Unravelling community clustering in Chad

This is a summary of the following report: *Luc G, Keita M, Houssoube F et al (2023) Community Clustering of Food Insecurity and Malnutrition Associated with Systemic Drivers in Chad. Food and Nutrition Bulletin, 44, 2, S69–S82.* **https://journals.sagepub.com/doi/10.1177/03795721231189970**

This study focuses on agropastoral communities in Chad's Sahelian belt experiencing prolonged hunger, high food insecurity, and wasting.

The researchers conducted this mixed method study to understand the spatial distribution of child wasting and household food insecurity and systemic drivers (including conflict, livelihoods, vegetation, and cultural norms), as well as to better understand the relationship between child wasting and household food insecurity, with the goal of improving linkages in programming and targeting. A cross-sectional randomised cluster survey was conducted in August and September 2021 in Kanem and Bahr-el-Ghazal regions across 86 villages, reaching 7,002 households and 6,136 children to collect data on child anthropometry, household food security, and livelihoods. These primary data were then triangulated with secondary geospatial data on the local vegetation index and conflicts, as well as with qualitative interviews with local actors. Analysis was conducted using comparison tests and linear and logistic crude and adjusted models, as well as looking at the design effect as a measure of clustering of outcomes at the community level.

Results at regional level showed that malnutrition was worse in Bahr-el-Ghazal, while food insecurity was worse in Kanem. The authors also found weak associations between food security and malnutrition indicators in both regions. Geospatial analysis showed the distribution of both child wasting and food insecurity were highly clustered, and that communities with a high prevalence of child wasting were not the same as those with the highest levels of food insecurity. Except for conflict and natural resources, which were associated with both outcomes, the origins of malnutrition and food security had generally different pathways. The drivers of food insecurity were linked with poverty and shocks (surface cultivated, sources of income, multidimensional poverty, conflict, and rainfall). The drivers of malnutrition were linked with greater livestock ownership at the community level and proximity to seasonal rivers, with no relationship to food insecurity. This could potentially indicate greater household use of non-potable water (given community preference and use of seasonal rivers) as well as increased sharing between animals and humans.

The authors note that, despite the clear clustering of the outcomes at the community level, few studies – particularly few quantitative studies – analyse food insecurity or malnutrition at the community level. Both study design and data collection tend to be focused on individual and household characteristics, potentially missing key community drivers but also more basic causes of these outcomes. The report argues that participatory processes that involve communities all along the project cycle are critical to making sure activities are context sensitive. Funding mechanisms should support sustainable and sequenced investments to respond to protracted crises. The authors conclude that community-level and systemic drivers require greater consideration from the start in research design and data collection. There is a need for better integrated humanitarian, development, and peace-building interventions to address the persistent high prevalence of food insecurity and child wasting.

"I go to sleep on an empty stomach": Older people in humanitarian nutrition

This is a summary of the following report: *"I go to sleep on an empty stomach" (2024) HelpAge International.* **https://www.helpage.org/resource/i-sleep-on-an-empty-stomach/**

Older people are often overlooked in humanitarian responses, where the focus remains predominantly on infants, children, and maternal health. Due to factors such as disease susceptibility and changes in metabolism, older people are particularly vulnerable to malnutrition. This report consolidates a comprehensive review of 42 documents. Additional insight was then provided through interviews with 28 humanitarian actors and 10 older people from Ethiopia.

> *"Food remains the biggest challenge. It's a constant reminder of how vulnerable we are in the face of circumstances beyond our control."*
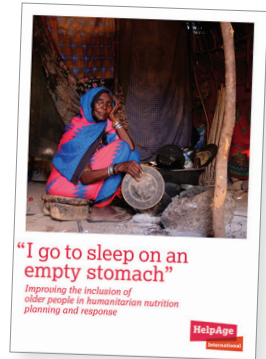> – Jirmo Toke, 81, Ethiopia

Although guidance on older people's inclusion exists, it is rarely applied. A lack of consensus on diagnostic criteria for malnutrition in older age remains a barrier. Despite heterogeneity, current evidence suggests that 23% of older people experience malnutrition globally – with this figure heavily influenced by independent living status and care practices. There is a paucity of evidence on malnutrition, in terms of both prevalence and risk, for this group in humanitarian settings.

> *"We share not only the pain of hunger but also the worry about where the next meal will come from."*
> – Elema Boru, 75, Ethiopia

Older people have a variety of different needs, and treating them as a single group fails to account for the intersection of age, disability, ethnicity, sexual orientation, gender identity, economic activity, and health status. The evidence suggests that older women have poorer outcomes than men in disaster and conflict settings, with data from Ukraine highlighting that older women face greater barriers to accessing assistance than men. Lack of meaningful consultation with older people regarding their diverse needs during times of humanitarian crisis planning and response is particularly problematic. A compounding difficulty is the limited understanding of the diverse nutritional needs over the life course, particularly in later life, among humanitarian and nutrition partners.

Another barrier to including older people in humanitarian nutrition is a lack of funding. This is true of the nutrition sector in general, but organisations report particular challenges when obtaining funding for this age group in emergency settings. This may be partially attributed to negative perceptions surrounding older people in humanitarian crises, where they are often labelled as dependent or economically inactive. Reframing these perceptions remains critical. In crises, older people can provide support and wisdom to their communities. Many are actively involved in disaster response and recovery, family care, and income generation – with many having experienced previous crises themselves.

> *"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. Those animals were my source of income, but due to the drought I lost all of my livestock."*
> – Male, 98, Qabana'a Kebele

The full findings of the report are beyond the scope of this summary. We encourage readers to explore the 10 key recommendations found in the executive summary, with more detailed recommendations for nutrition cluster coordinators and members, national governments, and donors found in the body of the report. These point to the practical next steps to ensure the inclusion of older people in humanitarian nutrition responses.