

# The health of older women in Darfur



Halima, Darfur Photo: HelpAge International

In the refugee camps of Darfur older women's health needs are often neglected. Many older women are widows and without extended family support. They do not often speak out about their needs, suffer with mobility problems and are less likely to access health care services. Dr Ibrahim Mohamed, HelpAge International's Medical Coordinator in Darfur, describes the problems they face and what HelpAge is doing to support older women.

**T**he conflict in Darfur is widely considered to be the world's worst ongoing humanitarian crisis. Since fighting began in 2003 an estimated 300,000 people have died and over 2.7 million have been displaced from their homes. Many of the displaced have sought security in relief camps, including approximately 216,000 older people.

Older people are often untargeted in emergency situations and have difficulty accessing health and nutrition services. Darfur is no exception. Despite the presence of NGO clinics in many displacement camps, assessments conducted by HelpAge in five camps in early 2005 showed that 61 per cent of older people are living with chronic diseases such as diabetes, bronchitis and rheumatoid arthritis which need specific treatment or drugs. A rapid nutrition assessment in 2006

indicated that nearly 40 per cent of older people are at risk of malnutrition and 60 per cent are having difficulty collecting food from distribution points due to mobility or vision problems. Long waiting times at clinics and distribution points are also a barrier for older people who often do not have the strength to wait in line.

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HelpAge has been working since 2004 in West Darfur to implement a targeted programme for older people

in twelve displacement camps. It also works with other humanitarian agencies on the ground to mainstream ageing issues into their health and nutrition services.

### Age and gender

As important as the inclusion of older people in health programmes is the recognition that men and women age differently resulting in differing health outcomes. Older women have a range of specific health and treatment requirements and programming should respond to this.

Women in Darfur enter old age with a variety of gender-specific problems as a result of the limited medical care they have received over their lifetime, particularly during labour and delivery. By the time they reach old age, women face health problems such as uterine fibroids, incontinence, cervicitis and uterine prolapse. Due to the nature of these problems they are again less likely to seek advice and support, especially from male medical staff.

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In the camps of Darfur many older women are widows, often living alone where children have migrated from the camps in search of work. This lack of extended family support makes older women particularly vulnerable. Within the conservative community structures in Darfur, older women are not vocal and this can prevent them from speaking up about health problems. They also have problems with mobility and are unable to access services.

### Meeting older woman's needs

HelpAge has taken a series of practical steps to ensure older women's health needs are mainstreamed into its wider health and nutrition response.

#### Health checklists for older women

HelpAge's community health workers are responsible for referring older people to health clinics and later following up cases in their homes. A simple checklist is used by community health workers during regular visits to identify older women's specific health needs and monitor them in follow-up visits.

#### Improving access to medical facilities

To compensate for the limited mobility of older people, HelpAge introduced a simple system of donkey cart 'ambulances' to ensure older people could reach clinic facilities. Drivers of the ambulances work with HelpAge community health workers to ensure that those in need of referral to medical facilities can be transported to either local clinics or the local hospital. Community health workers have also provided mobility aids to help older people improve their mobility and walk to clinics or food distribution points.

#### Priority treatment times for older women

HelpAge has worked with several agencies including Médecins Sans Frontières and Save the Children to designate certain hours or days at their clinics as priority referral times for older people. This simple move cut long waiting times, one of the major barriers they identified to accessing services. Priority times can also be established for older women.

#### Age-appropriate drugs

HelpAge supplies geriatric drugs to local health facilities in West Darfur.

#### Female medical staff

HelpAge has encouraged the recruitment of female doctors where possible so that older women will feel more comfortable discussing their problems.

#### Training for health professionals on ageing issues

HelpAge's community health workers receive regular training on older people's issues. HelpAge also conducts an annual 5-day training workshop in all three states of Darfur for medical doctors, medical assistants, nurses, nutritionists, health educators and other health workers focusing on older people's health and social care.

#### Eye programmes for older people

Alongside ECHO and UNHCR, HelpAge has delivered several mobile eye campaigns working with experienced ophthalmic consultants. To date, we have treated 23,367 older people and carried out over 7,000 ophthalmic operations.

#### Supplementary food baskets for older people at risk of malnutrition

In partnership with the World Food Programme, HelpAge distributes food baskets which include micronutrient deficiencies and iodized salts to vulnerable and malnourished older people.

#### Collect disaggregated data on older women

In order to inform and improve health services for older women, disaggregated data on their health needs is essential. This can be easily collected by community health workers and clinic staff.



Donkey cart ambulance Photo: Gina Bramucci/HelpAge International

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Often they undertake this task in place of younger women who are considered at greater risk of attack. Niemat Ali looks at least 70 but does not know her exact age. While out collecting firewood on the camp perimeter in 2006, Niemat and a group of other women were attacked by armed men. One of the men took her axe and used it to beat her, breaking her arm. The NGO health clinic in her camp referred Niemat to the regional hospital over 40 kilometres away. At the hospital, no one explained the planned medical procedures to her. She was afraid, refused treatment and was discharged. HelpAge International community health workers later found her alone in a different camp, her arm extremely swollen and painful. They sat with her to explain the procedure she would undergo to treat her arm, and when she was ready accompanied her back to the hospital. Doctors set her arm and cleared up the infection.

Other age-related health needs experienced by both men and women include fall-related injuries such as hip fractures and visual impairments caused by cataracts, trachoma, glaucoma and macular degeneration. HelpAge assessments have shown that as many as 50 per cent of older people in the camps suffer from some kind of sight impairment, ranging from cataracts to chronic trachoma and total blindness.



Dr Ibrahim Mohamed is HelpAge International's Medical Coordinator in Darfur.

HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives. [www.helpage.org](http://www.helpage.org).

**Do you include older people in your health programmes? What are the challenges you face when you do this?**

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