

Humanitarian needs of older women and men in government controlled Donetsk Oblast

Baseline Report - October 2016



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



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Executive Summary

The crisis in Eastern Ukraine has significantly affected the entire population of the Donetsk oblast. However, given the pre-existing vulnerabilities and a demographic make-up of the buffer zone locations, older women and men have been particularly affected.

HelpAge has conducted a two-stage vulnerability assessment using multi-sector questionnaires to ensure that the most affected older people receive a tailored and appropriate humanitarian response. The following baseline report highlights the humanitarian needs of **4,122 older women and men**, aged 60 and over, in the Government Controlled Areas of the Donetsk oblast. This is an operational report produced as part of the HelpAge International project and as such does not aim to be representative.

Below are the key findings per each sector:

Livelihoods

- 98% of older women and men rely on pension as their main source of income
- Older people spend majority of their income on medication (57%) and food (34%)
- 66% of people (73% women) report their income decreased since the beginning of the conflict; 94% of people residing in the 'front-line' areas report decreased income
- 96% of people (74% women) cannot afford to buy the same products as before the conflict

Protection:

Negative coping mechanisms

- 69% of older people (73% women) had to decrease their food intake and 35% report having existing debts (77% women)
- 16% of older people (73% women) had to sell property/assets in order to pay for daily expenditures and 53% of older people (74% women) reported having to borrow money to pay for daily expenses

Access to Aid

- Only 22% of older people (71% women) have received some humanitarian aid
- 21% of older people received food (44% of older people residing in front-line areas)
- Only 2% of older women and men received cash vouchers and 2% of older women and men residing in the 'front-line' areas received shelter support

IDP Registration / Legal Status

- 14% of older people reported being an IDP: 95% are registered; 4% are on the waiting lists for registration and 0.5% are not registered

Psychosocial needs

- 87% of older people are experiencing various conflict-related psychosocial issues (changes in sleeping patterns, crying spells, persistent memories of conflict, etc.)

- 52% of older people and 60% of older people in 'front-line' areas report living alone (83% of those living alone are women); proportionally 58% of all older women are living alone, compared to 34% of men
- 38.5% of older people (74% women) reported experiencing at least one type of violence and abuse, the most common one was emotional abuse; 47% of older people (69% women) living in the 'front-line' areas report experiencing violence or abuse

Health

- 77% of older people suffer from cardiovascular disease
- 70% of older people (74% women) report unavailability of their regular medicines

Disability

- 72% of older people (74% women) have limited mobility and reported that they cannot move independently outside the house

Shelter/NFIs

- 3% of older people are residing in the partially damaged houses
- At least 30% of older women and men residing in the 'front-line' are in need of some type of winterization support, whilst only 15% of older people in the front line have received NFI support

Nutrition and Food Security

- 69% of older people (73% women) had to decrease their food intake since the beginning of conflict
- 2% of older people are moderately malnourished (with arm circumference lower than 210 mm) and 1% of older people are severely malnourished (with arm circumference lower than 185).

WASH

- 4% of older people are in need of safe drinking water
- 4% of older people reported not having access to adequate sanitation facilities
- 80% of older people (including 84% women) and 88% of older people (including 72% women) in the front line require basic hygiene items kits and other NFI support (mostly toiletries and bed linen)
- 56% of older women require basic hygienic items including female hygienic pads

About HelpAge International's project

HelpAge currently runs a project titled "Emergency assistance for vulnerable older people in Ukraine" (funded by the OFDA)

The main objective of the current HelpAge project is:

- 1) To significantly improve access to humanitarian assistance and protection for older men and women, including those with disabilities that were affected by the conflict in Eastern Ukraine.

The project is divided into two subsectors: psychosocial support and protection coordination, advocacy and information. Older IDPs, older members of the host communities and older women and men residing in the areas near the 'contact line' are provided with assistance through home visits, the Community Safe Spaces (CSS), and provision of NFIs and assistive devices. In addition, a Technical Working group (TWG) on Ageing and Disability at the Cluster level aims to strengthen the coordination and capacity of the humanitarian actors to develop and implement age and disability-friendly humanitarian response.

HelpAge's project is being carried out in the following locations of the Donetsk Oblast (GCA):

- Konstantinovka city and district (Santurinovka village; Zarya village; Chervonoye village)
- Pokrovsk city
- Kramatorsk city and district (Veseliy village; Oktyabrskiy village; Belenkoye village; Ivanovka village; Sofiyevka village; Pchelkino village; Malotaranovk village; Krasnogorka village; Yasnogorka village)

Contact line/ Buffer Zone

- Toretsk city and district (Leninskoye village; Kirovo village; Scherbinovka village; Novgorodskoye village; Artemovo village)
- Avdeevka city
- Bakhmut city and district (Vladimirovka village; Pokrovskoye village; Zaitsevo village; Novoluhanskoye village; Svetlodarsk town; Mironovskoye village; Klinovoye village; Kodema village; Semigoriye village)
- Mariupol city and rural district (Kamyanka village; Starognatovka village; Stepanovka village; Novoselovka village; Granitnoye village; Mirnoye village; Vinogradnoye village; Sartana village; Talakovka village)

Security Concerns/ Operational environment

During the data collection period, the security situation in eastern Ukraine remained volatile, with continued ceasefire violations, particularly in Donetsk oblast. The months of July and August saw a considerable escalation in clashes between Government of Ukraine forces and forces of the Non-Government Controlled Areas (NGCA) according to INSO¹ who reported that July was the most insecure month from the beginning of the year. Conflict activity consolidated in specific locations, where the sides

¹INSO Ukraine Bi-weekly Report 22, 23, 24, 25, 26, 27

have been engaged in territorial contest or where their positions are very close to each other.

Conflict activity sharply decreased following a verbal agreement at the end of August to de-escalate activities due to the starting of a new school year in September. Furthermore, the sides reached an agreement on September 21st in Minsk, which envisaged disengagement of forces from three selected hotspot - one of them is in Donetsk Oblast near the villages of Bohdanovka (GCA) and Petrovskoe (NGCA). Based on this agreement, the parties have established a «disengagement area» (2km wide and 2km deep), which is viewed as essential for preventing localized clashes. No military personnel or equipment is allowed to be stationed in these zones.

Methodology

Between July and September 2016 HelpAge has conducted a two-stage vulnerability assessment using questionnaires to ensure that the most affected older people receive a tailored and appropriate humanitarian assistance:

1. **Rapid Assessment Framework (RAF)** was conducted for 4,509 people (74% women, 26% men) assessing individuals across 10 dimensions (multi-sector assessment)
 - a. 4,145 older people were identified as vulnerable and selected to receive humanitarian assistance from HelpAge
 - 14% older people (76% women) were considered moderately vulnerable
 - 67% older people (75 % women) were considered significantly vulnerable
 - 18% older people (72% women) were considered to be severely vulnerable
 - Less than 1% older people (66% women) were considered critically vulnerable
2. A comprehensive **Vulnerability Assessment Framework (VAF)** survey was conducted among the selected 4,122 older people² measuring their needs across income, protection, health, etc. Of those interviewed:
 - a. 74% were older women
 - b. 40% have a disability
 - c. 26% live in a rural area
 - d. 37% live in the 'front-line' areas
 - e. Age disaggregation is the following:
 - 34% are 60 – 69 years old
 - 42% are 70 – 79 years old
 - 21% are 80 – 89 years old
 - 3% are 90+ years old

Both RAF and VAF assessments were conducted by HelpAge volunteers using purposeful sampling with beneficiaries who were preselected based on specific vulnerabilities, such as residing in the vicinity of the contact line, known to have an impairment, isolated, etc. This method – although

² This number is different from the original 4,145 target as some people have passed away, others moved back to the NGCA areas, others did not give consent to become a beneficiary of HelpAge

not representative of a wider population – allowed HelpAge to target and assess older people who were most in need.

Where significant differences exist, the data is disaggregated for respondents living along the contact line (defined as those found in the zone as indicated in the Minsk Agreement); gender disaggregation and analysis is incorporated throughout the report.

Detailed findings – humanitarian needs of older women and men in Donetsk oblast

Livelihoods

Income

The majority of older people rely on pensions with 98% reporting it as their main source of income. Their second most common income source is IDP allowance (with 11% of respondents receiving it), and the third one is farming (10%). The least common income sources are disability allowance (4%) and a salary (0.6%).

The income sources of beneficiaries who are living in the 'front-line zones' are very similar although a difference can be noted in the percentage of beneficiaries that rely on IDP allowance (11% overall compared to 2% of older people living in the front line).

Further disaggregation indicates that 77% of all registered IDPs are receiving IDP allowance, compared to 68% of IDPs residing in front line settlements. Although the qualitative reasons have not been explored in depth, anecdotal evidence points to the physical barriers of access, lack of transport, insufficient or lack of banks or post offices as well as the reduced mobility of the beneficiaries.

Table 1: Income sources for older people

Type of income	Percentage of beneficiaries	Percentage of front-line beneficiaries
Salary	0.6%	1%
Pension	98%	98%
Disability allowances	4%	6%
Relatives' assistance	8%	7%
Farm/plot	10%	10%
IDP Allowance	11%	2%

The trends for households' income sources follow a similar pattern that those for older people, suggesting a reliance of household members on pensions. Indeed, 93% of households report pensions as their main source of income. There are similar differences in terms of access to IDP allowance for all households and those residing in front-line areas:

Table 2: Income sources for households

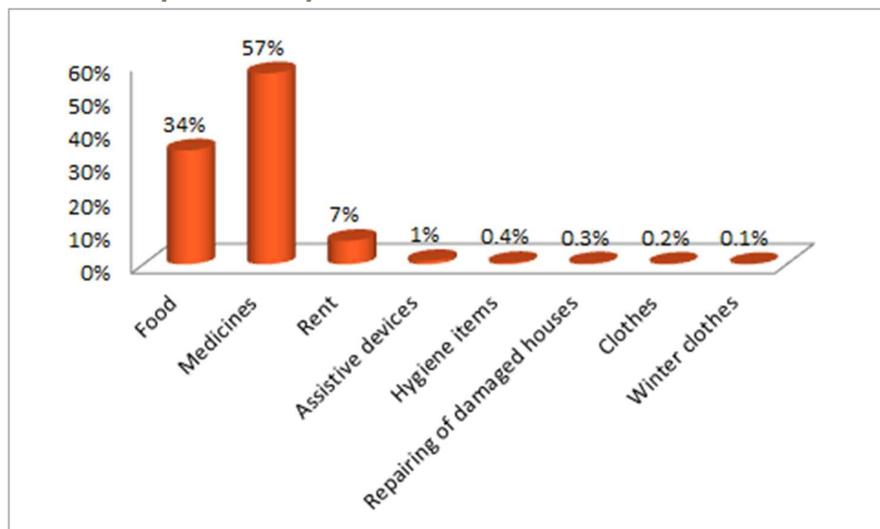
Type of income	Percentage of households	Percentage of front-line households
Unemployment benefits	0.2%	0.2%
Salary	4%	1.5%
Pension	93%	86%
Disability allowances	4%	5%
Relatives' assistance	8%	8%
Farm/plot	10%	10%
IDP Allowance	10%	2.5%

Expenditure patterns

- 66% of older people (73% women) and 94% of people residing in the 'front-line' (72% women) report their income decreased since the beginning of the conflict
- 96% of people (74% women) cannot afford to buy the same products as before the conflict
 - 85% reported this is due to reduced income
 - 3% reported this is due to reduced number of shops

In terms of the expenditure patterns, the assessments indicate that older people spend their money in large part on medication (57%) and food (34%). The findings are in line with the collected health data showing that the majority of older women and men are suffering from a chronic disease (see Health section below). This is important to note as the high cost of medicine can mean that older people restore to negative coping mechanisms or are unable to meet their other needs (e.g. on non-food items as seen below).

Table 3: Expenditure patterns



Protection

Negative coping mechanisms

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

- 69% of older people (73% women) stated that they had to decrease their food intake
- 16% of older people (73% women) had to sell property/assets in order to pay for daily expenses
- 53% of older people (74% women) responded that they have to borrow money to pay for daily expenses
- 35% of older people (75% women) report having debts

Access to humanitarian aid

Overall only 22% of older people (71% women) reported that they have received humanitarian aid. Most common type of humanitarian assistance was food (21%). In comparison 44% of older people residing in the 'front-line' received humanitarian assistance with food being the most common type of aid (44%).

Only 7% of older people (15% of older people in the front line) received NFI support and 2% cash assistance. 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.

Table 4: Access to humanitarian aid

Type of aid	Percentage of beneficiaries	Percentage of front-line beneficiaries
Beneficiaries receiving humanitarian aid	22%	44%
Food	21%	44%
NFIs	7%	15%
Cash vouchers	2%	2%
Repairs of damaged house	0.8%	2%

IDP Registration / Legal Status

14% of older people reported being an IDP:

- 95% are registered
- 4% are on the waiting lists for registration
- 0.5% are not registered

The number of older IDPs residing in the front-line areas is significantly smaller (3%).

As mentioned above, further disaggregation indicates that 77% of IDPs are receiving IDP allowance, compared to 68% of IDPs residing in the front line settlements. Although the qualitative reasons have not been explored in depth, anecdotal evidence points to the physical barriers of access, lack of transport, insufficient or lack of banks or post offices as well as the reduced mobility of the beneficiaries.

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 and community activities. Although this situation reflects existing demographic trends, it has been exacerbated by the conflict. Indeed, a high percentage of older people residing in the 'front-line' areas live alone:

- 52% older people live alone with women representing the majority (83%). This partly reflects a demographic make-up of the population in the Donetsk oblast and the shorter life expectancies of men, however there is a need to explore other qualitative reasons behind this trend
- 60% of older people in the 'front-line' areas report living alone

In addition to living alone, 74% of older people (78% women) report they are feeling isolated. At the same time only 26% of people report that they continue to take part in social and community activities. Moreover, 68% of older people (75% women) depend on the assistance from family, friends or neighbours in their daily activities.

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

- 87% have experienced changes in sleeping patterns (66% women)
- 54% have reported having crying spells (46% women)
- 72% have persistent memories associated with the conflict (85% women)
- 71% of respondents feel discriminated against (52% women)

Violence and Abuse

Overall 38.5% of older people (74% women); 47% of older people (69% women) living in 'front-line' areas reported experiencing at least one type of violence and abuse:

- 1.5% reported physical violence
- 0.1% reported sexual violence
- 0.5% reported gender based violence
- 35% reported emotional/psychological abuse
- 2% reported verbal abuse
- 1.5% reported financial abuse

The findings are important and suggest the need to adapt current GBV interventions to meet the needs of older populations. The data suggest 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).

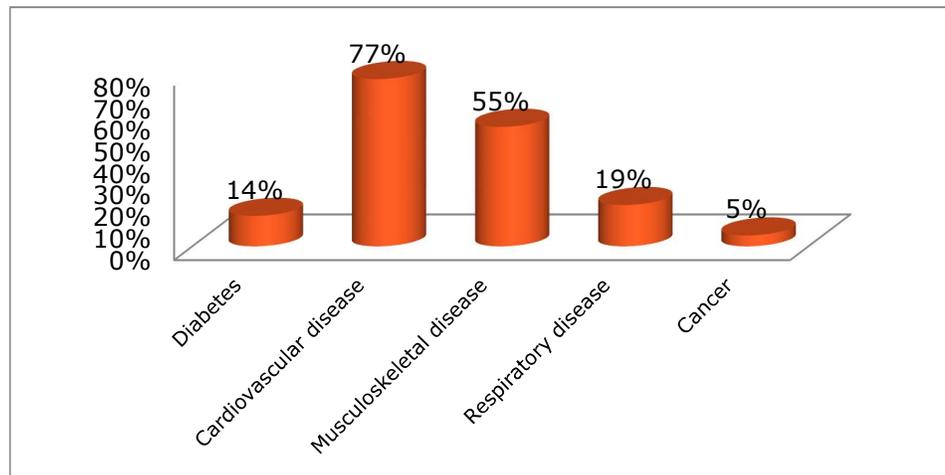
The questionnaire did not ask about the perpetrators or frequency of violence and abuse. The findings suggest a need for a more detailed study on elder abuse.

Health

Non-communicable diseases (NCDs)

According to the information collected by staff of HelpAge, many older people report having chronic diseases with the vast majority suffering from cardiovascular disease (77%).

Table 5: Chronic diseases



Although the majority of chronic conditions existed before the conflict, older people face multiple barriers of access to meet their medical needs:

- 76% of older people report they rarely attend health services
- 70% of older people (74% women) report unavailability of their regular medicines³
- 20% of older people (74% women) report having stopped taking the prescribed medicines

Whereas no systematic in-depth qualitative data was collected to explain the above data, anecdotal evidence points to the following reasons: high price of medicines, loss of income, drugs unavailable at pharmacies, lack of transport especially in the 'front-line' areas, reduced mobility and absence of specialised health services (especially in the rural areas).

Disability and Impairments

40% of older people (72% women) reported having a disability status and a large proportion reported not being able to move independently:

- 72% of older people (74% women) reported they cannot move independently outside the house/ on the street
- 40% of older people (72% women) reported they cannot move independently around the house
- 18% of older people (71% women) are bedridden

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

³ These findings should be interpreted with caution as international research shows that polypharmacy is common in older adults with the highest number of drugs taken by those residing in nursing homes. Research has clearly established a strong relationship between polypharmacy and negative clinical consequences.

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

- 80% of people (75% women) have a visual impairment
- 55% of people (76% women) have problems with concentration and memory
- 40% of people (75% women) have a hearing impairment

The humanitarian assistance should be made accessible and reach out to people who face physical, cognitive or communication barriers.

SHELTER/ NFIs

Shelter

In terms of accommodations and shelter, 85% of the older men and women (42% in the front line) reported that they are living in their own flats or houses and 14% live in the rented housing.

3% of older people were found to live in houses that were partially damaged by shelling; 18% of respondents highlighted that they need their windows or doors repaired and 10% of older people in the 'front-line zone' are in need of materials for roofs. These are both due to shelling as well as pre-existing poor condition of the housing.

Non- Food Items Needs

Majority of older people report that they require NFI support (hygiene kits, assistive devices, winterisation items):

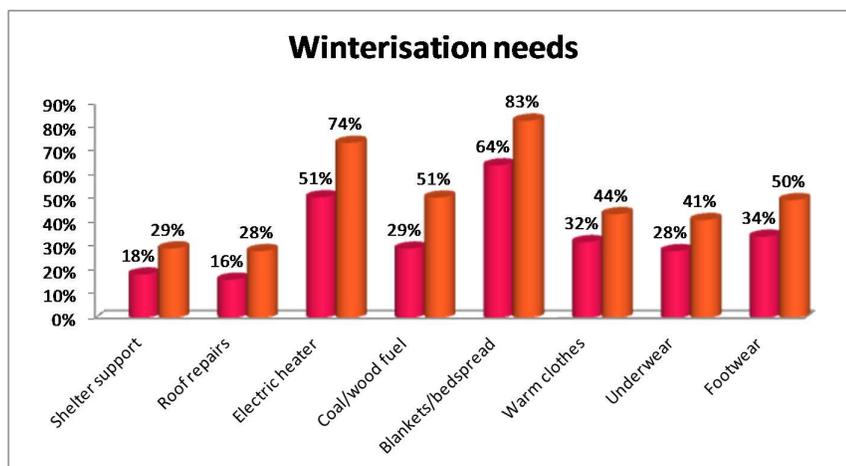
- 64% of older people (including 74% women) and 71% older people (including 72% women) in the front line settlements reported that they need assistive devices, mostly walking sticks, toilet chairs and walkers.
- 80% of older people (including 84% women) and 88% of older people (including 72% women) in the front line require basic hygiene items including female hygienic pads and shaving kits

The winterisation needs of older women and men residing in the 'front-line' areas are particularly acute, with at least 30% of them needing some type of winterisation support. Specifically:

- 64% of older people (83% of those in 'front-line' areas) require blanket and covers
- 51% of older people (74% of those in 'front-line' areas) require an electric heater

Table 6 represents the winterisation needs of older women and men (orange columns indicate the percentage of beneficiaries residing in 'front-line' areas):

Table 6: Winterisation needs



(orange colour represent beneficiaries on the front line)

WASH

The findings of the assessment demonstrate that majority of beneficiaries can access safe water on a regular basis and only 4% of older people reported they are in need of safe drinking water. 4% of older people reported not having access to adequate sanitation facilities.

As noted above, the majority of older people require toiletries (77%), bedclothes (61%), hygiene kits with female hygiene pads (56% of all older women), incontinence bed pads (29%) and toilet chairs (21%).

NUTRITION AND FOOD SECURITY

69% of older people (73% women) stated that they had to decrease their food intake since the beginning of the conflict. Moreover, 66% of older people (73% women) reported that their income decreased since the beginning of the conflict. 96% of people (74% women) cannot afford to buy the same products as before the conflict.

Furthermore, MUAC analysis showed that 2% of older people are moderately malnourished (with arm circumference lower than 210 mm) and 1% of older people are severely malnourished (with arm circumference lower than 185).