Age Inclusion Specialists: Promoting and Strengthening Older Age Inclusion in Humanitarian Action

Research Report
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Summary

Older people continue to be excluded and marginalized in humanitarian responses to disasters and conflict. This is despite recognition that exclusion and isolation during humanitarian response places older people at increased risk.

HelpAge is one of the few international organizations directly working to improve the inclusion of older people in humanitarian action. As part of this work, HelpAge is deploying Age Inclusion Specialists (AIS) to humanitarian settings to promote and strengthen older age inclusion within United Nations-led responses. Age Inclusion Specialists engage with the UN-led humanitarian coordination mechanism to ensure older people are included, and accounted for, throughout the humanitarian response.

This report explores HelpAge's deployment of AIS in four different contexts: Ethiopia, Moldova, Ukraine and Venezuela. These AIS were deployed in 2023. The research informing this report examined the effectiveness of the AIS as an intervention measure to positively influence the inclusion of older people in humanitarian action. It followed a longitudinal approach across two parts: a desk review and remote semi-structured interviews with humanitarian actors within UN and non-governmental organizations (n= 42) in the four countries between October 2023 and January 2024; and in-country, semi-structured interviews (n= 48) completed between October 2024 and December 2024.

Research findings reflect the perspectives of humanitarian actors on the impacts the AIS are having on promoting the inclusion of older people in humanitarian action; enabling and constraining factors for success; and future directions to build on, and sustain, positive influence.

The key findings with related recommendations are as follows:

The deployment of Age Inclusion Specialists rapidly ensures older age inclusion is visible in, and on the agenda of, humanitarian coordination mechanisms. In the absence of an AIS or equivalent, older age is obscured by established cluster and organizational priorities and approaches.

1. **Mechanisms to facilitate the rapid deployment of AIS in future humanitarian responses should be explored.**

Establishing dedicated on-call technical support for older age inclusion fosters credibility, builds knowledge and understanding, and facilitates the integration of older age inclusion in response processes and structures.

2. **There should be ongoing resource allocation to maintain the deployment of AIS in existing and future humanitarian responses.**

Technical skills and knowledge on older age inclusion are core competencies for AIS; however, they are only part of the required skillset. To maximize effectiveness, AIS need to build relationships through demonstrating their value add. The value of the AIS is most visible in the translating and tailoring of technical advice and messaging to deliver actionable solutions.

3. **Core competencies for AIS should be established to facilitate recruitment and support ongoing professional development.**

The effectiveness of the AIS included factors beyond their direct control and immediate expertise. A key component was alignment with related issues and allyship on joint advocacy whether through the Protection Cluster or other cross-cutting groups. Embedding the AIS in country offices, and the establishment of support mechanisms for the AIS, proved effective strategies.

4. **Engaging with key humanitarian stakeholders to socialize the role of the AIS and map key entry for engagement should be a preparedness for response priority.**

Despite progress, significant barriers to furthering older age inclusion remain. This relates to a lack of prioritization across the humanitarian system, from donors to implementers. The deemphasizing of the risks older people face in humanitarian crises limits the allocation of resources to deliver and measure impact.

5. **Donors should establish specific indicators for older age inclusion as a conditional requirement for recipients of humanitarian funding.**

The deployment of AIS is contributing to positive change. The ability to progress and scale up change is limited by the allocation of resources dedicated to older age inclusion beyond any individual or single agency.

6. **Concerted joint advocacy is required to ensure resourcing, including pooled funds, for older age inclusion from implementing agencies and across responses.**

Important foundations have been laid in terms of building awareness and knowledge on high-level issues concerning older age inclusion. The next stage is adding nuance and tailoring older age inclusion solutions to specific contexts.

7. **Advocacy messaging and technical support should be reviewed and refined. There should be a focus on moving from generic and principles-based messaging to tailored and sector-specific technical guidance.**

There is insufficient buy-in at humanitarian leadership levels to ensure the sustained prioritization of, and resource allocation to achieve, the full integration of older age inclusion in humanitarian action.

8. **The Inter-Cluster Coordination Group and Humanitarian Country Teams should ensure representation by the AIS, or an older age inclusion representative, in meetings and dialogues. Recommendations should be made to the Inter-Agency Standing Committee to establish (or integrate into existing guidelines) specific guidance on older age inclusion in humanitarian action.**

Acronyms

AAP:	Accountability to Affected Populations
ADTWG:	Age and Disability Technical Working Group
AIS:	Age Inclusion Specialists
GenCap:	Gender Standby Capacity Project
HCT:	Humanitarian Country Team
HRP:	Humanitarian Response Plan
IASC:	Inter-Agency Standing Committee
ICCG:	Inter-Cluster Coordination Group
MPCA:	Multi-Purpose Cash Assistance

MSNA:	Multi-Sectoral Needs Assessment
NGO:	Non-Governmental Organization
OCHA:	Office for the Coordination of Humanitarian Affairs
OINA:	Older Individuals Needs Assessment
OPA:	Older People's Association
OPD:	Organization of Persons with Disabilities
PAG:	Protection Advisory Group
PSEA:	Prevention of Sexual Exploitation and Abuse
RAC:	Refugee Acommodation Center
RRP:	Refugee Response Plan
UN:	United Nations
UNHCR:	United Nations Office of the High Commissioner for Refugees
WASH:	Water, Sanitation, and Hygiene
WFP:	World Food Program

Background

Introduction

Older people continue to be excluded and marginalized in humanitarian responses to disasters and conflict.[1], [2]'[3] This is despite recognition that exclusion from, and isolation during, humanitarian response places older people at increased risk. Risks include negative impacts on physical and mental health and increased exposure to malnutrition, injury and disability.[4] Whether direct or indirect, the exclusion of older people denies universal human rights and contradicts the principle of impartiality that humanitarian aid should be provided on the basis of need alone.[5]

HelpAge is one of the few international organizations working directly to improve the inclusion of older people in humanitarian action. In 2023, HelpAge deployed Age Inclusion Specialists (AIS) to promote and advocate for older age inclusion within four United Nations (UN) led responses to crises and conflict. This report explores HelpAge's deployment of AIS in the following humanitarian contexts:

- Ethiopia: Natural hazard disasters and conflicts
- Moldova: Refugee crisis
- Ukraine: Conflict
- Venezuela: Socio-economic and political crisis

Age Inclusion Specialists engage with the UN-led humanitarian coordination mechanism to positively influence older age inclusion and work directly with the Protection Cluster. They provide support to ensure older people are included, and accounted for, in the Protection Clusters' work. The AIS' objectives extend to promoting older age inclusion more widely to other clusters and throughout the humanitarian response mechanism. This report presents findings on the effectiveness of the AIS as an intervention measure to positively influence the inclusion of older people in humanitarian action: the report is not an assessment of individual AIS.

Situating the AIS

Ethiopia

Despite two decades of economic growth, Ethiopia faces political insecurity and a dire human rights situation with government forces, militia and non-state armed groups involved in hostilities throughout the country.[6] Ethiopia has high exposure to climate shocks, including drought and floods, disease outbreaks and high rates of food insecurity and malnutrition.[7] An estimated 4.4 million Ethiopians are internally displaced and Ethiopia hosts the third largest refugee population in Africa.[8] Over 21 million Ethiopians are estimated to be in need of humanitarian assistance.[9]

Ethiopia has a young population; however, the proportion of people 60 and older is growing faster than any other age group.[10] The Ethiopian government has not yet systematically prioritized the needs of older people despite entrenched poverty, high rates of malnutrition, housing insecurity, and erosion of traditional family support systems.[11]

HelpAge established the AIS position in Ethiopia in August 2023. The AIS works directly with the Protection Cluster at the national level, which is co-chaired by the UN Refugee Agency (UNHCR) and Danish Refugee Council. The Protection Cluster reports to the Inter-Cluster Coordination Group (ICCG) chaired by the UN Office for the Coordination of Humanitarian Affairs (OCHA) under the Humanitarian Country Team (HCT).[12] Clusters also coordinate directly with the Disaster Risk Management Technical Working Group co-chaired by the national Disaster Risk Management Office and OCHA as well as sub-national working groups and command centers.[13] Age and Disability Working Groups have been established in a number of humanitarian responses to promote older age inclusion, however, in comparison to the other study countries, there is currently no humanitarian age and disability working group in Ethiopia.

HelpAge has been working in Ethiopia since 1992. HelpAge works with partners, including older people's associations (OPAs), to advance a future where the country's 6.8 million older people can fulfill their potential to lead dignified, active, healthy, and secure lives.

Moldova

Following Russia's full-scale 2022 invasion of Ukraine, 6.3 million people from Ukraine fled abroad with the Republic of Moldova having the highest per capita arrivals.[14] By December 2024, 1,218,000 Ukrainian and third-party nationals from Ukraine had entered Moldova.[15] While most continued on to European Union countries, 127,000 Ukrainian refugees remained in Moldova.[16] Moldova is one of the poorest countries in Europe, ranking 86 on the Human Development Index.[17] To ensure quity and promote social cohesion, the humanitarian response in Moldova targets both refugees and the Moldovan population.

Moldova has a rapidly aging population with 23.8% of the population aged 60 years or over, and with 10% of these aged over 80 years.[18] Seventeen percent of Ukrainian refugees in Moldova were 60 years or older at the end of 2023.[19] By 2024, approximately 50% of older refugees had been in Moldova for between one and two years.[20]

With refugees refugees remaining long term, the Ministry of Labour and Social Protection (MLSP) is working to integrate Ukrainian refugees into Moldovan society. This includes exploring pathways for refugees to move from temporary protection status to longer term stay options.[21] A central issue is the closure of Refugee Accommodation Centers (RACs). RACs were established to house arrivals from Ukraine in temporary accommodation, including student dormitories and other residential facilities. One hundred and thirty-six RACs were established initially. Twenty-five were operational in May 2025, for a total of approximately 1,280 residents, with 35% of the RAC population considered at risk, including older people.[22, 23, 24] To incentivize relocation, residents who are employed or enter the labor market can receive rental assistance for six months when moving into private rental accommodation.[25, 26] For people who may face barriers to employment, including many older people, people with disabilities, and women with small children, their main option is to remain in the RACs. There remain questions about how long the MLSP will continue to be able to provide financial support for the RACs to operate.

HelpAge established the AIS position in August 2023. The AIS co-leads the Disability and Age Task Force under the Protection Working Group, together with UNHCR's disability focal point and the

disability-focused organization, Keystone.[27] The Protection Working Group is co-chaired by UNHCR and the Office of the People's Advocate of Moldova (Ombudsman). Since 2022, a Protection Advisory Group (PAG), consisting of representatives of selected national and international organizations, has provided policy and strategic direction to the Protection Working Group.[28] The AIS has been part of the PAG since its establishment, together with six other organizations. UNHCR leads the Refugee Coordination Model and coordinates refugee responses via working groups and task forces.[29]

HelpAge has been working in Moldova since 2005 on income security and livelihoods, access to health and care services, and the prevention of violence and abuse against older people.[30]

Ukraine

In February 2022, the Russian Federation launched its full-scale military invasion of Ukraine. As of 2022, one in four Ukrainians were over 60 years of age.[31] The 2025 UN Humanitarian Needs and Response Plan reported 12.7 million people in need with 30% identified as older people.[32] Of those older people identified, 63% are women.[33] The humanitarian situation has worsened in the frontline areas of eastern Ukraine and the northern border.[34] It is in this frontline crescent area that most at-risk older people are located in poor and highly dangerous living conditions.[35]

The main modality for delivering humanitarian assistance in Ukraine has been multi-purpose cash assistance (MPCA) allowing recipients to buy items to meet their individual or household's basic needs. This is facilitated by functioning markets and a high level of digital literacy allowing digital transfer of cash in Ukraine. Cash top-ups have been provided through the state social protection system, for example to pensioners by the World Food Programme (WFP).[36] In 2024, the minimum state pension was USD 57 (UAH 2,361) and the average USD 141 (UAH 5,852), with women's pensions 30% lower than men's.[37, 38] In 2024, interview respondents reported a reduction in MPCA with an increase in direct in-kind support (food or non-food items).

HelpAge established an AIS position in Ukraine in August 2023, and there was a change of personnel in February 2024. In 2024, the AIS was employed alongside a dedicated Age and Disability Technical Working Group lead. The ADTWG was established by HelpAge under the Protection Cluster in December 2015.[39] The Inter-Agency Standing Committee activated the cluster system in Ukraine in December 2014 in response to conflict in the eastern regions (oblasts) of Donetska and Luhanska. OCHA, via the the Inter-Cluster Coordination Gro, and with stewardship from the Humanitarian Country Team, coordinates the humanitarian response at the national level and via sub-national offices and hubs.[40] Since 2024, the ADTWG has been included in the Protection Cluster Strategic Advisory Group as well as the ICCG.[41]

HelpAge has been working in Ukraine since 2014 to support older people impacted by the war through cash transfers and material assistance, as well as through home and community-based services—in close partnership with national civil society organizations.

Venezuela

Since 2016, the Bolivarian Republic of Venezuela has been facing a large-scale complex humanitarian emergency.[42] The country has suffered severe economic collapse, with rampant hyperinflation contributing to a scarcity of basic goods such as food and medicine.[43] In the same period, President Nicolás Maduro has consolidated power through political repression, censorship, and electoral manipulation.[44] These conditions have led to one of the world's largest displacement crises, with 7.77 million people leaving the country—including 6.59 million Venezuelan refugees to neighboring countries.[45] Conditions for those who remain are dire: 70% of Venezuelans (over 20 million people) live in multidimensional poverty, and 5.1 million face hunger.[46] The humanitarian response was launched in Venezuela in 2019. An estimated 7.6 million people currently require humanitarian assistance.[47]

Humanitarian priorities for 2025 include a focus on critical needs, strengthening basic service delivery, supporting livelihoods and resilience, and addressing protection risks.[48] Older people are a target priority, and the impacts of migration on older people as caregivers are recognized; however, there are significant capacity, funding, and security limitations that hinder the humanitarian response.[49]

Older people constitute 13% of the population.[50] High inflation reduced the value of monthly pensions —which have not been adjusted since 2002—to around USD 1.50, leading to widespread poverty, hunger, and inability to access medicine and healthcare. In May 2025, the government pledged to increase pensions.[51] Many older people depend on others for their basic needs, while others also depend on them as caregivers for grandchildren or other relatives. Others may live alone due to the migration of relatives. Older people face risks of abandonment, neglect, and abuse, including violent deaths as well as, for older women, sexual violence. Many older people report anxiety and sadness due to poverty and feelings of dependence.[52]

As in other OCHA-led responses, the ICCG chaired by OCHA reports to the HCT. In 2020, Venezuelan civil society organizations initiated a Disability and Age Working Group (Grupo de Trabajo sobre Edad y Discapacidad en la Acción Humanitaria) under the Protection Cluster. It currently consists of HelpAge, Humanity and Inclusion, the national NGO Convite, and the disability rights NGOs Confederación Sordos de Venezuela (CONSORVEN) and Fundación Vanessa Peretti (FUNVAPE).[53] As of May 2025, the ICCG was upgrading the working group to become the ICCG Age and Disability Inclusion Advisory Group.

In Venezuela, HelpAge works through their national partner Convite. Convite has been providing humanitarian assistance to older Venezuelans since 2019. The AIS is embedded in Convite's office and has been working since August 2023.

Method

Overview

The research informing this report followed a longitudinal approach and was in two parts. The first part included a desk review and remote semi-structured interviews (n= 42) in the four countries between October 2023 and January 2024. The second part of the study was in-country semi-structured interviews (n= 48) completed between October 2024 and December 2024. Travel was not possible to Venezuela and interviews were conducted remotely (see "Study Limitations and risks" below).

The desk review[1] focused on cluster and related stakeholder reports available online for each country. To manage scope, the document search was limited to the ReliefWeb domain and database (https://reliefweb.int/) between January 1, 2022, and December 31, 2023. The search used pre-determined search terms relating to older age, for example 'old*, senior, elder*, age*, aging OR ageing' and so forth. The desk review provided an indication of the extent to which older age was referenced and prioritized in the different responses and informed development of the interview guide.

Interviews were conducted in English language. Spanish interpretation was provided for interviews with some respondents from Venezuela and for one interview in Ukraine. Initial interview topics included: the participant's background and role in the response; progress towards the inclusion of older people in the response; barriers and challenges, including within the cluster system and the participant's organization; knowledge and access to older age inclusion resources; and examples of effective practice. Changes in these domains were explored in the follow-up interviews.

Research aim and scopes

The questions informing the research were:

- What is the impact of Age Inclusion Specialists on the inclusion of older people in humanitarian action?
- What may contribute to the success of the AIS?
- What challenges may the AIS face and what adjustments may improve impact?

As the purpose of the AIS is to influence the Protection Cluster and other clusters with the humanitarian response mechanism, interviews targeted cluster leads and members.

Study framework

Age Inclusion Specialists engage with the cluster system to improve the inclusion of older[3] people in the humanitarian response. The main functions of the AIS are to:

- Provide training and technical advice to stakeholders within the humanitarian coordination structure.
- Work with relevant government ministries and UN agencies to advocate for older age inclusion.
- Map ongoing activities of humanitarian organizations regarding the inclusion of older people and support them to improve inclusion within organizational programming.
- Advocate for age disaggregated data collection and assessments that consider the needs, capacities of, and risks faced by, older people.

The AIS engage directly with the Protection Cluster or, where present, via the Age and Disability Technical Working Group. The focus of the study was on the influence the AIS may have on the Protection Cluster. Our assumption was AIS engagement with the Protection Cluster would facilitate influence on the work of other clusters and, in turn, implementing agencies (see "Building older age inclusion" below). The study did not extend to assessing the direct impacts on older people affected by the particular emergency or crisis.

We also assumed the AIS' direct influence would decrease as we moved away from the Protection Cluster. Relatedly, as we move away from the Protection Cluster it becomes harder to identify and attribute change. The study framework, including areas of influence, is presented in Figure 1.

Figure 1: Framework of influence of Age Inclusion Specialists
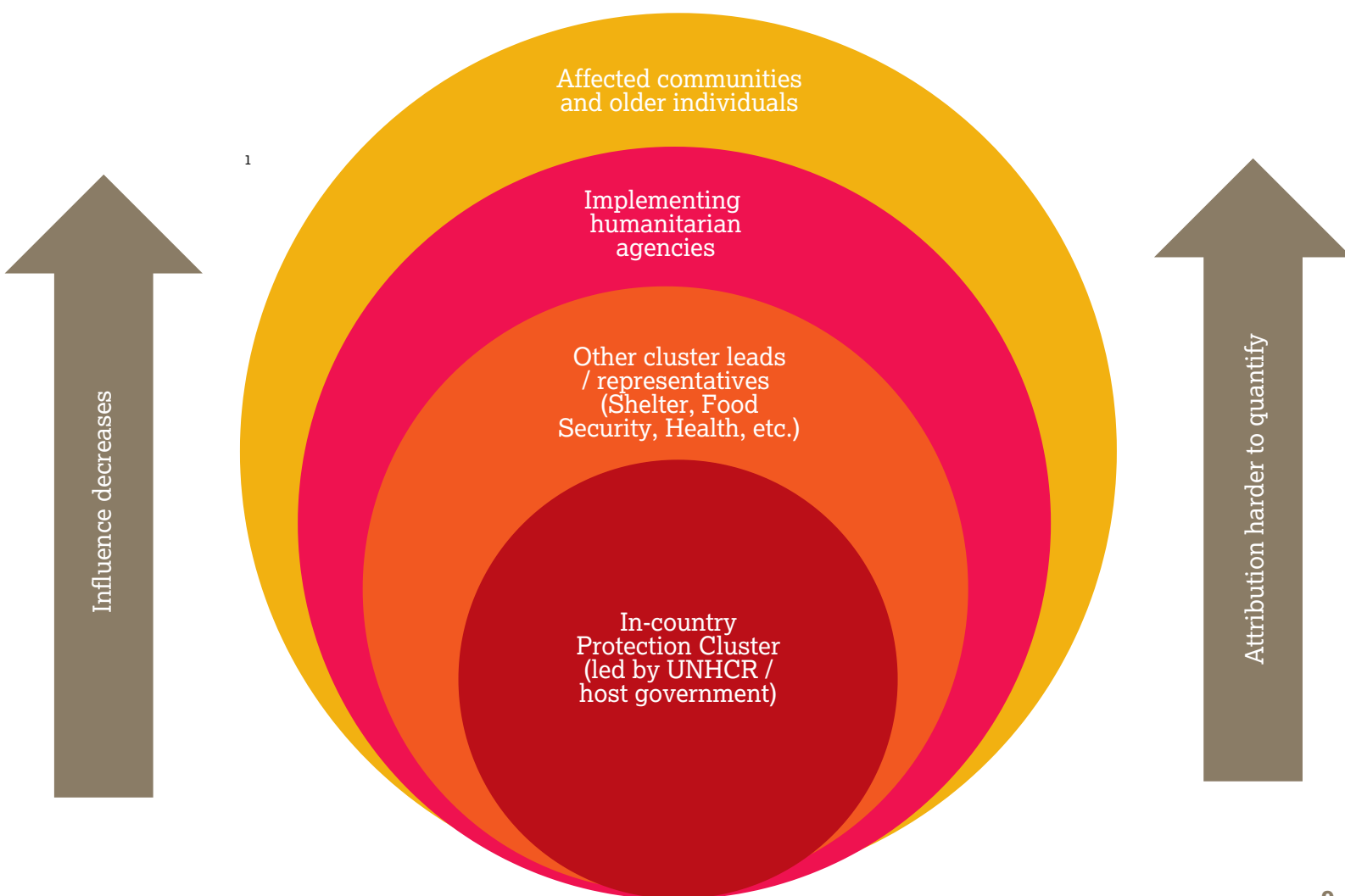
Recruitment

Cluster members were purposively selected for interviews. An initial respondent list was compiled with inputs from HelpAge staff members and the AIS. Some additional potential respondents were identified by recommendations from respondents. While a range of respondents was sought, there was a bias towards UN agency staff which reflects the leadership structure of clusters and working groups.

Potential respondents were contacted by email and provided with a plain language statement summarizing the research. Informed consent was obtained from all participating respondents.

A summary of the respondents' backgrounds is provided as an appendix.

Study limitations and risks

The study did not interview, or assess direct impacts on, older people affected by the crises.

The focus on cluster leads and the structure of the coordination mechanism, such as in Moldova, resulted in more UN agency respondents. While this was aligned with the research aims, we sought wider representation from other organizations.

The turnover of personnel in organizations working in humanitarian response can be high. Where it was not possible to speak to the same individual in follow-up interviews, interviews were sought with the same or equivalent role where possible. Modifications to questions were made for new respondents with questions focusing on changes in the last year (or since in the role) compared to "since we last spoke."

As the AIS and HelpAge staff provided the initial lists for participant recruitment, there was a risk of favorable bias towards the AIS and older age inclusion. This was mitigated by snowballing to identify additional respondents. Respondents showed mixed awareness of, or direct engagement with, the AIS and suggest minimal bias in findings.

Travel to Venezuela was not possible due to a clampdown on civil society organizations and the evacuation of key personnel from HelpAge's in-country partner to Columbia in late 2024. Interviews were completed remotely.

Supplementary interviews were completed with HelpAge staff, at headquarters and in-country, partner organizations, and repeat interviews with the AIS. While these interviews provided important context, they are not presented as findings in this report.

Ethics and security

Human Ethics Approval for this research was obtained from the University of Melbourne Office of Research Ethics and Integrity, reference number 2023-27127-46003-4.

Travel approvals and supplementary insurance for high-risk destinations were obtained from the University of Melbourne. Additional approvals for travel to Ukraine were provided by HelpAge International and from HelpAge's in-country security coordinator. The researchers followed HelpAge security protocols in-country.

Study Findings

Establishing recognition

Prior to deployment of the Age Inclusion Specialists, older people and older age inclusion were not regularly addressed or prioritized in Protection Cluster meetings. This was also reported to be the norm in other cluster meetings. As one respondent reflected:

> *"I think we owe older people a more integrated response. They are paying the highest price in this emergency. The poorest suffer the most and within that group older people are the most vulnerable. We should be making sure there is more dignity for them- not eating garbage and dying alone. These are the people who took care of us, taught us, cared for us. On a really personal level, this is hitting home for my generation - it would make me feel more peaceful if we had a better response."*
> UN Agency, Venezuela

Broadly, the lack of specific targeting of older people in the humanitarian responses was explained in three ways:

- Older people, and other highly at-risk groups, were automatically included in blanket approaches making the specific targeting of older people redundant.
- Older people were not perceived as being among those most at risk. For example, compared to children, youth and mothers in Ethiopia.
- Older people were the primary target group by default. For example, younger people had already left frontline areas in Ukraine.

Following deployment of the AIS, respondents in initial interviews reported new and/or increased recognition of older age inclusion and greater awareness of the risks older people face in humanitarian crises. Across countries, this was attributed to the AIS being "vocal" in meetings and forums, and ensuring older age was "visible."

> *"When we sit in the same meetings, I know they [the AIS] always pitch, or they always ask the question, or raise if there is a lack of reference or mention of older people. Just being there is something that should be happening and should continue."*
> International NGO, Venezuela

In initial interviews, there was agreement that the AIS had been instrumental in ensuring older age inclusion was on the agenda of the Protection Cluster and "not forgotten". This applied to all humanitarian contexts, including where Age and Disability Technical Working Groups were previously in place. The lack of attention to older age in ADTWGs was explained by the group's membership focusing more on disability issues prior to the deployment of the AIS.

Despite increased recognition, in the first interviews there was questioning of whether, or to what extent, older people should be prioritized or require specific targeting. For example:

> *"In the frontline settlements, it doesn't make sense to prioritize [older people] over other vulnerable groups like people with disability, people with chronic illnesses, or whatever it might be. [Prioritizing older people] would basically put [other vulnerable groups] in a disadvantaged position in frontline settlements."*
> UN Agency, Ukraine

Early questioning of whether older people should be a discrete target group contrasted with later findings. While there remained questions about the best way to achieve older age inclusion, no second-round respondents questioned the additional risks older people experience in a humanitarian crisis or the need to specifically target older people in response.

In late 2024, all respondents agreed on the need for greater older age inclusion in their respective humanitarian contexts. Further, older age inclusion was reported as being visible and regularly discussed within Protection Cluster meetings and activities. Having an individual with the exclusive mandate to advocate for older age inclusion and with the time and skills to navigate the humanitarian architecture was considered necessary in all settings.

> *"The value of the [AIS] position has been instrumental. Having a person who is dedicated to lead this conversation is needed, because I am not an expert on age and disability inclusion […]. Even if it was just relegated to HelpAge, the question would be who in the organization would have the opportunity to attend all the meetings, undertake all the consultations vis-à-vis all other responsibilities, to be able to achieve the level of dedication and progress that we have seen. I think the position is necessary."*
> **International NGO, Ethiopia**

Second round respondents were asked to reflect on the state of older age inclusion if there had been no AIS or if the position no longer existed. Responses included falling back to the earlier humanitarian "default" where there was no systematic inclusion of older people, a "stagnation" of progress towards older age inclusion, and an absence of solutions and limited ability to raise resources for older age inclusion. Respondents strongly felt that if there was no AIS, there would be no, or very limited, visibility of older age. This view was pronounced in Ethiopia and Venezuela but echoed across all responses. As one respondent (International NGO, Ukraine) reflected: "If there was no Age Inclusion Specialist, no one would do it voluntarily."

Key finding 1:

The deployment of Age Inclusion Specialists rapidly ensures older age inclusion is visible in, and on the agenda of, humanitarian coordination mechanisms. In the absence of an AIS or equivalent, older age is obscured by established cluster and organizational priorities and approaches.

Building older age inclusion

In comparison to the marked change of establishing older age as an issue of focus following deployment of the AIS, the subsequent reported changes were incremental and ongoing. This progression included maintaining visibility and awareness of the importance of older age inclusion and providing technical support and guidance. This reflected transition from the critical early advocacy role to the AIS' function to:

- Provide training and technical advice to stakeholders within the humanitarian coordination structure.

In contrast to the original study framework and assumptions (see Study framework above), engagement by the AIS beyond the Protection Cluster was in general, but not exclusively, more evident in direct engagement with implementing agencies rather than to other clusters. As one respondent noted, prioritization by individual organizations could have a greater influence with a positive flow on to the cluster as a collective group.

> *"[The nutrition cluster] is completely centered on children. This is something that does not depend on the cluster because these are agencies' agendas. Amnesty [International] and UNICEF have centered the response on children because the government has requested that response. So, we are limited because of that."*
> **UN Agency, Venezuela**

From visibility toward action

Respondents considered the AIS critical to keeping older age inclusion visible in clusters. The AIS' influence extended to ensuring the integration of older age issues into humanitarian structures and processes more broadly. Respondents reported the AIS were providing ongoing and consistent advocacy messaging accompanied by technical support either directly from the AIS or via the Age and Disability Technical Working Groups.[54]

The initial desk review of English language documents provided an indication of the extent of

of older age inclusion was considered in cluster documentation and response planning across countries (Table 1).

	Total documents reviewed	Total documents referencing older people
Ukraine	31	31
Moldova	17	16
Ethiopia	46	21
Venezuela	7	5
	101	**73**

Table 1: Initial documents reviewed by country January 2022 to December 2023

All documents reviewed for Ukraine included at least one reference to older age with most including more than one reference. All substantial documents, such as Humanitarian Response Plans (HRPs), for Ukraine included multiple references. For Moldova, all documents except one included at least one reference to older people. Compared to Ukraine, documents with a single reference were more common. In Ethiopia, references to older age were less frequent and largely confined to a single reference in situation reports. The documents reviewed for Venezuela were fewer, as the review was confined to English language documents only.[55] The assumption of higher awareness of issues affecting older people in Ukraine and Moldova compared to Ethiopia was confirmed in interviews.

Beyond recognizing older people as an at-risk group, concrete actions identifiable from the review were limited across all countries. Actions identified in the desk review mostly related to improving (physical) access of infrastructure, the inclusion of older age in assessments in Ukraine and Moldova, and mention of older people in non-food item distributions in Ethiopia. No clear impacts relating to these actions were evident from the review. This summarizes the contexts the AIS were working in and seeking to influence.

Integration in response

From interviews, actions for ensuring older age were addressed in the work of the clusters and wider humanitarian response included integration into annual response plans and overall coordination mechanisms. A key action across all countries was ensuring older age was specifically mentioned in Humanitarian (and Refugee) Response Plans (HRPs and RRPs). Respondents reported the AIS, either directly or via the ADTWGs, proactively advocated for the inclusion of older people in the plans. Advocacy was supplemented by providing direct technical inputs to, and reviews of, the plans, with AIS contributions particularly noted in Ukraine and Moldova.

The following are examples of contributions to different response plans. In Ethiopia, respondents anticipated that increased reference to older people ("elderly" in the plan) in the 2024 Humanitarian Response Plan would lead to greater prioritization of older age inclusion. In Ukraine, the 2024 HRP committed to the "full inclusion of and respect for the rights of […] older people" and addressing older people's "specific vulnerabilities." [56] In interviews, Ukraine was reported as being the only response globally to be using the Inter-Agency Standing Committee (IASC) Gender with Age Marker (GAM) to analyze the HRP.[57] In the 2023 Regional Refugee Response Plan for Moldova, respondents attributed reference to older people, alongside others with specific needs, as a strategic objective to the establishment of the Disability and Age Task Force co-chaired by the AIS.[58]

Respondents reported an increased demand over time for the technical inputs of, and representation by, the AIS. This extended to high-level engagement within the humanitarian coordination mechanism. In Ethiopia, the Inter-Cluster Coordination Group requested the AIS join a cross-cutting themes working group alongside focal points for gender, accountability to affected populations (AAP), prevention of sexual exploitation and abuse (PSEA), and disability. The group assists in amplifying inclusion issues within the ICCG and across clusters. The group has a strong collective identity and refer to themselves as the "cross-cutters".

In Venezuela, a similar group was established within the Humanitarian Country Team with institutional representation by Convite rather

than the AIS as an individual. In Ukraine, and despite advocacy by the Age and Disability Technical Working Group, no participation by older age stakeholders was reported in either the ICCG or HCT. This was compared to gender, where the Gender Standby Capacity Project (GenCap) is a member of the ICCG and an observer in the HCT.

In Moldova, the AIS was reported as proactively engaging in government-led processes relating to RAC closures and longer-term stay options through the Disability and Age Task Force. A priority was engagement with ministries over the Refugee Accommodation Centers closure (or consolidation) process. The policy of transitioning from RACs to rental accommodation presented additional challenges for older people. For example, concerns over whether older people would be able to maintain rental payments after the initial six-month rent subsidies ended and concerns over social isolation.

> *"For older people in particular, the closure of a RAC impacts in different ways. One is the community part of a RAC, so this is a community that's often been living together for two years. And if we're looking at older people, especially mental health issues, I think dispersing that group could have more of an impact on an older person."*
> UN Agency, Moldova

Reported priorities for the Age and Disability Task Force in Moldova, co-led by the AIS, included increased monitoring of older people who had been relocated to live in communities to check whether people had left the country or not following relocation, to assess the ability of older people to pay rent over time, and to identify occurrences of social isolation within communities.

Provision of technical support

In second-round interviews, respondents observed an increase in the number of trainings, presentations and workshops delivered to cluster members by the AIS. In addition, an increase in engagement and requests from working groups and individual agencies was reported.

> *"We include [the ADTWG]. We work quite a lot with them as part of the Gender in Humanitarian Action Working Group. So, when we have [evaluation and consultation] processes, we'll, for example, invite one representative to join the meetings- so we work very closely with [the AIS]."*
> International NGO, Ukraine

In all contexts, trainings by AIS were reported on data disaggregation either focusing specifically on older age or combined with disability. This followed earlier awareness raising by the AIS on the importance of disaggregating data above 60 (or 65) years by ten-year age brackets.

Little evidence was identified that disaggregation above 60 years was happening in the overall response or that it had been widely adopted across the work of individual agencies. In first-round interviews, resistance to greater disaggregation within agencies was noted and the need for lobbying over an extended period reported. An exception was the reported introduction of a 60-to-70-year age bracket in the Socio-Economic Insights Survey by UNHCR and REACH in Moldova.[59]

> *"One thing we are discussing a lot with the AIS is the issue [of disaggregating data]- it is one thing to collect the data. It's another thing to use the data and I think we're still not. I would say that, in general, as the humanitarian community we are still not there in looking at [data] systematically in a way that is useful for understanding the specific needs of different social groups. [...] So, taking the data that [UNHCR / REACH] have collected, that is already something- before it was not even collected."*
> UN Agency, Moldova

The AIS were reported as providing a range of education and learning contributions. In Ukraine, the AIS co-led protection mainstreaming training for the World Food Programme and training on

adapting cash responses for older people. In Venezuela, the AIS supported the development of guidelines for adjusting food baskets for older people and minimum standards for water, sanitation and hygiene (WASH) kits with the addition of incontinence products for older people. The ADTWG with other Protection Cluster members produced a comprehensive inclusion guide for use across response sectors.[60]

> *"It is a truly intersectoral guide, with a more protection lens […] for example, family separation was always [considered only] a child protection risk. And it's not, because it also affects people with disability and, most of all, the elderly and elderly women who find themselves as 80 and a grandma needing to change diapers and take care of children. It's a shared protection risk, but there was no data. So, with the protection monitoring, we were able to include this data, to include data on disability and to include the elderly as key informants, which is giving us a new view […] they wanted to include everything because something like this doesn't exist. So, I think it's fair!"*
> **UN Agency, Venezuela**

In Ethiopia, the AIS delivered a workshop on older age inclusion and women's rights with women-led organizations, and training to support the socialization of updated shelter guidelines for older people in Ethiopia. Previous shelter guidelines in Ethiopia had included consideration of people with disabilities but not older people. The cross-cutting working group, including the AIS, in Ethiopia developed a minimum indicator package for use across sectors that addresses older age with the aim of better integrating cross-cutting issues into response planning and implementation. This was reported as a critical step forward by all respondents in Ethiopia. During second-round interviews, this package was being socialized and refined in coordination with cluster leads.

> *"We started by including indicators in critical Humanitarian Needs Overview assessments – multi sector needs assessment and DTM [Displacement Tracking Matrix] assessments. Then using*

> *that evidence to undertake analysis, with the product of that being clear recommendations on points of focus for mainstreaming cross-cutting issues. […] Finally, we have integrated into the Humanitarian Response Plan document and used to inform our activities for the next couple of years […] Once we have this locked at that level in such a strategic document, it makes it so much easier to follow-up and it becomes a constant advocacy point for us with donors."*
> **International NGO, Ethiopia**

In Moldova, the contributions of the Disability and Age Taskforce were becoming more granular. This included workshops with local organizations and local authorities on social assistance for older people. At the time of round two interviews, seven two-day workshops were reported as completed. These workshops included considerations of gender-based violence, community engagement and understanding the social assistance referral pathways in different regions in Moldova. The workshops also raised awareness on resources that were further afield and potential referrals to service providers in the capital Chisinau. In Moldova, the AIS also supported development of the UNHCR-led scorecard for cash assistance to ensure older age was included as a criterion for cash assistance eligibility.

Key finding 2:

Establishing dedicated on-call technical support for older age inclusion fosters credibility, builds knowledge and understanding, and facilitates the integration of older age inclusion in response processes and structures.

Positioning older age inclusion

In Ukraine, Moldova and Venezuela, older age inclusion was grouped with disability inclusion through the Age and Disability Technical Working Groups. Respondents provided mixed views on whether combining older age and disability helped or hindered the elevation of older age inclusion within humanitarian response.

Disability was reported as having greater prominence than older age in part due to the larger number of disability-focused actors, including organizations of persons with disabilities (OPDs).[61] Some respondents saw this as an opportunity to harness the momentum of the disability movement and work collectively. In contrast, others noted a combined approach could lead to older age being overshadowed by disability. Further, this may be exacerbated by competition for resources in constrained funding environments. As noted (see Establishing recognition above), the prior existence of an ADTWG alone did not guarantee the prioritization of older age inclusion. Practical examples of synergies between older age and disability were reported, for example improving the physical accessibility of Refugee Accommodation Centers and the accessibility of multi-purpose cash assistance to the benefit of persons with disabilities, including older people.

In Ukraine, there was concern the government's focus on military personnel wounded and acquiring a disability in the war could lead to older people (and people with preexisting disability) being overlooked. In Ethiopia, it was noted that putting older age and disability together could lead to attention being diverted from children with disabilities and their distinct needs. There was also an assumption among some respondents that OPDs automatically worked on older age issues, which is not necessarily the case. This assumption was based on the ADTWG in humanitarian settings being the primary point of reference. It was also suggested that, with the requisite resources, it is time to increase attention on older age as a singular issue.

"If we can sustain capacity to support the clusters to focus even more and deliberately target older persons' inclusion, I would think it is time to start separating it out to give older persons due attention. Carrying it along with other things has been good, but I think it is better that we start looking at how we elevate this."
UN Agency, Ethiopia

There was general agreement on the benefits of aligning older age with other cross-cutting themes, such as accountability to affected populations and prevention of sexual exploitation and abuse. This was reported as being a strategic entry point for the AIS in Ethiopia in particular, and Venezuela. While such alignment was raising awareness of older age

cross these themes, it was widely recognized that older age was given least prominence.

"Part of the analysis [the AAP working group] undertook was to try and show the intersectionality between age, gender, and disability. They cannot be separated. So, when you're talking about vulnerabilities, when I look at a particular household, when you see that there's a female-headed household, there might be a child with disability, there might be an older person in that household with a chronic illness. When you're talking about a holistic humanitarian response, it would look at that household, not from a point of equality, but equity [...] an integrated approach would be better as an entry point."
International NGO, Ethiopia

Enabling factors

Skills and competencies

Respondents identified characteristics that enabled the AIS to effectively promote older age inclusion. These related to competencies and skills rather than an individual's character. Foremost were the AIS' specific technical skills on older age inclusion. These were recognized as a unique contribution across responses.

Additionally, respondents noted the AIS position requires a range of soft skills, including building and nurturing relationships and networking. The importance of being able to bring humanitarian actors along the journey towards older age inclusion was highlighted. This path to improving older age inclusion in humanitarian response was recognized as slow and, at times, arduous. As such, respondents emphasized the need for patience and the ability to "read the room" and provide timely, appropriate, and compelling inputs and messaging. The ability of the AIS to provide practical and actionable advice was valued.

" I don't see HelpAge, in my view, pushing dogmatically. Understanding the situation, my impression is [the AIS] is a pretty practical person overall which helps."
UN Agency, Moldova

While the AIS operationally sat in the Protection Cluster, respondents identified the need to, and challenges of (see "AIS capacity to respond" below), actively building partnerships and networks across a range of cluster and sectoral priorities. The emphasis on practical messaging and guidance was considered critical in engagement on cross-cutting inclusion issues such as gender, disability, and AAP.

In Ethiopia, the "cross-cutters" were reported as building a shared supportive environment and collective narrative on inclusion.

Key finding 3:

Technical skills and knowledge on older age inclusion are core competencies for AIS; however, they are only part of the required skillset. To maximize effectiveness, AIS need to build relationships through demonstrating their value add. The value of the AIS is most visible in the translating and tailoring of technical advice and messaging to deliver actionable solutions.

Systems of support

In all study contexts, the AIS were directly affiliated with a HelpAge, or partner, country office. Respondents noted the contribution of relational, organizational and institutional systems of support to the effectiveness of the AIS. Access to HelpAge offices, staff and AIS colleagues in other countries provided spaces and opportunities for sharing ideas and information on strategies and approaches. Respondents were unclear about whether the AIS would be as effective without the resources and institutional knowledge of a country office.

Being part of a HelpAge country team, and the associated presence and visibility of HelpAge, was considered to bring greater weight and credibility to the AIS' advocacy messaging and technical support. Similarly, in Venezuela, the partner organization Convite was recognized as being an important source of support and mentoring for the AIS and for sharing workloads, such as participation in multiple meetings. However, some respondents questioned if support to the AIS provided by a local partner meant the AIS received comparatively less support compared to the support and resources that a HelpAge country office could possibly provide.

Overall, the positioning of the AIS within the Protection Cluster was considered a positive contributing factor. This facilitated the building of synergies and mutual support across inclusion-related issues as well as raising their prominence amongst humanitarian leadership. This was largely dependent on strong relationships with individuals within Protection Clusters.

In Moldova and Ukraine, the Age and Disability Technical Working Groups were the primary avenues for support and sharing of workloads. In Ukraine, where the AIS works closely with the ADTWG lead, also employed by HelpAge, responsibilities are shared. This allows one person to focus on technical support and one to focus on building strategic partnerships and relationships. In Moldova, the structure of the Age and Disability Task Force with three co-chairs fostered a collaborative approach and task sharing. In comparison, there were mixed reports on how active and engaged the ADTWG was in Venezuela.

The overall humanitarian response context was reported as being instrumental on the effectiveness of the AIS. For example, a reduction in funding for the Ukraine response meant a shift away from blanket approaches to more sophisticated evidence-based targeting of those most at-risk. With the majority of the people remaining in frontline areas being older people, a high level of receptiveness to, and recognition of, older age as a humanitarian priority was reported. Similarly, the Refugee Accommodation Center consolidation process in Moldova was closely tied to the integration of older refugees into Moldovan society.

Key finding 4:

The effectiveness of the AIS included factors beyond their direct control and immediate expertise. A key component was alignment with related issues and allyship on joint advocacy whether through the Protection Cluster or other cross-cutting groups. Embedding the AIS in country offices, and the establishment of support mechanisms for the AIS, proved effective strategies.

Constraining factors

Institutional and structural barriers

While recognizing the positive contributions to older age inclusion across all contexts, the reality remains that older age continues to be a low priority within the humanitarian system. Diverse and competing needs, funding constraints, a lack of prioritization, and the limitations imposed by existing organizational mandates are all barriers to progressing older age inclusion. These barriers limit the ability of the AIS to build momentum and capitalize on successes achieved. Respondents recognized more people across all layers of the humanitarian system need to be convinced that older age inclusion warrants attention.

Respondents identified the practical dilemmas of prioritizing older age inclusion amidst overwhelming basic unmet needs in complex crises. This could create tensions, particularly with declining humanitarian funding. Respondents noted cluster and sector leads could feel pulled in different directions and described the lack of staffing time and capacities to cope with demands for what were perceived as "additional". A lack of concrete, practical solutions for responding to the needs of older people was reported as limiting the extent to which the humanitarian sector is willing or able to engage.

"[…] it's [older age that is] often left out. [Agencies] are under so much pressure anyway to deliver with what little they have. With the squeezing of resources, you're squeezing everywhere."
UN Agency, Ethiopia

Respondents described resistance to change within humanitarian leadership and coordination mechanisms as preventing older age inclusion from making it onto meeting agendas or into dialogues.

Donor priorities did not necessarily endorse or promote older age inclusion, and older age inclusion could be seen as politically sensitive by host governments, for example if an accepted priority centered on women and children. A small number of respondents noted other obstacles to advancing inclusion of older people, including the absence of global guidelines on older age in humanitarian settings (compared to IASC guidelines on disability inclusion). The existing SPHERE Humanitarian Inclusion Standards for older people and people with disabilities offer important guidance, but are not official guidance endorsed by the IASC, the highest-level humanitarian body in the UN system.[62] In a few cases, respondents noted the absence of a UN Convention on the rights of older people. As of March 2025, there is a formal process underway at the UN to prepare such a convention, which will take many years.[63]

Respondents in Ethiopia, Ukraine and Moldova described humanitarian recruitment as biased towards younger individuals who may not always have older age groups amongst their priorities. This reflected the assumption in Ethiopia that younger people were more predisposed to work in difficult settings or, in the case of Ukraine and Moldova, social norms that discriminated against the employment of older people.

"In terms of organizational culture, daily work, etc, frankly, I don't see [older people]. But it may also be the nature of the type of work, the places where we work in the country, which are pretty harsh. We have people in places that are harder to stay. So maybe that pushes more for younger people being part of the team […].The team is very young."
UN Agency, Ethiopia

Respondents reflected that older age inclusion or the specific targeting of older people can be considered beyond their organizational mandate. The lack of organizations, and no dedicated UN humanitarian agency, working directly on older age (and disability inclusion) was raised. This was noted in comparison to the number and size of organizations focusing on women and children. Intergenerational considerations, for example older people caring for grandchildren or younger people as a result of migration and displacement, were not prioritized in interviews, with the exception of a small number of respondents in Venezuela and Ethiopia.

> *"In child protection, we are programmed in our mind […] that the priorities are for children. Frankly speaking, usually [child protection] is not the first sector that would come to mind when it comes to the inclusion of older people."*
> **UN Agency, Ethiopia**

> *at the sub-national level. We work with HelpAge, but they only have presence in very few locations. But if [older age inclusion] is going to be mainstreamed, then it should expanded."*
> **UN Agency, Ethiopia**

Key finding 5:

Despite progress, significant barriers to furthering older age inclusion remain. This relates to a lack of prioritization across the humanitarian system, from donors to implementers. The deemphasizing of the risks older people face in humanitarian crises limits the allocation of resources to deliver and measure impact.

Key finding 6:

The deployment of AIS is contributing to positive change. The ability to progress and scale up change is limited by the allocation of resources dedicated to older age inclusion beyond any individual or single agency.

AIS capacity to respond

Considering the barriers to furthering older age inclusion, the task of the AIS was recognized as being large and demanding. Several respondents used battle-like language, such as a "fight", a "push", and the AIS having their "work cut-out", to describe the job of convincing humanitarian actors to prioritize older age inclusion. Demands on the AIS' time, the large numbers of meetings, having to navigate complex systems, and the need to advocate across clusters, organizations and priorities were noted. This was reported as a daunting workload for the AIS. The concern was this could negatively impact change by diluting or skimming across the surface of issues.

> *" Because one person can't be able to cover everything […] be able to go in every sphere."*
> **International NGO, Ukraine**

Content also mattered. In Ethiopia, it was noted it would be extremely difficult for one individual to reach beyond the national humanitarian coordination mechanism to sub-national or sub-cluster levels. Finding ways to expand reach and influence is a key consideration for the future.

> *"I think it's also more human resources to support [AIS], not only at the national level*

Future Directions

Next-level technical guidance

The study findings show a clear need for consistent and ongoing advocacy. Respondents also noted an emerging need to move towards more specific and contextualized technical advice and guidance on older age inclusion. This was raised most frequently in relation to disaggregating data and ongoing advocacy in this area by the AIS.

Respondents, particularly in Ethiopia and Venezuela, suggested it was time to move on from a focus on messaging and training on data disaggregation. Instead, respondents noted demand for more nuanced and sector-specific technical advice and guidance on the inclusion of older people. Suggestions included generating more sector-specific evidence, increased attention to the analysis and use of existing data, and the compilation and dissemination of best practice solutions. This was extended to increasing investments in assessments, studies and research to more fully understand the risks experienced by, and needs of, older people in specific humanitarian contexts. A small number of respondents felt that, at times, they were asked to include older people without compelling evidence relevant and tailored to their specific area of programming. This could feel jarring and be a source of resistance.

> *"There is not enough evidence about older people [...]. Because the way we do prioritization, it has to do with numbers. It has to do with thresholds. It has to do with prevalence [...]. Are older people dying more than usual? Are there older people getting more malnourished than ever? [...] And even the agencies who are working on older age, they need to present some evidence [...]. For instance, we went to the Humanitarian Response Plan meeting and [we were asked] 'What are you doing for older people?' I said, 'Where do you have the evidence that I need to prioritize?' That's the question."*
> UN Agency, Ethiopia

More respondents, however, felt the major challenge was in how existing data is analyzed, interpreted and used. Humanitarian actors may not have the time to assess, or the skills to effectively analyze and use, the information collected. The initial emphasis on data disaggregation was recognized as an appropriate entry point. However, respondents suggested there should be a shift to supporting clusters to interpret data and create contextualized meaningful narratives. These could then be used as advocacy "hooks" and to inform program implementation.

Respondents felt combining older age inclusion expertise with sector-specific expertise were needed for older age inclusion to progress and evolve towards clearer evidence of impact. Humanitarian actors also want to know how to link older age inclusion solutions with, and learn from other thematic areas, such as programming targeting women and children.

> *"We have food kits, especially for children from this age to this age [...] how can we be sure that this standard kit that we have covers the nutritional needs of older people? We have made adjustments in the kits for Indigenous people because we understand that they don't have the regular diet of a person that lives, for example, in Caracas [...] but with older people we don't know anything. We know they often have these needs or a person past this age is often facing these limitations or these difficulties. But to really know in Venezuela [...] what adjustments are necessary in our programmatic activities to address these needs?"*
> UN Agency, Venezuela

Extending reach and influence

Further future considerations for the AIS included increasing reach and opportunities for influence, finding allies, and targeting leadership at country and global levels to build on and sustain their advocacy efforts. There was recognition that the impact of the AIS can only be advanced through scaling up presence with increased staffing, the establishment of additional AIS, or through nominating older age inclusion focal points at cluster or agency levels.

In Ukraine, the establishment of older age and disability focal points within clusters was being considered. A suggestion from Venezuela was incorporating older age inclusion into the terms of reference of all other thematic or cross-cutting advisors including those working on, for example, accountability to affected populations and prevention of sexual exploitation and abuse. In Ethiopia, the need to establish focal points at sub-national and sub-cluster levels was noted.

Consideration was also given to where the AIS sits in the humanitarian architecture. While some respondents saw benefits of the AIS being situated in Protection Cluster, others felt there was a need for the AIS position to be elevated and have a seat in the Inter-Cluster Coordination Group or Humanitarian Country Team to ensure greater prominence. As noted, precedents for gender representation exist (see Integration in response above). It was also noted that there was a useful alignment of older age inclusion with AAP, which may provide opportunities for furthering reach and influence across clusters. It was suggested that access to the ICCG or HCT may be more easily achieved through secondment to a UN agency. In Ethiopia, an example was provided of a disability focal point being seconded to the International Organization for Migration. Others reflected that regardless of where the AIS sits, having an interagency mandate to work with all clusters alongside strong institutional alliances and support are essential.

It was widely agreed that the reality is little can be progressed in the humanitarian system without the buy-in of humanitarian leadership. An immediate action suggested by respondents that could be taken

by the AIS was pushing for accountability of country-level leadership by lobbying for older age to be a standing agenda item in meetings of the ICCG and HCT. HCT strategies and guidelines were also noted as important entry points that guide action as well as donor prioritization. At the global level, advocating for the Inter-Agency Standing Committee to develop guidelines or a position statement on older age inclusion in humanitarian response was suggested; or alternatively, integrating older age inclusion into existing IASC guidelines on, for example, disability or community voice. Convincing donors of the importance of older age inclusion was seen as essential.

Key finding 8:

There is insufficient buy-in at humanitarian leadership levels to ensure the sustained prioritization of, and resource allocation to achieve, the full integration of older age inclusion in humanitarian action.

Recommendations

Based on the study's key findings, we recommend the following:

The deployment of Age Inclusion Specialists rapidly ensures older age inclusion is visible in, and on the agenda of, humanitarian coordination mechanisms. In the absence of an AIS or equivalent, older age is obscured by established cluster and organizational priorities and approaches.

1 **Mechanisms to facilitate the rapid deployment of AIS in future humanitarian responses should be explored.**

Establishing dedicated on-call technical support for older age inclusion fosters credibility, builds knowledge and understanding, and facilitates the integration of older age inclusion in response processes and structures.

2 **There should be ongoing resource allocation to maintain the deployment of AIS in existing and future humanitarian responses.**

Technical skills and knowledge on older age inclusion are core competencies for AIS; however, they are only part of the required skillset. To maximize effectiveness, AIS need to build relationships through demonstrating their value add. The value of the AIS is most visible in the translating and tailoring of technical advice and messaging to deliver actionable solutions.

3 **Core competencies for AIS should be established to facilitate recruitment and support ongoing professional development.**

The effectiveness of the AIS included factors beyond their direct control and immediate expertise. A key component was alignment with related issues and allyship on joint advocacy whether through the Protection Cluster or other cross-cutting groups. Embedding the AIS in country offices, and the establishment of support mechanisms for the AIS, proved effective strategies.

4 **Engaging with key humanitarian stakeholders to socialize the role of the AIS and map key entry for engagement should be a preparedness for response priority.**

Despite progress, significant barriers to furthering older age inclusion remain. This relates to a lack of prioritization across the humanitarian system, from donors to implementers. The deemphasizing of the risks older people face in humanitarian crises limits the allocation of resources to deliver and measure impact.

5 **Donors should establish specific indicators for older age inclusion as a conditional requirement for recipients of humanitarian funding.**

The deployment of AIS is contributing to positive change. The ability to progress and scale up change is limited by the allocation of resources dedicated to older age inclusion beyond any individual or single agency.

6 Concerted joint advocacy is required to ensure resourcing, including pooled funds, for older age inclusion from implementing agencies and across responses.

Important foundations have been laid in terms of building awareness and knowledge on high-level issues concerning older age inclusion. The next stage is adding nuance and tailoring older age inclusion solutions to specific contexts.

7 Advocacy messaging and technical support should be reviewed and refined. There should be a focus on moving from generic and principles-based messaging to tailored and sector-specific technical guidance.

There is insufficient buy-in at humanitarian leadership levels to ensure the sustained prioritization of, and resource allocation to achieve, the full integration of older age inclusion in humanitarian action.

8 The Inter-Cluster Coordination Group and Humanitarian Country Teams should ensure representation by the AIS, or an older age inclusion representative, in meetings and dialogues. Recommendations should be made to the Inter-Agency Standing Committee to establish (or integrate into existing guidelines) specific guidance on older age inclusion in humanitarian action.

Appendix

Total number of semi structured interview respondents = 73

Table 1. Gender, age range, and disability status of participants by country

Gender	Male	6	10	8	4
	Female	15	7	11	10
	Not disclosed	0	0	1	1
Age range	20 to 29 years	1	0	1	1
	30 to 39 years	9	10	6	3
	40 to 49 years	4	4	5	8
	50 to 59 years	3	1	4	2
	60 to 69 years	1	0	0	0
	Not disclosed	3	2	4	1
Disability status	Person with disability	1	0	2	0
Total n of respondents		**21**	**17**	**20**	**15**

Table 2. Participants by type of organization

	United Nations Agency	International Non-government Organization	National Non-government Organization	Government	Independent / not disclosed
Ukraine	10	6	5	-	
Moldova	11	6	-	-	-
Ethiopia	16	2	-	1	1
Venezuela	11	3	1	-	-
	48	**16**	**6**	**1**	**1**

Table 3. Participants interviewed at baseline and endline

	Baseline	Endline
Ukraine	12	13
Moldova	9	11
Ethiopia	10	15
Venezuela	11	9
	42	**48**

References

1. McGivern V and Bluestone K. 2020. If not now, when? Keeping promises to older people affected by crises. HelpAge International, London. https://www.helpage.org/silo/files/if-not-now-when-report.pdf

2. Al Omari S, Honein-Abou Haidar G, Mehio Sibai A. 2024. By the numbers and in their own words: A mixed methods study of unmet needs and humanitarian inclusion of older Syrian refugees in Lebanon. PLoS ONE 19(7) https://doi.org/10.1371/journal.pone.0302082

3. van Boetzelaer E, Rathod L, Keating P, Pellecchia U, Sharma S, Nickerson J, van de Kamp J, Franco O H, Smith J, Escobio F, Browne J L. 2025. Health needs of older people and age-inclusive health care in humanitarian emergencies in low-income and middle-income countries: a systematic review. Lancet Healthy Longevity 6:100663 https://doi.org/10.11016/j.lanhl.2024.100663

4. van Boetzelar E, van de Kamp J, Keating P et al. 2024. Involving older people in the preparedness, response, and recovery phases in humanitarian emergencies: a theoretical framework on ageism, epistemic injustice, and participation. Lancet Healthy Longevity 2024:5. https://www.thelancet.com/action/showPdf?pii=S2666-7568%2823%2900244-1

5. UN. 1991. General Assembly Resolution 46/182. Strengthening of the coordination of humanitarian emergency assistance of the United Nations. United Nations, New York. https://docs.un.org/en/A/res/46/182

6. Human Rights Watch. 2025. Ethiopia: Events of 2024 https://www.hrw.org/world-report/2025/country-chapters/ethiopia

7. OCHA. 2024. Ethiopia https://www.unocha.org/ethiopia

8. Ibid

9. Adamek M et al. 2023. Promoting the wellbeing of older people in Ethiopia: Lost opportunities due to the poverty of policy, Innovation in Aging, 8(4)

10. Ibid

11. Ibid

12. OCHA. n.d. Cluster coordination. https://reliefweb.int/topics/cluster-coordination

13. OCHA. 2024. Ethiopia. Humanitarian Coordination Architecture. https://humanitarianaction.info/plan/1195/document/ethiopia-humanitarian-response-plan-2024/article/42-humanitarian-coordination-architecture

14. UNHCR. 2024. Regional Refugee Response for the Ukraine situation 2024. UN Refugee Agency, Chisinau https://reliefweb.int/report/poland/ukraine-situation-regional-refugee-response-plan-january-december-2024-enrobg

15. UNHCR. 2024. Protection monitoring: community profiles analysis. UN Refugee Agency, Chisinau https://data.unhcr.org/en/documents/details/113321

16. Ibid

17. UNDP. 2024. Human Development Report 2023/2024. Breaking the gridlock. Reimagining cooperation in a polarized world. United Nations Development Programme, New York. https://hdr.undp.org/content/human-development-report-2023-24

18. National Bureau of Statistics of the Republic of Moldova. 2023. Elderly population in the Republic of Moldova in 2022. https://statistica.gov.md/en/elderly-population-in-the-republic-of-moldova-in-2022-9578_60729.html

19. UNHCR. 2024. Regional Refugee Response for the Ukraine Situation 2024. UN Refugee Agency, Chisinau https://reliefweb.int/report/poland/ukraine-situation-regional-refugee-response-plan-january-december-2024-enrobg

20. Norwegian Refugee Council. 2024. Enduring hardships: Ukrainian refugees' realities in Moldova and Poland two years on. Comparative analysis of the situation of refugees from Ukraine in Moldova and Poland. https://www.nrc.no/siteassets/reports/20240416_report_-two-year-mark-research-pl-and-md.pdf

21. UNHCR. n.d. Temporary protection in Moldova. https://help.unhcr.org/moldova/temporary-protection/

22. UNHCR. 13 May 2025. Refugee Accommodation Centre Demographics. https://data.unhcr.org/en/dataviz/406?sv=0&geo=680

23. UNHCR and REACH. November 2023. Moldova Refugee Accommodation Centres (RACs). Monthly needs monitoring. Update as of 06.11.2023https://reliefweb.int/report/moldova/moldova-refugee-accommodation-centres-racs-monthly-needs-monitoring-update-06112023-enro

24. WFP. October 2024. Moldova country brief October 2024. https://reliefweb.int/report/moldova/wfp-moldova-country-brief-october-2024

25. UNHCR. 2024. Rental Assistance Guideline Moldova. https://data.unhcr.org/en/documents/details/115027

26. For data on the program see UNHCR. 2023. Basic Needs Working Group Rental Assistance. https://data.unhcr.org/en/dataviz/407

27. See: Moldova Disability and Age Task Force. https://data.unhcr.org/en/working-group/421 sv=0&geo=680. The Protection Working Group reports to the Inter-Sector Working Group and Refugee Coordination Forum and ultimately to the Government of Moldova.

28. UNHCR. 2025. Terms of Reference: Protection Sector Protection Working Group – Moldova. UN Refugee Agency, Chisinau. https://reliefweb.int/report/moldova/terms-reference-protection-sector-protection-working-group-moldova-updated-january-2025#:~:text=Since%20the%20onset%20of%20the,and%20in%20the%20country%2C%20and

29. UNHCR. 2024. Refugee Coordination Model (RCM). https://emergency.unhcr.org/coordination-and-communication/refugee-coordination-model/refugee-coordination-model-rcm

30. HelpAge. 2022. Moldova: Needs Assessment of Older Refugees. https://www.helpage.org/silo/files/needs-assessment-of-older-ukrainian-refugees-moldova.pdf

31. OHCHR, UNFPA, WHO and HelpAge International. 2022. Joint Statement on the Situation of Older Persons in Ukraine. https://www.who.int/europe/news/item/14-06-2022-joint-statement-on-the-situation-of-older-persons-in-ukraine#:~:text=The%20risk%20to%20older%20persons,concrete%20and%20long%2Dterm%20action

32. OCHA. 2025. Ukraine Humanitarian Needs and Response Plan 2025. UN Office for the Coordination of Humanitarian Affairs, Kyiv. https://www.unocha.org/publications/report/ukraine/ukraine-humanitarian-needs-and-response-plan-2025-january-2025-enuk

33. Ibid

34. Ibid

35. OCHA. 2025. Ukraine Humanitarian Needs and Response Plan 2025. UN Office for the Coordination of Humanitarian Affairs, Kyiv. https://www.unocha.org/publications/report/ukraine/ukraine-humanitarian-needs-and-response-plan-2025-january-2025-enuk

36. WFP. November 2024. Cash assistance and social benefits in Ukraine. https://reliefweb.int/attachments/99541d31-462b-4f95-8f97-be443346b3d3/WFP-0000156961.pdf

37. Studennikova I. 2024. Pension System in Ukraine. Citizen's perspective. Vox Ukraine. https://voxukraine.org/en/pension-system-in-ukraine-citizens-perspective

38. Ibid

39. See: OCHA. n.d. Age and Disability Technical Working Group. https://response.reliefweb.int/ukraine/age-and-disability-technical-working-group

40. See: OCHA. n.d. Ukraine. Inter-cluster Coordination Group. https://response.reliefweb.int/ukraine/inter-cluster-coordination

41. Protection Cluster Ukraine. 2023. Membership of the Protection Cluster Strategic Advisory Group Terms of Reference. https://reliefweb.int/report/ukraine/membership-strategic-advisory-group-ukraine-protection-cluster-2023-terms-reference

42. HumVenezuela 2023. Venezuela in Complex Humanitarian Emergency: Collapse and Gaps of Social Deprivation in Communities, https://reliefweb.int/report/venezuela-bolivarian-republic/venezuela-complex-humanitarian-emergency-collapse-and-gaps-social-deprivation-communities-june-2023

43. Abuelafia E and Saboin JL. 2020. A look to the future for Venezuela. Inter-American Development Bank. https://publications.iadb.org/en/publications/english/viewer/A-Look-to-the-Future-for-Venezuela.pdf

44. Polga-Hecimovich J and Sánchez Urribarrí R. 2024. Political survival and authoritarian consolidation? The Maduro Government and Venezuela's political crisis. https://www.cries.org/wp-content/uploads/2024/06/006-John-Polga-Hecimovich-Raul-Sanchez-Urribarri.pdf

45. UNHCR. 2024. Venezuela situation https://reporting.unhcr.org/operational/situations/venezuela-situation

46. Human Rights Watch. 2025. Venezuela: Events of 2024 https://www.hrw.org/world-report/2025/country-chapters/venezuela

47. OCHA. 2024. Global Humanitarian Overview: Venezuela https://humanitarianaction.info/plan/1277/article/venezuela-2#page-title

48. Ibid

49. Ibid

50. Andrés Bello Catholic University. April 2025. Annual Survey on Living Conditions 2024. https://cdn.prod.website-files.com/5d14c6a5c4ad42a4e794d0f7/6803aeed2dfc5c19a4ac96cd_ENCOVI%202024_presentación_integrada.pdf#:~:text=La%20población%20venezolana%20estimada%20en%20la%20ENCOVI,estaría%20en%20el%20orden%20de%2033%2C88%20millones

51. AFP. 1 May 2025. Maduro Increases Pensions and Welfare Bonuses. https://www.barrons.com/news/venezuela-s-maduro-increases-pensions-and-welfare-bonuses-d1ac2bab?refsec=topics_afp-news

52. HelpAge International and Convite. November 2019. Rapid Needs Assessment of Older People Venezuela. https://www.helpage.org/silo/files/rapid-needs-assessment-of-older-people-venezuela.pdf

53. Perry S and Last U. 2023. Mechanisms for Coordination of Disability Inclusion in Humanitarian Action: A Comparative Case Study. Examination of Experiences in Afghanistan, Ukraine, Democratic Republic of the Congo, Bangladesh and Venezuela. Humanity and Inclusion, Lyon. https://www.hi.org/sn_uploads/document/HI-Comparative-Case-Study-Report-Mechanisms-for-coordination-of-disability-inclusion-in-humanitarian-action-2023.pdf

54. Note: At times no clear distinction was made between AIS and HelpAge by respondents. The extent to which this occurred varied between countries and reflected HelpAge's presence and visibility in the sector. One respondent noted they probably knew the Age Inclusion Specialist, or AIS, but there were just too many acronyms to be across.

55. Government restrictions on publishing resources, including online, were reported by Protection Cluster members in Venezuela.

56. OCHA. 2024. Ukraine: Summary of the Humanitarian Needs and Response Plan and the Regional Refugee Response Plan. https://reliefweb.int/report/ukraine/ukraine-summary-humanitarian-needs-and-response-plan-and-regional-refugee-response-plan-january2024#:~:text=The%20response%20strategy%20in%202024,war%2Daffected%20people%20and%20returnees%2C

57. IASC. n.d The IASC Gender with Age Marker. https://interagencystandingcommittee.org/iasc-gender-age-marker

58. UNHCR. 2023. Ukraine Situation. Regional Refugees Response Plan. January to December 2023. https://data.unhcr.org/en/documents/details/97958

59. See: UNHCR and REACH. 2024. Socio-Economic Insights Survey (SEIS) – 2024. Moldova. https://microdata.unhcr.org/index.php/catalog/1227/data-dictionary/indv?file_name=Individuals

60. Age and Disability Technical Working Group and Protection Cluster. 2024. Guide on Humanitarian Action with an Inclusive Focus, Venezuela.

61. It is important to note that attention to persons with disabilities in humanitarian response is relatively new and can be attributed to commitments and actions following the World Conference on Disaster Risk Reduction in Sendai in 2015 and the World Humanitarian Summit in Istanbul in 2016. Prior to 2015, little attention was paid to persons with disabilities in humanitarian action.

62. ADCAP. 2018. Humanitarian inclusion standards for older people and people with disabilities. https://spherestandards.org/resources/humanitarian-inclusion-standards-for-older-people-and-people-with-disabilities/

63. UNHRC. 28 March 2025. A/HRC/58/L.24/Rev.1. https://docs.un.org/en/A/HRC/58/L.24/Rev.1