

# Older People and HIV & AIDS in Africa

## Editorial

HIV and AIDS impacts on older people in two basic ways: as affected, namely from the perspective of the responsibility of caring for children orphaned by AIDS and for people living with HIV and AIDS and, secondly, as infected and living with HIV and AIDS. Both ways are highly significant. The care giving role is an issue of scale with 40 - 50 per cent of the estimated 12 million children orphaned by AIDS in eastern and southern Africa being cared for by an older person, namely a grandmother. For the second type of impact, we are finally getting national data on HIV prevalence for the 50 and above age group and a disturbing picture is emerging that the prevalence rate is just below the national average, e.g., in Kenya 5 per cent HIV prevalence for the 50 - 64 age group compared to the national rate of 7.1 per cent (KAIS 2007) and in South Africa 6.7 per cent for the 50 - 60+ age group compared to 10.9 per cent for 2+ years (SA National HIV Prevalence IBC Survey 2008). For Kenya, this means that approximately 10 per cent of the 1.7 million people living with HIV and AIDS are older people.

The data has an impact and it calls for priority action at regional and national level for policy development and programming. The focus of the 4th issue of the Older People & HIV and AIDS in Africa Bulletin attempts to do just that. The case studies in this issue reflect the challenges and personal endeavours by older people to cope with the consequences of HIV and AIDS. The situations are quite varied including being HIV positive and dealing with family relationships, promoting HIV prevention and knowing one's status by traditional health practitioners and peer educators and the leadership of a young health professional in a rural area in Ethiopia to organize community-based health services for older people. The crucial care giving role of older people is well described in South Africa with older carers becoming activists to address food and nutrition needs, in Ethiopia the dynamics of intergenerational relationships between older carers and children and em-

powering older people through home-based care training in Tanzania. The impact of climate change and the need to hear the voices of older people is being addressed by HelpAge. The results of a regional scoping study in Kenya, Tanzania, Mozambique and Zimbabwe are highlighted in this issue.

Our lead article is about the success being achieved through advocacy in Durban, South Africa by the HelpAge partner Muthande Society for the Aged (MUSA). In 2008, HelpAge conducted training in developing HIV and AIDS advocacy strategies to MUSA and 20 other civil society organizations. Working groups were established for the themes of HIV prevention; care, support and treatment; rights and entitlements; and poverty alleviation and social protection. We are very grateful to colleagues who contributed to this edition of Older People & HIV and AIDS in Africa Bulletin and encourage you to also contribute to future editions of the Bulletin. The publication of the Bulletin would not be possible without the generous financial support of the Swedish International Development Cooperation Agency (SIDA).

Best wishes,

Douglas Lackey, PhD  
Regional Advocacy and Communications Manager,  
HelpAge International  
Africa Regional Development Centre,  
Nairobi, Kenya  
dlackey@helpage.co.ke

## Contents

- 1: Editorial.
- 2: Older People Need Support As Caregivers. Where Are The Voices Of Older People In The Climate Change Debate?
- 3: Training Older People Into Effective Home-Based Care. Media Review Forum Identifies Opportunities For Media Coverage Of Older People And HIV And AIDS In Kenya.
- 4: Bridging The Gap In Access To Health Care By Older People In Oromia, Ethiopia.
- 5: Show Casing HelpAge Ethiopia Work.
- 6: Advocacy Groups In South Africa.
- 7: Setting The Media Agenda In Ethiopia.
- 8: Case Study: Overcoming Challenges Of Illiteracy And Poverty In Kenya.
- 9: Older Carers Take Action To Fight Hunger. HelpAge Holds Media Review Workshop In Tanzania.
- 10: Changing Livelihoods Through Improved Shelter In Zambia. Sharing Experiences In Traditional Medicine.
- 11: Multi-Tasking In Traditional Health Practitioners For Rapid Scale Up Of Good Practices: Bendawo Ntini Of Tafelkof Project Site. Case Study From Ethiopia (Afr600:Year 2 Quarter Iv).

**HelpAge  
International**

age helps

www.helpage.org

## Older people need support as caregivers

The plight of older caregivers was the topic of a focus group discussion (FGD) on intergenerational issues between caregivers and children in the context of HIV and AIDS in Ethiopia.

The FGDs were conducted in Addis Ababa, Kolfe-Karaniyo Sub City, Oromia, Burayu District and Awassa by HelpAge International in Ethiopia in collaboration with Tesfa Social and Development Association (TSDA), Medhin Ethiopia Older People Living with HIV and AIDS Association and Marry Joy.

“Caring for these children is the pledge and promise we made to our late sons and daughters,” said one of the older carers with tears flowing down his cheeks. “So we have to give them high priority and love them even though we are physically and mentally weak and the task is tiresome.”

Almost all older caregivers who engaged in FGDs in the three areas are unable to meet the simplest of their basic needs like food, clothes, health-care and shelter. They have no promising income generating sources for themselves, children and people living with HIV and AIDS (PLHIV) under their care.

Most of them are engaged in small petty trades few of them are on pension. Some are simply beggars. They live in slum areas where access to basic services like water, electricity and telephone is very difficult.

According to the findings of the FGDs, the older caregivers have a huge burden. The 66 older caregivers who participated are providing care for 148 orphan and vulnerable children (OVCs) and five PLHIV.

The FGDs came up with the following recommendations for future support

based on good practices as well as lessons learned:

- Sufficient and regular cash support to cover the basic needs of both OVCs and older caregivers and also to engage in various income generating activities for able older caregivers;

- Attention and recognition from various development actors, particularly the government for their role in giving cares for OVCs and PLHIV;

- Realizing and respecting their rights and entitlements as citizen of the country and for their contributions in the society;

- Be trained to effectively discharge their care giving roles.

*Article by Aman Wabe and Abate Fulas (HelpAge International Ethiopia)*

## Where are the voices of older people in the climate change debate?

The realization that there are regions and communities that will be severely affected by the effects of climate change is one of the major factors behind high level international meetings on climate change the world over. These meetings, such as the one held in Copenhagen in December 2009, came up with important protocols and declarations that have far reaching implications on those vulnerable to effects of climate change.

It is important that these declarations and protocols include the views of the vulnerable groups and marginalized poor rural populations, people already suffering, or who will suffer the effects of climate change most severely. However as much as these meetings have tried to be as consultative as possible, there is one vulnerable group significantly ignored in the discussions: the old people, the senior citizens of

the world, a group that forms a significant portion of the vulnerable rural poor in Africa.

Adding the voices of older people to the climate change discussion will not only satisfy the requirements of inclusion, but will bring a wealth of experience in adapting to climatic changes. A scoping study by HelpAge International among older people in Kenya, Tanzania, Mozambique and Zimbabwe has established that older people are aware of the changing environment due to climate change. Older people remember rivers that are now just dry river beds, weather seasons that are no longer seasonal, crops that no longer yield as they used to.

The research also found that communities knew how to conserve natural resources such as water, soils, trees and animals. The Ogiek community of Kenya, for instance, has lived in the now controversial Mau Forest area

for years, and has not damaged the environment. The older Ogiek are sources of knowledge about how to co-exist with all aspects of the environment. Older people also have knowledge about drought tolerant crops and coping strategies, such as changing sowing times or adopting new water saving techniques.

It is against this background that HelpAge is teaming up with its partners to ensure that the voices of the older people are heard and factored in the declarations and protocols. Older people must be included in the entire process leading to the climate meetings like the Copenhagen one.

HelpAge policy and programming recommendations regarding the impact of climate change on vulnerable older people are:

- including older people in any policy dialogues;

- ensuring that the delegations going to policy meetings include older people;
- simplifying the climate change messages and creating awareness

among older people and the public in general;

- researching, documenting and sharing traditional knowledge on climate change; and

- gathering inputs from older people in policies regarding climate change policies being developed and coordinated by national bodies.

*Article compiled by HelpAge staff*

## Training older people into effective home-based care

In 2004, HelpAge in collaboration with Tanzania partners (WAMATA, GSSST, SHISO, CHAWAMA and TEWOREC) conducted a participatory research on the impact of HIV and AIDS on older people in Tanzania. The findings of the research, “The Cost of Love,” revealed a lot of challenges related to care of orphans and sick people. As a result, HelpAge with partners came up with a Home-Based Care (HBC) model for supporting older carers of PLHIV in Tanzania called “Building Bridges”. This model was tested in 57 communities of Tanzania in the regions of Arumeru, Arusha, Bagamoyo, Iringa, Kibaha, Kinondoni, Muheza and Tangga.

The trial revealed that as much as the national guidelines for HBC are comprehensive, they lack an understanding of specific needs of older carers of older people living with HIV and AIDS and orphans and vulnerable children (OVC). They are very much referring to a family as a unit of care provision. Within the guidelines, there are underlying assumptions that all carers are literate, mobile adults, productive and that the family is economically sufficient to finance medication, transport, food and shelter.

The curriculum is biased and tends to select trainees with medical back-

grounds. Older carers have not been targeted by many agencies including national and international service providers for HBC training. They continue to be excluded from HIV and AIDS training programmes. More disturbing is that the national curriculum is long and lacks adult learning methodologies. Research by HelpAge and partners in 2006 in three regions of Tanzania revealed that 20 to 45 per cent of PLHIV and between 25 to 75 per cent of vulnerable children are cared for in older people-headed households.

Campaigns for VCTs and ARTs tend to ignore older people, mainly targeting the youth. There is no sensitization and mobilisation for older people to utilize these services.

Due to this, many older people caring for the PLHIV and OVC lack an understanding of critical HBC information, psychosocial support and finance. Additionally, they rarely have any support when problems become critical in their homesteads, especially in the rural areas. In order to effectively close the gaps in the national guidelines, HelpAge, through WAMATA, initiated a training programme for HBC providers under the project “Strengthening Regional Responses to Reduce the Impact of HIV and AIDS on Older Persons.” The project seeks to pro-

vide awareness on prevention of HIV and AIDS; provide information on how to care for HIV positive patients at home; outline on the importance of VCTs to older people; and facilitate the exchange of ideas and experience on HIV and AIDS.

During such trainings, HelpAge incorporated key issues from the Building Bridges into the national curricular for HBC. One of the criteria, contrary to the national guidelines, was selection of older people as trainees.

Training of older people in HBC issues has been fundamental and useful to the caregivers. As it emerged from the project, older people, if empowered, can make a big difference in the community to reduce stigma and discrimination. In addition, older people trained as HBC providers are most trusted and visited by older people.

The project recommended that there should be on-going training of HBC, so that majority of older people can access knowledge and skills on how to care for older people living with HIV and AIDS. It is important to sensitize all stakeholders to recognize and support the role played by older people in HBC.

*Article by Mathew Kawogo (HelpAge International Tanzania)*

## Media Review Forum identifies opportunities for media coverage of older people and HIV and AIDS in Kenya

HelpAge International and HelpAge Kenya organized a Media Review Forum in December 2009 at Kenyatta

University Conference Centre, Nairobi. The meeting was a follow-up to a regional meeting held in March

2009 that brought together regional, national media representatives, government, HIV and AIDS advo-



cacy and communication officials, civil society communication officers from seven countries in Eastern and Southern Africa including Ethiopia.

The goal of the media forum was to seek ways in which to establish a working relationship with the media so as to brief them on key developments in relation to the impact of HIV and AIDS on older people. The meeting further sought to understand how the media operates, and the challenges journalists face in highlighting and covering stories of older people.

The key recommendation from the media review was that organizations working with older people should develop a media and communications strategy that would help guide in disseminating information using the various forms of media, and which will also help balance the policy influencing aspect as well the programming aspect in media work.

The development of the strategy should be all inclusive. As partners, the meeting resolved that the media be invited and be involved in strategy meetings as opposed to just getting invited to workshops. In addition there is need for organizations like HelpAge International and HelpAge Kenya to build capacity to support efforts of the media in creating a culture of reporting on issues of older people.

It was acknowledged that the media has a major role to play in championing issues of HIV and AIDS and older people, and especially in highlighting the impact of HIV and AIDS on older people. Participants expressed how crucial the media is in collecting and disseminating evidence, including facts and figures to demonstrate how HIV and AIDS is impacting on older people, and playing a watchdog role on the actions and performance of civil society organizations and governments on issues affecting older people.

However, journalists at the media forum said that they could only play this vital role effectively if the entire process is done systematically and in a coordinated approach, that the process is informed and guided by real issues affecting older people and with support from organizations working with older people.

The media was challenged to take up the initiative of creating an agenda for issues of older people as it has the capacity and ability to nurture societal interest in the issues and circumstances faced by older people by taking on politicians on this issue.

The forum observed that knowledge gaps on older people exist especially regarding their sexual lifestyle and the ratio of older people with HIV and AIDS with access to ARVs. There is an urgent need to conduct national surveys to capture the scale of older people engaged in caring for OVCs. Such surveys should profile the gender of such carers and break down their age cohorts.

*Article compiled by HelpAge staff*

### The approach

We did an outreach using churches, which enabled us to identify older people's homes. We then carried out home visits to these homes and built rapport. Thereafter, we designated one day in month to attend to the health needs of older people and those who cannot make to the health facility, a home visit is done and they are served there. They are seen and treated freely. Though this is a private health facility and we do not have outside funding, we feel giving is sacrificial and

this is my way of saying thank you to God and to my government.



**Health concerns of older people**  
The key health issues facing older

people are multiple healths needs like Rheumatic pain, hypertension, diabetes and generalized pains. This, at times, requires multiple drug therapy. In addition, through home visits, we have established there is need for shelter improvement, nutritional challenges. This affects their health and compliance to treatment, but we are trying our best and hope that others will join in and fill the emerging gaps.

*Article by Dr. Fayisa Legesse and Erna Mentenot Hintz (HelpAge International Ethiopia)*

## Show Casing Helpage Ethiopia Work

Fatuma, 43, and Ebrahim, 56, are married and with a four-year-old daughter. The couple are members of Ifa Bira People Living with HIV Association established in Burayu town, through assistance from HelpAge International Ethiopia. The following interview was conducted during the capacity building training offered to the members of the association.

*The first interviewee was Ebrahim.*

"My first wife, Ansha with whom I lived for 26 years, was born from Ethiopian mother and Yemeni father. We were blessed with three sons during our marriage. My older brother and my younger sister who live in Saudi Arabia invited me to visit them. On arrival, I got opportunity to work at an auto maintenance workshop and decided to stay.

After a while I came back home and took Ansha to live with me in Saudi Arabia. After the death of my mother due to old age, we decided that Ansha should return to Ethiopia to mind the family business. I also joined her soon afterwards as I have earned enough to buy a truck for one of our sons to use to earn a living. Life was good back home with income from the truck. In 2001, Ansha travelled to Yemen to visit her relatives. According to the law of the country at that time, every foreigner was required to take a HIV test. Unfortunately, she tested HIV positive and was thrown out of

the country. She kept what happened to her secret though she was frequently ill. Finally we decided to go for HIV test. Both of us tested HIV positive. Her CD4 was too low while mine was higher. She passed away soon after the test because there was no access to ART in Ethiopia at that time. After her death I was out of my mind and was out to infect other women, something I now regret."

*Ebrahim's current wife, Fatuma, tells her story as well.*

"In 2000, I was a cashier and a commercial sex worker in one of big hotels in Addis Ababa. I used to have many clients and I had no awareness about HIV and AIDS. I became pregnant in 2001 and gave birth to a baby boy whose father I did not know. When my boy died at the age of nine, my relatives and my closest friends advised me to go to a VCT which I did immediately. Fortunately, the result showed that I was negative. At the VCT centre, I also got general information about HIV and AIDS, its ways of transmission and prevention which convinced me to use condoms.

In 2002 Ebrahim became my friend; he was nice to me. Unlike most men, he appeared not to be after sex. I started sexual relationship with him after sometimes. He used to take me to his house several days a week to spend the night together. The first few months, he used condoms. Through time, when our love grew

to a higher level, he stopped using condoms. I also stopped working in the hotel and started living with him.

After 6 months of living together, I told Ebrahim that I wanted to conceive, which he accepted with pleasure. I went to a health centre for fertility test. The doctor advised me also to have a HIV test. I was found to be HIV positive. I was very angry and depressed. I blamed Ebrahim for it, so I left him and started leading a lonely life. But Ebrahim didn't leave me alone. He told me that he is also positive and told me the whole story. He regretted and begged me to forgive him. He kept visiting me frequently and supported me in all aspects and convinced me that it is possible to lead a positive life. I then returned back to him and continued to live with him. Both of us started taking, initially paid and later free, ARVs and strictly adhered to it. After a year, Allah blessed us with a beautiful HIV-negative daughter.

Both of us have a good income. I prepare and sell spiced and milled traditional food items like hot pepper and shiro, and Ebrahim is engaged in mobile auto mechanics. We have also a permanent income from truck rent. Our daughter goes to one of the best private school in the area. Allah is great! Thankfully, we are leading a happy positive life now."

*Article by Abate Fulas (HelpAge International Ethiopia) and Metaferia Aboye*

## Bridging the Gap in Access to Health Care by Older People In Oromia, Ethiopia

I am Dr. Fayisa Largesse. I was born in rural Ethiopia, western part of Ethiopia in a place called Gindeberet where my parents were peasant farmers. I passed through different challenges to complete my education and I hold a Bachelor of Science Degree in Medicine.



### Career

After graduation I was employed by the government where I worked for five years before resigning to set up my own private health facility in Barayu, Oromia Region. The purpose of my resignation was motivated by need to establish a health facility that I have a leeway in type of design and nature of services offered to people. I wanted something that compliments my religious conviction of services to the less fortunate members of society, and at the same time fills in the existing gap in access to quality and affordable health care services. I therefore established this clinic that mainly attends to basic health needs of the people from Barayu region.



### Motivation for serving older people

Five years ago, I did a proposal on geriatric medicine and the need for designing a clinic addressing older people related issues, but I was not successful. However, I have not given up. I am convicted by my religious beliefs and African value system of supporting the less fortunate members of society, and more so the older people who are the fabric of society to enjoy better health. What I have started is part of my commitment to demonstrate that access to affordable and appropriate health care by the older people is attainable in Africa.





# Advocacy Groups in South Africa

HelpAge International affiliate Muthande Society for the Aged (MUSA) has four advocacy working groups in Clemont, Durban, South Africa which were formed in collaboration with the HelpAge Africa Regional Development Centre. ARDC provided training in developing advocacy strategies and on-going technical and financial support.

**Group 1: HIV Prevention (Advocacy objective: To increase the number of male visits to VCT sites as well as encourage older people to be trained as VCT counselors)**

## Activities

They have advocated with the Department of Health to produce posters in languages that the older people understand, and the messages have been shared by the media through a number of channels including radio talk shows for the older people by the older people. The department is supplying them with posters.

They have delivered a message to the Director of Health and highlighted that so far, there has been a focus on chronic infections and diabetes and not HIV and AIDS, yet older people are affected by the disease.

The media (SABC) have been able to highlight the plight of grandmothers, and promised to do so on a regular basis.

## Issues Arising

Intergenerational sex among the older people and the youth is high. Competition among the older people and the youth has increased, leading to financial stress as well as increased rape cases.

## Future plans for the group

Encourage the establishment of youth centers to train the youth and to prevent intergenerational sex: this will be a youth resource centre; inclusion of older people in the HIV prevention program that MUSA has; all the IEC information will target the rural communities as well; and the VCT day on Saturdays will target men who have been mobilizing by word of mouth.

**Group 2: HIV Care, Support and Treatment (Advocacy objective: To ensure the home-based care policy includes respite care services like palliative care in order to strengthen and support the role of the older people as primary care givers)**

## Activities

The group has managed to visit the director of an old age home who has agreed to be their spokesperson as they visit the Department of Social Development to advocate for the need to ensure that home-based care (HBC) covers the needs of palliative care. They cited the lack of the kits to contain all the necessary equipment to carry out HBC and palliative care especially among older people (there are no products to deal with incontinence among older people). They have successfully advocated to the director of the home to reserve at least two beds for older people for emergency cases. Successes include that the department of health has provided them with 20 boxes each of products to help them offer better HBC to older people. The department has also assigned 20 volunteers to the older people's homes so as to ease the work loads. In preparation of the VCT day, the group has developed messages in pamphlets advocating that respite services are necessary. They also plan to use the day to advocate for universal access to ARVs by the older people through advocating that the clinics become a one stop shop where older people can access all services one off.

**Group 3: Rights and Entitlements (Advocacy objective: Enhancing accessibility of VCT services to older persons through establishment of mobile clinics).**

## Activities

The group has successfully advocated for mobile VCTs to be available at rural areas as well as advocated to the VCT workers and caregivers towards changing their attitude towards older people.

They have gathered evidence on the abuse of older people by health centre staff and as a result some have been dismissed.

The older people still identify the distance from the health centers as a challenge in getting them to access VCT and other health services.

As a result of the advocacy work, the rural clinic has organized for a mobile clinic twice a month since June 2009 and they focus on VCT, TB and immunizations. The group has arranged for posters and pamphlets with key messages to be distributed during the upcoming VCT event.

## Plans

The group plans to advocate for the establishment of door to door mobile clinics.

They will analyze the HIV and AIDS policy guideline on rapid testing and request for support from HelpAge for this.

There is need to gather information on the VCT data disaggregated by age and gender, and advocate towards follow-up support, for example ART, nutri-

tion and PSS support for the older carers. HelpAge has pledged to take action, and this will also be strengthened by the VCT study being organized.

**Group 4: Poverty Alleviation and Social Protection (Advocacy objective: To ensure that the Department of Social Development officials provide support to older carers by fast tracking the backlog in processing applications or foster care grants.)**

## Activities

The group has met with the director of social development and the outcome of the meeting is that they will avail youth cadres to work and focus on supporting the older people. As a result of the meeting, the director has held a meeting with all the social workers who now inform him of pending cases and now cases are screened at government level and not at organizational level, as was the case before. Due to this, older people have benefited. The president also has a toll free number to listen to problems.

They have successfully advocated for 75 older people with pending cases who have now received grants including food parcels.

They have held two workshops where older people have been educated on their rights. Government officials were invited and got to present on how to follow up on applications.

## Challenges

Some government officials are still ignorant on how HIV and AIDS impacts on older people and therefore the group plans to have seminars at local level. Conflicts occur between the grandchildren and grandparents because of the different types of grants. Some children think they have a right to the money provided to the grandparents for caregiving.

## Plans

To undertake a workshop with OVCs and their grandparents as well as the social workers to discuss, learn and educate the children on the financial matters as well as focus on BCC strengthening. They plan to share the video they have made on the impact of the slow back log and delay in the processing of the grants once it is edited and ready for the wider audience.

There is need to advocate for policies to reflect the need for all screenings to be done at government level and not by NGOs and CBOs as is the case. With this, older people will always be included.

## VCT Day

This was a major highlight for MUSA. The four advocacy groups combined resources and efforts and planned a VCT day targeting older men. The day was attended by around 250 older people as well as representatives of the MUSA board, the municipality head of the HIV unit, traditional healers, other civil society organizations, ARDC and the wider community.

## Activities

The representative of the municipality HIV unit highlighted that the government continues to support older people in the fight against HIV and AIDS. He appreciated the role of traditional healers and gave information regarding a number of government led initiatives that older people can get involved in including Men in Partnership against AIDS, Faith Based Associations, and Circumcision among Men campaigns. He committed to continuing to support the older people and encouraged establishment of Psychosocial Support Groups to discuss HIV and other issues that affect older people.

*Article by Roselyne Mabasa (Muthande Society for the Aged, MUSA)*

# Setting the media agenda in Ethiopia

Older people and issues affecting them, particularly on HIV and Aids are set to gain prominence in the media following fruitful discussions between stakeholders in the care of older people and media practitioners in Ethiopia.

The meeting organized by HelpAge International, Ethiopia, in collaboration with Africa Regional Development Centre (ARDC), was held in September 2009 at Wabe Shabelle Hotel, Addis Ababa.

The participants stressed the need for the media and HelpAge to work closely together so as to promote issues of concern to older people, and to register tangible results by including older people in various interventions undertaken both by government and NGOs.

Alison Rusinow, HelpAge Ethiopia country programme director, noted that the media viewed older people as one of the most disadvantaged and neglected segments of the community. She reiterated the importance of journalists in bringing issues of older people to the attention of government policy makers, development partners and the general public.

There was general concern and agreement that media coverage of older people is minimal. For instance, The Reporter newspaper had only two articles on older people published during the past four years.

Deliberations at the meeting focused on key issues in HIV and AIDS and older people that are of interest to the public and policy makers. Participants



also discussed the different forms of media (radio, newspapers, TV) which would be the most effective platforms for articulating and highlighting issues of HIV and older people, as well as strategies to strengthen collaboration between the media, government and civil society in increasing awareness and influence policy about the impact of HIV and AIDS on older people.

Some of the strategies proposed to increase coverage and prominence of issues of HIV among older people included a closer collaboration between

journalists covering HIV issues and other stakeholders working in the field of HIV prevention. In particular, it was recommended that HelpAge work more closely with Ethiopia media houses. The media, on their part, were urged to design ways on how best to promote HIV voluntary counselling and testing and disclosure of one's HIV status. Journalists reporting on HIV were urged to develop new story angles so as to generate interest and relevance. It was agreed that HelpAge Ethiopia should organize field visits for journalists to specific project areas so as to gather relevant case studies to be used in their stories.

*Article by Aman Wabe (HelpAge International Ethiopia)*

## Overcoming Challenges of Illiteracy and Poverty in Thika, Kenya



My name is Michael. I am 23 years old and married with one child. I live in the same compound with my mother, who is a single parent of five children: four girls and myself. All my sisters ran away from home to get married as a way of getting enough food and a better life. My mother is taking care of our two nephews who were left behind by my auntie. For my education, I only managed to enroll in nursery school.

*Article by Michael Kanyingi (Christian Community Services) and Erastus Maina (HelpAge Kenya)*

Before joining the Gatukuyu youth group, I worked for several years as a casual labourer in coffee plantations as a picker. The job is very tedious and demanding. Every day I wake up at 4 am in order to report in the farms for the day's routine by 5 am for a meagre earning of 70 shillings (about US\$1) without food and protective gear.

I joined the group in October 2008 where we were trained in business management and group dynamics. Later in July 2009, I was supported with a loan of Kshs.30,000. (US\$365). This money enabled me to buy a donkey and a cart whereby I use to provide transport services, vend water and supply firewood. For the firewood, I buy exotic trees commonly used as firewood in our village. My firewood business has also challenged to encourage and sensitize people to plant trees. I make an average of Kshs.200 per day. Mary, my wife assists me keep records of our small business. The income has enabled me to stop being a casual labourer, start repaying my loan, and support my family, elderly mother and her dependants.

## Older carers take action to fight hunger

"Something must be done. The government must do something!" This is the usual response people have when something goes wrong, yet they themselves do nothing about the situation.

However, a group of older people involved in Muthande Society for the Aged (MUSA) areas of operation said something had to be done regarding their food and nutrition situation, and they took action. They established food garden projects in the service centres which include door-sized gardens in older people's households and communal gardens.

The training and demonstration was done by the gardens facilitators from Department of Agriculture (Local Government) which also donated garden kits that included spades, hoes, watering cans, forks, trowels and 2 wheelbarrows.

Older carers were given carrot seeds spinach, beetroot, cabbage and green pepper seeds. Within a short time,

older people transformed grassy pieces of unused land into flourishing vegetable gardens. Vegetables are easy to grow and are healthy food for children and those living with HIV. The vegetables are used to make soup for older people at the pension pay out points, and are also given to needy older carers of OVC and people living with HIV and AIDS.

During the older persons' month of October, a campaign on "sidla izithukuthuku zethu" meaning "eating fruits of our harvest" aimed at encouraging all the older persons to assist one another to produce more vegetables was carried out.

Considering the growing cost of food, growing vegetables is an important activity for older persons. Older people who attend literacy classes have produced their own booklet on how to grow vegetables. The MUSA garden facilitator, HIV/AIDS caregivers and community members offer technical support and advice. So far, 80 older people have benefited from the project.

*Article by Roselyne Mabasa (Muthande Society for the Aged, MUSA)*

## HelpAge holds media review workshop in Tanzania

The pandemic of HIV and AIDS continues to pose a serious threat to the older people generation of Tanzania and sub-Saharan Africa in general, despite ongoing public health efforts to control the spread of infection. Given the important role of oral tradition in indigenous settings throughout rural Tanzania, HelpAge adopted an innovative approach to HIV and AIDS prevention, care, support and treatment based on the use of media.

To discuss the matter, HelpAge in Tanzania organized a one-day meeting on the October 7, 2009 at the Regency Hotel, Dar es Salaam to review action steps of the initial meeting held in Nairobi during March 2009. The meeting brought together HIV and AIDS coordination body in Tanzania (TACAIDS) and media representatives from radio, television and print. The meeting was officiated by HelpAge Tanzania Country Programme Director Neco-dimus Chipfupa.

The objectives of the meeting were to review action steps agreed during the media and HIV and AIDS meeting held in Nairobi; identify gaps, challenges and lessons in featuring older people issues in Tanzania media; and develop action steps for improving and increasing media release of older people issues in media

The purpose was to measure progress to know where Tanzania is after the Nairobi meeting. A session, led by Aloyce Komba and HelpAge, gave a reflection of successes and challenges. To media representatives who were not in the regional meeting, the session gave a clear understanding of what happened and what is expected of them.

Since the Nairobi meeting, HelpAge met with key stakeholders including government officials in Bagamoyo in April 15 to 17, 2009 where they held discussions on key challenges faced by OPs including researching on HIV and AIDS and non-availability of useful HIV and AIDS statistics and identified roles of each stakeholder including media, TACAIDS, NBS, HIV and AIDS-based CSOs and age-care organizations. TACAIDS agreed to do an orientation to media institutions on the National Multi-sectoral Strategic Framework on HIV/AIDS II (2008-2012).

HelpAge also visited media institutions in between April and August 2009 to develop a working relationship. The entry points were the media meeting held in Nairobi and a concept paper submitted to Tanzania Media Fund. Additionally, the visit discussed the formulation a media action group that will support the featuring of older people issues. The institutions visited included TBC, New Habari (2006) Ltd., Mtanania newspaper, and Association of Journalists against AIDS in Tanzania (AJAAT). Additionally, HelpAge was visited by Daily News, Majira, Guardian, TBC, Mtanania and Free Voice.

Key recommendations from the meeting included: that HelpAge request a special supplement within existing newspapers tackling the issue of cost for featuring older people issues in newspapers; HelpAge to speak to the media about their perception that NGOs have lots of money; and HelpAge should keep influencing the media concerning their constitutional role and responsibility to educate, inform and entertain. HelpAge will also support media visits to older people for data gathering, including media visits to older people camps.

*Article compiled by HelpAge staff*

**With Older People,**

**We can fight HIV and AIDS**



## Changing livelihoods through improved shelter in Zambia

Shelter is one of the most basic human needs. Life is unbearable without it. On the other hand life is worth living if you have a good shelter. While the challenge for the younger generation is how to acquire good housing, the challenge with the older people is how to maintain their houses to habitable conditions. It is even more challenging for the older generation with their diminishing resources and sources of income, if they have any at all. Aware of the older people's shelter dilemma, HelpAge International in partnership with Senior Citizens Association of Zambia (SCAZ) has over the years been assisting older people in Zambia to spend their sunset years in the comfort of good housing under the Shelter Repairs Project. For Esnart Phiri 70, the Shelter Repairs Project has brought more than good shelter and comfort. It has brought good health. Born in Rufunsa, she moved to Lusaka with her late husband over 50 years ago. They had five boys and six girls. Since the demise of her husband more than 30 years ago, Esnart had been fending for her family by brewing and sell-

ing traditional alcohol. Tragedy hit her again when she lost her son five years ago from HIV and AIDS related illnesses. He is survived by three children.

Her house had deteriorated to the extent that it was a health hazard. It generated so much that dust during the dry weather causing perpetual coughing and sneezing, and chest problems during the rainy season. However, things changed for the better when Shelter repairs came knocking on her door. Now, with the floor cemented and dust free, Esnart's coughing and sneezing has diminished.

Faustina Fubisha, 83, is another grateful beneficiary. Her late husband had built a good house. With no means to maintain it, Faustina watched helplessly as its state deteriorated: the roof leaked and the floors had worn out. This made the house uncomfortable to live in.

As luck would have it, SCAZ came in and repaired the roof and floor. According to Faustina, the family has been enjoying a healthy life since the repairs. They no longer suffer

from coughs and sneezes as frequently as they used to.

To Vainess Phiri, 67, the project has brought comfort and happiness to the family. Her house was dilapidated and leaking badly. The roof has now been repaired; the walls have been plastered and look firmer. "Before the repairs, we did not sleep when it rained at night," she says. "Now we are able to sleep comfortably."

Besides providing good shelter, HelpAge is also offering education support and funds to initiate income generating activities (IGA) that are changing livelihoods as Violet Tutu 62, attests. Fast sliding into abject poverty and despair, life dramatically changed when SCAZ gave her funds which she used to purchase a piece of land worth US\$500. She has since built two houses. "The IGA funds have really brought dignity to my life and to those who depend on me," says Violet. "I cannot imagine what could have befallen me and my family without this support."

*Article by Rosemary Sishimba (Senior Citizens Association of Zambia, SCAZ)*

## Sharing experiences in traditional medicine

In November 2009, HelpAge International brought together 55 members of the Traditional Healers' Association in Ethiopia to share experiences and lessons learned from the regional traditional health practitioners, HIV and AIDS and older people consultative meeting held earlier in March 2009 in Lusaka, Zambia.

The workshop held at Tabor Junior School Hall sought to share the knowledge acquired from the Lusaka meeting with concerned government officials and members of the Traditional Healers Association; brainstorm on issues of older people and their contribution as traditional healers with government officials; seek ways of linking traditional health practitioners' work with modern health institutions; and strengthening the capacity of genuine tradi-

tional healers.

Ato Yihun Telila, representative of Southern Regional Health Bureau, reiterated the importance of older people as traditional healers, noting that their contribution to health care services is great, with a large section of the community relying on them.

Telila called for closer collaboration between traditional healers and modern health institutions and practitioners, since the contribution of traditional healers and traditional medicine in the healthcare system is very important. This is even more important considering that older people are also the main traditional healers and practitioners.

Ato Ali Mohammed, chairperson of the Regional Traditional Healers Association, briefed the participants on the outcomes of the Lusaka meeting. He pointed out the Lusaka meeting sought to identify the role of traditional health practitioners (THPs) in HIV and AIDS prevention, care and support and treatment; recognize the challenges traditional health practitioners face and seek solution; share best practices to increase ability of THPs to combat HIV and AIDS including collaboration with health systems; and identify gaps in policy development and implementation regarding THPs, particularly related to HIV and AIDS.

The meeting also pointed out some of the challenges traditional healers

faced including suspicion among THPs; limited knowledge and understanding of each other's practices; secretiveness and many mysteries surrounding THPs associations; lack

of regulatory body for THPs; lack of documentation and evidence; and lack of support and attention from various concerned stakeholders. The meeting recommended that the

government should recognize and appreciate THPs, giving due support where necessary considering their significant contribution to health-care in Ethiopia.

*Article compiled by HelpAge staff*

## Multi-Tasking in Traditional Health Practitioners for Rapid Scale up of Good Practices Bendawo Ntini, Traditional Health Practitioner, Tafelkof Project Site, late 50's

"I was trained by Muthande Society for the Aged (MUSA) in 2008. The training was on HIV prevention and the role of Traditional Health Practitioners (THPs). We were also taught on HIV prevention, how to practice good hygiene in our clinics, proper drug labeling, storage, collaboration with nearby government health providers to avoid drug toxicity especially for clients on ARVs, and how to take client data and good record keeping. The training has changed the way I conduct my business."

During the field visit to Bendawo's traditional medicine clinic, the following was observed by MUSA staff.

a.



a: Bendawo in his official regalia in his herbal clinic with gloves and condoms on the dispensing table on the right.  
b: certificate of ordination as a pastor displayed in his clinic.  
c: in his religious attire preaching the word of God. This triple role is critical for dissemination, influence and rapid scale of good practices in the community.

- All the drugs were labeled and stored in clean containers supplied by the project.

- Not to be taken by mouth drugs/liquids which are poisonous are labeled with the red top to guide clients and their caregivers who may not read (Red cap on the container, clients are informed means dangerous and never to be taken by mouth and must wash hands after getting in conduct)



c.

- A packet of gloves and condoms collected from Tafelkof government health centre formed essential 'pharmacy' items

- A record book with client information (Name, date of visit, Age, gender, number of visits, nurture of problem and diagnosis and treatment given) was seen.

On condom use, Bendawo observed, "We were trained on how to break the ice and build good rapport with our clients. I start my discussion with the client and encourage him/her to share on their history in relation to the problem and the wider household members. This guides me how to initiate condom discussions."

Triple Roles: THP, religious (church) leader and THP trainer of new recruits

Apart from being a THP, Bendawo is also an ordained church pastor. He also trains new recruits who want to be THPs. The training lasts for about a year. He also has church in his homestead, with about 500 regular members. He feels the training has accorded him an opportunity to share HIV information and serve many from the community from HIV infection and re-infections.

*Article by Samuel Obara (HelpAge International Africa Regional Development Centre) and Muthande Society for the Aged (MUSA)*

## Case Study From Ethiopia

My name is Zenebech Kebede. I am 59 years old, married and with four children. All of them are married. Together with my other four friends, I have met peer educator Asefa Abebe five times recently. He

has given us general information about HIV and AIDS, the ways of transmission, prevention, care and control. He further told us about the importance of undergoing VCT, and informed us that if at all the result

shows positive, we have the chance to access free ART on time, adhere to it and live longer. He told us that this helps, not ourselves but also our partners. Furthermore we were informed that if the result shows negative we will be more careful and lead a happier life. At the end of our last meeting he asked us, are





Photographs of TSDA management and some community members undergoing VCT.  
The message on the wall translated from Amharic: We have conducted VCT and you?

you ready for VCT? We all said yes! Therefore, we came with our peer educator and conducted VCT. Fortunately my result was negative. Great thanks to God, I am very happy. I have found the VCT process friendly; the health worker also gave us more information about HIV and AIDS. I will next convince my husband, my children and more friends to come here and do the same."

*Article submitted by Abate Fulas (HelpAge International Ethiopia) and Metafera Aboye.*



**HelpAge  
International**

*age helps*

Helpage International  
Africa Regional Development Centre  
P.O. Box. 14888, 00800  
Nairobi, Kenya.  
Telephone : (254) 20 263 7854  
Mobile : +254 0721 361608 / +254 0733 333246  
Email : [helpage@helpage.co.ke](mailto:helpage@helpage.co.ke)  
[www.helpage.org](http://www.helpage.org)

