



# A profile of older people in Jordan

**The experiences and inclusion risks of older Syrian  
refugees and older Jordanians**



# Forward

**HelpAge International (HAI)** is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives. Our role is to work with older women and men in low and middle-income countries for better services and policies, and for changes in the behaviours and attitudes of individuals and societies towards old age. The world we want is one where every older woman and man, everywhere, can say:

- ✓ “I have the income I need”
- ✓ “I enjoy the best possible health and quality of life”
- ✓ “I am safe and secure, free from discrimination and abuse”
- ✓ “My voice is heard”

HAI has been raising awareness among humanitarian actors and government institutions about the vulnerabilities of older men and women as a result of humanitarian crises in the Middle East region since 2009. Building on our previous engagement, in 2017, HAI in Jordan partnered with the German government to establish a new, innovative Knowledge & Resource Hub to provide better support to organizations responding to the humanitarian and livelihoods needs of older people. The project, “Leaving No One Behind”, conducted a comprehensive assessment exercise in 2018 aiming to clearly identify the vulnerabilities, capacities, needs, and gaps in assistance for older people in the Jordanian context. This report will provide a framework upon which to develop targeted governmental and humanitarian outreach programs to better serve older Syrian refugees and older Jordanian citizens. This report summarises the key findings and conclusions from the survey.

We look forward to working together with other agencies to realise our common ambition to include and integrate older people in planning, delivering and evaluating programmes.

We are grateful to all those who have directly and indirectly supported this project. Our thanks especially go to the older men and women who opened their households to us and spoke their truth, along with our 16 field enumerators, our partners IMMAP, and our HelpAge technical advisors who helped frame this work.

The analysis of findings and the report were produced by an independent consultant, Dr. Kimberly Stoeckel, who holds a PhD in Gerontology from the University of Massachusetts – Boston

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**HelpAge**

**International**



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# 1. Executive Summary

The influx of Syrian refugees into Jordan has significantly impacted the nation as it has absorbed so many people into its cities and communities. Jordan ranks second in the world with having the highest ratio of refugees per citizens<sup>1</sup>, and the government has needed to prioritize and allocate resources to address the needs of refugees and citizens alike. Much analysis has been done by Jordanian government ministries and international humanitarian agencies about the vulnerabilities of Syrian refugees along with the challenges faced by the Jordanian host communities.

Older people have been identified to be among the most at-risk categories of displaced people by the United Nations High Commissioner for Refugees (UNHCR).<sup>2</sup> Despite this classification of risk, most attention has been directed to the impact of the crisis on younger generations<sup>3</sup>. Very little work has been done to ascertain and identify the experiences of older people in the Syrian refugee community as well as in the Jordanian host communities. HelpAge International Jordan undertook this project to identify the specific risks facing older people, (aged 60 and above) as a means to educate and build awareness of the unique experiences and challenges faced by older people in Jordan.

The findings of this comprehensive profile bring forth a much-needed characterization of older people in Jordan that highlights their unique challenges and what service gaps exist, when measured against their rights. This report will provide a framework upon which to develop targeted governmental and humanitarian outreach programs to better serve older Syrian refugees and older Jordanian citizens.

The study results gathered from the interviewed older people revealed:

## Health risks and access to health services

- ✓ Access to health care services varies depending on nationality group. Two-thirds of surveyed older Jordanians indicated they always had access to health services and medications, in contrast to only 18% of older Syrians. Notable differences in access to care were found when comparing across governorates.
- ✓ Almost all surveyed older people reported having one or more chronic illnesses. Diabetes, high blood pressure and cardiovascular diseases are the most prevalent.
- ✓ Regardless of nationality, older people experience increased difficulty with self-care and mobility with advancing age. However, a majority of older people under age 80 report being fully independent with self-care.
- ✓ Most of the surveyed older people in this study received help, in varying degrees, from family members. Utilization of formal, paid caregivers was minimal among those interviewed. A notable proportion of surveyed older Syrian refugees and older Jordanians reported needing caregiver support but having no one available to assist them.

## Psychosocial risks and protection challenges

- ✓ Feelings of autonomy and being their own decision maker appeared to vary by nationality and gender. A higher proportion of older men reported feeling autonomous compared to older women. In general, older Syrian refugees felt less autonomy with decision making compared to older Jordanians.
- ✓ Memory challenges are more common for older people aged 80 and older. Approximately one-half of those younger than age 80 reported having no difficulty with memory or concentration. In contrast, approximately one in four aged 80 and older reported having some difficulty and an additional 15% reported having a lot of difficulty with memory and concentration.
- ✓ Older Syrian refugees experience a great deal of social isolation and feelings of loneliness, which can be attributed to being displaced from their home community when fleeing Syria. Only 3% of interviewed older Syrian refugees indicated feeling they were fully active members of their community. Older Jordanians also experience isolation and loneliness. One-third of interviewed older Jordanians reported having limited interaction with community, family and friends.

### Economic risks facing older people

- ✓ Older Syrian refugees rely largely on humanitarian assistance as their primary source of income. Older Jordanians rely more on pensions as a source of income, but a notable 14% also rely on humanitarian assistance.
- ✓ The ability to financially provide for daily needs is a challenge for older people in Jordan. Twenty-three percent of older Syrian refugees and 14% of older Jordanians revealed not ever being able to pay for all basic living costs.
- ✓ Reduction of food intake is a common response of older people to financial need. Two-thirds of older Syrians and one-half of older Jordanians reported having to limit food to financially compensate for other household needs.

### Shelter risks facing older people

- ✓ One in five older Syrian refugees and 10% of older Jordanians interviewed reported living in homes that were not durable for the extreme temperatures of summer or winter.

### Water and Sanitation risks

- ✓ Fifty-one percent of older Syrian refugees and 62% of older Jordanians interviewed had daily access to clean water. For those without regular access to water, limited finances or insufficient supply from the municipality were listed as reasons of explanation.
- ✓ Limited access to sanitation for older people in Jordan was largely attributed to poor mobility by those interviewed.

A family member of each older person was also interviewed to gather perspectives about the role of older people within family networks and in the community.

- ✓ Within the family context, according to interviewed family members, some older people do maintain a high degree of authority. They are most commonly viewed to be advice givers to younger generations.
- ✓ Within the community context, mixed findings emerged about the role of older people. For some family members, older people hold important roles in conflict resolution and in giving advice. However, 40% of interviewed family members reported feeling that older people had no community role. Reasons for older people being excluded from community roles included that they were perceived as being too sick, to be from a different generation, or simply had no right to be involved.

The findings of the HelpAge assessment in Jordan can be summarized into the following points.

- ✓ Improved availability and accessibility of health services is needed
- ✓ Mobility impairment has far reaching consequences, from community engagement to accessing services
- ✓ Social isolation and loneliness are prevalent.
- ✓ Family is an important support network.
- ✓ Humanitarian assistance is essential for older people.
- ✓ Older people limit food intake because of financial constraints.
- ✓ Self-advocacy by older people needs to be promoted and nurtured.
- ✓ The rights of older people need to be better communicated and understood, including through intergenerational focused work.

The following recommendations to invested stakeholders, interested in the wellbeing of older Jordanians and Syrian refugees, are being put forth in response to the findings presented in this report.

#### To the Government of Jordan

- ✓ Continue ongoing efforts to promote the rights of older people in Jordan and to promote policies that support their rights being upheld and their positive wellbeing.
- ✓ Prioritize and commit to building more government sponsored comprehensive health centers to better meet the needs of the large numbers of older people being served.
- ✓ Prioritize the allocation of government resources to programs that support low income Jordanian citizens.
- ✓ Efforts must be made to combat ageism and to promote positive views of older people within society.

#### To National and International Humanitarian Organizations

- ✓ Begin to specifically incorporate older people into programs and to identify their unique needs as an important priority when developing services.
- ✓ Utilize the Humanitarian Inclusion Standards (HIS) in programme development to ensure that older people have equitable access to humanitarian services, are knowledgeable of their rights and the proper channels to share their feedback.
- ✓ Introduce programs that address the specific inclusion and protection risks facing older people. Integrate these with other services and programme activities.
- ✓ Develop programming to combat loneliness and encourage community engagement of older people.
- ✓ Develop programming that supports family caregivers, in accordance with preferences and the consent of older people about who provides support and how support can be provided. Such programming should also highlight the two-way direction of care by also developing support for older people who are caregivers for younger members in their family network.

#### To the International Donor Community

- ✓ Recognise the rights of older people to humanitarian assistance and protection and ensure these rights are upheld through providing appropriate levels of funding to specifically work with older people, and ensuring all humanitarian programmes are age inclusive. Identify older people as an invaluable group and earmark funds to specifically address their needs.

## 2. Contextualizing the experiences of older people in Jordan

### 2.1 Syrian Refugees

The Hashemite Kingdom of Jordan is a nation on the forefront of the Syrian refugee crisis. It now hosts the third largest population of Syrian refugees within its borders. Data released by UNHCR show that as of September 24, 2018, 671,428 registered Syrian refugees were living in Jordan and accounted for 11.9% of the total number of registered Syrians displaced by the ongoing civil war<sup>4</sup>. Most registered refugees in Jordan are clustered in four main governorate areas: Amman (29.4%), Mafraq (24.4%), Irbid (21.0%) and Zarqa (14.5%) and make up 89.3% of the total registered Syrians in the country.

The experiences of the Syrian refugees in Jordan have been regularly assessed by the Government of Jordan, the United Nations, and Non-Governmental Organizations working among this population. These assessments highlight a consistent story of economic poverty, limited access to basic and essential needs and services, psychosocial stressors, and a comprehensive state of heightened risk for Syrian refugees residing in Jordan.

Insufficient financial resources for rental housing and food costs are two of the biggest needs reported by Syrian refugee families<sup>5</sup>. A recent report released in 2017 by the UNHCR revealed that 86% of Syrian refugee households are food insecure or vulnerable to food insecurity and demonstrated increased reliance on cheaper food or a reduction of meals per day<sup>6</sup>. Similarly, the limited financial resources of Syrian refugees are being stretched to meet the steadily climbing rental prices that result from a shortage of affordable housing in Jordan<sup>7</sup>.

Syrian refugees also have a demonstrated risk in accessing health services.

Limited cash is a common barrier to obtaining necessary health services and medications, and a wish for cheaper or free healthcare options was commonly expressed need<sup>8</sup>. The replacement of free health services with subsidized health care services for refugees living in host communities, enacted in 2014 by the Jordanian Ministry of Health<sup>9</sup>, has intensified the financial strain of obtaining health care for Syrian refugees.

### 2.2 Jordanian Host Communities

According to September 2018 UNHCR data, 81.3% of the Syrian refugees live within host communities rather than in specified refugee camps<sup>10</sup>. Absorbing so many refugees into Jordan's cities and governorates is a major challenge due to the high ratio of refugees per citizens. Currently, Jordan has the second highest ratio in the world of refugees to its citizens.<sup>11</sup> This ratio strains Jordan's infrastructure in responding not only to the needs of the influx of refugees within its borders, but also to continue to prioritize and meet the ever-dynamic needs of Jordanian citizens. The increased competition for utilization of public services, such as health services, utilities, education and jobs, has placed intense pressure on government budgets and services to meet these greater demands without compromising availability<sup>12</sup>.

Accessibility and availability of affordable health care services and affordable housing are two critical tensions for which solutions are needed. One-quarter of the Jordanian population does not have access to universal health care and 22% are considered to have inadequate access to health services<sup>13</sup>. Likewise, the surge in housing demand resulting from the refugee crisis has led to ballooning rental prices that push out lower-income Jordanians from the housing market.<sup>14</sup>

### 2.3 Research Gap – the experiences of older people

Older people, defined as age 60 and older by the United Nations, have been identified to be among the most at-risk categories of displaced people by UNHCR and are classified as "persons

with specific needs”<sup>15</sup>. However, older people are overlooked in refugee needs assessments and reports<sup>16</sup>. Rather than recognizing the uniqueness of older people and their experiences, older refugees are often grouped together with those of younger people. This masks the unique risks for older people and limits understanding of the prevalence of their specific needs. It also means that any potential skills or contributions that older people may wish to make in their community, e.g. through participation in activities, are almost always overlooked. This awareness and knowledge gap about older people and their contributions and also needs negatively impacts how programs and services are developed and implemented<sup>17</sup> and means response programmes are not inclusive of older women and men. The overlooked ageing Syrian refugee population in Jordan demonstrates characteristics suggestive of heightened risk that should not be ignored in humanitarian outreach programs, including high prevalence of chronic diseases and physical impairments, difficulty accessing health services and medications, and psychological distress, as well as protection concerns?<sup>18</sup>

## **2.4 Purpose of Report – Goals and Objectives**

Older people account for a very important proportion of the Jordanian citizens population and the Syrian refugee population who have basic rights that need to be advocated for and upheld. However, the older people population is overlooked, both within governmental programs as well as in humanitarian outreach programs. Limited efforts have been implemented at the governmental level through the Jordan National Strategy for Senior Citizens, and little data has been gathered that is specific to the needs and experiences of older people.

In response to the little understanding or even awareness of the specific risks and experiences of older people in Jordan, Syrian refugees and Jordanian citizens alike, HelpAge International Jordan undertook this project to better inform stakeholders, at both the governmental and humanitarian aid levels, about this overlooked population. This comprehensive profile of older people aged 60+ in Jordan, inclusive of Syrian refugees and Jordanian citizens residing in host communities, serves as a platform to achieve the goal of advocating on behalf of older people in Jordan. The data collection and subsequent analyses were designed to identify the unique experiences of older people, their capacities and unmet needs within their communities, and the gaps in assistance that older people receive, all within the context of the Syrian refugee crisis in Jordan. The report will serve as a resource to an array of invested stakeholders, including the Government of Jordan, international and host NGOs and members of the private sector. This profile of older people will be a platform to inform the Jordan Response Plan and the Jordan Compact Plan as well as general humanitarian intervention in Jordan and advocate for the incorporation of policies and programs sensitive to the needs of the older adult population.



## 3. Methodology

### 3.1 Study Design and Sampling

The survey was administered in the four governorates in Jordan where most Syrian refugees are clustered; Amman, Irbid, Mafraq and Zarqa. The goal was to obtain a sample equally representative of all four governorates, of both nationalities (Syrian and Jordanian) and of gender.

A convenience sample of Syrian and Jordanians aged 60 and older was gathered by interested participants volunteering via registration on the HelpAge Jordan Facebook page. Interested volunteers indicated being willing to be interviewed, for no compensation. The list of 2,500 interested older people was then first divided by governorate (Amman, Irbid, Mafraq, Zarqa), second by nationality (Syrian or Jordanian), and finally by gender. The sample was then systematically selected from each of these nationality/gender groupings within each governorate.

- ✓ 947 older Syrians and Jordanians aged 60 and older were interviewed for this project.
- ✓ The sample size fulfilled the criteria for a 9% margin of error and 91% confidence interval for the target populations within each governorate.
- ✓ 423 family members of the surveyed older people were also interviewed.

### 3.2 Data collection and analysis

The data collection was organized and overseen by HelpAge International Jordan in partnership with iMMAP Jordan Regional Office.

- ✓ 16 enumerators participated in an intensive two-day training prior to data collection.
- ✓ Interviews were conducted during a 6-week period in July and August, 2018.
- ✓ Data was collected using a mixed method approach. The older people data was gathered using a comprehensive Vulnerability Assessment Framework (VAF). The family member data was conducted via qualitative interviews.
- ✓ Follow-up telephone calls to the households interviewed were made to verify the data collected and to address any conflict that existed in the data between the older people data and the family member data.
- ✓ The collected data was analyzed to explore demographic characteristics and patterns of risks for the two older people groups in Jordan; Syrian refugees and Jordanian citizens residing in host communities.

### 3.3 Study Limitations

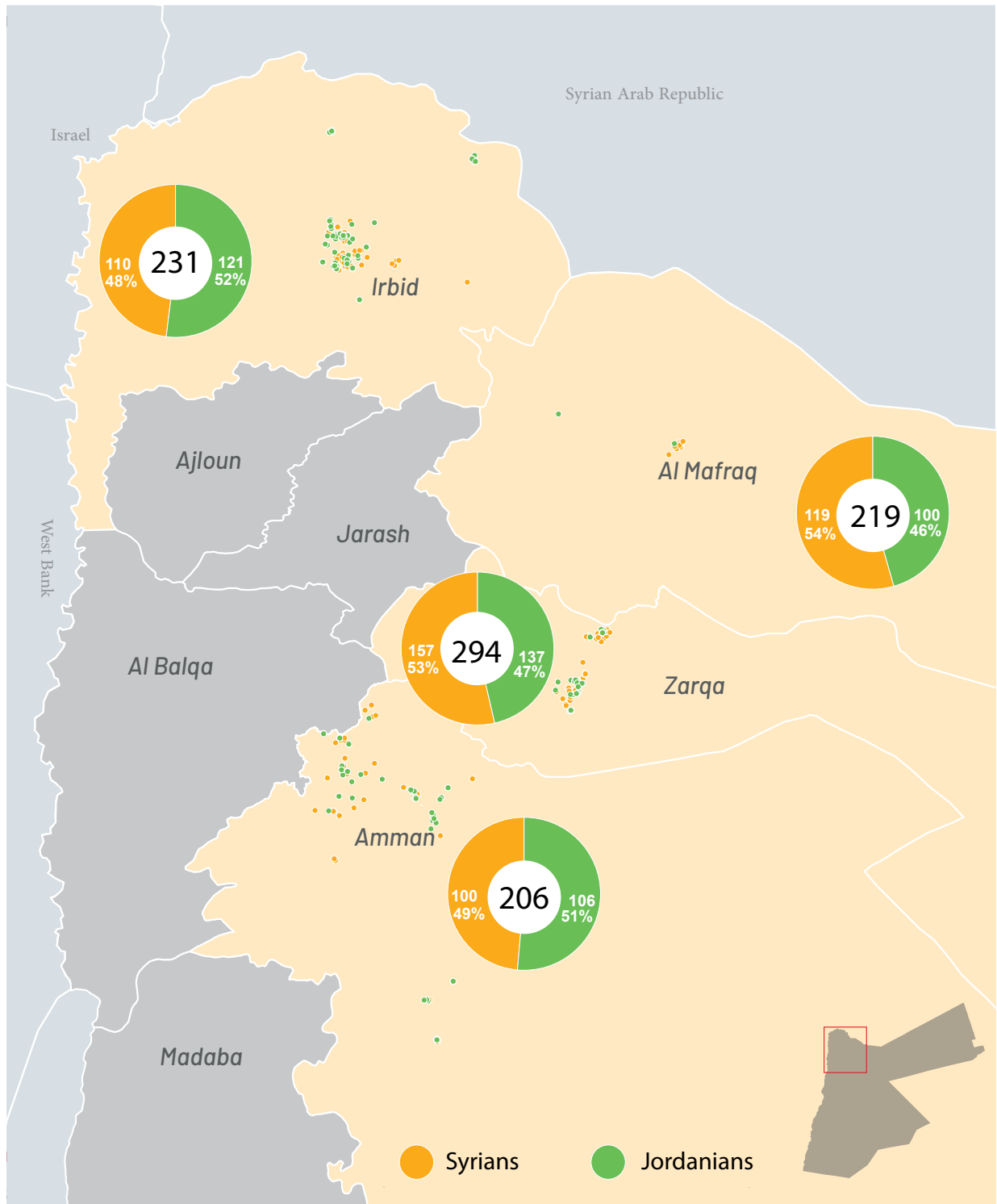
The method used to create the sample is a limitation of this study. The use of Facebook to locate willing participants limited the sample to older people with technological skills who already had knowledge of the HelpAge Jordan organization and its Facebook page. This approach excluded potential older people respondents who do not utilize technology, including therefore those who may be more socially isolated from the survey cohort.

## 4. Older People Assessment: Main Findings

### 4.1 Sample Profile and Demographics

The survey was administered across the four governorates where most Syrian refugees reside. The distribution of the surveyed respondents across these governorates is presented in Figure 1.

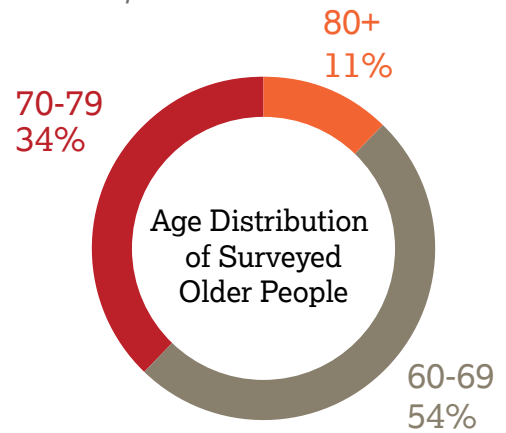
*Figure 1: Older People Assessment Geographical Coverage*



- ✓ The surveyed sample was evenly divided between the Syrian refugees (50.9%) and the older Jordanians (49.1%) living in the host communities.
- ✓ Women accounted for a small majority of the sample (55.5%).
- ✓ Marital status of the older people interviewed varied by gender. The majority of men (91%) were married and only 7% reported being widowed. In contrast, 42% of older women interviewed were married and 53% were widowed.
- ✓ Those aged 80 and older accounted for 11% of the sample (Figure 2) and are those most at risk to experience challenges due to poor health and physical impairments.

- ✓ Notable gender differences emerged when analyzing literacy rates of older people. Two-thirds (65%) of male respondents reported being able to read and write. However, only one quarter (28%) of older women reported this same level of literacy ability.

Figure 2: Age Distribution of Surveyed Older People



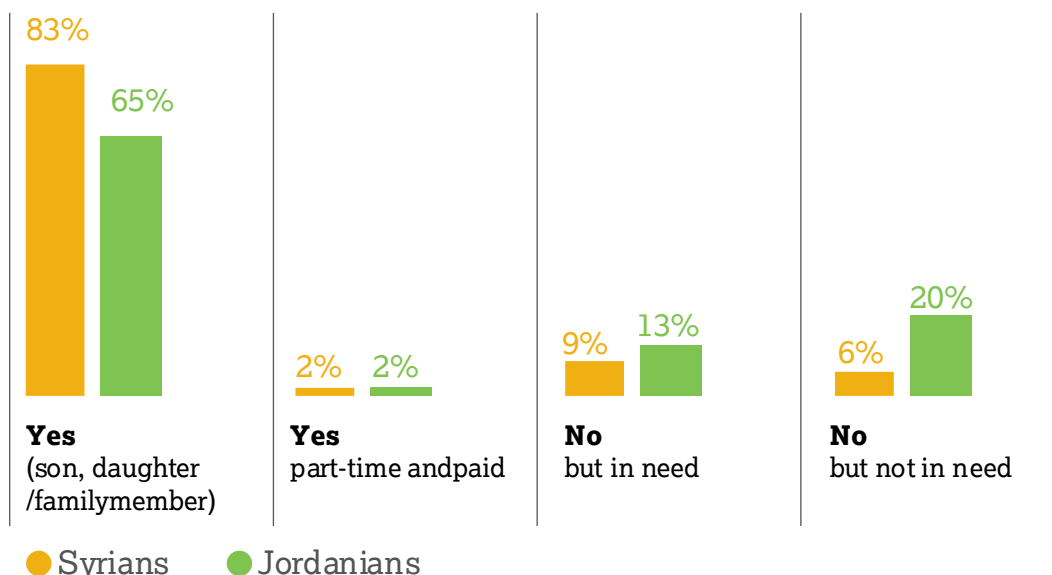
### Household Composition

- ✓ Older Syrian refugees interviewed mostly lived with family members and had an average household size of 5 members plus themselves. Interviewed older Jordanians also often lived with family members and had an average household size of 3 members in addition to themselves.

- ✓ A majority of older Syrian refugees and older Jordanians interviewed in this study reported they received care, of varying levels of support, from a son, daughter or another family member in their household (Figure 3), highlighting the prevalence of multigenerational homes.

Reliance on formal, paid caregiver is relatively rare for older Syrians and older Jordanians and was reported by only 2% of both sampling groups. Most concerning, however, are those in both groups who admitted feeling like they needed a caregiver but did not have assistance from anyone to support and assist them. The rights of these older people are at risk of being denied because of a lack of necessary support.

Figure 3: Older Syrian Refugees and Older Jordanians: Caregiver Recipient Status

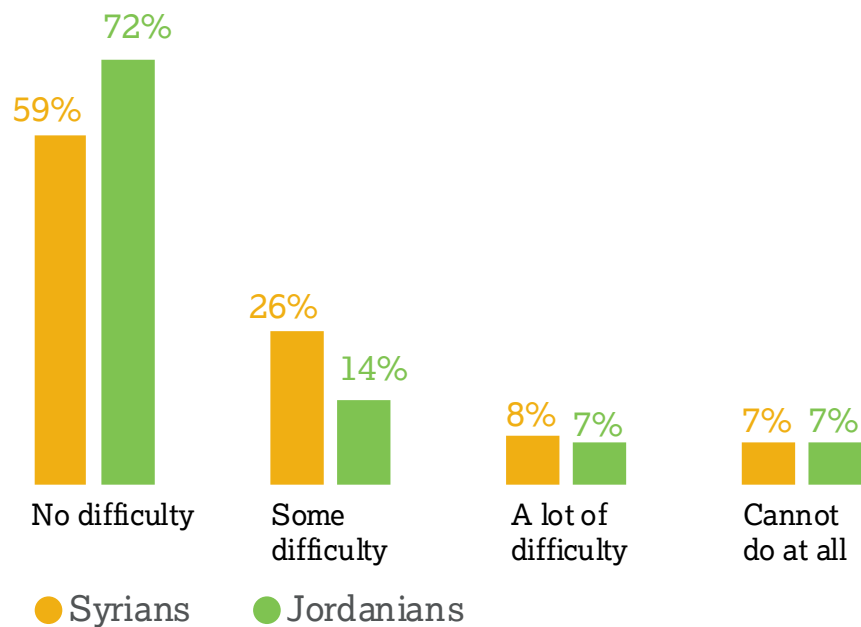


## 4.2 Health risks and access to health services

The functional ability of survey respondents is assessed as the level of independence in common activities of daily living. In this survey, participants were asked a general question about their level of independence with self-care, including bathing, dressing or going to the toilet. Self-care ability, differentiated between older Syrians and older Jordanians is presented in Figure 4, and differentiated by age category is presented in Figure 5.

- ✓ Approximately three out of four surveyed older Jordanians reported having no difficulty with taking care of their own self-care needs. Among the interviewed older Syrian refugees, 59% reported this same level of independence.
- ✓ Approximately 15% of older Jordanians and older Syrian refugees reported high levels of impairment with self-care, including not being able to do these tasks on their own. This subgroup highlights the importance of available assistance with self-care to promote continued protection of basic rights of all older people.

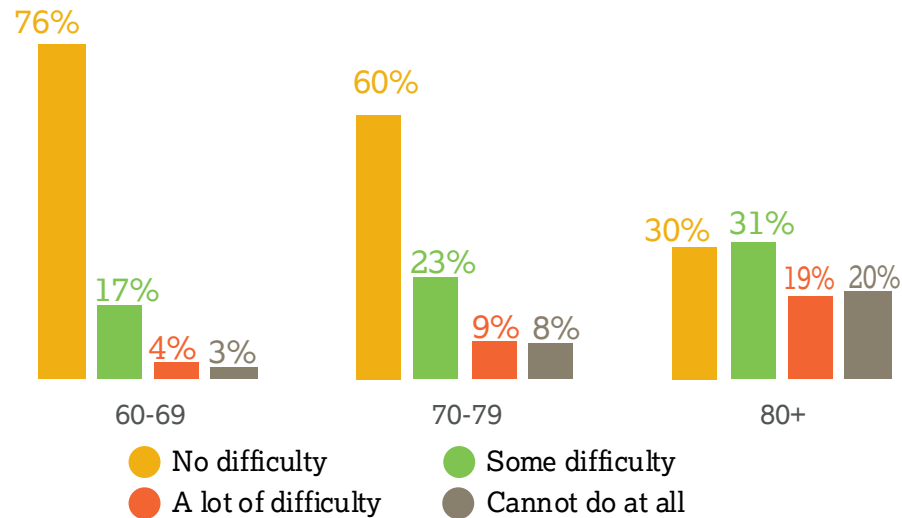
Figure 4: Older Syrian Refugees and Older Jordanians: Difficulty with Self Care



Notable age differences emerged when assessing older people's independence with self-care. These findings are presented in Figure 5.

- ✓ In general, a large majority of older people younger than age 80 are independent with self-care.
- ✓ A majority of older people aged 80 and older also reported having no difficulty (30%) or only some difficulty (31%) with self-care. This highlights that even in advanced age, many older people remain independent with their daily self-care needs.
- ✓ Among those aged 80 and above, self-care needs do become more prevalent. The findings revealed that 20% reported no ability to manage their self-care needs and an additional 19% had a lot of difficulty in addressing these daily needs without assistance.

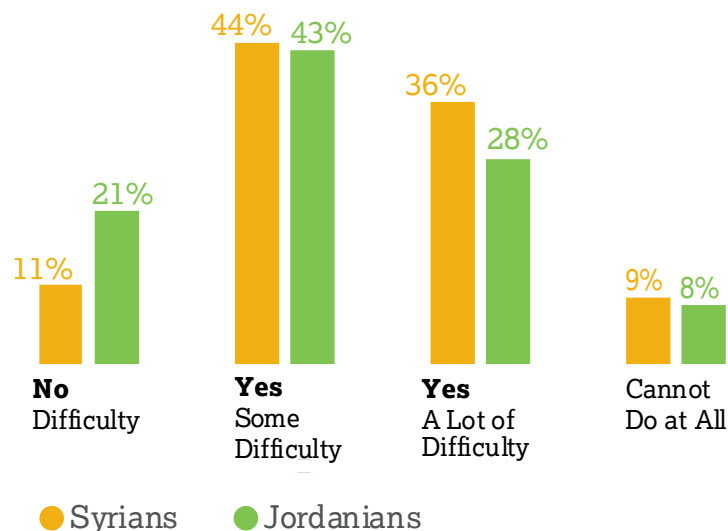
**Figure 5:** Older Syrian Refugees and Older Jordanians: Difficulty with Self-Care by Age Category



The ability to walk and to climb stairs is another important indicator of functional independence (Figure 6).

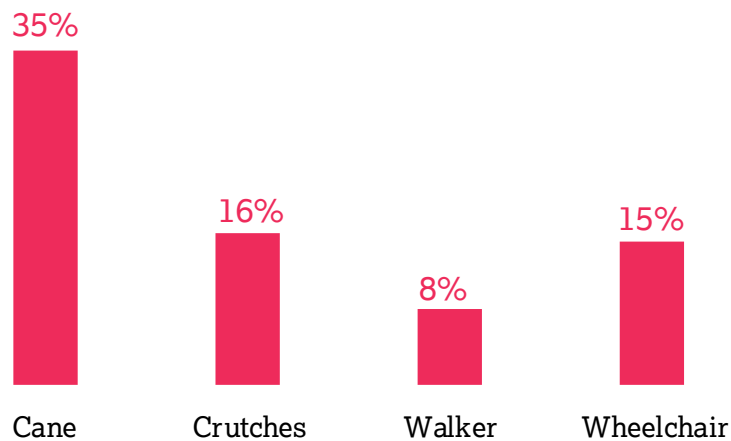
- ✓ The majority of interviewed older Syrians required great effort to do these tasks and reported having a lot of difficulty (36%) or some difficulty (44%) in getting around. Approximately three-quarters of the older Jordanian sample also reported having some or a lot of difficulty with mobility.
- ✓ More notable, however, is that approximately 10% of older Syrian refugees and older Jordanians reported not being able to walk or climb stairs without assistance. For this small proportion of interviewed older people, independence is impaired by their lack of functional mobility.

**Figure 6:** Older Syrian Refugees and Older Jordanians: Difficulty Walking or Climbing Stairs



The questionnaire included a subsection about NFI needs specific to devices older people use to aide mobility and reduce risk of falling and injury. For many of the older people who have limited mobility, having access to appropriate devices, such as a walker or cane, can lead to gains in independence not only in mobility but also in many other daily life tasks as well. A notable proportion of older Syrians and older Jordanians interviewed expressed need for assistive devices to aide their mobility (Figure 7).

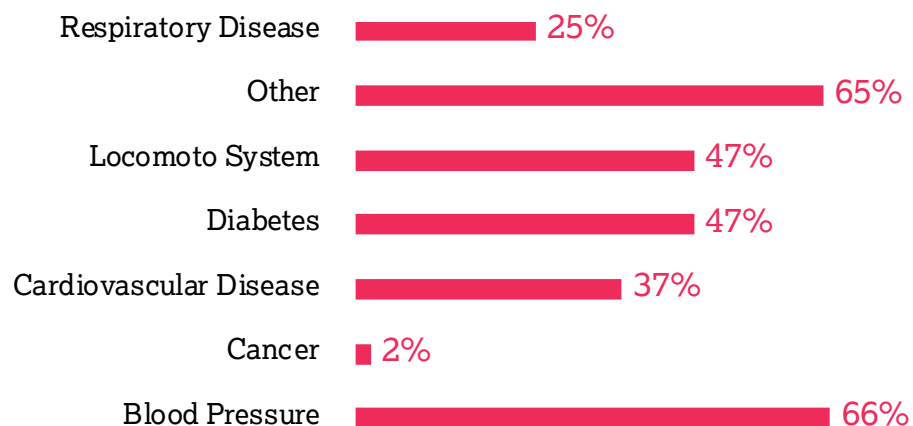
*Figure 7: Older Syrian Refugees and Older Jordanians: NFI Mobility Device Needs*



The physical health of study participants was measured by assessing the prevalence of chronic conditions. Nearly all interviewed older Syrian refugees (95%) and older Jordanians (89%) reported having one or more chronic health condition(s) that required ongoing medical treatment and monitoring. Even more medical monitoring is essential for the 30% of older Syrians refugees and 24% of older Jordanians with diagnoses of four or more chronic illnesses. As minimal differences emerged between older Syrians and older Jordanians about the prevalence of specific chronic illnesses, the findings are combined in Figure 8 in which the percentages of respondents with specific chronic conditions are displayed.

- ✓ The most common chronic diseases reported by older people in Jordan were high blood pressure, diabetes, cardiovascular disease and locomotor system diseases affecting the musculoskeletal and nervous system. The “other” answer category was an open ended answer option for respondents, and the most commonly included diseases were arthritis, osteoporosis/osteopenia, gout and chronic back/disc pain.

*Figure 8: Older Syrian Refugees and Older Jordanians: Prevalence of Chronic Illness by Type*

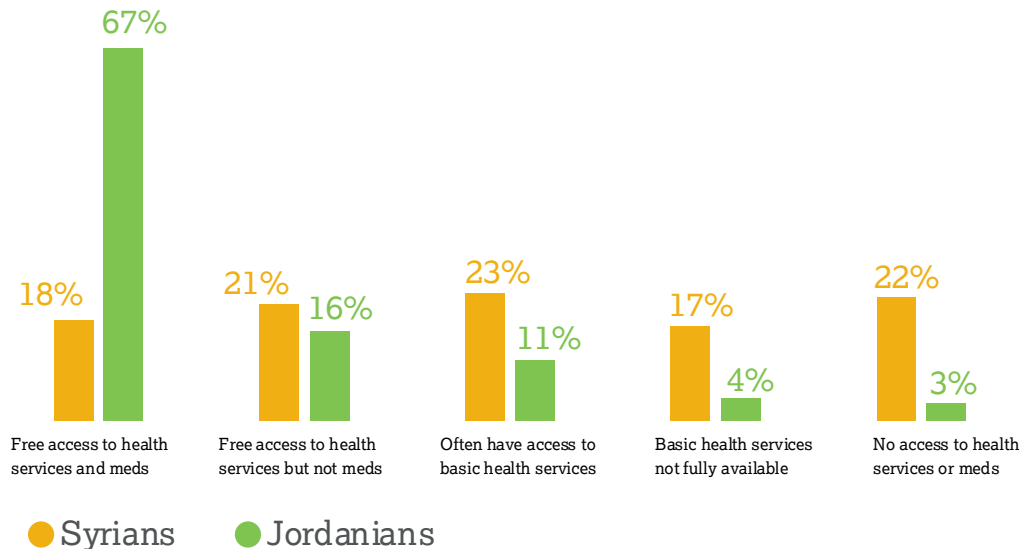


It is a basic right of all people to have access to relevant health services. Accessibility of health services is essential in order to help prevent and reduce health risks for older people and to ensure protection of rights. If people are without access to health services that provide the necessary monitoring and treatment of chronic illnesses and other health needs, unnecessary complications can arise. Figure 9 displays the percentage of older Syrian and older Jordanian respondents reporting on ease of access to health services in their communities.

- ✓ Approximately 1 out of 5 older Syrian participants in the study reported always having free access to health services and medications. Two out of three older Jordanians reported always having free access to these services and medications.

- ✓ Nearly one in four older Syrian refugees interviewed reported having no access to health services and medications. An additional 17% reported that basic health services were not fully available to them.
- ✓ A small proportion of older Jordanians reported that healthcare services were not fully available to them or having that they had no access at all.
- ✓ It is positive that a large proportion of older Jordanians interviewed in this survey reported always having free access to health services and medications. The findings reveal, however, that there remains a subgroup of older Jordanian citizens who do not have access to their basic right of healthcare and whose basic healthcare rights are not being met.

Figure 9: Older Syrian Refugees and Older Jordanians : Access to Health Services



Additional analysis was performed to identify access to basic health services within each of the four governorates included in this study; Amman, Irbid, Mafraq and Zarqa. Findings for older Syrian refugees are presented in Figure 10 and for older Jordanians in Figure 11.

- ✓ Older Syrian refugees residing in Amman have the most access to free healthcare and medications, in comparison to refugees residing in Irbid, Mafraq and Zarqa.
- ✓ Outside of Amman, free access to health services is more limited for older Syrian refugees. One-quarter of those living in Irbid and 21% in Zarqa reported having no access to health services
- ✓ Notably, there are no older Syrian refugees interviewed in this study in Mafraq that reported having no access to health services or medications.
- ✓ Access to health services in Amman is similar for older Jordanians and older Syrian refugees. 55% of older Jordanians and 58% of older Syrians reported having free access to health services and medications. Six percent of both populations reported having no access to health services in Amman.
- ✓ Access to free health services and medications for older Jordanians is higher in Irbid, Mafraq and Zarqa compared to Amman. According to this survey data, the Mafraq governorate has the largest proportion of older Jordanian citizens with excellent accessibility to free health care services.

Figure 10: Older Syrian Refugees: Access to Health Services, by Governorate

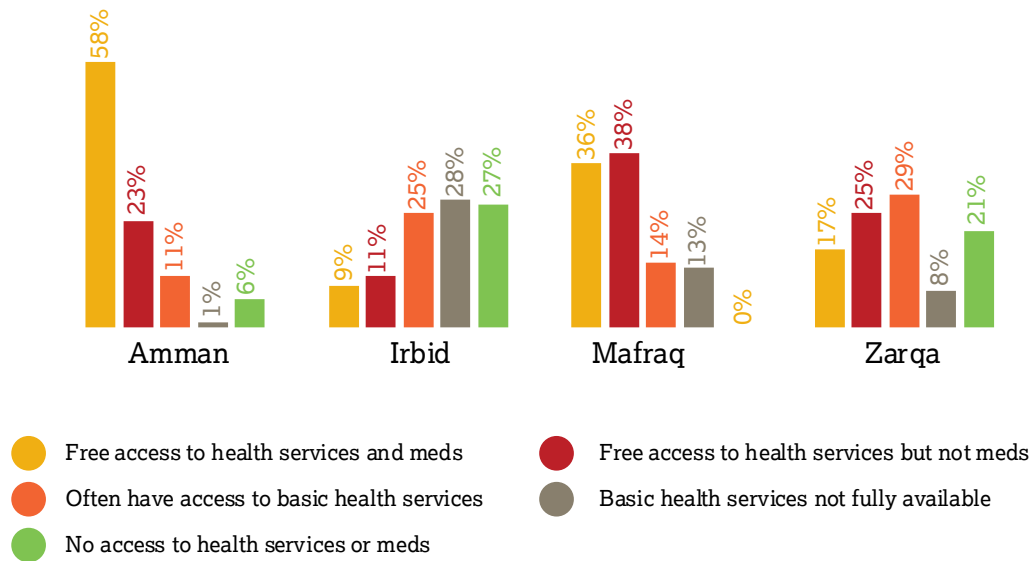
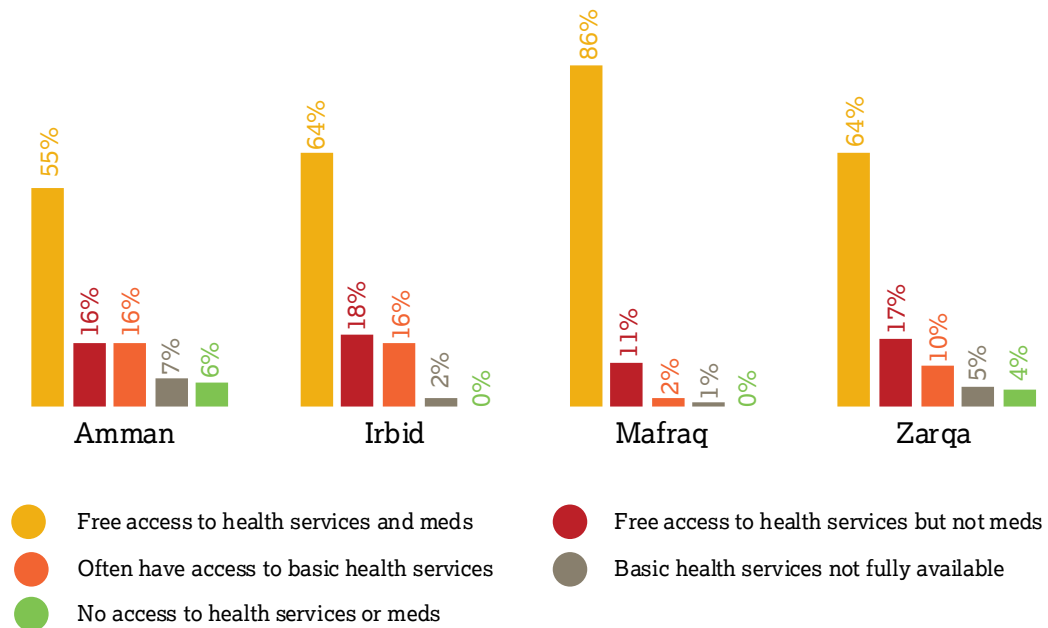


Figure 11: Older Jordanians: Access to Health Services by Governorate



Accessibility of prescription medications, most critically for treatment of chronic health conditions, is another basic right that is essential for older people to maintain their physical health. The majority of older Jordanians (82%) reported being able to access their needed medications. In contrast, only 50% of older Syrian refugees interviewed indicated having access to their needed medications. Lack of sufficient finances was the main reason for why older Syrians were unable to obtain medications. Immobility or the inability to reach the centers due to distance, was a reason provided by both older Syrian refugees and older Jordanians.



### 4.3 Psychosocial risks and protection challenges

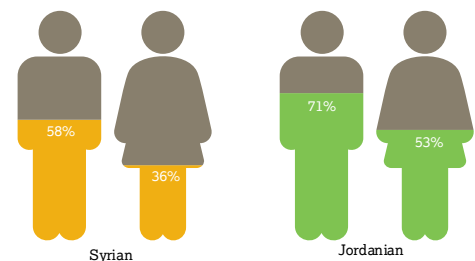
Psychosocial risks encompass psychological wellbeing of an individual as well as their interactions with other people surrounding them. These different components, when considered all together, provide an impression of how older people connect with their families and community and if insecurity and fears limit their behaviors in any way.

- ✓ Perception of personal autonomy among older Syrian refugees was limited. Less than half of older Syrians (46%) interviewed for this assessment defined themselves as decision makers. In contrast, the majority of Jordanians interviewed (61%) considered themselves to be highly autonomous and identified themselves as the decision maker for their own lives and in the running of their household.

Strong gender distinctions emerged when looking at perceived autonomy of older people in Jordan (see Figure 12).

- ✓ Older Syrian refugee women had the lowest sense of autonomy (36%) and one-half of older Jordanian women (53%) reported a feeling of autonomy. In general, a higher proportion of men felt autonomy with their decisions.

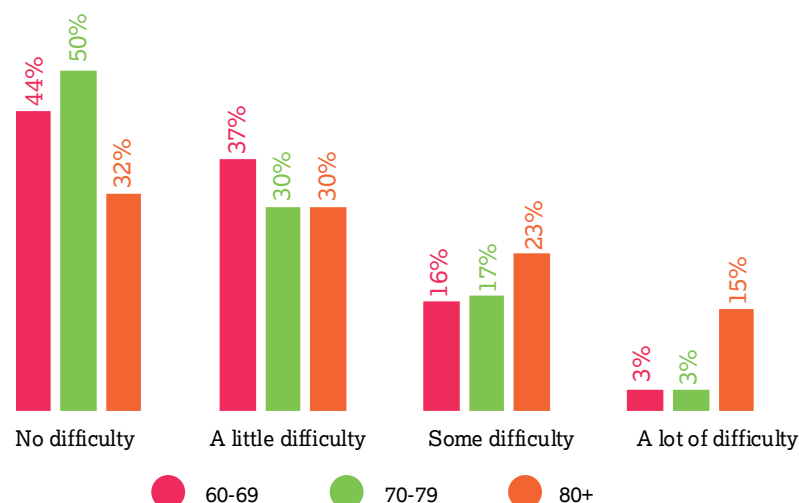
*Figure 12: Older Syrian Refugees and Older Jordanians: Autonomy of Decisions, by Gender*



Memory is another key indicator of psychosocial wellbeing of older people as this can intersect with the ability to interact and engage with other people. To assess memory, surveyed older people were asked to rate how difficult it was to remember and concentrate. No differences emerged between the older Syrian refugees and older Jordanians, however notable age differences were present. The findings for all interviewed older people, by age category, are displayed in Figure 13.

- ✓ Approximately one-half of those aged 60-69 and aged 70-79 reported having no difficulty with memory or concentration.
- ✓ In contrast, those aged 80 and older were found to have a heightened risk of memory challenges. Approximately one in four indicated having some difficulty with memory and concentration and another 15% admitted having a lot of difficulty.

*Figure 13: Older Syrian Refugees and Older Jordanians: Difficulty Remembering or Concentrating, by Age Category*



The degree of social interaction with family, friends and the community surrounding them, as perceived by interviewed older Syrians and Jordanians, is presented in Figure 14.

The findings suggest that older Syrians have limited social interaction in their daily life.

- ✓ Only 3% reported feeling as if they were a fully active member of the community and were surrounded by family and friends.
- ✓ 52% felt they had very limited interaction with their community and family.

The follow-up questions to social engagement provided similar responses. Approximately two-thirds denied participating in social activities and a majority (60%) admitted to feelings of loneliness. All together, these findings highlight the risks of older Syrians to being socially isolated and struggling with loneliness, perhaps largely due to the trauma of displacement from their home communities in Syria.

- ✓ Despite risk of social isolation, almost all surveyed older Syrian refugees (98%) reported feeling safe in their residential environment.
- ✓ Two in three older Syrian refugees acknowledged they had experienced feelings of insecurity and being unsafe in their communities in the past.

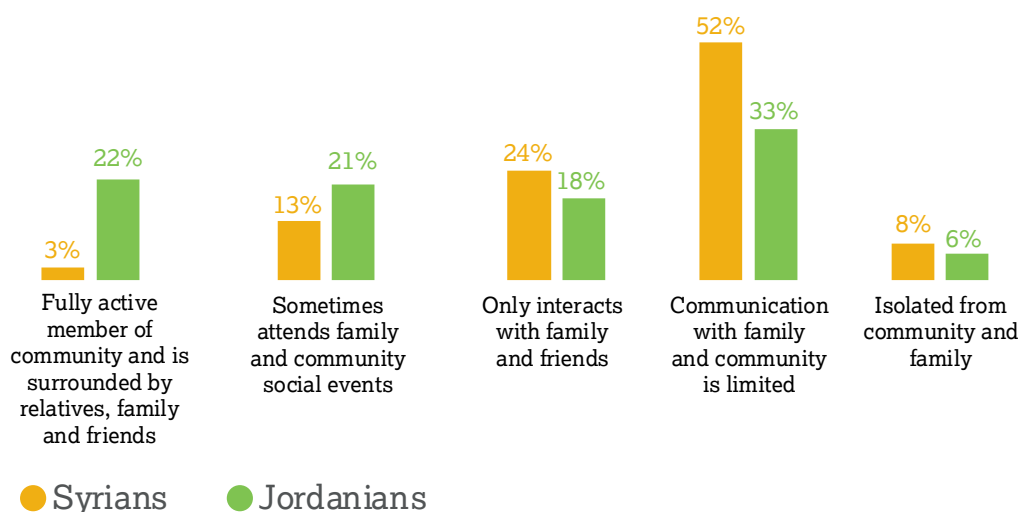
The stress of that period of their life for older Syrians has translated into reported present feelings of heightened levels of stress (anger, anxiety, instability), increased financial problems as well as the beginning of more health problems. But it is also encouraging to note that despite the many uncertainties and risks that continue to underly the refugee experience, it is positive that feelings of security and safety are associated with current residential environments within the Jordanian host communities.

Older Jordanians, who have not been displaced from their communities, reported a much higher level of social connection (Figure 14).

- ✓ Approximately one in four interviewed older Jordanians indicated they were fully active members of their communities and surrounded by family and friends.
- ✓ Surprisingly, one in three older Jordanians also reported having only limited interaction with their community, friends and family.

In addition, 42% of older Jordanians admitted to feeling lonely and 38% acknowledged they did not regularly participate in social activities. For a culture that is traditionally known to be familial in nature where family ties are important, this level of loneliness and social isolation among older people in Jordan is noteworthy.

*Figure 14: Older Syrian Refugees and Older Jordanians: Social Interaction*



## 4.4 Economic risks

The income sources for older Syrian Refugees and older Jordanians is presented in Figure 15. The findings suggest, that in general, older Syrian refugees are not financially independent.

- ✓ Humanitarian assistance, including cash vouchers, was by far the most common income source for Syrians.
- ✓ Approximately one-fifth reported "other" as income source which was defined as having no income and being solely reliant on the financial support of a son or daughter.

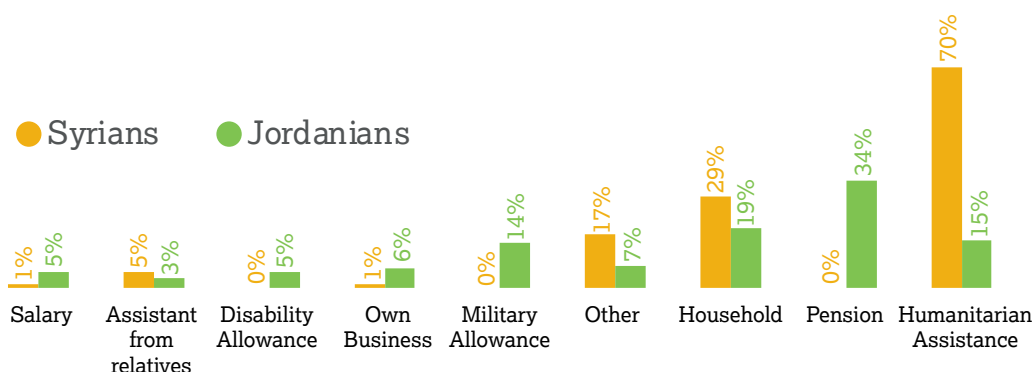
Older Syrian refugees demonstrate a high reliance on aide sources and the support of family members to meet their monetary needs. As three-quarters of older Syrians reported having current debts, this need for monetary support from agencies or from families can be problematic and create financial insecurity and stress.

- ✓ Older Jordanians interviewed reported more varied sources of income.
- ✓ One in three older Jordanians interviewed received income from a pension.
- ✓ Humanitarian assistance was received by 15% and was another more common source of income.
- ✓ Only 7% indicated their income source as "other", defined as having no income or being solely reliant on the financial support of a son or daughter.

Some older Jordanians are fortunate enough to have retirement pensions as a source of income. Gender analysis revealed that older male Jordanians (41%) received pension payments than older female Jordanians (29%). This aligns with the finding that nearly all older male Jordanians reported working in the past while the majority of older female Jordanians (81%) reported not working in the past.

The findings also revealed that a significant proportion of older Jordanians also rely on humanitarian financial assistance as a source of income. Also, approximately half of older Jordanians (54%) reported having current debts they need to be paid off. For those without a steady and reliable income source, this leads to economic insecurity and stress.

Figure 15: Older Syrian Refugees and Older Jordanians: Income Sources

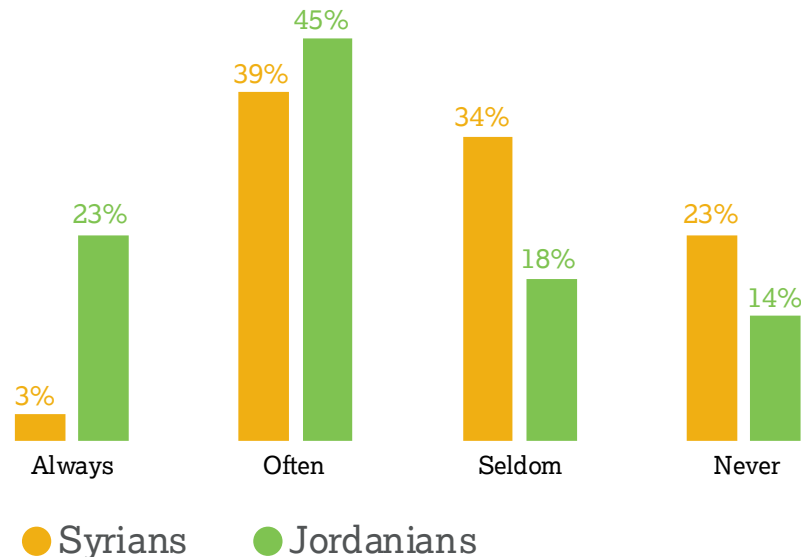


The ease with which daily needs can be paid for is also an indicator of household economic need. The findings are presented in Figure 16.

- ✓ One-quarter (23%) of the interviewed older Syrian refugees reported that they could never fully pay for all their basic living costs. 14% of older Jordanians experienced this same level of severe financial vulnerability due to insufficient financial resources to pay for daily needs.
- ✓ Only 3% of Syrian refugees reported they could always afford to pay for their daily necessities. Older Jordanians, however, were more easily able to pay for daily needs. 23% of older

Jordanians interviewed had a high level of financial security and reported they were always able to afford to pay for daily needs.

**Figure 16:** Older Syrian Refugees and Older Jordanians: Ability to Financially Meet Daily Needs



The availability of food and the ability to pay for it is a critically important daily household need. Even though the majority of older Syrians and older Jordanians lived within proximity to food markets and grocery stores, financial constraints of allocating household income impacted food intake for both groups.

- ✓ Two out of three of older Syrian refugees and one-half of older Jordanians reported they needed to limit food intake to financially compensate for other household needs.

Considered all together, these indicators highlight the severe economic need of most older Syrian refugees. There is heavy reliance on humanitarian aid combined with a significant insecurity in being able to afford basic needs, most critically food. In general, older Jordanians are more financially secure with a steady income and an ability to provide for their needs. However, there is a notable subgroup of older Jordanian citizens who do not have this economic security. For those older people, there is a reliance on humanitarian aid and the regular strain of economically providing for all their needs.

## 4.5 Shelter Risks

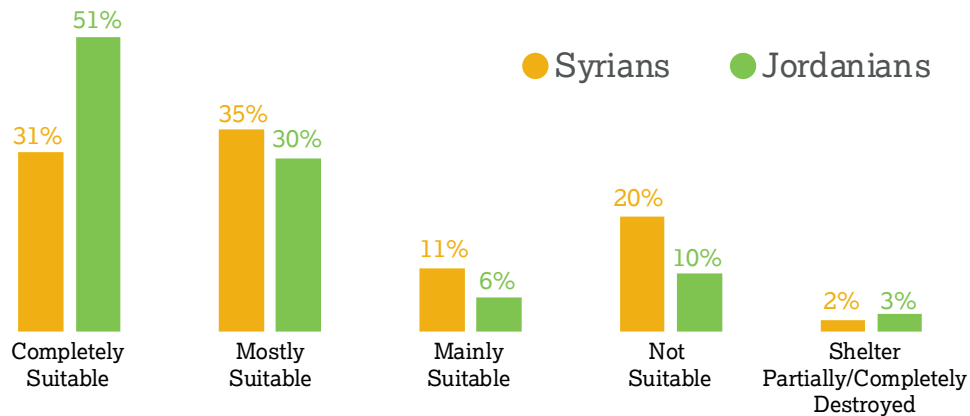
The majority of older Syrians living in the four Jordanian host communities resided in rental properties rather than in homes they had purchased. The majority of older Jordanians interviewed are homeowners living in their own property. Approximately one-fifth lived in rental properties. A small number of older Jordanians reported living with family rather than in their own home.

The durability of the homes, defined as the suitability of the home to withstand and protect from the extreme summer and winter conditions of the Jordanian climate, is presented in Figure 17.

- ✓ Most older Syrians reported that their homes are completely suitable (31%) or mostly suitable (35%). The suitability and durability of the homes of older Jordanians is, in general, adequate and appropriate. One-half of all interviewed older Jordanians reported their home was completely suitable for the weather conditions.
- ✓ 20% of older Syrian refugees shared that they are living in homes that do not provide the necessary protection from the weather and climate.

- ✓ A small number of older Syrian refugees and older Jordanians reported living in very dire conditions in homes that have been partially or completely destroyed. This finding reveals an important issue that there are older people in Jordan with an unmet basic right of access to appropriate shelter to protect them from the climate.
- ✓ The most common reasons provided as to why homes were not durable and suitable was high humidity inside and lack of ventilation.

Figure 17: Older Syrian Refugees and Older Jordanians: Durability of Shelter.

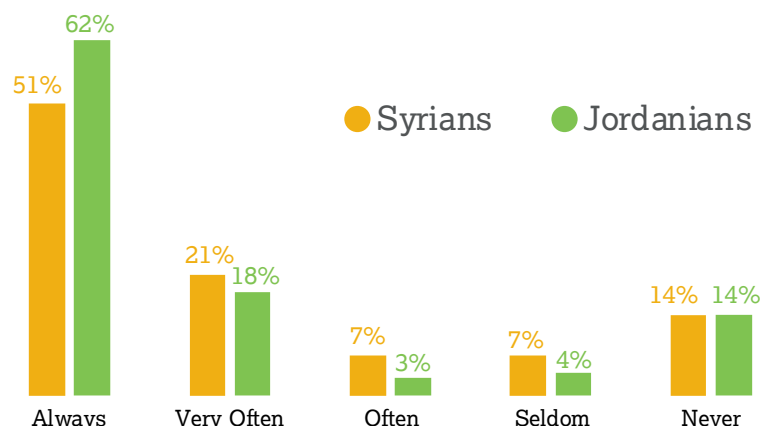


## 4.6 Water and Sanitation Risks

Access to clean drinking water is an essential need for all people. The level of access to water is presented in Figure 18.

- ✓ One-half of the interviewed older Syrian refugees had daily access to clean water and an additional 21% reported having access to water at least six days per week. For most older Jordanians assessed, clean water was always accessible or nearly always accessible.
- ✓ Approximately one in five of the interviewed older Syrians seldomly had access or never had access to clean water to maintain their daily needs.
- ✓ 14% of older Jordanian citizens had severe barriers to obtaining clean water and reported never having access.

Figure 18: Older Syrian Refugees and Older Jordanians: Access to Clean Water



Older Syrians and older Jordanians with limited water access reported similar reasons as explanation.

- ✓ The most common reason for unreliable water access was lack of financial resources followed

by the reason of insufficient water supply from the municipality.

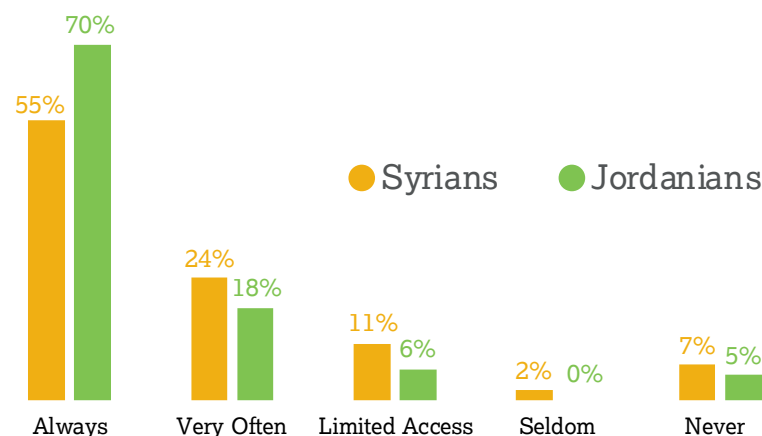
- ✓ Only a small minority in each nationality group (2%) reported impaired mobility as a deterrent to accessing clean water. However, this small minority is noteworthy because of how their physical limitations interact with an essential right of clean water access.

Access to adequate sanitation facilities is another measured indicator of risk and is presented for the two nationality groups in Figure 19.

- ✓ More than half of interviewed older Syrian refugees and 70% of older Jordanians reported that sanitation services were always accessible to them.
- ✓ One in five older Syrian refugees reported limited access, seldom having access or never having access to appropriate sanitation. A notable proportion of older Jordanians also indicated having limited or no access to sanitation facilities.
- ✓ The most common reason why sanitation was problematic for older Syrians and Jordanians was their own limited mobility and illness creating a barrier.

This link between the access to appropriate sanitation facilities and mobility highlights the greater risk those with health and mobility challenges have in accessing basic life essentials. A small proportion of older Syrian refugees also reported a lack of available sanitation services within their community setting as well as lack of financial resources to pay for sanitation services.

*Figure 19: Older Syrian Refugees and Older Jordanians: Access to Sanitation Facilities*



## 4.7 Older People Views of Services and Programs

If older people do not feel their needs are being adequately addressed, it is important they know how to communicate directly with organizations to notify about how delivery of services could be improved. Less than one-quarter (22%) of the surveyed older people acknowledged that they had ever attempted to give constructive feedback. And if efforts were made to give feedback to organizations, only one-third felt they were listened to by staff.

It is important that older people become more aware of their invaluable role in providing feedback to organizations and be better educated about how to use the proper channels to maximize the impact of their communication. Approximately one-half of the older people interviewed were unaware of how to optimally contact community organizations. In addition, government programs and NGO organizations need to be better trained to improve their response to the concerns and issues raised by older people receiving services.

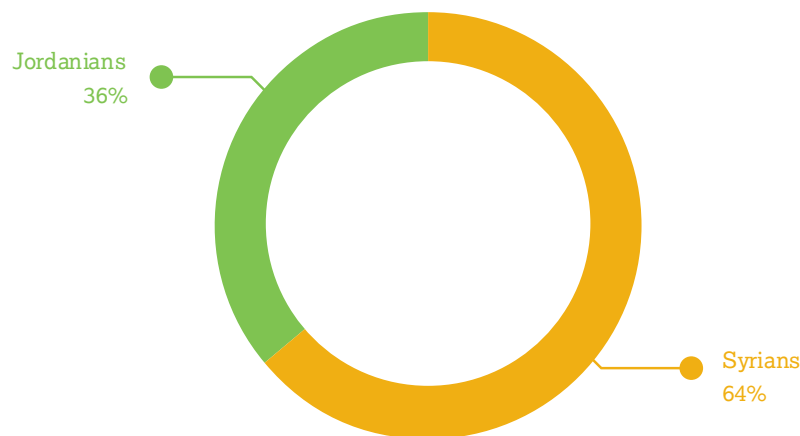
## 5. Family Member Main Findings

Family members play an integral role in the lives of older people. To better understand the experience of older people in Jordan, this survey integrated a family member into the interview to gain their perspective on the needs and risks of their older family member as well as their general opinion about older people in the broader community.

### 5.1 Demographics

In this survey project, 423 family members were interviewed. As shown in Figure 20, nearly one-third were family members of older Jordanians living in host communities and approximately two-thirds were family members of older Syrian refugees.

Figure 20: Family Members by Nationality



- ✓ The interviewed family members were predominantly female (71%).
- ✓ A majority of the interviewed family members were a biological son/daughter (57%) or daughter-in-law (20%), aligning with the known prevalence of adult children, and mostly women, assuming caregiving roles of ageing family members<sup>19</sup>.

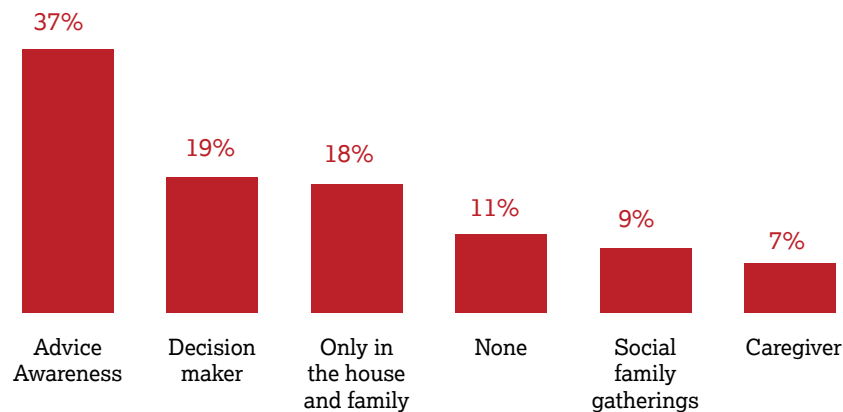
### 5.2 Role of Older People in Families

Older people in a family take on an array of different roles within a family structure. These roles, as reported by the interviewed family members, are presented in Figure 21.

- ✓ Older people in the family were most commonly viewed to be advice givers to younger members of the family.
- ✓ Nearly one in five of the family members interviewed indicated that the older person in their household was the family decision maker.
- ✓ Some older family members provided caregiving of younger members of the household as well held positions of responsibility during family gatherings.

These findings suggest that some older people, within a family context, maintain a high degree of authority and are family decision makers or are sought out for advice. In contrast, a large proportion do not hold any decision-making authority and 11% of the interviewed family members reported that the older person in their family had no responsible role in the family. This finding counters the fast-held belief that aging members of a family are automatically placed in a position of honor within the family structure.

Figure 21: Family Members: Role of older people in the community

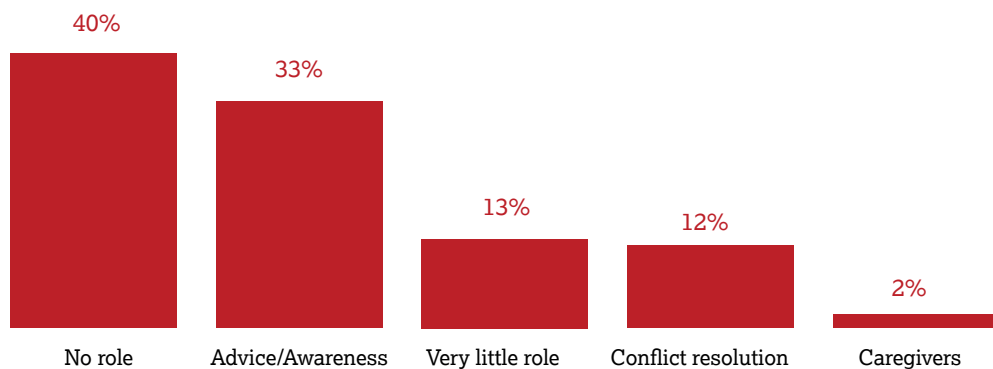


### 5.3 Role of Older People in Communities

The inclusion of family members in the survey also allowed for analysis of how younger generations view older people within the broader community context. Again, findings reveal a mixed view on whether older people maintain an invaluable and important position in society when advanced in age (Figure 22).

- ✓ Interviewed family members suggested that older people, in general, have no role (40%) or very little role (13%) in the community context.
- ✓ One in three family members viewed older people to be sources of advice and awareness of complex issues.
- ✓ A small proportion of interviewed family members reported that older people in the community served as conflict mediators.

Figure 22: Family Members: Role of older people in the community



- ✓ Three-quarters of younger family members interviewed, when asked about conflict resolution within their communities, felt that the involvement of older people in the community was an integral part of the process.
- ✓ Reasons given for why older people in the community would be excluded from involvement in community conflict resolution included that older people have no role, they are immobile or too sick to be involved, they are from a different generation, or even that they have no right to be involved in resolving community conflicts.

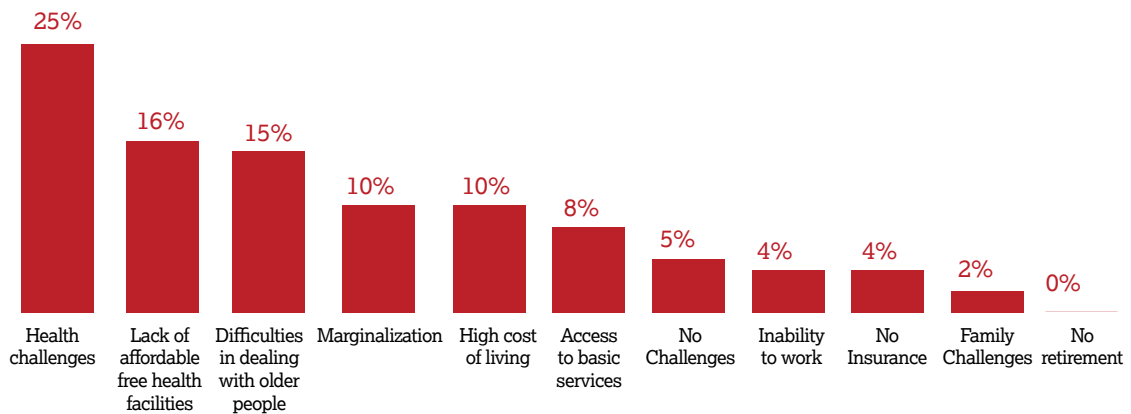
These findings suggest yet again a mixed view of how older people are perceived in their roles, similar to how some older family members are viewed within the familial context. Although some of the interviewed family members clearly viewed older people to be foundational members of



the community who provided guidance and leadership, the findings also highlight how often older people are overlooked and disrespected within the community context.

Interviewed family members were also asked to reflect on what they think are the biggest challenges facing older people in the community (see Figure 23). Health challenges was the most common answer provided, but financial constraints and lack of financial resources was a common theme across many of the answers given.

*Figure 23: Family Members: Biggest challenges faced by older people in Communities*



Specific to the Syrian refugee crisis, family members were asked how roles and responsibilities of older people in society have shifted since the start of the crisis. One-fifth perceived that living conditions have gotten harder for older people, one-fifth felt that older people are even more marginalized within society as result of the strains and pressures of the crisis and 15% viewed older people to have lost their previous role of being head of household.

It is important to reflect on how these trends can be shifted to improve experiences for older people in communities and help to restore positions of respect. Interviewed family members reflected on how older people's roles within the community could be encouraged and developed. The need for more organizations to work on behalf of older people was a common response as a way to raise awareness and strengthen the advocacy position of older people needs. Community education was also highlighted as a necessary improvement as a way to advance the causes of older people at the community level. In addition, policies that do more to protect the rights of older people need to be developed and implemented. Half of the surveyed family members reported they felt that Jordanian policies should be changed to better serve the needs of the older people community. Family members mentioned that such policy amendments were needed for housing policies, medical insurance policies, and policies that addressed financial security of older people in the community.

## 6. Conclusions

The findings of the HelpAge assessment in Jordan can be summarized into the following points.

### **Improved availability and accessibility of health services is needed**

Chronic health conditions are more prevalent as people grow older, and nationality made no difference on the emergence of chronic health conditions in later life. The large majority of older Syrian refugees and older Jordanians interviewed reported having one or more chronic health conditions. These diagnoses require ongoing monitoring and treatment by trained health professions to avoid escalation of diseases and sometime even life-threatening outcomes.

Notable differences between older Syrian refugees and older Jordanian citizens emerged about the availability and access to health services. A significant proportion of older Syrian refugees stated they seldom or never had access to health services or medications while a smaller proportion of interviewed older Jordanians reported similar, limited access. Large differences in access to health services in the different governorates, for both Syrian refugees and older Jordanians, were also found. These findings highlight the importance of prioritizing improvements in the health services network across all regions, especially in organizations and health centers that cater to the refugee and lower income Jordanian populations.

### **Mobility impairment has far reaching consequences, from community engagement to accessing services**

Mobility impairment has far reaching consequences in the daily life of older people. The study revealed that mobility impairment curtails engagement with the broader community for older people. Immobility was the most common reason listed by family members for why older people in the community are not more involved in community decisions and activities. Mobility limitations also limits access to sanitation facilities and was also listed as a deterrent to accessing clean water.

### **Social isolation and loneliness are prevalent**

Older people are at risk of becoming socially isolated and becoming lonely as a result. The most vulnerable are those who feel fully isolated from both community and family. This study revealed that an equally small, but nonetheless critically important, proportion of both older Syrians and older Jordanians experience this extreme level of social isolation. Awareness and targeted programs to address this isolated older people group is essential. Older Syrian refugees are at a high risk of being socially isolated because of being displaced from their home communities when fleeing Syrian. Only 3% of interviewed older Syrians reported feeling they were fully active members of their present community and that they were surrounded by family and friends.

### **Family is an important support network**

Many older Syrian refugees and older Jordanian citizens are helped and supported by family members. Utilization of formal, paid caregivers is limited. This aligns with what is known about the importance of intergenerational familial relationships within the Arab culture<sup>20</sup>. Notably, there are older people in both nationality groups who report having unmet caregiving needs.

### **Humanitarian assistance is essential for older people**

The study highlights the precarious financial position of older Syrian refugees providing for household needs. A small but significant proportion of older Jordanians also acknowledged never being able to financially meet all their daily needs. Therefore, it is important to assess the level to which older people rely on humanitarian assistance. In general, older Syrian refugees rely on humanitarian assistance to provide for their needs. What is notable from the study findings is the observation that 15% of older Jordanians also rely on humanitarian assistance as a primary source of income. This highlights the subpopulation of the older Jordanians who also experience

severe financial. Programs that financially support older people in Jordan who live in poverty need to be prioritized to ensure that their needs are met.

### **Older people limit food intake because of financial constraints**

A subset of older Syrians and older Jordanians were found to restrict food intake because of limited finances. Although food was reported to be readily available, the affordability of food was problematic. Government programs and humanitarian organizations need to prioritize strengthening food programs for the financially insecure and ensure that these programs remain funded to maintain the financial viability of these programs within the budget frameworks.

### **Self-advocacy by older people needs to be promoted and nurtured**

Greater effort needs to be made by organizations to educate older people about the importance and the possibility of self-advocacy. The study findings revealed that a large proportion of older people do not know the steps required to give feedback to organizations and service providers. Clearer systems need to be put in place to address this knowledge gap and to empower older people to speak up for their needs and vocalize their rights using the proper channels.

### **The rights of older people need to be better communicated and understood, including through intergenerational focused work.**

A significant proportion of interviewed family members in this study identified that older people have no role or very little role in the community. Further clarification revealed that older people were often considered too sick or from a different generation to be relevant in engaging with the broader community. More concerning is that some family members even argued that older people just simply had no role at all to fill within the community context.

More education is urgently needed to bridge this generational gap and combat ageism. Older people are a rich source of wisdom, experience and knowledge and these gifts should be shared with the younger generations. Improved intergenerational knowledge and understanding would enhance the standing of older people in their communities and promote advocacy that protects their rights.

## **Recommendations**

### **To the Government of Jordan**

#### **1. Continue ongoing efforts to promote the rights of older people in Jordan and to promote policies that support upholding their rights and wellbeing.**

The development of the "National Strategy for Senior Citizens 2018-2022: Towards a Society for all Ages", is an important step towards achieving this goal. However, even with these efforts, more needs to be undertaken by the government to educate the population about available services already in place. In addition, the population needs to be better informed about the existence of the National Strategy for Older People to raise transparency about how the needs of older people are being addressed at the governmental level. And it is essential that the government continues to prioritize an agenda that addresses the rights of older Jordanian citizens to ensure that resources are appropriately allocated.

#### **2. Prioritize and commit to building more government sponsored comprehensive health centres to better meet the needs of the large numbers of older people being served.**

At present, available comprehensive healthcare centres are serving more people than the national standard of one centre per 60,000 people, contributing to overcrowding. It is reported that nine new comprehensive health centres, spread over the different governorates, need to be built for health services to meet this national standard of care across all of Jordan.<sup>21</sup> The Government of Jordan must prioritize allocating money to build these needed health centres in order to better serve the health needs of residents of all governorates and promote the rights of all older people in society.

### **3. Prioritize the allocation of government resources to programs that support low income Jordanian citizens.**

There is a subpopulation of older Jordanians who are financially insecure and rely on aid programs to offset their financial needs. The continuation of these programs is essential, and funding must be ongoing so that this important security net for older people continues. Allocation of government resources to these programs must be protected and prioritized by the government to ensure rights of older people are upheld.

### **4. Efforts must be made to combat ageism and to promote positive views of older people within society.**

This study revealed that older people are at risk of losing their place of respect within communities and are becoming increasingly marginalized. To restore all older people into respected roles in the community, education targeting intergenerational understanding of the aging experience and the rights of older people should be implemented. Older people also need to be educated about their rights and reminded of the integral role they can play in mentoring and supporting other people in their communities to empower them to assume roles of authority in their communities.

## **To the National and International Humanitarian Organizations**

### **1. Begin to specifically incorporate older people into programs and to identify their rights as an important priority when developing services.**

International humanitarian aid organizations must start incorporating older people into their reports and analyses regarding the Syrian refugee crisis. Minimal research has been targeted specifically at older people. Older people, if included at all, are analysed alongside much younger adults which disguises their specific risks. These organizations must develop targeted programming in response to the unique risks faced by older Syrian refugees as a means to better advocate for their rights.

### **2. Utilize the Humanitarian Inclusion Standards (HIS) in programme development to ensure that older people have equitable access to humanitarian services, are knowledgeable of their rights and of the proper channels to share their feedback.**

Incorporating HIS standard into programme development will identify the risks of older people while incorporating strategies that highlight the capacities and rights of older people. Not only do the risks of older people need to be integrated into programmes, it is vital that their participation in development and monitoring be facilitated by the humanitarian aid organizations acting on their behalf.

### **3. Introduce programs that address the specific inclusion and protection needs of older people. Integrate these with other services and programme activities.**

International humanitarian agencies must also act to respond to the demonstrated need for more healthcare access among the older people population in Jordan. Programs could be implemented that specifically address the physical needs of common chronic illnesses of older people. For example, blood pressure clinics or diabetic mobile clinics could be set up in communities with long term goals of integrating these services more comprehensively into existing medical facilities in the respective governorates. These mobile clinics could serve an important front-line role of identifying people at risk of common chronic diseases as well as avenue to provide education to the community about disease prevention and lifestyle adaptations after diagnosis. Humanitarian organizations could also address the need for mobility devices through proper distribution channels. These types of programs would serve to protect the rights of older people by promoting physical health and mobility. This also improves the ability of older people to interact with the broader community in their neighbourhood.

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**4. Develop programming to combat loneliness and encourage community engagement of older people, in dialogue with older people who are also providers of care for younger members in their family network.**

Older Syrian refugees are at risk of being severely isolated due to their displacement from their community in Syria. Programs and services need to be developed that specifically address social isolation of older people and promote the right of psychosocial wellbeing. Programs that serve to bridge the generational gap and encourage intergenerational connectedness is one very important strategy that has multiple benefits. Not only does it improve social connectedness for the older people involved, it also serves to reduce stigma and false beliefs that the younger generations believe about older people by highlighting their varied and beneficial skills and capacities.

**5. Develop programming that supports family caregivers.**

Some older people in Jordan, regardless of nationality, depend on family members to care for them when needs arise. The cultural context encourages this model of familial support. However, more needs to be done to support this network of informal caregivers, including older people who are caregivers of younger people in their households. Caregiving can be stressful and demanding, and in circumstances under which people already have heightened risk, caregiving can be an added strain. Programs need to be developed that reach out to family caregivers to educate and support them, and in that way improve the wellbeing of older people and strengthen their access to basic rights. Programs should be developed, in accordance with preferences and consent of older people about who provides support and how support can be provided.

**To the International Donor Community**

**6. 1. Recognise the rights of older people to humanitarian assistance and protection and ensure these rights are upheld through providing appropriate levels of funding to specifically work with older people, and ensuring all humanitarian programmes are age inclusive. Identify older people as an invaluable group and earmark funds to specifically address their needs.**

It is imperative that all parties working on behalf of at-risk people in Jordan begin to recognize the older people population and identify it as a unique subgroup. International donor agencies must do their part to help raise awareness of older people. By funding projects that specifically advocate for the rights of older people, organizations will be better equipped to channel their resources into program development that specifically address older people and their experiences.

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