Focusing on older refugees

The continent of Africa - and the country of Uganda in particular with its large number of people affected by HIV/AIDS - presents a particular case when it comes to the role of older people within their communities.

In Africa, it is frequently older people who are left to nurse their own dying children and then to take care of their orphaned grandchildren.

In Uganda, the total number of older refugees is 3,536, out of which 1,728 are female; they make up 1.9% of the total refugee population (of 179,736 refugees). Older refugees face the discrimination suffered by most refugees but are in an even more difficult socio-economic position. This is why it is important to tackle marginalisation of older refugees and learn from innovative practices to enable them to live full and valued lives.

Do relief agencies listen to older people?

In Africa older men and women are regarded as the ‘wise’ people in their communities and are generally consulted on important issues. Similarly, in refugee settlements, agencies wishing to set up programmes and projects often consult with the older people who serve as leaders or representatives of their respective communities. Such people may also assist in the registration process of unaccompanied minors and separated children when they arrive in camps and other refugee settlements, as they represent the various tribes, clans or ethnic groups. Within a refugee settlement older refugees are often pillars of community life, respected for their knowledge and experience; agencies wishing to work within these settlements should indeed consult with them.

The introduction of the age category of 60 and above in UNHCR statistics reflects increased global attention to this population. Older refugee women are among those who receive the most assistance as they fall within the category of Extremely Vulnerable Individuals (EVis) entitled to special attention. In the settlements, houses are built and renovated for older refugees by other refugees or by youth groups. They receive food and nutritional supplements as well as such non-food items such as blankets and utensils. Older refugees who are heads of household receive extra benefits in order to be able to take better care of their dependants.

Tackling marginalisation

Age prejudice continues to prevent older people from fully participating in the development of their societies. Myths and misconceptions create the image of older people as unproductive, helpless, weak or disabled, forgetful and unable to learn new skills or absorb new information.

Community-based measures are vital in tackling marginalisation and misconceptions. A training workshop in Nairobi in March 2001 discussed what needs to be done: outreach, use of existing community structures such as church groups, neighbourhood groups and other mechanisms to identify older people, and the management of their special needs through family case management. There needs to be sensitisation and awareness-raising procedures for refugee communities, agencies and social workers to enable them to take better care of older refugees, as well as creating awareness of issues which affect them.

Furthermore, appropriate legislation needs to be established and implemented. Increased involvement of the government and agencies working with refugees would create an environment in which policies and legislation could provide an effective framework. Most importantly, it would allow older refugees to contribute to activities which affect them as well as encouraging groups of them to work together to help themselves.

Innovative practices

There have been certain measures taken in Uganda and throughout Africa to overcome such marginalisation; those that have led to the increased capacity of older refugees to make their voices heard and to help them help themselves should be replicated.

A few years ago in Uganda, a ‘desk’ for older people was created in the Ministry of Gender, Labour and Social Development, culminating in the recent appointment of a minister responsible for older people and people with disabilities. Such a process has facilitated increased dialogue between the government and older people, including older refugees. Similar dialogue in Ghana has led to free provision of medical attention to those over 72 years of age.

Other innovative practices implemented by HelpAge International could be replicated for refugees. In Uganda, HelpAge International supports old people’s homes, day care centres and older groups involved in economic pursuits such as rearing dairy cows. In other countries of Africa, the organisation has met basic needs and provided income-generating activities, literacy and numeracy activities and horticulture for older people and their families.

UNHCR in Uganda has also incorporated and involved older people in similar programmes. There are home visits by community outreach groups to provide support to people in their homes and to provide training to families to assist older family members. Furthermore, there has been participation of older refugees in various training activities targeting not only older people but other community members as well. Such training has focused on issues such as: gender awareness, the rights of children,
leadership, income-generating activities, self-reliance, community-based rehabilitation, mental health and psychosocial support, girls’ education, sexual and gender based violence and adult literacy and numeracy.

**Conclusion**

UNHCR and other agencies recognise older refugees as a vulnerable population, deserving, and indeed requiring, special attention. New initiatives are serving older refugees in various ways, bringing hope that they may be able to participate more actively in the development of their society, provide for dependants and lead a full and valued life. With their knowledge and experience, older refugees play a valuable role in their respective communities, a fact that should be reinforced by the work of UNHCR and its partners.

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2. See HelpAge International’s Ageing in Africa, Issue 11, February 2001, for discussion of legislation to ensure the establishment of formal and informal social security systems and increased access of older people to health and rehabilitation services.


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If you have experience of refugee and/or IDP programmes on the ground which you think would be of interest and use to others, please do consider writing for FMR. Successful projects? Problems encountered which you have learned from? Useful insights? Good practice developed? Experience, expertise and understanding need to be shared – for the benefit of all.

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