What older people say about their experiences in humanitarian situations

Verity McGivern - Humanitarian Advocacy Advisor
Right to assistance

“We’re always being filmed and photographed but nothing ever changes, there’s still not enough to eat.”

Oboch, 86, South Sudan

- Older people have the right to promotion and protection of their rights in situations of risk and displacement
- In emergency situations, older persons are at risk of having their rights denied. They are seldom consulted in the planning and design of responses, and their skills and knowledge are often ignored.
- Older people are the best experts on their experience in humanitarian situations.
Building a picture

Diverse older populations

Priorities

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<tr>
<th>Older people’s priorities</th>
<th>Older women’s priorities</th>
<th>Older men’s priorities</th>
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Nyatuong Yok Madol, South Sudan

“We are not always consulted during needs assessments, and even when we are consulted, what we ask for is not always provided. Our participation in decision-making processes here in the camp is minimal. We feel we are being discriminated against because of our age.”
Participation

- **Sofala, Mozambique:** 80% of older women and men had not been consulted by other humanitarian agencies.
- **North East Syria:** 89% of older women and 85% of older men hadn’t been consulted about humanitarian services;
- **Philippines:** 93% of older persons had not been consulted by any humanitarian agency
Barriers accessing assistance

“Humanitarian aid might be helping, but only for those who can go and get it”
Warda, 85, Lebanon

Health

• **Sulawesi, Indonesia:** Over a third of those who need medicine have no access to it and 20% of people in danger of running out of medicine in less than three days.

• **Sofala, Mozambique:** 83% of older people report having access to health services. However, 66% say there is no medicine available at health services and 51% find health services too expensive. 14% reported experiencing negative attitudes from healthcare providers.
“In our city there is a shortage of medical specialists. In order to see a doctor, you need to go to other cities. Older people cannot do this since it is expensive or not possible due to poor health. I constantly talk about these problems with representatives of international humanitarian organisations”.
Barriers accessing assistance

“It’s difficult for me to carry my food ration because of my poor health and my disabilities.”
Older woman, 100, Tanzania

Food security

- **Malawi:** 99% of older people report that they do not have enough access to food. 93% per cent of older people say there is enough food in their market, but they cannot afford to buy it.
- **Sofala, Mozambique:** 90% of both older women and men reported that they do not have enough food.
- **North East Syria:** ¼ older people do not have access to sufficient food. 72% of older women and 60% older men face physical barriers accessing adequate food.
- **Tanzania:** lack of food was a common concern among older people with disabilities in Burundian refugee camps in Tanzania.
Exploring dependence and independence

“Sometimes I don’t sleep well. I’m losing hope because I have no one to take care of me.”
Older woman, 70

“I feel very bad, now that I realise I won’t be able to take care of myself. It’s as if I’m dead.”
Older man, 62, who was shot during fighting in Burundi
Safety

- **Sulawesi, Indonesia:** Over 90% of older people indicated some form of violence or abuse as the main safety risk facing older people.

- **Sofala, Mozambique:** 47% of older women and 21% of older men perceive that they are at risk of sexual abuse. 47% of older men and 39% of older women feel threatened by violence.

Risk to mental health

![Bar chart showing effects of crisis on older people's wellbeing](chart.png)

- 58% felt anxious
- 56% felt hopeless
- 53% felt depressed
- 55% feared for their safety

- Lebanon: 62%
- South Sudan: 83%
- Ukraine: 75%

Of the older people we spoke to:
Conclusions

• Currently failing to live up to the core principles of humanitarianism
• Undermining response quality across the board
• Participation and consultation is critical – assumptions need testing against reality
• Yes, we need data. But we have enough of a picture to know what the issues are
• We have guidelines, tools and interventions
• Time now to act.