“I go to sleep on an empty stomach”

Improving the inclusion of older people in humanitarian nutrition planning and response

HelpAge International

Admasu Brook/HelpAge International – Ethiopia

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HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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Glossary

ESPEN	European Society for Clinical Nutrition and Metabolism
GNC	Global Nutrition Cluster
GTWG	Global Thematic Working Group
HPC	Humanitarian Programme Cycle
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IDP	Internally displaced person
LNOB	Leave no one behind
MUAC	Mid-upper arm circumference
NGO	Non-government organisation
SADDD	Sex, age and disability disaggregated data
SDGs	Sustainable Development Goals
WFP	World Food Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund

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Anwar Sadat Swaka/HelpAge International – Kenya

The right of older people to adequate food is often overlooked in humanitarian crises.

David Lomuria/HelpAge International

***"Here is no food. Can't you see my house. There is nothing. And even water, people have to give it to us"*, Nakorwa, South Sudan, during the 2022 drought in the Horn of Africa.**

Executive summary

During times of crisis, the right of older people to safe and adequate food is at risk as they are often overlooked in humanitarian response efforts.

Preventing and responding to malnutrition amongst older people requires access to sufficient and appropriate food as well as health, income, livelihood, and other support. To meet the diverse needs of older people requires the consideration of such needs beyond the lens of chronological age alone. Interventions to address malnutrition in later life should be broad-based and multisectoral, taking into account intersecting identities as well as social, cultural, environmental, psychosocial, economic, physiological and medical factors that may influence access to, and the effectiveness of, nutrition-based responses. However, the reality is that lack of knowledge about the nutritional needs of older people, assumptions about their productivity, social and economic marginalisation, and the prioritisation of younger populations can all contribute to their systematic exclusion from emergency nutrition response planning and implementation.

The purpose of this research is to assess:

- **how older people's diverse nutritional needs are understood**
- **how information on older people's nutrition status is being gathered and used**
- **the extent to which older people in all their diversity are included in nutrition cluster response planning.**

The outcomes of this report are informed by a comprehensive review of available literature, including response plans, as well as interviews with humanitarian actors and older people.

Despite some international protections and extensive guidance available from multiple sources, including the Global Nutrition Cluster, country nutrition cluster responses fail to adequately respond to the rights and diverse needs of older people. An assessment of 58 humanitarian needs overviews and response plans found that although older people are frequently referred to as a priority group across the clusters, with some references to the inclusion of older people in data collection, consultation, feedback mechanisms as well as specific sector interventions (mainly protection, shelter, livelihood and health clusters), there were few references to concrete actions intended to better understand and respond to the nutritional needs of older people within the planning documents reviewed, including limited reflections on the different experiences, perspectives, rights and challenges faced by older women and men.

Reasons given for this lack of inclusion have included historical patterns of prioritisation for nutrition responses (focusing primarily on children and pregnant and lactating women), the absence of sufficient sex, age and disability disaggregated data (SADDD) to inform responses, lack of understanding of the varied roles, contributions and coping strategies of older men and women in times of crisis, limited organisational capacity and expertise, insufficient funding, and inadequate awareness of nutritional diversity across the life course, including how best to diagnose and respond to malnutrition among older people.

Consistent references to older people across complementary clusters such as health, protection, food security, and water, sanitation and hygiene (WASH) demonstrate that the inclusion of older people as a distinct target group is both appropriate and feasible. Resources specific to defining, measuring, understanding and responding to the varied needs of older people during humanitarian crises are also increasingly available.

As such, a lack of information alone cannot be considered a sufficient barrier to their systematic inclusion in nutrition cluster response planning and implementation. Improved collection of SADDD and evidence gathering are essential for ensuring that older people have their nutritional needs identified and monitored as well as for raising the visibility of and advocating for their diverse needs. Consensus and promotion of globally recognised tools for recognising malnutrition in older people would better enable humanitarian actors to undertake routine nutrition assessments, interpret the outcomes, and contribute to evidence demonstrating intervention effectiveness.

To improve the inclusion of older people in nutrition cluster planning requires commitment from all international humanitarian actors and partners. Leadership from global humanitarian and other organisations is critical to initiate discussion, raise awareness and drive systemic change. Embracing inclusivity at a strategic level, drawing upon existing resources and expertise, and empowering older people themselves can lead to more effective nutrition interventions that promote the resilience and wellbeing of older people during humanitarian crises.

Key recommendations

It is unacceptable that older people are excluded from humanitarian nutrition responses. There are changes that could and should be made to address the issues outlined in this report that have contributed to older people's exclusion, specifically:

1. **Call for a UN convention on the rights of older people, which would provide a comprehensive legally binding framework to articulate, promote and safeguard their rights, including the right to adequate food.**
2. **Develop comprehensive guidelines on the inclusion of older people in all their diversity in humanitarian action – similar to the Inter-Agency Standing Committee (IASC) *Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action 2019* – in close consultation with older people, their representative organisations and other relevant humanitarian actors.**
3. **Ensure that nutrition responses follow an equitable approach, providing assistance based on need and reaching the furthest behind first.**
4. **Agree on core nutrition assessment tools and diagnostic criteria to assess malnutrition and malnutrition risk amongst older people in humanitarian settings.**
5. **Ensure that humanitarian needs assessments and response plans include older people in all their diversity as a specific target group, encapsulate nutritional needs and capacities of older people in emergency situations and include clearly defined target objectives and key performance indicators specific to older people in nutrition-based interventions.**
6. **Invest in capacity-strengthening activities at the global and country level to expand age, gender and disability expertise and ensure the integration of SADDD and age and gender analysis of the nutrition data in assessments.**
7. **Strengthen the use of participatory methods by including older people in all aspects of planning, assessment, intervention and monitoring of programmes aimed at preventing and treating malnutrition amongst older people in emergencies.**
8. **Consult and work with local and national organisations to ensure age-inclusive and community-driven responses.**
9. **Collaborate across clusters to ensure that all programmes across the response are nutrition sensitive, gender sensitive and age and disability inclusive.**
10. **Initiate and participate in research and evidence building specific to the nutritional needs of older people within a humanitarian context and promote innovative solutions for delivering nutritional support to them.**

Introduction

Older people in all their diversity are entitled to enjoy their human rights, including the right to safe and adequate food, on an equal basis with others. During times of humanitarian crisis, this right is at risk, as older people's nutritional needs are often overlooked, insufficiently assessed, or inappropriately addressed by humanitarian actors.

Humanitarian crises not only expose and magnify pre-existing inequalities, they also disproportionately affect certain groups, including older people.[1] Despite requiring particular proteins and micronutrients as part their diet, older people often face a decline in the quantity and quality of food they eat during emergencies.[2] Factors such as disease, disability, psychosocial stress, temperature extremes, immobility and poverty can further impede their access to food and their ability to meet necessary nutritional requirements.[3]

The *Humanitarian Programme Cycle* (HPC) is the main inter-agency planning and funding framework for emergencies.[4] Data and information collected and analysed during times of humanitarian crisis, including Humanitarian Needs Overviews (HNOs), play a critical role in setting priorities within Humanitarian Response Plans (HRPs) for United Nations (UN) agencies, non-government organisations (NGOs) and donors. For nutrition cluster planning, the response plan is informed by a prior HNO for nutrition and forms the basis for the nutrition cluster's contribution to the overarching Humanitarian Response Plan.[5]

An earlier study by HelpAge International found that limited attention is given in general to older people within HNOs or HRPs. While the majority of HRPs may acknowledge older people as a priority or at-risk group, this acknowledgment is often generic and lacking intersectional analysis, including limited reflections on the different experiences, perspectives, rights and challenges faced by older women and men. Insufficient detail regarding the specific (and diverse) needs of older people, sector objectives or percentage-based targets have also been observed historically.[6]

As older people are often not included within country-level needs assessments, they are frequently overlooked in emergency response efforts.[7] The limited availability of sex, age and disability disaggregated data (SADDD) poses a challenge to including older people in humanitarian programming.[8] Even when sex, age and disability disaggregated data on the specific needs of older people are available, there may be limited time, resources or capacity to analyse this data. Older people are often disregarded during community-based nutritional surveys or malnutrition screening, and nutrition programmes tend to prioritise the needs of infants, young children and pregnant and lactating women.[9, 10]

Using standardised or blanket approaches to humanitarian nutritional response can also inadvertently exclude older people or fail to address their specific needs. The few services available to older people are not generally adapted to meet their diverse needs or enable equitable access.[11, 12] In many contexts, there is no specialised agency dedicated to advocating for or conducting analysis of the needs of older people, and many humanitarian clusters reportedly lack the capacity or resources to perform such analysis independently.[13] The oversight of older people within nutrition responses in particular is compounded by limited awareness of their diverse nutritional needs, the absence of widely accepted criteria for measuring malnutrition amongst older individuals, and an assumption that older people receive adequate care within their communities.[14]

The purpose of this research is to assess how older people's nutritional needs are understood within the humanitarian nutrition sector, how information on older people's nutrition status is being gathered and used, and the extent to which older people in all their diversity are included in nutrition cluster response planning.

Methodology

The outcomes of this report are informed by a comprehensive review of existing literature, including policies, frameworks and response plans, *see Appendix →*. Additionally, insights were gathered through interviews with 28 humanitarian actors, including representatives from the United Nations, nutrition clusters, international and national non-government organisations, as well as input from ten older people from Ethiopia. The report presents and discusses key themes identified through these sources of evidence.

This report is based on:

An extensive review of publications

Interviews with 28 humanitarian actors

Interviews with 10 older people from Ethiopia

What should be happening?

International law

The Universal Declaration of Human Rights applies to all people without distinction; Article 25, paragraph 1 enshrines the right to a standard of living adequate for health and wellbeing, including food. This right is also recognised in Article 11 of the International Covenant on Economic, Social and Cultural Rights, which recognises the right to adequate food and the right to be free from hunger. Similarly, the Convention on the Rights of Persons with Disabilities (Art. 25(f) and 28(1)) guarantees the right to food for people with disabilities, which includes older people with disabilities. The United Nations Principles for Older Persons confirms that older people should have access to adequate food (Principle 1).

There are, however, gaps in international law in relation to older people and their right to food. In principle, existing human rights treaties also apply to older people regardless of their age. However, the lack of consideration of the impact of ageism and age discrimination in the implementation and interpretation of existing human rights norms and standards as well as the particular human rights challenges faced in older age, including around the right to food, leads to ineffective international legal guarantees. For example, the Convention on the Elimination of All Forms of Discrimination against Women (Art. 12(2)) only acknowledges women's need for adequate nutrition within the context of pregnancy and lactation, rather than applying this principle to all women, including older women.[15]

HDC – South Sudan

International law does not adequately uphold the rights of older people.

The rights of older people are currently not protected by a single body of law. Instead, standards are fragmented, inconsistent, and patchy. The absence of national laws makes it difficult to implement existing standards, the lack of disaggregated data creates an inaccurate picture, and there is no international mechanism for monitoring and accountability.

Without a UN convention on the rights of older people, the protections are insufficient, including in relation to the right to adequate food. However, some international commitments and guidance have been developed that ensure, if only partially, that the rights of older people to access humanitarian assistance safely and with dignity can be upheld.

The *2030 Agenda for Sustainable Development* is grounded in the promotion and protection of human rights, including the principles of equality and non-discrimination. 'Leave no one behind' (LNOB) is a central promise of this agenda and of the 17 associated Sustainable Development Goals (SDGs), and provides an opportunity to include ageing as a core theme of development.[16] Of the SDGs, Goal 2: Zero Hunger, Targets 2.1 and 2.2 outline targets to help address hunger and malnutrition for *all* people.[17]

The Humanitarian Inclusion Standards for Older People and People with Disabilities (the Humanitarian Inclusion Standards) consist of nine key inclusion standards and seven sets of sector-specific inclusion standards. The standards specific to nutrition focus on the collection and analysis of SADDD so that older people have their nutrition needs identified and monitored, addressing barriers to access to nutrition services and facilities, and promotion of participation in nutrition programmes and capacity strengthening.[18, 19]

The Sphere Humanitarian Charter and Minimum Standards in Disaster Response (the Sphere standards) also refer to older people across three standards in relation to nutrition inclusion. Each standard is supported by key actions and guidance notes to support planning, implementation and monitoring of activities.[20]

At the UN agency level, the World Food Programme (WFP) Strategic Plan 2022–25 makes reference to the need to help achieve SDGs in key policy areas including older people, in addition to children, youth, people with disabilities, people living with HIV/AIDS, indigenous peoples, refugees and internally displaced people (IDPs) and migrants (referring to Target 2.2 in particular).[21]

The United Nations High Commissioner for Refugees (UNHCR) guidance on Working with Older Persons in Forced Displacement[22] highlights that nutrition needs assessments and programmes rarely include older people and because of this, malnutrition frequently goes unchecked and untreated.

Usman Ghani/HelpAge International

The home of Ali Bux, 70, was destroyed during September 2022 floods in Pakistan:
"This flood destroyed almost everything – our house, our sources of food and drink."

The guidance proposes specific actions that can be taken to ensure that older people are sufficiently supported to prevent malnutrition, screened to identify nutrition problems, and provided with food appropriate for them to eat and digest.

HelpAge has also developed technical guidance to promote greater inclusion of older people in humanitarian planning and response efforts across the HPC.[23]

Global Nutrition Cluster guidance

The stated aim of the Global Nutrition Cluster (GNC), under the Cluster Lead Agency the United Nations Children's Fund (UNICEF), is to safeguard and improve the nutritional status of emergency-affected people by ensuring an appropriate response that is predictable, timely, effective and at scale.[24]

The GNC strategy for 2022–2025 underscores the continued commitment by all GNC partners and UNICEF to ensure quality, rights-based and context-specific nutrition programming and coordination, informed by evidence and innovation.[25] The *Global Nutrition Cluster Technical Alliance* (the Alliance) is in place to provide technical assistance and support to countries, agencies, and nutrition practitioners in humanitarian situations to meet the nutrition rights and needs of people affected by emergencies. Amongst the Alliance's *Global Thematic Working Groups* (GTWGs), one thematic area includes 'Nutrition in Other Age Groups' which does make reference to older people specifically, although no resources are cited as yet.[26, 27]

Nutrition clusters are intended to support, but not replace, existing national capacity.[28] *Nutrition Cluster Response Plans* are developed at the country or regional level in response to specific humanitarian emergencies. They outline the priority nutrition interventions, objectives, strategies, and resource requirements to address the nutrition needs of affected populations. In their guidance on preparing humanitarian response plans for country nutrition clusters and nutrition cluster partners, the GNC suggests that selection of target groups should be based on the analysis of nutrition situational evidence and other relevant information available.

They also state the need to embed measures to ensure accountability to those impacted, including women, men, girls and boys, older people, people with disabilities and other at-risk groups at all stages of the nutrition programming project cycle. This includes efforts to ensure information dissemination is adapted to meet the diverse needs of target groups and that participants of nutrition programmes can meaningfully contribute to decisions that affect them. The assessment, prevention, and management of malnutrition amongst older people is a standalone objective in this guidance. Older people are also explicitly referred to across several proposed objectives, including nutrition surveys, surveillance, screening, prevention of malnutrition and supplementary feeding and vitamin programmes.[29]

Guidance on the inclusion of older people in humanitarian responses, and in nutrition responses specifically, is clearly available, but is it applied in practice?

What is happening?

Malnutrition definition

The World Health Organization (WHO) refers to malnutrition as:

"deficiencies or excesses in nutrient intake, imbalance of essential nutrients or impaired nutrient utilization. The double burden of malnutrition consists of both undernutrition and overweight and obesity, as well as diet-related noncommunicable diseases. Undernutrition manifests in four broad forms: wasting, stunting, underweight, and micronutrient deficiencies".[30]

(WHO, 2023)

Malnutrition amongst older people is a recognised and challenging health concern that not only increases the risk of mortality and morbidity but also leads to physical decline and poorer health outcomes.[31]

Nutritional issues are complex and unique to each person, with health circumstances, disability status, dietary needs, preferences, and personal objectives of older people varying widely.

Due to many factors, nutritional intake can be compromised amongst older people and the risk of malnutrition increased.[32, 33] Available definitions of malnutrition often include deficiency in energy or nutrients due to inadequate intake or utilisation, which results in changes in the body composition, decreased physical and mental functions, and consequent adverse clinical outcomes. The European Society for Clinical Nutrition and Metabolism (ESPEN) define the presence of malnutrition amongst older people to be demonstrated by either a "striking" unintended loss of body mass (>5 per cent in six months or >10 per cent beyond six months) or a markedly reduced body mass (i.e. BMI <20 kg/m2) or muscle mass. Older people are at risk of malnutrition if oral intake is markedly reduced (e.g. below 50 per cent of requirements for more than three days) or if risk factors are present that may reduce dietary intake or increase requirements (such as disease, immobility, or neuropsychological, chewing or swallowing problems).[34]

Diagnosis of malnutrition

Diagnosis of malnutrition in older people includes three different aetiological subtypes: disease-related malnutrition driven by inflammation, disease-related malnutrition without inflammation, and malnutrition without disease (i.e. hunger-related).[35] Screening tools, while varied, typically contain anthropometric measurements such as Body Mass Index (BMI), calf circumference or mid-upper arm circumference (MUAC) in combination with brief questions regarding weight loss, changes in appetite, and food intake.[36, 37]

Nur Mohamed/HelpAge International

Abdulle, 80, in an IDP camp in Mogadishu, Somalia used to support himself and his family through the crops from his farm but now he depends on his children. They struggle to give him enough as they have their own families to feed.

For a diagnosis of malnutrition, the Global Leadership Initiative on Malnutrition (GLIM) advocates the combination of at least one phenotype criterion (i.e. non-volitional weight loss, low BMI or reduced muscle mass) and one aetiology criterion (i.e. reduced food intake/malabsorption or severe disease with inflammation).[38] The GNC suggests a MUAC below 210mm or having bilateral pitting oedema to be a sound outcome measure for determining efficacy of moderate acute malnutrition programmes amongst older individuals.[39]

It remains the case that the low number of assessment tools used and the lack of agreement over the diagnostic criteria for malnutrition in older people make it difficult to identify those who are at risk.[40, 41]

The low number of assessment tools and lack of agreement on diagnostic criteria make it difficult to identify who's at risk of malnutrition.

Prevalence of malnutrition

Prevalence of malnutrition amongst general populations of older people outside times of humanitarian crises can vary depending on how it is defined and measured. However, some studies have suggested that approximately 23 per cent of older people globally are experiencing malnutrition; generally lower for those living independently in the community than for older people residing in acute health, rehabilitation and aged care settings.[42, 43] The prevalence of malnutrition has been reported to range from 7 to 76 per cent for people with dementia living in long-term care (overall average prevalence of 27 per cent).[44]

Other studies have suggested malnutrition prevalence to be around 26 per cent of older people in Bangladesh,[45] 19 per cent of older people in India,[46] 13 per cent of older people in Saudi Arabia[47] and 18 per cent across 11 African countries.[48] Furthermore, older people may be more susceptible to insufficient water intake and dehydration.[49, 50] Cross-sectional studies have suggested a water-loss dehydration prevalence of between 20 to 30 per cent amongst older population groups.[51]

Data on malnutrition prevalence and risk amongst older people during times of humanitarian emergencies are less available. However, a study amongst forcibly displaced Myanmar nationals within Kutupalong Refugee Camp in Cox's Bazar identified the prevalence of malnutrition amongst older people to be approximately 25 per cent, with another 29 per cent considered to be at risk.[52] A 2016 rapid needs assessment undertaken by HelpAge identified a high prevalence of global acute malnutrition (GAM) amongst older people in two drought-prone zones of Ethiopia (10 to 15 per cent).[53] An earlier study based within three emergency affected areas in Bosnia-Herzegovina found older people had higher than expected levels of undernutrition (15.5 per cent with body mass index < 18.5) and a higher rate of weight loss than younger adults.[54]

The main challenge with the data identified above is the absence of consensus about core nutrition assessment tools and criteria to assess malnutrition and malnutrition risk amongst older people in humanitarian settings.

Challenges accessing appropriate nutrition

Poor diet and reduced food consumption can be explained by the intersecting impacts of rising food prices, falling incomes, and challenges in food production.

In droughts and food shortage situations, older people are frequently unable to afford enough food for themselves and their families.[55] Inability to cover basic needs means that older people will cut back on food to save money. For example, recent information suggests that older people in Ukraine are experiencing high levels of food insecurity, particularly due to affordability of food. Older people are more likely to cut food costs or borrow money to buy food than younger people and less than half of older people reported receiving assistance from humanitarian organisations.[56] During the 2022 floods in Pakistan, a needs assessment of older people undertaken by HelpAge identified challenges in earning sufficient income to purchase food amongst older people, disruption of regular supply chains and increased costs of staples, such as flour.[57]

Admasu Brook/HelpAge International – Ethiopia

Older people's specific nutritional needs tend to be overlooked, despite them being among the most at risk of malnutrition in many humanitarian settings.

Steve Okumu/HelpAge International

Older pastoralists in Kenya struggled during the recent drought.

A recent survey in the Horn of Africa highlighted the number of older people left behind by their adult children, who were leaving to escape the drought/seek economic opportunities, as the older people didn't have the strength to migrate with their remaining cattle and are now in charge of feeding their grandchildren when they can barely feed themselves; 88 per cent of older people surveyed stated that they were providing care to children at the time.[58]

Research conducted in drought-affected areas of Ethiopia and South Sudan has also revealed high rates of older people fulfilling the role of primary caregiver for their grandchildren, potentially exacerbating existing issues of affording sufficient food for the family.[59]

The age of the head of household has a strong link to food security and households headed by older people are more like to experience food insecurity; particularly those led by older women.[60] Food insecurity amongst older people who live alone during times of crisis can also be greater. A study of older Venezuelans found those living alone reported poorer access to food than those who lived with others.[61]

The diversity and quantity of food available can decline during times of crises. Reduced food consumption is common as older people struggle to access food of sufficient quality and quantity. During times of food scarcity, older people will employ coping strategies that are detrimental to their health[62] such as reducing their food intake, skipping meals, eating less preferred foods or food of poorer nutritional quality, or gathering and consuming 'wild' foods not eaten in better times.

"One of the coping mechanisms is to eat a lot of carbs… flour, bread, calories, because they are more accessible, you can buy it. Second, because a whole family can eat from a loaf of bread… They have very limited access to protein… It's because of the price. A lot of them haven't eaten these for months… Or buy products that are cheaper and therefore of less quality than what they used to buy."

NGO representative

Older people may also need to sell or consume productive assets, including livestock and property.[63, 64, 65] Despite commonly held assumptions that older people will be provided for by family, older people may be deprioritised in favour of younger family members, or older people, particularly women, will themselves forgo their share of food so that others in the family may eat.[66, 67, 68]

"Many of them (children) are left behind because their parents move to other countries to get an income, a stable income. Grandma and Grandpa stay here with their grandchildren, and this only aggravates the issues with food. How can you provide for somebody else when you don't have an income?"

NGO representative

For example, older Syrian refugees have reported intentionally reducing their food intake to ensure there was enough food for their children and grandchildren.[69] During times of crisis across countries many older people have reported going to bed hungry on a regular basis.[70, 71] Such strategies pose immediate risks to the nutritional and health status of older individuals and undermine their long-term resilience in dealing with the current crisis and future emergencies.[72]

Action for Humanity – Syria

Older people, particularly women, will often forgo their share of food in order to prioritise other family members.

Intersection of age, gender and disability

To meet the diverse needs of older people requires consideration of such needs beyond the lens of chronological age alone.[73] Acknowledgement of intersecting identities, including age, disability, ethnicity, sexual orientation, gender identity and expression, economic activity, and health status, will better ensure the nutrition and other needs of older people are appropriately addressed.[74]

Older women

Gender can influence access to sufficient nutrition in many contexts.[75] Whilst attention has been directed toward the needs of girls and women of reproductive age during times of disaster and conflict, older women have largely remained a peripheral concern.[76]

During disasters and conflict, attention has been directed to the needs of girls and women, with older women remaining a peripheral concern.

Food consumption and dietary diversity surveys indicate that older women tend to have poorer outcomes compared to older men. This deficiency can have implications for the health of older women and their households, particularly if they are responsible for caring for children, or in need of additional healthcare services that come with associated costs.

While all older people can face barriers to maintaining their livelihoods, pre-existing gender disparities in accessing labour markets can make it even more challenging for older women.[77] A national survey of 400 older Ukrainians in 2022 identified that older women were facing significantly more financial difficulties and barriers to accessing essential goods and assistance than men. The study also found that older women were three times more likely to be internally displaced than older men, yet less likely to receive humanitarian assistance from non-government organisations (NGOs) and international non-government organisations (INGOs).[78]

Older people with disabilities

A 2018 study[79] found that older people with disabilities affected by humanitarian crises fared worse than older people without disabilities. Older people with disabilities faced physical barriers such as having to travel long distances to distribution points, lack of transport, and inaccessible houses, toilets and public buildings.

A disconnect between age-focused organisations and disability-focused organisations has been observed at a local and global level, as has resistance to capturing data on both disability and ageing. As such, older people are at risk of exclusion from efforts targeting people with disabilities, and vice versa. A recent study undertaken within South Sudan, Kenya and Ethiopia suggested that 40 per cent of older people interviewed had a least one disability and that the number of older people with disabilities increased with age.[80] A 2022 needs assessment of people affected by the floods in Pakistan found that over a third of respondents had at least one disability, the most common being issues with walking, vision, hearing, memory, concentration and communication. Many older people with disabilities reported struggling to access food and other supply distribution points independently.[81]

Limited inclusion in assessment, programme design and implementation

Very few countries, particularly in low- and middle-income contexts, undertake specialised surveys amongst the older population or have administrative systems that enable rapid and relevant collation of data necessary to help inform planning and response efforts. As such, weaknesses in existing data systems cause HNOs to be informed by incomplete or out-of-date census or other population data for older people.[82] Older people are also often overlooked during national-level needs assessments, which limits meaningful representation in emergency response efforts.[83] In addition, despite recommendations for humanitarian and partner agencies to collect and consider SADDD to inform their planning response, this practice is infrequent and inconsistent.[84]

Stefan Trappe/HelpAge International – Ukraine

Pre-existing gender inequalities present challenges for older women.

Usman Ghani/HelpAge International – Pakistan

Older people are rarely included in nutritional assessments, decision-making about nutrition response requirements, or programme design.

Older people may not receive information about available humanitarian support and assistance due to inappropriate means of communication.[85] Older people are seldom involved in decision-making about food aid requirements or in programme design.[86] It has been argued that the exclusion of older people is due to their lack of voice in decision-making processes and insufficient opportunities to contribute to the improvement of programmes and policies they are impacted by.[87]

A 2020 literature review of evidence on including people with disabilities and older people in humanitarian responses found that fewer articles were identified on the inclusion of older people compared to the inclusion of people with disabilities. No evidence was found on building resilience and preparedness through humanitarian action, the meaningful participation of older people, inclusive mechanisms for feedback and complaints by older people, or on organisational learning for inclusive humanitarian assistance.[88]

Emergency food rations are generally the same for older people as for younger adults. Food parcels distributed to the general population include non-perishable goods but often lack fruits, vegetables, and protein sources, and thereby may not be sufficient to meet older individuals' required intake nor be considered appropriate for older people.[89, 90, 91]

Consideration may not be given as to whether older people have access to clean water or to the necessary fuel with which to prepare and cook their food due to issues with mobility or affordability.[92] Older people seeking nutrition support have also raised issues regarding the challenges of poor infrastructure in temporary accommodations with no or inadequate kitchens or storage that prevent dietary flexibility.[93] Additional malnutrition risk factors amongst older people during times of emergency include health or biological changes, reduced appetite, psychosocial stress, disability, tooth loss, gum disease, difficulties chewing and swallowing, sensory loss and social isolation,[94, 95] points that are often not considered.

Funding challenges

In addition, it has been suggested that the current international donor environment is not conducive to increasing efforts toward older people, particularly within the context of humanitarian and nutrition emergencies. Organisations have reported difficulties in obtaining funding for programmes that specifically target older people.[96] During an expert meeting in 2019, it was noted that use of the Gender and Age Marker as a monitoring tool in programming was a tick box exercise, with no evidence it had a positive impact on funding for older people.[97] An earlier analysis of humanitarian financing which examined 16,221 global humanitarian initiatives implemented between 2011 and 2014 demonstrated that projects specifically targeting older people accounted for under one per cent of programmes funded.[98]

Challenges diagnosing and managing malnutrition

The causes of malnutrition are complex and multifactorial. Advanced age may be accompanied by various diseases, which can further affect nutritional requirements and risk of malnutrition.[99] While changes in body composition and physical activity may result in lower energy needs, the requirements for essential nutrients remain unchanged. This means that older people may require more nutrient-dense (the amount of nutrients in relation to the energy content) foods.[100] In particular, older people are susceptible to protein-energy malnutrition, which is one of the main public health problems for many low-income countries with predominantly rural populations.[101]

Despite the many benefits derived from nutritional screening and assessment, an ongoing challenge is the absence of a gold standard for malnutrition diagnosis amongst older people across different settings.[102, 103, 104] On this point, it has also been suggested that malnutrition amongst older people in some contexts can be attributed not so much to lack of food but rather to limited or outdated understanding of nutritional needs in later life.[105]

Malnutrition in older people can be attributed to a limited or outdated understanding of nutritional needs in later life.

Management options for older people with malnutrition is also largely dependent on the availability of resources, the priority placed on the nutritional care of older people, and the nutritional knowledge of healthcare professionals.[106] Evidence demonstrating the effectiveness of nutritional interventions amongst older people with malnutrition is of limited quality due to variations in methods and outcome measurements across evaluating studies.[107]

HelpAge International

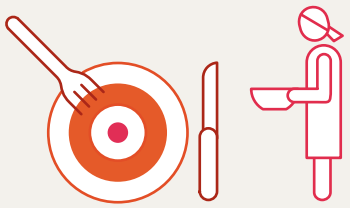
Muhmmad, 75, Sindh Province, Pakistan, saw his home destroyed and livestock killed by the floods in 2022 and found accessing basic shelter, food and household items a real challenge.

The role of older people during times of crisis

During times of crisis older people are an important resource for their families, their communities and the economy. Having contributed throughout their lives, older people can provide support, wisdom, and courage during times of crisis and adversity. As such, they are frequently actively involved in various aspects of disaster response, including income generation, coping strategies, and post-crisis reconstruction and recovery. Within the household, older people, and particularly women, play an important role as caregivers and/or continue to play a role in household economic activities as far as they are able. Beyond caregiving, older women might engage in income-generating activities, produce food and cook meals, rebuild shelter, consolidate non-food relief items, and help educate children when the education system might have collapsed due to the crisis.[108] Inclusion of older people in decision-making processes can not only improve the appropriateness and effectiveness of subsequent responses but also increase trust in and legitimacy of programmes due to their leadership role in many communities.[109]

Inclusion in nutrition response plans and needs overviews

To inform this research, 58 HNOs, HRPs or emergency response resources were reviewed across countries *(overview provided in Appendix →)*. All documents included clear reference to nutrition and/or food security at a population level. Almost all resources also identified older people as an 'at-risk' or priority group across cluster sectors or more generally. Unfortunately, very few HNOs, HRPs or emergency response resources contained details on how nutritional (or other) needs of older people will be determined and responded to, specific targets to aim for, or indicators to assess the degree to which these intentions have been met.



HNOs, HRPs and emergency response resources contained few specific targets for how the nutritional needs of older people will be met.

However, there are some exceptions:

Within the *Ukraine: Humanitarian Response Plan 2023* there are multiple indicators for monitoring activities specific to nutrition and food security, including carrying out health and nutrition needs assessments to identify critical needs/gaps and provide strategic direction to the humanitarian responses across the population, specifically considering older people. Health Cluster partners[110] will target 7.83 million people out of the estimated total 14.6 million people in need of humanitarian health and nutritional support of which 28 per cent will be older people (greater than the 19 per cent targeted for children).[111] Older people are also defined as a priority group for food assistance (defined as those who are severely or moderately food insecure, based on the latest available food security assessment) within the *Ukraine: Humanitarian Needs Overview 2023*.[112]

Clusters in Cameroon[113] and Niger[114] make specific references to older people as a group at risk of malnutrition and to the declining nutritional status of older people in their 2023 HNOs, as does the *Philippines Super Typhoon Rai (Odette) Humanitarian Needs and Priorities Revision 2022*.[115] Older people are also referred to in varying degrees of detail within food security and/or general nutrition discussions in the HRPs of Mozambique,[116] Myanmar,[117] Guatemala,[118] Honduras,[119] Somalia,[120] and South Sudan,[121] as well as the *WFP Libya Country Strategic Plan (2023–2025)*.[122]

The Nutrition Cluster within the *Lebanon Crisis Response Plan 2023* articulates their intention to meet SDG targets as well as action points contained within their National Nutrition Strategy and Action Plan, focusing on capacity building to better identify nutritional risk and to develop standardised dietary guidelines for varied population groups (including older people).[123] This Cluster within the *Lebanon Emergency Response Plan 2023* also suggests they will place special attention on nutrition interventions for a range of vulnerable groups, including older people.[124]

Other HRPs reviewed highlight the need to better prioritise older people within specific interventions or across multiple humanitarian clusters (such as that from Venezuela).[125] This may be with respect to improved access (removal of barriers), enhanced engagement, assistance, safety, dignity, protection and/or data collection[126] and/or to be incorporated in future HRPs and other efforts to improve overall inclusion and wellbeing of older people as a historically marginalised or underserved group.[127] Other HRPs also state a commitment to strengthen opportunities and mechanisms to enable affected populations (including older people) to provide feedback, make complaints and contribute to decision making at all stages of the Humanitarian Programme Cycle.[128] The *2023 Afghanistan: Humanitarian Response Plan (Revised)* makes reference to the social position of older women and how this will be utilised to lead and manage younger women volunteer groups.[129]

Ali A. Abu Shanab/HelpAge International

Older woman taking part in a COVID-19 Needs Assessment carried out by El Wedad (HelpAge partner organisation) in Gaza, Palestine, 2021.

Why is this happening?

There is some evidence that cluster sectoral response planning and needs assessments are evolving to encompass a broader range of target groups.

Conversations with key actors indicated that inclusion of older people in humanitarian cluster planning can be in response to specific needs observed within the community or in recognition of increasing numbers of older people in the population more generally.

> *"It's a question of numbers… in ten years from now there will be more older people. So, what will be the argument for not including them then? The transition is happening and you can't just ignore it."*
>
> **INGO representative**

However, shifts in priorities for nutrition-specific cluster response plannings have been reportedly slower than for other clusters, for a range of reasons including historical priorities and donor emphasis on infants, children and pregnant and lactating women. Some actors suggested that the existing humanitarian programming infrastructure is better placed to provide a rapid response to meet the needs of specific target groups that do not include older people or people with disabilities. Indeed, our review of HNOs and HRPs supports this assertion in that specific reference to needs of older people and the risks they face are more likely found in cluster summaries such as health, protection, WASH or food security, than within nutrition cluster sections.

Limited visibility, prioritisation and inclusivity

During interviews for this report, many stakeholders reported that their agencies or programmes did not routinely consider older people in nutrition response planning and implementation. This could be due to a dominant focus of nutrition clusters on meeting the needs of the younger population, resource limitations, or adoption of an approach that was more generic without particular attention given to any one group. It can also be due to a lack of advocacy and discussion of older people more generally.

> *"I can tell you now that I have not been to a meeting for a long time where the nutritional needs of older people were raised."*
>
> **UN actor**

The effects of malnutrition on development and other life outcomes for infants and young people will often drive attention given to this group by humanitarian actors, donors and key actors. In humanitarian crises, decision-making is typically based on where the greatest impact can be demonstrated. Showing impact and effectiveness can be easier for interventions targeting infants and children, but harder for those involving older people. This is in part due to differences in how malnutrition is measured and monitored amongst older people. Nutritional benefits may also take longer to achieve or be more challenging to 'showcase' when evaluating or reporting on crises response activities and outcomes. Impact is typically defined as 'saving lives' that can be economically productive, through predominantly workforce participation. This utilitarian-based decision-making, in which maximising economic wellbeing at a societal level is prioritised, inadvertently deprioritises older people.[130] As such, perceptions of shorter life-span, higher disease burden, and limited economic or other productive contribution can diminish the value of older people in crisis responses.[131]

Negative perceptions of shorter life-span, higher disease burden, and limited economic contribution can diminish the value of older people in crisis responses.

> *"I am regularly contacted by people seeking information about nutrition and health but this is the first time I've been asked about older people. Nobody ever talks about this group."*
>
> **UN actor**

Some humanitarian actors felt constrained by the expectations or priorities set by funders/donors. Others described strong organisational or funder resistance to the inclusion of older people in nutrition cluster response planning and the setting of specific targets.

> *"It has been very hard to have them included and there has been a lot of resistance and questions asking why older people need to be a target group. But we keep insisting."*
>
> **UN actor**

Ben Small/HelpAge International – Myanmar

Older people, particularly older women, play key caregiving roles for grandchildren and should be considered in nutrition programmes for infants and children.

As such their inclusion in mainstream nutrition responses may require creative thinking and approaches (such as citing older people as a key stakeholder in the effective roll out and implementation of nutrition programmes for infants and children).

> ***"We have to be wise and we have to be strategic. We are often left behind. As a group advocating for older people in our community we are not only 'not in the race', we turn up at the starting line and everybody else has already finished and gone home."***
>
> **INGO representative**

Meaningful and sustained change in age-appropriate and inclusive programming requires the involvement of key decision makers, including government actors, and older people themselves. To work with and influence those involved in planning, decision making, and programme design requires dedication and commitment. Even small changes can take time and persistence to bring about. Effecting change requires individual and group advocates to raise awareness about the diverse needs and capacities of older people. Often these efforts are driven by individuals or small groups but the outcomes can be significant.

> ***"We are trying, we're giving it all that we have – 100 per cent. It is not enough, but hope remains, hope in terms of a change, hope in terms of more inclusion… We're always competing for funds… There's a lot of work to do. But yes, I think that there are signs of improvement… baby steps as they say."***
>
> **NGO representative**

In a small number of countries there is a single organisation that advocates for the needs of older people across a broad spectrum. It is also often the case that a focus on older people is initiated and driven largely by the efforts of individuals within organisations or government departments. Such reliance on the dedication of individual actors is problematic due to issues with sustainability, succession planning and the ability to implement change at a scale beyond the reach of one or two people.

> ***"Responses can be personality driven. There is the pressure to deliver right away which can result in more generic responses. If you have the right person involved who is knowledgeable about older people then they can help tailor or adapt rather than follow a more standardised approach during times of crisis."***
>
> **UN actor**

Ensuring a 'seat at the table' in major discussions affecting older people does improve visibility but such participation incurs significant time and resources for individuals, agencies and organisations. Older people themselves are typically absent from these discussions.

> ***"We need to keep having the conversations. Keep bringing the importance of older people to the table. Even having routine inclusion of older people as a vulnerable group in HRPs is a start."***
>
> **UN actor**

Lack of meaningful consultation with older people themselves regarding their diverse needs during times of humanitarian crisis planning and response was acknowledged through discussions with humanitarian actors and older people, as well as within the literature reviewed.

> ***"Young people, people with disabilities and the elderly [sic] have deplored the lack of inclusiveness of the consultations organised by humanitarians."***
>
> **DRC HNO (OCHA, 2023)**

> ***"Most organisations don't care about older persons' needs in general and older women in particular. They should have to hear our voice, they should have to get feedback from us…"***
>
> **Female, 77 years, Tsore Camp**

Gaps in expertise or capacity to respond

The scope and extent of needs being met for different population groups is dependent on available resources and expertise. For example, implementation partners proficient in delivering particular response activities, or working with specific groups, are more likely to elect to contribute to activities they feel better align with this experience or strategic priorities of their organisation. Therefore, inclusion of older people in cluster response planning in itself is not sufficient without ready access to the necessary expertise to deliver on these targets. It can also be the case that to support nutritional wellbeing amongst older people is often considered to be the responsibility of others who are better versed in the needs of older people more generally (such as HelpAge or local NGOs).

> ***"Many nutrition actors don't feel that focusing on older people is part of their mandate which is why it is harder to get support."***
>
> **INGO actor**

Risk factors underpinning malnutrition amongst older people are multiple and interconnected. Despite the growing body of evidence related to older people's challenges in meeting their nutritional needs during emergencies, there are very few nutrition-specific interventions targeting older people in humanitarian situations, in contrast to pregnant and lactating women and children under five years old, for whom intensive and targeted nutrition assistance is a well-established practice. Stakeholders described a limited understanding of the diverse nutritional needs over the life course, particularly in later life, amongst available humanitarian and nutrition partners.

> ***"There are many myths about older people. Nutritional needs don't decrease with age, they transform with age."***
>
> **UN actor**

Insufficient knowledge of the health and nutritional requirements of older people during times of crisis can lead to a failure to detect such issues amongst older people, but also an inability to act, if and when they are detected.[132] The lack of staff with the requisite skills to collect, analyse, interpret, manage and report on nutritional data necessary to inform a needs-based response was also highlighted by humanitarian actors during this project.

> ***"There's a lot of resistance to applying a sex, age and disability disaggregation methodology. We know that the experience of disability, ageing and humanitarian needs is not the same for somebody in their 50s, 60s, 70s, or 80s. There's a lot of resistance because it requires training, it requires more data analysis. But if we small NGOs have been able to systematically incorporate this in our rapid needs assessment and our interventions, why cannot others do this?"***
>
> **NGO representative**

Jorge Panchoaga/Fairpicture/HelpAge International – Colombia

Nutrition responses typically don't consider the diversity of experience of older people and the differing needs and circumstances of those who are more at risk.

Stretched resources

Nutrition clusters and humanitarian partners reported insufficient or insecure funding for nutrition interventions more generally. Ongoing gaps in available funding and resources impede the ability of nutrition actors to scale up activities or extend their reach to a broader range of people in need of support. During interviews it was also suggested that in some contexts, nutrition clusters can themselves feel "less visible" amongst other cluster sectors when determining priority of needs and allocation of funding.

> ***"The nutrition sector is poorly funded and we are simply not able to meet the needs of our vulnerable populations at present. We are struggling to do more with less each year."***
>
> **UN actor**

Stakeholders reported that resource and funding sustainability is an ongoing issue for agencies seeking to support older people during short-term and protracted crises. Food support will generally run over the shorter term up to six months but increasingly longer-term support is required as beneficiaries experience extended crises. When facing competing demands for funding allocations, the nutritional needs of older people are generally secondary.

> ***"To be effective you need sustained effort and money. Resources are always an issue and we are constantly competing with other groups for funding. Older people are not generally a priority in most scenarios."***
>
> **INGO representative**

Limited inter-cluster collaboration

Effective nutrition responses for older people must consider the broader health, gender, social, cultural, economic and political environment in which they are enacted. Holistic care that addresses water, sanitation, health, and security was emphasised as essential. Good nutrition cannot be achieved in a 'silo' and food distribution alone is not enough. To do so requires a network of actors, including volunteers and older people themselves to maximise reach and inclusiveness of nutrition responses. It also requires consideration of how best to communicate important information to all eligible beneficiaries, as well as deliver tangible aid items, education, services and counselling.

Intersectoral or cluster collaboration is more effective than seeking to address the nutritional needs of the population as a standalone group. Working with other cluster partners enables greater reach, efficiency of resources, shared vision and a more holistic approach to humanitarian planning and response. It can also reduce existing repetition in needs assessment and monitoring through the pooling of data collection, management and analysis expertise. In addition, such collaboration may increase visibility of the nutrition sector itself in response planning and the allocation of resources.

Steve Okumu/HelpAge International

Older pastoralists in Kenya rely on their livestock for survival. With consecutive failed rainy seasons, there were mass livestock deaths and water sources dried up.

Muhammad Abdullah Hameed/HelpAge International – Pakistan

There are big gaps in data related to older people.

Poor quality baseline evidence

Many activities in HRPs are designed to respond to the needs identified in the HNOs. As noted above, if older people are not captured in targeted assessments or more generalised national data collection processes, they are less likely to be included in subsequent planning efforts unless a particular case is made by an organisation or individual. Lack of systematic, reliable and up-to-date population data remains a key challenge to assessment and response planning during times of crisis in some countries. This can be due to irregular data collection by governments, or data sets that are based on broad age groups alone (such as 50 years and older). In the absence of formal, contemporary or reliable data, prevalence of malnutrition or risk must be based on best available evidence, or extrapolated using other sources of information (such as cost of food, available food supplies or qualitative observations).

> ***"The lack of data in some countries is a big issue. We just don't have the evidence to advocate for older people."***
>
> **INGO representative**

Some stakeholders described limited funding available to undertake independent surveys and evaluations to determine nutritional context and changes over time across all population groups. Conversely, others have initiated their own process of data collection to support needs assessment, response efforts and measures of effectiveness specific to older people and nutrition.

Consistency in data collection is further impeded by the lack of consensus on measures for malnutrition diagnosis amongst older people. While the existence of instruments to measure nutritional status amongst older people was acknowledged by some humanitarian actors interviewed, they felt these were not always applicable to the assessment of older people within humanitarian crisis settings.

Negative perceptions of older people

Negative perceptions of older people in humanitarian crises as dependent or economically inactive persist and should be challenged to effectively address their diverse needs. It is important to reframe perspectives and to reinforce older people's varied contributions during times of crises and beyond.

> ***"Right now we're giving a lot of weight to the caregiving responsibilities because it's becoming more and more frequent that you find households led by older people who are the caretakers of other older people or children and adolescents."***
>
> **NGO representative**

During stakeholder consultations it was suggested that rather than working against existing funder/donor or other planning priorities, it is possible to work with them. If infants, children and pregnant and lactating women are the priority, it may be possible to highlight the critical role that older people, particularly women, play in supporting this group.

David Lomuria/HelpAge International – South Sudan

Negative perceptions of older people persist, despite their contributions in times of crisis.

Spotlight on Ethiopia

Ten older people living in Ethiopian refugee and internally displaced camps described their experiences specific to food access and security.[133] These interviews highlight common themes identified in this report such as inadequate food distribution, lack of nutrition support, insufficient shelter, and challenges related to health and medical care. Many older individuals are forgoing meals due to ration delays or lack of food or necessary resources to prepare and cook (such as fuel).

Food insecurity and malnutrition

All interviewees spoke of significant challenges related to food availability and access. Malnutrition is a common concern due to the lack of diverse and nutritious food sources. Ration distribution can be inconsistent and inadequate. Many interviewees reported regularly skipping meals due to lack of food, impacting their health and wellbeing. Access to diverse foods, in particular meat, fish, and vegetables is poor or non-existent. Rather, diets primarily comprised staples like wheat flour. A number of older people were sole caregivers for grandchildren.

> ***"I eat two times a day – morning and afternoons. But now I skip many times because of ration delay. Due to the rations delay and reduced amount of food I am not eating or getting enough food."***
>
> **Male, 86, Tsore Refugee Camp**

> ***"I do not eat meat, vegetables or fish. Maybe once in three to four or five months, I eat meat… There are some days that I don't eat at all. I don't have food in my home. I go to sleep on an empty stomach."***
>
> **Female, 96, Borana zone**

Admasu Brook/HelpAge International

Older people use coping strategies like skipping meals, reducing meal portions, and eating only carbohydrates rather than diverse and nutritious food.

Livelihood and income loss

The interviews reveal the devastating impact of drought. The loss of livestock and the subsequent inability to support themselves financially and nutritionally are directly linked to drought conditions. Many of the older individuals were once pastoralists or had some form of livelihood, such as rearing animals, which sustained them. However, due to factors like drought and displacement, they have lost their sources of income and are struggling to find means of support.

> *"My life is challenging. Life at this age is too difficult. No one helps me and my wife. I'm a pastoralist and I reared animals for a living and those animals were my source of income, but due to the drought I lost all of my livestock."*
>
> **Male, 98, Qabana'a Kebele**

Lack of support and aid

Some of the interviewees expressed frustration with the lack of consistent support from aid organisations. While they had received assistance in the past, there are instances where the support stopped or was irregular. Some interviewees also face challenges accessing distribution sites, healthcare centres, and other essential services due to distance or mobility issues.

> *"I am suffering a lot due to the ration distribution having stopped for more than two months. Before two months ago I received regular rations distributed from the World Food Programme (WFP) such as maize, wheat, oil, and some other ingredients… but in July I couldn't get any kind of rations or food. I only eat when my sons or daughters give me food once a day."*
>
> **Female, 77, Tsore Refugee Camp**

Health, shelter and basic needs

Health concerns were frequently described. Some interviewees attributed existing health problems to inadequate nutrition and poor living conditions. Access to formal healthcare and medications remains an ongoing challenge and necessary medical treatment was unavailable or unaffordable. The lack of proper shelter, clothing and essential household items is a significant challenge for these older individuals. Some mentioned struggling with access to basic cooking facilities and utensils. Others lack proper shelter, blankets, pillows and other necessities. Basic items to support food preparation such as cooking pots, kettles, cups, plates and utensils provided by agencies such as HelpAge have been helpful.

> *"Previously I didn't have these things but recently HelpAge gave me some cooking materials such as a cooking pot, kettle, cup, plate and cooking ladle."*
>
> **Male, 86, Tsore Refugee Camp**

Admasu Brook/HelpAge International

Dida, 65, from Oromia region in Ethiopia is part of a pastoralist community impacted by the 2022 drought in the Horn of Africa. Older people in his village were the first to be affected: *"I worried about my father. He needs to eat. If I can't provide, I am afraid something bad could happen to him."*

Spotlight on Ethiopia *continued*

Isolation and neglect

Some older people described a sense of isolation and feelings of neglect. Older interviewees who are alone or lack family support are particularly at risk. Some depend on relatives or neighbours for support, emphasising the importance of community and family networks.

> ***"I worry for my everyday life because I don't have anything to eat. I don't have the strength to find work and I am waiting for support from my children and my neighbours who like to help me. I used to get food support but now it has stopped."***
>
> **Female, 96, Borana Refugee Camp**

Priorities

Priorities amongst older people centred around immediate needs like food, healthcare, clean water, sanitation facilities and shelter, as well as broader aspects such as financial stability and emotional wellbeing. Many interviewees highlighted the necessity of financial assistance. This could involve cash transfers or livelihood support to help them meet their basic needs and restore their self-reliance.

> ***"Lack of food is the biggest challenge currently, because no one can live without food, and you can't even sleep if you feel hunger. So, hunger is the biggest challenge to us. I also have health problems and need more clothing."***
>
> **Male, 98, Qabana'a Kebele**

Some respondents mentioned the value of community-level assistance, social support networks, and programmes that foster a sense of belonging. A couple of interviewees expressed concerns about protection, safety and security, especially in regions affected by conflict. While some interviewees mentioned being asked about their needs, they felt that their concerns and suggestions are often not adequately addressed by the relevant organisations.

Admasu Brook/HelpAge International

"Now we only eat once a day. We just mix water and wheat flour and put it on the fire to bake. That is our one meal of the day. And that's not even available every day." **Malicha, 66, Ethiopia.**

Case study 1

Jirmo Toke, 81, Ethiopia

"My name is Jirmo Toke. I've seen the world change around me, but my own life has been a constant struggle, particularly in recent times. Currently, I live with my family. I was originally from a place called Hudet. That was before inter-communal violence tore through our village, driving me and my family away from everything we knew and own. I used to have cows and goats to support my family. Now, we find ourselves living in a makeshift plastic tent, exposed to the harsh elements of nature. We have no blankets, no sleeping mats, and the cold of the night is unbearable. Age has caught up with me, and I no longer have the strength to work as I once did.
I depend entirely on my family for support and for all the things I need to survive. The government does provide us with food rations, but it's far from sufficient, especially when I consider the size of my family. Moreover, the food provided is not suitable for someone of my age. So, more often than not, I end up leaving my portion for my family and watching them eat. Ever since I was forcibly displaced from my hometown, I've barely been able to eat once a day. This dire situation has been exacerbated by a prolonged drought that has gripped our lives. Our lives have been thrown into disarray, and it often feels like we're staggering on the brink between life and death. Food remains the biggest challenge for me and my family.
It's a constant reminder of how vulnerable we are in the face of circumstances beyond our control.
I can only hope that this situation will improve someday."

"Food remains the biggest challenge. It's a constant reminder of how vulnerable we are in the face of circumstances beyond our control."

Samson Yigezu/HelpAge International

Case study 2

Masresha Kasahun, 75, Addis Ababa, Ethiopia

"My name is Masresha Kasahun. From the age of 10, I've called Addis Ababa my home. My journey has been marked by joys and hardships, but the most profound challenge I face today is the responsibility of caring for my three orphan grandchildren. I live with my grandchildren in the outskirts of Addis Ababa city. These children were thrust into my care when their parents tragically passed away to a disease I can barely know. With the weight of their futures on my shoulders, I depend on the support of my other daughter to provide for these children. I used to engage in a small business of baking the traditional bread *'injera'* to sustain myself. But time has a way of taking its toll, and now, weakened by age, I can no longer perform the tasks that once brought food to our table. My dependence on a local NGO has become my lifeline. They offer me a modest amount of corn flour and edible oil, but it's never enough to feed my family. I usually prioritise my grandchildren. If there's any food, I make sure they eat first. It's a choice I make every day, even if it means going to bed with an empty stomach. On the rare occasions when there is enough, I eat twice a day. But more often than not, I spend my days without food. The pains from lack of food have become constant, and I now suffer from gastric problems due to this malnourishment. Even the bread that I bake is no longer suitable for me. Ten years ago, my health deteriorated as I felt immense pain in my body. Just a few months ago, I had to undergo surgical operations – not once but twice – with the support of a local NGO. The high cost of living has become an unbearable burden, leaving me uncertain about what might happen to my grandchildren if I'm no longer here to protect and provide for them. It's a thought that haunts me every day."

"More often than not, I spend my days without food."

Samson Yigezu/HelpAge International

Case study 3

Elema Boru, 75, Ethiopia

"My name is Elema Boru. Four years ago, my husband passed away, leaving me to face the challenges of life on my own. I live with my children – three sons and five daughters. For most of my life, I have been a pastoralist, relying on the cattle I rear as a source of income and sustenance. These animals were the pillars that held up my family's hopes and dreams. However, fate had a different plan for us. A drought swept through our land, mercilessly taking away our livelihood and hopes. I watched in despair as my animals weakened, starved, and finally surrendered to the drought. With their loss, my source of income was gone, leaving me with an uncertain future. I found myself struggling to put food on the table, let alone afford an education for my children. I'm a survivor, though, and I was determined to do whatever it took to keep my family together as we became reliant on the help of the government and NGOs. The support is inconsistent and often inadequate to feed my family. Just last week, one of my neighbours fainted due to hunger. The community around us has been grappling with the same hardships. We share not only the pain of hunger but also the worry about where the next meal will come from. If we were to receive support – just a little help – I could manage to eat a meal once a day. I also skip meals sometimes. Food has become the central battle in our lives. The lack of food has become a significant challenge in my life. It's not just my story; it's the story of all the older people around me who are grappling with the same reality."

"We share not only the pain of hunger but also the worry about where the next meal will come from."

Samson Yigezu/HelpAge International

Case study 4

Sisay Wendu, 65, Addis Ababa, Ethiopia

"My name is Sisay Wendu. I live with my four daughters and my wife in Addis Ababa. I was the sole provider for my family. I worked as a foreman at a busy construction site, shouldering the responsibility of putting food on the table and ensuring a roof over our heads. However, my life changed when fifteen years ago, I lost my vision in a tragic accident at work. The world around me plunged into darkness, and my role as the family's provider was abruptly stripped away. Today, my family's support is a local NGO that has extended its compassionate hand to us. They recognised the potential within my wife and offered her support to kickstart a small street vending business. It's her tireless efforts that help us each day. In addition to this, the NGO provides us with a monthly ration of 10 kilos of corn flour, a small amount for a family of six. The food we receive barely sustains us, and it's a daily struggle to ensure everyone gets a share. It's a battle made even more challenging by my own health issues. I suffer from hypertension and diabetes, two additional burdens on top of everything else. Most days I spend at home. The food I consume is no longer about pleasure; it's about survival. It's a sustenance and a buffer against the spectre of death. I eat twice a day if there is enough and sometimes only once a day. This has become a normal thing in my life. Not having enough to eat at this age has made my life difficult. I only hope that this situation could improve with help of God."

"The food I consume is no longer about pleasure; it's about survival."

Samson Yigezu/HelpAge International

Steve Okumu /HelpAge International

62-year-old Sharaka was born blind and had been living with her husband, children and 86-year-old mother before the 2022 drought hit Kenya. While her husband and their six sons moved in search of pasture for their remaining livestock, Sharaka, her mother, daughter and granddaughter have been left behind, eating wild fruits that have no nutritional value and are also hard to come by.

Conclusions

Although many existing HRPs or HNOs do indeed describe older people as an at risk or priority group, there are few examples of tangible efforts intended to respond to their diverse needs where identified. There are even fewer specific targets and performance indicators to measure reach, effectiveness and demonstrate accountability for meeting the nutrition needs of older people during times of humanitarian crisis.

This absence within nutrition cluster planning has been attributed to systemic, organisational and localised factors. However, increasing reference to older people across complementary clusters such as protection, food security, WASH and health demonstrate that inclusion of older people as a distinct (although not homogenous) target group is both appropriate and feasible, *see Appendix →*.

Improved collection of SADDD and evidence gathering are essential to ensure that older people have their nutritional needs identified and monitored as well as to improve their visibility and advocate for their needs. In the context of limited resources, humanitarian actors are forced to prioritise. The principle of impartiality necessitates providing humanitarian aid based solely on need, which requires an evidence-based approach utilising disaggregated data to avoid discriminating against 'invisible populations' and ensures needs-based assistance for all populations. With humanitarian funding unable to meet the extent of current need, greater collection and application of disaggregated data are critical.[134]

Specificity with respect to malnutrition measurement and appropriate response is readily available for children at present. Humanitarian actors are equipped with the necessary infrastructure, systems and expertise to undertake rapid assessment of nutritional status amongst children in particular.[135]

David Lomuria/HelpAge International

"The challenges facing me are hunger and the disappearance of my daughter – the mother to these kids I am taking care of." **Naminit, 60, South Sudan.**

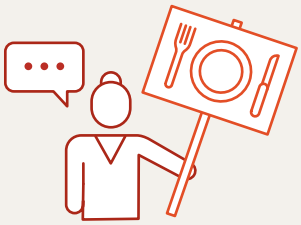
Furthermore, baseline data are often available for this group, as too is considerable experience with assessment of nutritional status and clearly defined criteria to guide interpretation. However, international agreement on the anthropometric indicators and cut-off points used to assess malnutrition in other population groups, including older people, is lacking.

Therefore, consensus on and promotion of similar globally recognised guidelines would better enable humanitarian actors to undertake routine nutrition assessments amongst older people, interpret the outcomes, and contribute to evidence building. Agreement on clear measures and cut-offs would also help inform efforts to respond to issues with nutrition once identified and enable determination of impact and effectiveness of interventions themselves when reporting and advocating for funding.

To improve inclusion of older people in nutrition cluster planning requires commitment from all international humanitarian actors and partners. Leadership from the GNC and UN agencies is essential for initiating discussion and driving systemic change. The GNC can advocate for older adult inclusion, serve as a source of expertise, and contribute to the development of global consensus and guidelines for nutritional measures and responses targeting older people.

Those involved in the development or coordination of HRPs can promote routine inclusion of older people in nutrition cluster planning and documentation. Establishment of clear response targets, including how funds are to be allocated by donors, will further embed the inclusion of older adult nutritional needs assessment and responses. Key agencies can also drive development and dissemination of global consensus and guidelines with respect to nutritional response and older people specifically.

In settings where resources are limited, the knowledge and experience of older people within the community can play a valuable role in targeting, planning, and distributing relief efforts. Older people can also be powerful leaders and decision makers. Older people as a part of a humanitarian nutrition response will require involvement in all steps of the process. This will also promote their voice, improve their visibility and add gravity to awareness raising more generally. Discussions with key actors as part of this project suggest greater inclusion of older people in planning and response does not necessarily mean greater effort or cost. But it does require an expansion of priorities, creative thinking, adaptability and a willingness to invest in efforts to ensure future nutrition cluster interventions better screen for and respond to the needs of older people as a specific and worthy target group. It will also require accountability and systematic inclusion of key performance targets and outcome measures that will initiate change for those actors who may be less prepared to broaden their scope of focus in the early stages. Promotion of inclusivity at a strategic and policy level, drawing upon existing resources and expertise, and empowering older people themselves can lead to more effective nutrition interventions that promote the resilience and wellbeing of older people during humanitarian crises and beyond.



Empowering older people themselves can lead to more effective nutrition interventions that promote their resilience and wellbeing during crises and beyond.

Anwar Sadat Swaka/HelpAge International – Kenya

A UN convention on the rights of older people would ensure that their right to adequate food is safeguarded.

Recommendations

It is unacceptable that older people are excluded from humanitarian nutrition responses. There are changes that could and should be made to address the issues outlined in this report, specifically:

Member States should:

- Voice their support for a UN convention on the rights of older people, which would provide a comprehensive legally binding framework to articulate, promote and safeguard their rights, including in relation to the right to adequate food.

The IASC and UN agencies should:

- Demonstrate leadership in upholding humanitarian principles and setting of strategic, policy and operational priorities that are inclusive of older people during times of crisis.
- Develop comprehensive guidelines on the inclusion of older people in all their diversity in humanitarian action – similar to the IASC *Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action 2019*[136] – in close consultation with older people, their representative organisations and other relevant humanitarian actors.
- Assign a clear focal person or group within the inter-agency structure to advise and guide the systematic inclusion of older people in the humanitarian programme cycle.
- Ensure guidance is available for IASC members and partners on the consistent inclusion of older people as a specific target group across the humanitarian programme cycle, including in evidence-based needs assessments, HRP planning and development.
- Undertake a regular review of HNOs and HRPs to ensure meaningful inclusion of older people in nutrition cluster planning across countries.

The Global Nutrition Cluster should:

- Ensure that nutrition responses follow an equitable approach, providing assistance based on need and reaching the furthest behind first.
- Work with the UN, NGOs, donors, and researchers to seek agreement on core nutrition assessment tools and criteria to assess malnutrition and malnutrition risk amongst older people in humanitarian settings.
- Create a *Global Thematic Working Group* (GTWG) specific to older people to contribute to consensus development and dissemination of guidance and expert advice.
- Designate focal points to champion older people's rights and diverse needs within the cluster and beyond.
- Provide guidance, technical advice and expertise to country cluster and other partners on collecting, analysing, reporting and using SADDD as well as age and gender analysis to assess and support the nutritional health of older people.
- Draw from or build upon existing staff capacity, skills and knowledge to deliver gender sensitive and age and disability inclusive approaches, in close consultation with older people themselves.
- Invest in capacity-strengthening activities at the global and country level to expand age, gender and disability expertise and ensure the integration of SADDD and age and gender analysis of the nutrition data in assessments.
- Work with partners, including academic institutions and research entities, to initiate and participate in research and evidence building specific to the nutritional needs of older people within a humanitarian context and promote innovative solutions for delivering nutrition support to them.

Country-based Nutrition Cluster Coordinators should:

- Work with national governments to support the development of national plans for nutrition that are inclusive of older people.
- Promote the Humanitarian Inclusion Standard's nutrition inclusion standards among member organisations.
- Collaborate with other clusters, the UN, NGOs, and key ministries and departments to improve SADDD collection and analysis to identify barriers to inclusion and inform cluster plans and HNO and HRP sections specific to nutrition.
- Ensure HRPs encapsulate nutritional needs and the capacities of older people in all their diversity in emergency situations and include clearly defined target objectives and key performance indicators specific to older people in nutrition-based interventions. This could include a context specific target percentage of older people to be supported by nutrition interventions.
- Raise awareness of and advocate for increased attention, funding and prioritisation of nutrition interventions targeting older people.
- Consult and work with local and national organisations to ensure age-inclusive and community-driven responses.
- Support the meaningful participation of older people in decision making and promote their engagement, empowerment, agency, and autonomy, incorporating their perspectives and experiences into nutrition plans, programmes, and monitoring activities.
- Collaborate with other clusters to ensure that all programmes across the response are nutrition sensitive, gender sensitive and age and disability inclusive.

Nutrition Cluster member organisations and other national and international NGOs should:

- Integrate the *Humanitarian Inclusion Standard's* nutrition inclusion standards into organisational policy, guidelines and training.
- Conduct nutrition surveys and needs assessments using SADDD to understand the nutrition situation of older people, the barriers they face, and help identify appropriate responses.
- Strengthen the use of participatory methods by including older people in all aspects of planning, assessment, intervention and monitoring of programmes aimed at preventing and treating malnutrition amongst older people in emergencies.
- Collaborate with relevant agencies and services to develop and implement nutrition responses that consider and respond to the health, environmental, gender, social, cultural, economic, dietary, physiological, and psychosocial factors influencing food access, intake and nutritional health of older people.
- Regularly assess and monitor quality, safety, and satisfaction with nutrition support, including the establishment of accessible methods for older people to provide feedback on humanitarian assistance and inform programme adaptation.
- Ensure inclusion of older people in blanket and targeted supplementary feeding programmes (with adaptations where possible taking into account the nutrition needs of older people).
- Consider distribution mechanisms that optimise physical and financial accessibility and safety for older people, including those with limited mobility or living in rural/remote areas.

National governments should:

- Invest in the increased frequency and enhanced quality of SADDD collection, including the assessment of nutritional status of the population, which can inform needs assessment and programme design during times of emergency.
- Develop national plans for nutrition that are inclusive of older people.

Humanitarian donors should:

- Invest in effective evidence-based, nutrition-specific and nutrition-sensitive responses that are inclusive of and target older people, working with national authorities, local actors and communities to implement sustainable solutions (including extended funding as necessary).
- Include older people as a specific target group in funding guidelines, criteria and programme portfolios.
- Introduce accountability measures (such as key performance indicators) and detail regarding specific activities and anticipated outcomes for older people and nutrition in funding applications and proposals.
- Formally embed the requirement to provide a summary of outcomes specific to nutrition and older people in programme monitoring, reporting and formal evaluations.
- Increase budgets to ensure adequate allocation for age, gender and disability expertise in programme teams to support age, gender and disability considerations throughout the programme cycle.
- Directly fund organisations that have expertise in the delivery of humanitarian nutrition support to older people.

Nur Mohamed/HelpAge International

"I wish that there were more resources available for older people like myself and my children in the camp, such as mother and child care centres, toilets, shelters and food. It is a difficult situation and older people are particularly vulnerable." **Dugsiya, 61, IDP camp in Mogadishu, Somalia.**

Appendix

Cluster Response and Nutritional Needs overview

The following table provides an overview of a sample of publicly available resources specific to needs assessment and planning for emergencies and humanitarian crises. The information presented is done so in good faith but errors may be present due to translation of documents or interpretation of content within. It is recognised that older people may indeed be included within nutrition needs assessments or planning responses but not necessarily articulated as a target group in the published resources. The most recent resource has been used when available, unless the information is less comprehensive than that in earlier versions.

Country and resource	Reference to nutrition (or food/food security)	Reference to older people (as a priority, at risk or special needs group)	Specific reference to older people AND nutrition (including targets where relevant)
Afghanistan: *Humanitarian Needs Overview 2023* (January 2023)	Yes	Yes	No
Afghanistan: *Revised Humanitarian Response Plan* (Jun–Dec 2023)	Yes	Yes	No
Cox's Bazar: *Nutrition Sector Multi-Year Strategy 2023–2025*	Yes	No	No
Bangladesh: *2023 Joint Response Plan Rohingya Humanitarian Crisis*	Yes	Yes	No
Burkina Faso: *Humanitarian Response Plan 2023* (March 2023)	Yes	Yes	No
Burundi: *Needs and Humanitarian Response Plan 2023*	Yes	Yes	No
Cameroon: *Humanitarian Needs Overview 2023* (March 2023)	Yes	Yes	Yes
Cameroon: *Humanitarian Response Plan 2023*	Yes	Yes	No
Central African Republic: *Humanitarian Needs Overview* (November 2022)	Yes	Yes	No
Central African Republic: *Humanitarian Response Plan 2023* (January 2023)	Yes	Yes	No
Chad: *Humanitarian Needs Overview 2023*	Yes	Yes	No
Chad: *Humanitarian Response Plan 2022*	Yes	Yes	No
Cox's Bazar: *Nutrition Sector Multi-Year Strategy 2023–2025*	Yes	No	No
Democratic Republic of the Congo: *Humanitarian Needs Overview 2023* (January 2023)	Yes	Yes	No
Democratic Republic of Congo: *Humanitarian Response Plan 2023* (February 2023)	Yes	Yes	No
Ethiopia: *Humanitarian Response Plan 2023* (February 2023)	Yes	Yes	No

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Country and resource	Reference to nutrition (or food/food security)	Reference to older people (as a priority, at risk or special needs group)	Specific reference to older people AND nutrition (including targets where relevant)
Guatemala: *Humanitarian Response Plan 2023* (January 2023)	Yes	Yes	Yes ~ [137]
Haiti: *Humanitarian Needs Overview 2023* (March 2023), *Executive Summary*	Yes	No	No
Haiti: *Humanitarian Response Plan* (April 2023)	Yes	Yes	No
Honduras: *Humanitarian Needs Overview 2023*	Yes	Yes	No
Honduras: *Humanitarian Response Plan, 2023*	Yes	Yes	Yes ~ [138]
Kenya: *IPC Acute Food Insecurity and Acute Malnutrition Analysis* (July 2023–January 2024)	Yes	No	No
Kenya: *Kenya Drought Response Plan 2023*	Yes	Yes	No
Escalating needs in Lebanon – A 2023 overview	Yes	Yes	No
Lebanon Crisis Response Plan (LCRP) 2023	Yes	Yes	Yes ~ [139]
Lebanon Emergency Response Plan (LERP) 2023	Yes	Yes	Yes ~ [140]
Libya: *Humanitarian Overview 2023*	Yes	–	–
Libya: *Humanitarian Response Plan 2022*	Yes	Yes	No
Libya Crisis Response Plan 2023	Yes	Yes	No
WFP: *Libya country strategic plan (2023–2025)*	Yes	Yes	Yes [141]
Madagascar: *National Humanitarian Response Plan 2023*	Yes	Yes	No
Mali: *Humanitarian Response Plan 2023*	Yes	No	No
Mozambique: *Humanitarian Response Plan 2023*	Yes	Yes	Yes ~ [142]
Myanmar: *Humanitarian Needs Overview 2023*	Yes	Yes	No
Myanmar: *Humanitarian Response Plan 2023*	Yes	Yes	Yes ~ [143]
Nepal: *Humanitarian Needs Overview and Response Plan (Overview)*	Yes	No	No
Niger: *Humanitarian Needs Overview 2023*	Yes	Yes	Yes
Niger: *Humanitarian Response Plan 2023*	Yes	Yes	No

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Country and resource	Reference to nutrition (or food/food security)	Reference to older people (as a priority, at risk or special needs group)	Specific reference to older people AND nutrition (including targets where relevant)
Nigeria: *Humanitarian Needs Overview 2023*	Yes	Yes	No
Nigeria: *Humanitarian Response Plan 2023*	Yes	Yes	No
Pakistan: *Nutrition Humanitarian Overview 2022*	Yes	No	No
Revised Pakistan 2022 Floods Response Plan: 01 Sep 2022–31 May 2023 (04 Oct 2022)	Yes	Yes	No
Philippines: *Super Typhoon Rai (Odette) Humanitarian Needs and Priorities Revision* (Dec 2021–Jun 2022)	Yes	Yes	Yes
Sahel: *Crisis Humanitarian Needs and Requirements Overview 2023*	Yes	No	No
Somalia: *Humanitarian Needs Overview 2023*	Yes	Yes	No
Somalia: *Humanitarian Response Plan 2023*	Yes	Yes	No [144]
Sudan: *Humanitarian Needs Overview 2023*	Yes	Yes	No
Sudan: *Humanitarian Response Plan 2023*	Yes	Yes	No
South Sudan: *Humanitarian Needs Overview 2023*	Yes	Yes	No
South Sudan: *Humanitarian Response Plan 2023*	Yes	Yes	No [145]
Ukraine: *Humanitarian Needs Overview 2023*	Yes	Yes	Yes
Ukraine: *Humanitarian Response Plan 2023*	Yes	Yes	Yes
Venezuela: *Humanitarian Response Plan 2022–2023*	Yes	Yes	No
Whole of Syria: *Syrian Arab Republic: 2023 Humanitarian Needs Overview*	Yes	Yes	No
Whole of Syria: *Syrian Arab Republic: Humanitarian Response Plan – Summary Dashboard 2023*	Yes	Yes	No
Yemen: *Humanitarian Needs Overview 2023*	Yes	Yes	No
Yemen: *Humanitarian Response Plan 2023*	Yes	Yes	No
Zimbabwe: *UNICEF Zimbabwe Humanitarian Situation Report No. 3, January 1–June 30, 2023*	Yes	No	No

Endnotes

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Why is this happening?

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Spotlight on Ethiopia

133. Older people interviewed were refugees or internally displaced persons. Nutrition Clusters tend to work with internally displaced people only, while UNHCR-led sectors respond in refugee settings. However, these views are illustrative of other older people experiencing short or extended crises and are therefore included in this report.

Conclusions

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Recommendations

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Appendix

137. Strategic Objective One: There will be coordination between the FNS and Nutrition sectors to identify families with moderate to severe food insecurity and cases of acute malnutrition in children under five years of age, pregnant and breastfeeding women, or elderly people. To respond to the humanitarian needs and save the lives of populations severely affected by food and nutritional insecurity, people in human mobility and hydrometeorological disasters with a human rights approach, intersectoral perspective, differentiated by age, gender and diversity, and with cultural and linguistic relevance.

138. Cluster Target: To improve the Food and Nutrition Security situation for people affected by disasters through humanitarian interventions aimed at the provision of quality and safe food in accordance with regional food habits. Specific Objectives SP1.3: To strengthen the multisectoral and comprehensive targeting protocol in order to capture vulnerable households, ensuring transparency and efficient use of resources, reducing risks of exclusion and with the vision of leaving no one behind (women in charge of households, children, older adults, LGBTI people, people with disabilities).

139. The Nutrition sector has committed to placing special attention on nutrition interventions for boys, girls, men and women. This includes children under five years of age, pregnant and lactating women, adolescents (including adolescent girls married before the age of 18), people with disabilities, older people, survivors of sexual and gender-based violence, people living with HIV/AIDS, people facing gender-based discrimination, and other vulnerable groups. The Nutrition Cluster will also target 'grandmothers' in their efforts to promote optimal nutrition for children. In addition, the sector will include women and youth, elderly and people with disabilities, in consideration of priorities in terms of vulnerability, access and marginalisation from services.

140. The Nutrition sector will place special attention on nutrition interventions for boys, girls, men, and women including children under five years of age, pregnant and lactating women, adolescents including adolescent girls married before the age of 18, people with disabilities, older people, survivors of gender-based violence, people living with HIV/AIDS, people facing gender-based discrimination, and other vulnerable groups.

141. The WFP Libya Country Strategic Plan (2023–2025) asserts that *"crisis-affected populations receive timely assistance that enables them to meet their basic needs"*. Under this output it is stated that the *"WFP will continue to provide direct food assistance in Libya in line with core humanitarian principles and the strategic priorities highlighted in the 2022 humanitarian response plan… WFP will tailor assistance to the specific needs of individual households, adapting the food basket for beneficiaries with particular dietary needs and enhancing its accessibility for women, people with disabilities and older people"*.

142. Through the Food Security Cluster, collective efforts will be put in place, to ensure that pregnant and lactating women, caregivers of children under two, older people, and people with a disability are prioritised/targeted where needed for assistance, and services, significantly cash and food. Both clusters will expand coverage of nutrition-sensitive livelihood interventions and ensure the food basket is nutritionally rich, balanced, and age-appropriate.

143. The Food Security Cluster states its commitment to working with the Nutrition Cluster to *"… provide food assistance, restore and protect agricultural livelihoods for displaced and the most vulnerable crisis-affected people, including people with mobility constraints, the elderly, persons with disabilities and the chronically ill"*. Specific needs of persons with disabilities, the elderly, women, girls, boys will be considered in the design and provision of assistance. Specific groups (older people, children under-five, pregnant and lactating women, people with disabilities) may have additional and specific nutritional needs that this collaboration will strive to address during the food assistance.

144. The Food Security Cluster will prioritise assistance modalities that expand access to people at the highest risk of famine such as minority and marginalised groups, and that ensure better protection for vulnerable people, including persons with disabilities and older people.

145. Food Security Cluster – Pregnant and lactating women, households with children under age two (those in their first 1,000 days), older people, the chronically ill and people with disabilities are part of the cluster's vulnerability targeting criteria and protection-related concerns.

Eduard Bizgu/HelpAge International – Ukraine

Meaningful participation of older people in humanitarian response planning and implementation helps increase effectiveness.

Find out more:

www.helpage.org/resource/i-go-to-sleep-on-an-empty-stomach/

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