

## **I. BACKGROUND**

1. In a speech to mark the International Day of Older Persons in 1997, the High Commissioner stated that, "The elderly are among the most invisible group of refugees and displaced persons. I hope to change that." She stressed that UNHCR needed to increase its efforts "at improving awareness, policy planning and projects for older refugees".
2. A survey conducted by UNHCR in 1997 indicated that older refugees make up a much larger proportion of the UNHCR caseload than previously assumed. It had long been believed that older people were more likely to choose to stay in their place of origin, or, unfortunately, to perish in flight or to pine away and die in exile. In fact, older refugees make up about 10 per cent of the population of concern to UNHCR reaching, according to government statistics, 30 per cent in the case of Armenia. In many situations they are over-represented in refugee populations. The majority of this older population are women. Of course, definitions of "older" reflect average life expectancy of the region concerned; they range from the age of 46 in Ethiopia to 73 in Venezuela.
3. A 1998 UNHCR evaluation entitled *UNHCR Assistance to Older Refugees*, undertaken at the specific direction of the High Commissioner to identify problems and propose solutions, identified three crucial factors all these people have in common: they are in situations of social disintegration, negative social selection and chronic dependency.

## **II. FACTORS AFFECTING THE SITUATION OF OLDER REFUGEES**

### **A. Social Disintegration**

4. The main factors behind the erosion of social support systems, whether formal or informal, are economic decline, resulting in a drastic reduction of living standards for the poorest with refugees among the hardest hit and the separation and dispersal of families as a result of war, flight and economic or security pressures, resulting in a rise in the number of unaccompanied elderly persons in need. In many cases, families have had to make painful choices about abandonment in order to survive.
5. In Eastern Europe, the comprehensive pension, health care and social welfare systems of the socialist era have not survived the transition to a market economy which has led to a dramatic drop in the standard of living of all those who had to depend on welfare provided by the State, principally, of course, the elderly. Hardest hit of all are the victims of forced displacement such as those in the former Yugoslavia and in the Caucasus region who lost not only the value of their former entitlements but also their homes and all their economic assets.
6. While the problems in Eastern Europe have been more frequently reported, the gradual but no less painful erosion of traditional support networks in developing countries and its impact on refugees is much less well known. Economic decline, social mobility and the pace of social change have eroded traditional community values in refugee settings. The elderly no longer enjoy the same authority, care and attention they had in the past. Also, the degree of support and respect the elderly receive is by no means uniform, but depends very much on their social status within the community: not all elderly are elders.
7. As a result, unaccompanied elderly refugees in developing countries may face situations of utmost misery and destitution. In both the Sudan and Yemen, the poorest among them may live a totally marginalized existence as beggars and may never even come to the notice of UNHCR and aid agencies. Due to bad nutrition, appalling living conditions and lack of medical attention, they are invariably prone to illness and their life expectancy is severely curtailed.

### **B. Negative Social Selection**

8. The term of negative social selection is used in the former Yugoslavia to describe the manner in which camps and collective centres have been observed to empty over time. Those who are young, healthy and able bodied are the first to depart, leaving behind the more vulnerable members of the group: the sick, the handicapped, single mothers with young children and the elderly. At the end there remains a hard core of mostly elderly persons who have nowhere to go and no one to take care of them. In this way, some collective centres in Bosnia and Herzegovina, Croatia and Serbia have become geriatric wards in all but name.
9. This phenomenon is not limited to the former Yugoslavia but is, to a greater or lesser extent, a spontaneous process characteristic of camps and collective centres everywhere. In the Sudan, for instance, negative social selection has been an important factor in nullifying UNHCR's 20-year efforts to help wage-earning settlements become self-sustaining. As shown in a recent report, these settlements now comprise a disproportionate number of small children, single-headed households and elderly who live in extremely poor conditions and remain wholly dependent on the continuation of assistance provided by UNHCR and WFP.
10. Government resettlement policies can contribute to the negative selection process by discriminating against elderly applicants who may not pass medical screenings and be left behind in countries of first asylum, painfully separated from the rest of their kin. Reports received from UNHCR Branch Offices in different parts of the world indicate that this is a common problem.

### **C. Chronic Dependency**

11. Many refugee situations produce over time a residual caseload of solitary older persons who have not found a durable solution, are unable to secure state benefits or family support, and may become dependent on UNHCR for long periods of time. This has been the case with many Russians and Armenians who became refugees in the 1920s. UNHCR has been providing the destitute elderly among them with allowances in countries as far afield as Argentina, Egypt, Morocco and Venezuela. Many of the 170 frail elderly

persons in Cairo who now rely on UNHCR assistance originally came to Egypt as orphans and remain stateless. Whilst they were self-supporting as healthy adults, they are now dependent on support from UNHCR. Most are women who never married.

12. The Office faces a dilemma. While it must continue to assume its responsibilities for older refugees by ensuring that the experience of exile is not compounded by an old age marked by poverty and destitution, it must seek to avoid chronic dependency on the part of the elderly. Wherever possible, the Office addresses the protection challenge of ensuring that elderly victims of forced migration are able to regularize their status and obtain access to all possible benefits, entitlements and rights. However, this is not an easy task in countries undergoing rapid economic change, where all residents face a marked decline in living standards. Outreach to elderly people with mobility problems is essential; legal counselling sessions can be made available to them in their places of residence such as old people's homes, collective centres or private accommodation.

13. The problem of residual elderly caseloads could increase in severity as the ageing of populations and global trends towards social disintegration may well lead to a rise in the number of unaccompanied older refugees.

### **III. THE WAY FORWARD**

14. While the plight of older refugees can be severe, they should not be seen only as passive, dependent recipients of assistance and therefore somehow socially redundant. Older refugees can be valuable resources to their communities, transmitters of culture, skills and crafts so important to reaffirm the traditions of the dispossessed and displaced. Older persons are highly motivated to make an active contribution to the well-being of their next-of-kin and only become totally dependent in the final stages of disability or illness. Older persons have taken the lead in return to countries as far afield as Croatia and Liberia. The tragedy of older people who have been forcibly displaced is not so much that they become dependent on others, but that they have been robbed of the means to provide for others in the manner they would wish.

15. To address the problems of older refugees, the following strategies have been identified as being most critical to their well-being: integration of the elderly into all aspects of programme planning and implementation; targeted community services projects with competent linkage partners; and advocacy on behalf of the elderly during crucial phase-out stages.

#### **A. Integrating the elderly in all aspects of programme planning and implementation**

16. Assistance programmes can be designed in such a way as to include the elderly as much as possible in all activities and provide them with the means and the opportunities to restore and realise their potential. Such initiatives, targeted at the active elderly, are quite different from the also necessary measures designed to ensure proper care and medical attention for frail elderly who have become incapacitated due to sickness or old age.

17. While the elderly clearly have special problems, there is little to be gained from establishing yet another separate refugee category with a distinct set of guidelines and interventions. Rather, a more targeted inclusion of older refugees in all aspects of programme planning and implementation would help the active elderly to be more self-supporting and would promote better community care initiatives for the very old.

18. Rarely have training programmes, income-generation schemes, micro-loan projects or even community development projects been designed so as to deliberately include older refugees, tap their potential and ensure that their voices are heard. The reason for this is partly a question of attitude which perceives preoccupation with the elderly as a low priority, since their needs are supposedly met by the community as a whole and they appear to have little of substance to offer.

19. In many cases where the middle generation is absent for some usually tragic reason, grandparents can find themselves in sole charge of their grandchildren. Such families live in desperate poverty due to the lack of an employable breadwinner. The physical and mental strains are enormous as the grandparent struggles to cope, often neglecting his or her own needs in the process. The existence of these problems, which appears to be widespread in refugee situations, is eloquent testimony of the need to adopt a more family-centred concept of care rather than one in which certain groups are singled out for special treatment.

20. Neither UNHCR, nor its implementing partners have specialist resources in geriatric care, one notable exception being HelpAge International (HAI). UNHCR and HAI are working in partnership to explore ways in which all activities can be made more deliberately inclusive of the elderly. It is hoped that relevant training modules and best practices guidelines can be developed together for dissemination to UNHCR and implementing partner staff. A notable example of the cooperation which already exists is in the continued refinement of nutritional guidelines for inclusion of older refugees in special feeding programmes. In traditional feeding programmes, children under five and pregnant or lactating mothers have been targeted. Alerted by the incidence of malnutrition among older refugees in the United Republic of Tanzania camps, where the frail elderly are unable to collect the water or firewood necessary for food preparation, HAI developed community care projects to encourage neighbours to help those alone or caring for young grandchildren. HAI also worked with UNHCR to develop the criteria to assess an older person's nutritional status and consequent eligibility for special feeding. For young children, simple measurements of weight to height or arm circumference can determine nutritional status. The natural ageing process with body shrinkage may disguise the hunger of the old.

#### **B. Community Services' Input is Vital**

21. The neediest among the elderly are often the least visible and a proper assessment leading to a well-designed programme requires a targeted effort under the supervision of qualified UNHCR staff. Well meaning programmes without adequate guidance from Community Services Officers can become merely a conduit for material assistance without proper follow-up or thought given to ways in which the refugees' self-help attempts might be better supported. One very successful example is the network of refugee monitors

established through a local NGO in Vladikavkaz which proved indispensable in identifying beneficiaries who might otherwise never have come to the notice of the Office. Comparable achievements have also been noted in Bosnia and Herzegovina and Croatia where UNHCR's community services input is strong and a sound home visiting and referral system in place.

22. At the other extreme is the situation in the refugee camps and where there has been no community service structure of any kind. The evaluation, referred to above, stated, drawing from specific examples, that as a result of the lack of refugee consultative and self-help structures created by community services, older refugees in need may be completely over-looked and uncared for. Only the voices of the most vocal and active refugees are heard. Thus UNHCR may not be sufficiently aware of the disastrous consequences brought about by negative social selection in the camps.

23. Securing accurate information on the socio-economic circumstances of the refugees and their quality of life is a vital by-product of well-managed community services programmes. Such information is notoriously difficult to come by, but is essential for the proper design of assistance activities in all other sectors, including the enhancement of community participation and self-help initiatives. Community services projects are not a luxury but a necessity upon which much else can depend. This must be remembered by both donors and UNHCR itself, as UNHCR is faced with budget reductions and forced to make difficult choices about essential services.

### **C. Phasing Out Responsibility**

24. The issue of the limit of UNHCR responsibility regarding assistance is always problematic. Currently, the extent of UNHCR involvement in repatriation and reintegration is being debated. Nowhere is this more graphically illustrated than in phasing out programmes that benefit the elderly, particularly when there is a residual caseload of abandoned older persons who have no alternative means of support. In order to phase out, support and long-term care arrangements must be established through local NGOs, relevant government ministries or in conjunction with the international development agencies such as WHO, UNDP and the World Bank. One example of this phase out is in Bosnia and Herzegovina, where UNHCR and ECHO support relevant ministries which are planning the closure of the collective centres. In conjunction with other longer-term development agencies, they are determining means to encourage residents to return to their place of origin and ways to continue assistance to collective centres converted to old people's homes.

25. Experience with local NGOs has shown that these NGOs may not become independently viable unless UNHCR engages them early on in a concerted capacity-building effort which goes much beyond the occasional briefing or workshop. National NGOs need to be thoroughly trained in project design and fund-raising techniques and helped in setting up a sound administration and in identifying and liaising with potential donors. To assist this process, UNHCR is formulating a strategy to enhance national NGO partners' effectiveness. This is a field-up process and key components include working with Governments on procedures on the setting up and registering of NGOs, development of guidelines, tools and training modules, as well as pairing national and international NGOs to plan individual handover strategies.

26. UNHCR's cooperation with social affairs ministries remains limited. This may be because UNHCR's main counterpart is often a ministry dedicated solely to refugee affairs, or, as is often the case, the social affairs ministry is one of the weakest and most under-funded ministries. In Eastern Europe, preference for implementation through NGOs has meant that existing government service outlets, such as social welfare centres, which could have played a useful role in outreach services for the elderly, are often ignored. If UNHCR wishes to phase out responsibly, it must ensure that residual caseloads of needy elderly persons become the responsibility of competent government departments.

27. As part of its phase out strategy, UNHCR should also seek to ensure a successful transition from relief to development in the social assistance sector. For the elderly, whether refugees, returnees or displaced persons, this means that they should have access to the same services which are available to locals and that relevant welfare structures should be helped to develop the capacity necessary to cope with any added demands. However, in countries affected by war, economic decline or structural adjustment, welfare provision is usually gravely under-resourced and usually occupies a very low priority. In these circumstances, UNHCR can only hope to influence government policy on welfare provision and funding if its interventions are closely coordinated with sister agencies that are habitually engaged in offering support and advice in this field, particularly the World Bank, but also WHO and UNDP. These and other agencies have in recent years become closely involved in assisting Governments to manage health care and welfare reforms and to set up major poverty alleviation programmes. The Framework for Cooperation between UNHCR and the World Bank of April 1998 is a sound basis for establishing these linkages.

28. In large, complex programmes, UNHCR's phase out strategy should be subject to a multi-year plan in which the gradual withdrawal of its services in the social assistance sector is linked to the implementation of government welfare reforms and poverty alleviation programmes supported by the World Bank and bilateral and multilateral donors. This requires complex negotiations that need to be engaged well in advance.

## **IV. 1999 □ THE INTERNATIONAL YEAR OF THE OLDER PERSON**

29. This year represents an ideal opportunity to create awareness of the situation of older refugees within UNHCR, implementing partners and the donor community through promotional activities and advocacy. In doing so, UNHCR seeks to strengthen protection of and assistance to older refugees in an integrated framework, which views them as part of families and communities.

30. Activities associated with the Year, which will take place both at Headquarters and in the Field, will as far as possible build on existing structures and respond to the needs of older refugees in the following ways:

- (A) Promotion/advocacy/awareness raising: to be conducted in conjunction with other agencies, such as WHO, and specialist NGOs, such as HAI, which are developing their own programmes for 1999. Enhancement of inter-agency linkages will assist a consolidated transition of responsibility. At the promotional level, public information materials such as posters, videos, brochures and display materials will be prepared as a kit which can be used by all field offices to stimulate awareness;
- (B) Policy and practice development: to strengthen UNHCR and implementing partner capacity for integrated programme planning and implementation, a specific training module and best practices guidelines will be developed. Older person case studies will be incorporated into existing training such as People-Oriented Planning (POP) and protection, as well. A key component is the incorporation of older refugee issues into the newly developed Operation Management System (OMS). Regional workshops for Central and Eastern Europe and in Africa will be a forum for examining common problems and solutions; and
- (C) Strengthening service delivery in the field: the main elements of service delivery in the field are a strong community services and protection presence. Continued strengthening of community services staff and upgrading of skills and technical backup will be provided to individual country programmes.

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