



HelpAge

International

Older voices in humanitarian crises:

Calling for change

Contents

- 1 Executive summary
- 5 Introduction
- 6 Overlooked and misunderstood
- 7 Poor healthcare
- 9 Alone with no one to turn to
- 9 The comfort of care
- 10 Overwhelmed by distress
- 10 Causes of distress
- 13 Time for change
- 14 Conclusions and recommendations
- 16 Situational overview
- 18 Take action

HelpAge International promotes the wellbeing and inclusion of older women and men, and reduces poverty and discrimination in later life.

We would like to thank all the older people in Lebanon, South Sudan and Ukraine who gave their time to be interviewed for this report.

Older voices in humanitarian crises:

Calling for change

Published by HelpAge International
PO Box 70156, London WC1A 9GB, UK

Tel +44 (0)20 7278 7778

Fax +44 (0)20 7387 6992

info@helpage.org

www.helpage.org

Registered charity no. 288180

Author: Anna Ridout. Secondary contributors from HelpAge International: Marcus Skinner, Humanitarian Policy Manager; Frances Stevenson, Head of Humanitarian; Sarah Gillam, Media Manager; Edward Knight, Media Assistant

Interviews and data collection: Gabriel Wani and Atem John, South Sudan; Maguy Ghanem and Maya Jizzini, Lebanon; Mamyrzhan Abdullaev and Andriy Pilyaev, Ukraine

Photo research: Liliana Santos

Front page photo by Sandra Kastoun/HelpAge International

Design by TRUE www.truedesign.co.uk

Print by Park Lane Press www.parklanepress.co.uk

Printed on Cocoon, 100% recycled and FSC® certified

 @HelpAge  HelpAge International

Copyright © HelpAge International 2016
This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License,
<https://creativecommons.org/licenses/by-nc/4.0>

ISBN 978 1 910743 06 5

Executive summary

“Leaving no one behind is a central aspiration of most political, ethical or religious codes and has always been at the heart of the humanitarian imperative. The pledge to leave no one behind is the central theme of the 2030 Agenda and has placed a new obligation on us all to reach those in situations of conflict, disasters, vulnerability and risk first.”¹

United Nations Secretary-General Ban Ki-moon

The first-ever World Humanitarian Summit, to be held in Istanbul in May 2016, provides a chance to honour that pledge and lay the foundations for a reformed humanitarian system – one that puts people at the centre of disaster response, builds resilience to crises with people affected and really does ensure that no one is left behind.²

To pass the first hurdle, we must listen to what older people living in the midst of crisis have to tell us. During November and December 2015, HelpAge International interviewed 300 women and men aged 60 and over in cities, towns and camps in Lebanon, South Sudan and Ukraine. These older people are living through some of the most acute global crises in the world today.

In each context we found evidence of neglect that reflects the reality for older people caught up in disasters across the globe:

- The majority of people we spoke to said they had not been consulted about their needs.
- More than two thirds said they did not have enough information about the humanitarian assistance available to them.
- Almost half said health services did not provide care for their age-related conditions.
- Close to half said they felt anxious, hopeless or depressed most or all of the time.

Warda, an 85-year-old Syrian woman living in Lebanon, spoke for many when she said: “I know that humanitarian aid might be helping, but only for those who can go and get it. How am I supposed to get this help if I can’t even leave the room?”

Humanitarian assistance is guided by core principles, underpinned by international humanitarian law.³ The principle of humanity gives everyone affected by crisis, including older people, the right to humanitarian assistance. The principle of impartiality means that help must be provided to the most urgent cases first without discrimination.

This report offers older people the space to share their hopes and concerns and talk about the challenges affecting their daily lives. It contributes to a growing body of evidence illustrating the failure of the humanitarian system to protect their rights and meet their needs, and demonstrates the limited progress the humanitarian system has made to address the neglect of older people.

Recommendations

To address the neglect faced by older people in emergencies, their opinions must be heard in Istanbul and changes made in the humanitarian system. Based on the findings of consultations with older women and men HelpAge International is calling for the following:



Humanitarian responders should:

Systematically engage with all affected people, including older women and men, to deliver meaningful participation and ensure that their views are reflected in responses, including assessment, design, delivery and monitoring and evaluation.



Collect, fully disaggregate, and utilise data for different population groups including older people, in order to provide robust evidence to design, revise and learn from programming that is reflective of, and appropriate for, the people and needs identified.



Address gaps in the quality of primary healthcare services for those with chronic diseases, ensuring adequate provision of NCD drugs and access to laboratory tests at primary healthcare level.



Ensure services to address psychological distress are accessible to older men and women, providing outreach counselling and support services for those who are unable to attend health centres.



Ensure mainstream response activities consider the needs of older men and women providing age-sensitive and physically accessible services. Provide outreach services for isolated people who cannot reach services.



Humanitarian donors should:

Ensure that funding is commensurate with the scale of needs and is allocated impartially, recognising the needs of different groups including older people.



Ensure funding is allocated only to funding actions that include an inclusive analysis of needs based on data that is fully disaggregated by sex, age and disability.



All humanitarians should:

Contribute to developing the understanding and skills of humanitarian actors so they can identify the needs of older people and deliver appropriate assistance.



Take responsibility for building core understanding among staff of the humanitarian principles and available guidance in support of inclusive programming for marginalised groups including older people. Where appropriate, build specialist skills to address the needs of vulnerable people in crisis.



Sandra Kastoun/HelpAge International

“Humanitarian aid might be helping, but only for those who can go and get it”

“My husband died 30 years ago so I raised my children on my own. They lost their way and all but one child abandoned me. My neighbours are the ones I’m close to.

“I have very low bone density. They told me that if I want to be able to walk I’ll need new metallic knees, but that even if I had the money I wouldn’t survive the surgery. I miss my health and mobility. I can’t leave the house. I have to ask my daughter to bring me water. I cry at night and ask God if I can die early. When a person loses their health and the ability to move, they lose everything.

“I’ve lived through many wars but this is the worst. What’s happening in Syria now is unbelievable. Things were different before. There was food and shelter. People were poor yet happy because there was peace. Basic services, including medical care, were available.

“I know that humanitarian aid might be helping, but only for those who can go and get it. How am I supposed to get this help if I can’t even leave the room? You need a car and someone to take you. When I was registered they told me I’d get help but nothing happened. Other families can go and collect aid, but I can’t.”

Warda, 85, Lebanon



“There’s no good food to make me stronger”

“I’ve not done much in my life due to war. I tell my grandchildren to distance themselves from fighting because it leads to destruction.

“I’ve lost count of all the crises I’ve lived through. I was shot in the back during the current conflict and now I’m weak, always in pain and I don’t sleep comfortably. There’s no good food to make me stronger so there’s no way I can be happy. Because of my age and health I’m unable to do anything for myself. I depend on humanitarian aid.

“We’re extremely helpless and there’s not enough aid being delivered. They should add flour and milk for children and sugar for older people to our rations, but even these basic things aren’t provided.

“We’re always being filmed and photographed but nothing ever changes, there’s still not enough to eat. We urge humanitarian organisations to bring more food. We’re becoming weaker and weaker. We know humanitarian organisations can’t leave people to die of hunger but why is there not enough food?”

Oboch, 86, South Sudan

Introduction

In 2016, there are 928 million people aged 60 and over, which represents nearly 12 per cent of the world's population.⁴ Currently, two thirds of older people live in low- and middle-income countries,⁵ where disasters are more likely to occur.

Older people are disproportionately vulnerable when disaster strikes. For example, when Hurricane Katrina struck New Orleans in 2005, 75 per cent of those who died were over 60, even though older people made up only 16 per cent of the local population.⁶

Similarly, when the Japan tsunami hit in 2011, 56 per cent of those who died were 65 and over, despite only 23 per cent of the population falling into this age range.⁷

However, despite a high level of need in disasters, older people receive little targeted attention from national governments and national and international aid providers. In preparation for the World Humanitarian Summit, the organisers consulted 23,000 people, including those affected by disasters, humanitarian experts and local organisations. One clear conclusion of the consultation was that the marginalisation of older people is a major challenge for the humanitarian system, and one that needs to be addressed.⁸

The consultations found that in the midst of conflict, many older people are at high risk of becoming separated from their families, and of suffering from acute physical and psychological distress.

For example, the synthesis report states: "In urban areas, where older people are more likely to live alone, conflicts or disasters may cut them off from services, while in all areas older people's health needs, including poor nutritional status and vulnerability to non-communicable diseases, require specific attention."⁹

The consultations also found that a high proportion of older people have physical disabilities, limiting their access to humanitarian assistance and protection, and that older women are particularly vulnerable to abuse, neglect, and exploitation after a disaster.¹⁰

Older people at high risk

Consultations for the World Humanitarian Summit found that many older people:



are separated from their families



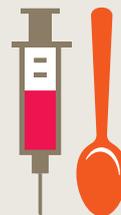
have physical disabilities



are cut off from services



suffer physical and psychological distress



have specific health and nutritional needs



risk abuse and neglect, especially older women

HelpAge International has more than 20 years' experience working with older people in emergencies. Time and again, older people tell us they are lonely, isolated and cut off from life-saving services, and that they do not receive the humanitarian assistance they are entitled to.

During November and December 2015, HelpAge interviewed 300 women and men aged 60 and over in Lebanon, South Sudan and Ukraine (100 in each country) to hear first-hand from those living through some of the most acute global crises in the world today.

The experience of these people shows that now is the time to start listening and act to address the current neglect older people experience in emergencies. Older people must be supported to access humanitarian response in line with the core principles of humanity and impartiality. Those who need it must be provided with specific, targeted assistance to overcome physical, mental and mobility limitations, and surmount the unjust barriers they currently face when trying to access healthcare or essential life-saving services. Lives will not be saved by a one-size-fits-all approach to disaster response.

Overlooked and misunderstood

Despite their need for assistance, older people are often invisible to those providing aid. Data on the number of older people affected is rarely collected. Older people are seldom consulted in the planning and design of responses, and their skills and knowledge are often ignored. Furthermore, many humanitarian aid workers lack the knowledge and skills needed to identify and address older people's needs. All these factors contribute to the neglect of older people. HelpAge research shows that less than 1 per cent of projects submitted to the UN Consolidated Appeals Process (CAP) included activities that targeted older people.¹¹

A shocking 95 per cent of people we spoke to in Lebanon, 93 per cent in South Sudan and 66 per cent in Ukraine said that no one, other than HelpAge, had consulted them about their needs.

Only five of the people we spoke to in Lebanon felt that those providing assistance understood their needs, or the needs of older people in general. In South Sudan and Ukraine perspectives were different, with 60 and 68 per cent of respective respondents saying they felt their needs were understood.

However, the vast majority in all three countries said they had not been consulted by humanitarian actors and most felt they did not have enough information about the assistance available to them. An 85-year-old woman in South Sudan put it clearly: "No one talks to me to find out what I am going through."

As an 86-year-old woman in Lebanon explained, it was only when people spoke to her and took an interest, did she feel human. "Life has changed a lot since the war started. Now I'm afraid all the time. I don't sleep well. I get headaches and tremors. I used to be able to do everything by myself. I could clean the house, take out the garbage, do some repair work and now I can't. I have to take tablets every day. Everything is expensive, including medicine, but pensions are small. Now I'm older it feels as though I'm a burden and people aren't interested in me. I feel happiest when my children and grandson visit – I feel that I'm a human being."

Given aid agencies' failure to speak to and understand older people, it is not surprising that humanitarian work so often falls short of meeting their needs.

Poor healthcare

Older people we spoke to in Lebanon, South Sudan and Ukraine talked of their need for better healthcare. Older age often results in a decline in health and an increase in chronic disease,^{12, 13} and this was true for those we spoke to.

More than two thirds of respondents had more than one chronic health condition such as diabetes, high blood pressure, joint pain, arthritis, tuberculosis and respiratory problems. Eighty per cent reported poor eyesight and 48 per cent had poor hearing. Just over 30 per cent had a physical disability, 17 per cent were housebound and almost 7 per cent were too sick to leave their bed.

Yet only 28 per cent of people we consulted across all three countries said they visited a health service regularly. In South Sudan, more than half (55 per cent) of those we spoke to had never visited the local health centre, health post, clinic, or hospital.

As a result, it is likely that many conditions go undiagnosed. We know that many older people find it difficult to access humanitarian aid and almost all face the high cost of medical care. A 77-year-old woman from Ukraine said, “I have cancer. I need chemotherapy but I have no money.”

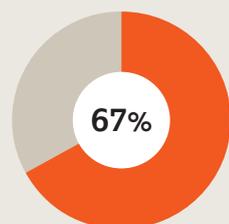
When asked why they do not make use of health services, close to a third of all respondents said they did not go to health facilities regularly because of the cost of care. Twenty per cent said they could not go to health facilities alone or were “too old to look for care”. Ten per cent – mostly in South Sudan – said there was no medication at the health centre.

Denial of treatment can have long-term effects beyond the immediate need for care. As a 2014 study of Syrian refugees living in Jordan and Lebanon pointed out, a lack of appropriate medication can increase the risks of onset or progression of disability¹⁴ due to life-altering complications such as stroke, blindness or amputations.

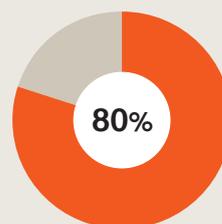
When people are forced to flee their homes, interruption to the treatment and support they were previously receiving for common conditions such as hypertension or diabetes can be debilitating or even fatal.¹⁵

Complex health and care needs

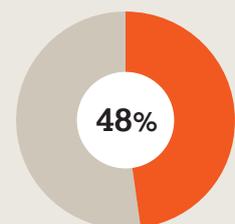
Of the older people we spoke to in Lebanon, South Sudan and Ukraine:



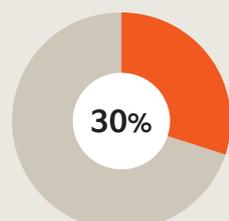
had more than one health condition



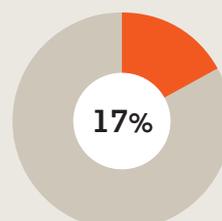
had poor eyesight



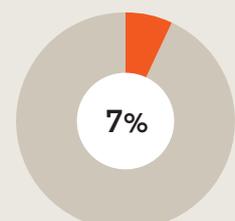
had poor hearing



had a physical disability



were housebound



were too sick to leave their bed



“We’re only able to live because of the blue card from UNHCR”

“A year and a half ago I started going blind in one eye and then the other. Now I’m almost completely blind. I don’t want food; I’d even live in the streets. I just want to be able to see with my eyes.

“I can’t even lift a cup of water. If I stand up now, my knees and ankles feel weak. It’s a struggle for me to go to the bathroom so I have to ask my daughter for help. Once I went to the bathroom alone because my daughter was working and I stood on some glass.

“All the people we’ve met here show us respect but when it comes to jobs they don’t hire us. My husband manages to provide us with 6,000-8,000 Lebanese lira (US\$4-5) per day from selling the cans he collects and my oldest daughter cleans stairs in the neighbourhood to make some money.

“We’re only able to live because of the blue card the UNHCR gave us. We used to receive US\$120 per month but now we get US\$40. It’s barely enough and medical help is impossible.”

Salwa, 60, Lebanon

Alone with no one to turn to

Seeking help is not always easy for older people struggling on their own. One quarter of those we spoke to lived alone; however, 44 per cent said they did not have anyone to help them with daily activities, such as washing or dressing.

Those we spoke to explained how mobility, vision and hearing impairments limited their ability to carry out essential daily activities. Elena, a 75-year-old woman living alone in Ukraine after fleeing her home in Donetsk, said: “My helplessness annoys and frightens me. I often cry and feel down. The pain in my joints keeps me awake and I worry about the future of my family. My husband lives alone in Donetsk. He says that ‘an old tree can’t be transplanted’.”

Conflict or disaster can also separate families members, leaving older people to cope alone without the support network they used to rely on. Being on their own with no one to turn to makes older people even more likely to be neglected.

However, it was not just those who had been displaced who felt alone. Almost half (47 per cent) of those we spoke to in Ukraine remained in their homes when the conflict began, some because they said they could not move, others because they had nowhere to go. A number of those we spoke to reported hiding in their basements, often for long periods to avoid shelling. Others could not move and were unable to reach the relative safety of their basement.

An 83-year-old woman said: “I didn’t leave because there was nobody to take me away. I couldn’t go down to the basement during the shelling. I was lying on the folding bed in the hallway.”

“I did not go out, I sat and trembled,” a 75-year-old woman said.

In the run-up to the World Humanitarian Summit, the UN Secretary-General has emphasised the importance of protection in the face of injury or death. Ban Ki-moon said the “preserving the humanity and dignity of affected people in all circumstances must drive our individual and collective action”.¹⁶ This means protecting all those vulnerable to attack, including those in hard-to-reach areas and older people hidden in their own homes.

The comfort of care

Contrary to common belief, older people are not always cared for by their families or communities. However, when it is available, family support does help improve mental wellbeing too.

Older people told us that spending time with their loved ones or talking to them helped them cope better. For example, 32 people in Lebanon said that being surrounded by their family or knowing that their children were content made them the most happy, while 22 people in Ukraine said that calls and visits from friends and family made them the most happy.

A 65-year-old man from Ukraine said: “After conversation you feel better yourself.”

Overwhelmed by distress

Just as older people are rarely asked what they need or want, they are not often given the opportunity to express how they feel. Understanding how crisis and extreme loss affects psychosocial wellbeing is, of course, crucial if we are to end suffering and preserve dignity. We asked how often they had felt hopeless, depressed and anxious during the previous month.

The levels of depression, anxiety and hopelessness described by so many are deeply concerning and clearly show the impact of conflict, insecurity, poverty, poor healthcare and limited access to essential services on older people's wellbeing.

These findings echo a study of Syrian refugees in 2014, which showed that more than 65 per cent of older refugees in Lebanon and Jordan presented signs of psychological distress – three times more than the general refugee population.¹⁷

In recent years, the humanitarian community has provided much more psychosocial support to affected people following disasters. The UN Secretary-General rightly recognises the impact of gender-based violence on mental health in his report for the summit. However, the mental health of older people, and their access to essential services, remains a blind spot in humanitarian policy and practice, as the testimonies of older people in Lebanon, South Sudan and Ukraine clearly show.

Causes of distress

When asked about the causes of their anxiety and distress, older people overwhelmingly reported poor health, insecurity, loneliness and fear for their families.

A 68-year-old man in South Sudan said: "I used to be a good dancer in my youth. I miss those days but now I can only imagine dancing. Because of my health I'm confined to one place. I just stay in and eat, like a child. I'm always sick and unable to treat myself as there's no medication."

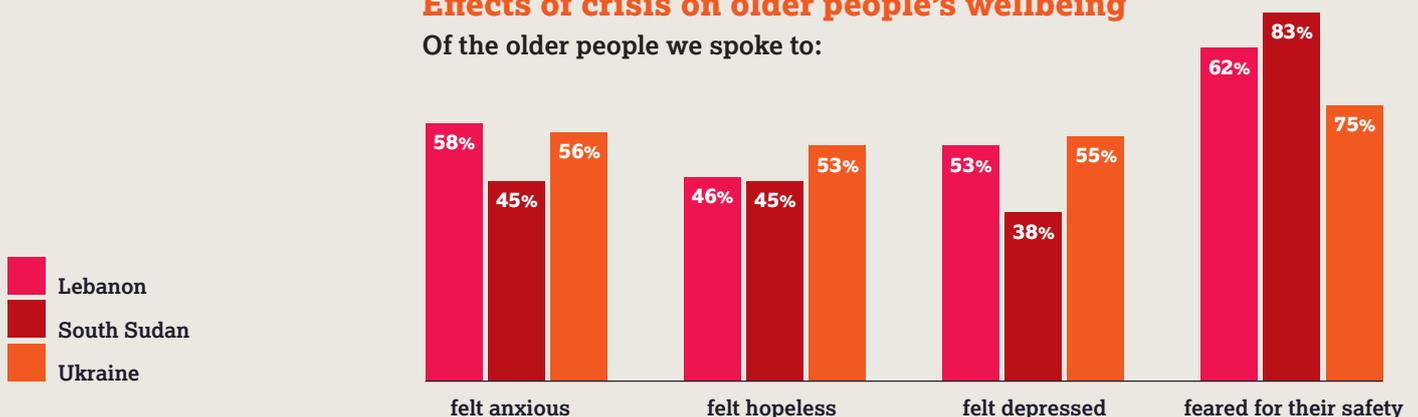
In Lebanon, a 90-year-old man said he felt hopeless because of "not being able to move" and a feeling of "closeness to death". Bedridden, he said he felt anxious due to "malnutrition". He feared for his safety often, and although he lived with his family, he said he did not feel he had anyone to turn to when he needed help.

Similarly, more than half of those we consulted in Ukraine cited poor health as their greatest challenge. An 80-year-old woman said "sickness, old age, war and absence of my son" made her feel hopeless. "I am very acutely aware of my helplessness," she said. A 67-year-old man told us: "When I visit the pharmacy or the shop and see prices I immediately feel hopeless."

In South Sudan, more than a fifth of people interviewed said they feared violence or the threat of attack, and many were deeply affected by the loss of loved ones. A 64-year-old man said he felt depressed all of the time because he had lost all his possessions and "all my immediate relatives in the conflict". He said being in the camp alone made him anxious about his future.

Effects of crisis on older people's wellbeing

Of the older people we spoke to:





Ermishin Oleg/HelpAge International

“I have constant feelings of despair and powerlessness”

“I’ve had to take sedatives for the last two years because of the sound of the explosions at night. I worry that I won’t wake up because of my heart condition or that a bomb will fall on my house.

“My pension isn’t enough for food, let alone medicine. I have high blood pressure, I suffered a heart attack two years ago and my gallbladder was removed a year ago. I was lucky not to pay for the operations but all my savings were spent on the treatment afterwards. I had to borrow money from friends and neighbours and I’m still paying it back. I have a knee condition and can barely walk. My life totally depends on my health.

“I can’t work anymore, even though I want to. I can’t take care of my house and garden and I have constant feelings of despair and powerlessness.

“There used to be a project in the city where volunteers came to help with housework, cooking and to keep me company. Now these projects are closed. Our public services aren’t enough to provide for all the sick and lonely people.

“Humanitarian aid is such a great help. There’s such joy when guests come to see you. I’m grateful to the organisations and people who provide assistance.”

Tatiana, 67, Ukraine



“We had no pension and many people simply starved”

“I was a young person during the Second World War. I never dreamed that I’d be living through yet another war at my age now.

“Humanitarian aid is important for the people here because of the blockade. For nine months, we had no pension and many people simply starved. I don’t know how we would have survived without aid.

“When I was young, I did everything at home myself: repairs, wiring, painting and plastering. With age, it became harder and harder. Now when I visit a shop, I can’t see the goods. I have to ask other people and sometimes they laugh at me. I went to the market and felt as if I’d been ploughing fields all day. Fatigue is increasingly common and that worries me.

“I’ve been singing in the choir with my wife for 12 years. People greet us with warmth because we sing songs – wartime songs and classic songs. That’s why we don’t feel like a burden, people still need us.”

Anatoly, 89, Ukraine

Time for change

Such overwhelming neglect of older people in disasters is not a new trend. Research conducted by HelpAge International in 1999 in Rwanda, Dominican Republic, Bangladesh and Bosnia found that older people thought that if they were properly consulted many of their problems could be addressed.¹⁸

More than 15 years ago, older people said they relied mainly on themselves, neighbours and the wider community following a disaster. Despite the investments in humanitarian reform and all the progress made across the sector to improve humanitarian response, our findings show that older people have not seen significant change. In 1999, almost all of the respondents said that, in general, older people were not cared for and were pushed out of sight. Around one third said that during the emergency they received no help at all¹⁹ – findings that today remain all too familiar.

Today, close to half (44 per cent) of those we spoke to in Ukraine said they felt discriminated against because of their age when trying to access assistance and 43 per cent said they had to wait longer than younger people for assistance. In fact, more than half (55 per cent) said they had been turned away because of their age when seeking assistance.

An 82-year-old woman in Ukraine said: “Older, lonely people need humanitarian aid – it’s the most important thing in our lives. Younger people are too busy to pay attention to us. I want our lives to improve, our children to return and for more attention to be paid to older people.”

While the perceived levels of discrimination were much lower in the other two countries, much was revealed when we asked participants for words of wisdom for their grandchildren:

“Respect your elders because you exist thanks to them.”

“Don’t forget older people, respect old age.”

“Help older people because they cannot help themselves.”

“Listening to older people is a blessing.”

A 70-year-old woman from South Sudan who lives alone said she misses “being my own decision maker.”

Conclusions and recommendations

For decades, the humanitarian community has closed its ears to the demands of older people, and as a consequence it has failed to reach those most in need of support. Despite consistent research showing the impact of the collective neglect, the core principles of humanitarian response – humanity and impartiality – continue to be undermined.

A growing body of evidence indicates the need for change in the way that assistance is delivered to ensure the most vulnerable and marginalised receive the assistance to which they are entitled. The UN Secretary-General has set ambitious goals for the World Humanitarian Summit, calling for “change that inspires global leaders, international organisations and other stakeholders to assume their responsibilities with a greater sense of urgency and determination to deliver better for those who need it the most”.²⁰

By giving voice to 300 of the millions of older people affected by humanitarian crises, we have seen how far the reality is from the vision of change for many older people living in the midst of devastating crises, and therefore how pressing the need for reform is. To ignore these voices would not only mean a failure of ambition and the aims of the World Humanitarian Summit, but also a denial of our shared humanity.

In support of the changes needed to ensure older people are able to access the assistance they need, HelpAge International is calling for the following:

Humanitarian responders should:

- Systematically engage with all affected people, including older women and men, to deliver meaningful participation and ensure that their views are reflected in responses, including assessment, design, delivery and monitoring and evaluation.
- Collect, fully disaggregate, and utilise data for different population groups including older people, in order to provide robust evidence to design, revise and learn from programming that is reflective of, and appropriate for, the people and needs identified.
- Address gaps in the quality of primary healthcare services for those with chronic diseases, ensuring adequate provision of NCD drugs and access to laboratory tests at primary healthcare level.
- Ensure services to address psychological distress are accessible to older men and women, providing outreach counselling and support services for those who are unable to attend health centres.
- Ensure mainstream response activities consider the needs of older men and women providing age-sensitive and physically accessible services. Provide outreach services for isolated people who cannot reach services.

Humanitarian donors should:

- Ensure that funding is commensurate with the scale of needs and is allocated impartially, recognising the needs of different groups including older people.
- Ensure funding is allocated only to funding actions that include an inclusive analysis of needs based on data that is fully disaggregated by sex, age and disability.

All humanitarians should:

- Contribute to developing the understanding and skills of humanitarian actors so they can identify the needs of older people and deliver appropriate assistance.
- Take responsibility for building core understanding among staff of the humanitarian principles and available guidance in support of inclusive programming for marginalised groups including older people. Where appropriate, build specialist skills to address the needs of vulnerable people in crisis.



Samir Boi/HelpAge International

“Living away from home at my age means I can’t be at peace”

“My feet are swollen and I’ve lost my sight. This makes it hard for me to enjoy life. Now I’m too weak to go to the market or visit friends. I can’t even cross the nearby road because there’s too much traffic. It’s become risky for me to go out and about.

“Because of the crisis we live in tents in poor conditions and I worry because where I live is very insecure. Living away from home at my age means I can’t be comfortable and be at peace. All I want is for stability to return to my village so I can go home and be happy.

“I’ve been affected by all the wars here in my lifetime but this one is the worst. It’s been so brutal. Blind, deaf and older people have been killed and even the young aren’t spared. All my children have been killed so now my granddaughter is caring for me. I appreciate the humanitarian aid that’s delivered; it helps even though it’s not enough.”

Mary, 85, South Sudan

Situational overview

HelpAge International interviewed 300 older women and men in the following countries:



Lebanon

Lebanon is caught up in the largest refugee crisis since the Second World War. Lebanon hosts more than one million Syrian refugees registered with UNHCR,²¹ amounting to nearly 17 per cent of the country's population.²² Current UNHCR data, shows 2.7 per cent of the Syrian refugee population residing in Lebanon to be aged 60 and over.²³ Evidence from HelpAge research in Jordan and Lebanon showed that older people were significantly under-represented in the number of registered refugees.²⁴

There are no official refugee camps in Lebanon. This means that refugees who can afford it are living in rented accommodation, while others are living in tents and temporary shelters, often without access to basic services. The dispersal of refugees makes the delivery of humanitarian assistance challenging, reflected in the fact that the percentage of refugee households below the poverty line increased from 50 per cent to 70 per cent between 2014 and 2015.²⁵

Interviews for this study were conducted with Syrian refugees in Beirut, Bakaa Governorate, Mount Lebanon, Batroun, Tyre and Marake.



South Sudan

South Sudan achieved independence from Sudan in 2011, but in 2013 violent clashes erupted between forces loyal to the president, Salva Kiir and opposition leader, Dr Riek Machar. The violence rapidly deteriorated into a full-out conflict leaving the world's newest country in the grips of a fierce civil war.

More than 1.6 million people are now internally displaced and another 640,000 have fled to neighbouring countries.²⁶ Many are living in squalid camps including the ones in the capital, Juba, in which the interviews for this study were undertaken. In 2015, 3.9 million people – nearly one in every three people in South Sudan – are severely food insecure, 1.9 million are in need of shelter while basic services such as clean water and health care have collapsed.²⁷ Data on the number of older people affected is hard to come by, however, population data from UNDESA suggests that 5.1 per cent of the population is aged 60 and over.²⁸

Interviews for this study were conducted with internally displaced older women and men living in camps in Juba.



Ukraine

In February 2014, unrest and conflict erupted in Eastern Ukraine, and the regions of Donetsk and Luhansk declared themselves as independent republics.

The situation in Eastern Ukraine remains volatile and continues to deteriorate. The UN has indicated that there are 3.1 million people in need of assistance, of whom nearly a third are older people.²⁹ In the non-government controlled areas there are 2.7 million people in need, of which 0.6 million are aged 59 and over. Internally displaced people in the government-controlled area amount to nearly 0.2 million, of whom 160,000 are aged 59 and over³⁰ with reduced access to basic services such as healthcare, water and electricity. The conflict, combined with economic migration and displacement of younger people due to fighting, has resulted in older people accounting for a large proportion of the conflict-affected population in the east of the country.

We spoke to people in ten locations in the conflict-affected east of Ukraine: Donetsk, Horlovka, Kramatorsk, Krasnyi Liman, Makeyevka, Slovyansk, Kremennaya, Lisichansk, Severodonetsk and Lugansk.

Endnotes

1. UN General Assembly, *One humanity: shared responsibility: Report of the Secretary-General for the World Humanitarian Summit*, 2 February 2016, A/70/709, www.worldhumanitariansummit.org/whs_sgreport (30 March 2016)
2. UN General Assembly, 2016, www.worldhumanitariansummit.org/whs_sgreport (30 March 2016)
3. International Federation of Red Cross and Red Crescent Societies, www.ifrc.org/who-we-are/vision-and-mission/the-seven-fundamental-principles (14 April 2016)
4. UN Department of Economic and Social Affairs, Population Division, 2015, *World Population Prospects: The 2015 Revision*, DVD Edition
5. UN Department of Economic and Social Affairs, Population Division, 2015, *World Population Prospects: The 2015 Revision*, DVD Edition
6. Wilson N, 'Hurricane Katrina: unequal opportunity disaster', *Public Policy and Aging Report* 16:2, 2006, pp.8-13
7. HelpAge International, *Displacement and older people: the case of the Great East Japan earthquake and tsunami of 2011*, London, HelpAge International, 2013
8. World Humanitarian Summit secretariat, *Restoring Humanity: Synthesis of the Consultation Process for the World Humanitarian Summit*, New York, United Nations, 2015, p.40
9. World Humanitarian Summit secretariat, 2015, p.41
10. World Humanitarian Summit secretariat, 2015, p.41
11. Delgado A, Skinner M and Calvi P, *Disasters and diversity: a study of humanitarian financing for older people and children under five*, London, HelpAge International, 2013
12. Médecins Sans Frontières, 'Loving the older people in times of cholera', 2012, <https://issuu.com/msfuk/docs/pdf> (14 April 2016)
13. World Health Organization, 'Health transition', www.who.int/trade/glossary/story050/en (9 July 2015)
14. HelpAge International and Handicap International, *Hidden victims of the Syrian crisis: disabled, injured and older refugees*, London, HelpAge International and Lyon, Handicap International, 2014, p.32
15. 'Why ageing should be a concern for the World Humanitarian Summit', HelpAge International submission for the World Humanitarian Summit, London, HelpAge International, 2015.
16. UN General Assembly, 2016, www.worldhumanitariansummit.org/whs_sgreport (30 March 2016)
17. HelpAge International and Handicap International, 2014, p.34
18. HelpAge International, *Older people in disasters and humanitarian crises: Guidelines for best practice*, London, HelpAge International, 2000, pp.14-18
19. HelpAge International, 2000, p.14
20. UN General Assembly, 2016, www.worldhumanitariansummit.org/whs_sgreport (30 March 2016)
21. United Nations High Commissioner for Refugees, Syria Regional Refugee Response Interagency Information Sharing Portal, <http://data.unhcr.org/syrianrefugees/country.php?id=122> (25 April 2016)
22. Estimate based on calculations using population data from UNDESA (2015) and UNHCR figures of registered Syrian refugees in Lebanon (25 April 2016)
23. United Nations High Commissioner for Refugees, *Syria Regional Refugee Response Interagency Information Sharing Portal*, <http://data.unhcr.org/syrianrefugees/country.php?id=122> (25 April 2016)
24. HelpAge International and Handicap International, 2014
25. World Food Programme Lebanon, *Situation Report September 2015*, <https://data.unhcr.org/syrianrefugees/download.php?id=9670> (25 April 2016)
26. UN Office for the Coordination of Humanitarian Affairs, 2016 South Sudan Humanitarian Needs Overview, 2016, http://reliefweb.int/sites/reliefweb.int/files/resources/2016_HNO_South%20Sudan.pdf (29 April 2016)
27. UN Office for the Coordination of Humanitarian Affairs, 2016 South Sudan Humanitarian Needs Overview, 2016, http://reliefweb.int/sites/reliefweb.int/files/resources/2016_HNO_South%20Sudan.pdf (29 April 2016)
28. UN Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2015 Revision*, DVD Edition, 2015
29. UN Office for the Coordination of Humanitarian Affairs, *2016 Ukraine Humanitarian Response Plan*, www.humanitarianresponse.info/en/operations/ukraine/document/2016-ukraine-humanitarian-response-plan, p.4 (25 April 2016)
30. UN Office for the Coordination of Humanitarian Affairs, *2016 Ukraine Humanitarian Response Plan*, www.humanitarianresponse.info/en/operations/ukraine/document/2016-ukraine-humanitarian-response-plan, p.36 (25 April 2016)

Take action

Inclusion Charter: five steps to impartial humanitarian response for the most vulnerable

To achieve the World Humanitarian Summit objectives of putting people at the centre of decision making and alleviating the suffering of the 100 million people at risk of being left behind, steps must be taken by all those involved in response, including national governments, NGOs and civil society, UN agencies and Red Cross/Red Crescent Societies to address the neglect of all vulnerable and marginalised groups.

An inclusive approach to the design, implementation, monitoring and funding of assistance is required for relief to respond to vulnerability in all its forms and reach all marginalised people (including children, youth, older people, people with disabilities, ethnic groups and others who are marginalised due to their social status).

The Summit is committed to the principles of humanitarian action. The delivery of inclusive humanitarian action is critical to the fulfilment of the core principles of humanity and impartiality. Such steps will also enable people to move out of crises and on to a path toward the achievement of the 2030 Agenda and make the Summit outcomes consistent with the 2030 Agenda for Sustainable Development and the Sendai Framework for Disaster Risk Reduction, both of which recognise the diversity of affected populations and commit to “leave no-one behind”.

The Inclusion Charter has been developed by leading organisations with a specific mandate to support particular vulnerable groups including children, youth and older people, as well as national and international NGOs and networks that are concerned about ensuring humanitarian assistance reaches the most vulnerable crisis-affected people.

Sign up to the Inclusion Charter:

www.inclusioncharter.org

Find out more about our humanitarian work:

www.helpage.org/what-we-do/emergencies

HelpAge International
PO Box 70156
London WC1A 9GB, UK

Tel +44 (0)20 7278 7778
Fax +44 (0)20 7387 6992

info@helpage.org
www.helpage.org



@HelpAge #ShareHumanity