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**HelpAge**

**International**

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# **EMERGENCY PROTECTION-BASED SUPPORT TO CONFLICT AFFECTED OLDER WOMEN AND MEN IN THE GCAs LOCATIONS OF DONETSK AND LUHANSK OBLASTS**

## **BASELINE REPORT**

The HelpAge global network is a worldwide partnership working with and for older people globally, with a special focus on low and middle-income countries. Our mission is to promote the wellbeing and inclusion of older women and men, and reduce poverty and discrimination in later life.

**Ukraine**

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### List of Abbreviations

ADTWG	Age and Disability Technical Working Group
AoO	Area of Operation
CSS	Community Safe Space
CV	Community Volunteer
GCA	Government Controlled Area
HAI	HelpAge International
HBC	Home Based Care
IDP	Internally Displaced Person
IMM	Immobile
JFO	Joint Forces Operation
LM	Limited mobility
MSEC	Medical and Social Expert Commission
NCDs	Non-communicable diseases
NFI	Non-Food Item
NGCA	Non-Government Controlled Areas
NGO	Non-Governmental Organisation
OP	Older People
P2P	Peer-to-peer
PO	Project Officer
PSS	Psychosocial Support Services
PTSD	Post-traumatic Stress Disorder
PwD	People with Disabilities
UA	Ukrainian Army
VAF	Vulnerability Assessment Form

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### Executive summary

#### Introduction

A tense situation connected to military conflict in the eastern part of Ukraine led to an upsurge in civilian casualties and a worsening security situation for people living along or near the contact line as well as at checkpoints. This, coupled with the suspension of social benefits and pensions for hundreds of thousands of internally displaced persons (IDPs), many of whom constitute older people and people with disabilities, has led to a sharp deterioration in the humanitarian situation in Donetsk and Luhansk oblasts.

People living in the “grey zone” on either side of the contact line are in a particularly perilous situation given ongoing fighting, resulting in increased risk of injury or death from shelling and exposure to explosive remnants of war. Access to government services, including health care and public transport is either limited or non-existent, and the security situation severely restricts humanitarian access and assistance to these areas. Livelihood opportunities are few and basic goods such as food, hygiene items, assistive devices and medication are often either unavailable or inaccessible due to increased cost.

HelpAge International (HAI) has conducted a vulnerability assessment among older people (OP) using a multi-sector questionnaire to ensure that the most affected OP receive a tailored and appropriate humanitarian response.

The outcome of the baseline assessment will help HelpAge, governmental authorities, and humanitarian actors to better understand the extra risks older people are exposed to because of the conflict. The assessment outcomes will help to prioritise the risks and build informed planning and programming. In addition, a clear understanding of the risks reduces the barriers of older people face in accessing humanitarian aid.

This baseline report highlights the humanitarian needs of 4,595 older women and men, aged 60 and over, in the Government Controlled Areas of Donetsk and Luhansk oblasts. 699 out of the 4,595 older people mentioned above were included from the previous OFDA-funded project.

This is an operational report produced as part of the HelpAge International project and as such does not aim to be representative.

#### Key findings and conclusions:

##### LIVELIHOODS

- 99.3% of older women and men rely on a pension as their main source of income.
- 89.2% of OP have only one source of income, 10% of respondents have two sources and only 0.8% have three or more types of income.
- Older people spend the majority of their income on medicines (55.8%) and food (26.2%).
- Older women and men residing in GCA of Luhansk oblast have more sources of income in comparison with those residing in GCA of Donetsk oblast.
- The study showed that 19.8% of older people are in debt, including arrears on utilities.

##### PROTECTION

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- 40.3% of older people (75.6% women) indicated that they have received humanitarian aid in the last year. The most common type of assistance was food (97.5%), with only 1% of respondents received NFI and hygiene support, 1% repairs of damaged housing, 0.1% cash assistance and 0.4% indicated receiving other types of humanitarian support.
- 11% of older people (66.7% women) reported being an IDP: 83.7% are registered; 6.6% are on the waiting lists for registration and 9.7% are not registered.
- Only 47.2% of IDPs are receiving an IDP allowance.
- 96.4% of older people are experiencing various conflict-related psychosocial issues (changes in sleeping patterns, crying spells, persistent memories of conflict, etc.)
- 41.2% of older people report that they are living alone (86.4% women)
- 20.5% of older people (75.8% women) reported experiencing at least one type of violence and abuse, the most common one was emotional/psychological abuse (19.8% of older people interviewed)

### HEALTH

- 97% of people interviewed (75.5% women) have at least one chronic disease, while 36.7% have two or more.
- 49.8% of older people suffer from cardiovascular disease: 34.2% of respondents have musculoskeletal disease, 6.5% diabetes, 4.1% respiratory diseases, 3.5% of older people have oncology diseases and 1.9% note other chronic ailments.
- 11.4% of older people interviewed have a disability status.
- 84.2 % of older people reported they have difficulties with walking and climbing stairs (75.5% women).
- 56.9% of older people have limited mobility and partly in need of the help of others (75.9% women).
- 17.2% of older people are immobile.

### SHELTER/NFIs

- 92.1% of the older men and women reported that they were living in their own flats (30.2%) or houses (61.9%) and 7.4% lived in the rented housing. Also, 0.5% of older people indicated that they have no housing.
- 47.5% of older people have accommodations fully suitable for living both in summer and winter weather; 44.4% of the housing is suitable for living in winter weather.
- 6.4% have accommodations that are suitable only for living in the summer.
- 1.7% of older people have partially damaged or completely destroyed housing.
- 76.6% of older people (75% women) report that they require NFI support (hygiene kits, assistive devices, winterization items).
- 53.4% of older people (including 75.8% women) reported that they are in need of assistive devices, mostly canes (22.5%), toilet chairs (18.6%), walking frames (11.7%) and crutches (2.9%).
- 47% of older people (including 75% women) require basic hygiene items (39.5%) and diapers for adults (15.6%).

### WASH

- 79.5% of beneficiaries (75.5% women) can access safe water on a regular basis.
- 17.5% of older people (75.3% women) reported they have limited access to safe drinking water.
- 3% of older women and men living along the line of contact noted that they do not have access to clean drinking water at all.

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- 70.2% of older women and men have access to sanitation, 16.1% have limited access, 11.8% of older respondents indicate rare access to sanitation and 1.9% of older people reported not having access to adequate sanitation facilities at all.

### FOOD SECURITY AND NUTRITION

- 76.8% of older people (75.7% women) stated that they had to decrease their food intake since the beginning of the conflict.
- 19% of older women and men indicate a lack of access to places of purchase.

### 1. ABOUT HELPAGE INTERNATIONAL'S PROJECT

HelpAge currently runs a project titled “Emergency protection-based support to conflict affected older women and men in the GCAs locations of Donetsk and Luhansk oblasts” funded by OFDA and co-funded by ECHO. The project is divided into two subsectors: 1) psychosocial support and 2) protection coordination, advocacy and information. Older IDPs, older members of the host communities and older women and men residing in the areas near the line of contact will be provided with assistance through *Home-Based Care (HBC)* activities, *Community Safe Spaces (CSS)*, provision of assistive devices, hygiene kits, diapers and blankets and community-based *Peer-to-Peer support groups (P2P)* that will provide “outreach” home visits to immobile and vulnerable older people located within the vicinity of each CSS. HelpAge will also, as part of localizing services, promote and establish 12 “*Initiative Groups*” based on HelpAge’s “Older People Association” model (OPA) that has been developed in other countries in the region and around the world. In addition, a Technical Working Group (TWG) on age and disability at the cluster level (Protection) aims to strengthen the coordination and capacity of humanitarian actors through developing and implementing an age and disability-friendly humanitarian response.

Community Safe Spaces are places where people from different age groups, gender and abilities feel physically and emotionally safe. Its main aim is to help restore social cohesion and reduce the sense of isolation and levels of distress for older members of targeted communities. The CSS offer a range of services and activities developed in consultation with the attendees, which have proven to improve their psychosocial wellbeing and integrate participating IDPs with the host communities.

In 2016, 9 CSS were established in Donetsk oblast (OFDA grant) and 12 in Luhansk (UNHCR grant). In 2017- early 2018, 17 CSS continued operating under OFDA funding (7 in Donetsk and 10 in Luhansk). Under the current project, HAI will continue supporting 12 CSS through the OFDA grant. The CSS are all operating in the GCA locations of both Donetsk and Luhansk Oblasts. For Donetsk, there are 6 locations, which are: Luhanske (New), Avdiivka, Toretsk, Marinka (New), Starohnativka, Novotroitske and 6 locations for Luhansk oblast in Popasna, Schastia, Petropavlivka, Stanitsa Luhanska, Valuiske, and Pshenychnye.

HelpAge will also support the establishment of “Initiative Groups” in each of the supported CSS, that will be formed of the active older people and who are motivated to take on this role. The purpose of each “Initiative Group” is to take on the day-to-day management of the CSS activities, including providing oversight and support to the P2P Groups. This approach supports localization and moves to promoting sustainability of the CSS activities and services.

The current project also continues to develop and consolidate the previously established Peer-to-Peer support groups (P2P), where mobile beneficiaries were encouraged to visit homebound older people, e.g. to celebrate

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local holidays together or help with the distribution of small items. It proved to be a successful approach both for the mobile beneficiaries who could support their peers and for the homebound older people, who had an opportunity to participate in social and community events. The P2P Groups will operate from the 12 CSS and provide basic “outreach” support to vulnerable housebound older women and men located near and around the CSS.

In addition to the more limited form of “outreach” support provided by the P2P groups, HelpAge also continues to provide a more comprehensive Home-Based Care (HBC) support to housebound vulnerable older women and men. The HBC approach is based on home visits made by HAI trained Community Volunteers.

The HBC provides support to promote greater levels of Independent living capacity, facilitated through basic exercise sessions and provision of assistive devices.

The HBC support also links the beneficiaries to other forms of assistance, to ensure they are included in the available humanitarian assistance provided by other humanitarian actors.

In relation to the Protection Coordination support, HelpAge chairs the Technical Working group (TWG) on Age and Disability (ADTWG) formed under the UNOCHA Protection Cluster. The ADTWG aims to strengthen the coordination and capacity of the humanitarian actors to develop and implement age and disability-friendly humanitarian response.

### **1.1 Geographical Coverage of the Intervention**

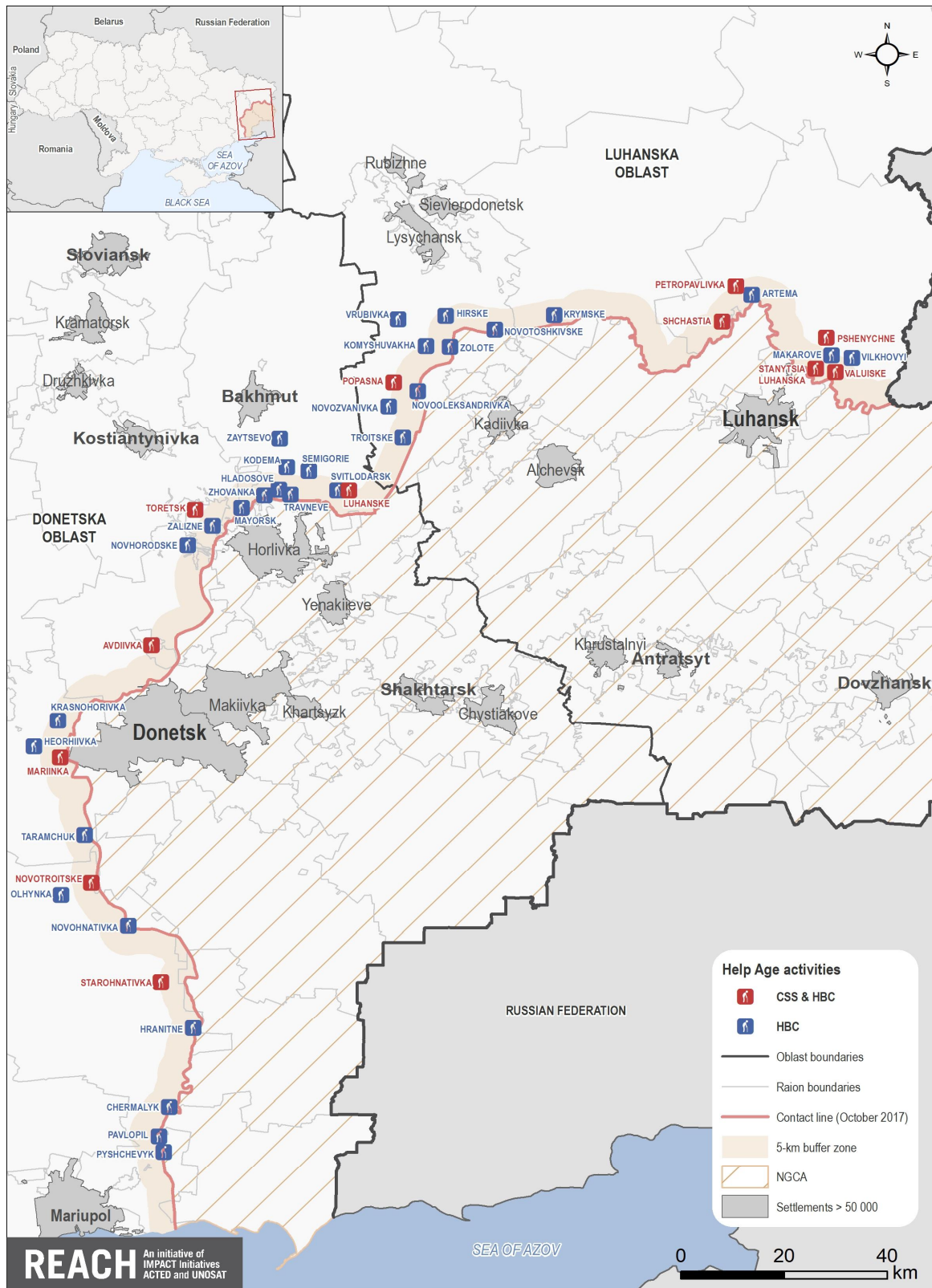
HAI project implementation covers 43 locations in GCA of Donetsk (25 locations) and Luhansk (18 locations) oblasts. These locations are situated either very close to or within the 5 km zone (70%) on the GCA side of the line-of-contact in both Donetsk and Luhansk Oblasts. The settlements considered highly vulnerable as a result of active on-going conflict that has become protracted in nature.

The map of Community Safe Space (CSS) and Home-Based Care (HBC) activities in eastern Ukraine was designed by REACH Initiative in response to HAI’s request.



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### 1.2 Security Concerns/ Operational environment

During the data collection period, the security situation in eastern Ukraine remained tense, with continued ceasefire violations, in both Donetsk and Luhansk oblasts. On April 30<sup>th</sup>, President Poroshenko signed a decree on the completion of the Anti-Terrorist Operation and another order - on the start of the Joint Forces Operation. The JFO was launched at 14:00 April 30<sup>th</sup>. The months from April to the end of July 2018 showed a slight de-escalation in clashes between the Ukrainian Army (UA) forces and forces of the Non-Government Controlled Areas (NGCA) according to INSO analytics in compressing with the previous reporting period. There was an additional cease-fire agreement, "Harvest cease-fire," which was launched on July 1, 2018. This cease-fire reduced security incidents from 20 to 30 recorded attacks on UA positions during June-July 2018. HelpAge International in Ukraine continues to act in locations that are based directly on the contact line between GCA and NGCA. For example, emergency humanitarian assistance has been provided in the village of Pivdenne (Chegary) in Donetsk oblast. All actions here have been well planned, coordinated and implemented according to HelpAge International Global and HelpAge International in Ukraine security procedures and protocols. Nevertheless, unexploded ordnance incidents among civilian populations and civilian infrastructure damages continue. According to official media sources over 2000 lethal episodes have been recorded among civilian population in Donetsk and Luhansk oblasts (GCA) since the start of the conflict in 2014.

HAI carefully monitors the safety and security situation in the Area of Operations (AoO) and reacts immediately on emergency requests from vulnerable older people. The project team continues to provide assistance in locations with limited access to international or local interventions through security coordination with the Civil-Military Cooperation (CIMIC) in order to cover the most urgent needs of older people.

## 2. METHODOLOGY

This needs assessment exercise was conducted in targeted project locations in July 2018 by HelpAge volunteers. Structured beneficiary interviews were conducted using a multidimensional Vulnerability Assessment Form (VAF) developed by the MEAL team and project implementation teams in strong consultation with the Area Manager.

The survey covered 4,595 older people (who were pre-selected based on specific vulnerabilities), measuring their needs across income, protection, health, etc. Of those interviewed:

- a. 52.1% of OP were residents of Luhansk oblast, 47.9 % were from Donetsk oblast
- b. 75.4% of total OP were older women
- c. 11.4% of the total number of older women and men interviewed had a registered disability. Although 17.2% of the people who participated in the survey were immobile (of these people only 17.1% had an official document confirming their disability).
- d. 11% were internally displaced people (IDP).
- e. Age disaggregation is the following:
  - 39% were 60 – 69 years old
  - 34.7% were 70 – 79 years old
  - 22.9% were 80 – 89 years old
  - 3.4% were 90+ years old

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### 3. DETAILED FINDINGS

#### 3.1 Livelihoods

##### 3.1.1 Income

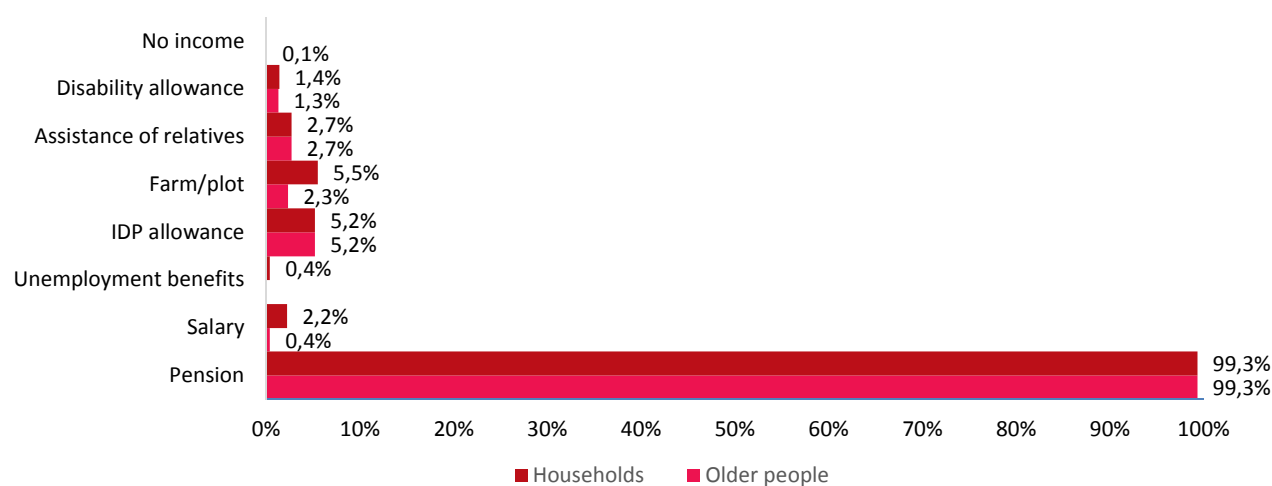
Ukraine is one of the few countries in the region that have a developed pension system. Therefore, it was quite expected that the basic regular source of income for older women and men is a social pension, financed by taxes, rather than accumulative deposits. Therefore, 99.3% of older people indicated a pension as their main source of income. This is followed by assistance from their relatives (2.7%), farming (2.3%), and a disability allowance (1.3%).

Of all the people interviewed, 11% were internally displaced persons (IDPs) and 47.2% of older people from this category noted the IDP allowance as one of their main sources of income.

Despite the fact that some older people were still able to work, 0.4% indicated they work and receive regular salaries. This is due, in part from the lack of openings in the labor market for the OP and, domestic employers usually perceive older employees as less active, productive, creative and trained. This age discrimination makes it difficult for OP to support themselves in a formal economy.

The study also showed that about 0.1% (6 people) of older people do not have their own income and they had to resort to different coping strategies (borrow money, begging, or relying on other people). HAI staff referred those who needed documents recovered or/and support in preparation for IDP registration to humanitarian

#### INCOME SOURCES



organizations working in the field of legal assistance.

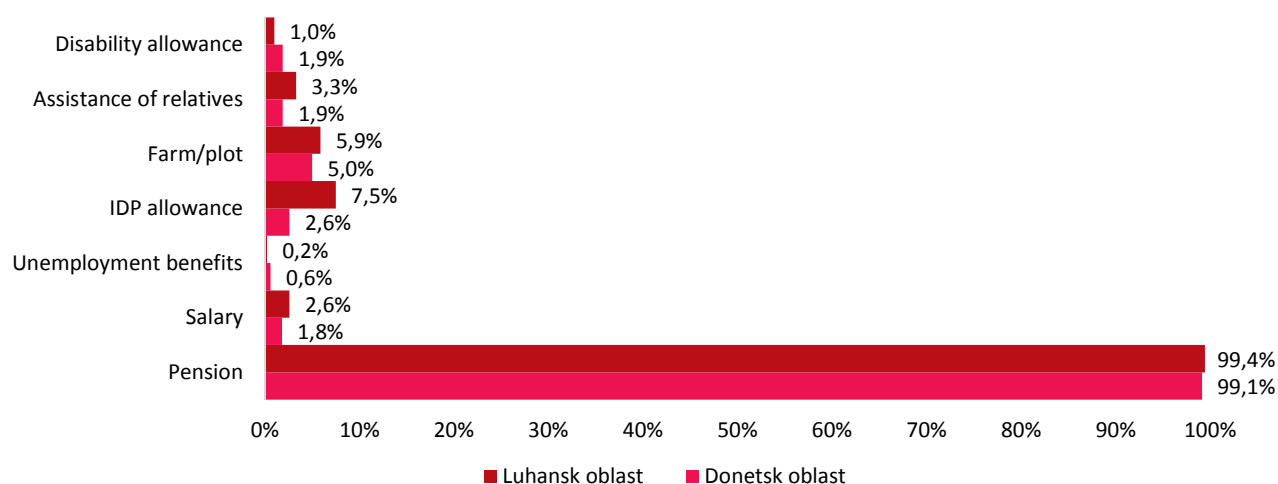
Sources of household income are very similar to sources of income for older people, which indicates the dependence of household members on pensions. One of the key factors is that most of the interviewed older women and men were lonely – 41.2% of women, and 34.4% of men were living with their spouse, who were also over 60 years old. The results showed that for 99% of households the main source of income is a pension; 5.4% receive IDP allowance, for 5.5% of households the main income is farming and 12% of households have to rely

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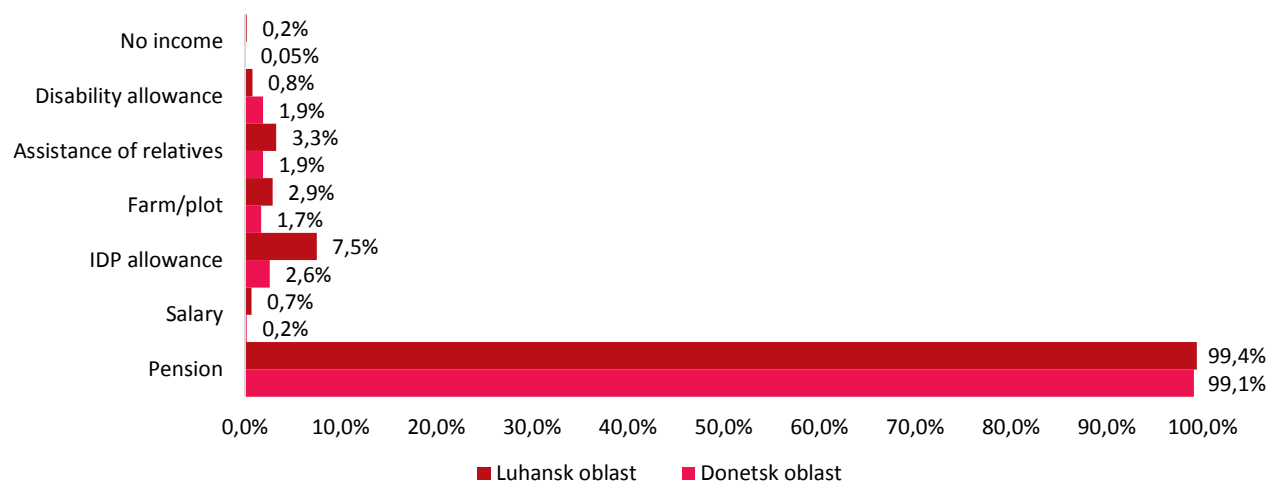
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on the help of relatives. Both older people and their households living in Luhansk oblast had more sources of income compared to those living in Donetsk oblast. However, this difference is not the same in each type of income. The data for the oblasts are shown in the diagrams below.

### INCOME SOURCES OF HOUSEHOLDS



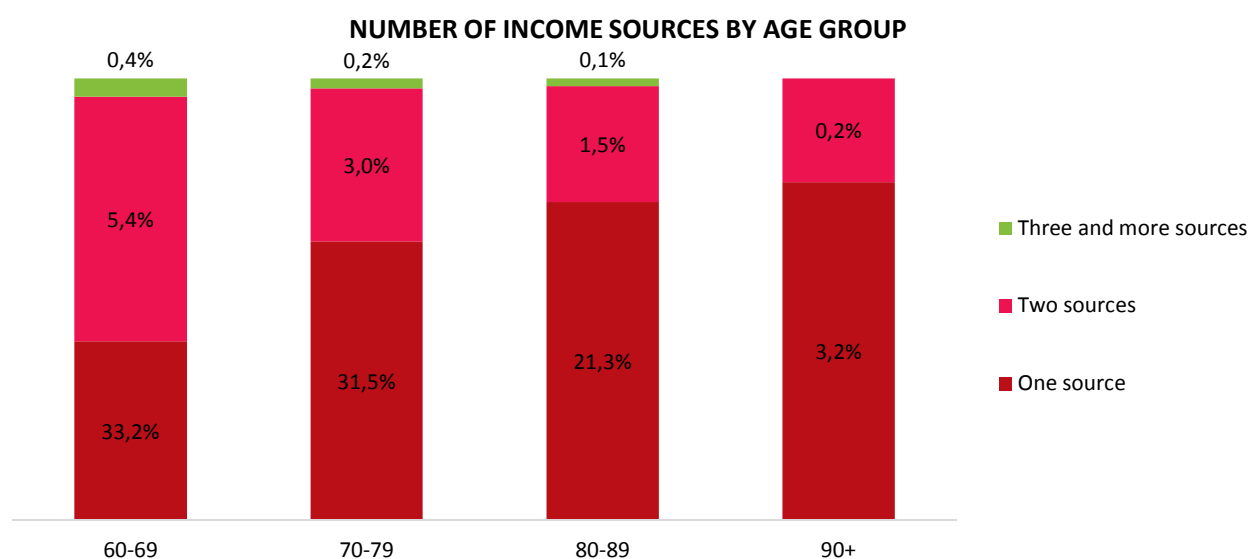
### INCOME SOURCES OF OLDER PEOPLE



Older people of the oldest age group and those who are living alone often rely on a single source of income (89.2% of all respondents, and 76% of those were women). Differences in the number of sources between those living alone and those who are not alone are associated with the smaller presence of single older women and men in the labor market. The most favorable age category in terms of income generation are people between the ages 60-69 years: 5.8% of the population note two or more different sources of income (Figure «Number of income sources by age group»), which obviously positively affects the standard of living of this group of older population.

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### 3.1.2 Expenditure patterns and debts

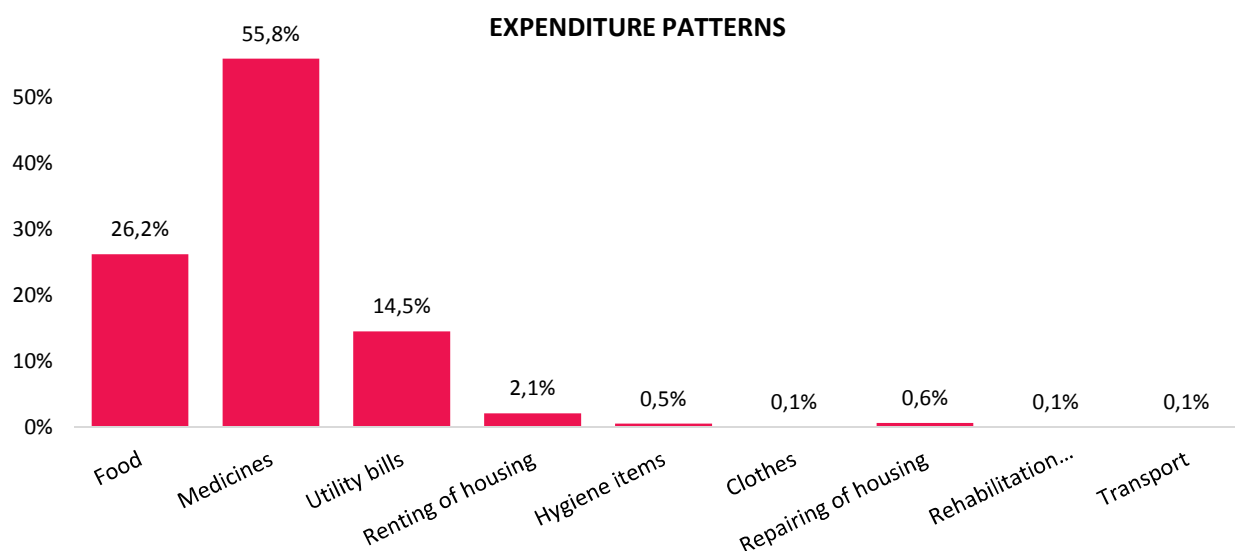
Considering the expenditure patterns, assessment results show that older people spend their money mainly on medicines (55.8%) and food (26.2%). The findings are consistent with the collected health data showing that many older women and men suffer from a chronic illness (see the section on "Health" below). This is important to note, since the high cost of medicine can mean that older people resort to negative coping mechanisms or cannot meet their other needs (for example, on non-food items, as shown below).

Despite the launch of the "Accessible Medicine Program" in Ukraine in April 2017, people still buy most of their medications at their own expense. Mostly because not all pharmacies work under this program, and the number of chronic diseases under which people can get free medicines is limited.

The survey shows 19.8% of older people are in debt, including arrears on utilities. Majority of lonely older women and men from rural areas indicated that they had to borrow money to purchase solid fuel (coal, firewood, fuel briquettes) for heating their own households. This fact also confirms the high economic vulnerability of OP interviewed. 5.8% of the beneficiaries interviewed had a complicated situation with expenditures, as they had been supporting other family members, and 11.2% of these dependents are children under 18 years of age.

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### 3.2 Protection

#### 3.2.1 Negative coping mechanisms

The expenditure patterns alongside a decrease in income reported by older people indicate a high economic vulnerability, as well as a possible protection risk. Typically, most older people turn to negative coping mechanisms in order to meet their basic needs:

- 76.8% of older people (75.7% were women) stated that they had to decrease their food intake.
- 47.1% of older people (69.9% were women) responded that they have to borrow money to pay for daily expenses.
- 19.8% of older people (73.1% were women) were in debt, including arrears on utilities.

#### 3.2.2 Access to humanitarian aid

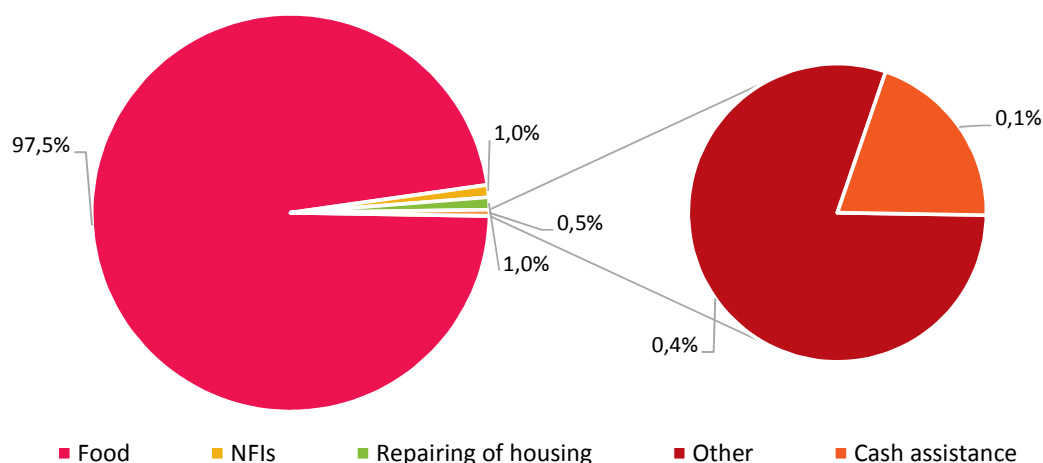
Even though government, NGO and international assistance has been provided since 2014, the needs of older people are still rather high. Overall, they receive very little targeted assistance from the government and from national and international aid agencies. Overall 40.3% of older people (75.6% were women) indicated that they have received humanitarian aid in the last year. It is also worth considering that the interviewed people lived in locations along the contact line (5 km zone) in the territory controlled by Ukraine, where the majority of humanitarian actors are implementing projects to support the population.

As noted earlier, the most common type of assistance was for food (97.5%). Of those who had received aid in the last year, only 1% received NFI and hygiene support, 1% repairs of damaged housing, 0.1% cash assistance and 0.4% indicated receiving other humanitarian support. This points to a potential gap in meeting older people's needs for NFI support and/or supporting them to cover the high expenditure on medicines.

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### ACCESS TO HUMANITARIAN AID



According to older people interviewed, 59,7% of them did not receive any humanitarian assistance.

### 3.2.3 IDP Registration / Legal Status

11% of the total number of older people who participated in the survey are internally displaced persons (IDPs). 83.7% of all interviewed older IDPs are officially registered and are either eligible or are receiving an allowance for IDPs. 6.6% of IDPs are on the waiting list for acquiring their legal IDP status after registering with the structural unit of Social Protection. After they are registered, a certificate will be issued to them for an allowance. The remaining 9.7% are not officially registered and cannot receive resettlement benefits.

As mentioned above, only 47.2% of IDPs are receiving an IDP allowance. Although the qualitative reasons have not been explored in depth, secondary data sources point to the physical barriers of access - large queues for registration in offices of Social Protection, lack of transport, lack of banks or post offices as well as the reduced mobility of the beneficiaries.

### 3.2.4 Psychosocial needs

Majority of older people are isolated and at the same time reliant on the assistance of others to be able to take part in daily community activities. Although this situation reflects existing demographic trends, it has been exacerbated by the conflict. A high percentage (41.2%) of older people live alone with women representing the overwhelming majority (86.4%). Even though 58.8% of the older women and men interviewed live together with their spouse, children or grandchildren, 69.6% of all OP indicate a sense of loneliness and note that they do not always feel that they are full members of the society.

In addition to living alone, 48.9% of older people report they are feeling isolated. 52.6% of OP depend on the assistance from family, friends or neighbors in their daily activities.

In comparison, only 19.1% of people (76.9% are women) report that they continue to take part in social and community activities. However, 82.7% of the people who participated in the study indicate a limited knowledge

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of the different needs older people have related to food, stress, chronic diseases, their needs and rights, etc. and would like to better understand these needs.

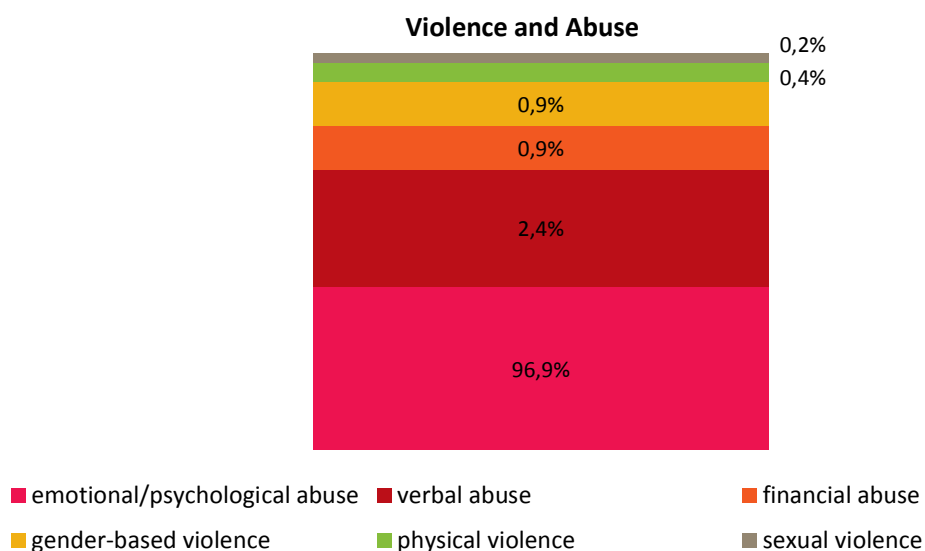
Isolation and a sense of loneliness seem to have negatively affected the psychosocial wellbeing of older women and men since the beginning of the conflict:

- 84.3% have experienced changes in sleeping patterns (76.8% women)
- 51.1% have reported having crying spells (85% women)
- 71% of older residents along the line of contact have persistent memories associated with the conflict (85.2% women)
- 1.8% of respondents living along the line of contact point to conflicting behavior with others as a consequence of socio-economic vulnerabilities and post-traumatic stress disorder or PTSD (64.3% women).

### 3.2.5 Violence and Abuse

20.5% of older people (75.9% women) were subjected to at least one type of violence and abuse. This is due to a number of factors, including but not limited to their age, gender, disability, place of origin, marital status or class. Of them:

- 96.9% reported emotional/psychological abuse
- 2.4% reported verbal abuse
- 0.9% reported financial abuse
- 0.9% reported gender-based violence
- 0.4% reported physical violence
- 0.2% indicated sexual type of violence



Many OP experience one or more types of physical, sexual, financial and psychological violence, abuse and neglect. The consequences of different kind of abuse can be especially significant for older people. OP are



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typically physically weaker and more vulnerable than younger adults. Even a relatively insignificant injury can cause serious and permanent damage. Many older people survive on limited incomes, so that the loss of even a small sum of money can have a significant impact. They may be isolated, lonely or troubled by illness, in which case they are more vulnerable as targets for fraudulent schemes.

The data suggests that prevalence of violence and abuse of older people is at similar levels as for younger cohorts, but the most common type of abuse might be different (with emotional being most common). The questionnaire did not ask about the perpetrators or frequency of violence and abuse. The findings suggest a need for a more detailed study on elder abuse.

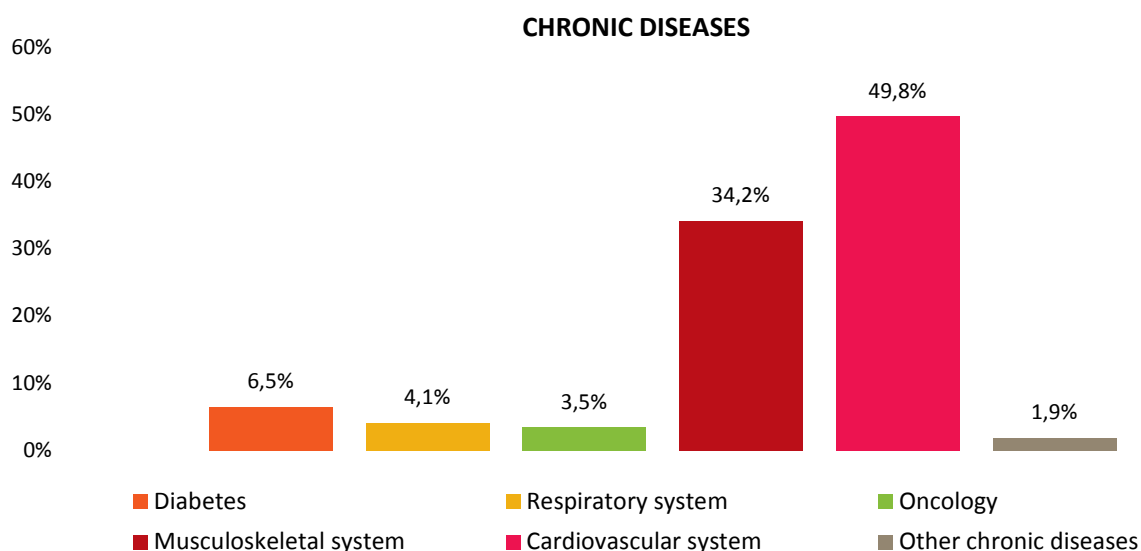
### 3.3 Health

#### 3.3.1 Non-communicable diseases (NCDs)

97% of interviewed older people (75.5% women) have at least one chronic condition, while 36.7% have two or more. Chronic diseases can have a profound impact on the health and quality of life, not to mention the financial burden that is often associated with long-term illness.

According to the information collected by HAI staff, a large quantity of older people reported suffering from cardiovascular disease (49.8%). 34.2% of respondents have musculoskeletal disease, 6.5% diabetes, and 4.1% respiratory diseases. One of the most vulnerable groups of older women and men interviewed is 3.5% of older people that have oncology diseases. 1.9% note other chronic ailments (Alzheimer's disease or other form of dementia, depression, chronic kidney disease).

For many older people, coping with multiple chronic conditions is a real challenge. Learning to manage a variety of treatments while maintaining their quality of life can be problematic. People with chronic conditions may



have different needs, but they also share common challenges with other older adults, such as paying for care or navigating the complexities of the healthcare system.

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#### 3.3.2 Disability and Impairments

11.4% of older people (56.9% women) reported having a disability status. A large proportion reported not being able to move independently:

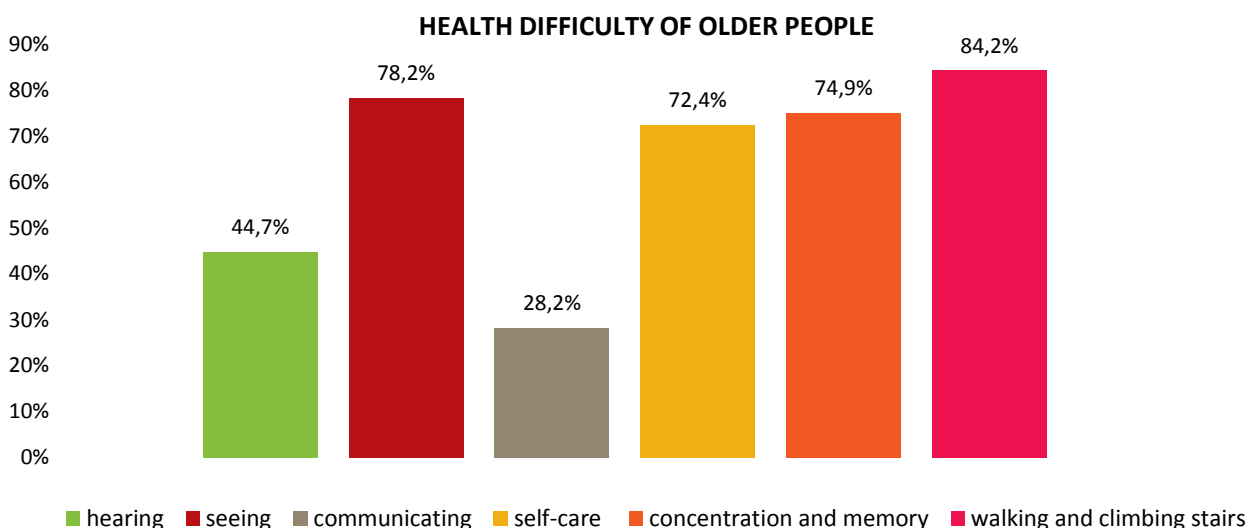
- 84.2 % of older people reported they have difficulties with walking and climbing stairs (75.5% women)
- 56.9% of older people have limited mobility and are partly in need of the help of others (75.9% women)
- 17.2% of older people are bedridden or immobile (70.6% women)

Almost a fifth of the beneficiaries surveyed are completely immobile and depend on the help of others, with only 17.1% having proper documentation confirming their disability. 56.9% of older people have limited mobility and partly depend on support from others. At the same time, 57.8% of LM and IMM beneficiaries who do not have an official document confirming disability, indicate difficulties in access to necessary medical services. This in turn makes the registration process for an official disability group almost impossible. This situation is also exacerbated by bureaucratic processes of registering the status of a disability.

The high levels of reduced mobility and the associated loss of independence are a key protection concern leading to the isolation of older people and a loss of dignity.

Additionally, a high number of older men and women reported hearing, visual and cognitive impairments:

- 78.2% of people (76% women) have difficulty seeing even if wearing glasses and 3.4% of them are blind
- 74.9% of people (75.5% women) have problems with concentration and memory
- 44.7% of people (73.7% women) have a hearing impairment
- 28.2% of people (71% women) have difficulty communicating (for example understanding or being understood by others)
- 72.4% of people (75.1% women) have difficulty with self-care (washing all over or dressing, going to toilet)



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Disability in old age should be a focus of all public health policy and programs and cover the whole continuum of services aimed at both preventing a disability and restoring their functional capacity through rehabilitative measures. In implementing these policies and programs, inter-sectoral collaboration is required to be able to meet the challenges of the complex multifaceted nature of the disablement process. Humanitarian assistance should be made accessible and reach out to people who face physical, cognitive, communication and other barriers.

### 3.4 Shelter/NFIs

#### 3.4.1 Shelter

A decent home is fundamental to people's well-being. Older people spend most of their time in their home, thus a warm, secure environment that meets individual requirements is crucial. In terms of accommodations and shelter, 92.1% of the older men and women reported that they were living in their own flats (30.2%) or houses (61.9%) and 7.4% lived in the rented housing. Also, 0.5% of older people indicated that they have no housing.

47.5% of older people who live along the contact line have accommodation fully suitable for living both in summer and winter conditions, 44.4% of the housing is suitable for living in winter conditions (heating and acceptable living conditions). 6.4% of older people have an accommodation that is suitable only for living in the summer. As a result of the conflict, 1.7% of older people have partially damaged or completely destroyed housing, which results in unsuitable conditions for living.

Poor transport links and a lack of easily accessible shops and services in some rural areas can result in older people being more isolated than those who live close to local amenities. This is exacerbated by limited access to fuel, unlike in urban areas.

In winter, some OP who live in their own houses do not have the opportunity to purchase solid fuel in sufficient amounts to heat their own homes, so they are forced to resort to various kinds of survival strategies such as: borrowing money to buy fuel, minimizing costs for other needs, asking for help from friends/relatives, and critically reducing the consumption of solid fuel (coal, wood, fuel briquettes). In addition, the respondents noted that in winter they moved to the children's house in the urban locations.

#### 3.4.2 Non-Food Items Needs

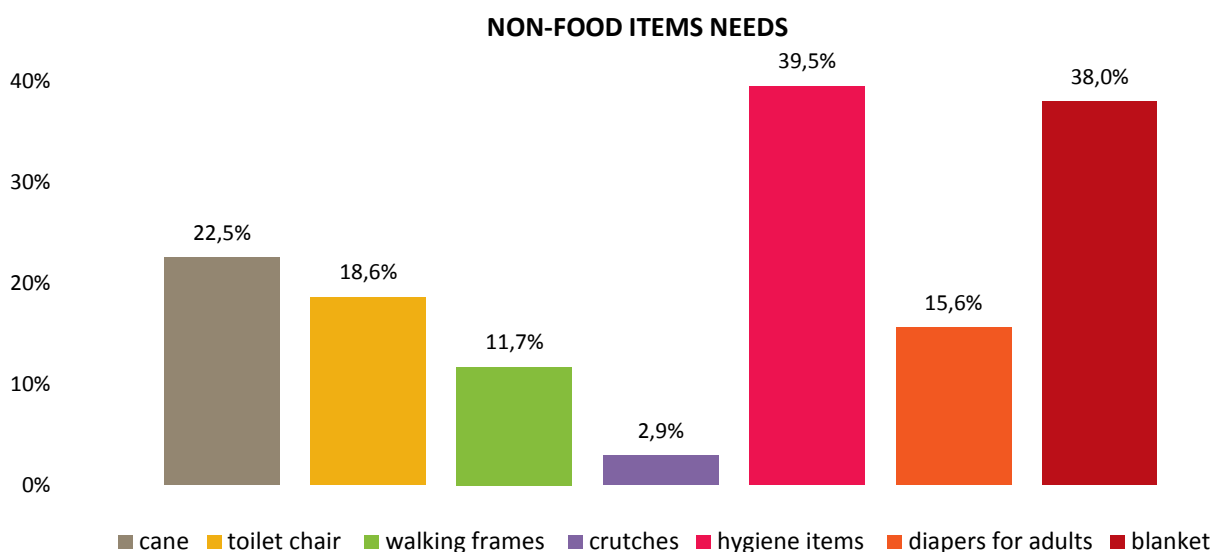
76.6% of older people (75% women) report that they require NFI support (hygiene kits, assistive devices, winterization items):

- 53.4% of older people (75.8% women) reported that they needed assistive devices, mostly canes (22.5%), toilet chairs (18.6%), walking frames (11.7%) and crutches (2.9%).
- 47% of older people (including 75% women) require basic hygiene items (39.5%) and diapers for adults (15.6%).

The winterization needs of older men and women are particularly acute - at least 38% (73.5% women) of them require blankets.

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### 3.5 WASH

The findings of the assessment demonstrate that 79.5% of beneficiaries (including 75.5% women) can access safe water on a regular basis and 17.5% (including 75.3% women) of older people reported they have limited access to safe drinking water. While 3% of older women and men living along the line of contact noted that they do not have access to clean drinking water at all.

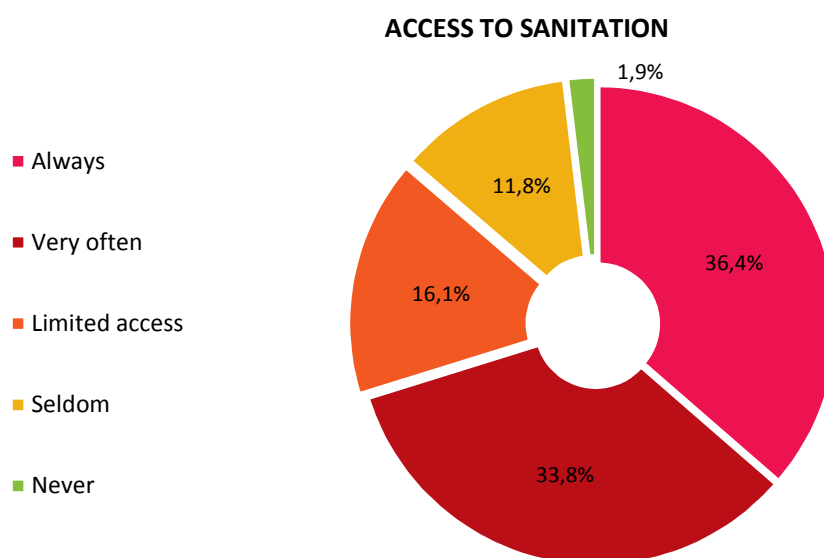
A lack of access to water and sanitation can also exacerbate different health problems. Incontinence, for example, is a common problem for older people – and not having a toilet nearby makes this worse.<sup>1</sup> According to data collected, 36.4% of older women and men always have access to sanitation (all the amenities are in the house / apartment), 33.8% of the respondents noted that the toilet is outside the house (in the yard) and they can reach it without any difficulties, 16.1% have limited access, 11.8% of older respondents indicate rare access to sanitation and 1.9% of older people reported not having access to adequate sanitation facilities at all.

As noted above, the majority of older people require hygiene items (39.5%), toilet chairs (18.6%) and diapers (15.6%) which can significantly reduce their vulnerability and increase the sense of dignity in daily life.

<sup>1</sup> Catarina de Albuquerque, SWA Executive Chair – “Access to water and sanitation for older persons”: <http://sanitationandwaterforall.org>

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### 3.6 Food security and nutrition

76.8% of older people (75.7% women) stated that they had to decrease their food intake since the beginning of the conflict. Food insecurity of OP is influenced by a number of factors mentioned above: financial constraints, functional disabilities, acute medication needs, high tariffs on utility bills and isolation. In turn, 19% of older women and men indicate a lack of access to places of food purchase due to low mobility, lack of shops near their residence and loneliness.

Also, the food security situation is exacerbated by the special nutritional needs of older people, since the vast majority of OP have chronic diseases, for example, diabetes (6.5% of interviewed), which requires an appropriate diet.

## 4. CONCLUSION

The current baseline study demonstrates that older women and men continue to be one of the most vulnerable groups impacted by the on-going protracted conflict in eastern Ukraine. As older people represent 22% of the demographic population in Ukraine<sup>2</sup>, this indicates that older people are disproportionately affected by the conflict, which is now in its fourth year.

Displacement, family separation and isolation, and lack of access to essential goods/markets continue to affect older women and men disproportionately. Many of the most vulnerable conflict-affected older women and men are at risk of being excluded from conventional forms of aid distributions. They may face mobility limitations, have disabilities or chronic illnesses which prevent them from seeking assistance during physical distributions in town or village centers. Older men and women are often in need of personalized assistance and require a different approach, such as home-based care/assistance or, when secure and possible, community-based events that help reduce isolation. For those who are able to access humanitarian support, the aid available is often inappropriate to their needs.

<sup>2</sup> Ukraine Government Population Statistics: [www.ukrcensus.gov.ua/eng/](http://www.ukrcensus.gov.ua/eng/)

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This study shows that the continuation of provision of direct Psychosocial Support (PSS) activities to the older women and men affected by the conflict is extremely necessary and important. This should be achieved through various types of PSS and other kinds of activities in locations which are located close to and along the line-of-contact on the GCA side of Donetsk and Luhansk oblasts.