

Executive summary

Rapid needs assessment of older people

North-east Syria

January 2019



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

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

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

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

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

Key findings

Living arrangements

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

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

Rising rates of disability

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

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

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

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

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

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

Lack of consultation

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

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

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

Shortage of medicine

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

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

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

Going hungry

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

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

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

Borrowing money

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

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

Risks to safety

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

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

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

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

Water sources too far

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

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

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

Poor living conditions

Almost nine in ten respondents said they had their own shelter. However, fewer than half are satisfied with their living conditions. Two-thirds live in shelters in need of repair.

Inadequate shelter exposes older people to the risk of theft and violence, particularly those living alone.

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

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

Recommendations

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

- Collect and analyse data disaggregated by sex, age and disability.
- Design feedback and complaints mechanisms that can be used by older people, including those with disabilities.
- Involve older women and men, including those with disabilities, in assessments and training. Develop their leadership abilities.
- Provide opportunities for older people to take on roles in the community.
- Use outreach to identify and register older people and their dependants for assistance, and to distribute food and services to those with reduced mobility.
- Use accessible formats to provide information to older people on how to access services.
- Engage with relevant UN clusters, government and inter-agency coordination mechanisms at all levels.
- Use the Humanitarian Inclusion Standards for older people and people with disabilities² to ensure all sectors respond in a way that is fully inclusive of older people.
- Train staff and partners to promote the safety and dignity of older people.

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For more information, please get in touch with:

- Sameena Gul, Head of Programmes - Eurasia-Middle East, HelpAge International:
sameena.gul@helpage.org
- Dr Feras Fares, Head of Programmes, SEMA:
f.fares@sema-ssy.org



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