



Needs assessment of older people. North-west Syria earthquake response

November 2023

Supported by:

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The Syrian Expatriate Medical Association (SEMA) is a humanitarian organisation that believes in a world where vulnerable people are fully supported and provides access to health services while pursuing the highest quality standards.

Action for Humanity (AFH) is an international non-governmental organisation with more than 11 years of experience in responding to crises and emergencies. It is the parent charity of Syria Relief, the UK's largest Syria-focused NGO. It provides life-saving aid globally and helps restore health, safety, education and stability.

Hope Revival Organisation (HRO) is a humanitarian, advocacy, non-profit organisation dedicated to working with communities in crisis. HRO provides a range of activities that promote the resilience and overall wellbeing of vulnerable groups.

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Introduction

Older people's right to humanitarian assistance

HelpAge International's vision is of a world where older people 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. Commitment to international humanitarian law and these principles means everyone responding to a humanitarian crisis has a responsibility to ensure 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 people 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

This needs assessment report outlines the specific needs of older people in Harim, Idlib, Afrin, Azaz, Jarablus, and Jisr al-Shughour, north-west Syria. These older people include members of host communities, internally displaced persons (IDPs), refugees, and returnees.

The assessment was conducted jointly by Action for Humanity (AFH), Hope Revival Organisation (HRO), the Syrian Medical Association (SEMA), and HelpAge International. Based on the needs assessment, this report presents key findings, observations and analysis by HelpAge International's humanitarian and advisers from various humanitarian sectors (health, protection etc.), with input from AFH, HRO, SEMA, and representation from the North-West Syria Inclusion Working Group, a sub-group of the UN Protection Cluster.

The report aims to help all organisations operating in north-west Syria (including humanitarian agencies, donors and coordination mechanisms), to develop and implement inclusive programmes and to support advocacy for the rights of older people, whether IDPS, returnees, or host communities. HelpAge, AFH, HRO and SEMA welcome comments and questions on this report and can offer technical support for inclusive responses based upon its findings.

Humanitarian context

The unstable and unpredictable 12-year-long conflict in Syria remains a protection crisis. In north-west Syria, regular armed clashes around frontline areas cause civilian casualties and damage lives and critical infrastructure. Hostilities and worsening socioeconomic conditions are reported as the main triggers pushing people to seek safer and better living conditions. Humanitarian access is often challenged by conflict and military operations, particularly around frontline areas in the north-west. Other factors such as sanctions and fuel shortages are frequently reported as major impediments to the humanitarian response and humanitarian access. Poor infrastructure, including road, electricity, and communication networks hinders humanitarian partners from implementing planned interventions. And the non-renewal of UN Security Council Resolution 2672 ended the mandate of UN agencies to work in north-west Syria, reducing the scale of their humanitarian programmes and creating uncertainty around humanitarian programming, further exacerbating humanitarian needs in the region.

According to the Office of the Coordination of Humanitarian Affairs' Humanitarian Needs Overview (HNO) 2023,¹ 4.5 million people in north-west Syria are affected by the conflict – 4.1 million of these people need humanitarian assistance; 2.9 million are IDPs; and 85 per cent of households cannot meet their basic needs. The HNO report states that the humanitarian crisis has been compounded by the catastrophic consequences of drought and flooding, COVID-19, global inflation, and most recently the devastating earthquake in February 2023 that destroyed many homes and vital infrastructure, leaving thousands of people in urgent need of shelter, food, water, and medical care.²

The earthquake has made the situation of older people and people with disabilities in north-west Syria even worse, increasing their vulnerability and exposing them to new threats and greater shortages of suitable shelter, services, and supplies. A recent assessment by the Protection Sector³ found that older people with chronic illnesses were especially at risk after the earthquake. They need health services and medicine, assistive products, incontinence pads, and gender-segregated facilities. They also face overcrowding and a lack of privacy. Older people who have to care for others were also identified as an at-risk group.

Today, over 1.8 million IDPs living in 1,421 "last-resort" IDP sites in north-west Syria will need humanitarian assistance and this number is expected to rise. Of these sites, 64 per cent do not accommodate the needs of persons with disabilities, and 93 per cent have no easy access to basic services. This heightens the negative impact on the physical and mental wellbeing of the most vulnerable populations.

Older people in north-west Syria are among the most vulnerable groups of people, with barriers to accessing health, medicines and job opportunities, recurrence of illnesses that have not been properly treated, and, in many cases, different types of chronic disability. Older people face discrimination and social exclusion and are at greater risk of being cut off from their families and carers. They also depend on assistive devices that enable their independence.⁴ An assessment carried out during HelpAge's COVID-19 response in north-west Syria in 2020 found that 69 per cent of the older people surveyed had at least one disability and 65 per cent had at least one chronic illness.⁵

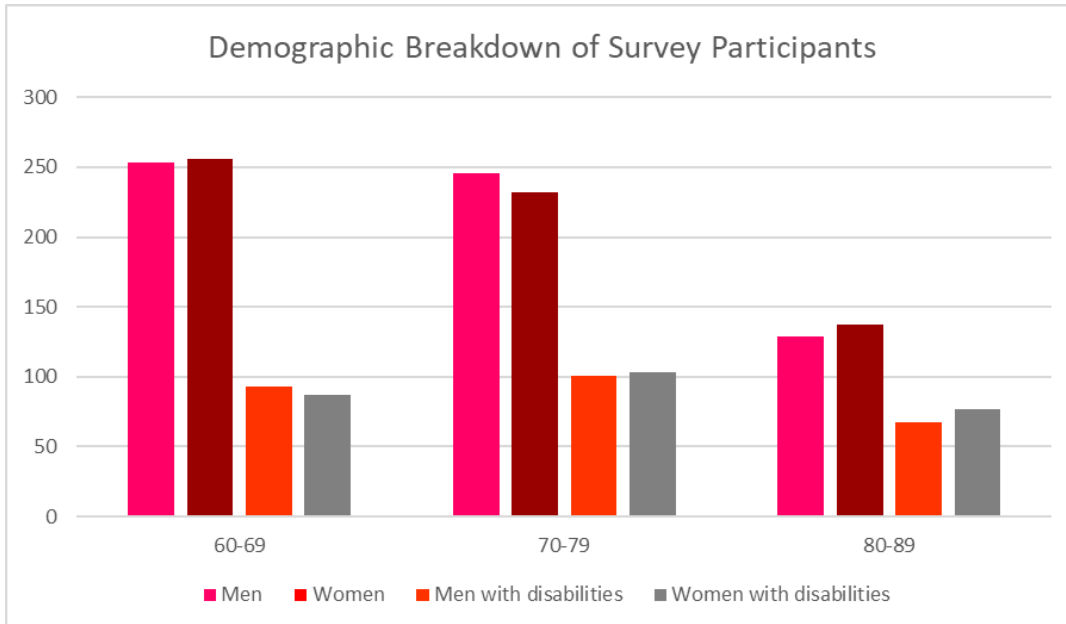
Methodology

Data was collected between 11-17 July 2023 through face-to-face, one-to-one interviews using a structured survey developed by HelpAge and translated into Arabic. The interviews were carried out by data collectors from three local Syrian organisations familiar with the language and culture, following training in the use of the survey and the purpose of the assessment. The assessment was conducted in Afrin, Azaz, Jarablus districts of Aleppo governorate and in Idlib, Harim, Jisr al-Shughour districts of Idlib governorate. These locations were identified by HelpAge’s local partners in north-west Syria as locations hosting most IDPs and people in need, and with relatively high concentrations of older people.

A purposive sampling approach was used to select women and men aged 50 years and above, complemented by snowball sampling to reach marginalised older people who might otherwise be hard to find (because, for example, of difficulties with mobility). The aim of this sampling approach was not to represent the age demographics in the targeted areas, but to obtain a sufficiently large sample size to understand the needs of older people in different older age groups. The sample size is 1,253 older people from three age cohorts: 60–69 years (representing 41 per cent of the total sample); 70–79 years (representing 38 per cent of the total sample); and 80 years and above (representing 21 per cent of the total sample). A few people aged over 90 years were also interviewed – findings for this age group were included in the overall results and not provided separately as the sample size did not reach the threshold for comprehensive data.

Of the 1,253 older people interviewed, 625 (approximately 50 per cent) were female and 628 (approximately 50 per cent) were male. In addition, 528 (42 per cent) of older people who were interviewed identify as people with disability. This was a large enough sample to disaggregate the data into smaller subgroups to show results by age, sex and disability. However, where there is no large disparity (more than 5 per cent) in sex- and age-disaggregated data, the findings for women and men are not given separately. A breakdown of participants by sex, age and disability is given in Graph 1.

Demographic breakdown of survey participants by gender and disability

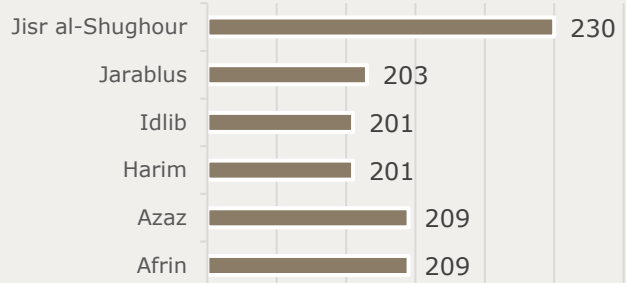


Demographics

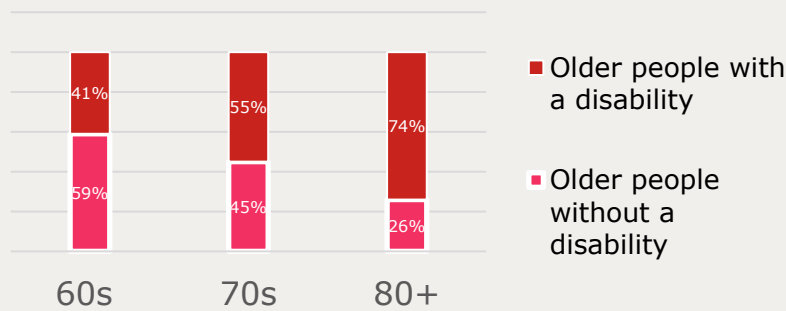


1,253 older people interviewed

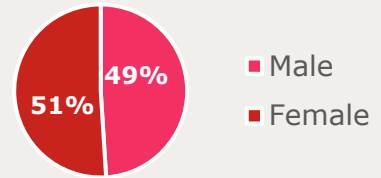
Interviews by location



Age by disability



Sex



96% of older people have at least one health condition

High blood pressure: 57%

Joint aches and pains: 63%

Heart problems: 43%

Diabetes: 40%

Respiratory problems: 24%

Cataracts: 11%

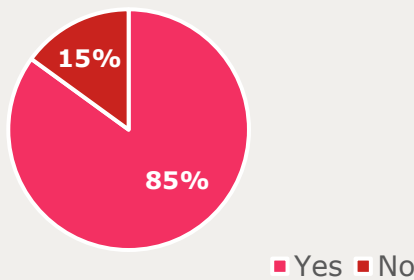
Gastrointestinal issues: 32%

Oral and dental issues: 26%

Incontinence: 8%

Skin disease: 5%

Older people living alone



57% of older people have at least one disability

Walking: 43%

Sight: 22%

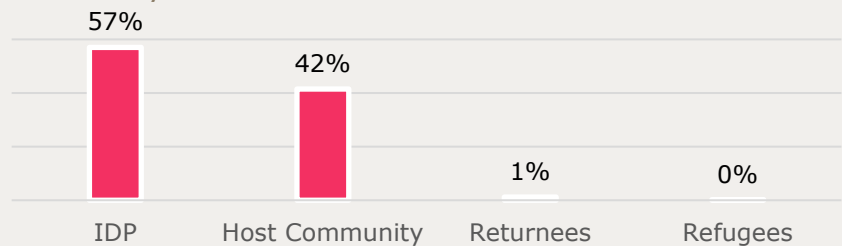
Hearing: 14%

Self-care: 19%

Remembering: 11%

Communicating: 4%

Nationality



Key findings

Protection

20% of older respondents care for other older people (e.g. providing social, emotional, or financial care/support)



Health

96% of older people have at least one health condition



Mental health and wellbeing

28% of older people say they feel lonely or isolated “most” days or “every day” over the previous three months and **10%** feel they cannot cope with or manage their current situation



WASH

Over **40%** of older people say they have insufficient drinking water



Food

68% of older people face physical barriers in accessing appropriate nutrition and **44%** do not have enough to eat



Disability

Only **27%** of older people with a disability can access basic services independently (compared to **70%** of older people without a disability)



Shelter

14% of older people say their shelter is far away from friends and family, which may result in potential isolation and protection risks



Accountability

92% of older people have not been consulted by any humanitarian agencies about the services provided to them



Older people's priorities

Older people were asked to rank the following priorities: safety, water, food, shelter, health services, medicine, cash, hygiene items, clothing, fuel and household items. The top five priorities overall were cash, medicine, food, health services and shelter. The prioritisation order was the similar for older men, older women and older people with disabilities. However, while the priority order was the same for older men and women, the percentages of prioritisation varied (see Table 1).

Table 1: Older people's top five priorities

Priority	Older people	Older women	Older men
1.	Cash (70%)	Cash (64%)	Cash (77%)
2.	Medicine (60%)	Medicine (55%)	Medicine (65%)
3.	Food (58%)	Food (54%)	Food (62%)
4.	Health services (52%)	Health services (45%)	Health services (60%)
5.	Shelter (40%)	Safety (35%)	Shelter (48%)

Key findings by sector

Water, sanitation and hygiene (WASH)

- Over 40% of older people say they have insufficient drinking water.
- 10% of older people have no appropriate water-carrying equipment (such as jerry cans) and 7% say they cannot carry water back to their homes.
- 20% of older women have difficulty accessing WASH facilities.
- 20% of older people who say they have access to WASH facilities report difficulty in using them, of whom 67% are older people with disabilities.
- 6% of older people feel unsafe while using shower facilities, of which 60% are older women.
- 16% of older people have insufficient water to wash properly.

Food security

- 44% of older people do not have enough to eat.
- 68% of older people face physical barriers in accessing appropriate nutrition.
- 28% of older people cannot afford to buy food.
- Almost 40% of older people go to bed hungry 1–2 nights per week.
- 11% of older people go to bed hungry 3–5 nights per week.
- 14% of older people feel unsafe when buying or accessing food.
- 44% of older people overall state they cannot get enough food.

Income security

- 68% of older people currently have no income.
- 90% of older people say they can use cash safely, and those who cannot use it safely say this is mainly because of the risk of theft.

Protection

- 77% of older people depend on family and others to meet their basic needs while 52% state they cannot reach essential services unaided. This is significantly more so for older women (62%) compared to older men (43%) and for older people with a disability (73%).
- 15% of older people live alone (19% older women compared to 11% older men) and over half of them (57%) have a disability.
- 57% of older people who live alone have a disability and 15% have a health condition.
- 62% of older respondents stated they were not the sole carer for other family members. However, 38% responded that they were the sole parent/ carers for others in their family. 18% of older respondents stated

that they are the sole carers for one to two older people, many of these older carers have a disability and more older men take on this role compared to older women. Also, to note that 15% of these older respondents providing sole care to other older people are themselves over 80 years of age.

- 12% of older respondents are sole parents/carers for one to two children, 6% for three to four children and 6% for five or more children.
- 20% of older respondents care for other older people (e.g. providing social, emotional, or financial care/support). Most are older men caring for others, nearly all have a health condition, and many (43%) have a disability.
- 10% of older people care for one or two people with a disability.
- "Neglect", "isolation" and "denial of resources" are the top three perceived safety risks for both older women and older men.

Shelter

- 43% of older people live in private housing, 32% live in tents, and 21% live in rented housing.
- 14% of older people say that they did not feel safe in their shelter/housing.
- 37% of older people say their shelter requires minor repairs and 18% say their shelter needs major repairs.
- 14% of older people say their shelter is far away from friends and family, which may result in potential isolation and protection risks.

Health

- 96% of older people have at least one health condition, with the main ones being musculoskeletal problems (63%), high blood pressure (58%), and heart/cardiovascular problems (43%).
- Over 90% of older people have two or more health conditions.
- 88% of older people (93% older people with disabilities) are taking medication.
- 17% of older people taking medication only have enough medication for up to a week.
- 10% of older people cannot access primary health services (14% with a disability); 19% cannot access secondary health services (23% with a disability); and 65% of older people say they face financial barriers to accessing health services.
- 17% of older people say their nearest health facility is too far away.

Disability

- 57% of older people are living with a disability (55% of women, 45% of men).
- Of those with a disability, 40% have a lot of difficulty seeing or cannot see; 77% have a lot of difficulty or cannot walk or climb stairs; and 19% often (or all the time) have difficulty remembering things.
- Only 27% of older people with a disability can access basic services independently (compared to 70% of older people without a disability).

Wellbeing

- 28% of older people say they feel lonely or isolated "most" days or "every day" over the previous three months. This was slightly higher for older women (31%) compared to older men (23%). Also, 39% of older people with a disability reported feeling lonely "most" days or "every day".
- 43% of older people report feeling exhausted "most days" or "every day" in the last three months. Feeling exhausted or very tired is reported by considerably more older women (54%) compared to older men (31%). It is also important to note that most older people with a disability (61%) report feeling exhausted most days or every day.
- 33% of older people report being worried or anxious either "most" days or "every day". Again, this was more so for older women (37%) compared to

older men (28%). And 44% of older people with a disability report feeling anxious or worried “most” days or “every day” over the past 3 months.

- 33% of older people report feeling depressed “most” days or “every day” over the previous 3 months. This was more so for older women (39%) compared to older men (25%) and for older people with a disability (45%).
- 10% of older people feel they cannot cope with or manage their current situation.

Accountability

- 92% of older people (89% of women, 94% of men) have not been consulted by any humanitarian agencies about the services provided to them.
- Older people in Azaz reflect the highest level of consultation, with 24% reporting being consulted, whereas older people in Idlib were the most marginalised, with only 1% reporting being consulted by any humanitarian agencies.
- 51% of older people (58% of women, 44% of men) do not know how to make a complaint or provide feedback on the humanitarian services designed to support them.

Recommendations for an inclusive response

1. Collect, analyse, use and report on data disaggregated by sex, age, disability and ethnicity to inform responses and support the activities of implementing partners and other service providers.
2. Consult older people, including women and those with disabilities, in a meaningful way to develop feedback and complaints mechanisms such as feedback boxes, hotline numbers or focal points they can contact, and ensure that they understand how these work and how their feedback will be used.
3. Support the meaningful participation of older people in decision making and promote their engagement, empowerment, agency, and autonomy, incorporating their perspectives and experiences into plans, programmes, and monitoring activities.
4. Establish outreach services for older people who are unable to reach static facilities and assist them to register and receive support.
5. Provide tailored support to older people caring for others.
6. Register dependants of older people, including children, people with disabilities and other older people. Link older carers and their dependants to relevant service providers in their area who could provide additional support.
7. Share information with older people in accessible formats and languages, considering the hearing, visual or other communication barriers they may face.
8. Provide opportunities for older people, including those with disabilities, to take on voluntary roles, such as community monitors and peer-support providers for those who feel they cannot cope.
9. Establish or strengthen a community volunteer network for older people who depend on others to meet their basic needs and for those unable to reach distribution points.
10. Identify older people who have lost or do not have relevant identity documentation (ID) to access services and support them to find or replace their IDs.
11. Invest in capacity strengthening, including skills training, and raise awareness of ageing and disability issues among staff and partners in order to promote the rights and dignity of older people, including those with disabilities, and support them to develop inclusive programmes.
12. Use the *Humanitarian inclusion standards for older people and people with disabilities*⁶ and *IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action, 2019*⁷ to design fully inclusive activities that respond to the needs and rights of older people, including those with disabilities.

Sector-specific findings and recommendations

1. Water, sanitation and hygiene (WASH)

The needs assessment found that 6 per cent of older people have no access to clean drinking water and that 94 per cent do have access to clean drinking water – however, of these, 38 per cent report that the amount of clean drinking water is insufficient. What makes these findings particularly alarming is that 97 per cent of these respondents have medical conditions, 55 per cent have a disability and 48 per cent are older women. These findings indicate that distribution of clean drinking water does not consider the needs of different, vulnerable groups.

In addition, the needs assessment investigated older people's abilities to carry and store water: 10 per cent of respondents do not have water containers (such as jerry cans) and 11 per cent have no a place to store water. In addition, 7 per cent of older people state that the distribution points are too far away; 6 per cent say they cannot carry water back to their shelter; and 2 per cent said that they do not feel safe accessing drinking water. While these figures represent a minority, they reflect that water distribution is not designed with older people or those with disabilities in mind.

There are similar findings when it comes to washing and hygiene facilities: 5 per cent of older people have no access to either hand-washing or shower facilities, and while 78 per cent have access to shower facilities in their shelter, 14 per cent (56 per cent of which are people with disabilities and 52 per cent of which are older women) say it is a shared facility. As with drinking water, the needs assessment investigated further, finding that 20 per cent of older people with access to WASH facilities (67 per cent of which have disabilities) report difficulties using them; 16 per cent state that these facilities have insufficient water; and 8 per cent (42 per cent of whom are women) say these facilities lack privacy. In addition, 6 per cent of older people feel unsafe while using shower facilities. This finding is extremely important given that 60 per cent of those who feel unsafe while using the shower facilities are older women. Finally, when asked about the distance to the shower facilities, 4 per cent say they are too far away – 75 per cent of whom are older men and women with disabilities.

The needs assessment looked at older people's access to toilet facilities and found that overall there is good access for older people, with 89 per cent able to access toilets. However, when looking at older people who have no access, an alarming 84 per cent are older people with disabilities and nearly 64 per cent are older women, thus highlighting the gender and disability barriers in the response.

Further investigation revealed a significant minority (20 per cent) who have difficulty accessing toileting facilities, of which 70 per cent are older people with disabilities. These findings show the contrast between accessing a service and having meaningful access to a service, especially as 40 per cent of the 13 per cent of older people who say the toilets lack privacy are older women and 56 per cent of the 5 per cent of older people who feel unsafe using the toilets are also older women. In addition, 11 per cent of older people responding to this assessment report insufficient toilets; 6 per cent say the toilets are not clean and 3 per cent say these toilets are too far away – of which over 76 per cent are older people with disabilities.

To reiterate, the needs assessment's findings show the contrast between accessing a service and having meaningful access to a service. As stated, most older people have access to clean water, hygiene, and toileting facilities, but the additional behavioural, environmental and institutional barriers facing older people prevent them from using these services to their greatest extent. This is especially true of older women and men with disabilities.

Recommendations

1. Identify specific barriers older people face in accessing and using clean drinking water, hand-washing, shower and toilet facilities, and support older people to ensure they are more appropriate for those experiencing mobility and self-care difficulties.
2. Ensure that older people are included in the distribution of non-food items related to collecting and storing clean water such as jerry cans, as well as hygiene items such as soap. This should be centred on the physical, institutional and behavioural barriers preventing inclusion in these types of programmes.
3. In coordination with the WASH cluster and local authorities, provide support to repair and upgrade critical water and sanitation infrastructure.
4. Provide community information on the risks of dehydration and drinking unclean water, using accessible formats.
5. Identify humanitarian agencies working in the area on WASH. Advocate for them to meet the needs of older people, women, and those with disabilities. Provide the same information to communities so they can also request facilities that meet their needs.
6. Conduct an accessibility analysis on the WASH facilities to build and/or repair to determine and address accessibility barriers for older people and people with disabilities. Ensure they are consulted in the design of any interventions.

2. Food security

Worryingly, 44 per cent of older people are unable to get enough food – over 50 per cent of which are older women and more than 61 per cent are older people with disabilities. This is of particular importance when combined with the income security finding that 68 per cent of older people have no financial income (the vast majority of which are older women and older people with disabilities). This confirms that older people in general, and older women and older people with disabilities in particular, are reliant on humanitarian aid and their carers to meet their basic food needs. And these findings become yet more alarming in light of findings on older people's ability to access food and appropriate nutrition, as 67 per cent of respondents state having physical barriers to accessing food (57 per cent of which are older people with disabilities).

Overall, 27 per cent of older people cannot afford food; 44 per cent say the basic food basket they receive is not enough to fulfil their nutritional needs; and 43 per cent say they need a more diverse diet. When asked "how many times a week do you go to sleep hungry?", 40 per cent of older people say 1–2 nights and 11 per cent say 3–5 times a week. This implies that for over 50 per cent of older people, although they may be eating regular meals, the food is not sufficient to stave off hunger. This finding similar for both men and women, but slightly more older people with disabilities go to bed hungry – 3–5 times a week. These findings indicate that older people's food intake and nutritional needs in general, and older people with disabilities in particular, are not met, which would have detrimental effects on their existing health conditions and overall wellbeing.

Recommendations

1. In line with the Humanitarian Inclusion Standards, consult older people on what prevents them accessing nutritious food (i.e. physical, institutional, and behavioural barriers) and take action to help them overcome these barriers.
2. Incorporate older people's participation in programme design, including to inform programme work related to meeting older people's nutritional needs.
3. Consult with older people to ensure that older people, in all their diversity, are included in food distribution programming, and are not excluded. This includes considering using outreach teams or community volunteers to provide safe distribution of food packages/items to older people, particularly older people with a disability or serious health condition who may have difficulty accessing distribution points and markets.
4. Consider providing unconditional cash payments to older people who face challenges in accessing social safety nets and income, particularly those living alone, older women, and those with disabilities; and/or redesign the content and size of food baskets to ensure it meets the nutritional needs of older people.

3. Income security

Most respondents surveyed (68 per cent) have no income – a figure that drops to 23 per cent for older women – so it is not surprising that cash is the top priority for many older people. This holds true for older people with disabilities, as an overwhelming majority of that group have no income. Lack of income is more profound for older women with disabilities than older men with disabilities (82 per cent vs 70 per cent).

When asked if their family could meet their basic needs as they defined them, 50 per cent of those surveyed stated they only had enough to meet "some – less than half" of their basic needs, and 8 per cent said they could meet none of their needs. Only a very small number of older people, 2 per cent, said they could meet "all of their needs". There is no significant difference when disaggregating by sex, as both men and women are similarly able or unable to meet their basic needs. This is also the case of older people with disabilities.

Geographically, most areas were similar, except for Jisr al-Shughour, where overall 61 per cent of older people could meet only "some – less than half" of their needs. This is around 10 per cent higher than the average, indicating more difficulties in meeting basic needs in this locality.

Overall, cash was seen as a very safe means of payment for older people, with 90 per cent of participants agreeing with the statement "I can safely use cash". Furthermore, only 1 per cent of respondents thought that the distribution of cash would have a negative effect on social cohesion.

However, despite these positive results, a significant minority of older women, 12 per cent, feel they could not use cash safely because they were not in charge of household spending. This figure rises to 17 per cent among older women with a disability. This raises concerns about financial abuse and control of financial assets in households where older women live, especially older women with disabilities.

Recommendations

1. Ensure that older people, especially older women, and older people with disabilities are integrated into cash and voucher assistance (CVA) programming.
2. Consider increasing the standard transfer value paid to older people, who have greater expenses than the general population.
3. Consider expanding Individual Protection Assistance (IPA) provision to include older people in all their diversity so that cash can be used to mitigate specific protection concerns.
4. Consider including older people in income generating activities and livelihood programmes, to help them gain an income.
5. Make linkages with the protection cluster around financial control and abuse, especially among older women and especially among older women with disabilities.

4. Protection

Dependence on others is significant among the older people interviewed for this needs assessment. The majority of those interviewed (77 per cent) report being dependent on their family or friends to meet their basic needs, and this was significantly more so for older women (62 per cent) compared to older men (43 per cent). Also, 52 per cent of older respondents say they cannot reach basic services on their own – a figure that rises to 73 per cent for older people with a disability (which is unsurprising given 53 per cent of older respondents have a disability, many have multiple disabilities, and 68 per cent have no financial income).

Of the older people who responded, 15 per cent live alone – a figure that is slightly higher for older women (19 per cent) than older men (11 per cent). Also, over half of those living alone have a disability. This raises many red flags for protection risks, especially when considering that over 70 per cent of older respondents depend on family and/or friends to meet these basic needs, over half cannot reach essential services unaided and some older respondents are sole caregivers for others.

Providing care and support to others is an important role that many older people take on and despite these high levels of dependency: 39 per cent of older respondents are sole carers for others in their family; 18 per cent are sole carers for one or two older people, with the majority (87 per cent) compared to older women (13 per cent) taking on this role. In addition, of those older people providing sole care to other older people, 56 per cent are themselves aged 70 years or more.

Many older carers not only encounter challenges in meeting their own basic needs but also have the responsibility of providing care and support to others. Of older respondents caring for children, 12 per cent are sole carers for one or two children, 6 per cent care for five or more children, and 10 per cent are sole carers for one or two people with disabilities. Such responsibility can have a significant impact on overall wellbeing, not least because most older respondents (68 per cent) have no financial income and 53 per cent have more than one health condition.

The top three perceived safety risks for older women and older men are the same: neglect, isolation, and denial of resources, opportunities, or services.

Table 2: Perceived safety risks for older women and older men

Safety risk	Older women identifying this as a major risk	Older men identifying this as a major risk
Neglect	82%	80%
Isolation	55%	55%
Denial of resources, opportunities or services	52%	53%
Financial abuse	30%	32%
Unavailability of safe space	26%	29%
Emotional abuse	23%	17%

The top three safety risks cited by both older women and older men are “neglect”, “isolation” and “denial of resources” – this is perhaps unsurprising given that 93 per cent of these respondents say they are not actively engaged in designing community activities and 88 per cent say that they are not part of activities where community decisions are made. Also, 92 per cent of older respondents say they are not consulted by humanitarian organisations about services provided, which emphasises not only their isolation from the community but also from the humanitarian response. Almost all older people with a health condition (97 per cent) rated “neglect” as the top safety risk for both older women and older men.

These findings identify not only the heightened vulnerability of older people in terms of neglect, isolation and denial of resources, but also their invisibility to their community and the humanitarian response, which must be addressed to ensure the human rights of older people are protected. The data also reveals the vital role that older people play as caretakers for their family members, which highlights the importance of including older people in the design of programmes for children, and people with disabilities of all ages. It is important to state that on a positive note most older respondents (88 per cent) stated the ID cards they have work for them in accessing humanitarian aid.

Recommendations

1. Set up or strengthen an existing network of community volunteers (or outreach teams) to support those who live alone, those with disabilities, and those at risk of being isolated and neglected.
2. Mobilise the community volunteer network to support those who are dependent on others to meet their basic needs, people with a disability, and those caring for children, older people and people with a disability.
3. Provide opportunities for all age groups, including older people, to take on roles in the community such as volunteers in the volunteer network. In particular, engage with older people who are coping and managing their current situation, as they could be a trusted source of support to those that are finding it difficult.
4. Consider setting up accessible safe community spaces where people have the chance to engage with each other, meet people of the same age, find peer support and strengthen community links.

5. Reach out to the community, including religious leaders, and develop culturally sensitive community-based activities that can strengthen community links especially for older people concerned about neglect, isolation and emotional abuse.
6. For older people caring for children, people with disabilities and other older people, provide tailored and practical support, link them to other relevant service providers if locally available and ensure dependants are registered with these services.
7. Outreach teams and home-based care should be integrated within protection interventions to support older women and men at risk of isolation and neglect.
8. Use the Humanitarian Inclusion Standards for older people and people with disabilities, and IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action, to help fully design inclusive activities that respond to the needs and rights of older people, including those with disabilities.

5. Shelter

Among the older people surveyed, earthquake damage to their shelters is widely reported. In a worrying finding, 18 per cent of older people stated that their shelter “needed massive repairs”, and 22 per cent stated that their shelter was not weather appropriate. While the survey was conducted in the summer months when it was very hot, historically the shelters in north-west Syria have also not provided appropriate accommodation in the winter months, during rain and snowstorms which are common.

The assessment data revealed that 43 per cent of older people live in private houses, 32 per cent shelter in a tent, 21 per cent of rent their shelter, and 5 per cent are homeless. With over a fifth of older people living in rented accommodation, as well as the financial burden of repairing a private home, the issue of a lack of financial income for older people will greatly affect the ability of older people to be safely sheltered. With a third of older people sleeping in a tent, the issues of health and protection may be heightened and need specific focus by shelter and protection actors in the humanitarian response.

Although most older people (85 per cent) reported feeling safe in their shelter per cent, 14 per cent feel unsafe (of which 52 per cent are older women and 60 per cent are older people with disabilities). This highlights a particular vulnerability of women and people with disabilities which must be considered within the design of shelter and camp management programmes.

Overall, almost a quarter of older people, 23 per cent, agreed with the statement “there is not enough space in my shelter”, and 16 per cent of older people thought their shelter was “far away from basic services”. In addition, 15 per cent say their shelters need modifications for them to be feel more independent. These findings indicate that, for a significant number of older people with disabilities, their shelter is not adapted to their specific needs, which may constrain their ability to do daily tasks or to safely navigate their shelter.

Such findings could indicate a lack of privacy for older people, alongside difficulties in accessing services. This is affirmed by a larger number older people with disabilities feeling that services are far away in comparison to the general older population.

Recommendations

1. Link with protection colleagues, identify and act against specific protection risks for older women and older people with disabilities who do not feel safe when in their shelters.
2. Work with older people, especially older people with disabilities, to adapt shelters to their specific needs. This should be centred on the physical, institutional, and behavioural barriers preventing appropriate adaptation.
3. As a matter of priority, identify shelters inhabited by older people which need significant repair and prioritise those in need.
4. Provide additional support based on climatic conditions, including improving shelter and providing non-food items to mitigate the effects of winter and rainy seasons.

6. Health

Access to health services

The needs assessment reports that 79 per cent of older people have access to primary services and 61 per cent have access to secondary health services. This does not vary significantly by gender, age or disability. Given the impact of the earthquake on health infrastructure. While this is a positive finding, it is interesting to note that 11 per cent of older respondents say primary health services are not relevant to them and 19 per cent say the same for the secondary health services (a figure that rises to 24 per cent for older women at the secondary health service level). This may indicate that health facilities at both levels lack services specific to older people.

Additionally, 10 per cent of respondents say they could not access primary health services and 19 per cent that they could not access secondary health services, with the highest number of respondents mentioning accessibility issues at primary level (25 per cent) and secondary level (32 per cent) in Jisr al-Shughour.

When investigated further, 65 per cent of all interviewed older people say that financial costs are the main barrier in accessing health services, followed by physical barriers (59 per cent) and availability of specific medications (47 per cent). This does not vary significantly based on sex, age, disability, or for those with chronic health conditions. As evidenced in the other sections, older people have an urgent need for additional cash or income to address access to basic essential services. Safety is not highlighted as an issue as 87 per cent of respondents, across all sex, age and disability categories, reported feeling safe accessing health facilities. Geographically, this ranges from 70 per cent of respondents in Jisr-al-Shughour saying they felt safe to 95 per cent stating the same in Jarablus.

In terms of the time it takes to get to the nearest health facility, 85 per cent of respondents state that they can get to a health facility within one hour. This does not vary between sex or age, and importantly was similar for older people with disabilities (79 per cent) and older people with a chronic health condition (85 per cent). It varies slightly between locations, again with respondents in Jisr-al-Shughour having a lower percentage of people (77 per cent) able to access within an hour. However, this is quite a high percentage given the impact on health facilities by the earthquake.

Prevalence of medical conditions

Of the older people surveyed, 96 per cent (men and women) report having at least one medical condition, with over 90 per cent reporting two or more conditions. This is slightly higher across all conditions for older people with disabilities. It is also interesting to note that 75 per cent of respondents with a health condition are in the 60 to 79 years age group (see Table 3).

Musculoskeletal problems (joint aches and pains) are the most-mentioned health condition which highly impact their ability to access services and carry out day-to-day activities. High blood pressure (hypertension), diabetes, heart/cardiovascular diseases and musculoskeletal problems (which often require people to have assistive devices to manage the symptoms) account for the main health concerns highlighted by respondents regardless of sex or age (and at least 50 per cent of respondents report at least one of these issues). This is important to note as almost 10 per cent of older people say that their assistive device does not work. It is important to highlight that severe and serious injuries that may result from the earthquake are not statistically relevant, which is surprising.

Table 3: Health conditions of older people

Health condition	Older people	Older women	Older men	Older people with disability
Joint aches and pains	63%	67%	58%	75%
High blood pressure	57%	63%	51%	62%
Heart problems	43%	40%	46%	50%
Diabetes	40%	41%	39%	41%
Gastrointestinal issues	32%	32%	31%	38%
Respiratory problems	24%	25%	23%	32%
Mental health problems	12%	10%	13%	17%
Cancer	1%	>1%	1%	1%

Note: The needs assessment did not conduct medical screening of respondents, so all data is self-reported which may result in under-reporting of issues that may be stigmatised in the community, such as mental health conditions (12 per cent reported) and incontinence (8 per cent, up to 15 per cent for those aged 70–79 years).

Need and access to medication

In total, 88 per cent of older people interviewed report using medication to treat or manage an acute or chronic condition. This did not vary between sex but did increase to 93 per cent among older people with disabilities. All of the 13 older people aged over 90 who were interviewed reported using medication.

And 73 per cent of older people (79 per cent of older people with disabilities) say they buy their medication directly in pharmacies, followed by 16 per cent who buy from the health centre. This varied slightly between men and women, with more older women (79 per cent) accessing medications more at the pharmacy than men (66 per cent), who increasingly accessed their medication at the health centre (21 per cent men, 11 per cent women).

Of the older people responding, 66 per cent say they have medication for at least one week to more than 10 days, which is positive. However, with high financial barriers to health services, high rates of non-communicable diseases among older people, as well as a lack of clarity on the medication stocks for longer periods, this may be less positive than initially interpreted. Secondary reports register most of the people mentioning available medication in the pharmacies for 1 week to more than 10 days without specification for medication for chronic conditions. Untreated NCDs such as hypertension and diabetes increase the risk of severe health complications and while the prevalence of these generally

increases with age, the cost of services, the barriers to access health services and availability of medication for chronic conditions are unresolved questions.

Recommendations

1. Conduct an assessment of health facilities and services, complemented by interviews with key health services providers, to identify targeted support required to implement quality and impactful health and care services through Ministry of Public Health and Population, community-based groups or other means. A special focus should be put on assessing the mental health area.
2. Provide specialised training for health facility staff on age-related health issues, including prevention, diagnosis, treatment, and management of health concerns of older people.
3. Provide cash or other income streams to older people to reduce the financial barrier of accessing health services. (See Income section recommendations for more).
4. Ensure all older people and those with disabilities are represented in the design and monitoring of humanitarian health and care responses and that data collected includes disaggregated data by sex, age, and disability.
5. Include assistive device assessment, fitting, distribution, and maintenance training for older people, and their carers where relevant, to reduce the barriers for older people to engage with their community and carry out their daily routines.
6. Provide information on healthy ageing, and stigma topics related to health, through health information sessions, assistive device distributions and community health groups.

7. Disability

Using the Washington Group questions

Using the Washington group questions, the data identifies disability based on whether a person has a lot of difficulty or cannot do an activity at all. Based on this analysis, the needs assessment identifies that there are 55 per cent of older women with disabilities and 44.9 per cent of older men with disabilities.

In this data set the main number of older people with disabilities are between 60–89 years.

Over half of the older people interviewed (57 per cent) reported living with a disability (59 per cent women, 48 per cent men). This is higher than the global average of 46 per cent of older people living with a disability globally. It is important to note that of those interviewed, only 42 per cent of older men and 43 per cent older women, with and without a disability, consider themselves as a person with a disability. It is also important to investigate this further and to support efforts to reduce the stigma in identifying as a person with a disability.

To determine whether a person has a disability, the assessment applied the Washington Group Questions to determine disability based on functionality, as opposed to a medical assessment or official status. It provides useful information on the different types of disabilities that older people are living with. In looking at data using the Washington group questions, the data identifies disability based on the analysis in using two categories of the Washington Group question – a person with a lot of difficulty and cannot do an activity at all.

Types of disabilities

The dominant challenge facing older people is mobility, with 41 per cent of older people reporting a lot of difficulty or being unable to walk at all. Table 4 shows that there are more older women than older men with disabilities related to mobility concerns which is an important when considering the design of gender-sensitive support services. And when considering that almost half of older women surveyed report mobility issues, it should be considered that there may be heightened protection risks of isolation, as well as wellbeing risks of loneliness, etc. within this group.

- Over a fifth of older people (21 per cent) report a lot of difficulty seeing or cannot see at all, and 14 per cent report having a lot of difficulty hearing or cannot hear at all.
- There is a smaller yet significant number of older people (4 per cent) who reported having a lot of difficulty in communicating. As for the other disabilities, more older women than older men face this challenge – which again is an important consideration when designing gender-sensitive programming and in designing inclusive assessments and complaints and feedback mechanisms.
- The number of older people who have a lot of difficulty or cannot perform self-care is 18 per cent which is complemented by 23 per cent having a lot of difficulty in getting out of their home. This data highlights the complexity of older peoples’ needs and capacities in designing an accessible approach to ensure every older person is given equal access to services.

Table 4: Prevalence of disabilities among older people

Type of difficulty	Older people	Older women with disabilities	Older men with disabilities
Difficulty climbing stairs	41%	49%	33%
Difficulty getting out of living space	23%	28%	19%
Difficulty seeing	21 %	24%	19%
Difficulty with self care	18%	22%	14%
Difficulty hearing	14 %	16%	11%
Difficulty remembering and concentrating	10%	13%	7%
Difficulty communicating	4%	5%	2%

When the data is assessed among the group of older people with disabilities only, 77 per cent of both older women and men have a lot of difficulty or cannot walk or climb stairs, 40 per cent of both older women and men have a lot of difficulty seeing or cannot see, and 19 per cent of older people with disabilities have difficulty remembering often or all of the time. This shows that older men and women are living with more than one disability and when analysed further, it was found that 21 per cent of all older people interviewed are living with one disability and over 21 per cent are living with two or three disabilities, and 12 per cent are living with four to seven disabilities.

Assistive products

Table 5 shows that the most-used assistive products for older men and women were glasses, crutches, walking sticks and toilet chairs. The use of incontinence pads increased for older women –women between the ages of 70–89 years use incontinence pads (15 per cent) compared to older men in this age group (6 per cent).

Table 5: Assistive product use by type

Assistive product	Older people
Glasses	32
Crutches	24
Walking stick	23
Toilet chair	18
Wheelchair	5
Hearing aids	7
Waterproof mattress	4
Incontinence pads	4
Walking frame	3
Other	1

In total, 53 per cent of older people state their assistive product is in working order, while 9 per cent report it is not working.

When asked what assistive product they need – respondents needs varied as shown in table 6, this shows there is a need to consider this in future programming and recognise the need for mobility aids, communication products and self-help products, with an increased needs for older women needing incontinence products.

Table 6: Percentage of older people with disabilities needing assistive products

Assistive product	Older people
Eyeglasses	40%
Needs a toilet chair	30%
Needs crutches	25%
Needs a walking cane / stick	20%
Hearing aids	20%

This disability data is useful to better understand the level of difficulties to access basic needs in the home and basic services in the community and using a community-led approach to look for solutions to reduce the barriers and increase levels of inclusion. It is also useful to better understand perceptions of ageing and disability in older people who may need support to adapt to their changing life situation and managing later life.

This data is also important in planning for all humanitarian support and services as this older community has multiple accessibility needs based on these findings, and reflects on the types of information shared and engagement with the community to ensure there is meaningful participation and active engagement of this older community.

In summary, the data highlights the complexity for older people in north-west Syria, and can help to ensure they are included equally in all humanitarian responses and community activities. It would be useful to do more in-depth studies to identify environmental and attitudinal barriers to better address need in consultation with older people with and without disabilities to reduce the barriers to inclusion. Programmes to prevent further levels of disability are as important as providing appropriate services for older people with disabilities. This suggests more attention to ensuring community rehabilitation services are a key component of the multi-disciplinary team approach for community services.

Recommendations

1. Disaggregate data by sex, age and disability at all stages of programming to find out how many older women and men there are with complex needs and how far their needs are being met. Use the findings to develop an inclusive response.
2. Develop plans with community health and social workers to carry out screening programmes for older people who have difficulty seeing, walking, leaving the home or communicating.
3. Plan to improve access to healthcare and other essential services.
4. Continually recruit physiotherapists, psychosocial workers and other health professionals to provide comprehensive community services to older people with disabilities to promote their independence and reduce the risk of secondary complications.
5. Set up buddying schemes to support older people who cannot leave their home because of difficulties remembering and concentrating.
6. Where older people and people with disabilities need additional assistive products, ask them what they prefer to use and purchase these items locally whenever possible.
7. Carry out research to identify what assistive products are available locally or can be produced at low cost.
8. Budgeting to address barriers should include dedicated resources for accessibility. For physical accessibility, consider budgeting at least an additional 10 per cent.
9. Ensure information is produced in accessible formats to meet all needs – e.g. people with limited vision, limited hearing, lack of access to the internet and living at home.
10. Increase the active participation of older women and men with disabilities in community activities and ensure all services are accessible to all.
11. Actively involve older people with disabilities in planning for their immediate and longer term future to make sure their needs are taken into account and services are accessible to them.

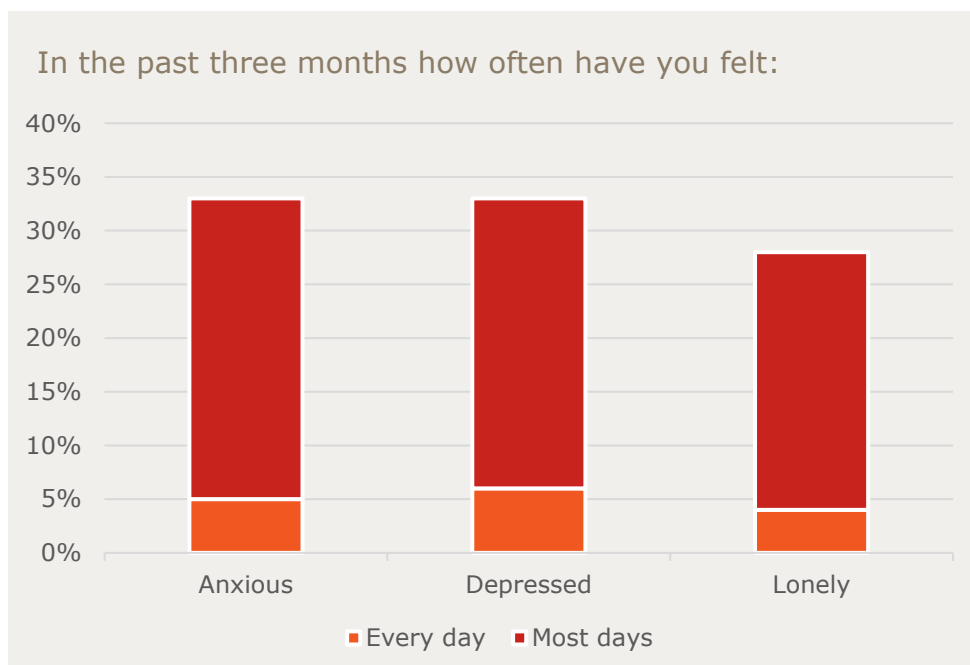
8. Wellbeing

Overall, 43 per cent of older people report feeling exhausted “most days” or “every day” – for older women this figure rises to 54 per cent and for older men it falls considerably 31 per cent. Most older people with a disability also reported feeling exhausted most or every day (61 per cent). Moreover, 33 per cent of older people report feeling worried or anxious “most days” or “every day” in the last three months. This is slightly higher for older women (37 per cent) compared to older men (28 per cent). Also, 44 per cent of older people with a disability report feeling worried or anxious “most” days or “every day”.

Feeling worried, anxious, and exhausted is not surprising given that 44 per cent of older respondents report not having enough food and 68 per cent have no financial income. In addition, many (37 per cent) are sole carers for other family members including children, people with disability and older people. Such caring roles can have a significant impact on older carers’ overall wellbeing especially when they are also facing challenges to meet their own basic needs.

Along with feeling worried and exhausted, 33 per cent of older respondents report feeling depressed “most” or “every day” over the previous 3 months and this figure is higher for older women (39 per cent) compared to older men (25 per cent) and includes 45 per cent of older people with a disability. Also, 28 per cent of older respondents feel lonely or isolated “most” days or “every day”. Again, this is higher for older women (31 per cent) compared to older men (23 per cent) and includes 39 per cent of older people with a disability. However, it is important to note that 19 per cent of older people “never” felt lonely or isolated over the previous three months and the majority of reporting this are older men (68 per cent). These older people could be a source of peer support to those who are feeling lonely.

Though 10 per cent of older people report not coping or managing their current situation, 27 per cent state they can cope on their own, and 63 per cent say they can cope with help from others. This shows the resourcefulness and resilience of many older people and a possible source of trusted support for those who are struggling to cope with this situation – for example through peer support, group support, and supporting their community as older volunteers. For many older people their religious beliefs and spiritual support can help strengthen their wellbeing and community connections. It is important that activities and support provided are culturally relevant and community focused with older people’s active participation and engagement.



Recommendations

1. Mobilise, support and train partner organisations and networks of community volunteers to provide basic psychosocial support to most at risk older people including group support and activities, befriending, sharing information etc.
2. Recognise the capacities of older people, including those with disabilities, and their potential to contribute. Provide them with opportunities to take on roles where they can support other older people, for example as community volunteers and/or peer supporters.
3. Strengthen and build the capacity of a network of community volunteers and/or community members to support themselves and each other (e.g., women’s groups, men’s groups, peer supporters, intergenerational links, older peoples’ groups etc.).

4. Look for ways to reinforce community ties and promote healthy connections across people of all ages in all phases of humanitarian assistance. For example, setting up support groups for older people (possibly separate groups for women and men) where they can meet each other in a supportive environment with a volunteer and others in the community.
5. Working with partners and/or community volunteers provide psychosocial support through different ways to older people and persons with disabilities who feel worried or anxious about the situation.
6. Reach out to those with a disability and older people who feel particularly isolated, exhausted, and unable to cope, provide them and their caregivers with befriending support, including peer support, listening, and sharing information and providing some basic home support.
7. Consider ways to meet older people's possible needs for spiritual support through liaising with local religious and spiritual leaders and members.

9. Accountability

Despite the conflict starting over 12 years ago, only 8 per cent of older people (10 per cent older men, 6 per cent older women, and 7 per cent older people with disabilities) say they have been consulted on the services provided by humanitarian agencies. This reflects a high incidence of systematic exclusion of older people, including those with disabilities, within the humanitarian response in north-west Syria. Data from the needs assessment shows that this was particularly the case in Idlib where only 1 per cent of those interviewed say they have been consulted, compared to 24 per cent of respondents in Azaz who reported that they had been consulted.

In addition to the fact that older people across all locations, genders and disability status were not sufficiently consulted, 48 per cent report knowing how to provide feedback to responding agencies. While this is more positive than the data on older people's consultation by agencies, it is a startling finding, particularly compared with other crises where these figures of knowledge of complaints and feedback mechanisms (CFM) have been as low as 25 per cent. This finding means that not only are programmes being designed without considering the specific needs of older people, but humanitarian agencies are not receiving the feedback they need to improve their programmes either.

Data from the needs assessment on knowledge of CFMs reveals differences between men and women, with 58 per cent of women not knowing how to provide feedback, compared to 44 per cent of men. For older people with disabilities, while 57 per cent also reported not knowing how to do this, it was more of an issue for older women with disabilities than older men with disabilities (65 per cent said they didn't know, compared to 52 per cent of older men). An important point to note is that 8 per cent of older people with disabilities, and 3 per cent of older women, feel uncomfortable answering this question – this is in stark contrast to the 0.5 per cent of older men stating this. The disability and gender disparity reflects a need for more tailored engagement with older people with disabilities and older women on complaints and feedback mechanisms.

The lack of consultation and inability of older people to give feedback can lead to programming that does not meet their needs and uphold their rights, and it may even exclude them from accessing support and assistance altogether. It can exacerbate the marginalisation and protection risks faced by older people, particularly those with disabilities. More needs to be done to understand the barriers preventing older people engaging with responding actors and accessing

feedback mechanisms, for example, reliance on local languages, low literacy levels and complaints having to be made at fixed locations.

Given that the Syrian crisis began over a decade years ago, the fact that older people are not being consulted by most humanitarian organisations and that less than half know how to provide feedback, is highly alarming and needs to be addressed to ensure responses align with the humanitarian principles and human rights standards.

Recommendations

1. Use accessible communication methods and local languages to consult older women and men, including those with disabilities, about their needs and preferences, gaps in services, whether services are safe and accessible, and how they can access feedback mechanisms.
2. Hold focus group discussions with specific groups within the older community, particularly older women and older people with disabilities, to plan how to engage with humanitarian agencies and how to design inclusive complaints and feedback mechanisms, such as feedback boxes, phone numbers and community focal points. Share these plans with all sectors' cluster meetings and advocate on behalf of older people at these meetings.
3. Analyse information gathered through the CFM from older people on a regular basis and adapt programmes as necessary. If there is very limited feedback, review the existing complaints and feedback mechanisms with older people to identify the barriers they face in using them. Hold reviews specifically with older women and with older people with disabilities.
4. Ensure older people are aware of complaints and feedback mechanisms and understand the processes and how the information will be used. This can be through age-inclusive awareness raising campaigns in the community, on the radio, and through other communication lines.

Endnotes

¹ Syrian Arab Republic: 2023 Humanitarian Needs Overview, December 2022

² OCHA, [North-West Syria: Situation Report](#), 21 July 2023

³ Syria Protection Sector, [Rapid Protection Assessment Findings](#), 21 February 2023

⁴ UNHCR report "[Older refugees: A forgotten generation](#)", October 2019

⁵ HelpAge International and SEMA, [COVID-19 rapid needs assessment of older people](#), July 2020

⁶ <https://www.helpage.org/newsroom/latest-news/new-humanitarian-guidelines-launched-for-ageing-and-disability-inclusion>

⁷ <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>

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