



Humanitarian needs of older women and men in government controlled Luhansk Oblast

Baseline Report - October 2016

HelpAge

International

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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Executive Summary

Older women and men living in Eastern Ukraine are some of the most vulnerable people affected by the conflict. Their complex needs faced prior to the conflict were only exacerbated by the humanitarian crisis. The conflict has destabilised social networks and family support thus leaving extremely vulnerable older people alone and in need of external support. Moreover, changes in the laws affecting access to pensions and social benefits, price increase of basic good and inability to continue livelihood and agricultural activities along the contact line all point to severe economic vulnerability.

HelpAge has conducted a two-stage vulnerability assessment using questionnaires to ensure that the most affected older people receive a tailored and appropriate humanitarian assistance. The following baseline report highlights the humanitarian needs of 2,152 older women and men in the Government Controlled Areas of the Luhansk oblast.

Below are the key findings for each sector:

Livelihoods

- **The majority of older people rely on pensions** with 99% reporting it as their main source of income
- Nearly 1 in 3 of the assessed households rely on the older person's pension as the main source of income
- **80% of older people (74% women) reported a decrease in income** since the beginning of the conflict with only 1% of older people being able to buy the same goods as before the conflict

Protection:

Negative coping mechanisms

- 73% older people (75% women) reported having to borrow money to pay for the daily expenditures and 42% report having existing debts (77% women)
- 54% of older people (75% women) had to reduce their food intake since the conflict
- 18% of older people (75% women) had to sell their property/assets in order to pay for the daily expenditures

Access to Aid

- 53% of older people (74% women) have received some humanitarian aid
- 52% of older people received food aid (73% of older people residing in front-line areas)
- Only 1.2% of older women and men received cash vouchers
- Only 1.5% of older women and men residing in the 'front-line' areas received shelter support
- Less than 1% of older people received NFI support

IDP registration/ Legal Status

- **73% of IDPs residing in Schastie and Stanichno-Luhanskiy Rayon have no legal IDP status** suggesting that access to IDP registration in the 'front-line' areas is significantly hindered.

Psychosocial needs

- **46% of older people are living alone** (84% of those living alone are women); proportionally 52% of all older women are living alone, compared to 28% of men
- **81% of older people are experiencing various conflict-related psychosocial issues** (changes in sleeping patterns, crying spells, persistent memories of conflict, etc.)

Health

- 87% of older people reporting having at least one chronic disease
- **63% of older people (76% women) stated that their required medicines were not available.** Although no detailed data was collected, anecdotal evidence points to the following reasons: high price of medicines, loss of income and drugs unavailable at pharmacies.
- 61% cannot move independently

Shelter/NFIs

- 90% of older people are in need of hygiene and other NFI support whilst less than 1% have received such support from humanitarian agencies
- 69% are in need of some winterization support
- Nearly **9% of older women and men are living in partially damaged houses or flats** and are in need of roof repairs. Majority of these people are residing in Stanitsa Luhanskay or Schastiye

Nutrition and Food Security

- 54% of older people (75% women) had to reduce their food intake since the conflict
- **13% of older people (73% women) are moderately malnourished** (with arm circumference lower than 210 mm)
- **2% (66% women) are severely malnourished** (with arm circumference lower than 185).

About HelpAge International's project

HelpAge currently runs a project titled "Emergency assistance and protection to conflict-affected older people in Luhansk GCA", funded by UNHCR. The project has two main objectives:

(1) to support physical and psychosocial safety (PSS) concerns of conflict-affected older people and people with disabilities; and

(2) to significantly improve access to appropriate humanitarian assistance for older men and women affected by the conflict.

We provide protection support to older people through unconditional multi-purpose cash grants, provision of assistive devices, home based care and community safe spaces. In addition, the project aims to build the technical capacity of the humanitarian community at a national and regional level to identify and address the specific needs of older people and people with disabilities in their response.

The project was developed and designed based on data collected by HelpAge in 2015 of some 9,700 older people in Luhansk and Donetsk oblasts, in both GCA and NGCA, which showed that older people experience serious protection concerns, mainly linked to access to basic

services and psychological distress. The survey also showed that around 80% of older people with disabilities or those suffering from a chronic medical condition reported a lack of access to at least one of the following: humanitarian aid, social services or health care.

HelpAge's project is being carried out in the following locations of the Luhansk Oblast (GCA):

1. Severodonetskiy Rayon: Severodonetsk city, Borovskoe village
2. Novoaydarskiy Rayon: Muratovo village, Schastie city
3. Stanichno- Luhanskiy Rayon: Petrovka village, Stanichno-Luhanskoye, Makarovo village, Nizhnyya Olkchovaya village, Krasnaya Talovka, Gerasimovka village, Shirokiy settlement, Sizoe village, Bolotennoe village, Lobachevo village
4. Kremenskoy Rayon: Kreminna city
5. Popasnyanskiy Rayon: Popasnaya city, Novotoshkovka village, urban settlement Toshkovka, Belaya Gora, Gorsk, Gorskoye.
6. Lisichansk city

Security Concerns/ Operational environment

The above mentioned locations have experienced continuous risks of armed attacks and potential cross fire. According to the INSO reports, the situation in Stanitsa-Luhanskaya remains unstable with exchange of fire from SAF, the use of low-range artillery near the contact line and mines near the checkpoints. During the last 3 months, electricity was cut off several times in this location due to a destruction of power lines. Conflict activity remained primarily concentrated in the southern parts of the Popasnyanskiy Rayon. The constant hostilities at the outskirts and suburbs of Popasnaya continue to take place along with several exchanges of fire from SAF, machine-guns, usage of APC in Novozvanovka and in Novoalexandrovka villages. Combatants continue using low-range mortars and antitank rocket launchers around Popasnaya. The surrounding area is badly contaminated with booby traps and UXO and is located in direct proximity to the line of contact. Novoaydarskiy Rayon remained the hotspot in Luhansk Oblast too. A major incident in this Rayon was the heavy mortar shelling near Schastie on 30th August, which impacted residential areas and resulted in death of one civilian. The shelling was unusual for this location, because Schastie was a relatively calm place as it hosts a major power plant in Luhansk Oblast, which provides electricity to both GCA and NGCA, including Luhansk city.

Methodology

Between July and September 2016 HelpAge has conducted a two-stage vulnerability assessment using questionnaires to ensure that the most affected older people receive a tailored and appropriate humanitarian assistance:

1. **Rapid Assessment Framework (RAF)** was conducted for 2,589 people (71% women, 29% men) assessing individuals across 10 dimensions (multi-sector assessment)
 - a. 2,152 older people were identified as vulnerable and selected to receive humanitarian assistance from HelpAge
 - 1,953 older people (72% women) were considered severely vulnerable
 - 51 older people (69% women) were considered to be critically vulnerable
 - None were considered to be catastrophically vulnerable
 -

2. A comprehensive **Vulnerability Assessment Framework (VAF)** was conducted among the selected 2,152 older people measuring their needs across income, protection, health, etc. Of those interviewed:
 - a. 74% were older women
 - b. 37% have a disability
 - c. 22% live in a rural area
 - d. 63% live in the 'front-line' areas
 - e. Age disaggregation is the following:
 - 0.2% are 50 – 59 years old
 - 40% are 60 – 69 years old
 - 38% are 70 – 79 years old
 - 19% are 80 – 89 years old
 - 2.8% are 90+ years old

Both RAF and VAF assessments were conducted by HelpAge volunteers using purposeful sampling with beneficiaries who were preselected based on specific vulnerabilities such as residing around contact line, known to have an impairment, isolated, etc. This method – although not representative of a wider population– allowed HelpAge to assess older people who were the most in need

The findings are based on the VAF data (sample size of 2,152 older people). Where significant differences exist, the data is disaggregated for respondents living along the contact line (defined as those found in the zone as indicated in the Minsk Agreement); gender disaggregation and analysis is incorporated throughout the report.

Detailed findings – humanitarian needs of older women and men in Luhansk oblast

Livelihoods

Income

The majority of older people rely on pensions with 99% reporting it as their main source of income. Their second most common income source is IDP allowance (with 22% of respondents receiving it), and the third one is the assistance from relatives (19% report receiving it). The least common income source is salary (0.6%) and other assistance (0.05%).

Table 1: Income sources for older people

| Type of income | Percentage of beneficiaries | Percentage of front-line beneficiaries |
|--------------------------------|-----------------------------|--|
| Salary | 0.6% | 0.8% |
| Pension | 99% | 99% |
| Disability allowances | 1.2% | 1.3% |
| Relatives' assistance | 19% | 20% |
| Farm | 2.4% | 3% |
| IDP Allowance | 22% | 2% |
| Other (neighbours' assistance) | 0.05% | 0.1% |

The income sources for all older people and those residing in the 'front-line' areas are similar. However, only 2% of older people along the contact line rely on the IDP allowance (compared to 22% of total beneficiaries), which may suggest a smaller number of IDPs but also problems with access caused by the changing legislation on pensions and social benefits, difficulties in physical access to banks, misplaced documents, etc. (see the Protection chapter below).

According to the findings only around 20% of the respondents reported that they always receive their pension and/or state benefits. Most of the people who are living in rural areas near the contact line (Popasnyanskiy and Stanichno-Luhanskiy Rayon) have limited access to their income with 4% reporting no regular access to pensions and state benefits.

The main income sources for the whole household follow a similar pattern as for older persons:

Table 2: Income sources for households

| Type of income | Percentage of households | Percentage of front-line households |
|-----------------------|--------------------------|-------------------------------------|
| Unemployment benefits | 2% | 0.4% |
| Salary | 3% | 2% |
| Pension | 80% | 86% |
| Disability allowances | 1.6% | 1.4% |
| Relatives' assistance | 19% | 20% |
| Farm | 4% | 5% |
| IDP Allowance | 10% | 2.1% |

80% of households report pensions as their main source of income. In addition 29% of older people are living with family members who are dependent on their income; 8% of beneficiaries are taking care of children under 18, and 41% of beneficiaries reported that they share the expenditures with other household members.

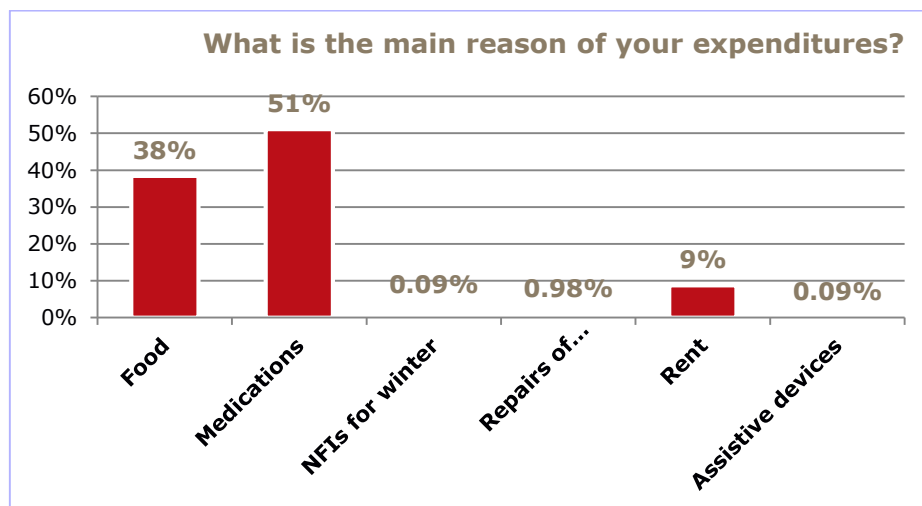
Expenditure patterns

80% of older people (74% women) reported a decrease in income since the beginning of the conflict:

- 52% reported a two-fold decrease
- Only 1% of older people reported being able to buy the same goods as before the conflict, with 77% pointing to the reduced income as the main reason

According to the data received the vast majority of people spend their money on medications (51%) and food (38%). This is not surprising since 87% of people who joined HAI's project have chronic diseases and they need to take medications on a regular basis and under recommendations of a doctor:

Table 3: Expenditure patterns



Protection

Negative coping mechanisms

The expenditure patterns and the points to a reliance of a large proportion (nearly 1 in 3) of assessed households on the older person's income thus indicating a high economic vulnerability as well as a protection risk for older people who might, as a result, adapt negative coping mechanisms. Indeed a great proportion of older people turn to negative coping mechanisms in order to meet their basic needs, pointing to a serious economic and protection vulnerability:

- 73% older people (75% women) reported having to borrow money to pay for the daily expenditures and 42% report having existing debts (77% women)
- 54% of older people (75% women) had to reduce their food intake since the conflict
- 18% of older people (75% women) had to sell their property/assets in order to pay for the daily expenditures

Access to humanitarian aid

53% of older people (74% women) have received some humanitarian aid with the most common type of assistance being food (52% of all older people and 74% of those residing in the 'front-line'). Only 1.2% of older men and women in Luhansk have received cash vouchers, and only 1.5% of older men and women residing in the 'front-line' areas have received shelter support; less than 1% received NFI support. On average, more aid has been delivered to beneficiaries residing in the 'front-line' areas where the needs are the highest – 75% of older people reported having received aid.

Table 4: Access to humanitarian aid

| Type of aid | Percentage of beneficiaries | Percentage of front-line beneficiaries |
|---|-----------------------------|--|
| Beneficiaries receiving humanitarian aid | 53% | 75% |
| Food | 52% | 74% |
| NFIs | 0.8% | 0.7% |
| Cash vouchers | 1.2% | 0.7% |
| Repairs of damaged house | 1% | 1.5% |

IDP Registration / Legal Status

Some older IDPs experience significant difficulties in getting IDP registration resulting in delays in receiving pensions and social benefits. The main findings are:

Out of 765 older people who are internally displaced:

- 604 people (79%) are registered and have access to state support;
- 10 people (1.3%) are on the waiting lists for registration;
- 151 people (19.7%) are not registered.

Although most IDPs have a legal status, the situation for those who are not registered can be critical. Moreover, 73% of IDPs residing in Schastie and Stanichno-Luhanskiy Rayon have no legal IDP status suggesting that access to IDP registration in the 'front-line' areas is significantly hindered. Although the reasons for this situation were not explored in-depth in the assessment, our anecdotal evidence suggests the following causes: lack of physical access to state migration services (due to lack of transport and inaccessibility to people with reduced mobility); unstable security situation; owners of accommodation not willing to provide official tenant's agreements; long and delayed procedures.

Only a small proportion (1%) have lost or misplaced their documents during relocation.

Psychosocial needs

46% of older people are living alone (84% of those living alone are women); proportionally 52% of all older women are living alone, compared to 28% of men. This finding is in line with demographic trends which indicated older women are more likely to be widowed and to live alone. This is important to note as older women's pensions/income is, on average, likely to be of a lower value than that of older men thus increasing their vulnerability.

Moreover, 67% of people report (72% of women) that they do not participate in any community or social activities – pointing to high levels of isolation of older people and a need for restoration of community/social structures. Proportionally more older men report that they do not participate in social activities (74% of all older men and 64% of all older women). Equally, 67% of older people depend on the assistance (financial, emotional, etc.) from others (e.g. neighbours, family, friends, etc.).

Only 7% of people (69% women) reported experiencing violence (with psychological/emotional being most common) however due to the sensitivity and taboo surrounding elder abuse this data might be underreported.

Great proportions of older people are also experiencing conflict-related psychosocial symptoms:

- 81% have experienced changes in sleeping patterns (out of which 76% were women);
- 50% have crying spells (85% women);
- 43% feel lonely/isolated (81% women);
- 78% have persistent memories associated with the conflict (76% women)

Health

Non-communicable diseases (NCDs)

Majority of the assessed older people have a chronic disease:

- 87% of older people (76% women) reported having a cardiovascular disease
- 59% of older people (75% women) reported having a musculoskeletal disease
- 18% of older people (73% women) reported having a respiratory disease
- 16% of older people (80% women) reported having diabetes
- 5% of older people (72% women) reported having cancer

63% of older people (76% women) stated that their required medicines were not available. Although no detailed data was collected, anecdotal evidence points to the following reasons: high price of medicines, loss of income, drugs unavailable at pharmacies, etc.

In addition, 4% of older people (72% women) have stopped taking the prescribed medicines (some for over a year). Although this number isn't great, it points to a small group of highly vulnerable older people. Anecdotal evidence also points to **difficulties in accessing healthcare facilities**. There are no local hospitals in Pshenichnoye, Makarovo and Gerasimovka villages and people are forced to travel to the Rayon level hospital. This can have a significant impact on people's ability to access healthcare facilities given the costs and inaccessibility of transport.

Disability

37% of older people (65% women) reported having a disability; 11% of them (60% women) have a 'group 1' status meaning they are immobile and in need of constant care.

However a more detailed analysis revealed that:

- 72% (74% women) report having a visual impairment¹
- 53% (74% women) reporting having problems with memory and concentration
- 33% (70% women) report having a hearing impairment

A large proportion of older women and men cannot move independently with 6% of older people being bedridden:

- 61% (73% women) cannot move independently outside / on the street
- 27% (71% women) cannot move independently around the room
- 6% (65% women) cannot move independently in their bed

Although a majority of older people suffer from chronic diseases that could be found prior to the emergency situation, the associated expenses of treatment, impact on psychosocial wellbeing and difficulties in access to healthcare facilities and other services as a result of the conflict, make them particularly vulnerable.

¹. Visual or hearing Impairment is not in itself a disability. However, continuous lack of access to appropriate hearing and visual assistive devices will eventually lead to a disability

SHELTER/ NFIs

Shelter

In terms of accommodations and shelter, 73% of older people responded that they live in their own houses (out of whom 58% live in the 'front-line zone') and 26% live in rented housing.

Regarding living condition, 72% of people reported safe living conditions. However, nearly **9% of people are living in partially damaged houses or flats and are in need of roof repairs**. Majority of these people are residing in Stanitsa Luhanskay or Schastiye.

Non-Food Items (NFI) needs

As indicated in the table 3 above older people don't appear to spend their money on NFIs for winter or for assistive devices, despite a very high demand for such items (as noted below). Majority of older people reported that they are not receiving NFI support through humanitarian aid from other agencies.

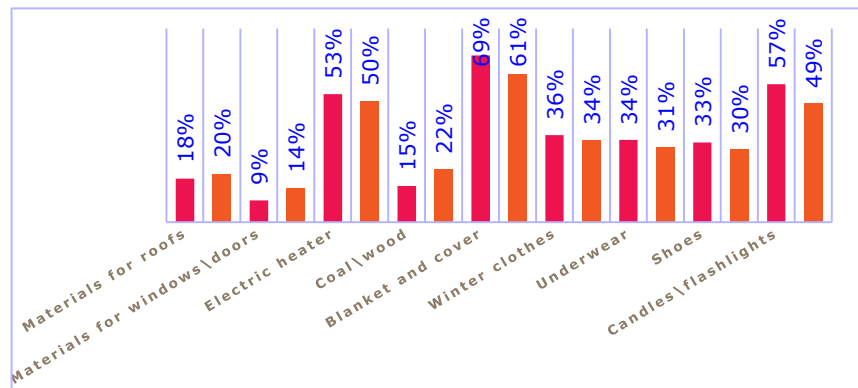
- 71% of all older people and 66% of those residing in 'front-line' areas reported they are in need of assistive devices
- 92% of all older people and 91% of those residing in 'front-line' areas require specific NFI support
- 0.8% of all older people and 0.7% of those residing in 'front -line' areas have received NFI support

The most required NFIs are hygiene items: toiletries (87%), bedclothes (82%), female hygiene kits (64%) and incontinence bed pads (35%). In terms of assistive devices, the most needed are: walking sticks (38%), walkers (14%) and toilet chairs (13%).

Table 5 presents the need of older people for winterization NFI support (red columns indicate the percentage of beneficiaries residing in 'front-line' areas):

- 69% of older people (and 61% of those in 'front-line' areas) require blanket and covers
- 57% of older people (and 49% of those in 'front-line' areas) need candles/flashlights
- 53% of older people (and 50% of those in 'front-line' areas) require an electric heater

Table 4: Winterisation needs



(orange colour represent beneficiaries on the front line)

The findings suggest a great gap in meeting the needs of older people for winter and hygiene NFI support. Currently, this is not being met by the humanitarian assistance (see table 6 below) nor can be satisfied by older people themselves (see table 3 above)

WASH

The majority of older people report having access to safe water. However, 1.5% of the respondents expressed a need for safe drinking water, although this should be cross checked with more rigorous water testing results since many water problems are not immediately obvious to non-specialists. 11% of older people require water cans for storage due to severe shortages. As for sanitation 35% of people have access to safe sanitary facilities. 1% of older people report unsatisfactory conditions.

Older men and women report high need of hygiene NFIs, specifically toiletries (87%), bedclothes (82%), female hygiene kits (64%) and incontinence bed pads (35%) and toilet chairs (13%).

NUTRITION AND FOOD SECURITY

High economic vulnerability leading to negative coping mechanisms (54% of older people, including 75% women, had to reduce their food intake since the conflict) raised further concerns as to nutrition indicators.

Indeed, HelpAge assessment found that 13% of older people (73% women) are moderately malnourished (with arm circumference lower than 210 mm) and 2% (66% women) are severely malnourished (with arm circumference lower than 185).