

# NGO THEMATIC SHADOW REPORT ON OLDER WOMEN'S RIGHTS IN MOZAMBIQUE

Submitted to the 38<sup>th</sup> session of the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW)

In relation to Mozambique's *Combined initial and second periodic report of States parties*, 14 November 2005 (CEDAW/C/Moz/1-2)

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## Abbreviations

AMAI	Associação Mocambicana de Assistência ao Idoso
APAI	Associação para Apoio Idoso
APOSEMOI	Associação Mocambicana dos Aposentados
INAS	National Institute of Social Action
INE	National Institute of Statistics
INSS	National Institute of Social Security
MIPAA	Madrid International Plan of Action on Ageing
MISAU	Ministry of Health
MMAS	Ministry of Women and Social Action
MPD	Ministry of Plan and Development
NGO	Non-Governmental Organisation
PARPA	Plan of Action for the Reduction of Absolute Poverty
PASD	Direct Social Support Programme
PNPI	National Plan for Older People
PSA	Food Subsidy Programme
VOKOXA	Associação Mocambicana de Apoio a Velhice

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## I. Executive Summary

HelpAge International is submitting evidence to highlight the experience of older women's realisation of rights in Mozambique. Despite the growing numbers of older women in Mozambique, the Mozambican State Report *Combined initial and second periodic report of States parties* of 14 November 2005 (CEDAW/C/Moz/1-2) and the responses to the list of issues and questions (CEDAW/C/MOZ/Q/Add.1) fail to mention older women or address their rights in relation to implementation of the articles of the Convention.

This submission, which is supplementary to the NGO shadow report, sets out the context in which poor older women live and highlights the discrimination that they experience. It focuses on four main areas: legislation and policies to realise older women's rights (Articles 2 and 3), violence against older women (cross-cutting), the right to social security (Article 11) and the right to health (Article 12). Recommendations are made for Government action in each of the four areas.

Many older women in Mozambique are denied access to their rights because they do not have identity documentation which proves their eligibility for entitlements. Changing the policy on provision of such documentation would be a significant step forward in the realisation of older women rights as would adopting legislation that prohibits discrimination against older women based on the National Plan for Older People (PNPI). Lack of data disaggregated by age and sex prevents the formulation of appropriate policies and programmes for older women. Supporting the collection and analysis of such data would improve design and resource allocation of policies and programmes.

Older women continue to experience gender-based violence despite provisions in the PNPI to prevent it. Increasing awareness of support available and inclusion of older women in proposed legislation on domestic violence would be concrete Government actions towards reducing incidence.

The right to social security is denied to many older women. Providing identity documentation free of charge to the many older women without it would enable them to better access their entitlements. The rate of the present social assistance cash transfer scheme (the "food subsidy") is inadequate to meet the basic needs of poor older women and their dependents. Increasing it to its original recommended rate of the 33% of the minimum wage would make a significant difference to the financial security of recipients.

Despite legalisation guaranteeing older women's access to free basic health care, many women are unable to realise this right. Older women provide the majority of care for adults and young children affected by HIV and AIDS and are themselves vulnerable to infection. Including targets for older women carers in the National Plan for HIV, including older women's health needs in strategies for medical care or community health projects, and collecting HIV and AIDS surveillance data disaggregated by age and sex for those over 49 years old are concrete measures that would improve realisation of this right.

### **HelpAge International Mozambique**

HelpAge International (HAI) is a global network of not-for-profit organisations with a mission to work with and for disadvantaged people worldwide to achieve lasting improvements in the quality of their lives. HelpAge International Mozambique (HAIM) was established in 1988. A major part of HAIM's work has involved awareness raising and protection of human rights, not only for older women and men but for children, women and poor rural communities, working on the land law, the family law and child rights.

## **II. Recommendations to the Committee on the Elimination of Discrimination Against Women**

We recommend that the CEDAW Committee:

1. Encourage the Mozambican Government to adopt national legislation, based on the 2006 National Plan for Older People (PNPI) to protect the rights of older people, taking into account the particular issues faced by older women.
2. Encourage the Mozambican Government to establish an inter-ministerial group to monitor and ensure the implementation of the 2006 National Plan for Older People (PNPI).
3. Urge the Mozambican Government to support the collection of population data disaggregated by age and sex and the creation of a database by the National Institute of Statistics (INE) for the population over 55 years old.
4. Urge the Mozambican Government to make identity cards free of charge to poor and vulnerable older women and hold registration and awareness raising events to ensure they are aware of their entitlements.
5. Urge the Mozambican Government to include older women (and men) in the proposed legislation against domestic violence and ensure that they are aware of the support services available to them.
6. Ask the Mozambican Government to conduct a survey on the impact and cost of cash transfers to older women (and men) to ensure that the national framework for social protection targets older women appropriately and is sufficiently resourced.
7. Urge the Mozambican Government to increase the food subsidy (cash transfer) to its original recommended rate of 33% of the minimum wage.
8. Encourage the Mozambican Government to agree that the Ministry of Health can accept declarations of age signed and issued by community leaders as evidence of eligibility for free health care.
9. Urge the Mozambican Government to include older women's health needs in strategies for medical care and community health projects.
10. Urge the Mozambican Government to include targets for older women in the National Plan for HIV as carers, as vulnerable people and as critical actors in the response to the pandemic.
11. Encourage the Mozambican Government to support the collection, analysis and dissemination of HIV and AIDS surveillance data for people over 49 and disaggregate this data by age and sex.

### III. CEDAW and older women

In its Decision 26/III *Ending discrimination against older women through the Convention*, the Committee for the Elimination to Discrimination Against Women (hereafter the Committee) recognised that the Convention “*is an important tool for addressing the specific issue of the human rights of older women*”<sup>1</sup>. In particular the Committee recognised that discrimination against women throughout their lifespan has a severe and compounded impact on women in old age. It recognised the lack of statistical data disaggregated by age and sex, including the incidence of poverty and violence against older women, and the need for improving older women’s economic, physical, mental and social well-being as well as their participation in society. Given its concern for the situation of older women, in particular poor rural older women, we urge the Committee to continue to highlight discrimination against older women and encourage states to systematically address the rights of older women when reporting on their progress in implementing CEDAW.

The Madrid International Plan of Action on Ageing (MIPAA) was endorsed by the UN General Assembly in 2002. It provides detailed recommendations to member states on how it can realise the rights of older people through the three main areas of development, advancing health and well-being into old age and enabling and supportive environments. It has a strong gender perspective, recognising that women and men experience old age differently and as such provides a clear framework for realising the rights of older women. We urge the Committee to take into account member states’ commitment to MIPAA when considering recommendations and concluding observations on the rights of older women.

### IV. The national context: older women in Mozambique

As women tend to live longer than men, there are more older women than older men in Mozambique. According to data from the Mozambican National Institute of Statistics, in 2006 5.3% of the population was over 60. 63% of these are older women<sup>2</sup>, the majority of whom live in rural areas<sup>3</sup>. The UN predicts that by 2050 the number of older people in Mozambique over the age of 60 will have more than doubled from just over one million in 2006 to nearly three million in 2050<sup>4</sup>. As the population ages, the number of older women will increase.

Older women and men experience ageing differently in Mozambique. Older women are more likely than men to live alone without a partner and without support: 18% of older women compared to 11% of older men were living on their own in 2006<sup>5</sup>. They are less likely to remarry after the death of a partner and are more likely to be divorced or abandoned by their partner. In 2006 only 34% of older women were married compared to 85% of older men<sup>6</sup>. Women also live longer than men. In 2006 there were 75 men for every 100 women over 60 in Mozambique but only 63 men per 100 women over 80<sup>7</sup>.

Lack of data on older women in Mozambique is a major challenge to assessing the extent to which their rights are being realised. No data is available on the number of older women who live below the poverty line. A study by HelpAge International, Vokoxa and AMAI on health and social protection issues for older people showed that in general statistics on older women and men are not kept by local administrations except in some areas on the numbers of beneficiaries of various social action programmes<sup>8</sup>. This lack of data is a major barrier to ensuring that appropriate programmes are designed and sufficient funds allocated to addressing poverty and the health service and social protection needs of older women and their families.

<sup>1</sup> CEDAW, *Ending discrimination against older women through the Convention*, 07/05/02, A/57/38 (Part 1), para 430-436 (Decision)

<sup>2</sup> HelpAge International, *Mozambique Report On The MIPAA Implementation*, The Ministry of Women and Social Action and HelpAge International Mozambique, January 2007, unpublished

<sup>3</sup> UN Statistics Division, *Demographic Yearbook*, Table 7, <http://unstats.un.org/unsd/demographic/products/dyb/DYB2003/NotesTab07.pdf>

<sup>4</sup> UNDESA, *Population Ageing Chart*, UNDESA 2006, <http://www.un.org/esa/population/publications/ageing/ageing2006table.xls>

<sup>5</sup> UNDESA, *Population Ageing Chart*, UNDESA 2006, <http://www.un.org/esa/population/publications/ageing/ageing2006table.xls>

<sup>6</sup> UNDESA, *Population Ageing Chart*, UNDESA 2006, <http://www.un.org/esa/population/publications/ageing/ageing2006table.xls>

<sup>7</sup> UNDESA, *Population Ageing Chart*, UNDESA 2006, <http://www.un.org/esa/population/publications/ageing/ageing2006table.xls>

<sup>8</sup> HelpAge International, *Health and Social Protection Issues for the Elderly*, HelpAge International, November 2006

## V. Discrimination and older women's rights in Mozambique

HelpAge International and its partners' experience over the last 19 years has been that older women in Mozambique face discrimination on the basis of their gender, age and poverty. Older women are the most likely to live alone without support, to have the burden of care for dependents, to experience violence and to be denied their rights to social security, security in old age, health, and representation<sup>9</sup>.

The fact that older women live longer, are less likely to remarry and more likely to live on their own than older men tends to leave more older women living in vulnerable conditions, relying on the goodwill of relatives and neighbours for economic security. In a survey carried out by HelpAge International in 2001, more older women than older men identified isolation as a specific problem<sup>10</sup>. Traditional customs in most areas of Mozambique give married women limited status via their husbands but this does not extend to widows. Inheritance customs can dispossess them of the land, home and belongings that they had when their husbands were alive, leaving them destitute at a time of trauma and bereavement.

Older women are very unlikely to have received any education. In 2003 94.3% of women over 60 were illiterate (compared to 64% of men over 60)<sup>11</sup>. The vast majority of older women do not speak any Portuguese, the official national language. These factors seriously limit their access to information on their rights and entitlements and their ability to participate in development and community activities. It hinders their ability to participate in the present Government focus on decentralisation and district planning for development.

Older women are more likely than older men to suffer violations of their rights in the form of violence and abuse, for example as a result of witchcraft accusations often levelled at older women.

Older women are less likely to receive a contributory pension than older men as older men are more likely to have worked in the formal sector. On the death of a husband in receipt of a contributory pension, his widow has to prove that she is still living every month in order to continue claiming the pension. This can be a major barrier to continued access for older women who are unable to make this declaration, due, for example, to poor health and immobility, every month.

Despite this older women continue to contribute to their families and households. Older women are more likely than men to be involved in caring for children and for sick or dependent adults, domestic work, guarding property and cultivation of fruit and vegetables<sup>12</sup>. According to UN statistics, 76% of older women over 60 are still in the labour force<sup>13</sup>, the vast majority in the informal sector. Older women also play a vital role in passing on family history and moral, cultural and spiritual beliefs. Older women are playing a vital role in caring for both adults and children affected by HIV and AIDS.

<sup>9</sup> HelpAge International, Project proposal to SIDA, 2001

<sup>10</sup> HelpAge International, *Capacity and Connection, A Study of Ageing in Mozambique*, HelpAge International, July 2001

<sup>11</sup> National Institute of Statistics, [http://www.ine.gov.mz/populacao/estatisticas\\_genero/educacao/view?searchterm=analfabetismo](http://www.ine.gov.mz/populacao/estatisticas_genero/educacao/view?searchterm=analfabetismo)

<sup>12</sup> HelpAge International, *Capacity and Connection, A Study of Ageing in Mozambique*, HelpAge International, July 2001

<sup>13</sup> UNDESA, *Population Ageing Chart*, UNDESA 2006, <http://www.un.org/esa/population/publications/ageing/ageing2006table.xls>

## VI. Older women and the implementation of CEDAW in Mozambique

### Articles 2 and 3: Legislation and policies realising the rights of older women in Mozambique

Article 2 and 3 in CEDAW commit states to adopting legislative measures prohibiting discrimination against all women and ensuring the full development and advancement of women so that they can enjoy their rights.

Mozambique has also ratified the 2003 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. Article 2 specifically commits States to combating *all forms of discrimination against women through appropriate legislative, institutional and other measures*

Mozambique attended the Second World Assembly on Ageing and endorsed the Madrid International Plan of Action on Ageing (MIPAA) in 2002. We welcome the government's subsequent efforts to develop a multi-sectoral national plan of action on ageing. The National Plan for Older People (PNPI) was approved in August 2006. A specific objective of the PNPI is the removal of all obstacles that exclude or discriminate against older people, in particular older women (4.1.d). To ensure that the protection afforded to older women within the PNPI becomes a reality, the Government needs to transform this plan of action into domestic legislation and allocate sufficient resources to its implementation. Given the multi-sectoral nature of the plan, an inter-ministerial group needs to be established to monitor its implementation and any subsequent legislation.

One of the major barriers to older women realising their rights is the lack of national, district and community level data disaggregated by age and sex. Such data is essential for the development of appropriate policies and programmes that realise the rights of older women. Another is the lack of identity documentation proving their eligibility for entitlements.

A survey of eight communities in Tete Province carried out by HelpAge International in 2006 showed that older women were twice as likely not to have identification documents as older men<sup>14</sup>. In half of the communities surveyed more than 90 per cent of older women had no identity documents; in one community not one had proof of her age. The reasons for this are to do with the cost of obtaining documentation and gender and culture. When many older women were born it was not important to register them since it was unlikely that they would be going to school. Even if they had gone to school many would still not need to be registered since they would have been unlikely to be educated as far as Grade 5, for which you need an identity card (Bilhete Identificacao BI). Most older women had traditional marriages that are not registered and were not able to administer property, which usually passed through the male line, until the 2004 Family Law was passed.

Without this proof of age and identity, older women are unable to obtain poverty certificates and the BI and therefore are denied access to a range of entitlements that are theirs by right. Both documents are needed to claim the food subsidy and either one for free health services.

### **Recommendations**

We recommend that the CEDAW Committee:

- Encourage the Mozambican Government to adopt national legislation, based on the 2006 National Plan for Older People (PNPI) to protect the rights of older people, taking into account the particular issues faced by older women.

<sup>14</sup> HelpAge International, *Baseline Report*, Community Monitoring and Tracking on Mozambique, HAI/International HIV/AIDS Alliance Project, HelpAge International, February 2006, unpublished

- Encourage the Mozambican Government to establish an inter-ministerial group to monitor and ensure the implementation of the 2006 National Plan for Older People (PNPI).
- Urge the Mozambican Government to support the collection of population data disaggregated by age and sex and the creation of a database by the National Institute of Statistics (INE) for the population over 55 years old.
- Urge the Mozambican Government to make identity cards free of charge to poor and vulnerable older women and hold registration and awareness raising events to ensure they are aware of their entitlements.

### **Gender-based violence against older women in Mozambique**

CEDAW recognises that gender-based violence is a form of discrimination that seriously inhibits women's ability to enjoy rights and freedoms on a basis of equality with men<sup>15</sup>. The Madrid International Plan of Action on Ageing (MIPAA) recognises that *older women face greater risk of physical and psychological abuse due to discriminatory societal attitudes and non-realisation of the human rights of women. Some harmful traditional and customary practices result in abuse and violence directed at older women, often exacerbated by poverty and lack of access to legal protection* (para 108).

Article 22 of the 2003 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa commits States to protecting older women from violence and abuse, whereby States Parties undertake to:

*b. ensure the right of elderly women to freedom from violence, including sexual abuse, discrimination based on age and the right to be treated with dignity.*

MIPAA provides recommendations to contribute towards the elimination of all forms of neglect, abuse and violence of older persons and the creation of support services to address elder abuse. These include:

- *Abolish widowhood rites that are harmful to the health and well-being of women* (110 b)
- *Enact legislation and strengthen legal efforts to eliminate elder abuse* (110 c)
- *Eliminate harmful practices involving older persons* (110 d)
- *Minimising the risks to older women of all forms of neglect, abuse and violence by increasing public awareness of, and protecting older women from, such neglect, abuse and violence, especially in emergency situations* (110 f)

We welcome the Government's inclusion of violence against older women in the PNPI. A specific objective in the PNPI is to develop mechanisms to prevent abuse and violence against older people, particularly older women (4.1.f). Similarly Mozambique's second poverty reduction strategy, the Plan of Action for the Reduction of Absolute Poverty, (PARPA 2) adopted in 2006 calls for the awareness raising activities on older people's rights, in particular gender-based violence.

Despite this older women in Mozambique continue to experience gender-based violence. National data does not exist on the extent of violence against older women. Older women are often reluctant to report incidences of violence against them, often because of fear of the consequences, or the fact that not speaking Portuguese and being illiterate prevents them from being able to negotiate the system<sup>16</sup>. Despite this, and the relative percentage of older women in the population, 4 per cent of all reported cases of violence against women in Maputo City, Sofala, Maputo and Inhambane provinces 2004 – 2005 were committed against older women<sup>17</sup>. A survey based on reports of paralegals working with older people on a project run by HelpAge

<sup>15</sup> CEDAW, *General Recommendation No 19*, 11<sup>th</sup> Session, 1992, para 1

<sup>16</sup> Interview with Dra. Tania Waty, Secretary General, Associação Moçambicana das Mulheres de Carreira Jurídica, 29 March 2007

<sup>17</sup> Data provided by Women and Law in Southern Africa, Mozambique, March 2007

International and its partners showed that older women are subject to accusations of witchcraft which often lead to physical attacks, psychological abuse, loss of their property and expulsion from their homes or community<sup>18</sup>.

Accusations can be based on such simple factors as having red eyes, living alone, or eccentric behaviour. Whilst there was one case of an older man being accused of witchcraft in the survey, the close connection of older women to traditional healing and midwifery practices leaves them susceptible to such accusations as do conflicts over property after the death of a husband. This type of conflict is made worse when a husband with more than one wife dies, leaving various widows and children.

Cases in the survey included an older women who was accused by a neighbour of causing her miscarriage, an older women who was expelled from her home by her son who accused her of witchcraft, an older women who was tortured and another who was accused of witchcraft after she had benefited from an NGO programme building houses for older people. One older woman was accused of causing the illnesses of her neighbour's children.

The survey also highlighted cases of older women being expelled from their homes or having their property and goods stolen when they were widowed and cases of sexual abuse of older women. Very few older women and men are aware of the support services available for victims of domestic violence provided by the Ministry of the Interior. Mozambican NGOs are presently proposing draft legislation on domestic violence to further protect victims of domestic violence and to decrease the social legitimacy of such violence.

## **Recommendations**

We recommend that the CEDAW Committee:

- Urge the Mozambican Government to include older women (and men) in the proposed legislation against domestic violence and ensure that they are aware of the support services available to them.

## **Article 11: Older women's access to social security**

CEDAW recognises older women's right to social security throughout the lifecourse and particularly in old age.

Article 22 of the 2003 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa commits States to providing economic security to older women, whereby States Parties undertake to:

*a. provide protection to elderly women and take specific measures commensurate with their physical, economic and social needs as well as their access to employment and professional training;*

MIPAA recognises that *appropriate social protection/social security measures are required to address the feminisation of poverty, in particular among older women (51).*

MIPAA recommends that states:

- promote programmes that enable all workers, in both the formal and informal sectors, to have access to appropriate social security (52 )
- provide minimum income for all older people through establishment of non-contributory pensions (53 a)

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<sup>18</sup> HelpAge International, *Abuso da Pessoa Idosa – Um Assunto Vivo*, HelpAge International, July 2006

- provide minimum income for those *with no other means of support, most of whom are women, in particular those living alone who tend to be more vulnerable to poverty* (53 b)

Many older women in Mozambique are denied access to social security and security in old age. The majority of older women have worked all their lives in the informal sector with no access to contributory pensions or other forms of formal social security. Although a social protection law has recently been introduced to encourage informal sector workers to contribute to locally led schemes, many older women will not be able to make enough, if any, contributions in order to secure an income in this way. It is essential therefore that the national framework for social protection that is presently being developed by the government and development partners include the provision of non-contributory social security.

Mozambique's second poverty reduction strategy, the Plan of Action for the Reduction of Absolute Poverty, (PARPA 2) was adopted in 2006. Older people are reflected in two social assistance targets related to the distribution social assistance. However the budget allocated to the Ministry of Women and Social Action (MMAS) which is responsible for social assistance to older people is only 0.6% of the total PARPA budget.

At present the Government runs two support programmes, the Food Subsidy Programme (PSA) and the Direct Social Support Programme (PASD) through the National Institute of Social Action (INAS). The Food Subsidy is specifically directed to the poor and vulnerable who are unable to work and was designed to cover urban centres. The vast majority of the recipients of the food subsidy are older people. In 2006, according to INAS figures, the about 86,500 older people received the subsidy, 92% of all the recipients<sup>19</sup>. The fact that 67% of all recipients are women shows the particular vulnerability of older women.

However, given that the National Institute for Statistics estimates that there are a total of 668,000 women over 60 in Mozambique, the vast majority of older women have no access to social security, either through the food subsidy or contributory pensions. Many poor older women live in rural areas not covered by the scheme. Another major barrier identified in a recent survey in three provinces was lack of identification documentation (an identity card of birth certificate) to both enroll in the scheme and collect the benefit<sup>20</sup>.

The rate of the food subsidy at present is inadequate, especially for older women caring for dependants affected by HIV and AIDS. The rate for a single person living alone is 70 meticais (MT) which is not sufficient to cover even the most basic of food requirements. The highest rate is 140 MT per month, approximately US\$6. This is well below the original recommended rate of 33% of the minimum wage. In 2007, this would be approximately 500 MT. Although this would not be enough to cover the costs of caring for a child affected by HIV and AIDS or someone living with AIDS, the rate of 33% of the minimum wage would make a significant difference to the financial security of older women.

## **Recommendations**

We recommend that the CEDAW Committee:

- Ask the Mozambican Government to conduct a survey on the impact and cost of cash transfers to older women (and men) to ensure that the national framework for social protection targets older women appropriately and is sufficiently resourced.
- Urge the Mozambican Government to increase the food subsidy (cash transfer) to its original rate of 33% of the minimum wage.

<sup>19</sup> Data presented by INAS at Joint HelpAge International and INAS workshop on the food subsidy, March 2007

<sup>20</sup> HelpAge International, *Health and Social Protection Issues for the Elderly*, HelpAge International, November 2006, unpublished

## **Article 12: Older women's access to health in Mozambique**

CEDAW recognises older women's right to access to health care services.

Advancing health and well-being into old age is one of the three priority directions of MIPAA. It promotes:

- a life-course approach to health and well-being, particularly for women, *as they face obstacles throughout life with a cumulative effect on their social, economic, physical and psychological well-being in their later years* (64)
- *the elimination of social and economic inequalities based on age, gender or any other ground, including linguistic barriers, to ensure that older persons have universal and equal access to healthcare* (74)
- *the provision of adequate information, training in caregiving skills, treatment, medical care and social support to older persons living with HIV/AIDS and their caregivers* (80)

Under Law no.2/77 older women over the age of 55 (and men over 60) have free access to preventive health care. In addition Law no. 4/87 exempts them from paying the costs of staying in provincial or district hospitals. Despite this many older women are unable to access these entitlements and realise their right to access health care services.

One of the major barriers to older women accessing free health care is lack of identity documentation proving their eligibility for this entitlement, as mentioned above. Other barriers to older women accessing health care include having to queue for long periods of time whilst waiting to be seen, the distances to health posts and clinics, particularly difficult to get to at night when there is no transport, and the prohibitive financial cost of transport during the day. In the survey of eight communities in Tete Province above, only half of the communities had basic health posts and these do not cater for severe health problems. Distances to the nearest health posts from the other half ranged from 12km to 25km. Ophthalmic services are only available in selected provincial capitals.

Lack of equipment and training of health personnel also limits the health services available to older women. Not all trained home based carers, where they exist, had medical kits to enable them to provide basic care for older women who lacked mobility<sup>21</sup>. None of the health workers interviewed in a second survey carried out in Maputo, Tete and Gaza provinces in 2006 had any expertise in geriatric medicine<sup>22</sup> and there are no doctors specialising in gerontology<sup>23</sup>.

A further barrier is lack of awareness amongst the majority of older people of the Government's policy to provide free health care to older people. Not all medicines however are available for free and can be prohibitively expensive. Traditional healers were also considered prohibitively expensive to older women interviewed by researchers in Tete, Maputo and Gaza provinces<sup>24</sup>.

Older women play a particularly important role in the care of those affected by HIV and AIDS. The Situation Analysis of Orphans and Other Vulnerable Children published in 2006<sup>25</sup> showed the disproportionately high percentage of older people caring for vulnerable children. 19.8% of vulnerable children households are elderly-headed, compared to a slightly lower 16.7% for orphan households, and 10.7% for households overall (the latter figure derived from the Vulnerability Assessment, UNICEF, 2003). These older headed households tended to have lower levels of income than those that have non-elderly household heads. Female headed households carry a disproportionate burden of caring for orphaned children and are poorer than male headed households<sup>26</sup>. In many areas older women constitute the majority of carers for vulnerable children and orphans and therefore are living in disproportionate poverty.

<sup>21</sup> HelpAge International, *Final Project Report, January – December 2005*, Community Monitoring and Tracking on Mozambique, HAI/International HIV/AIDS Alliance Project, HelpAge International, 2006, unpublished

<sup>22</sup> HelpAge International, *Health and Social Protection Issues for the Elderly*, HelpAge International, November 2006, unpublished

<sup>23</sup> Interview with Terezinha da Silva, Women and law n Southern Africa, 29 March 2007

<sup>24</sup> HelpAge International, *Health and Social Protection Issues for the Elderly*, HelpAge International, November 2006

<sup>25</sup> Situation Analysis of Orphans and Other Vulnerable Children SIAPAC / VA 2006

<sup>26</sup> UNICEF, *Childhood Poverty in Mozambique, A situation and trends analysis*, Summary, UNICEF 2006

Older women face practical difficulties associated with the increased responsibility of care, such as collecting water, providing adequate nutrition and paying for costs associated with schooling and transport to access medical care. In addition older women carers lack opportunities to share their problems and feelings and support to deal with grief, trauma and changes in family circumstances. They often struggle to deal with the emotional needs and demands of their grandchildren<sup>27</sup>.

Very little data exists on the number of older women and men living with HIV and AIDS. As a result prevention, care and treatment programmes are not designed to meet the needs of those older women and men who are HIV positive. However, the National Plan of Action for Older People approved in August 2006. Specific objective 6 calls on a range of actors including the CNCS, MISAU and civil society to improve data collection on HIV and older people, provide information and skills and practical support to older carers of orphans and vulnerable children and people living with HIV and AIDS and to recognising the critical role that older people play in the response.

### **Recommendations**

We recommend that the CEDAW Committee:

- Encourage the Mozambican Government to agree that the Ministry of Health can accept declarations of age signed and issued by community leaders as evidence of eligibility for free health care.
- Urge the Mozambican Government to include older women's health needs in strategies for medical care and community health projects.
- Urge the Mozambican Government to include targets for older women in the National Plan for HIV as carers, as vulnerable people and as critical actors in the response to the pandemic.
- Encourage the Mozambican Government to support the collection, analysis and dissemination of HIV and AIDS surveillance data for people over 49 and disaggregate this data by age and sex.

### **For further information, contact:**

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<sup>27</sup> The tragic murder in October 2006 of a grandmother in Maputo, by her 16 year old orphaned grandson, threw into sharp relief the range of issues that the HIV response needs to address in support of OVC. The boy had lost both parents and was caring for a 6 month old baby and his ageing grandmother was accused of witchcraft and the death of his parents.