
A claim to dignity: Ageing on the move

Regional assessment on the
situation and needs of older
persons on the move in the
Americas

April 2021



HelpAge

International

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

A claim to dignity: Ageing on the move

Regional assessment on the situation and needs of older persons on the move in the Americas

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Seventy-two-year-old Salvadoran refugee found a new life in southern Mexico.

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List of abbreviations

UNHCR	United Nations High Commissioner for Refugees
IDB	Inter-American Development Bank
CAMR	Returned Migrants Attention Center
ECLAC	Economic Commission for Latin America and the Caribbean
IACPHROP	Inter-American Convention on the Protection of the Human Rights of Older Persons
Conaipam	National Council for Integral Attention to Programmes for Older Persons
Conpes	National Council for Economic and Social Policy
DANE	National Administrative Department of Statistics
FAO	UN Food and Agriculture Organisation
GIFFM	Interagency Group for Mixed Migration Flows
GTRM	Refugee and Migrant Working Group
INEI	National Institute of Statistics and Informatics
Mercosur	Southern Common Market
MIRPS	Comprehensive Regional Protection and Solutions Framework
SDG	Sustainable Development Goals
OAS	Organisation of America States
IOM	International Organisation for Migration
ILO	International Labour Organisation
WHO	World Health Organisation
UN	United Nations
PAHO	Pan American Health Organisation
RMRP	Refugee and Migrant Response Plan for Venezuela
Siamir	Comprehensive System for Assistance to Returning Migrants
Sicremi	Continuous Reporting System on International Migration in the Americas

Table of contents

06	Acknowledgements	31	Regional assessment methodology
07	List of abbreviations	37	Terminology
08	Table of contents	40	Regulatory frameworks for the protection of older persons: Ageing and human mobility
10	Index of Tables	57	Human mobility profiles in the five countries
12	Index of Figures	65	Characterisation of older persons consulteds
14	Executive summary	73	The main causes of human mobility
27	Introduction: Older persons on the move	78	Documentation

86	Humanitarian aid	154	COVID-19: Impacts and guidelines
94	Health and care	157	Recommendations and actions
106	Economic security	168	References
117	Food security	180	Annexes Country Reports A. El Salvador B. Honduras C. Colombia D. Ecuador E. Peru
123	Housing and accommodation		
132	Safety and non-discrimination		
143	Participation, information and empowerment		

Table of Index

32 Table 1. Data collected for the regional assessment of older persons on the move

33 Table 2. Type of actors on the online survey

66 Table 3. Age disaggregation by number and percentages

67 Table 4. Human mobility flows according to country, sex, and numbers

80 Table 5. Documentation in countries of the Andean region

80 Table 6. Documentation in countries of the Andean region

89 Table 7. Reception and types of humanitarian aid

90 Table 8. Entities providing humanitarian aid

97 Table 9. Main health problems, treatment and satisfaction

99 Table 10. Mental health impacts, treatment and satisfaction

101 Table 11. Limitations in access to health services

109 Table 12. Older persons' income before and during the pandemic, by country and by type of human mobility

110 Table 13. Working conditions before and during the pandemic, by country and by type of human mobility

113 Table 14. Dependants

120 Table 15. Forms of access to food

127 Table 16. Types of accommodation and overcrowding

128 Table 17. Difficulties in obtaining accommodation or housing

136 Table 18. Type of abuse

140 Table 19. Forms of discrimination

147 Table 20. Participation in the community

150 Table 21. Main technological equipment and connectivity

151 Table 22. Use of technological equipment

Index of Figures

65 Figure 1. Characterisation by sex

66 Figure 2. Age and percentages

67 Figure 3. Types of human mobility

68 Figure 4. Ethnic affiliation

69 Figure 5. Level of education

69 Figure 6. Persons they live with

69 Figure 7. Types of civil status

70 Figure 8. Degrees of disability



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Ninety-one-year-old man on the move from Venezuela.

Executive summary

Human mobility is no longer a temporary phenomenon but a prolonged one, lasting on average 20 years for refugees and more than 10 years for 90% of internally displaced persons (IDPs). This means that while on the move, persons age in most cases, without the support of a social protection system (ECHO, 2020).

The main purpose of this assessment is to present an overview of the situation and the priority needs of older persons on the move in Latin America, with a focus on some countries in the Andean region and the northern part of Central America. The analysis also includes the impact and worsening of older persons' access to and exercise of their rights and services, under the current situation caused by the COVID-19 pandemic. To this end, this study will provide data and evidence for decision-making, public-policy design, and the implementation of programmes that promote the rights of older persons on the move throughout the region and during the entire displacement cycle.

Methodology

The Needs Assessment for Older Persons in Disasters and Humanitarian Crises is a methodology developed by HelpAge to provide the best possible description of the situation and priority needs of older persons in emergencies, considering that access to data and time for data collection and analysis for this population group is limited. For the purposes of this evaluation, other areas of protection and rights were addressed, and the tools were adapted to larger virtual data collection and analysis processes.

Profiles and causes of human mobility

Among the countries included in the assessment, in northern Central America, human mobility is mainly characterised by internal

displacement flows resulting from gang or mara violence, deportees mainly from the United States and Mexico, and the socio-economic difficulties caused by COVID-19. In the Andean region, mixed movements (refugees and migrants) are mainly observed as a result of the humanitarian crisis in Venezuela, which has led to the exodus of millions of persons. In the case of Colombia, within the flows studied, there are older persons in a situation of internal displacement, due to the internal armed conflict.

Most of the older persons interviewed in host countries in the region shared information reflecting their international protection needs, in particular their fears of possible forced return to their countries of origin or difficulties in effectively accessing basic services and rights in host countries. The responses of these older persons reflect the complexities; they are multifaceted; and, in many cases, include concerns related or unrelated to protection issues. The results of the report reveal the need to strengthen communication mechanisms addressing the Venezuelan population about their rights in general and, above all, the possibility of seeking asylum and accessing international protection procedures.

In this regard, UNCHR considers that a number of profiles identified among the Venezuelan population on the move are likely to qualify as refugees according to the 1951 Refugee Convention, and the 1967 Protocol Relating to the Status of Refugees. Likewise, UNCHR has called on those States that apply the refugee definition of the Cartagena Declaration (1984) to extend refugee status to Venezuelans who have fled their country of origin because of threats to their life, security or freedom resulting from serious disturbance of public order in Venezuela.¹

It is important to clarify that there are Venezuelan refugees who have not accessed the asylum system, or who do not request international protection for different reasons, opting for oth-

¹United Nations High Commissioner for Refugees (UNCHR), Venezuela: Guidance Note on International Protection Considerations for Venezuelans. Last Updated, May 21, 2019, See: <https://www.refworld.org/es/docid/5ce2d44c4.html>

er forms of regularisation instead. The category of migrant in this study includes both regular and irregular migrants. For the purposes of analysing the information, this clarification should be recalled throughout the report.

The three main causes of human mobility identified in the evaluation² in the countries of northern Central America are access to work or income opportunities (47% overall), with a significant gender difference of 53% for men and 39% for women, the causes of which affect principally deportees (70%). The need for protection from threats, violence or persecution (28% overall), is the main cause of mobility for IDPs (36%). Support of the family (25%), which stands out mainly in deportees with 47%. These three main causes affected 81% of older persons on the move and their family members.

In the countries of the Andean region, the main cause of human mobility is access to food (76%), reaching 84% in the refugee and migrant population and with a gender difference of almost 10 points: 71% men vs 80% women. The second main cause is a lack of access to health (73%), with a 12-point difference among persons with disabilities, whereby 80% lack access compared to 68% of those without disabilities. Here too, there is a marked difference between men (66%) and women (79%). The third cause is access to work or income opportunities (58%), with a difference of almost ten points between men (63%) and women (54%), and with a difference between persons with disabilities (52%) and those without (62%).

In 89% of the cases, these reasons for human mobility affected not only the older person but also his or her family group, making family reunification a fourth cause.

Documentation

In the countries of northern Central America, most of the older persons interviewed hold identity documents from their own country, which should enable them to access different rights and services. In the Andean region, almost a quarter (24%) of older refugees, migrants or asylum-seekers have

no documentation, and this figure rises to 32% among persons with disabilities, compared to 18% of those without, revealing a double vulnerability. There is also a gender difference, with 27% of women having no documentation at all, compared to 19% of men. In this region, despite the fact that those in need of international protection is high, the percentage of those with refugee status is very low, reaching only 9% of the total sample. Many Venezuelans, for various reasons, opt for other types of regularisation in host countries.

In all countries there are older persons who are unable to complete their regularisation procedures and obtain their documents, either because they are alone (11% of all persons live alone) or because of distance or lack of accessibility (67% of the older population indicate that they have difficulties in accessing and travelling on public transportation).

Lack of information

The lack of information on the procedures required to obtain a document to remain legally in the host country is a problem that especially affects older refugees and migrants in the countries of the Andean region; a third of the sample (32%) have not had access to a regularisation process or asylum procedures due to lack of information. Among those who have not yet accessed the asylum procedures, it is women (30%) who have shown the greatest problem with regard to lack of information compared to men (19%).

Humanitarian aid

Thirty-six per cent of older respondents from the northern Central American countries reported receiving humanitarian aid, compared to 49% of those from the Andean region.

The main gender difference in humanitarian aid is found among refugees or asylum-seekers in the different countries, where 60% of older men have received humanitarian aid compared to 40% of women. The difference among older persons with disabilities who have received aid is 8% less than those without disabilities.

² Respondents were able to select several causes simultaneously.

Older IDPs in the northern Central American countries have received 54% assistance compared to 82% in the case of IDPs in Colombia, with no noticeable differences in gender or disability.

In the case of persons who are part of mixed movements in the Andean region, 45% of this population has received humanitarian aid. Older returnees to Colombia with disabilities present a lower percentage of receiving humanitarian aid (18%), compared to those without disabilities (31%).

In all countries, aid mainly involves food and toiletries, with 48% in the northern Central American countries and 52% in the Andean countries. In second place, subsidies, economic support or cash transfers stand out, with 35% in the countries of northern Central America and 45% in the Andean region.

Access to psychosocial support or counselling is higher in the northern Central American countries, reaching almost a third of the sample (27%). Deportees in Honduras account for only 2%. In the countries of the Andean region, the figures are very low or they present a large gap, as is the case for Colombia, mainly in mixed movements.

There are limitations in legal aid for some human mobility flows, creating an urgent need for support, especially for older persons who lack documentation or who have to apply for state benefits. Colombia is one of the countries where the percentage of legal aid is significant, as it reaches 50% of the refugee population or asylum-seekers, making it the country with the highest coverage.

Another concerning issue is the lack of access to health services in the countries of northern Central America, as well as in Colombia. In general, for population groups on the move, access remains very limited.

Health and care

The three main health problems in older persons extracted from the sample, and considering the human mobility flows studied, are hypertension, with 42% of the

total; mental health problems (34%); and gastrointestinal problems (21%). This is followed by heart problems (16%), diabetes (15%), respiratory problems (14%) and cancer (4%). The biggest difference is in the average number of those with mental health problems in northern Central America, at 47%, compared to 22% in the Andean countries. In Honduras, 50% of the older IDPs in the sample have a mental health condition. In El Salvador, the average is equally high for older IDPs at 55%, and older deportees surveyed at 62%. In the Andean region, a high percentage is found among older migrants surveyed in Ecuador with 43%.

Forty-two per cent of older persons surveyed in all countries have not received treatment to address different health conditions, with a slight difference in the lack of access to treatment between men (46%) and women (38%).

Accessibility

On average, 29% of older persons surveyed did not use health services when they needed them before the pandemic. The limitation in access to health services in the northern Central American countries is 24%, in contrast to the Andean countries, which average 32%.

The main causes of lack of access to health services are common to all countries: financial constraints (21%), lack of health coverage (19%), lack of documentation (7%), lack of knowledge of services (5%), difficulties in getting around (2%), distance from health centres (1%). The rest of the percentage corresponds to other causes, such as difficulties in attending the medical centre, not having someone to accompany them or not prioritising the need for care.

More than a fifth (21%) of those who used health services have had to pay, which, given the severe financial condition that most older persons on the move are subject to, severely limits their ability to access the services they need.

A need for care

More than half of the older persons surveyed required support in their daily activities or daily needs (54%), an average that increases by

more than ten points for persons with disabilities (66%). Support is mainly provided by family members (62%), but also by other persons, such as children living at home, friends and family members (62%). It is a matter of concern that 12% of older persons did not receive support although they required it, which may be related to the fact that 11% of older persons live alone.

Economic security

Income

Around 64% of older persons surveyed had no monthly income before the pandemic, and of those who had an income, 62% felt it was not enough to meet their basic needs.

In the northern Central American countries, 57% of older persons on the move had no monthly income, and 71% felt that their income was not sufficient to meet their basic needs.

In the Andean region, two-thirds (66%) of older persons on the move had no monthly income, and 57% considered that their income was not sufficient to meet their basic needs, a figure that reaches 70% in Colombia.

Work

Around 52% of the respondents had a job before the pandemic, with a marked difference between men (63%) and women (41%). Older persons on the move who have a disability status and were unemployed account for 58%, with an unfavourable difference between older women (70%) with a disability status and older men (43%) in the same situation. Of the total number of older persons surveyed who had a job, 79% were in informal employment, 15% in formal employment, and 6% worked in family entrepreneurship.

Caregiving tasks

Thirty-seven per cent of the sample had older dependents before the pandemic, with a striking difference of 15 points between men (45%) and women (30%). This may be related to the fact that men consider financial support as part of caregiving actions.

In human mobility flows of northern Central American countries, the percentage of caregivers

Health problems in older persons recorded in the sample

Hypertension



Mental health



Gastrointestinal



Cardiac



Diabetes



Respiratory



Cancer



reaches half of the population (49%), and in the countries of the Andean region it reaches one third (32%).

On average, children and adolescents (60%) constitute the main population group under the care of the older persons surveyed, followed by adults aged 18-59 (38%), persons over 60 (20%) and persons with disabilities (5%). There is a noticeable difference in caring for adults in general, with 71% of male carers and 44% of female carers.

Pension system

In the northern Central American countries, only 10% received a social pension while 5% reported receiving other pensions, including veteran's and disability pensions. There is a difference in the reception of social pensions among persons with disabilities, with 18% compared to 3% for those without disabilities. There is also a noticeable gender difference, with 14% of men receiving a pension compared to 4% of women.

In northern Central America, many deportees report that they had been contributing for years in the country of destination (informal systems), but that they lost these savings when they were deported.

In the Andean region, very few persons receive pensions. Only 4% receive social pensions, mostly in the case of IDPs and returnees in Colombia, who are affiliated to the social security system to a greater extent than in the rest of the countries (56%).

Food security

Of the older persons surveyed in the five countries, 74% had access to three meals a day before the pandemic, 19% had access to only two meals, 2% had access to only one meal, and 2% sometimes had no meals at all.

Although the average number of meals per day is high, this does not imply that older persons can enjoy an adequate nutritional balance for older persons, as in many cases food consumption is mainly composed of carbohydrates, especially in rural areas of northern

Central American countries, with little protein or no ingredients suitable for older persons' diets.

Access to food is provided mainly through the support of family members and their own income, or to a greater extent through the support of neighbours or friends.

Housing and accommodation

On average, 61% of the older persons surveyed live in rented accommodation and only 20% have their own flat or house. Women seem to have less housing security than men. Some 66% of women live in rented accommodation, almost 10 points higher than men, at 57%, and only 17% live in their own home compared to 24% of men.

In the countries of northern Central America, 44% of persons live in a flat or house of their own, a marked contrast to the countries of the Andean region, where only 9% of persons live in a flat or house of their own. In northern Central America, the average number of persons living in rented accommodation (32%) is much lower than in the Andean countries (79%), where mixed movements reach an average of 85%.

More than a third of the population lives in a single room (36%) and half of the population shares a room with one or two other persons (51%); overcrowding was reported to a lesser extent, with three or more persons sharing a room (13%). Overcrowding is a matter of concern for the internally displaced population in Honduras, which reaches a third of the population (34%), and for refugees or asylum-seekers in Colombia, which exceeds half of the population (57%), as well as for migrants in Colombia, which exceeds a fifth of the population (22%). These figures are similar those relating to refugees or asylum-seekers in Peru (20%).

Difficulties in access

The first challenge in obtaining housing is related to a lack of financial resources (41%). On average, 48% of older persons with disabilities in the sample had difficulties given their lack of resources, compared to 36% of those without

disabilities. Secondly, they experience rejection for finding themselves in a situation of human mobility (23%). This affects a third of the sample who are in a situation of forced internal displacement in Honduras and Colombia. In Honduras, this rejection mostly affects persons with disabilities (15%) compared to those without disabilities (3%).

Services and housing conditions

In general terms, the households of older persons on the move have 24-hour electricity (97%), drinking water (91%) and a bathroom (87%); however, almost a third of the sample does not have sewerage (31%) and a third does not have a gas service. Sixty-one per cent of the older persons surveyed do not have internet connectivity in their homes and only 11 per cent have landline telephone connections.

Safety and non-discrimination

Abuse

The overall rate of elder abuse surveyed in the countries under study before the pandemic is 38%, with a marked difference between those with disabilities (48%) and those without (29%). During the pandemic, averages of abuse do not seem to be subject to significant fluctuations; however, only a quarter of persons attend medical facilities following abuse and 23% report abuse, leaving a large percentage of persons unprotected in this respect.

In the northern Central American countries, the percentage of elder abuse is 63%, with a significant difference between persons with disabilities (87%) compared to those without disabilities (40%). The gender difference is 11 points, with 65% for men compared to 57% for women. In the Andean region, mistreatment is lower, affecting a quarter of the population (26%), and there is a gender difference of 34% for women compared to 20% for men.

In terms of the older persons with disabilities surveyed in northern Central America, the most recurrent forms of abuse are psychological abuse (36%) and eviction (14%), with slightly more men than women, 3% and 7% respectively.

The most commonly occurring type of abuse against older persons with disabilities in the countries of the Andean region is eviction (8%), affecting more women than men in this situation, by three percentage points.

Among the perpetrators of abuse, 11% were family members; 7% were government officials, including the security forces; 7% were friends or neighbours; and 74% were other persons, for example, armed actors, gangs, persons on the street, on public transport, or the owners of the homes which they rented or where they lived.

Safety

Around 36% of older persons surveyed and living in northern Central America consider the place where they live to be unsafe, because of internal violence by gangs. A third of deportees in the same region (33%) did not feel safe to return to their place of origin, mainly because of threats, violence or persecution.

For persons in transit between countries who cross borders on a daily basis, the risks are worrying. The “trochas” or “green roads” are irregular border crossings that are extremely dangerous for those who are forced to cross them, as they expose themselves to robbery, rape, kidnapping and human trafficking, among other risks.

Discrimination

Fifty per cent of older persons on the move have felt discriminated against. The main form of discrimination is age, with an average of 25%; however, there is a difference of more than 10 points between women (30%) and men (19%), with the latter feeling greater levels of discrimination. Another significant gender difference is discrimination on the basis of disability, where 5% of women report feeling discriminated against, compared to 10% of men.

In the northern Central American countries, age discrimination reaches 27%, which is more noticeable among deportees in both Honduras and El Salvador. Similarly, both countries report discrimination based on the

condition of human mobility among deportees and displaced persons. In the countries of the Andean region, age discrimination reaches the same percentage as discrimination based on human mobility status at 25%.

Participation, information and empowerment

More than two thirds of the sample had no activities to share or to socialise with others, with this average being even higher for some flows such as the mixed movements in the Andean region. Women presented a higher percentage of non-participation than men, with 71% compared to 67%. In situations of disability, 70% stated that they did not have any participation opportunities or activities. Eighty-four per cent of older persons have not attended talks or participated in training and awareness-raising activities concerning their rights. Only 7% have received training on their rights as persons on the move, 6% on their rights as older persons, and 7% on how to become productive through work or entrepreneurship.

Access to equipment and level of connectivity

Most older persons have access to mobile phones (87%), followed by television (70%) and radio (35%). Only 10% have access to land-line phones, laptops, entertainment devices, tablets and desktop computers. In general, older persons' mobile phones are not smartphones, and several use their relatives' mobile phones to communicate and connect to the Internet. One of their main uses for mobile phones is to connect with family members via WhatsApp.

Average Internet access is slightly above one third of the sample, with the exception of the mixed movements in Colombia and Ecuador, where it exceeds half of the population (57%).

Older persons and their families on the move are faced with the fact that access to information on regularisation processes is difficult, due to the lack of prioritisation and targeting by those in charge of providing advice. It is also representative of the level of

misinformation among older persons to recognise the institutions in charge of each case, as many of them live alone, compared to those whose family members are the main or only source of information.

COVID-19: Impacts

Impacts

All countries have been experiencing job and income losses during the pandemic. The percentage of older persons who had jobs and either lost or suffered a decrease is significant in all countries. In the northern Central American countries, the decrease amounts to 52% and job loss to 33%; the rest have maintained or increased their employment. In the countries of the Andean region, work has been reduced for 44% of the surveyed population, while 49% have lost their jobs.

In northern Central America, in general, income reduction affects 67% of the population while income loss affects 11%. In the countries of the Andean region, the percentage decline affects half of the population (49%), the decline in mixed movements exceeds 50% and the loss of income among this group of persons affects more than a third of the total older population (36%).

Psychological effects such as depression, anxiety and permanent fear of contagion or death are another major problem. Emotional illnesses and disorders, which were already at an advanced stage of requiring psychological treatment, especially in older persons who are victims of internal displacement and deportation, have been intensified by the pandemic.

Isolation or “confinement” or “not being able to leave the house” as it is referred to, is one of the most important effects, as persons cannot meet with friends and family as they normally would, and their recreation is also reduced. The pandemic has led to a decrease in the daily contact of older persons on the move with their families, from 39% to 26%, which has an impact on feelings of isolation and loneliness, which, in turn, aggravates physical and mental health conditions.

Overall, **limitation in accessing health services** to treat symptoms or illnesses other than those associated with the virus is increasing, reaching 43% in northern Central America and 44% in the Andean region. The limitation is even greater for persons with disabilities, involving half of the sample (50%).

Six per cent of persons indicated that they were discriminated against in accessing medical services just because they were suspected of having COVID-19 because of their age. In addition, 12% of the total sample was infected, of which 6% did not receive adequate treatment. Ninety-eight per cent of the sample indicated that they have access to biosafety items and 70 per cent purchase them. The pandemic has also created difficulties in managing documentation by reducing persons' possibility of travelling to the offices where procedures are carried out or by making it difficult to access online procedures.

During the pandemic, the housing conditions of 20% have deteriorated or been lost, mainly due to a lack of economic resources, making it difficult to pay rent. Eviction is identified as one of the most serious risks faced by older persons on the move, reaching an average of 5% of the sample during the pandemic; however, the most worrying aspect is that 89% of the persons do not know about the protection measures that exist against eviction.

Older persons' participation has been further diminished by the confinement resulting from the pandemic. There are many cases of isolated older persons who have no community involvement or opportunities for recreation, which is having negative effects on their mental and physical health.

There is evidence showing that during the pandemic, difficulties in access to food for older persons have worsened in all countries, and 41% have decreased their food consumption.

Conclusions

- Irregular status or lack of access to asylum procedures can lead to a series of risks and difficulties in the enjoyment of rights by

older persons on the move. This was mainstreamed in the results that were analysed in terms of access to health, housing, work and security, among other rights. In the Andean region, there are high percentages of older persons who have no documentation, mainly those in mixed movements, with greater difficulties in terms of gender and disability differences.

- In regards to the main difficulties for obtaining **documentation**, on one hand, there is a high degree of misinformation on regularisation procedures required to remain in the countries legally and, on the other, the absence of a priority approach to provide documentation by the respective authorities.
- There is evidence showing the lack of a **humanitarian aid** system with a priority focus that responds to the needs of older persons on the move. Older refugees or asylum-seekers in the Andean countries constitute the flow with the greatest difficulty in accessing humanitarian aid, especially for older women. In northern Central American countries, older deportees are reported to be the most neglected in this respect.
- Older persons have a number of **health** problems that tend to receive little attention. Mental health is the second most prevalent condition after hypertension, and is directly linked to human mobility in all countries. This is a condition that requires urgent attention. A high percentage of persons need support in this respect; however, there is a significant percentage who do not have this support and who live alone while dealing with helplessness and vulnerability.
- The vast majority of the older persons on the move surveyed live in a situation of great **economic vulnerability**, as very few or no pensions are received, and access to work is limited by the conditions of the labour markets, by the lack of documentation and by discrimination mainly due to age and mobility. All this leads to informality in situations of precariousness and labour exploitation, with long working hours and low incomes, as well as degrading and dangerous situations. Precarious conditions are exacerbated

in rural areas, especially for groups of persons who may face forced displacement.

- There is a high percentage of **caregivers**: 45% of older men and 30% of older women. This 15-point difference may be due to the fact that older male respondents consider the financial support they provide as part of caregiving.
- There is a sector of the older population that is not being **adequately nourished**, with more than a fifth not eating three meals a day, compounded by a decrease in meal consumption as a result of the pandemic. Older persons' diets are not nutritionally balanced, and this needs to be addressed in order to provide guidance and resources to persons to improve their diets, control overweight, and prevent an increase of chronic diseases.
- The older population on the move is subject to poor security in terms of the **right to housing**. There are cases of overcrowding in Honduras, Colombia, and Peru. Eviction is another serious risk for older persons and is a form of mistreatment of this population group as well as their families. Also of concern is the high percentage of persons who are unaware of their rights in relation to this phenomenon. The main causes of difficulty in finding housing are a lack of economic resources and rejection on account of their status as persons on the move. This is especially true in the countries of the Andean region and may be related to xenophobia. As a form of mistreatment, this affects one fifth of the population.
- **Psychological abuse** is a problem that should be prioritised, as it is linked to insecurity and violence, especially in the countries of northern Central America. In this sense, older persons on the move are more vulnerable than the rest of the population. Women suffer higher percentages of psychological abuse in several cases, and it is necessary to consider gender differences in terms of the forms of mistreatment. Persons in transit may be at very high risk due to the extreme vulnerability that irregular border crossing sometimes entails.
- As well as being the main form of discrimination, **age discrimination** has negative effects in all areas of the effective enjoyment of

Lack of access to asylum facilities triggers risks and difficulties for older persons on the move



High percentages of undocumented older persons



Lack of information on regularisation procedures



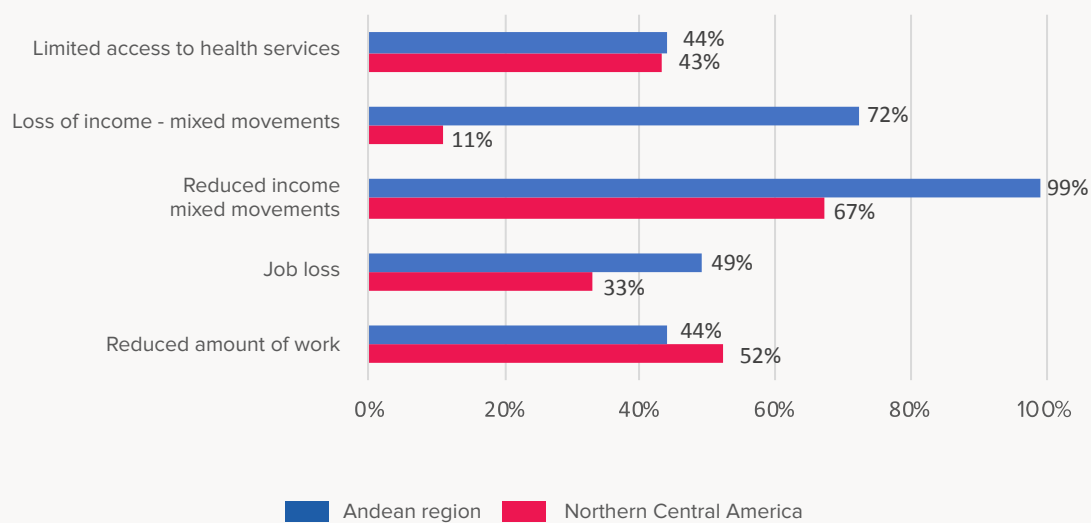
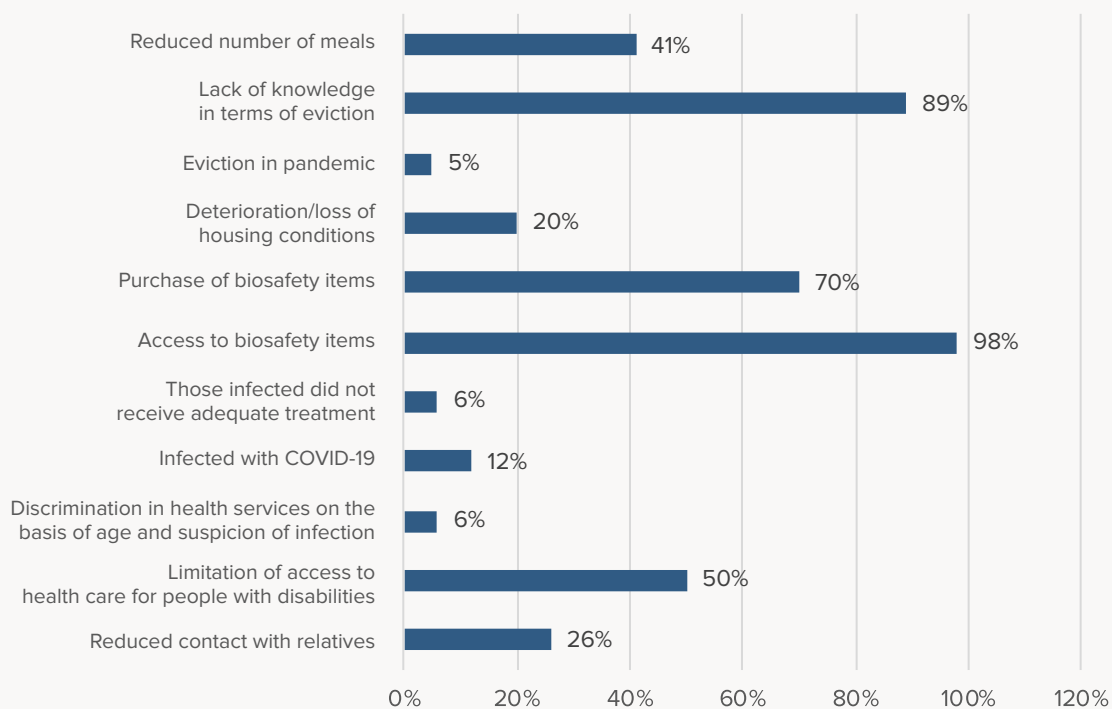
There is no prioritization approach



Difficulty in accessing humanitarian aid

COVID-19 - Impact

Impacts of COVID-19 in relation to the total sample



rights. Discrimination based on the very condition of being a person on the move is also a cross-cutting barrier to accessing services and rights, requiring a major awareness-raising effort in the host communities. The fact that older persons are less likely **to participate** must be addressed and reversed in order to improve their wellbeing and quality of life. There is an inverse or negative correlation between discrimination and participation: the more people feel discriminated against, the lower their level of participation.

- Internet access is still low, despite the fact that a high percentage of older persons have access to a mobile phone. Older persons' handling of mobile devices is still basic, and it is important to improve the access to **connectivity** and digital literacy. Persons need to be empowered by taking more courses, participating in groups or increasing their knowledge of their rights as older persons on the move as the percentages in this respect are very low.

Recommendations

Globally, States are called upon to push forward the project to draft and adopt a United Nations International Convention on the Protection of Older Persons, led by the Open-Ended Working Group on Ageing.

Regionally, it is important for States to adhere to and implement the Inter-American Convention on Protecting the Human Rights of Older Persons (IACPHROP), as the legal framework in force for all American States, adapting their domestic laws in the light of this instrument and other relevant International and Regional Human Rights Law protection frameworks. To this end, ten States must complete their accession to the IACPHROP in order to activate the monitoring mechanism foreseen to promote effective compliance.

The IACPHROP is a reference for governments to design progressive public policies that lead to a new way of considering old age and ageing from different paradigms, reaffirming the condition of older persons as subjects of rights, with full capacity, autonomy and independence to make decisions that affect or involve their life project. All older persons on the move must be guaranteed their right to equality and non-discrimination



Low percentage of health care and support for the care of older persons



Economic vulnerability



Limited access to work opportunities



Precarious conditions worsen in rural areas



1/5 of the population does not receive three meals a day and there is a lack of nutritional balance

(Art. 5); to freedom of movement and to choose their residence (Art. 15); to guarantee their integrity and rights in humanitarian situations (Art. 29); to physical and mental health free of discrimination of any kind (Art. 19); to decent and dignified work (Art. 18); to a comprehensive system of care (Art. 12), to decent and adequate housing and to live in safe environments (Art. 24); to safety and freedom from violence, to be treated with dignity and to be respected (Art. 9); to active, productive, full and effective participation in the family, community and society (Art. 8); to freedom of expression and opinion (Art. 14), among other rights.

International community, agencies and donors are called upon to include older persons on the move as a priority and vulnerable group in all their agendas, adapting and financing the institutional structure that responds to their needs. This should be translated into humanitarian responses and programmes that include older persons on the move as direct beneficiaries, guaranteeing their dignity, autonomy, independence and participation, avoiding interventions that expose them to situations of dependency, abuse and discrimination. Humanitarian aid should include physical and mental health care, and housing or shelter support, given the general impacts and risks that evictions can generate. Support for work or entrepreneurship should also be considered.



**Cases of overcrowding
and of overcrowding
and evictions affecting
older persons**



**Attention to
psychological abuse
must be a priority**



**Age discrimination and
lack of participation**



Digital literacy



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Sixty-nine-year-old woman helps older persons in her community during the pandemic.

Introduction: Older persons on the move

The world's population is ageing and over the next three decades, most people will live in poor and vulnerable contexts. In 2020, the world's population included just over one billion women and men aged 60 and over, which is about 13% of the total population (United Nations Department of Economic and Social Affairs [Undesa], 2020). By 2050, one in five persons will be over 60 and more than 80% will live in low-income countries affected by climate change or conflict and humanitarian situations. As this increases, more older persons are likely to be affected, with more severe effects (Pawliczko & Desiderio, 2019), especially in countries with weak protection systems for older persons or with little state presence. The percentage of persons aged 50 and above is expected to increase from 220 million in 2020 to 586 million in 2050.

Forced displacement is on the rise. In the last decade, nearly 80 million people were forced to flee their homes. In 2019, conflict, violence, and natural disasters caused 1.2 million people to be forcibly displaced in Latin America and the Caribbean alone. In the Andean region, Colombia has the highest number of internally displaced persons in the world, with more than 8 million,³ and the situation in Venezuela led to the departure of approximately 4.6 million persons by March 2021.⁴ In Honduras and El Salvador, the estimated number of IDPs is 318,500.⁵

An estimated 4% of all displaced persons in the world are older persons, though a lack of age-disaggregated data may hide a much higher percentage (The UN Refugee Agency [UNCHR], 2020d). This proportion is expected

to increase as population ageing accelerates, particularly in Latin America, one of the fastest ageing regions in the world, where it is estimated that by 2050, one in four persons will be over 60 years old.

Ageing in human mobility. Human mobility is no longer a temporary phenomenon, but a long-term one, lasting on average 20 years for refugees and over 10 years for 90% of IDPs (Directorate-General for European Civil Protection and Humanitarian Aid Operations [ECHO], 2020). As a result, many persons on the move will age away from their homes and reach old age in refugee camps and host communities, often without the support systems they would have benefited from in their home countries.

Older persons, including persons with disabilities, face specific challenges in humanitarian and human mobility crises. Needs assessments implemented by HelpAge International throughout 2019 in humanitarian crises in 11 countries of Africa, Asia, Latin America, and the Middle East found that 77 per cent of older persons interviewed lacked income, 64 per cent did not have enough to eat and a quarter reported not having access to clean water (HelpAge International & Age International, 2020). Older persons often encounter exclusion and discrimination; the erosion of traditional and family support systems; a lack of access to information and documentation; and limited access to basic services, including housing, food, nutrition and health. The impact of these issues is exacerbated when older persons have to take care of children or other adults.

³ The figure reported of 9,099,358 victims of the Colombian armed conflict, corresponds to persons recognised as victims and included in the Single Registry of Victims (RUV), uniquely identified either by their identification number, their full name or a combination of these. See: <https://www.unidadvictimas.gov.co/es/registro-unico-de-victimas-ruv/37394>

⁴ The global figure reported is 5,577,077 which represents the sum of migrants, refugees and asylum-seekers of Venezuelan nationality reported by host governments. Last updated 5 March 2021. See: <https://data2.unhcr.org/es/documents/details/85344>

⁵ The figure amounts to 318,500. Last updated on 31 December 2019. See: <https://r4v.info/es/situations/platform>



80

Million people
have had to flee
their homes in the
past decade

Number of older
persons on the move in
the world



+8

Million internally
displaced persons in
Colombia

4,6

Million refugees and
migrants from
Venezuela at
regional level

People's experience of displacement can be very different depending on age, gender, gender identity and sexual orientation, religion, culture, ethnicity, and disability. In many contexts, older women are disproportionately poor, have less access to housing, land and property rights, as well as less access to pensions and poorer health. Older women may be at greater risk of violence and abuse than men, while older men may lose self-esteem due to changes in their traditional roles. Older persons who identify as lesbian, gay, bisexual, transgender, intersex, and *queer* (LGBTIQ+) may face particularly complex challenges while on the move, including violence, discrimination, stigmatisation and isolation from family and the community. Older women and men may face additional discrimination as members of national, ethnic, religious, linguistic or indigenous groups. They may also be marginalised from information, support services, and again face violence and increased protection risks in displacement. These factors intersect to create a diverse community of persons within the category of 'older persons' that must be reflected in the way governments and humanitarian actors think, interact, communicate, design and implement programmes with and for them.

The main purpose of this assessment is to present an overview of the situation and priority needs of older persons on the move in Latin America, with a focus on certain countries in the Andean region and Central America. This assessment addresses accessibility to services and rights in the area of protection and assistance, identifying the needs, risks, capacities and critical structural problems for the older persons on the move, as well as the impact and worsening of the situation of older persons in the exercise of and access to rights and services in the context of the pandemic. We hope that the evidence gathered will help authorities and all organisations operating in the region, including humanitarian agencies, UN agencies, civil society, donors and coordination mechanisms, to develop, implement, and support inclusive public policies and programmes, and to advocate for the promotion of the rights of older persons on the move throughout the region.

First, it presents the methodology implemented in this assessment, which addresses the procedures developed during the research stage. A mixed research was carried out by applying surveys and interviews, as well as triangulating qualitative and quantitative data through descriptive statistics and content and hermeneutic analysis.

Next, in the terminology section, it discusses the main concepts that cut across this assessment, in relation to human mobility, mixed movements, internally displaced persons, deportees and older persons.

Following this, it describes a series of regulatory frameworks designed to protect older persons, both globally and regionally, in the relationship between old age and human mobility, including binding and guiding instruments. It also includes a review of the regulations in the five countries included in the study: El Salvador and Honduras, two countries located in northern Central America; and Colombia, Ecuador and Peru, three countries located in the Andean region. This section also includes the relationship between COVID-19, old age, and human mobility at global and regional levels.

The report also presents a profile of the five countries included in the assessment. Honduras and El Salvador are mainly characterised by internal displacement flows, as well as deportees from the United States and Mexico, while the Andean countries show mixed movements as a result of the humanitarian crisis affecting Venezuela.

It characterises the sample, including the main demographic variables. This is followed by the results section, which details the causes of human mobility among older persons, with some general elements according to geographical area and country. It also analyses access and difficulties in managing documentation and describes the humanitarian aid received by individuals: access to health and care; economic security of older persons; food security;

housing and accommodation; safety and non-discrimination; and, finally, participation, information and empowerment.

Each section begins with an introduction providing current and relevant data on the subject, offering a global and regional overview in each of them. The main conclusions are included, and emphasis is placed on the most relevant gender differences and the main difficulties experienced by persons with disabilities. It also mentions those aspects where the influence of the pandemic is relevant and include a subchapter on key findings in relation to COVID-19, accompanied by a series of practical guidelines.

Finally, the regional assessment presents a series of recommendations regarding the fundamental rights of older persons on the move, including strategic actions aimed at international humanitarian aid organisations, governments and civil society in general. The field reports in the five countries are annexed to this report.



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Personas mayores venezolanas y colombianas comparten espacios culturales en Ecuador.

1. Regional assessment methodology

The *Rapid Needs Assessment of Older Persons (RNA-OP) applied in humanitarian contexts caused by conflict or natural disasters* is a product developed by HelpAge in several regions (see, for example, HelpAge, 2019b). This methodology has provided the best possible description of the situation and priority needs of older persons in emergency situations, where access to data and time for data collection and analysis are limited. In doing so, HelpAge has been able to collect relevant data and information for programme planning and humanitarian response. These assessments also help to formulate policy recommendations for decision-makers and mobilise resources in response to emerging crises.

For the present assessment, this methodology was adapted and extended to provide, in the context of the mobility constraints resulting from the global COVID-19 pandemic, larger-scale virtual data collection and information analysis processes than those generally undertaken for typical rapid assessments. Thus, a mixed research model methodology was used for this report, using the following research techniques and forms of analysis: surveys, performing descriptive statistical analysis, identifying measures of the central tendency and relevant behaviours of the variables; interviews, via content analysis, categorising the main semantic fields linked to the rights and services contemplated in the study; and hermeneutic analysis to identify the most relevant meanings.

1.1. Tools

The methodology used to gather the information in this study was previously defined in the concept note agreed between UNCHR and HelpAge at regional level, and was based on the following tools:

1. Surveys involving older persons on the move, taking into account mixed flows in each country. Applied by phone.
2. Surveys to institutional actors and rights-guaranteeing or service-provider organisations in each country (related state entities, humanitarian agencies, local civil society organisations, faith-based organisations, and others). Applied online.
3. Semi-structured interviews with institutional actors and organisations guaranteeing rights or providing services in each country. Held by telephone.
4. Semi-structured interviews with carers and relatives of older persons in the aforementioned situations of human mobility. Held by telephone.

As shown in Table 1, a total of 835 surveys were applied (including older persons and providers) and 78 interviews were held (carers, older persons on the move and institutional actors).

In northern Central America, respondents from Honduras were mainly from Tegucigalpa (23%), Comayagüela (9%), San Pedro Sula (5%), Choloma (4%), Villanueva (4%), Choluteca (2%), La Ceiba (2%), Comayagua (1%), and other cities (50%) such as La Esperanza, Juticalpa, El Negrito, La Unión, Catamacas, Yoro, Puerto Lempira, Danlí and Tocoa. In El Salvador, respondents live mainly in San Salvador (10%), Soyapango (5%), Apopa (4%), Mejicanos (2%), Santa Tecla (2%), Llopango (1%), Delgado (1%) and other cities (75%), including La Reina, San Juan Buenavista, San Francisco Gotera, Ciudad Arce, Concepción Quezaltepeque, Cinquera, San Vicente, Nejapa, Santa Ana, Cuscatlancingo, Olocuilta, among others

Table 1. Data collected for the regional assessment of older persons on the move

Country	Surveys applied to older persons	Surveys applied to service providers	Interviews with caregivers and older persons on the move	Interviews with institutional actors	Total number of surveys	Total number of interviews
Min-Max	150	Between 10 and 15	Between 6 and 8	Between 5 and 7	Between 160 and 165	Between 11 and 15
Colombia	170	17	9	8	187	17
Ecuador	187	13	8	9	200	17
El Salvador	153	11	7	7	164	14
Honduras	109	11	8	6	120	14
Peru	153	11	9	7	164	16
Total figures	772	63	41	37	835	78

In the Andean region, respondents from Colombia were mainly from Bogotá (54%), Medellín and its metropolitan area (8%), Cali (6%), Cúcuta and its metropolitan area (5%), Putumayo (4%), Bucaramanga (3%), Nariño (3%), Arauca (2%) and Barranquilla (2%) and in other cities (13%). In Ecuador, respondents live mainly in Quito (36%), Guayaquil (20%), Cuenca (12%), Santo Domingo (5%), Ibarra (4%), Esmeraldas, Manta and Loja (3%), Ambato, Machala and Portoviejo (2%), Durán, Milagro, Riobamba and Quevedo (1%). In Peru, the older persons surveyed live mainly in Lima (69%), Arequipa (10%), Tacna (7%), Callao (3%), Cuzco (3%) and Piura (2%).

In El Salvador, interviews with older persons, caregivers and institutions were held in San Salvador, San Miguel, Verapaz, Aguilares, Apopa, Chalchuapa, La Reina and Antiguo Cuscatlán. In Honduras, interviews were held in Tegucigalpa, San Pedro Sula, El Progreso, Olancho and La Ceiba. In Colombia, interviews were held in Bogotá, Riohacha and La Cruz. In Ecuador, interviews were held in Quito and Huaquillas. In Peru, interviews were held only in Lima.

1.2. Reaching out to the population

Data was gathered via telephone and online surveys. The telephone surveys involving older persons on the move were applied between 29 October and 27 November 2020. Among the contacts provided by UNCHR, associates and field partners, an initial database of 2,876 older persons in the five countries was consolidated; of these, the survey enumerators called 1,325 persons, of whom 772 accepted to participate. After debugging, 725 surveys were included in the analysis, i.e., those that met the criteria for completing the survey and had the respondent's consent on the use of the information.

In Honduras and El Salvador, the period for conducting telephone surveys was extended by almost a month due to the passage of hurricanes Eta and Iota, which disrupted cellular communications and internet infrastructure, and caused particular difficulties in locating targeted older persons due to flooding and landslides. Field operation partners, as well as several persons interviewed during this

period, reported additional effects of damage to power supply, damage to or loss of houses, which impeded a greater number of interviews, particularly in Honduras.

Using institutional contact data provided by UNCHR and each local partner, an initial database of over 150 institutional actors was established for the survey, including government entities, international humanitarian actors, civil society service providers, faith-based service providers, and grassroots organisations of the same characteristics (Table 2).

The organisations surveyed in each country provide a range of services that include older persons on the move; these may include legal support, information on migration services and the asylum procedures, humanitarian assistance, job placement, health services, social inclusion, housing, livelihood development, comprehensive reparation for victims of the internal conflict, as well as memory and trust building. Finally, 62 service provider surveys were debugged.

The survey data was uploaded by the interviewers in real time onto the Kobo Toolbox platform and processed for statistical-descriptive analysis using Microsoft Power BI software, following adjustment and debugging of the data concerning human mobility flows in all countries, based on two

corroboration questions included in the instruments for this purpose.

An important added value of the methodology has been that of contributing and analysing the content of 78 in-depth interviews with older persons and institutions representing all types of stakeholders, which has provided a particularly valuable and extensive body of information to establish a baseline. The interviews with older persons, caregivers or family members, and institutional actors were analysed in the qualitative software MAXQDA, by applying content analysis, categorising the main semantic fields linked to the rights and services contemplated in the study. Subsequently, a hermeneutic analysis was performed in order to identify the most relevant meanings to triangulate these with the quantitative data from the surveys.

A total of 787 surveys (725 of these applied to older persons and 62 to service providers) and 78 interviews with older persons, carers and stakeholders were used for this assessment, on the basis of which the results will be broken down thematically throughout the document.

1.3. Scope of the assessment

Following a literature review and analysis of empirical data, the purpose of this assessment is to establish a consolidated body

Table 2. Type of actors involved in the online survey

Country	Institutional actors among government entities	International humanitarian actors	Service-providing civil society organisations	Service-providing faith-based organisations	Grassroots organisations	Total
Colombia	9	2	1	1	3	16
Ecuador	2	2	9	0	0	13
Honduras	3	2	6	0	0	11
El Salvador	2	1	1	1	6	11
Peru	4	1	2	4	0	11

of knowledge on the guarantee of rights, needs, and services that cover older persons on the move in Latin America, particularly in Honduras, El Salvador, Colombia, Peru and Ecuador. There are no in-depth analyses of the intersectionality between old age and human mobility in the region. The issue has only been addressed by Fedesarrollo, Fundación Saldarriaga Concha (2015), and the Unit for Comprehensive Attention and Reparation of Victims (UARIV, 2014). However, there are studies, analysis, technical notes, public policy documents, plans and programmes that separately address the respect for the rights of older persons or specific situations, guarantees, services and solutions for refugees, migrants, returnees and internally displaced persons. In the region, this assessment seems to be one of the first projects involving social research that specifically addresses this intersectionality.

For example, in the case of Colombia, although the Colombia Migration office permanently updates the official entry reports for the country, calculations by authorities and experts indicate that it is not possible to determine the exact number of those who enter through the Venezuelan border line, given that at least 56% do so irregularly, making it impossible to document their origin (Migración Colombia, 2020a).

In Peru, estimates made by the Refugee and Migrant Working Group —part of the R4V platform (R4V, 2020h)— indicate that there are around 896,000 refugees and migrants, who have entered Peru. Official data from surveys and monitoring indicate that the population of older persons in these human mobility flows could be between 1.6% and 2% of the total, although there is no certainty as to the number of older persons on the move indicated or their location.

Although official figures in Ecuador refer to around 415,000 persons who have been displaced from Venezuela, while the number of Colombian recognised refugees exceeds 61,000 (R4V, 2020h), fieldwork for this assessment confirms that there is a high proportion of refugees and migrants from both countries who have entered and continue to enter

Ecuador —despite the closure of borders— without being able to regularise their situation. This is why it is not possible to determine the exact magnitude of the human mobility flows studied, even less so when it comes to quantifying the number of older persons on the move indicated above.

In the case of Honduras, the Inter Institutional Commission for the Protection of Persons Displaced by Violence envisages a major phenomenon of forced internal displacement with more than 247,000 victims between 2004 and 2018; more than 31,000 returnees after deportation from the United States or Mexico between January and September 2020; and approximately 5,500 persons in transit, whose migration status has not been regularised, and 110 asylum-seekers. Coordinated by the Organisation of American States (OAS), the same mechanism is reported in El Salvador, a phenomenon of human displacement that affects approximately 72,000 persons, 99% of whom have been subject to forced internal displacement; official data from the Salvadoran government refer to the existence of more than 18,600 returnees after their deportation for the years 2018 and 2019 (Comprehensive Regional Protection and Solutions Framework [MIRPS], 2020). As in the countries of the Andean region, estimates of the proportions of persons in these human mobility flows that are not included in the existing registers are heterogeneous and mention very different magnitudes. This has increased due to the fact that the closure of borders as a result of the current pandemic has meant that border crossings and income in the countries in question during most of 2020 have been irregular, leaving no formal records of the magnitude of these flows.

The methodological proposal contained in the conceptual note of this assessment is exploratory in nature and has been conducted by searching for targeted participants who, according to the criteria of UNCHR experts, field operation partners and the aforementioned sources of information, fully meet the required conditions. This means that they are persons over 60 years of age, who belong to the human mobility flows mentioned or have been assisted by institutions or persons who



56%

Of the refugees and migrants from Venezuela in Colombia are in an irregular situation



4,6

Million refugees and migrants from Venezuela in host countries in the region

provide them with services of interest for the study, in an attempt to account for the different needs and situations that, in their opinion, older persons face in the human mobility situations mentioned, thereby allowing for the successful fulfilment of the objectives of the field work.

Given the existing limitations in determining the universe of older persons in the human mobility flows of interest to the assessment explained above, although this assessment was not based on a statistically representative sample design, it is considered that the breadth and quality of the information obtained serves to reflect the main trends in terms of the guarantee of rights and provision of services to older persons on the move.

1.4. The impact of COVID-19

In the midst of the global COVID-19 pandemic, this assessment is intended to provide an overview of how older persons have been affected by the severe crisis it has caused, including the different categories of analysis and the rights provided for in the Inter-American Convention on the Protection of the Human Rights of Older Persons.

In some sections of both the survey and the interviews, space has been devoted to finding out what the older persons' situation was like before the pandemic, and what the level of impact has been so far. The main difficulties experienced by older persons in accessing services and exercising their rights during the pandemic are summarised at the end of the assessment. It also provides some practical recommendations and guidance on COVID-19. This information is intended to guide the implementation of de facto measures and decisions that will help organisations to respond in the best possible way through relief and assistance pathways, taking into account this crucial aspect.

In this context, older persons and those with causal morbidities have been severely affected by COVID-19. In many countries, more than 50% of older persons have been affected by multimorbidity, the prevalence of which increases sharply with age and poverty. In line with global trends, in the countries included in this study, the highest percentage of deaths is among persons aged 60 years and above.



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Seventy-two-year-old Salvadoran refugee attends refugee training in Mexico.

2 Terminology

Conflict, human rights violations, environmental change and natural disasters continue to produce mass displacement around the world. By mid 2020, almost 80 million persons had been forcibly displaced due to conflict or persecution, including 26 million refugees, 4.2 million asylum-seekers, 45.7 million internally displaced persons and 3.6 million Venezuelans displaced abroad (UNCHR, 2020a). In the Latin America and Caribbean region, some 1,133,547 persons are forcibly displaced in Central America and Mexico⁶ and a further 4.6 Venezuelan refugees, migrants and asylum-seekers are displaced abroad.⁷

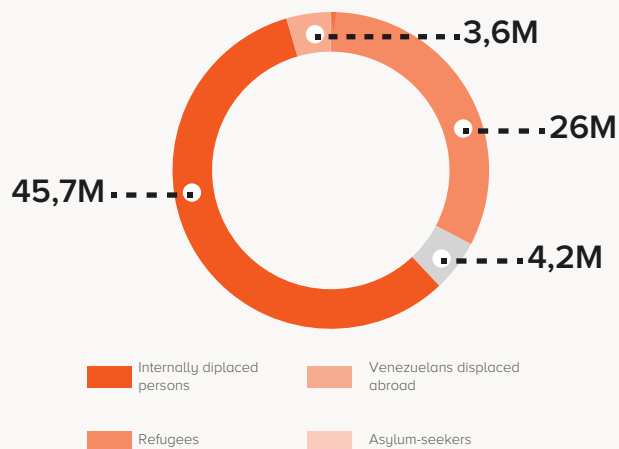
2.1. Human mobility

Human mobility is a complex reality that encompasses various categories of persons, including regular and irregular migrants, victims of trafficking and smuggling, and persons who, due to situations of persecution, international or non-international armed conflict, war, violence, human rights violations

or disasters, flee their homes both within their countries of origin —internally displaced persons— and across international borders —refugees and asylum-seekers— (Secretary-General of the United Nations, 2020). For the purposes of this report, the concept of human mobility is used as a broad, factual (not legal) category, which includes various forms of movement and categories of persons in mobility.

The increasing scope and complexity of population movements around the world have multiplied the points of convergence between refugee protection and international migration. Many displaced persons, in the absence of safer possibilities to seek protection in another country, resort to irregular travel. The routes they take and the enablers they use are often also used by others seeking opportunities to improve their lives and those of their families. Not everyone on these routes needs international protection as a refugee, but many —including older persons —may be at risk and potentially vulnerable for other reasons.

Around
79,5
Million people in the world forcibly displaced due to conflict or persecution



⁶ Government source, CEPAD and UNCHR. Last updated 30 June 2020. See: <https://data2.unhcr.org/en/situations/cam>

⁷ Figures reported by host government. Last updated 5 Mars 2021. See: <https://data2.unhcr.org/es/docu-ments/details/85344>

2.2. Mixed movements

Mixed movements are cross-border movements in which several persons travel together, usually irregularly, using the same routes, means of transport, and the same intermediaries but for different reasons. Persons travelling as part of mixed movements have different needs and profiles, and may include asylum-seekers, refugees, victims of trafficking and smuggling, unaccompanied or separated children and migrants with irregular status. For the purposes of this report, the concept of mixed movements includes recognised refugees or asylum-seekers as well as those persons in need of international protection who, for various reasons, do not apply for asylum and opt for other forms of regularisation in the host countries.

Within the concept of mixed movements migrants are also included, both in regular and irregular situations. Also, can be found persons identified as migrants, who are in need of international protection or who have not requested asylum.

Refugees and migrants increasingly use the same routes and means of transport. However, they are fundamentally different and are therefore treated differently under international law. Identifying refugees and others with particular needs within mixed movements can be challenging, especially when there may be a variety of overlapping factors driving individuals to move. However, UNCHR believes it is of the utmost importance to ensure that those in need of international protection are better identified and provided with access to asylum procedures. In addition, refugees, who by definition cannot return to their home or place of habitual residence, require protection from

refoulement and from measures or sanctions because of their irregular entry or stay. They also require support to become self-reliant and have access to lasting solutions.

2.3. Internally displaced persons

Internally displaced persons (IDPs), unlike refugees, have not crossed an international border to seek safety but have remained within the borders of their own countries. Even if they have fled for the same reasons as refugees (armed conflict, generalised violence, human rights violations, etc.), they are legally under the protection of their own government, even when the government may be the cause of their flight (UNCHR, 2010). As citizens, they retain all their rights and protections under both human rights law and international humanitarian law.

2.4. Deportees

The concept of deportees refers to the return of nationals from abroad to their country of origin against their will (UNCHR, 2003). Due to the stigma attached to this term in Honduras, respondents and institutional actors use the term *returnees* or *forced returnees*. For the purposes of this report, *deportees* and *returnees* will be used interchangeably.

2.5. Older person

In this report, the term *older person* is used for those over 60 years of age and is the terminology used by the Inter-American Convention on the Protection of the Human Rights of Older Persons. However, the term “*elderly*” is also used when citing norms or sources that use it.





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Seventy-eight-year-old woman is one of thousands of people who have been victims of internal displacement in Colombia.

3. Regulatory frameworks for the protection of older persons: Ageing and Human Mobility

The United Nations (2019a) has recognised that ageing is a global phenomenon. Virtually all countries have increased their population of older persons, reaching 703 million persons aged 65 and over worldwide in 2019, a proportion that increased from 6% in 1990 to 9% in 2019. The number of persons aged 65 and over in Latin America and the Caribbean in 2019 is 56.4 million, a figure that may reach 144.6 million by 2050.

According to the United Nations (2019b), life expectancy reached 72.6 years in 2019, an improvement of eight years since 1990, and is expected to reach 77.1 years in 2050. In 2018, persons aged 65 and over outnumbered children under five, and by 2050 they will outnumber adolescents and young persons aged 15-24. The world's older adult population is projected to reach 12% by 2030 and could reach 23% by 2100.

The number of persons aged 80 and over is growing even faster than those aged 65. In 1990, there were only 54 million persons aged 80 and over worldwide, a number that has almost tripled, reaching 143 million in 2019. Globally, the number of persons aged 80 and over is expected to nearly triple again, reaching 426 million in 2050, and 881 million in 2100 (United Nations, 2019b).

In terms of human mobility, the global trend, according to UNCHR (2020a), has been of 79.5 million persons displaced as a result of persecution, conflict, violence, human rights violations and public order disturbances. Under UNCHR mandate, there are 26 million refugees, 45.7 million internally displaced persons, 4.2 million asylum-seekers, and 3.6 million Venezuelans displaced abroad.

Faced with the opportunities and challenges of these global trends in population ageing, as well as human mobility, States have been adapting to these changes through regulatory frameworks, standards and principles to provide an adequate response to both scenarios.

This section will introduce the most relevant normative frameworks that are part of the global and regional agenda on old age and ageing, as well as present a general international and regional framework on human mobility. For each framework, the instruments will be classified into two categories: 1) those binding on states, traditionally known as *hard law*; and 2) guiding instruments or soft law, which are not binding on states. The most relevant references in old age and ageing will be included for each country covered by this assessment. National human mobility frameworks, on the other hand, will be presented in the next chapter, which concerns the country profiles.

In the last part of this section, we will share the main global and regional policy documents that have been developed to respond to COVID-19, specifically focusing on older persons and persons on the move.

3.1. Old age and ageing

3.1.1 At global level

3.1.1.1. A call for an international convention for older persons (2011)b

A global effort has been underway since 2011 within the United Nations framework to identify gaps in the protection of older persons in the international human rights system. To this end, the Open-Ended Working Group on Ageing (OEWG) was created to identify, on

the basis of these protection gaps, whether an international convention on the protection of the rights of older persons is needed. The OEWG has developed conceptual guidelines and normative content on different rights, while progress is also being made towards a global consensus on an international convention.

3.1.1.2. UN International Convention on the Rights of Persons with Disabilities (2008) and its Optional Protocol (2008)

Although *old age* is not synonymous of *disability*, this framework is applicable to the context under study, insofar as disability, as well as active and healthy ageing, correspond to different ways of ageing, marked by socio-economic and cultural conditions throughout the persons life cycle, as well as by the multiple inequalities and environmental barriers that determine the way of ageing.

This *Convention* is the result of decades of struggle for the vindication of the human rights of persons with disabilities and is the first instrument to be opened for signature by regional integration mechanisms. In this respect, it constitutes a paradigm shift in the concept of disability, overcoming the charitable and medical approach and replacing it with one that vindicates their status as subjects of rights. The definition of disability, although based on a long-term physical, mental, intellectual, or sensory impairment, determines the condition in terms of the environmental barriers that prevent full participation and effective enjoyment of rights (Art. 1).

The protocol, which enters into force at the same time as the *Convention*, is the instrument by which State Parties recognise the competence of the Committee on the Rights of Persons with Disabilities to examine individual or group complaints, as well as to make observations on the states' compliance with it, as reported in their periodic reports.

3.1.1.3. The 2030 Agenda and the Sustainable Development Goals

The *2030 Agenda* for Sustainable Development (United Nations, 2018a) is a global plan to promote the rights and inclusion of all persons, excluding no one. It aims

to end poverty, reduce inequalities and tackle climate change, and includes 17 Sustainable Development Goals (SDGs), 169 targets and a number of indicators that countries can voluntarily adopt in their national policies.

While the SDGs use inclusive language by referring to all persons of all ages, it only makes three references to older persons specifically: target 2.2 of SDG 2 on hunger and nutrition; targets 1.2.1 and 11.7 of SDG 11 on sustainable cities. It also includes a commitment to disaggregate data by age in a number of indicators (HelpAge, 2020b).

3.1.1.4. Global Strategy and Plan of Action on Ageing and Health (2016)

This *strategy* (World Health Organisation [WHO], 2016) is based on the premise that ageing is a valuable process and that the more older persons a society has, the better off it will be. While the ageing process brings changes in persons' physical, cognitive, behavioural and relational capacities, society should seek to promote recovery, adaptation and dignity in the face of these changes, rather than continue to deny them. To this end, this strategy is designed to promote persons' lifelong functional capacities, equal rights and opportunities for older persons, and to ensure that they do not suffer from discrimination.

3.1.1.5. Madrid International Plan of Action on Ageing (2002)

Although there is no binding international instrument for states to protect older persons, there are soft law frameworks that have provided important guidelines. One such instrument is the *Madrid International Plan of Action on Ageing* (United Nations, 2002), adopted at the Second World Assembly on Ageing in 2002. It is a political declaration by states to adopt a programmatic agenda to address the challenges of ageing in priority areas of development, health, wellbeing, and enabling environments.

3.1.1.6. Decade of Healthy Ageing (2021-2030)

The United Nations General Assembly in December 2020 welcomed a new decade as the Decade for Healthy Ageing (WHO, 2020),

a global strategy to achieve and support actions that will lead to building inclusive societies for all ages. This is a 10-year plan for concerted, catalysed and sustainable collaboration among decision-makers, governments, donors, the private sector, civil society, experts, agencies and the media to improve the lives of older persons, their families and communities.

3.1.1.7. Humanitarian system

In the humanitarian field, a number of practical instruments have been developed that focus on the care of older persons in humanitarian crises. While these are not binding on states, they do provide useful guidance and guidelines for action as a result of the collective experience and learning of humanitarian actors, which are listed here only for illustrative purposes and do not cover all existing frameworks. These include the *Humanitarian Charter* (1997), *the Core Humanitarian Standard on Quality and Accountability* (2014), *Sphere Handbook* (2018b), *Humanitarian inclusion standards for older persons and persons with disabilities* (2018a), *Working with older persons in forced displacement* (UNCHR, 2013).

3.1.2. At regional level: binding instruments

3.1.2.1. The Inter-American Convention on the Protection of the Rights of Older Persons (2015)

The region has a binding instrument for States, approved in 2015 and in force since 2017, which is a regional benchmark for the world, given the paradigms it sets out in relation to old age and ageing. It conceives older persons as subjects of rights and duties, with full autonomy and independence, with the capacity to act and make decisions. Through its 41 articles, it offers states a minimum framework to guarantee full the inclusion, integration and participation of older persons in society. In this respect, the purpose of the *Convention* is “to promote, protect and ensure the recognition and full enjoyment and exercise, on equal terms, of all human rights and fundamental freedoms of older persons, in order to contribute to their

full inclusion, integration and participation in society” (Art. 1).

In this assessment, this regional instrument is taken as the main reference, as a basis for identifying the fundamental rights of older persons and, from there, to establish a series of services and indicators linked to their protected rights, as well as the intersectionality with other instruments that refer to persons on the move.

3.1.2.2. Inter-American Convention on the Elimination of all Forms of Discrimination against Persons with Disabilities (2001)

This instrument is of great importance both regionally and globally, as it develops the paradigmatic concept of disability that was later taken up by the International Convention, insofar as it considers that it is the barriers of the economic and social environment that aggravate or cause disability (Art. 1).

At regional level, it also constitutes a key charter for the fight against all forms of discrimination against persons with disabilities and promotes their full integration (Art. 2). To this end, a Committee for the Elimination of all Forms of Discrimination against Persons with Disabilities has been established as the body that will monitor compliance with the provisions of this instrument by the States Parties.

3.1.3. At regional level: guiding instruments

3.1.3.1. Regulatory Framework for the Promotion and Protection of the Human Rights of Elderly Persons in the Andean Region (2017)

The Andean Parliament developed a reference instrument for the member states of the Andean Community, considering the ageing trend in the region, the needs and challenges it entails, and the internal laws of each state belonging to the Community. The purpose of this framework is to ensure the population’s active and healthy ageing by “promoting policies and programmes that guarantee comprehensive and timely care for their development,

access to programmes that ensure their comprehensive health, as well as their inclusion and participation in the political, economic, social, recreational and cultural spheres of the society to which they belong. This must occur free of discrimination, in order to achieve an active and healthy ageing that improves and maintains quality of life in all social spheres” (Andean Parliament, 2017, p. 1).

This instrument is an important reference for the Andean countries because of its practical orientation in ensuring the rights contemplated in the Inter-American Convention on the Protection of the Rights of Older Persons, through concrete actions that are designed according to the socio-economic and political context of the Andean Region, while offering institutional guidelines for the respective governments.

3.1.3.2 Montevideo Consensus on Population and Development (2013)

This is a soft law instrument which, although not binding on States, is the most important intergovernmental agreement between the 38 ECLAC member and associate States, which prioritises the guidelines and actions to be taken in order to comply with the Regional Agenda on Population and Development for Latin America and the Caribbean after 2014. In the area of ageing and social protection, 15 priority measures were agreed upon in the areas of gender, social security, participation, education, eradication of discrimination and violence, risk management, health and care, work, savings, among others (ECLAC, 2013).

3.2. Old age in the context of human mobility

Intersectionality between human mobility and ageing is not very frequent in binding normative or soft law frameworks and, given the two trends announced at the outset—population ageing and human mobility—more protective frameworks and instruments for older persons on the move need to be developed. In this section, we will present frameworks that loosely address this intersectionality, as well as instruments that are applicable to all

persons on the move and are, therefore, inclusive of older persons.

3.2.1. At global level: Binding instruments

3.2.1.1. The 1951 Refugee Convention

This is the main instrument on the protection of refugees, ratified by 149 states. It defines the term *refugee* and regulates rights for refugees that must be guaranteed by states.

The guarantor of the *Convention* is UNCHR, and states must cooperate with its mandate to guarantee the rights of refugees. This normative framework applies the term *refugee* to any person who:

As a result of events occurring before 1 January 1951 and owing to wellfounded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it (United Nations, 1951, Art. 1.A.2).

In addition to the above-mentioned grounds of persecution, the definition of *refugee* included a temporal and geographical element: The events that led an individual to be a refugee had to have taken place before 1951, and states could require that they occurred within Europe at the time of ratification or accession (United Nations, 1951, Art. 1.B.1). With the entry into force of the Protocol relating to the Status of Refugees (United Nations, 1967), these elements of temporality and geographical applicability stipulated in the 1951 *Convention* were eliminated.

Although it does not adopt an age-based approach, nor does it mention older persons, nor does it include age as a factor of discrimination (Art. 3), it does provide guiding principles on guarantees for all refugees without exception, such as the principle of non-refoulement (Art. 33), as well as other civil rights inherent to their legal status.

3.2.1.2. Protocol Relating to the Status of Refugees (1967)

The importance of this protocol lies in the fact that it eliminates the temporality and geographical

elements of the 1951 *Convention*, including other new refugee situations that were not covered by the 1951 *Convention*, regardless of the date or place of occurrence.

3.2.1.3. International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (1990)

Adopted by the United Nations General Assembly, this instrument is intended to guarantee the human rights of migrant workers and their families, without discrimination of any kind on grounds such as sex, race, colour, language, religion or belief, political or other opinion, national, ethnic or social origin, nationality, age, economic status, property, marital status, birth or other status (Art. 7). In this respect, the Preamble reads: “Considering also that recourse to the employment of migrant workers who are in an irregular situation will be discouraged if the fundamental human rights of all migrant workers are more widely recognised (United Nations, 1990).

3.2.2. At global level: guiding instruments

3.2.2.1. The New York Declaration (2016)

The New York Declaration (UNCHR, 2016) for Refugees and Migrants brings together the commitments of Member States, gathered at the 2016 United Nations General Assembly, to refugees, migrants, those who assist them, and host countries and communities. In particular, it recognises the vulnerability of different groups, including older persons, who are part of major displacements. It also includes a commitment to disaggregate data by sex and age, including regular/irregular status, among other relevant information. This tool provides practical guidance to host communities on how to take age and gender into account when building support networks to respond to an emergency.

3.2.2.2. The Global Compact on Refugees (2018)

This compact makes a key and precise point about the importance of refugees globally

and the need for the political will of individual countries to safeguard the integrity of this population. The main objectives focus on i) alleviating pressures on host countries; ii) promoting refugee self-reliance; iii) expanding access to solutions that involve third countries; and iv) fostering conditions in countries of origin that are conducive to safe and dignified return. The global compact pursues these four inter-related and interdependent objectives by leveraging political will, broadening the support base and agreements among states and other relevant stakeholders, with a view to facilitating more equitable, sustained and predictable contributions. Unlike other age groups, care for older persons is not specifically developed within this framework. However, it is recognised as a group with diverse needs and potential vulnerabilities. Age can be identified as a cross-cutting approach to be taken into account in immediate reception, documentation and registration, local integration, local market integration, employment, livelihoods, health care and participation, and food security, among other factors (United Nations, 2018c).

3.2.2.3. Global Compact for Safe, Orderly and Regular Migration (2018)

This compact establishes the need for collective commitment to improve cooperation in the area of international migration. It is based primarily on a set of guiding principles that establish very clear the lines of action and intervention, expressed as follows: i) persons-centred approach; ii) international cooperation; iii) national sovereignty; iv) rule of law and due process; v) sustainable development; vi) human rights; vii) gender perspective; viii) children’s perspective; ix) pan-government approach; x) pan-social approach. Each of these approaches should promote coordinated work with international cooperation, and governmental and non-governmental bodies, among others. (United Nations, 2018b).

It also refers, among other vulnerable groups, to older persons in relation to the commitment to establish comprehensive policies and partnerships to care for and protect migrants, regardless of their status, for identification and

assistance, and in relation to the portability of acquired rights and access to social security.

3.2.2.4. Sustainable Development Goals (2015)

SDG 3 calls for the integration of older migrants into their new communities, through support networks; economic security and health; community-based measures through meeting centres; housing design that promotes intergenerational coexistence; helping families to share accommodation with older relatives; policies and programmes for the integration of older migrants into social, cultural, political and economic life that promote respect; and the removal of language and cultural barriers when providing public services to older migrants.

3.2.2.5. Working with Older Persons in Forced Displacement (2013)

UNCHR (2013) developed the *Working with Older Persons in Forced Displacement* guidelines to ensure that the rights of older persons are fulfilled without discrimination. It sets out the importance of developing in-depth knowledge of the needs and capacities of older displaced persons: “Systematic application of UNCHR’s Age, Gender and Diversity Policy (AGD) is central to ensuring that all persons of concern to UNCHR, including older persons, enjoy their rights on an equal footing with others, and are able to participate fully in the decisions affecting their lives and those of family members and communities, taking into account the diversity that exists among older persons” (UNCHR, 2013, p. 4). In the same vein, key and essential elements are identified in terms of the protection, needs and rights of older persons, including non-discrimination; identification and registration of older persons; recognition of older persons’ capabilities and support for self-sufficiency; ensuring accessibility to housing and sanitation facilities; ensuring accessibility to adequate food and non-food items; providing healthy nutrition and access to health and other services; family and community support structures; preventing and responding to abuse and exploitation of older persons; preventing and responding to risks specific to older women, including gender-based violence (GBV); preventing and responding to accusations of witchcraft against older women.

Main objectives of The Global Compact on Refugees (2018)



Alleviating pressures on host countries



Promoting refugees' self-sufficiency



Expanding access to solutions involving third countries



Promote conditions in countries of origin that are conducive to safe and dignified return

3.2.3. At regional level: binding instruments

3.2.3.1. *Inter-American Convention on the Protection of the Human Rights of Older Persons (OAS, 2015)*

The rights of older migrants are explicitly mentioned in terms of the right not to be discriminated against due to age (Art. 5), and the right to social security and pensions, calling on States to seek global mechanisms or agreements to guarantee this right (Art. 17).

3.2.4. At regional level: Guiding instruments

3.2.4.1. *Quito Declaration and Plan of Action (2018)*

The Quito Declaration is a manifestation by countries in the region to jointly address the refugee and migrant crisis of citizens from Venezuela. This highlights the efforts of governments to adequately welcome persons in vulnerable situations, identifying older persons as part of this group. The declaration is of political relevance as it considers that the problem must be addressed systematically, comprehensively and in a coordinated manner at the regional level, and calls for mutual cooperation.

The Quito Plan of Action (2018) signed subsequently to the declaration was approved to strengthen actions to facilitate human mobility, in order to ensure the proper economic and social integration of persons from Venezuela, which requires regularisation of their migratory status.

3.2.4.2. *The Montevideo Consensus on Population and Development (2013)*

This instrument accords ten measures aimed at ensuring the protection of the human rights of all migrants on global, regional and national agendas, including regularisation, assistance and protection policies, regardless of migration status, in order to eradicate the violation of their human rights and to call for the harnessing of the benefits that migration can bring.

3.2.4.3. *Madrid International Plan of Action on Ageing (2002)*

This instrument recognises that older asylum-seekers of different cultural backgrounds growing old in new and unfamiliar surroundings are often in special need of social networks and of extra support. This implies a duty to ensure that they have physical access to these services, and that they are included in programmes that strengthen their activity, independence, and community initiatives (United Nations, 2002, Issue 8, Point 55, Letter f).

Older persons migrating from rural to urban areas face the loss of social networks and lack of infrastructure, which can lead to marginalisation and exclusion, especially if they are ill or have a disability: “The urban setting for the older migrant in developing countries and countries with economies in transition is often one of crowded housing, poverty, loss of economic autonomy and little physical and social care from family members who must earn their living outside the home” (Issue 3, Point 31).

3.2.4.4. *The San Jose Charter on the Rights of Older Persons in Latin America and the Caribbean (2012)*

On social protection, the *San Jose Charter* establishes to “promote actions designed to pay particular attention to the situation of migrant older persons to facilitate access to services and benefits in communities of origin, transit and destination” (ECLAC 2012, Social Services, Letter X, p. 12), as well as in the work on housing conditions and environment by “making every effort to ensure that older persons enjoy adequate housing and are given high priority in the assignment of housing or land, particularly in situations of crisis, emergency, displacement or forced evictions” (ECLAC, 2012, Point 10, Letra A, p. 14).

3.2.4.5. *The Brasilia Declaration of the Second Intergovernmental Conference on Ageing in Latin America and the Caribbean (2007)*

Point 3 of the *Brasilia Declaration* underscores “the importance of examining thoroughly and comprehensively the effects of migration on

the ageing dynamic of the communities of origin, transit and destination of migrants, with special attention to the impact of migration flows on the migrants themselves, their families, community and society, as well as on the economic and social development of countries” (ECLAC, 2011, point 3. Page 7).

3.2.4.6. Cartagena Declaration (1984)

This instrument was adapted in the framework of the *Colloquium on the International Protection of Refugees in Central America, Mexico and Panama*, held in Cartagena de Indias. Its importance lies in the fact that, taking into account the elements of the *1951 Convention* and the *1967 Protocol*, it also considers under the definition of *refugee* “persons who have fled their country because their lives, security or freedom have been threatened by generalised violence, foreign aggression, internal conflicts, massive violation of human rights or other circumstances which have seriously disturbed public order” (Conclusion III, UNCHR, 1984). Although this instrument is not an international treaty, there is an argument that it is a norm of customary international law in the region and would therefore be binding or obligatory for Latin American countries (Mondelli, 2018).

3.3. National frameworks for older people

This section presents a profile of ageing and an overview of the status of the ratification, accession and implementation of the *Inter-American Convention on the Rights of Older Persons* (OAS, 2015) in each of the countries that took part in the assessment. It also lists the most important legislation on old age in each of these countries.

From a regional perspective, since the *Convention* entered into force in 2017, only eight states have deposited it before the OAS. As for the countries included in this assessment, El Salvador and Ecuador deposited it in 2018 and 2019, respectively, while Peru did so only very recently in 2021. In Colombia, although the Congress approved it in Plenary and it has already received presidential sanction, it is still under Constitutional Control, as an internal requirement before being

deposited. Honduras has not yet signed or acceded to the *Convention*. Ten states have to ratify the convention in order to activate the follow-up mechanism foreseen by this instrument, to promote the effective implementation of the *Convention*, through the Conference of States Parties and a Committee of Experts (Art. 33).

Different types of support have been provided to the *Inter-American Convention on the Elimination of all Forms of Discrimination against Persons with Disabilities*. The *Convention* entered into force in 2001, and has, thus far, been deposited by 19 States in the region, including Peru (2001), El Salvador (2002), Colombia (2004), Ecuador (2004) and Honduras (2011), all part of this assessment.

It is of utmost importance to address the analysis of national normative frameworks on old age and ageing in future studies, based on regional and international instruments, in order to identify the degree of their adequacy and implementation, and the gaps in compliance with the instruments that make up international human rights law. There is also a need for regional comparative normative analyses to be carried out.

3.3.1. Honduras

According to the Government of Honduras’ Permanent Multipurpose Household Survey (2018), the country’s population is 9,023,838, of which persons aged 60 years and older account for 10.5%. According to the Government of Honduras’ National Centre for Information on the Social Sector (2021a), in 2021 older persons and retirees account for 7.4% of the population, around 542,712 persons, of whom 256,020 (47%) are men and 286,691 (53%) are women. Around 46% live in urban areas and 56% in rural areas, many of them in conditions of vulnerability, poverty and extreme poverty.

Projections by the Inter-American Development Bank (Aranco et al., 2018) for Honduras indicate that the 60+ population will increase from 7.2% in 2015 to 10.7% in 2030, and 19.5% in 2050; with a life expectancy at birth of 72.8 years in 2015, 75.7 years in 2030 and 79 as years in 2050. In 2018, the percentage of the 60+ population living in extreme poverty was 32.8% while 16.8%

Normative framework for old age and ageing in Honduras

Comprehensive Law for the Protection of Elderly Persons and Retirees (2007)

This law is intended to promote and protect the wellbeing of elderly and retired persons, guaranteeing the exercise of their rights and sanctioning natural or legal persons who infringe this law.

→ [Link](#)

National Policy on Ageing and Elderly Persons (2015)

This policy is designed to foster health, socio-political, legal, environmental, economic, cultural and scientific conditions, with a rights-based approach, that contribute to the comprehensive development of active and healthy ageing.

→ [Link](#)

Action plan for active and healthy ageing (2015-2017)

This action plan is intended to support the promotion of comprehensive wellbeing for active and healthy ageing.

→ [Link](#)

lived in moderate poverty. With 3.7 years of education on average, 8.5% lived alone, 8% received a contributory pension and 0.4% received a non-contributory pension.

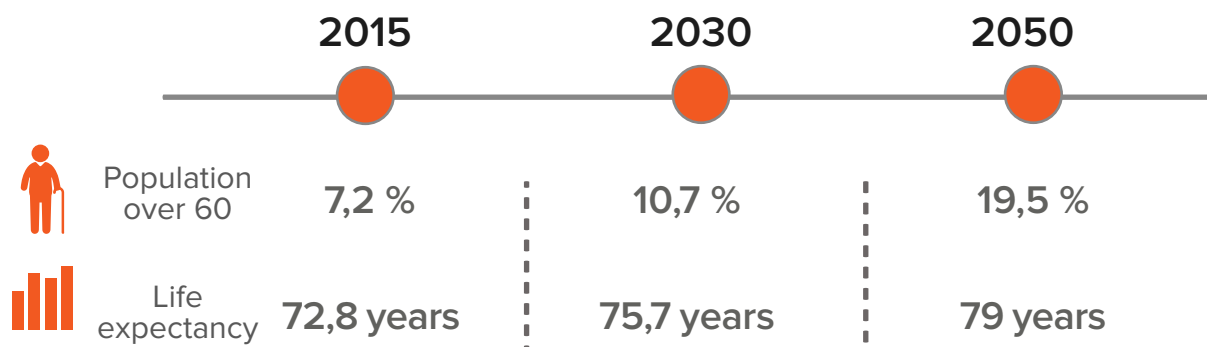
Honduras has not ratified the *Inter-American Convention on the Protection of the Human Rights of Older Persons*; however, it has set this as a goal established in the Plan of Action for Active and Healthy Ageing, with the objective of strengthening the legal framework for the protection of older persons.

3.3.2. El Salvador

According to data presented by the government of El Salvador in its Public Policy on Elderly Persons (2016), the Multipurpose Household Survey estimated that, of the country's total population of approximately 6.5 million, there would be 810,008 persons over the age of 60, corresponding to 12.4%. It indicates that this group will increase by 20% in the next fifteen years, making it a moderately ageing country.

According to the General Directorate of Statistics and Census (Digestyc), in 2017 the number of elderly persons in El Salvador was 727,899, which represents 11% of the country's total population and it is estimated that by 2018 there will be 745,874 elderly persons. This figure will increase to 784,248 in 2020 and will represent 11.5% of the general population, and in 2025 there will be 895,671 elderly persons, corresponding to 12.6% of the total population (Ministry of Health of El Salvador, 2018, p. 8).

In 1990, life expectancy was estimated at 66.4 years, but by 2000 it reached 69.5 and the



Normative framework for old age and ageing in El Salvador

Law on Comprehensive Care for Elderly Persons (2012) (passed on January 27, 2021, this legislation will be repealed once the Special Law for the Protection of the Rights of Elderly Persons comes into force)

The purpose of this law is to guarantee and ensure comprehensive care for the protection of older persons and to promote the strengthening and integration of the family.

→[Link](#)

Public Policy on Elderly Persons (2016)

The general objective of this policy is to promote, based on the Executive, a public policy for the protection, respect, participation in the family and the community, and the full exercise of the rights of elderly persons, ensuring access to public services and the improvement of their quality of life.

→[Link](#)

Comprehensive health care model for older persons (2018)

The model establishes guidelines on the implementation of multidisciplinary actions for the comprehensive care of the health needs of older persons with a biological, psychological, functional and social approach, promoting participation and inter-institutional and inter-sectoral coordination and respecting the autonomy of older persons.

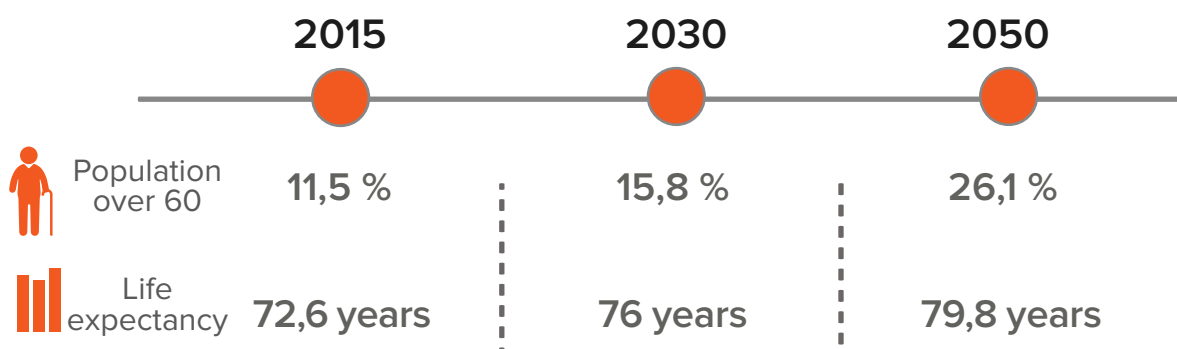
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average for the 2005-2010 period was 71.8. In 2018, life expectancy was 75 years for women and 66 years for men (Ministry of Health of El Salvador, 2018).

Projections by Aranco et al. (2018) for El Salvador indicate that the 60+ population will increase from 11.5% in 2015 to 15.8% in 2030 and 24.1% in 2050, with a life expectancy at birth of 72.6 years in 2015, 76 years in 2030 and 79.8 years in 2050. In 2018, the percentage of the 60+ population in extreme poverty was 15% while 16.4% lived in conditions of moderate poverty, with an average of 4.1 years of education. Some 12.1% lived alone; 9.3% received a contributory pension, and 4.1% a non-contributory pension, with 24% health coverage.

El Salvador has participated in the elaboration and has been one of the initial promoters of the *Inter-American Convention on the Protection of the Human Rights of Older Persons*, ratified by Legislative Decree No. 836 of November 15, 2017, through which it acceded on March 13, 2018; the instrument of accession was deposited on April 18, 2018 at the OAS headquarters in Washington.

After ratifying the convention, El Salvador approved the Comprehensive Care Model for Older Persons, using the *Convention* as a framework, together with other international instruments on the protection of old age and ageing. The model is approached from a human rights and gender equality perspective and adopts as a health indicator the one set forth by the Pan American Health Organisation (PAHO), “which defines a functionally healthy older adult as one capable of facing this process of change with an adequate level of



functional and personal adaptation” (Ministry of Health of El Salvador, 2018, p. 18).

The country has recently taken another important step in the protection of older persons in accordance with the *Convention*: the unanimous approval by the plenary of the Legislative Assembly of a new Special Law for the Protection of the Rights of Older Persons (Decree No. 817), to effectively guarantee the full and equal enjoyment of all their human rights and fundamental freedoms. This legislative initiative is a regional precedent, as it is one of the first countries that not only adopts its legislation after the *Convention*, but also establishes a new institutional framework with technical, financial and administrative autonomy through the creation of the National Council for Integral Attention to Programs for the Elderly (Conaipam), responsible for the design, planning, coordination and monitoring of the set of norms, policies and actions in favour of the comprehensive protection of the rights of older persons.

3.3.3. Colombia

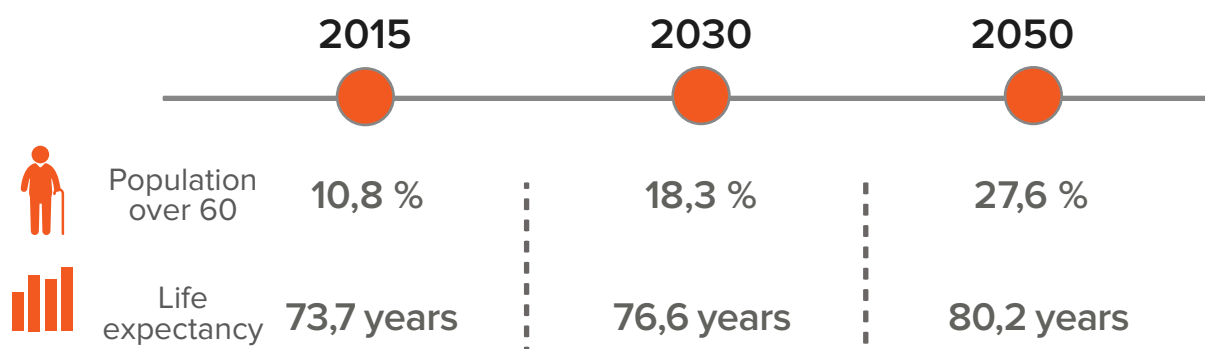
According to the Colombian Government (2019), of the total projected population in 2018 (49,834,240), 11% (5,970,956) were over 59 years old, of which 55% (3,150,613) were women, and 45% (2,602,345) men. Fifty per cent of the 60+ population is aged between 60 and 66 years. The 59+ population increased from 2,142,219 in 1985 to 5,752,958 in 2018, with an annual growth of 3.5%, higher than the 1.7% of the total population. Life expectancy in Colombia for the five-year period 2015-2020 was 76.15 years, with 79 years for women and 73 years for men.

Projections by Aranco et al. (2018) for Colombia indicate that the 60+ population will increase from 10.8% in 2015 to 18.3% in 2030 and 27.6% by 2050, with a life expectancy at birth of 73.7 years in 2015, 76.6 years in 2030, and 80.2 years in 2050. In 2018, the percentage of the 60+ population living in extreme poverty was 14.5% while 11.6% lived in moderate poverty. With 5.2 years of education on average, 13.9% lived alone, 24.9% received a contributory pension, with 93.3% health coverage.

The Congress of the Republic of Colombia approved the *Inter-American Convention on the Protection of the Human Rights of Older Persons* through Law 2055 of September 10, 2020. In doing so, it fulfils one of the goals proposed in the Colombian Policy on Human Ageing and Old Age. The Law is currently under constitutional control, as required before it can be deposited at the OAS headquarters in Washington. It is important to mention that Colombia is the only country that has a directive on a differential approach to rights for older persons in situations of forced displacement.

Annual growth of 3.5% of the 59+ population

Higher than the 1,7% of the total population



Normative framework for old age and ageing in Colombia

Law on the protection, promotion, and defence of the rights of elderly persons (Law 1251 of 2008)

This law is intended to protect, promote, restore and defend the rights of older persons, as well as to guide policies that take into account the ageing process, plans and programmes by the State, civil society and the family, and to regulate the operation of institutions that provide care services and comprehensive development of persons in their old age, in accordance with Article 46 of the National Constitution, the Declaration of Human Rights of 1948, the Vienna International Plan of Action on Ageing 1982, the American Declaration of the Rights and Duties of Man 1948, the Madrid World Assembly on Ageing, and the various international treaties and conventions signed by Colombia.

→[Link](#)

Law on the Establishment of Conditions for the Accommodation of Elderly Persons in Protection Centres, Day Care Centres and Care Institutions (Law 1315 of 2009)

This law is intended to guarantee the provision of comprehensive, quality care and services for older persons in institutions providing accommodation, care, welfare and social assistance.

→[Link](#)

Law on new criteria for care in Centros Vida (Law 1276 of 2009)

This law is designed to protect older persons in Sisbén levels 1 and 11, through the Centros Vida, as institutions that contribute to providing them with comprehensive attention to their needs and improving their quality of life.

→[Link](#)

Law on measures for the protection of elderly persons (Law 1850 of 2017)

This law establishes protection measures for older persons in Colombia, amends laws 1251 of 2008, 1315 of 2009, 599 of 2000 and 1276 of 2009, criminalises domestic abuse by abandonment and establishes other provisions.

→[Link](#)

Approval Act of the Inter-American Convention on the Protection of the Human Rights of Older Persons (Law 2055 of 2020)

By which the Congress of the Republic approves the *Convention*.

→[Link](#)

Colombian Policy on Human Ageing and Old Age (2015-2024)

This is a public policy designed to raise awareness, mobilise and intervene in the situation of human ageing and the ageing of Colombians during the 2014-2024 period.

→[Link](#)

Support and Safeguards Act (Act 1996 of 2019)

This law strengthens individuals' legal capacity by eliminating interdiction and establishing specific measures for the guarantee of a person's full right to legal capacity, applicable in particular to those with disabilities and older persons.

→[Link](#)

Guidelines for a Differential Approach to the Effective Enjoyment of Rights of Older Persons in a Situation of Forced Displacement in Colombia (UNCHR, 2011a)

These guidelines establish the conceptual, strategic and operational guidelines necessary to strengthen the differential approach in the comprehensive care of older persons at risk and in a situation of displacement from a perspective of the effective enjoyment of rights.

→[Link](#)

Establishment of the National Council for Older Persons and other provisions (Decree 163 of 2021)

The Council will serve as the permanent advisory body to the Ministry of Health and Social Protection in its work of coordinating the development and implementation of the National Policy on Ageing and Old Age.

→[Link](#)

3.3.4. Ecuador

According to data presented in *Misión Mis Mejores Años* (Republic of Ecuador, 2018b), the National Employment and Unemployment Survey (Enemdu), conducted in 2017, shows that the older population comprises 1,212,461 persons, which amounts to 7.04% of the total Ecuadorian population. A disaggregated analysis of the data shows that “the overall proportion of women is higher than that of men; thus, of the total number of older persons, 53.77% are women and 46.23% are men” (INEC, 2017, cited in Republic of Ecuador, 2018b, p. 33). Also, life expectancy is higher in women than it is in men, shown by the fact that it was 75 years in 2010, with a projection of 77.3 years in 2020 and 80.55 years in 2050.

Projections by Aranco et al. (2018) for Ecuador indicate that the 60+ population will increase from 9.9% in 2015 to 14.5% in 2030 and 21.8% in 2050, with a life expectancy at birth of 75.5 years in 2015, 78.9 years in 2030, and 82.7 years in 2050. In 2018, the 60+ population living in extreme poverty reached 9.5% while those living in moderate poverty reached 13.3%. With an average of 5.4 years of education, 14.3% lived alone, 21.7% received a contributory pension and 28% received a non-contributory pension.

The *Inter-American Convention on the Protection of the Human Rights of Older Persons* was ratified by Executive Decree No. 659, published in the Official Register Supplement No. 426 of February 12, 2019, acceding to it on February 21, 2019, and depositing the instrument of accession to the *Convention* on March 21, 2019, at the OAS headquarters

Normative framework for old age and ageing in Ecuador

Misión Mis Mejores Años (2018)

Designed to strengthen a system of social inclusion and equity, through a system of care that guarantees comprehensive and special protection and care of persons over the age of 65 who are living in extreme poverty.

[→Link](#)

Organic Law on Elderly Persons (2019)

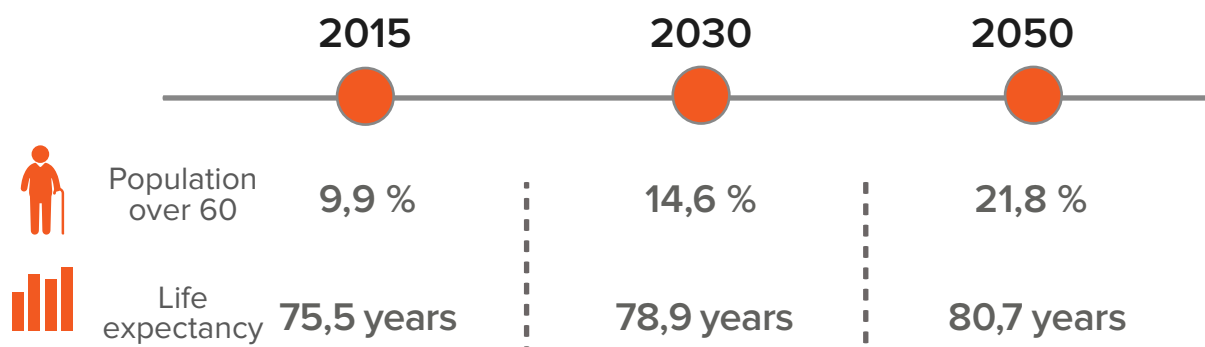
This law is intended to promote, regulate and guarantee the full validity, dissemination and exercise of the rights of older persons, by virtue of which the Specialised National System for the Comprehensive Protection of the Rights of Elderly Persons has been created.

[→Link](#)

General Regulations of the Law on Older Persons (N.° 1087 of 2020)

The purpose of this law is to establish the guidelines, directives and norms for the application of the Organic Law on Elderly Persons and for the functioning, control and monitoring of the Specialised National System for the Comprehensive Protection of the Rights of Elderly Persons, as well as to establish the mechanisms for the prevention, care, protection, restitution and reparation of older persons.

[→Link](#)



in Washington. Ecuador highlights the need to review and link the *Convention* to a new regulatory framework for the protection of older persons, which is reflected in the General Regulations of the Law on Older Persons of 2020, the application and interpretation of which will be based on the *Convention* and other international human rights instruments (Republic of Ecuador, 2018a).

3.3.5. Peru

According to the National Institute of Statistics and Informatics (2020), in Peru, the 60+ population increased from 5.7% in 1950 to 12.7% in 2020, which would be equivalent to 4,143,495 older persons in Peru, out of a total of 32,625,948.

Projections by Aranco et al. (2018) for Peru indicate that the 60+ population increased from 10% in 2015 to 14.7% in 2030 and 23.2% in 2050, with a life expectancy at birth of 74.2 years in 2015, 77.9 years in 2030, and 82.1 years in 2050. In 2018, the percentage of the 60+ population living in extreme poverty was 8.7% while 13% lived in moderate poverty. With an average of 6.4 years of education, 12.1% lived alone, 21.3% received a contributory pension and 17.2% received a non-contributory pension.

Through Legislative Resolution 31090, the Congress of the Republic approved the *Inter-American Convention on the Protection of the Human Rights of Older Persons*, published in the Official Gazette on December 17, 2020, ratified by the Ministry of Foreign Affairs by Supreme Decree 044-2020-RE on December 23, 2020. The Law is

Normative framework for old age and ageing in Peru

National Solidarity Aid Programme “Pensión 65” (2011)

This programme is designed to provide social protection to older persons aged 65+, who live in a situation of vulnerability, providing them with a financial subsidy to increase their wellbeing and improve the access mechanisms to public services through inter-sectoral and inter-governmental coordination.

[→Link](#)

Law on Older Persons (Law 30490 of 2016)

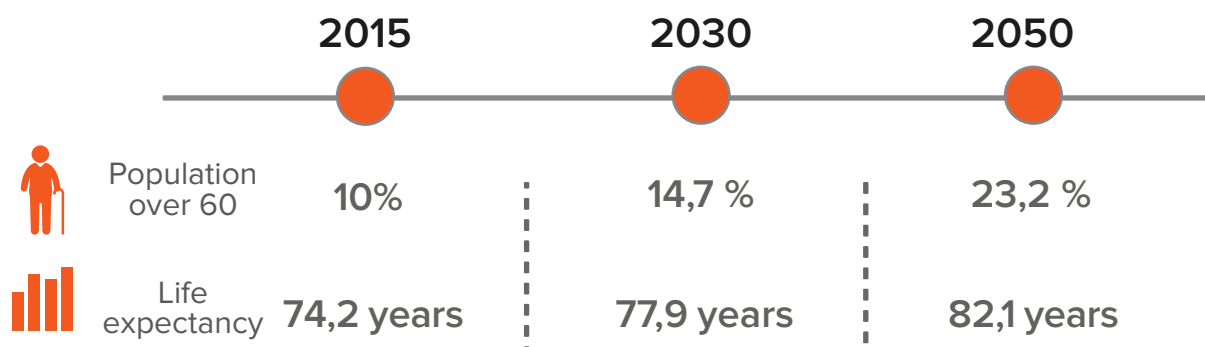
This law is designed to establish a regulatory framework that guarantees the exercise of the rights of older persons, in order to improve their quality of life and promote their full integration into the social, economic, political and cultural development of the nation.

[→Link](#)

National plan for Elderly Persons (2013-2017)

Its general objective is to improve the quality of life of older persons by means of the integral satisfaction of their needs, their active participation and the promotion of their rights, developing articulated interventions between the different levels of the State and civil society.

[→Link](#)



currently in its final internal procedures prior to depositing the instrument of accession at the OAS headquarters in Washington. Once Peru has acceded to the convention, its domestic legislation will need to be revised and brought into line with the *Convention*.

3.4. COVID-19: Human mobility and ageing

Evidence has shown that older persons are among those most at risk from the complications of COVID-19. The pandemic has exposed the direct public health effects on the older population and the humanitarian consequences for groups already in vulnerable situations, particularly affecting many of those on the move.

Against the backdrop of the current health crisis, it is essential to analyse the health, economic and protection issues for older persons, as it is they who suffer the greatest consequences. It is also fundamental to make use of global and regional frameworks to protect their rights.

3.4.1. At global level

Commenting on the first version of the *United Nations Global Humanitarian Response Plan COVID-19* (2020b), the Secretary-General of the United Nations, António Guterres, stressed that this instrument “aims to enable us to fight the virus in the world’s poorest countries, and address the needs of the most vulnerable people, especially women and children, older people, and those with disabilities or chronic illness” (p. 3). The *Plan* is designed to analyse and respond to the direct public health consequences of the pandemic and its effects on the humanitarian situation, especially in countries experiencing other crises and the most affected and vulnerable populations.

The May 2020 update of the *Plan* identifies those most affected as follows:

Those who stand out as suffering the most are older persons, persons with comorbidities, persons with mental health and psychosocial needs, persons with disabilities, women, children and youth, forcibly displaced persons, refugees,

asylum-seekers and migrants, and persons who have lost their sources of income and fall outside social protection systems (United Nations, 2020b, p. 4).

Older persons suffer a greater health impact from COVID-19, in addition to discrimination and physical and financial barriers. Vulnerable groups of all ages, including IDPs, refugees, asylum-seekers and migrants, are susceptible to mental health problems.

The United Nations (2020c) *Policy Brief: COVID-19 and Persons on the Move*, published in June 2020, highlights that the COVID-19 pandemic has had a greater impact on groups already in vulnerable situations, such as persons on the move, exacerbating existing health, economic and protection vulnerabilities. The text therefore proposes the promotion of safe, secure and inclusive humanitarian mobility through socio-economic inclusion, protection of human rights, access to humanitarian assistance and respect for persons on the move during and in the aftermath of the COVID-19 pandemic.

The current crisis has caused incalculable negative effects and impacts on older persons around the world. As a result, the United Nations (2020d) published the *Policy Brief: The impact of COVID-19 on older persons* in May 2020. The Brief identifies both immediate and long-term policy and programmatic responses to four key priorities for action: 1) ensuring that difficult health care decisions affecting older persons are guided by a commitment to dignity and the right to health; 2) strengthening social inclusion and solidarity during physical estrangement; 3) integrating a fully older persons focus into the socio-economic and humanitarian response to COVID-19; 4) broadening the participation of older persons, sharing good practice and harnessing knowledge and data.

3.4.2. At regional level

At regional level, in the document *COVID-19: General recommendations for the care of older persons from a human rights perspective*, ECLAC (2020) recognises the vulnerability of older persons; the possibility of violation of

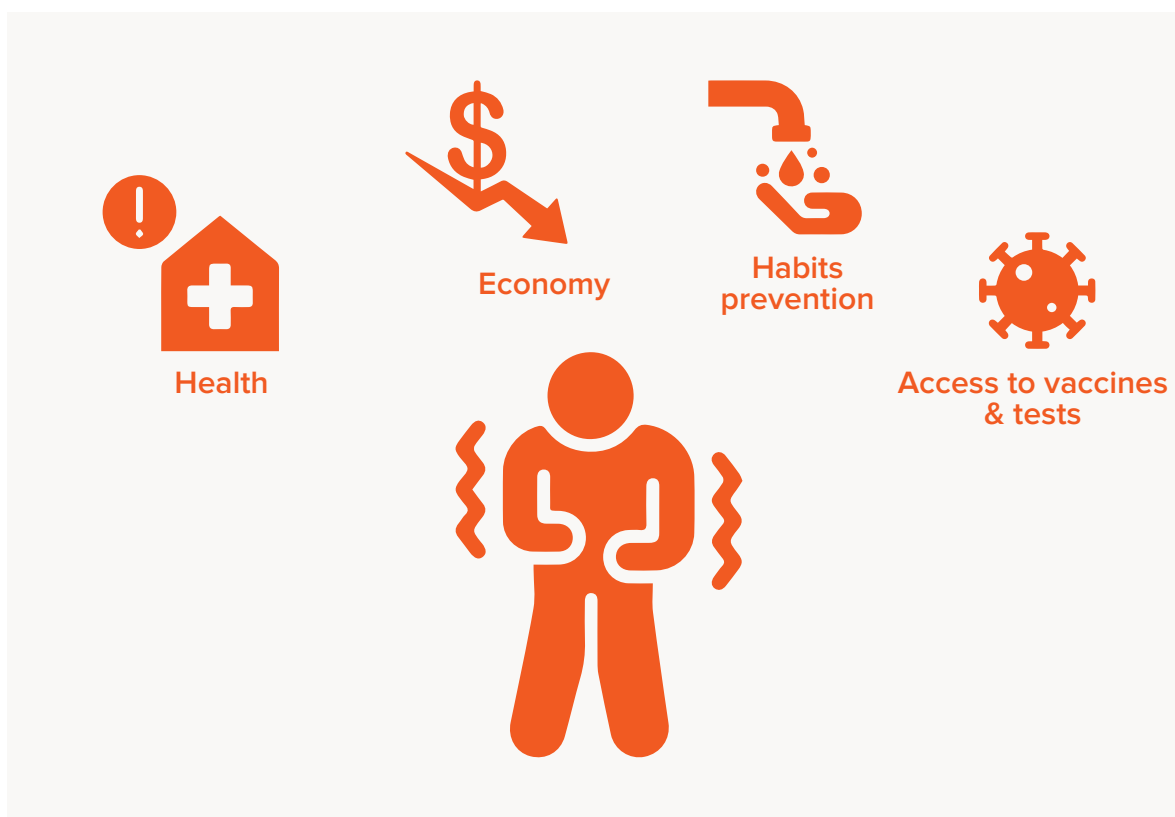
their rights as a result of the pandemic; the difficulty of treating chronic illnesses and their exposure to early death; situations of discrimination, ill-treatment and stigmatisation as an economic burden.

In this respect, recognising the right to health, the Inter-American *Convention on the Protection of the Human Rights of Older Persons*, as well as the constitutional guarantees, state that “The issue at stake now is not only the capacity of governments to respond to the pandemic, but also the fulfilment of their obligation to protect the life and integrity of older persons in a context of interdependence and solidarity”. (ECLAC, 2020, p. 11).

OAS Resolution 4 of 2020, entitled *Human Rights of Persons with COVID-19*, indicates that the social stigma associated with persons who have been in contact with the virus, situations of discrimination hinder access to health care for vulnerable groups. The

Resolution establishes within the guidelines on the protection of the right to equality and non-discrimination of persons with COVID-19 that there can be no arbitrary discrimination, especially with regard to certain groups such as older persons or those with disabilities.

The importance of protecting the rights of the most vulnerable groups, especially older persons, in the pandemic is evident. Indeed, as indicated by the OAS (2020), it is important to consider the intersectionality of vulnerabilities in persons undergoing other issues such as those on the move and persons in emergency situations, who should be included in the different humanitarian responses to the pandemic “particularly the most vulnerable, including refugees, migrants and displaced persons, in national response plans and strategies” (United Nations, 2020d, p. 14).





© Felipe Irnaldo/ UNCHR

Warao artisan women on the move, originally from Venezuela in Brazil.

4. Human mobility profiles in the five countries

In this section, we analyse human mobility in the countries included in the assessment. In northern Central America, these are mainly characterised by internal displacement flows as a result of gang or mara violence, as well as deportees mainly from the United States and Mexico. In the countries of the Andean region, we principally observe mixed movements (refugees and migrants) as a result of the humanitarian crisis in Venezuela, which has led to the exodus of millions of persons.

4.1. Honduras

According to the Continuous Reporting System on International Migration in the Americas (Sicremi), in the Republic of Honduras, foreigners have not exceeded 5% of the total population. In the 2013 Census, immigrants accounted for less than 1% of the total population:

In 2015, immigration was barely 0.2 per 1,000 inhabitants, amounting to 1,870 persons, mainly from the United States of America, El Salvador, Nicaragua and Guatemala. The

Overall, the foreign population has been between 28,000 and 50,000 persons throughout Honduran history, so it is not a country characterised as a recipient of mixed flows. Rather, it is a country of emigrants heading mainly to the United States, and in the last decade also to Spain. (National Statistics Institute (INE) Honduras, 2015, cited in OAS, 2017).

number of persons seeking asylum in 2015 was 16. (OAS, 2017).

Since the late 1970s, Honduras has been a country of refuge for its neighbouring countries, especially Nicaragua and El Salvador, and during the 1980s there were internal forced displacements due to the armed conflict. According to the latest UNCHR report on forced displacement (2020a), there were 76 refugees and persons in refugee-like situations, 110 asylum-seekers, 31 returned refugees, 11 persons under the statelessness mandate, and the highest figure in 2019 was 247,090 internally displaced persons.

The *II Study on the Characterisation of Internal Displacement by Violence in Honduras 2004-2018* found that, out of 58,500 households, at least one of its members was internally displaced by violence between 2004 and 2018. These households comprise 247,090 persons (2.7 per cent of the Honduran population), the majority of whom are female-headed or comprise a larger number of minors. More than half of the displacement occurred after 2014. The main sending and receiving departments were Cortés, Francisco Morazán, Olancho, Atlántida and Yoro.

According to the Honduran Government's Comprehensive System for Assistance to Returning Migrants (SIAMIR), from January 2016 to the date of consultation (January 12, 2021), the total number of deportees was 304,985, of whom 56,346 were children and adolescents, and 248,639 adults. Deportation occurs mainly from the United States, Mexico and Guatemala, and deportees are located in the country's different departments. *The II MIRPS Annual Report (2019b)* indicates that 660 cases have been attended to in the Returned Migrant Attention Centres (CAMR) and the

pilot programme, *Generating knowledge and experience in emergency humanitarian assistance to returned migrants with protection needs* has been created.

Regulations on human mobility in Honduras

Migration and General Aliens Act (Decree N.° 208 of 2003)

Designed to regulate the State's migration policy, the entry and exit of nationals and foreigners, the latter's stay in Honduran territory and the issuance of migration documents.

[→Link](#)

Regulations of the Migration Law (2004)

Intended to develop the procedures and mechanisms for the implementation of the Migration and General Aliens Act.

[→Link](#)

Law for the protection of Honduran Migrants and their families (Decree N.° 106 of 2013)

The purpose of this law is to ensure the different rights and the protective action of the State towards Hondurans living abroad.

[→Link](#)

4.2. El Salvador

El Salvador has been characterised as a country of emigration, where immigration levels have remained low. From 2008 to 2015, total immigration has fluctuated between 1,800 and 2,500 persons, mainly from Guatemala, Nicaragua, Honduras and the United States of America (OAS, 2017).

In El Salvador, there were 48 refugees and persons in refugee-like situations: 45 asylum-seekers and 71,500 internally displaced persons of concern to UNCHR (2020a).

According to the report *Characterisation of Internal Mobility due to Violence in El Salvador* (Republic of El Salvador, 2018), “among 1.1% of resident families at the end of 2016, at least one of their members was forced to change their usual place of residence within the country between 2006 and 2016 as a result of or to avoid the effects of violence” (p. 12). This was due to forced internal displacement. The main causes of displacement identified in the report are victimisation of one or more family members, threats, intimidation or coercion; the second cause is extortion; and the third is insecurity.

According to the *characterisation drawn up based on the Internal Mobility in El Salvador* survey (Republic of El Salvador, 2018a), the municipalities of origin and destination of the displaced population are Soyapango, Tonacatepeque, San Miguel, Olopango, Santa Ana, San Salvador, La Unión, Usulután, Ahuachapán, Apopa, San Vicente, Zacatecoluca, Cojutepeque, Santa Tecla, Mejicanos, Colón, Cuscatancingo, Chalchuapa, Acajutla, San Antonio del Monte, El Rosario, Moncagua, San Sebastián, La Libertad, San Antonio Pajonal, Aguilares, Olobasco, Ciudad Delgado, San Juan Opico, Jucuarán, San Pedro Masahuat, Concepción de Ataco and El Paraíso.

Deportation increased by 42% between 2013 and 2014 from Mexico and the United States, totalling 51,259 persons (OAS, 2017). During 2015, levels stabilised with an increase of just 2 per cent. Supporting the integration of returnees has become a challenge for national authorities (OAS, 2017). Between 2017 and 2018, the Directorate General of Migration and Foreigners reported a total of 52,730 deportees, mostly from the United States and Mexico, which can be attributed to the tightening of migration policies. The Redlac Regional Protection Cluster Bulletin (2020) reports that 37,316 persons were deported to El Salvador in 2019, an increase of 41% compared to 2018.⁸

⁸In 2019, more than 230,000 Hondurans, Guatemalans and Salvadorans were deported to their countries of origin from the US and Mexico, an increase of 28% compared to 2018. Gathering information and perspectives from organisations working with deportees in the NCA shows that these returns are not complying with the principles of dignity, voluntariness and safety, and may violate the RedLac principle of non-refoulement (2020).

Regulations on human mobility in El Salvador

Special Migration and Aliens Act (2019)

Designed to guarantee an efficient migration system by regulating the entry and exit of nationals and foreigners from the national territory, as well as the transit and stay of the latter within it; nationalisation, naturalisation and the issuing of travel documents within a framework of respect for human rights, in accordance with the Constitution, laws and international instruments; as well as the organisation and functions of the General Directorate of Migration and Aliens.

[→Link](#)

Refugee Status Determination Act (Decree N°918/2002)

The purpose of this Act is to regulate the determination of refugee status, as well as to guarantee the right of all natural persons of foreign origin to seek and receive refuge in the national territory, safeguarding their life, personal integrity, liberty, security and dignity.

[→Link](#)

4.3. Colombia

Colombia has been characterised by the outflow of its nationals and by high rates of forced internal and cross-border displacement. Observing the statistical panorama of immigration to Colombia over the last 200 years, Mejía (2020) describes the phenomenon as being of *low intensity*. For example, the average migration balance for 2006 - 2015 is of only 31,102 foreigners in the country. According to the IOM's Colombia Migration Profile (2013), in the 2005 Census 109,971 foreigners were registered in the country while the World Bank 2010 data registers only 100,297 foreigners, with a predominance of Venezuelan population (37,461), followed by the United States (15,141), Ecuador (11,437), Spain (5,327), Peru (4,054), Argentina (2,570), Mexico (2,294), Italy (2,256), Germany (1,897) and Brazil (1,878).

However, Colombia's profile as a destination and transit country has now changed. Between January 2012 and August 2016, 5,241 irregular entries were recorded, 78% of whom were of Cuban and Haitian origin, with their final destination being the United States (OAS-IOM, 2017, cited in OAS, 2017). The main countries of immigration, with a permanent migration category identified by Sicremi up to 2015, were Venezuela (9,901), the United States of America (7,752), China (4,874) and Spain (3,796).

However, Colombian Migration Authorities (2020b), in its report on the evolution of the crisis in the last five years, reveals an exponential growth of the Venezuelan phenomenon. In 2014, 23,573 Venezuelan citizens were registered as living in Colombia. In 2015, the borders were closed and 22,000 Colombians were expelled from Venezuela and, in the same year, there were already 31,471 Venezuelans living in Colombia. In 2016, there were 53,747 citizens living in the country, while in 2017 there were 403,702 (651% more than in 2016). In 2018, the number exceeded one million, with 1,174,743 Venezuelan citizens; in 2019, there were 1,771,237, and in 2020 there is a slight reduction in the number of Venezuelan persons intending to stay, closing the year with a total of 1,729,573.⁹ According to government figures, the number of Venezuelans in 2021 is 1,742,927. Colombia's top ten places in the country (Migración Colombia, 2020a) where the Venezuelan population is located are Bogotá (333,680), Norte de Santander (191,484), Atlántico (158,662), Antioquia (154,302), La Guajira (148,171), Santander (110,575), Cundinamarca (94,125), Valle del Cauca (88,414), Magdalena (86,848) and Bolívar (79,626). According to UNCHR's Protection Monitoring (2020c), 16% of Venezuelan migrants and refugees were denied entry into the country.

At the beginning of February 2021, the Colombian Government announced the creation of a Temporary Protection Status (ETP), as a complementary mechanism to the international refugee protection regime (Migración Colombia, ABC, 2021). Decree

⁹ Interagency Coordination Platform for Refugees and Migrants from Venezuela de Coordinación. Last updated 5 January 2021. See: <https://r4v.info/es/situations/platform/location/7512>

216 of March 1, 2021 established the ETP to grant Temporary Protection Permits (PPT) to migrants in Colombia, who entered the country regularly or those who entered irregularly before January 31, 2021. The ETP covers asylum-seekers who wish to withdraw their application for asylum, opting for this new status instead. It also covers Venezuelan nationals who enter the country regularly during the first two years of the ETP's validity. On April 28, 2021, Migration Colombia's resolution 0971 approved the regulation of the ETP, which authorises its holders to remain in the national territory under a special migratory status, and, while valid, to exercise any legal activity or occupation in the country, including employment.

According to the latest UNCHR report (2020a) on forced displacement, there were 189,454 refugees and persons in a refugee-like situation in Colombia in 2019; 75,550 asylum-seekers; 31 returned refugees; and 7,976,412 internally displaced persons of concern. The main cause of displacement was the armed conflict: "forced displacement has been caused mainly by the violent acts committed by armed groups against the civilian population, as a way of exercising control over territories and thus expanding their influence". (Duarte, C., Montoya, L., & Aliaga, F., 2020, p. 83).

According to Ibáñez and Moya (2007), in 2005, 997 municipalities in the country were affected—that is, 90% of the total—either by expulsion or reception of internally displaced Colombian nationals. However, the concentration occurred in just a few municipalities: 57% of the expulsion came from 78 municipalities and 44 were recipients. The expelling departments were Putumayo, Chocó, Cesar, Magdalena, Bolívar and Antioquia, while the receiving departments were Bogotá, Magdalena, Valle del Cauca, Sucre, Bolívar and Antioquia.

López (2020) points out that there is a methodological difficulty in measuring the return of Colombians from abroad, as many returns spontaneously, leaving no exact record. The Single Registry of Returnees was created in 2012 with the Return Law, so that by 2019 there were 20,000 registered returnees (Migración Colombia, 2019)¹⁰. Faced with the

Regulations on human mobility in Colombia

Law by which the National Migration System is created (Law 1465 of 2011)

The purpose of this law is to support the national government in the design and implementation of public policies, plans, programmes, projects and other actions aimed at strengthening the links between the state and Colombian communities abroad.

→[Link](#)

Venezuelan migrant strategy (Conpes 3950/2018)

This strategy is intended to attend to the migrant population from Venezuela in the medium term and to strengthen the institutional framework for their care.

→[Link](#)

Comprehensive Migration Policy (Conpes 3603/2009)

The central objective of the law is to guarantee sufficient, effective, and coordinated attention to all aspects of the development of the Colombian population abroad and foreigners residing in the country.

→[Link](#)

Return Law (Law 1565 of 2012)

The purpose of this law is to create customs, tax and financial incentives concerning the return of Colombians, and to provide comprehensive support to those Colombians who voluntarily wish to return to their country of origin.

→[Link](#)

Victims and Land Restitution Law (Law 1448 of 2011)

This law is intended to establish a set of judicial, administrative, social and economic, individual and collective measures for the benefit of the victims of a series of violations contemplated in the law. This is to be done within a framework

¹⁰ According to Migración Colombia, the number of Colombian returnees from Venezuela amounts to 500,000, clearly indicating that under-registration is significant. See: <https://www.cancilleria.gov.co/en/newsroom/news/haztevisible-llamado-cancilleria-visualizar-colombianos-han-retornado-exterior>

Regulations on human mobility in Colombia

of transitional justice, rendering possible the effective enjoyment of their rights to truth, justice and reparation with a guarantee of non-repetition.

[→Link](#)

Statute for the Determination of Refugee Status (Decree 1598 of 1995)

The statute establishes mechanisms to ensure the application of the 1951 Refugee Convention and its 1967 Protocol, in particular with regard to the recognition of refugee status.

[→Link](#)

Venezuelan crisis, Conpes document 3950 (DNP, 2018) estimated that returnees, classified as “persons with Colombian nationality or with the possibility of demonstrating the right to claim it” may have been over 300,000, according to World Bank estimates, based on information from the National Administrative Department of Statistics. (DANE).

4.4. Ecuador

Ecuador has been characterised as a country persons from Colombia, and it has the highest rates of population with recognised refugee status in Latin American (Moscoso & Burneo, 2014). The Government of Ecuador’s National Human Mobility Plan (2018a) indicates that, since 2000, the influx of Colombians has been driven by both the armed conflict and Ecuador’s dollarisation:

It is estimated that more than half a million Colombians live in Ecuador, a large number of them on a regular basis -approximately 200,000 persons-, with different migratory categories: Southern Common Market (Mercosur) visas (45,486), protection visas (18,663), humanitarian visas - international

protection (6,773) and also those who have been granted asylum (61,115). (Government of Ecuador, 2018a, p. 22).

Ninety-seven per cent of recognised refugees are Colombians. The Plan also indicates the presence of US citizens (4,048), Peruvians (2,199), Cubans (4,498), Chinese (4,021) and other nationalities, including the recent arrival of Venezuelan nationals.

According to Moscoso and Burneo (2014), Ecuador’s large cities such as Quito and Guayaquil, along with those that border with Colombia such as Ibarra, Esmeraldas, Tulcán and Lago Agrio, are said to receive Colombian refugees. Around 70% of refugees are located in urban areas, with a higher percentage in Quito.

According to official figures from the Ecuadorian government, UNCHR (2020a) indicates that by 2019, Ecuador had a total of 104,574 refugees and persons in refugee-like situations in Ecuador; 25,025 asylum-seekers; and 374,045 Venezuelan refugees and migrants. In relation to the Venezuelan crisis, according to Ramírez et al. (2019), a growth appears in 2016 and shoots up in 2017, increasing exponentially in 2018, reaching 954,217 persons entering the country, which leaves a migratory balance between 2015 and 2018 of 244,334. According to host government figures,¹¹ there are 443,705 refugees and migrants from Venezuela in the country.

According to the R4V Coordination Platform’s Border Monitoring, more than 11,000 entries into Ecuadorian territory were recorded in just four months (between September 2020 and January 2021). In turn, UNCHR’s Protection Monitoring from October to December 2020, based on a random probability sampling method, surveyed 383 households of persons of concern by telephone, representing a total of 1,563 persons within the family groups. The majority of the households include an average of four persons, with approximately 2% being older persons. Seventeen per cent of the persons within the households had a specific protection need, the most recurrent

¹¹ Interagency Coordination Platform for Refugees and Migrants from Venezuela. Last updated 16 April 2021. See: <https://r4v.info/es/situations/platform/location/7512>

Recognised refugees in Ecuador



97%
are Colombian

Around
70%
of refugees are located
in urban settings, with
the highest percentage
in Quito

443,705
refugees and migrants
from Venezuela

being: persons with critical or chronic medical conditions (6%), breastfeeding women (3%), single parent with underage children (3%) and persons with disabilities (2%).¹²

As for the Ecuadorian returnee population, according to Mena and Cruz (2017), based on the *VI Round of the Living Conditions Survey (ECV)*, conducted by the National Institute of Statistics and Census (INEC), between November 2013 and October 2014 the estimated number of returnees was 115,292 persons. In 2010, according to the same Census, 76,367 persons fell into the category of returnees in the five-year period between 2005 and 2010.

In terms of geographical distribution, the provinces of Guayas (29,394 persons) and Pichincha (26,206) account for the largest number of returned migrants, followed by El Oro (11,289), Azuay, Loja (Sierra Sur) and Tungurahua. By city, Guayaquil, with 2.4 million inhabitants, accounts for 21% of the total number of returned migrants in the country, followed by Quito, a city of 1.7 million inhabitants, with 13% of the sample, and far behind Machala (4%) and Cuenca (3%)” (Mena & Cruz, 2017, p. 283).

Regulations on human mobility in Ecuador

Organic Law on Human Mobility (2017)

This law is intended to regulate the exercise of rights, obligations, institutions and mechanisms related to persons in a situation of human mobility, including emigrants, immigrants, persons in transit, Ecuadorian returnees, persons in need of international protection, victims of human trafficking and smuggling of migrants and their families.

[→Link](#)

National Agenda for Equality in Human Mobility (2017-2021)

Designed to guarantee the fulfilment of rights, reduce inequality gaps and eradicate discrimination against persons on the move.

[→Link](#)

¹² See: <https://reliefweb.int/report/ecuador/informe-de-resultados-monitoreo-de-proteccion-en-ecuador-octubre-diciembre-2020>

Ecuador's Migration Policy (2007)

This policy targets Ecuadorian emigration, strengthening the protection and support policy for emigrants and their families.

[→Link](#)

4.5. Peru

According to INEI et al. (2013), in Peru, “until 2003, the number of foreign immigrants did not exceed 20,000, this figure doubled in 2007 to 40,446, and in 2012 the number of foreign immigrants in the country reached 89,320” (p. 62). The IOM (2015) identifies that, between 1994 and 2014, immigration reached 106,426 foreigners. Polo et al. (2018) estimate, based on data from ECLAC (2017) and the UN (2017), that the main foreign population groups in Peru as of 2015 were Argentina (11,354), the United States (9,853), Chile (7,182), Colombia (5,937), Bolivia (5,722), Spain (5,075), Brazil (4,859), China (4,086), Ecuador (3,990) and Japan (3,353).

According to UNCHR (2020a), based on government figures in 2019, Peru had 2,879 refugees and persons in refugee-like situations, and 487,078 asylum-seekers. Undoubtedly, the recent arrival with the greatest impact on the country is from Venezuela; according to host government figures,¹³ there would be 1,049,970 persons coming from that country.

Venezuelan refugees and migrants have been concentrated in eight coastal departments, mostly in Lima, which has received

at least 78% of the Venezuelan population (World Bank, 2019), “the remaining seven departments are the Constitutional Province of Callao (5.8%), La Libertad (3.9%), Arequipa (3%), Ica (1.6%), Piura (1.4%), Ancash (1.3%) and Lambayeque (1.2%). These departments, too, are home to 64% of the Peruvian population (while Lima is home to only 32%), according to data from the 2017 Census” (p.66). According to UNCHR’s Protection Monitoring (2020c), 12% of Venezuelan refugees and migrants were denied entry to the country.

Regulations on human mobility in Peru

Peruvian Migration Law (Legislative decree 1350 of 2017)

This law is designed to regulate the entry and exit of nationals and foreigners from the Peruvian territory ; foreigners’ stay and residence in the country, and the administrative migration procedure. It also regulates the issuance of travel documents for nationals and foreigners, as well as identity documents for foreigners.

[→Link](#)

Refugee Law (Law 27891 of 2002)

The purpose of this law is to regulate the entry, recognition and legal relations of the Peruvian State with refugees, in accordance with the international instruments to which Peru is a party and domestic laws on the matter.

[→Link](#)



¹³ Interagency Coordination Platform for Refugees and Migrants from Venezuela. Last updated 5 April 2021. See: <https://r4v.info/es/situations/platform/location/7416>



DEPORTES
FLORENCIA
LA RECREACION



Unidos por Florencia
Proyecto Social Comunitario de Todos

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An older couple from the Chami Ruru community in Colombia were forcibly displaced by the violence.

5. Characterisation of the older persons consulted

5.1. Sex

With a total of 725 surveys applied to older persons (Figure 1), in Honduras 82 surveys were administered to 28 women (34%) and 54 men (66%). In El Salvador, there were 146 surveys, applied to 61 women (42%) and 85 men (58%). In Colombia, a total of 160 older persons were surveyed, of which 91 were women (57%) and 69 men (43%). In Ecuador, the sample reached 187 older persons, with a total of 100 women (53%) and 87 men (47%). Finally, in Peru, 150 surveys were administered to 90 women (60%) and 60 men (40%).

5.2. Age

The highest age percentages are concentrated in the 60-69 age group (Figure 2 and Table 3), with a total of 545 persons and a percentage of 75% of the sample, followed by the 70-79 age group, with 151 older persons, equivalent to 21% of the total, and the 80 and older age group, with 29 persons, representing 4% of the sample.

Figure 1. Characterisation by sex

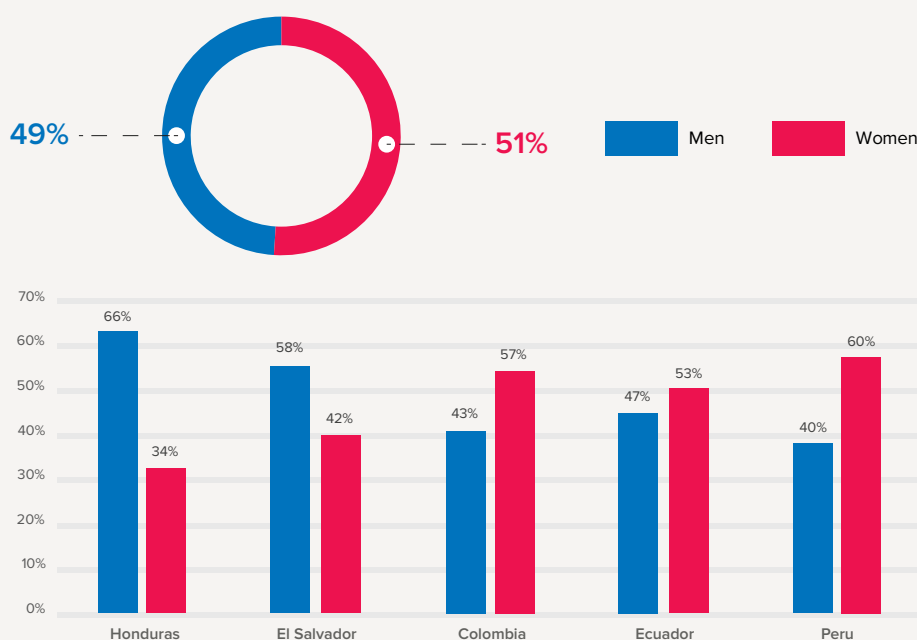
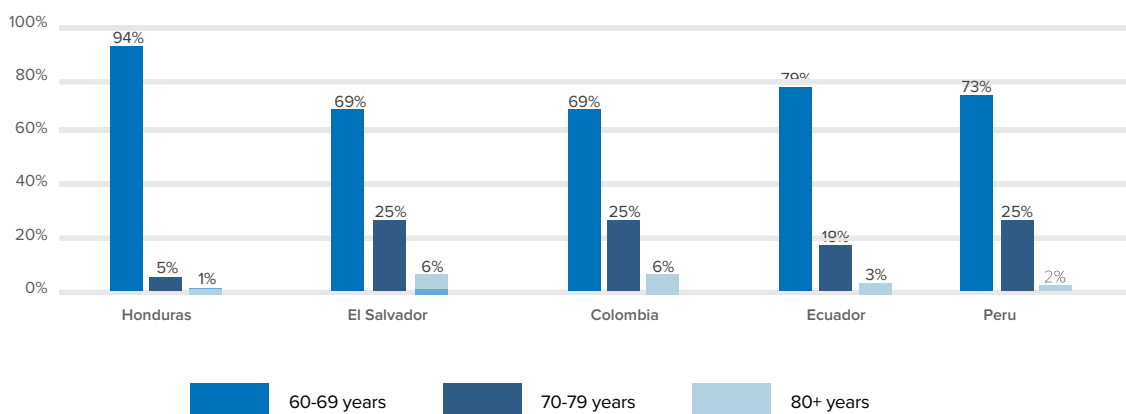


Table 3. Age disaggregation by number and percentages

Country	Number of persons	60-69 years	70-79 years	80+
Honduras	82 (11%)	77 (94%)	4 (5%)	1 (1%)
El Salvador	146 (20%)	100 (69%)	37 (25%)	9 (6%)
Colombia	160 (22%)	110 (69%)	40 (25%)	10 (6%)
Ecuador	187 (26%)	148 (79%)	33 (18%)	6 (3%)
Peru	150 (21%)	110 (73%)	37 (25%)	3 (2%)

Figure 2. Age and percentages


5.3. Human mobility flows

In terms of human mobility flows, 317 migrants were surveyed (Figure 3 and Table 4), representing 44% of the total sample. Of these, 177 were women and 140 men, the majority located in the Andean region, and only 12 in northern Central America. As for internally displaced persons, 173 persons were interviewed, of whom 91 were women and 82 men, equivalent to 24% of the sample, who were mostly distributed in the countries of northern Central America (67%). Refugees or asylum-seekers

totalled 110 persons, of whom 60 were women and 50 men, equivalent to 15% of the sample, located in the Andean region. With regard to the category of deportees, 96 persons were interviewed, of whom 28 were women and 68 men, equivalent to 13% of the sample, who are located only in the Central American countries. There were also 28 returnees, 14 women and 14 men, equivalent to 4% of the sample, located in Colombia. Finally, one of the interviewees was in a situation of pendular movement between Venezuela and Colombia.

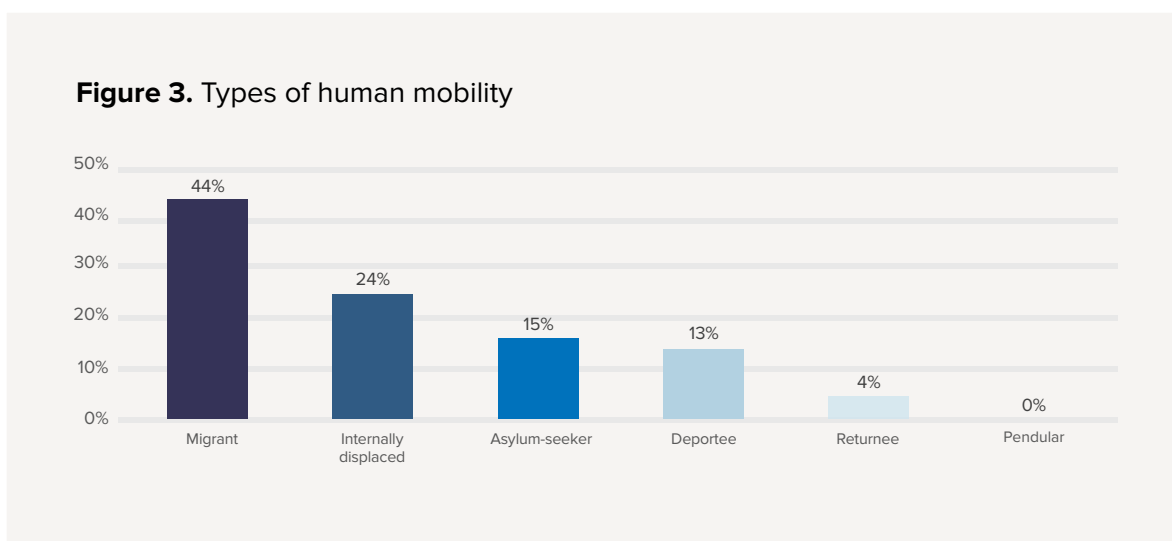


Table 4. Human mobility flows according to country, sex, and number

Country	Flow	Women	Men	Total*
Honduras	Internally displaced	3 (50%)	3 (50%)	6 (7%)
	Deportee	23 (33%)	47 (67%)	70 (86%)
	Migrant	0%	2(100%)	2 (2%)
	Refugee/asylum-seeker	2 (50%)	2 (50%)	4 (5%)
El Salvador	Internally displaced	52 (47%)	58 (53%)	110 (75%)
	Deportee	5 (19%)	21 (81%)	26 (18%)
	Migrant	4 (40%)	6 (60%)	10 (7%)
Colombia	Internally displaced	36 (63%)	21 (37%)	57 (35%)
	Migrant	29 (55%)	25 (45%)	54 (34%)
	Refugee/asylum-seeker	13 (62%)	8 (38%)	21 (13%)
	Returnee	13 (48%)	14 (52%)	27 (17%)
	Pendular	0%	1(100%)	1 (1%)
Ecuador	Migrant	89 (55%)	73 (45%)	162 (87%)
	Refugee/asylum-seeker	11 (45%)	14 (55%)	25 (13%)
Peru	Migrant	55 (62%)	34 (38%)	89 (59%)
	Refugee/asylum-seeker	34 (57%)	26 (43%)	60 (40%)
	Returnee	1(100%)	0%	1 (1%)

*As a proportion of the total number of surveys debugged per country.

5.4. Ethnic group

Of the respondents (Figure 4), 308 older persons (41%) do not recognise themselves as belonging to any ethnic group, 268 persons recognise themselves as mestizos (37%), 55 persons as indigenous (8%), 38 persons as Caucasian (5%), and 26 persons as Afro-descendants (4%). Twenty-six persons preferred not to answer (4%), and four persons said they belonged to another ethnic group (1%). Gender differences are not significant in the percentages.

5.5. Education

The survey results show (Figure 5) that a total of 307 persons have basic or primary education (42%); 191 persons have high school or secondary education (26%); 102 persons have an undergraduate degree (14%); 62 persons completed technical or technological education (9%); 33 persons have no education at all (5%), i.e., they did not finish basic or primary education, but can read and write; and 29 persons cannot read or write (4%). One person has a PhD. Gender

differences are not significant in the percentages.

5.6. Family composition

The majority of older persons (Figure 6) live with their relatives, representing a total of 594 persons (82%). Another 77 persons live alone (11%); 10 persons live with friends (1%); only 4 persons live in a shelter (1%) and 2 with other persons of their community or neighbourhood (0.25%); 38 older persons live with other persons, who are not necessarily family or friends (5%). Gender differences are not significant in the percentages.

5.7. Civil status

Of the total sample, 270 persons reported (Figure 7) to be married (37%) of which 96 were women and 174 men; 174 persons reported to be single (24%), 109 women and 65 men; 102 persons were widowed (14%), 79 women and 23 men; 92 persons were divorced (13%), 64 women and 28 men; 76 persons were in a consensual union (10%), 16 women and 60 men; finally, 11 persons reported a different civil status (2%).

Figure 4. Ethnic affiliation

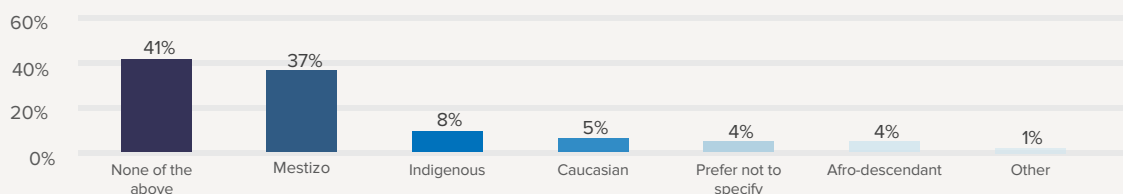


Figure 5. Level of education

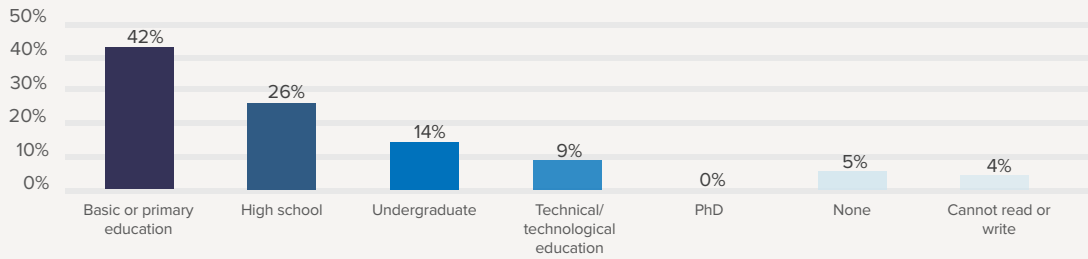


Figure 6. Persons they live with

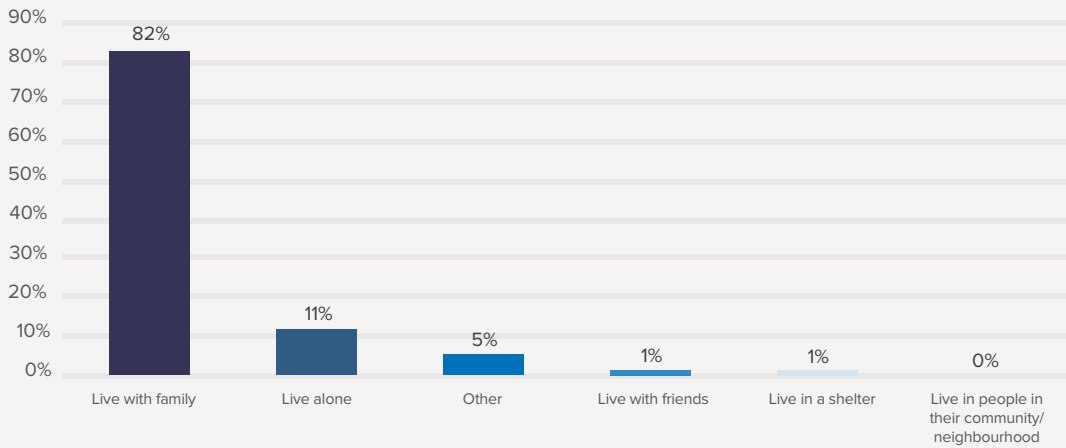
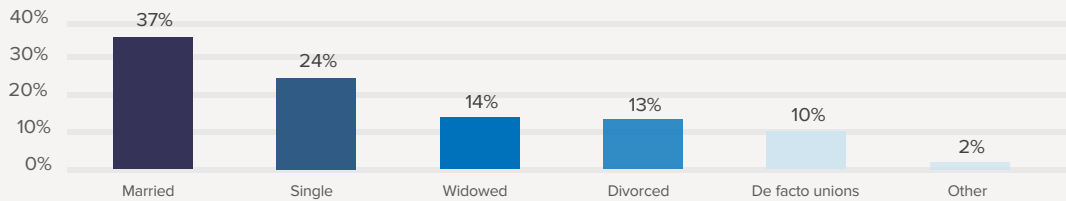


Figure 7. Types of civil status



5.8. Disability

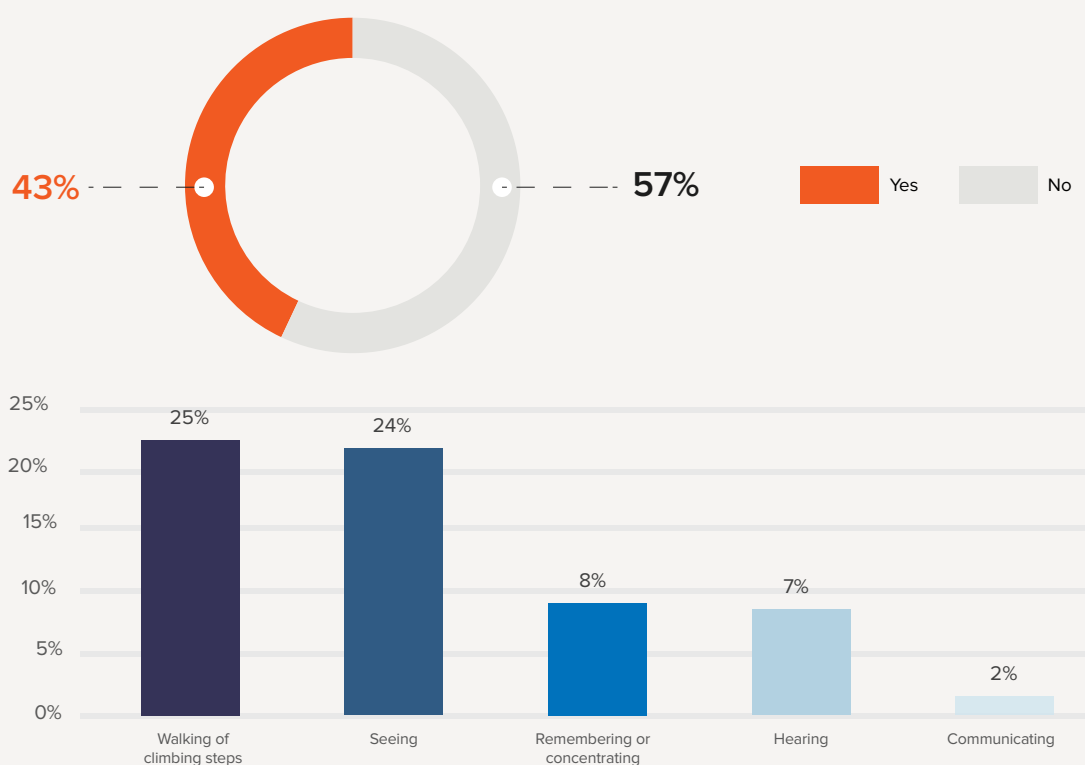
Of the total number of persons surveyed, 43% said they had some form of disability (Figure 8), of which 47% were women, and 40% men. In the countries of northern Central America, the recognition of disability reaches 48%, and in the Andean region, 41%.

However, in order to accurately identify the percentage of each type of disability, the data is disaggregated, depending on the “degree of difficulty” a person has to deal with, in relation

to the Washington Group Short Set scale, which indicates that a person would have a disability when they have great difficulty or cannot perform an activity (ECLAC, 2019b).

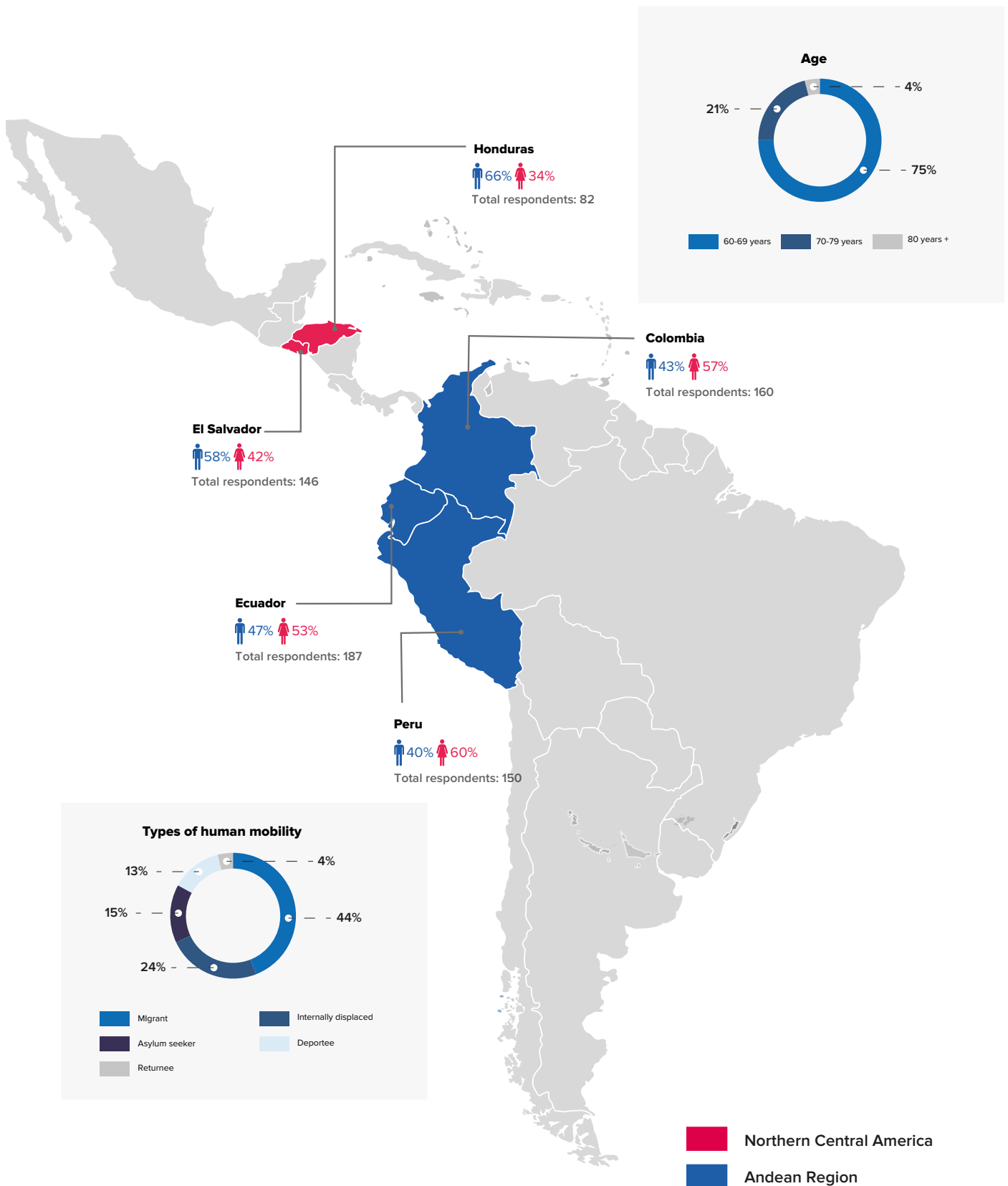
Thus, for each type of disability, in the total sample of the five countries, 25% reported physical disability, making it difficult to walk or climb stairs; 24% reported visual disability; 8% reported difficulty remembering or concentrating; 7% had hearing disability; and only 2% had impaired communication¹⁴.

Figure 8. Degrees of disability



¹⁴The total does not add up to 100%, because it is not the breakdown of the 43% of those who perceive or manifest some disability. The percentages shown in the bars represent those who have such a disability according to the Washington group, compared to the total sample.

Characterisation of the sample of surveyed older persons





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A community leader in Honduras helps to prevent violence and displacement in his community.

6. The main causes of human mobility

The three main causes of human mobility identified in the assessment¹⁵ for the countries of northern Central America are as follows: access to work or income opportunities (47%), with a notorious gender difference of 53% among men and 39% among women, which mainly affects deportees (70%); the need for protection from threats, violence or persecution (28%), this being the main cause for internally displaced persons (36%); and support for the family (25%), which mainly affects deportees (47%). These are the causes that affected 81% of the older persons on the move and his or her family members.

In the countries of the Andean region, the main cause is access to food (76%), which reaches 84% among the refugee and migrant population, with a gender difference of almost 10 points, with 71% in men and 80% in women. This is followed by access to health (73%), with a 12-point difference among persons with disability, reaching 80% compared to 68% of those without disability; there is also a marked difference between men (66%) and women (79%). The third cause is access to work or income opportunities (58%), with a nearly ten-point difference between men (63%) and women (54%), and also with a difference between persons with disability (52%) and those without (62%). These are the causes that affected 88% of the older persons on the move and his or her family members.

In Honduras, the main cause for human mobility is the need to access work or income (67%), which among the deportee population reaches 71%, with a marked gender difference, with 79% in men and 57% in women. This percentage reaches 90% in relation to persons with disabilities. Among internally displaced persons, the main cause is the need for protection from threats of violence or persecution (83%).

People have left their places of residence, both inside and outside the country, mainly because of the violence and insecurity that affect the country due to conflicts between gangs and illegal armed groups. Many families have been displaced from rural and urban areas due to threats, intimidation, extortion and kidnapping.

Older women tend to leave their territories in search of their loved ones who have disappeared on their way to other countries, while the main flows, tend to be of people fleeing in search of protection or are deportees returning to the country.

“For us, migration and internal displacement due to violence are two issues that are very similar, almost siblings, so to speak, related to the problems and causes that generate internal displacement or forced migration”. (Man, national public entity, Honduras, 2020).

Deportation or forced return is common among family members and older persons who have tried to cross the border, especially to the United States, and have been fined, imprisoned for a certain period of time, and then returned. The treatment for some is quite harsh, they are detained or deported in sad and unfortunate circumstances.

¹⁵ Respondents were able to select several causes simultaneously.

“My father was deported two years ago, in 2018, On February 17 this year he also had a stroke. We live in Tegucigalpa, in the capital, and when he was deported they sent him to San Pedro Sula, which is a four-hour trip from Tegucigalpa and they just took him out of the car when he got off the plane. They didn’t ask if he could get to where he lives, they just took him off the plane and left him there. He managed to come here to Tegucigalpa after they deported him from there, because he had hidden a 20-dollars bill, otherwise he wouldn’t have been able to return”. (Woman, carer and family member, Honduras, 2020).

The main causes of displacement in El Salvador include access to work or income opportunities (36%), which in the case of female deportees applies to 65%, making this the main cause of mobility. The need for protection from threats of violence or persecution (32%) is the second most important cause for internally displaced persons (34%).

It is important to note the fact that several of the older persons interviewed reported that they had been deported after having spent several decades in the United States. They had received notification that they would be deported from the country because of their irregular status, in some cases leaving their families and having to forcibly return to El Salvador¹⁶. In other cases, persons were detained at the US-Mexico border and forced to return because they did not have the required documentation to enter the country or because, according to the respondents, their papers were false.

“After so many years, one day I received a letter from the U.S. Immigration Department, asking me to leave the country in 7 days”. (Sixty-three-year-old man, older person on the move, El Salvador, 2020).

Those that had been displaced, confirm that they had to leave because of harassment or threats from gangs who blackmailed them into handing over money or threatened to recruit family members.

“We had to move to a different town because of the conflict, as it was very difficult to live where we were. The guerrillas wanted to make my father

join them, but my father said “no”, also because he has a visual disability”. (Sixty-one-year-old woman, older person on the move, El Salvador, 2020).

Among the causes of displacement identified by the older women in the North of Central America sample were, on the one hand, their condition as survivors of sexual violence, perpetrated both by criminal groups and by their own partners; on the other hand, threats to their children to join gangs, physical aggression by the criminal groups themselves or by members of the state security forces, as well as threats or extortion for receiving an income. In this sense, older women are forcibly displaced along with their families.

“Older persons in the family group tend to be the parents or grandparents of the persons who are directly affected”. (Focus group, intergovernmental organisation, El Salvador, 2020).

In Colombia, the root causes for human mobility are related to three fundamental aspects involved in the fulfilment of basic needs: health (82%), food (78%) and work or income (56%).

When analysing the mixed movements from Venezuela, an average of 89% of the persons surveyed stated that their main reasons for leaving were the difficulties they faced in accessing health and food. These are fundamental rights that cannot be satisfied given Venezuela’s current situation, which affects the economy, the normal functioning of institutions and public order and, therefore, the full enjoyment of rights, as reported by most of the older persons interviewed. Other important aspects include the family’s wellbeing, and the lack of access to work and income.

“The reason why I left the country is same as why many have left: I had no work as such, nor my own house in Venezuela; I had no way to feed her, because a fortnight’s work would only buy you enough to eat for one day, and it was not easy for me to feed my daughter and my father. He died last year”. (Woman carer and family member, Colombia, 2020).

“I left 45 years ago to go to Venezuela and came back because of the economic and social situation. I live with my daughter and grandson. I

¹⁶ In most interviews, the institutional actors and older persons interviewed refer to deportation as “return” or “forced return”.

was in Caracas, [in] a neighbourhood called La Bombilla. My daughter has been here for about three years now and, because of the situation [that] I am sick with diabetes, I have arthrosis, I have eyesight problems, my daughter decided that I should come here. At least here she can support us and provide for our health care and things like that". (Sixty-six-year-old woman, older person on the move, Colombia, 2020).

Ninety-five per cent of internally displaced persons in Colombia moved because they needed protection from threats, violence and persecution. The second reason is access to work and income opportunities (68%) and, third, access to health care (67%).

"It turns out that when the police came to eat, there were problems, because I was between a rock and a hard place. I sold food to the National Police, the army came. well, all sorts of different groups came. I took care of them as normal, as if nothing was happening. That's how I had to move in the end". (Sixty-five-year-old woman, older person on the move, Colombia, 2020).

In Ecuador, for persons coming from Venezuela, the need for food reached 90%, with a notorious gender difference, where women accounted for 88% and men, 72%. There was also a significant difference between persons with disabilities (87%), scoring more than ten points higher than those without disabilities (77%). In second place is access to health, with 76%, which shows a significant difference between men (66%) and women (86%), as well as persons with disabilities, which in this group becomes the main cause, with 87%, compared to those without disabilities, with 69%. In third place, supporting the family stands out with 56%. Important factors such as access to work and income opportunities, protection from threats, psychosocial support, documentation, housing and education are also important. These are fundamental rights that cannot be met due to the situation in Venezuela, which affects the economy, the normal functioning of institutions and public order. This, in turn, has repercussions on the full enjoyment of rights, as reported by most of the older persons interviewed.

"You couldn't work there, you couldn't live, because you couldn't find any medicine, you

couldn't find anything". (Man, carer and family member, Ecuador, 2020).

"Speaking of father, mother and three children, four children and even the grandfather come, because they have no quality of life; there is no food or access to health care in Venezuela. So, they decide to come and see what they can find in these countries", (Man, expert, Ecuador, 2020).

For 84% of refugees or asylum-seekers, mostly those from Colombia, the root cause is the need for protection from threats. A gender difference stands out, with 100% of men and 64% of women.

In Peru, mixed movements are characterised by the mobility of Venezuelan refugees, migrants or asylum-seekers who have left the country for Peru, crossing Colombia and Ecuador by bus or on foot, travelling a long way to reach the country.

In the case of older respondents from Venezuela, the main causes are access to work or income opportunities (70%), satisfaction of basic needs such as food (68%) and health (61%), and to support or family reunification; the need for protection from threats is also highlighted.

"My wife needed medication and treatment. She suffers from epilepsy and medicines were scarce there; she had already had two seizures. So, the medicines were not available and, if they were available, they were very expensive. In short, the situation was critical. Besides, business was difficult for us, so we decided to at least try to cope with things, at least to try and live a little better here in Lima". (Sixty-two-year-old man, older person on the move, Peru, 2020).

For 78% of men and 65% of women in mixed mobility, the main cause for moving is access to work or income opportunities. Access to food is the main cause for women, with 74%, and 60% for men.

In 89% of the cases, these reasons for mobility affected older persons together with their families, which means that family reunification constitutes another of the causes as a mechanism that enables them to adapt to the new conditions at the place of destination.

“The first wave of young Venezuelan migrants came, but as they settled in Lima and other parts of the country they saw the need to bring an older person to take care of their children, who were being born, who came with them; so, I think this is how older persons started coming to Peru.” (Woman, international network, Peru, 2020).

“One of the things we found is that many older persons arrived through reunification processes; they were not migrants from the first or second group; they were the persons who looked after the children, probably of the younger persons who migrated, and since 2018, older persons started to arrive, bringing their children or coming to regroup with their children”. (Woman, grassroots organisation, Peru, 2020).

Older person, victim of forced displacement in Colombia

He was displaced from his birthplace because of death threats from illegal armed groups. He lost his family to the armed conflict and had to flee and take refuge in another part of the country.

Although he has gone to great lengths to come to terms with the death of his loved ones and the uprooting as part of a process to protect his life, he has suffered moments of anguish and despair after going through such painful situations. This, in turn, has had a prolonged effect on his mental health.

“We were well off, not as wealthy persons, but we didn’t have to deal with financial hardships. We worked in the fields and we worked in the village. When we were forced to move, I was left with nothing at all”. (Sixty-nine-year-old man, internally displaced older person).

Many families in Colombia have had to go through this reality, leaving a whole life behind to start over and overcome the traumas that the internal armed conflict has left them with. This person was included in the Single Registry of Victims (RUV) as an active member, in order to receive some of the benefits granted by the national government, such as a food and financial aid.

However, the compensation was not enough, as it was only provided for a certain period of time, as stated by the older person:

“The government did collaborate, provided, helped victims a lot. I am not receiving any help as a member of the National Roundtable of Victims, representing the older adult victim in Colombia. On the closing day in Cartagena in 2015, the National Roundtable gave each one of us a resolution, a document in which they told us that they were going to give us reparations. I was in fourth place on that sheet, so I got nothing, and that is how it stayed. We are in 2020 and they have not resolved anything for me. The Victims Unit came, and they said no that this was not a resolution, when there is the number of the resolution, resolution 09. So, they didn’t give me anything”. (Sixty-nine-year-old man, internally displaced older person).

Of the victims of internal displacement in Colombia who participated in this assessment, 96% are included in the Single Registry of Victims, i.e., 55 persons; however, of the total number of persons, 46% have not received reparation measures.



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Colombian refugee has found safety in Ecuador.

7. Documentation

Older persons have the right to freedom of movement, to choose their residence, and to hold a nationality on an equal basis with other segments of the population, without discrimination on grounds of age. (IACPHROP, Art. 15).

7.1. Introducción

Many recommendations for the assistance provided to older persons start from a basic indication, a *sine qua non* condition based on ensuring that they have the necessary identification to access the goods, services (humanitarian and social), and care they require (HelpAge, 2016, 2019c). At the same time, the sources found indicate that, the main concern for those who have left Venezuela for other Latin American countries, is to have access to the processes and documentation that will allow them to legally settle in a destination country (R4V, 2021). In this same Refugee and Migrant Response Plan for refugees and migrants from Venezuela (RMRP), the Interagency Coordination Platform for Refugees and Migrants from Venezuela (R4V Platform), which involves the coordination of more than 150 actors in the region, estimates that at present, an average of 30%—with some countries such as Colombia reaching up to 60%— of 4.6 million Venezuelans in these human mobility flows around the continent are irregular either because they entered other countries without any entry procedures, or because their temporary or humanitarian permits and visas have expired and they have not been able to renew them given their costs or due to other reasons.

However, different sources indicate that this proportion could be different in the case of Colombia, Peru and Ecuador, as the International Bank for Reconstruction and Development/World Bank (2018) and Migración Colombia (2020b) reports estimate that approximately 40% of the flow from Venezuela does not have the necessary

documentation to regularize their presence in the country. UNCHR (2019) and IOM (2020) monitoring of the protection of the Venezuelan population flows indicated that by the end of 2019 and beginning of 2020, 35% of the cases monitored corresponded to people who entered Peru with only a Venezuelan identity card, and in Ecuador, 30% of them said they had entered irregularly. In particular, several of these reports state that, of the total number of refugees and migrants from Venezuela in these three countries, between 3% and 3.5% correspond to persons over 60 years of age. Furthermore, IOM's Global Migration Report (2020) estimates that for the first time in 2018, the number of detentions of irregular migrants from the northern Central America (Honduras, Guatemala and El Salvador) corridor exceeded the number of Mexican nationals attempting to cross the border with the United States.

UNCHR's Protection Monitoring (2020b) indicates that, as of 2016, 214,000 people had been deported from the United States and Mexico to the countries of northern Central America, with a total of 450,000 who had managed to cross the Mexican border. More recently, the last Comprehensive Regional Protection and Solutions Framework (MIRPS) report (MIRPS 2020) establishes that in Honduras, there are 247,090 people on the move corresponding to the flows of forced internal displacement, returnees, asylum-seekers, refugees or irregular migration. Of these, 85% are victims of forced internal displacement or at risk of being displaced; 12.7% are Honduran nationals who have returned to the country after deportation; 2.2% are irregular transitory migrants; and only 110 cases, less than 0.5%, are people who have formally applied for asylum in the country.

In the case of El Salvador, the same source (MIRPS, 2020) establishes that, by 2020, of a total of 71,599 people corresponding to the aforementioned human mobility flows, 98% are victims of forced internal displacement or at risk of being displaced. In general, the

different sources agree that these phenomena have been caused by a multiplicity of factors, among which are mainly the need to flee violence and persecution, extreme poverty and the lack of work or economic opportunities, reporting an increase in forced internal displacement of between 21% and 27%, depending on the case, in the countries of northern Central America (UNCHR, 2019). The sources consulted regarding human mobility flows in these northern Central American nations do not provide information on the proportion of older persons involved in these flows. In general terms, recent reports by the Pan American Health Organisation (PAHO, 2019) indicate that in Honduras 6.2% of the total population corresponds to older persons, while for El Salvador, the United Nations Population Fund (2019b) states that it corresponds to 11%.

Findings from other rapid needs assessments

In La Guajira, Colombia, many of the older persons surveyed were unaware of their migration status and had international protection needs. They also did not know whether they were asylum-seekers, refugees, returned migrants or in a situation of internal displacement. Approximately half of those who said they were Venezuelan (46%) said they had not applied for asylum. A third of the sample (34%) said this was because they did not know how to. Thirty per cent of older persons said that the ID they had did not give them access to humanitarian services, and seven per cent said they were unsure. These results may reflect a lack of available services or a lack of knowledge about what services respondents are entitled to (HelpAge, 2020c).

7.2. Results

Below is an analysis of the types of and access to documentation available to older persons in the different human mobility flows in the five countries, divided between the countries of northern Central America and the Andean region. The difficulties encountered in managing access, the lack of information on regularisation procedures and the conclusions are also presented, along with the most relevant gender differences and the main difficulties faced by persons with disabilities.

7.2.1. Types of documentation

Most people from the countries of northern Central America have identity cards from their own countries (Table 5), which should enable them to access different rights and services. In the case of internally displaced persons and deportees in Honduras, 96% have an identity card. A small percentage have passports and a few also have visas to be able to travel regularly to the US.

Honduras does not have adequate state protection coverage for asylum-seekers, given the shortcomings that hinder refugee status determination, with delays that can last up to a year.

In El Salvador, the majority of people have a National ID Card; however, 88% of internally displaced women state that they have been able to obtain their documents, compared to 97% of men. This may indicate that a percentage of women are still in need of identification documents.

It is particularly striking that in the Andean region (Table 6), almost a quarter (24%) of the refugee, migrant or asylum-seeker population has no documentation, and that this figure rises to 32% among persons with disabilities, compared to 18% among those without disabilities, revealing double vulnerability in this sector. There is also a gender difference in that women in these flows do not have any documentation in 27% of the cases, while for men, this happens in 19% of the cases. Despite the high percentage of persons in need of international protection in this region, the percentage

Table 5. Documentation in the countries of northern Central America

Country	Flow	National identity card (NIC) or citizen ID card	Other
Honduras	Displaced	100%	0%
	Deportee	91%	9%
El Salvador	Displaced	93%	7%
	Deportee	100%	0%

of those who have been recognised is very low, reaching only 9% of the total sample. Several Venezuelans, for various reasons, opt for other types of regularisation in host countries.

In Colombia, the percentage of those without documentation among older refugees, migrants or asylum-seekers is significant, reaching half of the population (47%). The gender difference is very high in these flows, with 50% of women having no documentation compared to 33% of men. In this country, only three of the people surveyed had been

recognised as refugees, all of them men. The percentage of the migrant population with a humanitarian permit is significant at 43%, which is double that of Ecuador; however, it is a permit of limited duration and there is no clarity on how to renew it.

“We had to cross the ‘trochas’ because, at that time, you couldn’t just walk across the bridge, you had to ‘stamp’. And I went over the border with my cousin; she crossed the bridge and got her passport stamped. In December 2018, they began to organise days on which you could go and get a border crossing card. I took the opportunity to get mine and my cousin’s, to have it just in case”. (Woman, carer and family member, Colombia, 2020).

In Ecuador, almost a third of the population in mixed movements have no documentation. The greatest gender difference is found in these flows, where 36% of women lack documentation compared to 23% of men. It is noteworthy that 40% of the refugees or asylum-seekers have a national document or citizen ID card; these are mostly men. However, there are still many Colombians who are de facto refugees and, despite the length of time they have been in Ecuador, have not been recognised as such. Some have no documentation at all, and therefore

Table 6. Documentation in the countries of the Andean region

Country	Flow	National identity card (NIC) or citizen ID card	Permanent residence	Temporary resident or tourist visa or permit	Refugee status	Asylum-seeker	Humanitarian permit	Has no document or permit	Other
Colombia	Internally displaced	100%	0%	0%	0%	0%	0%	0%	0%
	Migrant	4%	0%	2%	8%	6%	43%	37%	0%
	Refugee/asylum-seeker	0%	0%	0%	10%	14%	14%	57%	5%
	Returnee	96%	0%	0%	0%	0%	4%	0%	0%
Ecuador	Migrant	8%	1%	11%	1%	1%	19%	30%	29%
	Refugee	40%	0%	4%	4%	12%	0%	32%	8%
Peru	Migrant	2%	16%	42%	1%	3%	1%	9%	26%
	Refugee/asylum-seeker	2%	3%	20%	12%	35%	0%	3%	25%

remain invisible to protect themselves from the possibility of being re-victimised.

“I think that, in many spaces, they don’t appear no matter how many needs they have. They don’t want to be visible; some have even stopped applying for international protection”. (Woman, international organisation, Ecuador, 2020).

This means that refugees often try to keep a low profile in the host society, due to fear and mistrust of the institutions, where those applying for asylum are often re-victimised, owing to evidence that is sometimes difficult to recognise, delays, and lengthy processes that can go unanswered for a long time. In fact, of those surveyed who have applied for refugee status, 40% have had no response, a figure corresponding to half of the applicants in Peru and Ecuador (50%).

“We applied for the refugee application appointment and they gave us one for 2022”. (Sixty-seven-year-old woman, older person on the move, Peru, 2020).

In Ecuador, the government recently implemented a regularisation process; however, many people were left out as they were situated far away from the places where they had to register, or in other cases they were unable to apply for a humanitarian visa because they did not have the corresponding documentation; apostilles, for example, have to be obtained in Venezuela.

In Peru, where a visa is required to enter the country, a large percentage of migrants (42%) have a temporary or tourist visa. A high percentage also apply for asylum (35%), while 10% have permanent residence.

Among the refugee and migrant population in Peru, the main gender differences are that 52% of older women have had access to regularisation procedure, while 34% of men report having done so.

Importantly, the lack of documentation can generate a link to the informal economy and unemployment, as persons with no documentation cannot be formally hired, and they are

“They demand documentation from you, and what do they say? I don’t have any. So, what do they have to do? They have to make their way into the informal economy to be able to support their family and earn a living”. (Man, expert, Ecuador, 2020).

subject to a series of exclusions in terms of the enjoyment of rights.

7.2.2. Difficulties in documentation management

Twenty-seven per cent of the sample of older refugees and asylum-seekers have not accessed protection procedures, while 42% of those who have done so have not yet received a response. Women and older persons with disabilities in the sample seem to have even more difficulties in accessing regularisation procedures.

In Colombia, 75% of women say they have not accessed such procedures, compared to 25% of men; and 70% of persons with disabilities have not accessed, compared to 40% of those without. In Ecuador, the percentage of those who have not accessed is low; however, there is a low level of response to applications, whereby 70% of women compared to 29% of men have received a response. In Peru, 30% of women have not accessed regularisation procedures compared to 19% of men, and 28% of persons with disabilities have not accessed these procedures compared to 19% of those without.

In all the countries, there are older persons who are not able to regularise their documents as they cannot reach the corresponding offices due to the fact that they are alone, live far away from the offices or have no one to accompany them (11% of the total number of

people living alone). However, there are no priorities or special arrangements for older persons in the documentation procedures. For example, 67% of the older population indicate that they have difficulties in accessing and moving around on public transport, which is an additional difficulty for them in getting to the offices where they are supposed to do their paperwork. This situation has worsened during the pandemic.

Delays in responses and in processing documentation, tend to be costly and distressing for people.

“A person earns between 600 and 700 soles, pays 300 or 400 soles for rent and food, which means they cannot afford these procedures, so many Venezuelans have irregular migratory status, because they have to choose between processing paperwork, eating, or sending money to their family back in Venezuela. So, it’s a dilemma, [because] they prefer to send money to their families, eat, stay here and postpone the migration process”. (Woman, grassroots organisation, Peru, 2020).

7.2.3. Lack of information

The lack of information on the procedures required for regular stay in the host country is a problem that particularly affects older refugees and migrants in the Andean countries. Indeed, one third of the sample (32%) have not had access to migratory or refugee status determination processes.

Lack of information mainly affects older women in the sample. For example, in Colombia, 38% of women have not accessed regularisation procedures due to lack of information, compared to 29% of men. Of those who have not yet accessed regularisation procedures for the recognition of asylum status, it is women who have experienced a greater problem (30%), compared to men (19%). It is also worth noting that 19% have asked for help but have not received it. In Peru, 45% of men asked for help but did not receive it, compared to 24% of women.

Almost a third (30%) of the older returnees from Venezuela to Colombia, who were part of the sample, have not accessed administrative

recognition procedures as returnees due to lack of information.

What service providers report

→ It is important to mention that a high percentage of the service-providing organisations surveyed prior to COVID-19 did not restrict their services in the event that persons lacked documentation; 73% of the organisations did not require persons on the move to have a specific identity document, asylum application documents or migration status in order to benefit from the services provided by the organisation. In the case of internally displaced persons, the organisations indicated that they did not need to be included in a registry or have documentation of their status as forcibly displaced persons in order to receive services. There has been no significant change in this situation during the pandemic. Of the total number of organisations, 42% offered general legal aid services, 35% offered support in guaranteeing human rights, 21% provided legal assistance in asylum applications, and 27% offered legal assistance in other migration procedures.



Service providers did not restrict their services to undocumented individuals

Honduras Older person deported from the US

He left Honduras, where he was born, in search of better economic and life opportunities. He tells the story of his displacement journey. He had to spend some time in prison in the United States because of his irregular status when he tried to cross the border.

“When I crossed the line, I was caught by US immigration”; then they took me to jail. They gave me some papers in English, and I couldn’t understand anything, so I signed the deportation form there too, I signed it. Instead of giving me permission, they deported me”. (Sixty-five-year-old man, older person on the move, Honduras, 2020).

His journey of trying to enter the United States was quite gruelling; he recounts the following complexities:

“I got the bus from Tegucigalpa to Guatemala; from Guatemala [I took] another bus and went to the Guatemala-Mexico border. From there I had to enter Mexico and from there I

started to walk, or sometimes I would get on the train. The soles of my feet cracked open on the way because I walked day and night. Once I got to the immigration office, they helped me and gave me ointments, and I recovered, and so... it took me more than 2 or 3 months to get there, to the US border”. (Sixty-five-year-old man, older person on the move, Honduras, 2020).

According to Tran Drang (2019), an expert lawyer on deportation issues, every year more than half of the migrants working irregularly in the United States pay billions of dollars in federal and state taxes, as well as social security, and Medicare. However, these irregular workers are not eligible for many of the social benefit programmes that they themselves help fund, so they cannot be considered a tax burden. It is estimated that in 2010 irregular workers contributed approximately \$12 billion net to the US social security system through using false or fraudulent national insurance numbers.



Lack of information affects mainly older women causing problems such as:

- Non-regularization
- No access to procedures
- No assistance

7.3. Conclusions

- In the countries of northern Central America, the majority of older persons have identity documents from their country, as they have been internally displaced or deportees. However, it would be important to provide undocumented persons with identity cards.
- Obtaining documents is problematic due to the lack of a management approach that prioritises older persons on the move. In the Andean region, there are high percentages of undocumented older persons, mainly in mixed movements, with greater difficulties in terms of gender differences and disability, for which an inclusive and differential approach to documentation processes should be established.
- Most of the older persons who are refugees or asylum-seekers in the Andean region tend to be undocumented, with women being the most affected.
- Some older persons on the move are entitled to refugee status but they do not apply due to lack of information, fear or lack of trust in institutions. In terms of the sample, there is a low recognition level of recognition of refugee status in the Andean region.
- Permits to stay are temporary, providing only short or simplistic solutions to regularisation issues and they do not ensure the enjoyment of rights in the long term.
- It is essential to review the costs of regularisation procedures, which can be high for people with limited resources. Response times should also be reviewed, especially for asylum-seeker applications, as we have identified high percentages of people who have applied for asylum status but have not received a response.
- Misinformation about the regularisation procedures required to obtain the correct documentation for regular stay in the countries is high. This applies especially to older refugees and migrants and those in need of international protection.
- Irregularity can bring a series of risks and difficulties for older persons on the move in terms of the enjoyment of their rights.



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Venezuelan refugee relocated to a shelter after days of having nowhere to rest.

8. Humanitarian aid

Older persons must be guaranteed their safety and rights in humanitarian situations, with a differentiated approach, taking into account their specific needs, at all stages of crisis, conflict or disaster management, and their participation in all mechanisms for managing such situations must be encouraged (IACPHROP, Art. 29).

8.1. Introduction

World population aging is a growing global phenomenon (HelpAge, 2016). By 2020, just over 1 billion people will be 60 years or older (approximately 11% of the world's population) and it is estimated that this will be doubled by 2050 (HelpAge, 2018c). Meanwhile, there are 220 million people aged 50 years or older living in low- and middle-income countries (12.3% of the population of these nations); in more fragile development conditions, which are more susceptible to emergencies caused by armed conflict or violence, natural disasters and health crises; this number is projected to grow to 586 million, representing 19.2% of the population. Similarly, data from the Observatory on Ageing in Latin America and the Caribbean (Aranco et al., 2018) show that 11% of the region's population is aged 60 years or older. This proportion is lower than that of Europe, North America, East Asia and Oceania, which range from 24% to 16%, but population ageing is more rapid in Latin America and the Caribbean (LAC). The same source predicts that it will be 25% of its total population by 2050, increasing at even higher rates thereafter. In short, countries are ageing at a much faster rate.

On the other hand, various social research resources and available evaluations reflect how, in the context of a humanitarian crisis, the risk factors of vulnerability, greater needs and deprivation are exacerbated in the case of older persons (HelpAge, 2016). This is due to health conditions associated with old age such as hypertension, diabetes or disabilities, which can put pressure on treatment

and medication demands in circumstances of scarcity, or their particular nutritional requirements. Risks are also increased by other physical conditions such as limitations in personal mobility, diminished vision or hearing, reduced physical strength, or other conditions such as financial dependence on family members, lack of social protection and social security coverage (HelpAge, 2019a). Global data shows that more than 1.4 million older persons with disabilities have been affected by humanitarian crises and are the least likely to survive. Those who manage to escape or survive face the greatest barriers and limits in accessing information and services, and are the most psychologically affected by crises (HelpAge, 2018b).

However, one of the strongest constraints to the adequate inclusion of older persons in humanitarian care lies in the failures of the humanitarian sector to identify the specific needs of older persons and groups, and to understand the particular risks, the main vulnerabilities they face, but also their special capacities. Certain interventions render their particular conditions invisible, making them part of the whole; thus, while there are statements and efforts to include older persons, much of the humanitarian sector does not meet the standards it sets in this respect (HelpAge, 2020d). In this context, overcoming the limitations of information on older persons is a central challenge for humanitarian actors, so that they can effectively disaggregate information by age with a geographic or territorial angle, disaggregate the needs and vulnerability of older persons that have been affected, plan the intervention with adjusted figures and implement it based on an understanding of their specific situations (HelpAge, 2016).

In the case of the Refugee and Migrant Response Plan for Venezuela (R4V, 2021), the coordinated action of almost 160 humanitarian actors, based on the joint technical support of include Colombian pendular populations and returnees, who will be assisted through 14 differentiated types of services. Among these, priority is given to health care (1.8 million people targeted), food security (1.68

million people targeted), protection (1.29 million beneficiaries), basic sanitation (1.1 million beneficiaries), integration (656,000 beneficiaries), education (574,000 people targeted), and shelter and housing (483,000 people targeted). However, this planning instrument does not include the tools that would allow for a characterisation of the older persons to be included in the services, the differential identification of their needs or the adoption of international standards that would facilitate their prioritisation and attention.

The *Third Annual Report of the Comprehensive Regional Protection and Solutions Framework* (MIRPS, 2020), prepared with the support of the UNCHR Technical Secretariat and the OAS, establishes the number of people on the move for the four countries of northern Central America (El Salvador, Honduras, Guatemala and Nicaragua) at 528,871. The report addresses the main achievements and challenges in the areas of protection, employment and livelihoods and social inclusion. For Honduras, it prioritises the objective of ensuring a harmonised approach to the provision of humanitarian assistance, which has been quantified and targets approximately 63,484 asylum-seekers, refugees, internally displaced persons, and Honduran returnees and migrants in an irregular situation and in transit through the territory, carried out in coordination with the Secretariat for Human Rights, the Ministry of Foreign Affairs and the National Institute of Migration, with technical support from UNCHR (MIRPS, 2020).

For El Salvador, priority is given to strengthening the technical and operational capacity of the education system, access to medical and psychosocial health services for victims of forced internal displacement or at risk of violence, and the promotion of employment and livelihood initiatives for 400 victims of forced displacement. In its country analysis, the technical document does not present a structure or information that allows for the differential identification of beneficiary older persons or their needs, conditions of vulnerability or differential capacities. This is also the case for UNCHR's protection monitoring (2020b) for northern Central America, or the monthly report of the Americas for the month of September 2019.

A recent global study, involving approximately 9,000 older persons in eleven countries around the world, revealed a gap in the humanitarian response to their needs. More than half of the sample (77%) had never been consulted by any humanitarian actor (HelpAge, 2020d).

Recent assessments in the region have exposed the situation of older persons, highlighted their needs, and provided some recommendations for those providing humanitarian response to older persons. The average number of older persons who have participated and have not been consulted by humanitarian actors is similarly high (90%).

8.2. Results

Below is an analysis of the types of humanitarian aid received by older persons in the different human mobility flows in the five countries, divided between the countries of northern Central America and the Andean region based on the information provided by the participants. The analysis includes aid deficits, examples of inter-institutional cooperation and conclusions, and it also mentions the most relevant gender differences and the main difficulties faced by persons with disabilities.

8.2.1. Types of humanitarian aid

In the flows identified in Table 7 based on the surveys conducted, older participants in the northern Central American countries report having received 36% of humanitarian aid compared to 49% in the Andean region.

The main gender difference in humanitarian aid is in the group of refugees or asylum-seekers in the different countries, where older men received 60% of humanitarian aid compared to 40% of older women. The difference between older persons with disabilities who have received aid is 8% less than those without disabilities.

Internally displaced persons in the countries of northern Central America received 54% of aid compared to 82% in the case of internally displaced persons in Colombia, with no noticeable gender- or disability-based differences.

Findings from other rapid needs assessments

1. In Venezuela, it was found that most of the older persons interviewed have no access to medicines (75%), no access to health services (30%), suffer from non-communicable diseases (79%), almost all of them live alone (46%) and have a disability. Nearly none of them have been consulted by a humanitarian agency (97%) (HelpAge, 2019b).

2. In La Guajira, Colombia, it was found that more than half of older refugees, migrants or asylum-seekers do not have access to safe drinking water (80%), sanitation (71%), bathing or hand-washing facilities (84%), and most have not been consulted by humanitarian actors (75%) (HelpAge, 2020c). In Haiti, the older persons interviewed reported knowledge of covid-19 and basic care to avoid infection. However, more than half (56%) explained that they could not afford biosecurity items to protect themselves, such as masks, antibacterial products, soap, and others. Disability is high among the older persons interviewed (78%), as is the prevalence of illness (91%). Only 1% of the sample has received humanitarian aid (HelpAge and CWS, 2020).

In the case of mixed movements in the Andean region, 45% of the evaluated population has received humanitarian aid. Older returnees with disabilities in Colombia are those who have apparently received the lowest percentage of humanitarian aid (18%) compared to those who do not have disabilities (31%).

In all countries, aid has been concentrated on food and toiletries, in first place, with 48% in the countries of northern Central America and 52% in the countries of the Andean region. Subsidies, financial support or cash transfers are in second place, with 35% in the countries of northern Central America, and 45% in the countries of the Andean region.

8.2.2. Humanitarian aid deficit

Low percentages of support are observed in the other domains, averaging around 10%. Psychosocial support or guidance is recorded with higher percentages in the countries of northern Central America, reaching almost a third of the sample (27%). In Honduras, the weighting is only 2% for deportees. In the countries of the Andean region, the figures are very low or with a large gap, e.g., in Colombia in mixed movements, which is consistent with the great need for psychosocial care expressed by older persons in the interviews held as part of this assessment.

In the countries of northern Central America, access to psychological services is very important in the face of trauma in contexts of forced internal displacement as a result of armed conflict and generalised violence¹⁷, as well as for deportees and relatives of missing persons. In Honduras there is a high proportion of older persons on the move due to high rates of poverty, forced internal displacement, insecurity, and violation of rights. Collaboration, support, and assistance are also required in the relocation of older persons and their families, when intimidation, threats, and the impossibility of living in a certain space become more severe. In El Salvador, returning is identified as a difficult process due to the frustrations generated by having to leave behind a life project and the non-fulfilment of the goals set.

“We serve all kinds of populations, including older persons who are at risk of internal displacement or who have been displaced by gangs”. (Man, national public entity, Honduras, 2020).

For some flows, there are limitations in legal aid, as is the case of deportees in Honduras, displaced persons in El Salvador, and refugees and migrants in Ecuador. This poses an urgent need for support, especially for people who do not have documentation or who must apply for state benefits. Colombia is one of the

¹⁷ The needs identified in El Salvador include the prioritised recovery of the historical memory of the people who were victims of the internal armed conflict, with a gender focus.

Table 7. Receiving humanitarian aid and type of aid

Country	Flow	Has received humanitarian aid	Food and toiletries	Subsidies, financial support or cash transfers	Psychosocial support or guidance	Legal aid	Health care services	Housing or accommodation
Honduras	Internally displaced	83%	80%	80%	40%	20%	40%	80%
	Deportee	11%	29%	14%	2%	3%	0%	0%
El Salvador	Internally displaced	25%	33%	30%	19%	0%	19%	15%
	Deportee	23%	50%	17%	50%	17%	0%	0%
Colombia	Internally displaced	82%	32%	87%	11%	2%	15%	0%
	Migrant	34%	61%	11%	0%	17%	11%	0%
	Refugee/asylum-seeker	20%	75%	25%	0%	50%	0%	0%
	Returnee	26%	57%	57%	0%	14%	0%	0%
Ecuador	Migrant	71%	36%	36%	0%	0%	8%	0%
	Refugee/asylum-seeker	63%	80%	53%	7%	13%	13%	7%
Peru	Migrant	45%	25%	44%	3%	6%	13%	0%
	Refugee/asylum-seeker	52%	29%	64%	4%	7%	21%	14%

countries where the percentage of legal aid is significant, as it reaches 50% of the refugee or asylum-seeker population, making it the country with the highest coverage requirement.

“It is not the same to deal with someone on the move because of forced displacement as it is to assist a returnee, a deportee, in the process of reinsertion and integration into society”. (Man, local authority, El Salvador, 2020).

In Honduras, persons in transit to Guatemala receive support especially in terms of care, legal services and livelihoods.

In contrast, the lack of access to health services in the northern Central American countries, as well as in Colombia, is of concern. In general, in the rest of the population groups on the move, access remains very low. In terms of housing, people on the move in the five countries in the study receive assistance. For example, in Peru, advice is provided in cases of eviction. However, a number of respondents reported difficulties in maintaining their rent payments, with 61% of all respondents living in rented accommodation.

Support provided with work or entrepreneurship for older refugees or asylum-seekers is

only recorded in Ecuador (20%). It is important to note that only 3% of the older respondents work in family businesses or with other people. Emergency transportation assistance for displaced persons is only provided in Honduras (60%) and El Salvador (4%).

The assistance provided by the organisations interviewed in the countries of the Andean region includes rent payments, clothing, information and guidance on services and rights, health support, plans for locating relatives of older persons who arrive alone. Very few organisations have also provided basic education for older persons. In emergency care, there is evidence of multi-purpose assistance through cash transfers.

At psychosocial level, some providers offer emotional support. Cases of gender-based violence have been identified that require follow-up and attention. Another case that requires greater psychosocial support, legal guidance and follow-up is that of older women in Honduras, whose children disappeared during their journey to the United States, as they travel the same routes in their search, exposed to the risks and needs faced by their missing children.

8.2.3 Interinstitutional cooperation initiatives

At the level of humanitarian aid, there are regional coordination mechanisms such as the Regional InterAgency Coordination Platform for Refugees and Migrants from Venezuela (R4V), which leads and coordinates responses to refugees and migrants. This interagency coordination structure is replicated at country level with national platforms. The Interagency Group on Mixed Migration Flows (GIFMM) for Colombia, and the Refugee and Migrant Working Groups (GTRM) in Ecuador and Peru, are three examples of national platforms bringing together the United Nations system, humanitarian aid and international cooperation organisations, international and local NGOs, civil society, and the government. The different countries also recognise alliances between civil society and churches; the support of universities, especially in the legal field; campaigns promoted by associations of volunteers on the move, as well as the contribution of private companies and individuals.

In other cases, such as in El Salvador, an inter-sectoral roundtable for dialogue and information is being developed to deal with issues of persons on the move—including families arriving and leaving with older persons—and to analyse the conditions of vulnerability in the

enjoyment of rights, extreme poverty and unsatisfied needs in general. Progress is being made in El Salvador in the creation of the Law on Forced Internal Displacement and a protocol for the care of displaced persons, in which there are actors from the international community supporting the process. This demonstrates that it is possible to carry out cooperative actions with a direct effect on public policy.

Although there are organisations that work with a model of inclusion giving priority to the different vulnerable groups on the move, as well as in a direct relationship with the communities, it is recognised as a common element in the five countries that the support is still insufficient and there is no system of assistance with a priority focus on older persons on the move.

“The service is intended for all persons on the move, i.e., migrants, refugees, victims of trafficking and smuggling, returnees. This is part of recognising people on the move and all of them are offered a service. There is no discrimination based on age or origin that I know of”. (Woman, national public entity, Ecuador, 2020).

It is important to consider the humanitarian aid actors (Table 8), among which international humanitarian organisations are in first place,

Table 8. Entities providing humanitarian aid

Country	Flow	Humanitarian/ international organisations	A government entity	Local, civil society or religious organisation	Other
Honduras	Internally displaced	80%	0%	20%	0%
	organisations	0%	57%	0%	43%
El Salvador	Internally displaced	41%	37%	15%	7%
	Deportee	33%	0%	67%	0%
Colombia	Internally displaced	6%	91%	0%	2%
	Migrant	39%	17%	44%	0%
	Refugee/asylum-seeker	100%	0%	0%	0%
	Returnee	43%	43%	0%	14%
Ecuador	Migrant	76%	9%	2%	11%
	Refugee/asylum-seeker	80%	14%	0%	7%
Peru	Migrant	53%	9%	31%	6%
	Refugee/asylum-seeker	32%	7%	21%	39%

with an average of 49%, followed by government entities, with 24%, and in third place local organisations, with 17%. Other support also relates to associations or organisations that function as support networks; family; friends; neighbours; churches; and, in some cases, embassies or consulates.

Both international and local humanitarian organisations appear to provide a high level of support in the mixed movements of the three countries in the Andean region. In Colombia and Peru, local organisations also stand out for their support to the refugee and migrant population. In Colombia, there is evident government support for the displaced population and returnees.

In Honduras, there is support for the displaced population from international and local organisations; however, the people interviewed do not receive help from the government, which is the opposite of the case for deportees, 57% of whom report having done so. In El Salvador, the only group of older persons who do not report having received government support are deportees.

“I have not received anything from any organisation, nor have they paid me a visit or interviewed me to me help in some way. I am in God’s and my family’s hands. Look, more than anything else I would say that what the current governments have

done is to marginalise the people and so, yes, we have been excluded from any benefit that might help us”. (Seventy-two-year-old man, older person on the move, Honduras, 2020).

Data collected confirms the need for greater involvement by governments and humanitarian actors with regard to older persons on the move.

What service providers report

→ Of the 62 service provider organisations surveyed prior to COVID-19, a total of 21 organisations (34%) report that all of the older persons on the move they serve have received humanitarian aid; 23 organisations (37%) report that the majority of persons have received aid; 10 (16%) report that a smaller proportion of persons have received aid; and 8 (13%) report that they have not received aid.

Colombia

Fundación Casa del Abuelo

Born on 3 October 1989, in Riohacha, La Guajira, northern Colombia, this was the life project of a social worker and her family, with the idea of supporting and helping older persons in this area of the country. They have been at the service of those in need of their assistance for 33 years -people who have been abandoned by family members and who are sheltered there. This is a community-based effort. Initially, Fundación Casa del Abuelo was seen as a place for recreation and entertainment for older persons passing through. But over time and given the extreme needs in the territory, it was transformed to provide 24/7 assistance.

Maintaining this type of space, dedicated to the older population, has been difficult due to the limited resources available. The foundation currently survives with donations from people who decide to help and support, from the Christian church, and from projects involving public or private entities.

“People never thought about retiring or anything like that; they only thought about living, about being happy, about raising children, about being professionals, about building a country. And so many grew old without having social security, without having a pension. I would like to see compliance with the law for older people, for us to get what we need to live in peace, to die happy, with a decent quality of life, so that when it’s our turn to leave, we can go happy”. (Foundation for older persons, Colombia, 2020).

8.3. Conclusions

- The need to include mental health care in humanitarian aid is identified in all human mobility flows involving older persons, as it is the second most prevalent health condition identified in the sample.
- Legal aid is a priority for undocumented persons, as the lack of documentation does not allow them to effectively enjoy their rights. More than a fifth of the population in mixed movements has no documentation.
- Health support is a priority for older persons considering that 40% of older persons in all countries have not received treatment for various health conditions.
- Housing or accommodation support percentages are limited in most countries in view of current needs. This increases the need to improve support in this sector, given the impacts and risks that evictions can cause.
- An important aspect, which is practically non-existent, is support for work or entrepreneurship, which contrasts with the low percentage (7% overall) of those who have received training to access livelihoods.
- Inter-institutional collaboration and the contribution of international cooperation are fundamental to promote public policy proposals.
- There is a recognised lack of aid system with a prioritised approach on older persons on the move.
- Older refugees and asylum-seekers have greater difficulties in accessing humanitarian aid in the Andean countries, especially older women. In the northern Central American countries, older persons who are deportees are the least assisted.
- It was identified that persons on the move were found to have a degree of self-management and organisation that demonstrates their capacity for resilience, a resource that is not being used of when designing and planning humanitarian responses.



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Man with a physical disability gets therapy in Colombia.

9. Health and care

Older persons have the right to physical and mental health, without discrimination of any kind (IACPHROP, Art. 19). Older persons have the right to a comprehensive system of long-term care that provides for the promotion and protection of their basic needs (IACPHROP, Art. 12).

9.1. Introduction

Demographic indicators from the State of World Population (United Nations Population Fund [UNFPA], 2020) point to an increase in the average life expectancy of the world's population to 73 years. According to the World Health Organisation's Healthy Ageing Plan 2020-2030 (World Health Organisation [WHO], 2020), this expectation will increase to 82 years in the next decade, which affirms that, overall, people are living longer and, therefore, have to plan, face and adapt to the opportunities, challenges and changes that this phenomenon implies.

Five years ago, the WHO formulated a comprehensive plan for ageing and health (WHO, 2015) that begins with recognising the multiple factors that influence ageing: genetic, social, economic, and environmental, as well as individual characteristics. It also indicates how general health conditions in ageing include hearing loss, refractive errors and cataracts, back and neck pain, osteoarthritis, chronic obstructive pulmonary diseases, diabetes, depression, dementia, and other complex health conditions associated with other problems such as ulcers, falls, and incontinence.

Simultaneously, since 2013, global reports and plans have been highlighting the urgency of ensuring universal coverage of health services (WHO, 2013), but they also identify challenges to the inclusion of older persons in health services, the main ones being the correction of inequities in access and overcoming cultural stereotypes about ageing (WHO, 2013). In

view of the commitment to include older persons, this strategy recommends key actions that involve, among others, targeted investment according to the understanding of the conditions of older persons, the development of environments and services that are age-friendly, the direct provision of person-to-person services, the planning of attention and care in a long-term perspective, with the participation of older persons, and the improvement of information systems, as well as monitoring and measurement systems to make their reality visible and understandable (WHO, 2015).

In the face of the global ageing trend, the epidemiological transition and low government investment in the health sector, the World Assembly recently declared the 2021-2030 period as the Decade of Healthy Ageing. This is expected to be a sustainable, coordinated, and catalytic collaboration of governments, the international community, civil society, the private sector, families and communities to improve people's lives, with older persons expected to be at the centre of the strategy.

However, the available data contrasts with the purposes stated above for access to health services and care for older persons in low- and middle-income nations or humanitarian crises. In terms of global data, HelpAge recently conducted a comprehensive study of older person needs analyses (RNAs) conducted between December 2019 and December 2020 in 11 countries around the world, with humanitarian interventions triggered by armed conflict, environmental disasters, political and economic crises, in Africa, Asia and South America (HelpAge, 2020d), which compiles over 9,000 interviews with older persons conducted with this particular methodology.

In terms of access, almost 27% of respondents reported having no access to health services at all, and 98% reported having

at least one health condition or disability. In terms of barriers to access, 39% reported that they were unable to get to health care or medicine distribution points alone; 28% reported that they couldn't get around without a walking stick or other assistive technology devices, and 25% reported the need to use glasses for proper vision (HelpAge, 2020d). HelpAge's Global Ageing Observatory report (2020) noted additional risks for older persons in terms of the right to health, such as affordability due to their inability to cover the fees or poor quality services, while its data analysis established that there are very few care options other than those that can be provided by older persons' family members, which often carry risks of physical and emotional abuse.

There are even more concerning findings that reveal that 64% of older persons interviewed reported not having enough food to eat; 69% reported not having access to sanitation facilities; 36% reported facing risks of isolation and social exclusion, while 77% reported having no income (HelpAge, 2020d). In this context, the most common illnesses reported were joint pain, hypertension, cardiorespiratory conditions, gastrointestinal conditions, diabetes, mental health conditions, serious injuries and cancer, while the most common disabilities reported were difficulty climbing stairs, poor eyesight, difficulty getting out of the house, problems remembering or concentrating, as well as difficulties with hearing, self-care and communication.

Concerning the figures and analysis used to design humanitarian assistance plans to guarantee the right to health, in terms of the responses provided to Venezuelan refugees and migrants in Latin America and the Caribbean, the RMRP 2021 plans the allocation of US\$213 million by 74 actors coordinated between governments, international agencies and humanitarian actors, for the health needs of the 1.8 million targeted population, 34.8% of those who require access. Except for one case in Colombia (UARIV, 2014), in the review of secondary sources, we found no evidence in the region of the availability of disaggregated data and planning that includes a specific differential approach for older persons on the move,

used to support the design and implementation of public policies and programmes.

In the case of refugees, asylum-seekers, returnees, migrants, or victims of forced internal displacement in the countries of northern Central America, the MIRPS joint mechanism establishes its work based on the coordination of national chapters. In the case of Honduras, the 2019 Annual Report (MIRPS, 2019b) establishes four axes and three key indicators in its national plan, related to institutional strengthening for protection, the construction of support routes and skills building for the actors involved, while the report for the following year (MIRPS, 2020) indicates the development of induction sessions for health personnel on the use and implementation of the *Practical Guide for the Application of Differentiated Assistance Criteria with a Psychosocial Approach for Internally Displaced Persons*.

With the government of El Salvador joining the MIRPS mechanism in July 2019, consultations were held to prioritise key actions. Although there is no reference to health services for internally displaced persons and deportees with protection needs, several approaches are included, among which the priority updating of protocols and care routes for older persons and persons with disabilities, as well as their inclusion in the single migration register. The 2020 report indicates the consolidation of a national plan with 49 prioritised actions that fall under three strategic objectives, one of which is aimed at "Strengthening the Health System to provide better medical and psychosocial services to forcibly displaced persons in El Salvador" (MIRPS, 2020, pp. 26 and 68). However, we found no evidence in sources documenting the health care pathways or standards that these have been implemented differentially for older persons on the move indicated above.

9.2. Results

Below is an analysis of access to health and care for older persons in the different human mobility flows in the five countries, divided between the countries of northern Central America and the Andean region. The analysis includes health conditions before the

pandemic, mental health as a priority, accessibility to health services, the need for care, limitations during the pandemic and, finally, the conclusions. It also mentions the most relevant gender differences and the main difficulties faced by persons with disabilities.

9.2.1. Health conditions before the pandemic

In all the countries included in the assessment, older persons on the move are affected by health problems, which require attention and availability of resources for treatment, as well as people to help them to get to the medical centres.

The top three health problems reported in the sample, considering the flows shown in Table 9, are hypertension, with 42% of the total; mental health problems, with 34%; and gastrointestinal problems, with 21%. These are followed by heart problems (16%), diabetes

(15%), respiratory problems (14%) and cancer (4%). Overall, respondents reported other diseases affecting their skeletal, rheumatic, circulatory, and nervous systems, oral problems, obesity, prostatic hyperplasia, and thyroid conditions.

“We have found that older persons are more vulnerable due to their situation and have a range of accumulated illnesses that need urgent treatment”. (Man, local authority, El Salvador, 2020).

The biggest difference is found in the average number of people with mental health problems in the countries of northern Central America, with 47%, compared to 22% in the countries of the Andean region, reaching half of the older persons in a situation of internal displacement in Honduras and El Salvador, as well as 62% of the deportees in the latter country. In the Andean region, a high percentage (43%) of older persons are refugees and migrants in Ecuador.

Findings from other rapid needs assessments

1. In Venezuela, 75% of older persons report that health services do not have medicines available; 30% do not have access to health services, while 64% say that health services are too expensive. Seventy-nine per cent of respondents have one or more non-communicable diseases and 63% must take medicines, but affordability and availability become barriers (HelpAge, 2019b).

2. In La Guajira, 53% of older persons have one or more health conditions. Women are more likely than men to suffer from hypertension and gastrointestinal problems, while more older men have heart problems than older women. At least 34% of the above-mentioned older persons do not have access to health services and 35% do not feel safe in accessing these services. Twenty-nine per cent of those taking medication only have enough medication for one week (HelpAge, 2020c).

3. Ninety-eight per cent of people interviewed in Haiti do not know where the nearest facility that tests or treats people for COVID-19 is located. Seventy-three per cent of older persons have difficulty accessing health services, while 54% have not been able to access medicines since the COVID-19 outbreak (HelpAge and CWS, 2020).

Older women show higher rates than men in the prevalence of diseases such as hypertension, mental health, gastrointestinal diseases, heart problems and cancer. Diabetes appears to affect older men and women equally. Persons with disability show an eight-point higher trend in mental health problems.

Forty-two per cent of older persons in all countries have not received treatment for different health conditions, with a slight difference in lack of access to treatment between men (46%) and women (38%). Those who have received treatment report a high level of satisfaction with medical care (83%). Lack of treatment is related to the limitations in access to health care discussed below.

9.2.2. Mental health as a priority

In older persons, mental health is a condition that is directly associated with human mobility, and it requires careful attention (Table

10). People were identified within the sample that suffer from a deterioration of their mental health all the time (4%), most of the time (8%), and intermittently (33%). The main gender difference shows that women have felt that they have suffered from mental health problems most of the time (34%), eleven points more than men (23%).

It is important to note that there are mental health risks for older persons that are related to uprooting; the harsh conditions of the journey, facing long bus rides or even walking; the loss of the professional status or retirement they had in the country of origin, and having generated expectations that they would do better elsewhere. They also often have to face very difficult situations, such as having to work as street vendors, or being stuck as dependents of their children and carers of their grandchildren, often without health care coverage. Such situations lead to complicated

Table 9. Main health problems, treatment and level of satisfaction

Country	Flow	Hypertension	Mental health issues	Gastrointestinal problems	Received treatment*	Level of satisfaction
Honduras	Internally displaced	17%	50%	17%	50%	100%
	Deportee	37%	20%	11%	43%	67%
El Salvador	Internally displaced	50%	55%	39%	65%	79%
	Deportee	42%	62%	23%	81%	76%
Colombia	Internally displaced	32%	19%	11%	86%	90%
	Migrant	48%	20%	20%	48%	73%
	Refugee/asylum-seeker	52%	10%	14%	48%	60%
	Returnee	41%	15%	33%	67%	83%
Ecuador	Migrant	54%	43%	22%	62%	96%
	Refugee/asylum-seeker	44%	12%	28%	64%	94%
Peru	Migrant	37%	30%	15%	45%	88%
	Refugee/asylum-seeker	48%	23%	10%	47%	86%

* Overall percentage of older persons who have received a type of treatment for any of the health conditions identified prior to the pandemic.

Main health problems recorded



42%
Hypertension

34%
Mental health problems

21%
Gastrointestinal problems

16%
Cardiac problems

15%
Diabetes

14%
Respiratory problems

4%
Cancer

emotional states, such as melancholy, anxiety, depression, fatigue and difficulties in adapting and integrating.

The isolation and sedentary lifestyles further affect the physical and mental health of older persons, increasing their loss of autonomy and leading to possible despair at the feeling that they are unable to leave their homes. Many older persons have found that their health problems, both physical and mental, have become more severe, and their memories and feelings of sadness have intensified.

In Honduras, insecurity, the disappearance of family members, dispossession and internal displacement or deportation are factors that have influenced the mental health of older persons. The uncertainty and the experiences they have had to go through lead to constant depressive symptoms, even when in the company of family members. New ways of conceiving life with unchanging situations lead to such illnesses that tend to be suffered in silence. In Honduras, the disappearance of many people who have been displaced has led to initiatives to search for people and psychosocial support for older persons who have lost their children.

In El Salvador, mental health is the main health condition affecting older persons, both as a result of the uprooting caused by deportation and forced internal displacement. Psychological trauma among older persons affected by the armed conflict has been confirmed and it is expressed in terms of nervousness, nightmares, and insomnia. Mental health is a serious problem, as older persons often take too much medication; even after 25 years of conflict, people still experience nervous breakdowns.

Deportees suffer from fear and frustration. Many have had to leave their families abroad and this creates a strong emotional impact as families are separated, and a new life plan has to be established to reintegrate in the society of origin.

As illustrated in Table 10, the issue of mental health is also relevant in the countries of the Andean region, mainly because of the difficulties people faced by people in mixed movements and victims of forced internal displacement.

In the case of Colombia, there is a recognised need for psychosocial care to address mental

Table 10. Mental health impacts, treatment and satisfaction

Country	Flow	Level of mental health impairment				Received treatment	Level of satisfaction
		Some of the time	Most of the time	All the time	Has not had any problems		
Honduras	Internally displaced	33%	33%	0%	34%	50%	25%
	Deportee	41%	17%	7%	35%	20%	9%
El Salvador	Internally displaced	30%	25%	10%	35%	37%	31%
	Deportee	23%	38%	4%	35%	53%	29%
Colombia	Internally displaced	42%	12%	5%	41%	53%	47%
	Migrant	33%	19%	2%	46%	21%	17%
	Refugee/asylum-seeker	24%	10%	0%	66%	14%	50%
	Returnee	41%	0%	4%	55%	58%	42%
Ecuador	Migrant	43%	12%	6%	39%	39%	37%
	Refugee/asylum-seeker	20%	24%	0%	46%	18%	18%
Peru	Migrant	36%	12%	2%	50%	16%	13%
	Refugee/asylum-seeker	35%	13%	2%	50%	20%	17%

health (anxiety, worry and migratory grief), particularly in displaced persons, and migrants who have very low levels of care coverage in rural areas and remote sectors of the country. The data show that in the case of internally displaced older persons, among those who have benefited from some form of humanitarian aid (82%), only 9% have received psychosocial support, with psychosocial issues being the most prevalent health conditions especially for older women (28%) and older women with disabilities (38%).

Mental health is clearly a major concern among older persons on the move in Ecuador who have expressed anxiety arising from uncertainty and the desire to return to the country of origin. Older persons report mental distress due to deep sadness and uprooting from the country they had to leave, making it more difficult to start a new life. They also experience constant difficulties in adapting to new ways of life. The case of older persons from Colombia who are refugees in Ecuador is particularly critical, as there is a recognised issue of mistrust, given the feelings of fear

“These are people who, apart from having earned an income and perhaps having some means of sustainability or income abroad, also created families, got married, had children, and when they are deported or returned to their country of origin, they are not returned together with their family group. This would have a significant impact on the mental health of any person who is forcibly separated from his or her family”. (Man, international organisation, El Salvador, 2020).

that their lives are in danger, as a result of the traumas of violence they experienced in Colombia. This, in turn, affects their mental health and makes it difficult for them to integrate into the new society.

Despite the seriousness of the issue, it appears that there is very little support in all countries for the diagnosis and treatment of mental health conditions. According to the data in Table 10, only one third of the population has received treatment with only 28% satisfaction with the treatment given, which demonstrates the importance of corroborating that they are indeed being helped in terms of their mental health condition. Despite the above, we did find evidence of some examples of good practices among organisations that seek to support this health condition.

In Peru, for example, there are organisations that provide emotional support, offering free psychosocial and psycho-emotional services to older persons, including via video calls. Among the psychological effects, cases of gender-based violence are recognised as requiring urgent follow-up and attention.

In El Salvador, among the actors consulted, an organisation was found that has specialised in psychosocial care and the search for public policy advocacy, especially for people they call “returnees”, referring to deportees from the United States and Mexico, seeking comprehensive care for these people through self-management.

In Honduras, a community-based organisation was identified that works comprehensively in the search for missing persons who have left their countries of origin, mainly to the United States, and provides their families with psychosocial support during the search.

9.2.3. Accessibility

On average, 29% of the older persons surveyed did not use the health service when they needed it before the pandemic. It has been identified that older persons often postpone health care if they are sick, worsening their condition over time. Considering the different flows shown in Table 11, the percentage of limited access to health services in the

countries of northern Central America is 24%, in contrast to the countries of the Andean region, which average 32%.

The main causes of lack of access are common to all countries: financial constraints (21%), lack of health coverage (19%), lack of documentation (7%), lack of knowledge of services (5%), difficulties in moving around (2%), distance from health centres (1%); the remaining cases respond to other causes, such as difficulties in attending the medical centre, not having someone to accompany them or not prioritising the need for care.

More than a fifth (21%) of those using health services have had to pay, which, given the severe financial restrictions that most older persons on the move face, severely limits their ability to access the services they need.

Another major barrier to older persons' access to health services is their regular status in the country. Those whose situation is irregular find it more difficult to access care, due to documentation issues, misinformation, and the risk and fear of deportation.

In Honduras, access was hindered for almost a third of displaced and deportees before the pandemic. These included delays in medical appointments, the collapse of the health system and lack of government resources. Older persons in this country often must pay private doctors and, occasionally, to buy medicines. Family members sometimes support them when, for example, they make above-average sales or access health programmes, mainly through the Red Cross and services provided by some other organisations, but which are not permanent.

“Look, there are days when I buy medicine and I don't buy food, and there are days when I don't buy anything. I sometimes go without medicine for three days because I don't have the money to buy them”. (Sixty-five-year-old man, older person on the move, Honduras, 2020).

Financial constraints and limited coverage for the displaced population stands out in El Salvador, and it is noteworthy that 50% of the deportees report a lack of knowledge of health services. Difficulties here have also

been reported in terms of mobility (5%) and limitations given the distance to health centres (10%), especially from rural areas, as well as in relation to specialised medical care and to obtaining medicines.

In general, the Andean region has the same barriers to access for older persons in mixed movements, such as financial constraints, lack of coverage, lack of documentation and lack of information.

In Colombia, more than half of the older migrants and two thirds of older refugees or asylum-seekers surveyed indicated that they did not have access to health services, which may be related to the lack of coverage identified by the persons themselves. However, this indicates that they lack information about their rights, since people, regardless of their official status, have the right to health care.

Among the migrant population in Ecuador, there are fewer difficulties in the different areas; 3% report difficulties in mobility and distances to health centres.

“Also, as their families are in vulnerable situations, they often do not have the knowledge of how to access the health system, and we consider that elderly persons cannot access the health system in Colombia. That is why they do not access health care directly, and that is another difficult problem, because there is not much knowledge about the rights of elderly persons”.

What service providers report

→ Significantly, more than half of the organisations surveyed provided counselling and psychosocial support to older persons on the move before COVID-19. Only 27% provided support to medical procedures, and only 15% of them provided medicines. There has been no significant change to this situation during the pandemic.

Table 11. Limitations in access to health services

Country	Flow	Lack of access to health services	
		Before the pandemic	During the pandemic
Honduras	Internally displaced	33%	50%
	Deportee	31%	23%
El Salvador	Internally displaced	19%	51%
	Deportee	8%	65%
Colombia	Internally displaced	7%	26%
	Migrant	52%	56%
	Refugee/asylum-seeker	67%	29%
	Returnee	26%	41%
Ecuador	Migrant	21%	48%
	Refugee/asylum-seeker	32%	33%
Peru	Migrant	43%	49%
	Refugee/asylum-seeker	37%	40%

(Woman, non-profit civil society organisation, Colombia, 2020)

In Peru, significant percentages are identified for the different types of limitations in access to health care, mainly lack of coverage, with 34%, and financial constraints, with 25% of the sample. In Peru, one of the risks older persons are subject to is not being able to receive treatment and control of their chronic illnesses. Precisely because access to health care is quite limited, many older persons on the move have been obliged to pay a private doctor, pay for medicines with their own resources, or sometimes attend health care sessions organised by the Red Cross.

Other reasons that make access to health care difficult are related to the idea that resorting to the health service can be a waste of time, showing a lack of trust in the health service; delays in care; and difficulty in accessing medicines. It is also important to note that a quarter of the older population (25%) say that they have difficulty in accessing and moving around health centres, due to a lack of ramps or care for older persons or those with disabilities.

Overall, information on older persons on the move and health systems is limited,¹⁸ but, according to the evidence presented, there is good reason to insist on the need to establish a differential approach with respect to older persons on the move and access to health care.

9.2.4. A need for care

Overall, on average, more than half of the older persons required support in their daily activities or daily needs (54%), an average that increases by more than ten points for persons with disabilities (66%). Support is mainly provided by family members (62%), as well as other people, including children and adolescents living at home, and friends. It is of concern that 12% of older persons could not count on having the support they required, which may be related to the fact that 11% of older persons live alone.

In general, care and support is also provided by the community, neighbours or churches, who help with medicines, clothing and food, as well as by international or local humanitarian organisations, mainly in the Andean region, and by volunteer organisations of persons on the move.

The average for the northern Central American countries is 64% of the people who required support, and almost a quarter (24%) did not have this support when they needed it. The case of El Salvador is worrying, as 47% of the people who required help did not get it. This applied mainly to men in 51% of the cases, over women in 36%.

In the countries of the Andean region, 56% of older persons on the move required help; however, there is a 10-point difference in women over men, showing a greater need for support by women.

Older persons on the move mostly live with their families (82%); however, living with their

Within the family there is a kind of abandonment and [this] is a reality: they may be surrounded, but at the same time abandoned, because they do not receive the care, nor the attention, required for people who are this age. At this stage they deserve a lot of support and we are now thinking about how to provide that support. We are asking what happens with the older migrants, and especially with the Colombians, because they tend to be in much better situations than the others". (Woman, international religious organisation, Ecuador, 2020).

¹⁸ Despite the lack of resources, a number of organisations in Peru work to improve access to health care. Some aim to obtain documentation so that people on the move have access to health care; others, such as the Association of Venezuelan Doctors, help with medicines; while others still offer physical rehabilitation and items such as wheelchairs for people with disabilities.

families does not imply that the care needs of older persons on the move are met, as they may be subject to neglect by family members. People living alone (11%) are often faced with high levels of vulnerability, mainly due to abandonment by family, friends and the state, which means that they are forced, for example, to beg, if they do not have their own resources. In many cases, having no one to accompany them makes it difficult for them to access other services, such as travelling to health centres.

In the case of El Salvador, this situation is significant, since 16% of the older persons surveyed live alone, in many cases due to family disintegration brought about by the death of their relatives; neglect by family members; being expelled from their homes due to domestic violence; and being left alone when their children or partners move to other countries. In other cases, they have been deported to their country of origin separated from their families, leaving them in the country where they were residing. There are cases of returnees who have been able to bring some financial resources from abroad, allowing them to cope better and return for family reunification, seeking the care that their relatives can provide to them.

Situations of loneliness were also evident in Peru:

“A high proportion of people live alone, in very sad conditions. They are alone and, of course, at the beginning they receive some support from the family that is still there, but little by little this is limited”. (Man, public entity, Peru, 2020).

9.2.5. imitations suffered during the pandemic

Overall, in almost all human mobility flows, there has been an increase in limited access to health services during the pandemic. Similarly, limited access to health services to treat symptoms or illnesses other than those associated with the virus reaches 43% in northern Central America and 44% in the Andean region. The limitation is even greater among persons with disabilities, reaching half of the sample (50%).

During the pandemic, access has been limited by the lack of care or consultations, given that hospitals are full and understaffed, as well as the lack of biosafety equipment; distance and difficulty in travelling to health centres; restrictions due to isolation and fear of infection; and the stigma attached to older persons as carriers of the virus. The pandemic has meant that diseases requiring surgery, for example, are not being treated, putting the lives of older persons at serious risk.

However, the pandemic has served to raise the profile of older persons as a highly vulnerable population, and to highlight the huge gaps in care.

“I have had cases of families who go to the emergency room, and an emergency consultation costs 12 soles, which is an estimated 3 to 4 dollars, and if you simply don't have that, you don't get emergency care. And, I'm talking about just the consultation because if you need medicine you have to buy that as well, and if you are hospitalised, well, I have had cases where the person is not discharged until he or she pays”. (Woman, grassroots organisation, Peru, 2020).

The pandemic has led to a decrease (from 39% to 26%) in the daily contact of older persons on the move with their family members, making them feel more isolated and lonelier, and potentially aggravating their physical and mental health conditions.

Six per cent of people indicated that, because of age, they experienced discrimination in accessing medical services simply because they were suspected of having COVID-19, and 12% of the total sample were infected, of whom 6% did not receive adequate treatment. Ninety-eight per cent of people indicated that they have access to biosafety items, and 70 per cent purchase them.

9.3. Conclusions

- Older persons have a number of health problems for which they receive little attention. Mental health is identified as a condition directly linked to human mobility in all countries that requires greater attention and care.
- There are a number of physical and mental health risks that specifically affect older persons on the move that need to be analysed for mitigation and early warning.
- One third of the older population did not use the health service despite needing it, thus increasing their vulnerability and the possibility of exacerbating health problems. This is something that must be addressed by seeking solutions to the economic deprivation and lack of coverage that mainly affect older persons.
- Regularisation processes and the provision of information regarding access to health care must be improved, as there may be gaps that prevent people from using this service, believing that they do not have the right to do so. This is especially true for mixed movements.
- There is no differential approach to health for older persons on the move, leaving aside needs that are very specific to this population.
- A high percentage of people require support for their care; however, there is a significant percentage who do not have this support and who live alone dealing with vulnerability and lack of protection
- During the pandemic, limited access to health services has increased markedly, but it has also made this group visible as a top priority for protection.
- The pandemic is a risk that can exacerbate health problems, and there may also be medical negligence in care, as there are reports of people who have not received adequate medical treatment.



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Warao indigenous woman from Venezuela in Brazil.

10. Economic security

Older persons have the right to decent and dignified work, as well as to equal opportunities and equal treatment with other workers regardless of their age (IACPHROP, Art. 18). Every older person has the right to social security that protects them so that they can lead a dignified life (IACPHROP, Art. 17).

10.1. Introduction

After three consecutive years of global economic decline, the COVID-19 pandemic has mobilised a global crisis in which the starting point for this analysis is based on how global statistics from the International Labour Organisation (ILO, 2020b) show a negative growth of 4.9% in the world economy, whose impact on Latin America and the Caribbean has been much greater, including a projected 9.4% for the same year.

In fact, global wage growth between 2016 and 2019 fluctuated only between 1.6 per cent and 2.2 per cent; however, the crisis has pushed a downward trend in wage increases in the last year, in two-thirds of the countries observed by the ILO. The effects of this situation have disproportionately affected women and deepened income inequality among low-income workers, to the extent that it is estimated that these populations may have lost 6.5 to 8 per cent of their annual income by 2020.

The ILO estimates that 327 million people in the world, representing 19% of all workers, earn below the minimum monthly wage (ILO, 2020a). It also estimates that in the so-called *developing countries*, 730 million workers receive an income insufficient to meet their minimum needs, and 159 million remain unemployed (ILO 2019a). ILO has also (2020a) recently presented empirical evidence showing that at least 40% of employment generators in the world use informal sources of work and that, in low-income countries,

self-employment contributes more than 50% of total employment, while for middle-income countries this percentage rises to over 60% (ILO, 2019a). The ILO (Casalí et al., 2020) also estimates that in Latin America and the Caribbean 140 million people, equivalent to 50% of all workers in the region, work informally, placing them outside the legal social protection schemes, while 25 million people are unemployed (Casalí et al., 2020).

Thus, the crisis in the labour market has mainly impacted the most vulnerable populations and increased the risks of poverty for their families. In the case of the Americas, for example, figures indicate that there has been a 28% loss of paid working time, which is equivalent to the elimination of 55 million jobs in the region (Casalí et al., 2020).

In its Social Panorama, ECLAC (2019a) confirms the same trends. On the one hand, a new growth in the regional indicators of poverty and extreme poverty that, by 2014, had decreased by 18% since the beginning of the decade and increased by more than two percentage points to 30.1% by 2018. Similarly, the region experienced a slowdown in income growth, averaging less than 1% per year.

While recognising the enormous challenge for social inclusion and protection in the region, ECLAC (2019a) highlights the phenomenon of exchange in mixed movements, noting that in Latin America and the Caribbean, for every six people who migrate to other countries, there are two migrating to their country. It attributes an important effect on economic growth and the behaviour of national income in various countries to mixed movements. This is due to the remittances that refugees and migrants send back to their countries, which would otherwise cause an increase in poverty rates of between 12.4% and 27.6% in eight countries: Bolivia, El Salvador, Honduras, Guatemala, Mexico, Ecuador, the Dominican Republic and Uruguay.

In terms of social protection in the region, the ILO (Casalí et al., 2020) also highlights that between 2005 and 2019, coverage through contributory schemes increased in Latin America and the Caribbean from 36.6% to 46.5% of the total employed population. Similarly, the ILO (2020) explains the implementation of non-contributory pensions, also known as social pensions, which reach 39% of the regional population that requires this type of support for their financial security.

In this regard, a recent study by Cruz-Martínez (2020), a researcher at the Consejo Superior de Investigaciones Científicas of Spain, provides relevant data, indicating that in several cases the budget allocated by various countries for social pensions is low, for example in Ecuador, Colombia, Peru and El Salvador, where it represents an average of 0.16% of the Gross Domestic Product (GDP).

Faced with the crisis generated by the pandemic, the ILO (Casalí et al., 2020) explains that most countries have taken unprecedented measures, including the provision of food and cash transfers for the most vulnerable populations or subsidies to protect jobs. It predicts, however, that by the beginning of 2021 the regional poverty indicator will have risen to 37.7%.

The ILO also reports that, in the face of the crisis, some countries gave bonuses to retirees who receive the lowest pension amounts in the system, as is the case for Argentina, where US\$41 is given to recipients of minimum pensions. Others reinforced non-contributory pension systems in response, including coverage extensions, as in the case of Colombia, where a monthly transfer of US\$20 for three months was added to 1.7 million beneficiaries of the Older Colombia Programme. Brazil, Colombia, Mexico, Mexico, Paraguay and St. Vincent and the Grenadines announced advance payments of cash transfers to older persons and persons with disabilities. Paraguay, for example, established the advance payment of the food pension for older persons living in a situation of poverty. Mexico advanced four months of pensions to 8 million older persons and 1 million persons with disabilities, while Peru advanced the payment of its *Pensión 65* scheme aimed at older persons

in situations of poverty or extreme poverty, with a bimonthly US\$70. In several cases in the region, the debate is currently focused on legal or regulatory changes that allow the early use of resources from public pension funds and the reimbursement of savings made in private funds (ILO, 2020b).

An analysis of global data compiled by HelpAge (2020d) reports three significant findings: 1) the information shows that more than three-quarters of older persons interviewed in eleven countries in humanitarian contexts reported having no income, 2) almost a third reported being unable to get by in their lives, and 3) a fifth reported being unable to do so without help. In another instrument on work and access to the labour market applied to 306 older persons in 24 countries (HelpAge, 2019a), half of the interviewees reported being discriminated against in accessing work opportunities because of their age; being denied work, whether permanent, temporary, part-time or informal; and they indicated how being an older person is a negative condition for continuing to work, even if they need it for their subsistence. Paradoxically, these people see the possibility of decent work, not only in earlier stages of life, but also when they are older as a factor impacting on their wellbeing and dignity. The same report also finds that international human rights law does not adequately address the specific application of the right to work in the context of advanced age or older persons.

In terms of the 2021 Refugee and Migrant Response Plan from Venezuela, an item is specified in the integration section for the purpose of stimulating entrepreneurship, access to livelihoods and labour and skills development, promoting the socio-economic integration of refugees and migrants. Likewise, El Salvador's national chapter of the MIRPS (2020) prioritises, in its objectives and actions, the management of resources and partnerships with the private sector to generate employment and livelihood opportunities for 400 victims of forced internal displacement. In turn, the national chapter of Honduras raises the need to prioritise access to state programmes or private partnerships for labour reintegration or skills development for micro-enterprises for returnee nationals.

Findings from other necessary rapid assessments

1. In Venezuela, 67% of older persons depend on family and friends for their basic needs. Of these, 35% are dependent on children or other older persons for care and support. Three out of four older persons have had to borrow money since the crisis began in the country, and 96% said that, if they were given cash, they would be able to use it without any risk involved (HelpAge, 2019b).

2. In La Guajira, Colombia, 96% of older persons have changed their behaviour since the crisis began in order to meet their basic needs and 36% have adopted at least one extreme way to meet their needs, such as panhandling. Eighty-four per cent have no income and 66% have had to borrow money. Sixty per cent of respondents depend on family or friends, and the same percentage care for one or more children. Ninety-one per cent of older persons say that they could use cash without risk involved, and those who said they couldn't, said so mainly because of the risk of theft (HelpAge, 2020c).

economic vulnerability. As shown in Table 12, 64% had no monthly income before the pandemic and, of those who received income, 62% considered that it was not sufficient to meet their basic needs.

In the northern Central American countries, 57% of older persons on the move had no monthly income and 71% felt that their income was not sufficient to meet their basic needs. Older women were less likely to have monthly income, particularly in El Salvador. Deportee older persons in Honduras were also significantly less likely to have monthly income compared to forcibly displaced older persons.

“The thing that retirement doesn't exist, that it is very difficult to find work. It is something that affects older persons very much emotionally, because it gives them a feeling of ‘you've lost the possibility to be a person’; ‘you've lost the possibility to create your own life’. You become totally dependent on your children, when you are still a perfectly capable person; I think it is very difficult for older persons, to have to deal with having left home, not having a pension, not being given work, being dependent on other people, losing your independence”. (Woman, non-profit civil society organisation, Colombia, 2020).

Two thirds (66%) of older persons on the move in Andean countries had no monthly income and 57% considered their income insufficient to meet their basic needs, a figure that rises to 70% in Colombia. Women and persons with disabilities are less likely to have monthly income.

10.2. Results

Below is an analysis of the economic security of older persons in the different human mobility flows in the five countries, divided between the countries of northern Central America and the Andean region. There is also a discussion on income and work behaviours; some of the impacts generated by the pandemic; the types of caregiving tasks as a form of work activity; access to pensions and financial services; and, finally, the conclusions. The most relevant gender differences and the main difficulties faced by persons with disabilities are also mentioned.

10.2.1. Income

A large proportion of the older persons on the move surveyed were in a situation of great

10.2.2. Sources of income

For 73% of the respondents their main source of income was their work. Others' source of income was their pension (10%), support from relatives (5%), cash transfers or subsidies from the government (5%), subsidies or cash transfers from humanitarian or international organisations (3%), subsidies from civil society organisations, churches or religious communities (1%). Remittances from family members abroad are also an important source of income in northern Central American countries.

10.2.3. Work

Fifty-two per cent of people on the move surveyed had a job before the pandemic, with

a marked difference between men (63%) and women (41%). The regional percentage of older persons on the move who have a disability and did not have a job is 58%, with an unfavourable difference between older women (70%) and men (43%) with disabilities.

The average percentage of employment in the countries of northern Central America in the flows observed in Table 13 is 58%, and in the countries of the Andean region, it is less than half of the sample (44%). Colombia stands out for its low percentages, with mixed flows at 30%.

Even though there is a percentage of older persons with a higher level of education, where 14% have an undergraduate degree and 9% have a technical or technological degree, it is very difficult for them to find a formal and stable job. Lack of documentation, especially in mixed movements in the Andean region (31% of the total), is one of the main barriers

to accessing work. Age discrimination is also recognised as a limiting aspect of the labour market (25% overall).

The data confirm that older persons on the move have low levels of access to work, and the jobs they do access are predominantly informal and shift work. Of the total number of respondents who had work, 79% had informal jobs, 15% had formal work, and 6% had a family entrepreneurship.

In almost all human mobility flows in the five countries, informal work significantly outnumbers formal work, in some cases making up almost the entire percentage of people with work, such as, for example, the refugee and migrant populations in Ecuador and Peru.

Informal work often leads to precarious and exploitative work situations, with long working hours and low incomes. Seventy-five per cent of the people surveyed in the countries

Table 12. Older persons' income before and during the pandemic, by country and by type of human mobility

Country	Flow	Received a monthly income before the pandemic	Income below the minimum wage	Considers his/her income sufficient to meet basic needs	Income during the pandemic	
					Reduction	Loss
Honduras	Internally displaced	33%	0%	50%	100%	0%
	Deportee	33%	52%	35%	61%	35%
El Salvador	Internally displaced	33%	51%	25%	51%	7%
	Deportee	27%	29%	43%	57%	0%
Colombia	Internally displaced	56%	78%	31%	38%	22%
	Migrant	15%	75%	25%	50%	38%
	Refugee/asylum-seeker	10%	100%	50%	50%	50%
	Returnee	15%	50%	25%	25%	25%
Ecuador	Migrant	31%	84%	39%	61%	35%
	Refugee/asylum-seeker	40%	50%	40%	70%	30%
Peru	Migrant	44%	82%	46%	49%	46%
	Refugee/asylum-seeker	33%	50%	45%	45%	45%

of the Andean region received less than the minimum wage, which also exposes them to degrading and dangerous situations.

“The prevalence of informal work is shocking. Older persons who come here have serious difficulties in finding work. If they do find work, they too are subject to the other serious problem that exists for Ecuadorians, and that is that employers, the bosses, often take advantage of the older persons’ vulnerable situations, and offer them conditions and wages that are not fair; they don’t pay them what they are due in terms of wages or overtime pay and things like that”. (Man, national public entity, Ecuador, 2020).

In Ecuador, for example, some of the people surveyed work as street vendors at traffic lights, even at night, which implies a series of risks; also, they depend on what they manage to earn or sell during the day, sometimes travelling very long distances to be able to sell their products. In Peru, there are older persons at risk working on the streets, sometimes accompanied by children. In Honduras, labour opportunities are related to farm work in rural areas, where a day’s wage can be paid at US\$6 a day or less. Other work is recorded such as transporting goods, housewives without any kind of economic remuneration, and making handicrafts.

Table 13. Working conditions before and during the pandemic, by country and by type of human mobility

Country	Flow	Employment status before the pandemic				Employment status during the pandemic*	
		None	Formal	Informal	Family entrepreneurship or with other people	Has been reduced	Has been lost
Honduras	Internally displaced	17%	17%	66%	0%	80%	20%
	Deportee	48%	9%	36%	7%	42%	42%
El Salvador	Internally displaced	43%	8%	45%	4%	41%	43%
	Deportee	58%	15%	23%	4%	45%	27%
Colombia	Internally displaced	40%	5%	50%	5%	26%	62%
	Migrant	70%	0%	28%	2%	38%	56%
	Refugee/asylum-seeker	71%	5%	24%	0%	50%	50%
	Returnee	78%	0%	22%	0%	67%	33%
Ecuador	Migrant	46%	6%	46%	2%	43%	44%
	Refugee/asylum-seeker	36%	32%	20%	12%	56%	38%
Peru	Migrant	61%	6%	52%	0%	42%	48%
	Refugee/asylum-seeker	44%	6%	48%	2%	31%	57%

What service providers report

→ Prior to COVID-19, almost one third of the organisations surveyed, i.e., 31% provided services to help older persons to generate their own income and livelihoods through their own or family entrepreneurship. Only 10% provided support in obtaining formal work and 20% in receiving support or cash transfers. There has been no significant change in this situation during the pandemic.

In El Salvador, older persons in rural areas tend to be linked to agricultural work and livestock farming, with very low earnings, and in urban areas, mainly to informal jobs. In the case of deportees, they return to agricultural work in the rural sector, since most of them have left these areas, or they try to enter a work sector where they can take advantage of the knowledge and experience they acquired outside the country. The latter happens infrequently. Some income generating activities have been identified, such as handicrafts, shoe manufacturing, bakery and the manufacture of cleaning products.

“Many of our friends speak perfect academic English, but they are not employable; so what do they do? They sell mangoes, sell fruit, sell whatever, to survive. These are the sources of their incomes and their reality, both in the rural and urban areas”. (Man, non-profit civil society organisation, El Salvador, 2020).

10.2.4. Impacts of the pandemic

As shown in Table 13, all countries record losses in terms of work and income during the pandemic. The percentage of those who had work and either lost it or had it reduced during the pandemic is significant in all countries on average. In the countries of northern Central America, the decrease is 52% and losses reach 33%. The remaining percentage have maintained or increased their work during the pandemic. In the countries of the Andean region, 44% have decreased and 49% have lost their jobs. In Colombia, the figures for job loss are over 50%, as they are in Peru with the refugee and migrant or asylum-seeker population, accounting for around half of the sample.

“I was working. I started working like all Venezuelans who migrated, selling food on the streets, selling fish, coffee, selling cakes, selling whatever I could sell. Then I got a job in a shop; then I got a job in a company and, because of the pandemic, I was left without a job”. (Woman, carer and family member, Peru, 2020).

Overall, income decline affects the countries in northern Central America at 67%, and income loss is at 11%. In the countries of the Andean region, the percentage of income reduction affects half of the population (49%), income decline for mixed movements is over 50%, and the loss of income among this group of people affects more than a third of the total population of older persons (36%).

10.2.5. Caregiving tasks

There is a significant number of older persons on the move who are engaged in caregiving tasks, which can be considered a type of work and which generally corresponds to unpaid activities.

Overall, 37% of the sample had dependents before the pandemic, with a striking difference of 15 percentage points between men (45%) and women (30%). This may be related to the fact that men consider financial support as part of caregiving.

Half of the population (49%) in the flows from the northern Central American countries shown in Table 14 are caregivers, while those in Andean countries make up one third (32%).

On average, the main group of dependents are children and adolescents (60%), followed by adults aged 18 to 59 years (38%), older persons over 60 years (20%) and persons with disabilities (5%). There is a noticeable difference in the care of adults overall, with 71% of carers being men and 44% women.

Despite the fact that care is more predominantly provided by men, it is worth noting the feminisation of care for older persons in both Honduras and El Salvador, as it is clear from the interviews that it is older women who take care of parents and grandparents, and that they do so in unequal and precarious economic conditions.

“Unfortunately, it is often older spouses who live with or take care of their grandchildren while their children work in the city, or who have migrated. They often do not receive support from their children who are working abroad”. (Man, religious organisation, Honduras, 2020).

“It is older persons, in general, because women tend to be responsible for reproductive and care work in their homes, understand all domestic work as work that tends not to be recognised or remunerated. So, to take care of the children at home, they work in the home, and many sell typical food such as empanadas or pupusas outside their homes in their communities”. (Focus group, intergovernmental organisation, El Salvador, 2020).

The caregiving tasks carried out by older persons are triggered by different causes such as family members moving in order to obtain employment and stability and, when there is some kind of reunification, parents travelling to try to improve their quality of life in another country. It is evident from the interviews that older persons often take on caregiving tasks that do not correspond to them or are faced with situations of high vulnerability due to lack of income and medical care, as well as abandonment or different forms of neglect.

In Peru, there are cases of older persons who are in charge of children without a family support group, as a result of family break-ups, where the parents have even gone to another country, or have not been able to reunite, which leads the older person on the move to become a caregiver.

“They arrived in Ecuador, the two adults settled for a while, they came to Peru to see how things were going, to see ‘if I could get organised and go back’, and in Peru something happened, there was a break-up and in Ecuador, for example, older persons were left in charge of the children”. (Man, public entity, Peru 2020).

Older persons generally stay behind to take care of the grandchildren, while their parents or relatives look for work, or generate some kind of income to support the family. They also offer emotional support to their children by becoming a figure of resilience and reassurance when they are together.

10.2.6. Pension system

In highlighting the reduced opportunities for older persons to obtain adequate income, old age is widely recognised as one of the crucial stages or circumstances in a person’s life course that requires financial support through social protection systems.

It is important to note that all countries in this assessment (with the exception of Honduras) have social pensions, i.e., tax-financed cash transfers that are regularly paid to older persons, regardless of their employment history or social security contributions. However, social pensions are not available to the vast majority of older persons on the move given the eligibility requirements of citizenship and residence.

On average, in the countries of northern Central America only 10% received a social pension, while 5% indicated that they received other pensions, including veteran’s or disability pensions. Eighteen per cent of people with disabilities receive a social pension, and 3% of those without. In terms of gender, 14% of men reported receiving a pension compared to only 4% of women.

Access to pensions is particularly low in Honduras, where 91% of those surveyed had no pension at all, reaching 100% of those with disabilities. In El Salvador there is a higher percentage of those who report having a social pension (16%); thus, the percentage of men (22%) who receive a social pension is higher than that of women (7%) and more persons with disabilities (21%) receive it than those without (6%). Other people also indicate that they receive non-contributory pensions because they are war veterans (5%).

“Some [people] have pensions that the government is now providing, which is the veterans’ pension, which used to be 50 dollars, and with the entry of this government it has increased to 100 dollars”. (Woman, grassroots organisation, El Salvador, 2020).

In northern Central America, many deportees report that they had been contributing for years in the country of destination, but when they were deported, they lost years of savings.

“If you had a bank account, you lose it; you can’t claim it because you have no rights. I contributed for 28 years, I don’t even have 5 years of that, I can’t claim it anymore”. (Man, non-profit civil society organisation, El Salvador, 2020).

Only 4% of the older persons in the countries of the Andean region receive a social pension, mostly in the case of internally displaced persons and returnees in Colombia, a

Table 14. Dependants

Country	Flow	Total percentage of people with dependants	Children and teenagers	Adults (18 to 59 years old)	Older persons (60 +)	Persons with disability
Honduras	Internally displaced	50%	67%	100%	0%	0%
	Deportee	66%	83%	72%	9%	2%
El Salvador	Internally displaced	39%	67%	37%	12%	0%
	Deportee	42%	45%	36%	18%	27%
Colombia	Internally displaced	46%	62%	50%	12%	12%
	Migrant	37%	25%	11%	9%	2%
	Refugee/asylum-seeker	29%	67%	33%	0%	0%
	Returnee	22%	17%	33%	67%	0%
Ecuador	Migrant	28%	59%	35%	35%	7%
	Refugee/asylum-seeker	44%	100%	9%	9%	0%
Peru	Migrant	33%	62%	21%	21%	7%
	Refugee/asylum-seeker	20%	67%	17%	42%	0%

higher percentage of whom are affiliated to the social security system than in the rest of the countries (56%). Thus, in Colombia, 4% of the refugee, migrant or asylum-seeker population receives a retirement pension and a social pension from the country of origin. In Peru, this percentage is only 3%. In Ecuador no pension income is registered.

The vast majority have not had the opportunity to pay into contributory pensions, as their working lives have been, to a great extent, informal and subject to interruptions. Some who have, as is the case of Venezuelans who contributed in their country, often no longer have access to their pensions when they move, mainly due to documentation-related difficulties. In addition, the devaluation of Venezuela's currency has drastically affected the value of pensions, losing their purchasing power against other currencies in the host countries.

"In Venezuela, there was access to an old-age pension, but due to inflation, the money depreciated in value and it became unviable to live on it". (Man, carer and family member, Ecuador, 2020).

10.2.7. Access to financial services

Most of the people surveyed had no access to financial services. Eighty-one per cent did not have a savings, current or credit account in a financial institution, with a significant difference between men (77%) and women (85%). Eighty-four per cent of persons with disabilities did not have access to banking services.

What service providers report

→ Of the total number of organisations surveyed prior to COVID-19, only 18% offered advice or guidance on affiliation or maintenance of social security services, 11% on retirement pension, 6% on social pension services, 6% on home country social pension, and 5% on home country retirement pension.

Social pensions for different categories of migrants¹⁹

Gibrán Cruz-Martínez [1]

The budget allocated to social pensions in Ecuador, Colombia, Peru and El Salvador averages 0.16% of GDP [2] Honduras does not have a social pension. On average, 18.7% of the population over 60 years old is covered by a social pension in these four countries. Ecuador is the country that invests the most in per capita terms and has the highest coverage rates, while El Salvador has the worst figures.

But what about older persons migrating to one of these Latin American countries? Refugees covered by the Geneva Convention are treated the same as nationals in terms of public assistance and social security benefits. [3] Already undocumented migrants, refugees without convention status and older international migrants within the alternate entry categories are thus left with minimal chances of qualifying as potential beneficiaries of social pensions in Latin America and the Caribbean.

Recent research by Cruz-Martínez (2020) [4] shows that citizenship and residence status of older persons act as stratification mechanisms, further segmenting beneficiaries, which certainly hinders the inclusion of different categories of migrants. The typology of social pensions developed by the study makes it possible to categorise the 28 existing social pensions in the region according to their degree of inclusiveness, based on five targeting mechanisms where the citizenship and legal residence requirements stand out.

In contrast to the percentage coverage and social spending figures, El Salvador's is considered a more inclusive social pension than the Ecuadorian, Peruvian and Colombian pensions. El Salvador's social pension is defined as one of the legal residence targeting regimes, as there are no citizenship requirements or specific length of legal residence to be considered as a beneficiary. It is clearly not as inclusive with migrants as the Jamaican or Cuban system, where no older person is excluded on the basis of citizenship. However, it is more inclusive than

the Ecuadorian, Colombian and Peruvian social pensions which exclude all non-citizens and are considered to be migrant-unfriendly social pensions. [5]

The main policy recommendation to make these programmes more inclusive would be to update the eligibility requirements to bring them in line with article 22 of the United Nations Declaration of Human Rights, which recognises the right to social security for every individual, regardless of citizenship or migrant status. This would mean that social protection programmes would evolve to guarantee social protection as a human right rather than simply a citizenship right. Other recommendations would be the regularisation of migrants without legal residence and the development of transferable legal frameworks for social protection between net senders and net receivers of migration.

[1] Researcher at the Spanish National Research Council (CSIC), Spain.

[2] Figures from the Economic Commission for Latin America and the Caribbean.

[3] Sainsbury, D. (2006). Immigrants' social rights in comparative perspective: Welfare regimes, forms in immigration and immigration policy regimes. *Journal of European Social Policy*, 16(3), 229-244.

[4] Cruz-Martínez, G. (2020). Rethinking universalism: Older-age international migrants and social pensions in Latin America and the Caribbean. *Global Social Policy*, 20(1), 39-59. <https://doi.org/10.1177/1468018119873267>

[5] This does not mean that El Salvador's social pension is inclusive, as it checks means, the geographical area where the potential beneficiary resides, as well as the receipt of another type of contributory or private pension. However, it does not exclude non-citizens a priori.

¹⁹ The pension system is a priority issue for the needs of older persons in the Americas, so this key information is included to illustrate and broaden the debate in the light of the results of the regional assessment.

10.3. Conclusions

- The vast majority of older persons on the move surveyed live in a situation of great economic vulnerability.
- Access to work is limited by labour market conditions, lack of documentation and discrimination based on status and age.
- Informal work often leads to precarious and exploitative work situations, with long working hours and low income, as well as degrading and dangerous situations.
- The level of pension income is very low in all countries, especially in the mixed movements, which calls for urgent action to adapt social security systems and social pension programmes.
- More than half of the older persons were working before the pandemic, most of them informally and subject to high average number of working days. This shows that older persons are active and can work; however, decent conditions must be ensured and advocated for.
- During the pandemic there has been a drop in employment and income in all countries, which leads to increased vulnerability and precariousness in work.
- Precarious conditions are exacerbated in rural areas, especially for groups of people who may face forced displacement.
- There are single people with no income who need to be taken into account, given their vulnerability.
- There is a high percentage of people who carry out caregiving tasks for family members; 45% of older men and 30% of older women. This difference of 15 points may be due to the fact that the older men surveyed consider the financial support they provide as part of caregiving.
- The percentage of persons who receive a pension is very low in all countries, especially in mixed movements, which calls for urgent action to protect older persons.



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Seventy-year-old woman taking part in production activities in Colombia.

11. Food security

As part of older persons' right to a comprehensive care system, they must have access to food security and nutrition (IACPHROP, Art. 12).

11.1. Introduction

The most recent FAO annual global report explains how humanity does not seem to be making progress towards the fulfilment of two of the central SDGs: 1) the right to adequate food and nutrition and 2) the eradication of hunger in the world (UN Food and Agriculture Organisation, 2020). For 2019, FAO reported a significant improvement in the collection of information and quality of related data. However, it also reported that 690 million people, equivalent to 8.9% of the world population, suffer from malnutrition and that in the last five years the number of people suffering from hunger has increased by 60 million, as a consequence of a set of factors related to climate change, but also to regional phenomena of economic slowdown, income inequality, access to the components of a healthy diet, and poverty. Whether or not the above magnitude includes those with moderate levels of malnutrition, this figure rises to 750 million people, which, projecting the effects of the COVID-19 pandemic, could grow by as much as 123 million.

The FAO (2020) indicates that in Latin America and the Caribbean, the number of people suffering from hunger totalled 47.7 million, while the most recent diagnostic report for the region for the five-year period states that the number of people suffering from malnutrition rose to 155 million people, a figure that corresponds to 31% of the population, representing an increase of almost 5 percentage points (FAO et al., 2019). The most significant change in the measurements is in the percentage of undernourishment²⁰ in the Bolivarian Republic of Venezuela, which by 2018 affected 6.8

million people, equivalent to 21.2 percent of its total population.

FAO et al. (2019) provide an important explanation for the effects of humanitarian assistance, by describing the food security classification scales, specifying that acute food insecurity is that which threatens people's lives or livelihoods, three of whose phases correspond to contexts of crises, emergencies or humanitarian disasters (FAO et al., 2019). Also significant is the differentiation of food subsistence conditions in terms of gender or ethnicity, with a focus on some indigenous peoples in particular, although the report does not include specific data on food subsistence or the nutrition of older persons.

With a view to building approaches that recognize the particular requirements of food sufficiency and adequate nutrition of older persons, the Social Protection Strategy for Latin America and the Caribbean of the World Food Programme (WFP, 2019) establishes its development based on four pillars of work. The first corresponds to the "Nutrition-Sensitive Social Protection" (WFP, 2019, p. 23), which posits how social protection programmes should approach their nutritional results from a life-cycle approach, which should specifically include "older persons and persons with chronic diseases" (WFP, 2019, p. 24). The requirement for a differential approach that includes ageing in the planning and provision of food support in the region constitutes a significant advance in the definition of the strategy.

As mentioned above, HelpAge's (2020d) most recent analysis of global data on the situation of older persons in humanitarian settings showed staggering indicators that 64% of respondents in 11 countries in 2019 reported not having enough food to eat and 77% reported having no income at all, making it even more unlikely that they would be able to provide it. In order to reduce food insecurity among these populations, several previous research

²⁰ Defined as the condition of an individual whose habitual food consumption is insufficient to provide the amount of nutritional intake necessary to lead a normal, active and healthy life.

reports from the same organisation propose the inclusion of actions that ensure age- and sex-disaggregated records in food distribution initiatives; systematic outreach processes that effectively reach older persons; the establishment of distribution points in accessible locations along with support to help the older persons reach these locations; networks of family or neighbours and friends to help carry food or, where possible, home deliveries; provision of at least one hot meal a day for older people; verification visits to where they live; provision of adequate food to ensure the required protein and micronutrient intake in the ageing process (HelpAge, 2016, 2019c).

For its part, the RMRP 2021 proposes food security support as the second investment priority, with a projected budget of 191 million dollars required by the various actors that are part of the mechanism, to benefit 1.68 million people. In other words, it intends to reach 33.2% of the 5.03 million people reported by the same source to be in need of food support, including refugees, migrants and host communities. As in the case of other rights and services, this Plan does not include a specific approach that particularly differentiates adequate coverage of older persons in the mobility flows targeted, as it does in the specific case of 212,000 children in the same situations (R4V, 2021).

The 2019 National Plan updates for the Honduran national chapter of MIRPS (2019a) similarly set out the strengthening of assistance to the specific flow of returnee nationals to cover their housing, food and health needs in the short and medium term as one of the main areas of work. On the other hand, the 2020 report establishes a basic objective of providing coordinated Social Protection actions for approximately 64,000 beneficiaries, without quantifying which of these interventions constitute food security support or which will specifically target older persons on the move.

In the case of El Salvador's national chapter, the 2020 Report explains that, in the development of this Comprehensive Regional Protection and Solutions Framework, the National Response Plan quantified the financial needs for the implementation of the 49 commitments contemplated in it and proposed

the next goal of developing a funding strategy to fulfil them in their entirety. This report does not detail which of these commitments refer to food security assistance actions, nor does it specify whether they will include older populations on the move in a differential manner (MIRPS, 2020).

11.2. Results

Below is an analysis of the food security situation of older persons in the different human mobility flows in the five countries, divided between the countries of northern Central America and the Andean region, including some of the difficulties brought by the pandemic and the corresponding conclusions. Also mentioned are the most relevant gender differences and the main difficulties faced by persons with disabilities.

11.2.1. Access to food

On average, 74% of people in the five countries had access to three meals a day before the pandemic, 19% only two, 2% only one, and 2% sometimes none. Although the average number of meals per day is high, this does not imply that there is an adequate nutritional balance for older persons, as in many cases food consumption is mainly composed of carbohydrates, especially in the rural areas of the northern Central American countries, with little protein or no ingredients suitable for older persons' diets. Not being able to consume a balanced diet is likely to exacerbate health risks for people suffering from chronic illnesses.

“Here, one of the staple foods is corn and beans and, normally, older persons or these people who work the land are eating corn and beans for all three meals. There is no balance, let's say, there is no nutritional balance at this point”. (Man, religious organisation, Honduras, 2020).

“The food is donated by the church, we are talking about rice and lentils; some other grains that we eat here, sugar, basic things, well, we make exceptions once a month and have some protein”. (Woman, carer and family member, Ecuador, 2020).

Findings from other rapid needs assessments

1. In Venezuela, cash and food are the top priorities for older women and men; 77% of older persons in the sample report that they do not have access to sufficient food; three in five older persons regularly go to bed hungry three to five nights a week, and one in ten go to bed hungry every night. People are more likely to go to bed hungry in rural areas, with older men more likely to do so than older women. Rural men (81%), followed closely by urban men (74%) have one of the lowest levels of access to food. Almost all those living alone (95%) said that they are unable to access enough food. Eighty per cent of older persons reported that they cannot access the type of food they can or want to eat. The situation is worse for 64% of older persons who cannot afford to buy food (HelpAge, 2019b).

2. In La Guajira, Colombia, it was found that 76% of older persons do not have enough to eat; 48% eat less to prioritise feeding children, and 50% borrow money for food or basic goods (HelpAge, 2020c).

3. In Haiti, 87% of older people responded that they have no food at all in their homes or only enough food for one day. In rural areas and for those living alone, the number is even higher (93%). Ninety-eight percent of rural residents had to change their diet, compared to 85% in urban areas. For 94% of rural residents this meant reducing the quantity; 76% reduced the quality of what they eat and 50% have had to make other changes to what they usually eat (HelpAge and CWS, 2020).

In the case of Honduras, there are high levels of food insecurity among older persons on the move, who travel in search of their loved ones who have disappeared during their journeys. They lack of resources and, therefore, are unable to eat a balanced diet. Older persons who cross borders with their relatives are in very precarious situations, due to economic limitations; sometimes they can only access one meal a day, in severe walking conditions, exhausting journeys over land and with no safe places where they can spend the night.

As shown in Table 15, the main means of access to food is through the support of family members and personal income. In the total percentages we can see that, in the countries of northern Central America, there is a higher average of those who obtain food through their own income (57%), with fourteen percentage points of difference with the countries of the Andean region (43%). However, there is a marked difference in the support of family members, which in the former reaches 38% and in the latter almost doubles this figure, 66%. This highlights the prevalence of family support in the mixed movements, especially in Colombia, reaching 78%. In third place is the support of neighbours or friends, with higher percentages in Colombia.

On average, the main gender difference in the countries lies in the fact that 68% of women obtain food through family support, a difference of 22 points compared to men (46%). On the other hand, men are more likely to obtain food through their own income, with 57%, compared to 42% of women, which is related to the fact that 63% of men had work before COVID-19, compared to only 41% of women. Persons with disabilities show a difference of ten points on average below those who obtain food using their own income. Support from humanitarian organisations is most prevalent in Ecuador, with an average of 22%; however, in the other countries the percentages do not reach 10%.

Access to food through religious organisations in the countries of northern Central America is limited. It is mostly observed in the mixed

Table 15. Forms of access to food

Country	Flow	Their own financial income	Support from relatives	Friends or neighbours	Food aid provided by humanitarian organisations	Government food vouchers	Religious organisations	Community centres or canteens	Other
Honduras	Internally displaced	50%	33%	17%	17%	0%	0%	0%	0%
	Deportee	51%	51%	11%	1%	1%	1%	0%	1%
El Salvador	Internally displaced	58%	46%	5%	4%	7%	2%	1%	2%
	Deportee	62%	23%	0%	4%	0%	0%	0%	15%
Colombia	Internally displaced	60%	61%	21%	2%	37%	2%	4%	4%
	Migrant	24%	81%	33%	13%	0%	13%	2%	0%
	Refugee/asylum-seeker	14%	86%	19%	5%	0%	10%	0%	0%
	Returnee	26%	67%	26%	15%	0%	11%	0%	4%
Ecuador	Migrant	48%	57%	4%	24%	1%	2%	1%	3%
	Refugee/asylum-seeker	68%	48%	4%	20%	4%	8%	4%	0%
Peru	Migrant	52%	58%	15%	1%	0%	4%	1%	4%
	Refugee/asylum-seeker	53%	70%	3%	3%	0%	10%	0%	0%

movements in the Andean region, although with a percentage that does not exceed 10% on average. As shown in Table 15, government support is insignificant in all countries, as it only represents a relevant value in the support of older persons forcibly displaced in Colombia, reaching more than a third of the sample in this flow.

Visits to community centres or canteens do not show significant results in practically any of the flows. In Colombia, some food needs are covered through shelters or canteens, but the need for food is not met, as resources are very scarce. This is illustrated by the low percentages shown in Table 15.

In some rural parts of Honduras, forms of self-sustainable food production have been identified, where older persons themselves cultivate the land to produce their own food, together with partner organisations that seek strategies to reduce food insecurity.

11.2.2. Difficulties experienced during the pandemic

It is clear that during the pandemic, difficulties in accessing food have worsened in all countries, with 41% of the population experiencing a decrease in food consumption. Ecuador is the country with the greatest decrease in food consumption during the pandemic, in more than half of the surveyed population. On the other hand, humanitarian organisations are lending their support to a greater extent.

In Peru, community initiatives have been identified that organise community kitchens to support people who cannot access food and help those who are hungry. This situation has worsened with the pandemic, as people are unable to secure the basic food basket, reducing the quantity and quality of food. Older people may see their nutrition reduced as they are dependent on family members.

“The World Food Programme should address the issue of the social problem of older persons, with the problems that have to do with their food satisfaction. The problems faced by older persons today is real, we need to care for older persons”. (Woman, intergovernmental organisation, Peru, 2020).

What service providers report

→ Thirty five percent of the surveyed organisations providing services before COVID-19 offered food assistance, 11% of them offered food vouchers, only 5% had a food bank and only 3% offered culturally adapted food services to beneficiaries. There has been no significant change in this situation, during the pandemic.

11.3. Conclusions

- There is a sector of the older population that is not getting enough to eat, with more than a fifth not eating three meals a day. This is compounded by the decrease in meal consumption due to the pandemic.
- Older persons lack nutritional balance in their diets. This needs to be addressed in order to provide guidance and resources to improve their diets, control overweight and prevent the exacerbation of chronic diseases.
- Most of the access to food is provided by means of their own financial income or support from family members, and there are gender differences related to access to food, rendering necessary gender-focused strategies that do not force women especially to depend on third parties.
- The food support provided by governments or humanitarian or other organisations is still insufficient for the food needs identified.
- The food insecurity of refugees and migrants in transit, especially in northern Central America and in mixed movements, needs to be reduced.



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Rural dwelling of an internally displaced elderly person in El Salvador.

12. Housing and accommodation

Older persons have the right to decent and adequate housing and to live in environments that are safe, healthy, accessible and adaptable to their preferences and needs (IACPHROP, Art. 24).

12.1. Introducción

According to the United Nations Human Settlements Programme (UN-Habitat, 2020a), 1.2 billion people in the world (14.3% of the global population) live in inadequate housing conditions, while other sources estimate that this proportion could rise to 20%, while 2% of the world's population (approximately 158 million people) is homeless (YaleGlobal Online, 2021). It is estimated that by 2030, new housing and accommodation spaces will be needed for 3 billion people (World Bank Group, 2016).

To a great extent, the formulation of the SDGS has driven significant transformations in terms of the planning and provision of housing, basic services and physical infrastructure, as well as the development of their environments, particularly urban ones. For global bodies, SDG 11 seeks to ensure that cities and human settlements are inclusive, safe, resilient and sustainable by 2030, which implies, on the one hand, addressing challenges arising from new environmental, social, economic and technological factors that have posed new challenges, but, on the other hand, also harnessing and innovating new resources and possibilities that they imply (UN-Habitat, 2020a).

In this context, having completed the development of the 2014-2019 strategic plan, the United Nations Human Settlements Programme has recently developed a new global agenda, with the participation of 197 countries, more than 1,000 subnational and local governments, 40 United Nations agencies, 1,100 governmental and third sector

organisations, 200 public policy development units, and a network of more than 58,000 stakeholders (UN-Habitat, 2020b).

The new agenda implies a transformation of the vision of habitat, in terms of viewing it based on four dimensions of sustainability: social, economic, environmental and spatial. In our view, the first key dimension - social sustainability - poses innovative objectives for the development of urban and housing spaces for people by prioritising the empowerment of vulnerable groups, gender equity, planning focused on human mobility, ethnic minorities and persons with disabilities, as well as age-responsive planning (UN-Habitat, 2020b).

Thus, the planning of human settlements, cities, housing development or upgrading are conceived as results based on three basic principles: 1) quality of life assurance, 2) holistic and multi-sectoral planning processes, and 3) provision of services through public resources and community agency. From there, there is significant progress in recognising human mobility as a significant source of vulnerability with impacts on access to housing, services and opportunities, to which the new agenda responds by committing to “ensuring full respect for the human rights of refugees, internally displaced persons and migrants, regardless of their migration status and supporting host cities in the spirit of international cooperation” (UN-Habitat, 2020b, p. 11).

UN-Habitat (2020a) also indicates that, according to its data, by 2020, 71 million people were recorded as having left their homes around the world; of these, 41 million are internally displaced, 26 million are identified as refugees and 4 million are asylum-seekers. It also stipulates that a successful response to their housing or shelter needs must be based on a comprehensive approach to their economic and social inclusion needs, resulting from

coordination between different levels of government, a cross-sectoral coordination approach and alignment between all stakeholders (UN-Habitat, 2020b).

The United Nations Economic Commission for Europe (UNECE) Housing for Migrants Study (2017) is another important reference. On the one hand, it defines a continuum of progressive settlement processes starting from emergency shelter and evolving in stages towards the provision of social housing, followed by renting from private providers and finally gaining access to home ownership. Moreover, experience shows how overcoming barriers to housing for refugees and migrants is achieved through three factors that facilitate independent accommodation: 1) established systems of reception, information and mediation, 2) financial support, and 3) availability of transitional shelters, or a combination of these three.

Faced with the challenges arising from the shortage of accommodation and housing for mixed movements, the same study identifies solidarity-based practices of accommodation networks coordinated by the third sector, which connect refugees and migrants with citizens and social groups willing to provide alternative housing, private sector sponsorship initiatives for accommodation, or cooperative initiatives and networks of churches that have the capacity to operate as hosts in temporary accommodation. In addition to these initiatives, there are institutional efforts to renovate unoccupied or disused housing spaces and premises, and the possibility of providing new solutions based on innovation in industrialised construction methods and technologies, which have made it possible to provide housing quickly, based on reduced standards that support cost reduction (UNECE, 2017).

It is also significant that, within the dimension of social sustainability of cities and human settlements, the new global habitat agenda (UN-Habitat, 2020b) proposes actions promoting the inclusion of older populations. These actions correspond to the specific targets of the SDGs, which include the development of indicators to measure the impact of ageing on society, in terms of access to services or the provision of affordable housing for older populations from

Three factors facilitating individual accommodation to overcome barriers to housing for refugees and migrants

1.

Robust reception, information and mediation systems



2.

Financial support



3.

Availability of temporary accommodation



a multigenerational perspective. It also illustrates successful experiences of developing urban planning policies that involve ensuring housing that meets their financial, physical and social needs (including public transport adaptations), as well as government provision of supplementary health and social welfare services and the implementation of age-friendly environments for social participation by older persons.

In addition, HelpAge's global analysis of data (2020d) reports that in 11 countries in situations requiring humanitarian assistance, 20% of more than 8,000 older persons interviewed reported being homeless; 77% had no income; 36% had no access to sanitation facilities; and 25% had no access to safe drinking water, with one in five living alone. Previously, the analysis of data from the application of the health results instrument to a sample of 3,000 older persons in nine countries between 2014 and 2017 (HelpAge, 2017), two of them in Latin America, showed that only 34% of respondents, who were on average 71 years old, lived in urban settings, while 63% did not have sufficient means to meet their basic needs.

Complementary research by HelpAge (2019c) has shown severe risks to the housing conditions of older persons in emergency contexts, starting from the possibility of abandonment in situations of conflict or natural disasters, leading to complete isolation and lack of access to basic services, barriers to returning due to difficulty in terms of mobility or insufficient means of livelihood, or lack of shelter leading to homelessness or similar situations.

In Latin America and the Caribbean, between 2014 and 2019, UN-Habitat (2020a) reported an investment of US \$74 million in the development of 101 projects related to housing and slum upgrading; urban planning, design and regulation; land legalisation; basic services; and research and training. In reviewing sources, we found no evidence documenting the specific housing or housing problems of older persons in human mobility flows and possible responses in the region, and it seems to be a pending issue in terms of knowledge development and information management on the subject. Meanwhile, the RMRP 2021 (R4V, 2021) proposes housing support for a proportion of 11.6% of the 4.15 million people in these situations of human mobility who

require the guarantee of this right. There appears to be no evidence in the chapters on Honduras and El Salvador in the 2019 and 2020 MIRPS report that they prioritise and establish concrete targets and funding mechanisms to support the housing needs of the flows of asylum-seekers, refugees, returnees, victims of forced internal displacement or transitory migrants.

In the recent Regional Evictions Survey of Refugees and Migrants in Venezuela (2021), developed by the Regional Protection Sector of the Regional InterAgency Coordination Platform for Refugees and Migrants from Venezuela (R4V), with a total of 1,021 interviews mainly in Colombia, Ecuador, Peru and Brazil, 50.4% of households had been evicted, while 49.6% were at risk of eviction. In its conclusions, this study shows that the majority of people have informal and verbal tenancy contracts, and many tend to live in overcrowded and unsanitary conditions. One of the main causes of eviction is failure to pay for housing or services, as well as discrimination, disputes with landlords or violence in the areas where they lived. There is a tendency for the tenure and habitability of housing and land to become more precarious among people in an irregular situation. Women face the greatest impact, as do Afro-descendants. For older persons or persons with disabilities or medical treatment, evictions become an additional burden given the management of specialised services or the lack of public intervention.

In this assessment, mediation is identified as the most effective instrument for dealing with evictions. Given that many people prefer to stay in the locality where they have been evicted rather than return to Venezuela, the authorities need to guarantee housing and accommodation conditions in order to avoid the link between eviction and homelessness. It is also necessary for authorities to play a more decisive role in terms of providing legal advice and mediation.

12.2. Results

Below is an analysis of access to housing for older persons in the different human mobility flows in the five countries, divided between the countries of northern Central America and the Andean region. The analysis includes difficulties

in access to housing, services and housing conditions, evictions and risks in pandemics, access to financial services and, finally, conclusions. The most relevant gender differences and the main difficulties faced by persons with disabilities are also mentioned.

12.2.1. Access to housing and accommodation

The overall average shows that 61% of the older persons surveyed live in rented accommodation and only 20% own a flat or house. Women seem to have less housing security than men. In the overall average, 66% of women live in rented accommodation, almost 10 points higher than men at 57%, and only 17% live in their own home, compared to 24% of men.

In the flows identified in Table 16, 44% of people in the countries of northern Central America live in their own flat or house, with a significant difference from the countries of the Andean region, where only 9% of people live in their own flat or house. In Colombia, only around a third of the displaced or returnee population, who are nationals of the country, have a flat or house of their own. In the rest of the mixed movements, home ownership is

almost non-existent and only applies to 2% of the population.

In the countries of northern Central America, the average number of people living in rented accommodation (32%) is much lower than in the countries of the Andean region (79%), where mixed movements average 85%. There are some people who stay as guests, mainly in El Salvador with 15%, and in Colombia among the displaced population (12%); however, this is not a recurrent modality, reaching only 5% in all the countries.

Another housing modality is makeshift housing, which is particularly relevant for IDPs in El Salvador (21%). In the Andean region, it is only recorded in Colombia among the male IDP and migrant population, with only 3%. In Colombia, 4% of people in mixed movements say that they rent rooms by the night, which is called “pay-per-day”. In Peru, this type of accommodation is resorted to by 12%, with a higher concentration among the refugee or asylum-seeker population. It is women who resort to this type of accommodation in both countries.

More than a third of the population lives in a single room (36%) and half of the population shares a room with one or two other people (51%); to a lesser extent, they were in overcrowded conditions, sharing a room with three or more people (13%). Overcrowding among the displaced population in Honduras is worrying, reaching a third of the population (34%), and among refugees or asylum-seekers in Colombia, which exceeds half of the population (57%), as well as among migrants, who in this country exceed a fifth of the population (22%), similar to the percentage of refugees or asylum-seekers in Peru (20%).

12.2.2. Difficulties in access

The first difficulty in obtaining housing is related to the lack of economic resources (41%), which is very noticeable among the older population in El Salvador. This is reflected in Table 17, with 70% of the flows of displaced persons and deportees, and in Colombia, with a prevalence of 47%. The main gender dif-

Findings from other rapid needs assessments

1. Housing is the fifth highest priority for older persons in La Guajira, Colombia. Forty-eight percent of respondents are dissatisfied with their accommodation and 44 percent explain that their housing is in need of major repairs. On the other hand, 37% of the older population does not feel safe in the place where they live, especially those who live alone (HelpAge, 2020c).

2. In Venezuela, 29% of older persons live in homes in need of repair, and 5% are homeless. (HelpAge, 2019b).

Table 16. Types of accommodation and overcrowding

Country	Flow	Own apartment or house	Rented accommodation	Accommodation as a guest	Improvised accommodation	Other	Overcrowding
Honduras	Internally displaced	17%	67%	0%	0%	17%	34%
	Deportee	50%	26%	7%	1%	16%	11%
El Salvador	Internally displaced	49%	12%	15%	21%	1%	11%
	Deportee	58%	23%	15%	4%	0%	0%
Colombia	Internally displaced	33%	35%	12%	2%	18%	4%
	Migrant	2%	91%	2%	4%	0%	22%
	Refugee/asylum-seeker	0%	95%	0%	0%	0%	57%
	Returnee	26%	67%	4%	0%	0%	7%
Ecuador	Migrant	2%	93%	2%	1%	2%	12%
	Refugee/asylum-seeker	8%	88%	4%	0%	0%	0%
Peru	Migrant	0%	89%	2%	0%	4%	9%
	Refugee/asylum-seeker	2%	70%	2%	0%	8%	20%

ferences are found in Honduras, where lack of resources affects 24% of men, more than twice as many as women (11%). In the overall average, of older persons with disabilities, 48% of the sample had difficulties due to lack of resources compared to 36% of those without disabilities.

The second factor is rejection on the basis of being a person on the move (23%), affecting a third of the sample who are forcible displaced in Honduras (and also in Colombia). In Honduras, this rejection also affects the majority of persons with disabilities (15%), compared to those without disabilities (3%). This difficulty, which can be explained as a manifestation of xenophobia, is registered in the mixed movements of the three countries of the Andean region, mainly affecting Colombia and Ecuador. Differences in terms of gender or disability are not significant.

In Colombia, the percentages related to the difficulty of not having a co-debtor or guarantor and the lack of documents, as well as having a large family or babies in the family, are also relevant in terms of renting. In Ecuador there is the added problem of some landlords charging excessive rental fees.

12.2.3. Services and housing conditions

Overall, 97% of the households of older persons on the move have 24-hour electricity, 91% have drinking water and 87% have a toilet. However, almost one third of the sample has no sewerage (31%) and one third has no gas service. Of the older persons surveyed, 61% do not have internet connectivity and only 11% have fixed-line telephony.

At country level, in Honduras and El Salvador, housing conditions are precarious in terms of infrastructure, as many are built with light materials, putting the older persons who live in them at risk. They also tend to be built in areas with a high risk of natural disasters²¹. Another particularity of northern Central America is that half of the people are homeowners; however, as will be analysed, this does not mean that their homes are habitable and safe. A relevant gender difference in the case of Honduras is that 36% of deportee older women own their homes, compared to 52% of men, which reveals an inequality in access to property. In El Salvador, there are also more older men (48%) than older women (55%), but with a much smaller difference.

Many of the older persons on the move do not have a fixed place of shelter, so they tend

²¹ Honduras ranks first in the world as the country most affected by natural disasters between 1997 and 2016. In fact, fieldwork in Honduras was strongly affected by hurricanes Eta and Iota. El Salvador, on the other hand, is among the 15 countries with the highest risk of natural disasters in the world. See: <https://www.bbc.com/mundo/noticias-internacional-46357919>

to stay in hostels, transit places or, as in the case of El Salvador, as guests or in improvised lodgings. The problem with these places is that they are not safe, as many of them are overcrowded or overstretched. On average, more than a third of the population in both countries consider the place where they live to be unsafe (36%), more than double the percentage of the countries in the Andean region (15%).

“The houses are normally adobe houses, a material made of grass and mud”. (Man, religious organisation, Honduras, 2020).

In terms of access to basic sanitation, conditions in rural areas are often more challenging than in urban areas. This is mainly due to a lack of government investment in sewerage construction, and a shortage of drinking water sources to supply all communities. In many areas, latrines and septic tanks are used, where water is supplied by non-potable water sources that are difficult to access, such as rivers or streams. In Honduras,

only 50% of the population has access to sewerage services, and in El Salvador, only 40% does. On average, 20 percent of the people in both countries do not have toilets, and more than 10 percent do not have safe drinking water.

“They usually live in rural areas in excluded, vulnerable sectors; the housing conditions are deplorable; they usually have sewage services, perhaps even sewage”. (Focus group, intergovernmental organisation, El Salvador, 2020).

In Honduras, the main problem is the high cost of services, such as electricity, which is considered the most expensive energy supply in Central America.

12.2.4. Eviction and risks in the pandemic

During the pandemic, 20% of the surveyed population have had their housing conditions deteriorated or lost, mainly due to lack

Table 17. Difficulties in obtaining accommodation or housing

Country	Flow	Lack of financial resources	Rejection due to being foreign	Does not have a co-debtor or guarantor	Lacks the required documents	Has a numerous family or babies in it	Rejection due to being an IDP	Has no obstacles	Other
Honduras	Internally displaced	0%	0%	0%	0%	0%	33%	67%	0%
	Deportee	19%	0%	1%	3%	1%	1%	80%	1%
El Salvador	Internally displaced	70%	0%	2%	4%	3%	4%	24%	5%
	Deportee	69%	0%	0%	0%	0%	0%	31%	4%
Colombia	Internally displaced	54%	0%	33%	5%	7%	30%	42%	2%
	Migrant	57%	46%	33%	31%	26%	2%	28%	4%
	Refugee/asylum-seeker	52%	29%	24%	29%	14%	5%	33%	0%
	Returnee	26%	4%	4%	0%	4%	0%	59%	19%
Ecuador	Migrant	32%	42%	7%	8%	8%	2%	29%	16%
	Refugee/asylum-seeker	52%	16%	8%	12%	4%	12%	40%	4%
Peru	Migrant	24%	19%	0%	1%	3%	2%	65%	4%
	Refugee/asylum-seeker	28%	15%	3%	2%	8%	0%	67%	5%

of financial resources. With the pandemic and the resulting economic crisis, the situation has become even more complicated for many.

“We haven’t paid since January [2020] because of the economic crisis, and because of the pandemic. The little that we used to earn was to buy food; we used to eat and pay the rent on a regular basis”. (Woman, carer and family member, Ecuador, 2020).

Eviction is identified as one of the most serious risks faced by older persons on the move, which on average reaches 5% of the sample during the pandemic. However, what is most worrying is that 89% of people do not know what protection actions exist in the face of eviction.

“They rented a small space, but as a result of this crisis they began to be evicted. In that case, the ombudsman’s office was able to act, but, of course, there are hundreds of cases of evictions that have not identified an early warning”. (Man, national public entity, Ecuador, 2020).

Evicted people are forced to look for shelter, which leads to situations of vulnerability and lack of protection, sometimes ending up on the streets, affecting their physical and mental health. Those most at risk are often older persons, children and pregnant women.

“If you’re abandoned, you don’t have access to other types of services, you end up on the street, and being on the street means that you are linked to other types of problems”. (Man, national public entity, Ecuador, 2020).

In Ecuador, a great factor of concern that has emerged during the pandemic is that there are few accommodation possibilities due to the risk of infection. Some places are closed or full,²² and it is not easy to find vacancies in homes for older persons. The situation in Peru is similar: there are cases in which families settled in parks, as the shelters were full or people did not want to go to them for fear of COVID-19 infection.

The situation of a woman, a relative of two older persons, when she was trying to get a room for rent:

“Then the man told me I was a liar, I didn’t tell him anything, it was raining very hard and he wanted to get us out. I knelt down and said to him: “Sumercé, I beg you, please don’t take me out, it’s raining. Where are we going to spend the night? The man told me that we could stay until 4 o’clock in the morning, and I said: “Thank you very

Access to home-based services for older persons on the move



They do not have:



²² The Misión Scalabriniana, Pastoral Social-Caritas, and the Jesuit Refugee Service are part of the Red Clamor, which supports 13 shelters in Ecuador.

much, God bless you". (Woman, carer and family member, Colombia, 2020).

12.2.5. Financial services

Eighty-one per cent of the sample at regional level do not have access to financial services, with women (85%) 8 points behind men (77%). Throughout the assessment, a cross-cutting analysis was conducted of the fact that lack of access to these services affects the enjoyment of other rights and services. With regard to housing, the impossibility for most of the sample to access the financial system constitutes a barrier to acquiring credit to obtain formal housing or to make housing improvements.

What service providers report

→ Only 23% of the surveyed organisations providing services prior to COVID-19 offered temporary accommodation assistance in rooms, 19% offered accommodation in special residences, 21% provided eviction counselling, and 6% provided health services.

12.3. Conclusions

- Older persons on the move have a low level of security in terms of housing rights. There are cases of overcrowding in Honduras, Colombia and Peru, and these cases must be carefully observed due to their high frequency, which exacerbates the vulnerability of older persons on the move.
- The main causes of difficulty in finding housing are the lack of economic resources and rejection stemming from the condition of a person being on the move, specifically in the countries of the Andean region. This may be related to xenophobia, which, as a form of abuse, affects a fifth of the population.
- The quality of housing varies from country to country, as does the formality of renting housing, with Colombia being the country with the highest requirements in terms of paperwork and deposits, representing a major obstacle.
- Although electricity and drinking water services are available in a high percentage of homes, there is a lack of services such as sewage, which can put people's health at risk. In the Andean countries and in Honduras, there was evidence of difficulties in paying for public services.
- Especially in the countries of northern Central America, the material conditions of the houses are fragile and with poor security conditions, especially in rural areas that have the worst infrastructure conditions and connection to services, establishing these areas as priority areas for attention.
- Eviction is a serious risk for older persons and is presented as a form of abuse towards them and their families. The high percentage of people who are unaware of their rights regarding eviction is a cause for concern.
- The COVID-19 pandemic has increased the vulnerability of families on the move in terms of housing.



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Sixty-two-year-old man from Venezuela in Ecuador.

13. Safety and non-discrimination

Older persons have the right to safety and a life without violence of any kind, to be treated with dignity, and to be respected and appreciated (IACPHROP, Art. 9). Discrimination on grounds of age is prohibited, and measures must be put in place for people who are victims of multiple discrimination (IACPHROP, Art. 5).

13.1. Introduction

Undoubtedly, the safety of forcibly displaced persons is a founding commitment of UNCHR. In the words of the then High Commissioner for Refugees and current United Nations Secretary-General:

Over the past sixty years, UNCHR staff and partners have worked on a daily basis to address threats to the safety and security of people of concern. We do so often under very challenging circumstances, both in times of peace and during situations of armed conflict. (UNCHR, 2011c, p. iii).

This commitment is broken down, in terms of action, in the announcement of the Agency's mission present, for example, in the main entries of its Spanish-language portal when it states UNCHR's main mandate: to ensure the international protection of approximately 46 million uprooted and stateless people in the world (UNCHR, 2021). In conjunction with this, the UNCHR Spanish Committee highlights the priority of protecting those who have to flee their country for reasons of conflict, whatever the situation in which they find themselves (UNCHR, 2021).

As a starting point for this reflection, it is worth noting a position that is widely shared by various authors in terms of the relationship between migration and security. According to the research of Herrera-Lasso and Artola (2010), migration—in general— or irregular migration—in particular— does not represent a risk in itself for the host countries, a

position shared by García and Alliende (2019), who state that it cannot be a threat in itself, in a world where one in seven people is a migrant. Rather, the threat lies in the reasons for expulsion from the places of origin. For Bravo (2015), in a globalised world and in the face of migration as a related phenomenon, or even a risk to internal security conditions, it is not possible to define migration from, for example, the traditional military approach, since understanding the relationships—in many cases identified as contradictory— requires a multidimensional approach, which considers the relationships with economic, political, social and environmental dimensions as risks in themselves. The author illustrates this contradiction with a clear example: a migrant can be seen both as a labour force for economic growth or as a potential threat to the host society.

For Herrera-Lasso and Artola (2010), crimes related to the irregular migration phenomenon such as document forgery, human trafficking or the illegal trafficking of migrants are certainly public security risks that receiving countries are forced to assume. However, the authors state that the available evidence does not serve to establish a causal relationship according to which irregular migrants engage in illegal activities, but rather to conclude that their particular conditions of vulnerability make them more susceptible to deception and coercion and demonstrate that they are in particular conditions of risk. In this sense, they assert that such views, without historical causality, serve as reasons of domestic political interest and debate, which have worked to adopt restrictive migration policies in different countries. Such provisions do have an effect on the expansion of illegal businesses and activities surrounding migration, and have also acted to promote discrimination, xenophobia, and criminalisation of migrants (Herrera-Lasso & Artola, 2010).

In this framework, it is suggested that there is a need to delimit the role of migration in

the different spheres of security: regional, national, border, public and human. Herra-Lasso and Artola (2010) argue that, on the one hand, in practice, migration regulations are generally based more on an economic rationale and, on the other, that it is refugees and migrants, especially those who have not left their countries voluntarily, who face the greatest security threats, not only because of the conditions of violence that often underlie their movement, but also because they face severe limitations to their subsistence in dignified conditions. Thus, they conclude that in today's globalised world of transnational economies, the evolution of the migration-security relationship has turned security into a right that must be guaranteed and is a priority even over the rights of sovereignty or the principles of non-interference between states (Herrera-Lasso & Artola, 2010).

UNCHR (2010) has documented and continuously updated the protection of people in situations of forced displacement as a priority. Its *Handbook on the security of persons of concern*, the subject of several editions —the first of which published in 2011c— stands out, as it represents a decisive step forward not only in terms of the precise identification of 23 types of security risk for these populations, but also in the specific provision of 22 response strategies, which was later included and expressed in key current instruments such as the 2030 SDGs.

The focus on the concept of security as a human right has profound implications. One of the main ones is that, from its very definition, it entails a dimension of comprehensiveness. This is precisely where the United Nations Global Agenda 2030, through its 17 SDGs and 169 targets, constitutes a precise extension of the understanding of security. The SDGs have triggered a transformation in the priorities of governments, international actors and civil society, creating new spaces for inclusion, equity and sustainability (HelpAge, 2020a).

However, the organisation's recommendations call for the need to bring older persons to the centre of the SDGs, to make their voices heard and in order for the implementation of the agenda to result in effective action on

economic security, social protection, healthy living, learning opportunities, gender equality, decent work and equity for older populations (HelpAge, 2020a).

HelpAge (2016) identifies 36 risks to older persons in emergency contexts, for which it proposes consequent mitigation mechanisms. These initially highlight the threats of increased exclusion, discrimination and invisibility, the first of which is fuelled by being undocumented or unregistered for assistance. It then describes the protection risks, including the need to leave their homes; separation from their families and communities; abandonment of places of origin upon return; loss of land rights; the obligation to care for children in the family environment; exclusion from shelters and temporary accommodation. It also identifies risks to food and nutrition, health, access to clean water and sanitation, as well as factors that exclude people from taking part in rehabilitation or livelihood projects.

In terms of security risks for older persons, HelpAge's global analysis (2020d) showed that nearly 40% of respondents considered isolation and loneliness, along with the denial of resources, services and opportunities, to be the main threats. Proportions between 20% and 30% of respondents prioritised financial abuse, emotional abuse and the lack of space for them in their communities. In turn, 9-10 percent reported physical and sexual abuse as main risks, and 4-6 percent reported armed violence as main risks.

In a further consultation with 306 older persons in 24 low-, middle- and high-income countries around the world, HelpAge (2019c) found that 71% of respondents had difficulties in relation to receiving justice, whereby most had no effective resolution, prioritising problems with land and property disputes, access to public services, debt, family conflicts, employment issues, housing and scams. A separate consultation (HelpAge, 2018), on a sample of 450 older persons, identified risks of loss of autonomy, including loss of control over resources and assets and the inability to decide on long-term or palliative care, with

According to the surveys, the main threats in terms of security risks for older persons are the following:

41%

Isolation, loneliness, deprivation of resources, services and opportunities

9-10%

Physical and sexual abuse

20-30%

Financial abuse, emotional abuse and lack of community spaces

4-6%

Armed violence

no significant difference between men and women.

In contrast, analysis of global data (HelpAge, 2020d) points out that, overall, the risks are dramatically higher for older women than for men, with 58% of older women reporting living alone and lacking income; a close 56% reported having to care for others and the same percentage reported lacking access to health services, while nearly a third reported an inability to get ahead in life. A consultation with 250 older women in 19 countries further specifies several different forms of discrimination against, related to access to transport, the media, leadership positions in communities, churches or governments, and, moreover, humanitarian response, while identifying health service providers, financiers, caregivers, employers, the media, government, political parties, family members and society in general as responsible for discrimination (HelpAge, 2017).

Besides this, for some years now, academia has identified Latin America and the Caribbean as an area with a very high migration rate, if not the highest in the world (Arellano-Ortiz, 2013), in which the migration situation has been transformed from a region characterised by emigration to one in which the largest movements occur in terms of intra-regional migration and immigration from nearby countries, not excluding distant ones (Pedroza & Noriega, 2020).

For Pedroza and Noriega (2020), two main factors influence migration policies in the region: on the one hand, the drastic increase in forced displacement; on the other, the high

politicisation of migration and security issues. In the case of Mexico, Central America and the Caribbean, a policy of open rejection and criminalisation of immigration from the countries in this area is attributed to certain political sectors, with measures such as the return of 20,000 asylum-seekers, accompanied by other pressure measures such as the threat of imposing tariffs on the countries of northern Central America if they do not stop the outflow. In terms of security risks and protection needs, the effects identified include not only an increase in asylum applications in Mexico (in three years they quadrupled to 64,000), but also a rise in detentions and deportations from this country, which have even led to other proposals such as negotiations to find a 'safe third country'. Experts consider this to be an incoherent and unrealisable policy (Pedroza & Noriega, 2020).

With regard to South America, Pedroza and Noriega (2020) propose the need to recognise the Venezuelan crisis as a humanitarian catastrophe, not only because of its magnitude, but also because of the living conditions and, particularly, the health of refugees and migrants. At the same time, the authors highlight the receptive attitude of neighbouring countries with short-term permits and aid, in view of the structural difficulties in the countries of the continent and point to the absence of a long-term integration policy. Accordingly, they formulate novel recommendations for the case, such as the creation of fiscal benefits or employment programmes that would benefit the receiving populations and those on the move in a 1:1 ratio, or the construction of regional migration systems

with shared tasks, responsibilities, goals and costs (Pedroza & Noriega, 2020).

The RMRP 2021, the coordinated response mechanism for refugees and migrants from Venezuela in the region, establishes a specific line of investment in protection of US\$142 million for 1.29 million people in these human mobility flows, representing 23% of the estimated total number of people in need, with specific allocations for the protection of children and adolescents, gender equality and the fight against human trafficking and smuggling. However, from a comprehensive understanding of human security, it is clear that investment in food security and nutrition, education, guaranteed health services, water and basic sanitation, integration, humanitarian transport and cash transfers are also intended to guarantee rights in different ways, for a total of 3.3 of the 5.6 million people who are in need (R4V, 2021).

The MIRPS (2020), structured according to national chapters, shows that for Honduras, the objective of guaranteeing humanitarian assistance and lasting solutions for access to work, social protection and inclusion is framed within the same comprehensive conception of protection that guarantees rights and, with them, human security. In this sense, it quantifies as a total target 63,484 beneficiaries, as shown in previous sections. El Salvador's National Plan, the first to be formulated within the framework of this mechanism, which the country joined in 2019, includes specific objectives for strengthening educational services, access to health and psychosocial care, and work and livelihood opportunities, which quantifies a total of 26,000 beneficiaries, all of which are in line with the same comprehensive understanding of human security.

However, understanding that, for example, the SDGs impose a clear requirement for the differential inclusion of older persons in protection and inclusion actions, we can see that, in their implementation at present, regional and national plans do not include specific items or actions or beneficiaries belonging to the older population in the human mobility flows determined. This, in practice they may

continue to be priorities that are still lagging behind and that need to be made visible.

13.2. Results

Below, is an analysis of the safety and non-discrimination that older persons must be afforded in the different human mobility flows in the five countries, divided between the countries of northern Central America and the Andean region. The analysis includes the types of abuse that people face, safety, medical care, complaints during the pandemic, forms of discrimination and, finally, the conclusions. It also mentions the most relevant gender differences and the main difficulties faced by persons with disabilities.

13.2.1. Types of abuse

The overall rate of abuse in the countries before the pandemic was 38%, with a marked difference between persons with disabilities (48%) and those without (29%). In the countries of northern Central America, the percentage of abuse among older persons is 63%, with a significant difference between persons with disabilities (87%) and those without (40%). The gender difference is 11 points, with 65% for men compared to 57% for women. In the Andean region, abuse is lower, affecting a quarter of the population (26%), with a marked gender difference for women, with 34% compared to 20% for men.

According to the data in Table 18, in Honduras, cases of psychological abuse among older internally displaced persons were identified as reaching half of this group. Deportee older persons show percentages of abuse in almost all its forms, but below 10%. The main gender difference here is found in women, who report 54% of emotional abuse, more than twice as much as men (26%). In Honduras, there are also cases of domestic violence, which has even led to older persons being expelled from their own homes, an issue that affects women to a greater extent.

In El Salvador over a third of older persons on the move indicated that they have suffered psychological abuse and 14% physical abuse. Displaced persons are the ones who have

suffered the most from eviction. Men report a higher percentage of abuse (52%) than women (43%).

Older persons or their relatives in northern Central America who have returned voluntarily or who have been deported have expressed fear, disappointment and helplessness at the way in which they were forced to leave the country of destination, and the helplessness to which they are subjected by having to return in the same conditions in which they left: to poverty and precariousness. In El Salvador, these people suffer a particular type of discrimination, as they are considered to no longer belong to the country and are even stigmatised as delinquents. In other cases, particularly for women, there is a greater burden of shame and disillusionment. There is a certain degree of abuse by some family members on account of no longer receiving remittance money, and deportees who return cannot be employed due to the low demand for jobs and age discrimination, as we will see below.

Regarding the older persons with disabilities surveyed in northern Central America, the most recurrent abuses are psychological abuse (36%) and eviction and dispossession (14%), with men being slightly more affected than women, with a difference of 3% and 7%, respectively.

Concerning the countries of the Andean region, in Colombia, abuse reaches 26%, but it is the most relevant case of gender difference in the overall percentage, with 11% of men reporting abuse compared to more than a third of women (35%). The displaced population has suffered abuse in all its forms, with psychological abuse being the most relevant (16%). In general, in the mixed movements in this country, there are no percentages of abuse higher than 5%, a favourable aspect, although this contrasts with the high percentage of people who have felt discriminated against (52%). It is possible, on the one hand, that the people interviewed do not see discrimination as a form of abuse and, on the other, that they do not want to express the type of abuse out of fear

Table 18. Type of abuse

Country	Flow	Psychological abuse	Physical abuse	Eviction	Has been left alone, isolated or in overcrowded conditions	Have been denied or restricted food and medicine	Have had their money taken without their approval or authorisation
Honduras	Internally displaced	50%	0%	0%	17%	17%	0%
	Deportee	9%	4%	1%	1%	1%	0%
El Salvador	Internally displaced	35%	13%	12%	10%	8%	5%
	Deportee	35%	15%	4%	8%	0%	4%
Colombia	Internally displaced	16%	7%	7%	5%	7%	4%
	Migrant	4%	2%	2%	4%	4%	0%
	Refugee/asylum-seeker	5%	0%	5%	0%	5%	0%
	Returnee	4%	0%	0%	0%	0%	0%
Ecuador	Migrant	13%	1%	7%	1%	2%	3%
	Refugee/asylum-seeker	16%	0%	8%	0%	4%	0%
Peru	Migrant	6%	0%	7%	0%	2%	0%
	Refugee/asylum-seeker	7%	0%	2%	2%	2%	2%

or shame, which implies exposing the difficult situations they face.

In Ecuador, abuse reaches 38% and the percentage of psychological abuse in mixed movements is significant (15%) over the other types, also eviction in this country reaches 8%, and this doubled for men during the pandemic. In Peru, the percentage of abuse is lower and is also related to psychological abuse (7%) and eviction (2%), mainly.

The type of abuse with the highest percentage for older persons with disabilities in the countries of the Andean region was eviction (8%), affecting more women than men in this situation, by three percentage points.

Among the perpetrators of abuse, 11% were family members; 7% were government officials, including law enforcement; 7% were friends or neighbours; and 74% were other people, e.g., armed actors, gangs, people on the street, on public transport or the owners of the homes where they rented or lived.

13.2.2. Safety

In terms of security, it has been identified in the assessment that, in the countries of northern Central America, there are events that have triggered fear and insecurity among older persons and their families, producing psychological and, in some cases, physical effects. The spaces inhabited by many of them are related to violence by armed actors. For example, very recurrent conflicts are triggered by gangs that harass the populations living in these territories; in fact, 36% of the older persons surveyed who live in the countries of northern Central America consider that the place where they live is not safe.

Many territories, both urban and rural, in northern Central America have been impacted by powerful illegal structures, which intimidate, threaten and extort families. The older persons interviewed expressed how they suffer directly from insecurity, because many of them own small businesses and are forced to pay extortion money.

Perpetrators of abuse

11%
Relatives

7%
Government officials,
including law
enforcement officers

7%
Friends or
neighbours

74%
Other actors such as
armed actors, gangs,
people on the street, on
public transport or the
owners of the
accommodation where
they live

"[These are] high-risk urban areas in which they are going to join an already vulnerable and generally marginalised, socially and economically discriminated population group". (Focus group, intergovernmental organisation, Honduras, 2020).

One third of the deportees in northern Central America (33%) did not feel safe to return to their place of origin, mainly due to threats, violence or persecution. There is a sense of fear, as they return with a strong emotional trauma, in many cases with separated families and to dangerous areas of the country, to face permanent situations of internal violence. Insecurity causes many families to leave their homes, fleeing out of fear and death threats. Gangs and illegal armed groups are apparently controlling many areas and forcing people to move, sometimes alone, sometimes with their families. In addition to this insecurity and violence, there is also a huge lack of opportunities for older persons.

"Here in El Salvador there is a tremendous situation of violence. You can't escape even if you are old enough, there is a tremendous crime wave. Here you have to thank God when you can get home". (Sixty-year-old woman, Older person on the move, El Salvador, 2020).

For people who are in transit between the different countries and who cross borders on a daily basis, the risks are worrying. The "trochas" or "green roads" are irregular border crossings that are highly dangerous for those who are forced to cross them, exposing people to the risk of robbery, rape, kidnapping and human trafficking, among others. Such situations are not always that frequent, but undoubtedly need to be exposed as a further issue to be addressed.

13.2.3. Medical care and complaints during the pandemic

There appear to be no significant fluctuations in abuse rates during the pandemic; however, assistance at medical facilities following abuse is only provided to a quarter of people and 23% file complaints, leaving a large percentage unprotected in this respect.

A little more than a quarter of older persons in northern Central America attended medical centres after suffering these acts, with a higher percentage among older persons forcibly displaced in Honduras, which registers about two thirds of attendance, and of filing complaints. The opposite is true for older persons deportees in El Salvador, who show no percentages in either case.

In the countries of the Andean region, particularly in Colombia, it was observed that older migrants did not attend medical centres nor did they file complaints, a different situation with respect to older persons who were refugees or asylum-seekers, since more than half of them did attend medical centres after the abuse. One third of displaced persons attended medical facilities and more than half filed a complaint. In the case of returnees, no data on abuse during the pandemic is recorded.

In Ecuador and Peru, the average number of persons in mixed movements who attended medical centres is below a quarter of the sample. It is relevant that half of the refugees or asylum-seekers in Ecuador filed complaints, but reporting is very low among the rest, even older persons on the move in Peru did not file complaints.

13.2.4. Discrimination

Fifty percent of older persons on the move have felt discriminated against. The main form of discrimination is age, with an average of 25%; however, there is a difference of more than 10 points between women and men, with the latter feeling more discriminated against with 30% compared to 19%. Another notorious gender difference is discrimination by disability, where women report feeling discriminated against by 5%, compared to 10% for men.

According to Table 19, in the northern Central American countries, age discrimination amounts to 27%, which is most noticeable in terms of deportees in both Honduras and El Salvador. Both countries also show discrimination on the basis of human mobility status in female deportees.

“They discriminate against them and remove them from all social activity, productive activity; also, because we are still in a position to be producing. However, they say “no, that old man no longer produces, he can’t do anything, he can no longer innovate, his memory is failing, his energy is failing, so it is better to leave him aside and hire young people”. (Sixty-five-year-old man, older person on the move, Colombia, 2020).

In northern Central America, IDPs also suffer discrimination as a result of having been displaced. In El Salvador, almost a third of the displaced population has been discriminated against on the basis of disability. In northern Central America, 13% of older men in human mobility reported having suffered discrimination on the basis of ethnicity.

Discrimination for older persons is expressed by exclusion from the economic system and the inability to continue working because of age. Companies often prefer to hire people under 40 years of age. In terms of the physical capacities they still have to carry out some kind of work, the invisibility of the older population is a source of non-conformity that arises. Age discrimination adds to other forms of discrimination that increasingly exclude older persons.

On the other hand, in the countries of the Andean region, discrimination based on age has the same average as discrimination based on human mobility at 25%, which is related to xenophobic actions, except for older persons on the move. For the latter, their mobility is the main cause of discrimination, followed by age and disability.

“I come across many cases of people who say “Are you Venezuelan, are you Colombian? These are thieves, we shouldn’t give them anything”. (Woman, foundation, Colombia, 2020).

Older persons can experience various forms of discrimination, which can make them more vulnerable, a situation that has been intensified by the pandemic.

“It hurts her to feel that people can discriminate against her for being a foreigner, for being Venezuelan, because I think that’s what they make us feel: that because we are Venezuelan

we are useless”. (Man, carer and family member, Peru, 2020).

In the Andean region, age discrimination is most notorious in Colombia, where the average percentage of women is 15% and men almost double this percentage, reaching 28%. Here, discrimination based on disability is observed in the different flows, as well as in Ecuador.

In Colombia, discrimination based on ethnic origin can be seen in older forcibly displaced (7%), as well as in older persons who are migrants. In Ecuador, older persons who are refugees, migrants and asylum-seekers also mention ethnicity as a cause of discrimination. In Peru, the highest percentage of ethnic discrimination (11%) was found among older persons who were migrants, refugees or asylum-seekers. Sexual or gender discrimination is only recorded among older persons who are refugees, migrants and asylum-seekers in Colombia (4% on average).

Subtle forms of discrimination were also identified by those interviewed, such as, for example, having a Venezuelan accent or the fact of being a displaced person without knowing the causes.

“Well, the truth is that when we first arrived here at the flat everyone said: “oh, the Venezuelans”, including the security guards. One day I told them: ‘I am not Venezuelan, I lived in Venezuela, but I am Colombian, I am very Colombian, my children are Colombian, my husband is Colombian, my grandchildren are Venezuelan, but they are not the same as everyone else’. That’s what I used to tell them”. (Seventy-two-year-old woman, older person on the move Colombia, 2020).

“Of course, mamita! You feel discriminated against because people already look at you like a freak: “Oh, you’re displaced, and who displaced you? Was it the ELN or the FARC? Tell us who displaced you? So, of course, you feel discriminated against”. (Sixty-five-year-old woman, older person on the move, Colombia, 2020).

It is worrying that only 16% of older persons on the move have received adequate counselling and guidance when they have had to appear before the authorities in cases of discrimination.

Table 19. Forms of discrimination

Country	Flow	Age	Due to being a person on the move	Disability	Ethnic origin	Has received appropriate advice and guidance in the event of being brought before authorities
Honduras	Internally displaced	17%	0%	0%	0%	50%
	Deportee	33%	10%	1%	0%	4%
El Salvador	Internally displaced	20%	6%	27%	0%	19%
	Deportee	42%	19%	4%	0%	12%
Colombia	Internally displaced	21%	21%	5%	7%	21%
	Migrant	26%	31%	7%	2%	26%
	Refugee/asylum-seeker	14%	29%	10%	0%	24%
	Returnee	15%	19%	4%	0%	30%
Ecuador	Migrants	32%	28%	6%	3%	5%
	Refugee/asylum-seeker	24%	32%	4%	0%	20%
Peru	Migrant	18%	18%	0%	11%	10%
	Refugee/asylum-seeker	20%	18%	0%	10%	12%

Honduras

Committee of Relatives of Disappeared Migrants

Born in 1999 as a result of Hurricane Mitch, this initiative was founded by mothers who have lost their children or loved ones in the mixed flows in Honduras and other countries in Central America. As a means of information, there is the radio programme “Abriendo fronteras” (Opening Borders), in which mothers report on their missing family members.

“It is worthwhile to search for our relatives. I never imagined the lengths a mother would go to in order to find her son or daughter”. (Civil society, Honduras, 2020).

This population is made up of older women who travel in a Central American caravan that crosses Guatemala, Nicaragua, El Salvador, Honduras and Mexico itself, in search of their loved ones.

“The caravan of mothers with photographs of their children on their chests asking “Who has seen him? Where have you seen him? How long ago did you see him? They look for clues everywhere”. (Civil society, Honduras, 2020).

There are approximately 10 to 15 mothers, aged over 60, who travel in the company of leaders and activists, who accompany them as they cross the border in order to mobilise, speak out and make their voices heard.

“That is what this caravan is doing, it is travelling and shouting slogans in the states of Mexico, saying “they came here alive, we want them alive, where are they, where are our children, where are they? A mother never tires of waiting”. (Committee of Disappeared Migrants, Honduras, 2020).

Some people are found in detention in other countries. The work that the leaders do in these cases is geared towards investigating the conviction, the motive for the crime, how long they have to be detained, in order to be able to inform the mothers, who of course have the hope that their child will be released and will return. Support is also provided in processes of “notification, repatriation, filling out files of disappeared persons, filling out files of persons deprived of liberty, psychosocial workshops, home visits and accompanying families in every way” (Committee of Disappeared Migrants, Honduras, 2020). Some people who left when they were 29 years old have been detained for 20, 25 years, and are now almost 60 years old.

What service providers report

→ In terms of discrimination, 68% of service provider organisations surveyed prior to COVID-19 indicated that older persons on the move were discriminated against on the basis of age; 42% on the basis of disability; 34% on the basis of ethnicity; 32% on the basis of sexual orientation or gender identity. Of these, 47% indicated that during the pandemic discrimination has increased and 44% that it has remained the same.

13.3. Conclusions

- Psychological abuse is a problem that must be prioritised. It is linked to the consequences of insecurity and violence, especially in the countries of northern Central America. Older persons on the move are more vulnerable in this respect.
- The deportees require support due to the emotional trauma that affects them because of the interruption of their life projects, family separation and because of the stigmatisation they face, especially women.
- It is necessary to observe gender differences in the forms of abuse, as it has been identified that in several cases, women suffer higher percentages of psychological abuse.
- People in transit can be at very high risk because of the extreme vulnerability sometimes involved in crossing at irregular crossing points.
- Levels of medical attention and reporting of abuse are very low; thus, protection strategies against harassment need to be increased.
- Age discrimination, in addition to being the main form of discrimination, has negative effects in terms of finding work, affecting mostly men, which makes it essential to work on an employability approach that considers individuals’ abilities and that does not exclude them according to age or disability.
- Discrimination due to the very condition of being a person on the move is a transversal barrier in access to services and rights, which requires extensive awareness-raising work in the host communities. Counselling or guidance in the event of discrimination must be increased, as current percentages are very low.



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Seventy-five-year-old man works at the Retiree Association in Ecuador to meet his basic needs.

14. Participation, information and empowerment

Older persons have the right to active, productive, full and effective participation within the family, community and society with a view to their integration (IACPHROP, Art. 8). Older persons have the right to freedom of expression and opinion and access to information, on equal basis a with other sectors of the population and by the means of their choice (IACPHROP, Art. 14).

14.1. Introduction

Without excluding the guarantee of the exercise of rights by those who leave their countries of origin, for several decades, social research has postulated the integration of these populations into the host societies as a major social issue, developed in a multidimensional framework of shared responsibility, not only by governments, but mainly by a strong civil society (Bell & Gómez, 1999). From this kind of context, different agencies and authors identify crucial factors of participation for people on the move, in different dimensions. One of the starting points can be established in terms of citizen participation, understood as an instrument for transforming relations between the state and society. Here, the key action lies in creating and promoting initiatives that allow citizen groups to organise themselves and establish a close relationship with government bodies, in terms of the management and attention to their demands, their inclusion in government programmes and the provision of services. Different types of organisations, particularly NGOs, play a central role (Meza, 2009) in this respect. This line of analysis ratifies the same type of conclusions in subsequent years, for example, with the literature review by Pérez-Caramés (2018) in Spain, which considers migrants' associations as a primary vehicle of the integration process.

Three main reasons for boosting the participation of people on the move

1.

The inalienable status of political participation as a human right

2.

The mutual benefit that countries derive from applying instruments such as reciprocity in political rights in bilateral agreements

3.

Enhancing migrants' contribution to host societies by increasing their inclusion in representative positions and popular elections

Thus, for example, based on an empirical model developed in Argentina, Modolo (2013) finds how, both for nationals who are abroad and for foreigners who reside in the country, there is a heterogeneous scenario in which legal barriers limit their possibilities of actively participating in public life. From this, he concludes the need to replace the concept of citizenship as one tied to the notions of citizenship or residence, by an open, flexible and inclusive one, coherent with contemporary human mobility processes. Pisani (2021) explores the reasons for promoting the political participation of migrants, both in countries of origin and destination, and sets out three main reasons: 1) the inalienable condition of political participation as a human right, 2) the mutual benefit that countries obtain by applying instruments such as reciprocity in political rights in bilateral agreements, and 3) the enhancement of the contribution of migrants to host societies by increasing their inclusion in representative positions and popular election processes.

In a similar context, in its experience of meetings and workshops with migrants in Seville and Granada, the *Participamos Transformamos*²³ Organisation breaks down what it considers to be the main ideas about the experience of participation, as expressed by the migrants with whom it worked in the first four months of that year. These include how participation is identified with the community and the collective while living together and preserving and showing one's own roots. This also involves them being part of collectives to integrate into society, and to claim their rights and make themselves visible, facing regular social and labour discrimination, and finding solutions to barriers such as lack of documentation, language, and lack of knowledge and information about the environment. It also highlights the view that being part of associative instruments helps to overcome the threats of xenophobia and stigmatisation towards refugees and migrants and to gain the trust of the public administration.

In the case of Latin America, two experiences are worth highlighting. In terms of fulfilling the inclusion agenda contained in the 2030 SDGs in Colombia, the technical document that systematises the contributions of the

social dialogue established for the formation of the National Civil Society Roundtable for Migration presents the set of proposals on migration policy and participation mechanisms of the participating sectors of Colombian civil society. The document adopts a perspective of participation as a comprehensive action of integration that entails the guarantee of civil, political, economic, social and cultural rights. To this end, it proposes regulatory and institutional adjustments, two of which stand out. On the one hand, there is the creation of a comprehensive migration law that articulates migration policy with policies on victims, social policy, territorial planning, peace, security, access to justice and the fight against impunity, the promotion of competitiveness, taxation, policy for indigenous and afro-descendant peoples, disability policy, cultural, educational, science and technology policy, and in general, with national, departmental and municipal development plans. A census of migrants, returnees and foreigners in Colombia is also urgently needed (Ministry of Foreign Affairs, IOM, Civil Society Actors, 2016, p. 15, 2016).

In the same line of development as the SDGs, UNCHR (2017) highlights the objective of the prefecture of São Paulo (Brazil) to promote the equality of refugees and migrants with the other inhabitants of the city, operationalised through a specific law that guarantees the continuity of public policy and allocates budget and human resources intended to fully integrate refugees and migrants.

Also from the perspective of meeting the SDGs by 2030, in the case of older persons, the *HelpAge Research and Recommendations* document (2020b) proposes for the participation-integration-inclusion relationship to promote a broader understanding regarding access to services and the guarantee of various rights, from which older persons are often excluded.

Firstly, in a consultation with 450 older persons in 24 countries, participants prioritise their need to decide things for themselves, to do things their own way, to freely express their opinions and have their voice heard; for example, deciding how to spend their leisure time and choosing what activities to undertake

²³ See: www.participamostransformamos.org

(HelpAge, 2018b). They also expressed the importance of having financial independence.

In this regard, data from a global study on financial inclusion in old age (HelpAge, 2015) shows that, in general, older persons are not seen as desirable clients by the financial system; there are no products tailored to their abilities and needs, nor are channels for their inclusion commonly provided. Thus, recommendations are made for actions such as the elimination of age ceilings for access to credit, the offer of emergency pension loans, the reduction of the cost of national and international transfers and micro-insurance. Particular mention should be made of the proposal to empower older persons to use digital channels, increasing the possibilities for older persons to use technology to access services and, beyond that, implying the development of capacities that empowerment entails.

Another key dimension of the inclusion of older persons is related to accessibility and mobility. One clear aspect, again based on the SDGs, is a specific approach to urban planning for the adjustment of transport systems, public spaces, institutional places, commerce, services and housing to the particular needs of older persons, based on their considerations and participation in processes to identify and address their specific needs (Help Age International Asia Pacific Regional Office, 2021).

Research and experience of specialised organisations such as HelpAge and Humanity and Inclusion (HelpAge, 2018c; HelpAge Asia Pacific Regional Office, 2021) underline how ageing processes imply reduced functionality and mobility in advanced ages, whereby, for older persons, a decisive factor for inclusion is access to assistive technologies. According to these experts, the availability of such assistive devices reduces the risks of accidents and injuries, particularly in emergency contexts, but fundamentally they have an impact on strengthening the possibilities of functional autonomy and independence with effects that include, for example, the possibility of initiating income-generating activities for older persons who have them. In this regard, the most important institutional recommendation they make is the adoption of care

standards for older persons by agencies, institutions and rights-holders, such as the Sphere Standards, developed by the Sphere Organisation, or the Standards for the Humanitarian Inclusion of Older or Disabled Persons, developed by CBM, HelpAge and Handicap International.

No less important are the findings on barriers to and needs for educational inclusion that stem from the analysis of the results of a consultation involving 539 older persons in 23 countries (HelpAge, 2019d). Indeed, participants mostly perceived lifelong learning opportunities as a key tool to overcome barriers to inclusion. The main interest expressed is in technological literacy, enabling them to access information and communication technologies to be able to use smartphones, computers, digital TVs, the internet, ATMs and household appliances. This would strengthen their autonomy to solve needs such as paying bills, making purchases and banking transactions, buying tickets for shows, booking medical appointments and keeping in touch with family and friends.

Although we have not found specific evidence on the use of technology by older persons on the move, international organisations such as UNCHR and the IOM have accumulated valuable experience in this area. Indeed, UNCHR (2012) has documented its experience in this area in different types of support with monetary resources, including unconditional cash transfers; conditional cash transfers for specific purposes; the provision of vouchers to exchange goods and services in allied businesses for a specific value; and microcredit, understood not as cash assistance, given its reimbursable nature, but as a tool with which to create livelihood opportunities (UNCHR, 2019).

In other geographical contexts, in assessing the effects of UNCHR's Cash Transfer Programme for Syrian refugees in Jordan, Hagen-Zarkerm et al. (2018) found that beneficiaries prioritised the payment of accommodation and housing rents with these resources. A recent survey of its partners by the Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela (R4V, 2020) on the use of cash transfers found that

they are mainly used for food security (66% of partners), protection (63%), shelter (63%), health (53%), and inclusion (42%). In fact, the RMRP 2021 of this mechanism establishes a specific line of multipurpose cash transfers, with a requirement of US\$247 million for the annuity.

Indeed, the documentation shows that UNCHR has developed the capacity to implement cash transfer strategies that can now make use of technological platforms and the use of mobile phone networks in national contexts, as in the case for Colombia (UNCHR, 2020d). Preliminary information from primary sources, prior to the application of the instruments that are part of this study, also confirmed that similar initiatives are being implemented in Ecuador, Peru, Honduras, and El Salvador by the same agency in alliance with different partners.

14.2. Results

Below is an analysis of the participation, information and empowerment of older persons in the different human mobility flows in the five countries, divided between the countries of northern Central America and the Andean region. The analysis includes the types of participation; the influence of COVID-19; access to facilities and level of connectivity; the main uses given to the facilities; and, finally, the conclusions. It also mentions the most relevant gender differences and the main difficulties faced by persons with disabilities

14.2.1. Types of participation

In general terms, we can state that participation trends among older persons on the move are not very high, as more than two thirds of the population had no activities to share or interact in community. In some flows, this average was even exceeded, for example, by mixed movements in the Andean region. Women present a higher percentage of non-participation than men: 71% versus 67% respectively.

In terms of disability, 70% of the surveyed population reported no participation opportunities or activities. In the northern Central American countries, in Honduras, persons with disabilities reported a 31% participation rate

compared to 42% for those without disabilities. However, the biggest difference occurs in El Salvador, where the participation rate of older persons with disabilities is 51% compared to 67% for those without disabilities. In the Andean region, the percentage of older persons who participate and have a disability is 36%, lower than the percentage of older persons who do not have a disability (48%). The biggest difference is found in Colombia, where the participation of older persons with a disability is 34% compared to 63% for those without a disability.

Of those who participated in the community (Table 20), a quarter of older persons were involved in sports, leisure and recreation activities before the pandemic; 10% in cultural activities; 6% in practical activities (handicrafts, knitting, gardening, etc.); and 4% in other activities.

We found that participation includes volunteering in associations of persons on the move. For example, in northern Central America, people were found to be linked to organisations of victims of the armed conflict or groups searching for their missing relatives. In the Andean region, associations of refugees and migrants, mainly from Venezuela and Colombia, have been formed.

According to the data, in Honduras, the overall participation of women (21%) is below that of men (30%); however, a substantial role was identified for older women at local level, most of whom actively participate in community work, attending information and training committees provided by organisations that focus on empowerment and leadership. Women show a higher level of interest than men in knowing and understanding the main problems that affect their territories and the spaces where they live. Spaces for recreation, protection plans and community support are promoted, and older women promote leadership because of their historical knowledge and experiences in risky situations, both for themselves and their families. Older men do participate but to a lesser extent. Their low levels of attendance and participation is due to the fact that they concentrate on finding a way to find some kind of employment, for example.

“In the grassroots organisations we work with, and especially women, there are historical leaders in high-risk communities, most of whom are, let’s say, made up by or are led by older women, who have been involved in the struggle to mitigate risks, to promote women’s rights, to provide guidance in cases of gender-based violence and to carry out advocacy work”. (Focus group, intergovernmental organisation, Honduras, 2020).

El Salvador reveals a different situation in terms of women’s leadership in their communities. In particular, some returnee women do not wish to participate in community meetings, workshops or talks because of the stigmatisation they face.

“Women returnees in their communities do not participate in spaces; they hide behind domestic chores; they hide behind their walls, because they do not want people to realise that they have been returned, to notice their feelings, which is the most painful part of this. That is why women’s participation is minimal in the spaces where they work”. (Man, non-profit civil society organisation, El Salvador, 2020).

Among the main gender differences in the countries of northern Central America, in addition to the degree of participation, which is lower among women (46%) compared to men (54%), there are differences in the type of activities they conduct as part of their integration. Men practice more sports, leisure and recreation activities (32%) compared to women (19%). In the Andean region in Colombia, participation of women on the move is higher, reaching 60%, compared to 34% for men, and women’s participation in practical activities such as handicrafts, weaving, gardening and other similar activities stands out, with 23% compared to men, who only carry out 1% of this type of activity. The participation of women on the move in sports and cultural activities is also high in comparison to older men. This is consistent with the fact that older men are more sensitive to discrimination (61%) compared to women (49%). In Ecuador, it is older men (32%) who participate in sport and cultural activities more than women (21%). In Peru, men (44%) are also more likely than women (38%) to participate in sports, recreational and cultural activities than women.

Civil society needs to be strengthened in the countries of northern Central America,

Table 20. Participation in the community

Country	Flow	Sports, leisure and recreation activities	Cultural activities such as music, theatre, dance, film forums, talks, concerts, history or other similar activities	Practical activities such as handicrafts, weaving, gardening, etc.	Other activities	Had no activities to share
Honduras	Internally displaced	17%	0%	17%	33%	50%
	Deportee	24%	7%	1%	7%	74%
El Salvador	Internally displaced	22%	12%	5%	5%	71%
	Deportee	54%	35%	8%	4%	38%
Colombia	Internally displaced	18%	18%	23%	2%	60%
	Migrant	24%	11%	15%	4%	61%
	Refugee/asylum-seeker	5%	0%	0%	10%	86%
	Returnee	37%	0%	4%	0%	67%
Ecuador	Migrant	28%	10%	1%	2%	72%
	Refugee/asylum-seeker	16%	8%	0%	0%	80%
Peru	Migrant	20%	8%	2%	4%	71%
	Refugee/asylum-seeker	23%	17%	8%	2%	70%

especially grassroots organisations of people affected by human mobility, i.e., deportees, family members of refugees and migrants who have disappeared or died, and people forcibly displaced. This is also due to the need to strengthen psychological support, allowing more people to participate, as well as the effort to create local social networks of migrants who have been deported or returned, in order to help them establish roots, promote exchanges to aid reintegration, and political advocacy.

The participation of older persons on the move is fundamental for the drafting of strategies and the validation of processes for the implementation of services and the effective enjoyment of rights. It is therefore necessary to work from a standpoint of empowerment and autonomy.

“We have to work with older persons to empower them to be more autonomous, to be stronger, like you said, for them to be understood, but we have to work with the actors as well, they have to be more inclusive in how they think about projects, how they think about the project cycle, that you can’t do it perfectly if you don’t include the people who are going to help”. (Man, international NGO, Colombia, 2020).

14.2.2. Participation and COVID-19

The participation of older persons has been further diminished as a result of the confinement due to the pandemic. There are many cases of isolated people who do not have any participation in the community.

“Sometimes I start sewing, gluing heels, mending things in the bedroom, with the television. I stop for a while come and sit in here, and then I go back to the bedroom... that’s what I do”. (Seventy-year-old woman, older person on the move, Ecuador, 2020).

The pandemic has meant that older persons have no possibility of distraction, as community life for them has come to a standstill. In this sense, migratory grief, i.e., the feeling of loss and nostalgia for leaving the country or place of origin, can increase due to confinement and cause negative effects on mental and physical health.

One of the great challenges is to build strategies to strengthen community networks or an inclusive integration model that embraces older persons on the move, especially in the crisis caused by the pandemic, as they try to keep social contact with their loved ones as a means of protection and comfort.

Equipment and access to the Internet are essential supports in the information process, but they also serve as mechanisms for participation in virtual activities or to enable the development of community actions.

14.2.3. Access to equipment and level of connectivity

The main devices that older persons have access to are mobile phones (87%), television (70%) and radio (35%); to a lesser extent, 10% have landline phones, laptops, entertainment devices, tablets and desktop computers.

Mobile phone access does not necessarily imply Internet connectivity, as on average access exceeds one third of the population, with the exception of the mixed movements in Colombia and Ecuador, where it exceeds half of the sample (57%). However, it is often only one member of the household who has Internet connectivity on his or her mobile phone, through prepaid services. In general, older persons’ mobile phones are not smartphones, and others use those owned by family members to communicate and connect to the Internet.

Connection is difficult in rural areas, as the service is limited. This is especially evident in the countries of northern Central America. In urban areas, there is good connection, but cost is a barrier to access, given the lack of resources of older persons on the move. Few families have access to computers or other electronic equipment. Some organisations try to provide mobile phones to older persons and their families to keep in touch with them while they are following up on their specific case.

On the other hand, older persons have great difficulties in understanding how to use mobile phones, and it has been recorded that the main application used is WhatsApp. In some

Service provider report

→ Of all the organisations surveyed, more than half, 53% did not provide training or education services to older persons on the move before COVID-19; and of those that did, 29% offered training in rights for older persons, 26% in trades and professions, and 18% in programmes with a differential approach. Twenty-three percent of the organisations offered cultural activities for older persons such as music, theatre, dance, cinema forums, talks, concerts and history; 19% offered practical activities such as handicrafts, weaving, gardening, etc; and 13% offered sports, leisure and recreation activities. There has been no significant change to this situation during the pandemic.

→ It is important to mention that just over half of the organisations providing services, 52%, indicated that before COVID-19, they had mechanisms for consultation with older persons to design the services they planned to offer them; and a high percentage of organisations, 82%, stated that they have feedback mechanisms so that older persons can express their opinions, complaints or claims regarding the services they receive.

experiences, humanitarian organisations use this application to establish contact with and support people on the move, especially those who are walking. The application also enables older persons to contact their families.

14.2.4. Main uses given to the equipment

Considering that the most common devices used by older persons are mobile phones, television and radio, the main use for these devices is to contact family, friends, acquaintances or relatives. For this type of use, there is a significant difference in the flows shown in Table 22 between the countries of northern Central America (60%) and those of the Andean region (73%). El Salvador (85%) and Ecuador (89%) stand out as the countries where this type of use is most predominant.

There are no marked differences between the two groups of countries in the type of use for information and entertainment, which in most countries is around two thirds of the population, with the exception of Honduras. There is an interesting difference in the participation of older persons in groups, whether of older persons, self-help or groups of people from the same country: 4% in the countries of northern Central America and 21% in those of the Andean region, with the case of Ecuador standing out, where half of the population uses mobile phones for this purpose, mainly in groups of people of the same nationality.

Access to courses ranks among the lowest percentages for technology use, where the percentage for the different flows is only 8%; only Ecuador reaches one-fifth of the sample (20%). This can also be related to the fact that 84% of people have not received training; only 7% participated in talks or training or awareness-raising activities on their rights as persons on the move; 6%, rights as an older person, and 7%, on how to enter productive life through work or entrepreneurship. In Honduras, the percentage of people who have not received training is 94%.

The use of knowledge about rights and services in the countries of northern Central America is barely 1% and in the Andean region, 8%. The case of Colombia stands out, where the average percentage of refugees and migrants who use the equipment for this purpose is 22%.

“Because they don’t have effective, direct communication with any organisation, they are left vulnerable, they don’t know how to exercise their rights or seek help”. (Man, grassroots organisation, Ecuador, 2020).

Older persons who are responsible for the care and upbringing of grandchildren have reported serious problems in helping them with their schoolwork. During the pandemic, and with online learning, those who do not have access to the internet or do not have electronic equipment have encountered serious complications and have felt confused about how to manage online learning.

“When we interviewed the grandmothers, they said that they were really tired. They already raised their children and now that they have decided to leave to another country or decided to migrate, they didn’t even know what they had gotten themselves into. Technology has advanced and not all grandmothers know how to use the Internet; and now the children have become more familiar with technology”. (Woman, non-profit civil society network, Honduras, 2020).

“If you ask people, they say ‘no, I was deported, but they didn’t tell me anything’ or ‘they rejected me’; so I think that the competent authorities which deal with this population on a day-to-day basis are insensitive to their needs. I believe that people should not only have knowledge but should also be updated on the rights of the population in general”. (Woman, non-profit civil society organisations network, Honduras, 2020).

Older persons and their families on the move face the fact that access to information on regularisation processes is not the best due to multiple issues; for example, in the lack of prioritisation and targeting by those in charge of providing advice to people seeking help and clarity in their processes or requests. We also found that older persons do not have enough information available to be able to recognise the institutions in charge of each case. This is due to the fact that many of them live alone and do not have the company and support of someone who can intercede on their behalf. This becomes even more severe if people have little access to knowledge about their rights and services and workshops on these matters, an issue that is acknowledged in the analysis.

What service providers report

→ According to the service providers surveyed prior to COVID-19, 74% indicated that the main technological equipment to which older persons had access were mobile phones; 35%, television, and 24%, radio. Fifty eight percent of these organisations indicated that the main use of these devices is contact with family, friends or acquaintances; 48%, information and knowledge; and 26%, knowledge of their rights. In fourth place was access to training, with 21% organisations, and 6% indicated that participating in groups of people from the same country or origin.

Table 21. Main technological equipment and connectivity

Country	Flow	Mobile phone	Television	Radio	Internet access
Honduras	Internally displaced	100%	100%	50%	33%
	Deportee	93%	83%	69%	11%
El Salvador	Internally displaced	84%	75%	52%	19%
	Deportee	85%	81%	58%	23%
Colombia	Internally displaced	95%	74%	35%	11%
	Migrant	81%	67%	20%	48%
	Refugee/asylum-seeker	67%	90%	19%	43%
	Returnee	67%	78%	44%	63%
Ecuador	Migrant	85%	60%	21%	73%
	Refugee/asylum-seeker	92%	68%	40%	60%
Peru	Migrant	92%	64%	18%	30%
	Refugee/asylum-seeker	92%	60%	22%	30%

Table 22. Uses for technological equipment

Country	Flow	To contact family, friends, acquaintances or peers	Information and entertainment	Participating in older persons, same country or self-help groups	Access courses	To gain knowledge about their rights and the services they can access	Others
Honduras	Internally displaced	33%	33%	0%	0%	0%	50%
	Deportee	39%	40%	4%	4%	1%	49%
El Salvador	Internally displaced	73%	81%	10%	8%	2%	4%
	Deportee	96%	88%	0%	4%	0%	0%
Colombia	Internally displaced	82%	67%	4%	0%	2%	4%
	Migrant	78%	74%	19%	13%	22%	2%
	Refugee/asylum-seeker	57%	76%	10%	0%	5%	0%
	Returnee	70%	70%	15%	15%	11%	7%
Ecuador	Migrant	72%	67%	56%	20%	8%	15%
	Refugee/asylum-seeker	56%	68%	44%	20%	4%	16%
Peru	Migrant	89%	69%	14%	4%	6%	6%
	Refugee/asylum-seeker	88%	53%	3%	8%	3%	5%

“Venezuela in Ecuador” Network

A Venezuelan person, originally from Caracas, has dedicated a large part of her life to helping the most vulnerable and unprotected. Together with a group of interdisciplinary volunteers working for no personal gain, she has formed a network of inclusion and cultural exchange with Ecuadorians, Colombians, Peruvians, Haitians and Spaniards in Ecuador. The work is primarily intended to accompany, guide, train, represent and refer cases of people with specific needs to public institutions. The funds to support the population come from national and international donations from private individuals who are interested in supporting the project.

[These] are very gentle people, but they are emotionally destroyed; they have left their land, they have left their people, they have left their home. So, they can't situate themselves in time and space. They hug you. I have let them hug me, because I know I don't have COVID-19 and of course I have taken great care of myself. Their situation is very serious. They are people who are living in rooms, [in] which I could never live. Imagine spending every night there...! They are

people who sometimes don't eat, but thanks to the generosity of some Ecuadorian and Venezuelan people they can manage to make a meal, at least one a day.

They are very humble people who listen, but do not understand the procedures they have to go through here in Ecuador. There are very particular cases that we have dealt with and that really, when you hear their story, they arrived on foot. For them, it is not the same as being in a totally different country from where they come from, in a country that does not listen to them and where the public entities don't understand them. They are the least catered for by international organisations. They all focus on situations with children and adolescents, and in some cases, when they are dealt with, it is because they are referred by us with a justification and, of course, with a request for priority attention. But after my few weeks of work on this investigation, I am realising [that] there are many more who are homeless; their situation is very serious here. They have been forgotten about (Non-profit civil society association network, Ecuador, 2020).

14.3. Conclusions

- There is a low participation trend among older persons, which needs to be reversed in order to improve their wellbeing and quality of life.
- There is an inverse or negative correlation between discrimination and participation. The more discrimination people feel, the lower their level of participation. Promoting participation in grassroots organisations is a good mechanism for empowerment, where greater participation of older women has been identified.
- Women should be encouraged to take part in sports and recreational activities, as this will have a positive effect on their mental and physical health.
- Participation mechanisms should be designed to provide biosecurity measures to address the pandemic, as reduced participation due to COVID-19 has been identified.
- Internet access is still low despite the fact that a high percentage of people have access to mobile phones. The use of mobile devices for older persons is still basic and it would be important to improve their connectivity and digital literacy.
- There is a need for greater gender equality and inclusion of persons with disabilities in different sports, handicrafts and cultural activities, and others at community level, given that in several countries, the lack of inclusion is very noticeable.
- Technological equipment provides mechanisms via which they can contact friends and relatives, and gain access to information and entertainment. However, older persons' use of such equipment must be enhanced in order to promote their empowerment in terms of taking more courses, participating in groups or increasing their knowledge of their rights as an older person on the move, for which the devices are not often used.



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Sixty-three-year-old woman from Venezuela. Educator, lives alone in Ecuador.

15. COVID-19: Impacts and guidelines

15.1. Impacts

Among the main difficulties identified in the assessment of older persons is the worsening of their economic situation, mainly due to the loss of employment and income. Associated with economic deprivation, they have difficulties in terms of housing, as they are unable to pay the rent, and may therefore face eviction, and a reduction in the amount of food they are able to buy.

Psychological distress is another major problem, including depression, anxiety and the permanent fear of contagion or death. Emotional disorders that were in an advanced stage of psychological treatment have reintensified, especially in older persons who are victims of internal displacement and deportation.

Isolation, or “confinement” or “not being able to leave the house” as people call it, is one of the most important effects, as they cannot meet with friends and family as they normally would, and recreation is reduced. The current health emergency negatively affects people’s social fabric and participatory and community processes that vindicate their rights.

Another relevant aspect is the lack of access to health care, either due to missed medical appointments, lack of assistance or not approaching the health centres due to fear of contagion; in addition, they do not have the money to pay for medicines, which in some cases has led to complications in some people’s health conditions, affecting persons with disabilities to a greater extent. The assessment revealed deaths due to COVID-19 in relatives or friends of older persons interviewed, and it is also significant that a percentage of persons who have been infected have not received the adequate treatment.

The pandemic has also created difficulties in terms of obtaining documentation, by reducing the possibility of traveling to the offices where

procedures are carried out or experiencing difficulties in accessing online procedures. Projects and programmes planned and ready to be implemented by different organisations have had to be cancelled or rethought in virtual mode. However, the pandemic has served to make older persons visible as a population of maximum protection, and it has helped to identify the enormous gaps existing in terms of assistance.

15.2. Practical guidelines²⁴

- Uphold the principles of equality and non-discrimination of older persons, including their access to health, medical services and information about the COVID-19 virus on an equal basis.
- Ensure that *triage* policies are based on clinical assessments, medical needs, scientific evidence and ethical principles, and not on non-medical characteristics such as age or disability.
- Increase efforts to combat ageism in all policies, settings and practices, including during isolation and restricted movement to avoid mass spread of COVID-19.
- Recognise that the wellbeing and dignity of older persons in humanitarian situations are at increased risk during the COVID-19 pandemic, including barriers to accessing information, health services, water and sanitation facilities, as well as ageism during resource allocation. (HelpAge, 2020e).
- Implement contingency plans that address the high-risk elements faced by older refugees, migrants and displaced persons by providing medical treatment and care.
- Provide equitable access to services and social protection for those older persons who are currently in a context of high

²⁴ These are practical guidelines on older persons on the move.

economic vulnerability as a result of the COVID-19 pandemic.

- Build support schemes for those older persons who have lost their livelihoods as an indirect consequence of COVID-19; for example, the continued provision of and access to life-saving drugs, protection for those most at risk of violence and abuse, and measures to mitigate social isolation and loneliness (HelpAge, 2020h).
- Ensure continuity of health care services and care for older persons.
- Ensure that materials and information are disseminated in the communities in languages and formats accessible to older persons with an AGD approach. As well as establishing and maintaining two-way communication and accountability mechanisms.
- Develop community-based strategies to guarantee the identification and referral of older persons at heightened risk, as well as monitoring mechanisms to guarantee support from existing community networks.
- Report cases of COVID-19 deaths occurring in facilities and ensure follow-up.
- Ensure that older persons are within the priority groups for COVID-19 vaccination schedules and guide them to identify their nearest vaccination point.
- Pay special attention in contingency plans and strategies to address the amplified threats faced by older refugees, migrants and internally displaced persons, promoting access to health and care treatment.

15.3. Older persons and COVID-19 in informal settlements

- Provide comprehensive and joint community responses that involve representatives of associations, leaders and different members of communities, as well as older persons, and that build on existing capacity and infrastructure (HelpAge, 2020f).
- Conduct basic needs assessments in each community, taking into account the diversity of the context so that public health measures can be adapted, avoiding simplistic and ineffective policies.
- Make medical services and resources (equipment and personnel) available in informal settlements where the population is most at risk.
- Deploy actions targeting older persons who may live in isolation, have disabilities or maintain an irregular status or no access to documentation, and who are excluded from COVID-19 responses.
- Mitigate the socio-economic impacts of COVID-19 through income support schemes that have been interrupted or diminished, continued provision of medicines and treatment; prevent abuse within the family; and implement measures to manage social isolation and loneliness.
- Raise awareness of the findings on older persons in informal settlements to gain public and political support and thus leverage investment of resources to respond to their current situation with COVID-19. Investing in the response both protects those most at risk and reduces contagion on a larger scale.



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Venezuelan man receives care and recreation time at Fundación Casa del Abuelo in Colombia.

16. Recommendations and actions

This section presents recommendations in line with international standards to be implemented at public policy level and in the adaptation of internal normative orders, in order to provide a general framework for decision-makers and humanitarian actors. The proposed actions are intended to provide practical and tactical guidance at the programmatic level.

The recommendations and actions proposed are the result of the analysis of the realities found in the five countries, which are applicable at regional level and have been inspired by HelpAge's humanitarian experience with older persons.

16.1. Documentation

- Increase accessibility to mechanisms and routes for regularisation and documentation for older persons on the move, especially refugees, migrants or asylum-seekers, taking into account situations of disability, dependency and level of education.
- Implement a strategy to identify and provide information to older persons in need of international protection.
- Advocate with governments to make regularisation mechanisms more flexible, so that older persons on the move can regularise their situation in the host countries, in order to generate labour, social and economic inclusion.

16.1.1. Accions

- Analyse regulations and processes on documentation and regularisation to ensure that there is no discrimination based on age.
- Deploy different informative and guiding actions in a friendly language and through channels accessible to older persons on the move, about their rights and access to mechanisms to regularise their situation.
- Facilitate or offer different mechanisms to speed up their regularisation, such as, for example, offering this service in a non-face-to-face or remote manner, for older persons who have difficulties in terms of mobility or have a disability, as well as providing mobile registration teams, extending deadlines and offering support for online procedures.
- Ensure that legal aid providers understand the barriers and challenges that older persons face and make their services more accessible to them.
- Connect organisations and universities that are offering or can offer legal aid services on migration and refugee issues with older persons in need of guidance.
- Develop a route within the framework of existing inter-agency mechanisms to systematically and collaboratively locate and identify older persons on the move who remain invisible and undocumented, in partnership with local and grassroots organisations that have access to this population, churches and other networks.



16.2. Assistance, care or humanitarian aid

- Advocate with the international humanitarian system, agencies and donors for the inclusion of older persons as a priority and vulnerable group, adapting and funding the necessary institutional structure to respond to the needs of older persons on the move in particular.
- Design humanitarian responses and programmes, prioritising older persons on the move as direct beneficiaries, through approaches that enable older persons to retain their resilience, their role within their families and host communities, and protect their independence and autonomy, thus avoiding interventions that place

them in a situation of dependency and abuse vis-à-vis their families or host communities.

- Address the needs of older persons on the move identified in this assessment from a rights-based and prioritised approach, eliminating age discrimination, and the barriers to accessing the services identified.
- Make efforts to improve the collection and analysis of data disaggregated by age, gender, ethnicity and disability, and other relevant data to understand diversity in old age, support programme design and evidence-based advocacy.
- Implement mechanisms for participation, consultation and feedback in the design, planning and implementation of humanitarian responses, so that the voices of older persons on the move are heard, and their life experience and resilience are recognised as added values in such responses. (HelpAge, 2020d).

16.2.1. Actions

- Include older persons on the move in all its guidelines, studies, assessments, manuals, protocols, evaluations and programmes, following at the very least the humanitarian standards of inclusion for older persons and persons with disabilities, the Core Humanitarian Standard on Quality and Accountability (CHS), and the Sphere Handbook, among others.
- Invest in strengthening the skills of humanitarian workers in humanitarian standards and principles for the care of older persons, designate focal points and responsible links for older persons on the move, and allocate funds for responses to older persons.
- Collect data and information disaggregated by sex, age and disability during the programme implementation cycle, including interviewing older persons to assess their needs, risks and impacts. In terms of age, it is recommended that data be disaggregated as follows: 50-59, 60-69, 70-79 and 80+.

Assistance, Care or Humanitarian Aid



- Avoid assumptions in the design of responses that would lead to exclusionary interventions, such as the assumption that most older persons live with their families and that, if families receive support, they are per se including older persons. Data show that a high percentage of older persons (24%) are alone and, in some cases, the perpetrators of abuse are their family members.
- Create community models of care, transfer and management of resources for grassroots organisations made up of people on the move with a differential focus on older persons.
- Map services offered for older persons on the move and ensure that they are accessible and appropriate for them.
- Establish referral and feedback pathways and mechanisms.
- Avoid assumptions in the design of responses that would lead to exclusionary interventions, such as the assumption that most older persons live with their families and that, if families receive support, they are per se including older persons. Data show that a high percentage of older persons (24%) are alone and, in some cases, the perpetrators of abuse are their family members.
- Promote “economic opportunities, decent work, job creation and the implementation of support programmes” (UNCHR, 2018, p. 30) for both older persons on the move and host communities. The assessment showed that a high percentage have no income, and the lack of data contributes to the perception that older persons do not work.
- Provide work permits in the framework of regularisation, so that older persons can access the formal and decent labour market, contributing to their integration, economic and social wellbeing, activating the economy of the host communities, and protecting them from labour exploitation.
- Combat and prevent exploitation, discrimination, labour harassment and trafficking of older persons on the move.

16.3. Income and work

- To render visible, recognise, and include the work of older persons on the move in the analysis of employability and income strategies. This assessment shows that, for the majority of older persons who have an income, it comes mainly from their work in the informal sector. This is a

16.3.1. Actions

- Produce an assessment of the possibilities of labour integration of older persons on the move.

- Collect data on employment, self-employment and informal work of older persons on the move.
- Create incentives for public and private employers who hire older persons on the move.
- Encourage self-employment through micro-enterprises or other types of initiatives and ventures aimed at older persons the move, enhancing the repertoire of trades, accumulated skills, and cultural background throughout the life cycle.
- Establish labour inspection mechanisms by work authorities to identify cases of harassment, discrimination and labour exploitation, along with information and complaint channels.
- Offer a greater number of formal and informal training, including digital learning, to install new competencies and skills in older persons, as well as to strengthen their knowledge capital that can open spaces for income generation and entrepreneurship.

16.4. Social security

- Adapt National Social Security Systems to the new dynamics of population ageing in correlation with the different human mobility flows and forms of work, especially informal work, so that all older persons are protected and covered from a perspective of comprehensive and inclusive social protection.
- Establish mechanisms for the portability of benefits and social benefits acquired in their countries of origin or third countries (UNCHR, 2018).
- Strengthen the intersectoral roundtables to address the lack of social security for the older population, seeking ways to generate solidarity and integral pensions, ensuring coverage for older persons on the move.
- Design flexible strategies for linking to the National Contributory Social Security Systems, so that people on the move who age in the host countries have long-term old age insurance.

Diagnosis: Possibilities of labour market insertion

Encouragement for public and private employers to create jobs for older persons



Promote enterprises



16.4.1. Actions

- Monitor procedures to receive pensions from the country of origin, in collaboration with civil society organisations and legal clinics of universities in the countries of origin.
- Provide legal advice and guidance in the case of older persons deportees or returnees to their country of origin, so that they can recover their pension contributions or access a pension if they meet the requirements according to the laws of the country where they contributed.
- Offer guidance and advice to people on the move on the different schemes for joining and contributing to the social security systems in the host countries.



Legal support to access pensions

16.5. Food and nutrition

- Ensure that the nutritional needs of older persons on the move are met in a dignified, timely and quality manner, establishing distribution, monitoring and verification mechanisms.
- Render visible, prevent and eliminate malnutrition among older persons on the move (HelpAge, 2020d).

16.5.1. Actions

- Facilitate access to food distribution points by establishing easy, close and preferential access routes for older persons on the move, avoiding conglomerations and following relevant biosecurity measures.
- Systematically diagnose the nutritional status of older persons, using upper arm circumference measuring tapes.
- Train community workers, authorities and humanitarian actors to identify malnutrition in older persons and activate an emergency route.

- Design a referral protocol to local supplementary and therapeutic feeding programmes
- Monitor, through home visits, the homes of older persons on the move to verify rations and nutritional content, ensuring that they follow a balanced diet.
- Check that they receive at least one hot meal per day; that they consume sufficient drinking water; and that they have the necessary resources at home for cooking (energy or fuel, water, manageable size and weight of utensils).
- Consult with older persons on what food preferences and types of food they need to meet their nutritional needs; which foods are easier for them to chew and digest, and which are culturally and regionally appropriate.
- Include older persons in supplementary or preventive food programmes, and in community-based programmes against malnutrition.

16.6. Health

- To make older persons on the move visible in all efforts to include them, regardless of their status, in the universal coverage of National Health Systems in host countries, ensuring that health services are

accessible, affordable and timely, and respond holistically, on the one hand, to the physical and mental health conditions of older persons on the move and, on the other hand, to the heterogeneity and diversity of ageing away from their homeland.

- Preventing, promoting and caring for the mental and physical health of ageing persons on the move in host countries will both alleviate the burden on national systems in the long term and ensure the health of persons on the move throughout their life cycle, including, of course, in old age (HelpAge, 2019c).

16.6.1. Actions

- Facilitate the processes of transfer and transport to health care centres or promote home visits regardless of whether the person is in an irregular or regular situation, with special emphasis on localities with greater barriers to accessibility or mobility, rural areas or remote sectors of the country.
- Implement priority care protocols for older persons on the move, so that their medical appointments, medication delivery, treatment follow-up and access to care in general is efficient, timely and age-friendly.
- Improve access and mobility in medical facilities, especially for persons with disabilities or sensory impairments, as this is one of the barriers to accessing health services identified in the assessment.
- Ensure that the assistive technology needs of older persons on the move who present disability or dependency are included in the health offer and response provided.
- Reinforce the support provided to older persons who walk to different destinations, as they face situations that may put their health and safety at risk.
- Implement a care plan for people living on the streets to prevent health risks

and seek mechanisms to find them accommodation.

- Identify, accompany and guide older persons on the move with chronic diseases and other co-morbidities, ensuring non-interruption, proper treatment and informed consent.
- Categorise the medicine required for each treatment in case of non-communicable diseases most prevalent in older persons on the move and ensure its distribution.
- Train and monitor health care providers to verify care for older persons on the move and set up red lines for complaints in case of violations.
- Diagnose the mental health of older persons on the move and implement psychosocial and medical care accordingly. Health workers should be trained to provide psychosocial support in primary care and be able to make timely referrals.
- Take advantage of the technological means available to older persons on the move to provide health information and support.
- Include information on non-communicable diseases, dementias and their implications, as it is not a minor fact that the vast majority of the sample has access to a mobile phone.

16.7. Care

- Promote Universal Comprehensive Care Systems, where older persons on the move are included to receive care and support services, including assistive technologies, according to their degree of dependency and disability. In this respect, according to the sample, more than half have a disability condition, and over 33% depend on a family member for basic needs.
- Implement mechanisms for training, monitoring, surveillance and control of home care providers, day-care centres or long-term care, churches or non-profit organisations, so that care is provided according

to the quality standards of each country, and in line with human rights (HelpAge, 2018a).

- Promote and encourage a culture of self-care among older persons on the move, through gender-sensitive information and awareness-raising so that they adapt changes and healthy habits that are within their reach, at low cost, but with a high impact on quality of life.
- Develop a care economy policy, so that older persons who are carers can be recognised and fairly remunerated in their role as carers (HelpAge, 2019c).

16.7.1. Actions

- Identify the care needs of older persons on the move and generate or link these with a trained, professional and monitored care and support offer for this population.
- Prioritise the identification and care of persons on the move who live alone, have a disability or have a level of dependency.
- Recognise and support older persons on the move with care responsibilities via training, resources and practical support.
- Refer older persons who are carers or in charge of children and adolescents to other programmes aimed at this age group, for more comprehensive actions.
- Implement a tracing and family reunification route in the case of older persons on the move who live alone and wish to do so.
- Generate links with the competent authorities for the protection of older persons, in order to include those on the move in existing local assistance, care and attention programmes.
- Support intergenerational and community-level support mechanisms, including associations of older persons and youth on the move, or any other type of local organisation, to impart information on healthy ageing, including diet, exercise,

Diagnose



People's mental health

health offers, access guidance and fostering mutual support.

- Generate family reconciliation measures for situations that expose the older person on the move to abandonment or neglect, seeking psychosocial and legal support mechanisms.
- Survey and record the time use of older persons on the move, in order to make it clear that the vast majority of them are caregivers and are engaged in other household activities, without remuneration.

16.8. Safety and non-discrimination

- Raise awareness of the rights of older persons to non-discrimination and to live a safe and secure life, in the light of the Universal Declaration of Human Rights, the Inter-American Convention on the Rights of Older Persons and the respective national legislation.
- Eliminate, reduce and mitigate the risks and harassment identified in this assessment, to which older persons on the move

are exposed, exacerbated by xenophobia, violence, age discrimination, multiple discrimination, misinformation and irregular entry into host countries.

- Coordinate efforts with civil, police and migration authorities, and civil society, to alert situations of risk and insecurity for older persons on the move in their entry and movement in border areas and internally in the territories, and provide the necessary protection, regardless of status.
- Avoid assumptions about care and respect for older persons which, combined with a lack of information, can create a climate of abuses, such as rape, gender-based violence, survival sex, theft and isolation, that go unnoticed and unattended. (HelpAge, 2012b).

16.8.1. Actions

- Consult with older persons on the move, women and men separately, about their protection concerns, including persons with disabilities, and provide them with clear information about what their rights are.
- Inform, alert and raise awareness among older persons on the move, their companions and family members, as well as host communities and community workers, about the different risks and dangers to which they are commonly exposed, and how to prevent and report them if these occur.
- Ensure that in case of complaints and denunciations, the mechanisms are confidential, easy to access and use, and known to older persons on the move, especially those who have a disability, live alone or are confined.
- Raise awareness among law enforcement and migration authorities of the dangers and risks faced by older persons on the move.
- Train civil, police and migration authorities to provide good treatment and differentiated care for older persons.

- Identify cases of exploitation, extortion and abuse, and implement mechanisms for health, psychosocial, legal and referral assistance where appropriate.
- Offer legal services to older persons who are victims of discrimination and abuse to restore their rights.
- Include families of older persons on the move in local programmes on prevention of domestic violence.
- Include older persons on the move in programmes against gender-based violence.
- Generate strategies for coexistence between the local population and those on the move, in order to reduce xenophobia and discrimination.
- Implement peer support schemes among nationals or among people from host communities to provide comfort, support and exchange information.
- Evaluate all interventions and programmes according to identified risk mitigation indicators for older persons on the move.

16.9. Accommodation, housing and health services

Ensure that older persons on the move have access to decent housing and basic services, including internet connectivity in urban and rural areas, in line with SDG target 11.1.

16.9.1. Actions

- Seek support mechanisms for rent payments and make rental conditions more flexible.
- Provide adequate accommodation or spaces to receive older persons on the move who are being evicted, in a street or pendular situation, with the appropriate biosecurity and accessibility measures.
- Increase legal advice against de facto evictions, expropriation or excessive rent charges.

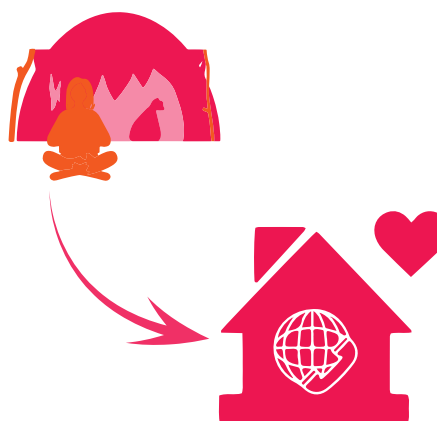
- Strengthen messages against xenophobia and discrimination that affect or hinder access to decent housing.
- Provide support for the adaptation and improvement of housing for older persons on the move, who are homeowners, but whose housing does not meet the quality and safety conditions to make it habitable.
- Provide legal guidance to older persons on the move so that they can legalise their land, especially in rural areas.
- Promote the inclusion of older persons on the move in financial services, such as mortgage loans or leasing.
- Ensure that older persons on the move receive by all means and formats information on activities and opportunities for participation, recreation and integration.
- Promote models of volunteering for older persons, both from host communities and on the move, as a strategy for integration, occupation and mutual peer support.
- Train older persons as peer educators or paralegals to provide information on rights, services and avenues for reporting and redress.

16.10. Empowerment: Participation, community integration, capacity building and access to information

- Promote and strengthen the empowerment of older persons on the move through participation in the community, around cultural, educational and integration strategies, as well as healthy living, leisure and use of free time.
- Increase efforts to generate and disseminate accessible, appropriate and relevant information to older persons on the move, particularly on access to rights and services. The lack of information has been highlighted in this assessment as one of the main barriers to accessing services and rights.
- Identify and strengthen community networks and associations, especially those formed and led by older persons on the move, as they are key spaces of resilience, self-management and organisation for dialogue and planning of all types of response.
- Identify and promote leadership among older persons on the move, who are multipliers of information and awareness among their peers.
- Create a training plan for older persons, in conjunction with universities, specialised centres, associations of refugees, migrants and displaced persons, state training and cooperation agencies, to

16.10.1. Actions

- Engage the older population in activities that allow them to integrate despite the pandemic, through the use of technology and controlled spaces with biosecurity measures. Explore with them how they can have a voice and a more active and integrated role in and with their environment.



empower them as subjects of rights and economic agents.

- Implement tutoring, psychosocial support and counselling to mitigate dropouts from training courses.
- Develop interventions to support older persons in using technology safely.
- Use different channels and media to disseminate information, at community and local level, in a style and language that is sensitive to the level of disability and schooling of older persons on the move. Local radio and television channels, as well as community groups, religious associations, telephone calls, etc., may be suitable means of reaching older persons with low levels of education and visual impairment.
- Conduct feasibility studies to assess older persons' access to the Internet, including cost and coverage, security and autonomy in accessing devices, and usability.
- Provide low-cost connectivity plans for older persons on the move, and user-friendly mobile equipment to enable contact with family, friends, information, training and medical appointments.

16.11. Accessibility and movility²⁵

- Promote the independence and autonomy of older persons on the move, in their actions and decisions, through programmes and initiatives.
- Raise awareness among older persons, caregivers, humanitarian actors and decision makers on the importance and knowledge of the use of assistive technology, which has a positive impact on independence, inclusion and improved accessibility for older persons on the move.
- Involve older persons in the accessibility assessment of public spaces, institutions and services considering four aspects:

1) physical structure 2) behaviour and attitudes, 3) systemic barriers, and 4) safety.

- Adhere to the age-friendly cities and communities initiative led by the WHO. While the age-friendly approach is broad and encompasses participation, and health and safety, among other areas, what is critical is to recognise that age-friendly urban environments, access to buildings and constructions in public spaces, means of transport, type of housing, enjoyment of green spaces, are key determinants of healthy behaviours, safe mobility, autonomy, and they support older persons' social participation (WHO, 2007).

16.11.1. Actions

- Establish a plan on improving accessibility and mobility in public transport, public spaces and facilities, health centres, among others, following the guidelines of international accessibility standards.
- Incorporate the establishment of friendly elements for older persons, such as ramps, handrails, railings and lighting in establishments and public spaces providing services for older persons on the move, as well as in places of care such as support spaces available for refugees and migrants.
- Be aware of and provide feedback on the measures being put in place by different governmental institutions, local and private authorities, service providers for older persons on the move, to regulate and facilitate access.
- Ensure the provision of support devices for older persons on the move in risk reduction management programmes, emergency response and development projects, which will contribute to reducing dependency and vulnerability, thus improving all forms of mobility, access and self-care and inclusion. In this assessment, it was found that more than half of

²⁵ HelpAge International (2020) Access to age-assistive technology: A resilience building measure for older people. Asia Pacific Regional Office: HelpAge International.

the sample had disabilities, mainly physical, visual and hearing impairments.

16.12. Financial systems

- Adapt the portfolio of financial services to the ageing population trend, to increasing life expectancy in general, to the improvement of quality of life and lifestyle, and to the general trends in human mobility, with a focus on older persons.
- Recognise older persons on the move as an important market segment, whose needs are different from the rest of the age groups and which the assessment reveals as unsatisfied.
- Design flexible financial services that enable access to cash transfers, social transfers, credits, micro-credits and savings products, insurance and micro-insurance.
- Establish dialogues with the banking system to remove age and human mobility barriers to financial inclusion. Financial providers could accept alternative forms of identification and documentation issued by countries of origin (HelpAge, 2015).

16.12.1. Actions

- Enable access to and use of mobile financial services for older persons, which reduces costs for the service provider in the long term and enhances autonomy and independence, as well as decision-making in managing their own resources, reducing dependency and, in some cases, financial abuse by family members. The assessment showed that almost all older persons have access to a telephone, which can be used for multiple services, including financial services.
- Reduce costs for older persons on the move who receive remittances

from family members and other national and international transfers.

- Inculcate age-friendly financial education through various channels to facilitate access to and understanding of information and services by older persons on the move, including for example the use of digital platforms that are already have an age-friendly design.



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HelpAge

International

Annex A

Country Report: El Salvador

Regional assessment on the situation and needs of older persons on the move in the Americas



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Sixty-eight-year-old man on the move.

Table of Contents

1. Population approach	184
1.1 Scope of the sample	184
1.2 Characterisation of older persons consulted	184
1.2.1 Sex and age	184
1.2.2 Human mobility flows	185
1.2.3 Ethnic group	186
1.2.4 Family composition	186
1.2.5 Civil status	187
1.2.6 Education	187
1.2.7 Disability	188
2. Results	188
2.1 Main causes of human mobility	189
2.2 Documentation	190
2.3 Humanitarian aid	191
2.4 Income and labour	193
2.5 Social security	196
2.6 Food security	197
2.7 Health	198
2.7.1 Health Conditions	198
2.7.2 Access to health services	199
2.8 Care and support	201
2.9 Safety	203
2.10 Accommodation and WASH	204
2.11 Non-discrimination and equality before the law	206
2.12 Community participation and integration	207
2.13 Training	208
2.14 Access to freedom of expression, opinion and information	210
2.15 Accessibility and mobility	211
2.16 Access to financial products	212
2.17 Main risks faced by older persons on the move	213
2.18 Other aspects of life affected by COVID-19	213

Index of Tables

Table 1.	Number of people by age	185
Table 2.	Type of mobility and disaggregation by sex	185
Table 3.	Causes of human mobility and disaggregation by sex	189
Table 4.	Types of documentation	190
Table 5.	Humanitarian aid by mobility flow and sex	191
Table 6.	Source of income	194
Table 7.	Income and work	195
Table 8.	Access to social security	196
Table 9.	Forms of access to food	197
Table 10.	Health conditions	198
Table 11.	Pandemic preventive measures	201
Table 12.	Care and support by type of human mobility	202
Table 13.	Types of abuse	204
Table 14.	Types of housing or accommodation	205
Table 15.	Difficulties with obtaining accommodation or housing	206
Table 16.	Forms of discrimination	207
Table 17.	Types of community involvement activities	208
Table 18.	Access to training	209
Table 19.	Types of equipment	210
Table 20.	Use of technological equipment	211
Table 21.	Access to locations	212
Table 22.	Types of risks	214

Index of Figures

Figure 1. Sex	185
Figure 2. Types of human mobility	185
Figure 3. Ethnic group	186
Figure 4. Family composition	186
Figure 5. Civil status	187
Figure 6. Education	187
Figure 7. Disability	188
Figure 8. Humanitarian aid by mobility flow	191
Figure 9. Reparations to victims	194
Figure 10. Satisfaction of needs	194
Figure 11. Use of health services disaggregated by sex	200
Figure 12. Use of health care services disaggregated by mobility flow	200
Figure 13. Limitation of access to health care during COVID-19	200
Figure 14. Dependents	203
Figure 15. Access to savings account	213

1. Population approach

In El Salvador, the fieldwork was conducted by the Asociación Salvadoreña de Retornados (Salvadoran Returnees Association - Al-sare), a grassroots social organisation formed by returnees in 2017 that provides services to returnee populations, internally displaced persons (IDPs), migrants, refugees and asylum-seekers and has extensive experience in the implementation of partnerships with international cooperation agencies.

The data collection phase of the telephone survey of older persons on the move was carried out between October 25 and November 18, 2020. The databases of potential respondents provided by the local partner and UNHCR registered 261 contacts. Telephone calls were made to 188 older persons and 153 completed surveys were obtained.

A total of 11 completed surveys from agencies and organisations were obtained. Respondent organisations included state entities (2), the Public Prosecutor's Office (1), international humanitarian actors (1), religious organisations (1) and local service providers (6).

The organisations surveyed provide a variety of services that include older persons on the move including legal support, migration services, humanitarian assistance (provision of food, transportation, medicine and cash transfers), shelter, relocation, health services, psychosocial care and livelihood support.

Fieldwork in El Salvador was affected by the passage of Hurricane Eta in the Central American region. Eta caused flooding and loss of homes, damage to telecommunications ser-

vices and power outages in the country. Although this situation did not affect the project achieving 100% of the required goals, it required an extension of the period allocated for conducting semi-structured interviews until November 27, 2020.

Respondents live primarily in San Salvador (26%), followed by Soyapango (5%), Apopa (4%), Mejicanos (2%), Santa Tecla (2%), Llopango (1%), Delgado (1%) and other cities (59%), including La Reina, San Juan Buenavista, San Francisco Gotera, Ciudad Arce, Concepción Quezaltepeque, Cinquera, San Vicente, Nejapa, Santa Ana, Cuscatlancingo, Olocuilta, among others.

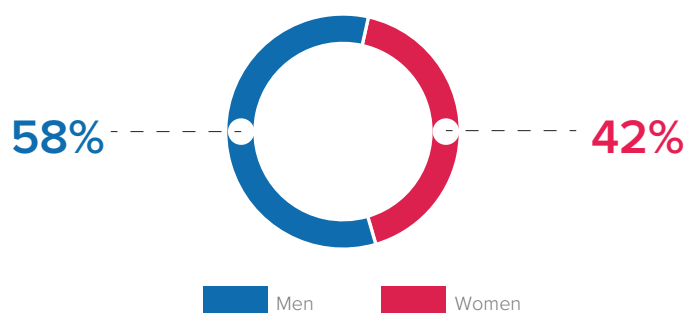
1.1 Scope of the sample

In accordance with what was defined in the concept note of this study, this is an exploratory study and the sample has been formed from the data provided by UNHCR, the local partner and local experts. The data used for the sample complied with the required conditions, i.e., people over 60 years of age who are in the human mobility flows mentioned above and institutions or services providers that are relevant for the study. The data collected does not include refugees or asylum-seekers.

1.2 Characterisation of older persons consulted

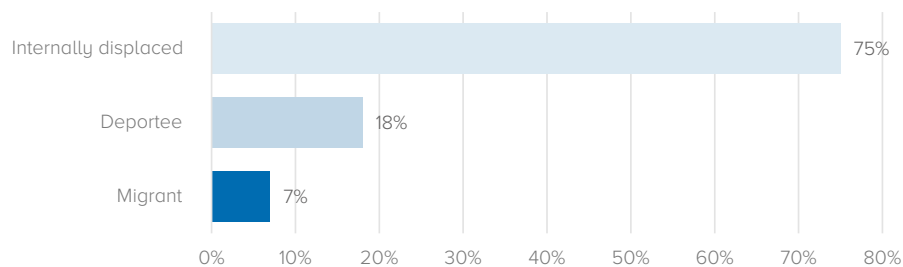
1.2.1 Sex and age

A total of 146 surveys were used, 61 women (42%) and 85 men (58%).

Figure 1. Sex**Table 1. Number of people by age**

Age range	Number of people	Men	Women
60-69 years	100 (69%)	59 (59%)	41 (41%)
70-79 years	37 (25%)	20 (54%)	17 (46%)
80 years and older	9 (6%)	6 (67%)	3 (33%)

1.2.2 Human mobility flows

Figure 2. Types of human mobility**Table 2. Type of mobility and disaggregation by sex***

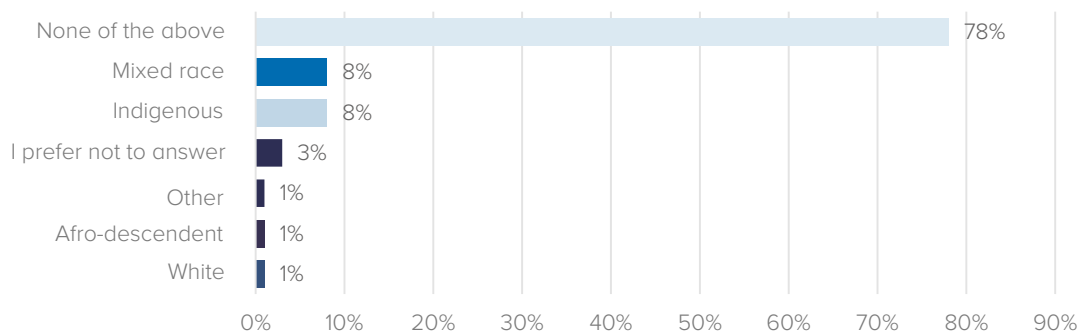
Type of mobility	Number of people	Women	Men
Internally displaced	110(75%)	52 (47%)	58 (53%)
Deportee	26(18%)	5 (19%)	21 (81%)
Migrant	10 (7%)	4 (40%)	6 (60%)

*It is important to clarify that the figures are based on recognized refugees or asylum-seekers, as there are refugees who have not accessed the asylum system or who do not request for international protection for different reasons and opt for other forms of regularization. The category of migrant in the study includes both regular and irregular. For the purposes of analyzing the information, this clarification should be kept in mind throughout the report.

1.2.3 Ethnic group

Seventy-eight percent of the surveyed population do not identify as being of any ethnic affiliation; 8% stated that they self-recognize as indigenous, 8% mixed race and 1% Afro-descendants.

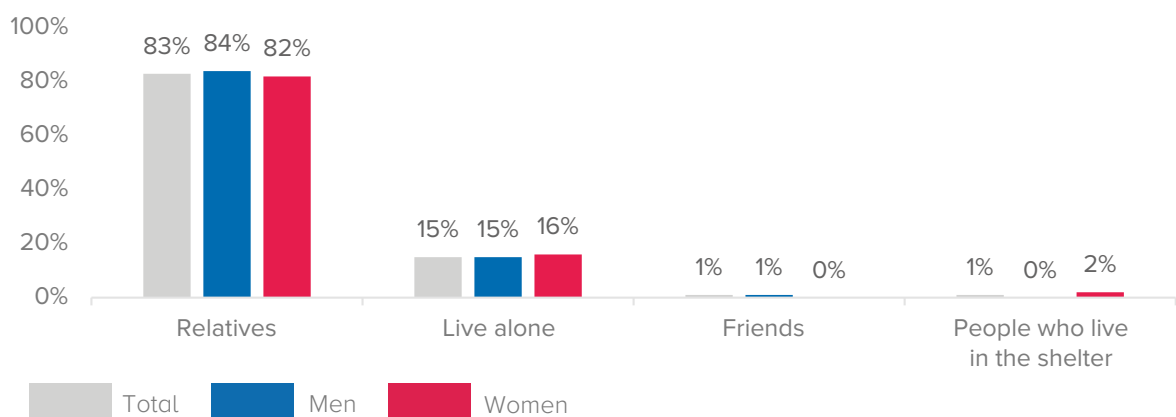
Figure 3. Ethnic group



1.2.4 Family composition

Ninety-three percent of the people surveyed have children and 83% live with their families, while 15% live alone and 1% live with friends.

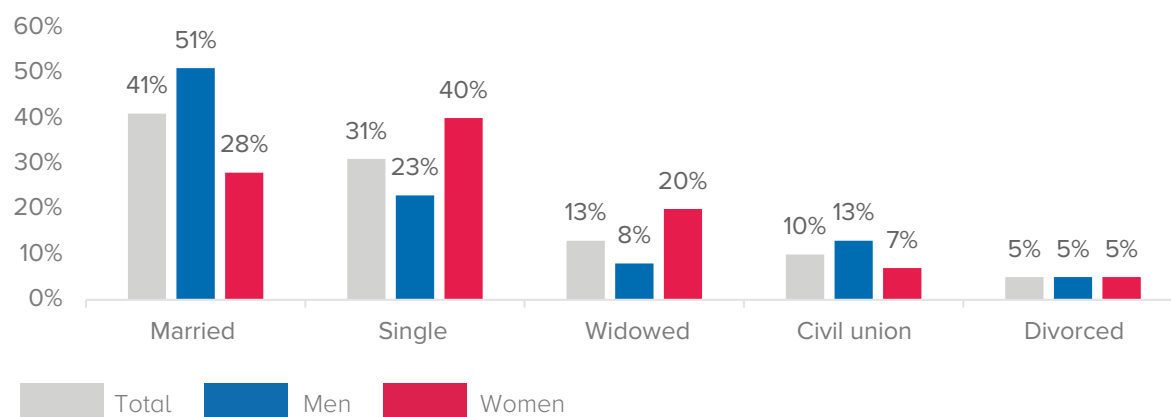
Figure 4. Family composition



1.2.5 Civil status

Of the total respondents, 41% are married; 31% are single, 13% are widowed, 10% are in a common-law marriage and 5% are divorced.

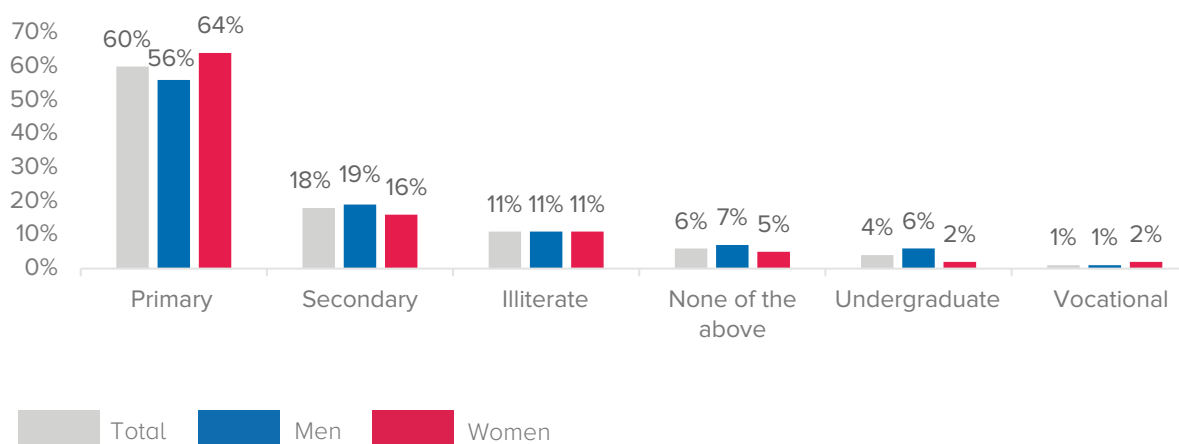
Figure 5. Civil status



1.2.6 Education

Sixty percent of the surveyed population have completed primary education and 18% secondary education; 11% are illiterate; 4% have completed an undergraduate degree and 1% have completed a vocational education qualification.

Figure 6. Education



1.2.7 Disability

Sixty-six percent of the total number of older persons on the move who were surveyed recognize that they have some type of disability. However, in order to accurately identify the percentage of disability for each type, the analysis is disaggregated, depending on the “degree of difficulty” that a person has, in relation to the Washington Group Short Set scale, which indicates that a person has a disability when he/she has great difficulty or is unable to perform an activity. Once the questions had been asked, the classification was made using this scale.

The results were disaggregated for each type of disability: 47% reported a physical disability which makes it difficult for them to walk or climb stairs; 41% reported a visual disability; 15% reported a hearing disability; 10% acknowledged having difficulty remembering or concentrating; and just 5% had a communicative disability.

2. Results

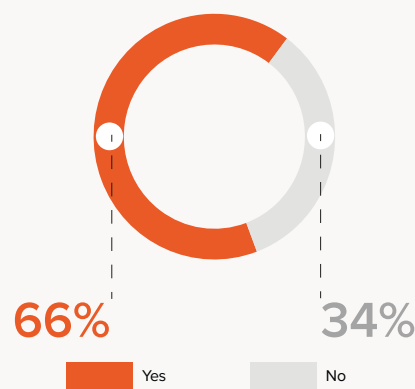
The following section outlines the results obtained from the fieldwork carried out in El Salvador. The articulation between quantitative and qualitative information about older persons on the move is presented. In the analyses, reference will be made to human mobility in general terms, and to each form of human mobility flow in a differentiated manner, in accordance with their corresponding significance¹.

The analysis is organized into categories based on the rights of older persons included in the Inter-American Convention on Protecting the Human Rights of Older Persons, which were considered in this study; assistance, care or humanitarian aid; income and work; social security; food; health; personal care; security; shelter, housing and health services; non-discrimination and equality before the law; community participation and integration; training; access to freedom of expression, opinion and information; accessibility and mobility; access to the financial system; main risks and, finally, aspects of life most affected by COVID-19.

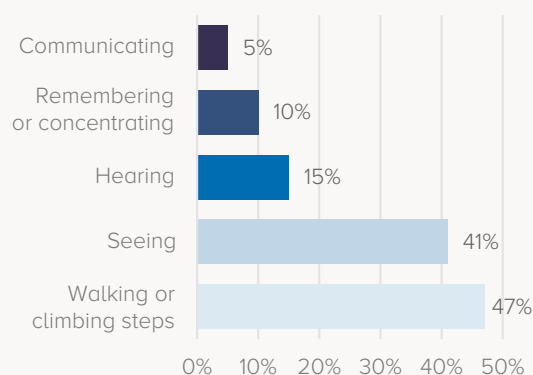
¹ The definitions of each human mobility flow were established in the terminology chapter of the Regional Report.

Figure 7. Disability

A. Recognition of disability



B. Disability according to Washington Group scale



2.1 Main causes of human mobility

Table 3. Causes of human mobility and disaggregation by sex

Causes of mobility	Deportee			Internally displaced			Migrant			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Access to employment or income opportunities	65%	67%	60%	31%	29%	33%	20%	17%	25%	36%
Need for protection from threats, violence or persecution	38%	38%	40%	34%	29%	38%	0%	0%	0%	32%
Support my family	23%	19%	40%	8%	5%	12%	10%	17%	0%	11%
Need for protection against the risk of use, recruitment or forced recruitment.	4%	5%	0%	10%	17%	2%	0%	0%	0%	8%
Access to housing	4%	0%	20%	6%	7%	6%	10%	17%	0%	6%
Family reunification	4%	5%	0%	7%	12%	2%	0%	0%	0%	6%
Access to health care	4%	0%	20%	4%	3%	4%	20%	33%	0%	5%
Need for protection from threats, violence from a partner, ex-partner or family member	0%	0%	0%	5%	7%	2%	0%	0%	0%	3%
Need for protection against extortion, payment of extortion money, etc.	0%	0%	0%	4%	5%	2%	0%	0%	0%	3%
Nutrition	4%	5%	0%	2%	3%	0%	0%	0%	0%	2%
Access to documentation	0%	0%	0%	2%	2%	2%	0%	0%	0%	1%
Access to education	0%	0%	0%	0%	0%	0%	10%	17%	0%	1%
Need for access to justice services	0%	0%	0%	1%	2%	0%	0%	0%	0%	1%
Other	4%	5%	0%	10%	10%	10%	70%	67%	75%	13%

Among the main causes of mobility in El Salvador, access to work or income opportunities (36%) and, the need for protection from threats of violence or persecution (32%) are notable, being the main cause for IDPs ; for deportees, 65% stated that access to work or income is the main cause of mobility. The majority of those who acknowledge having moved for

other reasons attribute it to the civil war and poverty.

It is important to note that several older persons consulted have been deported after several decades in the United States, where they received notification that they would be deported from the country for being in an irregular situation, in some cases leaving their

families behind and being forcibly returned to El Salvador². In other cases, people were detained at the U.S.-Mexico border and forced to return because they did not have the proper documentation to enter the country or because they had false documentation.

“After so many years, one day I received a letter from the U.S. Immigration Department asking me to leave the country in 7 days”. (Sixty-four-year-old man, older person on the move, El Salvador 2020).

Displaced persons acknowledge that they had to leave because of harassment or threats from gangs that blackmailed them to hand over money or recruit a family member.

“Because of the conflict we had to migrate to another municipality. Unfortunately, it was very difficult to live there, and the guerrillas demanded that my dad join them [during the civil war], but the answer was [...] no, and in addition to that I am a visually impaired person”. (Sixty-year-old woman, older person on the move, El Salvador, 2020).

An institutional actor discussed the causes of displacement for displaced older women: as survivors of sexual violence, committed by both criminal groups and their own partners; threats to their children to join gangs; physical aggression from the same criminal groups

and from state security forces; and threats or extortion for receiving an income. In these situations, older persons are forced to move with the family group.

“Older persons are found in the family group. They are usually the fathers or mothers or the grandmothers and grandfathers of the people who are directly affected”. (Man, institutional actor, 2020).

2.2 Documentation

Older persons have the right to freedom of movement, to choose their residence, and to hold a nationality on an equal basis with other segments of the population, without discrimination on grounds of age. (IACPHROP, Art. 15)

In the case of people on the move in El Salvador, 94% have an identity document, as most of them are IDPs or deportees returning to the country. Most migrants have a passport. Respondents who indicated that they have another document also referred to a passport. The migrants surveyed have not undertaken procedures to regularize their stay.

Table 4. Types of documentation

Types of documentation	Deportee			Internally displaced			Migrant			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
National Identity Card (DNI)	100%	100%	100%	93%	97%	88%	67%	90%	100%	94%
Other	0%	0%	0%	7%	3%	12%	33%	10%	0%	6%

² In most of the interviews, the institutional actors as well as the older persons interviewed refer to deportation as “return” or “forced return”. As a result, both terms are used in the analysis.

2.3 Humanitarian aid

Older persons must be guaranteed their safety and rights in humanitarian situations, with a differentiated approach, taking into account their specific needs, at all stages of crisis, conflict or disaster management, and their participation in all mechanisms for managing such situations must be encouraged. (IACPHROP, Art. 29).

Figure 8. Humanitarian aid by mobility flow

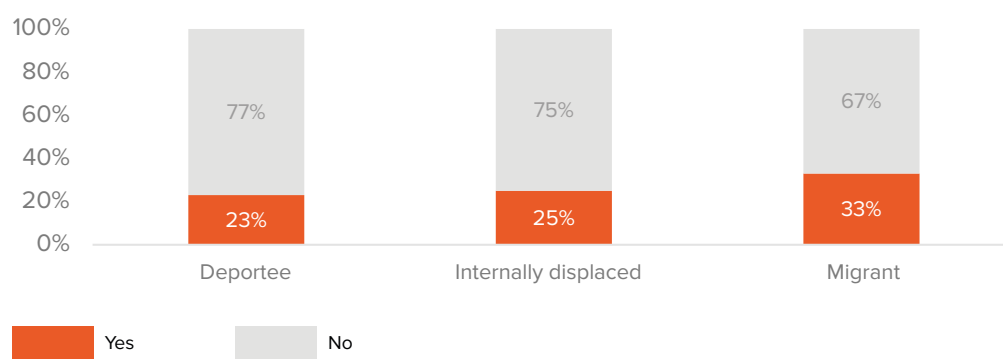


Table 5. Humanitarian aid by mobility flow and sex

Humanitarian aid	Deportee			Internally displaced			Migrant		
	Total	Men	Women	Total	Men	Women	Total	Men	Women
Yes	23%	29%	0%	25%	24%	25%	33%	50%	0%
No	77%	71%	100%	75%	76%	75%	67%	50%	100%

Deportees have not received assistance in 77% of the cases, and those who have received help say it was from a local, civil society or religious organisation (67%) or a humanitarian or international organisation (33%). They have primarily received food and toiletries (50%), psychosocial support or guidance (50%) and legal assistance, information and guidance on rights (17%), as well as subsidies and economic support or transfers (17%). The percentage of psychological support received by deportees is relevant since this process

of human mobility involves trauma in many cases.

Seventy five percent of IDPs persons have not received assistance, care or humanitarian aid. Of those who have received assistance, 41% of the cases have been from humanitarian or international organisations, 37% from a government entity in the country and 15% from civil society or religious organisations.

Most of the assistance received by IDPs corresponds to food and cleaning supplies (33%),

subsidies and economic support or transfers (30%); psychosocial support or guidance (19%), health care services (19%), support for housing and shelter (15%) and, to a lesser extent, support for transportation (4%). Government assistance in the form of food baskets was repeatedly mentioned in the interviews. Only one of the migrants has received assistance from a humanitarian or international organisation for food and cleaning supplies.

Among the institutional actors consulted, there is an organisation that is specialized in psychosocial assistance and advocacy actions to influence public policy advocacy, especially in relation to people they call “returnees”, referring to people deported from the United States and Mexico. These advocacy actions seek comprehensive care for these people through self-management. The process of returning to the country is considered a difficult process due to the frustrations generated by having to leave behind a life project and failure to achieve established goals.

“I realized that the phenomenon of forced return was invisible here in El Salvador”. (Man, non-profit civil society organisation, El Salvador, 2020).

“Our country is a country lacking many resources. I am not justifying the State, but the issue of deportees is a third or fourth priority, it is not given any attention”. (Sixty-four-year-old man, older person on the move, El Salvador, 2020).

It is relevant that the institutional actors consulted agreed that, in addition to recognition of fundamental rights and the fact that they can receive assistance to meet their basic needs, there is also a need to recover the historical memory of older persons who were victims of the internal armed conflict, which should have a gender approach.

“There was never any recognition from the government as older women affected by the civil war in El Salvador”. (Woman, grassroots organisation, El Salvador, 2020)

An initiative was identified at the municipal level to create a roundtable for dialogue and information on the issues faced by the popula-

tion on the move, specifically families arriving and leaving with older persons. This initiative had the objective of analysing the conditions vulnerability in terms of rights, health and physical condition, extreme poverty and unsatisfied needs. A goal for 2021 is to identify the specific requirements of older persons on the move, especially those related to deportees.

“The percentage of this population is high. We discovered this when we started working on the issue, because our municipality had made this sector of the population invisible. We have realized that behind this issue there is a large amount of people who have many needs”. (Man, local authority, El Salvador, 2020).

At the government level, the interviews identified the provision of support, especially for deportees. This includes programs that are being implemented to promote integration into society in the territories where they are located, supporting them with the search for employment, labour certification and health care.

At present, work is being carried out to create the Law on Forced Internal Displacement and the creation of a protocol for the care of displaced persons. International cooperation actors are supporting the process.

One of the institutional actors stated that there is no special focus on older persons. They have not implemented a program that is specifically designed for this population. This was the case with several organisations that offer services to people on the move. Everything is handled in an integrated manner, focused on the protection needs of the general population.

“[There must be an] implementation of durable solutions that apply to a range of needs, including shelters for people with very high protection needs, such as humanitarian assistance, cash transfer and other components like hygiene kits and food kits”. (Focus group, intergovernmental organisation, El Salvador, 2020).

Another stakeholder recognized that they have a vision of broad inclusion, but not an age-specific approach to care for people on the move.

“We don’t specifically work with older persons. We don’t do it that way, thinking about this audience or target demographic. However, we do recognize the population and they are always going to be included, mainly in community-based organisations”. (Man, international organisation, El Salvador, 2020).

This issue identified in the interviews with institutional actors highlights the need to expand assistance and support for organisations that work directly with older persons on the move, differentiating assistance based on protection needs.

“It is not the same to support someone who has experienced forced displacement as to attend to someone who has returned through deportation, in terms of their reinsertion and integration into society”. (Man, local authority, El Salvador, 2020).

Of the eleven service provider organisations surveyed: seven provided human rights accompaniment before the pandemic; six organisations provided general legal assistance; five provided legal assistance on migration issues; three provided assistance with deportation-related procedures; and three provided assistance with legal procedures other than asylum applications. Nine organisations continue to offer these services free of charge during the pandemic, while one no longer does.

2.4 Income and labour

Older persons have the right to decent and dignified work, as well as to equal opportunities and equal treatment with other workers regardless of their age. (IACPHROP, Art. 18).

The percentage of older persons on the move who don’t have a sufficient income is 53%. This corresponds to the fact that 45% of the surveyed older persons did not have a job before COVID-19, while 41% had informal work.

The difference in the unemployment rate between men (38%) and women (56%) is enor-

mous. This is a high unemployment rate for women, which highlights the need to generate strategies that strengthen employability using a gender approach.

Of those who were employed before COVID-19, the degree of labour informality is slightly higher among men (76%), compared to women (73%).

Of those who worked before the pandemic, 59% worked between 5 and 7 days a week. This shows that these older persons are very active in the labour market and that they might also be subject to situations involving labour exploitation. Twenty-five percent of working older persons indicated that they worked between three and four days a week and just 16% worked between one and two days a week.

While just one respondent had no income, almost half of those who had an income before COVID-19 (49%) stated that their income was below one minimum wage; barely 9% earned one minimum wage; only 4 people reported earning three minimum wages. In addition, just 28% of those who earned an income indicated that it was sufficient to meet their basic needs.

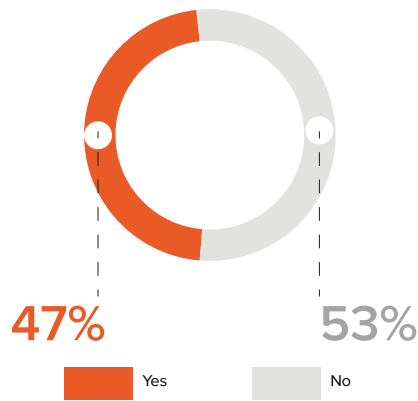
Income for this population comes from three main sources: own income (58%), pension (28%) and support from family members (7%). Only in the case of IDPs and migrants is there income from monetary transfers provided by humanitarian actors or government subsidies.

Most institutional actors recognize that the income situation is precarious for older persons, with their wages below the minimum wage. Wages are lower in rural areas, even up to \$100 a month below the minimum wage. Age is one of the factors that also restricts people from getting a job, with 23% experiencing age discrimination.

Several of the institutional actors interviewed described employment for older persons as in agricultural work and livestock raising, with very low earnings. In urban areas they generally work in informal jobs.

³ Family support would include remittances.

Figure 9. Reparations to victims



Disaggregation by sex

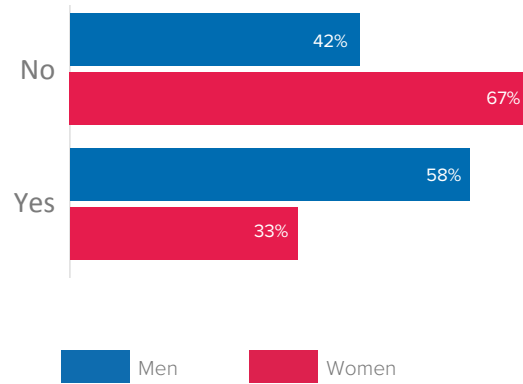
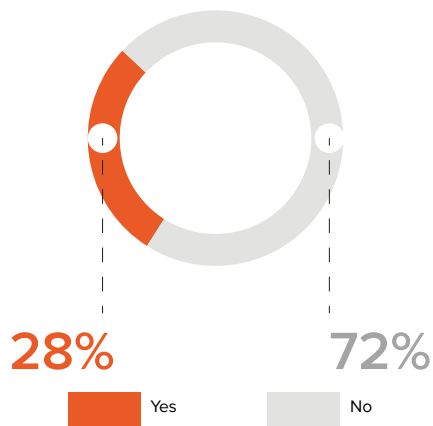


Figure 10. Satisfaction of needs



Disaggregation by sex

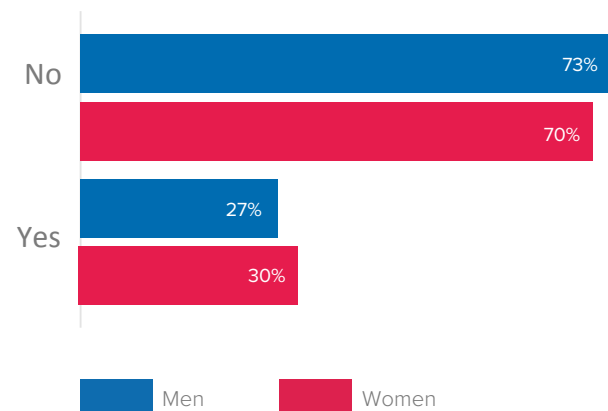


Table 6. Source of income

Monthly income before COVID-19	Deportees			Internally displaced			Migrant			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Own income (formal or informal work)	71%	83%	0%	60%	54%	72%	20%	0%	100%	58%
I receive a pension	14%	0%	100%	28%	31%	22%	40%	50%	0%	28%
Family support	14%	17%	0%	5%	5%	6%	20%	25%	0%	7%
Monetary transfers or government subsidies	0%	0%	0%	7%	10%	0%	20%	25%	0%	7%

“[In the case of deportees], many speak perfect academic English, but they are not employable. So, what do they do? They sell mangoes, sell fruit, sell whatever to survive. This is their income; this is the reality they face [in] the rural and urban areas”. (Man, non-profit civil organisation, El Salvador, 2020).

In the case of deportees, when they reach the country they return to agricultural work in the rural sector, as most of them have left from these areas. In other cases, they try to obtain employment where they can take advantage of the knowledge and experience, they acquired while outside the country, something that does not happen often.

Among the people interviewed, family productive enterprises were identified that constitute a source of income through handicrafts, shoe manufacturing, baking and selling cleaning products. Only one person reported that they received help for the business initiative.

“Our work is weaving hammocks, working in the bush, in agriculture, and taking care of my grandfather”. (Woman, carer and family member, El Salvador, 2020).

One of the institutional actors discussed projects that seek to transfer seed capital to entrepreneurial or technical training initiatives, especially designed for deportees. There is limited participation of the older population in this initiative.

Another risk identified by older persons that affects their productive activities is the threat of being displaced and having to abandon their land. This has meant that they are unable to grow crops or raise livestock. They experience loss of business due to intimidation and displacement.

“Maybe they have set up their small business just to survive, their little shop or something. They have had to move to other places because they have been harassed. That has affected some of us, because there are also some older persons who have been abandoned by their families”. (Woman, grassroots organisation, El Salvador, 2020).

According to institutional actors, there are times when the head of household or the one who generated the most income in the household emigrates, which affects the economy of the whole family, including older persons. This represents a serious risk, because the older persons become more vulnerable as the economic situation of the family unit deteriorates. Sometimes the migrant may disappear during their displacement process. The opposite happens when the person who has emigrated, manages to settle in his or her new destination and can send remittances.

The table shows how the pandemic has severely impacted the majority of respondents who reported receiving income prior to

Table 7. Income and work

Human mobility flow	Before COVID-19	During COVID-19
Internally displaced	52% received income	51% have experienced a decrease in their income and 7% no longer have any income.
	57% were employed	43% have experienced a decrease in their income and 41% have lost their jobs.
Deportee	27% received income	57% have experienced a decrease in their income
	42% were employed	27% have lost their jobs, and 45% have had their hours reduced.
Migrant	50% received income	40% have experienced a decrease in their income
	60% had jobs	67% have lost their jobs and 17% have had their hours reduced.

COVID-19, even if it was through informal work, and have experienced a decrease in their income or loss of their job.

2.5 Social security

Every older person has the right to social security that protects them so that they can lead a dignified life. (IACPHROP, Art. 17).

Among those surveyed, there are only six people who receive pensions as a result of the armed conflict in El Salvador (1980-1992). There are those who receive this type of pension because they are recognized as former combatants, as well as others who receive disability pensions. However, an older person interviewed stated that only persons with disabilities who participated in the conflict are granted a pension.

“For us, as persons with disabilities, in my case it was because of a tumour that destroyed my optic nerve and just like the many persons with disabilities from birth or by accident, we have no support”. (Sixty-year-old woman, older person on the move, El Salvador, 2020).

“Some of them have pensions that the government is giving them now, which is the veterans’ pension, which used to be \$50. With the arrival of this government it was increased to \$100”. (Sixty-

year-old woman, older person on the move, El Salvador, 2020).

The interviewee stated that there are people who do not receive this pension and were left out of the government census because they lived in remote areas or did not have adequate information.

In the case of deportees, despite having made pension contributions for years in the country of destination, they lost their pensions and their benefits were cancelled as they were treated as persons with an irregular status, which is a very serious violation of their rights.

“If you had a bank account, you lose it. You can’t claim it because you don’t have any rights. I made pension payments for 28 years, I don’t even have 5 years from that, I can’t claim it anymore”. (Man, non-profit civil organisation, El Salvador, 2020).

An institutional actor stated that the privatization of pensions in the country has caused many people to have very low incomes, which are not enough to meet their needs in relation to the cost of living in El Salvador. The majority of older persons don’t receive any sort of pension.

Of the eleven-service provider organisations that were consulted, four provide services or guidance on retirement pensions, two on so-

Table 8. Access to social security

Types of social security	Deportees			Internally displaced			Migrant			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
I do not receive any pension	77%	81%	60%	64%	50%	79%	70%	50%	100%	66%
I receive a social pension	15%	10%	40%	15%	26%	4%	20%	33%	0%	16%
I am affiliated to the social security system	12%	14%	0%	6%	3%	10%	10%	17%	0%	8%
Other	0%	0%	0%	5%	10%	0%	10%	17%	0%	5%
I receive a social pension from my home country (country of origin).	0%	0%	0%	3%	2%	4%	0%	0%	0%	2%
I receive a retirement pension from my country of origin.	0%	0%	0%	1%	2%	0%	0%	0%	0%	1%

cial pensions, two on home country pensions and two on social security services. Services have been free before and after the pandemic and in most cases are provided by public institutions.

2.6 Food security

As part of older persons' right to a comprehensive care system, they must have access to food security and nutrition. (IACPHROP, Art. 12)

Prior to COVID-19, 73% of people had access to three meals a day; 23% had access to two meals; 2% had access to more than three meals; 1% had access to one meal a day and sometimes none. 32% of respondents decreased their meal consumption during the pandemic.

Access to food was mainly through income and support from family members. There are notable differences between women and men. For men, economic income is the primary means of access to food (64%), while it is lower for women (52%). Support from family members to access food reaches 57% in women but for men is just 31%. The organisations surveyed offer food assistance and market vouchers. One of them offers three meals a day and both offer their services free of charge.

The government of El Salvador has distributed solidarity food baskets to older persons during the pandemic..

“They bring food, especially maseca flour, which is a dough for making tortillas; beans, rice, salt, sugar, oil, mainly staples”. (Woman, grassroots organisation, El Salvador, 2020).

“Many of our returnee population were economically affected because they did not have food. But thanks to the support of our government, and thanks to international cooperation agencies, we have been able to reach more than 1,000 people giving them basic food supplies for about 3 to 4 months”. (Man, national public entity, El Salvador, 2020).

It is difficult for this population to achieve a balanced nutritional diet as the resources available to older persons are limited. In the case of people living in rural areas, they consume vegetables that they grow themselves and grains such as corn, beans and rice.

Overweight older persons is a health problem identified by one of the institutional actors, who stated that there is no age approach in food plans. This is complicated by the lack of variety in the types of food available to people who, although they may eat several times a day, do not have a balanced diet.

Table 9. Forms of access to food

Forms of access to food	Deportees			Internally displaced			Migrant			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Own economic income	62%	62%	60%	58%	66%	50%	60%	50%	75%	59%
Family support	23%	19%	40%	46%	34%	60%	40%	33%	50%	42%
Government bonds	0%	0%	0%	7%	10%	4%	0%	0%	0%	5%
Food assistance from humanitarian organisations	4%	5%	0%	5%	5%	6%	0%	0%	0%	5%
Neighbours and/or friends	0%	0%	0%	5%	3%	6%	20%	17%	25%	5%
Religious organisations	0%	0%	0%	2%	2%	2%	0%	0%	0%	1%
Attendance at community centres or community kitchens	0%	0%	0%	1%	2%	0%	0%	0%	0%	1%
Other	15%	19%	0%	2%	2%	2%	10%	17%	0%	5%

2.7 Health

Older persons have the right to physical and mental health, without discrimination of any kind. (IACPHROP, Art. 19).

In relation to the health conditions of the respondents, it is relevant that the main health condition affecting more than half of older persons corresponds to mental health problems (56%). This condition increases for deportees (62%). The second most common health condition is hypertension and in third place gastrointestinal problems. One of those interviewed indicated that kidney problems are recurrent, possibly due to drinking contaminated water. More than a third of the surveyed population did not receive treatment for these health conditions. In the case of the indigenous population, this percentage reaches 64%.

“We have found that older persons have an accumulated range of health conditions that need to be addressed as a priority. Because of their situation they are more vulnerable”. (Man, local authority, El Salvador, 2020).

2.7.1 Health Conditions

Before COVID-19, 28% of respondents felt nervous, anxious, depressed, irritable, exhausted, or had difficulty falling asleep some of the time. Twenty-six percent felt this way most of the time and 10% felt this way all of the time.

In the case of deportees, 38% have these feelings most of the time, which means that mental health is one of the most affected areas for all of the surveyed older person on the move. This may be one of the effects of forced displacement.

“The story we have in common is that we were all uprooted, [from] where we had all already made a life”. (Man, civil non-profit organisation, El Salvador, 2020).

“I still have a feeling, it is a feeling of uprootedness, a feeling that I express many times through tears”. (Sixty-four-year-old man, older person on the move, El Salvador, 2020).

Table 10. Health conditions

Health Conditions	Deportees			Internally displaced			Migrant			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Mental health problems	62%	57%	80%	55%	48%	62%	60%	50%	75%	56%
Hypertension	42%	43%	40%	50%	50%	50%	40%	33%	50%	48%
Gastrointestinal problems	23%	19%	40%	39%	41%	37%	40%	33%	50%	36%
Respiratory problems	31%	29%	40%	23%	22%	23%	30%	17%	50%	25%
Diabetes	23%	24%	20%	23%	24%	21%	20%	17%	25%	23%
Heart problems	19%	14%	40%	19%	22%	15%	30%	33%	25%	20%
Cancer	4%	0%	20%	3%	0%	6%	10%	0%	25%	3%
I prefer not to answer	8%	10%	0%	3%	3%	2%	0%	0%	0%	3%
Other	12%	14%	0%	22%	19%	25%	20%	17%	25%	20%

Some 73% did not receive treatment for this health condition, demonstrating a huge gap in the area of mental health.

Institutional actors confirm the psychological traumas of older persons displaced or affected by the armed conflict, evident in problems involving nerves, nightmares and insomnia. Mental health is one of the main health problems and older persons often take too much medication for their conditions. It is also notable that almost 30 years after the end of the conflict they continue to experience nervous breakdowns.

“They still dream, they have nightmares. Because they weren’t given psychological treatment or anything to overcome the situations they experienced in the war, so they still have the effects of that, both physical and psychological.” (Woman, grassroots organisation, El Salvador, 2020).

Many returnees who have had contact with the institutional actors suffer from emotional disorders. Their mental health has been affected by the process they have lived through, which has generated fear and frustration. Faced with this situation, one organisation has developed its own mental health manual that involves a community approach so that returnees can once again put down their roots in the territory and be a part of the reality of their communities and the country. Many of these people have had to leave their families abroad, which generates a strong emotional impact when the family is separated and requires the establishment of a new life project.

“They are people who, apart from having generated income and perhaps having some sort of sustainability or income in the foreign country, they also made families, got married, had children, and when they are deported or are returned to their country of origin they don’t do this with their family group. This has a significant impact for any person who is forcibly separated from their family and a significant impact on mental health.” (Man, international organisation, El Salvador, 2020).

The pandemic has exacerbated negative emotions produced during lockdowns, especially among deportees.

2.7.2 Access to health services

Nineteen percent of the people surveyed did not use a health service when they needed it before COVID-19. From this group, 25% did not use it because they did not have money; 11%, because they did not have health insurance or because of difficulties with transport; 7% because they did not know about the services or because they were too far away. Other causes (39%) included the fear suffering from a disability in the armed conflict and dying in the health care service, general distrust of the health care system and not requiring it.

Thirty-six percent of respondents stated that they had to pay for medical costs before the pandemic and 40% did not have to pay. Twenty-six percent did not respond to this question. There are difficulties with accessing health care for people who do not live in urban areas or require specialized medical care, as well as medicines.

“There may be a gap in some communities where people sometimes have to be transported by car - well, by a pick up, to be more specific - because of the poor state of some rural dirt roads, for about 2 hours” (Woman, intergovernmental organisation, El Salvador, 2020).

“Medicine..., let’s say, public institutions don’t give you specialized medicine, they don’t give it to you. Then you have to see a private doctor, go to a private hospital, enter a private health system that you don’t have access to, you don’t have the economic means to pay for it.” (Man, non-profit civil organisation, El Salvador, 2020).

Through the National Council for Assistance to the Migrant and Returnee Population, deportees can seek support in the case of chronic diseases. Through the support of the Ministry of Health they could also be referred to different health units, as stated by an institutional actor who was interviewed.

Because of the pandemic caused by COVID-19, 53% stated that their access to health services to treat symptoms or illnesses other than those associated with the virus has been limited. Specifically, 65% of deportees have had their access to health services limited during this period.

Figure 11. Use of health services disaggregated by sex

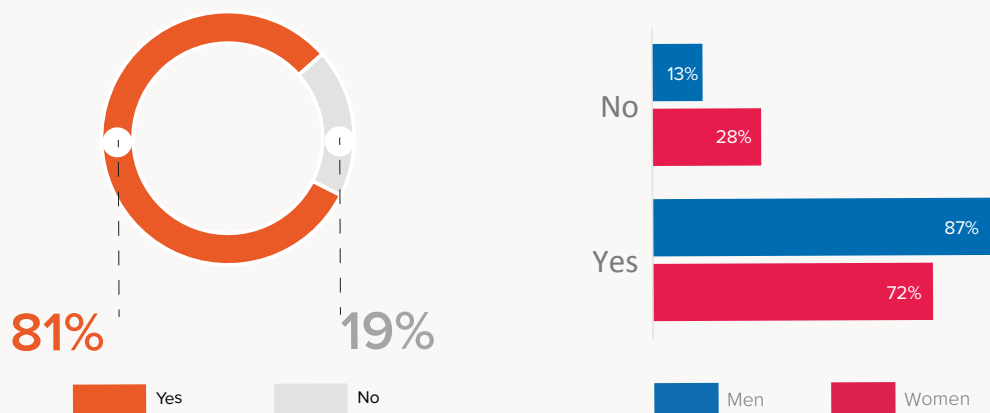


Figure 12. Use of health care services disaggregated by mobility flow

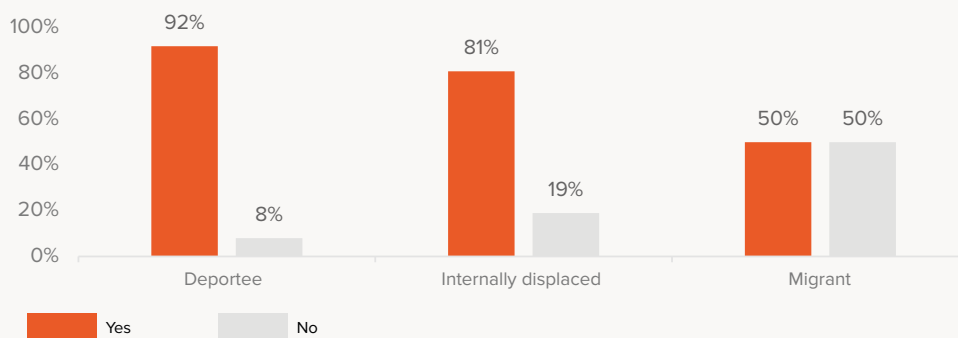
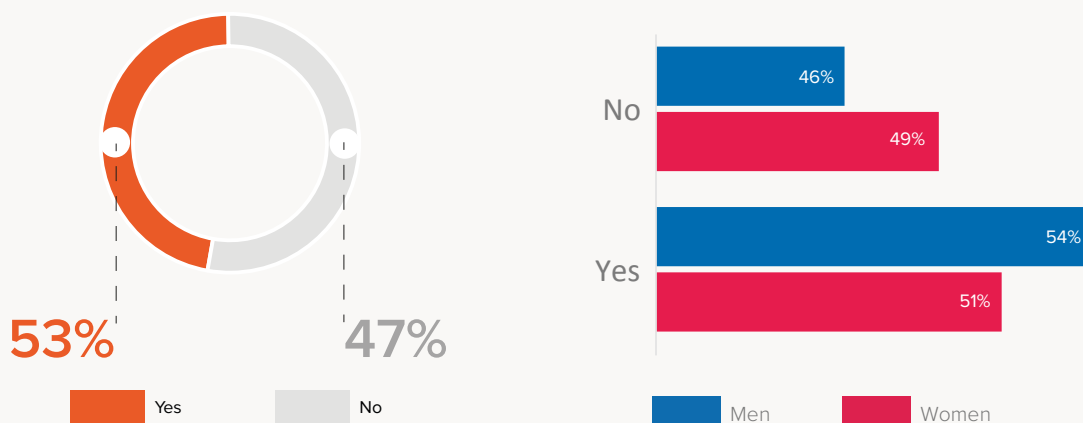


Figure 13. Limitation of access to health care during COVID-19



Access limitations include isolation due to the possibility of contagion, lack of consultations, the stigma of being believed to be carriers of the virus, lack of money and lack of transportation to health care centres.

Eighty-nine percent of older persons surveyed stated that they had not been infected; eleven persons who had been infected indicated that they received adequate medical treatment; however, five infected persons indicated that

Table 11. Pandemic Preventive Measures

Pandemic Preventive Measures	Deportees			Internally displaced			Migrant			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Proper use of masks or face masks when interacting with other people.	100%	100%	100%	99%	100%	98%	100%	100%	100%	99%
Wash hands regularly with soap and water.	81%	76%	100%	98%	98%	98%	100%	100%	100%	95%
Avoiding physical contact (group meetings, staying at home, avoiding shaking hands).	100%	100%	100%	90%	91%	88%	80%	83%	75%	91%
Keep two meters away from any other person.	92%	90%	100%	83%	81%	85%	80%	83%	75%	84%
Avoid touching your face	62%	52%	100%	82%	88%	75%	100%	100%	100%	79%
Other	4%	5%	0%	1%	2%	0%	100%	100%	100%	1%

their treatment had not been adequate. In addition, eight people felt discriminated against for being a patient suspected of being infected with the virus.

The majority of older persons protect themselves from COVID-19 with biosecurity measures. In relation to personal protection elements, 66% stated that they bought them, 34% that they received them, and just 1% stated that they do not have the means to obtain them. In the case of deportees, 88% stated that they bought PPE while the rest comply with other measures.

2.8 Care and support

Older persons have the right to a comprehensive system of long-term care that provides for the promotion and protection of their basic needs. (IACPHROP, Art. 12).

Most of the older persons interviewed (83%) live with their family, which is their main source

of support and care. In El Salvador this figure is significant, as it also means that 16% of older persons live alone. This is due to a number of reasons: family breakdown processes such as the death of family members; abandonment by family members; expulsion from homes due to domestic violence; human mobility processes by children or partners to other countries; displacement that has left them stranded; in some cases, their relatives have been murdered; others have been deported to the country without their families, leaving them behind in the country where they were residing.

“She was left alone with a son, then the son left for the United States and left her alone, and she went to work raising one of her nieces. Then the gang members harassed her and she had to migrate to another place in San Salvador”. (Woman, grassroots organisation, El Salvador, 2020).

“A high percentage of people live alone in very sad conditions, they are alone. Of

course, at first, they receive some support from the family that is left over there, but little by little this is reduced". (Man, international organisation, El Salvador, 2020).

"People who have been deported from the country of destination, usually they come individually and not as a group, as a family". (Woman, Foundation, El Salvador, 2020).

Some of the women who belong to an association of women veterans of the armed conflict live in a situation of abandonment. Some have fled their territories because of threats, and some have also died from COVID-19.

There are people who have returned and have been able to bring certain economic resources from abroad that have allowed them to better manage the situation. They return for family reunification and to receive the care that their relatives can give them.

Before COVID-19, 45% of people were in contact with family or friends every day; 21% were in contact two or three times a week; 16% had contact two or three times a month; 5% were in contact two or three times a year; and 13%

had no contact. During the pandemic, daily contact decreased to 26%, resulting in an increase in the infrequency of contact with family or friends.

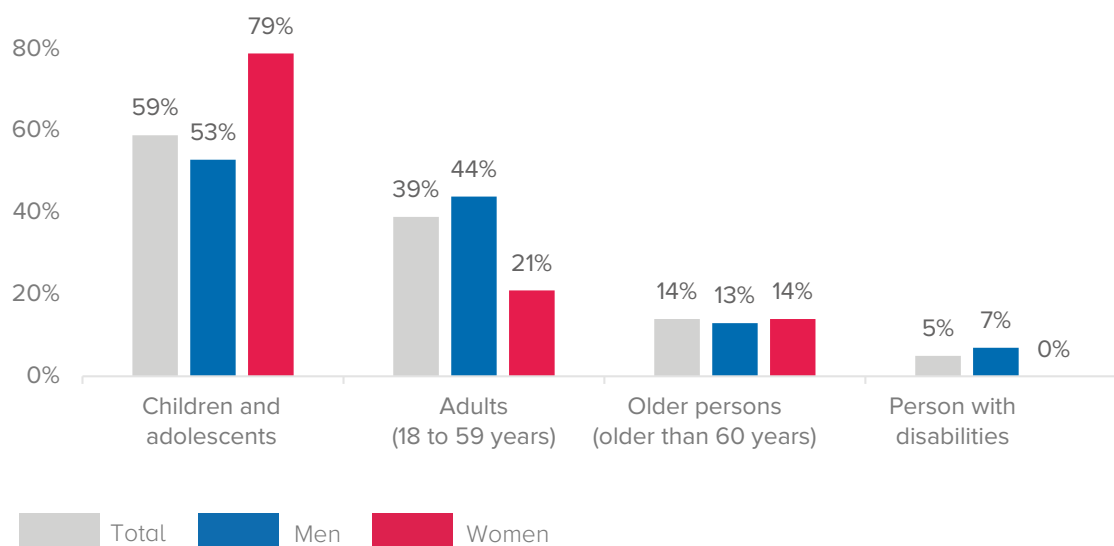
Although they required support before COVID-19, 17% of the people did not receive it, 14% received support from their relatives and a smaller percentage were supported by children or adolescents living in the home (3%).

Many of those surveyed also play a fundamental role in caring for family members. 40% of older persons have dependents, 59% of whom are children and adolescents; 39% are adults; 14% are other older persons and 5% are persons with disabilities.

"[For] older persons in general, women tend to be responsible for care work in their homes, domestic work that tends not to be recognized or remunerated. They take care of the children at home, they do all of the work at home, and they sell some things outside their homes in their communities, typical foods such as empanadas or pupusas." (Man, intergovernmental organisation, El Salvador, 2020).

Table 12. Care and support by type of human mobility

Care and support	Deportees			Internally displaced			Migrant			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Although required, I received no support for my daily activities and daily needs.	27%	24%	40%	15%	21%	8%	20%	33%	0%	17%
I was supported by my wife/husband/spouse or permanent companion	4%	5%	0%	5%	9%	2%	10%	17%	0%	5%
Other relatives who do not live in our place of residence	0%	0%	0%	7%	9%	6%	0%	0%	0%	5%
Other relatives in the house where we live	0%	0%	0%	5%	3%	8%	0%	0%	0%	4%
Children and adolescents in the home where we live	0%	0%	0%	3%	3%	2%	10%	17%	0%	3%
Local, community or religious organisations	0%	0%	0%	0%	0%	0%	10%	17%	0%	1%
I did not require support for my daily activities or daily needs.	31%	33%	20%	14%	16%	12%	20%	0%	50%	17%
Other	0%	0%	0%	0%	0%	0%	10%	0%	25%	1%
Blank	38%	38%	40%	51%	40%	63%	20%	17%	25%	47%

Figure 14. Dependents

2.9 Safety

Older persons have the right to safety and a life without violence of any kind, to be treated with dignity, and to be respected and appreciated. (IACPHROP, Art. 9).

Before the pandemic in El Salvador there was a high percentage of emotional or psychological mistreatment that affected more than a third of the people surveyed (35%). However, other forms of mistreatment are also relevant, such as physical abuse, abandonment, denial of food, eviction, using an older person's money without their approval. The survey identified that approximately 10% of older persons are highly vulnerable.

Although during the pandemic there was a reduction in emotional or psychological abuse, there are still cases of domestic violence, which has even led to the expulsion of older persons from their own homes according to an institutional actor interviewed.

“Because of the lockdown they have experienced domestic violence and in some cases they have even been kicked out of their homes by their life partners”. (Woman, grassroots organisation, El Salvador, 2020).

Of those who were mistreated during the pandemic, the data show that family members were responsible for the mistreatment of 35% of respondents, as well as government officials (24%); friends or neighbours (14%); and gangs (27%). The majority of people who suffered mistreatment did not attend medical or professional centres (78%) and did not report the mistreatment to the corresponding authorities (81%), which is a concerning figure.

Thirty-eight percent of deportees did not feel safe enough to return to their place of origin, primarily because of threats, violence or persecution (80%). This fear is because they return to the country with a strong emotional trauma, in many cases separated from their families and they return to dangerous areas of the country. One of the institutional actors stated that they suffer a specific type of discrimination, as if they are no longer part of the country and are even stigmatized as criminals. This generates an increased burden of shame and disillusionment, particularly for women.

Insecurity in the country has caused many families to leave their homes, fleeing due to fear and death threats. Gangs are reportedly controlling many areas and forcing people to move.

Table 13. Types of abuse

Types of abuse	Deportees			Internally displaced			Migrant			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Emotional or psychological abuse: reproaches, threats, intimidation, blackmail, being excluded from important events, feeling that you are being infantilized.	35%	29%	60%	35%	34%	37%	30%	50%	0%	35%
Physical abuse: hitting, shoving, pinching, rough shaking, etc.	15%	5%	60%	13%	16%	10%	0%	0%	0%	12%
Eviction	4%	5%	0%	12%	14%	10%	0%	0%	0%	10%
Left alone, isolated or overcrowded for a prolonged period of time.	8%	5%	20%	10%	14%	6%	20%	33%	0%	10%
Denied or limited food and medications	0%	0%	0%	8%	14%	0%	0%	0%	0%	6%
Your money has been taken without your approval or authorization	4%	5%	0%	5%	9%	2%	10%	17%	0%	5%
None of the above	62%	67%	40%	48%	41%	56%	70%	50%	100%	52%

“Here in El Salvador there is a tremendous situation of violence. Even if you are older you still can’t escape. Here it is a tremendous crime wave; here you have to thank God when you make it back to your home”. (Sixty-year-old woman, older person on the move, El Salvador, 2020).

According to an older person surveyed, displaced persons also face discrimination for having gone through the displacement process. Although 48% state that they have suffered some type of mistreatment as described above, 52% indicate that they have not suffered any of the mistreatment events, which may imply that older persons do not identify the different forms of mistreatment or having identified them, do not want to recognize them, which is a situation that requires further investigation on the subject.

2.10 Accommodation and WASH

Older persons have the right to decent and adequate housing and to live in environments that are safe, healthy, accessible and adaptable to their preferences and needs. (IACPHROP, Art 24).

In El Salvador, more than half of the people live in their own apartment or house. It is important to clarify that 18% live in improvised housing, a situation that generally affects the displaced population. There is a need to verify the conditions of their housing, to see if they comply with the basic conditions of habitability in terms of construction materials. It was identified in the interviews that there are houses

with fragile materials and a lack of access to basic services.

According to some institutional actors and older persons who were interviewed, those who own their houses inherit them. In some cases they are not in a good condition and migrant family members who are outside the country contribute by sending money to improve the infrastructure conditions.

“That is the reason [why] I sometimes migrate. To improve the conditions for my family and, consequently, my housing. But since I was deported that has been put on the back burner, housing is on the back burner”. (Man, non-profit civil organisation, El Salvador, 2020).

The current housing conditions in which people live have deteriorated during the pandemic, primarily among the displaced population (28%).

The main obstacles for obtaining housing have been a lack of economic resources for 67% of the cases, lack of documentation and rejection for being an IDP (3%); for having a large family (2%); and not having a co-debtor (1%). 27% have faced no obstacles. Only 40% have access to the sewerage system and 22% do not have a bathroom. 88% have access to

drinking water and 94% have access to electricity. Thirty-six percent have no gas connection.

In rural areas, public services are even more insufficient due to the lack of infrastructure. There is no aqueduct service and, in general septic tanks are used as toilets and water is obtained from streams or creeks. There is also a lack of street lighting, as highlighted by one respondent.

“They usually live in rural areas in excluded, vulnerable sectors, their housing conditions are deplorable; they sometimes have sewage services, but they might also lack electricity and lighting services”. (Woman, intergovernmental organisation, El Salvador, 2020).

Ten percent of respondents live in overcrowded conditions; only 12% live in their own room, and 41% share a room with one other person.

In the case of security, it is important to note that 40% of those surveyed consider that the place where they live is not safe, which is related to the high crime rates in the country. Ninety-one percent are not aware of any protection measures against eviction, which is one of the security vulnerabilities experienced

Table 14. Types of housing or accommodation

Types of housing or accommodation	Deportees			Internally displaced			Migrant			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Own apartment or house	58%	67%	20%	49%	47%	52%	70%	100%	25%	52%
Improvised lodging	4%	5%	0%	21%	28%	13%	30%	0%	75%	18%
Guest	15%	10%	40%	15%	12%	19%	0%	0%	0%	14%
Rental	23%	19%	40%	12%	10%	13%	0%	0%	0%	13%
Room rental per night/daily rate	0%	0%	0%	2%	2%	2%	0%	0%	0%	2%
Other	0%	0%	0%	1%	2%	0%	0%	0%	0%	1%

Table 15. Difficulties with obtaining accommodation or housing

Difficulties with obtaining housing or accommodation	Deportees			Internally displaced			Migrant			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Lack of financial resources	69%	62%	100%	70%	67%	73%	30%	33%	25%	67%
Lack of documents	0%	0%	0%	4%	3%	4%	10%	0%	25%	3%
Rejected for being internally displaced	0%	0%	0%	4%	2%	6%	0%	0%	0%	3%
Having a large family or infants	0%	0%	0%	3%	3%	2%	0%	0%	0%	2%
I have no co-debtor or guarantor	0%	0%	0%	2%	2%	2%	0%	0%	0%	1%
I have experienced no obstacles	31%	38%	0%	24%	24%	23%	60%	67%	50%	27%
Other	4%	5%	0%	5%	7%	4%	0%	0%	0%	5%

by fourteen respondents before the pandemic, most of whom were displaced persons.

During the COVID-19 pandemic 18% of respondents felt that their housing did not have the necessary biosecurity measures in place. Before the pandemic, three of the organisations surveyed provided eviction counselling services, two offered temporary housing in rooms and one in a housing centre. In most cases the housing provided was in single rooms and only in one case did people have to share a room with members of the same family.

Older persons receive almost no visitors in these shelters. In two of them they were not allowed visitors before the pandemic. With one organisation they received almost no visitors, and in another they were allowed to have visitors once a week. Four organisations continue to provide this service during the pandemic, but the others have either reduced or stopped providing housing support. Among the organisations that provided housing before the pandemic, all had potable water, sewerage, and electricity, three had gas and television service and two had landline telephones. During the pandemic, these conditions were main-

tained and all four organisations adapted their facilities to protect against COVID-19. These services are completely free of charge.

2.11 Non-discrimination and equality before the law

Discrimination on grounds of age is prohibited, and measures must be put in place for people who are victims of multiple discrimination. (IACPHROP, Art. 5).

It is of concern that the highest percentages of experiences of discrimination are based on disability (24%) and age (23%), percentages that increase for women. Age discrimination reached 42% among deportees.

“They don’t have enough money to sow their crops. It’s also not easy for them to get a job, because one of the requirements is that you have to be under 40 years old to work somewhere else”. (Man, intergovernmental organisation, El Salvador, 2020).

Eighty-two percent of the people who have suffered some form of discrimination stated that they did not have access to counselling or guidance when they were required to ap-

Table 16. Forms of discrimination

Forms of discrimination	Deportees			Internally displaced			Migrant			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Disability	4%	0%	20%	27%	40%	13%	40%	50%	25%	24%
Age	42%	43%	40%	20%	26%	13%	10%	17%	0%	23%
Person in a situation of human mobility	19%	24%	0%	6%	9%	4%	10%	17%	0%	9%
None of the above	0%	0%	0%	7%	3%	12%	0%	0%	0%	5%
I have not felt discriminated against	42%	43%	40%	45%	38%	54%	50%	33%	75%	45%
Other	8%	5%	0%	8%	5%	12%	0%	0%	0%	8%
I prefer not to answer	0%	0%	0%	1%	0%	2%	0%	0%	0%	1%

pear before the authorities. Age discrimination adds to other forms of discrimination that increasingly exclude older people.

“The hiring gap in jobs has been reported by older persons, which increases gaps in social and economic inequality”. (Women, intergovernmental organisation, El Salvador, 2020).

There are older persons interviewed who report poor health, as well as persons with disabilities.

“There is the Health Unit, but they provide a very bad service. Even persons with disabilities are discriminated against in several places. They are attended to in a very bad way”. (Sixty-year-old woman, older person on the move, El Salvador, 2020).

In the case of deportees, there is a certain degree of mistreatment by some family members due to the impossibility of sending money and, when they return, they cannot obtain employment. This is because there are very few jobs and they are discriminated against because of their human mobility status, which affects 19% of the deportees surveyed.

Nine organisations surveyed stated that, before the pandemic older persons were discriminated against because of their human mobility status, five cited age, three mentioned disability and sexual orientation and one highlighted ethnicity. During the pandem-

ic, six organisations stated that discrimination has remained the same, while for three it has increased and for two it has decreased.

2.12 Community participation and integration

Older persons have the right to active, productive, full and effective participation within the family, community and society with a view to their integration. (IACPHROP, Art. 8).

Before COVID-19, 63% of older persons did not participate in activities in the community. However, one third of respondents practiced sports, leisure and recreational activities, with significantly more men (34%) than women (21%).

The institutional actors who were interviewed recognize the need to strengthen civil society, primarily grassroots organisations that work with people affected by human mobility, including returnees, family members of missing and deceased migrants and forcibly displaced persons. They also emphasized the need to strengthen psychological support, with the participation of more people, as well as efforts to generate territorial networks of returned migrants. These networks would generate exchanges for the reintegration of people and lead to political advocacy actions.

Table 17. Types of community involvement activities

Types of community involvement activities	Deportees			Internally displaced			Migrant			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Do not participate in activities in the community	38%	38%	40%	71%	71%	71%	40%	0%	75%	63%
Sports, leisure and recreation activities	54%	57%	40%	22%	22%	21%	40%	67%	0%	29%
Cultural activities such as music, theater, dance, film forums, lectures, concerts, history, etc.	35%	33%	40%	12%	10%	13%	20%	33%	0%	16%
Practical activities such as handicrafts, knitting, gardening and other similar activities	8%	10%	0%	5%	2%	8%	20%	33%	0%	6%
Other activities	4%	0%	20%	5%	3%	8%	10%	0%	25%	5%

Some returnee women do not wish to participate in any community meetings, workshops or talks due to the stigmatization process they face.

“Women returnees in their communities do not participate in the spaces, they hide behind the domestic chores, they hide behind their walls, because they do not want people to know that they have been returned, to know about their feelings. That is why women’s participation is very minimal in these spaces”. (Man, non-profit civil organisation, El Salvador, 2020).

In addition, one of the institutional actors recognizes that these people have a very low level of participation, which has repercussions on their lack of involvement in the search for solutions to their problems.

“Decision makers don’t take the necessary action to ensure that this population is included in consultations, design of strategies and the validation of processes to address their limitations in terms of the right to access health, access employment, etc. They should be included so that these people don’t just feel included but also have real access to their rights”. (Man, international organisation, El Salvador, 2020).

Before the pandemic, only two of the eleven organisations surveyed offered cultural activities. One offered practical activities such as

handicrafts, knitting, gardening and others. Only one offered sports and recreational activities. The activities were free of charge. Two organisations indicate that these activities during the pandemic have ended and one stated that they have decreased.

2.13 Training

Older persons have the right to education on equal basis with other sectors of the population and without discrimination. (IACPHROP, Art. 20).

Sixty-eight percent of the people have not received any type of training. The two Afro-descendants surveyed have not received any training and 73% of the indigenous population has not received any training.

In the case of displaced persons, the percentage who have received training is around 10%. However, it is important to highlight that the percentage of deportees who have received training for incorporation into the workforce is above 40% as well as training on the rights of a person on the move.

“Despite their age of 60, they learned to do something in the United States. They know how to do it well. They arrive here and say, “I want to start a company, I want to start being an entre-

Table 18. Access to training

Types of training	Deportees			Internally displaced			Migrant			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
I have not received any training	42%	43%	40%	74%	69%	79%	70%	67%	75%	68%
How to enter the workforce through employment or a business initiative	42%	48%	20%	11%	17%	4%	10%	0%	25%	16%
My rights as a displaced refugee and migrant and how I can receive support	42%	48%	20%	7%	3%	12%	10%	17%	0%	14%
Other topic of interest	12%	10%	20%	10%	14%	6%	10%	17%	0%	10%
My rights as an older adult and how I can receive support	8%	5%	20%	7%	7%	8%	20%	17%	25%	8%
How to re-join the workforce in the context of the current pandemic	0%	0%	0%	3%	3%	2%	0%	0%	0%	2%

preneur”, and we work to incorporate them into entrepreneurship training”. (Man, national public entity, El Salvador, 2020).

The low percentage (8%) of people who received training on older persons’ rights is a cause for concern, which evidences the need to expand this type of training.

The institutional actors interviewed identified experiences with psychosocial assistance workshops for the returnee population, as well as entrepreneurship programs for this population, but without a differential approach for older persons.

“Manuel was rejected by his family, by his children. Although he was an adult man with life experience, he always cried and blamed himself for not having built, let’s say, a life with his family, because he had to leave the country due to the conditions of poverty and lack of opportunities; So, through this psychosocial support he was healing, and now he sends us photographs of himself working in the fields, picking beans in the fields, picking corn. He was able to understand that his role was not to be there, but here, in El

Salvador”. (Man, non-profit civil organisation, El Salvador, 2020).

One of the aspects that has affected training is the low level of connectivity for older persons, as just 19% have an Internet connection. This prevents them accessing different training sessions through the use of technology, according to an interview with an institutional actor.

Another of the institutional actors also indicated that it is necessary to provide older persons in a situation of human mobility with increased financial autonomy. This requires a training process on decision making, leadership and recognition of rights, as well as access to protection services.

One of the older persons surveyed said that she had received training but did not have the money to start a business.

“I managed to receive some training on the production of cleaning products and bakery products. Unfortunately, I have the knowledge, but what I don’t have is perhaps an economic base to be able to start the business”. (Sixty-year-old

woman, older person on the move, El Salvador, 2020).

2.14 Access to freedom of expression, opinion and information

Older persons have the right to freedom of expression and opinion and access to information, on equal basis with other sectors of the population and by the means of their choice. (IACPHROP, Art. 14).

Eighty-four percent of the people surveyed have access to a mobile phone followed by those who own a television (75%) and a radio (54%). Despite the large number of mobile phones, Internet connection is low, as 81% of older persons do not have a connection. In general, they have simple mobile phones, not smartphones.

Of the eleven service provider organisations, seven reported that prior to the pandemic people had access to mobile phones and television; six have access to radio, and only one

has access to entertainment equipment. During the pandemic, four organisations stated that older persons have greater difficulty with accessing these facilities, while seven stated that they continue to enjoy access without problems.

People who have an Internet connection particularly use WhatsApp, although connectivity is low because in rural areas there is no Internet coverage. In the cities there is a higher possibility of connection. The number of older persons without an Internet connection is very high, as 81% do not have this service, and 84% don't have access to a landline telephone.

“In order to communicate with us so that they can virtually participate in the forum, many of our colleagues have to climb a tree or reach the highest part of their geographical zone, like a small hill, in order to get an Internet connection”. (Man, non-profit civil organisation, El Salvador, 2020).

Technological equipment and connectivity is primarily used for information and entertainment (82% of respondents) and contact with family, friends, acquaintances or related persons (77%). This coincides with the information

Table 19. Types of equipment

Types of equipment	Deportees			Internally displaced			Migrant			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Cellular phone	85%	90%	60%	84%	83%	85%	90%	100%	75%	84%
Television	81%	76%	100%	75%	71%	79%	70%	67%	75%	75%
Radio	58%	57%	60%	52%	60%	42%	70%	100%	25%	54%
Landline phone	8%	10%	0%	13%	12%	13%	20%	20%	0%	12%
Laptop computer	4%	5%	0%	6%	9%	4%	10%	17%	0%	6%
Desktop computer	0%	0%	0%	3%	2%	4%	10%	17%	0%	3%
Entertainment equipment	8%	10%	0%	0%	0%	0%	10%	17%	0%	2%
Tablet	0%	0%	0%	1%	0%	2%	0%	0%	0%	1%
None of the above	0%	0%	0%	5%	5%	6%	0%	0%	0%	4%

Table 20. Use of technological equipment

Use of technological equipment	Deportees			Internally displaced			Migrant			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Information and entertainment	88%	90%	80%	81%	78%	85%	70%	67%	75%	82%
Contact your family, friends, acquaintances or like-minded people.	96%	95%	100%	73%	78%	67%	70%	100%	25%	77%
Access training courses	4%	5%	0%	8%	5%	12%	0%	0%	0%	7%
Participate in senior citizen groups	0%	0%	0%	5%	2%	8%	20%	17%	25%	5%
Participate in self-help groups	0%	0%	0%	5%	7%	2%	10%	17%	0%	4%
Knowledge of rights and services you can access	0%	0%	0%	2%	2%	2%	10%	17%	0%	2%
Others	0%	0%	0%	4%	3%	4%	0%	0%	0%	3%

from the survey of service providers who recognize that older persons generally use technology to access information and entertainment, followed by contact with friends, family and acquaintances and obtaining knowledge about their rights.

Only 10 respondents stated that they had accessed courses. Just 5% participate in groups for older persons and 4% in self-help groups. Only three people use the equipment to learn about rights and services. For the service provider surveys, only one respondent stated that people use technological equipment to access courses, as well as to participate in self-help groups or groups for older persons.

Seventy-five percent of people receive information about COVID-19 through television, which is the exact same percentage of people who own a television; they also access this information through radio (36%), as radio is also one of the most used pieces of technological equipment. This is followed by face-to-face contact (34%) and mobile phone calls (27%). The surveyed organisations stated that information about COVID-19 is primarily received through television and radio, followed by social networks, which is consistent with the data from the survey of older persons. Eight of the eleven organisations stated that older persons

had frequent access to information and, during the pandemic three organisations stated that this access decreased.

2.15 Accessibility and mobility

Older persons have the right to accessibility to the physical, social, economic and cultural environment as well as to personal mobility. (IACPHROP, Art. 26).

The vast majority (82%) of respondents had difficulty accessing public transport. The interviews confirmed this information. Nine of the eleven organisations surveyed stated that older persons have difficulty with accessing public transportation, seven stated that they have problems with accessing health centres and four indicated problems with accessing recreation centres, NGO offices, and supermarkets.

“The truth is, how they treat older persons is really bad when you try to get on public transport, a bus”. (Sixty-year-old woman, older persons on the move, El Salvador, 2020).

During the pandemic, mobility has become even more limited for older persons. Even

Table 21. Access to locations

Access locations	Deportees			Internally displaced			Migrant			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Public transport	92%	90%	100%	81%	88%	73%	70%	50%	100%	82%
Educational centres	4%	5%	0%	5%	0%	10%	0%	5%	0%	4%
Health centres	15%	14%	20%	32%	29%	35%	0%	33%	0%	28%
Recreational centres (shopping malls, parks, cinemas, theatres)	4%	5%	0%	8%	3%	13%	0%	5%	0%	7%
Supermarkets	8%	10%	0%	11%	7%	15%	30%	50%	0%	12%
Government offices	4%	5%	0%	9%	10%	8%	20%	33%	0%	9%
Banks/financial centres	15%	19%	0%	11%	10%	12%	20%	33%	0%	12%
Offices of national and international non-governmental organisations	8%	10%	0%	1%	0%	2%	20%	10%	0%	2%

buses are rarely used for fear of contagion and paying for safer transportation such as a taxi is virtually impossible. There are older people who have mobility difficulties due to muscle or joint disease, as well as older people who are blind.

“I have problems with my two shins, I have no ligaments there, shrapnel opened up my kneecap and that is an impediment. I have mobility restrictions. I can’t climb stairs; I can’t do things like before. To get around, I use my cane, that’s my life, with pain and everything, but I’m fighting again”. (Sixty-year-old woman, older person on the move, El Salvador, 2020).

2.16 Access to financial products

Older persons should have access to financial and banking services as well as the right to equal recognition as a person before the law. (IACPHROP, Art. 30).

Access to financial services is very limited. Seventy-five percent of older persons sur-

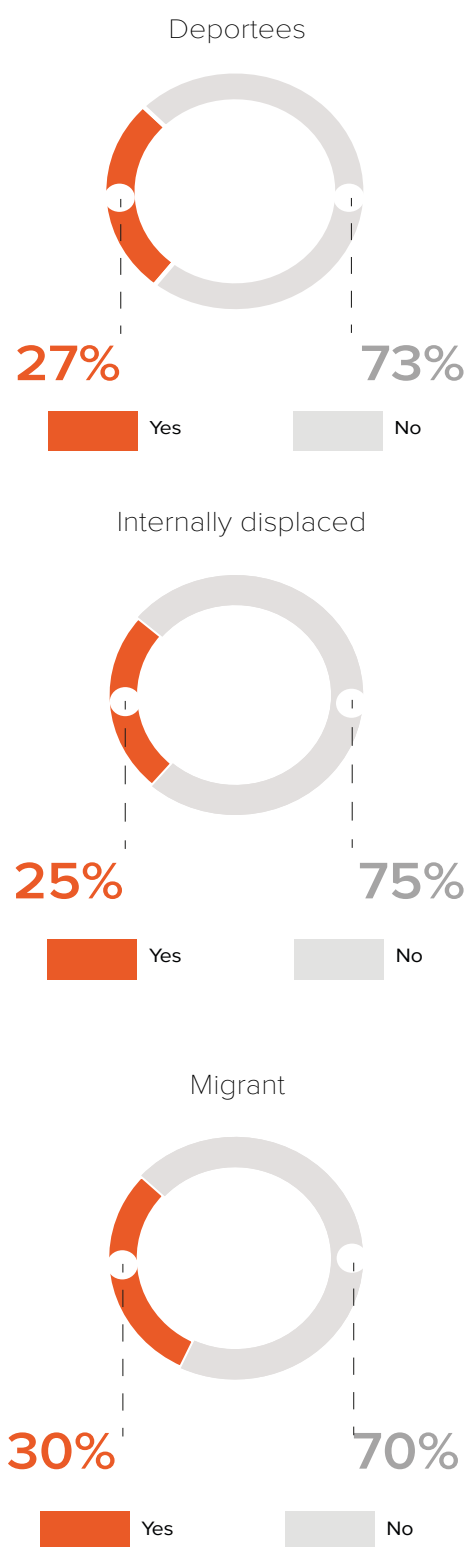
veyed did not have a savings, checking or credit account with any financial institution.

“We haven’t been able to ask for another loan, because at my age they won’t give it to me”. (Sixty-year-old woman, older person on the move, El Salvador, 2020).

An institutional actor consulted for this study emphasized the need to guarantee economic independence to the older person population as one of the ways that could best help them solve the resource problems they face.

“Provide them with a little more financial autonomy through the implementation of livelihood access plans that are complemented with a training process to strengthen them in decision making, in leadership processes, in recognition of their rights and how to access protection services.” (Man, national public entity, El Salvador, 2020).

“Unfortunately, I don’t have a savings account. The little that I make each day is about 10 or 15 dollars, or 20, so I earn that in cash”. (Sixty-year-old woman, older person on the move, El Salvador, 2020).

Figure 15. Access to savings account

None of the organisations surveyed provided financial services.

2.17 Main risks faced by older persons on the move

Aspects that can increase the degree of vulnerability and defencelessness of the older person, as well as the violation of their fundamental rights.

Without distinguishing between before or during the pandemic, older persons on the move have recognized a number of risks that make them more vulnerable. The three main risks are the decrease in economic resources (43%), which correlates with job loss; deterioration in the quality of personal or family life (28%); and fatigue, exhaustion and increased stress (24%). In the case of deportees, the loss of economic resources increased to 61%.

The nine indigenous people who responded to this question stated that their biggest risk was physical abuse or violence (33%); followed by threats or intimidation (33%); and fatigue, exhaustion and increased stress (33%).

Older persons on the move are exposed to multiple risks to both their physical and psychological safety, especially their mental health and their lack of resources to ensure a balanced diet. Gangs and common crime mean that they can be re-victimized. The pandemic has also affected multiple dimensions of their lives, particularly limiting their possibility of having an active and healthy life.

2.18 Other aspects of life affected by COVID-19

The people surveyed identified that the greatest problems generated by COVID-19 are related to the deterioration of economic conditions and the impossibility of selling the products they make. The pandemic also changed their daily routines, affecting their leisure and recreation spaces. For many social distancing has turned into loneliness, which has affected the mental health of the people and added to their fear of contagion. This fear is one of the most frequent aspects in the answers, as the pandemic has distanced them from their friendships and caused some conflicts with their relatives in their homes.

Table 22. Types of risks

Types of risks	Deportees			Internally displaced			Migrant			Total
	Total	Men	Women	Total	Men	Women	total	Men	Women	
Decrease in available economic resources	61%	57%	75%	39%	37%	40%	50%	33%	100%	43%
Reduction in your personal or family quality of life due to time in transit	28%	14%	75%	27%	26%	29%	50%	33%	100%	28%
Fatigue, exhaustion and increased stress	11%	14%	0%	28%	35%	21%	0%	50%	0%	24%
Threats, intimidation (e.g., illegal armed actors or others)	22%	14%	50%	18%	14%	21%	25%	33%	0%	19%
Physical abuse or violence	11%	14%	0%	14%	16%	12%	50%	63%	0%	15%
Psychological or emotional abuse or violence	17%	21%	0%	9%	14%	5%	25%	33%	0%	11%
Discrimination and xenophobia	17%	21%	0%	4%	5%	2%	0%	0%	0%	6%
Extortion payments	0%	0%	0%	4%	2%	5%	0%	0%	0%	3%
Health problems due to contagion or illnesses resulting from permanent mobilization	0%	0%	0%	2%	5%	0%	25%	0%	100%	3%
Theft or robbery of property	0%	0%	0%	2%	0%	5%	0%	0%	0%	2%
Kidnapping, arbitrary detention or deprivation of liberty	0%	0%	0%	1%	2%	0%	0%	0%	0%	1%
Gender-based violence	6%	0%	25%	0%	0%	0%	0%	0%	0%	1%
Other	11%	14%	0%	5%	5%	5%	0%	0%	0%	6%

Another relevant aspect is the loss of medical appointments due to the distance they live from medical centres. They don't have money to pay for medicines, which in some cases has led to a deterioration in their health. For several of those surveyed, the distance they have felt from their church has also been a significant factor.

The older persons who were surveyed mentioned the deaths of family members due to COVID-19. The projects and programs that were planned and ready to be implemented have had to be cancelled or defined for an online modality. Illnesses and emotional disorders have intensified again, particularly for people who were already in an advanced stage of psychological treatment, especially older persons victims of displacement and deportees.

“They have died. Several have died and our partner’s relatives as well, and they have not even been able to say goodbye to them. Because of the pandemic, they are taken to the hospital and we will never see them again”. (Woman, grassroots organisation, El Salvador, 2020).

Annex B

Country Report: Honduras

Regional assessment on the situation and needs of older persons on the move in the Americas



© Karen Valladares/ HelpAge

Sixty-nine year-old Honduran returnee woman.

Table of Contents

1. Population approach	219
1.1 Scope of the sample	219
1.2 Characterisation of older persons consulted	220
1.2.1 Sex and age	220
1.2.2 Human mobility flows	220
1.2.3 Ethnic group	221
1.2.4 Family composition	221
1.2.5 Civil status	222
1.2.6 Education	222
1.2.7 Disability	223
2. Results	224
2.1 Main causes of human mobility	224
2.2 Documentation	226
2.3 Humanitarian aid	227
2.4 Income and labour	229
2.5 Social security	232
2.6 Food security	233
2.7 Health	235
2.7.1 Health Conditions	235
2.7.2 Access to health services	236
2.8 Care and support	239
2.9 Safety	241
2.10 Accommodation and WASH	242
2.11 Non-discrimination and equality before the law	244
2.12 Community participation and integration	246
2.13 Training	247
2.14 Access to freedom of expression, opinion and information	248
2.15 Accessibility and mobility	250
2.16 Access to financial products	251
2.17 Main risks faced by older persons on the move	252
2.18 Other aspects of life affected by COVID-19	253

Index of Tables

Table 1.	Number of people by age	220
Table 2.	Type of mobility and disaggregation by sex	221
Table 3.	Causes of human mobility and disaggregation by sex	225
Table 4.	Humanitarian aid by mobility flow and sex	227
Table 5.	Source of income	231
Table 6.	Income and work	231
Table 7.	Access to social security	233
Table 8.	Forms of access to food	234
Table 9.	Health conditions	235
Table 10.	Pandemic preventive measures	238
Table 11.	Care and support by type of human mobility	240
Table 12.	Types of abuse	241
Table 13.	Types of housing or accommodation	243
Table 14.	Difficulties with obtaining accommodation or housing	243
Table 15.	Forms of discrimination	245
Table 16.	Types of community involvement activities	246
Table 17.	Access to training	247
Table 18.	Types of equipment	248
Table 19.	Use of technological equipment	249
Table 20.	Access to locations	251
Table 21.	Types of risks	253

Index of Figures

Figure 1.	Sex and percentage	220
Figure 2.	Types of human mobility	220
Figure 3.	Ethnic group	221
Figure 4.	Family composition	221
Figure 5.	Civil status	222
Figure 6.	Education	222
Figure 7.	Recognition of disability	223
Figure 8.	Disability according to the Washington Group scale	223
Figure 9.	Types of documentation	226
Figure 10.	Humanitarian aid disaggregated by mobility flow	227
Figure 11.	Income	230
Figure 12.	Satisfaction of needs	230
Figure 13.	Use of health services disaggregated by sex	237
Figure 14.	Use of health care services disaggregated by human mobility flow	237
Figure 15.	Access to health care during COVID-19	238
Figure 16.	Dependents	240
Figure 17.	Access to savings accounts	252

1. Population approach

The telephone survey of older persons on the move was conducted between October 30 and November 26, 2020. From the contacts provided by UNHCR and its field partner, the National Forum for Migration in Honduras (Fonamih) - which requested contact information for older persons on the move from both the office of the National Commissioner for Human Rights (Conadeh) and the Directorate for Assistance to Returnees of the Honduran Foreign Ministry - an initial database of 115 persons was consolidated, of whom 109 responded to the telephone call. 82 agreed to participate in the survey and completed it, while 27 did not agree to participate and did not provide information.

Fonamih, the organisation in charge of the operation, has extensive experience in working with international cooperation agencies. Fonamih staff reported that, although officials from Conadeh's office agreed to respond to the online survey and participate in an in-depth interview, the government agency denied the request to provide contacts of older persons in situations of internal displacement or who are at risk of internal displacement, considering that such a situation could result in risks to their lives or safety.

Although the period allocated for the telephone survey was extended to almost a month, it coincided with the passage of hurricanes Eta and Iota in Honduras. During this period, the field operations partner and several interviewees reported damage to their electricity supply, flooding, damage or loss of homes and telecommunications links, which prevented a greater number of surveys from being conducted.

A database of 17 institutional actors was established for the online survey, including government entities, international humanitarian actors, service provider civil society organisations, service provider religious organisations and grassroots organisations. This database was used to conduct 11 surveys between November

4 and 18, 2020, representing 100% compliance with the goal established in the concept note for this study, which was between 10 and 15 online surveys. The surveys were completed by staff from the government agency responsible for the reception and processing of reports of internal displacement, the agency responsible for returned migrants and operated by the Honduran Foreign Ministry, a Municipal Council, two international humanitarian actors and six civil society organisations that support older persons who are refugees, asylum-seekers, or migrants.

Responding organisations provide a variety of services for older persons on the move, including legal support, migration services, humanitarian assistance (provision of food, transportation, medicine or cash transfers), shelter, relocation, health services, psychosocial assistance and support with livelihoods. Particularly noteworthy among local organisations is their focus on gender, diversity, care for people with disabilities, victims of human trafficking and missing persons.

Respondents live mainly in Tegucigalpa (23%), Comayagüela (9%), San Pedro Sula (5%), Choloma (4%), Villanueva (4%), Choluteca (2%), La Ceiba (2%), Comayagua (1%), as well as in other areas such as La Esperanza, Juticalpa, El Negrito, La Unión, Catamacas, Yoro, Puerto Lempira, Danlí and Tocoa.

1.1 Scope of the sample

In accordance with what was defined in the concept note of this study, this is an exploratory study and the sample has been formed from the data provided by UNHCR, the local partner and local experts. The data used for the sample complied with the required conditions, i.e., people over 60 years of age who are in the human mobility flows mentioned above and institutions or service providers that are relevant for the study.

1.2 Characterisation of older persons consulted

1.2.1 Sex and age

Following systematization and filtering processes, 82 surveys were finally considered for analysis, completed by a total of 28 women (34%) and 54 men (66%).

Figure 1. Gender and percentage

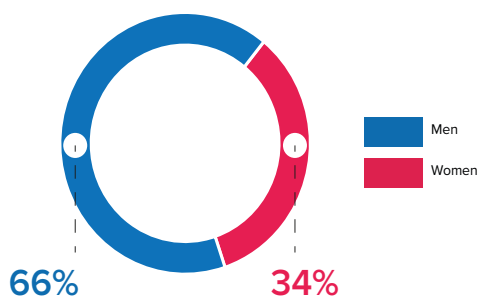


Table 1. Number of people by age

Age range	Number of persons	Men	Women
60-69 years	77	50 (65%)	27 (35%)
70-79 years	4	4 (100%)	0 (0%)
80 years and older	1	0 (0%)	1 (100%)

1.2.2 Human mobility flows

Figure 2. Types of human mobility

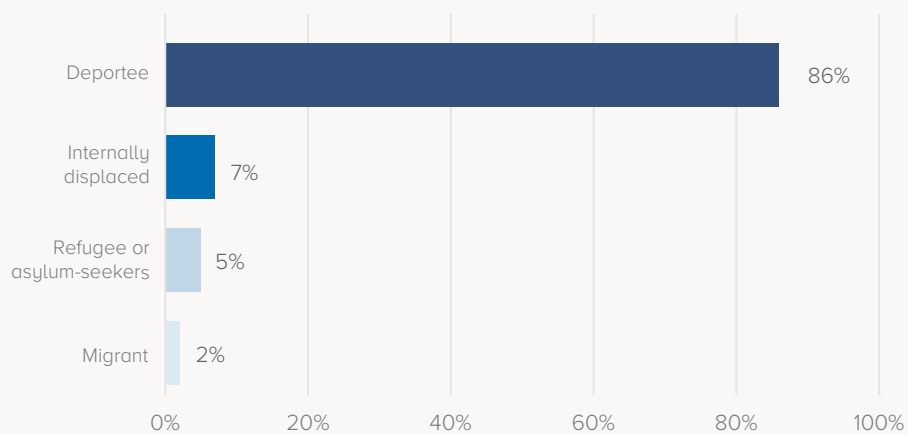


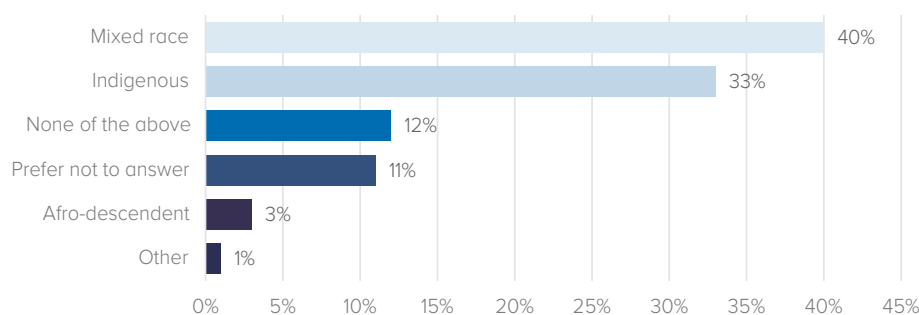
Table 2. Type of mobility and disaggregation by sex

Type of mobility	Number of older persons	Women	Men
Deportees	70(86%)	23(33%)	47(67%)
Internally displaced	6(7%)	3 (50%)	3(50%)
Asylum-seekers*	4(5%)	2(50%)	2(50%)
Migrants	2(2%)	0%	2(100%)

*It is important to clarify that this data is based on recognized refugees or asylum-seekers, as there are refugees who have not accessed the asylum system, or who do not apply for international protection for different reasons and opt for other forms of migratory regularization. The category of migrant in the study includes both regular and irregular migrants. For the purposes of analysing the information, this clarification should be kept in mind throughout the report.

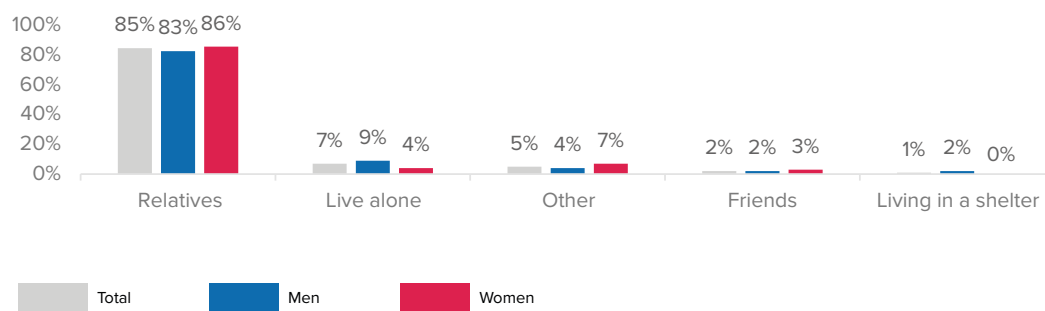
1.2.3 Ethnic group

Forty percent of respondents recognize themselves as mixed race; 33%, as indigenous; 3%, as Afro-descendant, and 12% do not recognize themselves as belonging to an ethnic group. In the Other category, there is also one indigenous person who recognizes himself as belonging to the Miskito ethnic group.

Figure 3. Ethnic group

1.2.4 Family composition

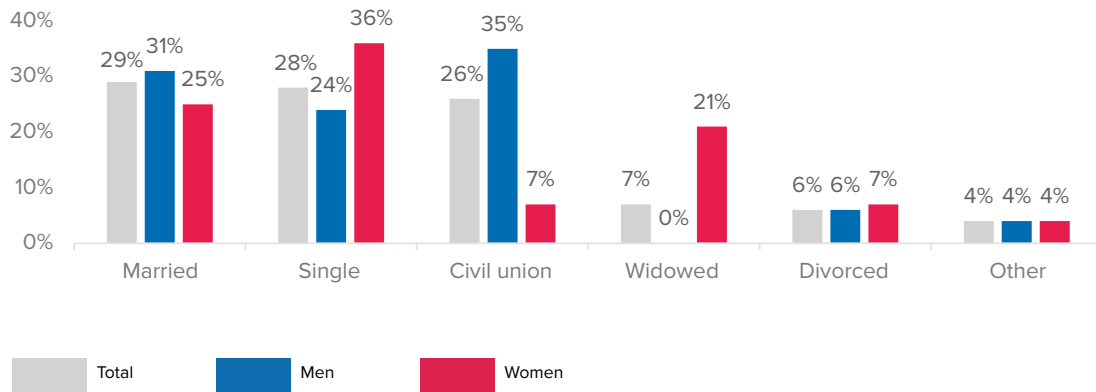
Ninety-eight percent of the older persons surveyed have children; 85% live with their family; 7% live alone or with friends (2%) and 1% live in a shelter.

Figure 4. Family composition

1.2.5 Civil status

Of the total number of people surveyed, 29% are married, 28% are single, 26% are in a civil union, 7% are widowed and 6% are divorced.

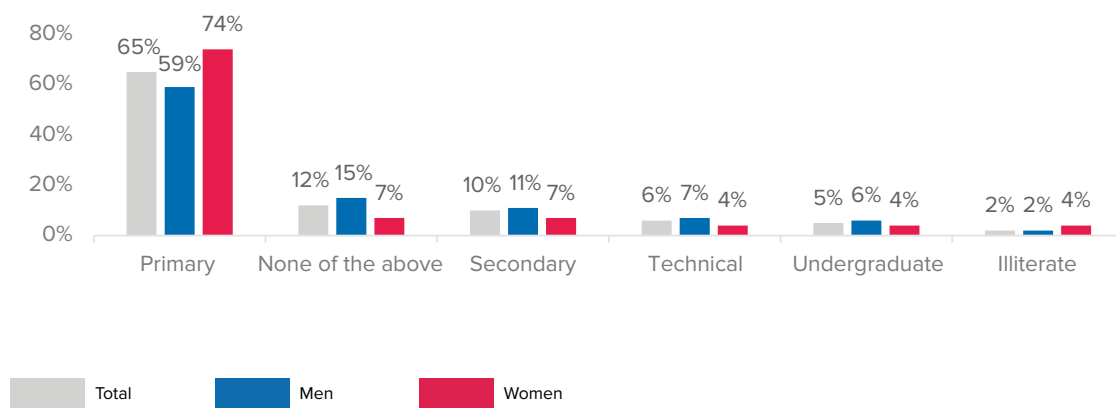
Figure 5. Civil status



1.2.6 Education

Sixty-five percent of respondents have completed their primary education; 10% have completed secondary education; 6% have a technical qualification; 5% have an undergraduate degree; 2% are illiterate and 12% stated none of the above.

Figure 6. Level of education



1.2.7 Disability

Sixteen percent of the total number of older persons on the move who were surveyed recognize that they have some type of disability. However, in order to accurately identify the percentage of disability for each type, the analysis is disaggregated according to the “degree of difficulty” that a person has based on the Washington Group Short Set scale, which indicates that a person has a disability when he/she has great difficulty or is unable to perform an activity. Once the questions had

been asked, a classification was made in accordance with this scale.

Eleven percent reported having a physical disability, meaning that it is difficult for them to walk or climb stairs; 5% have a hearing disability; 4% have a visual disability; 4% have a communication disability and just 2% stated that have difficulty remembering or concentrating.

Figure 7. Recognition of disability

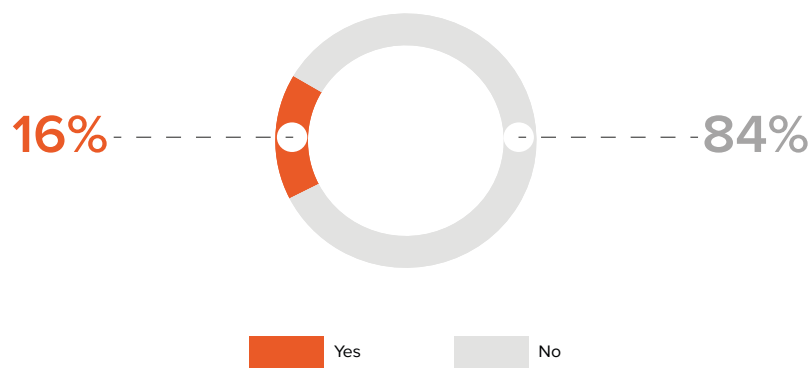
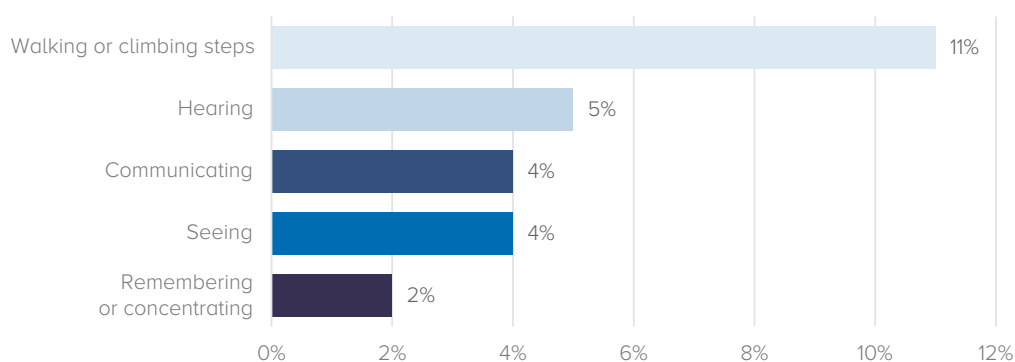


Figure 8. Disability according to the Washington Group scale.



2. Results

The following section will outline the results obtained from the field work carried out in Honduras. The articulation between quantitative and qualitative information about older persons on the move is presented. In the analyses, reference will be made to human mobility in general terms, and to each type of human mobility flow in a differentiated manner, in accordance with their corresponding significance¹.

The analysis is organized into categories based on the rights of older persons included in the Inter-American Convention on the Protection of the Human Rights of Older Persons (IACPHROP), which were considered in this study; assistance, care or humanitarian aid; income and work; social security; food; health; personal care; security; housing, housing and health services; non-discrimination and equality before the law; community participation and integration; training; access to freedom of expression, opinion and information; accessibility and mobility; access to the financial system; main risks and, finally, aspects of life most affected by COVID-19.

2.1 Main causes of human mobility

In the case of displaced persons, the main cause of human mobility is the need for protection from threats of violence or persecution (cited by 83% of respondents) and the need for access to work or income, cited by 50% of the surveyed population.

Of the four people who have submitted asylum claims, three refer to the need for protection from threats, violence, or persecution as the primary cause of their claims. Two also highlighted the need for protection as victims, witnesses, or informants of crimes, and one for threats from family members. The causes of human mobility are also related to access to work and income and the need for housing.

The main causes for people to leave their territories, both within and outside the country, are related to the violence and insecurity that plagues the country due to conflicts between gangs (maras) and illegal armed groups. For this same reason, many families have been displaced from rural and urban areas due to threats, intimidation, extortion and kidnapping according to one of the actors interviewed.

Transit migration occurs among older women, who leave their territories in search of their loved ones who disappeared when they decided to migrate to other countries. The caravan in which groups of women leave, with an average of 15 people, crosses the borders of El Salvador, Nicaragua, Mexico and Guatemala. As for the main migration flows, these consist of people fleeing in search of international protection or deportees who are returning to the country.

“Honduras has approximately 600 cases of missing persons along the migratory route”. (Woman, non-profit civil organisations network, Honduras, 2020).

“For us, migration and internal displacement due to violence are two issues that are very similar, almost siblings. They are related to the problems and causes that generate internal displacement and forced migration”. (Woman, non-profit civil organisation, Honduras, 2020).

“Look, I left my country, Honduras, where we live under a regime of organized gangs of extortionists and kidnappers. They always try to harm you because you are poor. In Honduras we also lack employment because the government we have does not care about the people, and now we have nowhere for accessing opportunities”. (Seventy-two-year-old man, older person on the move, Honduras, 2020).

Ninety-nine percent of the refugees arriving in Honduras are Nicaraguan nationals and are generally men aged between 40 and 65 years of age who arrive alone, according to an institutional actor interviewed in the UNHCR focus group.

Deportation or forced returns occur for family members and older persons who have tried

¹ The definitions of each human mobility flow were established in the terminology chapter of the Regional Report.

Table 3. Causes of mobility and disaggregation by sex

Causes of mobility	Refugee or refugee status applicant			Deportees			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Access to employment or income opportunities	0%	0%	0%	71%	79%	57%	50%	67%	33%	67%
Support my family	0%	0%	0%	56%	60%	48%	33%	67%	0%	51%
Nutrition	0%	0%	0%	24%	28%	17%	17%	33%	0%	22%
Need for protection from threats, violence or persecution	75%	100%	50%	11%	13%	9%	83%	67%	100%	20%
Access to health care	0%	0%	0%	20%	21%	17%	17%	33%	0%	20%
Family reunification	0%	0%	0%	19%	13%	30%	17%	33%	0%	17%
Access to housing	0%	0%	0%	19%	21%	13%	0%	0%	0%	16%
Access to education	0%	0%	0%	11%	15%	4%	0%	0%	0%	10%
Access to documentation	0%	0%	0%	4%	6%	0%	17%	33%	0%	5%
Need for access to justice services	0%	0%	0%	3%	4%	0%	0%	0%	0%	4%
Need for protection as a victim, witness or informant of crimes	50%	0%	100%	1%	0%	4%	0%	0%	0%	4%
Need for protection from threats of violence by a partner, ex-partner or family member	25%	50%	0%	1%	2%	9%	0%	0%	0%	2%
Need for protection against extortion, payment of quotas, etc.	0%	0%	0%	1%	2%	0%	17%	33%	0%	2%
Need for psychosocial assistance	0%	0%	0%	3%	4%	0%	0%	0%	0%	2%
Other	50%	50%	50%	7%	4%	13%	17%	33%	0%	10%

to cross the border, especially to the United States, and have been caught, have been detained for a certain period of time and then are returned to the country. The treatment for some people is quite harsh. They are detained or deported in sad and unfortunate circumstances.

“[My] dad two years ago, in 2018, they deported him, and on February 17 this year he also had a stroke. Well, we live in Tegucigalpa, in the capital, and when he was deported, they sent him to San Pedro Sula, to another city. From Tegucigalpa to San Pedro Sula it is 4 hours by transport and they simply left him on the street when he arrived on

the plane. They didn't ask him if he had transport to the place where he lives, they just took him off the plane and left him there. He was able to travel to Tegucigalpa after he was deported because he had 20 dollars hidden on him, otherwise he wouldn't have been able to get home". (Woman, carer and family member, Honduras, 2020).

There are a range of other causes: for one person, the motive was the death of a son; another person stated that her daughter actively participated in the Coviperse Support Committee, and all of her daughter's colleagues were killed, so her and her family's lives are in danger but they are waiting for support to get them out of the country soon; other people stated that they have been victims of land dispossession.

2.2 Documentation

Older persons have the right to freedom of movement, to choose their residence, and to hold a nationality on an equal basis with other segments of the population, without discrimination on grounds of age. (IACPHROP, Art. 15).

For older persons on the move in Honduras, 88% have an identity document, as most of them are people who have been internally displaced or deportees returning to the country. 91% have an Identity Card (TDI), while the others have a passport.

The human mobility system in Honduras is focused on deportation, transit migration, internal displacement and asylum claims. Asylum

claims have been submitted by people from Nicaragua, El Salvador and Venezuela and have included some cases of political persecution.

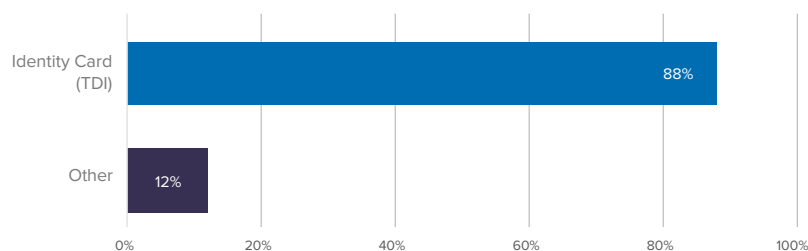
The documentation process is complex and depends on each situation. However, one of the factors identified is the expiration of residence permits, which results in expensive fines. According to the laws in Honduras, primarily those related to migration and foreigners, every person is obliged to renew their refugee card, which also has a high cost. Failure to do so, incurs an infraction.

In the case of refugees, they have been granted some work permits, which have been primarily organized by international organisations. Some people have visas that allow them to travel regularly to the United States, but many people are deported because they do not have a regular migratory status in the destination country.

"They gave me the papers in English, and I couldn't understand any of it so I signed the deportation there too. I signed it. Instead of giving me a permit, they deported me". (Sixty-five-year-old man, older person on the move, Honduras, 2020).

For the documentation process, in addition to residence permits, there are institutional actors that provide support for the renewal of documents. When the processes become complicated and they incur fines, help is also provided to pay the fine. In some cases, support is provided for all family members. Of the

Figure 9. Types of documentation



twelve service organisations that were surveyed, before the pandemic they provided the following human rights accompaniment: general legal assistance (2); legal assistance for refugee claims (2); and legal assistance for other migration issues (2). Fortunately, five of the organisations continue to offer these services free of charge during the pandemic, but one no longer does.

For refugees, there is no suitable protection provided by the State. For asylum claims, there are significant shortcomings that hinder the process with delays that can last up to a year.

2.3 Humanitarian aid

Older persons must be guaranteed their safety and rights in humanitarian situations, with a differentiated approach, taking into account their specific needs, at all stages of crisis, con-

flict or disaster management, and their participation in all mechanisms for managing such situations must be encouraged. (IACPHROP, Art. 29).

In the case of assistance, care or humanitarian aid, 83% of displaced persons have received some type of aid or assistance from either humanitarian or international organisations (80%) or civil society or religious organisations (20%).

Most of the assistance received includes food and hygiene and toiletries (80%), subsidies, economic support or cash transfers (80%); housing and shelter (80%), emergency transport (60%); psychosocial assistance and counselling (40%); legal assistance, information and guidance about rights (20%), and others have not received any assistance (20%).

Eighty-nine percent of the deportees have not received any assistance. Only four respondents received assistance from a government

Figure 10. Humanitarian aid disaggregated by mobility flow

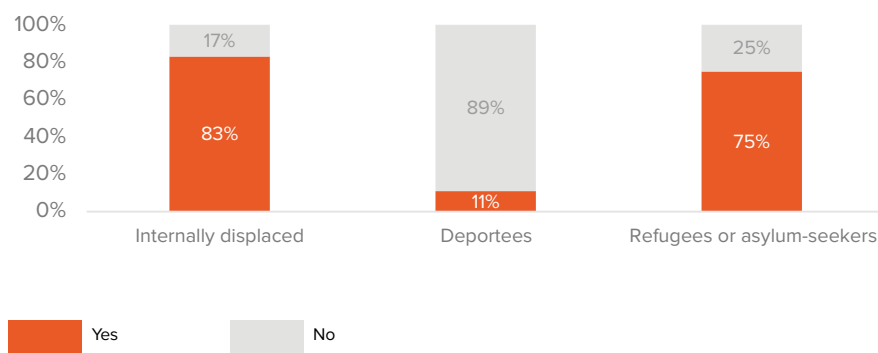


Table 4. Humanitarian aid disaggregated by mobility flow and gender

Humanitarian aid	Refugee or asylum-seeker			Deportees			Internally displaced		
	Total	Men	Women	Total	Men	Women	Total	Men	Women
Yes	75%	50%	100%	11%	10%	16%	83%	67%	100%
No	25%	50%	0%	89%	90%	84%	17%	33%	0%

entity. This consisted of food and hygiene and hygiene items. one received economic subsidies and another stated that they had received a sewing machine. Three refugees received assistance from humanitarian organisations, including UNHCR, mostly food through multipurpose vouchers and financial support for rent (a service that the partner pays directly to suppliers).

The assistance programs and mechanisms are guided by different organisations that provide assistance to older persons in a situation of human mobility: governmental institutions, national and foreign humanitarian associations, NGOs and civil society organisations. Different forms of assistance have been provided by strategic partners in accordance with the identified needs of the target population. It should be clarified that most of the organisations that participated in this study do not have a specific program for older persons as their objectives, visions and missions cover a range of needs and focus on the general population.

“We serve all types of population, including older persons who are at risk of internal displacement or who have been displaced as a result of gangs”. (Man, national public entity, Honduras, 2020).

Some of the organisations interviewed work directly with the population as part of a community system. This means that projects are thought of in a way that is more focused on the real needs of people in vulnerable situations. In many cases, it is primarily women who work to support their communities. Some organisations work on the search for missing persons who have left their countries of origin, primarily travelling to the United States, and accompany relatives of these people with psychosocial support processes. The different institutional actors involved in this study support Honduran mothers who have decided to leave in search of their loved ones, providing food, transportation and lodging when necessary.

“I work to strengthen the capacities of these older adults who have been left practically alone or taking care of the grandchildren, who are the children of those who are missing”. (Woman, non-profit civil organisation, Honduras, 2020).

One of the actors interviewed provides assistance to the Honduran population abroad, including older persons and their families who need to apostille their documents or birth certificates.

Monitoring, indications and recommendations are made for elderly mothers with the search for their missing relatives. A search is made of the databases of the people who left the country and are missing, which are maintained by different organisations. This organisation accompanies mothers in their interactions with government agencies during the whole process of investigation and documentation, as well as providing psychosocial assistance workshops.

Institutional actors carry out advocacy actions with governments to take measures that address the lack of protection suffered by many people on the move. A high proportion of older persons are accompanying their families, who are in a situation of human mobility due to the high rates of poverty, forced displacement, insecurity and violations of rights in the country. Technical advice is provided for the design of responses by government agencies.

“We have an internal displacement unit that provides services to forcibly displaced persons and information about issues related to international protection”. (Man, national public entity, Honduras, 2020).

Collaboration, accompaniment and assistance are also present in the relocation of older

“We have people who have been missing for 20, 25, 30 years and who today are adults who are more than 60 years old”. (Woman, non-profit civil organisation, Honduras, 2020).

persons and their families when intimidation, threats and the impossibility of living in a certain place become more severe.

“Psychosocial assistance..., we work with people who are experts in the field such as psychologists. We also implement humanitarian aid projects in which we work primarily with older persons”. (Man, religious organisation, Honduras, 2020).

Resources are managed both from State authorities, the Secretariat of Human Rights, international cooperation agencies and civil society organisations. Institutional links are formed to generate responses that are sustainable in short, medium and long-term periods.

“Once the case of a person in a situation of risk and vulnerability has been assessed, the process of humanitarian assistance begins with the provision of two kits: one for humanitarian aid and the other for shelter. The first one includes food, hygiene and sanitation items, and during the pandemic cash transfers were provided to purchase these items using the Tigo Móvil transfer system”. (Woman, non-government organisation, Honduras, 2020).

Each of the aforementioned activities is primarily carried out using gender, age and diversity approaches. For the different human mobility flows of people on the move, organisations work in coordination with families and migrant communities in transit, specifically those from Guatemala. Humanitarian assistance is provided along the migration route between Honduras and Guatemala using a differential approach with priority given to older persons. We provide legal services and advice on issues such as livelihoods.

“Assistance for people at risk is provided through a protection network and strengthening at the community level of protection so that we can include an approach with the State for the development of innovative and safe methodologies”. (Man, intergovernmental organisation, Honduras, 2020).

The older persons and their caregivers stated that assistance from state authorities or organisations is generally quite limited. The means help or sustenance generally comes from family support and small jobs they can obtain.

“I have not received anything from any organisation, nor have they made me a visit or an interview to make me an offer. I rely on help from God and my family. The governments that are here have marginalized the people. This is why we do not receive anything from them”. (Sixty-five-year-old man, older person on the move, Honduras, 2020)

“We have had no help from anyone, only God with us, He is the only one who looks after us”. (Sixty-year-old woman, older person on the move, Honduras, 2020).

2.4 Income and labour

Older persons have the right to decent and dignified work, as well as to equal opportunities and equal treatment with other workers regardless of their age. (IACPHROP, Art. 18).

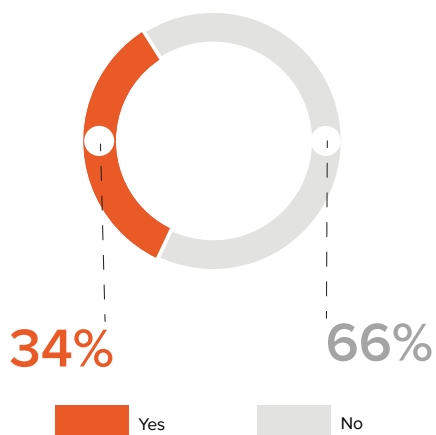
Thirty-four percent of the older persons surveyed received income before COVID-19. It is of great concern that two-thirds of the population stated that they had no income, a situation that affects men and women almost equally.

Only 32% of those receiving income stated that it was sufficient to meet their basic needs. Of those who earned an income before COVID-19, in 50% of the cases the income was below one minimum wage; for 14% it amounted to minimum wage; for 21% it was a total of two minimum wages; and for 14% it was the amount of three minimum wages.

The lack of income of older persons in a situation of human mobility affects 66% of the population, 46% of whom were unemployed before COVID-19 and 38% who had informal jobs.

The difference in terms of employment for men and women in relation to the informal

Figure 11. Income



Disaggregation by sex

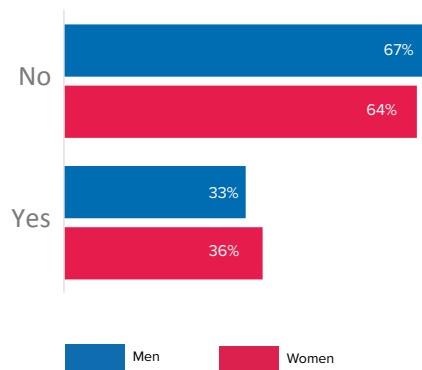
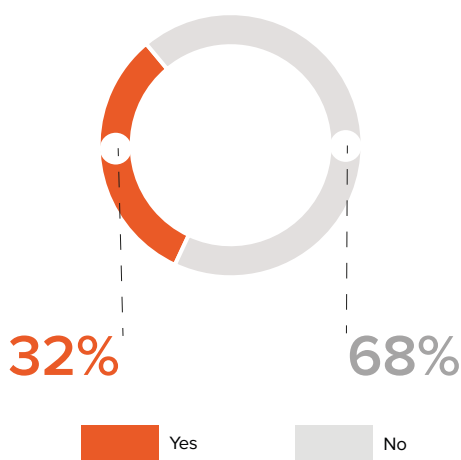
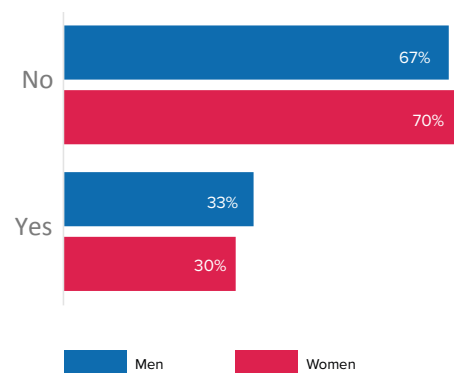


Figure 12. Satisfaction of needs



Disaggregation by sex



economy is significant, as 74% of men had informal work before the pandemic compared to 62% of women. Participation in the informal economy is lower among women.

The number of people who worked before the pandemic and who responded to the survey is relevant, as 75% stated that they worked more than five days a week. This shows that these older persons are very active in the labour market, but they could also have been subject to situations of labour exploitation. 14%

of respondents worked between one or two days a week and 11% worked between three and four days a week.

Most of the income of older persons on the move comes from their work (71%) and to a lesser extent from family support, pensions and subsidies.

Through interviews with institutional actors, it was possible to corroborate that access to work for older persons in a situation of

Table 5. Source of income

Monthly income before COVID-19	Refugee or asylum-seeker			Deportees			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Own income (formal or informal work)	33%	0%	50%	80%	80%	80%	100%	100%	0%	71%
Family support	0%	0%	0%	13%	20%	4%	0%	0%	0%	14%
I receive a pension	33%	100%	0%	0%	0%	0%	0%	0%	0%	4%
Grants/monetary transfers from humanitarian or international organisations	33%	0%	50%	0%	0%	0%	0%	0%	0%	4%
Another	1%	0%	0%	7%	0%	20%	0%	0%	0%	7%

Table 6. Income and work

Human mobility flow	Before COVID-19	Revenues during COVID-19
Deportees	33% received income	35% no longer have any income and 61% have had their income reduced.
	52% were employed	42% have lost their jobs and 42% have had their jobs reduced.
Internally displaced	33% received income	100% have had their income reduced.
	84% were employed	20% have lost their jobs and 80% of them have had their jobs reduced.
Refugees or asylum-seekers	75% received income	33% have had their income reduced.
	75% were employed	33% have lost their jobs and 33% have had their jobs reduced.

human mobility is quite limited as they face the highest level of age-related discrimination. Those who are already in their 60s find job opportunities mainly in the informal sector, as well as some independent jobs related to farming in rural areas. The interviewees highlighted direct age discrimination.

“They have no work, because they live in some areas that are quite far from the city and most of them are people who work in the fields”. (Woman, civil non-profit organisation network, Honduras, 2020).

The economic difficulties faced by older persons are concerning, since many of them live alone or are left in charge of children or people with physical or mental disabilities. Older persons rarely receive assistance from the government or access to a pension. Cases were identified of older persons who used to live with a family member who, after some time, has decided to leave Honduras in search of better life opportunities or due to lack of guarantees because their life has been permeated by some type of conflict, persecution,

extortion or threat. This means that older persons do not have economic support. Worse still, when the family member who decided to leave their place of origin is missing, this becomes a double burden, both emotionally and in terms of money, which they do not have to start looking for them.

Specifically, older persons work in the transport of goods, in care work without any type of economic remuneration and making handicrafts. Older people in rural areas live on a daily wage of US\$6 per day, which means that they are below the extreme poverty line.

“Here they are dedicated to weaving things using reeds, but the women who work in this are one of the populations living in extreme poverty, since they survive on just \$2.50 dollars a day”. (Man, religious organisation, Honduras, 2020).

The limited resources that are intended to be used for the benefit of older persons are misused or diverted to other funds, as stated by one of the institutional actors interviewed. Many older persons survive through remittances sent by their relatives.

“In Honduras there are several different minimum wages, depending on the sector. They depend more on the remittances that their relatives send them from abroad and what their children earn in informal agricultural, factory or masonry work”. (Woman, international non-governmental organisation, Honduras, 2020).

2.5 Social security

Every older person has the right to social security that protects them so that they can lead a dignified life. (IACPHROP, Art. 17).

Table 7 shows how the pandemic has severely impacted the majority of respondents who reported receiving income before COVID-19, even if it was from informal work, as they all reported a decrease in income or the loss of their jobs.

Of the people surveyed, 91% do not have any type of pension. There is one person who did not meet the required number of contributions

to access their pension fund and another who contributed to their pension fund for 32 years in the United States but receives nothing. The rest receive some form of subsidy.

Access to the pension system for older persons is truly insufficient. As in many countries, it is only for those who have had formal employment for several years in a company or similar type of entity. Older persons who do not have access to a pension are completely exposed to a very high level of vulnerability and precariousness. Family dependence increases considerably, as well as the pressure of economic problems and they struggle to obtain employment. In these conditions there is no economic protection from the State.

“A person can be displaced for owning a business, which is what we know as extortion. It may be an older person who had a business, a small shop or whatever, who is not necessarily being displaced for being an older person, but for owning a business. But because the system does not protect them and there is no universal social coverage, they are forced to work and, therefore expose themselves to these risks until they are economically active. The other option is that they become dependent on their relatives or acquaintances because a pension system does not exist”. (Woman, non-profit civil organisation Network, Honduras, 2020).

Access to pensions for older persons is limited. It is available for people who have made regular contributions through formal employment with the benefits stipulated by the government, or who have worked independently and paid social security.

“Access to the pension system is extremely limited. It is only [for] those people who worked in a public entity and were able to retire, or who worked in a private company, or had a job as a private actor but who contributed to social security, which means that they receive a very low pension. This is not available for the majority of the Honduran population. What is true is that there is a card that is issued by a senior citizen’s directorate, which is part of the Social Inclusion Secretariat. They issue the card to the senior citizen and that allows them to access discounts

Table 7. Access to social security

Types of social security	Refugees or asylum-seekers			Deportees			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
I am affiliated to the social security system	25%	0%	50%	0%	0%	0%	17%	33%	0%	2%
I am receiving a grant related to the COVID-19 pandemic.	0%	0%	0%	1%	2%	0%	0%	0%	0%	1%
Other	25%	0%	50%	4%	4%	4%	0%	0%	0%	6%
I do not receive a pension	25%	50%	0%	97%	96%	100%	83%	67%	100%	91%

that are granted to them by Honduran law”. (Man, inter-government organisation, Honduras, 2020).

The pandemic further increases the vulnerability of older persons on the move who do not have a pension, as they are forced to go out and look for work, either to support themselves or to help with household expenses.

Based on the information collected from the older persons interviewed, as well as from their caregivers and family members, only two respondents have access to a pension and they are Honduran nationals.

Only one respondent organisation provides services or guidance about accessing a retirement pension, social pension, home pension or social security services. These services are free and are provided by a national institution that is neither public nor religious.

2.6 Food security

As part of older persons’ right to a comprehensive care system, they must have access to food security and nutrition. (IACPHROP, Art. 12).

Before COVID-19, 73% of people had access to three meals a day. Fifteen percent had access to just two meals. Seven percent had ac-

cess to more than three meals a day and 5% sometimes did not have access to any meals. Thirty-nine percent of respondents decreased their meal consumption during the pandemic. Access to food was mainly through own income (54%) and support from family members (48%).

Food security for older persons is highly precarious. For those who are forced to move in transit, for example, women who travel in search of their loved ones, access to a sufficient diet is limited. The few resources they have are not enough to have a healthy and regular diet. Older persons who cross borders with their families face very similar situations due to economic limitations when sometimes they have access to just one meal a day due to extreme walking conditions, exhausting journeys and without safe places where they can spend the night.

“The mothers, when they leave, they carry their “burrita” as they say, their food bag; on their journey they take the little money they could save or borrow so that they can buy something on the way”. (Woman, committee of relatives of disappeared migrants, institutional actors, 2020).

“In Honduras, what people eat the most are beans, rice, some spaghetti and that [is] what we take on the journey. We can’t buy food on the way

Table 8. Forms of access to food

Forms of access to food	Refugees or asylum-seekers			Deportees			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Own economic income	100%	100%	100%	51%	51%	52%	50%	100%	0%	54%
Family support	0%	0%	0%	51%	49%	57%	33%	0%	67%	48%
Neighbours and/or friends	0%	0%	0%	11%	13%	9%	17%	0%	33%	11%
Food assistance from humanitarian organisations	25%	50%	0%	1%	0%	4%	17%	0%	33%	4%
Government bonds	0%	0%	0%	1%	0%	4%	0%	0%	0%	1%
Religious organisations	0%	0%	0%	1%	0%	4%	0%	0%	0%	1%
Other	0%	0%	0%	1%	0%	4%	0%	0%	0%	2%

because we lack money”. (Woman, non-profit civil organisation, Honduras, 2020).

“A loss of immediate income impacts food security at different levels”. (Man, intergovernmental organisation, Honduras, 2020).

Care homes, shelters and organisations that help people in a situation of human mobility play a fundamental role as many of them provide food for families that are accompanied by older persons.

“In San Pedro Sula many older adults in a situation of abandonment were identified, and that is why one of the actions by the municipality is a nursing home, an old people’s home. This is where these older persons can stay, participate in certain activities and receive basic medical care and food”. (Man, intergovernmental organisation, Honduras, 2020).

The existence of a type of self-sustainable diet has been identified among older persons on the move who work in agriculture. This has been identified by partner organisations that seek strategies to reduce food insecurity with these populations through gardens. One of the organisation representatives interviewed

highlighted the capacity of older persons who work in agriculture to produce their own food so that they can access a healthy diet in the short term.

“We are focusing on the issue of vegetables, using a more organic approach and promoting family gardens, which is how we want people to grow food so that their food can really be a little healthier”. (Man, religious organisation, Honduras, 2020).

Families with high levels of vulnerability and who do not have the possibility to produce their own food face serious nutritional problems, with limited government interventions to facilitate access to food and resources for people with the highest levels of vulnerability. These include unprotected older persons and those on the move. We can say that many manage to eat three times a day but their nutritional balance is very poor.

“Here one of the staple meals is corn and beans and, normally, older persons or these people who work in agriculture are consuming corn and beans three times a day. This means

that there is no nutritional balance”. (Man, religious organisation, Honduras, 2020).

Before COVID-19, only four of the public service organisations that were surveyed offered free food assistance, providing just one meal per day. Three of them were public agencies and one was a national organisation. This highlights the need to expand this service.

2.7 Health

Older persons have the right to physical and mental health, without discrimination of any kind. (IACPHROP, Art. 19).

2.7.1 Health Conditions

In relation to the health conditions of the people surveyed, the main health condition is hypertension (39%), followed by mental health problems (22%). The other diseases do not

affect more than 10% of the surveyed population. Included in the “Other” response (40%) were skeletal diseases, rheumatic diseases, circulatory, nervous and respiratory system diseases and prostatic hyperplasia. It is relevant that 50% of internally displaced persons reported problems involve anxiety, nerves, stress, depression, extreme tiredness, which is the most common health condition for this population.

Although these illnesses are exacerbated with age, many are the result of problems caused by insecure housing, limited resources, economic dependence, low employability due to age, etc. These aspects were highlighted by the institutional actors interviewed as part of the survey. The pandemic has worsened the level of vulnerability of older persons on the move. Fifty-four percent of the surveyed population did not receive treatment for these health conditions.

Table 9. Health conditions

Health conditions	Refugees or asylum-seekers			Deportees			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Hypertension	100%	100%	100%	37%	30%	52%	17%	33%	0%	39%
Mental health problems	25%	50%	0%	20%	11%	39%	50%	100%	0%	22%
Diabetes	25%	50%	0%	11%	6%	22%	0%	0%	0%	12%
Gastrointestinal problems	0%	0%	0%	11%	13%	9%	17%	33%	0%	11%
Respiratory problems	50%	0%	100%	7%	6%	9%	0%	0%	0%	9%
Heart problems	0%	0%	0%	9%	6%	13%	17%	33%	0%	9%
Cancer	0%	0%	0%	1%	2%	0%	0%	0%	0%	1%
Other	0%	0%	0%	44%	47%	39%	33%	0%	67%	40%
I prefer not to answer	0%	0%	0%	14%	21%	0%	17%	0%	33%	15%

Before COVID-19 a total of 39% felt nervous, anxious, depressed, irritable, exhausted or had difficulty falling asleep some of the time, 18% experienced these symptoms most of the time and 7% all of the time. Seventy-five percent of the older persons surveyed did not receive treatment for this health condition, showing a huge gap in this area of healthcare.

According to the interviews, the most common illnesses among older persons on the move are related to mental health problems that have developed as their worries and needs have increased, which has weakened their immune system. When a family member is missing or is the victim of displacement or deportation, these conditions become more severe.

“We have seen more of the sadness issue with them. When we carry out the assessment many are sad, there is anxiety about the uncertainty of what is going to happen tomorrow because they are living only in the now and have nothing certain for tomorrow. That is what we have identified. Many times we try to intervene so that these feelings do not lead to depression”. (Man, religious organisation, Honduras, 2020).

The uncertainty and the experiences they have had to go through result in constant depressive episodes, even if they are in the company of family members. These difficult situations that do not change mean that these types of illnesses are endured in silence.

2.7.2 Access to health services

Thirty-two percent of the people surveyed did not use a health service when they needed it before COVID-19, with no significant gender difference for this result. Twenty-three percent did not have sufficient money to pay for the services and others did not use it for a number of reasons: the health centre was far away, fear of contagion, they believed that going to the health service was a waste of time, and many stated that they did not need it.

Seventy-nine percent of respondents had to pay for medical costs before the pandemic

and 16% did not have to pay. Five percent did not respond.

Access to health services for older persons in a situation of human mobility does not differ greatly from the rest of the population. A differential or preferential approach is not evident, and it was identified that although this population has the possibility of accessing the health system, medical care is sometimes questionable due to the lack of medicines, constant delays with medical appointments, the collapse of the health system and a lack of government resources.

Older persons sometimes have to pay private doctors and buy medicines. They can do this when family members support them, when they earn above their normal income or when they manage to access health fair, which are primarily organized through the Red Cross and other services that some organisations provide but are not regular. Access to medicines is quite limited because they are expensive.

“Look, there are days that I buy medicine and I don’t buy food, and there are days that I don’t buy anything because I’ve gone three days without medicine and there is no money”. (Seventy-two-years-old man, older person on the move, Honduras, 2020)

“For those who are not Honduran nationals, in alliance with additional partners we aim to create a private scheme for the provision of emergency health services. This does not cover the prescribed six-month waiting period and does not cover high-cost treatments or surgeries, although it does refer cases to services that could provide this type of support”. (Woman, international non-governmental organisation, Honduras, 2020).

For older persons who are in an irregular migratory situation or are on the move, it is much more difficult for them to receive healthcare, due to documentation issues, lack of information, their places of residence being far from health clinics, risks with transport and fear of deportation. According to the actors interviewed, medical care conditions have large structural gaps in terms of links, inclusion and

priority for different populations with complex conditions.

“In Honduras we have “public” health care, which is also overcrowded”. (Man, national public entity, Honduras, 2020).

There is a delay with obtaining medical appointments, with no distinction or specific priority given to older people. Part of the work carried out by organisations in this area is

focused on the need to try to expedite procedures or referring cases to other competent institutions when possible. Older persons who are internally displaced or are on the move require increased interventions, due to the complexity, vulnerability and lack of protection for each case.

According to an institutional actor who was interviewed, corruption has severely affected the social security system, which means that

Figure 13. Use of health services disaggregated by gender

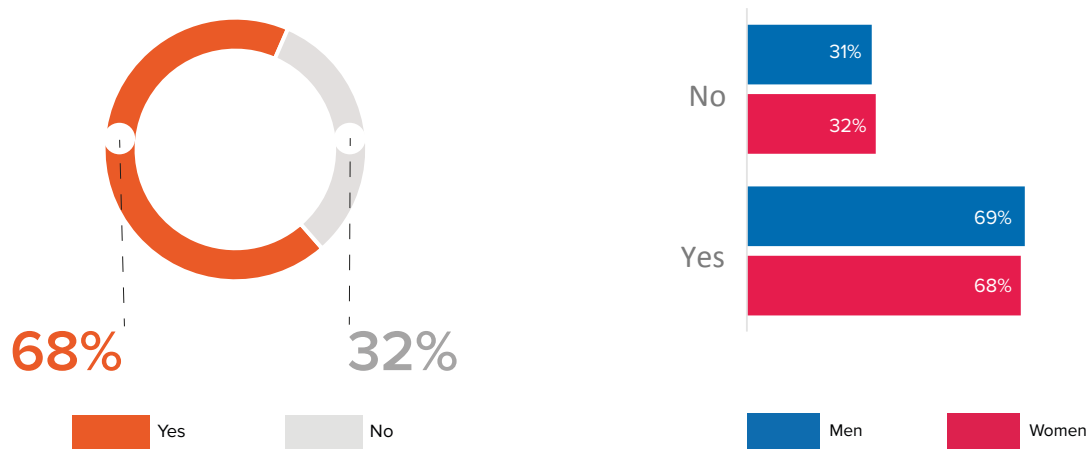
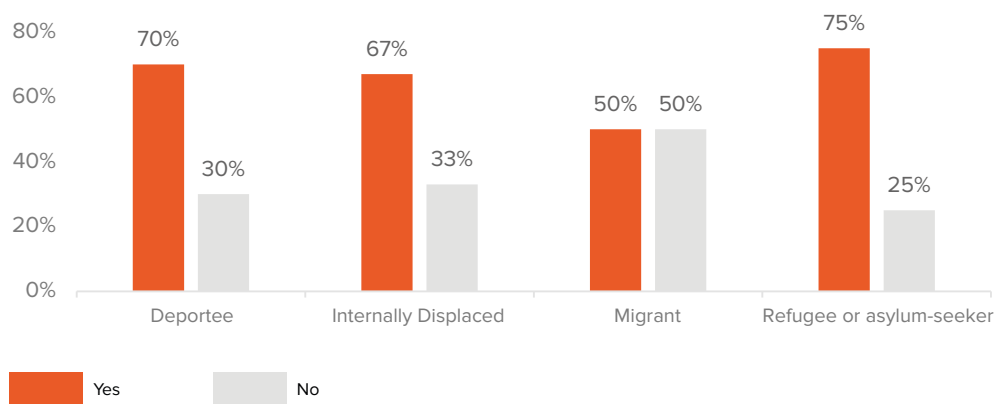


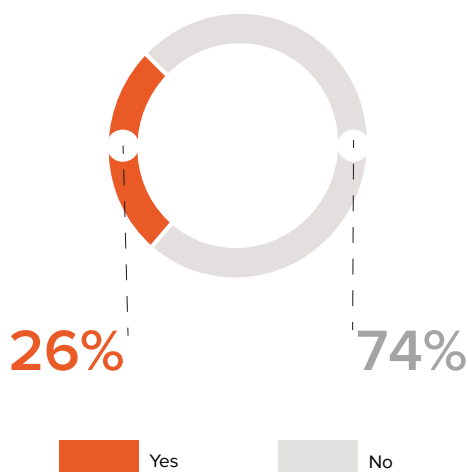
Figure 14. Use of health care services disaggregated by human mobility flow



the health system is facing an emergency in relation to the supply of medicines in the country. There are very few health centres in the country and demand is very high. It has been observed that health needs and conditions are also increasing.

“Clinics and hospitals are part of a collapsed public health scheme. In the best of cases some older people can attend medical consultations, but they have to buy medicines pay for their own treatment because the State has no way to pay for them”. (Woman, international non-governmental organisation, Honduras, 2020).

Figure 15. Access to health care during cCOVID-19



Disaggregation by sex

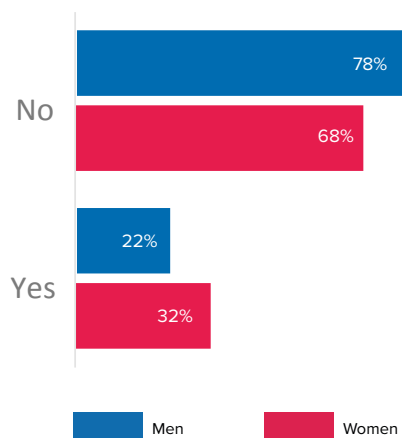


Table 10. Pandemic Preventive Measures

Pandemic Preventive Measures	Refugees or asylum-seekers			Deportees			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Proper use of face masks when interacting with other people.	100%	100%	100%	99%	100%	96%	100%	100%	100%	99%
Wash hands regularly with soap and water.	100%	100%	100%	93%	91%	96%	100%	100%	100%	94%
Avoid physical contact (group meetings, staying at home, avoiding shaking hands).	75%	100%	50%	93%	94%	91%	100%	100%	100%	93%
Keep 2 meters away from any other person.	75%	100%	50%	86%	85%	87%	100%	100%	100%	85%
Avoid touching your face.	100%	100%	100%	79%	72%	91%	67%	33%	100%	78%
Other	25%	0%	50%	4%	0%	13%	0%	0%	0%	5%

Because of the COVID-19 pandemic, 26% of respondents stated that they have limited access to health services for symptoms or illnesses other than those associated with the virus. It is notable that the lack of access was cited by more men than women. There is a similar figure among internally displaced persons, with 50% having their access to health-care limited by the pandemic.

Limitations with access are caused by the focus on COVID-19 and the related lack of services, staff, biosafety equipment and medicines. In addition, the pandemic has caused problems with transport, mobility restrictions and fear of contagion.

The majority of older persons surveyed protect themselves from the pandemic using biosecurity measures (90%). In relation to personal protection elements (PPE), 79% stated that they bought them; 16% indicated that they were provided with them. Other people do not buy PPE and do not leave the house as they don't know how to obtain them, while others disinfect them.

Eighty-nine percent of the older persons surveyed stated that they had not been infected. Seven people who had been infected stated that they had received appropriate medical treatment for the virus and two people who had been infected had not received appropriate treatment.

Five people felt discriminated against in accessing medical services for when they were a patient suspected of being infected with COVID-19.

2.8 Care and support

Older persons have the right to a comprehensive system of long-term care that provides for the promotion and protection of their basic needs. (IACPHROP, Art. 12).

Most of the older persons surveyed live with their family (84%), which is their main source of support and care. Six people live alone (6%) and some live with friends or people in the community.

Although 9% of the people required support before the COVID-19, they did not receive it, while 20% received support from family members. A limited number of older persons are supported by government entities (2%) or friends who do not live with them (1%). 27% of respondents do not require support.

Older persons on the move have a high-risk level of vulnerability. This is primarily due to abandonment by family members, friends and the State. Cases of begging and neglect are common.

“Older adults’ work is often begging in the streets because they have no alternative, [only] their children who forget about them”. (Woman, non-profit civil organisation network, Honduras, 2020).

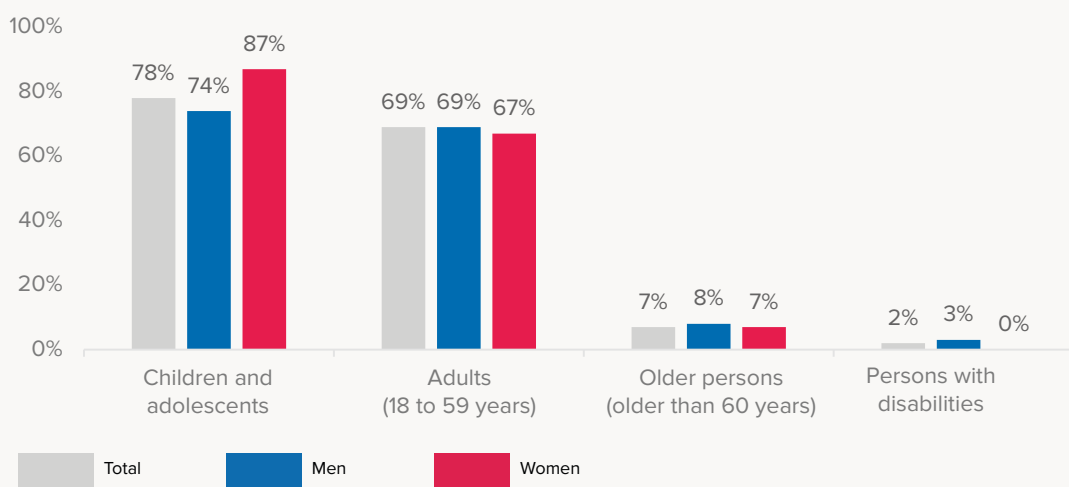
For those older adults who live with their relatives, support and care tends to vary. They benefit from the help relatives can give them and the economic support on which they are dependent. It is important to note that there is a feminization of care for older persons, as in the interviews it is clear that women who take care of parents and grandparents in family groups. Women are the main caregivers and live in unequal and precarious economic conditions.

Before COVID-19, 50% of older persons were in contact with family or friends every day; 22%, two or three times a week; 20%, two or three times a month; 4% two or three times a year; and 5% did not have any contact at all. During the pandemic, daily contact decreased by 6%, while for those who did not have any contact this increased by 5%.

Many of the older people surveyed also play a key role in caring for family members. Sixty-six-years-old of the people surveyed had dependents, of whom 78% were caring for children and adolescents. 69% were caring for adults; 7% were caring for older adults; and 2% were caregivers for people with disabilities. The majority of caregivers are between 60 and 69 years of age. There is a significant difference with care for children and adolescents, with 13% more women than men carrying out this activity.

Table 11. Care and support by type of human mobility

Persons or actors	Refugees or asylum-seekers			Deportees			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
I do not require support for my daily activities or daily needs.	50%	50%	50%	27%	30%	22%	17%	33%	0%	27%
Although required, I do not have support for my daily activities and daily needs.	0%	0%	0%	10%	13%	4%	0%	0%	0%	9%
I am supported by my wife/husband/spouse or permanent companion	25%	50%	0%	9%	11%	4%	0%	0%	0%	9%
Other relatives in the house where we live	0%	0%	0%	7%	4%	13%	0%	0%	0%	6%
Other relatives who do not live in our place of residence	0%	0%	0%	4%	6%	0%	17%	33%	0%	5%
Government entities	0%	0%	0%	3%	2%	0%	0%	0%	0%	2%
Friends who do not live in our place of residence	0%	0%	0%	0%	0%	0%	17%	0%	33%	1%
Children and adolescents in the home where we live	0%	0%	0%	1%	0%	4%	0%	0%	0%	1%
Another	25%	0%	50%	5%	6%	0%	0%	0%	0%	6%
Blank	0%	0%	0%	34%	28%	48%	49%	33%	67%	34%

Figure 16. Dependents

“Often they are older couples taking care of the grandchildren of some children who are working in the city. Others who migrated and often do not receive support from these children and work outside to survive”. (Man, religious organisation, Honduras, 2020).

“These women play the role of grandmothers, they play the role of mothers, but they also play the role of teachers, and we saw this with the young migrants who had to leave the country due to the lack of work. When we interviewed these children who stayed behind in the country we asked them: “who takes care of you?”. They answered, “my grandmother, but she does not know how to read, she does not know how to write, so she cannot help me with my homework”. (Woman, non-profit civil organisations network, Honduras, 2020).

2.9 Safety

Older persons have the right to safety and a life without violence of any kind, to be treated with dignity, and to be respected and appreciated. (IACPHROP, Art. 9).

Before the pandemic, emotional and psychological mistreatment affected 13% of the persons surveyed, primarily among refugees or applicants for refugee status, as well as internally displaced persons. There were also some cases of physical mistreatment (5%) and people who had been evicted, as well as some older persons who were left alone or denied food. During the pandemic, there was no increase in the forms of mistreatment, but instead slight decreases. Regarding the perpetrators of these actions, respondents indicated that they were friends, neighbours, family members, government officials and gangs.

In terms of security, participants discussed events that have generated fear and insecurity among older persons on the move and their families. Many of the spaces they inhabit are affected by violence by armed actors. Long running conflicts are also established, which is a tactic often used by gangs that harass the populations living in these territories.

“The country is going through a governance crisis and this crisis prevents an adequate response to human rights violations that have been [occurring]. This also limits an adequate response to

Table 12. Types of abuse

Types of abuse	Refugees or asylum-seekers			Deportees			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Emotional or psychological abuse	50%	50%	50%	9%	6%	13%	50%	33%	67%	13%
Physical abuse	25%	50%	0%	4%	6%	0%	0%	0%	0%	5%
Eviction	50%	50%	50%	1%	2%	0%	0%	0%	0%	4%
Left alone, isolated or overcrowded for a prolonged period of time.	0%	0%	0%	3%	4%	0%	17%	33%	0%	4%
Denied or food and medications or access has been limited by someone	0%	0%	0%	1%	2%	0%	17%	33%	0%	2%
None of the above	50%	50%	50%	74%	77%	70%	17%	33%	0%	70%
Other	50%	50%	50%	4%	2%	9%	17%	0%	33%	7%
I prefer not to answer	0%	0%	0%	9%	6%	13%	0%	0%	0%	7%

the situation of generalized violence in urban environments that are socially and territorially controlled by organized criminal groups and gangs”. (Man, intergovernmental organisation, Honduras, 2020).

Many urban and rural territories have been impacted by powerful illegal structures that intimidate, threaten and extort families. It is important to mention that older persons directly suffer from this high level of insecurity because many of them own some type of small business and have to pay extortion. This forces them to displace internally, sometimes alone sometimes in the company of the whole family. The actors emphasize the violence and related insecurity they experience within certain spaces, as well as the enormous lack of opportunities.

“[There are] high-risk urban areas where they go. This just adds to an already vulnerable and generally marginalized population that experiences social and economic discrimination”. (Man, intergovernmental organisation, Honduras, 2020).

Older persons or their relatives who have returned of their own free will or have been deported are experiencing fear, disillusionment and helplessness because of the way in which they were forced to leave their country of destination. They also discussed the helplessness that they are subjected as they have to return to the same conditions that they left, poverty and precariousness.

2.10 Accommodation and WASH

Older persons have the right to decent and adequate housing and to live in environments that are safe, healthy, accessible and adaptable to their preferences and needs. (IACPHROP, Art 24).

In Honduras, 46% of older persons on the move live in their own apartment or house while 29% live in rented housing. Based on the sample, the figures show a significant difference between deportees who are older persons and internally displaced persons, as

67% of IDPs live in rented housing compared to 26% of deportees. There is also a significant difference in the number of homeowners, as only 17% of IDPs are homeowners compared to 50% of deportees. As for asylum-seekers, half live in their own apartment or house and the other half live in rented accommodation.

Housing conditions have deteriorated during the pandemic by 27% and 5% of respondents were evicted. Most evicted persons are deportees. Ninety-one percent of all respondents are not aware of protection mechanisms against eviction.

The main obstacles for housing include lack of economic resources, with 20%. However, 77% of respondents stated that they had not faced any major obstacles in relation to their housing. Four IDPs faced obstacles related to their own displacement situation.

In terms of services, the number of people with an Internet connection is very low, as 83% do not have this service. The same percentage of older persons do not have a landline telephone. Only 50% have sewerage and 87% do not have gas. 93% have access to drinking water and 94% have access to electricity. Eighty-four percent of respondents have access to a bathroom where they live. 8% of people live in overcrowded conditions. Fifty-five percent live in a single room and 41% share a room with one other person.

In terms of security, it is important to note that one third of respondents stated that the place where they live is not safe. In terms of the COVID-19 pandemic, 17% of older persons stated that their home does not have the necessary security measures.

According to the institutional actors interviewed, housing conditions are precarious in terms of infrastructure (they are not built out of solid materials). This can pose a risk for those who live in them. In addition, not all older persons in a situation of human mobility have their own living space and rent small rooms or single-level apartments. For older persons who are on the move, many do not have stable accommodation. As a result they

Table 13. Types of housing or accommodation

Types of housing or accommodation	Refugees or asylum-seekers			Deportees			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Own apartment or house	50%	50%	50%	50%	57%	35%	17%	0%	0%	46%
Lease	50%	50%	50%	26%	26%	26%	67%	67%	67%	29%
Guest	0%	0%	0%	7%	6%	9%	0%	0%	0%	7%
Improvised lodging	0%	0%	0%	1%	0%	4%	0%	0%	0%	2%
Other	0%	0%	0%	16%	11%	26%	16%	33%	33%	16%

Table 14. Difficulties with obtaining accommodation or housing

Difficulties with obtaining housing or accommodation	Refugees or asylum-seekers			Deportees			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Lack of financial resources	25%	50%	0%	19%	21%	13%	0%	0%	0%	20%
Rejection due to being an IDP	25%	50%	0%	1%	2%	0%	33%	0%	67%	5%
Lack of documentation	0%	0%	0%	3%	4%	0%	0%	0%	0%	2%
No co-debtor or guarantor	0%	0%	0%	1%	2%	0%	0%	0%	0%	1%
Having a large family or infants	0%	0%	0%	1%	2%	0%	0%	0%	0%	1%
No obstacles	75%	50%	100%	80%	77%	87%	67%	100%	33%	77%
Other	0%	0%	0%	1%	2%	0%	0%	0%	0%	1%

tend to stay in shelters or transit hostels. The problem is that these are not safe places and are overcrowded.

There have been cases of evictions due to inability to pay the rent. This forces people to move to unsuitable places that have precarious sanitary conditions, exposing them to diseases, mistreatment and discomfort. Those most at risk are older persons, children and pregnant women.

“They usually live in adobe houses. It’s a material that is made using grass and mud”. (Man, religious organisation, Honduras, 2020).

“In Honduras there is not much housing supply for older persons. There are government shelters that are simply for older adults, who are not necessarily at-risk. In general, the shelters and community kitchens are open during the day. In some places in the country they provide free meals or

assistance. They are generally overcrowded”. (Man, national public entity, Honduras, 2020).

For access to basic sanitation services, conditions in rural areas are often more challenging than in urban areas. This is due to a lack of government investment in the construction of sewage systems and drinking water sources for all communities, as well as problems with other essential services. In many areas of the country families have lived in precarious conditions because they do not have sufficient resources to live in healthy environments. This means that they use latrines, build septic tanks and the water supply comes from non-potable sources that are difficult to access.

Thanks to community cooperation, access to water is not totally inaccessible because people are creative with how they obtain water for their communities. Access to other services such as electricity is affected by the high costs involved. This is a worrying situation because some companies have increased the price disproportionately. Honduras has the most expensive electricity in Central America.

“The great majority [of] older persons have built their homes, they do not rent, they build, often on land they inherit, their little piece of land. In the countryside there is very little renting. Most people live in their own houses, they build them. Some parts of the house are made with bahareque, which is like bamboo, and other types of materials, and they have very little access to a sewage system. In this case it is easier for people to build a septic tank for their house and they do not have access to sewage”. (Man, national public entity, Honduras, 2020).

“When we talk to older persons, sometimes what some of them do is that they ask their children for remittances to pay the electricity bill, because what they earn is not enough to pay it”. (Man, religious organisation, Honduras, 2020)).

Four of the twelve organisations surveyed provided housing services before COVID-19 through homes and special institutions. One provided short term accommodation and one provided eviction counselling services.

In only one of these homes did an older person have their own room. The others shared with one or two people who were not members of their family. One of these organisations has not continued to provide the service. During the pandemic there are rooms that must be shared with up to three people and in only one case can it be with family members. Visits are allowed once a month in two of these organisations, and another organisation stated that older persons receive almost no visits, while another stated that visits are not allowed. During the pandemic three of the organisations stated that visits have been prohibited.

Pre-pandemic housing options provided by these organisations all had potable water, sewerage and electricity, three of them even had a landline telephone and television, and two organisations provided an Internet connection. During the pandemic, these conditions were maintained and the four organisations adapted the facilities to avoid COVID-19 contagion. These services are completely free of charge.

2.11 Non-discrimination and equality before the law

Discrimination on grounds of age is prohibited, and measures must be put in place for people who are victims of multiple discrimination. (IACPHROP, Art. 5).

Half of the older persons surveyed have been affected by discrimination. It is of concern that the most common occurrences of discrimination are based on age (33%) and human mobility (12%). Nine of the twelve organisations surveyed stated that before the pandemic older persons were discriminated against because of their human mobility status; five stated that they were discriminated against because of age; three because of disability and sexual orientation; and one because of ethnic origin. During the pandemic, five organisations reported that discrimination has increased, five stated that it has remained at the same level and one organisation declared that it has decreased.

Forty-six percent of older persons with disabilities have felt discriminated against because of their age and 38% because of their situation of human mobility, while just 1% stated that they have been discriminated because of their disability.

“Here a person who is over 45 years old is already believed to be an inactive person, who cannot work, who cannot make any kind of effort. We have always said that they are not taken into account, even by the government, and many times other organisations. These people are discriminated against”. (Man, religious organisation, Honduras, 2020).

Ninety percent of the people who have suffered some type of discrimination stated that they did not receive counselling or guidance

if they were required to appear before the authorities.

Discrimination against older persons on the move is expressed by their lack of access to the economic system and impediments that stop them from continuing to work. The main reason for older persons to feel discriminated against is age. Companies usually prefer to hire people who are under 40 years of age. There is a trend to ignore the physical capacities of older persons who are looking for work. There have been reports of discrimination against older persons on public transportation.

“Normally on the buses there is always discrimination against older persons. On many occasions I have seen that buses do not stop to pick up old-

Table 15. Forms of discrimination

Forms of discrimination	Refugees or asylum-seekers			Deportees			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
I have not felt discriminated against	25%	0%	50%	44%	43%	53%	17%	33%	0%	41%
Age	75%	100%	50%	33%	38%	26%	17%	33%	0%	33%
Refugee, refugee applicant, migrant, deportee, returnee or displaced person.	50%	100%	0%	10%	12%	5%	0%	0%	0%	12%
Ethnic group	25%	50%	0%	0%	0%	0%	0%	0%	0%	2%
Disability	0%	0%	0%	1%	2%	0%	0%	0%	0%	1%
None of the above	0%	0%	0%	17%	13%	16%	67%	33%	100%	20%
Other	0%	0%	0%	1%	2%	0%	0%	0%	0%	1%
I prefer not to answer	0%	0%	0%	9%	7%	11%	0%	0%	0%	7%

er passengers who are hailing it”. (Man, religious organisation, Honduras, 2020).

2.12 Community participation and integration

Older persons have the right to active, productive, full and effective participation within the family, community and society with a view to their integration. (IACPHROP, Art. 8).

Before COVID-19, 73% of people did not participate in activities in the community. However, 23% of the respondents participated in sports, leisure and recreational activities, who were primarily men (28%) compared to women (14%).

The majority of older women actively participate in community work, attending information and training sessions held by organisations that promote empowerment and leadership. Women show a higher level of interest than men in learning about and understanding the main problems that affect their territories and the spaces where they live, as indicated by the actors interviewed.

Recreational spaces, protection plans and community accompaniment are encouraged for older women to promote their leadership. This draws on their historical knowledge and experiences of risky situations, both for themselves and their family members. The participation of older men exists, but to a lesser extent. The low attendance and participation of men in these activities could be because they are concentrating on obtaining employment.

“In the community-based organisations with which we work, and especially with women, there are historical leaders of high-risk who are older women and have been involved in the struggle to mitigate risks, promote women’s rights, provide guidance for cases of sexual and gender-based violence and implement advocacy actions.” (Man, intergovernmental organisation, Honduras, 2020).

The participation and integration of refugees is scarce as there is a lack of organisation of this population, who are not very visible.

“Integration for all refugees is difficult, but for older person refugees here in Honduras it is extremely difficult and I think that perhaps that marks the difference with internally displaced persons. Even though there aren’t organisational

Table 16. Types of community involvement activities

Types of community involvement activities	Refugees or asylum-seekers			Deportees			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
I do not participate in activities in the community	75%	100%	50%	74%	70%	83%	50%	33%	67%	73%
Sports, leisure and recreation activities	25%	0%	50%	24%	30%	13%	17%	33%	0%	23%
Cultural activities such as music, theatre, dance, film forums, lectures, concerts, history sessions, etc.	0%	0%	0%	7%	6%	9%	0%	0%	0%	6%
Practical activities such as handicrafts, knitting, gardening, etc.	0%	0%	0%	1%	0%	4%	17%	33%	0%	2%
Other activities	0%	0%	0%	7%	9%	4%	33%	33%	33%	9%

structures in all IDP communities, there is something, while the organisational structure for refugees is almost non-existent here in the country because there are so few of them". (Man, inter-governmental organisation, Honduras, 2020).

Among other activities, respondents identified religious or church activities, activities to raise funds to support the neighbourhood and gardening.

Before the pandemic, only two of the twelve organisations surveyed offered cultural and practical activities such as handicrafts, knitting, gardening and others and only one offered sports and recreational activities. The activities were free of charge. Three organisations stated that these activities have decreased during the pandemic and only one has maintained or increased this work.

2.13 Training

Older persons have the right to education on equal basis with other sectors of the population and without discrimination. (IACPHROP, Art. 20).

Ninety-four percent of the people surveyed have not received any type of training. None of the IDPs have received training and, in the case of deportees, only one had received training.

Older persons have few training alternatives. Occasionally some have access to workshops offered by different organisations with specialized trainers in the areas of psychology, social work, community work and others.

Older persons, primarily IDPs, receive and participate in training to actively manage and represent their communities. They have the goal of raising awareness about the different problems they face, the levels of violence they experience, the needs they have and the requests they make to the government in terms of security and protection.

"The committees consist of older persons, and these are the people we train and empower. We take them to meetings at municipal councils so that they can talk to public officials and help them understand the realities faced by their communities". (Woman, non-profit civil organisation, Honduras, 2020).

Table 17. Access to training

Types of training	Refugees or asylum-seekers			Deportees			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
I have not received any training	75%	50%	100%	94%	96%	91%	100%	100%	100%	94%
How to re-join productive life in the context of the current pandemic	0%	0%	0%	3%	2%	4%	0%	0%	0%	2%
My rights as an older adult and how you can support me	25%	50%	0%	1%	0%	4%	0%	0%	0%	2%
My rights as a displaced refugee and migrant and how you can support me	25%	50%	0%	1%	2%	0%	0%	0%	0%	2%
How to enter productive life through work or entrepreneurship	0%	0%	0%	1%	2%	0%	0%	0%	0%	1%

2.14 Access to freedom of expression, opinion and information

Older persons have the right to freedom of expression and opinion and access to information, on equal basis with other sectors of the population and by the means of their choice. (IACPHROP, Art. 14).

Ninety-four percent of the people surveyed has access to a mobile phone, followed by a television (83%) and a radio (66%). Despite the high ownership rate mobile phones, it is notable that 83% of older persons on the move do not have an Internet connection.

In general, respondents have access to simple mobile phones, not smartphones. Seven of the twelve service provider organisations said that before the pandemic people had access to mobile phones at their offices. Three organisations stated that they also provided access to television, radio, and landline telephones. Three organisations said that older people still have access to these services and seven stated that access is now more difficult or no longer exists. Seven of the twelve organisations surveyed stated that the older persons they

worked with had frequent access to information during the pandemic and four indicated that this had decreased.

Technological equipment and Internet connections are primarily used for information and entertainment (43%), and contact with family, friends, acquaintances or related persons (41%). Five of the organisations surveyed stated that the main use of technological equipment is to contact friends, family and acquaintances. Two organisations stated that older persons use them to learn about rights, for information and entertainment and participate in groups of people from the same country. Only one organisation stated that older persons use technological equipment to access courses. This is corroborated by the fact that only three respondents stated that they access courses and three others participate in self-help groups. Only one person uses their technological equipment to learn about rights and available services.

Seventy-seven percent of people receive information about COVID-19 through television, followed by radio (65%). Respondents stated that radio is also one of the most widely used devices by older persons.

Tabla 18. Types of equipment

Types of equipment	Refugees or asylum-seekers			Deportees			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Cellular	100%	100%	100%	93%	94%	91%	100%	100%	100%	94%
Television	75%	100%	50%	83%	83%	83%	100%	100%	100%	83%
Radio	75%	100%	50%	69%	72%	61%	50%	67%	33%	66%
Entertainment equipment	0%	0%	0%	17%	19%	13%	0%	0%	0%	15%
Landline phone	25%	0%	50%	14%	19%	4%	0%	0%	0%	13%
Laptop computer	0%	0%	0%	4%	6%	0%	0%	0%	0%	4%
Tablet/tablet PC	0%	0%	0%	3%	2%	4%	17%	33%	17%	4%
Desktop computer	0%	0%	0%	1%	2%	0%	0%	0%	0%	1%
None of the above	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%

Table 19. Use of technological equipment

Use of technological equipment	Refugees or asylum-seekers			Deportees			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Information and entertainment	100%	100%	100%	40%	43%	35%	33%	67%	0%	43%
Contact family, friends, acquaintances and like-minded people.	100%	100%	100%	39%	43%	30%	33%	33%	33%	41%
Participate in self-help groups	25%	0%	50%	3%	4%	0%	0%	0%	0%	4%
Access courses	0%	0%	0%	4%	4%	4%	0%	0%	0%	4%
Knowledge about rights and services	0%	0%	0%	1%	2%	0%	0%	0%	0%	1%
Participate in senior citizen groups	0%	0%	0%	1%	2%	0%	0%	0%	0%	1%
Other	0%	0%	0%	49%	43%	61%	50%	33%	67%	46%

Sometimes older persons have their own mobile phones, and sometimes they use family members' mobile phones to communicate. Internet connection is difficult, as it is limited in rural areas. In urban areas there is a good Internet connection, but it also represents a barrier to access due to the cost of the service and people's lack of resources. Few families have access to computers or other electronic equipment.

Some organisations try to provide mobile phones to older persons and their relatives in order to keep in touch with them for monitoring a specific case in which they are involved. Older persons face great difficulty with how to use mobile phones and generally only use WhatsApp.

“In the west of the country there is no access to Internet data for mobile phones. In general, they say that 56% of the population of our country has access to a mobile phone. In these areas mobile phones are widely used. However, Internet is not provided in all communities by the most popular companies here, Claro and Tigo. People who have the means install satellite Wi-Fi. This Wi-Fi

is then available in the communities for people who can pay for it”. (Man, religious organisation, Honduras, 2020).

Older persons in a situation of human mobility who are responsible for the care and upbringing of their grandchildren have reported serious problems with helping them with their schoolwork. During pandemic and the arrival of online education during lockdowns they have faced serious complications because they do not have access to the Internet and they do not have digital equipment.

“When we interviewed the grandmothers, they said that they were really tired because they thought they had already finished with raising children. Because a relative is in another country or made the decision to migrate, they were saying they had no idea what they had gotten themselves into, because technology has advanced so much and not all grandmothers have the ability to use the Internet. The children have become a lot more focused on technology”. (Woman, civil non-profit organisation network, Honduras, 2020).

Older persons on the move and their families have poor access to information about the formalization of their migratory status. This is due to a number of issues, specifically the misinformation provided by public officials responsible for providing advice to people seeking help and the lack of clarity regarding their processes or requests.

This situation is also representative of the level of misinformation among older persons and difficulties with recognizing the responsible institutions for each case. Problems are exacerbated because some older persons live alone and do not have the company or support of someone who can help them with their needs.

“If you ask people, they say “no, I was deported, but they didn’t tell me anything” or “they rejected me, but they didn’t tell me that I could have applied for...”, so I think there is a lack of sensitivity from the authorities who are attending to this population on a daily basis. I think that people should not just have knowledge, but they should also be updated about their rights and this should be shared with the general population”. (Woman, civil non-profit organisation network, Honduras, 2020).

There are also initiatives by a social organisation that supports the population in transit through a radio program that reports the events and situations along migratory routes. This is especially important for the journeys of older women whose children are missing.

This initiative is interesting because it facilitates the search for loved ones and provides information and a trail of clues for identifying the whereabouts of those who are missing. In addition, work on social networks such as Facebook is carried out. This is a process that is organized and focused on the older women who are looking for their loved ones.

“The topics covered on the radio include everything that happens on the migration route, for example, deaths of migrants, trafficking, family separation and the topic [of] dangers and risks for migrants. We also cover the issue of children and adolescents in a migration. We are reporting

on what we are seeing and what is happening, both in Mexico and in the United States, so this means we go to the USA to be able to talk about the country and provide guidance to families and people who are thinking of leaving. We talk about how migrating is a right, but they also have a right not to do it, or do it consciously and being responsible about risks and dangers that you are going to encounter”. (Man, national public entity, Honduras, 2020).

In terms of filing out the relevant reports for missing migrants, these are issued in the country of origin. There is no need to travel to the country where the persons who are now missing were supposed to travel. This information, primarily for mothers of missing migrants, is shared by an institutional actor that provides support in the form of counselling for these cases.

2.15 Accessibility and mobility

Older persons have the right to accessibility to the physical, social, economic and cultural environment as well as to personal mobility. (IACPHROP, Art. 26).

The vast majority (74%) of the people surveyed had difficulty accessing public transport, which is corroborated both in the interviews with key stakeholders and the fact that nine of the twelve service provider organisations surveyed stated that older persons on the move have difficulty accessing transport. In addition, seven organisations indicated that older persons on the move also faced difficulty accessing ngo offices, five mentioned health centres and supermarkets and four cited educational centres. This data generally coincides with the information provided by the older persons on the move who were surveyed.

According to the older persons interviewed, it is quite complicated to go to governmental organisations to find some kind of assistance, primarily because it is difficult for them to get to these points due to their lack of funds to pay for transportation. This is because they do not feel that they should travel on their own.

Table 20. Access to locations

Access to locations	Refugees or asylum-seekers			Deportees			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Public transport	50%	50%	50%	79%	74%	87%	67%	33%	100%	74%
Health centres	50%	50%	50%	43%	40%	48%	17%	33%	0%	40%
Supermarkets	0%	0%	0%	29%	26%	35%	0%	0%	0%	24%
Government offices	50%	100%	0%	21%	23%	17%	17%	33%	0%	24%
Banks/financial centres	25%	0%	50%	6%	6%	4%	0%	0%	0%	6%
Educational centres	0%	0%	0%	4%	4%	4%	0%	0%	0%	4%
Offices of national and international non-governmental organisations	25%	50%	0%	3%	0%	9%	0%	0%	0%	4%
Recreational centres (shopping malls, parks, cinemas, theatres)	0%	0%	0%	1%	0%	4%	0%	0%	0%	1%

In addition, it is difficult for them to understand the information they are given and the procedures they have to carry out with the relevant entities. As a result, older persons have to walk long distances because they don't have enough money to pay for public or private transportation according to the organisation representatives who were interviewed.

Some of the needs of older persons are related to the conditions of public spaces. They suggested the construction of ramps, low steps and elevators and teams of people trained to assist older persons to cross streets.

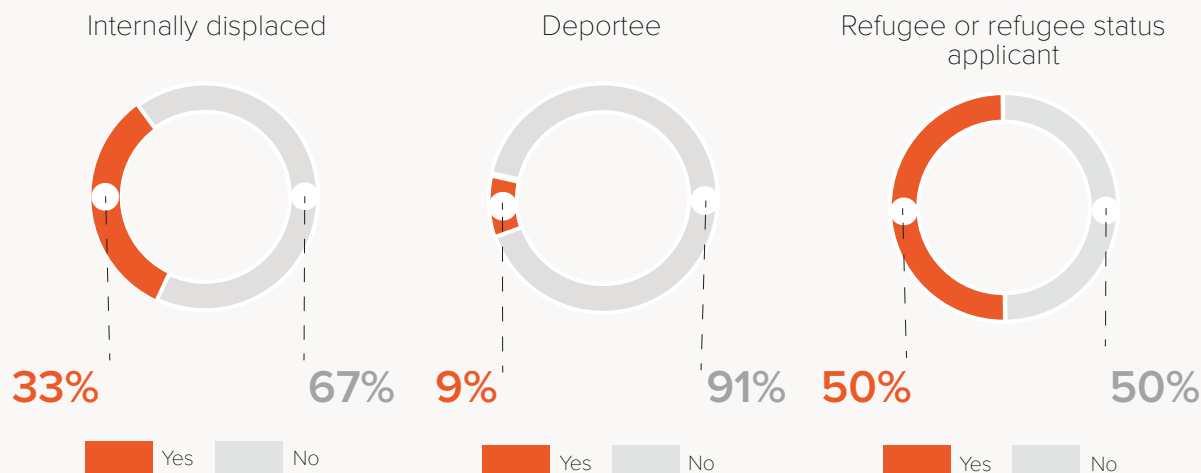
"I think that our country is not very inclusive in this area. It does not guarantee the mobility of these people. Often they need some kind of wheelchair or need ramps or need additional steps. Well here we are not really being very inclusive; the buses, the public transport, we don't have the necessary conditions for transporting older persons". (Man, religious organisation, Honduras, 2020).

2.16 Access to financial products

Older persons should have access to financial and banking services as well as the right to equal recognition as a person before the law. (IACPHROP, Art. 30).

It is rare for older persons on the move to have bank accounts. This is mainly due to their limited resources, as most of them live in conditions that do not allow them to have savings. In addition, access to pensions, subsidies and monetary transactions is not common, especially for deportees, of whom just 10% have a bank account. Migrants also stated that they do not have a bank account.

In the case of housing or building loans, access is deficient to these financial products for older persons due to their age, unless they can demonstrate that they have the resources to cover the debt. Older persons with these resources did not participate in this study.

Figure 17. Access to savings accounts

For older displaced, deportees and refugees, this problem is a bit more complex due to documentation issues. They simply do not have the documentation required to open a bank account. Virtual access to possible financial assistance from the government or social organisations is difficult due to poor access to the Internet and poor management of platforms. None of the organisations surveyed provided financial services to this population.

2.17 Main risks faced by older persons on the move

Aspects that can increase the degree of vulnerability and defencelessness of the older person, as well as the violation of their fundamental rights.

Without identifying a before or after the pandemic, older persons in a situation of human mobility recognized a series of risks that make them more vulnerable. The main ones are fatigue, exhaustion and increased stress (53%), decreased economic resources (47%), threats and intimidation (18%) and deteriorating quality of life (15%).

These risks may be linked to the pandemic and the intensification of economic difficulties

that have led to the loss of employment and income. They could also be the result of the violence carried out by gangs and criminal groups that threaten older persons and their families. It is important to highlight the difficulties suffered by older persons due to family members who go missing while migrating, which has a significant psychological impact.

In the process of forced internal displacement, communities are forced to leave their territories and face multiple risks due to the loss of their homes, property, family, friends, places of upbringing, community spaces and spaces for participation, which they are forced to abandon. The situation becomes even more complex because the families that are displaced mostly do not have a safe place to stay in the host community.

It should be added situations involving land dispossession by extractive companies were shared in the interviewed, which also generates displacement and affects people's quality of life. The lack of recognition of the conditions experienced by older persons on the move may mean that these people can't or don't access support from public institutions, along with all of the vulnerabilities identified in this assessment.

Table 21. Types of risks

Types of risks	Refugees or asylum-seekers			Deportees			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Fatigue, exhaustion and increased stress	100%	100%	100%	55%	59%	48%	17%	33%	0%	53%
Decrease in available economic resources	33%	50%	0%	49%	59%	30%	17%	0%	33%	47%
Threats, intimidation (e.g., illegal armed actors or others)	100%	100%	100%	9%	11%	4%	83%	67%	100%	18%
Reduction in personal or family quality of life due to time in transit	0%	0%	0%	18%	16%	22%	0%	0%	0%	15%
Psychological or emotional abuse or violence	0%	0%	0%	6%	9%	0%	33%	33%	33%	8%
Health problems due to contagion or illnesses resulting from permanent mobilization.	33%	50%	0%	6%	7%	4%	0%	0%	0%	6%
Physical abuse or violence	0%	0%	0%	3%	2%	4%	33%	33%	33%	5%
Discrimination and xenophobia	0%	0%	0%	1%	0%	4%	0%	0%	0%	3%
Theft or robbery of my property	0%	0%	0%	3%	5%	0%	0%	0%	0%	3%
Extortion payment for transit	0%	0%	0%	3%	5%	0%	0%	0%	0%	3%
Other	0%	0%	0%	18%	11%	30%	0%	0%	0%	15%

2.18 Other aspects of life affected by COVID-19

Respondents identified that the greatest problems generated by COVID-19 was related to the change in lifestyle produced by confinement, estrangement and fear of contagion or death. Economic complications were significant in the opinions of the respondents, specifically their lack of income and difficulties with buying food and medicine.

These concerns expressed by respondents point to the need for psychosocial support,

given that the pandemic worsens the emotional issues that older people in human mobility affected by trauma have been seeking to overcome. The pandemic also highlights a deep inequality that existed before. Respondents stated that the health emergency has affected the social fabric, community participatory processes and rights claiming processes.

Annex C

Country Report: Colombia

Regional assessment on the situation and needs of older persons on the move in the Americas



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Seventy-year-old woman internally displaced since 2002 in Colombia.

Table of Contents

1. Population approach	258
1.1 Scope of the sample	258
1.2 Characterisation of older persons consulted	258
1.2.1 Sex and age	258
1.2.2 Human mobility flows	259
1.2.3 Ethnic group	260
1.2.4 Family composition	260
1.2.5 Civil status	260
1.2.6 Education	261
1.2.7 Disability	261
2. Results	262
2.1 Main causes of human mobility	262
2.2 Documentation	263
2.3 Humanitarian aid	265
2.4 Reparations to victims	266
2.5 Income and labour	268
2.6 Social security	270
2.7 Food security	271
2.8 Health	272
2.8.1 Health Conditions	272
2.8.2 Access to health services	273
2.9 Care and support	275
2.10 Safety	276
2.11 Accommodation and WASH	277
2.12 Non-discrimination and equality before the law	279
2.13 Community participation and integration	281
2.14 Training	282
2.15 Access to freedom of expression, opinion and information	283
2.16 Accessibility and mobility	285
2.17 Access to financial products	286
2.18 Main risks faced by older persons on the move	287
2.19 Other aspects of life affected by COVID-19	288

Index of Tables

Table 1.	Number of people by age	259
Table 2.	Type of mobility and disaggregation by sex	259
Table 3.	Causes of human mobility and disaggregation by sex	263
Table 4.	Types of documentation	264
Table 5.	Humanitarian aid by mobility flow and sex	266
Table 6.	Source of income	269
Table 7.	Income and work	269
Table 8.	Access to social security	270
Table 9.	Forms of access to food	271
Table 10.	Health conditions	272
Table 11.	Pandemic preventive measures	274
Table 12.	Care and support	275
Table 13.	Types of abuse	277
Table 14.	Types of housing or accommodation	278
Table 15.	Difficulties with obtaining accommodation or housing	278
Table 16.	Forms of discrimination	280
Table 17.	Types of community involvement activities	281
Table 18.	Access to training	282
Table 19.	Types of equipment	283
Table 20.	Use of technological equipment	284
Table 21.	Access to locations	285
Table 22.	Types of risks	287

Index of Figures

Figure 1.	Sex and percentage	259
Figure 2.	Types of human mobility	259
Figure 3.	Ethnic group	260
Figure 4.	Family composition	260
Figure 5.	Civil status	260
Figure 6.	Education	261
Figure 7.	Recognition of a disability and disaggregation by type of disability	261
Figure 8.	Regularization procedures	265
Figure 9.	Humanitarian aid disaggregated by mobility flow	266
Figure 10.	Reparations to victims	267
Figure 11.	Receive income	268
Figure 12.	Satisfaction of needs	268
Figure 13.	Use of health services disaggregated by sex	273
Figure 14.	Use of health care services disaggregated by flow	273
Figure 15.	Access to health care during COVID-19	274
Figure 16.	Dependents	276
Figure 17.	Access to savings accounts	286

1. Population approach

The data collection stage was carried out using telephone and online surveys. The telephone survey of older persons on the move was carried out between October 29 and November 11, 2020. Among the contacts provided by UNHCR and field partners, an initial database of 1,650 older persons was consolidated; of these, the surveyors called 457 people, of whom 170 people in total accepted participation in the survey and completed it, representing compliance of 113% with the target of 150 established in the concept note for this study.

People were surveyed in Bogotá (54%), Medellín and its metropolitan area (8%), Cali (6%), Cúcuta and its metropolitan area (5%), Putumayo (4%), Bucaramanga (3%), Nariño (3%), Arauca (2%) and Barranquilla (2%) as well as other cities and towns (13%) including Valledupar, Yopal, La Palma, Dolores, San Juan Nepomuceno, El Banco, Carmen de Bolívar, Riohacha, Santa Marta, Maicao and Güepsa.

In terms of the online survey, an initial database of more than 50 institutional actors was established, including government entities, international humanitarian actors, service provider civil society organisations, service provider religious organisations and grassroots organisations with the same characteristics. A total of 16 completed surveys were obtained from: state entities at national, district and local levels (9); international humanitarian actors (2); universities (1); local organisations (3) and international religious organisations (1), surpassing the maximum goal established in the study's concept note with compliance of 106%. These included providers of humanitarian assistance, legal support, migration services, social inclusion, labour insertion, health services, shelters, livelihood development, comprehensive reparations for victims of the internal armed conflict and memory and truth building.

1.1 Scope of the sample

It is necessary to specify that, under the current conditions of information about mixed mobility flows from the Bolivarian Republic of Venezuela, although Migration Colombia permanently updates its reports on official registration figures for the entry of foreign nationals into the country, the calculations of authorities and experts indicate that it is not possible to determine the exact number of people who enter through the Venezuelan border given that there are a number of irregular border crossings. Colombia continues to be one of the main receptor countries for refugees and migrants from Venezuela, with an estimated 1.72 million people, of whom 56.4% are thought to have an irregular status in the country.¹

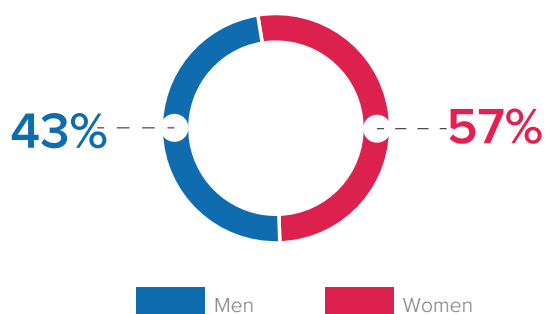
Based on the above situation, the sample with which the information was collected was established based on selection criteria established by experts. This criteria had the goal of reflecting the different needs and situations that, in their opinion, the older persons on the move face, so that the objectives of the fieldwork could be successfully achieved.

1.2 Characterization of older persons consulted

1.2.1 Sex and age

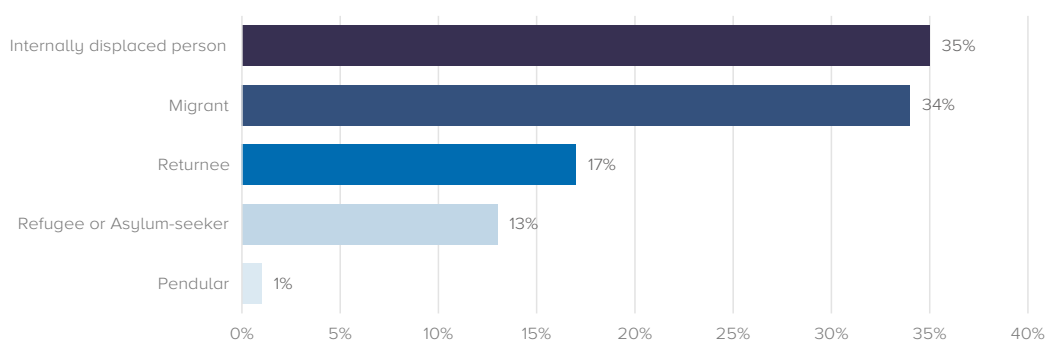
Following systematization and cleaning up of the information, 160 completed surveys were finally considered, with a total of 91 women (57%) and 69 men (43%).

¹ Figure reported by Migration Colombia in August 2020 and estimate provided in the Response Plan for Refugees and Migrants 2021. *RMRP 2021 For Refugees and Migrants from Venezuela*. <https://rmp.r4v.info/>

Figure 1. Sex**Table 1. Number of people by age**

Age range	Number of persons	Men	Women
60-69 years	110 (69%)	46 (42%)	64 (58%)
70-79 years	40 (25%)	19 (48%)	21 (52%)
80 years and older	10 (6%)	4 (40%)	6 (60%)

1.2.2 Human mobility flows

Figure 2. Types of human mobility**Table 2. Type of mobility and disaggregation by sex**

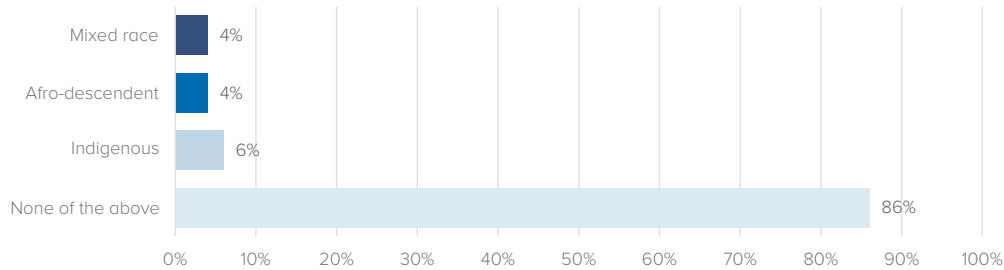
Type of mobility	Number of persons	Women	Men
Internally displaced	57 (35%)	36 (63%)	21 (37%)
Migrant	54 (34%)	29 (55%)	25 (45%)
Refugee or asylum-seekers*	21 (13%)	13 (62%)	8 (38%)
Returnee	27 (17%)	13 (48%)	14 (52%)
Pendular	1 (1%)	0%	1 (100%)

*It is important to clarify that the figures are based on recognized refugees or asylum-seekers, as there are Venezuelan refugees who have not accessed the asylum system or who do not request for international protection for different reasons and opt for other forms of regularization. The category of migrant in the study includes both regular and irregular. For the purposes of analysing the information, this clarification should be kept in mind throughout the report.

1.2.3 Ethnic group

Eighty-six percent of the people surveyed do not recognize themselves as belonging to any ethnic group. Six percent recognize themselves as belonging to indigenous peoples; 4% recognize themselves as Afro-descendants and the remaining 4% recognize themselves as mixed race

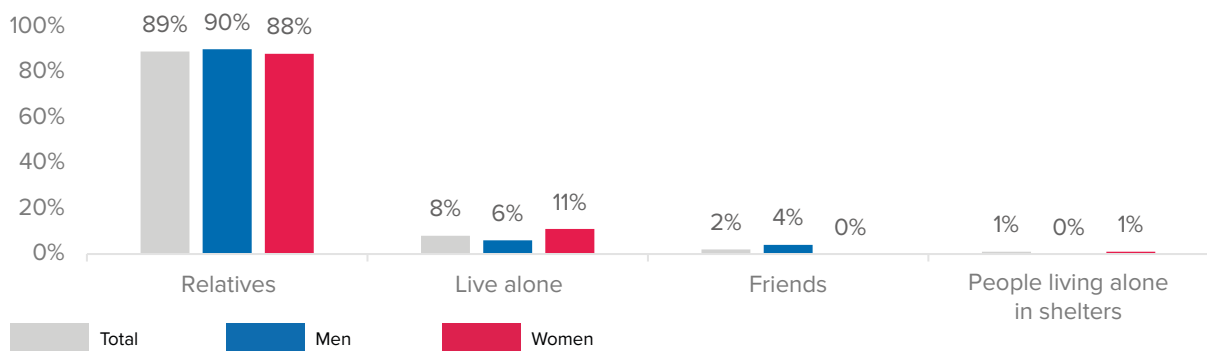
Figure 3. Ethnic group



1.2.4 Family composition

Ninety-eight percent of the people surveyed reported having children. Of the total number of people surveyed, 89% live with their families while smaller percentages live alone (8%) or with friends (2%).

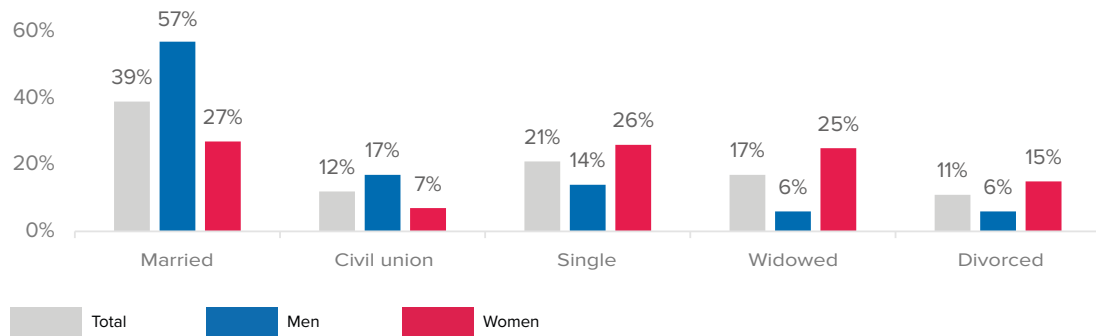
Figure 4. Family composition



1.2.5 Civil status

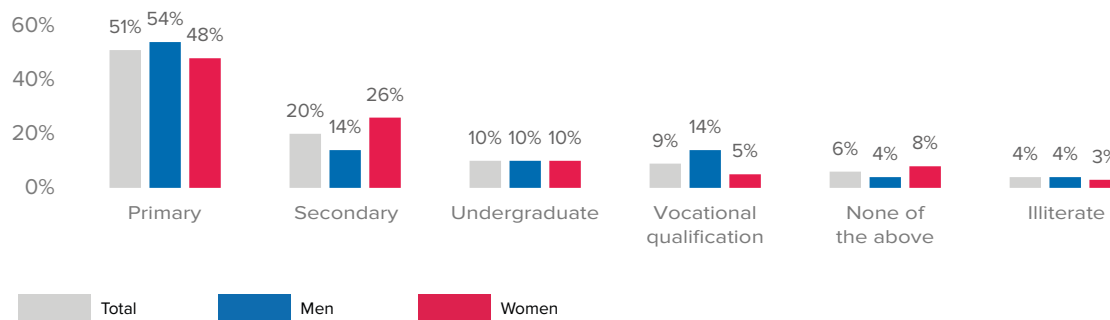
Of all the older persons surveyed, 39% are married, 21% are single, 17% are widowed, 12% are in a civil union and 11% are divorced.

Figure 5. Civil status



1.2.6 Education

Figure 6. Education



Fifty-one percent of the older persons surveyed have primary education; 20% have secondary education; 10% have an undergraduate degree; 9% have technical education; 6% have none of the above; and 4% are illiterate.

1.2.7 Disability

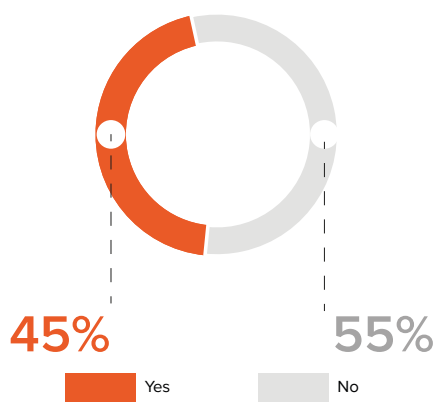
Forty-five percent of the total number of older persons on the move who were surveyed recognize that they have some type of disability. However, in order to accurately identify the percentage of disability for each type, the analysis is disaggregated, depending on the “degree of difficulty” that a person has,

in relation to the Washington Group Short Set scale, which indicates that a person has a disability when he/she has great difficulty or is unable to perform an activity. Once the questions had been asked, the classification was made using this scale.

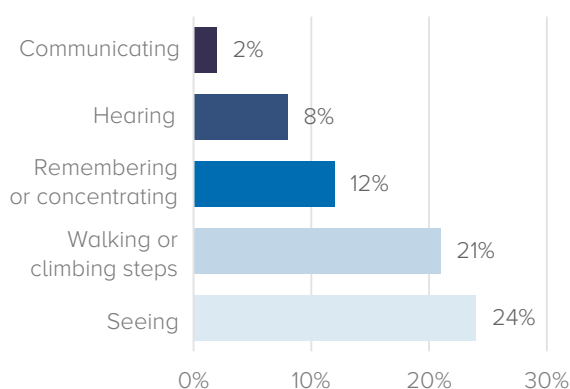
The results were disaggregated for each type of disability: 24% reported a visual disability; 21% reported a physical disability, which makes it difficult for them to walk or climb stairs; 12% acknowledged having difficulty remembering or concentrating; 8% reported a hearing disability; and only 2% had a communicative disability.

Figure 7. Recognition of a disability and disaggregation by type of disability

A. Recognition of disability



B. Disability according to the Washington Group scale



2. Results

This section will outline the results obtained from the field work carried out in Colombia. The articulation between quantitative and qualitative information on the human mobility of older persons is presented. In the analyses, reference will be made to human mobility in general terms and to each flow in a differentiated manner, according to the significance observed².

The analysis is organized in relation to the rights of older persons included in the Inter-American Convention on the Protection of the Human Rights of Older Persons, which were considered in this study, in the areas of documentation; assistance, care or humanitarian aid; income and work; social security; food; health; personal care; security; accommodation and WASH; non-discrimination and equality before the law; community participation and integration; training; access to freedom of expression, opinion and information; accessibility and mobility; access to the financial system; main risks and, finally, aspects of life most affected by COVID-19.

2.1 Main causes of human mobility

It is important to clarify that for the Venezuelan nationals consulted, the fact that they are categorized as migrants does not mean that they are not in need of international protection and could be recognized as such, as explained in the previous section on the causes of human mobility.

On average, the causes of human mobility are related to three fundamental aspects in the search for the satisfaction of basic needs: health, food and work or income. As for the different mobility flows, it is possible to observe differentiating aspects.

When analysing mixed mobility flows from Venezuela, most of the people surveyed indicated that the main causes of their departure were difficulty with accessing health (82%) and food (78%). These are fundamental rights that cannot be satisfied due to the current situation facing Venezuela that affects the economy, the normal functioning of institutions and public order and has repercussions on the full enjoyment of rights, as reported by the majority of the older persons interviewed.

Other important aspects are a lack of access to work and income (56%) and family welfare (50%).

“The reason why I left the country is the reason why many people have left: I did not have a job or my own house in Venezuela. I had no way to eat, because in two weeks, that is, 15 days of work, I could not eat a single day, and it was not easy to feed my daughter and my dad”. (Women, carer and family member, Colombia, 2020).

“Forty-five years ago I left for Venezuela and came back because of the economic and social situation. I live with my daughter and grandson. I was in the city of Caracas, [in] a neighbourhood called La Bombilla. My daughter has been here for about three years and, because of my situation, [that] I am sick with diabetes, I have osteoarthritis, I suffer from my eyesight, my daughter decided that I should come here, that here, at least, she can support us and get health care and those things”. (Sixty-six-year-old woman, older person on the move, Colombia, 2020).

Ninety-five percent of internally displaced persons (IDPs) were mobilized because they needed protection from threats, violence and persecution. More than 30% sought to meet their needs for work, health, food, psychosocial support, housing and justice.

“It turns out that when the police came to eat, there were problems, because I was between a rock and a hard place. I sold food to the National Police, then the Army arrived, well, a lot of them came. I took care of them like I would anyone. That’s how I got displaced”. (Sixty-five-year-old woman, older person on the move, Colombia, 2020).

²The definitions of each mobility flow were developed in the terminology chapter of the Regional Report.

Table 3. Causes of human mobility and disaggregation by sex

Causes of human mobility	Migrant			Refugee or asylum-seeker			Returned			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Access to health care	93%	88%	97%	95%	100%	92%	85%	86%	85%	67%	67%	67%	82%
Nutrition	94%	96%	93%	86%	88%	85%	74%	71%	77%	61%	57%	64%	78%
Access to employment or income opportunities	50%	48%	52%	33%	50%	23%	56%	57%	54%	68%	71%	67%	56%
Support my family	67%	52%	72%	43%	50%	38%	59%	50%	69%	32%	24%	36%	50%
Need for protection from threats, violence and/or persecution	6%	4%	7%	29%	38%	23%	0%	0%	0%	95%	100%	92%	39%
Access to housing	41%	40%	41%	10%	13%	8%	11%	7%	15%	49%	38%	56%	35%
Family reunification	48%	52%	45%	43%	63%	31%	33%	29%	38%	11%	10%	11%	32%
Access to documentation	44%	44%	45%	19%	25%	15%	22%	7%	38%	7%	5%	8%	24%
Need for psychosocial support	9%	8%	10%	0%	0%	0%	4%	0%	8%	54%	43%	61%	23%
Access to education	24%	20%	28%	5%	13%	0%	15%	7%	23%	23%	10%	31%	19%
Need for access to justice services	4%	4%	3%	5%	13%	0%	4%	0%	8%	35%	19%	44%	15%
Need for protection against extortion, payment of quotas, etc.	0%	0%	0%	5%	0%	8%	4%	7%	0%	19%	14%	22%	8%
Need for protection against the risk of use, recruitment or forced recruitment.	0%	0%	0%	0%	0%	0%	0%	0%	0%	19%	19%	19%	7%
Need for protection as a victim, witness and informant of crimes	0%	0%	0%	5%	0%	8%	0%	0%	0%	9%	14%	6%	4%
Need for protection from threats of violence by a partner, ex-partner or family member	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%	6%	1%
Other	4%	8%	0%	0%	0%	0%	4%	7%	0%	0%	0%	0%	2%

2.2 Documentation

Older persons have the right to freedom of movement, to choose their residence, and to hold a nationality on an equal basis with other segments of the population, without discrimination on grounds of age. (IACPHROP, Art. 15).

The data show that many older persons on the move, especially in mixed mobility flows,

do not have access to the processes and documentation that would allow them to enjoy rights. Forty-seven percent of the people consulted do not have any permits or documents.

Only 18% have a humanitarian permit or a regularization document, such as the Special Permit to Stay (PEP), a document that serves as identification for Venezuelans in Colombian territory and allows them to remain in regular

Table 4. Types of documentation

Types of documentation	Migrant			Refugee or asylum-seeker			Returned			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Identity card	4%	4%	3%	0%	0%	0%	96%	93%	100%	100%	100%	100%	53%
I do not have any permit/document	37%	40%	34%	57%	13%	85%	0%	0%	0%	0%	0%	0%	20%
Humanitarian permit	43%	40%	45%	14%	13%	15%	4%	7%	0%	0%	0%	0%	18%
Application for refugee status	6%	4%	7%	14%	38%	0%	0%	0%	0%	0%	0%	0%	4%
I am waiting for the permit to be issued	4%	4%	3%	5%	13%	0%	0%	0%	0%	0%	0%	0%	2%
Recognition of refugee status	2%	4%	0%	10%	25%	0%	0%	0%	0%	0%	0%	0%	2%
Temporary residence permit or visa	2%	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Other	2%	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

conditions and exercise any legal activity or occupation in the country.

There is a low percentage of people who requested asylum and we were unable to contact anyone who has been granted refugee status. Moreover, a large majority of the people from Venezuela who were interviewed do not have passports.

“We had to pass through irregular border crossings, known as trails, because, at that time you could only go through the regular border crossing by stamping a passport. I went through the trail with my cousin. My other cousin went across the bridge, stamping her passport. In December of that year, 2018, they had a series of opportunities to get the border passport. I took that opportunity to get mine and my cousin’s, so we have it there in case something happened”. (Women, carer and family member, Colombia, 2020).

The lack of information about administrative procedures to obtain a document to stay regularly in Colombia is a problem that particularly

affects people in need of international protection. 55% of this population has not accessed the procedure for the recognition of refugee status due to lack of information. Thirty-four percent of migrants have not accessed regularization procedures for the same reason.

Thirty percent of returnees do not have information about procedures to improve their integration and enjoy their rights in Colombia. However, 96% of them have a citizenship card, the identification document for Colombian citizens, something they share with internally displaced persons as 100% of those surveyed have it.

“When they are returnees it is not so difficult, because they have a Colombian Identity Card. There are more difficulties at the Registrar’s Office. But if the only thing you had was your old ID card, then there was no problem”. (Women, carer and family member, Colombia, 2020).

In view of the high percentages of the undocumented population, legal assistance to obtain

regularization or access to the procedure for recognition of refugee status is a fundamental task of institutions that offer support to persons on the move in Colombia. Of the service providers consulted, a total of ten organisations provide free legal accompaniment, of which 38% provide legal assistance on how to request asylum.

In many cases, it is recognized that there is misinformation within the refugee and migrant population regarding how to obtain documentation, as well as delays in responses and high costs for individuals.

2.3 Humanitarian aid

Older persons must be guaranteed their safety and rights in humanitarian situations, with a differentiated approach, taking into account their specific needs, at all stages of crisis, conflict or disaster management, and their participation in all mechanisms for managing such situations must be encouraged. (IACPHROP, Art. 29).

Support for older persons on the move in Colombia is very limited given current needs. More than 70% of the older persons from Venezuela have not received assistance, care or humanitarian aid.

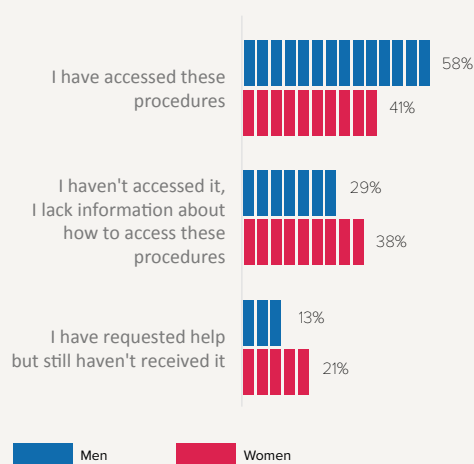
The humanitarian assistance offered to people on the move consists primarily of food and toiletries, legal assistance, information and guidance on services and rights, subsidies, economic support and monetary transfers.

“[They are provided with] food supplies, personal hygiene kits for adults, women, men, children and babies and older adults. They receive walking kits and sleeping kits, precisely because of the process that they go through or that they will return to Venezuela, or during their entry from Venezuela to Colombia, and they come walking throughout the interior of the country”. (Women, non-profit civil organisation, Colombia, 2020).

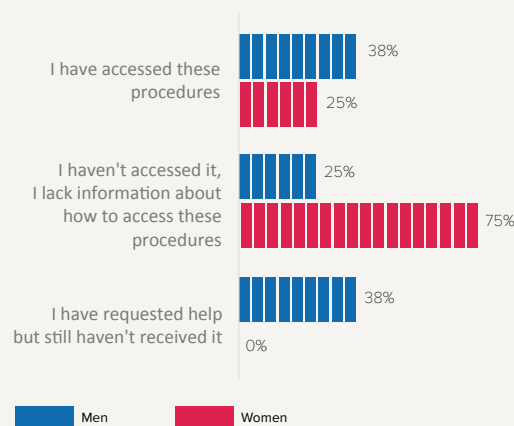
Support for mixed mobility flows is inter-institutional or from the international community. Support is provided through the Interagency Group on Mixed Migratory Flows (GIFMM), which brings together cooperation actors. This study interviewed 12 service provider organ-

Figure 8. Regularization procedures

A. Procedures for the regularization of migrants



B. Procedure for the regularization of refugees



isations that work in networks or alliances to provide services, as well as with different community and civil society actors, such as churches. In addition, some support was provided by universities in the form of legal guidance and campaigns promoted by the refugees and migrants themselves. However, the institutional actors interviewed recognize that existing support is insufficient.

Despite the fact that there are actors who are seeking to implement inclusive humanitarian assistance for the most vulnerable people, including older persons, no aid system that prioritizes older persons has been identified among institutional actors in Colombia.

Older persons and caregivers value the sporadic assistance but recognize that resources

are scarce and the assistance and aid provided by the government is quite limited to meet all the needs that exist.

“I have waited for help from the Government. Yes, they gave me some help, but not enough to solve my economic situation, and I have had to, despite my age and my condition of spinal disease, I have 3 herniated discs, I have had to, as they say, fight for a granddaughter and a daughter that I have”. (Sixty-year-old man, older person on the move, Colombia, 2020).

2.4 Reparations to victims

Victims of the Colombian armed conflict have access to Law 1448 of 2011, which establishes a series of reparation measures based on restitution, compensation, rehabilitation,

Figure 9. Humanitarian aid by mobility flow

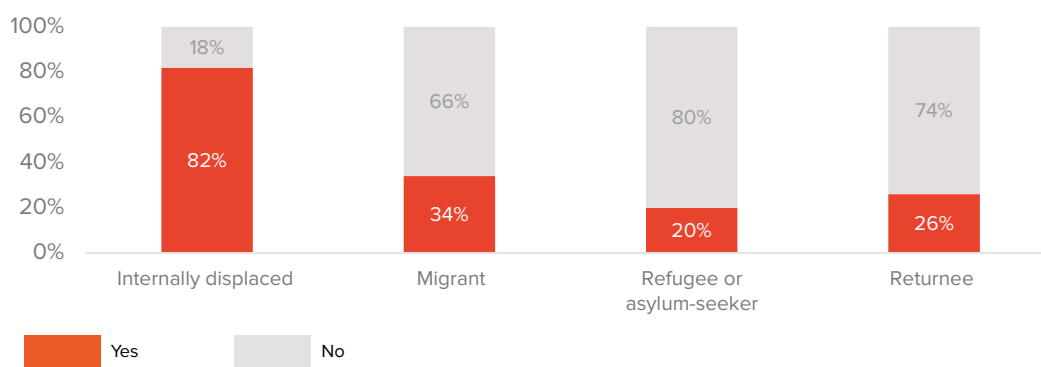


Table 5. Humanitarian aid by mobility flow and sex

Humanitarian aid	Migrant			Refugee or asylum-seekers			Returned			Internally displaced		
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women
Yes	34%	29%	38%	20%	25%	17%	26%	19%	23%	18%	90%	78%
No	66%	71%	62%	80%	75%	83%	74%	71%	77%	82%	10%	22%

satisfaction and guarantees of non-repetition.

Of those surveyed, 96% are registered in the Colombian government's Single Registry of Victims (ruv), but only 36.8% of the surveyed IDPs have received reparation measures, mostly men, with 46.7%, over women, with 30.6%. Of the Afro-descendant IDPs, only 20% have received reparations.

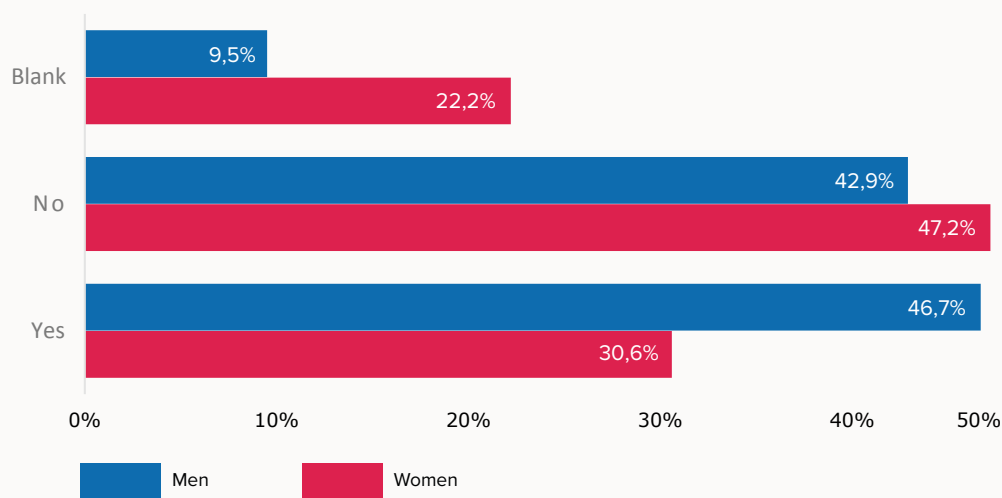
The measures received were mainly administrative compensation from the Colombian State, and respondents reported a lack of psychosocial support and recognition of the truth and access to justice.

Although there is investment and projects for the benefit of victims, there is still no recognition that young people, who once lived

closely through the internal armed conflict, are now aging or have aged with little chance of being part of a justice system in terms of reparations.³

"I have been a constant critic of the government's position towards displaced persons, really, and especially towards older persons. In Law 1448 there is no chapter, or a decree, where it talks in a specific way about older persons, [about] the displaced older person, offering them the guarantees to which the displaced older person is entitled, because you know that one is evicted from his land where he has his food, the little he has achieved, and he loses it, because I had to sell my property for what they gave me. I could not go back there; out of desperation, I sold it at a very low cost and I cannot get it back. At this age that we older people are, it is difficult to start over

Figure 10. Reparations to victims



³Saldarriaga Concha Foundation (2017).

and rebuild what we had done”. (Sixty-year-old man, older person on the move, Colombia, 2020).

2.5 Income and labour

Older persons have the right to decent and dignified work, as well as to equal opportunities and equal treatment with other workers regardless of their age. (IACPHROP, Art. 18).

According to the interviews and surveys conducted, the lack of monthly income among older persons on the move is 71%. The lack of income corresponds to the fact that 61% of the people did not have a job before the pandemic caused by COVID-19. Men, in 51% of the cases, did not have a job, while the same was true for women, but in 68% of the cases. Of those with jobs, 92% of men had informal work, compared to 84% of women, which means that women are more likely to have formal work.

Of those who worked before the pandemic and who responded to the questionnaire, 54% worked between 5 and 7 days a week, which shows a high average close to a working day. It can be correlated with the fact that they are very active in the labour market; on the other hand, they may be subjected to situations of labour exploitation. Twenty-five percent indicated that they worked between 3 and 4 days, and only 21% reported working between one or two days.

Of those who had monthly income before COVID-19, 77% reported that their income was below the minimum wage, while 70% recognized that their income was not enough to meet their basic needs. In general, all persons 80 years of age and older surveyed indicate that resources are insufficient, as do all Afro-descendants.

The source of income comes mainly from work performed by the people themselves and, secondly, from monetary transfers or subsidies.

Institutional actors interviewed recognize a low access to work for older persons on the move, prevailing mostly in informal work with low income or shift work (jobs such as recycling, cleaning and messenger service), which has worsened even more with the pandemic. This is also related to the fact that the lack of documentation prevents access to formal work or can lead to labour exploitation. Fifty percent of the service provider organisations consulted work with the objective of enabling older persons to generate their own income and livelihoods, and 25% to obtain a formal job.

“(…) the pandemic became so complicated, because job possibilities for everybody, for Colombians as well, became complicated. That is one of the most difficult things. Of course, that is what opens the doors to be able to have your basic needs covered. Of course, they were given humanitarian aid, but the two areas were to try

Figure 11. Receive of income

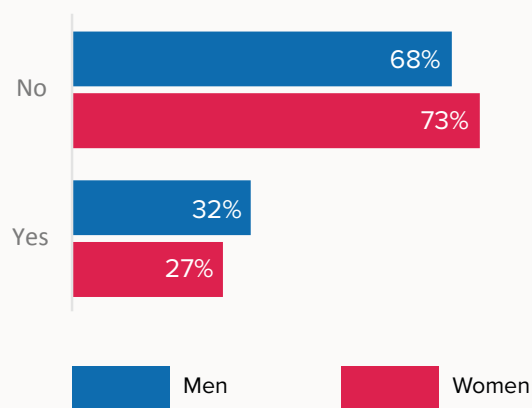


Figure 12. Satisfaction of needs

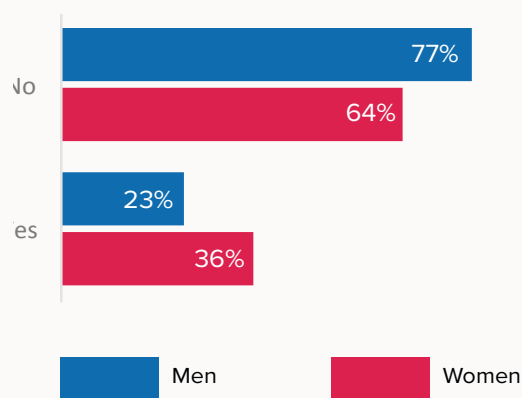


Table 6. Source of income

Monthly income before COVID-19	Migrant			Refugee or asylum-seekers			Returned			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Own income (formal or informal work)	75%	80%	67%	100%	100%	0%	50%	100%	0%	53%	50%	55%	61%
Monetary transfers or government subsidies	0%	0%	0%	0%	0%	0%	0%	0%	0%	28%	25%	30%	19%
Family support	0%	0%	0%	0%	0%	0%	0%	0%	0%	9%	8%	10%	6%
I receive a pension	0%	0%	0%	0%	0%	0%	50%	0%	100%	3%	0%	5%	6%
Grants/monetary transfers from humanitarian or international organisations	25%	20%	33%	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%
Grants or support from other civil society organisations, churches or religious communities	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%	8%	0%	2%
Other	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%	8%	0%	2%

Table 7. Income and work

Type of mobility	Before COVID-19	During COVID -19
Internally displaced	56% received income	Of those who received income, 22% no longer receive it and 38% have had their income reduced.
	60% had jobs	Of those who had jobs, 62% have lost them and 26% have had their jobs reduced.
Migrant	15% received income	Of those who used to receive income, 38% no longer receive it and 50% have had their income reduced.
	28% were employed	Of those who had jobs, 60% have lost them and 33% have had their jobs reduced.
Refugees or asylum-seekers	10% received income	Of those who used to receive income, 50% no longer receive it and 50% have had their income reduced.
	29% were employed	Of those who had jobs, 50% have lost them and 50% have had their jobs reduced.
Returned	15% received income	Of those who received income, 25% no longer receive it and 25% have had their income reduced.
	22% were employed	Of those who had jobs, 33% have lost them and 67% have had their jobs reduced.

to regularize so that they could have access to health and work possibilities”. (Woman, non-profit civil organisation, Colombia, 2020).

In general, low percentages of persons receiving income before the pandemic are identified, and the reduction in work during the pandemic is notable for different population groups.

2.6 Social security

Every older person has the right to social security that protects them so that they can lead a dignified life. (IACPHROP, Art. 17).

In this study, access to social security mainly focuses on pensions, which is very limited among the respondents, with an average of 73% of those who do not receive any type, which is more aggravated in the context of mixed movements, reaching 86% on average.

In Venezuela, the devaluation of the currency affected the possibility of having a pension; likewise, many refugees and migrants, as has been identified, have difficulties with documentation, and in very insignificant percentages receive a pension from their country of origin.

“(…) The issue [is] that retirement does not exist, that it is very difficult to find a job. It is something that affects older persons emotionally a lot, because it gives them a feeling of “total, you have lost the possibility of being a person”; “you have lost the possibility of creating your own life”. You become totally dependent on your children when you are still a perfectly capable person. I think it is very difficult for older people to have to deal with having left home, not having a retirement, not being given a job, you depend on other people, you lose your independence”. (Woman, civil non-profit organisation, Colombia, 2020).

Table 8. Access to social security

Types of social security	Migrant			Refugee or asylum seekers			Returned			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	total	Men	Women	Total	Men	Women	
I do not receive any pension	87%	76%	97%	95%	88%	100%	78%	79%	77%	49%	43%	53%	73%
I am affiliated to the social security system	11%	8%	14%	0%	0%	0%	37%	36%	38%	56%	57%	56%	30%
I receive a social pension from Colombia (e.g. Colombia mayor)	2%	4%	0%	0%	0%	0%	0%	0%	0%	21%	19%	22%	8%
I am receiving a pandemic-related grant for COVID-19	0%	0%	0%	0%	0%	0%	0%	0%	0%	11%	5%	14%	4%
I receive a retirement pension from my country of origin	6%	12%	0%	5%	0%	0%	7%	0%	15%	2%	0%	3%	4%
I receive a social pension from my country of origin	4%	8%	0%	0%	13%	0%	4%	7%	0%	0%	0%	0%	3%

The institutional actors interviewed reaffirm the data indicating that the possibilities of access to the pension system are minimal and only three of the organisations interviewed offer services related to procedures to facilitate access to pensions.

2.7 Food security

As part of older persons' right to a comprehensive care system, they must have access to food security and nutrition. (IACPHROP, Art. 12).

Before the COVID-19 pandemic, 78% of the total number of people interviewed had access to three meals or more per day; 21% had access to only two meals, and 1% had access to only one meal. Access to food was mainly through the support of family members (73%), which reaffirms the importance of family sup-

port for older persons, as well as their own economic income (36%), and through neighbours or friends (26%).

IDPs indicated that access to food was provided through the support of family members in 61% of the cases, and through their own economic income in 60%, as well as through government vouchers in 37%, and neighbours or friends in 21%.

In the context of mixed movements, 79% of older persons obtain food through the support of family members, while 29% say they obtain it through neighbours or friends, 23% through their own income, 13% through religious organisations, and 12% through the assistance of humanitarian organisations.

Institutional support is provided through shelters or community kitchens, but according to the institutions surveyed, the need for food is

Table 9. Forms of access to food

Forms of access to food	Migrant			Refugee or asylum-seekers			Returned			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Family support	81%	80%	83%	86%	88%	85%	67%	64%	69%	61%	48%	69%	73%
Own economic income	24%	32%	17%	14%	25%	8%	26%	29%	23%	60%	67%	56%	36%
Neighbours or friends	33%	32%	34%	19%	13%	23%	26%	29%	23%	21%	33%	14%	26%
Government bonds	0%	0%	0%	0%	0%	0%	0%	0%	0%	37%	29%	42%	13%
Religious organisations	13%	4%	21%	10%	25%	0%	11%	14%	8%	2%	0%	3%	9%
Food assistance from humanitarian organisations	13%	12%	14%	5%	0%	8%	15%	21%	8%	2%	0%	3%	8%
Attendance at community centres or community kitchens	2%	0%	3%	0%	0%	0%	0%	0%	0%	4%	0%	6%	2%
Other	0%	0%	0%	0%	0%	0%	4%	7%	0%	4%	5%	3%	2%

not covered, since resources are scarce. Six of the service provider organisations consulted offered markets or food vouchers before the COVID-19 pandemic, of which five continued with the service during the pandemic.

2.8 Health

Older persons have the right to physical and mental health, without discrimination of any kind. (IACPHROP, Art. 19).

2.8.1 Health Conditions

In relation to health conditions, 42% of respondents had hypertension; 19%, heart problems; 18%, gastrointestinal problems; 18%, diabetes; 18%, problems with anxiety, nerves,

stress, depression, extreme tiredness; 16%, respiratory problems; and 3%, cancer. Forty-five percent reported other health conditions before the pandemic, such as skeletal or rheumatic diseases; diseases of the circulatory, nervous and respiratory systems; oral diseases; obesity; prostatic hyperplasia; and thyroid disease.

In general, most of the people surveyed have a health condition that requires care, medical attention and medicines, and the shortage of these has prompted people to leave Venezuela. In addition, 36% of people in mobility did not receive treatment for these conditions, conditions that remained or worsened during the pandemic.

In relation to feelings of nervousness, anxiety, depression, irritability, exhaustion or difficul-

Table 10. Health conditions

Health Conditions	Migrant			Refugee or asylum-seekers			Returned			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Hypertension	48%	60%	38%	52%	38%	62%	41%	50%	31%	32%	24%	36%	42%
Heart problems	22%	24%	21%	24%	25%	23%	15%	14%	15%	16%	10%	19%	19%
Mental health problems	20%	16%	24%	10%	0%	15%	15%	7%	23%	19%	5%	28%	18%
Gastrointestinal problems	20%	20%	21%	14%	25%	8%	33%	29%	38%	11%	5%	14%	18%
Diabetes	24%	20%	28%	14%	13%	15%	15%	21%	8%	14%	19%	11%	18%
Respiratory problems	20%	16%	24%	10%	0%	15%	4%	7%	0%	21%	14%	25%	16%
Cancer	0%	0%	0%	10%	25%	0%	7%	7%	8%	2%	5%	0%	3%
Other	41%	36%	45%	29%	13%	38%	41%	29%	54%	58%	62%	56%	45%
I prefer not to answer	6%	8%	3%	5%	13%	0%	7%	14%	0%	4%	5%	3%	5%

ties in falling asleep, of the total number of persons surveyed, 36% had these types of affections some of the time before the COVID-19 pandemic, and 12% felt them most of the time. Seventy-two percent of people in mobility did not receive treatment for these conditions.

2.8.2 Access to health services

Thirty-four percent of the people surveyed did not use the health service when they needed it before the COVID-19 pandemic; 11%, because they did not have health coverage; 6%, because they did not have money; 4%, because they lacked documentation; and 2%, because they were unaware of the services.

Most of the institutional actors recognize the lack of a priority differential approach for older persons. People with untreated chronic dis-

eases and difficulty in accessing medicines due to lack of resources are identified. Diseases such as diabetes and hypertension, as well as psychosocial care for mental health (anxiety, worry and migratory grief), have very low coverage, mainly in rural areas and remote sectors of the country.

“They are in a vulnerable situation. Many times they do not have the knowledge of how to access the health system, and we consider many times that older persons cannot access the health system in Colombia. Therefore, they do not go directly to any form of access to health; therefore, it is also a difficult problem, because there is not much knowledge about what the rights of older persons are”. (Women, non-profit civil organisation, Colombia, 2020).

Figure 13. Use of health services disaggregated by sex

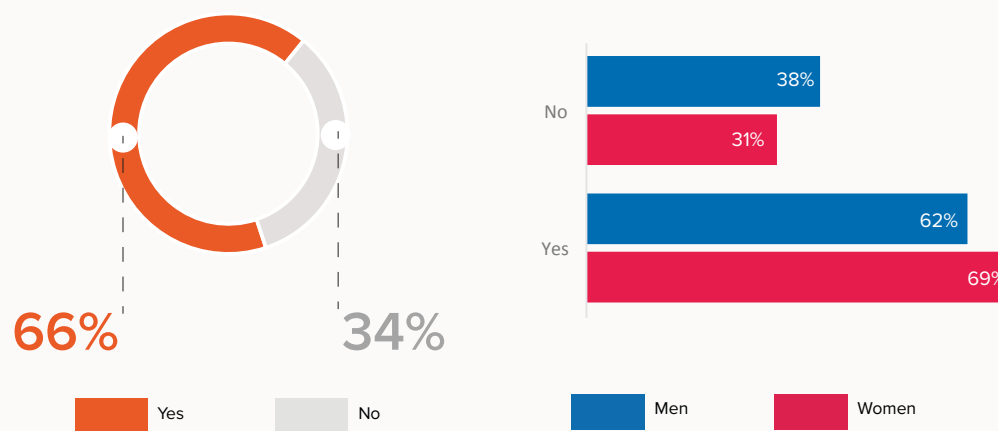
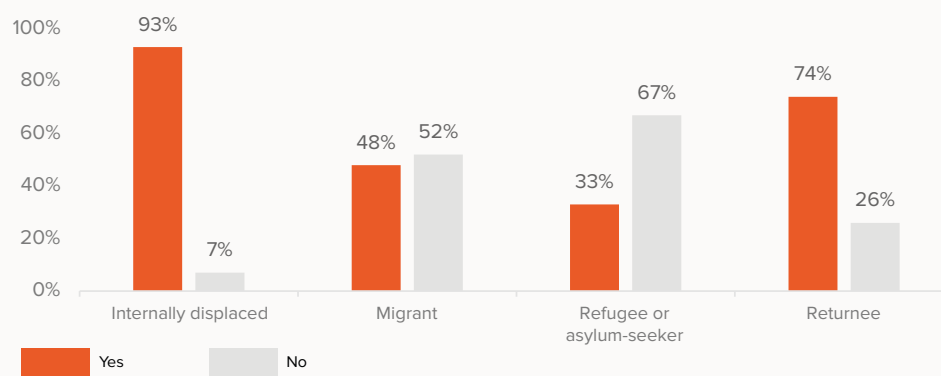


Figure 14. Use of health care services disaggregated by human mobility flow

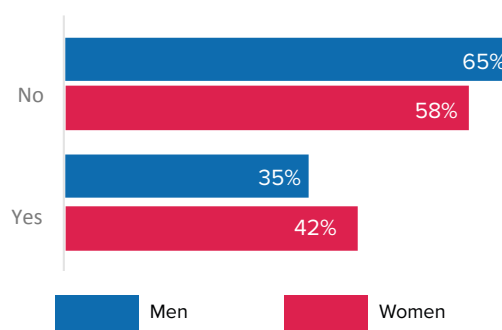


Older persons on the move stated that they face limitations with access to health care, delays with receiving healthcare and difficulty with accessing medicines. These must be purchased with their own resources or resorting in some cases, to homemade preparations.

“You know that a medical appointment, a medical consultation over the phone is completely useless if the doctor is not there and doesn’t examine you in person. You can’t really tell him in detail what your real situation is. So this has changed a lot and I think there are failures with this service”. (Sixty-year-old man, older people on the move, Colombia, 2020).

Because of the COVID-19 pandemic, 39% of respondents consider that they have limited access to health services to treat symptoms or illnesses other than those associated with the virus. In the age range of 70 to 79 years, 45% have had their access limited because of the virus. 26% of IDPs, 56% of migrants, 41% of returnees and 29% of refugees and asylum-seekers have had their access to health care limited because of the pandemic.

Figure 15. Access to health care during COVID-19



Limitations in access include lack of transportation; lack of medical staff; difficulty with attending medical centres; lack of money and high cost of medications; difficulty in obtaining appointments; crowded facilities; administrative problems; and fear of the pandemic and contagion.

Out of the persons interviewed, 98% stated that they had not been infected with the virus. However, the three infected persons who participated in the study had not received adequate medical treatment. Ninety-three percent of the people surveyed have not

Table 11. Pandemic Preventive Measures

Pandemic Preventive Measures	Migrant			Refugee or asylum-seeker			Returned			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Proper use of face mask or mouthpiece	97%	100%	100%	95%	100%	92%	96%	93%	100%	95%	95%	94%	87%
Wash your hands regularly with soap and water.	91%	92%	97%	95%	100%	92%	93%	93%	92%	88%	90%	86%	91%
Avoid physical contact (group meetings, staying at home, avoiding shaking hands).	82%	76%	79%	62%	50%	69%	81%	71%	92%	95%	90%	97%	82%
Keep 2 meters away from any other person.	78%	80%	76%	67%	75%	62%	78%	71%	85%	82%	76%	86%	78%
Avoid touching your face	70%	76%	62%	62%	63%	62%	81%	79%	85%	72%	57%	81%	70%
Other	10%	8%	7%	5%	13%	0%	0%	0%	0%	19%	24%	17%	10%

suspected that they were infected by COVID-19 and the majority of older persons protect themselves from the pandemic following biosecurity measures. In terms of personal protective equipment (PPE), 64% stated that they bought them, 31% said that they received them and just 3% that they did not have the means to obtain them.

Fifty-two percent of migrants acknowledged having received PPE, while 46% purchased them. Fifty-two percent of asylum-seekers bought them and 38% received them. In the

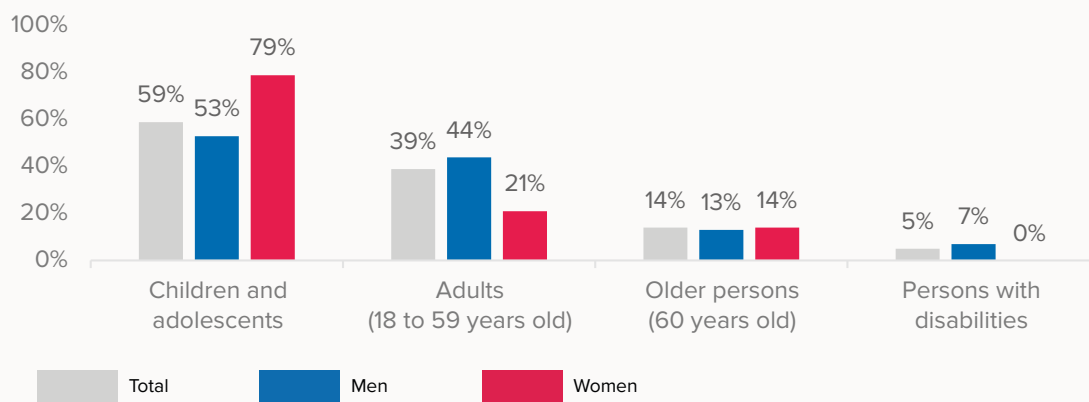
case of IDPs, most of them bought PPEs (82%) while only 9% received them. Sixty-seven percent of returnees bought them and 33% received them.

2.9 Care and support

Older persons have the right to a comprehensive system of long-term care that provides for the promotion and protection of their basic needs. (IACPHROP, Art. 12).

Table 12. Care and support

People or actors	Migrant			Refugee or asylum-seeker			Returned			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	
I do not require support for my daily activities or daily needs	45%	48%	41%	56%	75%	46%	59%	64%	54%	51%	57%	47%	51%
Other relatives in the house where we live	22%	24%	21%	29%	0%	46%	18%	21%	15%	16%	10%	19%	20%
I am supported by my wife/husband/spouse or permanent companion	9%	8%	10%	10%	25%	0%	19%	14%	23%	18%	29%	11%	14%
Friends who do not live in our place of residence	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%	3%	1%
Although it is required, I do not have support for my daily activities and daily needs.	9%	8%	10%	5%	0%	8%	4%	0%	8%	4%	5%	3%	6%
Children and adolescents in the house where we live	11%	4%	17%	0%	0%	0%	0%	0%	0%	2%	0%	3%	3%
Other relatives who do not live in our place of residence	2%	4%	0%	0%	0%	0%	0%	0%	0%	7%	0%	11%	3%
Government entities	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%	3%	1%
Other	2%	4%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%

Figure 16. Dependents

Most of the older persons interviewed (89%) live with their family, which is their main source of support and care.

“Fortunately, I arrived at the home of a daughter who arrived in the country first. Her and her family gave me the support I needed, although the opportunities I have had have been very few”. (Sixty-seven-year-old man, older people on the move, Colombia, 2020).

Many of the older persons surveyed also play a key role in caring for family members, especially children and adolescents who in most cases are their grandchildren. The older persons surveyed also care for adults and older persons.

During the pandemic, there was a considerable reduction in contact with family members. Forty-three percent of the people interviewed maintained contact with their relatives or friends every day before the pandemic. During the pandemic, only 16% were in contact with their relatives or friends every day and 30% were no longer in contact with their relatives and friends. This distancing of older persons from their families may be related to the isolation generated by this situation, corresponding to the lockdown measures taken by the government.

2.10 Safety

Older persons have the right to safety and a life without violence of any kind, to be treated with dignity, and to be respected and appreciated. (IACPHROP, Art. 9).

The study reveals an average percentage below 10% of older persons who have experienced mistreatment, with no difference before and during the COVID-19 pandemic. The people involved in the mistreatment are primarily family members, followed by government officials (3%) and friends or neighbours (1%). Other people involved in mistreatment include the owners of the houses in which older persons live.

However, it is concerning that mistreatment is high among afro-descendants. Before the pandemic, 29% of this population suffered emotional or psychological mistreatment: reproaches, threats, intimidation, blackmail and exclusion from events. Fourteen percent said they had suffered abandonment or attempts to send them to a nursing home. Fourteen percent were victims of evictions. In addition, fourteen percent stated that friends or neighbours were responsible for this mistreatment, 29% did not go to medical or professional centres and 14% did not report these events to the relevant authorities. It could be inferred that they did not report this mistreatment due to a lack of information on how to do so and because the persons responsible for the mistreatment are close relatives or from their neighbourhood. This population experienced the same percentage of emotional and psychological mistreatment during the pandemic. No data was recorded for the other populations.

Prior to the pandemic, 20% of indigenous older persons had been denied or limited food, while 20% experienced emotional or psycho-

Table 13. Types of abuse

Types of abuse	Migrant			Refugee or asylum-seeker			Returned			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Emotional or psychological abuse	4%	0%	7%	5%	13%	0%	4%	0%	8%	16%	10%	19%	8%
Eviction	2%	4%	0%	5%	0%	8%	0%	0%	0%	7%	5%	8%	4%
Denied or limited food and medications	4%	4%	3%	5%	0%	8%	0%	0%	0%	7%	5%	8%	4%
Taken money without approval or authorization	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%	6%	1%
Left alone, isolated or overcrowded for a prolonged period of time.	4%	0%	7%	0%	0%	0%	0%	0%	0%	5%	0%	8%	3%
Physical abuse	2%	0%	3%	0%	0%	0%	0%	0%	0%	7%	5%	8%	3%
Abandonment or attempt to send you to a nursing home or institution	2%	0%	3%	0%	0%	0%	0%	0%	0%	5%	0%	8%	3%
None of the above	91%	92%	90%	86%	88%	85%	89%	86%	92%	77%	86%	72%	85%
I prefer not to answer	4%	0%	7%	0%	0%	0%	7%	14%	0%	0%	0%	0%	3%

logical mistreatment. An average of 10% of older indigenous persons experienced the other forms of mistreatment.

Eighty – five percent of respondents stated that they have not suffered any of the above mistreatment events, which may in principle be a significant and positive finding. However, it may also imply that older people do not identify the different forms of mistreatment or having identified them, do not want to recognize them, which becomes a problem that requires further investigation.

2.11 Accommodation and wash

Older persons have the right to decent and adequate housing and to live in environments that are safe, healthy, accessible and adaptable to their preferences and needs. (IACPHROP, Art 24).

Before the pandemic, 67% of the people surveyed lived in rented housing and just 17% lived in an apartment or house of their own. Eighty percent of people 80 years of age and older lived in rented housing. Ninety-two per-

Table 14. Types of housing or accommodation

Types of housing or accommodation	Migrant			Refugee or asylum-seeker			Returned			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Rent	90%	88%	93%	95%	100%	92%	66%	71%	62%	35%	43%	31%	67%
Own apartment or house	2%	0%	3%	0%	0%	0%	26%	21%	31%	33%	24%	39%	17%
Hosted as a guest	2%	4%	0%	0%	0%	0%	4%	7%	0%	12%	24%	6%	6%
Room rental per night/daily rate	2%	0%	3%	5%	0%	8%	4%	0%	8%	0%	0%	0%	3%
Improvised housing	4%	8%	0%	0%	0%	0%	0%	0%	0%	2%	5%	0%	2%
Other	0%	0%	0%	0%	0%	0%	0%	0%	0%	18%	5%	25%	5%

Table 15. Difficulties in obtaining accommodation or housing

Difficulties in obtaining accommodation or housing	Migrant			Refugee or asylum-seekers			Returned			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Lack of financial resources	57%	56%	59%	52%	38%	62%	26%	21%	31%	54%	62%	50%	51%
No co-debtor or guarantor	33%	48%	21%	24%	25%	23%	4%	0%	8%	33%	19%	42%	28%
Rejected for being a foreigner	46%	44%	48%	29%	38%	23%	4%	7%	0%	0%	0%	0%	21%
Lack of documents	31%	28%	34%	29%	38%	23%	0%	0%	0%	5%	0%	8%	17%
Large family or infants	26%	28%	24%	14%	25%	8%	4%	7%	0%	7%	10%	6%	14%
Rejected for being internally displaced	2%	4%	0%	5%	13%	0%	0%	0%	0%	30%	29%	31%	12%
No obstacles	28%	32%	24%	33%	38%	31%	59%	57%	62%	42%	33%	47%	39%
Other	4%	4%	3%	0%	0%	0%	19%	21%	15%	2%	5%	0%	5%

cent of the migrant, refugee or asylum-seekers lived in rented housing before the pandemic.

Many respondents have faced difficulties with housing conditions. In the case of people on the move, 22% had their pre-pandemic conditions worsened during the pandemic. In general, the greatest difficulties are caused by the lack of economic resources; however, the percentage of rejection for being a foreigner stands out in the case of refugees and migrants.

Thirty-three percent of the refugees and asylum-seekers have faced difficulties with obtaining housing or shelter. In the survey, six cases of eviction were identified. The most serious issue is that 93% of the total number of respondents do not know what protection mechanisms exist in the case of eviction and few organisations offer advice in case of eviction or expropriation.

“They evict them, they kick them out, they bring the police and they kick them all out. But it doesn’t matter if it’s a child, if it’s a young person, the police take them out, because when the owner of the accommodation sees that the water and electricity bills have not been paid and they don’t respond to their calls, they kick them out. A little while ago they did some tremendous evictions here because people had no work, because people had no way to pay for where they were living. It is logical that they had to leave, and that is very sad”. (Women, carer and family member, Colombia, 2020).

“The man told me “you are a liar”. I didn’t say anything. It was raining that night and he wanted to kick us out. I knelt down and said to him: “Sir, I beg you, please don’t kick me out, it’s raining, where are we going to spend the night? And he answered: “well, at 4 o’clock in the morning when I go to work, you have to get out”. I told him: “thank you very much, God bless you”. (Women, carer and family member, Colombia, 2020).

The majority of the people surveyed (80%) stated that they have access to basic services in their homes (electricity, bathroom, sewage, drinking water and gas), but many identify the lack of income to pay for the costs of basic services as one of their greatest concerns.

“I’m afraid to look at the electricity bill. I think I haven’t paid it for 8 months and each month it’s \$70,000, \$80,000, \$50,000 for the electricity bill. I am owing about a million for water; between water and electricity I am owing a lot of money”. (Sixty-nine-year-old man, older person on the move, Colombia, 2020).

In terms of security, a quarter of the people surveyed stated that the place where they live is not safe. In relation to the pandemic, 23% stated that the place where they live does not provide sufficient prevention conditions. This is especially the case for refugees and asylum-seekers, with 43% not having safe living conditions. Some 20% of the people surveyed live in overcrowded conditions.

2.12 Non-discrimination and equality before the law

Discrimination on grounds of age is prohibited, and measures must be put in place for people who are victims of multiple discrimination. (IACPHROP, Art. 5).

The highest percentage of discrimination (25%) is due to being a person on the move. For IDPs belonging to Afro-Colombian communities and indigenous peoples, discrimination based on ethnic origin reaches 31%. Some of the people interviewed also identified subtle forms of discrimination, such as, for example, when people hear that they have a Venezuelan accent or for being an IDPs person as they are suspected of being aligned with an armed group.

“Well, the truth is that when we arrived here at the apartment everyone said: “Oh, they’re Venezuelans!”. “One day I even said to the security guards: “No, I am not Venezuelan; I lived in Venezuela, but I am Colombian, I am very Colombian, my children are Colombian, my husband is Colombian, my grandchildren are Venezuelan, but they are not the same as everyone else”. That’s what I used to tell them”. (Seventy-two-year-old woman, older person on the move, Colombia, 2020).

“Of course you feel discriminated against because people already look at you as a freak: ‘Oh, you’re displaced? And who displaced you?’; ‘I am sure you were displaced by the guerrillas, by the ELN or the FARC. Was it the ELN or the FARC? Tell

us who displaced you?'. So, of course, you feel discriminated against". (Sixty-five-year-old woman, older person on the move, Colombia, 2020).

Twenty-one percent of people have felt discriminated against because of their age and there are significant differences between men and women as 28% of men have felt discriminated against for this reason compared to 15% of women. This may be related to the rejection they feel when looking for a job, as some interviewees stated that they have not been able to apply for a job because of their age.

"They discriminate you and remove you from all social activity, productive activities, even we are still in a condition to produce. However, they say, 'no, that old man no longer produces, he no longer has the capacity for anything, he can no longer innovate, his memory is failing, his energy is failing, it is better to forget about him and hire young people". (Sixty-year-old man, older person on the move, Colombia, 2020).

Women reported being discriminated against for having a disability in 4% of cases, while men in 9%. A total of 68.7% of the service providers stated that older persons are discriminated against for this reason. The high percentage of people who have not received adequate advice and guidance when taking their case to the authorities is a cause for concern, reaching 75% of older persons surveyed.

To address discrimination, the institutional actors stated that they have been implementing strategies and campaigns to prevent different forms of xenophobia. Forty-seven percent of the service providers surveyed are carrying out non-discrimination and equal rights actions. The service provider organisations confirmed that this discrimination existed before COVID-19 and that it intensified during the pandemic.

"Xenophobia is expressed by the press, leaders in high-ranking positions, foreign citizens and social networks and is focused on people's fear of

Table 16. Forms of discrimination

Forms of discrimination	Migrant			Refugee or asylum-seekers			Returned			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Have not felt discriminated against	44%	44%	45%	24%	13%	31%	33%	21%	46%	60%	52%	64%	46%
For being in human mobility	31%	24%	38%	29%	38%	23%	19%	7%	31%	21%	24%	19%	25%
Age	26%	32%	21%	14%	25%	8%	15%	21%	8%	21%	29%	17%	21%
Disability	7%	16%	0%	10%	13%	8%	4%	7%	0%	5%	0%	8%	6%
Ethnicity	2%	0%	3%	0%	0%	0%	0%	0%	0%	7%	5%	8%	3%
Sexual orientation or gender identity	2%	0%	3%	5%	0%	8%	0%	0%	0%	0%	0%	0%	1%
None of the above	7%	4%	10%	33%	25%	38%	30%	43%	15%	4%	10%	0%	13%
Other	6%	8%	3%	10%	0%	15%	0%	0%	0%	0%	0%	0%	3%
Prefer not to answer	0%	0%	0%	5%	13%	0%	0%	0%	0%	0%	0%	0%	1%

migration and crimes in Colombia”. (Man, Expert, Colombia, 2020).

2.13 Community participation and integration

Older persons have the right to active, productive, full and effective participation within the family, community and society with a view to their integration. (IACPHROP, Art. 8).

The average participation rate in community activities is just 20% of respondents. Before the COVID-19 pandemic, 64% of older persons on the move did not participate in community activities, a figure that increases considerably for refugees and asylum-seekers, reaching 86%.

“It is difficult to arrive to a place where nobody knows you and you do not have friendships with anyone. That is difficult”. (Sixty-five-year-old woman, older person on the move, Colombia, 2020).

For women on the move, the percentage who do not participate in community activities is lower (58%) compared to men (72%). There is a notable participation of women in handcrafts, weaving, gardening and other similar activities (23% of all respondents) compared to men (1% of all respondents).

Other activities reported by the older persons surveyed included: walking and talking with neighbours and people in the neighbourhood; spending time with their family or other families; playing chess; and meetings with their religious group. One third of the service provider organisations stated that before the COVID-19 pandemic they organized cultural activities, which included meeting spaces, as well as sports, leisure and recreation activities. These organisations also provided community integration opportunities and listening spaces for older persons who are victims of the armed conflict.

One aspect identified by institutional actors to activate participation is the need to work with people on the concepts of empowerment and autonomy.

Table 17. Types of community involvement activities

Types of community involvement activities	Migrant			Refugee or asylum-seekers			Returned			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Do not participate in activities in the community	61%	80%	45%	86%	75%	92%	67%	71%	62%	60%	67%	56%	64%
Sports, leisure and recreation activities	24%	16%	31%	5%	13%	0%	37%	29%	46%	18%	19%	17%	22%
Practical activities such as handicrafts, knitting, gardening and other similar activities	15%	0%	28%	0%	0%	0%	4%	0%	8%	23%	5%	33%	14%
Cultural activities such as music, theatre, dance, film forums, lectures, concerts, history, etc.	11%	4%	17%	0%	0%	0%	0%	0%	0%	18%	19%	17%	11%
Other activities	4%	4%	3%	10%	13%	8%	0%	0%	0%	2%	5%	0%	3%

“We have to work with older people so that they become empowered, so that they become more autonomous and stronger in this area. But we have to work with the actors as well: they must be more inclusive in how they design the projects, how they think about a project cycle that cannot be implemented in a perfect way if the people who they are trying to help are not included”. (Man, International Non-Governmental Organisation, Colombia, 2020).

The participation of older persons has been reduced because of lockdowns.

2.14 Training

Older persons have the right to education on equal basis with other sectors of the population and without discrimination. (IACPHROP, Art. 20)

Eighty- eight percent of the people have not received training. Only 11% received training on rights issues and 8% on incorporation into the workforce. Institutional actors report a low level of training. However, there are some initiatives related to entrepreneurship for own businesses and inclusion issues. A third of the service providers stated that before the pandemic they offered free training in trades.

“We have implemented employment and entrepreneurship projects. We have helped approximately 20 families with entrepreneurship and they have received training and economic support to strengthen their enterprises.” (Woman, non-profit civil organisation, Colombia, 2020).

Some families have begun training with an organisation for Venezuelan refugees and migrants that is focused on different entrepreneurial activities, such as cake making, balloons for party and event decoration, pastries and creams, web page design and social

Table 18. Access to training

Types of training	Migrant			Refugee or asylum-seekers			Returned			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	
I have not received any training	83%	80%	86%	95%	88%	100%	96%	100%	92%	84%	86%	83%	88%
My rights as a displaced refugee and migrant and how I can receive support	2%	4%	0%	5%	13%	0%	0%	0%	0%	9%	10%	8%	4%
My rights as an older adult and how I can receive support	13%	16%	10%	0%	0%	0%	4%	0%	8%	5%	5%	6%	7%
How to enter the workforce through employment or a business initiative	8%	12%	3%	0%	0%	0%	4%	0%	8%	7%	10%	6%	6%
How to re-join the workforce in the context of the current pandemic	2%	4%	0%	0%	0%	0%	0%	0%	0%	4%	5%	3%	2%
Other topic of interest	2%	0%	3%	0%	0%	0%	4%	0%	8%	7%	0%	11%	4%

network management, tailor services and producing chocolates.

Nineteen percent of the service providers stated that before the pandemic they offered training to caregivers of older persons on the move, but only one of the caregivers interviewed had received some type of training for being a caregiver. This is be a field of training that should be expanded, as there is a significant percentage of older persons on the move who care for people over 60 years of age, as well as caring for children, as mentioned above.

“I have been trained on women’s rights and the rights of older persons. I have worked with communities and we have been working since 2005. That’s where I started working”. (Sixty-year-old woman, older person on the move, Colombia, 2020).

During the pandemic, a couple of older persons who were interviewed have participated in hygiene and nutrition workshops based on

mitigating the problems caused by the pandemic.

“Well, along the way we have had to learn a lot, at least we have received training on food handling, which we have done with the Food Bank”. (Woman, Foundation, Colombia, 2020).

An institutional actor who was interviewed stated that they have delivered virtual training on health topics, which has reached more than 100 people.

2.15 Access to freedom of expression, opinion and information

Older persons have the right to freedom of expression and opinion and access to information, on equal basis with other sectors of the population and by the means of their choice. (IACPHROP, Art. 14).

Table 19. Types of equipment

Types of equipment	Migrant			Refugee or asylum-seekers			Returned			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Cellular phone	81%	80%	83%	67%	63%	69%	67%	64%	69%	95%	90%	97%	82%
Television	67%	52%	79%	90%	88%	92%	78%	71%	85%	74%	67%	78%	74%
Radio	20%	20%	21%	19%	25%	15%	44%	29%	62%	35%	38%	33%	29%
Landline phone	9%	8%	10%	10%	13%	8%	22%	21%	23%	2%	0%	3%	9%
Laptop computer	13%	8%	17%	0%	0%	0%	19%	14%	23%	0%	0%	0%	8%
Tablet	4%	8%	0%	0%	0%	0%	4%	0%	8%	0%	0%	0%	2%
Entertainment equipment (Mp4, Xbox, etc.)	2%	4%	0%	0%	0%	0%	0%	0%	0%	4%	5%	3%	2%
Desktop computer	0%	0%	0%	5%	13%	0%	0%	0%	0%	0%	0%	0%	1%
None of the above	6%	12%	0%	0%	0%	0%	7%	14%	0%	0%	0%	0%	3%
Other	2%	4%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%

A total of 82% of the older persons surveyed have access to a mobile phone. Seventy-four percent to a television, and 29% to a radio. However, there is low level of connectivity with just 36% of the total sample having access to the Internet.

The institutional actors who were interviewed stated that connectivity is very limited for older persons. Often only one member of the family will have an Internet connection, primarily through mobile phones, which they use to access social networks, especially WhatsApp. At least 50% of the service providers consulted in this study are working to improve access to freedom of expression, opinion and information for older persons.

The use of technological equipment and an Internet connection is primarily for the purpose of contacting family, friends, acquaintances and like-minded people, as well as for

obtaining information and entertainment. A low percentage use it to learn about the rights and services to which they have access. Access to online courses is also very low. The percentage of people who learn about their rights and services using technological equipment increases among the migrants by 22%. Members of this population also participate in groups of people from their own country or origin by 15%. For refugees or asylum-seekers, just 5% use technological equipment to learn about their rights and services.

A caregiver stated that mobile phone connectivity with family members in Venezuela provides “peace and quiet” for older persons. Seventy-eight percent of people receive information about COVID-19 through television, 54% in person, 35% through mobile phone calls and less than 30% through radio, social networks, posters, billboards, flyers and newspapers.

Table 20. Use of technological equipment

Use of technological equipment	Migrant			Refugee or asylum-seekers			Returned			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Contact family, friends, acquaintances and like-minded people.	78%	84%	72%	57%	50%	62%	70%	64%	77%	82%	81%	83%	76%
Information and entertainment	74%	64%	83%	76%	88%	69%	70%	64%	77%	67%	71%	64%	71%
Knowledge about rights and services	22%	28%	17%	5%	13%	0%	11%	7%	15%	2%	0%	3%	11%
Participate in groups of the same country or origin	15%	12%	17%	10%	0%	15%	0%	0%	0%	0%	0%	0%	7%
Access courses	13%	12%	14%	0%	0%	0%	15%	14%	15%	0%	0%	0%	7%
Participate in groups of senior citizens	4%	0%	7%	0%	0%	0%	11%	14%	8%	4%	5%	3%	4%
Participate in self-help groups	0%	0%	0%	0%	0%	0%	4%	0%	8%	0%	0%	0%	1%
Others	2%	4%	0%	0%	0%	0%	7%	14%	0%	4%	0%	6%	3%

2.16 Accessibility and mobility

Older persons have the right to accessibility to the physical, social, economic and cultural environment as well as to personal mobility. (IACPHROP, Art. 26)

The main mobility difficulty, in terms of accessibility for older persons before the COVID-19 pandemic, was with public transport, with 65% of the population having problems accessing this area, as well as issues accessing supermarkets (24%), recreation centres (24%) and health centres (23%). A huge majority of older persons who are 80 years old and older have difficulties with using public transport (90%). This may be related to the fact that more than 60% of this group have a disability. This indicates that public transport, health centres and commercial establishments do not have sufficient measures to facilitate access to older persons, a situation that is exacerbated by the

prevalence of physical disability in this population group.

Older persons have encountered difficulty in terms of mobility during the pandemic. The suspension of their daily activities, such as meeting friends, neighbours and relatives and going out to social or community gatherings, is evident. Now, confinement and fear of contagion have restricted mobility and access to different public places for many older persons. Since the COVID-19 emergency began, many places that were regularly used by older persons such as parks, shopping malls, commercial spaces and others, have been closed or there are strict restrictions for older persons. This has caused a serious problem and the emergence of both physical and mental illnesses.

“When the pandemic started, they kept all older persons inside by decree for about two months.

Table 21. Access locations

Access locations	Migrant			Refugee or asylum-seekers			Returned			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Public transport	50%	52%	48%	43%	63%	31%	70%	71%	69%	84%	86%	83%	65%
Supermarkets	39%	40%	38%	29%	25%	31%	22%	14%	31%	9%	5%	11%	24%
Recreational centres (shopping malls, parks, cinemas, theatres)	26%	16%	34%	29%	13%	38%	33%	36%	31%	14%	10%	17%	24%
Health centres	26%	28%	24%	19%	13%	23%	19%	14%	23%	25%	24%	25%	23%
Government offices	15%	24%	7%	10%	25%	0%	15%	7%	23%	16%	10%	19%	15%
Banks/financial centres	11%	12%	10%	5%	13%	0%	0%	0%	0%	11%	10%	11%	9%
Offices of national and international non-governmental organisations	6%	8%	3%	0%	0%	0%	4%	7%	0%	4%	5%	3%	4%

This was quite a hard time, even though I was distracted reading, because I read a lot. I also used social networks, made calls to my friends and my relatives...". (Sixty-years-old man, older persons on the move, Colombia, 2020).

2.17 Access to financial products

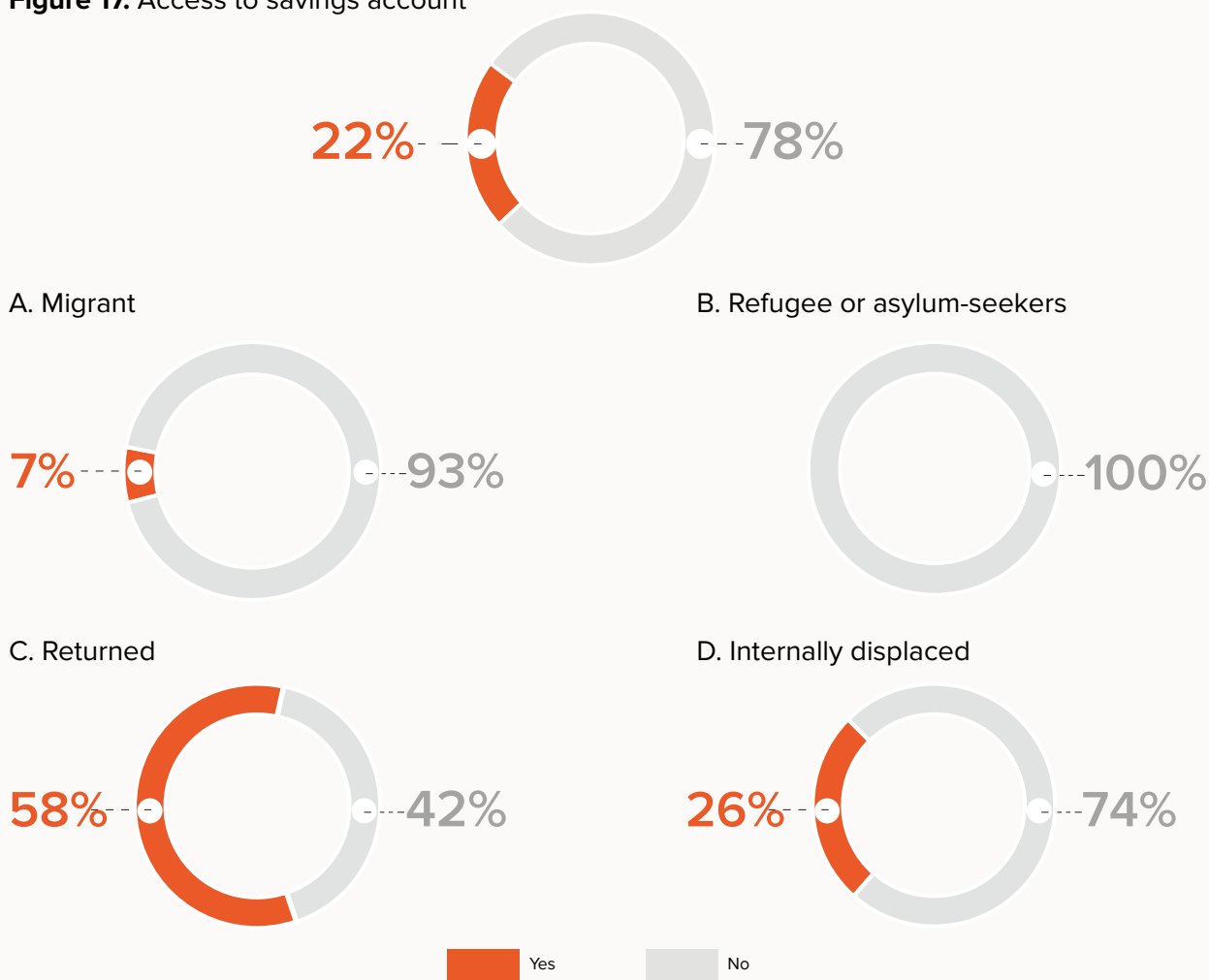
Older persons should have access to financial and banking services as well as the right to equal recognition as a person before the law. (IACPHROP, Art. 30).

Seventy-eight percent of the older persons on the move who were surveyed did not have a savings, checking or credit account with any financial institution. In the case of refugees, asylum-seekers and migrants, this percentage reached 95%. It is important to note that

among the service providers consulted, only 5.8% are dedicated to facilitating financial access and banking for older persons on the move. This situation evidences that there is a gap in coverage in this area.

Financial products for older persons are quite limited. Based on the information gathered in the interviews, it is evident that home loans, credit cards and bank loans are scarce. This is primarily due to the lack of economic resources and to the fact that the information on how to access these products is deficient. It was identified that only a couple of respondents have been able to access savings accounts to obtain some type of monetary assistance from organisations that work using these modalities.

Figure 17. Access to savings account



“No, I don’t have a savings account anywhere, I only have the account that I receive, [to which] through which I receive the subsidy from the Older Colombia program. We have that account in the Agrarian Bank”. (Sixty-nine-year-old man, older person on the move, Colombia, 2020).

2.18 Main risks faced by older persons on the move

Aspects that can increase the degree of vulnerability and defencelessness of the older person, as well as the violation of their fundamental rights

Table 22. Types of risks

Types of risks	Migrant			Refugee o asylum-seekers			Returned			Internally displaced			Total
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	
Decrease in available economic resources	62%	74%	47%	100%	100%	100%	40%	45%	33%	83%	88%	81%	69%
Fatigue, exhaustion and increased stress	53%	63%	40%	50%	50%	50%	40%	45%	33%	69%	56%	77%	57%
Reduction in personal or family quality of life due to time in transit	56%	63%	47%	50%	75%	0%	15%	18%	11%	50%	50%	50%	46%
Threats, intimidation (e.g., from illegal armed actors or others)	0%	0%	0%	0%	0%	0%	0%	0%	0%	69%	69%	69%	28%
Discrimination and xenophobia	32%	26%	40%	33%	25%	50%	5%	0%	11%	14%	6%	19%	20%
Psychological or emotional abuse or violence	6%	11%	0%	17%	25%	0%	0%	0%	0%	43%	31%	50%	20%
Theft or robbery of property	0%	0%	0%	17%	25%	0%	10%	9%	11%	33%	25%	38%	17%
Health problems due to contagion or illnesses resulting from permanent mobilization.	12%	11%	13%	0%	0%	0%	0%	0%	11%	17%	25%	12%	13%
Physical abuse or violence	3%	5%	0%	33%	50%	0%	0%	0%	0%	14%	13%	15%	9%
Abduction, arbitrary detention or loss of liberty	0%	0%	0%	0%	0%	0%	0%	0%	0%	17%	6%	23%	7%
Gender-based violence	6%	0%	3%	0%	0%	0%	0%	0%	0%	5%	0%	8%	2%
Extortion and payment for transit	1%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%	4%	1%
Other	15%	16%	13%	0%	0%	0%	20%	18%	22%	2%	0%	4%	10%

Without distinguishing between before or during the pandemic, older persons on the move have recognized a number of risks that make them more vulnerable. The three main risks are the decrease in economic resources (69%), which correlates with the loss of jobs; fatigue, exhaustion and increased stress (57%); and the deterioration of the quality of personal or family life (46%).

For IDPs, the biggest risks are decreased economic resources (83%), followed by threats and intimidation (69%) and fatigue, exhaustion and increased stress (69%).

For refugee, asylum seekers, migrants and returnees, the biggest risks are the decrease in economic resources (58%), fatigue, exhaustion and increased stress (48%), the deterioration of the quality of personal or family life (42%) and discrimination and xenophobia. In terms of the other risks, the older persons surveyed mentioned going hungry and not being able to access medical care.

2.19 Other aspects of life affected by COVID-19

The effects on access to services and related rights during the pandemic occurred in the areas of health, income, care, accommodation and food. Regarding the aspects identified by the older persons as those most affected by the pandemic; 17 persons stated that the main problem was the lack of work, which is related to the worsening of the general economic situation for their families; 16 persons identified psychological effects, related

to aspects such as depression, anxiety and permanent fear of contagion. The same number of people stated that not being able to leave the house was one of the biggest effects, as they couldn't meet with their friends and family and had less recreational activities. In addition, 7 persons highlighted the lack of food and situations of hunger as an important effect.

To a lesser extent, there is recognition of problems related to health care, lack of medicines, COVID-19-related illnesses, cases of eviction and difficulty with accessing housing, Internet connectivity problems, lack of access to rights, lack of government support and lack of documentation.

Annex D

Country Report: Ecuador

Regional assessment on the situation and needs of older persons on the move in the Americas



© Pedro Pinilla Seijas/ HelpAge

Sixty-three-year-old family doctor Venezuelan woman

Table of Contents

1. Population approach	293
1.1 Scope of the sample	293
1.2 Characterisation of older persons consulted	294
1.2.1 Sex and age	294
1.2.2 Human mobility flows	294
1.2.3 Ethnic group	295
1.2.4 Family composition	295
1.2.5 Civil status	296
1.2.6 Education	296
1.2.7 Disability	296
2. Results	297
2.1 Main causes of human mobility	297
2.2 Documentation	299
2.3 Humanitarian aid	301
2.4 Income and labour	303
2.5 Social security	305
2.6 Food security	306
2.7 Health	307
2.7.1 Health Conditions	307
2.7.2 Access to health services	308
2.8 Care and support	310
2.9 Safety	312
2.10 Accommodation and WASH	313
2.11 Non-discrimination and equality before the law	316
2.12 Community participation and integration	317
2.13 Training	318
2.14 Access to freedom of expression, opinion and information	319
2.15 Accessibility and mobility	320
2.16 Access to financial products	321
2.17 Main risks faced by older persons on the move	322
2.18 Other aspects of life affected by COVID-19	323

Index of Tables

Table 1.	Number of people by age	294
Table 2.	Type of mobility and disaggregation by sex	295
Table 3.	Causes of human mobility and disaggregation by sex	298
Table 4.	Types of documentation	299
Table 5.	Humanitarian aid by mobility flow and sex	302
Table 6.	Source of income	304
Table 7.	Income and work	305
Table 8.	Forms of access to food	306
Table 9.	Health conditions	307
Table 10.	Pandemic preventive measures	310
Table 11.	Care and support	311
Table 12.	Types of abuse	313
Table 13.	Types of housing or accommodation	314
Table 14.	Difficulties with obtaining accommodation or housing	315
Table 15.	Forms of discrimination	316
Table 16.	Types of community involvement activities	317
Table 17.	Access to training	318
Table 18.	Types of equipment	319
Table 19.	Use of technological equipment	320
Table 20.	Access to locations	321
Table 21.	Types of risks	322

Index of Figures

Figure 1.	Sex and percentage	294
Figure 2.	Types of human mobility	294
Figure 3.	Ethnic group	295
Figure 4.	Family composition	295
Figure 5.	Civil status	296
Figure 6.	Education	296
Figure 7.	Recognition of a disability and disaggregation by type of disability	297
Figure 8.	Regularization procedures	300
Figure 9.	Humanitarian aid by mobility type and sex	302
Figure 10.	Receive income	304
Figure 11.	Satisfaction of needs	304
Figure 12.	Use of health services	308
Figure 13.	Use of health care services disaggregated by human mobility flow type	308
Figure 14.	Access to health care during COVID-19	309
Figure 15.	Dependents	312
Figure 16.	Access to savings accounts	321

1. Population approach

The data collection stage was conducted using telephone and online surveys. The telephone survey of older persons on the move was carried out between October 28 and November 4, 2020. Among the contacts provided by UNHCR and field partners, an initial database of 428 people was consolidated, of which a total of 187 people accepted participated in the survey and completed it. This represents 125% fulfilment of the goal, which was established at 150 people in the concept note for this study.

Respondents live primarily in Quito (36%), Guayaquil (20%), Cuenca (12%), Santo Domingo (5%), Ibarra (4%), Esmeraldas, Manta and Loja (3%), Ambato, Machala and Portoviejo (2%), Durán, Milagro, Riobamba and Quevedo (1%).

In terms of the online survey, an initial database of more than 30 institutional actors was established, including government entities, international humanitarian actors, civil society organisation service providers, faith-based organisation service providers and grassroots organisations that provide services. From this database, online surveys were requested from members of 19 organisations considered key actors. A total of 13 completed surveys were obtained, with 100% compliance with the goal established in the concept note for this study, which was between 10 and 15 online surveys. The completed surveys corresponded to State entities (2), international humanitarian actors (2), a consultant who is specialized in the field (1) and local civil society organisations that provide services to older persons in a refugee or migration situation (8).

These surveys were completed between November 3 and 11, 2020. Respondent organisations included a metropolitan-level public rights commission, two international organisations providing humanitarian assistance (one of them to members of both the Venezuelan and Colombian refugees), a health service provider, and eight local organisations that provide humanitarian relief services (provision of food, transportation or medicine), legal support and strategic litigation, migration services, employment insertion and livelihoods support.

1.1 Scope of the sample

Although official figures refer to nearly 363,000 people who have left Venezuela and are living in Ecuador, at the same time the number of recognized Colombian refugees exceeds 61,000. Our fieldwork confirms that there is a high proportion of refugees and migrants from both countries who have entered and continue to enter this country - despite the closing of the borders - without being able to regularize their migratory situation. This means that it is not possible to determine the exact magnitude of migration flows in the study, even less in terms of quantifying the number of older persons on the move.

Based on the above situation, the sample with which the information was collected was established based on selection criteria established by experts. This criteria had the goal of reflecting the different needs and situations that, in their opinion, the older persons face in situations of human mobility, so that the objectives of the fieldwork could be successfully achieved.

1.2 Characterization of older persons consulted

1.2.1 Sex and age

Following systematization and cleaning up of the information, 187 surveys were used, with a total of 100 women (53%) and 87 men (47%).

Figure 1. Sex and percentage

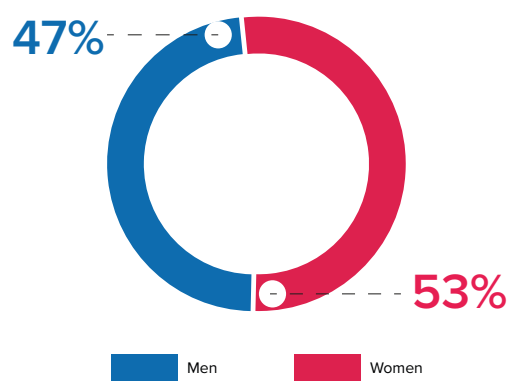


Table 1. Number of people by age

Age range	Number of persons	Men	Women
60-69 years	148 (79%)	69 (47%)	79 (53%)
70-79 years	33 (18%)	16 (48%)	17 (52%)
80 years and older	6 (3%)	2 (33%)	4 (67%)

1.2.2 Human mobility flows

Out of a total of 187 respondents, 162 (87%) were from Venezuela.

Figure 2. Type of human mobility

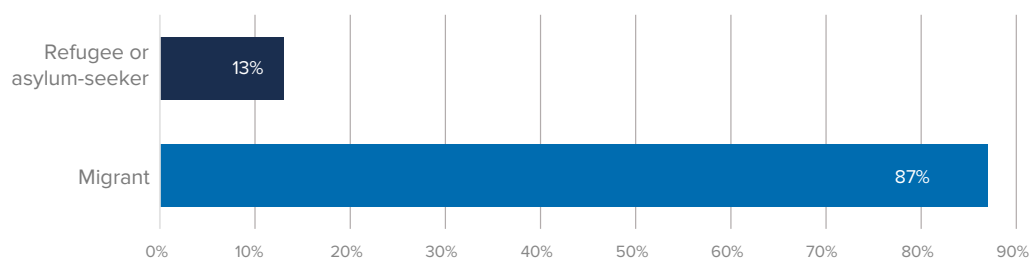


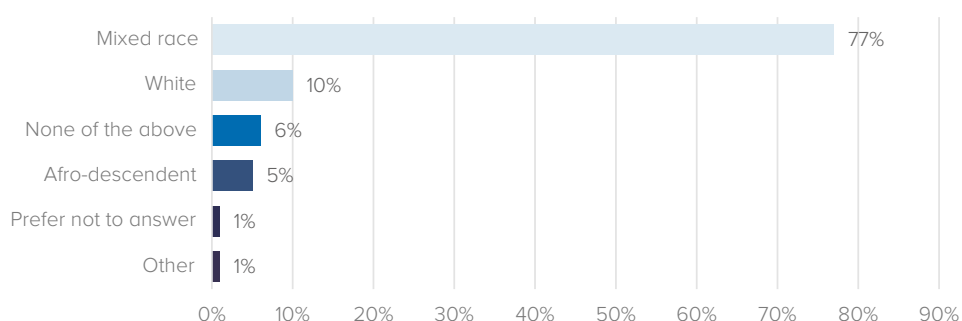
Table 2. Type of mobility and disaggregation by sex*

Type of mobility	Number of persons	Women	Men
Migrant	162 (87%)	89 (55%)	73 (45%)
Recognized refugee or asylum-seeker*	25 (13%)	11 (45%)	14 (55%)

*The majority of recognized refugees or asylum-seeker are from Colombia. It is important to clarify that the figures are based on recognized refugees and asylum-seeker, since there are Venezuelan refugees who have not accessed the asylum system, or who do not request international protection for different reasons and opt for other forms of regularization. The category of migrant in the study includes both regular and irregular migrants. For the purposes of analysing the information, this clarification should be kept in mind throughout the report.

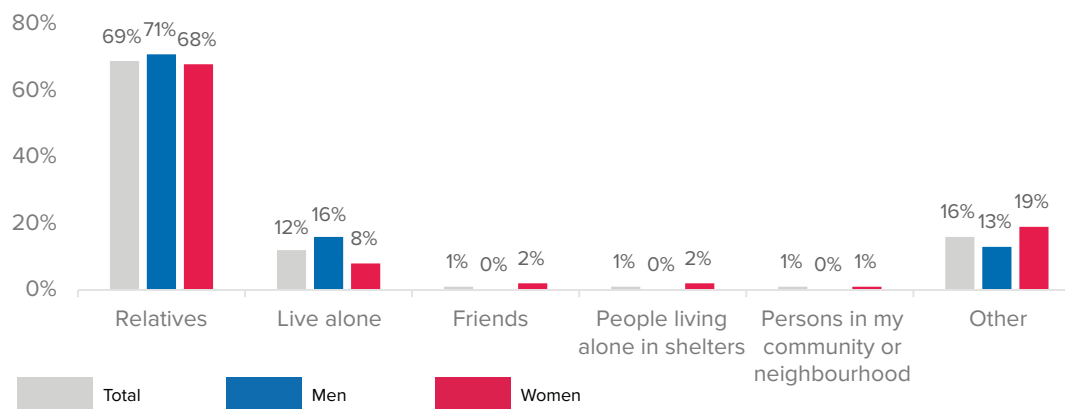
1.2.3 Ethnic group

Seventy-seven percent of the survey respondents identify themselves as mixed race; 10%, as white; 5%, as Afro-descendant; 6% do not recognize an ethnicity; 1%, other; and 1% prefer not to answer.

Figure 3. Ethnic group

1.2.4 Family composition

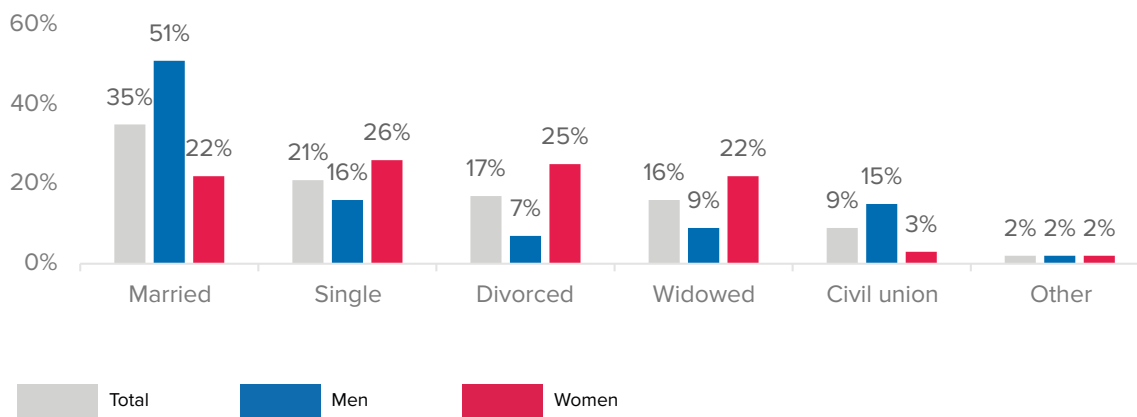
Ninety-seven percent of the people surveyed have children and 69% live with their families, while 12% live alone.

Figure 4. Family composition

1.2.5 Civil status

Of all the older persons surveyed, 35% are married, 21% are single, 17% are divorced, 16% are widowed and 9% are in a civil union.

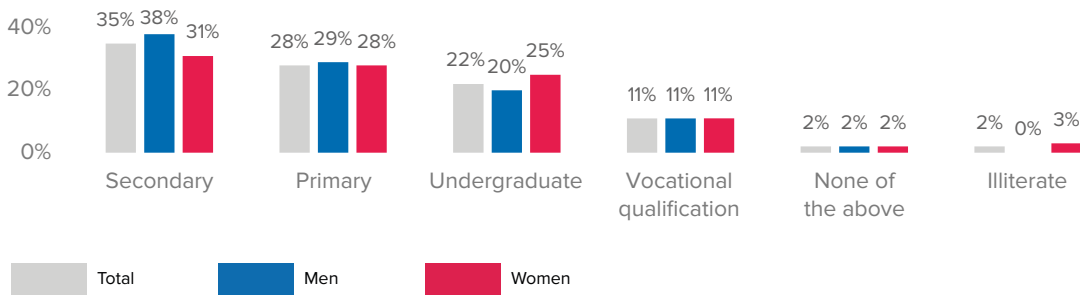
Figure 5. Civil status



1.2.6 Education

Thirty-five percent of respondents indicated that they had completed high school or secondary education; 28% had completed primary or elementary education; 22% had completed their undergraduate education; 11% had technical or technological education; 2% could not read or write; and 2% had not completed any form of education.

Figure 6. Education

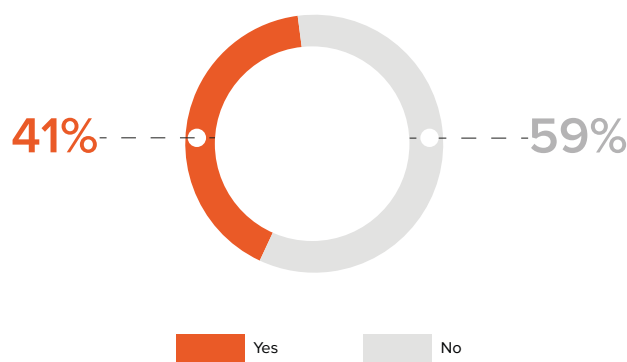
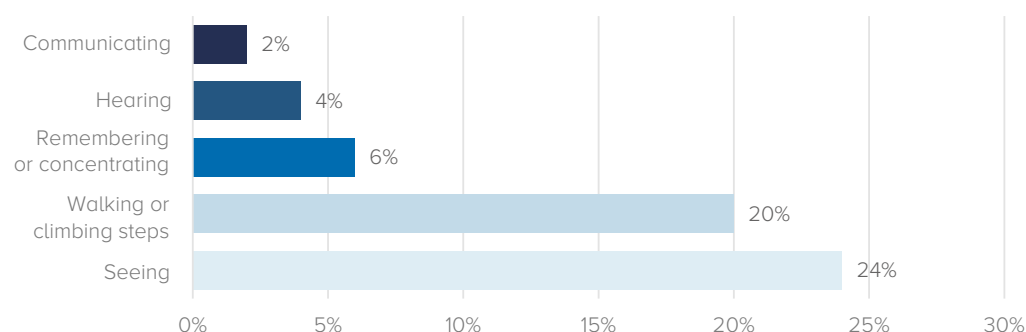


1.2.7 Disability

Forty-one percent of the total number of older persons on the move who were surveyed recognize that they have some type of disability. However, in order to accurately identify the percentage of disability for each type, the analysis is disaggregated, depending on the “degree of difficulty” that a person has, in relation to the Washington Group Short Set scale, which indicates that a person has a disability when he/she has great difficulty or is unable

to perform an activity. Once the questions had been asked, the classification was made using this scale.

The results were disaggregated for each type of disability: 24% reported a visual disability; 20% reported a physical disability, which makes it difficult for them to walk or climb stairs; 6% acknowledged having difficulty remembering or concentrating; 4% reported a hearing disability; and only 2% had a communicative disability.

Figure 7. Recognition of a disability and disaggregation by type of disability**A. Recognition****B. Disability according to Washington Group scale**

2. Results

The following section will outline the results obtained from the field work carried out in Ecuador. The articulation between quantitative and qualitative information about older persons on the move is presented. In the analyses, reference will be made to human mobility in general terms, and to each form of human mobility flow in a differentiated manner, in accordance with their corresponding significance¹.

The analysis is organized into categories based on the rights of older persons included in the Inter-American Convention on the Protection of the Human Rights of Older Per-

sons, which were considered in this study; assistance, care or humanitarian aid; income and work; social security; food; health; personal care; security; shelter, accommodation and WASH; non-discrimination and equality before the law; community participation and integration; training; access to freedom of expression, opinion and information; accessibility and mobility; access to the financial system; main risks and, finally, aspects of life most affected by COVID-19.

2.1 Main causes of human mobility

It is important to clarify that for the Venezuelan nationals consulted, the fact that they are categorized as migrants does not mean that they are not in need of international protection

¹ The definitions of each human mobility flow were established in the terminology chapter of the Regional Report.

and can be recognized as such, as explained in the previous section on the causes of human mobility.

In the case of people from Venezuela, the need for food was cited by 81% of respondents; 76% stated that access to health care was a cause of their mobility while supporting family was the third most cited reason at 56% of all respondents. Important factors such as access to work and income opportunities, protection against threats, psychosocial support, documentation, housing and education are factors that caused human mobility. These are fundamental rights that cannot be satisfied

due to the current situation in Venezuela, which affects the economy, the normal functioning of institutions and public order and has repercussions on the full enjoyment of rights, as reported by many of the older persons interviewed.

“You couldn’t work there, you couldn’t live, because of the situation, you couldn’t find medicines, you couldn’t find anything”. (Man, carer and family member, Ecuador, 2020).

“Speaking of dad, mom and three children, four children and even the grandfather, come because they have no quality of life, they can’t

Table 3. Causes of mobility and disaggregation by sex

Causes of mobility	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Access to food	86%	82%	89%	48%	21%	82%	81%
Access to health care	81%	75%	87%	44%	14%	82%	76%
Supporting my family	60%	63%	57%	28%	14%	45%	56%
Access to employment or income opportunities	52%	60%	46%	32%	29%	36%	50%
Family reunification	54%	53%	55%	16%	0%	36%	49%
Need for protection from threats, violence or persecution	29%	34%	25%	84%	100%	64%	36%
Need for psychosocial support	32%	36%	29%	16%	7%	27%	30%
Access to documentation	16%	23%	10%	40%	36%	45%	19%
Access to housing	16%	16%	17%	32%	43%	18%	19%
Access to education	10%	8%	11%	8%	7%	9%	10%
Need for protection as a victim, witness or informant of crimes	6%	4%	8%	4%	7%	9%	6%
Need for protection against extortion, payment of bribes, etc.	6%	10%	2%	8%	7%	9%	6%
Need for access to justice services	6%	5%	6%	4%	0%	9%	5%
Need for protection from threats of violence by a partner, ex-partner or family member	3%	3%	3%	4%	0%	9%	3%
Need for protection against the risk of use, recruitment or forced recruitment.	3%	4%	4%	0%	0%	0%	3%
Other	10%	12%	8%	4%	0%	0%	9%

eat or access health care in Venezuela, and they decide to come to see what can be found in these countries". (Man, expert, Ecuador, 2020).

For refugees or asylum-seekers, who are primarily from Colombia, 84% of the main cause for their mobility is the need for protection from threats.

Other causes mentioned by the older persons who responded to the survey were related to education for their children or grandchildren, persecution by the army, harassment by guerrilla groups, being kidnapped and being afraid, the death of family members, humiliation and the search for a better quality of life.

2.2 Documentation

Older persons have the right to freedom of movement, to choose their residence, and to hold a nationality on an equal basis with other segments of the population, without discrimination on grounds of age. (IACPHROP, Art. 15).

In relation to documentation, the data shows that many older persons on the move do not have access to the processes or documentation that would allow them to enjoy these rights. 30% of the people consulted do not have any migration status or official documents.

In the case of migrants, only 8% have an Ecuadorian identity card and only 19% have a humanitarian permit, which provide them with a regular status. In addition, a large majority of people coming from Venezuela do not have passports or identity documents from their country of origin. Of these, 36% have not had access to immigration procedures and 13% have requested help with administrative procedures to enable them to regularize their status but have not received it.

The situation of refugees or asylum-seekers is equally precarious; there are many Colombians who have requested asylum and have not received refugee status despite the significant length of time they have been in Ecuador, and even have no documentation. According to

Table 4. Types of documentation

Types of documentation	Migrant			Refugee or asylum-seekers			Total
	Total	Men	Women	Total	Men	Women	
I do not have any permit/document	29%	26%	33%	32%	7%	64%	30%
Humanitarian visa*	19%	21%	18%	0%	0%	0%	9%
Citizenship card	8%	10%	7%	40%	64%	9%	24%
Temporary residence permit or visa	10%	12%	9%	4%	7%	0%	7%
Application for refugee status	1%	0%	1%	12%	14%	9%	6%
Recognition of refugee status	1%	0%	1%	4%	0%	9%	3%
I am waiting for the permit to be issued	1%	1%	0%	0%	0%	0%	1%
Tourist permit or visa	1%	1%	0%	0%	0%	0%	1%
Permanent residence	1%	0%	1%	0%	0%	0%	1%
Other	29%	29%	30%	8%	7%	9%	18%

*See: <http://www.consulado.pe/es/Caracas/tramite/Paginas/Visas/Visa-Humanitaria-para-Venezolanos.aspx>

one of the institutional actors interviewed they remain invisible for reasons of protection and security against the possibility of being re-victimized. This means that they often try to keep a low profile within the host society. According to the testimonies of the people interviewed, members of this population feel fear and have a lack of trust of public institutions. It is common that asylum-seeker status become a kind of recrimination, with requirements for proof of their situation that are sometimes difficult to obtain and delays in the process, which can last a long time without an answer.

“I believe that in many spaces these people do not appear, no matter how many needs they have; they do not want to be visible; some have even stopped requesting international protection”. (Woman, international religious organisation, Ecuador, 2020).

This indicates that the category of “refugee” in Ecuador does not necessarily provide protection. In fact, many people in need of international protection prefer the invisibility

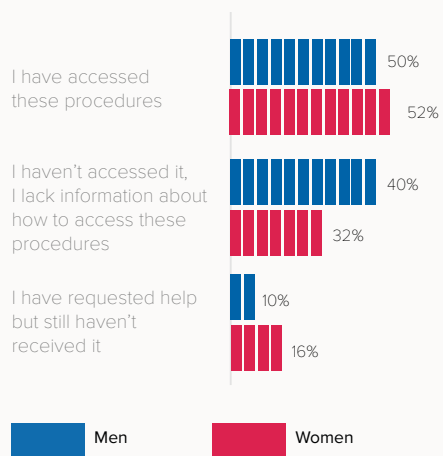
of their situation to protect themselves from stigma and ensure their safety.

Forty-six percent of asylum-seekers have requested for recognition of this status, but have not yet received a response, and only two people interviewed have received formal recognition of their refugee status, one of whom has permanent residency. Also, less than half of applicants (40%) have an Ecuadorian identity card, despite the fact that many of them have been in Ecuador for several years.

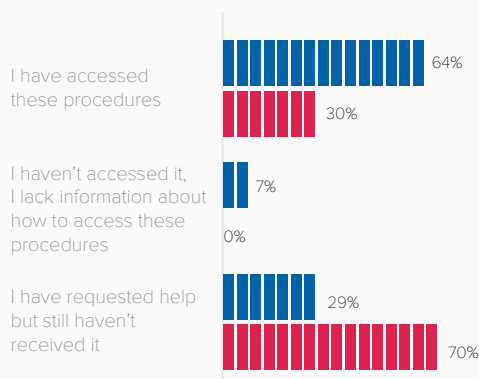
Being able to obtain documentation that allows them to access fundamental rights in another country is totally crosscutting in terms of the main requirements of the population that comprise these mixed flows. If they continue to use documents that are only valid for a short period of time, or are only applicable for accessing certain needs, the problem will continue without a solution to the humanitarian emergency in terms of access to health care and work. These populations are increasingly subject to exploitation and labour abuse, for

Figure 8. Regularization procedures

A. Procedures for the regularization of migrants



B. Procedure for regularization of refugees



example. It is important to mention the risks that continue to affect people who cross the borders on a daily basis, especially through the irregular crossings known as “trochas” or “green roads”, as stated by the actors interviewed. These are highly dangerous irregular border crossings for those who are forced to cross them, as they expose the population to the risk of robbery, rape, kidnapping and human trafficking, among others. These risks should undoubtedly be highlighted as another area for assistance.

Although the institutional actors consulted have prioritized orientation and information about regularization procedures in their interventions, the evidence gathered in the interviews shows a high level of misinformation among the refugees and migrants. This includes misinformation about how to obtain the documentation, as well as delays in responses and high costs for individual applicants. It should be added that the processes for accessing documentation have become very complex and costly, and many people have difficulty understanding them.

In Ecuador there was a recent regularization process carried out by the Government. However, many people were left out of this process because they were located far from the places where they had to register, or in other cases they could not apply for the humanitarian visa because they did not have the corresponding documentation, as in the case of apostilles, which must be processed in Venezuela. There are examples of older persons who have not been able to process their documents, since they cannot travel to the site of the procedure because they are alone or do not have anyone to accompany them.

“The rights of children, adolescents and senior citizens were violated. They had to travel to other provinces to register as migrants. There was no public transportation between provinces or cities and this generated other vulnerabilities”. (Man, grassroots organisation, Ecuador, 2020)

Of the 13 organisations consulted, four provided general legal assistance; four provided legal assistance on migration issues; three provided support in guaranteeing rights; and three others provided assistance on asylum. It is important to note that some organisations of Venezuelans offer legal assistance through volunteers, independent lawyers and universities, and in some cases they support people with the expenses involved in the procedure, as most people do not have sufficient resources. Two of these organisations suspended their services during the pandemic.

2.3 Humanitarian aid

Older persons must be guaranteed their safety and rights in humanitarian situations, with a differentiated approach, taking into account their specific needs, at all stages of crisis, conflict or disaster management, and their participation in all mechanisms for managing such situations must be encouraged. (IACPHROP, Art. 29).

Slightly more than two thirds of the older persons on the move who were surveyed stated that they had received some form of assistance, care or humanitarian aid. This has been provided mostly by international humanitarian organisations, in alliance with different government agencies, United Nations agencies, associations of Venezuelans, churches, companies and individuals.

The main support is the provision of food (food baskets or rations), rent and lodging² payments, personal hygiene kits, clothing, accompaniment to obtain medical attention, psychological care and support for productive enterprises. Cases have been attended in the areas of regularization counselling, guidance on human rights issues, articulated actions between control entities, seeking to improve the level of care that can be provided and comprehensive assessments to verify needs. The organisations have also generated a plan

² According to one of the institutional actors, they are seeking to use the concept of “safe houses” to refer to shelters that offer migrants and refugees the possibility of staying a few days and receiving food, legal assistance and, in some cases, psychosocial support.

to help locate relatives of older persons who arrive alone to the country. Very few organisations offer basic education for older persons.

In the case of migrants included in the sample, 71% have received assistance, primarily in the form of food and toiletries (36%), as well as subsidies, economic support and monetary transfers (36%), which are two of the priority needs of people on the move. In the case of refugees and asylum-seekers, 63% have received assistance, primarily in the form of food and hygiene products (80%) and subsidies, economic support and monetary transfers (53%).

At present, care is provided in a general manner to people on the move based on the satisfaction of basic needs; however, the institutional actors consulted indicate that there is no clear focus on care for older persons on the move.

“There are no clear missions in relation to older adults.” (Man, human rights ombudsman, institutional actors, 2020).

“The service is intended for all persons on the move, i.e., migrants, refugees, victims of trafficking, smuggling and returnees. This is part of the recognition of people on the move and all of them are offered a service. There is no discrimination based on age or origin criteria that I know of”. (Woman, national public entity, Ecuador, 2020).

Regarding the humanitarian issue, technical regulations are being developed regarding the care of refugees and migrants in host cities such as Quito, Guayaquil and Cuenca. However, a specific focus on older persons in this population has not been identified. There are also projects implemented in partnerships between the Ministry of Economic and Social Inclusion and universities to identify needs in the family context. In any case, it is

Figure 9. Humanitarian aid by mobility type

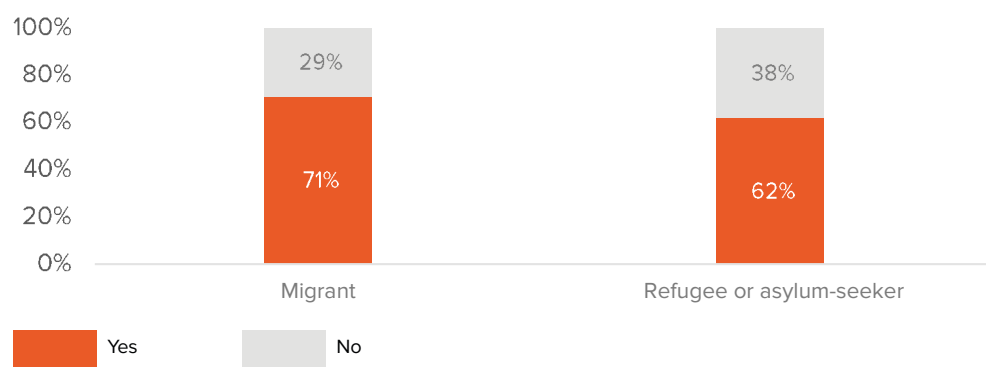


Table 5. Humanitarian aid by mobility type and sex

	Migrant			Refugee or asylum-seeker		
	Total	Men	Women	Total	Men	Women
Yes	71%	65%	75%	38%	79%	60%
No	29%	35%	25%	62%	21%	40%

clear that there are no specific guidelines in public policies and that there is also a lack of government funding, which hinders the implementation of plans and programs for care and assistance.

“We are a State that has no money and they are restricting services of all kinds. We don’t have the necessary resources to maintain them”. (Man, national public entity, Ecuador, 2020).

2.4 Income and labour

Older persons have the right to decent and dignified work, as well as to equal opportunities and equal treatment with other workers regardless of their age. (IACPHROP Art. 18).

More than two-thirds of the older persons on the move surveyed have no income of their own. Of those who do have an income, 79% earn less than the minimum wage, and only 43% earn enough to meet their basic needs.

The lack of income corresponds to the fact that few have employment, and those that do tend to have informal employment. Forty-five percent of the people surveyed did not have jobs before COVID-19.

Of those who have jobs, 42% have informal jobs (52% men and 34% women). According to the stakeholders consulted, informal employment often involves a high level of job insecurity, very low incomes (below the minimum wage) and situations of labour exploitation for older persons.

Of the people who worked before the pandemic and who responded to the questionnaire, 72% worked between 5 and 7 days a week, which shows a high number of working days; this can be correlated with the fact that these older persons are very active in the labour market, but also that they may be subjected to situations of labour exploitation. Sixteen percent indicated that they worked between three and four days a week and only 13% between one and two days a week.

Among the barriers to accessing the labour market for this population is stigmatization due to age and their lack of documentation, factors that, together with informal employment, limit the possibility of decent working conditions for the older persons on the move.

“They demand documentation from you, and what do they say? I don’t have any. So, what do they have to do? They have to make their way into the informal economy to be able to support their family and earn a living”. (Man, expert, Ecuador, 2020).

“The level of informal employment is shocking. Older persons who come here have serious difficulties in finding work. If they do find work, they too are subject to the other serious problem that exists for Ecuadorians, and that is that employers, the bosses, often take advantage of the older persons’ vulnerable situations, and offer them conditions and wages that are not fair; they don’t pay them what they are due in terms of wages or overtime pay and things like that”. (Man, national public entity, Ecuador, 2020).

Their vulnerable living conditions mean that older persons, who are sometimes separated from their families or have the responsibility of caring for children, have to engage in work activities that primarily involve selling things on the street (for example, at traffic lights), which implies a series of risks. Sometime older persons work at night, clean people’s houses and even resort to begging. Many people survive on what they manage to sell during the day, sometimes making very long journeys to be able to sell their products.

“When I talk about the informal economy, it means selling candy, everything you can imagine in the street, they do not have the possibility of a real job, and I have to clarify that. No older person here in Ecuador has the possibility of a real job, unless they have a professional registration and can apply for a vacancy in a specific area. Generally, this is accepted in the fields of medicine or law, but in the rest of the careers there is very little acceptance of older adults. Here there is a very strong segregation with respect to the issue of experience by age”. (Man, professional in the area of administration, institutional actors, 2020).

“Yes, it is observed that the only possibility for these people is begging. Informal work is very hard and complex and does not generate any level of personal satisfaction or anything like that”. (Man, national public entity, Ecuador, 2020).

“These older adults do not have many opportunities, so you are going to see older adults selling coffee. If in Colombia it was the Venezuelan women who sold coffee to support themselves, here you are going to see older adults selling coffee, they go out to sell masks, hats and cookies to support the family”. (Man, national public entity, Ecuador, 2020).

Some exceptions in terms of employment are related to older persons who have a higher

level of education. However, there are not many of these cases, as despite the fact that 22% have an undergraduate degree and 11% have a technical or technological degree, employment possibilities are very low.

“At their age, they can’t get jobs. Most of them sell cookies, sell donuts, or make empanadas to sell. They had a good position in Venezuela, they were teachers or doctors; there is a doctor in the group here, by the way... They had a good education level, they are productive, they want to work, but it is difficult to enter the labour market here”. (Sixty-three-year-old woman, older person on the move, Ecuador, 2020).

Figure 10. Receive income

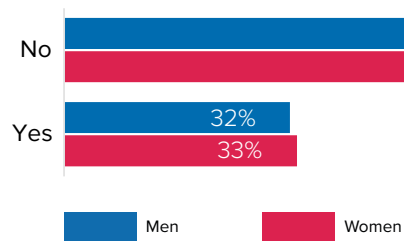


Figure 11. Satisfaction of needs

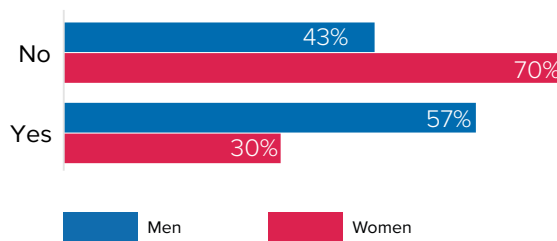


Table 6. Source of income

Monthly income before COVID-19	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Own income (formal or informal work)	86%	90%	84%	90%	100%	50%	87%
Family support	2%	5%	0%	0%	0%	0%	2%
Support from other friends, neighbours, etc.	0%	0%	0%	10%	0%	50%	2%
Grants/monetary transfers from humanitarian or international organisations	8%	0%	13%	0%	0%	0%	7%
Grants or support from other civil society organisations, churches or religious communities	2%	0%	3%	0%	0%	0%	1%
Other	2%	5%	0%	0%	0%	0%	1%

Table 7. Income and work

Flow	Before COVID -19	During COVID -19
Migrant	31% received income	35% no longer have any income and 61% have had their income reduced.
	54% were employed	44% have lost their jobs and 43% have had their hours reduced.
Refugee or asylum-seekers	40% received income	30% no longer have any income and 70% have seen their income decrease.
	64% were employed	38% no longer have jobs and 56% have had their hours reduced.

The COVID-19 pandemic has made it even more difficult for older persons on the move in Ecuador to find work, as the health emergency has drastically reduced their income. Of those who earned an income before COVID-19, 62% have had their income reduced and 34% no longer have any income. In the case of people between 70 and 79 years of age, 80% of them have seen their income decrease significantly, and 20% no longer have any income. Fifty per cent of people who are 80 years of age and older no longer have any resources.

2.5 Social security

Every older person has the right to social security that protects them so that they can lead a dignified life. (IACPHROP, Art. 17).

All of the people who completed a survey for the study do not have a pension. Their livelihoods are based on the limited income they can obtain through work (28%) and through vouchers or subsidies that allow them to buy food thanks to the support of various organisations, as well as the support of relatives and other people.

According to those interviewed, older persons who receive pensions from Venezuela do not receive enough to meet their needs due to the devaluation of the currency.

“Some of them have access to their retirement pension from their country of origin, but it is really minimal and does not allow them to live in decent conditions here in the country.” (Woman, national public entity, Ecuador, 2020).

In Venezuela, the devaluation of the currency has affected the possibility of having a pension, and many refugees and migrants face difficulties with documentation, which increases their vulnerability in terms of obtaining income and work.

“In Venezuela, there was access to an old-age pension, but due to inflation, the money depreciated in value and it became unviable to live on it”. (Man, carer and family member, Ecuador, 2020).

“The situation for older persons is quite critical because, although I am a professional, they are just like me, living on very little, on what they can earn. They feel very sad, really, very depressed by the situation they are in, because of course in Venezuela you lived in a different way, at least I had a pension, which meant we could live better”. (Sixty-seven-year-old woman, older person on the move, Ecuador, 2020).

Of the 13 service provider organisations that were surveyed, only two national ones provide free services related to social security before and after the pandemic, and one of them provided support for affiliation with the social security system in Ecuador and accessing pensions in their countries of origin.

2.6 Food security

As part of older persons' right to a comprehensive care system, they must have access to food security and nutrition. (IACPHROP, Art. 12).

Access to food, which is one of the main causes of the mobility of refugees and migrants, is also one of the most difficult issues for older persons in Ecuador. Almost one-fifth of those surveyed do not have access to three meals a day (19% only eat two meals a day and 4% only eat one meal a day). The pandemic has had a significant impact on the food security of the older persons surveyed. The number of daily meals has decreased for 55% of this group, especially those in the 70-79 age range, with 61% experiencing a reduction in the number of meals they eat each day. At the border, the situation is even more alarming, with the majority of people transiting or crossing irregularly through the irregular border crossings known as "green roads" eating just one meal a day.

Access to food is mainly through support from family members (56%), own income (50%), and many depend on humanitarian organisations (24%). The surveyed organisations offer food assistance and supermarket vouchers, but the supply of these services has been impacted by the pandemic. Of the five service provider organisations that offered one meal a day be-

fore the pandemic, only two continue to do so during the pandemic.

"The food is donated by the church. we are talking about rice and lentils; some other grains that we eat here, sugar, basic things, well we make exceptions once a month and have some protein". (Woman, carer and family member, Ecuador, 2020).

"Since there is no employment, there is nothing to buy food with, and if there is no food there is malnutrition". (Sixty-five-year-old woman, older person on the move Ecuador, 2020).

It is important to note that, due to the lack of economic resources, the older persons surveyed state that they are unable to enjoy a healthy diet that is required for their complex health situations and chronic diseases such as diabetes, hypertension and obesity. This clearly increases health risks.

Table 8. Forms of access to food

Forms of access to food	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Family support	57%	49%	64%	48%	14%	91%	56%
Own economic income	48%	55%	42%	68%	79%	55%	50%
Food assistance from humanitarian organisations	24%	26%	22%	20%	29%	9%	24%
Neighbours or friends	4%	7%	2%	4%	0%	9%	4%
Religious organisations	2%	3%	1%	8%	14%	0%	3%
Attendance at community centres or community kitchens	1%	1%	0%	4%	7%	0%	1%
Government subsidies	1%	0%	1%	4%	7%	0%	1%
Other	3%	4%	2%	0%	0%	0%	3%

2.7 Health

Older persons have the right to physical and mental health, without discrimination of any kind. (IACPHROP, Art. 19).

Access to health services is one of the main motivations for older persons to leave Venezuela (76%).

“As a result of the situation in Venezuela, I brought my mother with me. My mother is 73 years old and suffers from arterial hypertension, she has a knee prosthesis in her right leg and in Venezuela we did not have enough money to buy her medication. I didn’t want them to call me and say, “your mother died due to a lack of medication”, I wasn’t going to wait for them to tell me she died, and that’s when I decided to bring her, and in fact I brought her by land and we had a five-day trip. (Woman, carer and family member, Ecuador, 2020).

2.7.1 Health Conditions

All respondents said they had at least one health condition. The most common were hypertension (53%), mental health problems (39%) and gastrointestinal problems (23%). 50% stated that they had other health conditions prior to COVID-19, such as skeletal, rheumatic, circulatory, nervous and respiratory system conditions, as well as oral diseases,

obesity, prostatic hyperplasia and thyroid disease.

Mental health is clearly a major concern among the population of older persons on the move in Ecuador. Respondents reported feeling distress due to uncertainty and wanting to return to their country of origin. More than a third of respondents (40%) felt anxious, depressed, irritable, exhausted or had difficulty sleeping at least some of the time; 14% felt this way most of the time and 5% felt this way all of the time.

Older persons on the move manifest mental affectations of deep sadness and uprooting for the country they had to leave. For an older person on the move, being able to start a new life is more difficult because they have left a large part of their lives in their country of origin. They also reveal the constant difficulty in adapting to new ways of life.

The case of the Colombian population is particularly critical, as it is recognized that there is an issue of distrust due to fears that their lives are in danger as a result of the violence they experienced in Colombia. This affects their mental health and difficulties with the integration process.

“Effectively, I would say that 90% of the people we have worked with come here because of the danger to their lives, the risk and that real sense

Table 9. Health conditions

Health conditions	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Hypertension	54%	55%	54%	44%	36%	55%	53%
Mental health problems	43%	41%	45%	12%	21%	0%	39%
Gastrointestinal problems	22%	16%	27%	28%	36%	18%	23%
Heart problems	20%	21%	19%	12%	7%	18%	19%
Respiratory problems	17%	12%	21%	12%	7%	18%	17%
Diabetes	14%	12%	16%	20%	14%	27%	15%
Cancer	4%	3%	6%	4%	0%	9%	4%
Other	50%	44%	55%	52%	36%	73%	50%
I prefer not to answer	1%	3%	0%	16%	21%	9%	3%

of fear”. (Woman, international religious organisation, Ecuador, 2020).

In addition, the homelessness that affects some older persons has the effect of damaging their health, causing issues such as bone disease, drug and alcohol consumption, dental and skin problems, as well as frequent colds, in addition to risks to their physical safety.

2.7.2 Access to health services

If health conditions go undiagnosed and untreated, the results can be lethal and elevate comorbidity during the pandemic. However, a disturbing proportion of the older persons interviewed were unable to receive medical care.

Twenty-two percent of the people surveyed did not use health services when they required

them, and of these, 10% have not done so because they do not have health insurance or money to pay for medical care. Other barriers identified include a lack of knowledge about available services, lack of documentation, discrimination, hospitals that are always full and difficulty with obtaining appointments. The distance to health centres and the difficulty of movement were also problems mentioned by respondents.

“They have been turned away from immediate emergency care. Many Venezuelans have died seeking help. Access to a hospital is not necessarily a decision made by doctors, nurses or the director. Access is decided by staff of private security companies who discriminate against Venezuelans and do not allow them to enter. That’s why it’s a problem to get medical care from a hospital”. (Man, national public entity, Ecuador, 2020).

Figure 12. Use of health services

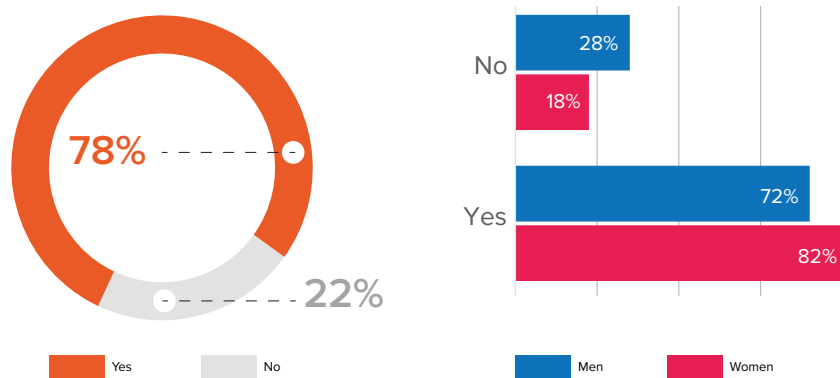


Figure 13. Use of health care services disaggregated by human mobility flow

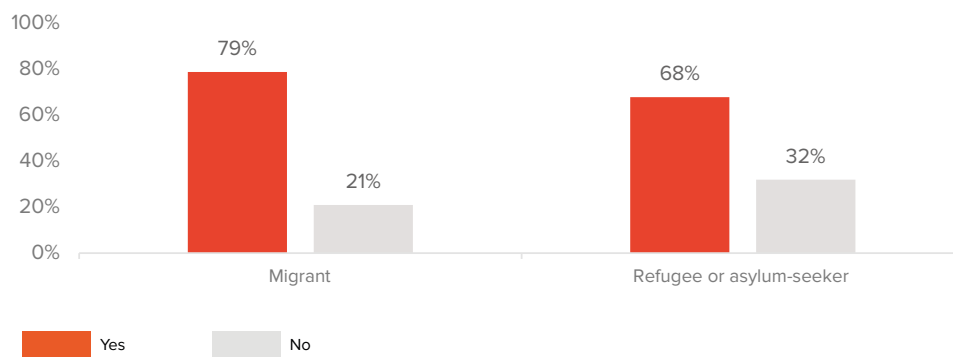
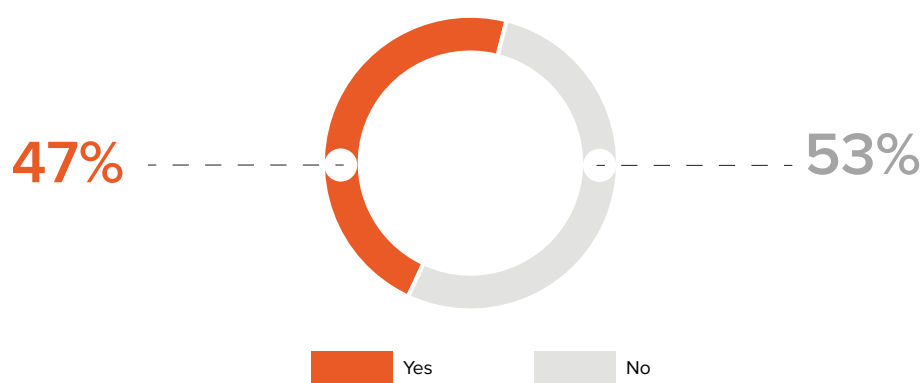


Figure 14. Access to health care during COVID-19

One in three older persons (37%) said they have not been able to access treatment for their chronic conditions. The situation for this population's mental health is even more worrisome, as 74% have not received treatment for their conditions.

The lack of medicines is also repeatedly mentioned in the interviews, due to the lack of access to the public system and the high cost, an issue that has worsened even more during the pandemic. In some cases, older persons on the move arrive to the country with complex diseases that are difficult to manage and the Ministry of Public Health does not stock all of the medicines they require.

“My father is irritable because we do not have the painkillers he needs. The pain makes him irritable, it makes him depressed, he cannot stand the pain. He has to wait for some solution, some money so that he can buy painkillers, the medicine that can reduce his pain”. (Man, carer and relative, Ecuador, 2020).

These findings are of particular concern in the context of the COVID-19 pandemic, given the link between common underlying conditions in older persons and severe forms of COVID-19.

Forty-seven percent of the people surveyed felt that their access to health services to treat illnesses other than those associated with the virus has been limited, either because of mo-

bility restrictions or fear of infection. According to the World Health Organisation, diagnosis and treatment of non-communicable diseases are among the health services most affected by the pandemic. This disruption represents a risk for older persons.

“Specialized care is becoming more complicated every day because of issues related to the pandemic. Hospitals have been open to dealing more with COVID-19 issues than other things and this has really affected care for older adults”. (Man, national public entity, Ecuador, 2020).

“Unfortunately, it was dangerous to go to the health centers because you could catch the virus. So, for that reason, diseases that were not so catastrophic were not so important and the idea was to attend to them later. Unfortunately, these people have also had difficulties with accessing this service”. (Woman, non-profit civil organisation, Ecuador, 2020).

Most older persons follow biosecurity measures, using masks, washing their hands, keeping their distance and avoiding physical contact, as well as avoiding touching their faces. They also follow other measures such as the use of alcohol and disinfectant, showering every time they come in from the street and leaving their shoes outside.

Ninety percent of the people surveyed stated that they had not been infected. However, eight infected older persons had not received adequate medical treatment. According to

Table 10. Pandemic Preventive Measures

Pandemic Preventive Measures	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Proper use of masks or face masks when interacting with other people.	99%	100%	99%	96%	100%	91%	99%
Wash hands regularly with soap and water.	97%	96%	98%	88%	86%	91%	96%
Maintain two meters distance from any other person.	81%	77%	84%	88%	86%	91%	82%
Avoid physical contact (group meetings, staying at home, avoiding shaking hands).	80%	68%	89%	64%	57%	73%	78%
Avoid touching your face	78%	74%	81%	76%	71%	82%	78%
Other	24%	27%	21%	16%	14%	18%	23%

caregivers and organisations, there are some cases, of COVID-19 infections in families that have affected older persons, as well as some deaths.

“I have people in our project who are older persons. If I make a list of 100 people who were members of our project, 10% died with the pandemic”. (Woman, grassroots organisation, Ecuador, 2020).

All of those surveyed protect themselves from COVID-19 through biosecurity measures such as the use of masks and hand washing. In relation to biosecurity elements, 65% indicated that they bought them, 34% stated that they were given them, and only 1% responded that they did not have the means to obtain them.

The interviews reveal the constant violation of rights of older persons at a general level. In some interviews, shocking cases of violations of the right to life and health care for older persons who have not received care during severe emergencies were shared by those surveyed.

2.8 Care and support

Older persons have the right to a comprehensive system of long-term care that provides for the promotion and protection of their basic needs. (IACPHROP, Art. 12).

Seventy percent of older persons surveyed live with their family (children and grandchildren), which is their main source of support and care; 12% live alone.

Forty-one percent of those surveyed stated that they did not require support to carry out their daily activities, while the majority stated that they need care and support, which shows a high level of dependence in this population. Twenty-eight percent are supported by their relatives in the home where they live and 8% by their wife or husband. Five percent stated that they need support but do not receive it. During the pandemic, there was no considerable reduction in contact with their relatives, since on average 54% were in contact with family members two to three times a week,

Table 11. Care and support

Persons or actors	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
I do not require support for my daily activities or daily needs	33%	37%	30%	48%	86%	0%	41%
Other relatives in the house where we live	24%	23%	22%	32%	0%	73%	28%
I am supported by my wife/husband/ spouse or permanent companion	8%	8%	7%	8%	7%	9%	8%
International humanitarian organisations	5%	7%	3%	4%	0%	9%	4%
Other relatives who do not live in our place of residence	4%	3%	6%	0%	0%	0%	2%
Friends who do not live in our place of residence	4%	5%	2%	0%	0%	0%	2%
Although it is required, I do not have support for my daily activities and daily needs.	2%	1%	3%	8%	7%	9%	5%
Local, community or religious organisations	2%	0%	2%	0%	0%	0%	1%
Government entities	0%	0%	0%	0%	0%	0%	0%
Children and adolescents in the home where we live	0%	0%	0%	0%	0%	0%	0%
Other	18%	12%	22%	0%	0%	0%	9%

before and during the pandemic, and in 28% of the cases every day.

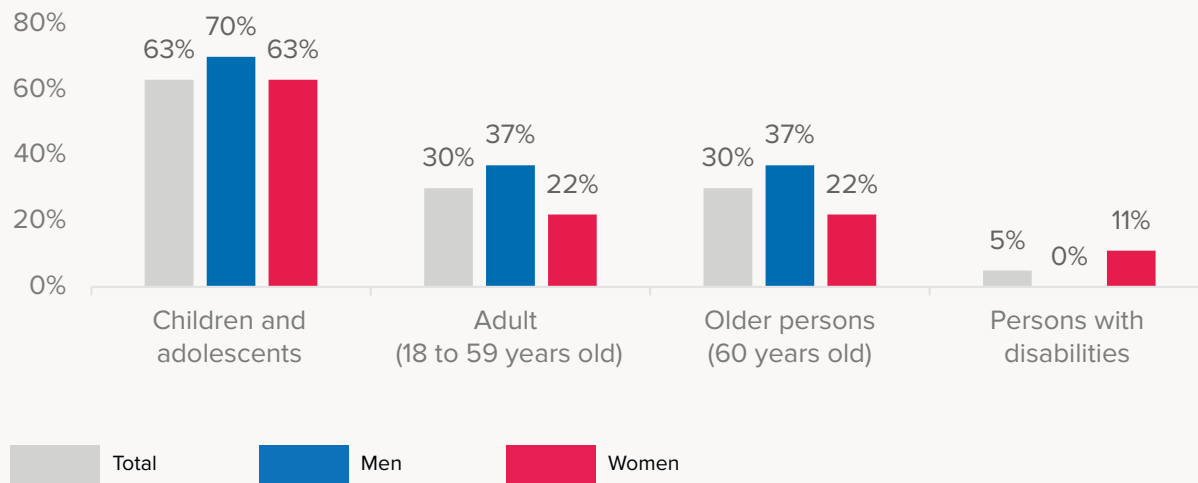
Support and care for older persons occurs in stages. First their family members leave in order to obtain employment and stability. When there are conditions for family reunification, the older persons travel with the objective of improving their quality of life in another country. However, it is evident from the interviews that older persons often take on tasks that do not correspond to them or are faced with high levels of vulnerability due to their lack of income and access to medical care, as well as cases of abandonment and different forms of neglect.

“Within the family there is a kind of abandonment, and [this] a reality. They can be surrounded by relatives, but at the same time abandoned because they do not receive the care or the attention required for people who are this age. At this stage they deserve a lot of support and we are

now thinking about how to provide that support. We are asking what happens with the older migrants, and especially with the Colombians, because they tend to be in much better situations than the others”. (Woman, international religious organisation, Ecuador, 2020).

Many of the older persons surveyed also play a fundamental role in caring for their family members. Thirty percent of those surveyed have dependents, 67% of whom are children and adolescents, 30% are adults and other older persons, and 5% are persons with disabilities.

Staff from government agencies report cases of older persons who take care of children without a family support group due to family separation. In these cases, the parents may have gone to another country or have not been able to reunite with these family members, meaning that the older person becomes a caregiver.

Figure 15. Dependents

“In Ecuador, the two adults stabilized for a while. They came to Peru to see how things were going, to see if they “could get organized and return”. In Peru something happened, there was a case family separation and in Ecuador the older adults were left in charge of the children”. (Man, national public entity, Ecuador, 2020).

“They are caregivers of children and grandchildren, because their parents abandoned them and left. So the older persons took charge, and provided the warmth of a mother or father, they took care of them. We have at least 57 cases of older persons who are caregivers”. (Man, grassroots organisation, Ecuador, 2020).

2.9 Safety

Older persons have the right to safety and a life without violence of any kind, to be treated with dignity, and to be respected and appreciated. (IACPHROP, Art. 9).

The most common form of mistreatment among those surveyed was emotional or psychological abuse. The study reveals that 13% of older persons had suffered this type of mistreatment. This Figure rises to 33% in the case of afro-descendants.

The institutional actors interviewed stated that humiliations repeatedly occur due to the situation of defencelessness in which older persons find themselves. They also identified the risk of domestic violence as a result of the vulnerability of the families.

“They have been left without work. They have had to reinvent themselves in order to generate some income. They have been evicted. They have been humiliated in many ways. Despite these humiliations, the accompanying adults or caregivers, defend their children and other adults, but many things have been very difficult for them. Persecution by police, the lack of care services, access to employment, they have been fired or have been left practically unable to do anything or are working in some informal job. They have been absolutely stranded. They were the ones who covered the cost of some medicines and treatments and now they have nothing”. (Man, grassroots organisation, Ecuador, 2020)

“The issue of violence ends up exploding at some point, and that explosion means very severe cases of violence that break up the family circle”. (Man, national public entity, Ecuador, 2020).

Table 12. Types of abuse

Types of abuse	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Emotional or psychological abuse	13%	16%	10%	16%	14%	18%	21%
Evictions	7%	3%	11%	8%	7%	9%	0%
People have taken your money without your approval or authorization	2%	4%	3%	0%	0%	0%	3%
Denied or limited food and medications/medicamentos	2%	2%	3%	4%	7%	0%	3%
Physical abuse	2%	2%	1%	0%	0%	0%	1%
Abandonment or attempt to send you to a nursing home or institution	1%	0%	1%	0%	0%	0%	1%
You have been left alone, isolated or overcrowded for a prolonged period of time	1%	0%	0%	0%	0%	0%	1%
None of the above	75%	81%	71%	68%	64%	73%	74%
Other	8%	5%	10%	8%	7%	18%	21%
Prefer not to answer	1%	0%	1%	0%	0%	0%	1%

In second place are evictions, which have been experienced by 7% of the older persons surveyed. Cases of eviction have increased during the pandemic (9%), which will be discussed in more detail in the next section. Other forms of mistreatment that were identified are related to water being cut off in order to evict them, not being paid for work and one person reported being spat on in the street.

Very few have had support to deal with these situations. Of those who have been abused, 88% did not go to medical or professional centres and 90% did not make a report to police.

The Law for Older Persons has allowed older persons to be recognized as a priority group, which implies specific protection for this population group. This needs to be reinforced and articulated with the Law on Human Mobility.

Seventy-five percent of those surveyed stated that they have not suffered any of the above forms of mistreatment, which may in principle be a significant and positive finding. However, it may also imply that the older persons do not identify different forms of mistreatment or

do not want to recognize them, which is an issue that requires further research about the problem.

2.10 Accommodation and wash

Older persons have the right to decent and adequate housing and to live in environments that are safe, healthy, accessible and adaptable to their preferences and needs. (IACPHROP, Art 24).

Before the pandemic, 93% of the people surveyed lived in rented housing and only 3% lived in an apartment or house of their own. One hundred percent of people 80 years of age and older lived in rented housing.

The main obstacles to housing for older persons on the move were rejection for being a foreigner (39%) and lack of resources (35%) for refugees or asylum-seekers, lack of resources was the biggest obstacle (52%), and to a lesser extent rejection for being a foreigner (16%). The pandemic has had a significant impact on housing for this population, as 25% have had problems with housing conditions, mainly due

Table 13. Types of housing or accommodation

Types of housing or accommodation	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Rent	93%	96%	91%	88%	93%	82%	90%
Own apartment or house	2%	1%	2%	8%	7%	9%	5%
Hosted as a guest	2%	0%	3%	4%	0%	9%	3%
Improvised housing	1%	1%	0%	0%	0%	0%	1%
Other	2%	1%	3%	0%	0%	0%	1%

to lack of resources. For refugees and asylum-seekers, housing conditions have deteriorated by 44%, and many have not been able to pay their rent. In addition, some landlords have been abusive in terms of rent hikes.

“We haven’t paid rent since January because of the economic crisis, and because of the pandemic here. The little we managed to make financially was for the purchase of food. We haven’t regularly eaten or paid the rent”. (Woman, carer and family member, Ecuador, 2020).

The majority of the people surveyed (90%) stated that they have access to basic services in their homes (electricity, bathroom, sewage, potable water and gas); however, many identify their lack of income to cover the costs of basic services as one of their greatest concerns.

In terms of safety, 90% of those surveyed consider the place where they live to be safe. However, institutional actors recommend geo-referencing the homes of older persons in order to clearly identify their living conditions. Ten percent of the people surveyed live in overcrowded conditions.

“They are in the poorest neighbourhoods, in the farthest areas, so they are not visible, just begging on the sidewalks. Where are they living? In the marginal neighbourhoods. I think it is very important to investigate and provide assistance, so that your work is not based on assumptions”. (Woman, grassroots organisation, Ecuador, 2020).

Fortunately, in relation to the pandemic, 94% of those surveyed that the place where they live have adequate COVID-19 prevention conditions.

As reaffirmed in the interviews with social actors, there are cases of evictions in which protection measures for the older persons are not followed. Evictions are frequent, but 84% of those surveyed do not know what protection mechanisms exist in the event of eviction, while institutional actors recognize that evictions are carried out without following due process.

“They rented a small space, but as a result of this crisis they began to be evicted. In this case, the Ombudsman’s Office was able to act. But, of course, there are hundreds of cases of evictions that we have not been aware of and haven’t been

able to support”. (Man, national public entity, Ecuador, 2020).

People who do not have housing or who have been evicted or abandoned are forced to look for shelter, which triggers lack of protection and vulnerability. This unfortunately can result in homelessness for both Venezuelan and Colombian older persons who face a series of health risks, mistreatment and neglect.

“If you find yourself in a situation of abandonment, this means that you do not have access to other types of services so you end up in the street, and in the street you have other types of problems”. (Man, national public entity, Ecuador, 2020).

A very worrying situation during the pandemic is that there are limited possibilities to access homeless shelters due to the risk of contagion. Some are closed or at maximum³ capacity, and there are no vacancies in nurs-

ing homes or homes for the older persons. The lack of resources allocated by the State is notable.

“We are always moving, trying to find places for them to be sheltered, creating a support network, looking for relatives because many times people are alone. They have been abandoned by their families”. (Woman, civil non-profit organisation, Ecuador, 2020).

In an attempt to safeguard the safety of people in mobility, some organisations have started to pay for leases and cheap hotels. Of the organisations surveyed, only five provide advice for people who are victims of case of eviction or expropriation, and also provide free temporary housing services. These have sufficient when combined adequate with biosecurity measures against COVID-19.

Table 14. Difficulties with obtaining accommodation or housing

Difficulties with obtaining housing or accommodation	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Rejected for being a foreigner	42%	48%	37%	16%	18%	14%	39%
Lack of financial resources	32%	27%	36%	52%	45%	57%	35%
Lack of documents	8%	8%	8%	12%	18%	7%	9%
No co-debtor or guarantor	7%	11%	4%	8%	9%	7%	7%
Having a large family or infants	8%	8%	8%	4%	9%	0%	7%
Rejected for being internally displaced	2%	0%	4%	12%	9%	14%	4%
No obstacles	29%	29%	29%	40%	45%	36%	30%
Other	16%	15%	17%	4%	9%	0%	14%

³ The Clamor Network, which includes the Scalabrinian Mission, Pastoral Social-Caritas and the Jesuit Refugee Service, supports 13 shelters in Ecuador.

2.11 Non-discrimination and equality before the law

Discrimination on grounds of age is prohibited, and measures must be put in place for people who are victims of multiple discrimination. (IACPHROP, Art. 5).

More than half of the surveyed older persons on the move have suffered some form of discrimination. The highest percentages of discrimination were due to their age (31%) and for being a person on the move, 29%. There is a difference of almost ten percentage points between the number of women (27%) who felt discriminated against because of their age and the number of men (36%). Another cause of discrimination is ethnic origin, particularly if they are afro-descendants. The caregivers, family members and older persons interviewed highlight the multiple forms of discrimination, particularly based on their, for which they are subjected.

“Here they don’t give work to the old people, they give work to young people until they’re 32 years old, but for older people they don’t give us work anymore”. (Seventy-year-old woman, older person on the move, Ecuador, 2020).

The high percentage of people who have not received suitable advice and guidance

when reporting their case to the authorities is a cause for concern, constituting 93% of the surveyed population. The institutional actors who were interviewed recognized high rates of xenophobia, which lead to difficulties with access to work and cases of abuse in workplaces.

“There was some brutal xenophobia that is even worse now with the economic crisis, the pandemic, the health crisis. Then of course there are also disputes over income sources and public spaces where they can sell their products”. (Man, national public entity, Ecuador, 2020)

“Some have suffered xenophobia, some have told me that they have been insulted on the buses. A lady in Cuenca told me that they had spit on her and that they were going to throw a cart on her, one of those hot dog carts”. (Sixty-three-year-old woman, older person on the move, Ecuador, 2020)

“I come across many cases of people who say: “Ah, are you Venezuelan, are you Colombian? They are all thieves, these people don’t deserve anything”. (Woman, grassroots organisation, Ecuador, 2020).

The service provider organisations that were surveyed recognize that the older persons they work with are doubly discriminated against because of their age and their status

Table 15. Forms of discrimination

Forms of discrimination	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Have not felt discriminated against	46%	48%	45%	60%	57%	64%	48%
Age	32%	37%	28%	24%	29%	18%	31%
Applicant for refugee status, refugee, migrant, returnee or displaced person.	28%	29%	28%	32%	43%	18%	29%
None of the above	6%	4%	7%	8%	0%	18%	6%
Disability	6%	4%	7%	4%	0%	9%	5%
Ethnicity	3%	1%	4%	0%	0%	0%	3%
Other	5%	3%	7%	8%	7%	9%	5%
I prefer not to answer	2%	1%	3%	0%	0%	0%	2%

as persons on the move. They also observed that discrimination has increased as a result of the pandemic and that many of these older persons also suffer discrimination on the basis of disability, ethnicity and sexual orientation.

2.12 Community participation and integration

Older persons have the right to active, productive, full and effective participation within the family, community and society with a view to their integration. (IACPHROP, Art. 8).

The average participation rate is only 10%. Before the pandemic, 73% of older persons surveyed did not participate in community activities. The participation of older persons has decreased even more as a result of the lockdowns during the pandemic. There are many cases of isolated people who have no involvement with their community at all.

“Sometimes I start sewing, gluing heels, mending things in the bedroom, with the television. I stop for a while come and sit in here, and then I go back to the bedroom... that’s what I do”. (Seventy-year-old woman, older person on the move, Ecuador, 2020).

The participation spaces identified by institutional actors involve the sale of products through networks, although with very low levels of involvement. Only three of the organisations consulted offered cultural and recreational activities such as handicrafts, weaving, and gardening. However, during the pandemic these activities ended or were reduced.

Another participation space for people on the move are the networks of people from their countries of origin, but these are not usually very active due to the fact that many want to remain invisible. This is often the case with Colombians, as mentioned above, due to their fear of revictimization and more recently their fear of the pandemic.

Table 16. Types of community involvement activities

Types of community involvement activities	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Do not participate in activities in the community	72%	66%	78%	80%	79%	82%	53%
Sports, leisure and recreation activities	28%	36%	22%	16%	21%	9%	43%
Cultural activities such as music, theatre, dance, film forums, lectures, concerts, history sessions, etc.	10%	11%	9%	8%	0%	18%	30%
Practical activities such as handicrafts, knitting, gardening, etc.	1%	1%	1%	0%	0% ^a	0%	1%
Other activities	2%	1%	2%	0%	0%	0%	2%

2.13 Training

Older persons have the right to education on equal basis with other sectors of the population and without discrimination. (IACPHROP, Art. 20).

Eighty-six percent of the people surveyed have not received any training, while very few have received training on human rights (11%) and obtaining employment or starting an entrepreneurial initiative (4%).

Some institutional actors who were interviewed states that through agreements they have delivered training for productive and entrepreneurial projects that were focused on handicrafts, cleaning and disinfection products and technical support for the promotion of products. However, the sale of products has been affected by the pandemic and the entrepreneurs have incurred losses.

Although the degree of participation and integration is very low, some of the older persons who were interviewed stated that they engage in volunteering, organizing recreational activities for their countrymen and women during

the pandemic such as: games and exercise, culinary exchanges, reading clubs, leisure activities, and training courses on the use of new information and communication technologies.

“There are some [people whose] world has ended. We have wanted to give them workshops, and they have not wanted to participate and I have told them “but if we are alive, let’s take advantage of every moment and learn, it is never bad to learn something, get better something, that can help you or lead to other things”. I tell them you can’t grow something from a mature plant, you need a seed, so there is always something that is useful to you and you can do an activity that helps you feel good”. (Sixty-seven-year-old woman, older person on the move, Ecuador, 2020).

An older person also stated that they have received training to become community promoters, promoting the integration of different groups of people on the move.

“We will be trying to integrate the Ecuadorian community with the Venezuelan community and the Colombian community, as well as with the Cubans who live here. It isn’t just Venezuelans who migrate”. (Sixty-seven-year old woman, older person on the move, Ecuador, 2020).

Table 17. Access to training

Types of training	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
I have not received any training	89%	92%	87%	64%	57%	73%	86%
My rights as a displaced refugee and migrant and how I can receive support	5%	5%	4%	20%	14%	27%	7%
How to enter the workforce through employment or a business initiative	4%	4%	4%	16%	21%	9%	6%
My rights as an older adult and how you I can receive support	4%	0%	7%	8%	7%	9%	4%
How to re-join the workforce in the context of the current pandemic	2%	1%	3%	12%	14%	9%	4%
Other topics of interest	2%	1%	2%	8%	14%	0%	3%

Another factor that has been identified is high dropout rate for training and education due to security issues, especially in the case of Colombian refugees or asylum-seekers.

For security reasons they have stopped attending classes, because they always have to identify themselves, because even with online classes they are regularly moving to a new house and it is difficult to maintain their attendance. This is another thing that happens very frequently with this Colombian population, they are not stable and are not in the same place for long, it is a characteristic because of this feeling of insecurity, whether it is a feeling or real, they keep looking to change their place of residence and obviously it is difficult to continue with the process that they have started". (Woman, international religious organisation, Ecuador, 2020).

2.14 Access to freedom of expression, opinion and information

Older persons have the right to freedom of expression and opinion and access to information, on equal basis with other sectors of the population and by the means of their choice. (IACPHROP, Art. 14).

Eighty six percent of the people surveyed have access to a mobile phone. The second

highest rate of is for television (61%), followed by radio (24%). A high number of respondents have Internet connectivity (72%). Older persons usually access the Internet through pre-paid telephone recharges, and often on their relatives' mobile phones.

The use of technological equipment and Internet connectivity is primarily for the purpose of contacting family members, friends, acquaintances and like-minded people (70%); and accessing information and entertainment (67%).

Twenty percent use technological equipment to access courses and workshops provided by organisations, especially online learning, as well as to participate in groups of older persons. 28% participate in groups of people from the same country or origin and 5% in self-help groups. It is important to emphasize that just 7% of the cases use their technological equipment to learn about their rights and the services they can access.

"Because they don't have effective and direct communication with any organisation they are left vulnerable they do not know how to exercise their rights or seek help". (Man, grassroots organisation, Ecuador, 2020).

Sixty percent of people receive information about COVID-19 through social networks and 33% receive information through mobile

Table 18. Types of equipment

Types of equipment	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Cellular phone	85%	85%	85%	92%	100%	82%	86%
Television	60%	59%	61%	68%	79%	55%	61%
Radio	21%	27%	16%	40%	57%	18%	24%
Laptop computer	14%	12%	15%	16%	14%	18%	14%
None of the above	10%	10%	10%	0%	0%	0%	9%
Landline phone	4%	4%	4%	0%	0%	0%	4%
Desktop computer	1%	1%	0%	0%	0%	0%	1%
Tablet	1%	1%	0%	0%	0%	0%	1%
Other	5%	3%	7%	0%	0%	0%	4%

Table 19. Use of technological equipment

Use of technological equipment	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Contact your family, friends, acquaintances and like-minded people.	72%	71%	72%	56%	71%	36%	70%
Information and entertainment	67%	60%	72%	68%	71%	64%	67%
Participate in groups of people from the same country or origin	31%	30%	31%	12%	36%	0%	28%
Access courses	20%	14%	25%	20%	21%	18%	20%
Participate in senior citizen groups	19%	14%	22%	28%	36%	28%	20%
Knowledge of rights and services	8%	8%	8%	4%	7%	0%	7%
Participate in self-help groups	6%	1%	9%	4%	7%	0%	5%
Others	15%	15%	16%	16%	21%	9%	16%

phone calls, which reflects the percentage of mobile phone and Internet access. Other forms of receiving information about COVID-19 include television (62%), in-person relationships (48%); radio (30%); landline phone calls (11%); posters, billboards or flyers, newspapers, and to a lesser extent email (6%).

Despite the Internet connectivity that older persons may have access to, one challenge is to understand the new forms of digital communication. Respondents stated that the tool they best know how to use is WhatsApp, which is their preferred method for communicating with family and friends. Problems arise with the management of virtual platforms.

“From the start of COVID-19 to now, everything is handled digitally and older person do not understand the digital methods that public institutions use for providing a digital service”. (Man, grassroots organisation, Ecuador, 2020).

Institutional actors identified difficulties with presenting the voices of people on the move in the media and use language that may generate xenophobia.

2.15 Accessibility and mobility

Older persons have the right to accessibility to the physical, social, economic and cultural environment as well as to personal mobility. (IACPHROP, Art. 26).

The main accessibility difficulty identified by older persons respondents was related to transport. Almost half (47%) of those surveyed had difficulty accessing public transport, a situation that worsened substantially during the pandemic.

Lack of mobility contributes to the isolation of older persons and their lack of access to essential services such as health services. One third of respondents reported difficulties with accessing health centres, a percentage that rises to 68% in the case of refugees and asylum-seekers. Access is particularly limited for older persons and persons with disabilities. Some of these people have also been abandoned by their family members.

“There are areas and cantons -talking about Quito- that are really for when you need to apply for a visa or access medical attention, because they are specialized hospitals, which are known as third or second level, because first level hospitals

Table 20. Access to locations

Access to locations	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Public transport	49%	49%	49%	28%	14%	45%	47%
Health centres	25%	26%	25%	68%	79%	55%	31%
Government offices	24%	25%	24%	0%	0%	0%	21%
Educational centres	9%	12%	6%	0%	0%	0%	7%
Recreational centres (shopping malls, parks, cinemas, theatres)	3%	5%	1%	16%	7%	27%	5%
Offices of national and international non-governmental organisations	4%	1%	6%	0%	0%	0%	3%
Banks/financial centres	1%	0%	1%	8%	14%	0%	2%
Supermarkets	1%	0%	2%	4%	0%	9%	2%

do not attend all cases. This means that there are many limitations". (Man, grassroots organisation, Ecuador, 2020).

It has also been identified that one fifth of the people surveyed have difficulty accessing government offices, which affects their ability to undertake procedures such as those related to official documentation and affiliation in the social security system.

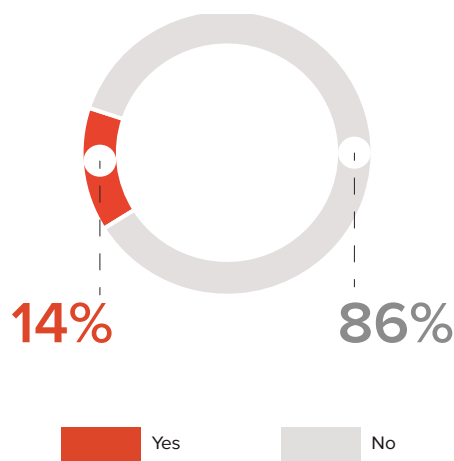
2.16 Access to financial products

Older persons should have access to financial and banking services as well as the right to equal recognition as a person before the law. (IACPHROP, Art. 30).

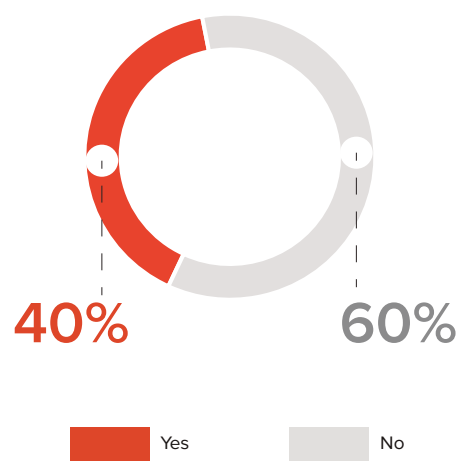
Access to financial services among older migrants in Ecuador is very limited. Eighty-two

Figure 16. Access to savings accounts

A. Migrant



B. Refugee or asylum-seeker



percent of the older persons surveyed did not have a savings, checking or credit account with any financial institution. In the case of refugees and asylum-seekers, the percentage of respondents without access to a financial product are 58%. This difference could be explained by the fact that many of these people have been in the country longer, as the displacement of Colombians to Ecuador dates back more than two decades.

In general, older persons live off their own resources or those of their relatives, but in general they do not have bank accounts. If they do receive or send remittances, these are sent through the accounts of relatives. This situation undermines their autonomy and limits the independence of having their own income. None of the organisations consulted provided advice on financial services to this population.

2.17 Main risks faced by older persons on the move

Aspects that can increase the degree of vulnerability and defencelessness of the older person, as well as the violation of their fundamental rights.

Without distinguishing between before or during the pandemic, older persons in a situation of human mobility have recognized a number of risks that make them more vulnerable. The three main risks are: decrease in economic resources, which correlates to the loss of jobs and the subsequent decrease in income; discrimination and xenophobia, which is a form of mistreatment that was acknowledged by those surveyed; and fatigue, exhaustion and increased stress, which is linked to mental health, one of the areas prioritized among the

Table 21. Types of risks

Types of risks	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Decrease in available economic resources	45%	45%	45%	50%	36%	70%	46%
Fatigue, exhaustion and increased stress	33%	28%	37%	33%	29%	40%	33%
Discrimination and xenophobia	39%	38%	41%	29%	29%	30%	38%
Reduction in your personal or family quality of life due to increased time spent in transit	29%	30%	29%	29%	21%	40%	29%
Theft or robbery of property	8%	14%	2%	4%	7%	0%	7%
Health problems due to contagion or illnesses resulting from permanent mobilization.	1%	0%	2%	4%	0%	10%	2%
Psychological or emotional abuse or violence	6%	8%	5%	17%	14%	20%	8%
Physical abuse or violence	2%	1%	2%	4%	0%	10%	2%
Threats, intimidation (e.g., illegal armed actors or others)	7%	4%	9%	13%	21%	0%	8%
Gender-based violence	3%	0%	5%	4%	0%	10%	3%
Extortion and payment for transit	1%	1%	1%	0%	0%	0%	1%
Other	35%	35%	35%	38%	43%	30%	35%

health problems, as well as the deterioration of the quality of personal or family life, which has worsened due to the pandemic.

2.18 Other aspects of life affected by COVID-19

The impact on access to services and related rights during the pandemic in the health, income, care, shelter, housing and food sectors was highlighted by the respondents.

In terms of the aspects identified by the older persons as those most affected by the pandemic, the biggest issue was the worsening of their economic situation, along with their relatives. This was followed by a related topic, the lack of work caused by the pandemic, both for the older persons and their relatives. The third area most affected by the pandemic is their inability to go out, described as “confinement” by most of the respondents, which affected their ability to socialize with family and friends. Related to the economic issues are the psychological effects, as many respondents discussed the fear they felt of catching COVID-19 and the confinement, as well as their lack of resources, which had repercussions on the mental health of older persons.

“My social life is over. Back there it was different. I had friends, my house, everything. I used to go out, not here. The confinement is killing me”. (Seventy-years-old, older person on the move, Ecuador, 2020).

Respondents described an increase in the lack of health care and a decrease in food during the pandemic. Respondents also mentioned

housing problems, especially not being able to pay the rent, which has worsened during the pandemic. Other issues included discrimination and, to a lesser extent, the possibility of forced return to their countries of origin.

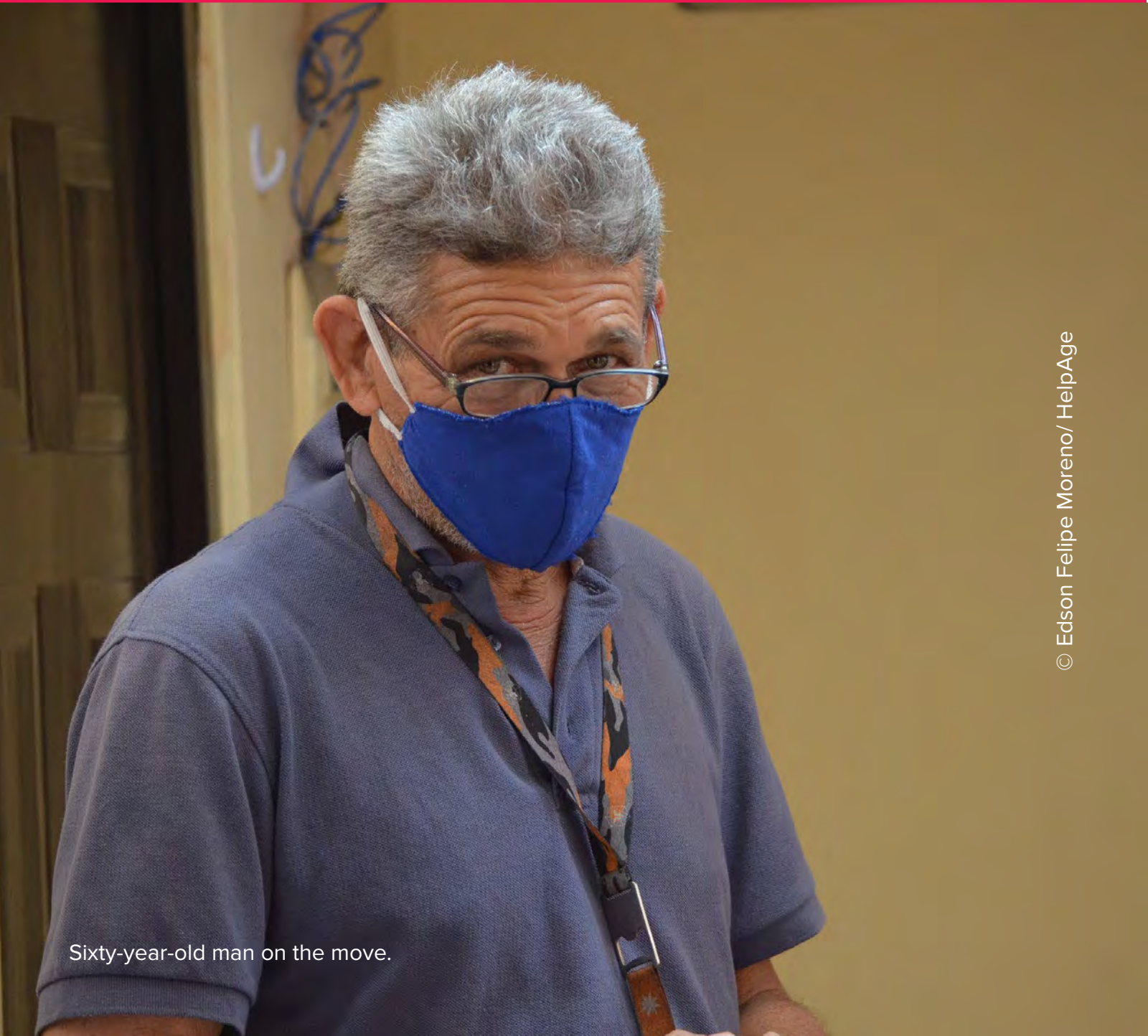
During the beginning of the pandemic, many Venezuelans were detained in transit due to border closures at the border between Ecuador and Peru, increasing their levels of vulnerability.

“A large number of Venezuelan people stayed at the border with increased levels of vulnerability because they were left on the street. We saw pregnant women, women with children, new-born children. We saw sick older persons who had been left there, who were going to Peru, Chile, Argentina or who were going to return to Venezuela”. (Man, expert, Ecuador, 2020).

Annex E

Country Report: Peru

Regional assessment on the situation and needs of older persons on the move in the Americas



Sixty-year-old man on the move.

Table of Contents

1. Population approach	328
1.1 Scope of the sample	328
1.2 Characterisation of older persons consulted	329
1.2.1 Sex and age	329
1.2.2 Human mobility flows	329
1.2.3 Ethnic group	330
1.2.4 Family composition	330
1.2.5 Civil status	330
1.2.6 Education	331
1.2.7 Disability	331
2. Results	332
2.1 Main causes of human mobility	332
2.2 Documentation	334
2.3 Humanitarian aid	336
2.4 Income and labour	338
2.5 Social security	340
2.6 Food security	341
2.7 Health	342
2.7.1 Health Conditions	342
2.7.2 Access to health services	343
2.8 Care and support	346
2.9 Safety	348
2.10 Accommodation and WASH	349
2.11 Non-discrimination and equality before the law	350
2.12 Community participation and integration	351
2.13 Training	352
2.14 Access to freedom of expression, opinion and information	353
2.15 Accessibility and mobility	354
2.16 Access to financial products	355
2.17 Main risks faced by older persons on the move	356
2.18 Other aspects of life affected by COVID-19	356

Index of Tables

Table 1.	Number of people by age	329
Table 2.	Type of mobility and disaggregation by sex	329
Table 3.	Causes of human mobility and disaggregation by sex	333
Table 4.	Types of documentation	334
Table 5.	Humanitarian aid by mobility flow and sex	336
Table 6.	Income	339
Table 7.	Satisfaction of needs	339
Table 8.	Source of income	340
Table 9.	Income and work	340
Table 10.	Access to social security	341
Table 11.	Forms of access to food	341
Table 12.	Health conditions	343
Table 13.	Pandemic preventive measures	346
Table 14.	Care and support	347
Table 15.	Types of abuse	348
Table 16.	Types of housing or accommodation	349
Table 17.	Difficulties with obtaining accommodation or housing	350
Table 18.	Forms of discrimination	351
Table 19.	Types of community involvement activities	352
Table 20.	Access to training	352
Table 21.	Types of equipment	353
Table 22.	Use of technological equipment	354
Table 23.	Access to locations	354
Table 24.	Types of risks	356

Index of Figures

Figure 1. Sex	329
Figure 2. Types of human mobility	329
Figure 3. Ethnic group	330
Figure 4. Family composition	330
Figure 5. Civil status	331
Figure 6. Education	331
Figure 7. Recognition of disability	332
Figure 8. Disability according to the Washington Group scale	332
Figure 9. Regularization procedures	335
Figure 10. Humanitarian assistance by mobility flow	336
Figure 11. Use of health services disaggregated by sex	344
Figure 12. Use of health care services disaggregated by flow	344
Figure 13. Limitation of access to health care during COVID-19.	345
Figure 14. Access to health care during COVID-19, disaggregated by type of mobility	345
Figure 15. Dependents	347
Figure 16. Access to savings accounts	355
Figure 17. Access to a savings account, disaggregated by sex and type of mobility	355

1. Population approach

The data collection was carried out using telephone and online surveys. The telephone survey of older persons on the move was conducted between October 28 and November 4, 2020. Among the contacts provided by UNHCR and field partners, an initial database of 422 people was consolidated, of whom 153 people agreed to participate in the survey and completed it, surpassing the goal of 150 respondents established in the concept note of this study (102%).

The older persons surveyed primarily live in Lima (69%), Arequipa (10%), Tacna (7%), Callao (3%), Cuzco (3%) and Piura (2%). In terms of the online survey, an initial database of 37 institutional actors was established, including government entities, international humanitarian actors, service provider civil society organisations, service provider religious organisations and grassroots organisations; 11 completed surveys were obtained, representing 100% compliance with the goal established in the concept note of this study, which was between 10 and 15 online surveys.

The online surveys were completed by a metropolitan municipality, three public support centres for the provision of emergency services using a gender approach, an international humanitarian actor, four religious establishments, service providers for the targeted populations, a specialist health service centre

and a civil society organisation, which include older persons who are migrants, who have requested asylum and who are refugees. These surveys were completed between November 3 and 9, 2020. Respondent organisations provide humanitarian relief services (provision of food, transport or medicine), shelter, health services, psychosocial care and development of livelihoods.

1.1 Scope of the sample

Estimates based on official Peruvian government data project a figure of more than 1,043,000 persons who have entered Peru¹ as of August 2020. These estimates do not involve identification or individual registration, nor are they able to provide a precise count of those who have entered and continue to enter the country - despite the border closure - without being able to regularize their status. This is why it is not possible to determine the exact magnitude of the flows.

Taking this into account, the sample of the population that participated in the study were selected based on criteria established by experts. The goal was to include the different needs and situations of older persons on the move so that the objectives of the fieldwork could be successfully achieved.

¹ R4V Platform. Last updated 31 Aug 2020. <https://r4v.info/es/situations/platform/location/7416>

1.2 Characterization of older persons consulted sex and age

1.2.1 Sex and age

After the systematization and filtering of the database, 150 surveys were used with a total of 90 women (60%) and 60 men (40%).

Figure 1. Sex

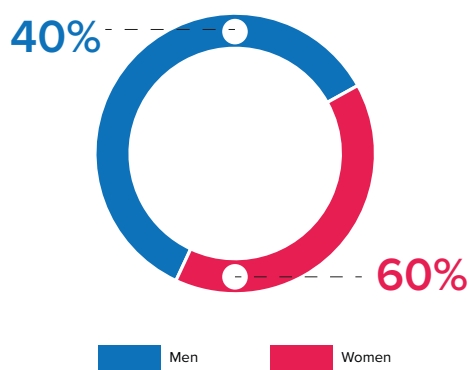


Table 1. Number of people by age

Age range	Number of people	Men	Women
60-69 years	110 (73%)	50 (45%)	60 (55%)
70-79 years	37 (25%)	9 (24%)	28 (76%)
80 years and older	3 (2%)	1 (33%)	2 (67%)

1.2.2 Human mobility flows

Ninety-four percent of the sample are older persons from Venezuela, a total of 146 people. The other older persons are of Peruvian, Austrian and Nicaraguan nationality but have lived for many years in either Venezuela or Colombia.

Figure 2. Types of human mobility

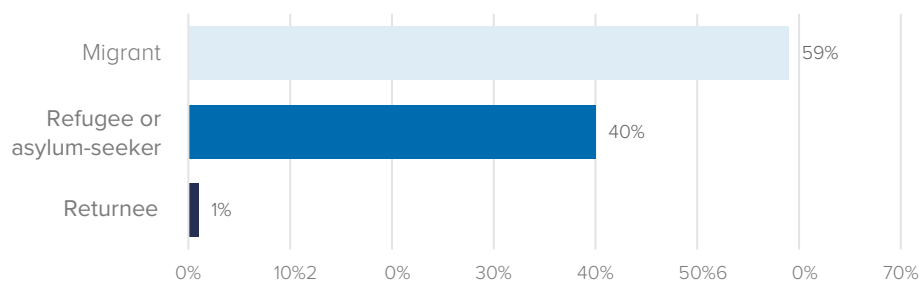


Table 2. Type of mobility and disaggregation by sex

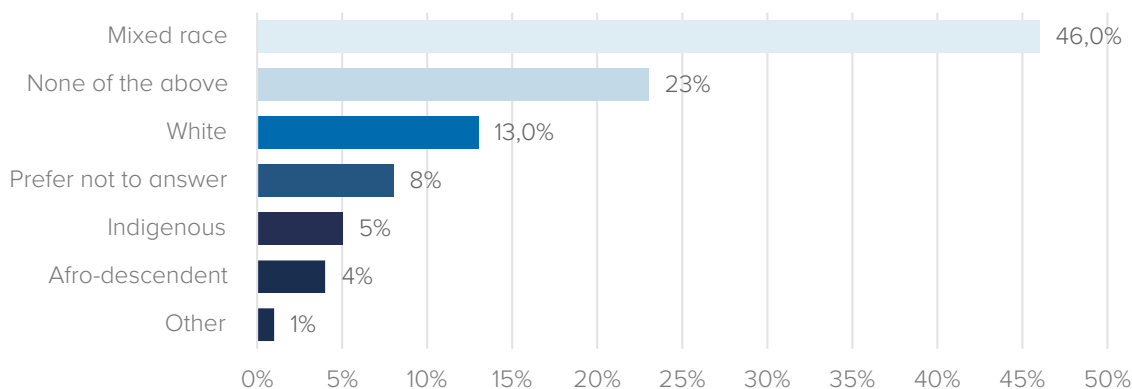
Type of mobility	Number of people	Women	Men
Migrant	89 (59%)	55 (62%)	34 (38%)
Refugee or asylum-seeker*	60 (40%)	34 (57%)	26 (43%)
Returnee	1(1%)	1(100%)	0%
Total	150	90	60

*It is important to clarify that the figures are based on recognized refugees and asylum-seekers, as there are Venezuelan refugees who have not accessed the asylum system, who do not apply for international protection for different reasons and opt for other forms of regularization. The category of migrant in the study includes both regular and irregular migrants. For the purpose of analysis, this clarification should be kept in mind throughout the report.

1.2.3 Ethnic group

Forty-six percent of those surveyed said they were mixed race; 23% did not recognize their ethnicity; 13% described themselves as white; 8% did not respond to the question; 5% were indigenous; 4% were Afro-descendant; and 1% described their ethnic group as other.

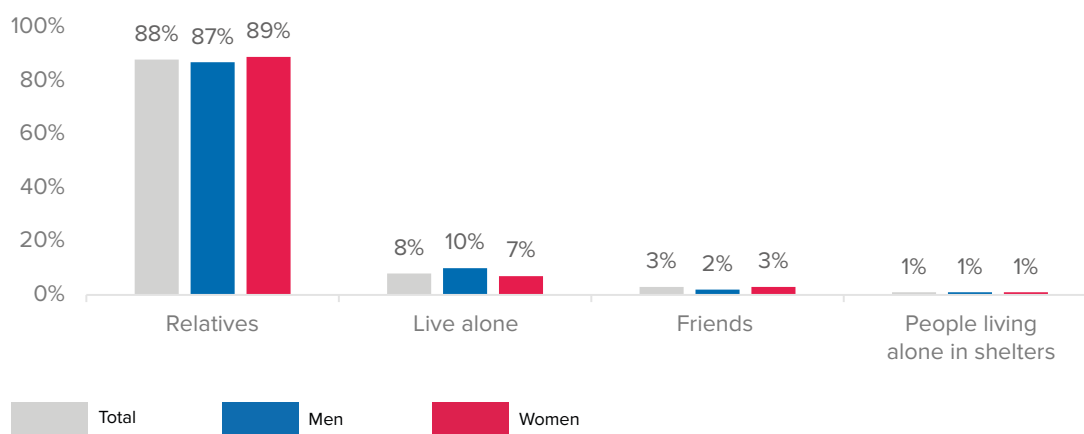
Figure 3. Ethnic group



1.2.4 Family composition

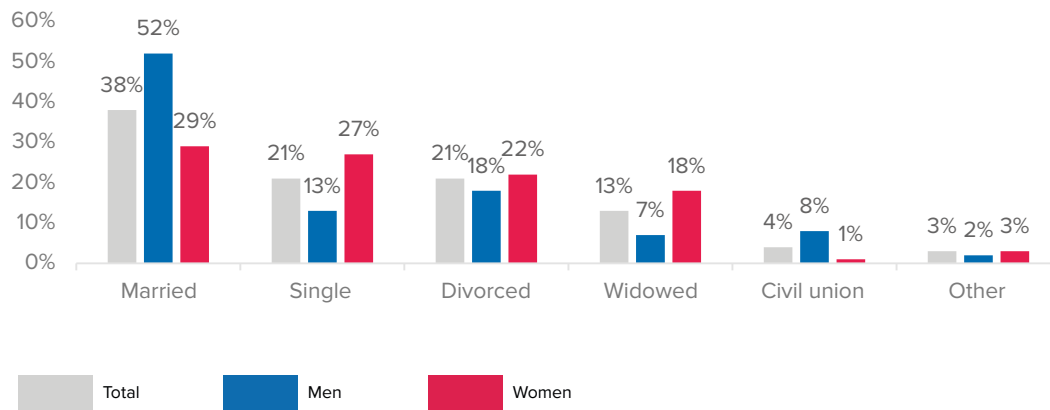
Ninety-seven percent of the people surveyed have children and 88% live with their families. Smaller percentages live alone (8%) or with friends (3%).

Figure 4. Family composition



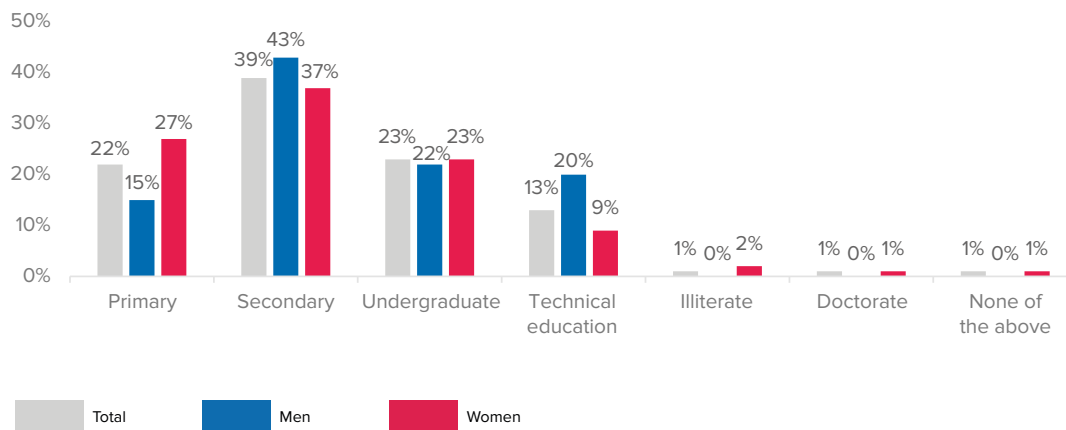
1.2.5 Civil status

Of the total number of people surveyed, 38% are married; 21% are single; 21% are divorced; 13% are widowed and 4% are in a common-law relationship.

Figure 5. Civil status

1.2.6 Education

Thirty-nine percent have a high school or secondary education; 23% have an undergraduate degree; 22% have a basic or primary education; 14% have technical education; 1% have a doctorate; and 1% cannot read or write.

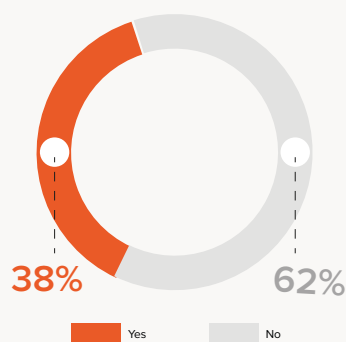
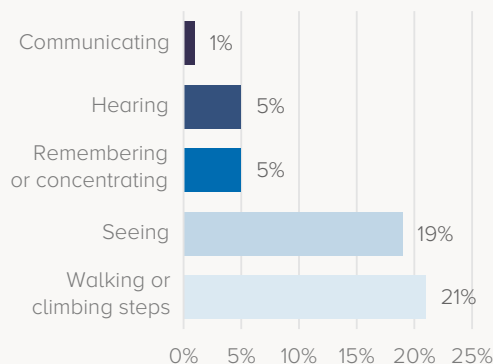
Figure 6. Education

1.2.7 Disability

Thirty-eight percent of the total number of older persons on the move who were surveyed recognize that they have some type of disability. However, in order to accurately identify the percentage of disability for each type of disability, the analysis is disaggregated based on the “degree of difficulty” that a person has in accordance with the Washington Group Short Set scale. This identifies that a person has a disability when he/she has great difficulty or is

unable to carry out an activity. After the questions had been asked, the classification was made according to this scale.

For each type of disability, 21% reported having a physical disability that makes it difficult for them to walk or climb stairs; 19% reported a visual disability; 5% acknowledged having difficulty remembering or concentrating; 5% have a hearing disability; and just 1% stated that they had a communication disability.

Figure 7. Recognition of disability**Figure 8.** Disability according to the Washington Group scale

2. Results

The following section will outline the results obtained from the fieldwork carried out in Peru. The articulation between quantitative and qualitative information on the human mobility of older persons is presented. In the analyses, reference will be made to human mobility in general terms and to each human mobility flow in a differentiated manner².

The analysis is organized into categories based on the rights of older persons included in the Inter-American Convention on the Protection of the Human Rights of Older Persons, which were considered in this study; assistance, care or humanitarian aid; income and work; social security; food; health; personal care; security; housing, accommodation and WASH services; non-discrimination and equality before the law; community participation and integration; training; access to freedom of expression, opinion and information; accessibility and mobility; access to the financial system; main risks and, finally, aspects of life most affected by COVID-19.

2.1 Main causes of human mobility

It is important to clarify that for the Venezuelan nationals consulted, the fact that they are categorized as migrants does not mean that they are not in need of international protection and could be recognized as such, as discussed in the previous section on the causes of human mobility.

In Peru, human mobility is characterized by refugees, migrants or asylum-seekers of Venezuelan nationality who have left their country for Peru, crossing Colombia and Ecuador by bus or on foot and undertaking this long journey to reach the country.

In the case of the older persons from Venezuela who were surveyed, the main causes for their human mobility include access to work or income opportunities, access to basic needs such as food and health and support or family reunification, as well as the need for protection from threats.

² The definitions of each human mobility flow were developed in the terminology chapter of the Regional Report.

“My wife needed medication and treatment. She suffers from epilepsy and back in (Venezuela) medicines were scarce. She has already had two seizures, so medicines were not available and, if they were available, they were very expensive. In short, the situation was critical. Also, business activity was difficult for us, so we decided to at least try to come here to Lima and live a little more peacefully”. (Sixty-two-year-old man, older person on the move, Peru, 2020).

For men, the main cause for their human mobility is access to work or income opportunities (cited by 78% of respondents), which is also a significant factor for women (66%). Nutrition was the main cause of human mobility for women (73%), while this cause was cited by 60% of men.

In 89% of cases, the causes of their human mobility affected the older person and their family, including family reunification as a mechanism for the family group to adapt to conditions at their destination.

“A first wave of young Venezuelan migrants came, but in the process of settling in Lima and other parts of the country, they saw the need to bring over an older person to take care of their children, who were either born here or who came with them. I think that’s how older persons started to come here to Peru”. (Woman, international network, Peru, 2020)

“In relation to older persons, one of the things we found is that many older adults arrived through family reunification processes. This means that

Table 3. Causes of mobility and disaggregation by sex

Causes of mobility	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Access to employment or income opportunities	74%	88%	65%	65%	65%	65%	71%
Nutrition	75%	71%	78%	58%	46%	68%	68%
Access to health care	64%	56%	69%	57%	38%	71%	61%
Family support	61%	56%	64%	52%	50%	53%	57%
Family reunification	27%	24%	29%	18%	15%	21%	24%
Need for protection from threats, violence or persecution	13%	21%	9%	22%	12%	29%	17%
Access to housing	4%	9%	2%	2%	0%	3%	3%
Access to education	2%	6%	0%	3%	4%	3%	3%
Need for protection against extortion, payment of quotas, etc.	1%	3%	0%	5%	4%	6%	3%
Need for protection against the risk of use, recruitment or forced recruitment.	2%	0%	4%	3%	4%	3%	3%
Access to documentation	2%	3%	2%	2%	0%	3%	2%
Need for access to justice services	2%	0%	4%	2%	0%	3%	2%
Need for psychosocial support	1%	0%	2%	3%	0%	6%	2%
Need for protection as a victim, witness and informant of crimes	0%	0%	0%	3%	4%	3%	1%
Need for protection from threats of violence by a partner, ex-partner or family member	0%	0%	0%	2%	4%	0%	1%
Other	10%	12%	9%	15%	15%	15%	12%

they were not migrants in the first or second wave, they were people who stayed in Venezuela probably caring for the children of the younger people who migrated. Since 2018 older adults began to arrive, bringing the children or coming over to regroup with their children". (Woman, international non-governmental organisation, Peru, 2020).

2.2 Documentation

Older persons have the right to freedom of movement, to choose their residence, and to hold a nationality on an equal basis with other segments of the population, without discrimination on grounds of age. (IACPHROP, Art. 15).

The evidence collected shows that many older persons on the move do not have access to the processes and documentation that would allow them to enjoy their rights.

It should be noted that in Peru more than 70% of the people surveyed have some type

of documentation that allows them to stay in the country on a regular basis with provisional temporary resident permits, which means that many may continue in the country with an irregular status after these permits expire. Only 6% of respondents did not have any permit. Other respondents stated that they have an expired passport and identity card from their country of origin.

Due to current visa requirements, many people enter Peru irregularly. The stakeholders consulted in the survey stated that the figures for refugees and migrants are currently unclear in terms of the exact number of undocumented persons in the country, which is even more difficult to identify in the case of older persons.

People with an irregular status generally have limited access to work and health care. In addition, the refugee status determination process takes too long and only a minimal percentage of applicants have their refugee status recognized.

Table 4. Types of documentation

Types of documentation	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Temporary resident permit or visa	29%	29%	29%	17%	15%	18%	24%
Application for refugee status	4%	6%	2%	35%	27%	41%	16%
Permanent resident	16%	15%	16%	3%	44%	3%	11%
Tourist permit or visa	13%	15%	13%	3%	0%	6%	9%
I do not have any permit/document	8%	9%	7%	3%	4%	3%	6%
I am waiting for my permit to be issued	6%	6%	5%	5%	4%	6%	5%
Refugee status	1%	3%	0%	12%	4%	6%	5%
National Identity Card (DNI)	2%	3%	2%	2%	4%	0%	3%
Humanitarian permit	1%	0%	2%	0%	0%	0%	1%
Other	20%	15%	24%	20%	23%	18%	20%

“We requested an appointment to submit our application for refugee status and they gave it to us for 2022”. (Sixty-seven-year-old woman, older person on the move, Peru, 2020).

In accordance with the survey’s stringent documentation requirements, respondents were not asked if they were affiliated in the health system that gives priority to older persons. People with very serious chronic health problems may be issued with the vulnerability-based foreigner’s card³, but according to the actors consulted, it is not very clear what specific conditions are covered by this card.

There are organisations that provide legal advice to older persons who do not have documentation or register them in their database with the identity card number from their country of origin. In many cases, obtaining the required documentation has high costs, and what they earn is barely enough for daily sus-

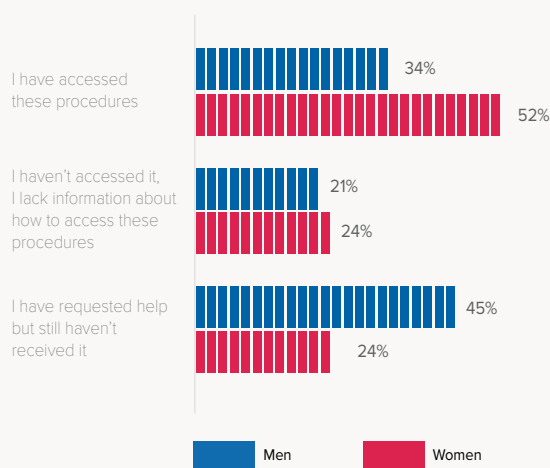
tenance and the remittances they send to their country of origin.

“A person earns between 600 and 700 soles a month, they pay 300 or 400 soles for rent and food. This means they don’t earn enough money to pay for this type of procedure. That is why there are many Venezuelans who have an irregular situation, because they either pay for an administrative procedure or eat or send that money to their family that they left behind in Venezuela, so it is a dilemma. They prefer to send money to their relatives, eat, stay here and postpone the regularisation procedure”. (Woman, grassroots organisation, Peru, 2020).

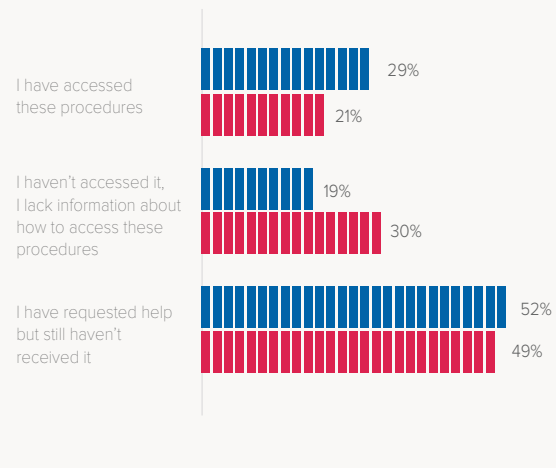
The lack of response or lack of clarity regarding the procedures and costs of the regularization process are the main problems related to documentation, both for asylum-seekers and for migrants.

Figure 9. Regularization procedures

A. Procedures for the regularization of migrants



B. Procedure for the regularization of refugees



³ According to the Legislative Decree of Migration N°1236, through which migrants in vulnerable situations (art.17) could have access to a humanitarian migratory procedures (T7) <https://www.acnur.org/fileadmin/Documentos/BDL/2015/10203.pdf>

The respondents who are asylum-seekers have not yet been able to access the procedure for recognition as such. Some 50% report having accessed the procedures for being recognised as refugees, but it is a slow process and there is still no response, which results in difficulties in the integration process.

“As long as you are an asylum-seeker, you are “legal” inside the country, because you are in a refugee application process, but this asylum-seeker card or letter does not allow you to have a formal job if they ask you for documents. It has no validity.” (Woman, grassroots organisation, Peru, 2020).

Among migrants, 32% have asked for help to carry out administrative procedures but have not received it. Twenty-three percent have not had access to migratory procedures to obtain a document that provides them with a regular status. This may be the result of a lack of clarity regarding the procedures or they have not had contact with organisations or people that provide advice.

The organisations interviewed generally provide legal advice on the procedures that older

persons must go through in order to obtain a valid document in the country, in which they are either passing through or when they decide to settle. Depending on the case, they are referred to institutions that are responsible for providing the help or information they are requesting. Organisations act directly to support individual cases when an older person has a complex health situation and there is a serious risk of death.

“We are mapping. Right now we have a consultant working on mapping the institutions, what kind of services they provide, which of them are accessible to migrants. We identify what the documentation and cost requirements are and we know the steps to take so that migrants can access these services.” (Woman, international non-governmental organisation, Peru, 2020).

2.3 Humanitarian aid

Older persons must be guaranteed their safety and rights in humanitarian situations, with a differentiated approach, taking into account

Figure 10. Humanitarian assistance by mobility flow

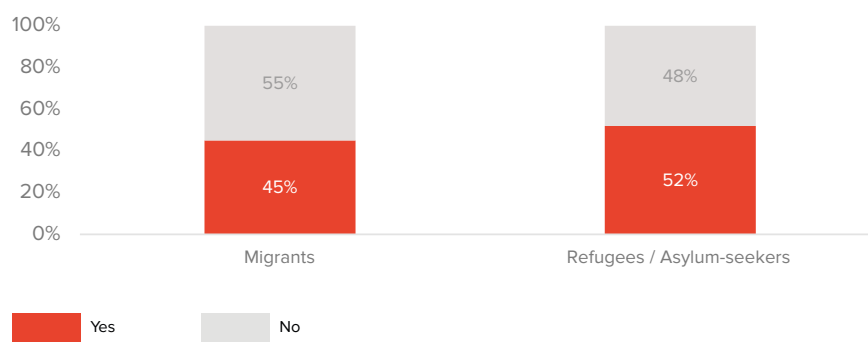


Table 5. Humanitarian aid by mobility flow and sex

Humanitarian aid by mobility flow and sex	Migrant			Refugee or asylum-seeker		
	Total	Men	Women	Total	Men	Women
Yes	45%	52%	40%	52%	62%	45%
No	55%	48%	60%	48%	38%	55%

their specific needs, at all stages of crisis, conflict or disaster management, and their participation in all mechanisms for managing such situations must be encouraged. (IACPHROP, Art. 29).

More than half of all respondents have not received assistance, care or humanitarian aid. In the case of the migrants interviewed, they stated that 53% of assistance comes from humanitarian and international organisations, 31% from local civil society and religious organisations, 9% from a government entity in the country and 6% from other organisations. This support primarily consists of receive subsidies, economic support and monetary transfers (44%), food and hygiene items (25%) and health services (13%).

In terms of the older persons who are refugees or asylum-seekers, 32% stated that they had received assistance from humanitarian organisations and 21% from local civil society or religious organisations, and to a lesser extent from a government entity (7%). The assistance received by respondents corresponds primarily to subsidies, economic support or monetary transfers (64%), food and toiletries (29%), health services (21%) and housing, lodging or shelter (14%).

In accordance with the responses of the people surveyed, the percentage that received legal assistance, information and guidance on services and rights is low, at just 7%, while just 4% stated that they had received to psychosocial support or guidance. These were the two fundamental needs identified by respondents.

It should be added that volunteer organisations exist that operate with their own resources or those of family and friends, raising funds among ordinary people to provide assistance to older persons who are neglected by family members and the government.

In this scenario, Venezuelan organisations have organized themselves into support networks to meet the multiple needs of refugees and migrants, as is the case of an intersectoral alliance between the Red Cross, Venezuelan Journalists in Peru, the Association of Dentists

in Peru, the Peruvian Episcopal Conference, the Public Defender's Office and the Human Rights Office of the Public Prosecutor's Office.

Alliances between organisations and religious congregations were also identified. These provide important support in terms of shelter. According to the information provided during the survey, these organisations are at their maximum capacity.

According to the information provided by the older persons surveyed, the government is limited in its ability to respond to the growing needs of persons on the move.

“They help their people. The vouchers, that still hasn't happened. We are supported by other Venezuelans, we don't get any help from the government”. (Sixty-three-year-old woman, older person on the move, Peru, 2020).

Some institutions and organisations contacted for this study use an inclusion approach in their work, giving priority to groups they define as vulnerable, such as pregnant women, infants, children and adolescents, older persons, persons with disabilities and people with chronic diseases.

For example, one of the organisations that supports the Venezuelan population has established the following prioritized groups for assistance: families with small children and new-borns, older persons with chronic health problems and older persons who are on their own and have reduced medical treatment and insufficient food. The level of vulnerability is identified at the highest level, as many people are completely helpless.

Among the service providers surveyed, very few offered specific services to the older persons, with the exception of some organisations that support vulnerable older persons through clinical psychological assistance. For example, there are organisations that provide emotional support, offering free psychosocial and psychoemotional assistance to older persons, including through video calls. Cases of gender-based violence that require follow-up and assistance are included in this area.

One of the institutional actors stated that it is very difficult to come into contact with older persons, as in many ways they are invisible in society.

“We identify that in family groups there are older adults, but we never talk to them, it is always through another person. It is a difficult population to reach”. (Woman, intergovernmental organisation, Peru, 2020).

In general, the organisations interviewed provide food kits, health care and personal hygiene, legal guidance and protection (community, cash transfer strategy, livelihoods, assistance with regularization procedures), emergency care, multipurpose assistance, lodging and identification of needs according to age group. They also help with basic needs (clothing and food). Monetary transfers, for example those made by UNHCR to implementing partners, are mainly intended to cover basic needs for rent, food and payment of services, as well as sectoral assistance with health, education or documentation services.

2.4 Income and labour

Older persons have the right to decent and dignified work, as well as to equal opportunities and equal treatment with other workers regardless of their age. (IACPHROP, Art. 18).

A lack of income for older persons on the move in a situation of human mobility was mentioned by 61% of the people surveyed. Before COVID-19, 43% did not have a job and, of those who had a job, 81% worked in the informal economy.

There is a very large difference in the unemployment rate between men (18%) and women (59%), which suggests that there is a need to generate strategies to strengthen employability with a gender perspective. Another cause of this situation is that the family structure prioritizes older women as caregivers, based on traditional Venezuelan family roles. More men are employed in the informal economy (88%) compared to women (73%).

“Here informal work is what’s available, that is if they don’t ask for documents. Everything is informal in Peru”. (Woman, grassroots organisation, Peru, 2020).

Of those who worked before the pandemic and who responded to the survey, 69% worked between 5 and 7 days a week: this shows that older persons are very active in the labour market but they might also be subjected to situations of labour exploitation. Twenty-six percent stated that they worked between three and four days and only 5% worked between one or two days.

Among the respondents who earned an income before COVID-19, 71% earned an income below the minimum wage. Twenty-five percent stated that they earned the minimum wage.

In 88% of the cases, the income came from their own income, with only 5% from a pension. 4% of respondents family support and subsidies or monetary transfers from organisations.

Forty-five percent of the older persons surveyed recognized that their income was not sufficient to meet their basic needs before COVID-19. Most people’s income has decreased during the pandemic.

“On the streets we see older persons who are from other countries begging, selling, and I don’t know how much they can make selling from sun up to sun down”. (Woman, international network, Peru, 2020).

The institutional actors agreed that most of the older persons they serve are in informal and high-risk situations due to their lack of documentation and that older persons are excluded, primarily in marginal urban areas. The jobs they get are low-income or in many cases they are simply ignored when they apply for jobs.

“Older women with whom I had contact with had a specific vulnerability. They were looking for domestic services or nanny work and other informal jobs”. (Woman, intergovernmental organisation, Peru, 2020).

Older persons are identified as working on a casual basis, on the street and even sometimes accompanied by children. The pandemic has led to a reduction in their employment, as well as fear of people who do not want to buy from them what they sell on the street.

“I started working, like all Venezuelans who migrated, selling food on the streets, selling fish, coffee, selling cake, selling whatever I could sell. Then I got a job in a store. Then I got a job in a company. But because of the pandemic, I became unemployed”. (Woman, carer and family member, Peru, 2020).

family nucleus, raising and caring for children and sometimes people with disabilities. Age is a barrier in the economic system in terms of employment for older persons. When the situation is quite critical, older persons fall into informal jobs, putting themselves at risk by working on the street. Sometimes this means bringing the children they care for, which also puts them at risk. Older persons are responsible for their grandchildren because their parents have travelled to other places for work, which means that they become the children’s caregivers.

The older persons interviewed do not have economic independence due to their situation of human mobility. They play a role in the

Table 6. Income

Income	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Yes	44%	53%	38%	33%	50%	21%	39%
No	56%	47%	62%	67%	50%	79%	61%

Table 7. Satisfaction of needs

Satisfaction of needs	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Yes	54%	56%	52%	55%	62%	43%	55%
No	46%	44%	48%	45%	38%	57%	45%

Table 8. Source of income

Monthly income before COVID-19	Migrant			Refugees or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Own income (formal or informal work)	87%	89%	86%	87%	92%	86%	88%
I receive a pension	5%	6%	5%	5%	8%	0%	5%
Family support	3%	0%	5%	0%	0%	0%	2%
Grants/monetary transfers from humanitarian or international organisations	3%	0%	5%	0%	0%	0%	2%
Other	3%	6%	0%	5%	0%	14%	3%

Table 9. Income and work

Flow	Before COVID-19	During COVID-19
Migrants	44% received income	46% no longer have any income and 49% have had their income reduced.
	56% were employed	48% have lost their jobs and 42% have had their jobs reduced.
Refugees or asylum-seekers	33% received income	45% no longer have any income and 45% have had their income reduced.
	58% were employed	57% are no longer employed and 31% have had their jobs reduced.

2.5 Social security

Every older person has the right to social security that protects them so that they can lead a dignified life. (IACPHROP, Art. 17).

Access to social security is very limited among the people surveyed. 91% do not receive any type of pension. In the case of persons with disabilities, the percentage reaches 95%. Only nine older persons surveyed can access pensions from Venezuela. Others have lost their pensions because they have not been able to collect them in Peru. In many cases, people depend on the support of their children.

“I was talking to a married couple who had been professionals and received a pension in Venezuela and they said that being here in Peru, it was impossible to access their pensions, and even when they were in Venezuela they couldn’t get

the pension, because they just stopped paying it one day”. (Man, intergovernmental organisation, Peru, 2020).

In Peru there is a non-contributory social pension (Pension 65)⁴ but it is not available to Venezuelan. It is only available for Peruvian nationals in extreme poverty. There is a pension for people with severe or multiple disabilities that is available for both nationals and foreigners, as long as they have the required documentation.

Two organisations that participated in the survey provide free advisory and guidance services on social security affiliation and maintaining affiliation. One of the organisations provides information about retirement pensions and the other information about social pensions. There is a need to expand services in this area.

⁴ There is also a pension for people with severe disabilities and poverty. This is known as the CONTIGO program, which migrants or refugees could access if they have the necessary documentation.

Table 10. Access to social security

Satisfaction of needs	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
I do not receive a pension	93%	94%	93%	88%	88%	88%	91%
I receive a social pension from my country of origin.	3%	0%	5%	3%	4%	3%	3%
I receive a retirement pension from my country of origin.	0%	0%	0%	7%	4%	9%	3%
Other	4%	9%	2%	8%	8%	9%	6%

2.6 Food Security

As part of older persons' right to a comprehensive care system, they must have access to food security and nutrition. (IACPHROP, Art. 12).

Before COVID-19, 81% of people had access to three meals or more per day; 17% had access to only two meals; 2% had access to more than three meals; 1% had access to one meal, and sometimes no meals at all. Access to food was mainly through support of family members (63%), as well as own economic income (52%).

It is important to note that the number of daily meals has decreased for 35% of older persons, especially for persons with disabilities, decreasing for 42% of this population com-

pared to 31% of persons without disabilities. This may be related to the difficulty generating income. There is no difference between the decrease in the number of daily meals for women and men.

“With the pandemic I had families who had not eaten for two days, with children and older persons”. (Woman, grassroots organisation, Peru, 2020).

One of the main forms of assistance received by refugees, migrants or asylum-seekers is food, which is provided by humanitarian organisations, churches and civil society organisations. There are community initiatives in which they organize community kitchens to support people who cannot access food and help people who are hungry. This has worsened with the pandemic, as people cannot ac-

Table 11. Forms of access to food

Forms of access to food	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Family support	58%	50%	64%	70%	62%	85%	63%
Own economic income	52%	71%	40%	53%	50%	47%	52%
Neighbours or friends	15%	9%	18%	3%	4%	3%	10%
Religious organisations	4%	0%	7%	10%	8%	12%	7%
Food assistance from humanitarian organisations	1%	0%	2%	3%	0%	6%	2%
Attendance at community centers or community kitchens	1%	3%	0%	0%	0%	0%	1%
Other	4%	6%	4%	0%	0%	0%	3%

cess three meals a day, reducing their quantity and quality of food.

“The only time we receive help is from an evangelical church that supplies us with food every 21st of the month. It is basically rice, oatmeal, milk, but it is wonderful help”. (Sixty-one-year-old woman, older person on the move, Peru, 2020).

Due to the loss of jobs and income, this is one of the most delicate aspects for this population, since the older persons may have their food supply reduced as they are dependent on their relatives. The lack of food and not having an adequate diet for their health condition can be aggravating factors.

“The World Food Program should look at the social problems for older adults, the problems with food satisfaction. This issue for adults today is real, we have to worry about older adults”. (Woman, intergovernmental organisation, Peru, 2020).

2.7 Health

Older persons have the right to physical and mental health, without discrimination of any kind. (IACPHROP, Art. 19).

2.7.1 Health Conditions

In relation to the health conditions of the people surveyed, the main health issues are the following: 41% have hypertension; 28% have mental health problems, such as anxiety, nerves, stress, depression and extreme tiredness; 50% stated that they had other health conditions before COVID-19, such as skeletal, rheumatic, circulatory, nervous and respiratory system, oral diseases, obesity, prostatic hyperplasia and thyroid disease.

The percentage of people who have not received medical treatment is considerable,

reaching 55%. For men it reaches 63% and for the afro-descendant and indigenous population it is 77%.

One of the risks faced by older persons is not being able to manage their chronic diseases. Because access to health care is quite limited, many older persons have been forced to pay a private doctor, pay for medicines with their own resources and attend health fairs organized by the Red Cross.

Of all the older persons surveyed, 36% felt nervous, anxious, depressed, irritable, exhausted, or had difficulty falling asleep some of the time; 13% felt nervous most of the time; and 2% felt depressed, irritable, exhausted, or had difficulty falling asleep all of the time. 83% did not receive treatment⁵. It is important to note that there are risk processes related to the uprooting of the older persons as this can cause depression and difficulties with the adaptation process.

Illnesses have been identified among older women⁶ along with complicated emotional states related to the harsh conditions they experienced during their migration, either by bus or walking to Peru, even directly from Venezuela. This journey has caused high levels of fatigue and exhaustion for this population.

One of the institutional actors interviewed recognized that older persons may suffer depression because they have lost the professional status or retirement they had in their country of origin, and they had expectations that they would have a better life in Peru. They have to manage difficult situations such as having to sell items on the street, which can generate frustration, or depending on their children for income and acting as caregivers for their grandchildren without having any access to the health system.

⁵ There is a possibility that older persons may have had access to psychosocial support but did not wish to receive it, or that when they started the process they abandoned it. According to HIAS data, adherence to this type of treatment is 38%. A fundamental issue could be that people consider mental health as secondary to the resolution of their structural needs.

⁶ According to a key stakeholder who worked on the northern border of Peru, older women suffered from vaginal infections, dryness and lack of hormones due to long periods of walking or riding the bus, poor hygiene conditions and lack of hydration.

Table 12. Health conditions

Health problems	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Hypertension	37%	24%	45%	48%	35%	59%	41%
Mental health problems	30%	24%	35%	23%	15%	29%	28%
Heart problems	16%	6%	22%	8%	12%	6%	13%
Gastrointestinal problems	15%	15%	15%	10%	0%	18%	13%
Diabetes	12%	9%	15%	12%	19%	6%	12%
Respiratory problems	13%	6%	18%	5%	0%	9%	10%
Cancer	2%	3%	2%	10%	12%	9%	5%
Other	51%	71%	38%	50%	69%	35%	50%
I prefer not to answer	4%	9%	2%	3%	0%	6%	4%

“Every day that goes by they get more frustrated, as older adults, not being able to feel useful and here in our country they’re not allowed to be useful”. (Woman, grassroots organisation, Peru, 2020).

The sedentary lifestyle caused by isolation can also have an impact on the physical and mental health of the older persons, which increases their loss of autonomy and can lead to despair because they feel like they can’t leave the house. Many older persons have found that their health problems, both physical and mental, have become more acute, and memories and feelings of sadness have intensified.

2.7.2 Access to health services

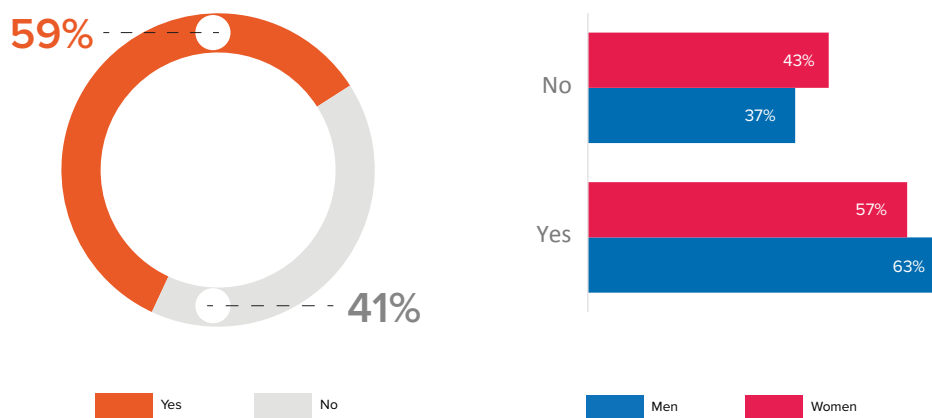
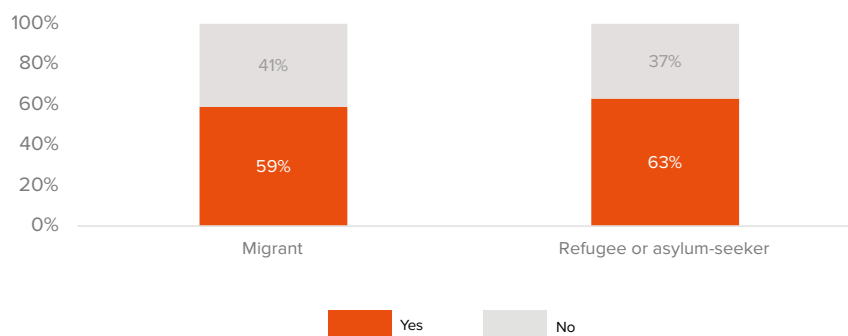
Forty-one percent of the people surveyed did not use a health service when they needed it before COVID-19. In 28% of the cases this was because they were not affiliated in the health care system or did not have money to pay for medical care. Eleven percent of people didn’t use a health service because of their lack of

documentation, while for 5% it was because of lack of knowledge about the services. In the case of people aged 80 years or older, 100% of those who did not use health services when they needed them did so because they did not have the money to pay.

“In Peru there is something called Integrated Health Insurance (Seguro Integral de Salud) that allows you to have free access to health care. To access it you need to have a Foreigner Identity card or a DNI, which is the National Identity Document for nationals. Older adults do not have access to this insurance⁷ because they do not have either of the two documents I mentioned. This means they can access health services by paying like any other foreigner in the country. They do not have any free healthcare”. (Man, intergovernmental organisation, Peru, 2020).

Forty-five percent of respondents stated that they had to pay for medical costs before the pandemic, and only 14% did not have to pay. 41% did not respond.

⁷ There is a group of people who have a Foreigner Identity Card and have not enrolled in the SIS, which is due to lack of knowledge, lack of time or forgetting to do it.

Figure 11. Use of health services disaggregated by sex**Figure 12.** Use of health care services disaggregated by flow

“I have had cases of families who go to emergency, and an emergency consultation costs 12 soles, which is between 3 and 4 dollars. If you do not have the money, they do not attend to you in an emergency, they just give you a consultation. So if you need a medicine, you have to buy it, and if you are hospitalized, well, I have had cases where they do not discharge the person until they pay”. (Woman, grassroots organisation, Peru, 2020).

According to one of the institutional actors, because their basic needs are not met, older persons postpone health care if they have illnesses, worsening their condition over time. The pandemic has meant that older persons with chronic diseases who require surgeries can't access them. This is due to the fear of

contagion and a lack of health coverage or affiliation.

Information on older persons on the move in the health system is very limited. There are organisations that insist on the need to establish a differential approach for working with older persons, but a lack of resources is one of the main limitations. There have even been deaths in this population due to lack of money for medical assistance, or lack of assistance for a person with COVID-19.

Despite the lack of resources, there are organisations in Peru that are focused on improving access to health care. Some work to help people obtain documentation so that people with mobility problems can have access to health

care. Others, such as the Association of Venezuelan Doctors, help with medication. Others offer physical rehabilitation and items such as wheelchairs for persons with disabilities.

“There is a lady who finished her rehabilitation and is very happy. She says that she is already working, that she can now go out, and I think that even just feeling that someone cared about them, that there was assistance, that they received that medical attention, makes a fundamental change to their mental health and to how they feel”. (Woman, international non-governmental organisation, Peru, 2020).

Peru also has what are known as “Solidarity Hospitals”, which provide free care to low-in-

come people regardless of their administrative status.

As a result of the COVID-19 pandemic, 46% stated that they had limited access to health services to treat symptoms or illnesses other than those associated with the virus. These limitations are related to the fact that some hospitals were not receiving people with other diseases, which led to the postponement of treatment. In addition, this access was affected by fear of contagion and in some cases because they did not have the documentation or the money to pay for private consultations. This postponement of health care also has an emotional impact on people, as they feel that their state of health may worsen.

Figure 13. Limitation of access to health care during COVID-19

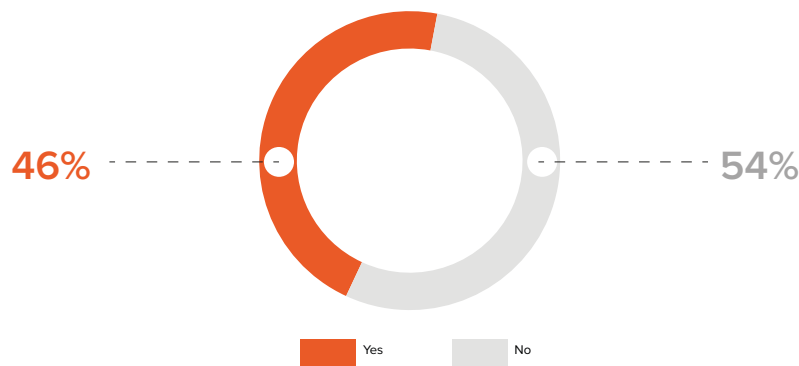
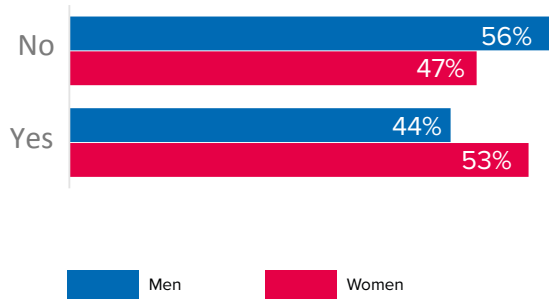


Figure 14. Access to health care during COVID-19, disaggregated by type of mobility

A. Migrant



B. Refugee or asylum-seeker

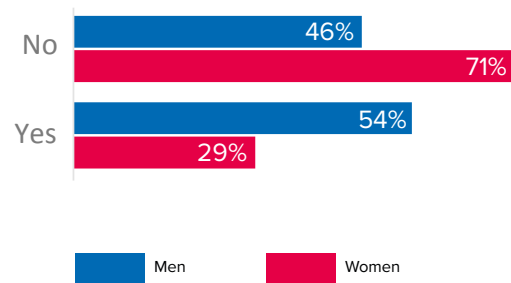


Table 13. Pandemic Preventive Measures

Pandemic Preventive Measures	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Wash your hands regularly with soap and water.	99%	100%	98%	98%	100%	97%	99%
Proper use of masks or face masks when interacting with other people.	99%	100%	98%	98%	100%	97%	99%
Keep 2 meters away from any other person.	97%	97%	96%	93%	88%	97%	95%
Avoid touching your face	89%	90%	91%	88%	88%	88%	89%
Avoid physical contact (group meetings, staying at home, avoiding shaking hands).	85%	85%	85%	82%	81%	82%	84%
Other	10%	12%	9%	7%	4%	9%	9%

Of concern is the fact that 27 people - that is, 18% of those surveyed – who have been infected with COVID-19 report not having received adequate medical treatment. A total of 11 people felt discriminated against because they were medical patients and suspected of being infected with COVID-19.

The majority of older persons protect themselves from COVID-19 with biosecurity measures. In terms personal protection elements, 79% indicated that they bought them, 18% that they received them, and only 2% stated that they do not have the means to obtain them.

According to one of the institutional actors, the pandemic has made older persons visible as a population that requires the maximum level of protection. However, there are still many gaps in the assistance provided. Despite the fact that the older persons surveyed state that they use care measures to protect themselves against COVID-19, one institutional actor stated:

“Sometimes they walk around with the same mask; sometimes we have to buy them masks. We disinfect ourselves and put the mask on gently, so that nothing happens to them”. (Woman, grassroots organisation, Peru, 2020).

There are institutional actors who mentioned several deaths of older persons on the move.

2.8 Care and support

Older persons have the right to a comprehensive system of long-term care that provides for the promotion and protection of their basic needs. (IACPHROP, Art. 12).

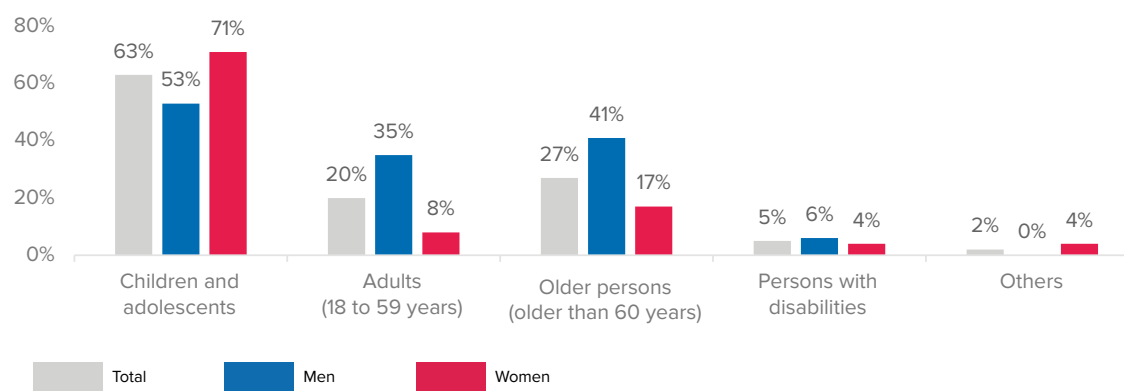
Most of the older persons interviewed (88%) live with their family, which is their main source of support and care. Eight percent live alone.

“It is true that the older persons who come to Peru, it’s because they have a support network, they come to look for their children, to see their grandchildren, to stay with relatives who have arrived before them. That is what I have been able to see in Tumbes at the moment”. (Woman, intergovernmental organisation, Peru, 2020).

The majority of respondents (71%) are in contact every day or at least two or three times a week with their relatives. Twenty-six percent live with their relatives and support them to meet their needs, and 15% live with their wife or husband. Many of the older persons surveyed also play a key role in caring for family members. Twenty-seven percent of the people surveyed had dependents, of whom 63% were children and adolescents, 27% other older persons; 20% adults; and 5% persons with disabilities.

Table 14. Care and support

Contact with relatives	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
I do not require support for my daily activities or daily needs	38%	38%	38%	58%	58%	59%	47%
Other relatives in the house where we live	33%	29%	35%	20%	27%	15%	26%
I am supported by my wife/husband/spouse or permanent companion	16%	21%	13%	13%	15%	12%	15%
Friends not living in our place of residence	1%	0%	2%	3%	0%	6%	2%
Children and adolescents in the home where we live	0%	0%	0%	2%	0%	3%	1%
Children and adolescents who do not live in our place of residence	0%	0%	0%	2%	0%	3%	1%
Local, community or religious organisations	1%	3%	0%	0%	0%	0%	1%
Other relatives who do not live in our place of residence	1%	3%	0%	0%	0%	0%	1%
Other	10%	6%	13%	2%	0%	3%	6%

Figure 15. Dependents

Older persons generally stay behind to take care of grandchildren while their parents or relatives look for work or generate some kind of income to support the family. They also offer emotional support to their children by becoming a figure of resilience and reassurance when they are together.

“I take care of her, we take care of her. We give her what she needs and I am calm. If she were in Venezuela, imagine how I would be, worried about how she would be, what her situation would be, because, even if I sent her money, it would not be the same”. (Man, carer and family member, Peru, 2020).

Care and support for older persons is provided by their relatives and the community, either neighbours or parishes, helping them with medicines, clothing and food, as well as support from different humanitarian organisations. Support from the Peruvian government does not include guarantees of care and support for this population according to the institutional actors consulted. Older persons seek help from volunteer organisations, calling by telephone to ask for support.

During the pandemic there was no considerable reduction in contact with family members.

The majority (71%) are in contact with their families every day, or at least two to three times a week, but their socialization processes at the community level have been even more restricted. This is because there have been numerous lockdowns in Peru, so instead they have had to focus on spending time with their families, helping to care for children and doing household chores.

2.9 Safety

Older persons have the right to safety and a life without violence of any kind, to be treated with dignity, and to be respected and appreciated. (IACPHROP, Art. 9).

The study identifies low levels of mistreatment for older persons. Before the pandemic, nine respondents reported having suffered emotional or psychological abuse, seven were evicted, three people were denied food and medication, one person had their money taken and another was left alone or isolated. During the pandemic, just 6% of the people surveyed reported some type of mistreatment (a total of nine people), who were evicted, emotionally or psychologically mistreated and one had their access to food denied or limited.

Of the people who were responsible for these events, 31% stated that they were friends or neighbours and 38% indicated that they were people involved with the property in which they live. In one case it was people on the street or neighbours.

In 62% of cases, people did not attend a medical or professional centre after the incident, only 15% acknowledged that they attended. 69% did not report the incident, while just 8% did so.

One institutional actor who was consulted stated that it is necessary to publicize the situation of violence and mistreatment that can affect older persons. This organisation commemorates June 15, World Elder Abuse Awareness Day, and carries out mobilizations at a national level.

Four organisations provided general legal assistance before COVID-19, consisting of two international and two religious organisations. Three more provided human rights accompaniment, one public agency and two religious organisations. During the pandemic, five organisations provided services free of charge.

87% of respondents stated that they had not experienced any of the above events of mis-

Table 15. Types of abuse

Types of abuse	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Emotional or psychological abuse, reproaches, threats, intimidation, blackmail, being excluded from important events or feeling that you have been infantilized	6%	6%	5%	7%	4%	9%	7%
Eviction/eviction	7%	6%	7%	2%	0%	3%	2%
Denied or limited food and medications	2%	0%	4%	2%	0%	3%	2%
Your money has been taken without your approval or authorization	0%	0%	0%	2%	4%	0%	2%
You have been left alone, isolated or overcrowded for a prolonged period of time.	0%	0%	0%	2%	4%	0%	2%
Other	1%	3%	0%	3%	0%	6%	4%
None of the above	87%	85%	87%	88%	88%	88%	87%
I prefer not to answer	1%	3%	0%	2%	0%	3%	2%

treatment, which may in principle be a significant and positive finding. However, it may also imply that older persons do not identify the different forms of mistreatment, or having identified it, do not want to recognize it, which is an issue that requires further inquiries on the subject.

2.10 Accommodation and WASH

Older persons have the right to decent and adequate housing and to live in environments that are safe, healthy, accessible and adaptable to their preferences and needs. (IACPHROP, Art 24).

Eighty-one percent of the persons surveyed lived in rented accommodation before the pandemic and just 1% in an apartment or house of their own. Also relevant is the 10% of respondents who lived in rooms for which they pay a daily rent, as these people face greater instability because they do not have leasing contracts and occasionally don't even have adequate sanitary conditions. There are people who also live in shelters and there is one case of a person who lives in a parish.

The main obstacles for obtaining housing have been lack of economic resources (25%) and rejection for being a foreigner (17%). However, the majority (66%) of the people surveyed have had no obstacles with obtaining housing in Peru. In terms of services, 69% do not have an Internet connection, 51% of people do not have gas, 28% do not have sewage, and 16% do not have a bathroom. Most of the people (97%) surveyed reported having 24-hour access to electricity and potable water.

Thirteen percent of the people live in overcrowded conditions, just 24% have a single room and 47% share a room with one other person. Thirteen percent of the people surveyed stated that the place where they live is not safe.

Before the pandemic, seven organisations provided temporary housing services, one public institution, two international and four religious organisations. In all of these housing options, people had to share a room with others. Only one respondent stated that it was with members of the same family. Five of these organisations continue to provide this service free of charge during the pandemic.

In relation to the housing provided before the pandemic, all five organisations provided op-

Table 16. Types of housing or accommodation

Types of housing or accommodation	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Lease	89%	85%	91%	70%	58%	79%	81%
Room rental per night/daily rate	4%	3%	5%	18%	23%	15%	10%
Guest	3%	3%	2%	2%	0%	3%	3%
Own apartment or house	0%	0%	0%	2%	0%	3%	1%
Other	4%	9%	2%	8%	19%	0%	7%

Table 17. Difficulties with obtaining accommodation or housing

Difficulties with obtaining accommodation or housing	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Lack of financial resources	24%	12%	31%	28%	31%	26%	25%
Rejection for being a foreigner	19%	12%	24%	15%	12%	18%	17%
Having a large family or infants	3%	0%	5%	8%	4%	12%	5%
Lack of documentation	1%	0%	2%	2%	0%	3%	1%
No co-debtor or guarantor	0%	0%	0%	3%	0%	6%	1%
Rejection for being internally displaced	2%	0%	4%	0%	0%	0%	1%
No obstacles	65%	79%	56%	67%	69%	65%	66%
Other	4%	0%	7%	5%	4%	6%	5%

tions that included potable water, electricity and television. Three organisations provide housing with Internet connection and gas. Four organisations have adapted to now follow biosecurity measures for COVID-19 in the housing they provide.

During the pandemic, housing conditions have deteriorated for 14% of respondents, a total of 21 people. According to institutional actors, there has been an increase in the number of evictions during the pandemic. There are even cases in which families lived in parks as the shelters were at maximum capacity or they did not want to go due to their fear of contagion.

“We have had a lot of evictions, and we rely a lot on the Embassy to try to solve this type of situation”. (Woman, grassroots organisation, Peru, 2020).

However, 85% of the people surveyed are not aware of the actions they can take to protect them from eviction. The service provider organisations that were surveyed provide advice in case of eviction or expropriation in different regions of the country, including economic assistance so that they can pay rent, rental spaces obtained through agreements with Airbnb, and free legal assistance from the Ministry of Justice - Fono Alegra 1884.

2.11 Non-discrimination and equality before the law

Discrimination on grounds of age is prohibited, and measures must be put in place for people who are victims of multiple discrimination. (IACPHROP, Art. 5).

The most common form of discrimination was due to their age, which was cited by 19% of respondents. Being an older person on the move was cited by 18% of the cases and ethnic origin mentioned by 11% of cases. As a result of this discrimination, older persons on the move face more difficulties with finding work or renting housing. The service provider organisations surveyed agree that older persons are discriminated against because of their situation of human mobility, age and ethnic origin. When they were required to appear before relevant authorities, 89% of the people surveyed did not receive sufficient advice and guidance. Older people experience different forms of discrimination, which can make them more vulnerable, and this is an issue that has intensified with the pandemic.

“It does hurt her to feel that people can discriminate against us for being foreigners, for being Venezuelan, because I think that is what they make us feel, that because we are Venezuelan

Table 18. Forms of discrimination

Forms of discrimination	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
I have not felt discriminated against	55%	50%	58%	65%	65%	65%	59%
Age	18%	24%	15%	20%	15%	24%	19%
For being a person in a situation of human mobility	18%	15%	20%	18%	19%	18%	18%
Ethnicity	11%	15%	9%	10%	12%	9%	11%
None of the above	11%	12%	11%	5%	8%	3%	9%
Other	0%	0%	0%	2%	0%	3%	1%
I prefer not to answer	1%	0%	2%	0%	0%	0%	1%

we are useless". (Man, carer and family member, Peru, 2020).

2.12 Community participation and integration

Older persons have the right to active, productive, full and effective participation within the family, community and society with a view to their integration. (IACPHROP, Art. 8).

Before COVID-19, 71% of people did not participate in activities with the community. Only one of the surveyed organisations implements activities specifically for older persons, such as memory and mental health workshops, and they go directly to pick people up at their homes to ensure their participation.

One-fifth of the respondents practiced sports, leisure and recreational activities, as well as cultural activities. The practical activities involved more women than men.

It is a challenge to develop strategies that strengthen community networks or an integration model. People on the move try to maintain some social contact with their loved ones as a form of protection and comfort.

"I think that people on the move are in contact with people from their own nation. It is a kind of tiny community. It is important that they defend themselves against xenophobia, support each

other to ensure protection from danger and to build their independence". (Woman, intergovernmental organisation, Peru, 2020).

It is recognized that the friendly and outgoing nature of Venezuelan people can favour the integration processes, as they have an easy way of building links in the host community due to the way they express themselves and relate to others. The church plays an important role as a place where older persons meet and can spend time together.

Socialization spaces during the pandemic have been reduced. Currently, the organisations representatives surveyed stated that there are very few recreation spaces. Older persons are living in situations of confinement and are focused on caring for children and persons with disabilities.

"Recreational cultural activities, [that] is what we were doing in terms of integration for the general community, both Venezuelans and Peruvians. We stopped doing these activities in December because of a lack of resources". (Woman, grassroots organisation, Peru, 2020).

The pandemic has meant that older persons have no possibilities of enjoying their free time outside of the house, since community life for them has been paralyzed. In these conditions, the migratory mourning, the feeling of loss and nostalgia for what they left behind in Venezuela, can increase due to the confinement and generate mental and physical health crises.

Table 19. Types of community involvement activities

Types of community involvement activities	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Do not participate in activities with the community	71%	65%	75%	70%	69%	71%	71%
Sports, leisure and recreation activities	20%	26%	16%	23%	19%	26%	21%
Cultural activities such as music, theatre, dance, film forums, lectures, concerts, history, etc.	8%	12%	5%	17%	19%	15%	11%
Practical activities such as handicrafts, knitting, gardening, etc.	2%	3%	2%	8%	4%	12%	5%
Other activities	4%	3%	5%	2%	4%	0%	3%

“They do not have physical or recreational activities. This means they are focused on raising children. They have not had a community space to share their experiences”. (Man, intergovernmental organisation, Peru, 2020).

Faced with this scenario, some organisations are currently seeking to integrate older persons into Internet management activities and facilitate access to technological devices.

2.13 Training

Older persons have the right to education on equal basis with other sectors of the population and without discrimination. (IACPHROP, Art. 20).

Ninety-one percent of people have not received any type of training. Only 5% received training on rights for older persons and as a person on the move, while 3% received train-

Table 20. Access to training

Types of training	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
I have not received any training	96%	94%	96%	83%	85%	82%	91%
My rights as a refugee, displaced and migrant person and how I can be supported	3%	3%	4%	8%	4%	12%	5%
My rights as an older adult and how I can be supported	2%	0%	4%	8%	4%	12%	5%
How to enter the workforce through work or a business initiative	1%	3%	0%	5%	8%	3%	3%
How to re-join the workforce in the context of the current pandemic	0%	0%	0%	7%	8%	6%	3%

ing on obtaining employment during the pandemic or starting a business initiative.

In interviews with the institutional actors, some seed capital initiatives for entrepreneurs and training on the production of handicrafts were identified. However, the impact of these activities is not very clear, especially with the pandemic. Additionally, lockdowns do not create many opportunities for entrepreneurial activities.

2.14 Access to freedom of expression, opinion and information

Older persons have the right to freedom of expression and opinion and access to information, on equal basis with other sectors of the population and by the means of their choice. (IACPHROP, Art. 14).

Ninety-two percent of the people surveyed have access to a mobile phone, followed by television (63%) and radio (20%). Despite the large number of mobile phones, it is notable that Internet connectivity is low, as 69% of older persons do not have an Internet connection.

Technological equipment and connectivity is mainly used for contacting family, friends, acquaintances or similar people (89%) and to access information and entertainment (62%). The percentages of those who participate in groups of people from the same country (7%) and to access courses (6%) are very low. 5% of respondents use technology to learn about their rights, which is similar to the low percentage of older persons who access online training on the subject. 5% use technology to participate in senior citizen groups.

Sixty-nine percent of people receive information about COVID-19 through television, 43% through mobile phone calls, 36% through social networks and 21% receive this information face-to-face.

Institutional actors recognize that there is misinformation regarding migration issues, as there are few channels for directly providing this information. For example, there are older persons who do not have a mobile phone, which is an effective way of receiving information. Others have Internet access or sporadically purchase pre-paid recharges for data.

Using WhatsApp, some humanitarian organizations establish contact and support people on the move, especially those who are walking migrants. This application also allows older persons to contact their families.

Table 21. Types of equipment

Types of equipment	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Cellular phone	92%	94%	91%	92%	92%	91%	92%
Television	64%	56%	69%	60%	50%	68%	63%
Radio	18%	26%	13%	22%	15%	26%	20%
Landline phone	10%	6%	13%	3%	8%	0%	8%
Laptop computer	7%	9%	5%	8%	12%	6%	7%
None of the above	7%	9%	5%	5%	4%	6%	6%
Tablet/tablet PC	1%	0%	2%	2%	0%	3%	1%
Desktop computer	1%	0%	2%	0%	0%	0%	1%
Other	2%	6%	0%	3%	4%	3%	3%

Table 22. Use of technological equipment

Use of technological equipment	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Contact your family, friends, acquaintances or like-minded people.	89%	85%	91%	88%	85%	91%	89%
Information and entertainment	69%	62%	73%	53%	54%	53%	62%
Participate in groups from the same country or origin	10%	12%	9%	3%	0%	6%	7%
Access courses	4%	3%	5%	8%	8%	9%	6%
Knowledge of rights and services you can access	6%	6%	5%	3%	4%	3%	5%
Participate in senior citizen groups	4%	6%	4%	0%	0%	0%	5%
Others	6%	6%	5%	5%	8%	3%	0%

“There is all of my family, my siblings and a daughter of mine, and yes, they are always sending me (money), we talk by phone using WhatsApp”. (Sixty-one-year-old woman, older person on the move, Peru, 2020).

disabilities. The pandemic has made access to public transport even more difficult, resulting in limited mobility to access health centres. Physical mobility is considered difficult, especially for older persons with serious illnesses.

2.15 Accessibility and mobility

Older persons have the right to accessibility to the physical, social, economic and cultural environment as well as to personal mobility. (IACPHROP, Art. 26).

The vast majority (78%) of people surveyed had difficulty accessing public transportation, increasing to 86% among older persons with

According to an organisation interviewed, there is an important need to provide emotional support to older persons on the move, as well as providing accompaniment when they have to go to a government office for a procedure or attend medical appointments. This is especially the case for persons with disabilities and cannot move on their own. The mobility situation of many older persons is really worrying because they have complex health risks. Sometimes some people find themselves in a

Table 23. Access to locations

Access to locations	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Public transportation	82%	76%	85%	72%	73%	71%	78%
Educational centres	6%	9%	4%	18%	15%	21%	11%
Health centres	6%	3%	11%	10%	15%	6%	9%
Recreational centres (shopping malls, parks, cinemas, theatres)	4%	3%	5%	8%	4%	12%	6%
Supermarkets	6%	3%	7%	3%	0%	6%	5%
Government offices	6%	9%	4%	3%	8%	0%	5%
Banks/financial centres	1%	0%	2%	0%	0%	0%	1%

state of total or partial abandonment by their families as their relatives decide to move to another country or city and they are left alone, with insufficient economic resources to hire a person who can help them.

“There are women who can’t walk, can’t put on a diaper, can’t drink their milk, can’t eat their lunch”. (Woman, grassroots organisation, Peru, 2020).

2.16 Access to financial products

Older persons should have access to financial and banking services as well as the right to equal recognition as a person before the law. (IACPHROP, Art. 30).

Access to financial services is very limited. Eighty-five percent of the older persons sur-

veyed did not have a savings, checking or credit account with any financial institution. In both groups of older persons on the move, access is limited with women experiencing lower levels of access compared to men. Two religious organisations have provided free services before and during the pandemic to open savings accounts or transfer savings or remittances.

Ensuring access to savings accounts for older persons on the move guarantees that they can manage their own income and remittances if they receive them. This reinforces their right to autonomy and independence by enabling access to resources and decisions about their income and avoiding financial abuses committed by other people who manage their resources.

Figure 16. Access to a savings account

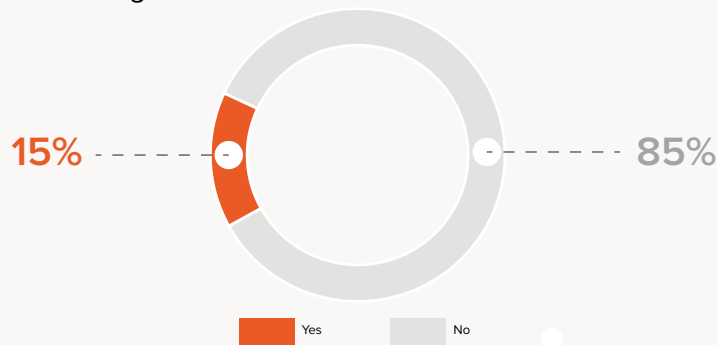
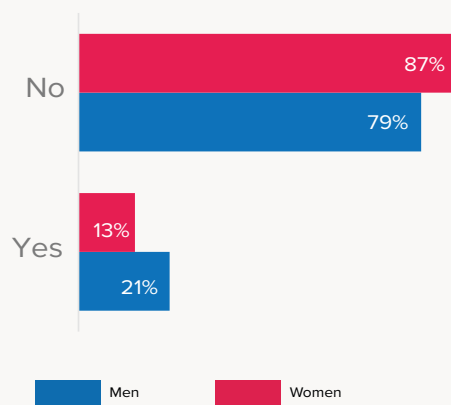
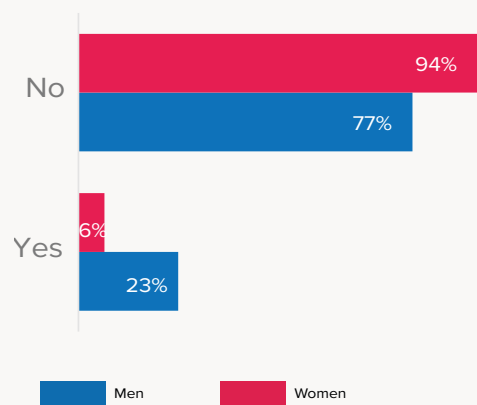


Figure 17. Access to a savings account, disaggregated by sex and type of mobility

A. Migrant



B. Refugee or asylum-seeker



2.17 Main risks faced by older persons on the move

Aspects that can increase the degree of vulnerability and defencelessness of the older person, as well as the violation of their fundamental rights.

Older persons on the move have recognized a series of risks that make them more vulnerable. The biggest risk they identified is the decrease in economic resources (27% of cases), which correlates with a loss of work and a decrease in income. The decrease in resources reaches 40% for refugees and migrants.

Seventeen percent of respondents stated that the biggest risk was fatigue, exhaustion and increased stress. This is linked to mental health, one of the prioritized health problems, and contributes to a deterioration in the quality of personal or family life. Sixteen percent reported being victims of discrimination and xenophobia. This is linked to a form of mistreatment recognized by those surveyed.

Forty-two percent highlighted other risks, including health, economic conditions, the difficulty with finding work at their age and being overcharged for rent.

2.18 Other aspects of life affected by COVID-19

The main aspects of life affected by the pandemic are related to the loss of employment, both for older persons and their families. This has resulted in a crisis in their economic situation. There is also the impact caused by COVID-19. This is related to the fear the pandemic generates among respondents, as well as the death of close friends or family members. This has severely affected people's mental health, an issue that has been aggravated by not being able to go out and lockdown restrictions. Not being able to go outside also affects their ability to work and socializing with friends or family. Some respondents recognized that the pandemic produces frustration and a desire to return to Venezuela.

Table 24. Types of risks

Types of risks	Migrant			Refugee or asylum-seeker			Total
	Total	Men	Women	Total	Men	Women	
Decrease in available economic resources	34%	34%	33%	17%	23%	12%	27%
Fatigue, exhaustion and increased stress	20%	16%	22%	14%	12%	15%	17%
Discrimination and xenophobia	14%	13%	15%	19%	19%	19%	16%
Improvement in personal or family quality of life due to time in transit	7%	3%	9%	8%	8%	9%	8%
Theft or robbery of property	7%	6%	7%	2%	0%	3%	5%
Health problems due to contagion or illnesses resulting from permanent mobilization.	3%	3%	4%	5%	0%	9%	4%
Physical abuse or violence	5%	0%	7%	2%	4%	0%	3%
Threats, intimidation (e.g., illegal armed actors or others)	1%	3%	0%	0%	0%	0%	1%
Other	38%	41%	37%	47%	46%	48%	42%



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Sixty-three-year-old woman displaced from Venezuela.



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