

Dorcas

Report on older people in conflicts

Falling through the cracks:
older people in conflict
situations

Summary and key recommendations

Summary

- The number, duration, brutality, complexity and unpredictability of **conflicts** are **increasing**.
- The world's population is **getting older**, particularly in middle and low-income countries.
- Older people are particularly **at risk in conflicts**.
- Older people who stay behind are not counted in needs assessments. They are **simply overlooked**.
- Older people have **particular needs** that differ from those of younger members of a community, especially in the areas of physical and mental health, nutrition and access to essential services.
- Health conditions, impaired physical mobility, diminished sensory awareness, as well as social and economic disadvantages, often **hinder older people's ability** to prepare for and adapt to conflicts, find shelter or access humanitarian assistance.
- **Changes are required** in the way essential services are delivered and in how older people are viewed.
- The assumption that **existing approaches** address the entirety of the needs of older people is false. This does not mean special services will always be necessary; instead, age-related issues must be mainstreamed into humanitarian programmes and policies.

Key recommendations

- **Listen to the voices of all older people** and acknowledge their wisdom, knowledge and experience. Provide accessible methods for older people to participate in, make decisions about and provide feedback on the humanitarian programmes and the assistance provided to them. Ensure this input is incorporated into interventions.
- Ensure the provision of **psychosocial support** to older people, particularly those living alone. Support and engage older people in activities which help overcome their isolation and reduce their anxiety.
- Ensure that **older people who have not been able to leave their homes**, including those living in institutions, are reached, evacuated if they wish, provided with essential life-saving humanitarian support and tailored and prioritised assistance.
- Ensure that **older people who have fled** can access full basic services, including food and water, healthcare including mental health support, social services including pensions, transport and information.
- Prioritise **collecting reliable data** about numbers, needs and priorities of older people.
- Ensure that community, family or other support and **protection networks and mechanisms** for older people are restored and strengthened.
- Ensure **sufficient staffing** capacity at national, regional and global levels to engage and respond on issues related to older people.
- Invest in **capacity building and skills training** of humanitarian actors to understand and respond to the needs and rights of older people in the humanitarian assistance they provide.
- Ensure that any **funding provided** for responses to crises caused by conflicts includes older people as a priority at-risk group, and that there is attention for sub-groups of the older population that face specific risks.
- Review **public statements and appeals** about conflicts to ensure that references to the rights and needs of older people are included.
- Highlight the specific impact on older people in **high-level and political statements** about conflicts to ensure sufficient visibility for an at-risk population.



Publishing Information

Dorcas Report on older people in conflicts
Falling through the cracks: older people in
conflict situations
Published June 2022

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Photographs: Dorcas

*The boundaries used on maps do not imply
official endorsement or acceptance by Dorcas.*

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Chapter 1

Introduction to the report

Even though older people experience increased vulnerability in times of conflict, policymakers and the humanitarian aid sector as a whole do not yet pay sufficient attention to the specific needs of older people. Older people are often overlooked in conflicts and disasters. Their concerns are inadequately addressed in humanitarian aid programmes. This report explains how and why this is the case and what can be done about it. Through this report, Dorcas aims to stimulate the debate on the rights of older people worldwide and to involve policymakers in the protection of the rights of older people.

The report refers to the current war in Ukraine and conflicts in countries where Dorcas is present. This report is written for our professional network and policymakers in the Netherlands and other countries. **Chapter 1** starts with a general description of the position of older people worldwide. **Chapter 2** then discusses how conflicts have developed in general in recent years and what this means for the position of older people. In **Chapter 3**, we discuss two desk studies. The desk studies are on the Russo-Ukrainian war that started in 2014 and the civil war in Yemen. We also discuss two case studies that combine desk research with our own research among Dorcas staff members and experiences from the field. The case studies are on conflicts in Iraq and South Sudan. Finally, in **Chapter 4**, we share key recommendations that have either been developed by stakeholders or are based on our own findings.

In writing this report, we made extensive use of the reports and publications listed under sources. Direct quotes from sources used are referenced as much as possible. However, to improve the readability of the report, we have kept references in the text or as footnotes to a minimum.

Chapter 2

Older people and conflicts

Older people, their position worldwide

An older person is defined by the United Nations as someone over 60 years of age (see box Defining 'old age'). Under international law, there is no specific definition of older age. While chronological age is often used as a benchmark, this does not always reflect whether a person is exposed to risks commonly associated with older age. Amnesty International prefers a context-specific approach to older age, as supported by the UN Office of the High Commissioner for Human Rights.

Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12 to 22 percent. In 2050, 80 percent of older people will be living in low- and middle-income countries. According to the World Health Organization (Hutton, 2008) the pace of population ageing is much faster than in the past. Never in history have so many older people been living, and life expectancy in every region is increasing.

Ageing or getting older in life brings wisdom and positive lived experience. It also brings a decline in health and reduced mobility. By one definition, ageing refers to a progressive loss of adaptability so that the individual becomes less capable of coping with life challenges (Hutton, 2008).

However, the world's older population as a whole is neither helpless nor dependent. Most older people can cope and adapt despite increasing poor health and frailty as they age. Older people contribute immeasurably to their families and communities in various roles and commonly sacrifice their well-being to help their children and grandchildren.

Older people have particular needs that differ from those of younger members of a community, for example in the areas of physical and mental health, nutrition and access to essential services. Older people may be isolated or in ill health, or mobility problems may prevent them from reaching aid. They may have only limited literacy, may not understand their entitlements and may be unable to compete with younger people for aid resources.

There are several reasons why organisations insufficiently incorporate the needs of older people in their humanitarian aid programmes and policies. There may be a lack of experience in dealing with old-age issues

Defining 'old age'

An older person is defined by the United Nations as someone over 60 years of age. 'Oldest-old' refers to people who are over 80 years of age. This is the fastest growing old-age group, expanding at a rate of 3.8 percent a year, compared to 2 percent per year for the 60–79 group. Whilst these definitions are broadly valuable they can also be problematic. Other factors, such as life expectancy and cultural norms, must also be taken into account. These differ from region to region. Chronological age is often less relevant in countries, where people may not always know their exact date of birth and where age may be construed in different ways, for example according to a person's changing role and status within a community. Becoming a grandparent or a widow, having grey hair, becoming less active in contributing to the household or a change of status such as becoming an 'elder' can all be benchmarks of age. In certain countries, a lifetime's exposure to health problems means that people can seem 'old' in their 40s or 50s. Women in particular, after years of hard physical labour and many pregnancies, are sometimes on the physical threshold of old age by the end of their reproductive years.

or a lack of technical expertise; resources may be limited, or assessments may not be designed to capture the particular needs of older people. Older people may not be identified, and data on them may not be collected. The high turnover and busy schedules of humanitarian staff leave limited time to learn or address issues that are not seen to fall directly within an organisation’s mandate or priorities. Very few organisations have dedicated staff who take issues related to older people forward. Instead, it is assumed that some specialist agency somewhere – the old-age equivalent of UNICEF – is dealing with the problem or that the needs of older people are covered through existing programming, and so direct targeting is not required (ODI, 2005).

Economic and social marginalisation, protection from abuse and exploitation, social protection and intergenerational support are issues vital to older people’s well-being.

Age-related needs and vulnerabilities of older people are aggravated when they:

- live in conflict-affected settings;
- live in remote, rural locations;
- have no or limited access to healthcare facilities;
- are socially, economically or politically marginalised;
- have no access to social protection or income generation opportunities;
- experience abuse, neglect or exploitation;
- are less mobile than other (older) people.

Conflict: definitions and trends

What is conflict?

There is no single, agreed-upon definition of what constitutes conflict or violent conflict. The term may refer to civil war, ethnic war and interstate war at high and low intensities as well as violence that falls short of war, such as militarised disputes, terrorism, and riots or strikes. Conflicts have become more complex and protracted, involving more non-state groups and regional and international actors.

Trends in conflict

Conflicts are on the rise. They occur more frequently, are more complex and last longer. The following figure from a trends in armed conflict report (Strand et al., 2019¹) clearly shows that the majority of conflicts are internal conflicts and that the number of conflicts is substantially higher than 70 years ago.

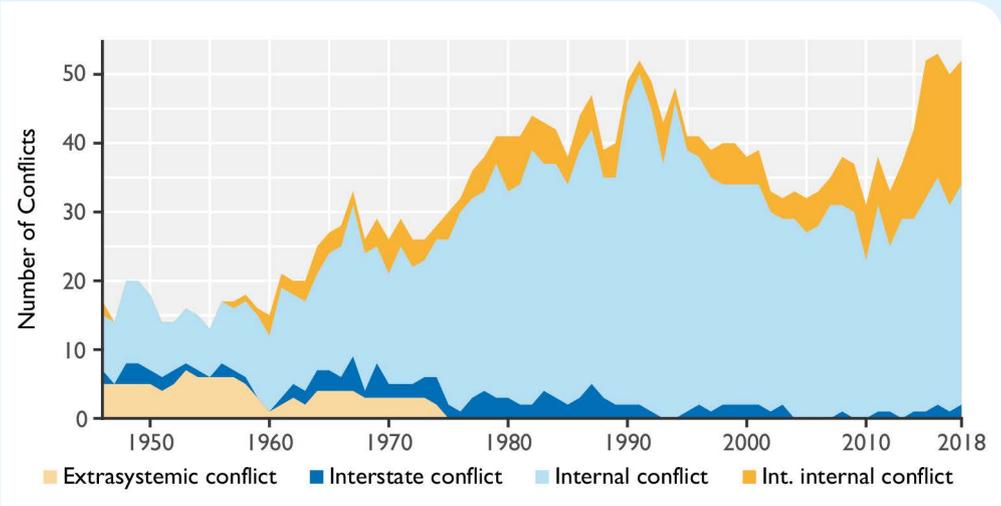


Figure 1, number of conflicts by type, 1946 - 2018.

1 Source: Strand, H. et al. (2019).

Climate change, digital technologies, and the global economy are redefining the conflict landscape. Climate change is increasing food insecurity, water scarcity and resource competition, while disrupting livelihoods and spurring migration. These factors are all known to be risk-increasing factors of conflict. Furthermore, technological change is transforming social order, from the use of social media to incite unrest to new weapons for waging war and suppressing dissent. This makes social disruptions more inflammable and increases the risk of conflict. Finally, the economic fragility of states threatens their pathways to peace. The extraction of oil, gas and minerals have contributed to new security challenges, and the increased use of economic sanctions has too often exacerbated the humanitarian impacts of conflict (International Crisis Group, n.d.). Therefore these three factors all contribute to the relative rise in conflicts worldwide.

In the foreseeable future, conflict is not only expected to become more frequent but also more brutal, protracted and fragmented. Several overlapping trends are driving changes in the nature of armed conflict (Center for Civilians in Conflict, n.d.):

1. Great power conflict

Major powers are gearing up for conflict against peers or near-peers against a backdrop of intensified global competition for water and natural resources. There is a significant risk of miscalculation and widespread harm to civilians.

2. Proxy warfare

Traditional and rising powers increasingly rely on proxies and local forces to gain political, economic, or security advantages without jeopardising their own soldiers. Proxy forces often operate under the radar and without the same constraints and oversight as conventional forces, resulting in harm to civilians for which there is no acknowledgement or accountability.

3. Hybrid warfare

Hybrid warfare combines “traditional” war operations, information warfare, and cyber warfare. This exposes civilians to a variety of new hardships. In addition to physical violence, civilians are subjected to psychological harm and social fracturing. They can be misled and manipulated by information intended to stoke divisions and exacerbate existing grievances.

3. Urban warfare

Conflict has been moving to populated areas at a frightening pace. In cities – where 55 percent of the world’s population currently resides – civilians account for 90 percent of the casualties during war.

4. Internal conflict

Civil wars are likely to remain the most prominent form of conflict. The failure of states and the presence of vast ungoverned spaces have run parallel with the rise of armed non-state actors seeking to exploit the chaos. A vicious cycle of violence against civilians often arises when conflict erupts in these conditions. In addition, the proliferation of armed groups with unclear aims and affiliations makes it harder for civilians to protect themselves and harder to find political solutions to conflicts.

Older people in conflict situations

Older people are particularly at risk in conflict situations for several reasons. Family and community support structures usually deteriorate as a result of conflict and armed violence. Older people tend not to flee as they have greater challenges in adapting to new and unfamiliar environments. Some older people prefer to stay behind even though that may put them in a more vulnerable position. A side effect of this is that older



people who stay behind are not counted in needs assessments. They are simply overlooked. When they do want to leave conflict settings, many older people encounter obstacles. Physical disabilities and health problems make it difficult for some to flee. In other cases, some older people with psychosocial disabilities or dementia find it difficult to comprehend the necessity or urgency of leaving. Others choose not to leave because they have strong attachments to their homes or are reluctant to abandon land or livestock.

Older people who flee their homes have languished in displacement in the years since. They report a lack of access to adequate housing and a loss of livelihoods, which further entrenches feelings of helplessness and isolation. They also suffer due to an extreme lack of mental health or psychosocial support services.

Older women can be more at risk than their male counterparts because, on average, they outlive men and are more often widowed and/or alone. Those that are less educated, unskilled, and poor are more likely to be victims of physical, financial, familial and sexual abuse, which can be exacerbated in conflict situations. Health conditions, such as impaired physical mobility, diminished sensory awareness or chronic illness, as well as social and economic disadvantages, often hinder their ability to:

- prepare and adapt to conflicts;
- find shelter;
- access and obtain humanitarian assistance.

Older people and the humanitarian sector

Older people and their differential needs and challenges are often overlooked in humanitarian aid programmes. This aggravates their vulnerabilities and worsens their capacity to respond and adapt to conflicts or other disasters. Where humanitarian aid programmes fail to consider and account for older people, humanitarian workers may lack the necessary skills to understand, identify and address their specific needs (UN DESA, 2019). There is an urgent need for governments, the UN and all humanitarian actors to recognise the specific risks and assistance needs of older people and enforce policies and practices that reinforce the protection of older people in conflict situations.

Older people are often at heightened risk when they are unable or choose not to flee in the face of conflicts and the emerging associated violence. The question therefore becomes: why are older people often not fleeing? The six explanations defined in this report are as follows:

- 1 Older people experience reduced mobility or disability and receive no support from their social surroundings to flee. This leaves them no choice but to stay at home.
- 2 Some older people want to protect their family's property.
- 3 In general, older people experience greater challenges in adapting to new and unfamiliar environments. Therefore, they choose to stay at home.
- 4 Some older people experience a lack of income opportunities or social protection outside their own areas. Therefore, they choose to stay where they are.
- 5 Some older people think they will not be attacked.
- 6 Finally, some older people suffered physically or emotionally from fleeing earlier conflict situations.

Human Rights Watch research conducted between 2013 and 2021 in 15 countries (Human Rights Watch 2022) found that older people can experience the same abuses during armed conflict and other large-scale violence as younger people, and in some circumstances, face heightened risk related to their older age. The research report found that the abuse includes:

- unlawful attacking and killing of older civilians;
- summary executions;
- arbitrary arrest and detention;
- torture and other ill-treatment;
- rape;
- abduction and kidnapping;
- and the destruction of their homes and other property.

International humanitarian law, the laws of war, recognises the protection of older civilians during armed conflict. Where this is feasible, it requires the safe removal of older civilians, among others, from the vicinity of military targets and the provision of suitable accommodation for detained civilians on the basis of age, among other factors. Older people are also protected by applicable international human rights law. However, in practice, the needs and protections of older people are often disregarded by the parties to the conflict. According to Human Rights Watch, governments, non-state armed groups, peacekeeping missions and the relevant United Nations agencies should do more to ensure adequate recognition and protection of older people from abuse during conflict.



“UN agencies, peacekeeping missions, and humanitarian actors should ensure that all protection and assistance activities are inclusive of older people and their specific needs. Older people, with their unique protection needs, should no longer be invisible victims of armed conflict.”

2 Human Rights Watch (23 February 2022).

The humanitarian system often fails to respond to the unique needs of older people and the particular protection risks they face (HelpAge International, 2022). There are general protections for older people as part of the broader populations in human rights and humanitarian law, specifically the organisational policies that are in place. Commitments were made in recent years to “leave no one behind” and ensure a more inclusive humanitarian system that respects the rights of marginalised people, including older people. However, there has been limited targeted attention for older people, including those with disabilities, in the humanitarian response to the current Ukraine crisis. Findings from HelpAge International rapid needs assessments in Eastern Ukraine, Moldova and Poland clearly show that the rights of older people are not being upheld, and neither are their needs being met yet. Several early public statements and funding appeals failed to make any reference to the rights and needs of older people. Although more recent plans and appeals have enhanced their references to older people and analysis of their needs and the risks they face, this is indicative of the challenge to ensure that older people are visible from the start.

Older people are frequently excluded from data collection and needs assessments. Comprehensive sex and age disaggregated data are not yet available to provide a clear picture of population movements within and outside of Ukraine. Limitations of the data mean it is hard to give precise figures for how many older people are on the move. Findings of HelpAge International indicate that most older people are choosing to remain in place, despite the inherent dangers. According to one rapid needs assessment carried out in Eastern Ukraine, 99 percent of older people reported that they did not want to leave their homes. Follow-up analysis confirmed that this trend continued.

Older people should be consulted to promote their participation and empowerment. There is intrinsic value in ensuring that they have a choice, control and a voice in the way the humanitarian response takes shape. In addition, including older people’s voices in decision-making processes that affect them can lead to more effective humanitarian interventions. Assumptions that older people are passive recipients of care and aid ignore the diversity and complexity of their lives and overlook their active participation in responding to the needs of their communities. Many older people perform crucial roles in the current crisis, whether as volunteers or as caregivers for other older adults and/or children.

Chapter 3

Older people in conflict situations, selected case studies

In this part of the report, we share our main findings on the position of older people in four countries where Dorcas is present: Ukraine, Yemen, Iraq and South Sudan. The studies on Ukraine and Yemen are solely based on desk research. The studies on Iraq and South Sudan are written by Dorcas staff in these countries and include their experience and insights.

Ukraine

Citizens from Eastern Ukraine have been dealing with the consequences of conflict since 2014, with the Russo-Ukrainian war over southern (Crimea) and eastern (Donbas) Ukrainian territories still continuing. In this conflict, older people have been **disproportionally hit**. An estimated 30 percent of individuals harmed by the conflict are older people, who have lost access to basic services such as healthcare. Also, according to research conducted by HelpAge International (2022), “prior to the intensification of the crisis, Ukraine already had the largest percentage of older people affected by conflict in a single country, making this the “oldest”



humanitarian crisis in the world”. Being an older person is therefore a significant factor in the conflict, adding risks to the already vulnerable position of the Ukrainian population.

Since 24 February 2022, there has been a devastating escalation of the war. This has resulted in the large-scale displacement of more than a quarter of the population and one of the largest refugee outflows since the Second World War (UNHCR, 2022). In a country where one in four people is over the age of 60, the impact on older people has been dramatic.

In Ukraine, older people have a crucial role in mitigating the effects of the current crisis. Older people contribute by taking care of other older adults or children (HelpAge International, 2022). This

means that older people are not just vulnerable, they have a significant role to play. However, older people can be more susceptible to being harmed by the conflict, depending on the personal circumstances of the older person. Some older people have **remained in their homes**, even though they live in areas of grave combat between the Russian and Ukrainian armed forces. This can be because older people do not want to flee, or simply because fleeing is not possible given their physical condition. Remaining at home results in challenges to reach essential supplies, such as food and water, or shelter from the intense fighting. Being isolated from friends, neighbours and family, who either fled or decided to join the Ukrainian army, leaves older people exposed because they were **dependent upon their social networks** of family, friends and neighbours to take care of them. Finally, staying at home means being extra vulnerable to bombings from either side. Poor mobility hampers the ability to reach a bomb shelter. As a result, older people are more at risk of harm from missile attacks and bombings.

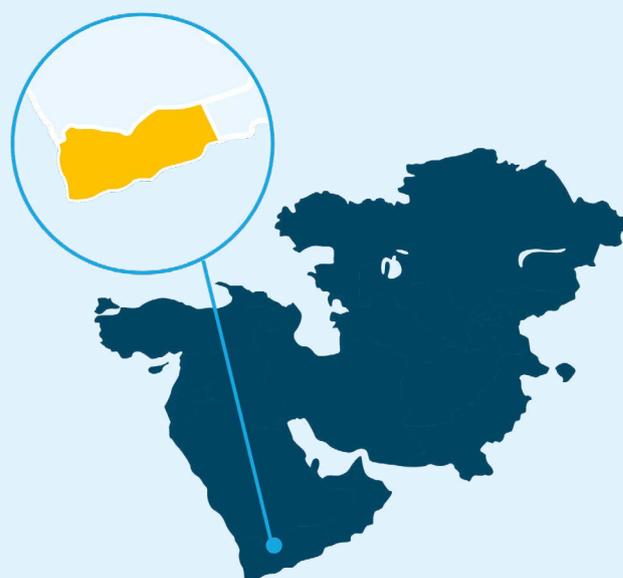
On the other hand, for the older people who can travel and flee the areas under attack, the journey can be difficult due to health issues related to ageing. This shows that both mobile and immobile older people are vulnerable in the crisis. In total, more than two million older people in Eastern Ukraine are at risk due to the current war.

In summary, research conducted by HelpAge International in Ukraine describes the risks older people face if a conflict escalates. These risks are:

- Difficulties escaping or avoiding fighting, which will result in them being separated from their families and lead to social exclusion and isolation. The vast majority (96 percent) of older people surveyed experienced **conflict-related mental health issues**.
- Risk of severe income shortages as nearly every older person affected (99 percent) relied on a pension as their main source of income, which can be disrupted if they cannot access payment points.
- A lack of **access to and difficulty affording healthcare**. 97 percent of people surveyed had at least one chronic disease, and not being able to access healthcare represents a major issue.
- Poor living conditions and a **lack of support for those with disabilities**. Over half (53 percent) of older people reported needing assistive devices, including walking frames, canes and toilet chairs.

Yemen

Seven years ago, Yemen slipped into a deadly conflict that provoked one of the worst humanitarian crises in the world. Since its escalation in 2015, at least 7,825 civilians have been killed, including 2,138 children and 933 women. More than 12,000 have been injured, and over 4 million people are estimated to have been internally displaced. Indiscriminate attacks and the repeated use of explosive weapons continue to be the distinguishing features of the conflict. Almost all types of explosive weapons are believed to have been used in Yemen. These weapons are notorious for failing to precisely hit intended military targets and for causing damage hundreds of metres away from their original target. The use of explosive weapons in densely populated areas has been particularly alarming, with civilians reportedly making up 95 percent of casualties caused in such incidents.



In Yemen, over 1.3 million people are 60 years of age and older. Due to their age and specific vulnerabilities, the crisis has had a **disproportionate impact on older people**. They often face difficulties fleeing conflict, become disabled while attempting to escape, risk worsening their health conditions, get separated from their families, and in some cases, are intentionally left behind to manage property. When left in unsafe locations, including areas of active hostilities, they are exposed to serious risks such as injury and death.



In displacement situations, older people struggle to access **basic services**, in part due to limited mobility and difficulty in communicating needs, lack of information on the services available, cost of services as older people are often financially worse off, and higher needs for specific items – such as medication for chronic diseases and mobility aids - which are not available or are too expensive.

Older people who are separated from their families often suffer from depression and are more susceptible to abuse, exploitation and sexual violence. According to an assessment covering eight districts in Lahj, Taizz and Sana'a governorates, 51 percent

of older women and 48 percent of older men consider **isolation and neglect** as serious safety risks. Even if not separated, older people can be more susceptible to abuse or confinement by family members, which can go unseen or unchallenged. An estimated 65 percent of older people do not have an income and 67 percent of older people have had to borrow since the conflict began. Meanwhile, they often assume the demanding responsibility of caring for large families. 59 percent of older women and 51 percent of older men, many of whom are in their 70s, care for seven to eight dependents. At the same time, 69 percent of older people rely on others to meet their needs. This often takes a heavy toll on their **psychological well-being**, with many forced to adopt harmful coping measures such as selling their property and begging. In such cases, dependents are also at risk of being deprived from receiving assistance, for example if their older carer has mobility issues, is a single female head of household and cannot go to a registration or distribution site unaccompanied by a male, or lacks identification documents.

Moreover, older people have severely restricted access to services. Despite making up 31 percent of cholera-related deaths in 2018, nearly 50 percent of older people did not have access to medical care. This is further compounded by the COVID-19 pandemic. To allay misconstrued fears of contracting COVID-19, older people mostly avoid going to hospitals, which in some cases leads to a deterioration in their condition. The limited access to services is exacerbated by a lack of documentation, which continues to be a critical barrier.

Moreover, older people struggle to access humanitarian assistance. About 90 percent of older people who took part in a survey reported feeling excluded from humanitarian assistance, including older women who felt 100 percent excluded. Older people tend to be **overlooked by humanitarian agencies**, which assume that they are taken care of by families who can 'speak for them'. A major assessment conducted in 2019 revealed that only 22 percent of older people had been consulted by humanitarian agencies and that only 9 percent of older people knew how to make a complaint or provide feedback on humanitarian services. Among older people with a disability, only 19 percent had been consulted about their needs, and 91 percent said they did not know how to provide their opinion or make a complaint about the services provided (Protection cluster Yemen, 2021).

Iraq

In the context of long-term conflicts and repeated cycles of violence, older people in Iraq are finding it **increasingly difficult to cope with daily life** as the country's security conditions worsen. There are no reliable statistics available for the number and conditions of older people in Iraq, but aid agencies say that it is the older people who find it most difficult to cope with displacement. As a result, they have developed illnesses which, with a lack of medical assistance, can lead to death.

Without a proper diet, medical assistance, pension and welfare payments, older people have been indirectly targeted by **increasing violence**, according to Iraq Aid Association. "Due to constant moving to flee sectarian violence, older people in Iraq encounter accelerated hardships with respect to getting their pensions and monthly food rations and are even targeted by insurgents or militants. Those unable or unwilling to flee their homes become easy targets for fighters."

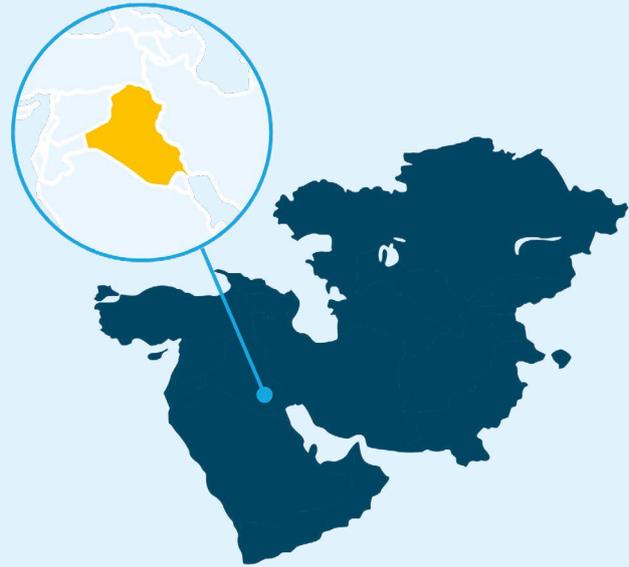
ISIS

Older people in Iraq were excessively affected when the multiple crises struck Iraq in the 2014 ISIS attack. Millions of older people were confronted by the scourge of war, isolated and alone. According to Dorcas staff, high percentages of older people often remained at home in times of conflict.³ Older people often **lack access to basic services**, such as healthcare, education, water, and adequate social protection. Older people in remote conflict-affected areas lack basic health services.⁴ In addition to that, many older people suffer from **loneliness, abandonment, depression and grief**. Many older people have lost their loved ones and/or experienced injuries, both physically and mentally.

To illustrate this: "Georgette, a 60-year-old Iraqi Christian, succeeded in evading the brutality of ISIS. A Muslim family hid her inside their house and kept her for the past two and a half years. After the Iraqi army forces stormed the city of Tel Kaif, she was found. Georgette is one of the many Christians who have been hidden and smuggled, and because she was unable to walk, she stayed with a Muslim family, who hid her from the eyes of ISIS members."

Many older people in Iraq have suffered since they were **separated from families**. They have physical disabilities, are (partially) cut off from services, suffer physical and psychological distress, have specific health and nutritional needs and are at risk of abuse and neglect, especially older women. They have faced threats to their safety, security, and ability to survive. Mobility challenges and other disabilities put older people at greater risk of injury and harm. They were less likely to flee in times of conflict due to hardships associated with travel and a reluctance to leave home, especially in the 2014 internally displaced persons influx.

Injuries too, can disproportionately impact older men and women, as due to their age it takes them longer to recover. Older people who are physically unable to flee are left behind. The disruption and breakdown



³ Unfortunately, it is very difficult to find robust statistics on this topic. Therefore, we urge policymakers and the sector as a whole (including ourselves) to step up the efforts to collect robust data.

⁴ This was observed in multiple Arab villages in the north of the Nineveh governorate.



of normal family and community support structures can leave older people isolated. This makes it hard for them to access the services and assistance they need. In Iraq, older people who have lost or never had ownership documentation, and older women and widows who are not always recognised in inheritance law, find it difficult to prove ownership of land or homes. This puts them at high **risk of eviction**. Loss of personal records such as official identity documentation, birth certificates, or marriage certificates has prevented older people from being able to register for assistance and claim rights and entitlements. This leaves them in a vulnerable position.

How older people cope and respond to conflicts

The war and conflict have led to people ignoring the significant contributions older people usually make to society. Older people cannot access normal benefits when they are displaced. The normal living standards will decrease as the economic situation may not be the same as before the displacement. They may lose their livelihoods/ income. Mental health is disturbed, and they show signs of depression, anxiety and stress. Food security could be affected as well, given that older persons find it more difficult to reach the basic services and create their own livelihoods. Solutions are limited, leaving older people depending on donations or government social security assistance, which may not always meet their expenses. Many older people depend on humanitarian assistance to meet their basic needs. Older people may need to be more dependent due to their increasing health and social care needs. But, on the other hand, they are requested to take care of other members, especially family members with a disability or who are sick, and vulnerable. This puts older people in a very difficult position.

Older women in Iraq have gone through twofold pressure: on the one hand, the need to be more dependent due to their increasing needs for health and social care, but on the other hand, the request to take care of other family members, especially those with a disability or who are sick and vulnerable. About 51 percent of these women reported that their physical conditions are either bad or very bad, and there are no differences in women's situation in Kurdistan and other governorates of Iraq. About 11 percent of these women reported that they are unhappy with their life in general, of whom 6 percent are in Kurdistan and 11 percent in other governorates. Furthermore, 13 percent take care of household members with a disability or who are ill, including 47 percent who needed help in this task but could not find it. The survey also revealed that

with respect to help in daily activities, 31 percent of these women needed help in eating, drinking, wearing clothes, moving around and using the bathroom in the year that preceded the survey. The main source of this help is family members (89 percent), while less than 1 percent received help from government healthcare workers. Family forms the main safety net for older women in Iraq; about 84 percent of women aged 55+ reported that family members such as sons, daughters, grandsons and others provided them with help.

Examples of what Dorcas and its partners are doing to protect, support, and empower older people in conflict situations

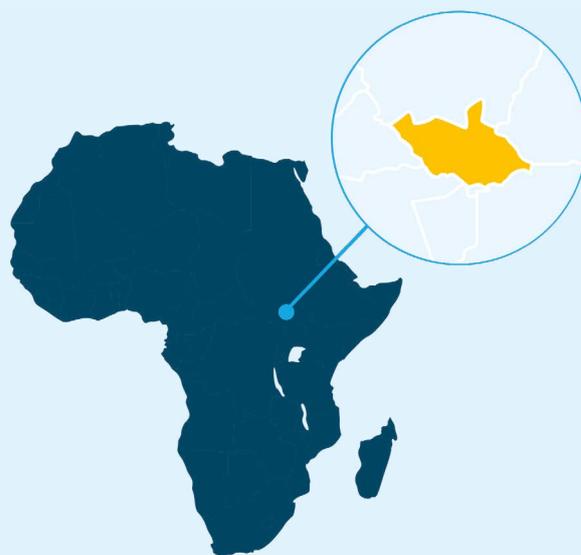
- In the Dorcas protection projects, community-based volunteers have assisted older people by conducting household visits to check and follow up on the protection risks and issues they may face.
- Where applicable, Dorcas staff have assessed the needs and made referrals to services via Dorcas' legal staff. The goal is to assist older people in accessing their lost civil and family law documents in addition to issuing their property and land ownership documents to ensure their rights are not violated.
- Dorcas Iraq staff have ensured that older people's needs for medication were effectively met by providing cash for protection assistance. These efforts have reached the most vulnerable older people with a chronic disease, such as hypertension and diabetes.
- Dorcas followed up these cases and referred people to other organisations that provide health, livelihood, and shelter services.

South Sudan

In South Sudan, the conflict has affected older people gravely. During conflicts, older people are **separated from family members** and they then become destitute. As a result of the conflict, society has lost its social safety nets, which used to care for older people. With the **breakdown of the safety nets**, access to a dignified life, healthcare and food become very fragile. For example: over the past years prior to the conflicts, older people had not been given a conducive environment through the provision of clean drinking water. Therefore, when the conflicts came, older people that stayed behind had no access to clean drinking water. Whereas young people moved over considerable distances in search of water, older women and men

could not do the same due to their poor health and inability to travel such long distances. Under normal circumstances, older people's children would have provided them with water, but many older people lost their children in the conflict. The outcome is older people staying behind without a safety net and no access to basic resources to survive.

Furthermore, due to poor physical health, older people cannot **flee** during the fights. This hampers their ability to find safe spaces in times of conflict. This has resulted in the killing of older people that could not escape. This was widely observed in Wau in the 2012 and 2016 conflicts in which older people were found dead in their rooms due to **starvation and death from bullet injuries**. In Mapel Payam near the Jur River, eyewitnesses reported cases in which multiple older people were put into one room and shot. In the 2016 Wau conflict, cases of **mutilated bodies** and **rape** of older women were reported to Dorcas staff.



Some older people are **traumatised** by the effects of war, for example loss of properties and loss of lives for their children during the fighting. The conflict has resulted in a lot of psychological and mental health problems for older people. The feeling of being alone has resulted in older people becoming insane as they must deal with lots of stress all by themselves. Older people are exposed to poor hygiene and sanitation in their home communities due to conflicts. Also, communities have become unaware of hygiene and sanitation issues that affect older people's health, resulting in some older people dying from **diarrhoeal diseases**.



How older people cope and respond during conflicts and war

The coping mechanisms of older people in South Sudan are mainly based on the context/areas in which they are in. Different communities care for their older people differently. But the following few examples are general ways in which older people cope in South Sudan:

- A. **Moving in with relatives.** An older person that has survived any conflict will try to look for the closest relative to move in with. This is the general practice among many South Sudanese communities. However, the social safety net has been broken as society is becoming more urbanised and individualistic. Older people in towns are more vulnerable than those in the villages. With the deteriorating economic situation, it is becoming harder for relatives to accept older people living in their houses, especially in towns.
- B. **Begging for handouts:** Many older people, as a result of conflict, have become beggars on the streets. They wake up early in the morning to go and beg for small money or left-over food from nearby restaurants. These older people could even go for days without proper food. Basic needs such as shelter, healthcare and clothing become a tertiary need.
- C. **Moving into internally displaced people's camps:** Some older people who have smaller resources, such as cows or goats, sell these and move to IDP camps or refugee camps.
- D. **Surviving on the little energy they have left:** Some older people decide to continue to survive on subsistence farming in the village. They farm around their small hut and eat what this land provides. In some communities, the community supports them by farming for them.

Examples of what Dorcas is doing to empower and protect the rights of older people in South Sudan

- Dorcas referred cases of older people in need of mental health and psychosocial support to specialised NGOs or government services.
- Dorcas and partners have prioritised households headed by older people during relief food distribution. During the 2016 conflict, Dorcas supported older people by providing 60 older people who could not go to IDP camps with food and non-food items, helping them survive the long hunger gap created by the 2016 conflict.
- Dorcas has drilled and repaired hand pumps to reduce the distances for older people to fetch drinking water and water for animals.
- Older people are trained in hygiene and sanitation promotion to prevent diarrhoeal diseases.
- Dorcas has supported the construction of latrines for older people and people with disabilities.
- Dorcas seeks to ensure that older people are aware of WASH-related diseases, their control and prevention and linked up with appropriate government ministry for treatments.

- Dorcas and partners empower older people through vocational skills training and the provision of grants. This is done via families with older people, especially those with disabilities. The EU-funded Pride! project, which also advocates for the rights of women, including the right of women with disabilities, has focussed on older women in the last two years. Grants are helping older people's families to diversify their livelihoods.

Chapter 4

Key recommendations

Based on our experience and this report, Dorcas has the following key recommendations.

For policymakers and humanitarian actors

- Listen to the voices of all older people and acknowledge their wisdom, knowledge and experience. Provide accessible methods for older people to participate in, make decisions about and provide feedback on the humanitarian programmes and the assistance provided to them. Ensure this input is incorporated into interventions.
- Ensure the provision of psychosocial support to older people, people with disabilities, and older people living alone. Support and engage older people in activities which help overcome their isolation and reduce their anxiety.

For humanitarian actors

- Ensure that older people who have not been able to leave their homes, including those living in institutions, are reached, evacuated if they wish, provided with essential life-saving humanitarian support and tailored and prioritised assistance.
- Ensure that older people who have fled are able to access full basic services, including food and water, healthcare including mental health support, social services including pensions, transport, and information.
- Ensure that older people's rights are upheld, which includes ensuring prioritised and dignified reception at border and transit points, and prioritising protection for those facing additional risks, such as older people with disabilities and older women.
- Prioritise collecting reliable data about numbers, needs and priorities of older people.
- Acknowledge the crucial role older people play in providing essential care and protection services to (grand)children and other family members.
- Ensure that community, family or other support and protection networks and mechanisms for older people are restored and strengthened.
- Ensure sufficient staffing capacity at national, regional and global levels to engage in and respond to issues related to older people.
- Invest in capacity building and skills training of humanitarian actors to understand and respond to the needs and rights of older people in the humanitarian assistance they provide.

For policymakers and donor agencies

- Review public statements and appeals about conflicts to ensure that references to the rights and needs of older people are included.
- Highlight the specific impact on older people in high-level and political statements about conflicts to ensure sufficient visibility for an at-risk population.
- Ensure that any funding provided to crises caused by conflicts includes older people as a priority at-risk group, and that there is specific attention to sub-groups of the older population that face specific risks.
- Ensure through contract management that the entire project cycle is informed by age, sex and disability disaggregated data and that funded partners are accountable for monitoring and reporting on older people.
- Directly fund organisations that have expertise in the delivery of humanitarian support to older people.

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and crisis. We empower
marginalised people and
communities to flourish.
This is how we follow
Jesus Christ