

Editorial

Happy New Year to all our readers!

In September 2004, the 11th HelpAge International Africa regional workshop was held in Accra, Ghana. While a lot of progress was noted in various African countries in the area of development of ageing policies, a lot still needs to be done to finalise and implement them for the benefit of older persons in Africa.

Experiences were shared on mainstreaming older people's issues into other policies where they are not directly mentioned but under which they should benefit. These include poverty reduction strategies and health policies.

Current HIV/AIDS work taking place on the continent is geared towards supporting affected older people caring for those living with the disease and/or orphans.

HelpAge International Tanzania reports of its success in lobbying for the inclusion of older people in the country's second poverty reduction strategy paper. This is an example that can be replicated elsewhere in Africa for the benefit of older people who are the poorest of the poor and the most disadvantaged.

In November 2004, the newly formed Commission for Africa circulated a consultation document to collect views from various sectors on some possible areas in which action can be taken. HelpAge International and its affiliate organisations in Africa, submitted views through the Secretariat on how the lives of older people can be improved through the Commission. Top of these proposals is the recommendation for the support for social protection interventions, including cash transfers and non-contributory pension schemes. We look forward to seeing Africa's older people included in the Commission's agenda for action.

Read about these and other issues inside.

INSIDE:

- Abuse of Older People's Rights in Cameroon
- Older People in Poverty Reduction Plan

HelpAge International Africa Regional Workshop in Accra



Honourable Eddie Akita opening the regional workshop in Ghana

Organisations from 15 countries met in September 2004 in Accra, Ghana, for the 11th HelpAge International (HAI) Africa regional workshop. Honourable Eddie Akita, a cabinet minister in the Ghana Government, represented the country's President, His Excellency John Kufuor, in officially opening the three-day event.

In attendance were participants from organisations in Canada, Ghana, Sierra Leone, Sudan, Cameroon, Kenya, Uganda, South Africa, Zimbabwe, Tanzania, Zambia, Swaziland, Lesotho, Mozambique, Ethiopia and the UK. The African Union (AU), The Economic Commission for Africa, WHO, and representatives from the Governments of Kenya and Ghana were also in attendance.

The workshop focused on three main areas, namely development of ageing policies in Africa, poverty among older people, and mainstreaming of older people into HIV/AIDS policies and programmes.

The situation of older people in Africa will only improve if appropriate policies looking into their needs are put in place. The development of policy on ageing in a number of countries was therefore discussed. Participants were informed that Mozambique and Tanzania governments have approved their ageing policies; in Kenya, the policy has been presented before the Minister for Gender, Sports, Culture and Social Services for tabling to cabinet for approval; in Ghana, the draft document was submitted before cabinet in March 2003 and was set to be approved in December 2004. In Cameroon, the policy is currently in its first draft form, a copy of which was circulated to workshop participants. The Uganda document has been tabled before cabinet for presentation to parliament for approval. In Zimbabwe, the consultation process of developing a policy started in 1992 but stalled some years ago. It has since been revived and it was hoped that the

Continued on page 3

Abuse of Older People's Rights in Cameroon



Respecting older people's rights, ensures that they enjoy their old age

Older people in Cameroon face a multiplicity of abuse of their rights. They are often imprisoned for flimsy and sometimes trumped up charges. This trend of events motivated the HelpAge affiliate - the Regional Centre for the Welfare of Ageing Persons in Cameroon (RECEWAPEC) - to create a Legal Department exclusively for the defense of older persons. Services are offered to older persons at no charge.

The Department undertook research on the legal issues facing older persons, including the violations of their rights. Findings showed that most of the problems they face are related to land issues. Older people own almost 80% of the land both in towns and villages. With the rising value of and demand for land, the rich and energetic younger people are keen to acquire as much of it as possible using whichever means, including dispossessing poor and frail older people. As a result, many of them are chased out of their land. Any attempts to regain it usually result in tedious protracted legal battles that almost always land them in jail. In five prisons visited in the North West Province, it was found that there are 10 to 15 older persons for every 100 prisoners.

Older persons in Cameroon are at a disadvantaged position due to lack of sufficient knowledge of existing land tenure laws. The younger people often afford to engage lawyers who go to any length to

threaten and humiliate the old. Some of them out of fear and intimidation, readily give up their rights. In some instances, because of their inability to engage legal counsel and/or to express themselves in English or French, they are unable to clearly give their side of the story and consequently lose out to opponents even when they have a case. Some are remanded in custody awaiting trial for unnecessarily long periods without the option of bail. Due to ignorance or the inability to file for release, they remain in custody for extended periods of time.

Long after disputes over property have been resolved, the younger person may die due to various reasons. When this happens, the older person is quick to be accused of causing the death by witchcraft, even if the younger man dies of injuries sustained in an accident, HIV/AIDS or other known causes. This accusation quickly provides an opportunity for oppression of the older person involved.

In addition to the rights abuse they face, many older people in Cameroon suffer abandonment by their family and friends. Some of them end up dying due to lack of food and medical care or due to loneliness.

Proposed Solutions

The establishment of older people's centres in rural and urban areas should be

promoted. These can act as meeting places for older people where they can be sensitised and trained on their rights. These would also act as places for exchange of ideas on common problems and could also be easy sources of information on rights violations.

Organisations working with and for older persons in Cameroon can be assisted to fundraise to enable them to regularly hire legal practitioners to visit prisons and police cells to look into cases of older people detained there.

RECEWAPEC has sought the collaboration of a medical clinic in Bamenda owned by Dr. Formambuh Lawrence who accompanies Barrister Akum to prisons and cells to attend to the medical needs of some of the older and sick prisoners or detainees. Churches and individuals were requested to give donations in kind.

More lawyers need to be lobbied to avail their services to older people facing abuse. These lawyers can advocate older people's rights with the government and policy makers. Older people themselves can be sensitised of their rights and empowered with the knowledge of what they can do when faced with specific situations.

For more information, write to
RECEWAPEC, PO Box 5198 Nkwen,
N.W. Province, Cameroon;
Email: recewapecorg11@yahoo.com ■

HelpAge International Africa Regional Workshop in Accra

document would be tabled in Parliament in December 2004.

A call was made for African governments to translate the AU Policy Framework and Plan of Action on Ageing to suit their particular needs. To guide the implementation process at country level, a call was made to pursue the establishment of the Advisory Council on Ageing within the AU which is provided for in the Framework. The process of establishing the Council was started soon after the regional meeting.

Discussions were held around the need to mainstream ageing issues into poverty reduction strategies and other policies. So far, older people remain excluded from relevant international and national programmes and yet they are the poorest of the poor. Presentations from Tanzania, Ethiopia, Uganda and Sudan demonstrated that mainstreaming ageing into processes, while it is an important step in improving the lives of older people, remains a daunting task due to the negative attitude towards ageing.

However, Tanzania reported success in influencing the inclusion of older people into the country's second poverty reduction strategy paper, while in Ethiopia a project is underway to lobby for the inclusion of older people in a similar process. In Uganda, a poverty eradication action plan is in place and HelpAge

International together with its Ugandan affiliate – Uganda Reach the Aged Association - are lobbying for the mainstreaming of ageing into the health component of the action plan. In Sudan, HelpAge International seconds its staff to UNHCR, UNICEF and other agencies to lobby for the inclusion of older people in their work.

Discussions on HIV/AIDS focused on efforts to reduce the impact of the disease on older people. Various papers presented demonstrated that HelpAge International and its affiliate organisations around Africa are implementing programmes aimed at involving older people in the fight against HIV/AIDS either by raising awareness among them about the disease, training them to undertake peer education or in skills in the home based care of PLWHAs. Lobbying is also being undertaken under various projects to sensitise governments and other stakeholders in the fight against the disease, of the important role played by older people in managing the pandemic and the need, therefore, of including them. The need for the various stakeholders to join forces in devising strategies to fight the overwhelming effects of AIDS on older people was reiterated. Prof. Amoa, the Secretary General of Ghana AIDS Commission reiterated the Commission's recognition of the need for various stakeholders to join forces and devise strategies to fight the overwhelming effect of AIDS on older people.

Presentations were also made by the Economic Commission for Africa and the World Health Organisation on their involvement in ageing issues. The two organisations have over the years continued to give recognition to issues of older people and expressed support for continued work in future.

During the workshop week, participants took part in celebrations to mark the International Day of Older Persons on 1st October organised by HelpAge Ghana. As part of the celebrations, a programme to address the rights violations of older people in Ghana was launched. Also launched was the report Age and Security that looks into how social pensions can deliver effective aid to poor older people and their families.

The Regional Programme Co-ordinator in charge of the rights programme, the late Pension Munyama, presented a paper on the need to address the rights of older people in Africa at the Ghana Bar Association annual conference. The presentation raised awareness among judges and lawyers in attendance, who acknowledged that they had never considered older people as a special group. One of the High Court judges urged lawyers to take up more public interest cases related to the rights of older people.

The full report on the workshop, and papers and speeches presented are available from HAI-ARDC. ■

The Africa Commission: HelpAge Makes Submissions on Older People

The Africa Commission is a new initiative by British Prime Minister, Tony Blair, to craft ways of helping Africa. "It will be a comprehensive assessment of the situation in Africa and policies towards Africa," said Blair at a press conference in February 2004 to announce its formation.

The Africa Commission seeks to generate increased support for the G8 Africa Action Plan and the New Partnership for Africa's Development (NEPAD). Commissioners are politicians and opinion shapers from Africa and around the world. They include Ethiopia's Prime Minister, Menes Zenawi; Tanzania's President, Benjamin Mkapa; the South African Minister of Finance, Trevor Manuel; Sir Bob Geldof, a musician; and International Development Secretary, Hilary Benn. Each Commissioner is consulting widely with expert thinkers and

the public on key issues that need consideration.

The Commission held its second meeting in Addis Ababa, Ethiopia in October 2004, during which HelpAge International (HAI) through its office in that country got an opportunity to make a statement on behalf of the network and its Africa affiliate organisations. Further submissions were made to the Commission's November consultation document through the HAI Secretariat. The various views advanced will be part of a report that will be submitted to Mr Blair in the first half of 2005.

HAI believes that successful poverty reduction measures, particularly in the context of the MDGs, need to take account of ageing and to respond to the needs of older people. People over the age of 60

represent the fastest growing age group in Africa, despite – or perhaps because of – the impact of HIV/AIDS. By 2050 Africa's older population will have increased to 204 million up from the current 42 million. Older women outnumber older men and live longer, often in extreme poverty and material deprivation. In Sub Saharan Africa 25% of all households with children are headed by an older person. 68% of those older headed households take care of one or more children under the age of 15. A study undertaken by WHO on caregivers of orphans and other vulnerable children in Zimbabwe in 2002 found that 71.8% of caregivers were over 60 years, 74.2 % of them women.

HAI is making a case for the support of social protection interventions, including cash transfers and pension schemes.

Continued on page 5

Older People Included in Tanzania Poverty Reduction Plan

Tanzania is taking action on ageing, thanks to the successful lobbying of HelpAge International Tanzania (HAIT). The country's second poverty reduction strategy has taken on board issues of the poorest, including older people.

In 2003, ageing was identified as one of a number of cross-cutting issues to be mainstreamed into the country's second poverty reduction strategy (PRS), the outcome of extensive consultation. As a sign of national ownership of the process, the "PRS" label was dropped and the title National Strategy for Growth and Reduction of Poverty (NSGRP) adopted. It is now more commonly referred to by its Swahili abbreviation - MKUKUTA. A social protection goal that targets older people, children and the disabled has been included in the new strategy together with a goal to combat social exclusion and intolerance.

In part, the strategy says, "As a signatory to the 2002 Madrid International Plan of Action on Ageing, the government is following through on its commitment to include older people in poverty reduction programmes. In 2003 it hosted a UN/HAI consultation with African governments to review how action on the poverty of older people could be taken forward in relation to national poverty reduction programmes, and agreed its National Plan on Ageing (NAP) which focuses on the poverty and rights of older people."

MKUKUTA has identified lifecycle linked conditions, cultural beliefs and practices, and social exclusion and intolerance as key issues to be tackled to reduce poverty levels and inequality. During 2004, the Tanzania government supported stakeholder-led consultations that went down to the grassroots to seek views from citizens on what should be included in MKUKUTA. HelpAge International and its national partners worked with older people and other marginalized groups to input into these consultations and to develop submissions to the Government which led to action being taken to identify social and legal protection as top priorities.

The consultations with older people held in May 2004 revealed that older people lack income, which makes it difficult to buy basic necessities or get access to social services. Lack of access to food was identified as the biggest difficulty for those older people who do not have children to rely upon. In



Older people are the poorest of the poor

some cases they had to beg for food. They also wore torn clothes, their houses were leaking and required repair and their beds were broken. Some of them lacked beds or bedding all together and could not afford even minimal sanitation. Drought and lack of piped water pushed prices of water to between 200 and 300 shillings for a 20 litre container. Water was therefore, out of the reach of older people, many of whom could not fetch water from long distances. Although health services are supposed to be available free of charge to older people, they were still charged levies of 500-1,000 shillings (US\$0.45-0.90). They also needed to purchase medicines in advance since stocks in the public health units did not last. In its monthly report for September 2004, HAIT reported that traditional beliefs that attribute every human death to witchcraft have led to a mushrooming of witchdoctors who claim they can identify witches: "If you are an elderly person in western Tanzania, you are at risk of being lynched at any time. If you are an old woman, you are more vulnerable. Worse still if you have red eyes, for whatever reason you can be a target of hired gangs who kill anyone they suspect of witchcraft." Research conducted by a Mwanza based non governmental organization, Concern for the Elderly (COEL) reveals that 6,710 older people, mostly women, have been lynched in the Tanzania Lake Victoria regions of Shinyanga,

Tabora and Mwanza between 1998 and 2004. 80% of these lynchings were directly attributed to allegations of witchcraft.

HAIT worked directly with the Government to suggest a set of priority outcomes and strategies for action with measurable outcomes for inclusion in the revised strategy. HelpAge made recommendations in a number of areas:

- That the new poverty reduction strategy delivers minimal social protection and directly targets vulnerable groups
- That existing exemptions for older persons seeking health and other basic services be implemented
- That all groups set to benefit from the poverty monitoring processes be disaggregated by age and gender.
- That those above 65 years be targeted as key recipients of regular cash transfers by the Government
- That households affected by HIV/AIDS and headed by older people be identified and given financial and information support and support in educating orphans

MKUKUTA therefore, responds to older people's concerns about water, inheritance, identity cards, adult education, abuse and social protection. It commits itself to deliver on "adequate social protection and rights of

the most vulnerable and needy groups with basic needs and services" and "the reduction of political and social exclusion and intolerance."

Operational targets include reaching 40% of eligible older people with effective social protection measures by 2010. Support will also be given to poor households and communities caring for vulnerable groups such as older people, orphans and other vulnerable children and persons living with HIV/AIDS.

There is recognition of the need for a baseline study disaggregated by age, gender and disability and the development, piloting and monitoring of different social protection schemes, including those developed at community level. Government action is called for in "developing and enforcing a comprehensive policy on vulnerability and social protection" alongside interventions to support communities and local authorities to be "fully involved in designing, and in effectively instituting of appropriate social protection measures at the community level".

Strategies to achieve these targets include:

- Development of a range of political and social structures that will allow for the full participation of all citizens, including poor older people and those with disabilities
- Campaigns to inform all people of their rights and responsibilities
- Establishment of channels through which citizens can voice their concerns and of mechanisms to address abuse, intolerance, discrimination and stigma

Direct involvement of and action by older people has paid off. Organisations of older people in Tanzania have been calling for policy responses to their situation since 1998, when the first call for a National Ageing Policy was launched. They have been active ever since, participating in local and national workshops on the national plan on ageing, inputting into consultations on and participating in the 2002 Second World Assembly on Ageing in Madrid, and advocating local issues of health delivery and abuse. In 2003, older people addressed MPs responsible for community development; the same year saw issues of ageing and disability included for the first time in activities to mark the Poverty Policy Week.

The challenge now is for older people to monitor and ensure that social protection goals of MKUKUTA are implemented and the political will shown in bringing people on board is matched by adequate financing.

Similar lobbying for the inclusion of older people in key policies is taking place in Ethiopia and Uganda. HelpAge International Ethiopia is also currently implementing a project to lobby for the inclusion of older people in the poverty reduction process in the country. The overall project objective is the improvement of older people's lives and that of their communities.

In Uganda, a poverty eradication action plan is in place and HelpAge International together with its Ugandan affiliate – Uganda Reach the Aged Association - are lobbying for the mainstreaming of ageing into the health component of the action plan.

More details on MKUKUTA can be found at www.povertymonitoring.go.tz ■

The Africa Commission: HelpAge Makes Submissions on Older People

Evidence from South Africa, Mauritius, Namibia and Botswana indicate that non-contributory pensions effectively and successfully target a particularly vulnerable group and also benefit others who are dependent on the beneficiaries such as orphans. Universal pensions are affordable (typically less than 2% of a country's GDP) and therefore, politically popular and sustainable; they also boost social cohesion by supporting individual recipients, their households and the wider communities in which they live.

It was also felt that planned actions in the areas of social protection, health, education and training should detail further how existing programmes can be piloted elsewhere and delivered. Countries such as Malawi and Zambia are piloting social protection responses, which offer important lessons for scaling up. These programmes can be replicated elsewhere on the continent. Similar examples exist in the field of adult and further education, and could both be learned from and also be a focus of future support.

HAI is of the opinion that the Commission's agenda for action should take forward the creation of an Africa wide instrument to secure increased resources to support national efforts to deliver social protection. The creation of such an instrument will support the increase of funding needed to deliver a basic package of social protection to tackle vulnerability across all age groups. There exists evidence on how social protection delivers benefits to all age groups, clarifying that social protection is an entitlement and that is financially possible to progressively deliver health, education, food, water and sanitation and guaranteed income to all age groups.

HAI is also of the view that discussions around peace and security should make reference to the need to uphold existing international humanitarian principles and standards. Priority must be given to ensuring special support and protection for all vulnerable populations, that is older people, the youth, people living with HIV/AIDS, people with disabilities and other marginalised groups in times of crises. In addition, a call is made for action against the acute poverty of the chronically poor, many of whom are older women and men, those living with disabilities and the very young.

In relation to health care and HIV/AIDS it is not only support for effective health care systems that is important but also support for home based carers, many of whom are older women. The latest AIDS epidemic update (December 2004) states that 90% of AIDS care in sub-Saharan Africa is provided in the home, mainly by women. In South Africa, these households are estimated to lose two thirds of their income due to care responsibilities. The update goes on to state that "AIDS home care programmes need to be extended beyond medical and nursing care to include counselling, food assistance, welfare support, schooling opportunities and income opportunities that benefit households. Needed too are social protection and economic support for older people and those caring for orphans".

HAI further calls for the Commission to be specific on how its agenda for action will support families, households and people of all ages and abilities, including older people. The interdependence between the youth and older people, especially in light of HIV/AIDS, and the need for the two groups to be considered equally in any effort to improve the lives of people in Africa must be borne in mind.

During the regional workshop for HelpAge International's affiliate organisations in Africa in September 2004, participants recommended that the Commission work closely with the African Union in encouraging donor support for the implementation of the AU Policy Framework and Plan of Action on Ageing. Participants were also of the opinion that consideration of the various issues on ageing should be matched by funding to implement relevant programmes to improve the lives of Africa's older people. ■

Organisational Profile

Umtfunti Wemaswati Old Age Association



Umtfunti aims at a better life for older people

Umtfunti weMaswati was founded in 1966 and registered on 2nd February 1988 to raise awareness in the community of the needs of older people. Initially the Association was called The Swazi Retired Centre before being renamed Umtfunti Old Age Association.

Umtfunti has continued to increase its membership to the current 30. Each member contributes an annual subscription of 16 US dollars.

Mission

Umtfunti's goal is to improve the living standards of poor older persons living with disabilities to assist them to enjoy their old age.

Vision

Umtfunti aims for a situation where by

2030, the lives of older people in Swaziland will have been improved and their future secured through the provision of shelter, food security, health care and social justice.

Organisational Structure

The organisation's administration has been restructured over time and now has broader functional responsibilities to balance day-to-day challenges and plans for future developments.

The Administration consists of the Executive Board, Director, Deputy Director, Secretary General, a legal practitioner, administrative and finance staff and a receptionist cum secretary.

Activities

One of Umtfunti's projects is sponsored by EDCON Group of Companies (Jet Club

RSA). The company provided financial assistance to construct a shed for Khabonina's older people to store their agricultural inputs. These are later sold to the surrounding community (an estimated 10,000 people). Similar sheds will be constructed in Malkerns Can fruit growers, Lobamba, Malindza, Manzini, Ngcoseni, Maqudvulini and Lushikishini areas. Donors have been approached to assist with the purchase of the inputs such as fertilizer, seedlings, small agricultural ploughing equipment, cement, etc. In addition, Umtfunti receives monthly food donations from Swaziland Milling Company for distribution to an ever increasing number of needy older people and orphans.

Through this income generating activity, Umtfunti hopes to generate enough

revenue to support older people caring for those living with AIDS and orphans and to help them to overcome food insecurity. It is also hoped that from the profits made, the Association can better meet its financial obligations and that in time, assistance can be provided to older people by rehabilitating their houses.

In another development, Umtfunti is seeking funding for tractor hire for older people at Khabonina and Manzini rural regions. Most of these people have farms but are unable to work them due to poverty.

Legal Assistance

Umtfunti is taking on legal cases to protect older persons against various forms of abuse. These include physical assault, rape and forceful eviction of elderly widows from their homes and denial of their property rights after the death of their husbands. A legal practitioner assists in the various cases.

Future Plans

Umtfunti plans to conduct workshops with older people in various chiefdoms in Swaziland. Top on the discussion agenda is to find ways and means to address the impact of the HIV/AIDS pandemic on older persons. In Swaziland, especially in the rural areas, they are the majority of the carers and supporters of people living with HIV/AIDS and orphans.

Plans are underway to undertake an advocacy campaign to raise awareness about the abuse of older people. The majority of abusers have been found to be relatives and other community members.

Workshops will be held at various Tinkhundla Centres (Local Government) to educate and sensitise the public on the importance of older persons to the community. Another workshop will bring together various stakeholders to share ideas on issues of older people in the country. A consultative forum with the youth will also be held with representatives of the Youth Council to discuss issues of youth affected or infected by AIDS and who are under the care of older persons.

In addition, Umtfunti has received a donation of roofing material for the construction of the Association's headquarters.

An email facility has been put in place in the Association's office to facilitate communication with other stakeholders.

**Contact details: Umtfunti Old Age Association, PO Box 2471, Manzini, Swaziland;
Email: info@bluemoon.co.sz ■**

Nobel Peace Prize for Older Woman



Laureate Prof. Wangari Maathai

Older people continue to prove that advanced age is not a hindrance to achievement.

In 2004, Kenya's Prof. Wangari Maathai, 64, became the first African woman to win the Nobel Peace Prize for her contribution to sustainable development, democracy and peace. She joins other African peace laureates – Nelson Mandela, F.W. de Klerk, Archbishop Desmond Tutu, the late Chief Alberth Luthuli, the late Anwar el-Sadat and the UN Secretary General, Kofi Annan.

Since 1977 when she founded the Green Belt Movement, Maathai has stood at the front to promote ecologically viable social, economic and cultural development in Kenya and Africa. To date, she has mobilised poor women to plant 30 million trees.

In her acceptance speech in Oslo, Norway on 10th December 2004, Prof. Maathai called on humanity to turn its attention to sustainable management of the environment for the sake of future generations. She added that "there can be no peace without equitable development; and there can be no development without sustainable management of the environment in a democratic and peaceful space".

She will use the \$1.48 million prize money to expand her Green Belt Movement around the world. In addition to environmental conservation initiatives, her organization also roots for women's rights, democracy and peace.

Wangari is Kenya's Assistant Minister for Environment and Natural Resources. She represents an example and a source of inspiration for every older person in Africa.

Welcome

To Jimmy Tsagali and Jacob Soung who have joined HelpAge Ghana as Fundraising and IEC Officer and Project Officer respectively.

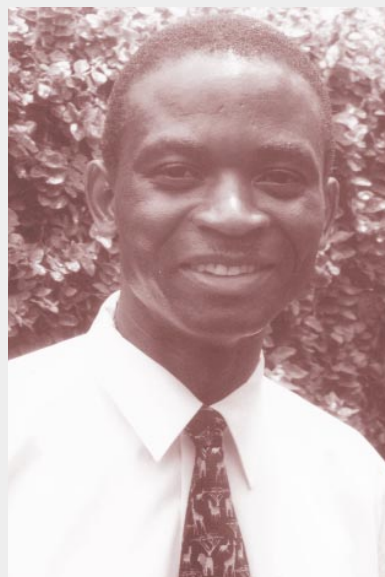
To Ms Lizzie Nkosi, the new Country Director, HelpAge International Ethiopia

Farewell

To Peter Bofin who has left HelpAge International Ethiopia where he was the Country Director for close to three years. We wish him all the best in his future undertakings.

Mrs. Mercy Addico, Community Development Officer who was also in-charge of AAG has retired from HAG effective 1st January 2005.

Condolences



The Late Pension Munyama

We regret to announce the death of Pension Munyama, Regional Programme Co-ordinator at ARDC, which occurred on 25th December 2004 in Zimbabwe. Pension had been unwell for a number of months.

He Joined HelpAge International in May 2001 as the Regional Rights Programme Co-ordinator.

He leaves behind one wife and four children. May God rest his soul in peace and give his family strength at this trying moment.

Older People Must be Included in the Fight Against HIV/AIDS

Older people are rarely targeted in HIV/AIDS initiatives. They therefore, do not benefit from awareness programmes and are not equipped with skills to effectively cope with the burden of care.

On the contrary, they are often accused of having bewitched the ill under their care. Some families stop older women from visiting their homes on suspicion that they will bewitch them as well. They are either banished from the village or have to go through a brutal and degrading cleansing ritual before being admitted back into society. To avoid being marginalised, older people do not disclose that they have a sick child under their care.

Stigmatisation is caused by fear among the general public that the older people may be infected through close contact with the sick. Ageism (the negative attitude towards ageing and older people) further complicates their situation. They are viewed negatively and are seen to be past their useful lives. Support is rarely forthcoming from their families, communities, the government and other stakeholders. It is even difficult to interest donors in funding projects involving older people.

Left to fend for themselves and their dependants, older people experience extreme hardship and poverty. The caring role leaves them with no time to engage in income generating activities. Without any source of livelihood, older people find it difficult to feed themselves and their dependants. Where they do have some income, they often deny themselves the little they get to feed the family, exposing themselves to problems of food deprivation. They sell off their meagre belongings to survive. Poverty is especially acute for older women who in many societies in Africa are traditionally not entitled to own property.

Increasingly, older people are being compelled to care for their orphaned grandchildren when their children pass away. Many drop out of school due to lack of school fees. Burials of the sick who succumb to AIDS not only result in emotional distress for older people but add to their expenses as well.

However, older people do contribute to the local, national and global fight against HIV/AIDS by being the main carers of those living with the disease and of the increasing number of orphans. In addition, they act as peer educators and counsellors. However, they are not targeted with support to cope effectively with the burden of care. Instead, they are stigmatised and isolated, resulting in psychological trauma.

Advocating the Inclusion of Older People HelpAge International has undertaken consultations with older people to understand first hand their experiences and the challenges that need addressing to enhance their care role. The dialogue has highlighted that there is a lack of knowledge about the disease among older people. This is because they are excluded from campaigns to raise awareness about the disease.

Policies, strategies and programmes to mitigate the pandemic have so far focused on the so-called sexually active age group (15 – 49). Existing AIDS literature and media coverage of HIV/AIDS issues rarely mention older people if at all and neither are they targeted in anti-AIDS campaigns. The bulk of available resources are targeted towards more "deserving" groups.

The emphasis of a lot of HIV and AIDS programmes is now on the increasing number of orphans. However, the communities within which they live and those caring for them such as older people are not considered for support.

Older people need to be provided with information on HIV/AIDS and to be involved in decision-making. Towards this end, HelpAge International continues to invite relevant stakeholders (other NGOs, government representatives, AIDS councils, etc) to AIDS workshops. In these forums the older people share their experiences, giving the stakeholders first hand information on the challenges of ageing in the era of AIDS.

Involving older people has made them more active in decision making in HIV/AIDS programmes, thus actively fighting the stigma facing them. Key information about causes, transmission and prevention of HIV and AIDS is now targeted at them to enable

them to better undertake their caring role.

Other stakeholders that previously did not consider older people in strategies to fight the pandemic (government departments other NGOs, among others) now appreciate the need to train and equip older people to undertake roles as home based caregivers and counsellors. These efforts have led to the recognition and appreciation of older people's role in the fight against AIDS and at the same time have served to fight the stigma faced by older people as society starts to recognise their role and give them support.

Fighting the HIV and AIDS scourge requires a holistic and integrated approach involving older people. The interdependence between them and orphans affected by HIV and AIDS cannot be ignored. Hence, efforts to improve the lives of one group must take into consideration the needs of the other group.

Older people's role in managing the pandemic makes them an important target group for support and in anti-AIDS campaigns. The visibility and empowerment they have continued to enjoy has assisted further in fighting the stigma they face.

This article is adopted from one published by Action Aid Africa under its Support to International Partnership against AIDS in Africa (SIPAA) programme ■

Quotable Quote

"People think older people are not interested in sex, especially older women. But they are interested; they do engage in sex, and they do get infected - even though the number is not big."

HAI's Regional Representative for Africa, Tavengwa Nhongo

Contact us:

HelpAge International
Africa Regional Development Centre,
PO Box 14888, 00800 Westlands,
Nairobi, Kenya.
Tel: 254 0(20) 4444289,4446991,4449407
Fax: 254 0(20) 4441052
Email: helpage@helpage.co.ke

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