left devastating results and affected about 2.3 million people in Malawi.¹⁷⁵ In response, the Government activated the scalable component of the SSRLP through vertical and horizontal expansion of the SCTP and the CSEPWP. The intervention was for three months. All SCTP and CSEPWP household beneficiaries in the nine affected districts, totalling 112,893, received a monthly top-up of 50,000 Malawian Kwacha (MWK; about US\$44) added to their regular benefits. The response also reached out through horizontal expansion to 113,408 households which were not regular SCTP or CSEPWP beneficiaries. These households also received a monthly amount of 50,000 MWK (about US\$44).



Malumbo Simwaka/Fairpicture/HelpAge International – Malawi

System preparedness

Responding to shocks using existing programmes requires maturity or readiness on the part of the system of the existing programme. Social protection systems must be adequately equipped if they can be leveraged to respond to shocks. There is a strong consensus in the literature and among practitioners that ‘getting the basics right’ is a crucial prerequisite for establishing flexible and scalable programmes that effectively support shock-affected people in a timely manner. This implies the need for investing in ‘system preparedness’, i.e. the extent to which the existing administrative systems and institutional arrangements can support programme expansion.

Effective programme expansion necessitates key elements: outreach systems, beneficiary registries, benefit delivery mechanisms, information systems and monitoring and evaluation arrangements. It also requires developing linkages and coordination with stakeholders and financing arrangements in advance of shocks. Seeking to expand programmes without strengthening the basic foundations of those programmes or without long-term financial and technical support may even be damaging in the long run.

Scaling up through new programmes

In situations when the relevant components of social protection systems or programmes do not exist, new designs and approaches can be tested to serve as policy models or options, or system components or programmes can be designed and delivered for their eventual incorporation into or use by national systems. This is mostly the case in situations where social protection systems are still nascent. These new programmes are linked to existing programmes through two main mechanisms, which are piggybacking and alignment.

Piggybacking

This programming involves using or adopting elements of an existing social protection programme to deliver a separate emergency assistance programme. For instance, a new emergency response may ‘leverage’ an existing system’s components or programme features, such as payment mechanisms, information systems, beneficiary list or staff from an existing programme.¹⁷⁶ Instead of scaling up the entire programme, piggybacking allows policy makers to set up a new programme by picking only the most relevant elements of an existing programme. For example, in the Dominica in 2017 in response to the devastating effects of Hurricane Maria, the WFP and UNICEF implemented a new and temporary emergency response programme called the Joint Emergency Cash Transfer Programme (JECT), which piggybacked on the country’s regular cash transfer programme, called the Public Assistance Programme (PAP).¹⁷⁷ JECT used the existing PAP delivery mechanisms, largely based on manual payments made through the village councils.

In Lesotho during the El Niño-induced drought in 2016, the United Nations Food and Agriculture Organisation (FAO) and the Catholic Relief Services (CRS) piggybacked on the Child Grant Programme’s beneficiary list to distribute seeds, training and vouchers. In Mali, the government piggybacked on humanitarian databases to build a unified social registry that will be used as a gateway for all actors working on social assistance to access information about individuals and households.



Alignment

Alignment involves designing an intervention strategy with elements resembling other initiatives that exist or that are planned, without integrating the two. An aligned programme uses a parallel infrastructure from that of the existing or future intervention by replicating it. However, such replication can facilitate subsequent integration and system building. For example, in Mali, following the political crisis in 2012, only humanitarian and dual-mandate organisations were permitted to operate in the northern part of the country. With funding from The European Commission's Civil Protection and Humanitarian Aid Operations department (DG ECHO), a coalition of NGOs implemented a one-year emergency cash assistance programme in 2014 that benefited close to 40,000 households under the umbrella of the 'Cadre Commun' or 'Common Framework'.¹⁷⁸

A total of 100,000 Central African Francs (CFA; approximately US\$160) was paid to each household in three instalments. Concurrently, the government established the Jigisémèjiri, a poverty-targeted cash transfer programme in the southern region of Mali in 2012, supported by the World Bank. This initiative provided households with 120,000 CFA (about US\$194) annually, equivalent to 10,000 CFA (US\$16) per month. The Jigisémèjiri programme encountered challenges in extending its reach to the north, which was not fully under government control at the time. One of the objectives of the Cadre Commun, referred to as the CCFS in 2014 and the CCTS in 2016, was to serve as a model for expanding the Jigisémèjiri programme to the northern region. In 2016, the transfer value of the Cadre Commun was aligned to that of the Jigisémèjiri, and the disbursement frequency was also synchronised.¹⁷⁹

Cash plus scale-up

Social protection interventions constitute a key mechanism through which vulnerable households and individuals are linked to services that enhance their resilience and adaptive capacity.

The 'cash plus' approach combines cash transfer programmes with health insurance and other complimentary programmes and services, including skills and livelihoods training, psychosocial counselling and access to information.¹⁸⁰ Depending on their configuration and objectives, cash plus programmes can address promotive objectives among older people, such as investment in health due to improved access to and utilisation of health services. For example, the flagship Livelihood Empowerment Against Poverty (LEAP) cash transfer programme in Ghana entitles its beneficiaries to free health insurance.¹⁸¹ LEAP's beneficiaries are households in a vulnerable position and experiencing extreme poverty that include children under two years old, older people and people with severe disabilities.



Jorge Panchoaga/Fairpicture/HelpAge International – Colombia

Cash plus interventions can serve preventive objectives as well. For example, in Myanmar, the Department of Social Welfare used the existing cash delivery mechanisms to share printed information to older people and communities about how to stay safe during COVID-19.¹⁸² Cash plus programmes can also serve transformative objectives. For example, social behavioural change communication interventions can promote positive attitudes and behaviour change related to gender roles.¹⁸³

Improving social protection programmes to include those most exposed to climate change impacts

Relatively little attention is paid in the literature regarding the role that older people play when it comes to strengthening community resilience through work (both paid and volunteer work) and participation in various social protection programmes, including public works programmes. Yet, ongoing HelpAge research conducted in Indonesia shows that older people are very much involved in activities which contribute to nature restoration, climate change mitigation and adaptation, and other activities supporting sustainability transitions.¹⁸⁴

Formally expanding and strengthening social protection programmes, including their cash and in-kind transfer components as well as public work components and farmer assistance programmes can be a powerful way of boosting community resilience. Evidence shows that if designed and managed well, public works programmes can provide an effective way of helping the poorest groups in society, including older people, to endure difficult times, to enhance their livelihoods and to gain new skills through vocational trainings.

For example, evaluation of the Tanzania Social Action Fund (TASAF) public works programme showed that the programme provided better protection in areas prone to climate change. Such programmes should focus not only on those older people without any assets, but also include those who have limited assets to help them safeguard these, in particular in times of shock and crisis.¹⁸⁵ Additionally, for those older people who are unable to work, unconditional transfers need to be guaranteed.

Capitalising on OPA structures

Older People's Associations play a critical role in advocating for social protection interventions and in generating evidence that can inform the design of ASRSP programmes. OPAs are also important actors when it comes to the implementation of ASRSP programmes.

For example, in 2010–11 OPAs in 17 rural communities in Kyrgyzstan and Tajikistan collected data from 170 households over a period of one year. The purpose of the study was to gather data on seasonal changes, including cold weather, agriculture and labour migration, and their effect on poverty, hunger and illness. One of the drivers for this was the scarcity of evidence on the effect of cold weather on poverty in Central Asia that could be drawn upon for policymaking.

HelpAge staff in Kyrgyzstan and Tajikistan analysed the data with the OPAs. The analysis identified the specific challenges facing vulnerable households, including limited employment opportunities for older people and women, lack of various services including healthcare, price increases and debt. It also pointed out that the monthly benefit received from the government social assistance scheme was too small to be of much help.

The OPAs presented the evidence in a conference held by HelpAge in partnership with the Ministry of Social Protection. Conference participants were invited to develop recommendations based on the OPAs' evidence for the inter-ministerial working group on social protection strategy 2012–15. The OPAs' monitoring activities were supported by the UK's former Department for International Development (DFID) and involved small projects to provide immediate assistance to vulnerable households, including setting up gardening and agricultural production and micro-credit groups.

OPA-led research contributed new evidence to international initiatives such as the United Nations' International Day of Older People and forums organised by WHO and other UN agencies. Several HelpAge network members and country offices included OPA findings in civil society reports shadowing their governments' mandatory, periodic reports to UN Human Rights Bodies. Engaging with existing mechanisms such as these, which hold governments to account to uphold older people's rights, was effective in promoting ageing issues across national agendas. For an example of effective OPA's advocacy to expand social protection programmes see Box 10.

BOX 10

Senior Citizens' Committees advocacy in Sri Lanka during the COVID-19 pandemic

Sri Lanka increased for two months the Elderly Allowance for people 70 years-old and older with no other means of income, which was 2,000 Sri Lankan Rupees (LKR; around US\$6) to 5,000 LKR (around US\$16), but older people continue to struggle to sustain their livelihoods due to the continuation of the economic crisis after the COVID-19 pandemic.

Hence Senior Citizen Committees have continued to lobby government officials and ministers to increase the allowance. Subsequently, with the support from the Asian Development Bank (ADB) this amount increased up to 5,000 LKR (around US\$16) and was paid for six months during 2021. This constituted an important source of income for the poorest older people. Prior to the expansion of the programme, 416,000 older people received this allowance monthly from the government. However, following the economic shock during the COVID-19 pandemic and the post-pandemic situation in 2021–2022, the Sri Lankan government decided to extend this allowance for those who were on the waiting list to receive this Senior Citizen Allowance of 2,000 LKR (around US\$6). Finally, an additional 157,000 older people who were on the waiting list also received the allowance.



Kasun Peiris/Unsplash – Sri Lanka



6. Building blocks for ASRSP for older people

This section considers key building blocks for adaptive and shock-responsive social protection systems for supporting older people: targeting, registries, and databases; delivery mechanisms; coordination with other sectors and actors; and monitoring systems to enhance transparency, governance and accountability.

Targeting for ASRSP

Targeting for ASRSP refers to the assessment of both the geographical area and households or individuals in need of support due to high exposure to or effects of a shock. It requires the identification of the most vulnerable communities and individuals to benefit from an intervention for the prevention, response and recovery from a shock in view of limited resources. It involves defining categories of individuals or households that should be eligible to receive benefits and determining the mechanisms for identifying those individuals or households within the population.

Usually targeting is determined by the policy and legal frameworks of a country. There are several targeting mechanisms, and their appropriateness is highly contextual. The main targeting approaches include:

- **means testing:** based on economic assessment (income, assets, wealth) of the household or individual
- **proxy means testing:** based on characteristics that are believed to be highly correlated with wellbeing or deprivation
- **categorical targeting:** based on characteristics of interest to policy-makers, which might be or might not be correlated with deprivation
- **geographic targeting:** based on location or residence (e.g. affected by hazard or district with high poverty prevalence)
- **community-based targeting:** based on an eligibility assessment performed by the community where a programme is implemented
- **self-targeting:** based on voluntary participation or self-selection.

For the effective implementation of ASRSP, it is important to ensure that the variables used to target and identify beneficiaries strongly correlate with vulnerability factors related to covariate shocks. For instance, if targeting methods such as proxy means testing was carried out before a shock, the rankings may no longer be a good indicator, as previously better-off households may be severely affected by shocks. As discussed in the previous Chapter 3, there are several factors that push people into poverty and vulnerability in older age. They include lack of income, underlying health conditions, disability, poor inclusion in social support programmes and gender inequalities.

For better inclusion of older people in ASRSP, there is a need for an effective targeting approach. Through this approach, the identification of beneficiaries should be through assessment of the key factors affecting exposure, risk and resilience to shocks. This will ensure that building an adaptive capacity to shocks starts with those most vulnerable. In the end, it will equip people in old age to respond and adapt to climate shocks and disasters. Older people themselves ought to be involved in the identification process of potential beneficiaries, which could be done using the OPA structures.

In most cases, an effective approach to targeting is supported by national social protection, disaster risk reduction and climate change adaptation laws which enshrine the rights of older people, including their right to protection during shocks. Targeting should be carried out in such a way that it leads to the

identification of older people for their inclusion and participation in ASRSP measures. The effectiveness of ASRSP depends on a clear understanding of the needs and kind of support required by different demographic groups. Therefore, for older people, this calls for their participation in the assessment and identification of the beneficiaries for ASRSP interventions.



Action for Humanity – Syria

Strengthening registries

Targeting for SRSP can be greatly aided by the introduction and use of databases or registries, which are essentially management information systems (MISs) for social protection (for an overview of registries, see Box 11 on the next page). Such databases hold information about beneficiaries and a wider group of potential beneficiaries which can be effectively and quickly used to reach those in need. For their effective use in ASRSP, the registries need to be integrated and interoperable. Registries are important for the identification of households and individuals from the affected areas, and for the coordination, improving efficiency and effectiveness of ASRSP interventions. Although they may not be directly used to target beneficiaries for ASRSP interventions, they provide a starting point for a quick assessment of potential beneficiaries from affected areas. Such systems ought to be flexible enough to allow for expansion in times of shock.

For example, in Malawi, implementation of shock-responsive social protection interventions has largely benefitted from the country's Unified Beneficiary Registry (UBR).¹⁸⁶ The UBR is a social registry containing social economic data of all households in a given geographical area in the country. The data is collected using a census model whereby enumerators visit households door by door to capture their information. This approach helps to ensure inclusion of at-risk populations, such as older people, in the database. It enables the inclusion of individuals who would not have otherwise managed to travel to registration centres due mobility challenges.

Overview of registries

Social Registry: a database which collects and houses comprehensive (i.e. not programme-specific) information on potential beneficiaries of social protection in a country. The primary function of social registries is to support the initial implementation phases of intake and registration, and to assess needs and conditions for the purposes of determining potential eligibility for enrolment in selected social protection programmes. This could form the basis for the targeting of an emergency response.

Integrated Beneficiary Registry: a database which is created by integrating programme management information systems of several different existing schemes. Integration is only achieved across data and information on social protection beneficiaries (programme recipients). The main objectives are to provide coordination and oversight and to integrate selected operations and services across programmes. This type of registry includes only existing social protection beneficiaries, hence it is essential for achieving coordination across multiple actors and for horizontal expansion.

Virtual Registry: a registry (which is not necessarily physical) created by ensuring the inter-operability of existing databases through web service access. When linked to a national ID and/or civil registry, this approach can ensure a comprehensive (100 per cent of the population), cross-sector, and 'pro-active' (linked to lifecycle events) overview of a country's population that can be used for social protection purposes.

Farmer Registry: a registry, usually developed and managed by government stakeholders in the agriculture sector (e.g. ministries of agriculture), with data on farm holdings and farm holders. This registry supports informed decision-making and policies, providing administrative, not statistical (i.e. census or sample-based), information on 'who does what and where' in the agriculture sector.¹⁸⁷

It is essential to prepare and strengthen existing databases in advance for use in emergencies. It should be noted that a first and most critical step involves reviewing and likely redesigning the way beneficiaries are included in the social registries, as well as ensuring frequent updating of the registries. Evidence shows that social registries are error-prone and as such exclude the many of the poorest members of society from various social protection schemes.¹⁸⁸

To further strengthen the registries and use them for an ASRSP system, their data should include the most significant variables that can capture the vulnerability of a household or an older person to a shock. For example, given that shocks can push the near poor into poverty, information on these groups that are vulnerable to shocks should be recorded. Data collected should also cover a large proportion of the population (potentially up to 100 per cent), including the near-poor and non-poor, be continuously updated, accessible and precise.

Furthermore, to ensure the completeness of social registries with no older person left behind, it is critical that all older people have a national ID card. To this end, those older people who lack an ID card should be able to obtain one in an easy (e.g. application in their own language, assistance with digital tools, if needed) and free manner (see a case study in Box 12 on the next page for an illustration of the importance of ID cards).

Leveraging existing databases can potentially improve efficiency in times of emergency responses by reducing duplication of data by multiple agencies. It can also speed up response times and reduce the cost of data collection and management. Existing databases should, however, be used with caution as disasters and emergencies may alter the poverty profile of affected areas. Any census data collected may also be unlikely to capture the vulnerable households after a disaster. Some collection of new data, therefore, may be needed post-shock to record changing household conditions and determine their eligibility for response programmes. Data for social registries before and after shocks should be segregated by age as well as gender. This will assist in identifying and targeting older people likely to have been affected by the shock. Safeguarding data privacy when sharing access to databases must also be ensured.

Importance of ID cards in accessing social protection by older people

Access to identification documents is essential so that people can be recognised before the law and fully exercise their rights, including in regard to access to social protection.

A study conducted by HelpAge in Mozambique showed that many older people do not have identification documents. Study participants reported that many older people never had an official identification document, while others lost it. Many of the interviewees did not remember well when they were born, they did not have enough resources to travel to locations where these documents are issued, usually at the main cities or district villages, which can be dozens or hundreds of kilometres away from rural communities.

Consequently, many older people have been unable to access the Basic Social Subsidy Program (PSSB). Without an ID card in Mozambique, older people are not only excluded from the PSSB, but are also unable to access most government services and exercise other citizens' rights.

In order to enable older people to exercise their rights, in particular in regard to access to social protection, the Association for the Protection of Older Persons in Tete (APITE), in partnership with the District Services for Health, Women and Social Action, organised the acquisition of documents in Marara and Chitima districts in Mozambique's Tete Province.

In parallel, Older Citizen Monitors organised by HelpAge managed the Accountability and Fulfilment for Older People to Raise their Dignity (AFFORD) programme and worked in communities to inform older people about the PSSB, mobilise them to enrol in the PSSB programme, help recipients lodge complaints, collect supporting documents about issues with the schemes and advocate government officials for policy change and improvements in service delivery.

The new ID cards holders in Marara and Chitima reported increased possibilities of access to the PSSB and the benefit of better health services. A woman, 80, and new PSSB beneficiary said:

“I’m sure there are still older people who are unaware of their rights, but with the little I learned from the monitors, I feel strong enough to teach others of my age not to be excluded.”



Mauro Vombe/Fairpicture/HelpAge International – Mozambique

Access to information and delivery mechanisms

Effective shock responsiveness depends not only on the availability of resources and the targeting of those eligible from the affected group, but also on appropriate information-sharing channels and the adaptability of existing delivery systems to expand vertically and horizontally. When it comes to gaining access to information about the system and/or specific social protection programmes, it is critical that such information be shared in different languages spoken in the country and in a format that is accessible to older people. If such information is shared on billboards or posters, some older people can be excluded due to illiteracy. Hence, the use of multiple means of information sharing is key. One such means could be through community health workers.

When designing a payment modality for a regular social protection programme, it is essential to embed adaptability features in it so that it can be leveraged upon in times of shocks. Utilising established systems in emergency situations holds a considerable advantage. These systems are quick to activate since trusting relationships have already been established, service terms have been negotiated, and the overall economies of scale and scope can result in substantial cost savings.

Payment modalities used in the regular social protection delivery chain are classified as manual mode, which involves the use of direct cash or vouchers, or as electronic or digital payment modalities, which involve the use of digital payment platforms such as mobile money or banks.¹⁸⁹ However, to effectively reach out to older people in times of shocks and emergencies, payment modalities, whether manual or electronic, need to have a user-friendly interface for older people.

It is paramount that payment systems should have multiple access points and flexibility. This will enable older people to use a payment method convenient for them. The payment methods should also be flexible. For example, if electronic payment methods get hampered due to damaged infrastructure as a result of a disaster, the payment mechanism should be able to switch to manual mode. Conversely, when manual payment methods might become unfeasible due to difficult road conditions, it should be easy to switch to electronic mode.

In parallel, to avoid the exclusion of any groups, necessary training as well as non-digital communication and payment modalities must be ensured. For example, during the COVID-19 pandemic in Zambia, cash transfers were delivered through mobile money transactions (phones). However, many older people could not access the payments because the digital requirements for redeeming the cash transfers were too complicated for them and they had not received any training on how to use the necessary digital tools.

Coordination with other sectors and donors

Coordination is a fundamental component for the successful delivery of ASRSP. As seen in previous chapters, ASRSP seeks to integrate social protection into both short-term shock responsiveness and longer-term disaster risk reduction and climate change adaptation measures. This calls for an interplay across the three sectors and among actors within the sectors. Coordination between social protection, disaster risk management and climate change adaptation sectors may be strengthened by enhancing mutual understanding of these distinct fields, by fostering policy engagement and through the coordination of programmes and delivery systems. Coordination between sectors can enhance the integration of social protection into CCA and DRM structures and plans.

An example of this occurred in Mauritania when a shock-responsive social protection mechanism was developed with the support of the World Bank in 2017. It fostered coordination among several government departments playing a role in the mechanism. These departments included the Commissioner for Food Security, the agency managing the bank's safety-net project (the Tekavouls) and the Department for Food Security Observatory managing early warning systems (EWS). These were coordinated by a national technical working group which facilitated dialogue between these relevant institutions and enhanced preparedness for shocks.¹⁹⁰

Coordination is also essential between actors within the three sectors discussed above. It increases effectiveness, reduces duplication and addresses capacity gaps. Coordination can be both horizontal and vertical. Horizontal coordination implies coordination among government agencies at the same level (i.e. national to national and subnational to subnational) while vertical coordination implies coordination between national and subnational level agencies. Coordination with other actors may help fill a gap in the intake and registration of information and allow policy makers to bring together efforts from different actors, such as governments, donors and NGOs working on social protection, humanitarian response, CCA and DRR thematic areas.

For example, in 2018 the government of Tonga instituted a cross-governmental National Emergency Committee which facilitated coordination among actors including donors, government ministries and humanitarian actors which improved the efficiency and timely response to Cyclone Gita. In Mauritania, coordination between the government, World Bank and WFP helped in the development of a joint satellite, data-based, decision-making tool to support early warning and CCA and shock-response measures.¹⁹¹

For the effective inclusion of older people in ASRSP, coordination should include the involvement of older people's organisations. This will assist in bringing important issues for older people into ASRSP policies and integrating them into existing programmes at all levels of ASRSP, including disaster preparedness, prevention, mitigation, response, recovery and transition.

Admasu Brook/HelpAge International – Ethiopia



Inclusive and effective M&E systems and social accountability mechanisms

A strong informational base is an essential foundation for building robust ASRSP systems. This can be achieved by building regular monitoring systems at all stages of ASRSP interventions. Regular monitoring has the potential for improving programme design, outreach, intake, delivery and grievance redress. Effective monitoring and evaluation (M&E) of ASRSP entails the thoughtful choice of suitable and resilient indicators. This process should involve aligning indicators consistently across various interventions and sectors such as social protection, disaster risk management (DRM) and climate change adaptation.

Essential points to consider when building effective monitoring systems include having indicators that relate to the overall objectives of the programme, or that differentiate between the routine programme and the shock-responsive element. In situations where a long-term programme is being scaled up, or a system is being piggybacked on, it is important to integrate the systems and processes for monitoring the shock-responsive element with the M&E of the long-term programme if possible, while making sure that the two elements can be distinguished in the data.

In attempting to measure the performance of social protection systems in responding to shocks, it is important to consider four different categories covering measurement of processes and systems, outcomes and impacts. The first category involves having indicators focused on the activities and effectiveness of the routine social protection programme in building household resilience by reducing vulnerability to shocks (for example, through continued protection of household income or preventing households from falling further into poverty as the result of a shock). The second involves indicators focused on measuring a routine social protection programme's ability to withstand shocks and continue operations in the context of a crisis. The third category involves indicators focused on the effects of the shock-responsive component, which might include measurement of the flexible use of social protection to enable households to secure their needs when a shock occurs. These indicators can be used to measure and compare emergency responses through social protection programmes and systems, and through the traditional emergency response. The last category involves indicators focused on the coordination, integration and/or harmonisation of social protection, humanitarian and DRM actors and interventions to better prepare for, respond to and facilitate recovery from shocks.

Useful tools are emerging out of initiatives focusing on building resilience to crisis, which are attempting to monitor and measure changes in resilience of groups attributable to programmes covering multiple disciplines. The OECD's resilience systems analysis toolkit recognises the importance of both 'system resilience indicators' and 'negative resilience indicators'.¹⁹² System resilience indicators (or outcome indicators) look at the resilience of the main components of the system over time, including how overall wellbeing of the system is affected when shocks occur; for example, how political capital is affected by an actual earthquake, or how social capital is affected by new or escalating conflict. Negative resilience indicators look at whether people's strategies to boost resilience have negative impacts on other areas of the system; for example, resorting to negative coping strategies, or negative impacts on certain vulnerable people.

Monitoring and evaluation systems should routinely embed indicators measuring older people's exposure to shocks and crises and the impacts of those. Such indicators should also include the measurement of the participation and inclusion of older people in policy and programme design, implementation and grievance processes. There is a wide gap among ASRSP actors with regard to understanding the needs of older people during emergencies. It is therefore crucial to invest in impact assessments, M&E, as well as learning initiatives focusing on older people. This ongoing investment is necessary to establish a robust informational foundation and to enhance the effectiveness of policies and programming for older people.

Furthermore, an environment with frequent and intense shocks needs monitoring and accountability mechanisms that are robust and able to trigger changes to programme implementation mechanisms. The IrishAid-funded and HelpAge-implemented Accountability and Fulfilment for Older People to Raise their Dignity (AFFORD) programme used cloud-based data collection mechanisms that regularly fed programme implementors with new data from the communities. During the COVID-19 pandemic, the monitoring mechanisms enabled the programme to be responsive and adapt to new changes. The tweaking of programme implementation and additional activities enabled the programme to respond better and effectively navigate programme activities during and after the COVID-19 pandemic.

The AFFORD programme empowered older people to be community monitors and to raise issues affecting them. Training older people in data collection, data analysis and packaging advocacy messages were some of the empowerment components of the programme. Older people as programme beneficiaries and generators of programme monitoring information were able to feed the programme with updated information. This cost-effective way of programme monitoring and data collection generated real-time data and information for the programme to act on.

Financing

The availability or non-availability of financial resources plays a crucial role in the design and implementation of ASRSP as it determines the speed at which protective, preventive, promotive or transformative interventions are implemented. Finances also determine the trade-offs between scale and value of the response, i.e. reaching few of those in need with more or reaching many with less. Therefore, a thoughtful assessment of the financing modalities for shocks is essential in the design and implementation of ASRSP. It will assist in determining the suitability of different financing arrangements for different types of shocks. ASRSP exists in the context of already-existing regular interventions, be it social protection, disaster risk reduction or climate change adaptation. This entails that financing for ASRSP may be in addition to that of regular interventions.



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Several financing arrangements exist for ASRSP. For ex-ante interventions, i.e. interventions implemented before occurrence of a shock (preventive and transformative interventions), financing arrangements could include risk financing, reserve or calamity funds and contingency budgets. While for ex-post interventions, i.e. interventions implemented after a shock, financing modalities could include budget allocations, domestic credits, external credits, tax increases, remittances and donor assistance. Funding fluctuations for ASRSP has been a cause of worry for sustainable interventions. In view of this, nationally generated financing as well as the creation of common basket funding for ASRSP and the adoption of crisis modifiers is key to ensuring the sustainable financing of ASRSP.

Climate change hotspots (CCH) are areas that generally cut across administrative boundaries and that have limited political representation, so addressing the challenges they face is even more difficult.¹⁹³ As CCH tend to cross national boundaries, it is also important to consider innovative multi-country funding arrangements, such as the African Risk Capacity Group.

To support LMICs when financing is limited, it is crucial to align social protection strategies, policies and programmes with those related to addressing the impacts of climate change, especially in the area of resilience building and emergency response. To this end, key global climate finance mechanisms, such as the Green Climate Fund and the recently established Loss and Damage Fund, should prioritise multi-sectoral projects integrating age-sensitive social protection with other climate change interventions. Additionally, to ensure climate financing for ASRSP, it is critical for countries to incorporate age-sensitive social protection into their National Adaptation Plans (NAPs) and Nationally Determined Contributions (NDCs).

Regardless of the mode of financing, it is essential to ensure increased investment across the different components of ASRSP so that resources are delivered in a timely and equitable manner that differentiates the needs of various vulnerable groups, including older people.



7. Conclusions: Implications for ASRSP programme design for older people

The objective of this report was to examine the factors affecting the exposure, risk, vulnerability and resilience of older people and to discuss the implications of this analysis for designing adaptive and shock-responsive social protection for older people.

Delivery of social protection, disaster risk reduction and climate change adaptation measures are increasingly becoming fused with a view to addressing long-term vulnerabilities and inequalities rather than being limited to short-term shock responses. The report has highlighted several key factors that contribute to the vulnerability of older people to shocks, including shortage of income, poor access to healthcare, gender inequality, minority and migration status, and living arrangements. The importance of social protection, in particular regular pension payments, was emphasised as a critical factor in strengthening older people's resilience to shocks. The report also highlighted the evidence gaps and stressed the need for a continuous effort to collect SADD data to enable regular up-to-date analyses contributing to the effective design of ASRSP programmes.

Older people have needs that differ greatly from those of other segments of the population; hence older people need to be treated as a distinct group before, during and after emergencies. However, protecting older people may not necessarily entail designing separate programmes for them, but rather ensuring their inclusion in ASRSP interventions. This could mean relying on the capacity of existing social protection programmes to scale up horizontally, vertically or through piggybacking, alignment and cash-plus interventions for older people.

Decisions about what specific interventions to undertake should depend on an assessment of the existing vulnerabilities and needs of older people, who should also participate in the needs assessment. Decisions on the specific interventions will also be influenced by the capacity, resource constraints and existing policy and institutional frameworks that provide an enabling environment for their effective implementation.

Social and public policy should be employed to support transformative change in the lives and livelihoods of older people. This includes the provision of accessible and affordable health care; policies that remove age-related obstacles to entering the labour market, such as discriminatory rules in the formal sector; supporting older people who would like to continue working in the informal sector; lifting age-related and gender-related restrictions to accessing credit and banking services; improving digital literacy; addressing gendered ageism and stigma around disability. Establishing universal access to social protection for older people can help institutionalise access to protection when faced with additional (exposure to) shocks. It creates statutory, rights-based entitlements for older people and supports older people's resilience and adaptation to shocks.

Furthermore, in order to ensure inclusive wellbeing and just transitions for all, it is crucial to address systemic inequalities throughout each individual's life course to maximise their chances of greater resilience and wellbeing in old age. Disadvantages in a person's life course experienced in infancy and early childhood accumulate and translate into poor income security and worse health outcomes in later years. These accumulated disadvantages result in restricted access to adequate nutrition, healthcare, high-quality education, decent work, lifelong earnings and social protection. While ASRSP cannot address all life-course inequalities, it has a significant role in strengthening individuals' and communities' resilience as well as their ability to cope and adapt.

We thus call for increased financing for age-, gender- and disability-sensitive ASRSP and a transformative and rights-based approach to ASRSP programming to bring about a just transformation and leave no one behind, especially in times of shock or crisis.

Endnotes

Introduction

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