

## PROTECTION ISSUES REGARDING OLDER PERSONS OF CONCERN

Older persons are among the most vulnerable of the refugee population. Some 2.7 percent of the total registered refugee population in Lebanon is older than 60 years of age, and these older persons are at heightened risk of being excluded or marginalized.

### SHELTER



Older persons are more vulnerable to health risks as a result of under-equipped, cold and damp shelters. Their reduced mobility can confine older persons to their homes, and limit their ability to access services and engage in social activities.

### FOOD SECURITY



Irregular and insufficient food intake can have severe health repercussions for older persons. Older persons may also have specific nutritional needs, because of different micronutrient requirements or dental problems.

### HEALTH



Older persons, particularly those suffering from chronic illness, may be unable to access or afford necessary medical treatment and medication. Research has shown that over half of older refugees in Lebanon have a chronic health condition and more than 65 per cent present signs of psychological distress (HelpAge International / Handicap International, 2014).

### PARTICIPATION



Older persons may have limited possibilities to participate in community-based activities, which can contribute to further deterioration of their emotional well-being through social exclusion. Given their limited mobility and increased vulnerabilities, some older persons feel isolated, especially those who were separated from their families.

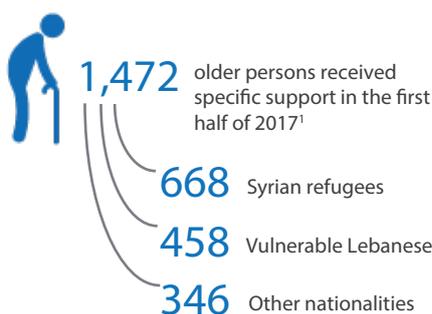


Older persons from Iraq participating in a World Refugee Day event at a community centre in Metn district.  
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## PROTECTION SECTOR ACTIVITIES TARGETING OLDER PERSONS

A fundamental aspect of the engagement with older persons by humanitarian actors is to ensure cross-generational inclusion and a cross-sectoral response to respond to their increased needs. In order to ensure the well-being of older persons and to help them feel safe, partners such as ADRA, Amel Association, GVC, International Rescue Committee (IRC), Intersos, Makhzoumi Foundation, HelpAge and UNHCR, are working to provide protection, psychosocial and specialized services (including health care) that are accessible for and oriented towards older persons.

Besides benefiting from activities targeting the whole population (although they may face problems with access at times), a total of 1,472 older persons received specific support between January and June 2017, under projects run by ADRA, GVC, IRC, Intersos and Makhzoumi Foundation.



<sup>1</sup> Source: ActivityInfo, August 2017

## COMMUNITY-BASED PROTECTION

The identification and engagement of older persons can sometimes be difficult. They are often excluded from communal activities as they do not undertake educational or professional activities. Older persons feel excluded from decision-making structures at the community level. They report being left out of activities and follow-up actions, expressing lack of access to information and services. Some of them report not feeling completely safe in the community, which has a strong impact on their emotional well-being.

Sector partners have supported the establishment of four community groups for older persons in Lebanon, with around 10 males and females in each group. These groups are linked to community development centres, which support older persons through psychosocial and life-skills activities, provide them with information on available health care, and refer individuals in need to specialized services. A number of the outreach volunteers from the community who collaborate with UNHCR across the country are older persons. Outreach activities allow identification and mobilization of older persons to participate in groups and activities. This helps to increase their social engagement and enhance their psychosocial well-being. Transportation is also provided to facilitate access to community centres.

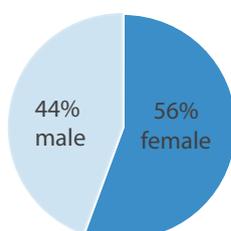
The community groups have contributed to enhancing older persons' accessibility to existing activities and their higher engagement in activities, enabling the provision of tailored services to those in need. Finally, the community groups have contributed to the empowerment of older persons through active participation in decision-making, and have succeeded in building social cohesion between older refugees and Lebanese.

Youth groups established throughout Lebanon in recent years, involving both Lebanese and Syrian members, are also increasingly developing projects for and with older persons.

### Responding to the needs of older people in the Bekaa and the South

Interviews and group discussions with beneficiaries were conducted, resulting in the refurbishment of centres to make them old-age friendly, and in the training of staff/caregivers and volunteers on the psychological and social needs of older persons and how to address these needs.

Syrian refugees older than 60  
by gender



### Supporting an older persons group in Mount Lebanon

Group members revealed the significant impact that their participation has had on their life and well-being. They mentioned developing strong and close relationships with other members, enhanced psychosocial well-being, and increased social participation. Group members even followed-up on ill or home-bound older persons during holidays to provide them with psychosocial support.

## PROVISION OF SPECIALIZED SERVICES



Health support is provided to older Syrian refugees and vulnerable Lebanese for treatment and management of chronic illnesses, with a focus on diabetes type II and hypertension. Services are delivered both in contracted clinics and through mobile medical units in remote locations or for patients with limited mobility. Between January and June 2017, 53,820 subsidized primary health care consultations were provided to people aged 60 and above.

Mental health and psychosocial support is also provided on an individual basis, either through community centres or mobile outreach (mostly home visits). Individual physiotherapy sessions are provided to those in need along with training of caregivers (to provide basic physiotherapy).



Shelter partners provide tailored shelter assistance to older persons, both residing in informal settlements as well as in substandard buildings. Technical assessments include a component that is designed to evaluate/identify needs of older persons to ensure that provided assistance is tailored to enhance access of these individuals to their shelters and warrant more self-dependency when navigating to/inside latrines/toilets. Also, as part of shelter programming, insulation kits are provided to families residing at high altitudes whereby families with older persons are prioritized to help as much as possible in reducing severe weather conditions and temperature variations.



UNHCR provides emergency cash for eligible older persons to mitigate protection risks.



53,820

subsidized primary  
healthcare consultations  
provided to older persons in  
the first half of 2017<sup>2</sup>

25,462 Displaced Syrians or  
Syrian refugees

16,115 Vulnerable Lebanese

11,264 Palestine refugees  
from Syria

979 Palestine refugees  
in Lebanon

<sup>2</sup>Source: ActivityInfo, July 2017. Some 84% of consultations were provided through fixed health outlets, versus 16% through MMUs.



Syrian refugee Hawla, 65, stands in her room in the apartment she shares with other family members, in a substandard building in the Bekaa Valley, Lebanon. Windows and insulation, as well as plumbing were installed by UNHCR and its partners in order to rehabilitate the substandard building and to provide the family with a safe living environment. © UNHCR/David Azia