



## OLDER PERSONS PROTECTION BARRIERS REPORT



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***Photo credits:***

*Upper left: IHSAN org. Albab City/AI Bab*

*Upper right: Shafak organization*

*Lower left: Action for Humanity\_ Kafer buni*

*Lower Right: TrendX and HelpAge international\_ Deir Ezzor City*



## KEY HIGHLIGHTS

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The Inclusion Technical working group (ITWG) of the Northwest Syria Protection Cluster, with support from the Protection Monitoring and Analysis working Group (PMA WG) coordinated an assessment of protection risks, impacts and between March and April 2024. 988 older persons above the age of 60 were consulted, living in 26 sub-districts within the governorates of Northern Aleppo and Idleb in Northwest Syria covering 112 locations communities, and 106 camp residences. The key findings of the assessment include:

- Approximately 3 out of 4 of older respondents believe that **older people have partial to no access to basic services, transportation and health services.**
- Gender plays a role in the dynamics related to accessing services, while family composition<sup>1</sup> has less influence.
- There is a **perception that older people struggle to fully provide for their family's financial needs**, partially influenced by **unequal workplace opportunities for older individuals, including between gender.** Approximately 2 out of 3 older people perceive **older women as not receiving equal pay compared to older men in the same roles and workplaces.**
- All in all, the assessment underscores a **prevalent perception of age-based disparities in access to work opportunities and workplace rights within the community.** In terms of safety, the assessment shows **persistent concerns about travel safety, especially among older females with disabilities.**
- Humanitarian organizations need to improve access to information for older persons. **Information dissemination strategies need to better serve older persons**, particularly in relation to access and responsiveness of complaints mechanisms.
- The assessment reveals a **significant gap in support systems and GBV interventions** and further highlights a **critical need for initiatives aimed at GBV and PSEA raising awareness**, educating older individuals about reporting mechanisms, and improving access to support services for those affected by violence and abuse.
- The prevalence of gender-based violence and safety concerns will require further investigation. **An analysis of the figures on safety and gender-based violence reveals persistently alarming statistics.** Among those who reported feelings of unease regarding the security conditions in their respective communities or living areas, 262 older individuals described their level of concern as ranging from 'very concerning' to 'moderately concerning,' representing 54% of all respondents.
- More tailored and integrated programming that specifically target the needs of older persons is required. This includes improving access to basic services, income opportunities, protection measures, and healthcare services.

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<sup>1</sup> For this study, family composition refers to the family structure and capacity to support.



- Approximately 3 out of 4 older people indicate substantial presence of health-related concerns in the community.

## RECOMMENDED ACTIONS

- Strengthen programming to address the unique risks and needs faced by older people including:
  - Develop and implement programs that specifically target the most critical needs identified in the assessment, such as improved access to basic services, income opportunities, protection measures, and healthcare services.
  - Collaborate with local organizations and community groups to reach older people in remote or marginalized areas.
- Improve access to and step-up health service delivery for older people. With more than 40% of older people facing health-related challenges indicating that they do not have access to health services due to either barriers or the availability of health services, urgent action should be taken.
- Urgently address the gap in older people's knowledge of how to report incidents of violence and abuse, including gender-based violence and sexual exploitation and abuse.
- Raise awareness among older people about their rights, available services, and how to access assistance during humanitarian crises, empowering them to advocate for themselves and support each other.
- Prioritize funding for long-term solutions that build resilience and address underlying vulnerabilities faced by older people, including investments in healthcare infrastructure, social protection systems, and community-based initiatives.

## Detailed overview of findings

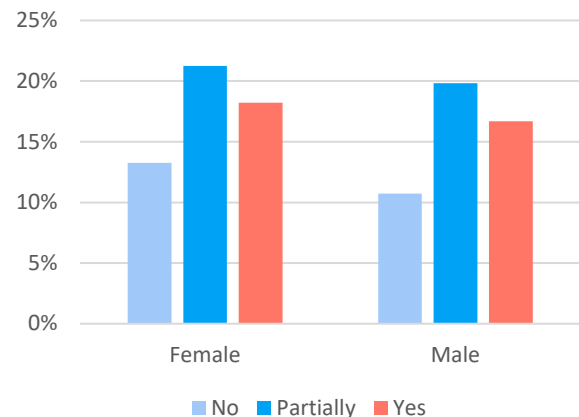
### ACCESS TO SERVICES

- 72% of older respondents, believe that older people have either ‘partial access’ or ‘no access at all’ to **basic services** like housing, water, health care, social welfare, education, sanitation, transport, electricity, and energy.
- 77% of respondents feel that older people either have ‘partial access’ or ‘no access’ to **transportation services**, compared to younger adults below 60 years old.
- 69% of respondents believe that older people either have ‘partial access’ or ‘no access’ to **adequate health services**.

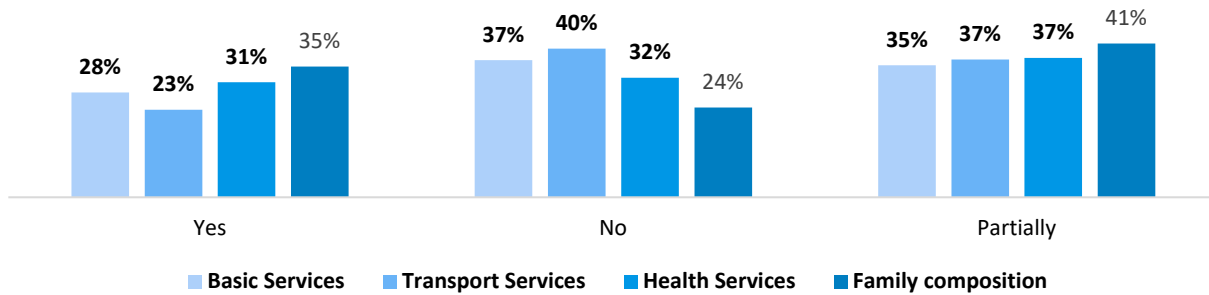
### FAMILY COMPOSITIONS AND ACCESS TO SERVICES

- In the study involving 528 older adults with disabilities, findings revealed that **men and women with disabilities experienced varying degrees of influence of family composition on their access to services**. Among those reporting ‘no influence’, 28% were females with disabilities (86 out of 304) and 23% were males with disabilities (52 out of 224). Conversely, in the group reporting ‘partial’ or ‘significant influence’, 72% were older females with disabilities (218 out of 304) and 77% were older males with disabilities (172 out of 224).
- **Gender Dynamics in Service Access:** Further investigation reveals that **gender** plays a role in these dynamics. While both genders report similar trends in terms of the influence of family composition on service access, the data highlights a slightly higher percentage of females (39%) compared to males (37%) acknowledging a direct impact on accessing services, mirroring trends observed in younger adults under 60 years old in the same area.
- **Disability Dynamics in Service Access:** These results indicate a nearly equal impact of family composition on both genders, although slight discrepancies exist in their responses. The disparity in perception suggests that **older females with disabilities may face unique challenges or dependencies within their familial contexts**, affecting their service accessibility. This highlights the necessity for Age Gender and Disabilities sensitive approaches in addressing the diverse needs of older individuals with disabilities.
- Whether older individuals live alone or are responsible for their grandchildren, is perceived to influence their opportunities to access services. 76% of respondents believe that this either ‘partially influences or fully influences’, compared to 24% who ‘don't believe’ that it influences older people’s access to services compared to younger adults under 60 years old in the same area.

Do family composition influence older people above 60 years old opportunities to access services?

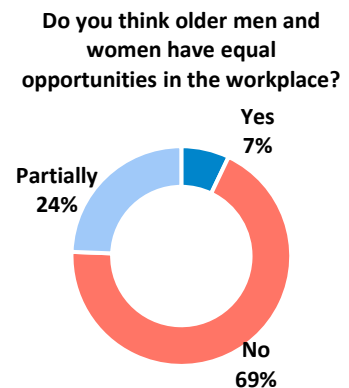
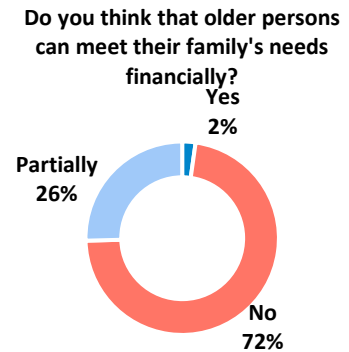


### Do older people have equal access to services?



## ACCESS TO INCOME

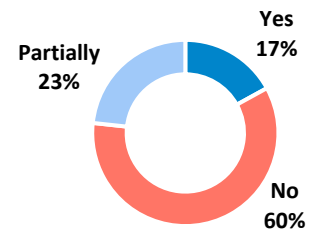
- According to the collected data, a notable 72% of older respondents express ‘doubt’ regarding the capacity of older people to support their family financially. Conversely, a smaller proportion, constituting 25%, hold the belief that older people can ‘partially address’ these needs, with a mere 2% expressing ‘full confidence’ in their financial capabilities. This suggests a **general perception that older people may struggle to fully provide for their family’s financial needs**.
- The assessment findings reveal a widespread perception of **unequal workplace opportunities for older individuals, particularly between genders**. Only a minimal 7% of respondents believe in ‘equal opportunities’ for older people, while the majority, constituting 69%, ‘disagree’. Additionally, 24% perceive the situation as ‘somewhat equal’, indicating a prevalent belief in gender-based disparities in job opportunities for older individuals within communities.
- Moreover, the data highlights **significant disparities in work opportunities between older women and men in the same area**. Specifically, 69% of older women report a ‘lack of work opportunities’ compared to 31% of men, with only 7% experiencing ‘equal opportunities’. These findings stress the urgent need for measures to address gender-based wage inequality in the workplace.
- Furthermore, notably among older people with disabilities, 56% of older women with disabilities perceive ‘unequal opportunities’ compared to 39% of older men with disabilities, with only 5% reporting ‘equal opportunities’ overall. These results underscore the **pressing need to address age and age-gender-based**



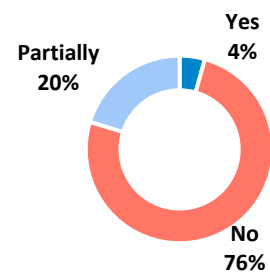
**inequalities in opportunities**, especially among older people with disabilities, within workplace policies and practices.

- A substantial 60% of older people perceive **older women as not receiving equal pay compared to older men in the same roles and workplaces**. Only 17% 'believe pay is equal', while 23% see the wage situation as 'somewhat unequal', highlighting widespread wage inequality based on gender among older people.
- From a gender perspective, varying degrees of wage equality were reported. Among those reporting 'no' or 'partial wage equality', 44% were older females and 39% were older males. For those reporting 'full wage equality', 9% were older females and 8% were older males.
- Similarly, among 528 older people with disabilities, both genders reported varying degrees of wage equality. For those reporting 'no' or 'partial wage equality', 51% were older females with disabilities and 36% were older males with disabilities. For those reporting 'full wage equality', 7% were older females with disabilities and 6% were older males with disabilities.
- A large majority, 76%, of respondents believe that older people do not have the same work opportunities as younger adults under 60 within the same community. A mere 4% perceive 'equality in work opportunities' for older people as those under 60 years of age, while 20% view the situation as 'somewhat unequal'. This underscores a **prevalent perception of age-based disparities in access to work opportunities within the community**.
- The survey findings reveal mixed views on age-related rights in the workplace. Only 26% believe older people's rights are 'equally respected' as those of younger adults under 60. A slightly larger group, 32%, disagrees, while the majority, 41%, sees the situation as 'partially equal'. This suggests a **perceived disparity in workplace rights based on age**.

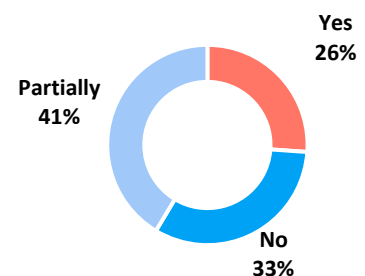
Do older women receive an equal wage compared with older men at the same workplace for the same position?



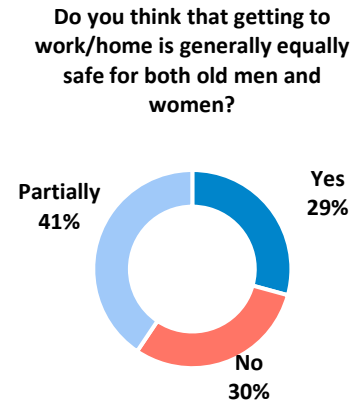
Do you think older persons have the same opportunities as other young adults under 60 years old in the same community?



Do you think that the rights of older persons are respected equally as that of the rights of other young adults under 60 years old at the same workplace?



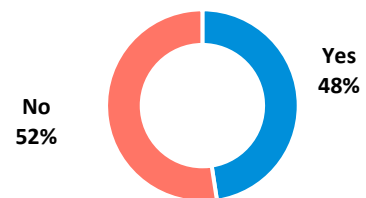
- In terms of commuting safety, 29% of older respondents perceive it as 'equally safe' for both genders getting to work or home, while 30% disagree, and 41% see it as 'partially safe'.
- The data suggests perceptions of travel safety for older people, considering gender differences. Overall, 71% perceive travel as 'not equally safe or partially safe' for both older genders, with more concern among older females (41%) than older males (30%). Conversely, 29% believe travel is 'equally safe' for both older genders. These findings highlight ongoing safety apprehensions during travel, particularly among older females.
- Similarly, the data illustrates perceptions of travel safety for older individuals with disabilities, considering gender differences. Overall, 34% perceive safety as 'not equal or partially equal', with more concern among older females with disabilities (45%) than older males (28%). Meanwhile, 28% perceive it as 'equally safe' for both genders. These findings indicate **persistent concerns about travel safety, especially among older females with disabilities**.



## COMMUNICATION WITH COMMUNITIES

- Nearly half (48%) of the respondents think that older men and women 'have the same opportunities' to access information about humanitarian aid, but the slight majority (52%) 'disagree', suggesting a perceived inequality in access to such information on humanitarian aid.
- The data reveals a split opinion on the accessibility of information provided by humanitarian organizations to all community members, including older people. Out of 988 responses, 50% said 'yes', while 50% said 'no'. This highlights concerns about inclusivity and suggests the **need for improvement in information dissemination strategies to better serve older demographics**.

**Do women and men from older persons have equal access to information on access to humanitarian assistance and services?**



**If humanitarian organizations provide information in your community, do you consider that it is accessible to all people, including older persons?**





- In the focus groups discussions held<sup>2</sup>:
  - ⟨ Participants emphasized the importance of accessible and responsive complaints mechanisms. They noted instances where complaints were filed but met with delays and unfulfilled promises, highlighting a gap in effectively addressing older people's grievances.
  - ⟨ Some respondents expressed frustration with the lack of response or understanding of the complaint process, underscoring the need for clearer communication and field responses tailored to older people, with clear steps and simple terms.
  - ⟨ Suggestions included publishing accessible procedures, establishing complaint centres in every camp, village, or local council, and ensuring timely responses to empower older people.
  - ⟨ Additionally, there was a call for field responses tailored to older people and the establishment of specific communication channels, such as Telegram rooms, to ensure effective outreach.

## PROTECTION COMPLAINTS AND FEEDBACK MECHANISMS

- Overall, 49% feel 'unsafe' in their current location, with 21% from host communities and 28% from IDPs in northwest Syria. Conversely, 51% feel 'entirely safe', with 20% from host communities and 31% from IDPs.
- The absence of comprehensive investigations into the root causes of perceived insecurity across various regions hampers our capacity to thoroughly examine the prevalence of gender-based violence and its associated issues. Nevertheless, the data at hand highlights a considerable proportion of the population who are troubled about their personal safety, emphasizing the need for continuous focus and measures to mitigate these critical concerns. **A closer analysis of the figures in our databases reveals persistently alarming statistics.** Among those who reported feelings of unease regarding the security conditions in their respective communities or living areas, 262 older individuals described their level of concern as ranging from 'very concerning' to 'moderately concerning,' representing 54% of all respondents. Similarly, among older women and men, 49% feel 'unsafe', with 29% of women and 20% of older men expressing this sentiment. Conversely, 51% feel 'entirely safe', with 24% of women and 27% of men.
- Additionally, among older women and men with disabilities, 51% feel 'unsafe', with 33% of women and 18% of men expressing this sentiment. Conversely, 49% feel 'entirely safe', with 25% of women and 24% of men.

Do older women and men feel safe here? Examples (exposure to violence and abuse, including gender-based violence and sexual exploitation)



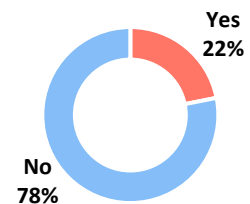
<sup>2</sup> Focus Groups Discussions to deepen the interpretation of the survey findings were conducted with the participation of 15 older female participants (9 from Aleppo/Afrin and 6 from Idlib/Dana) and 16 older male participants (9 from Aleppo/Afrin and 7 from Idlib/Dana) above 60 years old.

➤ According to the FGDs held<sup>3</sup>:

- ⟨ Male participants generally expressed satisfaction with the security situation in their areas, stating that there are no direct threats, and that respect is upheld within the community.
- ⟨ However, there are mentions of occasional bullying incidents and mocking cases specifically targeting older people, indicating that while overt threats might be rare, instances of harassment and intimidation persist.
- ⟨ Despite the perceived security, there is a recognition of vulnerability to theft among older people, attributed to their inability to defend themselves physically.
- ⟨ Participants, particularly females, highlighted the constant fear of displacement due to conflict and the precarious living conditions, such as living in tents or facing eviction from rented houses or tents.
- ⟨ The fear of homelessness and the lack of stable housing exacerbate feelings of insecurity and instability among older people of both genders equally.
- ⟨ Concerns about financial exploitation were raised, with reports of increased fares for transportation and threats of aid deprivation by delegates (in Afrin), indicating a form of economic vulnerability and manipulation.
- ⟨ Participants proposed practical solutions to alleviate their challenges, such as advocating for organized transportation for aid distribution to reduce physical barriers and implementing regulations to protect older people against forced evictions and financial exploitation.

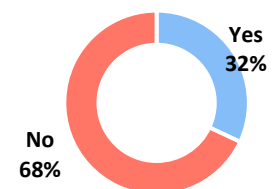
➤ 22% of older respondents (216) reported ‘encountering cases of violence and abuse against older women’. However, the majority, 78%, had ‘not come across’ such incidents. This data reflects only the experiences of the respondents, not the overall prevalence of such incidents.

Have you come across a case of older women who have been subjected to incidents of violence and abuse, including gender-based violence and sexual exploitation?



➤ Out of the 216 cases of violence and abuse against older women identified in the survey, only 32% ‘received’ help. The majority, 68%, unfortunately, ‘did not receive’ the necessary assistance, indicating a **significant gap in support systems and GBV interventions**.

If yes, Did these cases receive help?

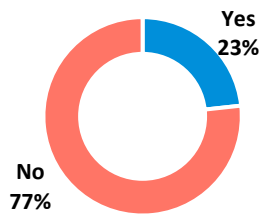


➤ The data shows a balanced division of responses regarding the accessibility of protection services for older people, with 49% acknowledging ‘the presence of supportive entities’ and 51% reporting ‘their absence’. This suggests a mixed perception regarding access to protection services.

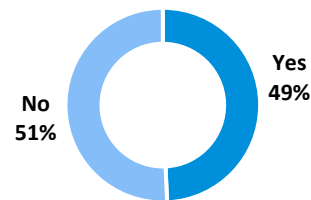
<sup>3</sup> Ibid 1

- Based on the older people responses a significant gap in older people' knowledge of how to report incidents of violence and abuse, including gender-based violence and sexual exploitation and abuse (GBV & SEA). Only 23% of respondents indicated awareness of reporting procedures, while 77% reported a lack of knowledge in this regard. This highlights a **critical need for initiatives aimed at GBV and PSEA raising awareness**, educating older individuals about reporting mechanisms, and improving access to support services for those affected by violence and abuse.

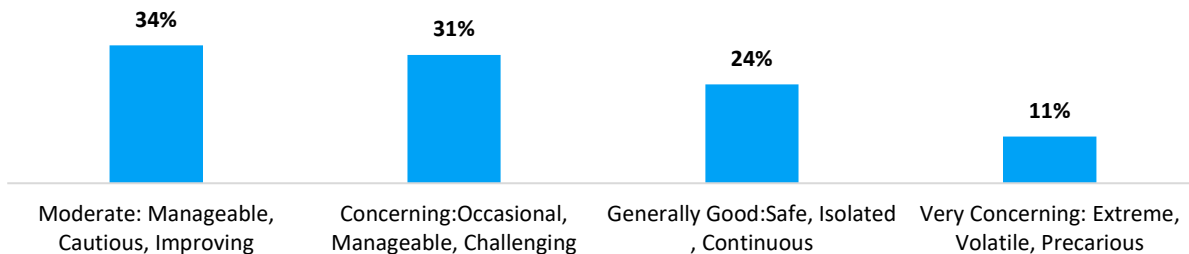
Do older people know how to report incidents of violence and abuse, including GBV & SEA?



Are there any people, organizations, or community groups that can help make protection services more accessible to older people?



How is the security situation in your community / living area?

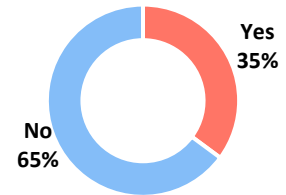


## LEGAL AND PHYSICAL PROTECTION

- The perceived security situation within the community or living areas of respondents. It reveals a varied perception among respondents, with 34% describing the security situation as moderate, including manageable, cautious, and improving conditions. Additionally, 31% find the security situation concerning characterized by occasional challenges that are manageable but sometimes challenging.
- Meanwhile, 24% perceive the security situation as 'generally good', indicating feelings of safety, isolation, and continuous security. Conversely, 11% view the security situation as 'very concerning', with extreme, volatile, and precarious conditions. This diversity in perceptions highlights the complexity of the security landscape within the community or living areas, necessitating tailored interventions to assess the specific needs, agree with communities on the effective mechanisms to address them. According to the focus group discussion (FGD) held:
  - Participants noted the lack of accountability by existing authorities, which contributes to emotional abuse and neglect, particularly among older people.

- Experiences of fear and anxiety resulting from conflict situations, such as nearby bombings in Afrin, were shared. This leads to emotional distress and a constant state of anticipation, worsening the vulnerability of older people.
- 35% of respondents or their families have experienced feeling ‘threatened or afraid’, while 65% have ‘not’. This highlights a significant number of insecurity and fear within the community, underscoring the importance of identifying the underlying causes and implementing measures to mitigate the risks and promote safety and well-being. It will also be important to assess the situation on MHPSS and whether issues related to insecurity have had an impact on mental health related issues.
- Regarding the mental health and psychosocial support (MHPSS) concerns of older people, the in-depth focused group discussion highlighted several key points revealing their perspectives.
- Female participants expressed feelings of loneliness, neglect, and mistreatment by family members, especially children and grandchildren. These experiences compound emotional trauma and distress among older people of both genders, further exacerbated by displacement from homes, financial difficulties, and insecurity.

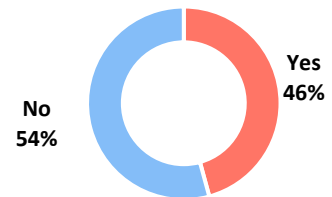
**Have you or your family ever been threatened or felt afraid?**



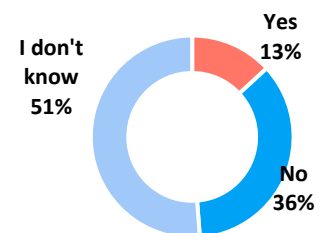
Despite a general sense of respect for the elderly within society, instances of neglect and psychological abuse due to familial neglect were acknowledged. Concerns about the vulnerability of older people to bullying and mocking were also noted, highlighting ongoing emotional issues.

- 46% of respondents report their community or living area is ‘currently experiencing elevated tensions and frequent clashes’, while 54% state ‘otherwise’. This suggests a substantial portion of the community is grappling with heightened tensions and conflict. Understanding the factors contributing to these tensions is essential for implementing targeted interventions to mitigate conflict and promote peace and stability within the community as well as to prevent new cycles of violence and displacement.
- 13% (130) of participants ‘confirm the existence’ of Unexploded Ordnance (UXO) in their vicinity, while 36% ‘refute its presence’. The majority (51%) are ‘unsure’ about the existence of UXO. This suggests a considerable gap in knowledge or ambiguity about the presence of these hazardous remnants in their community. It’s crucial to tackle this ambiguity through educational initiatives and awareness drives, as well as substantial demarcation, clearance and disposal related activities to prevent new incidents. Among those who acknowledged the presence of Unexploded Ordnance (UXO) in their area, 60% (78) ‘received help or support’, while 40% (62) ‘did not’. This highlights the importance of ensuring comprehensive mine action related assistance services for all affected and at-risk individuals and communities to promote community safety. Of the respondents who received help or

**Is your community or living area currently experiencing elevated tensions and frequent clashes?**



**Based on your knowledge and experience, is there any presence of Unexploded Ordnance (UXO) in your area?**





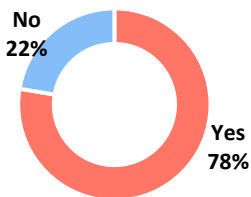
support regarding Unexploded Ordnance (UXO) in their area, 88% (69) reported that ‘the assistance included an awareness session’, while 12% (6) ‘indicated otherwise’.

## HEALTH AND DISABILITY

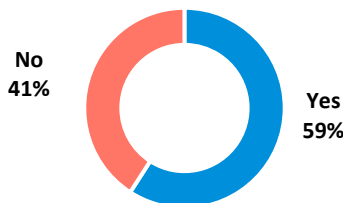
- Based on the assessment of older people's respondent results, it was found that ‘health issues, conditions, or disabilities’ affect 78% of older people's respondents or their families, while 22% reported ‘no such problems’. This indicates a substantial presence of health-related concerns in the community.
- Among older people respondents who reported having health problems, difficulties, or disabilities, 59% stated that they have access to health services, while 41% indicated they do not. This suggests that while a majority of individuals facing health-related challenges have access to health services, a significant portion still lacks access.
- The data reveals that 42% of respondents believe that older people have access to adequate medication if needed, comparable to adults under 60 years old, while 58% think otherwise. This indicates a widespread perception that older individuals may not have the same level of access to medication as younger adults. Addressing barriers to medication access for older people, such as affordability, availability, and healthcare infrastructure, is crucial to ensuring their health needs are met effectively.
- Access to health facilities was a major concern discussed by older people in the focused group discussions:
- Participants stressed the importance of tailored access to essential health services for older people, such as medications for heart and nerve conditions, as well as the provision of expensive medications.
- They also highlighted the crucial need for transportation services to health centers, particularly for older people living in isolation, to ensure dignified access to healthcare.

To improve the service experience for older people, suggestions included having dedicated registration counters and ensuring proper support for those without caregivers during hospital visits. Additionally, there were calls to enhance the accessibility of health centers' infrastructure by ensuring the existence of ramps and elevators.

**Do you/your family have any health problems, conditions or disabilities?**



**If you have health problems, difficulties or disabilities, do you have access to health services?**



**Do older people have access to adequate medication (if needed) as adults under 60 years old?**



## Types of Barriers Faced by Older People

### PHYSICAL BARRIERS FACED BY OLDER PEOPLE

**Lack of Transportation:** A significant majority (52%) reported the absence of transportation options as a reason for physical barriers. This lack of transportation infrastructure directly impacts the ability of older people and individuals with disabilities to access essential services or locations.

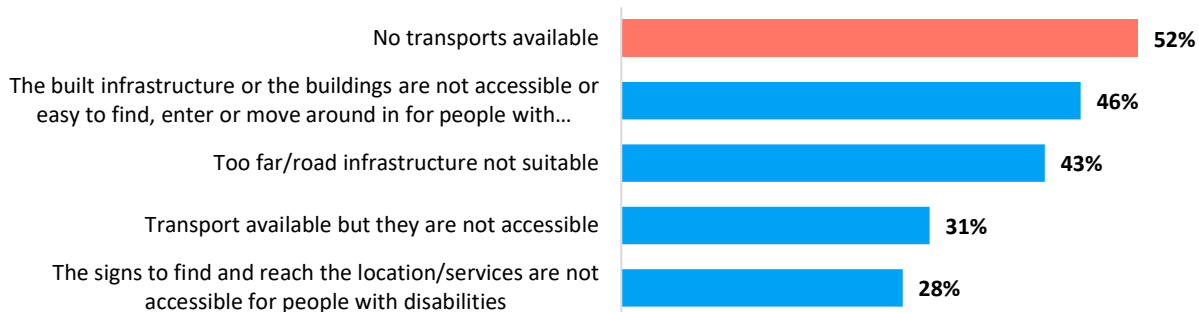
**Inaccessible Infrastructure:** Nearly half of the respondents (46%) cited the inaccessibility of built infrastructure or buildings as a significant barrier for people with disabilities. This encompasses factors such as lack of ramps, narrow pathways, or inaccessible entrances, making it challenging for older people and individuals with disabilities to navigate their surroundings.

**Distance and Road Infrastructure:** Another substantial proportion (43%) mentioned that physical barriers are attributed to locations being too far or having unsuitable road infrastructure. Long distances and inadequate road conditions can pose significant challenges for older people and individuals with disabilities in accessing essential services or facilities.

**Transport Accessibility:** 31% of respondents highlighted the inaccessibility of available transportation options for older people and individuals with disabilities. This indicates that despite transportation services being present, they may not cater adequately to the needs of people with disabilities, posing a barrier to their mobility.

**Signage Accessibility:** Approximately 28% of older people respondents identified that one of the reasons for physical barriers is the lack of accessible signage to find and reach locations or services for older people and people with disabilities. This suggests that inadequate signage may hinder individuals with disabilities from accessing essential services.

#### Reasons for physical barriers



### COMMUNICATION BARRIERS FACED BY OLDER PEOPLE

**Inaccessible Communication Formats:** The most cited reason, with 72% of older people respondents selecting it, is the inaccessibility of the format and tools used for communication. This suggests that the communication methods employed are not suitable for older people and individuals with diverse communication needs, such as those with hearing or visual impairments.

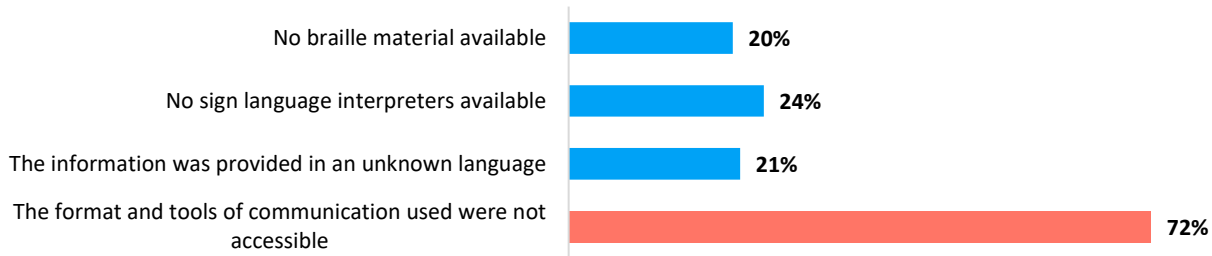


**Language Barrier:** Approximately 21% of older people respondents reported encountering communication barriers due to information being provided in an unknown language (Incomprehensible accent or language). This indicates that language or (accent) diversity poses a significant challenge for effective communication, particularly for individuals who do not understand the language (accent) in which information is presented.

**Lack of Sign Language Interpreters:** Around 24% of older respondents highlighted the absence of sign language interpreters as a barrier to communication. This suggests that individuals who rely on sign language to communicate may face difficulties in accessing information or services due to the unavailability of interpreters.

**Absence of Braille Material:** Another significant factor, with 20% of older respondents selecting it, is the lack of braille material. This suggests that individuals with visual impairments may encounter barriers in accessing information that is not provided in braille format.

### Reasons for communication barriers



### ADDITIONAL BARRIERS FACED BY OLDER PEOPLE

**Perceptions of Capability:** The most prevalent barrier, identified by 75% of older respondents, is the perception that older people are not capable or able to participate or contribute. This highlights widespread ageist attitudes and beliefs that limit the opportunities and involvement of older individuals in various aspects of society.

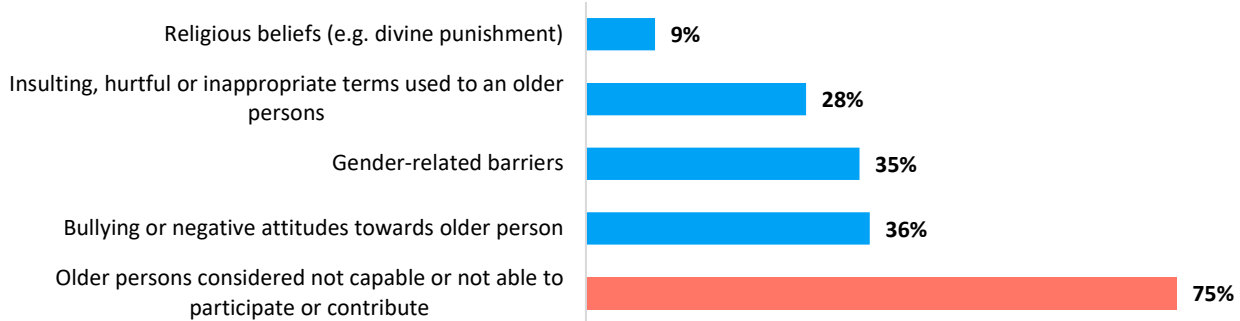
**Negative Attitudes and Bullying:** Approximately 36% of older respondents highlighted bullying or negative attitudes towards older people as a significant barrier. This indicates that ageism and negative stereotypes contribute to social challenges for older individuals, impacting their well-being and participation in society.

**Gender-Related Barriers:** Nearly the same proportion, at 35%, identified gender-related barriers as a concern. This suggests that gender discrimination and biases based on gender contribute to obstacles faced by older individuals, particularly older women, in accessing opportunities and resources.

**Use of Inappropriate Terms:** Around 28% of respondents cited insulting, hurtful, or inappropriate terms used towards older people as a barrier. This indicates that language and communication practices may contribute to the marginalization or disrespect of older individuals, affecting their dignity and well-being.

**Religious Beliefs:** A smaller proportion, at 9%, mentioned religious beliefs, such as the concept of divine punishment (specifically for people with disabilities), as a barrier. While less prevalent, this indicates that cultural and religious beliefs may influence societal attitudes towards older people, impacting their social inclusion and well-being.

### Reasons for attitudinal barriers



## INSTITUTIONAL BARRIERS FACED BY OLDER PEOPLE

**Inaccessible Registration and Complaint Mechanisms:** Approximately 22% of older respondents cited the absence of accessible registration and complaint mechanisms as a barrier. This suggests that institutional processes lack accessibility features, making it difficult for individuals to register or address complaints effectively.

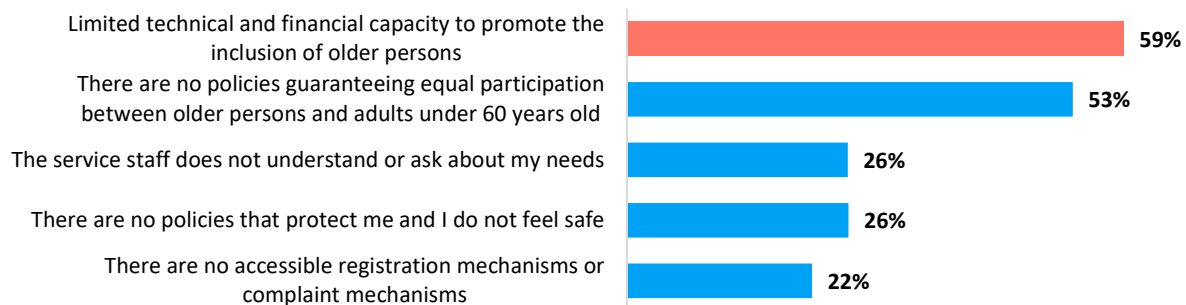
**Lack of Protective Policies and Safety:** A significant proportion of older people, at 26%, mentioned the absence of policies protecting them and the feeling of being unsafe as a barrier. This indicates a lack of institutional frameworks ensuring safety and security for individuals, contributing to feelings of vulnerability.

**Lack of Understanding or Addressing Needs:** Similarly, 26% of older respondents highlighted that Aid staff do not understand or inquire about their needs. This suggests a lack of awareness or responsiveness among service providers regarding the specific needs of individuals, hindering effective service delivery.

**Absence of Policies for Equal Participation:** The most prevalent barrier, identified by 53% of older respondents, is the absence of policies guaranteeing equal participation between older people and adults under 60 years old. This underscores systemic barriers that prevent older individuals from accessing opportunities and resources on par with younger adults, perpetuating age-based discrimination.

**Limited Capacity for Inclusion Promotion:** A substantial proportion, at 59%, mentioned limited technical and financial capacity to promote the inclusion of older people as a barrier. This indicates institutional shortcomings in resources and expertise necessary for effectively addressing the needs of older individuals and promoting their inclusion.

### Reasons for institutional barriers





## Protection Risks<sup>4</sup> and Impacts:

**Psychological/emotional abuse** is the most prevalent protection risk in this section, with 653 instances. This accounts for a significant 66% of the total, indicating a high level of emotional distress among older individuals.

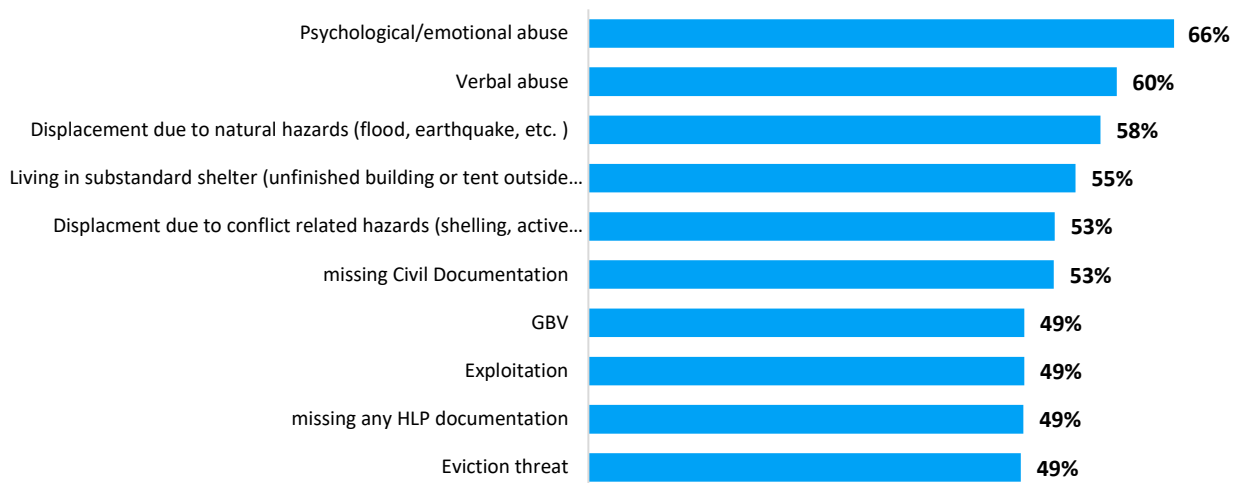
**Verbal abuse is the second most common risk**, with 589 instances. This constitutes 60% of the total, suggesting that many older individuals are subjected to harmful language and threats.

**The risks of displacement due to natural hazards and living in substandard shelter** are also quite significant, affecting 58% and 55% of the population respectively. This indicates that environmental factors and poor living conditions pose a substantial threat to the well-being of older individuals.

**Displacement due to conflict related hazards (shelling, active fighting, presence of UXOs or IEDs, etc.) and missing civil documentation**, with 520 instances, or 53% of the total. This risk still affects over half of the population, highlighting the importance of proper documentation for the protection of individuals.

**Other risks such as eviction threat, missing any HLP documentation, exploitation, and GBV** each account for 49% of the total.

### Top 10 Protection Risks



## Key Recommendations:

### A. Recommendations for Cluster Coordinators, UN Agencies, and HLG Members:

- 1. Coordination Efforts:** Collaborate closely with other humanitarian actors to ensure a comprehensive response that addresses the specific needs of older people across all sectors.

<sup>4</sup> Respondents were provided with a multiple-choice option and could select from a list of 28 protection risks, including forced recruitment, child labor, sexual assault, smuggling/trafficking, detention/torture/arbitrary arrest, forced/early marriage, abduction/disappearance/kidnapping, threats/intimidation, confiscated/forced occupation of property, physical abuse, unauthorized use of property, forced return to unsafe homes, contamination, destruction of property, extortion, movement restrictions, forced relocation, eviction, eviction threats, missing documentation, exploitation, GBV, displacement due to conflict/natural hazards, living in substandard shelter, verbal abuse, and psychological/emotional abuse.

This examination aims to elucidate the top 10 key findings, uncovering intersecting factors contributing to vulnerability.



2. **Tailored Programming:** Develop and implement programs that specifically target the needs identified in the assessment, such as improving access to basic services, income opportunities, protection measures, and healthcare services.
3. **Capacity Building:** Provide training and resources to humanitarian workers to enhance their understanding of the unique challenges faced by older people and how to effectively address them in their programming.
4. **Advocacy:** Advocate for policies and funding that prioritize the needs of older people in humanitarian response efforts, highlighting the importance of inclusive and age-sensitive approaches. Advocate with donors to guarantee specific allocation of budget to older persons at heightened risks as a prerequisite to pooled/private funds, UN allocations and general calls for applications.
5. **Monitoring and Evaluation:** Establish robust monitoring and evaluation mechanisms to track the impact of interventions on older people and ensure accountability to affected populations.

#### **B. Recommendations for Humanitarian Organizations:**

1. **Effective and participatory consultation mechanisms:** guarantee comprehensive consultation processes with older personas at the community level for the identification on needs, the development of response strategies, the monitoring and evaluation of the implementation of the different programs.
2. **Inclusive Programming:** Ensure that programming is inclusive of older people's needs, including access to services, income opportunities, protection measures, and communication strategies.
3. **Capacity Development:** Invest in building the capacity of staff to effectively respond to the needs of older people, including training on age-sensitive approaches and understanding age-related vulnerabilities.
4. **Partnerships:** Collaborate with local organizations and community groups to reach older people in remote or marginalized areas and ensure that interventions are culturally appropriate and community driven.
5. **Adaptive Strategies:** Continuously adapt programming based on feedback from older people and assessment findings, ensuring that interventions remain relevant and responsive to changing needs.
6. **Documentation and Reporting:** Document and report on the impact of interventions targeting older people, highlighting success stories, challenges faced, and lessons learned to inform future programming and advocacy efforts.
7. **Monitoring and accountability:** guarantee concrete mechanisms are in place to monitor the implementation of the programs ensuring concrete channels to share, in a comprehensive and tailored manner, the results of the programs to the affected populations.

#### **C. Recommendations for Donors:**

1. **Targeted Funding:** Allocate funding specifically for interventions targeting the needs of older people, including access to basic services, income opportunities, protection measures, and healthcare services. Request from partners, specific allocations of resources for older persons in an intersectoral manner.
2. **Flexibility in Funding:** Provide flexible funding mechanisms that allow for rapid response to emerging needs and changing circumstances affecting older people in humanitarian crises.
3. **Long-Term Support:** Prioritize funding for long-term solutions that build resilience and address underlying vulnerabilities faced by older people, including investments in healthcare infrastructure, social protection systems, and community-based initiatives.



4. **Accountability:** Require rigorous monitoring and reporting on how donor funds are being used to support older people in humanitarian response efforts, ensuring transparency and accountability. Guarantee all proposals include specific PSEA mechanisms tailored to the needs and capacities from older persons identified in this survey.
5. **Partnership Engagement:** Encourage collaboration and coordination among humanitarian actors to maximize the impact of donor funding and ensure a coherent and comprehensive response to the needs of older people.

**D. Recommendations for Older Persons Organizations and Civic Local Organization:**

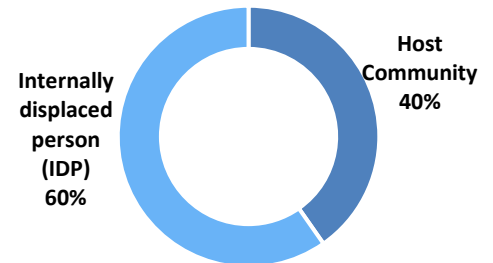
1. **Empowerment and Advocacy:** Advocate for the rights and needs of older people within humanitarian response efforts, ensuring that their voices are heard, and their concerns are addressed.
2. **Capacity Building:** Build the capacity of older people's organizations to effectively engage in humanitarian coordination mechanisms, advocacy efforts, and community-based initiatives.
3. **Community Engagement:** Mobilize older people and their communities to actively participate in decision-making processes related to humanitarian response, ensuring that interventions are inclusive and responsive to their needs.
4. **Awareness Raising:** Raise awareness among older people about their rights, available services, and how to access assistance during humanitarian crises, empowering them to advocate for themselves and support each other.
5. **Collaboration:** Foster partnerships with other stakeholders, including humanitarian organizations, local authorities, and community groups, to strengthen advocacy efforts and ensure a coordinated response to the needs of older people.

## Annex 1

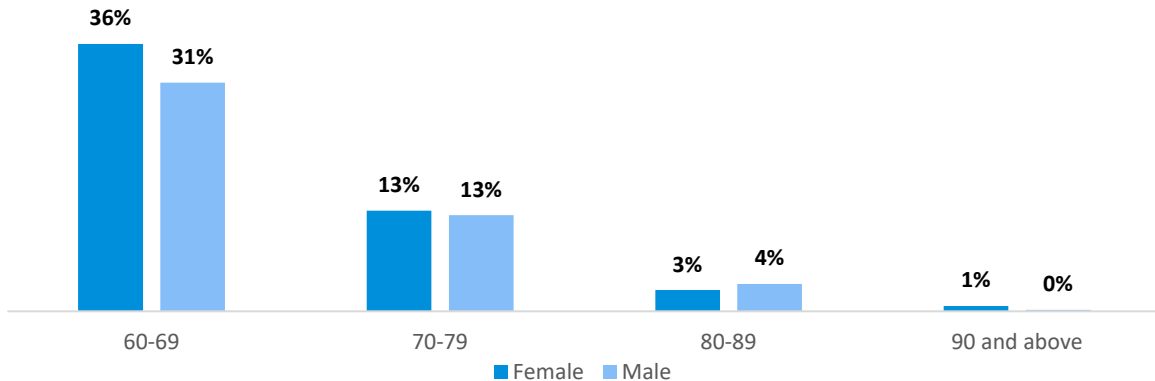
### Demographics information.

- The demographic data offers a comprehensive overview of the respondents' characteristics. It includes information gathered from 988 older people above 60 years old, living in 27 different sub-districts within the governorates of Aleppo and Idlib in Syria, covering 112 locations communities, and 106 camp residences. reaching up to 590 internally displaced older people, making up 60% of the total, while the rest 40% (398) respondents are part of the host community.
- Looking at the age and gender distribution, the majority (67%) of older respondents are aged 60-69, with more females (36%) than males (31%). The 70-79 age group makes up 26% of the total, with nearly equal gender distribution. The 80-89 age group older represents 7% of the total, The smallest group is those aged 90 and above, accounting for 1% of females and less than 1% of males. Overall, there are slightly more female (53%) than male older respondents (47%).

Are you from the Host community or IDPs?



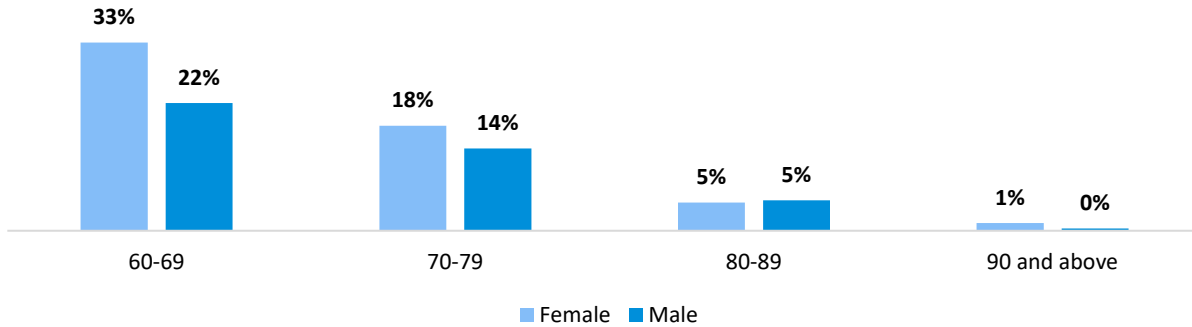
### Age/Gender of interviewee



- Out of 988 respondents, 53% of respondents reported having 'some form of disability' based on **Washington group questions**<sup>5</sup>. The majority of older respondents are aged 60-69, with females with disabilities (33%) outnumbering males with disabilities (22%). The next largest age group, 70-79, comprises 18% females with disabilities and 14% males with disabilities. The 80-89 age group is smaller, with an equal representation of 5% for both genders with disabilities. The smallest group is those aged 90 and above, with 1% females with disabilities and less than 1% males with disabilities. Overall, there are more female older respondents with disabilities (58%) than male older respondents with disabilities (42%).

<sup>5</sup> <https://www.washingtongroup-disability.com/question-sets/>

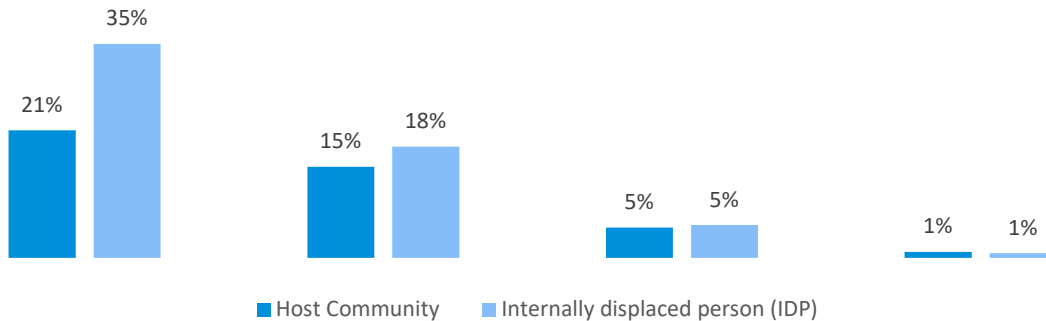
### Age/Gender segregation of persons with disabilities



The dominant disability patterns observed among older people, who reported having ‘a lot of difficulties’, or ‘cannot do at all’ irrespective of gender, were categorized as follows order: mobility impairments affecting walking, limitations in self-care abilities, visual difficulties, hearing loss, difficulties with memory, and challenges in communication.

This underscores the need for tailored support, particularly for older females with disabilities in the 60-79 age group.

### Age Host community or IDPs segregation of persons with disabilities



In the provided data focused on individuals with disabilities, most older respondents, aged 60-69, represent 55% of the total. Within this age bracket, Internally Displaced Persons with Disabilities (IDPs) account for 35%, while those from the Host Community make up 21%. The next significant group is aged 70-79, comprising 33% of the total, with a slightly higher proportion of IDPs with disabilities (18%) than the Host Community (15%). As age increases, representation decreases, with the 80-89 age group constituting 10% and those 90 and above making up 2% of the total. Distribution between the Host Community and IDPs with disabilities is relatively even in these age groups. Overall, IDPs with disabilities represent a larger share (59%) compared to the Host Community (41%).



## Annex 2

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### FGDs Questionnaire

#### FGDs Questions :

1. Inclusive humanitarian initiatives: how can we ensure that humanitarian initiatives effectively reach older people in Northern West Syria?
2. Accessing to health facilities: how can we prioritize health services tailored to the needs of older people in Northern West Syria?
3. Emotional distress and abuse: What do you think contributes to emotional abuse and maltreatment within society? Can you share any observations or personal experiences regarding emotional distress and/or abuse you have witnessed or encountered?
4. Legal and Physical Protection: The report highlights that 35% of older people feel threatened or afraid within their community, indicating a significant proportion experiencing insecurity. Can you provide examples of specific situations or contexts where these feelings are most pronounced?
5. Protection services and complaints & feedback mechanisms: Older Persons may have no idea about reporting procedures or channels, what actions or initiatives do you believe could effectively address this gap and empower older people to seek help or support?

#### Demographics:

Female Participants: Total of 15 across all FGDs, 9 in Aleppo/Afrin and 6 in Idleb/Dana.

Male Participants: Total of 16 across all FGDs, 9 in Aleppo/Afrin and 7 in Idleb/ Dana.

#### Male FGDs Input:

Key Findings:

#### **Inclusive humanitarian initiatives:**

- Participants emphasized the necessity for enhanced coordination among humanitarian organizations to ensure the effective delivery of services to older people, aiming to reduce their exclusion and combat ageism within humanitarian assistance.
- Participants advocate for the active involvement of older people in identifying their needs and shaping projects designed to support them, emphasizing the importance of understanding their real needs.
- Many participants express dissatisfaction with the level of support received, emphasizing the need for increased assistance toward older people.
- Participants requested multi channels communication channels with older people (door to door visits, local council) about available services and projects in the area.

#### **Accessing to health facilities:**

- Participants stress the importance of tailored access to essential health services for older people, such as medications for heart and nerve conditions, as well as the provision of expensive medications.



- Additionally, they highlight the crucial need for transportation services to health centers, particularly for older people living in isolation, ensuring dignified access to health care. Improving the service experience for older people includes suggestions such as having dedicated registration counters and ensuring proper support for those without caregivers during hospital visits, additional to improve the accessibility in the health centers infrastructure (ensuring the existence of rampa and elevator).

#### **Emotional distress and abuse:**

- Participants note the lack of accountability by existing authorities, contributing to emotional abuse and neglect, particularly among older people.
- Female participants expressed feelings of loneliness, neglect, and mistreatment by family members, particularly children and grandchildren. These experiences of neglect and mistreatment compound emotional trauma and distress among older people from both genders, further exacerbated by displacement from homes, financial difficulties, and insecurity as mentioned by the participants.
- Experiences of fear and anxiety resulting from conflict situations, such as nearby bombings (in Afir), are shared. This leads to emotional distress and a constant state of anticipation, exacerbating the vulnerability of older people.
- While there is a general sense of respect for the elderly within society, instances of neglect and psychological abuse due to familial neglect are acknowledged. Concerns about the vulnerability of older people to instances of bullying and mocking are also noted, highlighting ongoing emotional concerns.

#### **Legal and Physical Protection:**

- Male participants generally express satisfaction with the security situation in their areas, stating that there are no direct threats, and that respect is upheld within the community.
- However, there are mentions of occasional bullying incidents and mocking cases specifically for older people, indicating that while overt threats might be rare, there are still instances of harassment and intimidation.
- Despite the perceived security, there is a recognition of vulnerability to theft among older people, attributed to their inability to defend themselves physically.
- Participants, particularly females, highlight the constant fear of displacement due to conflict and the precarious living conditions, such as living in tents or facing eviction from rented houses or tents.
- The fear of being homeless and the lack of stable housing exacerbate feelings of insecurity and instability among older people of both genders equally.
- There are concerns about financial exploitation, with reports of increased fares for transportation and threats of aid deprivation by delegates (in Afrin), indicating a form of economic vulnerability and manipulation.
- Participants propose practical solutions to alleviate their challenges, such as advocating for organized transportation for aid distribution to reduce physical barriers and implementing regulations to protect older people against forced evictions and financial exploitation.

#### **Protection services and complaints & feedback mechanisms:**



- Participants emphasize the importance of accessible and responsive complaints mechanisms. There are instances where complaints were filed but met with procrastination and unfulfilled promises, highlighting a gap in addressing older people's grievances effectively.
- Some respondents' express frustration with the lack of response or understanding of the complaint process, highlighting the need for clearer communication and field responses tailored to older people with clear steps and simple terms.
- Suggestions include publishing accessible procedures, establishing complaint centers in every camp, villages, or local council, and ensuring the existence of responses to complaints to empower older people.
- Additionally, there's a call for field responses tailored to the older people and the establishment of specific communication channels, like Telegram rooms, to ensure effective outreach.