

Caught up in conflict

Older people in humanitarian crisis in the Kyrgyz Republic, June 2010



HelpAge
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Executive summary

Internal unrest and humanitarian crisis like those affecting Kyrgyzstan's South in June 2010 are particularly dangerous for older people. Already vulnerable from the onset, they often see their living conditions, nutritional situation and health significantly deteriorate.

HelpAge International made a phone call survey with these older people *caught up in conflict* and, thus, was able to draw a picture about their desperate situation. The interviews revealed that two thirds of the respondents were coping badly with the situation, about 60 per cent stated that they found it difficult to get food. While 70 per cent said that they had to take medicine regularly, only about one third had some medication left. It came out that older people in humanitarian crisis often face life-threatening problems.

However, there were also positive examples of how older people cope with these threats. They often are, against all odds, still caring for other people and help out each other, regardless of ethnics or religion.

HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.

Acknowledgements

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Introduction

Background

On 11 of June 2010 violent clashes erupted in Osh, Southern Kyrgyzstan's major city. Despite the general sense of instability prevailing in the country since the ousting of former president Bakiyev, the scale of the unrest took many by surprise. According to figures from the UN, more than 400.000 people had to flee their homes. The death toll of the clashes is said to be in the hundreds, unofficial reports stating that up to 2000 people may have lost their lives.

« I am having fear since all this happened; I am not easy in my mind; I am afraid to go out. I have never seen such things even though I am a person with a disability of the 2nd World War. »

Hasiljan, 92 years

The situation was aggravated by the fact that there was no time for even the most basic preparations to deal with the ensuing chaos. Many people were left without enough food or medicine, facing shortages of supply due to destroyed or closed markets or because it was simply too dangerous to go outside. Added to this feeling of emergency and shortage there was a dangerous lack of information about the nature and likely cause of the violence, the motives of the perpetrators and the persisting danger.

This last element was additionally complicating the planning of emergency responses. HelpAge was particularly concerned about older people trapped inside the conflict. A lack of humanitarian space and security meant that it was too dangerous for an assessment on the ground during the first weeks.

Methodology / approach

Facing a lack of humanitarian space and security risks in Osh, HelpAge opted for a telephone-based survey of older people in the affected area. The survey was based on a list of 266 persons, including mainly older people (often representing the oldest old, i.e. 75+) living alone and/or receiving social benefits as well as veterans of the second world war. 75 people of this list did not have a phone number, leaving 191 potential respondents.

HelpAge, with guidance from the State Agency for Social Security, set up a team of social workers going carefully through this remaining list of people, trying every number with the aim of asking them how they were and what they needed. As it was to be expected, some numbers had changed and some calls remained unanswered as many people were forced to leave their homes

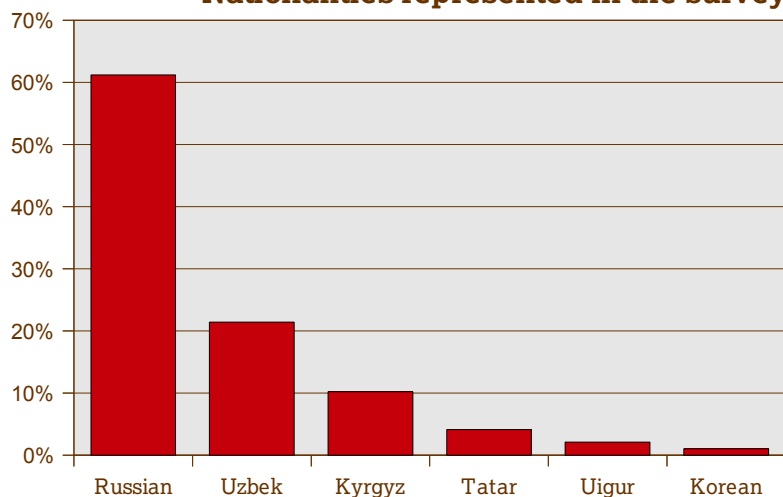
in search for safe havens. Still, 98 people answered the calls and provided HelpAge with valuable real time information about their situation during these dangerous times.

The interviews were conducted based on a semi-open questionnaire including 18 questions, ranging from general inquiries about their well-being to specific questions about their pension and food or medicine supply.

Basic data of respondents:

The questioned people were between 60 and 101 years old, 53 per cent of them being men and 47 per cent women. The nationalities represented in the survey ranged from Russian, Uzbek and Kyrgyz to Uigur, Tatar, and Korean.

Nationalities represented in the survey



Despite the fact that the population of Osh is predominantly Kyrgyz and Uzbek the majority among respondents was Russian. The reason for that is mainly grounded on cultural differences. In Russian traditions – contrary to Kyrgyz and Uzbek cultures – grown up children usually do not share the same household with their parents. Moreover, after the collapse of the Soviet Union the majority of Russian working population left the region, often leaving their parents behind alone. This explains the high percentage of Russians among the original list of older people living alone.

The interviews

General questions on well-being

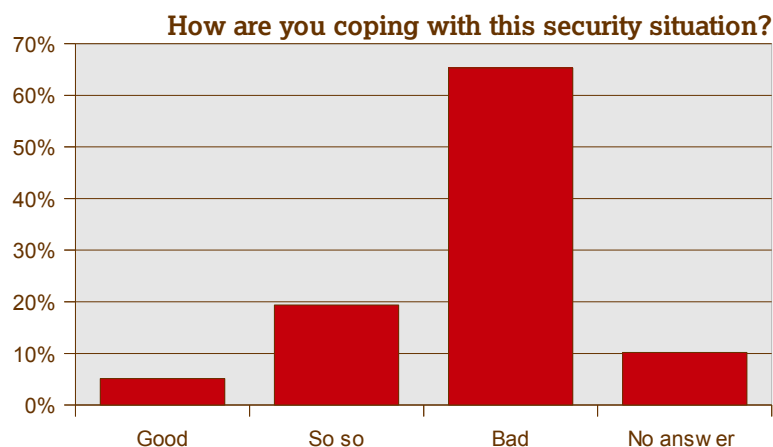
After an introduction of the purpose and aim of the interview the social worker started off with some general questions on the well-being of the respondents. These inquiries were generally very well received; it showed the older people that someone out there was caring about their situation by simply listening to them.

« One cannot but worry, I was starving and it was terrible, for four days I have lived in the block all by myself, all others went away to the villages. »

Vera, 75 years

The first questions were exploring levels of overall well-being and asked how they were coping with the situation. Quite understandingly, most people answered that they were not feeling comfortable. Many of the respondents felt intense stress, which for some was aggravating chronic diseases they already had. They were worrying about the security situation and as a result often got high blood pressure. Many suffered from sleeping disorders and were scared to go out. As many of them stayed alone during that period of time, they sometimes didn't talk to other people for days.

The general perception arising out of the answers was that there were many among the respondents who were in urgent need of psychological assistance.



A further group of questions focused on the living conditions of the respondents, inquiring whether they live alone or in a family. It turned out that the biggest group of people (41.8 per cent) lived alone, 23.5 per cent with their spouses, and 19.4 per cent with their children or another relative. 14.3 per cent of the respondents lived in a big family while 1 per cent lived with someone not related to them.

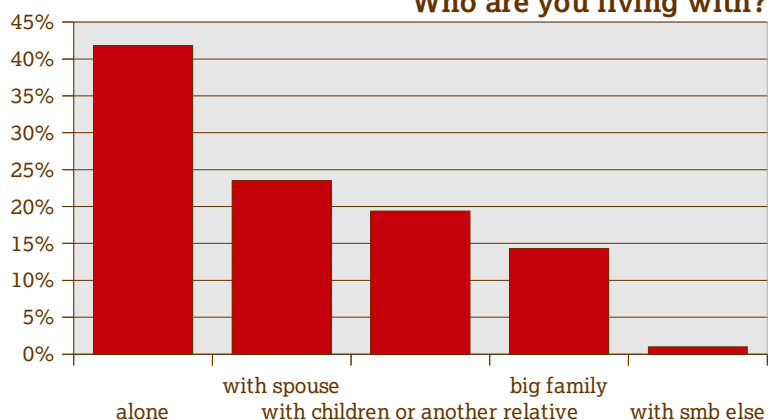
Generally people living alone are more vulnerable during a crisis like the one affecting Osh. It is very likely that their hardship was exacerbated during the recent events. This may have led to even greater isolation from society and information as well as to a sharply decreased access to food or health facilities.

« We have one neighbour who lives alone and cannot walk. So, I help her all the time; whatever I bring for myself, the same I bring for her. »

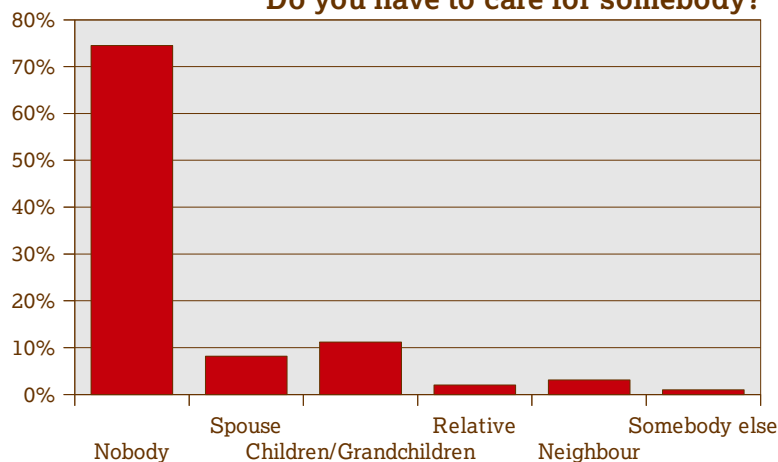
Evgeniya, 85 years

Out of the people questioned, 74.5 per cent are not looking after anybody but themselves. This high number is mainly due to the fact that a big part of the respondents had been selected on the criteria that they are living alone. Moreover, many of them suffer disabilities and have health problems themselves. However, a total of 25.5 per cent have to take care of somebody else (8.2 per cent look after their spouses, 11.2 per cent after grandchildren, 2.0 per cent after relatives, 3.1 per cent after neighbours and 1 per cent look after somebody else). Thus, a quarter of the older people are placed in a double-protection dilemma.

Who are you living with?



Do you have to care for somebody?



Pensions

Another cluster of questions was dealing with the pensions of the respondents. According to the official data all 98 questioned people were entitled to a pension. When asked if there were any problems with getting their pensions, only 18.4 per cent replied in the affirmative. The great majority (71.4 per cent) said that there were no problems, while roughly 10 per cent did not reply to this question. Concerning these numbers it has to be taken into account that the last pension distribution took place at the end of May, hence before the conflict erupted and people would not have received the June transfer yet. Without being specifically asked for it, a fairly elevated number of people noted that their monetised compensation for benefits had been arriving late. However, these delays were not related to the conflict.

Further questions in this group related to the logistics of pension distribution, including such questions as to whether the post office is still operating or who

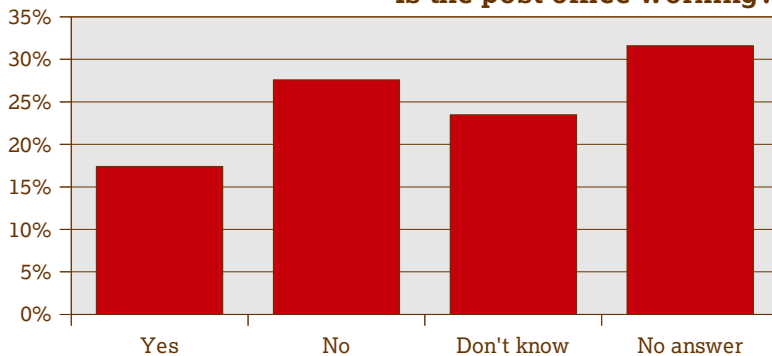
is delivering pensions to the respondents. Only 17.4 per cent knew that the post office was still working, while the majority (55.1 per cent) either did not know or did not really reply to that specific question. Asked about the way they received their pension, 16 per cent answered that they go and pick it up themselves. The majority, approximately 57 per cent, answered that usually post officers delivered their pension to them. The other possible categories of deliverers such as “neighbours”, “relatives”, “social workers”, “through bank” were chosen by 2.7 per cent each.

« Is the post office working?»

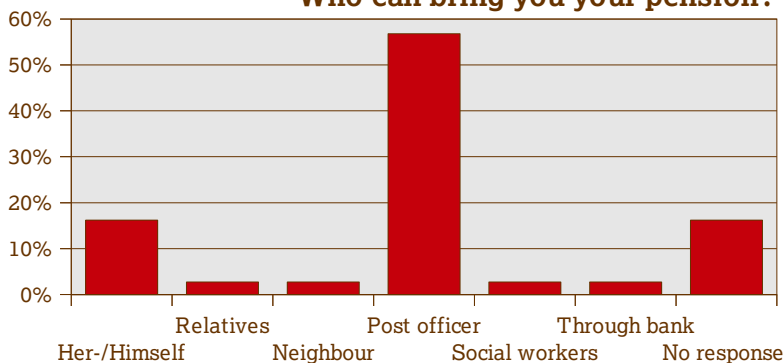
« We don't know, we haven't been out for a long time. It's dangerous. »

Faizulla, 96 years

Is the post office working?



Who can bring you your pension?



Nutrition

Another important aim of the survey was to find out more about the nutritional conditions of older people in the affected area. This information helped to shed light on their specific problems in order to adapt emergency response measures to the needs on the ground.

«There is no water, we are not given any. We drink rain water; sometimes we drink water from the irrigation ditch. Now there is no water in the ditch, all trees are drying out.»

Shamil, 83 years

Approximately 10 per cent of the respondents were facing problems with water. In most of the cases this was connected with the absence of electricity, for example when water pumps stopped working. Although most of the people have water sources at home, others had to get it on the street. Some were even collecting water out of irrigation ditches. Additionally to this already problematic situation, they were complaining about their dependency on the weather. When there is a lot of rainfall, the water in these ditches usually gets even more dirty.

When it comes to food, 48 per cent replied that they were facing some kind of problems concerning their supply. 12 per cent of the respondents did not have enough food. Not only in the problematic conditions of an ongoing violence this is very dangerous and can significantly deteriorate already precarious health conditions. Some of them answered they were starving and that they urgently need help. A further 36 per cent said that, even if there was some basic nutrition available, they were experiencing food shortage. This was sometimes due to lack of money or to more conflict-related reasons such as the closure of markets or the fear of going out.

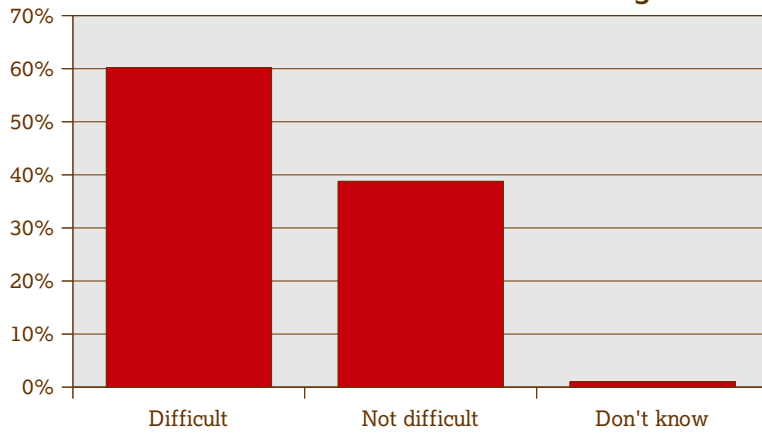
« There is no food, we have nothing to eat, our neighbour who is a drug addict has stolen all our money and food, our eggs. Now I am hungry.»

Natalia, 89 years

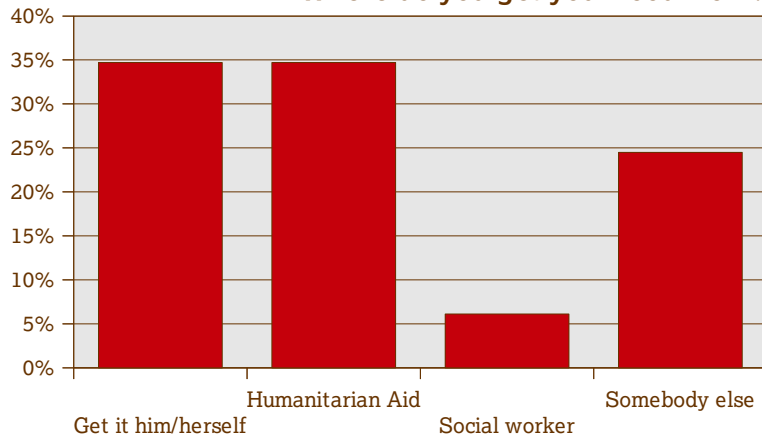
Another question specifically asked whether it was difficult to get food. Approximately 60 per cent of the respondents were confronted with problems in the provisioning of food. This was due to several reasons: added to the already mentioned closure of markets and lack of money were issues like health problems, lack of available food in markets or high cost of food. Some also criticised the lack of humanitarian aid provided or that the size of humanitarian aid was too small for especially big families, where sometimes all members were dependent on the ration of one person.

38.8 per cent of the questioned people considered it not very difficult to get food. When asked about how and where they got food from, a bit more than a third (34.7 per cent) of the respondents still was relying on themselves in this respect. Roughly another third (34.7 per cent) was mentioning humanitarian aid as their most important source. Neighbours, friends or relatives (24.5 per cent) or social workers (6.1 per cent) were also mentioned as deliverers of food.

Is it difficult to get food?



Where do you get your food from?



The question about food stock mostly was answered in very divergent ways, making a thorough assessment of the situation impossible. When people were asked whether their current nutrition suited their needs, the picture became only slightly clearer. Most of the respondents showed great modesty by saying that anyway they would not need a lot of food. Some of the older people said that their current dietary intake was not suitable, but as they did not have a choice they would not complain. Others again were satisfied with their current nutrition even though they needed to keep a specific diet related to their health.

So people were asked about what they would mostly need as an addition to their current diet. Food as diverse as sugar, butter, fish, meat, vegetables, fruit, dairy, potatoes, cereals, oil, eggs or sweets were mentioned. Most often people were asking for dairy products (22.9 per cent), meat (17.4 per cent) and fruit or vegetables (11.4 per cent each). This assessment of specific needs proved very helpful in the ensuing emergency response measures.¹

¹ The findings formed the base for designing further measures such as meals-on-wheels distribution to single older persons in Osh City fruit and vegetable preservation projects in affected communities

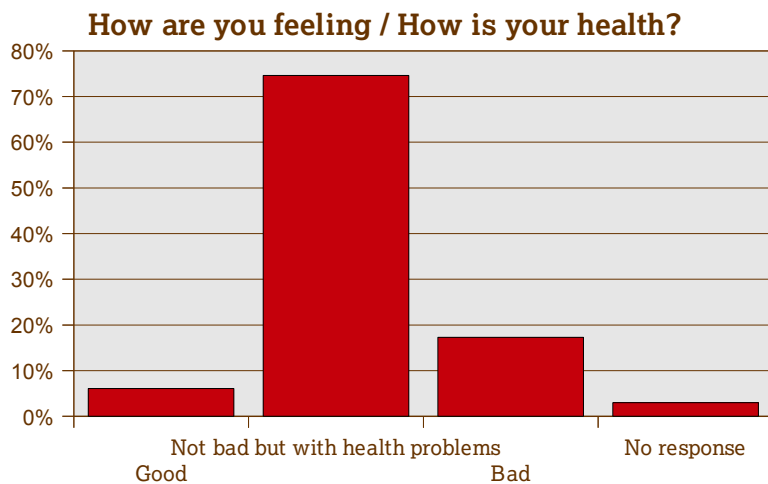
Health

In addition to more details about the nutritional situation of older people in Osh HelpAge wanted to find out more about their health conditions. Roughly a quarter (27.5 per cent) of the respondents were disabled (of which 55 per cent were veterans of the second World War). When asked about their health and how they were feeling, only 6 per cent answered “not bad” and didn’t have any complaints for health. A vast majority (74,6 per cent) of respondents said they were not feeling good or, even when formally answering “not bad”, listed a range of diseases and health problems they were suffering from. Another 16 per cent responded that their health was bad. They listed a number of diseases and, in addition, most of them experienced intense stress due to the ongoing crisis. This further exacerbated high blood pressure, insomnia, heart pain, depression, and generally translated into a worsening of in most cases already precarious health conditions.

« It's bad, everything hurts, perhaps I will die soon, doctors are not coming, ambulances are not coming. It's bad, it's scary, I am not going out. They will shoot. »

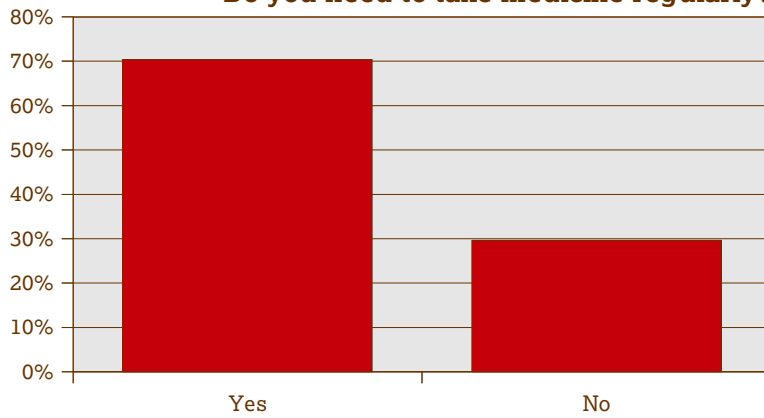
Pavel, 91 years

For instance, three quarters of the respondents were suffering chronic diseases, encompassing a wide range of different illnesses. Many of them mentioned hypertension, bronchitis, cardiovascular diseases, paralysis or problems with mobility, amblyopia, deafness, glaucoma, chronic inflammation of different organs, diabetes mellitus, tuberculosis, cancer, varicosity, bronchial asthma, and many more.



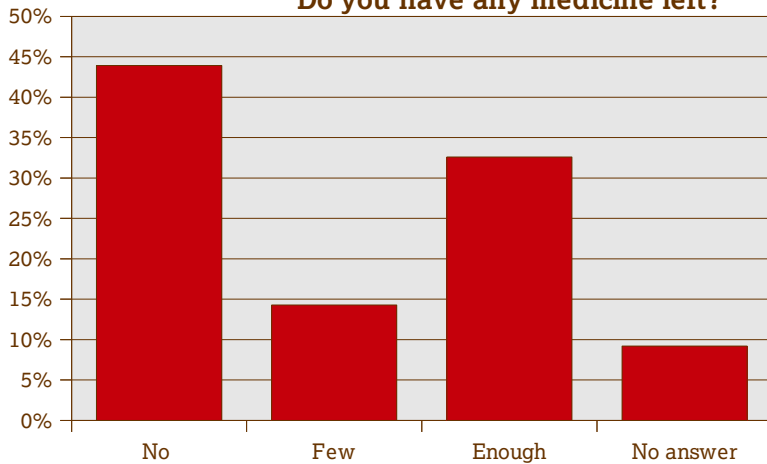
To fight these and other health problems, 70 per cent of the respondents said they had to take medicine regularly. When asked if they still had enough drugs left, only one third replied in the affirmative. 43.9 per cent had already run out of drugs and a further 14.3 per cent only had few supplies left. This fact, in combination with the above-mentioned intensification of health problems during the crisis, was one of the most alarming findings of the survey.

Do you need to take medicine regularly?



This was ever more urgent as 38 per cent of the older people questioned had no access to any medicine whatsoever. In some cases pharmacies were closed or destroyed, and sometimes even if they were open the availability of specific drugs was very limited. Some of the older people were too afraid to go out while others were immobile with nobody to bring them the medicine they needed. Some again simply did not have enough money to buy the often very expensive drugs.

Do you have any medicine left?



Still, half of the respondents had some access to medicine, sometimes by getting them themselves, sometimes by means of someone bringing them (social workers, neighbours, relatives, doctors). But it was clear that a slightest disruption in the supply chain could put these people at risk as well. During a violent conflict or the ensuing chaos this can very easily happen, at any given moment.

Conclusion

The June 2010 violence in and around Osh and Jalal Abad was a tragic event for Kyrgyzstan and its citizens. As supply structures were often collapsing the whole population of the affected areas was facing extraordinarily tough times. The situation was particularly dangerous for the more vulnerable parts of society, like older people and persons with disabilities. In this difficult environment and amidst ongoing tensions HelpAge decided to take action in an unconventional way. It was working with the State Agency for Social Security to access the most vulnerable through phone calls when physical assessment was made impossible by a lack of humanitarian space.

« I help my daughter and grandchildren, I give my pension to buy food. My daughter buys food and medicine. I am grateful to you that you worry about me. Thank you so much. »

Hasiljan, 92 years

In a situation where older people often found themselves caught up in conflict, sometimes too afraid to leave their houses and isolated for days without any contact to anyone, an act as simple as a telephone call could have huge effects. It showed to these people that there was still somebody out there who knew about them, who cared. This fact alone, knowing that one is not completely forgotten and lost, could have had a soothing effect on the troubled souls of those being trapped amidst the ongoing violence.

But the benefits of this approach did not stop there. It provided HelpAge with important information on the situation of older people within the conflict zone and on their specific problems and needs.

Some of the respondents were witnesses and even victims of violent crimes. Almost all of them were experiencing intensive stress, which could have negative long-term consequences for their health. Additionally, they often got high blood pressure, sleeping disorders and other health problems triggered or aggravated by the conflict. Sometimes older people did not dare to go out any more and stopped talking to people. In many cases they had to face shortages of food and water, some already had to starve for days. Others were running out of vital drugs needed to mitigate perilous diseases. Their situation was thoroughly dire.

HelpAge established lists of items and food which were named by the older people as urgently needed. These served as a crucial source for adapting emergency response measures to the needs on the ground. As one concrete outcome, in June and July HelpAge distributed 2500 hygienic kits and cash grants in and around Osh with the cooperation of local partner

organisations. These measures helped to ease the situation of the older people caught up in the conflict at least a bit.

« Me and my family lived temporarily with our Kyrgyz neighbours, women and children were hiding in the basement. »

Hairulla, 87 years

Despite all the horrible stories and dire accounts our investigators had to jot down there were also some positive things to report. They discovered that people were still helping each other, despite ethnic differences and dangerous shortages of provisions. There were stories of Uzbek people hiding in their Kyrgyz neighbour's basement (or vice-versa) and of people sharing whatever little food they got. And whoever told his story on the phone was glad to be heard and had one intense wish to share, resonating through all the testimonies: peace.

« Is there enough medicine? For how long? »

« I don't need anything; I only wish that there is no war. »

Vera, 78 years

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