

Protecting Older People in Times of War & Displacement

Older people face highest risks in frontline areas, during evacuation and encounter significant challenges once displaced. This points to a systemic pattern of exclusion that limit their ability to access protection and achieve durable solutions. These risks largely stem from national protection and humanitarian response systems that are neither sufficiently age-sensitive nor fully adapted to displacement realities. If not resolved, older people will continue to face heightened risks and are more likely to experience protracted displacement without a durable solution prospect, often living in inadequate conditions without access to care and support essential for their safety and dignity. Furthermore, displacement increases risks of institutionalization, underscoring the urgency for more inclusive ways of working and for the adaptation of the national protection and humanitarian response systems.

At risk living in occupied territories and frontline areas

Situation of older persons in frontline areas in Government-controlled territory and occupied territory

The armed attack in Ukraine has become increasingly dangerous due to the intensification of long-range strikes by the Russian Federation, the proliferation of short-range drones, and continued attacks against energy infrastructure. In 2025, civilian casualties reached their highest level since the end of 2022, with the frontline remaining the epicentre of harm: 63% of civilian casualties in 2025 occurred in frontline regions.¹ Although people over 60 years make up only 25% of the general population, they accounted for nearly half of civilian deaths and more than a third of injuries in frontline communities in 2025.

Intensive attacks have caused massive damage and destruction to residential housing, hospitals, schools, shops, and electricity and water systems, rendering some frontline communities uninhabitable.² Residents remaining in frontline settlements, most of whom are older persons who stayed behind, have very limited access to grocery shops, healthcare and services, or water, and endure prolonged electricity cuts. Frequent drone attacks in frontline areas significantly limit people's ability to move around and conduct daily tasks outside.

Just as older persons frequently remain in frontline areas, they also frequently remain in occupied territory. Under the policy of passportization by the Russian Federation, which started in 2022, older persons were forced to obtain Russian citizenship and passports in order to access essential services and rights, such as pensions, social benefits, and healthcare.³ Forced displacement, barriers to return and restrictions on communications by occupation authorities have resulted in older persons in occupied territory being separated from their family with limited means to stay in contact.

*The methodological note is annexed to this thematic report.

¹ HRMMU, Four years since the full-scale invasion of Ukraine: key facts and findings, 16 February 2026. All OHCHR and HRMMU reporting available at <https://ukraine.ohchr.org/en>

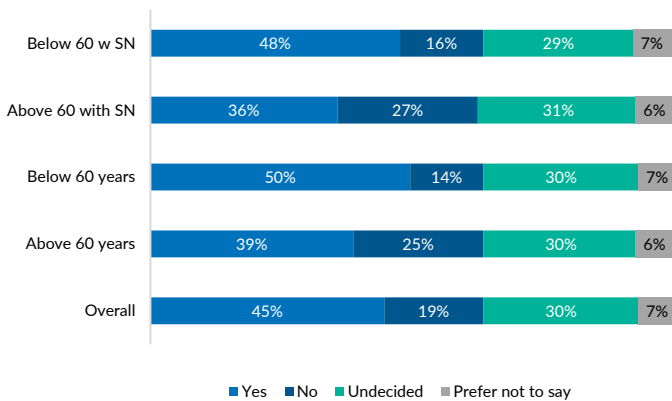
² OHCHR, Report on the Human Rights Situation in Ukraine, 1 June – 30 November 2025, 9 December 2025.

³ OHCHR, Forced displacement from territory of Ukraine occupied by the Russian Federation: forcible transfer and deportation, barriers to return, and the rights of internally displaced persons, 24 February 2022 – 31 December 2025, 20 March 2026.

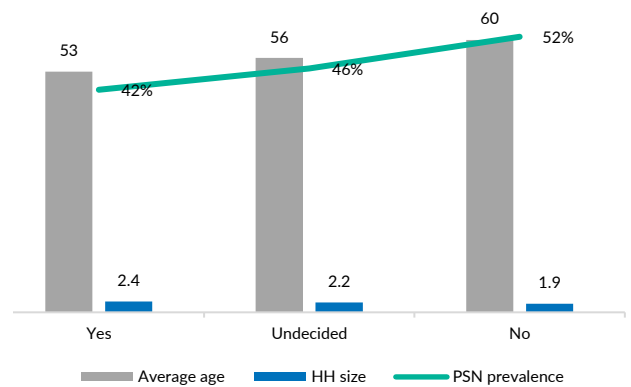
Older people at risk in evacuation situations

- Older people are least likely to evacuate, with 25% not intending to evacuate in the face of danger. Specifically at risk are older people with a specific need (SN), such as a chronic illness, a disability, who have low mobility or are living alone without a social support network. Of those, 27% are not intending to evacuate.
- Older people are at greatest risk of being left behind. Even when considering an evacuation, 20% of older people are unable to evacuate. Older people in the temporarily occupied territories face specific barriers to evacuating, as do people living in institutions in frontline areas.

Intention to evacuate
Source: Protection Survey Rd 1 and Rd 2



Evacuation intentions: By average age, HH size, SN prevalence
Source: Protection Survey Rd 1 and Rd 2



22% of all respondents to the 2025 Protection Surveys live in areas 30km from the frontline. Evacuation intentions are highly dependent on age and the prevalence of specific needs, notably chronic illness, disability, low mobility and lack of social support. Surveyed on their evacuation intentions in the event of a deterioration of the security situation, some 19% responded not having an evacuation intention. This percentage is higher among older people at 25%, and even further elevated if coupled with specific needs (27%). Data also confirms that evacuation intentions are influenced by household size, average age and the prevalence of specific needs. The older a person, the higher the prevalence of specific needs and the smaller the household size, the less likely a person is to evacuate.

"This is my home. I have lived here my entire life, and all I have is here. I have nothing left if I am forced to leave it, and I would not know where to go."

Oleksandr, 68 years, Kupiansk, 2025.

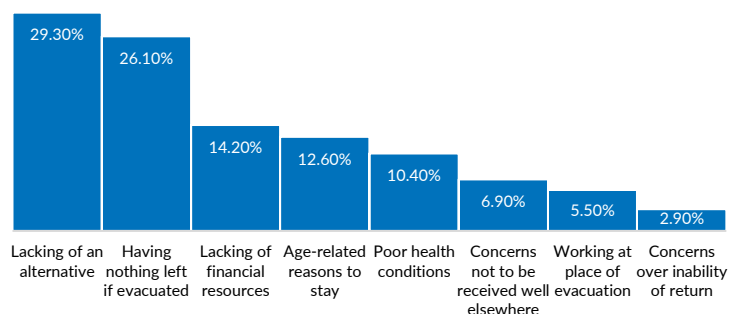
"At my age, I just want to stay in my home and die here. I don't want to go anywhere else. I don't have the time and energy to start all over again."

Olena, 88 years, Kherson, 2025.

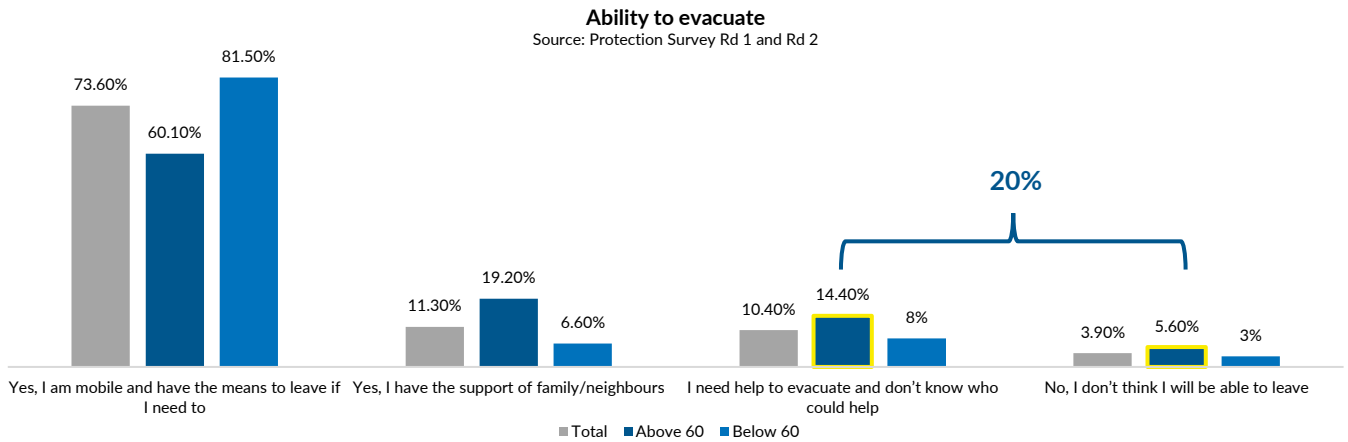
The following are the main reasons hindering evacuations even in the face of danger:

1. Lack of an alternative (29%) and having nothing left if evacuated (26%) stand out as the two main impediments to evacuation.
2. Insufficient financial resources (14%), age-related reasons (13%) as well as poor health conditions (10%) are the second most important factors hindering evacuations. Low pensions, in particular among women, are a main factor for people to stay behind due to insufficient resources.
3. Social cohesion and integration concerns, having work in the current residence as well as worry about not being able to return once evacuated.

Reasons for not evacuating
Source: Protection Survey Rd 1 and Rd 2



20% of older respondents above 60 years would not be able to evacuate, either because they need help but don't know where to obtain it or because they feel entirely helpless in an evacuation situation. Compared to others, older people are at greater risk of being left behind in an evacuation situation. Those living in institutions are particularly endangered.



From January 2025 to March 2026, nearly 12,700 Ukrainians arrived through the humanitarian corridor at the Domanove border crossing in Volynska oblast. These people arrived primarily from the temporarily occupied territories. Of those, over half (52%) were over 60 years, according to UNHCR's border monitoring.

Domanove: Border crossings by month
Source: Department of Social Protection



Reasons for leaving the temporarily occupied territories are manifold. Of those interviewed upon arrival, the following reasons stood out (multiple responses possible): Family reunification (78%), concerns about their future in the temporarily occupied territories (40%), worries over the deteriorating security situation (31%), lack of access to medical services (30%), need for documentation (22%), access to pensions (16%), access to education (6%), fear of conscription (4%), and other forms of persecution (1%).

Older people living in the temporarily occupied territories, particularly those living with chronic illness or disability, face specific barriers to their evacuation. This includes the lack of living and care alternatives, the lengthy, arduous and risky journey, lack of support for evacuating as well as documentation barriers. In addition, cases documented suggest that restrictions on freedom of movement, including denial of border crossing from the temporarily occupied territories, hindered people from evacuating.

“Mykolaiv was closer in the past as I remember it.”

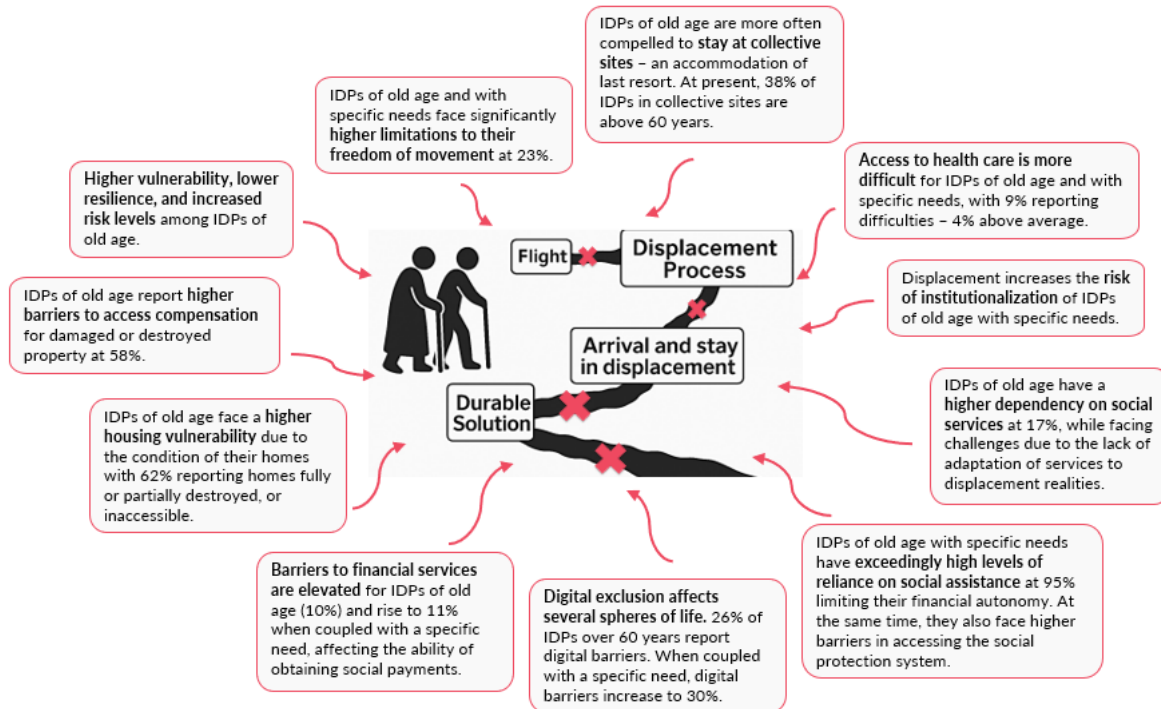
Dmytro*, arrived from Crimea at Domanove border crossing in 2025. He is elderly and suffers of dementia. He travelled 6 days to reach there and was planning to live with his daughter's family in Mykolaiv.

“I was so afraid of the journey, but I could not stay any longer. Without help, it would not have been possible for me to leave.”

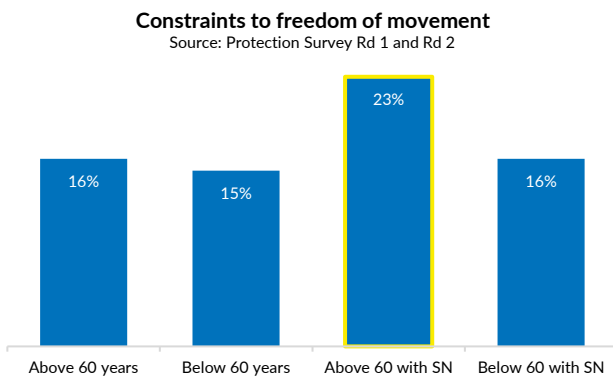
Lyudmila*, arrived from Luhansk oblast at Domanove border crossing in 2025. She relies on a wheelchair and required continuous care upon arrival.

A life in exclusion: At risk in displacement

In flight, older people face a multitude of barriers in accessing support and services and remain exposed to many risks to their rights. These are particularly high when coupled with additional vulnerabilities and point to a systemic exclusion risk for older people in displacement. This leaves older people more likely to remain in protracted displacement, living in inadequate conditions with limited access to needed support and services, and with limited prospects for a durable solution to their displacement, notably in the absence of adequate and affordable housing, a well-tailored and accessible social protection system and improvements to their digital inclusion.



Older people in displacement have higher levels of vulnerabilities, with 12% more reporting having a specific need compared to younger respondents. At the same time, older people also show lower resilience levels and capacities to cope with the impact of war and displacement. For IDPs of old age with specific needs, **constraints to their ability to move freely are particularly high** with 23% reporting such constraints, mostly due to mobility and health conditions, inaccessibility and unaffordability of transport and public infrastructure as well as a lack of assistive devices.



This affects people’s ability to flee safely and in dignity, depending on accessible transport and social support, which is not always available. They also require access to adequate emergency accommodation and housing solutions tailored to their needs, which remains another challenge.

Older people represent a large group compelled to stay in collective sites – an accommodation form of last resort. Older IDPs above 60 years, many with a mobility constraint, make up 38% of all residents in the over 1,500 collective sites across Ukraine. Of those, less than half (47%) have some disability-inclusive infrastructure.

Limited viable housing solutions and needed care services at local levels coupled with high reliance on social benefits often means that short-term stays in collective sites become more permanent for older IDPs. 86% of older IDPs have already stayed in such sites for over 1.5 years. Exit pathways from collective sites are sparse with over 80% of older IDPs planning to stay in collective sites, in the absence of an alternative, often with the result of increasing social isolation, compounded psycho-social needs and gradual loss of capacity in protracted displacement.

Beyond the risk of protracted displacement in collective sites, older IDPs have a **higher housing vulnerability** due to the condition of their homes as well as a result of higher barriers to accessing compensation for damaged or destroyed property.

62% of IDPs above 60 report that their home is either fully or partially destroyed, or inaccessible due to temporary occupation. For many, this reduces their prospect for a durable solution to their displacement through return.

Barriers to compensation for damaged or destroyed property are especially high for older people in displacement. Nearly 58% are unable to exercise their right to compensation due to lack of awareness and documentation barriers. This further reduces the ability of older IDPs to establish a new home elsewhere.

At the same time, older IDPs also struggle more to use Government housing support programmes. In part, because they are not well tailored to their situation or do not sufficiently prioritize them in the allocation system.

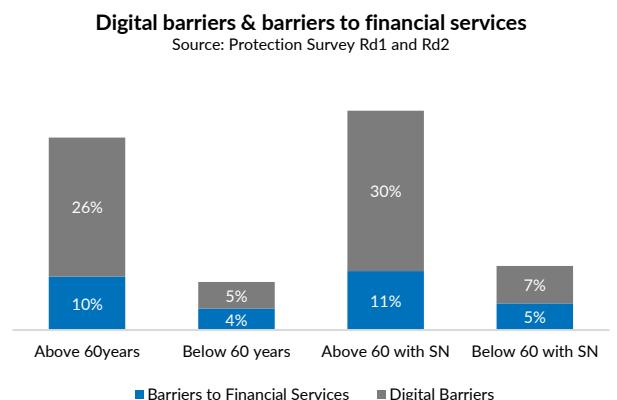
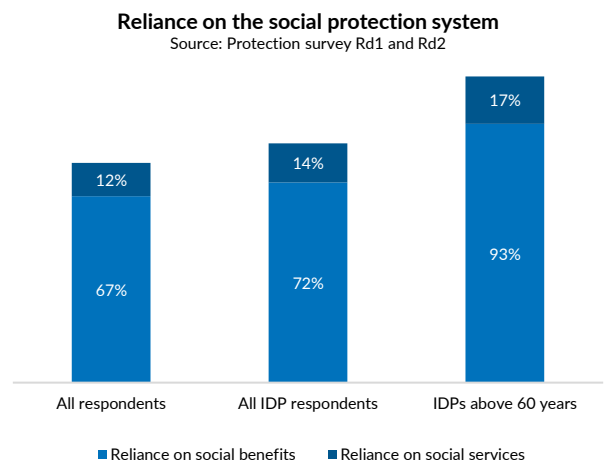
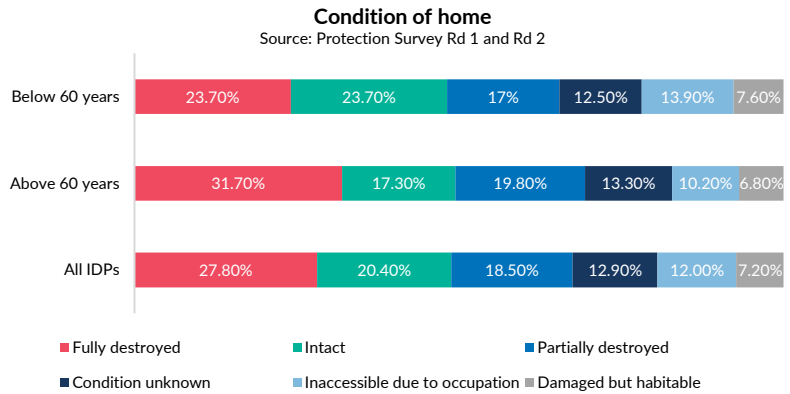
Older IDPs have an exceedingly **high reliance on the state social protection system**. 93% of older IDPs are reliant on social assistance as opposed to 54% of IDPs below 60 years. For IDPs above 60 years with a specific need, such reliance is even higher at 95%. The reliance on social services is also higher among older IDPs at 17%, while it stands at 11% for IDPs below 60 years.

Exhibiting a higher social dependency, older IDPs also face higher barriers in accessing social assistance. IDPs above 60 years report such barriers at 13% and even at 22% if they also have a specific need. This high reliance on the social protection system significantly limits older IDPs' financial autonomy affecting their ability to address basic needs. For example, older IDPs show increased levels of food insecurity, at 8%, mostly due to unaffordability of food items. This is further elevated for older IDPs with specific needs at 12%.

Four years into the war, social services remain largely unadjusted to the realities of displaced people of old age, rendering them less effective to address the consequences of displacement at old age. Coupled with the uneven availability of social services at local level, this contributes to the risk of institutionalization of older people, especially the most vulnerable ones, upon displacement. In addition, access to healthcare is also more challenging for older IDPs with specific needs with 9% reporting barriers.

Digital exclusion and barriers to accessing financial services are high among IDPs of old age and rise further if they exhibit a specific need. This negatively affects many spheres of life in a highly digitalized country. Considering the trajectory of further digitalization of services, including in the social and health spheres, it is essential to ensure alternative access and a deliberate digital inclusion strategy for older people.

Higher barriers to accessing financial services further affect older IDPs' ability to receive social benefits, humanitarian cash assistance or remittances, further aggravating barriers to the social protection system.



Key recommendations

1. Help ensure safe and dignified evacuations for all

- No one should be staying or left behind in endangered frontline areas. The evacuation mechanism needs to be adjusted to the needs and situation of older people living in frontline areas, including those living in institutions unable to flee by themselves. This includes early warning, information and preparedness support, suitable transportation, and reception capacity adequate to accommodate older people, including those living with a disability or with continuous care needs. Social support needs to be available throughout the evacuation process.
- No one should be left in doubt over whether and when evacuation support is available. Consistent funding for the safe and dignified evacuation support for older people and people with disabilities from the ToTs is needed.
- Evacuations cannot be siloed from the broader support system for IDPs in Ukraine. To enable access to available support and facilitate durable solutions early on in displacement, it is essential that the evacuation mechanism is integrated into the broader governmental policy on internal displacement.

2. Support continuity of care for those forced to flee or returning home

- Care needs don't stop when people are forced to flee or return home after displacement. Ensuring continuity of social and health care for people on flight applying the principle of 'money follows people' allows for service provision where people are. This requires a deliberate investment in local social service capacities for assisted living, facility-based care and social adaptation for safety and dignity of people in displacement at old age. It further supports deinstitutionalization and Ukraine's EU accession.

3. Prioritize durable solutions for IDPs of old age

- 'Out of sight, out of mind' is not a policy approach to displacement at old age. Facilitating durable solutions for older IDPs, whether those in Ukraine or returning from abroad, must be prioritized and supported through age-sensitive programmes that combine accessible and adequate housing and social protection solutions. The expansion of the social adaptation service can help support the most vulnerable among displaced people of old age.
- Effective state housing and social protection systems and programmes need to be tailored to the situation of older people in displacement. This requires improvements to the accessibility of housing programmes and prioritization of older IDPs for housing allocation as well as the adaptation of the most relevant social services to the realities of displacement at old age.
- Durable solutions to displacement require the removal of displacement-related barriers. A barrier-free environment for all requires investment in the digital inclusion of older people and measures addressing barriers to accessing social protection, health care, financial services and compensation.

Additional resources



Ukraine Protection Survey #1 surveyed 4,074 respondents in March and April 2025. The findings are summarized in the baseline report, issued in June 2025, available here: [EN](#) [UKR](#)



Ukraine Protection Survey #2 surveyed 4,046 respondents in August and September 2025. The findings are summarized in the report, issued in November 2025, available here: [EN](#) [UKR](#)

Methodological notes

This thematic brief is based on data, findings and analysis of the Ukraine Protection Survey round 1 and round 2 conducted in 2025. The Ukraine Protection Survey is a household-level assessment examining the impact of war and displacement on civilians using a standardized questionnaire. The data collection for the two rounds of the Ukraine Protection Survey took place in March-April and August-September 2025. A total of 8,119 households contributed to the two surveys, and among them were 3,532 respondents above the age of 60 years. Of those older respondents, the average age was 68.9 years and the average household size 1.9. 44.1% were male respondents, and 55.9% were female respondents. 83% were internally displaced, 6% were returnees and others were war-affected. 52% reported the prevalence of specific need (SN). This included the prevalence of a chronic illness, a disability or being without social support structure/without needed help (older person at risk). The methodological limitations of the surveys, outlined in the published versions, apply to this thematic report. Additional data from UNHCR's border monitoring at Domanove border crossing, Protection Cluster data on collective sites as well as data of OHCHR's human rights monitoring was used to complement the analysis, notably with regards to the situation of older people in frontline areas and in or from the temporarily occupied territories. The use of OHCHR's data is footnoted.