



# Rapid needs assessment of older people

## North-east Syria

*January 2019*



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

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# Executive summary

Humanitarian needs in north-east Syria remain extremely high. Despite the defeat of ISIS in March 2019, uncertainty in the region remains, particularly close to the Turkish border where tensions exist between Kurds in Syria and Turkish populations. In the three governorates of Al-Hasekeh, Ar-Raqqa, and Deir-ez-Zor, 1.65 million people are in need of humanitarian assistance, with 900,000 considered acutely in need.<sup>1</sup> Of the 11.7 million people estimated as in need of humanitarian assistance in Syria, 4.3% are estimated to be aged 60 or over although this may be low due to lack of available data.

Older people are among those most at risk in humanitarian crises. Humanitarian principles afford everyone the right to safe and dignified access to humanitarian assistance and protection without discrimination and on an equal basis with others. Yet older people are frequently discriminated against and have these rights denied.

In January 2019, our partners, the Syrian Expatriate Medical Association (SEMA) and Al-Ameen, a Syrian emergency relief and rehabilitation organisation, conducted a survey to assess older people's need for assistance. They used a structured questionnaire to interview 614 older returnees, internally displaced people and people living in host communities in ten districts of Al-Hasekeh, Ar-Raqqa, and Deir-ez-Zor (344 women and 270 men). Of the participants, 17% were aged 50-59, 41% aged 60-69, 29% aged 70-79 and 13% aged 80-plus.

The aim of the assessment is to support organisations in north-east Syria to develop programmes that include older people, and to support advocacy for older people's rights to be upheld.

## Key findings

### Living arrangements

Caring is a key aspect of older people's lives. The vast majority of respondents (90%) said they depended on their family or friends to enable them to meet their basic needs. At the same time, three quarters (77%) are caring for others, including children, other older people, or people with disabilities. Of these, 39% are aged 70 or over. Three quarters of older people are depending on others while also caring for people themselves.

Ten per cent of respondents said they were living alone. Older people identified medicine, cash, fuel, water and food as their top five priorities.

### Rising rates of disability

The rate of disability and the likelihood of living with multiple disabilities increases with age. Half the older people surveyed were living with a disability. Their main difficulties were with walking, getting around and seeing.

The rate of disability nearly doubled between those aged 50-69 and those aged over 70, from 36% to 70%. On average, respondents aged 50-59 had at least two types of disability, while those aged 80-plus had three to four types.

More older women than men have disabilities. Twice as many women as men said they had a lot of difficulty walking and moving around their home. More women depended on others for self-care, and more were living with multiple disabilities.

The most commonly used assistive aids are mobility aids and eye glasses. However, over half of older people said the assistive aids they had did not work.

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1. UNOCHA (March 2019) Humanitarian Needs Overview 2019: Syrian Arab Republic

Many older people with disabilities said they had difficulty reaching aid distribution points and health services without support. They had to pay for someone to bring relief items to them, or for transport to services.

Clearly, it is important to consult older women and men with disabilities and their carers to identify the services they need, the barriers they face to accessing services, and how to overcome these.

### **Lack of consultation**

Answers to the question of whether older people had been consulted about services show just how far older people are excluded. On average, 85% per cent of older people and 88% of those with disabilities said they had not been consulted by any other humanitarian agencies. The figures are similar for those living in internally displaced, host and returnee communities. Older women are even more excluded than older men, with only 13% having been consulted, compared with 19% of men.

More than three quarters of older people and almost nine in ten of those with disabilities said they did not know how to make a complaint or provide feedback on humanitarian services.

Consulting older women and men about their needs and preferences, using accessible communication methods, and developing feedback and complaints mechanisms they can use, are critical to developing appropriate responses.

### **Shortage of medicine**

Respondents raised a number of issues with health services. Management of non-communicable diseases is a necessary part of life for the majority of older people. The most common conditions are arthritis (69%), hypertension (58%), heart disease (43%) diabetes (43%) and gastro-intestinal issues (28%).

Overall, medicine was older people's top priority. However, half of respondents said there was no medicine available at health facilities. Fifteen per cent of older people (8% of women and 7% of men) said they had run out of essential medicines. Three quarters of respondents said they had access to health services. However, 86% found services too expensive. One in seven said they experienced negative attitudes towards them from staff at primary healthcare facilities. A third of older women and a quarter of older men said they used traditional medicine.

Involving older people in all aspects of designing and delivering health services, with support from the global health and nutrition clusters, could improve older people's access to healthcare. Health promotion campaigns for older people and awareness-raising for healthcare staff are also needed.

### **Going hungry**

Many older people are not eating enough. Two in five respondents said they went to bed hungry one or two nights a week. More than one in ten are going to bed hungry three to five nights a week.

Overall, 24% of respondents said they did not have enough to eat. One in five said there was not enough food in their rations. Sixty-six per cent face physical barriers to obtaining enough food. 46% cannot afford to buy food, or find there is not enough diversity, or not enough food in the market.

Food distribution methods designed to reach those with reduced mobility, together with cash transfers and fuel vouchers for older people, would improve older people's access to food. Cash grants for traders could help improve the quality of food available at markets.

### **Borrowing money**

Overall, older people ranked cash as their second highest priority after medicine. Lack of income and, consequently, debt is a serious problem for many older people: 77% of older women and 59% of older men said they did not have a sustainable income. This limits their opportunity to use health services and buy food and medicines.

A large majority of older people (85%) said they had had to borrow money to make ends meet. If given cash, 90% of respondents said they could use it, suggesting cash transfers would be an appropriate intervention.

### **Risks to safety**

Conflict and displacement seem to have had a significant impact on the psychosocial resilience of older people in the affected communities. Three-quarters of respondents said they needed support to enable them to cope, while one in seven felt they could not cope at all. More than half felt that denial of resources, opportunities and services posed a major risk to their safety. More than half also said they felt isolated and neglected.

Nearly half of older people with disabilities are relying on their family, friends or volunteers to assist them to access services, and three in five rely on other people to bring items to their home.

Lack of privacy when using bathing toilet facilities was also highlighted. Overall, two-thirds of older people – considerably more men than women – said they lacked privacy when using bathing facilities and toilet facilities.

A range of interventions, including psychosocial support and individual protection assistance, as well as practical measures, such as door locks and better lighting, are needed to protect older people's safety and dignity.

### **Water sources too far**

More than nine in ten respondents said they had good access to bathing, handwashing and toilet facilities. However, only 69% said they had access to safe drinking water. Nearly one quarter said water sources were too far and that they did not have enough safe water to drink.

The problems faced by older people also impact on other members of their households. Older people who cannot reach water points themselves may send children to collect drinking water for them. These children, particularly girls, could be exposed to risk of violence and abuse on their way to and from water points.

Safe drinking water must be made available to older people with reduced mobility and those with dependants.

### **Poor living conditions**

Almost nine in ten respondents said they had their own shelter. However, fewer than half are satisfied with their living conditions. Two-thirds live in shelters in need of repair. Inadequate shelter exposes older people to the risk of theft and violence, particularly those living alone.

Repairing shelters is a problem for many older people. One in five respondents said they needed physical assistance to rehabilitate their shelter. More than one in eight said they did not have enough building materials or tools, and one in ten said they could not afford to purchase shelter materials.

Older people's shelters should be evaluated and adapted to enable them to live safely and with dignity. Distribution of cash transfers and vouchers for tools and materials to older people would enable them to rehabilitate their shelters.

# Recommendations

In light of humanitarian principles and the findings of the assessment, we call on humanitarians across all sectors to provide assistance that is accountable to older people, is tailored to their needs and upholds their rights. We recommend the following:

1. Collect and analyse data disaggregated by sex, age and disability.
2. Design feedback and complaints mechanisms that can be used by older people, including those with disabilities.
3. Involve older women and men, including those with disabilities, in assessments and training. Develop their leadership abilities.
4. Provide opportunities for older people to take on roles in the community.
5. Use outreach to identify and register older people and their dependants for assistance, and to distribute food and services to those with reduced mobility.
6. Use accessible formats to provide information to older people on how to access services.
7. Engage with relevant UN clusters, government and inter-agency coordination mechanisms at all levels.
8. Use the Humanitarian Inclusion Standards for older people and people with disabilities<sup>2</sup> to ensure all sectors respond in a way that is fully inclusive of older people.
9. Train staff and partners to promote the safety and dignity of older people.

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2. <http://www.helpage.org/download/5a7ad49b81cf8>



# Introduction

## Older people's right to humanitarian assistance

HelpAge International's vision is of a world where older women and men lead active, dignified, healthy and secure lives. This applies to all older people, including those affected by humanitarian emergencies. The four principles of humanitarian action – humanity, neutrality, impartiality and operational independence – afford everyone the right to safe and dignified access to humanitarian assistance and protection without discrimination and on an equal basis with others. Everyone responding to a humanitarian crisis has a responsibility to ensure that all those affected, including older people, have these rights upheld.

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

## Rapid needs assessment of older people

The aim of this rapid needs assessment is to support organisations in north-east Syria to develop programmes that include older people. The report also supports advocacy for the rights of older people, whether internally displaced, returning home, or living in host communities, to be upheld. The report contains key findings of the assessment, together with observations and analysis by HelpAge International's humanitarian team and advisers.

The assessment was conducted in January 2019 by the Syrian Expatriate Medical Association (SEMA) and Al-Ameen, a Syrian emergency relief and rehabilitation organisation, with support from HelpAge International. We welcome comments, questions and dialogue based on this report. We can also offer technical support and guidance to support inclusive responses.





## Methodology

We used a purposive sampling approach to survey women and men aged 50 and over. We considered applying gender and age quotas but decided not to do this, as they might contradict the purposive sampling approach. In addition, to increase the diversity of the sample, we asked participants to recommend other people aged 50 and over who might be difficult to reach.

To allow for a 95% confidence level, we determined a minimum sample size of 380, using a statistical sample size calculator.<sup>3</sup> A total of 614 older people participated in the assessment exceeding the minimum sample size to allow for smaller cohorts, for example, women aged over 80 with dependants. The participants included 344 women (56%) and 270 men (44%).

We interviewed older people from the returnee population (30%), internally displaced population (18%) and host communities (52%) in ten districts of three governorates Al-Hasekeh, Ar-Raqqa, and Deir-ez-Zor<sup>4</sup> (see Table 1).

**Table 1: Number of older people interviewed by governorate and district**

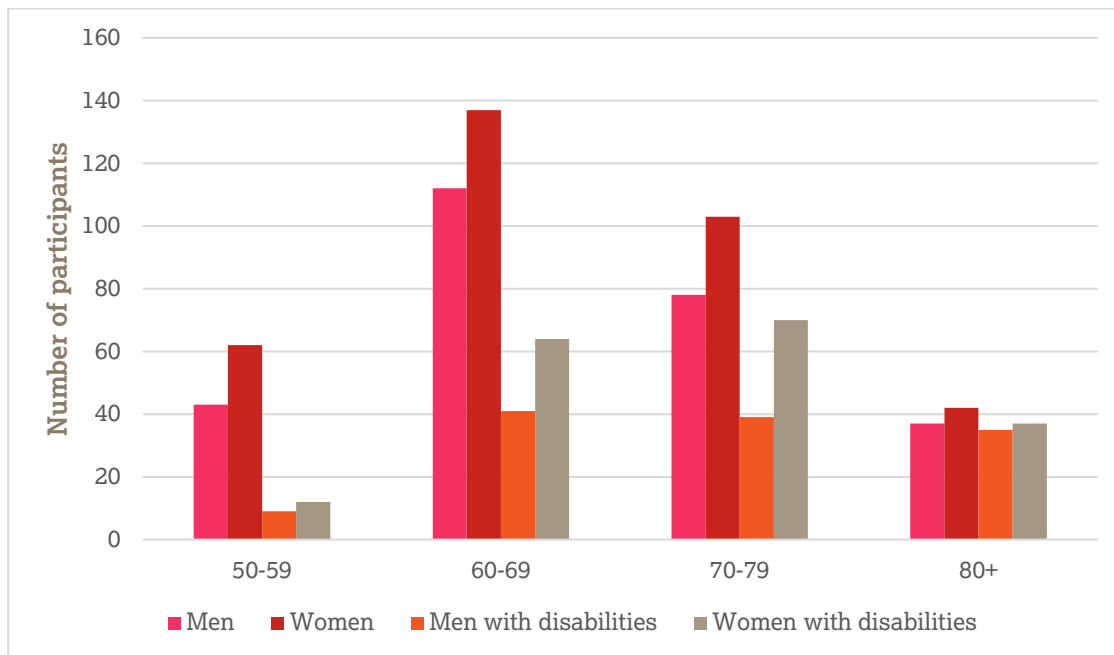
Governorate	District	Number of interviewees
Al-Hasekeh	Al-Hasekeh	39
	Al-Malikeyyeh	19
	Quamishli	89
	Ras Al Ain	61
Ar-Raqqa	Ar-Raqqa	88
	Ath-Thawrah	60
	Tell Abiad	52
Deir-ez-Zor	Abu Kamal	14
	Al Mayadin	28
	Deir-ez-Zor	164

A breakdown of participants by age, sex and disability is given in Figure 1.

3. Raosoft sample size calculator: [www.raosoft.com/samplesize.html](http://www.raosoft.com/samplesize.html)

4. Districts: Al-Hasakeh, Al-Hasakah Al-Malikeyyeh, Quamishli, Qamishli Ras Al Ain Ras Al-Ain, Ar-Raqqa, Ath-Thawrah Ath Thawrah, Tell Abiad, Tell Abyad Abu Kamal. Al Mayadin, Mayadin Deir-ez-Zor Deir ez-Zur

**Figure 1: Breakdown of participants by age, sex and disability**



### Humanitarian context

As part of the Syrian conflict that started in 2011, the so called Islamic State of Iraq and the Levant (ISIS) was formed out of other militant Islamic movements and began seizing territory. By 2014, the group was occupying 88,000 square kilometres of land in north-west Syria and northern Iraq.<sup>5</sup> People living in these areas were subjected to the group’s interpretation of Islam, which involved repressing women and minority groups. While an international coalition of forces pushed ISIS out of their stronghold of Mosul in Iraq, mainly Syrian Kurdish forces were driving the group out of north-west Syria.

In the resulting conflict, hundreds of thousands of people were cut off from humanitarian services and displaced from their homes, with the number of civilian casualties impossible to estimate. Despite the defeat of ISIS, uncertainty in the region remains, particularly close to the Turkish border where tensions exist between Kurds in Syria and sections of the Turkish population. Turkey has threatened to intervene militarily – a threat exacerbated by the decision in December 2018 of President Trump to withdraw US troops from Syria, which are seen as a buffer against a Turkish incursion.

Humanitarian needs remain extremely high. The three governorates included in this rapid needs assessment have a total of 1.65 million people in need of humanitarian assistance, with 900,000 people considered acutely in need of humanitarian assistance.<sup>6</sup> Furthermore, given that ISIS has now lost control of much of north-west Syria, people displaced by the conflict have been returning to their home areas. Between January and August 2018, Deir Az Zor and Ar-Raqqa governorates experienced high levels of returns, with 295,000 returnees in Deir Az Zor alone.<sup>7</sup> Basic services remain highly disrupted, with infrastructure now destroyed or unstaffed due to lack of qualified workers.

5. 'IS "caliphate" defeated but jihadist group remains a threat', BBC, 23 March 2019, [www.bbc.co.uk/news/world-middle-east-45547595](http://www.bbc.co.uk/news/world-middle-east-45547595) (27 June 2019)

6. UNOCHA (March 2019) Humanitarian Needs Overview 2019: Syrian Arab Republic

7. UNOCHA (March 2019) Humanitarian Needs Overview 2019: Syrian Arab Republic

# Key findings

## A diverse older population

It is critical to recognise the diverse situation of older people affected by the conflict and the specific risks they face. These include risks related to gender and disability, and also the additional challenges that older people living alone, or caring for others, may face.

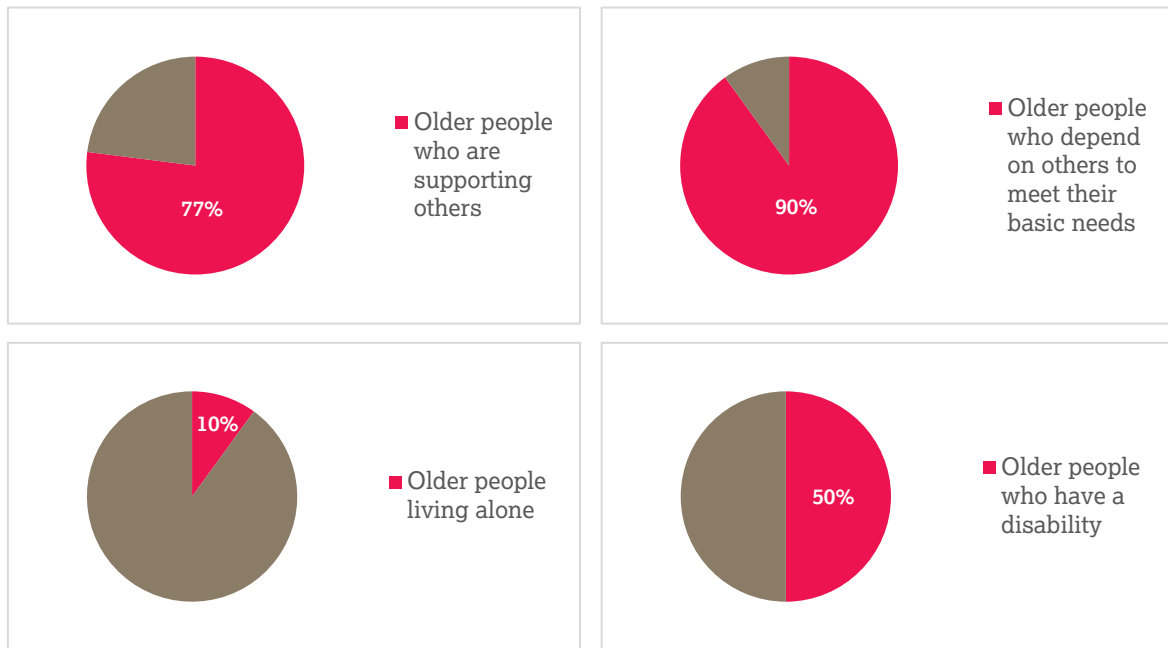
Three quarters of older people (77%) who took part in the survey said they were supporting other people. Of these, over half (51%) were supporting children, 62% were supporting other older people, and 25% were supporting people with a disability. Many of these older carers (39%) were over 70 years of age.

A striking 90% of older people said they depended on their family or friends to enable them to meet their basic needs. At the same time, 77% of those who were dependent on other people were themselves caring for others (69% of women and 88% of men).

Fifty per cent of older people surveyed were living with a disability (46% of women and 53% of men). Ten per cent of older people surveyed were living alone. Of these, 59% reported a disability. The situation of older people is shown in Figure 2.



**Figure 2: Situation of older people in north-east Syria**



## Older people’s priorities

We asked older people to choose their top priorities from safety, medicine, water, shelter, cash, food, hygiene items, clothing, household items, bedding and fuel. Overall, their top five priorities were medicine, cash, fuel, water and food, with a slight difference in the order of their top two priorities, and older men, prioritising safety over food (see Table 2).

**Table 2: Older people’s top five priorities**

	Older people’s priorities	Older women’s priorities	Older men’s priorities
1.	Medicine	Medicine	Cash
2.	Cash	Cash	Medicine
3.	Fuel	Fuel	Fuel
4.	Water	Water	Water
5.	Food	Food	Safety

## Key findings by sector

### Disability inclusion

- Half of older people surveyed have some type of disability.
- The most common types of disability are difficulties with walking (74%), difficulty leaving the home or shelter (47%) and seeing (43%).
- Rates of disability increase significantly with age, as do the number of disabilities older people are living with.
- Twice as many older women as men report a lot of difficulty walking and difficulties leaving their home. More older women than men depend on others for self-care. More older women than men are living with multiple disabilities.
- The most commonly used assistive aids are mobility aids (51%), including crutches, walking sticks, walking frames and wheelchairs, and eye glasses (28%). A smaller percentage of older people use toilet chairs and hearing aids to help them maintain their independence. Over half of older people say the assistive aids they have do not work.
- Many older people with disabilities have difficulty reaching aid distribution points and health services without support. Over 40% of older people with disabilities either pay for someone to bring relief items to them (20%) or pay for transport to services (20%).

### Accountability

- The majority of older women and men in internally displaced, host and returnee communities (87%, 85%, 83% respectively) have not been consulted by other humanitarian agencies. Older women are even more excluded than older men, with only 13% having been consulted, compared with 19% of older men.
- More than three quarters of older people surveyed do not know how to make a complaint or provide feedback on humanitarian services. This applies to nearly twice as many older women as men, and particularly in internally displaced communities.
- Eighty-eight per cent of older people with disabilities have not been consulted by any other humanitarian agencies. 89% do not know how to complain or give feedback about the humanitarian assistance provided to them. This heightens their risk of being excluded from the humanitarian response.

### Health

- Older people rank medicine as their first priority.
- Three quarters of older people have access to health services. However, 86% find services too expensive and half say there is no medicine available at health facilities. A third of older women and a quarter of older men use traditional medicine.
- Fifteen per cent said they had run out of essential medicines.
- Management of non-communicable diseases is a necessary part of life for many older people. Older people often have more than one chronic condition. The most common conditions are arthritis (69%), hypertension (58%), heart disease (43%) diabetes (43%) and gastro-intestinal issues (28%). However, nine out of ten older people with hypertension say medicines are too expensive. A third of older people with hypertension have no access to healthcare services.
- Fourteen per cent of older people experience negative attitudes towards them from staff at primary healthcare centres.

## Food security

- A quarter of older people do not have enough to eat.
- One in five say there is not enough food in their rations. Furthermore, 72% of older women and 60% of older men face physical barriers to obtaining enough food.
- Forty-eight per cent of older women and 44% of older men cannot afford to buy food, or find there is not enough diversity, or not enough food in the market.
- Forty-two per cent of older people are going to bed hungry one or two nights a week and 11% three to five nights a week.

## Income and debt

- Older people rank cash as their second highest priority after medicine. Three-quarters of older women and 59% of older men currently do not have a sustainable income. This poses a significant threat to their food security and their ability to use health services and purchase medicines.
- Eighty-five per cent of older people (81% of women and 89% of men) have recently borrowed money.
- If given cash, 90% of older people (91% of women and 89% of men) say they could use it, as they have access to markets. This means cash transfers would be an appropriate intervention.

## Protection

- Seventy-four per cent of older people require additional support to cope, while 15% feel they cannot cope at all.
- Half of older people perceive denial of resources, opportunities and services as a major safety risk. Lack of access to services is a key protection risk for older people with disabilities: 47% rely on their family, friends or volunteers to assist them to access services, and 60% rely on others to bring items to their home.
- Half of older women and men report isolation and neglect as major risks facing older people.
- 65% of older people (49% of women and 84% of men) lack privacy when using bathing facilities, and 68% (53% of women and 87% of men) lack privacy when using toilet facilities.

## Water, sanitation and hygiene

- Most older people have good access to bathing (91%), handwashing (94%) and toilet (95%) facilities. There is very little gender disparity in terms of access to these facilities.
- Only 69% of older people have access to safe drinking water. Twenty-four per cent say water sources are too far and they did not have enough safe drinking water.
- 65% of older people lack privacy when using bathing facilities and 68% when using toilet facilities. The figures are considerably higher for older men:
- 49% of older women lack of privacy when using bathing facilities, compared with 84% of men, and 53% of older women lack privacy when using toilet facilities, compared with 87% of men.



## Shelter

- Eighty-nine per cent of older people have their own shelter (87% women, 91% men). However, only 45% are satisfied with their living conditions (40% women, 52% men).
- Sixty-seven per cent of older people live in shelters in need of repair and rehabilitation. Inadequate shelter exposes older people to the risk of theft and violence, particularly for the 10% of those living alone.
- Twenty-one per cent of older people (26% women, 15% men) need physical assistance to rehabilitate their shelter.
- Thirteen per cent of older people do not have enough building materials or tools, and 10% cannot afford to purchase shelter materials.

## Recommendations for an inclusive response

Assistance should be people-centred to ensure the rights, interests and protection of older people.

All humanitarians must:

1. Provide assistance that is accountable to older people and is tailored to their needs and upholds their rights.
2. Collect and analyse data disaggregated by sex, age and disability to develop appropriate responses.
3. Design feedback and complaints mechanisms that can be understood and accessed by older people, including those with disabilities.
4. Strengthen the capacities and leadership of older people themselves, including those with disabilities. Involve them in assessments, training and focus group discussions. Provide opportunities for them to take on roles in the community, such as volunteer health workers and to plan, design, implement and monitor response activities.
5. Use outreach to identify and register older people for assistance, distribute food and other items to those who cannot reach collection centres, provide health services and referrals.
6. Make sure that outreach support services also register dependants of older people, including children, people with disabilities and other older people.
7. Share information on access to services in accessible formats, taking into account the hearing, visual, literacy, language or other communication barriers older people may face.
8. Engage with relevant UN clusters, government and inter-agency coordination mechanisms at local, country and global levels.
9. Use the Humanitarian Inclusion Standards for older people and people with disabilities<sup>8</sup> to ensure all sectors respond in a way that is fully inclusive of older people.
10. Train staff and partners to promote the safety and dignity of older people, including those with disabilities, and to prevent discrimination against them.

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8. <http://www.helpage.org/download/5a7ad49b81cf8>

# Sector-specific findings and recommendations

## 1. Disability inclusion

Half the older people we interviewed (50%) reported a disability (46% of women and 53% of men). The rate of disability increased significantly with age. Thirty-six per cent of those aged 50-69, reported a disability (38% of women and 32% of men). However, almost twice as many of those aged over 70 (70%) reported a disability (73% of women and 64% of men).

The percentage of people over 70 saying they had difficulty with self-care was also almost double that of those aged 50-69 (47% of those aged over 70 compared with 24% of those aged 50-69). Significantly more women over 70 than women aged 50-69 reported a lot of difficulty remembering or concentrating (37% compared with 9%). There was also a significant increase among men over 70 (15%) compared to those aged 50-69 (8%).

Many older people had more than one disability. On average, each person we interviewed had two to three types of disability. Those aged 50-59, had, on average, at least two types of disability. The number increased with age and those aged 80-plus had an average of three to four types of disability (three to four for women and three for men). A breakdown of disability types is given in Table 3.

**Table 3: Types of disability reported by older people with disabilities**

Disability type	Older people	Older women	Older men
Leaving the home	47%	53%	39%
Sight	43%	46%	39%
Walking or climbing stairs	74%	80%	66%
Communication	11%	13%	9%
Self-care	41%	43%	38%
Remembering or concentrating	25%	25%	24%
Hearing	30%	28%	33%

Living with multiple disabilities makes it difficult for a person to manage day-to-day without a strong care and support structure in place. These findings are important for designing programmes that respond to factors contributing to disability in older age, such as unmanaged non-communicable diseases.

There were some significant gender differences in terms of the activities older people said they had a lot of difficulty with. More older women (53%) than men (39%) reported a lot of difficulty walking and leaving their home. In addition, more women (43%) than men (38%) said they had a lot of difficulty with self-care, and depend on others for assistance reaching aid (54% of women and 38% of men). These findings are important for designing interventions to be more gender, disability and age sensitive and protect older people, as dependency and isolation may increase the risk of abuse and neglect.

The most commonly used assistive devices were mobility aids (51%), including crutches, walking sticks, walking frames and wheelchairs, and eye glasses (28%). A smaller proportion of older people said they used toilet chairs (8%) and hearing aids (4%).

## Measuring disability

We used the Washington Group short set of six questions<sup>9</sup>, plus a question about whether older people could leave their home or shelter, to find out if respondents had difficulty in performing certain activities. If someone answers "yes, a lot of difficulty" or "cannot do at all" to at least one question, they are considered to have a disability. We used disability, 10-year age cohorts (50-59, 60-69, 70-79 and 80+) and sex to analyse the data and show the changing situations of older men and women as they age.

Over 40% of older people with disabilities said they either paid for someone to bring relief items to them (24% of men and 17% of women), or for transport to services (20% of men and 19% of women). Fifty-nine per cent of older people who live alone reported having a disability.

## Recommendations

1. Consult older women and men with disabilities and their carers to identify the services they need, the barriers they face to accessing services, and how to overcome these.
2. Identify sources of assistive devices, such as prostheses and wheelchairs, (both commercial and from primary or secondary healthcare facilities) and staff who can assess, train and support older people and their families on how to use their assistive devices.
3. Set up home-based care and rehabilitation services with qualified staff to support the high proportion of older people with multiple disabilities.
4. Provide home-based care for those with reduced mobility or chronic diseases who cannot reach services.
5. Strengthen support networks of older people living in host communities, internally displaced communities and returnee communities, and support their caregivers.
6. During accessibility audits, make sure that assistive aids are being used appropriately, both in people's homes and in public places.
7. Include early rehabilitation services as part of local and secondary healthcare services. Use outreach to support older people with complex needs.
8. Strengthen local health systems to meet the needs of older people living in the host, internally displaced and returnee communities.

## 2. Accountability

Overall, 85% of older people (88% of women and 81% of men) said they had not been consulted by any other humanitarian agencies about the services provided to them. The percentages were similar for older people in host communities (85%), returnees (83%) and internally displaced people (87%). This shows just how far older people are excluded, regardless of their status or location. Women, especially, are excluded. Only 13% of older women said they had been consulted, compared with 19% of men. Failure to consult older people can result in humanitarian programmes being developed that are inappropriate for them.

The majority of older people (86%) said they did not know how to give feedback or make a complaint about services. The gender disparity is striking. Only 10% of women knew how to provide feedback, compared with 19% of men. Slightly more older people in returnee

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9. [www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions](http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions)

communities (16%) knew how to provide feedback or make a complaint than in those in host communities (13%) or returnee communities (9%).

The rate of exclusion was highest among older people with disabilities: 88% said they had not been consulted by any other humanitarian agencies. Eighty-nine per cent said they did not know how to give feedback or make a complaint.

## Recommendations

1. Use accessible communication methods to consult older women and men, including those with disabilities, about their needs and preferences, gaps in services and whether services are safe and accessible.
2. Analyse and use feedback from older women and men, particularly those with disabilities, on a regular basis to support adaptive programming and redesign interventions that are found to be inaccessible or inappropriate for older people.
3. Prioritise community-based feedback and complaints mechanisms that use a variety of accessible communications methods to enable older people with disabilities to use them.
4. Consult older people to design a mechanism that enables them to provide feedback and complaints about both sensitive issues (such as misconduct) and less sensitive issues (such as selection criteria), and enables them to receive a response.
5. Put in place procedures for recording, tracking and following up feedback and complaints, and train staff to use them.
6. Run an awareness-raising campaign with older people about the feedback and complaints mechanism, giving them the opportunity to ask questions about it.

## 3. Health

A large majority of older people in north-east Syria cannot afford medicine or treatment, giving cause for serious concern. Eighty-six per cent of older people (89% of women and 84% of men) said health services are too expensive. At the same time, nearly four fifths (79%) identified medicine as one of their top five priorities and 49% identified cash, which they could use to pay for treatment.

Shortage of medicine was also a major concern. Nearly half (48%) of older people (53% of women and 42% of men) said that no medicines were available at health facilities. Fifteen per cent (8% of women and 7% of men) said they had run out of essential medicines.

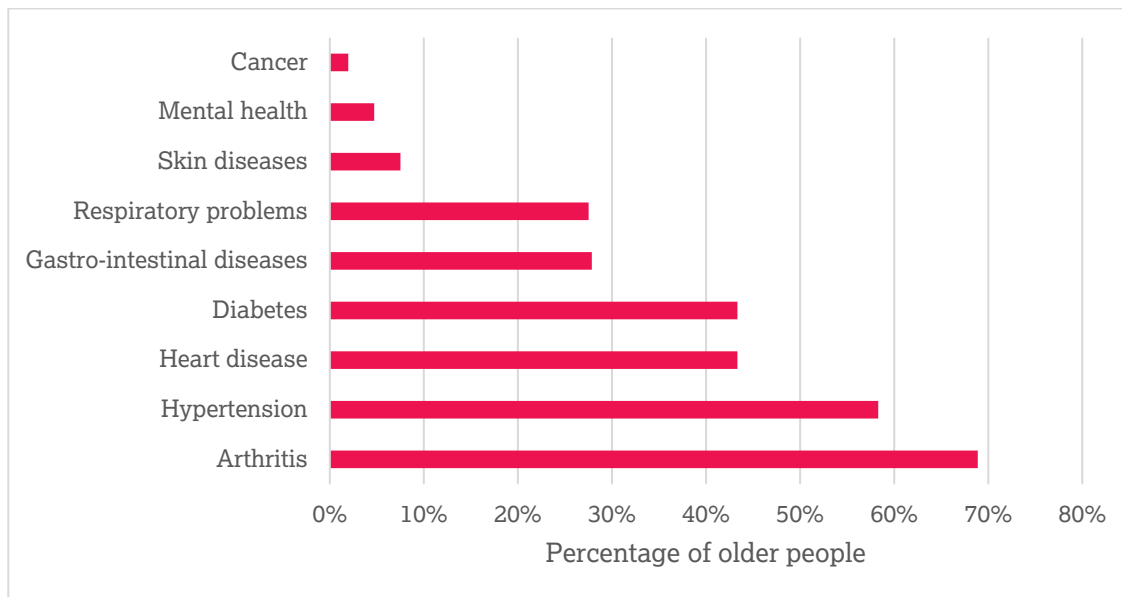
The most common conditions reported by older people were arthritis (69%), hypertension (58%), heart disease (43%) diabetes (43%) and gastro-intestinal issues (28%). The top nine conditions are shown in Figure 3. Considerably more older women than men had hypertension – 66% compared with 49% of men.

Overall, 69% of older people (73% of women and 64% of men) said they had arthritis. Of these, however, 53% (52% of women and 46% of men) said the assistive aids they had did not work.

Many older people with multiple chronic conditions were caring for others. For instance, 81% of those with arthritis also had difficulty seeing, and yet were looking after two or more dependants. Difficulties accessing healthcare can have a serious impact not only on an older person's own wellbeing but also that of their dependants.

The combination of hypertension and diabetes can be lethal, and together they increase the risk of a heart attack, stroke, kidney disease and blindness. Getting treated for hypertension and diabetes can be particularly difficult during humanitarian crises such as the one underway in Syria.

**Figure 3: Top nine diseases reported by older people in Al-Hasehek, Ar-Raqqa and Deir-ez-Zor**



During Syria's conflict, health facilities' supply chains have often broken down, creating shortages of necessary medicines, supplies, and equipment. The findings indicate that there is a shortage of medicine in north-east Syria and the supply is being poorly managed, negatively affecting older people. Further assessments are needed to understand the problem and identify solutions.

More than a quarter (28%) of older people (31% of women and 24% of men) said they used traditional medicine, a common consequence of high treatment costs. This points to the need for a strong health promotion campaign to encourage older people to use evidence-based treatment. Affordability of treatment is likely to be a particular concern for those who are house bound and those with disabilities.

Regular feedback from older people, awareness-raising by older people themselves, and training on older people's health among health staff and community volunteers is needed to ensure older people's health needs are met and address negative attitudes. Fourteen per cent of older people surveyed said that healthcare providers had a negative attitude towards them.

Only a small proportion of older people (5%) said they had mental health problems. However, because of the stigma attached to mental health issues, the real figure is likely to be higher.

Older people should be empowered to participate in consultations, and never left out of assessments and monitoring activities. Without their involvement, it is difficult to understand their health needs, capacities and risks.

## Recommendations

1. Involve older people in all aspects of designing and delivering health services, ensuring leadership on this from the global health cluster.
2. Recruit community health workers to support older people living alone and depending on family members or friends to meet their basic needs or reach health services.

3. Provide cash or healthcare vouchers for 12-24 months to older people, together with outreach and home-based care services for those with disabilities.
4. Run a health promotion campaign to encourage older people to use evidence-based treatment, involving volunteers who are familiar with local culture and traditions.
5. Set up group discussions with older people to raise their awareness about health issues. Train health staff and communities on healthcare for older people.
6. Map health facilities providing specialised services that older people with complex medical conditions can be referred to. Conduct awareness-raising sessions with health staff and community members on the health risks faced by older people that may be overlooked, such as non-communicable diseases and malnutrition.
7. Recruit and train a psychosocial support team to help older people cope. The team should offer community-based and peer-to-peer support, as well as referrals to other psychosocial support providers. They should coordinate with the protection team, who will only provide psychosocial first aid.
8. Set up a data entry system to register and follow-up treatment. Ensure data is protected and broken down by gender, age and disability.

## 4. Food security

Older people in north-east Syria face deteriorating food security. Although they can generally obtain food safely, many cannot obtain enough food, or food that is appropriate.

Twenty-four per cent of older people (25% of women and 23% of men) said they did not have enough to eat. Forty-six per cent (48% of women and 46% of men) said that they could not afford to buy enough food. Twenty per cent said there was not enough food in their rations (18% of women and 21% of men). Sixty-six per cent (72% of older women and 60% of older men) said they faced physical barriers to obtaining food. Nearly half of older women (48%) and 44% of older men said they could not afford to buy food, or there was not enough diversity, or not enough food in the market.

On average, older people said they ate two to three meals per day. This may sound adequate; however, a significant percentage are going to bed hungry at night. Forty-two per cent of older people (43% of women and 40% of men) said they went to bed hungry one or two nights a week. Eleven per cent said they went to bed hungry three to five nights a week (13% of women and 10% of men).

A high proportion of older people, particularly older men, are caring for others. Three-quarters (77%) of those surveyed said they were supporting dependants. More men (88%) than women (69%) said they had dependants. Responsibility for others can place an immense strain on older people trying to feed not only themselves but also their families.

The fact that older people included fuel and water, in their top five priorities suggests they are in urgent need of these to prepare food.



## Recommendations

1. Improve older people's access to fuel and water.
2. Consider using alternative food distribution methods, such as porters, door-to-door distributions and proxies for older people with reduced mobility.
3. Use cash transfers (one-off or short-term) to reduce or remove older people's debts and to improve their access to food, particularly for those over 70 and those with three or more dependants.
4. Distribute fuel vouchers to older women, older people who are living alone, older people with reduced mobility and older people who are supporting one or more dependants to enable them to cook meals and warm their homes.
5. Give traders small cash grants or loans to help improve the amount and quality of food available at markets. Also distribute cash to older people struggling to pay for food.
6. Assess markets frequented by older people to find out what foods they need are not being supplied.

## 5. Income and debt

Lack of income is a significant problem for older people in north-east Syria. Sixty-nine percent of older people (77% of women and 59% of men) said they currently did not have a sustainable income. They had to borrow to make ends meet. The majority (85%) (81% of women and 89% of men) said they had recently borrowed money. As long as limited availability of food pushes up prices and older people continue to lack a sustainable income, older people will have to continue borrowing money. This is a particular concern for those in older age groups who have higher levels of disability and are likely to have reduced opportunities to make an income.

Not surprisingly, overall, older people ranked cash as their second highest priority after medicine. Ninety per cent of older people (91% of women and 89% of men) told us that, if given cash, they could use it. This suggests that cash interventions, integrating protection interventions, in line with international standards, to monitor and mitigate any risks associated with taking money to markets and keeping money at home, would be appropriate.

## Recommendations

1. Research the growing debt burden of older people, paying particular attention to those aged over 70.
2. Provide long-term cash transfers (up to 24 months) for older people with no sustainable income who are living alone or supporting dependants.

## 6. Protection

### Safe access to services

The majority of older people said they felt safe using services such as healthcare, food, shelter, and water and sanitation facilities. However, a significant minority said they felt unsafe. The rate of women feeling unsafe was two to three times higher than that of men.

Among older women:

- 32% felt unsafe accessing bathing facilities
- 37% felt unsafe in their shelter

- 27% felt unsafe using handwashing facilities
- 28% felt unsafe obtaining food
- 29% felt unsafe accessing toilet facilities
- 35% felt unsafe accessing drinking water
- 31% felt unsafe accessing healthcare.

Older men felt safer accessing basic services than older women, but also face significant risks. Among older men:

- 14% felt unsafe accessing bathing facilities
- 19% felt unsafe in their shelter
- 8% felt unsafe using handwashing facilities
- 8% felt unsafe obtaining food
- 9% felt unsafe accessing the toilet facilities
- 18% felt unsafe accessing drinking water
- 12% felt unsafe accessing healthcare.

### Perceptions of safety and risk

The responses we received showed that older people had significant concerns about safety, and that older women and men broadly agreed on the most significant risks: denial of resources, opportunities and services; neglect and isolation; financial abuse; no safe space in the community; and harmful traditional practices (see Table 4).

However, some risks were identified by more older women than men as being major risks for older women: 62% of older women identified denial of resources, opportunities and services as a major risk facing older women, compared with 51% of men; and 10% of older women identified armed violence as a major risk for older women, compared with 5% of men.

**Table 4: Top five safety risks perceived by older people**

<b>Safety risk</b>	<b>Older people identifying this as a major risk for older women</b>	<b>Older people identifying this as a major risk for older men</b>
Denial of resources, opportunities or services	57%	55%
Neglect and isolation	54%	51%
Financial abuse	25%	37%
No safe space in the community	16%	16%
Harmful traditional practices	22%	15%

### Coping capacity

Conflict and displacement seem to have had a significant impact on the psychosocial resilience of older people in the affected communities, slightly more so for older women than men. Some 74% of older people (77% of women and 70% of men) said they needed additional support to cope, while 15% (17% of women and 15% of men) felt they could not cope at all.

Older people's sense of being unable to cope is likely to be worsened by their perception that there is a lack of safe spaces for them, as well as their feelings of isolation and neglect. This sense is likely to be exacerbated by an inability to safely access services to meet the most basic needs, with over half of older people perceiving they are being denied such services.

This requires urgent attention, both in terms of ensuring access to essential services and to psychosocial support.

Among older women:

- 6% felt they could cope without any support at all
- 77% felt they could cope with additional support
- 17% felt they could not cope at all.

Among older men:

- 15% felt they could cope without any support at all
- 70% felt they could cope with additional support
- 15% felt they could not cope at all.

### **Protection risks for dependants**

Half of all older people surveyed (51%) said they cared for children. This includes two-thirds (64%) of older men caring for an average of two to three children each.

At the same time, a striking 90% of older people told us that they depended on their family or friends to help them meet their basic needs (94% of women and 85% of men). Being dependent on others could put older people at risk of abuse and neglect.

Children in the care of older people who are themselves relying on others for support may also be at risk. For example, children may be sent to collect drinking water. This may expose them to risk of violence and abuse, particularly girls on their way to and from water points.

## **Recommendations**

1. Conduct safety audits within camps and host communities to identify protection concerns for older men and women.
2. Undertake a service mapping exercise for community members at risk of exclusion to ensure equitable access to services for all. Remove physical communication, environmental and attitudinal barriers to ensure older people can access services.
3. Provide outreach and home-based care to older women and men at risk of being isolated and neglected as part of protection interventions.
4. Provide psychosocial support to older people feeling isolated and neglected as part of community integration interventions.
5. Arrange home-based care and intergenerational activities for families living in households headed by older people.
6. Establish or strengthen the referral of older people to other service providers to ensure equitable access to services.
7. Encourage gender-based violence services to take into account the many barriers older survivors may have to reporting violence and abuse and receiving support. Services may include outreach, mobile safe spaces and dedicated case management for older survivors still at risk.

8. Provide Individual Protection Assistance to older people who feel unsafe. For example, hygiene and dignity kits, plastic sheeting, lights or torches, and water storage containers.
9. Establish camp or settlement monitors to regularly visit older people at risk of isolation and to support those who need help to access services.
10. Provide adequate lighting, accessible walkways and door locks in bathing facilities and distribute whistles to older people to help protect their safety and dignity.
11. Establish protection reporting mechanisms for older people at risk of being abused, coerced or exploited.
12. Analyse intergenerational needs and design response strategies to address the needs of children dependent on older men and women for care and establish and/or strengthen referral links to relevant service providers.
13. Make sure older people receive information about how to replace lost ID or other documents or obtain specialised healthcare or psychological support.
14. Establish a community volunteer network or peer support groups for older people.

## 7. Water, sanitation and hygiene

Older people's access to water, sanitation and hygiene (WASH) facilities is generally good: 91% have access to bathing facilities, 94% to hand washing facilities and 95% to toilet facilities. There is very little gender disparity in terms of access.

However, older people's access to safe drinking water is less satisfactory, with only 69% (68% of women and 71% of men) able to reach safe supplies.

Twenty-four per cent of older people (24% of women and 23% of men) said water sources were too far. This is not surprising, given that nearly half of older people (47%) reported having reduced mobility and almost three quarters (74%) said they had difficulty walking and climbing stairs. Any water supply that is not inside or next to their home will be too far for them to reach.

Compounding these problems is the impact on other members of older people's households. More than three-quarters of older people are supporting others, while nine in ten older people rely on others to meet their basic needs. These older people are likely to have to send someone to collect drinking water for them. These people may be children who will be exposed to risk of violence and abuse, particularly girls, on their way to and from water points.

A high proportion of older people, particularly men, said they lacked privacy when using WASH facilities. Overall, 65% (49% of women and 84% of men) said they lacked privacy when using bathing facilities, and 68% (53% of women and 87% of men) said they lacked privacy when using toilet facilities.

## Recommendations

1. Consult older women and men on how to improve bathing and handwashing facilities to afford them enough privacy.
2. Make safe drinking water available to older people with reduced mobility and those with dependants.

## 8. Shelter

A high proportion of older people (89%) said they had their own shelter (87% of women and 91% of men). However, fewer than half (45%) said they were satisfied with their living conditions (40% of women and 52% of men).

Older people's biggest concern about their shelter was the urgent need for repairs. More than a third (35%) of older people (38% of women and 31% of men) said they were living in homes that needed major repairs. Another 34% (33% of women and 34% of men) were living in homes that needed minor repairs. These findings may not be surprising, given how long the conflict has gone on and how difficult it is likely to be for older people living alone or those with reduced mobility to keep their home in good repair. One in five (21%) of older people (26% of women and 15% of men) said they needed physical assistance to repair their shelter, and 23% said they did not have the materials or tools.

Older people had a number of other shelter-related concerns. Ten per cent said their home was too far from friends and family. This is significant when you consider that 90% of older people said they depended on their family or friends to help them meet their basic needs. Twenty per cent said their shelter was far away from basic services. This was a problem for far more older men than women (22% of women and 44% of men). Fourteen per cent said they could not afford the rent (15% of women and 12% of men). This is unsurprising, given that three-quarters of older people said they had no sustainable income. Borrowing to pay the rent could be fuelling older people's growing debt.

## Recommendations

1. Evaluate the safety, accessibility and quality of shelter for older people. Adapt shelters to enable older people to live safely and with dignity, providing support for daily living activities where needed.
2. Train staff, partners and communities to include older people, including those with disabilities in shelter, settlements and household activities.
3. Provide cash transfers to older people to enable them to purchase suitable building materials, tools and labour to rehabilitate their shelters.
4. Provide vouchers for tools and shelter materials to older people whose shelter is in greatest need of repair, and who are capable of supervising the work and ensuring it is completed to their satisfaction. Make the transfers conditional on the procurement of building materials, tools and labour.
5. Provide vouchers and cash for work to older people with reduced mobility, older women and older people with dependants to procure building materials, tools and labour to rehabilitate their shelters to protect their privacy, safety and dignity.



Find out more:

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