

OLDER PERSONS



CURRENT SITUATION

Addressing the needs of older persons is a cross-cutting responsibility of all humanitarian actors. The situation in Ukraine differs from other humanitarian contexts in its high number of older persons (60+) affected by the conflict and in need of assistance. **Prior to the crisis of 2014 older persons accounted for 9,330,430 million, of which 65% were women and 35% men (22% of total population).** A challenge is that post conflict statistics of displaced and affected population are not appropriately disaggregated by age.

The Ukraine Multi-Sector Needs Assessment (ACAPS) shows that in areas of active fighting, including the “grey zone” near the contact line, persons with disability (see “separate Protection Cluster guidance note on disabilities) are considered the most vulnerable followed by older people and people affected by non-communicable diseases. Some older persons are affected by all these factors.

The main purpose of this note is to raise awareness of the protection challenges for older persons in Ukraine and set out the criticality for authorities, humanitarian actors and donors to:

- take proactive steps to address the assistance and protection needs of older persons
- ensure that interventions are inclusive and accessible for older persons

KEY PROTECTION CONCERNS

1. **Payments of pensions and social entitlements** to persons living in the Non-Government Controlled Areas (NGCA) were stopped in 2014. As a result, pensioners residing in NGCA must cross the contact line and register as IDPs in the GCA in order to access their pensions. The suspension of IDP social benefits and pensions in February 2016 further affected hundreds of thousands of pensioners in both GCA and NGCA. As of July 1, 2016, IDPs, including older people and people with disabilities, must go personally to a branch of Oschadbank to open a bank account and also visit the branch in person once every 6 months and later once a year, in order to keep receiving social benefits and pensions. This is particularly onerous for elderly IDPs, who may have difficulty with mobility.
2. Elderly people are particularly affected by the **restriction of the freedom of movement** and may not be able to apply online for an electronic pass to cross the contact line. Long queues at checkpoints, where shelter from the heat, sanitation facilities, and water are limited or not available, pose a serious protection risks for elderly people.
3. **Security concerns** arise for persons with limited mobility seeking to leave the conflict affected area during shelling, often facing difficulty during evacuation or relocation to safe areas.
4. **Physically accessing relief assistance** may be challenging for older persons. The challenges include utilization of the provided material, such as shelter material or in-kind donations. This severely undermines older persons’ ability to fulfill their basic rights, including the right to secure housing and food, and to cover essential needs such as adult diapers and mobility aids.
5. **Access to medication:** In NGCA there are significant challenges in accessing **medicine and treatment** for diseases. Furthermore, prices have increased significantly. Such challenges related to medical conditions can lead to severe complications and avoidable deaths.
6. **Specific nutritional needs** of older persons are challenging to meet with increased prices and economic deterioration.
7. **Living in institutions** may increase the risks of neglect, abuse as well as a progressive deterioration of dignity due to lack of staffing and resources.
8. **Neglect, potential abuse and isolation** are real risks due to decline in family and community support and separation from usual caregivers e.g. when older persons stay behind and family is displaced.
9. **Difficulty in accessing information and knowing where to seek assistance** is a concern for many older persons, both those remaining in the conflict affected areas as well as internally displaced persons (IDPs).

COMPARATIVE DEMOGRAPHICS

According to an assessment conducted by HelpAge in Luhansk and Donetsk Oblast in July 2015 (60% of the respondent in NGCAs), 61% of the population is represented by people 60+ of which 74% are older women.

In comparison; in Pakistan in the province of KP/Peshawar (largest city) data shows 6,45 % of IDPs are aged 60+ while in Kyrgyzstan 8,1 % of the population are aged 60+.

Europe had the oldest population of all regions in 2010, and will continue to have the oldest population in the world, with a proportion of older persons that is projected to increase to 34 per cent in 2050.

MORE INFORMATION

The key technical information for this Protection Cluster guidance document has been provided by HelpAge and Age Concern Ukraine.

For more information and technical advice on how to address the needs of older persons:

- HelpAge’s technical guidance documents on Health; Nutrition; Protection; Food Security and Livelihoods; Shelter; Needs assessments www.helpage.org You can also contact becky.achan@helpage.org
- Age Concern Ukraine contact Galina Polyakova poliakova-tlu@i.ua www.tlu.org.ua
- Global Protection Cluster on Age www.globalprotectioncluster.org/en/areas-of-responsibility/age-gender-diversity/age.html
- Special Rapporteur on Older Persons www.ohchr.org/EN/Issues/OlderPersons/IE/Pages/IEOlderPersons.aspx
- For Ukraine specific guidance on addressing Vulnerable groups and Disabled persons www.humanitarianresponse.info/en/operations/ukraine/protection

TIPS AND RECOMMENDATIONS

GOOD PRACTICES FOR ADDRESSING NEEDS OF OLDER PERSONS

- **All actors** should collect assessment and monitoring **data disaggregated by gender and older age** using 10 year increments: 50-59, 60-69, 70-79 and 80+. At a minimum, collect data for those 60+ and 80+. Age disaggregated data collection allows for needs analysis of older persons as a basis for prioritization and may help identify potential discrimination.
- All should make efforts to **reach older persons** and provide **access related services to those who are unable to utilize the assistance**, e.g. *self-support group among older person; cover cost of taxi to take in-kind assistance to the home; home delivery, community outreach or proxy collection for those who cannot access distribution.*
- **Provide information in an accessible manner - using means of communication accessible to all.** e.g. *use of online information may not be sufficient for those who are not used to or have no access to internet or are visually impaired. Hotlines are difficult to use if your hearing is impaired. Alternatives should be put in place including large text; trained staff to follow-up etc.*
- A major difference can be made by **introducing small and often cost-free changes**, for example, *including handrails in the design of latrines or organizing separate distribution queues for older persons and people with disabilities.*
- For IDPs and for those whose homes have been destroyed, it is important to provide **replacement mobility aids and assistive devices** and wheel chairs, walkers, canes, eyeglasses and hearing aids.

WORK DIRECTLY WITH OLDER PERSONS

- **Listen to the voices of older persons – as much as possible, ask individuals what they want.** *Involve individuals in identifying solutions, including different groups, not only local leaders who may not be aware of specific needs, e.g. hygienic needs of women or the size and shape of containers persons want for the transport and storage of water.*
- **Plan in accordance with the principle that not all older persons are the same;** i.e. the specific vulnerabilities of older persons can be the result of physical and/or mental conditions. Dementia must be addressed differently than physical limitations.
- Consider providing support to **self-help groups/ grass-root support networks made up of older persons.** *Not all old persons have the same vulnerabilities, some may be able to assist each other, e.g. help to re-pack and carry in-kind assistance, cook meals, assist in home repairs etc. For instance older men may lack coping mechanisms stemming from traditional gender roles related to food preservation and cooking but may be able to physically assist in utilizing shelter material*
- **Consider if there are additional factors to address** e.g. *Does the older person receive any kind of support to assist with daily life? Does the older person have any medical condition that requires additional support? Does the older person have dependents (especially minor children or adults with disabilities/serious medical condition), or is the older person the sole receiver of income through pension and may thus be under pressure? Does the older person's gender impact on the risks, needs and access to services? Older women may also be at risk of Gender Based Violence (GBV).*

ENGAGE WITH LOCAL SERVICE PROVIDERS, VOLUNTEERS AND INSTITUTIONS

- It is crucial to interact closely with **local social services, hospitals and institutions** to identify older persons in need, including the functioning of institutions.
- Support **local organizations** and volunteers with **capacity development**, as they may not be experienced in how to address the specific needs of older persons, who may no longer have their previous networks or have difficulties adjusting to a new and confusing situation.
- Provide support to **institutions;** *include institutions in assessments of needs and target for outreach support services and distributions; consider how institutions with elderly residents require access to medication, specialized food, heat, cleaning and disinfection materials and supplies.*
- Plan for steps to **identify and locate particularly vulnerable** individuals and target specific challenges: e.g. *if they are isolated in a rural area or in a building with no functioning elevator, provision of mobility aids, treatment of Non-Communicable Diseases (NCD), ensuring that homes are warm, identify older persons in need of adult diapers so they can be referred to appropriate partner etc.*

SECTOR SPECIFIC TIPS

- **Protection actors:** Consider providing individual support specifically to older persons e.g. *legal assistance related to housing; assistance to victims of abuse; IDP registration; access to information; use of online applications for contact line crossing passes.* Mental Health and Psycho Social Support is important for older persons who may be isolated; MRE and clearance is pertinent for older persons who remained near the contact line. Gender specific needs and concerns should be addressed particularly for older women who are a majority of the older population. Surveys and protection and human rights monitoring should look into the concerns of older persons.
- **Food security, NFI and Cash actors** should identify older persons who have lost their income through pensions and other entitlements and provide replacement cash assistance or food/NFI assistance where markets are not accessible/functioning
- **Food and nutrition actors** should address the current gaps in available data on the nutritional status of older people (including levels of micro-nutrients in their diets). *Nutrition and food actors should use Mid-Upper Arm Circumference (MUAC) measurements to assess nutritional status.*
- **WASH actors** to provide access to appropriate personal hygiene kits, which could include adult diapers (incontinent pads), plastic sheeting (to cover base mattress) and portable toilets (commodes) required during the cold winter time to reduce need to go outside in the winter; *provide portable water storage containers in case of water supply interruptions.*
- **Shelter actors** – Programmes related to shelter should take concrete steps to ensure that material provided can be utilized by the beneficiary; *focusing not only on material provision, but also have a plan in place for assembly (i.e. through supporting neighbors/host communities, unemployed persons) specific needs of older persons should be addressed including for the upcoming winter (particularly vulnerable to cold if damaged house).*
- **Health actors** should ensure older persons access to drugs for the management of non-communicable diseases. *Pre-crisis NCDs (country wide) were estimated to account for 90% of total deaths. Interruptions in treatment for common conditions such as hypertension and diabetes are debilitating and can be fatal.*