HelpAge International

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Documenting Good Practices at Partner Level

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Documenting Good Practices at Partner Level

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Foreword

During the period 2006 – 2010, HelpAge International and its partner organisations implemented the regional HIV and AIDS advocacy programme "Strengthening Regional Responses to Mitigate the Impact of HIV and AIDS among Older People in Africa" in the sub Saharan African countries of Ethiopia, Mozambique, South Africa, Tanzania, Uganda and Zambia. The programme was funded by the Swedish International Development Agency (Sida).

Key objectives of the programme were to advocate for and influence regional and national policies and programmes to reduce the impact of HIV and AIDS on older people and to support selected country and community level activities to generate important lessons and good practices on HIV and AIDS and older people for scale up and policy development and implementation at regional and national level.

HelpAge and its partners undertook a number of activities under the thematic areas of HIV prevention, care and support, treatment, and social protection, livelihoods and income generation to address the impact of HIV and AIDS on older people, along with empowering older people to advocate for their rights to access HIV and AIDS services and to provide peer education and HIV and AIDS counselling services. Strategies and approaches which were felt to be having an impact and which should be scaled up and included in regional and national HIV and AIDS and related policies and strategic frameworks were identified and documented. They ranged from training of older persons as VCT counsellors in Zambia to developing age appropriate income generating activities in Tanzania and Ethiopia to accessing anti-retrovirals (ARVs) for older people in Mozambique.

The documentation of the good practices for HelpAge and its partners means accumulating and applying knowledge about what is working and not working in different situations and contexts. It is both about highlighting and documenting the lessons learned and the continuing process of what works, how and why.

Benefits of sharing good practices

The sharing of good practices will help HelpAge and its partners to:

- Improve on the quality of service provided to older persons
- Avoid duplication of efforts as well as "reinventing the wheel"
- Use the good practices as models for scale up and to influence policy formulation and implementation
- Enhance the mainstreaming of interventions by government and other civil society organisations which are having a positive impact in alleviating the impact of HIV and AIDS of older people.

UGANDA: Older people as spokespersons

Implementing partner: *The Uganda Reach the Aged Association (URAA)*

URAA was formed in 1991. The association co-ordinates activities of organizations in Uganda established to tackle the problems of older persons, and to lobby for the mainstreaming of their issues into development programmes in order to bring a lasting improvement in their lives. URAA advocates for the improved quality of life and preservation of the dignity of older persons in Uganda. Since 1992 URAA has worked closely with HelpAge to promote the welfare and secure human rights of older people.

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URAA in partnership with HelpAge and funding from the Swedish International Development Agency (Sida) implemented the Uganda component of a three-year project called "Strengthening Regional Responses to Reduce the Impact of HIV AND AIDS on Older Persons" that started in April 2006 and ended in March 2009. The Uganda project aimed at reducing poverty levels among older persons and their dependants, namely children orphaned by AIDS and people living with HIV and AIDS under the care of older persons.

The objectives of the project were to:

• Advocate for integration of older people in government development programmes specifically the National Agricultural Advisory Services (NAADs)

• Train older people as spokespersons to represent a collective voice of the wider population of older persons.

Situation of older people in the project area

Older persons are increasingly abused physically, socially, economically and psychologically by families and communities. They are segregated and marginalized leading to loneliness, loss of esteem and economic deprivation. In addition, older women are often abused sexually and physically, as well as being accused of witchcraft and practices of sorcery. A number of older people have lost their lives and property and sometimes are maimed for life. There are no mechanisms in place to protect older persons' rights as a result of this continued abuse.

URAA situational analysis has found community participation to be very minimal. Older persons interviewed reported that they were not consulted by local authorities. Older persons provide care to orphans and vulnerable children (OVC), the chronically ill and pregnant women. It also estimated that 63 per cent of OVC are cared for by older persons . The key challenge for older carers of OVC is to provide food, shelter and education to the children.

Older people need access to basic services and a pension to be able to provide for their dependents. The main constraints are poor service delivery and the lack of a Social Protection Policy that includes pensions. The government has embraced the social protection agenda and established a social protection task force to guide the process of developing policies and strategies. However, the implementation of these schemes is uncoordinated and fragmented. Local councils and civil society actors require support to move this agenda forward and are constrained by a lack of effective dialogue on these issues.

Availability of basic services varies greatly by sub-county. Many older people dislike going to public health facilities due to negative attitudes of staff, inadequate drugs, inability to purchase drugs, and long travelling distances. Increased access to services is needed but is constrained by limited capacity of local authorities to deliver basic services. District extension services are almost non-existent.

Community awareness on development initiatives and governance structures is generally low. Communities lack information on the resources allocated to the sub-counties and how these are spent. There are no feedback mechanisms and local authorities do not engage regularly with their constituents.

Project activities

The main activities of the project were to:

• Mobilize older persons to join development activities and support them in initiating income generating activities to improve older persons' livelihoods

• Advocate for the inclusion of older persons' issues into government development programmes and monitor how community development officers, NAADS officers, health officers, among others, are addressing the needs of older people

• Train older people as spokespersons

• Document case studies, i.e., take older persons' stories on their health, nutrition, economic status among others. This is meant to show case the good practices that are improving the lives of older people and to influence key policy makers to mainstream issues pertaining to older persons into sub county, district and national programmes.

The main beneficiaries of the project are older people, orphans and vulnerable children, and people living with HIV and AIDS (PLHIV) under their care.

A total number of 97 older persons (59 male and 38 female) have benefited from the National Agricultural Advisory Services (NAADS), a country-wide programme whose

mission is to increase farmer access to information, knowledge and technology for profitable agricultural production.

Older people as spokespersons represent a collective voice of the wider population of older people so that older persons' views are expressed effectively. These individuals are able to clearly articulate the issues affecting them, and are capable of engaging in debates with policy makers and service providers. Spokespersons are drawn from older women, retired civil servants, older people with disabilities, older people affected by conflict, farmers, traders, care givers of PLHIV and OVC, and those living positively with HIV and AIDS to ensure sufficient representation of the wide spectrum of issues affecting vulnerable groups.

To access NAADS funds, you must be in groups of 5 to 20 people and each individual pays Uganda Shillings 5,000 ($2.30)._The group must pay a fee of Uganda Shillings 15,000 to 25,000 ($6.90 – 11.50) to the National Agricultural and Advisory Service local area offices. Older people have difficulty in meeting these financial requirements. Moreover, you must have enough land to cultivate, yet the majority of older persons do not have land, and this becomes a hindrance to older persons to access NAADS programme resources.

Older persons who have obtained assistance from the NAADS programme indicate that they are able to improve their livelihoods.

Project results, challenges and lessons learned

Key results from the project have been:

• Older persons report that as a result of the efforts by their spokespeople, they have been recognized in the health centres and are given special treatment. A list of drugs for non-communicable diseases at district level has been produced and a special desk has been placed specifically for older persons' issues. A good example is from Mukono district where older persons have cards which they present and then receive services first without lining up for long hours.

• Older persons who have obtained assistance from the NAADS programme indicate that they are able to improve their livelihoods. For instance, they can now pay school fees for OVC under their care, buy basic needs and medication. Two older persons have been able to renovate their shelter out of the sales from the agricultural produce from the assistance from the NAADS programme.

Challenges that have been faced include:

• A limited fund to provide older persons with income generating activities (IGAs) makes it impossible to cover the whole population of older persons

• The process of developing the older spokesperson programme needs time to develop.

Lessons learnt when scaling up the practice have been:

• A one-off loan to older persons results in increased incomes though does not sustain an economic enterprise for continued benefit of older persons' households. Nevertheless the loan has helped older persons to afford school fees, food, drugs among others for the orphans and other vulnerable people under their care.

• The voices of older persons have been heard because they themselves speak and are experienced with the situations they are living in

• Documenting case studies on the situation of older persons acts as evidence on the needs of older persons to key influential people

• Sustained advocacy at community and local government level results in tangible benefits for older persons

• Income generating activities generate multiple socio-economic benefits for older persons and persons in their care, such as meeting costs of health services, school fees, savings culture among older persons.

Recommendations

The recommendations for scaling up the project activities are:

• The implementing partners should increase the amount of resources available for borrowing to allow repeat loans and recapitalization of older persons' income generating activities (IGAs). This will enhance their sustainability and continue to assist older persons.

• Provide older persons with Information, Education and Communication (IEC) materials and this will equip older persons with information on current programmes

• Build the capacity of older persons' groups on ageing issues affecting older persons, governance, leadership and management, resource mobilization, documentation and action research to enable them to better organize and facilitate actions aimed at improving the welfare of older persons

• Older persons should be provided with income generating activities and this will help them to provide for themselves and for those under their care.

Uganda Case Study 1: Advocacy brings a "Collective Voice to Luwero's Older Persons"

Through the formation of advocacy teams by URAA and its partners, older persons in Luwero have gone a step further in demanding their rights and obligations. It may sound theoretical, but in real life it is causing great changes in the lives of many older persons. Advocacy has brought a smile into the faces of many older persons by giving them a collective voice and enabled them to speak for themselves and demand for their own rights and needs from government and the societies they live in.

Older people are now able to organize and conduct their own meetings with government and non-governmental officials through which they are able to discuss and deliberate on pressing issues affecting them and their fellow older people in society. "Because of the advocacy programmes they are able to speak openly about pressing issues like ill health and the HIV and AIDS impact in their households, their livelihood and hygiene," says the URAA projects officer.

Under the programme older persons are conducting meetings with local leaders through which they are demanding the inclusion of their issues into the sub county development plans and budgets among others.

HIV and AIDS awareness

One other important subject they are now discussing much more openly is the need to know their HIV status. Older persons in this vast central Ugandan district have mobilized and influenced their fellow senior citizens to go for voluntary HIV and AIDS counseling and testing (VCT), a practice that has enabled many to know their HIV status and change their ways of life. Those found with the virus have also been equipped with information on treatment and prevention with positives.

The advocacy team leaders have been able to gather information on how many people have attended VCT in health units and hospitals, whose data is now vital to the government in its planning programmes. Other groups of older persons who have been organised into project teams have managed to identify projects and income generating activities viable for older people. They have also received training on techniques of farming and rearing poultry and heifers as major avenues of making a living.

According to the URAA project officer the advocacy teams have established monitoring and finance committees to re-enforce the implementation of their activities. Each committee comprises five members. The older person groups which are actively participating in the advocacy programme are the Bukadde Magezi Multipurpose Association in Kalagala sub county, Butuntumula Elderly Group in Butuntumula sub county, Makulubita Elderly Development Association in Makulubita sub county and Bukadde Magezi in Luwero sub-county. "They are all making successful follow up with the government and NGO officials to find out whether their requests were put into consideration," the URAA project officer adds.

Uganda Case Study 2: Pineapple Growing - A golden opportunity for Luwero's older people

Making Uganda Shillings 700,000 (US$318)in old age for any old man or woman in a remote village like Nsozi in Kigombe parish in Luwero district may be very challenging, but not for members of Akwata Empola Bukadde Development Group in Nsozi village, Kigombe parish in Luwero. Earning such a huge amount of money is no longer a far off dream.

The 15-member group of older people has planted 1,000 pineapples on half an acre of land which is now looked upon as a gold mine for the ageing men and women. The pineapple vines were distributed by NAADS in partnership with URAA in 2007. NAADS also trained the members of this fruit growing enterprise.

The sweet cayenne variety of pineapples takes 18 months to flower and once harvest starts, farmers will be able to harvest pineapples every seven months. Of the 15 members, nine are women and six are men. To obtain more income, the senior citizens have intercropped the pineapples with bananas.

The chairman of the group says they opted to go into pineapple farming because of the huge market it has in Luwero. "A pineapple here goes for UShs 700 ($0.32)and with our 1,000 pineapple vines, we expect over UShs 700, 000 (US$ 318) ($318) from this investment," says the chairman. "But we also hope to eat part of the fruit to keep our bodies health and strong," interjects the group's secretary.

"If we get a bumper harvest, we shall start up small piggery projects for each of our members in the group because piggery is also a big income earner in Luwero. We also hope to save some money as well to keep our project growing", the group secretary adds.

The older men and women have dedicated their pineapple field to their grandchildren and great grandchildren that are in their care. The group is over a year old and started with five members, but has today expanded to 15 members. The land on which the pineapple field stands was donated by one of their own members. Some of the members are also engaged in piggery on individual basis to keep them going.

But like any other projects, older persons are also faced with a number of challenges. The group secretary says, "Because many of them are old and weak, provision of labour is a major stumbling block. Moreover, herbicides and fertilizers have become quite expensive to afford". To meet the need for fertilizers, older persons visit coffee factories on bicycles to collect coffee husks and cow dung to fertilize the field. When the vines begin flowering, the older persons hope to utilize the parent stems and make their own seedlings and expand on their field for more income.

ZAMBIA: Training of older persons as VCT psychosocial counselors

Implementing partner: *Senior Citizens Association of Zambia (SCAZ)*

SCAZ was established in 2000 to help older people in Zambia. It is an association of older people comprising retirees whose objectives are aimed at improving the livelihoods of older people. SCAZ became a partner with HelpAge in 2001 and an affiliate member in 2007. The Zambia National AIDS Network provided the funding for the project activities.

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Introduction

Older persons feel uncomfortable to be counseled by young people manning the VCT centres and hence do not access VCT services. Generally prevention, treatment, care and support programmes are targeted at young people and hence the facilities are meant to be friendly to young people.

The programme to train older VCT counselors is a collaborative project between the Zambia Ministry of Health and the Senior Citizens Association of Zambia and was funded from the Global Fund through the Zambia National AIDS Network.

Use the older counsellors in the communities to give psycho-social counseling to older persons and to children under their care.

The objectives of the project are to:

• Train a cadre of older persons as counselors to work in government voluntary counseling and testing (VCT) centres in order to make the centres age friendly

• Use the older counsellors in the communities to give psycho-social counseling to older persons and to children under their care.

Ten older people were trained as psychosocial counselors for five government VCT centres in the Lusaka area. They are retired teachers, social workers and health staff and they are recognized as full team members of the VCT centres. They work three days a week on a voluntary basis, but receive a stipend for transport and food.

The older psychosocial counselors offer pre and post counseling to older persons who visit the clinics. Furthermore, the counselors play a pivotal role in the community in offering psychosocial counseling to traumatized older persons and the children under their care.

They have become so popular everyone including young people who visits the VCT clinic wants to be counseled by them because:

o They know the information will be kept confidential

o They are respectful, polite and good listeners.

The introduction of the older persons at the clinics has seen an increase in the number of older persons visiting the VCT clinics. The increase in some clinics went up by 60 per cent. Further, young people also started preferring older counselors as they felt more secure.

wwwChallenges

Challenges were faced in the selection process as older persons had to be identified who would be able to undergo the training and grasp the course content.

In implementation challenges were faced in convincing some of the clinics to accept the older persons as counselors, as it was beyond their establishment, but working with the National AIDS Commission this was overcome.

Lessons learnt

The training of older persons as psychosocial counselors has opened up collaboration with the training institution which is considering designing programmes for older persons in conjunction with SCAZ.

One of the counselors trained has been taken on by a private VCT centre to enhance their programmes for older persons.

The older persons in the communities where these counselors are based have benefited greatly as their psychosocial problems have been attended to and harmony has been established in households where there were conflicts between members of the households. Older persons have gained basic skills in coping mechanisms, stress has been reduced and the caregivers are not as frustrated as they were before.

The Senior Citizens Association of Zambia and the Zambia Ministry of Health are considering scaling up the programme to train at least three counselors per community and reach some rural areas, funds allowing.

SOUTH AFRICA: Peer education training of older persons

Implementing partner: *Muthande Society for the Aged (MUSA)*

MUSA was formed by a group of community health nurses, social workers, health educators and community leaders in consultation with older people in 1982. In the course of their work, they realized that the older people had a lot of problems. MUSA operates in South Africa's Durban Metropolitan, South Central and Inner West Councils and serves three townships: Lamontville, Chesterville and Clermont. MUSA works with over 2,000 older people. Muthande, which means 'Love the aged', obtained a fundraising number in 1982 and was registered as a Black Welfare Organisation.

Muthande's mission statement is to improve the quality of life for older people and keep them at home where they prefer to be for as long as possible and only consider institutionalisation when it is no longer possible to do so.

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Introduction

The Peer Educators programme was started by Muthande Society for the Aged (MUSA) in October 2007. Thirty older persons (five from six areas) were selected as peer education trainers. They had received previous training as peer educators It was then decided that 180 older persons (30 from each area and 10 from each category of home-based caregivers, peer educators and livelihood advocates) would receive training.

Sixty older persons were trained as home-based caregivers to assist and support older carers of PLHIV and sick orphans and refer cases to MUSA home based caregivers or to the Department of Health . Sixty were trained as peer counselors for psychological and emotional support to their peers who are abused or bereaved. Sixty were trained as livelihood advocates to assist in disseminating information on the correct documents needed for different types of grants. This group was linked to the MUSA Paralegal Rights programme.

Training for each category activity took 10 days.

Objectives

The objectives of the peer education project were to:

• Understand the importance of accessing VCT services, and be able to transfer this in a manner accepted to their peers

• Be able to discuss other health related issues i.e. TB, nutrition, chronic diseases, etc.

• Attend to and enter into discussions where necessary on cases of myths related to older people labelled and suspected to be practicing witchcraft.

The problems that led MUSA to do peer education training among older persons were:

• Older Persons were denied access to VCT.

"I went to the VCT clinic after my daughter died of HIV related disease. She used to have nose bleeding and there was a lot of handling blood, after she died I attended a session on HIV and AIDS transmission. I learnt that blood is one mode of transmission. I was afraid and went for VCT, the nurse at the clinic told me there was no need for me to do HIV testing at my age", Mrs. X, 79 years old.

• Some of the older men were dating younger women (school girls) and not using protection.

• Older persons who are left to care for OVC and are running around not knowing which documents to take to the Home Affairs Department or to Social Assistance Agency when applying for child grants.

The main activities of the project are:

• Educational talks: Discussions on the various kinds of abuse of older people and those under their care, how to identify symptoms, and to whom to report those cases. The educational talks are done by peer educators at MUSA service centers.

• Rights and entitlements: Peer educators trained as livelihood advocates advise and assist by referring peers who need paralegal assistance to MUSA paralegal advisors.

• Home visits: Peer home-based carers visit bedbound and housebound cases to have chats with them and refer whenever there is need.

Outcomes and Successes

Peer education: Educational talks are conducted in all the service centers. Most of the older persons have tested for HIV and AIDS and are now able to demand from the professional nurse's proof of results. Older persons are well informed about HIV and AIDS and they discuss openly at their service centers. They also interact and exchange information and advise the younger generation. Peer educators have been successfully involved in running food garden projects.

Livelihood advocates: Older persons no longer run to and forth because they came with the wrong documents as livelihood advocates advise them exactly on which documents to bring. An increased number of older person are now accessing child grants .

Peer counselors: Older persons still keep family secrets. Peer counselors are able to pick signs of abuse through observations and listening when befriending their peers. A number of stop-elder-abuse campaigns are a result of peer counselors. A MUSA trainer has been asked by the Department of Health to do peer educator training in the area of KwaMashu, one of the townships outside MUSA's area of operation.

"I went to the VCT clinic after my daughter died of HIV related disease. She used to have nose bleeding and there was a lot of handling blood, after she died I attended a session on HIV and AIDS transmission"

Mrs. X, 79 years old.

Community Services

• In the area of Tafelkop (rural) whenever there is an accident or fight where people are hurt, first aid is rendered by peer educators who have first aid kits which have dressings and gloves

• Peer educators communicate easily with the youth. They are now getting condoms from them instead from the clinic.

• Youth ask peer educators to assist them to disclose their status to their parents

• One of the peer educators who gets his medication from King Edward Hospital is asked to address patients on different topics and especially on HIV and AIDS

• Peer educators have become very good public speakers

• Train the trainer workshops empowered peer educators and they have their self esteem and dignity restored

• Four peer educators, one is 80 years old, are serving in the Department of Health as community home carers and also receive a stipend.

• Peer educators have become very good ambassadors in advocating for their issues.

Challenges faced in implementing the project

• Old age pension is stretched so much that it is no longer used for older people's needs, but for the whole household

• Peer educators are unhappy that they cannot bring a food parcel for peers who are poor

• Home based care kits are limited

• Peer educators do not get a stipend, although they are doing so much

• MUSA has limited transport and home based supplies, peer educators do not understand when their cases do not get help.

Lessons learnt from the project:

• Peer educators are a good resource in the community

• Paralegal work through the involvement of livelihood advocates became manageable

• Identifying skills needs training for peer educators e.g. home based care, rights and entitlements and basic counseling skills was a very useful tool

• The youth still communicate much better with the older persons than with their parents when it comes to HIV and sexuality

• Older persons cannot be restricted in terms of number of visits, area of operation and target group

• Multi skilling older people can be a very useful.

Recommendations for scaling up the project:

• Information that is given to older persons through training should be simplified, and it helps if teaching is participatory and using pictures to convey a message

• Older persons should not be treated as employees, let them work and submit reports at their own pace

• It works better if older people are organized and select their own group leader.

• Group leaders must be recruited into NGO andCBO committees

• Always respect and treat older persons with dignity

• Have monthly meetings with them to share and discuss successes, challenges, etc.

• Give them small tokens in the form of food parcels, cash or in kind just to show appreciation

• Participatory certificates give encouragement on what they are doing.

TANZANIA: Home-based care training

Implementing partner: *HelpAge Tanzania, WAMATA, GSST, SHISO, CHAWAMA and TEWOREC*

Background

HelpAge International Tanzania has been working with partners since 1987 on various issues to meet the ageing challenges of older people. Activities at community level are implemented by local partner organizations. These are used both as evidence and practical information for advocacy and policy influencing at national level and for demonstrating key interventions for the support of older people.

In 2004 HelpAge in collaboration with partners (WAMATA, GSSST, SHISO, CHAWAMA and TEWOREC) carried out a participatory research study on the impact of HIV and AIDS on older people in five regions. Findings were articulated in a report called "The Cost of Love". A lot of challenges were identified related to care of orphans and sick people including those living with HIV and AIDS. Research by HelpAge and partners in 2006 in three regions of Tanzania revealed that, 20 – 45 per cent of people living with HIV and AIDS (PLHIV) and between 25 – 75 per cent of vulnerable children are cared for in older people headed households.

As a result HelpAge and partners developed a home-based care model for supporting older carers of PLHIV in Tanzania called Building Bridges.

As a result HelpAge and partners developed a home-based care model for supporting older carers of PLHIV in Tanzania called Building Bridges. This model was tested in 57 communities of Tanzania in the areas of Arumeru, Arusha, Bagamoyo, Iringa, Kibaha, Kinondoni, Muheza and Tanga. The model revealed potential gaps within the national HBC guidelines and curricular in addressing the critical needs of older carers.

To implement the HBC model in Tanzania, WAMATA received funding from the government's Rapid Funding Envelope via HelpAge Tanzania in 2008. The main activity of the home based care (HBC) project was to train older people as home-based care providers. The training was provided for 21 days (14 days in class and 7 days for field practicals).

During the training WAMATA and HelpAge incorporated key issues from the Building Bridges model into the national curricular for HBC. One of the criteria, contrary to the national guidelines, was selection of older people as trainees. Older people were not included in the national curricular despite playing a major caregving role.

Additionally, as much as the national guidelines for HBC are comprehensive, they lack an understanding of specific needs of older carers of PLHIV and OVC. Within the guidelines, there are underlying assumptions that all carers are literate, mobile adults and productive, and that the family is economically sufficient to finance medication, transport, food and shelter. Moreover, older carers have not been targeted by many national and international organisations supporting or providing HBC services. Older carers continue to be excluded from HIV and AIDS programmes.

Objectives

- Provide awareness on prevention of HIV and AIDS
- Provide information on how to care for HIV positive patients at home
- Emphasise the importance of VCT to older people
- Exchange ideas and experience on HIV and AIDS.

Many older carers lack key information related to the burden of care they are undertaking. As stated. the national care and support policies, guidelines and plans lack an understanding of specific needs and role of older carers. The curricular for training of home-based care providers is biased and tends to select trainees with health backgrounds. Additionally, there is inadequate linkage between services e.g. HBC, ART, VCT and services for various challenges such as psychosocial support. Campaigns for getting tested for HIV and for access to ART tend to ignore older people. The emphasis is on youth and there are no programmes to sensitise and mobilise older people to utilize the services.

Due to this, many older people caring for PLHIV and OVC lack an understanding of critical HBC information and are not receiving psychosocial support and financial assistance. Additionally, they rarely have any assistance in the rural areas for support when problems become critical in their households.

Training of older people in HBC issues has been fundamental to older caregivers. When visited, Blanca who is one of the beneficiaries of the project, had a lot to say about her involvement in the project.

Challenges faced by older home-based care providers have included:

• Lack of income support to meet OVC school needs, medication and school travel costs/ bus fare common as "Daladala" in Swahili

• Continuum of care and sustainable psychosocial services from the national HBC service providers

• Recognition of the role played by older people

• National HBC provider curricular is long and lack adult learning methodologies (takes 21 days – 14 classes + 7 fields practical).

Lessons learnt from this project are:

• Older people trained as HBC providers are most trusted and visited by young people. This is a chance for them to do peer education

• If empowered, older people can make a big difference in the community to reduce stigma and discrimination.

Recommendations for scaling up this project include:

• There should be ongoing training of older HBC providers, so that majority of older people can access knowledge and skills on how to care for people living with HIV and AIDS

• Sensitization of all stakeholders to recognize and support the role played by older people in HBC

• Follow-up and technical support to older HBC providers is very important

• Continuum and sustainable psychosocial support are essential to older carers and those under their care.

Older people trained as HBC providers are most trusted and visited by young people. This is a chance for them to do peer education

With a little support older people make a big difference

Case Study

Blanca Merikiori is an older woman of 68 years. She is not married but has one daughter who is 42 years old and with two grand children: a 20 years old male and a 16 years old female. She is retired and was working as marketing officer in the board of internal trade; Blanca tested HIV positive in 1995. She is engaged in a small business.

Blanca contacted WAMATA for psychosocial support in 2000. Apart from such support, Blanca and other 11 older women formed a group named IMANI. The group was provided with Tanzania Shillings 1 million ($665) from the HelpAge Older People's Monitoring Group grants and opened a shop for selling second hand clothes, famous as mitumba, in Tanzania. The members of the group are both PLHIV and non PLHIV.

Blanca was one of the older people who have been trained as a home- based care provider in Mikocheni ward. This training was conducted by WAMATA through HelpAge support. This was a great opportunity for her because the knowledge and skills she got helped her to reduce self and family stigma within the community. Blanca realized that it is important to train HIV positive older people for the purpose of reducing risk of re-infection, stigma and for her to help others in community. She says, "Older people trained as HBC providers can as well do peer education".

TANZANIA: Income-generating activity and peer education

Implementing partner: HelpAge Tanzania and partner WAMATA

Introduction

The lives of many of the 2.2 million older people over the age of 60, making up 5.7 per cent of the total Tanzanian population of 38.4 million, are characterized by unemployment, food insecurity, poor access to health and safe drinking water, and other basic services. Moreover, older households with young dependants are one of the poorest vulnerable groups, whose incidence of poverty is higher than that of other households.

The intergenerational poverty cycle is exacerbated by HIV and AIDS which has resulted in older people caring for sick and dying children, and their grandchildren. Extended family coping mechanisms and informal community safety sets are also unraveling under the pressure of HIV and AIDS – its most obvious impact on older people is the economic strain of their care giving role.

Like other age groups, older people are also at risk of contracting HIV through the main modes transmission but are often excluded from prevention programmes. Older men and women are less able than other groups to withstand external shocks, their vulnerability increasing with age. Extreme poverty is often compounded by exclusion and discrimination, and for older women, gender adds another negative dimension to their poverty.

HelpAge has been working in Tanzania since 1987 and aims to strike a balance between tackling the immediate needs of older people and PLHIV and OVC under their care, and working for the long-term systemic change in policies and practices through advocacy. HelpAge in Tanzania is the only organization spearheading the work for the mainstreaming of older people's issues in development including HIV and AIDS. HelpAge's comparative advantage lies in its experience and skills for addressing issues of HIV and AIDS with and for older people and their dependants, an area that no other institution has greater skills.

Older people are also at risk of contracting HIV through the main modes transmission

HelpAge and its partners are much more aware of the caring burden that older people have for the HIV and AIDS infected and affected, and the economic and social impact of this caring role on older people, particularly older women. HelpAge seeks to have older people and their dependants included as contributors in the fight against HIV and AIDS in the target districts in Tanzania.

To address the impact of HIV and AIDS on older people HelpAge Tanzania through its partner WAMATA implemented a livelihood project for older people.

Objectives

The objectives of the project were to:

- Increase access to HIV and AIDS related services for older people, and their capacity to care for PLHIV and OVC
- Advocate for access to VCT for older people and those under their care
- Promote social networking, exchange of ideas and experience on HIV and AIDS.

The main activity in the project was to provide older people with grants for income generation and train them to manage small-scale income generating activities in order to strengthen their capacity to provide for themselves and their dependents. There was also training of peer educators done under the coordination of WAMATA and the Council of HIV and AIDS Coordinators.

The successes of the project are:

- Older people were able to provide food for their families and school materials for OVC under their care
- Older people acquired the necessary skills and confidence to run their IGAs effectively and they have acquired sufficient knowledge about HIV and AIDS, which will enable them to protect themselves from the risk of HIV infection.

The challenges of the project have been:

- The cost of transporting food stuffs produced under the IGA from the farms to the market is quite high and unaffordable for many older people.

Lesson learnt

The lesson learnt is that older people can learn and are able to manage small businesses.

Recommendations for scaling up this project:

- There should be ongoing training on awareness about HIV and AIDS to older people including provision of grants
- The government should have a special programme in which older people can be supported, especially those living with HIV and those caring for OVC.

ETHIOPIA: Income-generating activity

Implementing partner:

HelpAge International, Ethiopia in collaboration with its local partner Rift Valley children and Women Development Association (RWCDA) and Tesfa Social and Development Association (TSDA)

The Oromo people, one of the large ethnic groups in Ethiopia, have a traditional mutual support system widely practiced in rural Rift Valley area. In this system and practice, someone gives an animal to a poor person and he or she transfers the newly born kids of the animal to other poor person(s). Community members who live in the programme area were suffering from shortage of food because of drought, environmental degradation, poor productivity of the farm plot, physical weakness of older people, and lack of income generating activities. To help address the situationa livestock support program was the first proposed intervention under the livelihood component of the project to improve the livelihoods of older people and their family.

In consultation with the Older People Monitoring Groups (OPMG), the community and concerned Woreda government sectors, heifer provision was changed to provision of goats. Accordingly, the community's traditional self support system known as handhura was selected as an intervention approach, and a total of 204 older people were identified as beneficiaries.

The project began in 2006.

Similar to any other developing countries, older people living in Ethiopia are affected by different multidimensional problems

The objective of the project was to:

• Improve the livelihood of older people and people under their care through strengthening and encouraging the community traditional supporting system i.e. handhura transfer system.

Similar to any other developing countries, older people living in Ethiopia are affected by different multidimensional problems (social, economic, cultural) and exclusion from government and NGO development interventions. HIV and AIDS has aggravated the problems of older people. The impact on older people is very high in depletion of their assets through caring for OVC and PLHIV and they also lost their children who were the bread winner for them.

The main activities of the project were:

510 goats were purchased and distributed to 102 poor older carers among whom 70 were older women . Based on this traditional transfer system another 102 older people (86 women) were selected to take the transfer from those who received the initial Handhura goats.

Training on animal husbandry and veterinary service was given to the project beneficiaries in collaboration with District Agricultural Office.

Outcomes and successes of the project are:

• The households and older people's capital increased, currently, they have 6-11 goats on average

• Older people have access to food and other basic needs like health, clothes, and sending their children to school. This was attained through using the milk and selling the goats and generating income to buy what they need

• Older persons feel they are equally important as other community members

• The older people have respect and dignity from the community members including their relatives

• The relationship among older people has improved

• Culture of supporting each other is being revived and rebuilt

• Community members are aware and have committed themselves in supporting older people with whatever they have

• Local government is paying attention to older people including inclusion in safety net programmes, disbursing HIV AND AIDS budget to HIV and AIDS programmes for older people.

The challenges faced:

• High demands andneeds of older people and limited amount of budget which covers only a few number of older people

• As a result of serious food shortage and severe drought, some older people could not transfer the goats as it was planned

• Shortage of the project period.

Lessons learnt are:

• Culture based service delivery has proven effective.

• **Handhura** makes the provision more sustainable and

address more people

• Building on a given intervention on the good and positive practices already existing in the community could make the intervention sustainable and effective

• Closely working with all concerned stakeholders helps to share the responsibility and makes the intervention more effective and fruitful. For instance, working with Agriculture Office closely reduces the risk of goat death, improves access to veterinarian services

• Integration of various related projects could facilitate realization of the interventions.

Closely working with all concerned stakeholders helps to share the responsibility and makes the intervention more effective and fruitful.

The recommendations for the project:

• Closely working with the community and concerned government offices on issues of older people and convincing them to give due attention to strengthening the community support system

• Facilitate and conduct experience sharing visits among stakeholders and community members

• Extension of the project in other localities and areas by identifying needy older people to distribute goats.

• Facilitate the condition to transfer the goats (replicate and revive the **handhura** traditional support system) to other older people who are living in the same vicinity

• Document the practice and disseminate to all organizations, both government and NGOs and CSOs, who want to work on it and support older people.

ETHIOPIA: Community conversation on development issues including HIV and AIDS

Implementing partner: *HelpAge International, Ethiopia in collaboration with its local partner Rift Valley children and Women Development Association (RWCDA) and Tesfa Social and Development Association (TSDA)*

Most of the Ethiopia's ethnic groups have or had the culture of conducting meetings led by elders and discussing issues concerning community problems and other related issues. All the community segments and members have to accept the decision passed by the participants of the meeting and elders follow up the realization of the past decisions. Nowadays, this tradition is weakened in some areas and various community members are exposed to various problems like HIV and AIDS and criminal action. To revive these good cultural norms the HIV and AIDS Prevention and Control Office (HAPCO) and UNDP started designing and implementing the Community Conversation (CC) approach so as to minimize the risk of HIV and AIDS in the country. Good results have been registered through this approach in fighting the pandemic.

By recognizing its positive outcomes in bringing attitude change in the community, HelpAge Ethiopia in collaboration with its partners Rift Valley Women and Children Development Association (RWCDA) and Tesfa Social and Development Association (TSDA) started the CC interventions in the Oromia Regional state and Addis Ababa areas in 2007. The CC education was started with the purpose of reducing the burden of older people in their role of care giving to OVCs and PLWHA. The CC programme has been adapted and designed in such a way that it is appropriate to older people's issues.

Initially, community members with capability in facilitating discussions in the community and who have good acceptance and respect in the community and a strong background about the community culture, needs and language are selected by community members to take part in CC Training of Trainers (TOT).

After the completion of the TOT, the facilitators group the community members in different CC groups based on the community's interest. Each CC group has 50 to 70 community members from different community segments, namely older people, local government (kebele) officials, locality chiefs, influential community leaders, religious leaders, youth, traditional health practitioners, community-based institution leaders, women and government workers such as teachers, health extension workers and agriculture development agents. Efforts are made to ensure gender parity.

The CC education was started with the purpose of reducing the burden of older people in their role of care giving to OVCs and PLWHA

The CC group members decide the convenient date and time for their meetings in collaboration with the facilitators. Based on their decisions and agreement, the dialogues continue for the entire year. The agenda for the meetings is decided by the community themselves through the facilitators, as well as from the CC manual which has discussion schedules for HIV and AIDS and older people's issues. All issues discussed have to be concluded and the participants agree on what has to be done. If the issue is beyond the capacity of the participants and facilitators, the experts are invited from the concerned offices to facilitate the discussions on the issues and to explain it professionally.

Objectives of the project are to:

- Bring attitude change within the community
- Reduce HIV and AIDS impact in the society
- Create community support for older people through their active participation and dialogue anddiscussions conducted in the community.

The main activities of the project:

- Providing training of trainer (TOT) to CC Facilitators
- Mobilising the community members to attend CC sessions and actively participate in the discussions
- Facilitating CC sessions by the facilitators
- Inviting concerned government offices to attend the CC sessions
- Mobilising the community members to provide their support to older people and OVC
- Facilitating and conducting monthly experience sharing forums and visits among CC facilitators
- Conducting refresher training for CC facilitators
- Arranging and undertaking visits for media agencies, government offices representatives
- Closely monitoring and providing technical support by implementing partners and HelpAge Ethiopia project office.

The outcomes and successes have been:

• Participants of the community conversation forums in general and older persons in particular got access to information on the prevention, care and treatment of HIV and AIDS

• It enabled andfacilitated formation of older persons and OVC support groups

• Increased motivation and commitment of youth and other community members in the project areas to support older persons and people under their care

• Stigma and discrimination that affected HIV and AIDS infected and affected families has shown reduction

• The awareness of the community on HIV and AIDS, human rights, health, gender, environment, older people, OVC and harmful traditional practices has increased

• Poor and vulnerable older people have been supported in various ways by the community members. As a result of the CC the community has repaired about 150 older people's houses and/shelters, contributed Ethiopian Birr 6,000 ($360) for vulnerable older carers support, older people are also assisted in harvesting their crops and ploughing their farm plots, washing clothes, fetching water and firewood, constructing toilets, clearing the environment and home

• Older people have been trained and are working as facilitators of community conversation sessions

• The awareness of government officials and frontline sections on problems of older people and the impact of HIV and AIDS on older carers have increased and started to allocate funds on older people's issues. The budget allocated for older people and PLHIV by the government and HAPCO has increased.

Older people have been trained and are working as facilitators of community conversation sessions

The challenges have been:

• Llong distance to VCT centres and limited number of VCT centres

• Dropout of some the CC participants in the process

• Reluctance of some CC facilitators to address older people's issues

• Shortage of food and drought prevailed in rural Rift Valley areas which forced the community to travel to other areas, hence discontinuing the CC programme in some areas.

Lessons learnt from the project:

• Older people have high and sound capacity to mobilize and convince their community members about the issues. A number of older people were trained as CC facilitators and are playing a good role in facilitating CC programme and convincing the community members on issues of HIV and AIDS, older people, fighting harmful traditional practices, pulling resources from the community for older people support

• Generating home grown solutions for problems affecting the community is more sustainable.

• The CC group members decide the convenient date and time for their meetings in collaboration with the facilitators. and it could be also replicated easily

• Building a given intervention on the good and positive practices already existing in the community could make the intervention sustainable and effective.

Recommendations from the project are:

• Closely working with the community and concerned government offices on the issues older people and convincing them to internalize the CC approach and expand it to other areas

• Facilitate and conduct experience sharing visits among CC groups and provide awards for the strong CC groups which come up with tangible results/outcomes

• Disseminate information and outcomes which were achieved as the result of CC by using various forms of mass media

• Undertake impact assessment to clearly know and analyse the differences brought about as the result of CC and document the impact and share it with concerned bodies (government and non-governmental organizations) to expand the program to other needy areas.

MOZAMBIQUE: Access to ARVs - Living Together Programme in Tete, Mozambique

Implementing partner: *HelpAge Mozambique*

HelpAge Mozambique has been implementing the Living Together Programme since 2002. The programme was initiated with the aim to improve the lives of people living with HIV and AIDS, orphans and vulnerable children and their older care givers through awareness raising, direct assistance and capacity building. However, circumstances over the years have gradually led it to start assisting people living with HIV and AIDS to access to ARV treatment. The longitudinal overview of the programme which follows shares important lessons on how reflecting on experience, lessons learnt, challenges and opportunities posed by internal and external opportunities can guide a programme on access to HIV and AIDS treatment for older people.

Background

Mozambique is one of the countries in Southern Africa facing a serious and expanding HIV epidemic with a prevalence of 16.1 per cent among the people of 16 to 49 years in 2004, with an estimated 500 people becoming infected every day. According to the Ministry of Health, 1.4 million people were estimated to be living with HIV and AIDS in 2004.

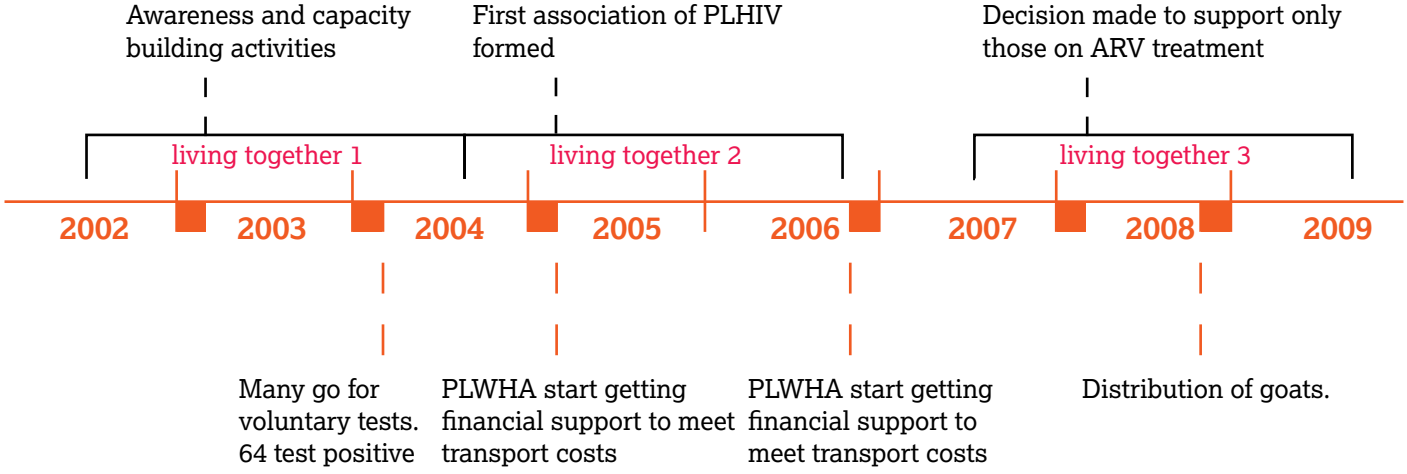
The epidemic is fuelled by structural factors such as poverty, gender inequality, cultural conditions and high levels of labour mobility. An estimated 57 per cent of all adults affected are women. The country is also facing many challenges in guaranteeing access to treatment for PLHIV. The number of HIV-positive Mozambicans receiving the life-prolonging anti-retroviral therapy has risen from about 6,000 in January 2005 to over 100,000 in 2008. At first only twenty or so health units could offer anti-retroviral therapy, but currently it is accessible in over 200, and in all of Mozambique's 128 districts.

The social fund now includes an element of credit for the older caregivers who want to start small income generating projects.

The prevalence also varies per province. Tete Province where the programme is being implemented has a prevalence of 16.4 per cent which is an increase from a prevalence of 14.4 per cent in 2002. On the other hand, serious increases in prevalence were recorded in Gaza and Zambézia provinces between 2002 and 2004. It increased from in 16.4 per cent to 19.9 per cent in Gaza and 12.5 per cent to 18.4 per cent in Zambézia.

Programme Implementation Strategy

The Living Together Programme has been implemented in three phases since its launch. Each phase was built upon experience and lessons learnt from the preceding phase. The first phase spanned from 2002 to 2004 and was implemented in 10 communities. Its objectives were to respond to immediate needs of orphans, PLHIV and older care givers; to build the capacity of communities to respond to HIV and AIDS; and to raise awareness on the causes and prevention of HIV and AIDS. Accordingly, HIV and AIDS and nutrition activists were trained and awareness campaigns held in the communities. The chronically sick were visited and advised to go for tests and orphans were



Community	Distance to Tete (for HIV and AIDS treatment)	Number of PLHIV who went to access treatment	Amount used in USD	Average cost per person in USD
Marara centro	120 km	28	906.76	32.38
Messawa	40 km	16	167.41	10.46
Nhaapende	90km	15	190.11	12.67
Mufacaconde	85km	7	115.25	16.46

assisted with food and school material. In response a number of people especially those who were chronically sick started to go for voluntary tests in Tete. Sixty four tested HIV positive: 4 older people, 51 adults and 9 children. These were the first PLHIV to be registered under the programme. They did not easily accept it, of course. Most suffered from stress, uncertainty and other psychological problems. As a result they needed moral, social and most importantly access to treatment.

ARVs were not easily available in Tete that time hence treatment was mostly for opportunistic diseases. Only a few were allowed to graduate to ARVs and this was after detailed medical analysis which included the probability to adhere to treatment. Those whose ability to adhere was doubtful were therefore not considered. This was unfortunate for PLHIV in rural areas as treatment was only centralised in the provincial capital, Tete. They had to travel regularly to Tete for treatment which meant the need for money for transport. Most were poor, and, having wasted resources in seeking alternative treatment, they were even in a worse situation.

For the funds to reach the beneficiaries, the programme utilized the social assistance committees which already existed in the communities

The communities are in the radius of 50 km to150 km from Tete which cost the people US $2 to US $6 for transport for a single consultation per month. Some were called for up to four consultations during the first days. This was a lot for those who were cared for by older people considering that older people had an estimated income of less than US$ 4 per month. They own between 0 to 1.5 hectares of land which produce less for a year. They do manual labour to supplement their food in the other months. Consequently the costs to go for treatment were unaffordable for PLHIV under the care of older people and it was not surprising their consultations became irregular.

New Programme Direction – Decentralisation of Treatment and Psychosocial Support

The situation provoked a lot of reflection among programme officials and governmental stakeholders and the results was a shift in the dimension of the programme in the second phase which started in 2004 and ended in 2006 (Living Together 2). While this second phase maintained focus on responses to the basic necessities of orphans, PLHIV and older care givers it particularly stressed direct financial assistance to PLHIV for them to be able to access treatment. During the process advocacy for the decentralization of treatment was stepped up. In addition the phase introduced psychosocial support activities as an initiative to reduce the trauma and stress among the older carers and PLHIV.

For the funds to reach the beneficiaries, the programme utilized the social assistance committees which already existed in the communities and had some experience from the credit schemes which they had managed in previous programmes. The funds were given to these committees and the committees in turn passed it on to the beneficiaries in their communities. The committees coordinated with HIV and AIDS activists, community leaders, the older people's councils and other community based organisations. The activists who were directly linked to the beneficiaries had all their information including the dates of their consultations. In most cases they were asked to deliver the money for transport to the beneficiaries a day before the next consultation, or the beneficiaries themselves consulted the social assistance committee. The committee also kept records and justified transfers monthly at the HelpAge office in Tete.

Reflection and analysis of the issue among communities was facilitated through the data community monitors collected on the amount of money the communities used for medical assistance each month. The data was also used for advocacy as evidence to expand and accelerate the decentralization of HIV and AIDS treatment. The table below shows the information collected by monitors on the amount of money used by four of the communities for

PLHIV and older people to access treatment from March to August 2005.

Programme Impact

The results to PLHIV of decentralising treatment services were overwhelming. The health of older people started to improve. Others resumed working and started rebuilding their livelihoods. It also served as a motivation and encouragement for many to be open about their status and go for voluntary tests that by the time the third phase started in 2007 the original number of 64 had increased by 373 per cent to 303. Of these, 157 are on ARV drugs; 7.2 per cent of this group are older people. However, a number of factors had changed this time. The government had pledged more resources towards access and decentralization of treatment and was working towards the revision of PEN II. Associations of PLHIV were formed in the communities.

There was also a movement towards social protection and cash transfer which HelpAge had embraced and was actually implementing a pilot cash transfer programme in the districts of Changara and Cahora Bassa. The decentralisation meant that only ARV drugs could be accessed in Tete, while the first line drugs could be accessed in health centres including those in rural areas.

The health of older people started to improve. Others resumed working and started rebuilding their livelihoods

Programme Adjustments

In line with these changes the programme also made adjustments. Assistance for transport costs was reduced to those on ARV treatment as they had to travel to Tete regularly. Besides financial support has also been expanded to other livelihood needs instead of only transport. The programme is assisting older care givers to be included in the government cash transfer programme run by the National Institute of Social Action; the social fund now includes an element of credit for the older caregivers who want to start small income generating projects; and five goats each were distributed to 126 PLWHA on ARV treatment as a long term investment to guarantee a viable financial base.

HIV and AIDS prevention and caring techniques are also being taught to older carers. It has also scored some notable success as goats are reproducing and have been a major psychological boost to the esteem of the older carers. The development of the program is mapped on the timeline diagram below:

Case study

Tanizola and Adena an older couple of the Messawa can now share a smile as they see their only son who they thought was going to die now active and leading the association of PLHIV in their community in a brick moulding initiative. Roslita of Mufacaconde who cares for her grandchild who is HIV positive and on medication was relieved by the support. Besides the difficulties she faced in getting money for transport she also had to walk for more than two hours to get to the bus station. The community responded positively and built a house for her along the main road. She does not need to walk the two hours anymore and her grandchild is getting treatment regularly. Pressure has also been released from Octavio, the chief activist in one of the communities, Cachembe. He no longer wakes up to see a group of PLHIV at his door steps asking for money to go for consultations. Instead, now he is always stopped and thanked for resuscitating the lives of others who were hopeless through the assistance being given.

Income security for older people

Is a basic human right

Protecting older people

secures your own future

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