Invisible Yet Resilient: Understanding the Vulnerability and Integration Pathways of South Sudanese Older Refugees in Uganda[1]

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Abstract:

Forcibly displaced older persons in Africa have not largely been the object of academic research. Recent scholars conducted a scoping review about the situations of displaced older persons in Africa and identified several gaps in the literature, including paying attention to the displaced older persons' integration in the host societies. Our current study contributes to filling this gap by examining the vulnerability of older refugees and identifying hidden opportunities for resilience and integration in the host communities. The study is based on the primary data collected from South Sudanese refugees in Pagirinya Settlement in Uganda, analysed in conjunction with the available literature. The study finds that despite the vulnerability of older refugees; windows of opportunities exist to develop their resilience and integrate them in the host communities. It concludes that leveraging skills of older refugees and social gatherings in the settlements helps them to curtail vulnerabilities, develop resilience and integrate in the host communities.

Keywords:
Vulnerability; Older Refugees; Integration; South Sudan; Uganda.

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Introduction

By the end of 2024, 36.9 million refugees were forcibly displaced worldwide, out of whom 4% of displaced populations were elderly. Elderly or older refugees as interchangeably used in this article refers to those that are 60 years or above, as delineated by the World Health Organization (UNHCR, 2000). Therefore, the older refugees aged 60 years and above form a significant undercounted group (UNHCR, 2025:2; UNHCR, 2021), which often result into their less inclusion in specific welfare access because of barriers such as disability, lack of documents, language challenges, or fear of disclosure (UNHCR, 2021:16). As a result, they remain largely invisible in humanitarian statistics, policies, and programs.

However, in 2021, Africa hosted the largest number of older displaced populations. In their computation of UNHCR's data, Böcker and Hunter (2022) found that over 400,000 persons forcibly displaced were either 60 years or over and the highest numbers were found in the three regions of East, Southern and the Horn of African continent. In Uganda, by February 2022, the number of older refugees were 45,171, equivalent to 3% of the total refugees in the country (Office of the Prime Minister [OPM] & UNHCR, 2022). Of these, Adjumani district with several refugee zones including Pagirinya had 8,057 older refugees (OPM & UNHCR, 2022 & 2020).

The existing studies on refugees and migration in Africa overwhelmingly focus on youth (Böcker & Hunter, 2022), overlooking the specific risks faced by older populations and the opportunities for their integration into host societies (Ebere & Mwesigwa, 2021; Tulibaleka et al., 2022; Humble et al., 2020). This neglect leaves older refugees dependent, excluded from meaningful participation, and vulnerable to social and economic marginalization, much as refugee studies indicate that older refugees can play vital roles as custodians of cultural knowledge, mediators in community disputes, and caregivers within households (de Simone, 2020).

Uganda, as a country has the record of hosting refugees and asylum seekers ever since it attained its independence in 1962. Uganda has been globally lauded for enacting one of the best progressive and generous refugee laws and policies on earth. The 2016 United Nations Summit for Refugees declared Uganda Refugee policy as a model. According to the 2006 Refugee Act and 2010 Refugee Regulations, refugees are supposed to be integrated in the Ugandan society with right to accessibility of public services just like citizens. Refugees are free to move in search of livelihood options, including job accessibility and venturing into entrepreneurship (UNDP, 2017; GoU, 2010; GoU, 2006). Uganda's progressive polices contrast approaches of refugee hosting in other African refugee hosting counters where, although they have ratified international norms such as "1951 UN Refugee Convention and its 1967 Protocol or the 1969 Organization for African Unity Convention on Refugees", they do not have proper legal framework to guide the granting of asylum status; they usually only open their borders to refugees without integrating them into the host communities. Refugees are confined in rural camps, restricting their freedom of movement and rights to work, leading to their heavy reliance on humanitarian assistance to survive (Zamfir, 2017:1).

On the other hand, Uganda's refugee policy grants refugees rights and freedom just like nationals, including "freedom of movement, right to employment, education and health, as well as right to start a business" (Sulaiman, 2019). Uganda's refugee policy is tailored towards empowering refugees to be economically self-reliant while enjoying the rights that nationals enjoy (Sulaiman, 2019). However, just as few older Ugandans benefit from the grants given to Uganda's older citizens, it is not clear how older refugees are widely included in the available development and protection programs that are meant to benefit both refugees and Ugandans in the refugee hosting communities. Moreover, data on older refugees in Uganda are scarce and scattered, making older people in the process of migration including older refugees face the risks of being ignored, which could be prolonging and compounding the vulnerabilities and inequalities of the older refugees (Migration Data Portal, 2020).

The aim of this research is, therefore, to examine the vulnerability of older refugees with the objectives of firstly analysing specific vulnerabilities faced by older South Sudanese refugees in Pagirinya Settlement and, secondly, assessing the resilience strategies and evidence-based opportunities and pathways for integrating older refugees into host communities. These objectives are examined under the two research questions: what are the sources of challenges that make older refugees more vulnerable? What are the resilient strategies for the older refugee's survival and integration? To achieve this research aim, the study applied a qualitative methodology, with respondents purposively chosen and data collected through Focus Group Discussion (FGDs) and individual interviews, as detailed in the section titled "Materials and Methods". Based on the findings, we argue that despite the vulnerability of older refugees, windows of opportunities exist to develop resilience and integrate in the host communities. This article contributes to the literature by identifying possible windows for curtailment of vulnerabilities of older refugees and opportunities for integrating them in the host societies just like younger refugees. Following this introduction, the conceptual frameworks and materials and methods are discussed. These are followed by the findings and discussion section and, finally, conclusion and recommendations are presented.

Conceptual Frameworks

The paper is drawn from vulnerability framework which illustrates the dynamic relationship between vulnerabilities, resilience, and integration of older refugees (Zarafshani et al., 2016). Vulnerability refers to the 'tendency for an entity to be damaged' and exposure to adversity or risks (SOPAC, 2023:1; Kiteki, 2016:7). An entity takes different forms, that "can be physical (people, ecosystems, coastlines, etcetera) or abstract concepts (societies, communities, economies, countries etcetera) that can be damaged" (SOPAC, 2023:1). Vulnerability and resilience are different sides of one coin. When we discuss the topic of vulnerability, we automatically invite discussion on resilience, because something is vulnerable as long as it is not resilient, and the reverse is true (SOPAC, 2023:2). Resilience is thus the converse of vulnerability, and it denotes the capacity of an entity to put up resistance or recover from the inflicted damage

(SOPAC, 2023:1). For example, having a supportive social environment (Andrew & Keefe, 2014:1), mechanisms of adaptation (Mckeown, et al., 2021:2), and "resources available for coping with the exposure to vulnerabilities, and how these resources are distributed and by which institutions" (Adger, 2006: 277).

The concept of social vulnerability is usually tailored to certain social groups' insecurities and risks in regards to the looming danger - be it natural disaster, disease, or violence and conflict (Delore & Hurbert, 2000) - and differences in accessibility of resources among groups or individuals (Kalipeni, 2000).Vulnerability captures the challenges older refugees face, such as poor health, poverty, social exclusion, and limited access to humanitarian support (Schröder-Butterfill & Marianti, 2006).

The global debate on refugees often prioritizes the experiences of children, youth, and women of reproductive age (Young & Chan, 2015; Shishehgar, et al, 2017), leaving older populations largely invisible in research and policy (Böcker & Hunter, 2022). Studies indicate that humanitarian programming such as in vocational training and livelihood programs, too, tends to focus on youths and individuals deemed "economically active" or "productive," sidelining older refugees who are assumed to be dependents or passive recipients of aid (Burton & Breen, 2002; Ebere &Mwesigwa, 2021; Tulibaleka et al., 2022). Similarly, Lupieri (2022) indicates how vulnerable groups such as women and children are usually prioritized in a crisis, yet older persons are usually neglected despite being categorized as vulnerable by humanitarian agencies. This invisibility is not only a matter of lack of statistics but also a structural problem in humanitarian governance, where needs assessments, registration processes, and socio-economic programs often exclude older persons due to lack of proper documentation (UNHCR, 2021). Such exclusions further reinforce stereotypes of older refugees as burdens rather than integrating them into the community and recognizing their social and cultural roles through specific consideration (Bolzman, 2014).

However, within these constraints, resilience emerges through individual and collective agency, reliance on social networks, cultural roles, and coping strategies that enable older refugees to adapt and contribute to their communities (Schröder- Butterfill & Marianti, 2006). These resilience factors create entry points for integration pathways, which include socio-economic support programs, active participation in settlement activities, and recognition of older refugees in leadership and community decision-making. The framework emphasizes that addressing vulnerabilities alone is insufficient; leveraging resilience is essential for designing interventions that promote meaningful integration and improve the well-being of older refugees (Ciaramella et al., 2022). Meaningful and successful integration can be assessed by tracking the indicators enshrined in the integration framework with 4 domains of refugee integration. First are the "makers and means" with indicators such as employment, housing, education and health. Secondly, the types of social connections which are social bridges, social bonds and social links. Thirdly, there are facilitators of connection that include language, culture, safety and stability. Lastly is the foundational domain of rights and citizenship (Ager & Strang, 2008).

However, existing research tends to highlight resilience in general terms, with limited attention to appropriate mechanisms and conditions that allow older refugees to move from survival to integration. This gap indicates a need to examine the interplay between vulnerabilities, agency, and institutional support in shaping older refugees integration pathways, as Ebere and Mwesigwa (2021) and Tulibaleka et al. (2022) stated that eelderly refugeesare least likely to be often visible in labor market participation and long-term residency pathways. Therefore, having the agenda and models that majorly focus on integrating them in specific areas of management and welfare consultancy and other areas of education can answer the question of inclusivity (Costa, et al., 2021). This paper, therefore, focuses on firstly analysing specific vulnerabilities faced by older South Sudanese refugees in Pagirinya Settlement and subsequently, based on integration framework, assesses the resilience strategies and evidence-based opportunities and pathways for integrating older refugees into host communities. This further links vulnerability, resilience, and integration, as the paper aims to reframe older refugees as both at risk and resourceful, thereby strengthening humanitarian and development responses in Uganda.

Materials and Methods

The fieldwork site was Pagirinya settlement in Adjumani district in Northern Uganda where we purposively selected older refugees and leaders following the administrative structure of the settlement. Pagirinya settlement was selected because it was the latest refugee settlement at the time (UNHCR, 2016) with refugees less involved in research. Although the official government and UNHCR map of the settlement shows a site with several blocks, in practice, the settlement is divided into six blocks: A, B, C, D, E and F. Each block is led by Refugee Welfare Council 1, commonly referred to as Block Leader.

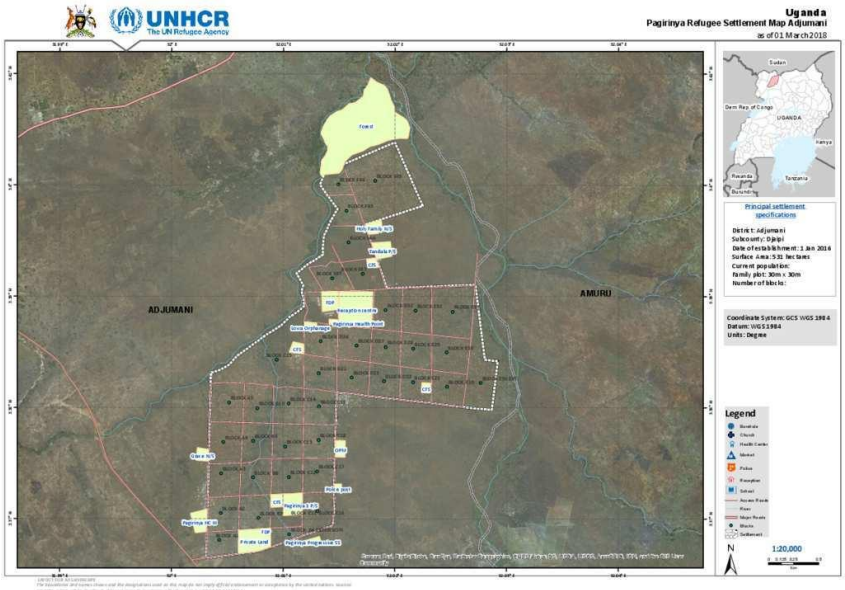

Figure 1: The map of Pagirinya Refugee Settlement. Source: OPM & UNHCR, 2018.

This research aimed at examining the vulnerability of older refugees, while attempting to identify opportunities for reducing their vulnerabilities and integrating them in the host societies. The study, therefore, adopted a qualitative approach with case study design, which was most appropriate for exploring the lived experiences of older refugees in Pagirinya Settlement, Uganda. The case study design enabled an in-depth understanding of the complex interplay between vulnerability, resilience, and integration pathways among a specific refugee population within a defined context (Yin, 2014).

Qualitative research methodology was most suitable, due to its peculiar attributes of enabling the researcher to "identify issues from the perspectives of the respondents and understand the meanings and interpretations that they give to behaviors, events or objects'' (Hennink et al., 2011:9). Data collection methods were mainly qualitative in nature, where interview guides to conduct in-depth interviews and focus group discussions with purposively sampled respondents were conducted (Ibid: 49 & 171; McIntyre, 2008). Data was collected in clusters of blocks.

Each block is divided into clusters, and each cluster is led by a Cluster Leader. In this research, we conducted individual interviews with the government representative in the settlement, block leaders and Refugee Welfare Council II; Focus Group Discussions (FGDs) with all the cluster leaders; FGDs with women and men of Block B and D, choosing first and last cluster for female and male respondents respectively. It was important to include refugee leaders for interviews because of their daily interface with the general refugee population as the first contact in handling their concerns, conflict resolutions, welfare and any issues requiring redress. The refugee leaders shared their views on refugee reception and integration, protection and care of older refugees and refugee-host relations and interactions. They assisted us to compare, contrast and clarify on the views received from the older refugees. Besides, some of the leaders were older refugees and they shared their personal experiences on integration. Their views supplemented those got from non-leaders.

We also conducted personal interviews with 50 older refugees (25 women and 25 men) in Block F where majority of older refugees resided, since the block was nearer to the community centre where food distribution took place. Older refugees were mainly Madi - the predominant ethnic group in Pagirinya settlement – and came from Eastern Equatorial region in South Sudan and were 60 and above years. They answered questions on issues of integration including the obstacles and opportunities, refugee-host relations, protection and assistance. This research was about the vulnerability and integration of older refugees; thus, it was vital to gather the views of the older refugees themselves and later triangulate them with those of their leaders and Non-governmental Organizations (NGOs) such as Lutheran World Federation and Medical Teams International (MTI) that were working with them. These categories of respondents are represented in the table below

Respondents	Numbers	Methods

Assistant Settlement Commandant	1	Personal interview
Refugee Welfare Council II	1	Personal interview
Block leaders	6	Personal interviews
Cluster leaders	43	FGDs
Elderly refugees (men)	25	Personal interviews
Elderly refugees (women)	25	Personal interviews
NGOs' staff	2	Personal interviews
Refugee women (non-leaders)	20	FGDs
Refugee men (non-leaders)	16	FGDs
Total	139	

Figure 2: Categories of respondents. Source: Field data.

In terms of data analysis, we transcribed the recorded data and applied content and thematic analysis of data, after coding and systematically identifying subthemes and themes which emerged from the collected qualitative data, which helped us to derive meaning and draw appropriate conclusion from the data (Hennink et al., 2011; Vaismoradi et al., 2013; Young et al., 2018; Enago Academy, 2024). We substantially used secondary data in discussing the results to supplement primary data and triangulate information to enrich the analysis (Alvesson & Skölberg, 2007: 21; Hammersley & Atkinson, 2007:121). Data analysis was further deepened by the vulnerability and integration frameworks as analytical lenses for this research.

It is important to point out that the research could have been affected by the selection bias as we relied on only purposive sampling strategy to choose respondents for the interviews. This potentially affected the internal validity of the information gathered. We however curtailed this validity gap by triangulating information obtained from all the aforementioned categories of respondents, which aided in enhancing data quality and validity. In terms of positionality, our position as researchers from the university placed us in a more powerful position which could have prompted older refugees to overstate their challenges with the hope that we could help them provide practical solutions, especially in financial or project terms. We however clarified from the beginning of interviews that we were university researchers and data collected would not directly translate to project initiation but rather would help in amplifying their voices to the wider audience after publication of the report.

Findings and Discussion: Vulnerability and Integration Pathways of South Sudanese Older Refugees in Uganda

The results presented in this section illuminate the lived realities of older South Sudanese refugees in Pagirinya Settlement, Uganda. The findings are drawn from primary qualitative data triangulated with existing literature and are organized around two interlinked dimensions: (1) the vulnerabilities that confronted older refugees' daily lives, and (2) the hidden opportunities and resilience strategies that enable their integration within host communities, which align with the research questions: what are the sources of challenges that make older refugees more vulnerable? What are the resilient strategies for the older refugee's survival and integration?

Challenges that Make Older Refugees More Vulnerable

Indirect Exclusion from Service Provision

Putting in mind that at the reception and distribution of services to new refugees at different reception centres is done in a general form with limited focus on the vulnerable groups of people including the elderly, inclusion approaches continue to none of the strategies. Therefore, among other affected groups, the elderly were found to be severely affected by the practice. Indirect exclusion from the available services such as welfare services by NGOs and other humanitarian organization continue to abandon the physically visible persons. For instance, out of fifty older participants interviewed, ten narrated how they missed receiving their portions especially when they were undergoing health challenges as excerpted by an older refugee man: "*when it is pick time to receive our welfare, most of the sick and unable elderly people miss out. This is because there are no clear structures that care for us*" (A 81-year-old refugee, September 2020).

Similarly, older persons were susceptible to resource access loss due to limited communication delivery, most especially by the unaccompanied ones. One refugee woman aged 75 years narrated that:

> "*For me I arrived and registered normally and later, I felt weak and tired. I was living in my relatives' makeshift who had gone to stay with her friend in the nearby town and missed out the communication about the land and construction materials. I stayed without any thing and when the owner of the accommodation came back with her family, I was taken to another person I was not familiar with, and my suffering continued up to today*" (Interview, 15th September 2020)

Food Insecurity and Hunger

Additionally, it was found out that, most older refugee persons were prone to food insecurity and hunger than other refugees. According to the empirical data, majority older men and women are weakened and sometimes silently die of hunger and of limited continuous care by family members and the humanitarian agencies. Most of the

interviews done in the settlement camp, one head of the clan stated that, majority very aged people get the food portions that sustain them, in addition to missing receiving them. He stated that: "*We lose at least one elderly person each month in this community, but the whole issue is poor food access and feeding. Their age requires special care and reliable feeding which is totally lacking*" (Interview with a 65years old, 21st September 2020).

Nonetheless it is observed that the elderly vulnerability is not only about "biological age," but about how age intersects with mobility constraints, and weak social protection within the settlement. Food insecurity emerges as a central to causes of harm on the elderly refugees as the older refugees are vulnerable to more likely to miss rations, less able to supplement their diet, and more reliant on irregular family or community support. More health risks emerged as a result of unmatching nutrition which put older refugees to deficiency in food and nutrition vulnerability. Older refugees appreciate the available feeding situation, however, call it challenging because of being poor, insufficient inefficient and unreliable feeding. A government representative demonstrates that food rations for refugees had dwindled due to reduced funding following the outbreak of corona virus pandemic. Before the pandemic, every refugee was receiving 12kg of maize flour per month but, after the pandemic, maize flour was reduced to 8kg per month per person from one-year-old and above. These food rations were obviously inadequate. By April 2022, in our subsequent fieldwork in the settlement, monthly food rations had been reduced further to 6kg of maize, 2.4 kg of beans, 0.9kg of salt and 2.4litres of cooking oil. There was an option of cash which was 19,000 Uganda shillings (approximately 5 US dollars) monthly. This amount is too little to cater for them in a month.

Worst still, some older refugees require more than food to support their weakening bodies thus leading to change on their survival strategies, one of them being selling the limited food supplied to them in need for money to acquire medicine and other food cooking supplements. The act epitomizes the situation of many older refugees in the settlement. For instance, the unaccompanied elderly refugees would sell part of their little rations to hire younger refugees to help them transport food home as exemplified in this excerpt: "…*when I sell part of my food rations, I send their children to buy for me charcoal for cooking and other needs and pay them little money too*…" (An older refugee woman, interview, 01 October 2020).

The vulnerability of elderly refugees under unclear circumstances are increasing yet unreported officially. It is a common practice that when older persons die, the family members do not intentionally report because of the need to maintain the households welfare flow. The old men and women are buried silently to the extent of not even alerting the close neighbours because of fear of forfeiting welfare and other benefits. This has heightened their vulnerability to life continuity. According to the settlement's government representative, it is common practice that refugees normally keep the deceased's card, because they keep them as an additional family ration. He stated that "refugees normally do not report death cases because under normal circumstances,

when a death case is reported, the name of the deceased is removed from the register and food ration for that individual is cut off" (OPM Settlement official, Interview, 03 October 2022).

Our findings on deficiency in food and nutrition corroborate previous studies that portray the challenge of poor feeding as a common source of vulnerability to refugees especially older refugees in developing countries. Previous study of Syrian refugees in Lebanon reported that diet was inadequate with older refugees reporting regularly reduced portion sizes, skipping meals, and limiting intake of fruits, vegetables, and meats. Often this was done to provide more food to younger family members (Strong et al., 2015:2).

Furthermore, earlier research show that inadequate and inappropriate food and nutrition for the older people including older refugees negatively affects their health. For example, according to Allaire (2013) and HelpAge International (2002), older persons require special nutrition - easily edible and digestible food; yet neglecting these specific nutritional needs have continually put older persons in forced displaced settings at risk of malnutrition. The available complementary feeding programs under UNHCR are mainly for infants, pregnant and breastfeeding women, and seldom pay attention to the feeding requirements of the older people in displacement (Crisps & Mayne, 1998). UNHCR (2016) confirms that food aid is always not appropriate to the needs of the older people.

Although food and nutrition are not explicitly mentioned in the integration framework (Ager & Strang, 2008), they directly affect health, which is one of the aspects of a successful integration. As the literature and our empirical findings have shown, older refugees suffer from poor feeding, reductions in food rations and unbalanced diet. There were stories of deaths of older refugees in Pagirinya settlement, due to ill-health caused by malnourishment and poor feeding. This was a challenge in the integration process of older refugees as poor nutrition and, by extension, poor health led to weakness and inactivity, and less movement and interactions. These findings extend Mestheneos and Loannidi (2002:315) argument that you cannot integrate people who do not have food to eat.

Poor Healthcare

The Susceptibility of limited specialized health care of the elderly refugees emerged as a major challenge that makes older refugees extremely vulnerable to health deterioration. Older refugees reported chronic sicknesses such as knee pain, general body weakness and vision impairment and mental illnesses compounded by improper treatment and limited specialists. The alternative treatment strategies by using un-prescribed herbs, self-treatment and consulting traditional doctors has been the appropriate practice. Moreover, there are some elderly persons who are amputated by war and those that are naturally impaired who deserve specialized care but in vain. One 68 years old with one arm and leg amputated narrated how they are looked at as a gone case:

"*One day I went to the health centre to see if I can get advice on my endless pains on my amputated body and the doctor stated that I need a specialist and I was referred to referral hospital which requires 50000=Uganda shilling (12$). I gave up*" (interview, 04 October 2020)

In a related way, older men and women with unique health challenges narrated their levels of uncontrolled unique health challenges that increase their vulnerabilities to survive in a challenging situation. They understand their conditions as a double suffering; being refugees and, at the same time, enduring severe sicknesses. One older woman in her 80's stated:

"…*My knees pain me a lot, Paracetamol pain killer cannot do anything to relieve any pain. According to our consultant doctor, I need to go for a scan which is at a cost. I am treated using local herbs by cutting the knee using the razorblade and applying the herb but the response is minimal. Me, I may end-up dying or crippled forever…*"(Older refugee man, interview, 25 September 2020).

In another conversation with a 72-year-old head of the family who has spent 10 years in the settlement, painfully observes that death rates among the refugees beyond 60 years old is alarming. He shared his concern:

"*My concern is death. Currently, the rate of death is high in the settlement, unlike in the past. I am scared, I feel if I was able, I would rather go back to South Sudan and die from there instead of dying in another country where no one will even know about your death because we cannot disclose. You disclose it at your family's loss*" (Older refugee man, interview, 26 September 2022).

Older refugee men and women are prone to severe internal and external trauma than other age counterparts because of the affected larger families. For instance, in addition to the war experiences in South Sudan which led to loss of lives of relatives and friends, loss of property, family separation, there is a worse off trauma stressor of hard life in the settlement. Among other vulnerability triggers to some older refugees, is finding themselves alone and the related psychological consequences. Although organizations such as LWF, Tutapona, War Child, among others, supplemented the work of Medical Teams International (MTI) by providing counselling services, they were understaffed. Furthermore, the mobility of older persons to reach out for the offered services is so limited, in addition to accessing appropriate services with efficient and available specialists. For example, by the time of conducting this research, Tutapona was not on ground and LWF reported the challenge of inadequate staffs. Moreover, it was reported by the MTI staff that psychiatric clinical officers were only two to deal with mental issues; one at Nyumanzi Health Centre and another one in Adjumani East. Each officer

serves more than 60 refugees a day. This not only limits the access to services, but also less care to the vulnerable refugees groups. Consequently, the mismatch between high mental-health needs and limited availability of specialized support, with only two psychiatric clinical officers serving entire zones, deepens the older refugees vulnerability and entrenches unmet psychosocial distress.

Some refugees found solace and comfort in the bible and church community, while others suggested integration of psychosocial support with monetary and other assistance to improve livelihood and accelerate recovery, rather than relying exclusively on counselling. They noted with concern that some organizations go to the settlement and promise assistance to older people to help them improve their livelihood, but they never return, which disappoint older refugees and makes it difficult to mobilize them in case of any subsequent humanitarian interventions. This was confirmed by a staff of LWF that material support combined with psychosocial support was more effective, however, the challenge was inadequate funding. In the follow-up field work in April 2022, the challenges of psychological torture further featured such as stress and depression because of joblessness and helplessness confirmed by an older male refugee whose wife and children abandoned him because he could not provide for them. This older refugee confessed to be depressed and requested for counselling and vocational training to empower him acquire a job.

Another peculiar health challenge that emerged was that some older refugees either had given up with life and did not want to seek medical attention, or they would report late when their condition was already severe, or sometimes their relatives did not take their conditions seriously. A respondent made this statement:

> "*When I was in South Sudan, my vision was still fair, but when I reached here, it worsened. In South Sudan, I used to go to the health centres and get eye drops for my eyes but ever since I came here, I have never gone to the health centre. The place is far and no one takes me there… My daughter is aware of the condition of my eye, but she has not taken me to the hospital*" (Older refugee woman, interview, 24 September 2020).

Late reporting to health centres or refusal to report makes it challenging for health workers to manage the health conditions of older refugees, making them very weak, constraining their movements and interactions with fellow refugees and members of the host communities, and ultimately limiting their integration in the settlement and in the host communities.

Our findings on poor health conditions and higher death rates among the older refugees complement previous studies that also link vulnerabilities of older refugees to their health conditions. For instance, a study of conditions of Syrian refugees in Lebanon (Strong et al., 2015:2), and a study in the Middle East which found non-communicable diseases such as cancer, diabetics and strokes common among the older refugees, on top of mental and psychosocial problems such as depression (UNHCR, 2022).

Whereas in our study trauma was mainly attributed to experiences of war in South Sudan; in other places, high frequency of depression among older refugees is arguably because of mental attachment to their country of origin, loss of social support and social status in the refugee community and having no hope for future prospects, on top of other stressors like poverty, improper housing, inadequate food and family split up (Burton & Breen 2002; Abdalla & Musa, 2010). However, it is important to note that mental health problem is not only prevalent among older refugees in developing countries but also in developed countries. Research by Schuster et.al. (2022) reported that immigrants and refugees in Sweden suffered from mental health problems, the difference is in the limited staff capacity in poor refugee hosting countries such as Uganda to deal with these challenges, yet psychological torture has impact on the mental health and wellbeing of refugees and affects their integration (Schuster et.al., 2022). Efforts for psychosocial support, counselling and other mental health interventions were crucial for integration.

Additionally, much as older refugees seemed to have given up with life and either reported late or refused to report to the health centres due to long distances, transportation challenge, long waiting time, chronic illnesses and poor health seeking behaviour; in other studies, older refugees face difficulty in accessing existing health services because of physical barriers such as non-age-friendly healthcare establishments, and nonphysical barrier such as negative attitude towards older refugees manifested in less prioritization of their wellbeing unlike their younger counterparts. For example, in Bosnia, chemotherapy was only available to children, yet cancer was more prevalent to older refugees than children (Hutton, 2008; International Centre for Evidence in Disability & HelpAge International, 2018). Overall, good health is an important resource for active engagement in a novel society (Ager & Strang 2008:172) and access to good healthcare services is key to one's health and wellbeing and integration in the host society (Ager & Strang, 2008).

Resilient Strategies for the Older Refugee's Survival and Integration

Older Refugees Resilience and Skills Applicability

This study revealed that some older refugees had skills such as brewing, fishing, construction, hair dressing, weaving, dancing, singing and playing musical instruments such as guitar. Apart from fishing, because of the absence of a nearby water body, some older refugees with these skills were using them to earn a living, except those who had grown very old and weak. These are captured in these excerpts: "*I also play a guitar. Sometimes when I play, somebody may give me some money like 15,000 or 20,000*" (Older refugee man, interview, 27 September 2020).

In another narrative a 72-year-old man indicates how, he was self-reliant through his brewing skills.

> "*In Sudan, I was not getting financial support from my children or relatives, I used to brew alcohol and get money from it. When I reached here, I looked for natives*

> *and started volunteering, I taught them new tricks of brewing smart and now they hire me at 5000Ugx(1.5$). When I do more than 3 times a week, I buy myself medicine and the food I need*" (Older refugee woman, interview, 26 September 2020).

Additionally, some elderly refugees were engaged in handicrafts and settlement authorities, and Lutheran World Federation encouraged this skill among older refugees. The settlement leaders provided them with raw materials and encouraged them to organize in groups in order to capture wider market with enough supply. This practice has supplemented their little food rations and enhance their income levels and livelihoods. The following statement illustrates this point:

> "*Yeah, you know those older people, most of them are now degenerating in their efforts and so on, but the ones that have got the skills for crafts, we supported them in groups... We once supported them in making baskets, so they sell this and they get income out of it; and making ropes for tying goats, we give them support in form of raw materials that they need for making these things*" (LWF official, interview, 02 October 2020).

The idea of bringing older refugees together to engage in handcrafts seems to be a good idea not only for socialization, keeping them busy, and relieving pains; it is also an opportunity in bridging the interaction gap between older refugees and host communities to integrate, as older refugees take their products to the market for sale and get income to improve their livelihoods. This idea needs to be followed up and improved by the humanitarian organizations, to help older refugees earn a living and integrate well in the settlements and host communities. This is related to employment, one of the four domains that serve as "potential means to support the achievement of integration" (Ager & Strang, 2008:169). Making of handicrafts is a form of self-employment for older refugees. In fact, article 18 of the UN 1951 Convention on Refugees is about right to self-employment for refugees. This right is in the context of engaging in agriculture, industry, handicrafts, commerce etcetera. Article 29(1) of the 2006 Refugees Act grants refugees right to engage in agriculture, industry, handicrafts and commerce.

Social Gatherings in the Settlement

Another opportunity for reduction of various vulnerabilities and encouraging integration are the social gatherings within the settlement. This is related to what Ager and Strang (2008) call the social connection domain with specific reference to social bonds and bridges. These include religious gatherings in places of worship such as churches and mosques, and cultural events where older people actively participate in more than the younger refugees. They find relief at places of worship and older church

leaders also have some of their needs met by the congregation in forms of small financial assistance, housework, among others. Besides places of worship older refugees, as the vanguards of culture, actively participate in cultural events organized within the settlement. This helps them to remain physically active, and it is a source of solace to some as revealed during the fieldwork: "*I am a traditional dancer, and I like those dances very much. I have a lot of skills in traditional songs. Even up to now, when an old person dies, we usually sing traditional songs*" (An older woman, interview, 24 September 2020).

Members of the host communities come and spend their leisure time within the settlement here. So, in most cases when I go to the trading centre there, I link up together with some people from the host communities. I go to social places where people are seated playing cards and other things and the host communities also come around and participate (Older refugee man, interview, 17 September 2020).

It was further disclosed during the fieldwork that cultural dances were normally performed when humanitarian officials were visiting the settlement. Before COVID lockdown, LWF used to organize cultural gala in which refugees from different settlements participated and the winning teams would be given prizes. Members of the host communities also come and watch cultural performances, and it is thus important for these social gatherings in the camps and settlements to be encouraged as a way of alleviating psychological pain, socializing and integrating with the host communities. These findings support previous studies which show that refugee community gatherings for different cultural activities provide opportunities for refugees to provide or receive emotional support from fellow refugees and collect information about people that may need more attention because of their particular needs or vulnerable situations. Local refugee community may also connect refugees to other refugees in the country (Goodman, 2004). Besides helping to maintain the connections with cronies and relations in the country of origin, local communities are also important for linking refugees to the available resources, for example "financial for adults, accessing basic needs such as food, clothing, healthcare services, among others" (Weine et al., 2014, cited in Kiteki, 2016:9).

Besides, our finding on the theme of religion above supplements previous findings, such as in Dar-es-Salam where refugees faced barriers in accessing institutional humanitarian support available in the refugee camps. Older refugees were instead assisted with clothing, food, and given shelters by religious groups (Tippens, 2020; Pieterse & Ismail, 2003). Additionally, religion and spirituality are the main source of developing resilience in African setting. After facing different risks of fleeing to refuge, refugees find strength to adapt in the host country as they meditate, pray and surrender their fate to God, and the church supports them emotionally and materially (Kiteki, 2016:10 & Khawaja et al., 2008:504). Refugees find strength to cope by believing that God did not allow them to die in war for a purpose (Goodman, 2004:1187; Carlson et al., 2012). In fact, there are refugees who find comfort in the awareness that Jesus Christ suffered for them, so their current suffering is an example of following the example of

the suffering of Jesus Christ; therefore, they do not question their current difficult situation (Sherwood & Liebling-Kalifani, 2012:100). Moreover, many refugees are not used to professional counselling as a therapy to mental problem (Savic et al., 2016), many consider praying to God as a means of therapy available to them to overcome past trauma (Betancourt et al., 2015:120, cited in Kiteki, 2016:10).

Conclusion and Recommendations

As pointed out in the introduction, The existing studies on refugee and migration in Africa overwhelmingly focus on youth (Böcker & Hunter, 2022), overlooking the specific risks faced by older populations and the opportunities for their integration into host societies (Ebere & Mwesigwa, 2021; Tulibaleka et al., 2022; Humble et al., 2020). Specifically in the case study of Uganda, despite liberal policies aimed at empowering refugees to be self-reliant, it is not clear how older refugees are widely included in the available development and protection programs that are meant to benefit both refugees and Ugandans in the refugee hosting communities, taking into account scarce and scattered data on older refugees which potentially place them into risk of neglect which could be prolonging and compounding their vulnerabilities (Sulaiman, 2019; Migration Data Portal, 2020).

This research thus thought to examine the vulnerability of older refugees, guided by two research questions: what are the sources of challenges that make older refugees more vulnerable? What are the resilient strategies for the older refugee's survival and integration? Under the first research question, vulnerabilities of older refugees were heightened by indirect exclusion from service provision due to limited communication, sometimes leading to missing of food rations.

Secondly, food insecurity and hunger increased the vulnerability in that majority older men and women are weakened, malnourished and sometimes silently die of hunger and of limited continuous care by family members and the humanitarian agencies. Our findings on deficiency in food and nutrition corroborate previous studies. For instance, Syrian refugees in Lebanon reported that diet was inadequate with older refugees reporting regularly reduced portion sizes, skipping meals, and limiting intake of fruits, vegetables, and meats. Often this was done to provide more food to younger family members (Strong et al., 2015:2). These findings extend Mestheneos and Loannidi (2002:315) argument that you cannot integrate people who do not have food to eat.

Thirdly, susceptibility to poor and limited specialized health care of the elderly refugees emerged as a major challenge that makes older refugees extremely vulnerable to health deterioration. Older refugees suffered from chronic sicknesses such as knee pain, general body weakness, vision impairment, mental illnesses and trauma due to war and family separation. These findings complement previous studies that also link vulnerabilities of older refugees to their health conditions. For instance, a study of conditions of Syrian refugees in Lebanon (Strong et al., 2015:2), and a study in the Middle East which found non-communicable diseases such as cancer, diabetics and strokes common among the older refugees, on top of mental and psychosocial problems

such as depression (UNHCR, 2022). Whereas in our study trauma was mainly attributed to experiences of war in South Sudan; in other places, high frequency of depression among older refugees is arguably because of mental attachment to their country of origin, loss of social support and social status in the refugee community and having no hope for future prospects, on top of other stressors like poverty, improper housing, inadequate food and family split up (Burton & Breen 2002; Abdalla & Musa, 2010). Overall, good health is an important resource for active engagement in a novel society (Ager & Strang, 2008:172) and access to good healthcare services is key to one's health and wellbeing and integration in the host society (Ager & Strang, 2008).

Under the second research question on identifying resilient strategies for the older refugee's survival and integration, the first strategy was *older refugees resilience and skills applicability,* which revealed that some older refugees had skills such as handicrafts, brewing, fishing, construction, hair dressing, weaving, dancing, singing and playing musical instruments such as guitar. Apart from fishing, because of the absence of a nearby water body, some older refugees with these skills were using them to earn a living, except those who had grown very old and weak. This is related to employment, one of the four domains that serve as 'potential means to support the achievement of integration' (Ager & Strang, 2008:169). The second strategy was social gatherings (religious and cultural) in the settlement. This is related to what Ager and Strang (2008) call the social connection domain with specific reference to social bonds and bridges for integration.

Our study intrigues a rethink in the implementation of social policies that guides the work of humanitarian actors, to be more inclusive in their responses in a manner that does not neglect the older refugees. This is also important for refugee studies to include the issues of aging population in displaced situation in their various courses, to stir up discussions about the welfare of aging displaced people among the students who will later become practitioners and/or researchers on these issues at the later stage of their lives.

We have put forward the following recommendations for considerations by humanitarian actors in developing resilience and integrating older refugees. We suggest setting up and financially supporting the monitoring teams from among the refugees in the different settlements to monitor and report on the situations of older refugees to the relevant refugee authorities for necessary actions.

In terms of poor nutrition, we suggest that humanitarian organizations do not only consider children and lactating mothers in the special diet programs, but also older refugees as more fundings potentially become accessible. This should be integrated at the project design stage, especially when applying for fundings.

Furthermore, it is thus imperative to improve information flow so that older refugees can access this information and access services that could help them improve their lives in the settlement and integrate more easily and faster. One of the refugee leaders suggested passing of information by 'word of mouth' by the information officers who move around the settlements spreading the information about events and available

services and opportunities using the loudspeaker. Spreading of information at places of worship could also help older refugees to access information as many older refugees confessed regular attendance of prayers at designated places of worship in the settlements.

Lastly, we believe that if these proposed mechanisms are taken up by relevant humanitarian actors, they could curtail vulnerabilities of older refugees and augment their integration in the host communities.

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