HelpAge International is a global network of not-for-profit organisations with a vision of a world where older people fulfil their potential to lead active, dignified, healthy and secure lives. In emergency situations, HelpAge International works to ensure that vulnerable older people receive the assistance and protection they need and to which they have a right. HelpAge International is a DFID RRF partner.

HelpAge International works in partnership with Handicap International in Jordan and Lebanon to inform, influence and train humanitarian actors in order to ensure the inclusion of older people and people with disabilities in the emergency response. HelpAge International also implements a cash programme in collaboration with Handicap International in Jordan. HelpAge International’s response to the Syria crisis is fully funded by the Disaster Emergency Committee.

Summary
The impact of the lack of safe humanitarian access to the most vulnerable groups inside Syria is incomprehensible, with a breakdown of basic services and increasing shortages. In addition to the issue of safe access, humanitarian agencies are facing administrative impediments in Syria as well as in Turkey, which further hamper the implementation of their work and programming. Diplomatic support from members of the international community in an attempt to gain unimpeded and safe humanitarian access to those affected by violence, displacement and shortages, is more urgent than ever.

Access to the most vulnerable groups is also determined by effective identification of persons with specific needs. Existing challenges in identification of vulnerabilities are resulting in a lack of access to those most in need of humanitarian assistance, in particular older people.

As the conflict in Syria wages on and the number of displaced Syrian continues to surge, the vulnerabilities of affected persons grows at accelerated rates. As in all crises, pre-existing conditions and vulnerabilities related to older age are exacerbated. In particular poverty, specific health needs, food and nutrition requirements, and shelter necessities, become amplified during displacement. Until now, the special needs of older people have not been adequately addressed in this crisis, as outlined in this submission. With the scale of the crisis and needs growing, and a limitation of resources, there is an increased need for the prioritization of assistance and related funding.

DFID could play a crucial role in a push for improved prioritization of assistance and funding, which would increase aid efficiency in the Syria crisis.
1. Introduction

1.1 It is nearly three years since the beginning of the conflict in Syria. 6.5 million people have been displaced inside Syria, while more than 2.4 million people have fled to neighboring countries. An overwhelming 9.3 million people are now in need of humanitarian assistance due to the crisis.

1.2 UN population data on pre-crisis Syria shows that **11% of the population are aged 50 or over** (2.5 million people). This is roughly the same as the number of children under five. About **6% of the population are aged 60 or over** (1.3 million).\(^1\) Older people aged over 60 account for approximately 3% of the registered refugee population across Jordan, Iraq, and Turkey.\(^2\) For Jordan and Lebanon it is around 2.5%.\(^3\) However, preliminary findings of a joint HelpAge International and Handicap International research carried out in October 2013 to assess the situation of vulnerable refugees in Jordan and Lebanon reveals that the proportion of older people within the refugee population (registered and unregistered) in Jordan and Lebanon is actually 5%.\(^4\)

2. Challenges in access

2.1 For all agencies operating inside Syria, safety and security of their staff is by far the largest concern and challenge. Staff faces regular threats of kidnapping and violence, and agencies are frequently forced to close and retract programming.

2.2 Furthermore, there is need to expedite the approval process of visas for organizations working from Damascus, so that they can address the urgent humanitarian needs, and that additional INGOs must be granted registration in Damascus. Recently 50 UN/INGO visas were issued by the Government of Syria, but were short in duration and had a limited number of entries. 19 more visa requests for INGOs remain pending.

2.3 Humanitarian agencies are in dire need of diplomatic support from members of the international community in an attempt to gain unimpeded and safe humanitarian access to those affected by violence, displacement and shortages. This access would have to cover humanitarian interventions within Syria as well as cross-border operations from neighboring countries.

2.4 The impact of the lack of safe humanitarian access to the most vulnerable groups inside Syria is incomprehensible, with a breakdown of basic services and increasing shortages. Since the start of the conflict in March 2011, more than half of the chronically ill\(^5\) people in Syria have been forced to interrupt their treatment, which can ultimately have a severe impact on mortality and morbidity. In particular, this has a disproportionate effect on older people who have stayed behind in Syria.

\(^1\) [http://esa.un.org/unpd/wpp/Excel-Data/population.htm](http://esa.un.org/unpd/wpp/Excel-Data/population.htm)


\(^3\) Idem.


\(^5\) A chronic illness is a long term disease that often requires a life-long treatment, such as medication, physiotherapy, and other forms of treatment in order to slow or stop the disease progression.

2.5 Although not to the same extent as in Syria, safe humanitarian access remains an issue of concern in parts of Lebanon, especially in the areas of Tripoli and northern Bekaa.

2.6 In addition to existing security concerns, the issue of humanitarian access to Syria refugees inside Turkey, has to be considered in light of administrative impediments. As of early December, 16 INGOs are awaiting registration. In general, INGOs are faced with insurmountable regulatory impediments, including delayed registration and issuance of visas, and even the closing of their offices by the Turkish Government (GoT). Therefore, we encourage the donor community such as DFID and the UK Government, to engage with the GoT at a diplomatic level, aiming at a resolution of issues arising from these administrative impediments.

3. Challenges in gathering data

3.1 Alongside the issue of safe physical access to geographical areas, there is a need to look more closely at the actors’ identification of and access to vulnerable groups. Where we see an insufficient identification of persons with specific needs, this ultimately results in a lack of access to those most in need of humanitarian assistance. As expressed in the DFID Strategy “Promoting innovation and evidence-based approaches to building resilience and responding to humanitarian crises”, a lack in sex and age disaggregated data “can often mask the needs of particularly vulnerable groups”. Needs assessment, mapping exercises, and other forms of data collection, often do not sufficiently consider the higher age brackets in their coverage and/or analysis. For example: in Jordan and Lebanon, 5% of refugees are aged above 60 (registered and non-registered). Despite their great need for access to basic services, a significant proportion of older refugees in host countries remains unregistered, which raises concerns about their visibility in the overall humanitarian response. 27% of older refugees in Lebanon are not registered as compared to 17% and 13.5% respectively for adults and children.

4. Prioritisation of older people and continued support

4.1 HelpAge would like to commend the incredible commitment of the UK Government (DFID) and the overall donor community towards providing humanitarian support to the Syrian people and host communities thus far. Within the context of a crisis of this magnitude, their support has proven invaluable for addressing the most pressing needs and preventing further deterioration of situation of all those affected by the crisis.

4.2 As the conflict in Syria wages on and the number of displaced Syrian continues to surge, the vulnerabilities of affected persons grows at accelerated rates. As in all crises, pre-existing conditions and vulnerabilities related to older age are exacerbated. In particular poverty, specific health needs, food and nutrition requirements, and shelter necessities, become amplified during displacement.

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7 HAI/HI assessment.
The UK’s Development Work in the Middle East:
The UK’s humanitarian response to the Syrian Civil War

4.3 With the scale of the crisis and needs growing, and a limitation of resources, there is an increased need for the prioritization of assistance and related funding. Until now, the special needs of older people have not been adequately recognised and addressed in this crisis.

4.4 In Jordan, 2/3 of older refugees suffer from a chronic disease or health condition. In Jordan and Lebanon, among refugees above the age of 60 in Jordan and Lebanon, 77% are presenting with a vulnerability related to a chronic disease or medical condition, and injury and/or impairment. Despite the on-going efforts by health actors, the lack of access to medical care and (affordable) medication has been identified as one of the most pressing needs amongst older people. Until now, this urgent need is not sufficiently prioritized in the overall health response. In Lebanon, among Syrian refugees and other displaced populations from Syria, nearly a third of those in need of treatment for non-communicable diseases are no longer able to ensure the continuity of their treatment. Across Iraq, Jordan, Lebanon, and Iraq the three primary reasons for refugees seeking care, are: diabetes, cardiovascular conditions (including hypertension, ischaemic heart disease), and lung disease (asthma and chronic obstructive pulmonary disease), which are most common among older people.

4.5 DFID could play a crucial role in a push for improved prioritization of assistance and funding, which would increase aid efficiency for older people and other marginalised groups in the Syria crisis.

5. Breach of the principle of impartiality – need for funding

5.1 Older people are disproportionately affected by emergencies, yet less than 1% of international humanitarian aid is dedicated to this segment of the affected population. Due to the funding gap, there is a higher chance that older people ‘fall through the cracks’ in assistance programmes and emergency responses.

5.2 The exclusion of older people from humanitarian assistance is a fundamental breach of the principle of impartiality. As the Syria crisis continues, IDPs and refugees numbers increase and funding requirement escalate, there is a serious risk that the most vulnerable become more invisible and marginalised in the response. HelpAge International calls for increased initiatives to ensure assistance is provided according to need and without discrimination.

6. Recommendations for the International Development Committee

6.1 In the HERR report and DFID’s humanitarian strategy it is recognised that, together with women and girls, older people in particular are a vulnerable group in need of appropriate assistance in humanitarian crises. This commitment in DFID’s policy to addressing ageing-related disability must be reflected in DFID’s response to the needs of the most vulnerable groups in Syria by:

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9 HAI/HI Assessment.
10 MSF (27 September 2013), Open Letter to All States and Non-State Actors Involved in the Syrian Conflict.
6.2 Access to affected areas remains an issue for all humanitarian organisations in the Syria context. However DFID implementing partners must guarantee that they consider the specific vulnerabilities and challenges facing the most vulnerable groups, including vulnerable older people, ensuring their access to the services when they design a response.

6.3 Aid effectiveness should be improved through the adoption of tools designed to support programme quality and the targeting of the most vulnerable. HelpAge commends ECHO’s “Gender and Age marker” as the most comprehensive example of such an approach. The marker is designed to improve the quality of humanitarian assistance by fostering approaches that are sensitive to the needs and capacities of different age and gender groups. It tracks age and gender sensitive actions, including the collection of SADD and the delivery of adapted assistance, throughout the phases of the programme cycle. It also offers the possibility of tracking financial allocations to monitor performance regarding the integration of gender and age. HelpAge encourages DFID to consider the implementation of a similar approach in support of aid quality, efficiency and effectiveness.