

# Ageways

Practical issues in ageing and development  
Issue 79 / July 2012

## HIV and AIDS

[Tackling the data challenge](#)

[Better access to HIV counselling and testing](#)

[Psychosocial support for older carers](#)

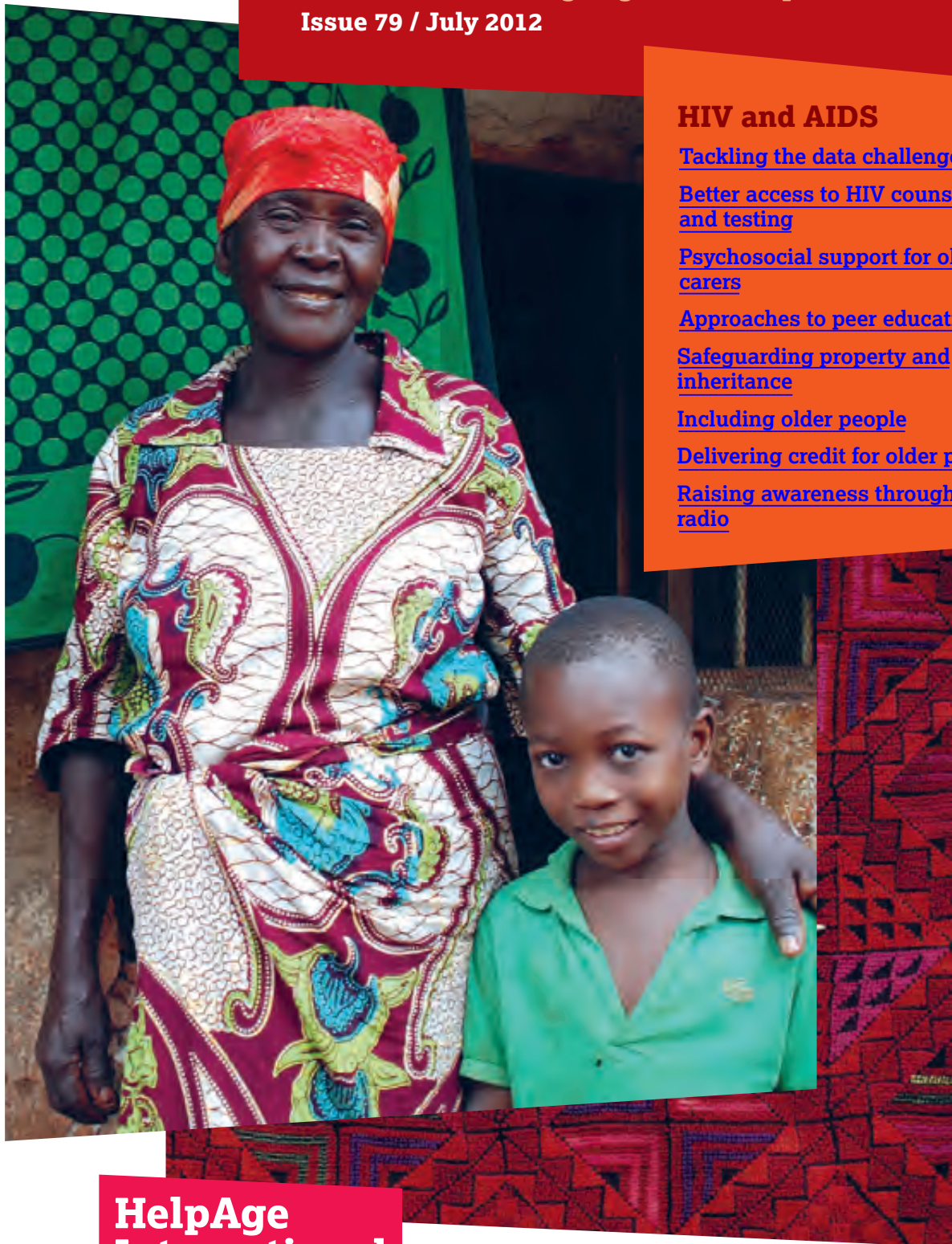
[Approaches to peer education](#)

[Safeguarding property and inheritance](#)

[Including older people](#)

[Delivering credit for older people](#)

[Raising awareness through radio](#)



**HelpAge  
International**

*age helps*



Hilton Humanitarian Prize  
2012 recipient

### Contents

- 4 [Tackling the data challenge](#)
- 6 [Better access to HCT](#)
- 7 [Psychosocial support for older carers](#)
- 8 [Approaches to peer education](#)
- 10 [Safeguarding property and inheritance](#)
- 11 [Including older people](#)
- 12 [Delivering credit](#)
- 13 [Resources](#)
- 14 [Awareness through radio](#)
- 16 [Action on HIV and ageing](#)

### Future issues

Issue 80 (January 2013) Emergencies

We welcome articles for consideration. Please send them three months before the month of publication.

### Front cover

Older woman living with HIV.

Photo: Jeff Williams/HelpAge International

*This issue of Ageways was edited by Rachel Albone, Sandy Picken and Portia Reyes, HelpAge International.*

# Comment

## Addressing the impact of HIV on older people

Welcome to *Ageways* 79. The HIV epidemic is affecting older women and men in two key ways – they are living with HIV and providing care and support to orphaned children and family members living with the virus.

However, in the face of an ageing epidemic, with increasing numbers of older people living with HIV around the world, older people's exclusion remains a concern. HIV data is largely unavailable for older people, contributing to their exclusion from HIV programmes.

This issue of *Ageways* reminds us that older people hugely contribute to the response to HIV, and must not be neglected in policy and programming. It profiles some of the action taken by HelpAge and partners in implementing a five-year HIV programme in five countries in Africa with funding from the UK Big Lottery Fund. The programme is focussed on preventing HIV infections and alleviating the impact of HIV on grandparent-headed households. Some of the activities from this programme are featured in this issue.

The stories here celebrate the successes of these efforts to recognise older people's needs and contributions, raise awareness and address the discrimination and rights violations they face. We hope that these will be useful and inspire everyone who strives to tackle HIV and AIDS.

**Editors, *Ageways* 79**

# Campaigns

Age Demands Action (ADA) is highlighting older people's health and rights through two new campaigns this year.

## Age Demands Action on Health

Nearly 300 civil society organisations and over 6,000 campaigners in 17 countries took part in the first ADA on Health in April 2011, to call on their governments to make health services accessible to older people.

In KwaZulu Natal, South Africa, campaigners used ADA on Health to call for older people to be meaningfully included in HIV testing and pre- and post-test counselling programmes. In other countries, older people are calling for access to age-friendly provision, affordable health insurance schemes, non-communicable disease prevention strategies and for training of community health workers.

Face-to-face meetings with senior government representatives led to pledges that can improve the lives of millions of older people. The Assistant Director of the Health Promotion Department in Haiti pledged to support the implementation

of the National Health Plan, which includes free healthcare for older people, by the Ministry of Public Health.

In Pakistan, the District Health Chief in the city of Jacobabad in Sindh, pledged free home-to-hospital transport for older people travelling to the district hospital. In Albania, the Minister of Health pledged to partner his Ministry with the Albanian Association of Geriatrics and Gerontology so that new health workers receive training on the needs of older people.

## Age Demands Action on Rights

The first ADA on Rights was launched this year on World Elder Abuse Awareness Day, 15 June. Older people from over 26 countries participated in the campaign, drawing attention to the rights of older people to freedom from violence, equality before the law, property, information, social security, work and health.

ADA on Rights is calling for a new convention on the rights of older people, which is necessary to provide protection of older people's rights under international law. A new UN convention



**Medical check-ups took place in Hebron as part of ADA on Health.**

Palestinian Centre for Communication and Development Strategies/HelpAge International

would provide governments with a legal framework, guidance and support to help them protect older people's rights in our increasingly ageing societies.

The campaign has taken full swing in countries like Kenya, where campaigners met with two senior legal officials who committed to work closely with HelpAge to ensure the safety of older people. In the Philippines, 10,000 signatures will call for a new convention on the rights of older people.

**Find out about Age Demands Action and sign the petition**  
[www.helpage.org/get-involved/campaigns](http://www.helpage.org/get-involved/campaigns)



# Letters

## Contributing to older people's rights

I have been using *Ageways* in advocacy for older people rights. I was invited to attend a meeting with the African Peer Review Mechanism (APRM) in Dodoma on 14 March 2012, to discuss the Country Review Mission. Tanzania joined this process in May 2004 which was concurred by the National Assembly of Tanzania on February 2005.

During this meeting, I presented *Ageways 77, The Madrid Plan and you*, to the members of APRM, as well as a list of problems facing older people in Tanzania. I have also been distributing extra copies of *Ageways* to other stakeholders, especially the government in Dodoma region.

*George Lusinde, Dodoma, Tanzania (by mail)*

*Editor's note: Since the July 2011 issue, Ageways 77, The Madrid Plan and you, national governments and regional UN commissions are reviewing progress in implementing MIPAA in 2012 and will report to the 51st session of the Commission for Social Development (CSD) in 2013. Findings from a report to be launched on October 2012 by the United Nations Population Fund and HelpAge International will also feed into this process. More updates on MIPAA are available at [www.helpage.org/what-we-do/rights/the-madrid-plan-mipaa/](http://www.helpage.org/what-we-do/rights/the-madrid-plan-mipaa/)*

## Grandmother project updates

The positive results observed through greater involvement of grandmothers in community programmes on teen pregnancy, early marriage of girls and on female genital mutilation are particularly noteworthy. We have documented increased social cohesion within communities through greater respect for and communication by elders.

*Judiann Aubel, Executive Director, The Grandmother Project, Italy (by email)*

*Editor's note: The Grandmother Project was featured in the article "Strong grandmothers, healthy communities" in Ageways 69, Intergenerational approaches. It drew attention to the influence of grandmothers on child development and their commitment to the wellbeing of children and their families. More information on the Grandmother Project's ongoing work can be found at [www.grandmotherproject.org](http://www.grandmotherproject.org)*

## HIV and AIDS awareness

The impact of HIV and AIDS to older people is becoming an area of increasing concern which demands a concerted response from government, civil society, donors and most importantly older people themselves. The HelpAge "HIV and Ageing in Africa" conference, December 2011, provided a crucial platform for a variety of stakeholders to come together to discuss the issues affecting older people impacted by HIV and AIDS. Older people from across Africa voiced their personal views on how the epidemic has directly affected their lives, as people living with HIV themselves, and in their role as carers for grandchildren orphaned by AIDS, and ideas about what responses they would like to see.

The strong presence of national media in the conference helped to increase the visibility of older people and HIV. It awakened understanding among the general Ethiopian public on how older

people are increasingly impacted by HIV and AIDS. We will continue to build relationships with national and international decision makers in pursuit of increased awareness and improved responses to the impacts of HIV and AIDS on older people.

*Alison Rusinow, HelpAge International, Ethiopia, PO Box 3384, Addis Ababa, Ethiopia*

*See page 16 for learning and other action by participants of the conference.*

## We welcome letters

Please write to: The Editor, *Ageways*, HelpAge International, PO Box 70156, London WC1A 9GB, UK  
Fax: +44 (0)20 7387 6992  
Email: [ctill@helpage.org](mailto:ctill@helpage.org)

*Include your name, organisation (if any) and postal address. Letters may be edited.*

# New publications

## The neglected generation: the impact of displacement on older people

This report raises awareness of the specific issues facing older people in internally displaced persons communities, their role as primary carers of their grandchildren, and the assistance and protection challenges they experience. It presents case studies and provides guidance on key areas, focusing on both internal displacement and refugee contexts – those protracted and short-term.

[www.helpage.org/resources/publications](http://www.helpage.org/resources/publications)

## Look out for the forthcoming report from HelpAge and the UNFPA...

### Ageing in the twenty-first century: a celebration and a challenge

This landmark report by HelpAge and the United Nations Population Fund will be launched in October 2011. It will feature the latest evidence and data on population ageing from over 20 UN agencies, UN Regional Commissions and international organisations. The voices of older people are at the heart of this report, including findings from consultations with older men and women in 36 countries.

[www.helpage.org](http://www.helpage.org) and [www.unfpa.org](http://www.unfpa.org)

## Sustainable development in an ageing world

Issues on ageing and sustainable development are discussed in a HelpAge Policy Brief and Discussion Paper. It argues that a number of emerging challenges need to be tackled with a greater focus on older people's rights, needs and contributions in the outcomes of the Rio+20 summit and the post-2015 framework.

[www.helpage.org/resources/publications](http://www.helpage.org/resources/publications)

# Websites



**Join the Make it Ageless virtual march to urge the European Union to actively include older people in their development policies and programmes.**

[www.makeitageless.org](http://www.makeitageless.org)

# Tackling the data challenge

**Rachel Albone explains how a lack of available data on older people and HIV affects the response to the epidemic.**

*“Know your epidemic, know your response”* has become a guiding principle in the HIV community in recent years. It recognises that only if we understand the specific nature of epidemics in different locations, and the groups affected, will we be able to adequately address the challenges they pose.

Over the years, efforts to understand and monitor HIV and the response to it have paid dividends: there are more countries developing monitoring and evaluation frameworks and there are increases in the number and quality of country progress reports submitted to the United Nations each year.

Yet the challenge remains that much HIV data excludes older women and men aged 50 and above, and that data collected is rarely fully analysed or disaggregated by age. At country level, household surveys used to monitor HIV are restricted to the 15-49-year age group, as are core global progress indicators used to monitor the epidemic.

With the lack of data available on older women and men, how can we claim to fully know our epidemics or be equipped to respond?

## Gaps in monitoring and collecting data

At the national level, prevalence data is generally derived from national population-based surveys, including Demographic Health Surveys (DHS) and AIDS Indicator Surveys (AIS). The move away from collecting prevalence data through antenatal clinics was partly to address the fact that this data was not representative of the wider population affected by HIV.

Although this was a step in the right direction, DHS have historically been linked to issues of reproductive health, where the focus is on the 15-49-year age group. As a result, prevalence data remains largely restricted to this age group, and with people aged 50 and over excluded, this cannot be seen as representative.

To monitor many other HIV-related issues, DHS have included questions on people's knowledge, attitudes and behaviours in relation to HIV since 1988, leading to the exclusion of older people in over 20 years of data. Although some countries, such as Kenya, Mozambique and Botswana, have begun to expand the age range in surveys, the internationally recommended questionnaire template remains restricted to the 15-49-year age group.

The exclusion of older women and men in national population-based surveys has a knock on effect on the way HIV is monitored globally. Many international indicators used to measure progress rely on data from DHS and AIS, and so older people are also excluded in these indicators.

In 2010, UNAIDS reviewed 25 core global indicators used to monitor the response to HIV. HelpAge engaged with the four processes of the review – on prevention, health sector, care and support, and enabling environment – resulting in three out of four reviews recommending the expansion of indicators to include older women and men.

Despite this recommendation, the revised set of 30 core global progress indicators still include indicators that exclude older women and men. International level indicators remain linked to the data collected at national level and this data is largely restricted to the 15-49-year age group because of international survey templates and indicator guidelines.

## What has changed?

However, there is progress being made despite these challenges, as seen in the gradual increase in data available on older women and men. In 2006, UNAIDS recognised that a substantial proportion of people living with HIV were aged 50 years and older.<sup>1</sup> As a result, UNAIDS estimates on the number of people living with HIV, new infections and AIDS-related deaths were expanded to include all adults aged 15 and over. HIV prevalence data, however, remained restricted to the younger age group.



Judith Escribano/Age UK

**Data used to monitor HIV response often excludes older people.**

Between 2008 and 2010 Swaziland, Botswana, Kenya, South Africa and Mozambique<sup>2</sup> published prevalence data for both women and men aged 50 and above in national population-based surveys. In all five countries, prevalence for men aged 50-54 was found to be higher than the national HIV prevalence.

A number of countries also published data on older men's sexual behaviour, focusing on condom use and multiple partners. Both of these issues are addressed in the core global indicator set, with both indicators restricted to the 15-49-year age group. This data, demonstrates that it is feasible to gather this kind of information for older men. The results of the data from eight countries suggests that men aged 50-59 reported using condoms less than men aged 15-49, indicating the impact of older men's neglect in the HIV response.<sup>3</sup>



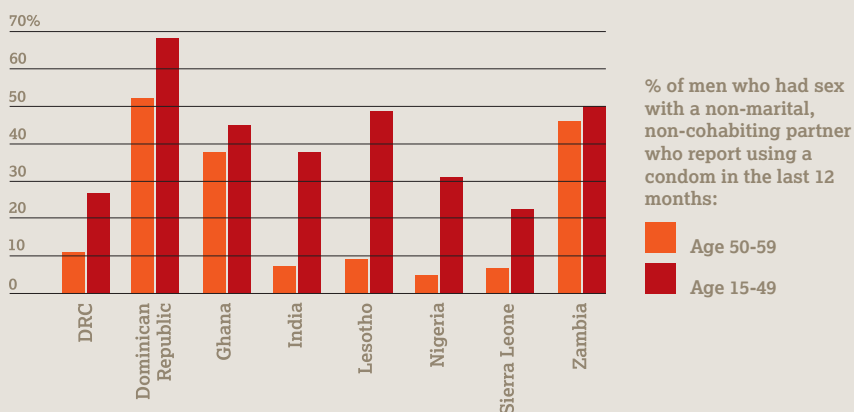


Judith Escribano/Age UK

Jeff Williams/HelpAge International



### Condom use among men aged 50-59 and 15-49 who had higher-risk sex in the last 12 months



A review of country progress reports on HIV submitted to the UN in 2010, showed 57 out of 119 reports presented data, or referred to its availability, on the older age group, or made reference to older women and men. This reflected a growing understanding of the importance of this group at national level. A similar review will be undertaken for reports submitted in 2012.

A more recent development stemming from the UNAIDS expansion of data collection and reporting in 2006 was an analysis by the University of Sydney. Prevalence data from DHS and the numbers of people living with HIV from UNAIDS was analysed. It showed that approximately 3 million people aged 50 and above were living with HIV in sub-Saharan Africa in 2007.

This amounted to 14.3 per cent of all people living with HIV in the region.<sup>4</sup> With increased access to antiretroviral therapy (ART) since 2007<sup>5</sup> and people living longer with HIV, it is likely these figures have since increased.

In addition, statistical modelling to estimate potential future numbers of older women and men living with HIV has been undertaken by Erasmus University and Radboud University in the Netherlands, Harvard University and Brown University in the United States, and the Africa Centre for Health and Population Studies in South Africa. Initial analysis suggests the number of people aged 50 and above living with HIV in sub-Saharan Africa could rise to approximately 9 million by 2040. This will constitute 27 per cent of people living with HIV in the region.<sup>6</sup>

## What more is needed

The data and estimates published over recent years clearly demonstrate that older women and men are affected by HIV and the epidemic is ageing. We will see increasing numbers of older women and men living with HIV in the future who will need access to appropriate services and support.

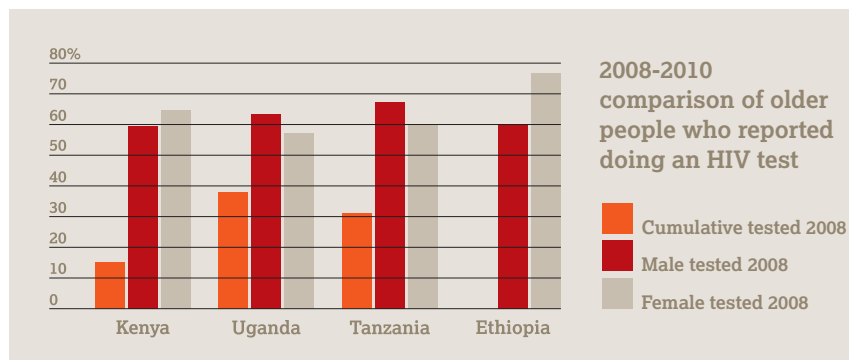
The small amount of data makes a strong case for data to be collected for the 50-years and over age group. It gives us new insight into the extent to which this age group is affected by HIV, allowing us to better know our epidemic and pointing to the change in response needed.

Changes to the way in which HIV data is collected, reported and utilised must include:

- Relevant core UN global progress indicators to be expanded to include people up to the age of 64 and data collected against indicators for all adults to be disaggregated by sex and age.
- DHS and AIS questionnaire templates to be amended to include people up to the age of 64.
- Governments to expand DHS and AIS to include people up to the age of 64 and to analyse and publish data for older women and men.
- Donors to fund the expansion of population-based surveys to include older women and men.
- Governments to analyse and report data collected through health information management systems, including access to ART and counselling and testing, to the UN for further analysis and reporting.
- Policy commitments, technical support at international level, and policy and programming at national level to live up to “*Know your epidemic, know your response*” by using data available to appropriately target HIV responses and ensure older women and men living with and affected by HIV have access to the services and support they need.

See notes and references on page 13.

Rachel Albane is HIV and AIDS Policy Adviser, HelpAge International.  
Email: ralbane@helpage.org



Kate Holv/HelpAge International

**Mobile HCT centres in Ethiopia help older people, such as Ashagre, 65, be aware of their HIV status.**

# Better access to HCT

**Experiences in Kenya and Uganda show how a mobile approach to HIV counselling and testing (HCT) can improve older people's access to HCT.**

HCT provides an important entry point for wider HIV-related services and support. However, uptake remains low, including among older people aged 50 and above, who are rarely targeted in prevention and HCT interventions.

A 2008 HelpAge International study of 949 older people showed that only 15 per cent in Kenya, 31 per cent in Tanzania, and 38 per cent in Uganda, reported ever having an HIV test. This demonstrates a distinct need for increased access to counselling and testing services among this age group.

Compounding this need for testing is the fact that the levels of reported condom use were extremely low among older people – at 0.3 per cent in Kenya, 1.3 per cent in Uganda, 2.7 per cent in Tanzania and 2.9 per cent in Ethiopia, placing them at risk of infection.

However, low HIV testing levels among older people does not mean they are unwilling to be tested. Data from population-based surveys suggest that older people are willing to undergo a test if offered in a more convenient location – for example, in their homes and communities. In Kenya, for instance, where testing was offered at home as part of a population-based survey, consent for testing was higher for older men aged 50-54 than men aged 20-24.

## A mobile HCT approach

To tackle the low levels of HIV testing among older people and improve their access to HCT, HelpAge International, through HelpAge Kenya and Uganda Reach the Aged Association, has been taking a mobile HCT approach since 2008.

In Kenya, consultations with older HIV peer educators explored some of the methods to increase HCT access, including house to house testing, HCT days and awareness campaigns. The best option chosen was to set up medical camps.

A combined effort ensured the success of medical camps – government health staff supplied medical resources including testing kits, qualified personnel and medicines. Church leaders, older peer educators and the provincial administration were responsible for mobilising older people to attend the medical camp, including spreading the word through mobile public address systems.

Education sessions on prevention and nutrition, comprehensive health screening, and testing for blood sugar, pressure and weight were also provided at the medical camps. At one of the camps, 169 older people had an HIV test.

Similarly, in Uganda, district health educators facilitated discussions between older people and community health workers during their monitoring visits and in older people's social meetings. Older people's opinions were sought on their difficulties and how to improve access to HCT.

Workshops were held with older people and health workers to raise awareness and build consensus on the importance of older people having access to HCT. These included:

- Awareness workshops targeting leaders and government technical staff, including health workers.
- Community workshops providing a forum for older people to communicate directly with health professionals and share the issues they face when visiting health centres.

As a result of the awareness and community workshops, there was agreement from health workers that mobile HCT and referral of older people by older peer educators is the most appropriate method in improving access to HCT for older people. Each health worker present in these activities pledged to undertake mobile HCT and incorporate peer referrals at least three times a year. The result has been a 40 per cent increase in older people undergoing counselling and testing in Kasese, the HelpAge project site in Uganda.

## Working together

HelpAge's programmatic experience demonstrates that when older people and health professionals work together in a bottom-up collaborative way, effective responses and a sense of accountability and ownership of the process are attained. A result of this unified approach is seen in an improvement of older people's access to HCT with a substantial increase in older people who reported carrying out a test between 2008 and 2010.

These positive results demonstrate that tailoring prevention and testing messages to older people, and a mobile HCT approach, should be a key consideration to reaching older men and women, and ensuring their access and inclusion to essential HIV services.

### More information:

Erastus Maina, HelpAge Kenya.  
Email: [maina@helpagekenya.org](mailto:maina@helpagekenya.org)

Emily Kemigisha, Uganda Reach the Aged Association.  
Email: [ugreach@gmail.com](mailto:ugreach@gmail.com)



# Psychosocial support for older carers

**This article looks at the emotional and social support older people need for their vital role as carers.**

As a result of HIV and AIDS, older people are increasingly becoming primary carers for children orphaned as a result of AIDS and of family members living with HIV. Yet, despite this valuable role, they are often overlooked by development programmes.

Older carers require a range of support, including emotional and social support, and for practical needs such as adequate shelter, nutritious food, clothing, healthcare and income. But often, their needs are not met, leaving them physically and emotionally overwhelmed and struggling financially.

To address the psychosocial needs of older carers, HelpAge Regional Development Centre for East, West and Central Africa and the Regional Psychosocial Support Initiative developed guidelines for the provision of psychosocial support for older carers. These guidelines, aimed at programme managers, explain the issues faced by older carers and set out ways to give them the emotional and social support they need.

## Challenges of older carers

While every carer's situation is different, older carers describe difficulties with:

**Material needs** Cost of food, clothing, shelter, school, healthcare and funerals.

**Entitlements** Challenge of understanding rights and entitlements and accessing benefits and services.

**Staying healthy** Limited time to rest, poor diet and difficulty accessing health services.

**Emotional needs** Mental strain of coping with family sickness and bereavement while also caring for others.

**Relationships with families** Difficulty communicating with children and coping with family disputes.

**Discrimination and abuse** Vulnerability to discrimination, neglect or violence.

**Relationships in the community** HIV-related stigma and weak support networks.



Jeff Williams/HelpAge International

**Mwansiti, 60, lost her daughter and two sisters as a result of AIDS. She now cares for their children and helps others as a home-based carer.**

**Psychosocial support for older carers** helps increase their quality of life and ability to care. It can be described as showing love and respect for older carers, and connecting them to social support for their emotional needs, family and community relationships, and to overcome discrimination and abuse. Discussions with older carers are required to ensure their specific needs are understood.

## The need for psychosocial support

**Boosting social networks** It is important that older carers have regular interaction with others in the same situation and who can encourage them to talk, help them with chores, provide food or money, or pray together. Support can come through formal support groups or by ensuring older carers are able to spend time with their friends and families.

**Strengthening relationships** Children who have lost their parents as a result of AIDS often prefer living with their grandparents, but their age difference can be a source of conflict and misunderstanding. Grandparents ask for help with issues of discipline, communication, discussions of sexuality, and drug or alcohol use. Programmes can provide information, advice or counselling and help families work through disagreements.

**Helping with bereavement** Many older carers have recently lost their child or are caring for them at the end of life. Many will take on the responsibility of caring for grandchildren during a period of intense grief. It is important to support carers who are bereaved and help them to comfort the children they are caring for.

**Dealing with abuse** Older carers and the children they care for may be vulnerable to abuse and exploitation as a result of poverty and extreme stress.

Responses to address abuse can include establishing links with relevant support services and ensuring older carers are aware of their rights and entitlements.

**Including male carers** Older men caring for children may have different needs and require additional support. This can be provided by educating leaders and the community about involving men in care, providing mixed-sex and single-sex support forums, and creating role models for male carers.

**Encouraging self-care** While caring can be very rewarding, it can often cause stress. Older carers may benefit from structured activities that help avoid stress, burnout or fatigue, including encouraging time out for social activities, regular exercise and healthy eating.

**Home-based care policies** Many national home-based care policies do not include the specific needs of older carers. Consequently, home-based care training does not focus on how to support them. Policy makers need to be made aware of issues that are unique to older carers to ensure that their specific needs are addressed.

### More information:

*Psychosocial care and support for older carers of orphaned and vulnerable children: programming guidelines.*  
[www.helpage.org/resources/publications](http://www.helpage.org/resources/publications)

# Approaches to peer education

Peer education is one of the most effective ways to increase knowledge and provide support in relation to HIV.

*Kennedy Mambo and Michael Kanyingi Kimuhu tell us why.*

HIV continues to affect older people in two crucial ways: they are at risk of infection and living with HIV, and they provide the majority of care to adult children living with HIV and orphaned grandchildren.

As a result of HIV, family structures have been altered and older people are becoming the heads of households. The World Bank reported in 2009 that orphanhood is increasing and in many countries, there has been a shift toward grandparents taking on increased childcare responsibility.<sup>1</sup>

The first-hand experience of HIV gained through providing care and the fact that increasing numbers of older people are living with HIV makes older people ideally placed to offer support to fellow older people. They can provide comprehensive information about HIV, non-communicable diseases (NCDs) and sexual health, provide care and support, and act as role models.

## What is peer education?

Peer education is an approach that is widely used in HIV and health programmes. It describes a range of initiatives where people with common characteristics (age, sex, place of work, social status, etc.) share information about issues that affect them.

HelpAge uses peer education across four countries in Africa (Ethiopia, Kenya, Tanzania, and Uganda) as an approach to increase older people's knowledge and skills and encourage behavioural change among older people, their families and communities.

## What does it involve?

A standardised peer education approach should include the following:

**Recruitment of potential peer educators:** Good peer educators command respect from fellow peers, are trustworthy and observe confidentiality, are non-judgemental, able to facilitate educational sessions, show commitment and can be role models. Peer educators are volunteers and are selected by local leaders making it easier for the programme to be accepted in the community.

**Training older people as peer educators:** A needs assessment is advised prior to training to identify critical issues. A standard peer education curriculum should cover a comprehensive range of topics, including: transmission and prevention of HIV and sexually transmitted diseases; home-based care and traditional practices; NCDs and their link to HIV; and living with HIV in older age. The importance of peer education and peer counselling skills should also be covered.

Peer education training is best delivered in local languages so that older people fully understand and are able to express themselves freely. Working with older trainers allows older people to share more openly on sensitive issues like sex and sexuality. Older people learn better when real life experiences are used, referring to examples they identify with older age. Participatory approaches and energisers keep older people engaged, and key messages should be re-emphasised to ensure learning.

Older peer educators are taught about reporting and monitoring systems and how to engage with local administration and government, which is key to sustaining community-led approaches.

**Older people educating and supporting their peers:** In the HelpAge programme, a peer educator visits at least five older people's households each month. Each visit lasts at least one hour, and the peer educator provides information about a specific issue related to HIV. Discussion and questions form a two way dialogue with older people.

Peer educators are also responsible for distributing condoms. They give advice on how to access available services and support and facilitate larger community sessions with peers. They attend formal community meetings and social events to give messages about HIV and older people.

**Motivating peer educators:** Older peer educators must be supported with ongoing training and support, as many peer educators are not experts in HIV and as responses to HIV change over time. Exchange programmes for cross-learning, regular meetings for sharing experiences, and forums for group support are helpful in motivating peer educators.

Peer educators need to be equipped with educational materials. Quick reference guides are useful when responding to difficult discussions and are easy to carry around. Posters are also powerful tools for sharing information.

It is important that peer educators receive some kind of compensation for their work to ensure they are not disadvantaged by their role.







Frederic Courbet/HelpAge International

**Hannah joined a group of older peer educators and now teaches her peers and children about HIV and AIDS.**

## Older peer educators change the landscape for older people

A peer education programme was implemented in Thika, Kenya by HelpAge Kenya, the Anglican Church of Kenya, and the Christian Community Services in Mount Kenya Region. Training older peer educators has been seen to increase some older people's self-esteem and sense of accomplishment, and has helped community members see older people in a positive light. All peer educators took up the offer of HIV counselling and testing at the end of their training course. The peer education programme has also had a positive impact on the wider community in Thika, increasing knowledge and leading to changes in behaviour.

### The life of an older carer

**Magdalene, 88, lives in a village in Mangu. She is caring for her son Peter, who is 60 years old and is living with HIV.**

**"I was given conflicting information about what may be ailing my son and it increased stigma towards him," says Magdalene. "I feared to eat from a plate or spoon he had used because I was told that he had a very dangerous disease that could finish all of us.**

**The information that we have received from the peer educator who visited us has changed us very much. Now we eat together and can sit next to each other without fear of infection."**

**According to Peter, "information is very important because it gave me the motivation to go for an HIV test and also a TB test. My mouth was sore but now it is healed. Although I am still coughing a little this season I have been able to plant maize and beans for myself. I can now also help other people who may be in the same situation."**

### Why is peer education so effective?

Older people have long been denied access to HIV information and services leading to a lack of understanding and awareness, and high levels of stigma and discrimination. Peer education has proven an effective approach in responding to these challenges:

- Peer education ensures HIV information is widely and freely available. Alongside their role as peer educators to older people, older peer educators have become community role models and are involved with larger awareness campaigns.
- Older people are more comfortable seeking information from peers than from other age groups. Verbal persuasion from peers and personal sharing have encouraged older people to live positively and openly and accept the realities of HIV.

- Peer educators are committed to addressing a need in their society. This is a powerful motivation and helps peer educators in their role sharing knowledge, changing attitudes, beliefs, and behaviours at the individual level.
- Peer education can also create change at the group or societal level by modifying norms and stimulating collective action that contributes to changes in policies and programmes.

### The impact of peer education

HelpAge's peer education programme has had a clear impact in the communities in which we work. HelpAge surveys undertaken in 2008 and 2010 demonstrate significant increases in knowledge and numbers of older people practising safer sex and accessing HIV counselling and testing.

| Older people and their dependants with basic HIV and AIDS knowledge |       |      |
|---|-------|------|
| Country   | 2008  | 2010 |
| Kenya   | 82.4% | 88%  |
| Uganda  | 68.2% | 100% |
| Ethiopia  | 86.1% | 96%  |

In order to have even greater impact, the programme needs to be scaled up and replicated in more communities and countries. With an increasing number of older people in sub-Saharan Africa living with HIV, access to accurate information, services and support becomes even more important. To reach large numbers of older people, effective collaboration and support from government and development agencies will be required.

*See references on page 13*

**Kennedy Mambo is Regional HIV and AIDS Programme Coordinator, HelpAge East, West and Central Africa Regional Development Centre.**  
Email: [Kmambo@helpage.co.ke](mailto:Kmambo@helpage.co.ke)

**Michael Kanyingi Kimuhu is Programme Officer, Christian Community Services, Mount Kenya Region, Thika.**  
Email: [mkkimuhu@yahoo.com](mailto:mkkimuhu@yahoo.com)

# Safeguarding property and inheritance

**Joseph Mugisha explains how paralegals in Uganda have helped protect older people's property and inheritance rights.**

HIV has a huge impact on older people – as carers to loved ones who are living with HIV and grandchildren orphaned as a result of AIDS. Among the many challenges that they and the children under their care face is violation of their property and inheritance rights. Property left behind by parents for their children is often grabbed by relatives, neighbours and friends in guise of protecting the property for the children.

This is common where parents do not have wills. It occurs because of a lack of knowledge of existing succession laws, unclear succession procedures because of archaic laws and negative traditional practices of inheritance.

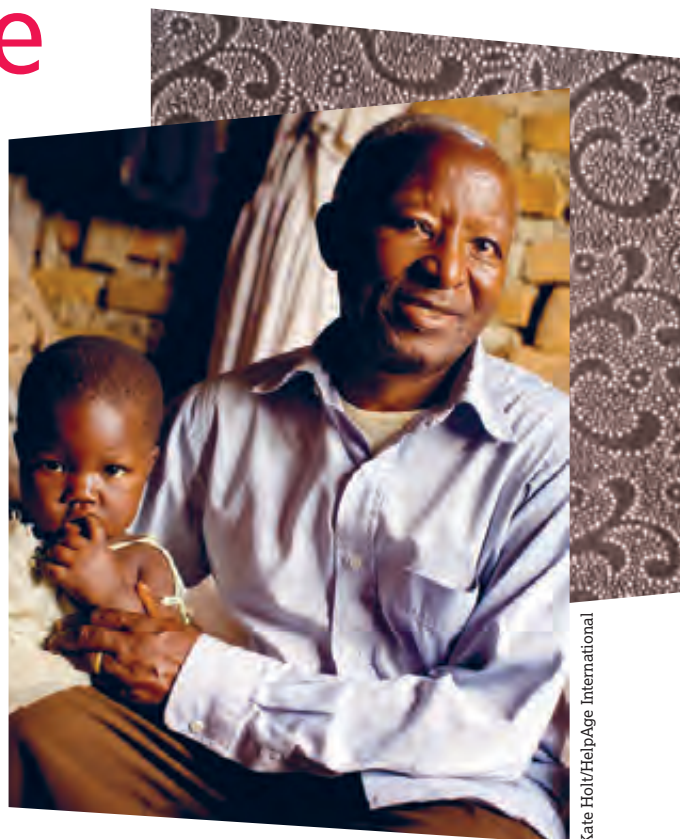
## Working with paralegals

The inheritance and property rights of older people and children can be protected with the help of paralegals, who promote the importance of writing wills. They help older people write wills that specify what should happen to land and property and how children should be cared for.

A project by Uganda Reach the Aged Association (URAA) trains paralegals to protect the inheritance rights of orphans and vulnerable children under the care of older people, so that the impact of HIV is mitigated. The project is implemented in Kasese District in Western Uganda with Community Aged Foundation (CAFO), a community-based organisation.

Under this project, community leaders help select members of the community to be trained as paralegals. They gain skills to support multigenerational households by giving legal advice, sensitising the community about human rights, focusing on older people and family members under their care, especially orphans and vulnerable children. As paralegals, they are able to guide succession planning, mediate in conflict or community disputes and

**Asmasio, in Uganda, cares for his orphaned grandchildren and receives legal help over land grabbing of his property.**



Kate Holt/HelpAge International

refer cases to legal authorities. They act as a link between older people, the community and legal authorities.

## Project success

URAA has trained a total of 360 (259 male and 101 female) paralegals in the 15 sub-counties of Kasese District. Each of the paralegals supports one household per month.

In 2011, paralegals in Kasese sensitised and gave legal advice to a total of 2,881 older people. They have mediated in and handled 757 land inheritance cases, 172 cases of child rights violations, and 401 property rights cases.

*“After the death of my three sons, I have always lived in fear.... that the able and rich can grab my property. But now I am very confident and I feel secure because I trust the paralegals. I won a land case last month because of the support of paralegals who defended me and protected my land that I almost lost to a rich neighbour.”*

Older person

Paralegals have played a crucial role in sensitising the community about the rights of children and older people. They have worked with the police and local council leaders at community level to raise their awareness of rights and the challenges faced by older people and the children in their care.

The work of the paralegals has also contributed to a reduction in crime rates and abuse of children's rights. “The community can now differentiate between wrong and right,” says a police officer. A local council chairperson adds that, “paralegals have helped us in reporting and mediating the minor conflicts and maintaining harmony in the community.”

Through the work of paralegals, the prevalence of property and land grabbing in Kasese has been reduced. Older people and the children under their care are confident that they are supported and equipped to address situations where violations of their rights occur.

Joseph Mugisha, Uganda Reach the Aged Association.

Email: [ugreach@gmail.com](mailto:ugreach@gmail.com)



# Including older people

## **Sydney Machafa reports on the success of HelpAge advocacy work to include older people in Mozambique's National Strategic HIV and AIDS Response Plan, 2010-2014 (PEN III).**

The story of older people's recognition and inclusion in the PEN III in Mozambique cannot be told without mention of the advocacy efforts of HelpAge International in Mozambique and its partners.

The story started when it became evident to HelpAge International in Mozambique, that there was a high proportion of older people affected by HIV. Data from Tete in 2006 showed that 8 per cent of older people were living with HIV, 40 per cent were caring for orphans and 5 per cent cared for other people living with the virus.

With these findings, it was felt that the PEN II did not sufficiently address the needs and contributions of older people. Consequently, HelpAge implemented an advocacy approach to ensure older people were included in the development of the PEN III.

### **Plan to include older people**

A workshop held in Maputo in 2008 brought together HelpAge partners including the Mozambique National AIDS Service Organisation, Voluntary Service Overseas, and the Mozambique Red Cross Society, associations of people living with HIV and national associations working with older people. The aim was to develop an advocacy strategy to increase the reference to older people in the PEN III. The core messages included that older people:

1. are at risk of HIV infection just like any other group;
2. play a vital role as carers of orphans and vulnerable children and people living with HIV;
3. must be included in the PEN III and other HIV programmes.

The Ministry of Health and the Mozambique National AIDS Council (CNCS) were identified as the target audience. A plan was put in place to collect more evidence on the impact of HIV on older people based on an agreed set of indicators.

### **A participatory approach**

Evidence was collected using a participatory approach, by involving community monitors and paralegals.

Data was gathered on the number of older people caring for orphans, vulnerable children and people living with HIV, and of older people living with HIV themselves. Case studies of older people affected by HIV were also published.

HelpAge and its partners started delivering its messages before the official announcement of the PEN III process, as opportunities arose – including at the National HIV/AIDS Conference in 2008 and the National Conference on Older People in 2009. Commemoration days such as the International Day of Older People and World AIDS Day were also used to present messages.

By the time the revision of PEN II and the drafting of the PEN III was officially launched in 2009, many key organisations had been sensitised to older people's issues in relation to HIV.

Led by the CNCS, working groups were created to facilitate the review process. The groups would feed information to the technical group responsible for the development of the PEN III. The thematic areas included prevention, stigma and discrimination, mitigation and treatment. While HelpAge was selected to lead the working group on stigma and discrimination, it ensured that other partners were represented in all other groups.

### **Advocacy success**

As a result of this advocacy strategy, older people are mentioned 23 times in the PEN III across all thematic areas of prevention, stigma and discrimination, mitigation and treatment. The PEN III explicitly recognises older people as a risk group and as carers.

Following this success, HelpAge developed a manual highlighting the references to older people in the PEN III and included recommendations on its implementation. The manual has been acknowledged by the CNCS.

Community monitors and older people's associations in Tete have begun monitoring the implementation of the PEN III. They collect data on older people going for counselling and testing, accessing antiretroviral treatment and receiving support as carers. HelpAge partners are

also participating in the development of annual provincial plans for HIV and AIDS interventions to ensure implementation of the PEN III at this level.

### **Older people's involvement**

One of the most crucial elements of the PEN III success story was the involvement of older people themselves. Some older people gathered information as monitors and HIV activists, as well as shared their views in focus group discussions. Older people's representatives also participated in the National HIV/AIDS Conference in Maputo and the second Older People's Conference in Maputo in 2009.

Older people were key to the persuasive argument that achieved success with the PEN III, bringing their personal experience into the policy discussion. By monitoring the implementation of the PEN III, HelpAge will continue to ensure the lives of older people in Mozambique are improved as a result of the PEN III.

**Sydney Machafa is Monitoring and Evaluation Officer, HelpAge International in Mozambique.**  
Email: [sydney.machafa@tvcabo.co.mz](mailto:sydney.machafa@tvcabo.co.mz)



**Older people in Mozambique are given recognition in the PEN III.**

# Delivering credit

**Abate Fulas and Erastus Maina Itume present community-based approaches to increasing older people's access to credit in Ethiopia and Kenya.**

Approximately 3 million people aged 50 and over are estimated to be living with HIV in sub-Saharan Africa,<sup>1</sup> and 40-60 per cent of children orphaned as a result of AIDS are cared for by their grandparents.<sup>2</sup>

Many older people live in poverty, without any form of support or pension to help them cope with their financial needs and responsibilities. They face increasing difficulties including declining health, reducing their ability to earn a living to support themselves and their families. This challenge comes at a time when older people face increased costs, including for medication, education and food.

HelpAge International, through Tesfa Social and Development Association in Ethiopia and HelpAge Kenya has taken a community-based approach to increase access to credit for older people affected by HIV. Older people and members of their families have been provided with business and vocational training and loans to establish small businesses.

## What works

In Ethiopia, loans are administered through established neighbourhood burial societies (iddirs). In Kenya, loan delivery is through newly developed community-based organisations (CBOs), with the roles and responsibilities between CBOs and HelpAge partners agreed in a memorandum of understanding.

Both methods of administration ensure community ownership of the project and adequate support to loan recipients for prompt repayment. This is particularly effective in Ethiopia where loan recipients are accountable to other members of their iddir. In Kenya, loan recipients join together to form self-help groups.

Loan uptake was initially low in both countries, but improvements were seen as older people became more aware of the benefits. In both countries, older people were motivated through the success stories of other loan recipients and by visiting their successful businesses.

The results from Kenya and Ethiopia show that loans given to older people have allowed them and their households to be productive and become more self-

sufficient. In Ethiopia, access to credit has meant that older people in the project site have been able to establish over 200 small-scale businesses in the four years of the project. In Kenya, Veronica's story demonstrates the impact of the programme on older people and those in their care.

*See references on page 13*

### More information:

**Abate Fulas, HelpAge International Ethiopia**  
Email: [afulas@helpageethiopia.org](mailto:afulas@helpageethiopia.org)

**Erastus Maina Itume, HelpAge Kenya**  
Email: [maina@helpagekenya.org](mailto:maina@helpagekenya.org)

Frederic Courbet/HelpAge International



|                                      | Ethiopia   | Kenya   |
|--------------------------------------|--|---|
| <b>Loan administration structure</b> | Facilitated by Tesfa Bekolfe Credit and Saving Cooperative, an independent microfinance wing of Tesfa Social and Development Association (TSDA), which is a federation of iddirs.<br><br>Loan provided with 8 per cent interest rate.                        | Newly formed CBOs manage the loans in each location. They open separate accounts for loan payments and member's savings and are responsible for collecting and banking the monies. To ensure accountability, HelpAge Kenya representatives are mandatory signatories.<br><br>Loans are provided with 8-9 per cent interest rates and repayments are usually over 15 months. |
| <b>Application procedure</b>         | Eligibility for a loan: membership of an Iddir; being older and affected by HIV.<br><br>An underwriter is needed as a guarantor.<br><br>The loan application is made in writing.   | Simple business plan is submitted and if accepted, a formal application is filled and signed by a guarantor.<br><br>Applicant's forms must be endorsed by a local chief or his assistant.<br><br>Endorsed forms are taken to CBO officials for validation and approval.   |
| <b>Training</b>                      | Beneficiaries are provided three days training in money management, business planning and marketing, and loan conditions.  | CBOs are trained in managing the loan process, assessing applications and distributing and managing loans.<br><br>Some members of CBOs are also given training in how to train others from local self-help groups on HIV, leadership, savings and credit, group formation, record keeping, ageing issues, loan management and IGA/business selection.                       |
| <b>Monitoring</b>                    | Payment is made monthly.<br>Monitoring is done through field/business visits. The project or loan officer checks the progress of the business, discusses challenges encountered and loan repayments.<br><br>The current loan repayment rate is 100 per cent. | After initial challenges with loan repayment, increased training in loan management and monitoring has been given to CBOs and repayment rates are steadily increasing.  |





Veronica, 62, looks after her two grandchildren. After they lost their mother to AIDS she made sure they were tested for HIV. “The children are not infected,” she says. “I am thankful for that.” To provide for her grandchildren, Veronica started selling bananas. But because of prolonged droughts her business failed. Being resourceful and determined, she developed a new business idea and approached HelpAge Kenya for a loan. With it, she opened a small eatery called the Classic Café. Now Veronica says, “the children are not as hungry as before because I am able to provide food and educate them. It is good to see them healthy.”

# Resources

## Organisations

### Joint United Nations Programme on HIV and AIDS (UNAIDS)

UNAIDS is a partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. It is comprised of the UNAIDS Secretariat and 11 UN agencies.

[www.unaids.org](http://www.unaids.org)

### World Health Organization (WHO)

The WHO HIV/AIDS Department ensures comprehensive and sustainable response to HIV and AIDS by providing evidence-based and technical support to WHO Member States.

[www.who.int/hiv](http://www.who.int/hiv)

## Events

### International AIDS Conference

22-27 July 2012, Washington, D.C.

The premier 2012 gathering for those working in the field of HIV, policy makers, persons living with HIV and others. It aims to assess progress, evaluate recent scientific developments and collectively identify ways forward.

[www.aids2012.org](http://www.aids2012.org)

## Global strategies

### Getting to zero: UNAIDS 2011-2015 strategy

The new strategy aims to advance progress in achieving country targets for universal access to HIV prevention, treatment, care and support; to reverse the spread of HIV and contribute to the achievement of the MDGs by 2015.

[www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/jc2034\\_unaids\\_strategy\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/jc2034_unaids_strategy_en.pdf)

### WHO Global Health Sector Strategy on HIV and AIDS 2011-15

The strategy complements the UNAIDS strategy 2011-2015 and aims to provide a detailed guide to how health sectors can most effectively tackle the epidemic. The responses are tailored to national and regional epidemics.

[http://apps.who.int/gb/ebwha/pdf\\_files/WHA64/A64\\_15-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_15-en.pdf)

### HIV and Aids national policies and strategies

This webpage resource by the International Labour Organization (ILO) contains national legislation and policies adopted by ILO member States that are relevant to HIV and AIDS work.

[www.ilo.org/aids/legislation/lang--en/index.htm](http://www.ilo.org/aids/legislation/lang--en/index.htm)

## Publications

### UNAIDS Report on the global AIDS epidemic

The 2010 edition of this global reference handbook is based on latest data from 182 countries and includes trend data on incidence from more than 60 countries. It provides comprehensive analysis on the AIDS epidemic and response.

[www.unaids.org/globalreport/global\\_report.htm](http://www.unaids.org/globalreport/global_report.htm)

### UNAIDS World AIDS Day Report 2011

The report shows progress in AIDS response in 2011. It shows that new HIV infections were reduced by 21 per cent between 1997 and 2010, and deaths from AIDS-related illnesses have fallen by 21 per cent since 2005.

[www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2216\\_WorldAIDSday\\_report\\_2011\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2216_WorldAIDSday_report_2011_en.pdf)

### HelpAge publications on HIV and AIDS

HelpAge resources on HIV and AIDS include, among others, guidelines for supporting older carers and HIV and AIDS prevention strategies.

[www.helpage.org/resources/publications](http://www.helpage.org/resources/publications)

## Ageways 79: notes and references

### Tackling the data challenge (page 4)

1. UNAIDS, 2006 *Report on the global AIDS epidemic*, Geneva, UNAIDS, 2006
2. Government of Swaziland, Swaziland demographic and health survey 2006-07, 2008  
[www.measuredhs.com/pubs/pdf/FR202/FR202.pdf](http://www.measuredhs.com/pubs/pdf/FR202/FR202.pdf)
3. Government of Botswana, 2009 AIDS Indicator Survey III
4. Government of Kenya, Kenya AIDS indicator survey 2007 Final Report, 2009, [www.nacc.or.ke/nacc%20downloads/official\\_kais\\_report\\_2009.pdf](http://www.nacc.or.ke/nacc%20downloads/official_kais_report_2009.pdf)
5. Human Sciences Research Council, South African National HIV prevalence, incidence, behaviour and communication survey 2008, 2009  
[www.mrc.ac.za/pressreleases/2009/sanat.pdf](http://www.mrc.ac.za/pressreleases/2009/sanat.pdf)
6. Government of Mozambique, “Inquérito nacional de Prevalência, Riscos Comportamentais e Informação sobre o HIV e SIDA em Moçambique”, *Insida* 2009, 2010
7. Sample sizes for younger and older men may be significantly different making direct comparison difficult but the data sets can be used as an indication as to the likely situation
8. Negin J and Cumming RG, “HIV infection in older adults in sub-Saharan Africa: extrapolating prevalence from existing data”, *Bulletin of the World Health Organization*, 88, 2010, pp.847-853
9. From approximately 2 million in sub-Saharan Africa at the end of 2007 to approximately 5 million at the end of 2010, see [www.who.int/hiv/data/Fig5\\_3.png](http://www.who.int/hiv/data/Fig5_3.png)
10. Hontelez J AC, de Vlas S J, Baltussen R, Newell M, Bakker R, Tanser F, Lurie M, and Barnighausen T, The impact of antiretroviral therapy on the age composition of the HIV epidemic in sub-Saharan Africa, *AIDS*, 2012, in press

### Approaches to peer education (page 8)

1. Beegle K, Filmer D, Stokes A, Tiererova L, *Orphanhood and the living arrangements of children in sub-Saharan Africa*, Washington DC, World Bank, 2009

### Delivering credit for older people (page 12)

1. Negin J and Cumming RG, “HIV infection in older adults in sub-Saharan Africa: extrapolating prevalence from existing data”, *Bulletin of the World Health Organization*, 88, 2010, pp.847-853
2. UNICEF, *The State of the World's Children 2007*, New York, UNICEF, 2008

# Awareness through radio

## **Abate Fulas describes how radio has successfully provided HIV and AIDS information to older people in Ethiopia.**

Ensuring older people have accurate information about HIV is crucial to their ability to protect themselves from infection and support their families. However, older people are rarely targeted by information campaigns and they are not given attention in the media.

In Ethiopia, there was no single media outlet that addressed the impact of HIV on older people. Since 2008, HelpAge International in Ethiopia has worked to fill this gap and raise awareness of HIV and older people through the radio.

A survey by HelpAge showed that 81 per cent of older Ethiopians receive information from radio, which is more affordable and accessible than other sources. Identifying the wide reach of radio, HelpAge set up a project that uses radio to provide HIV information specific to the needs of older people.

### **The radio shows**

Over the last four years, the radio programmes have been broadcast in two widely spoken local languages. The Amharic radio show, *Kedemtochu*, is broadcasted from Addis Ababa covering a radius of 250km. The Afan Oromo radio show, *MangudootaKegna*, is broadcasted by Oromia Radio and TV Agency and has national coverage.

Selecting the radio producers to work with HelpAge was done through a competitive bidding process advertised in a widely circulated English newspaper. HelpAge worked with the selected

producers to determine content for the programme. Older people who are providing care or living with HIV closely advised on relevant issues. Meanwhile, radio producers worked with HelpAge to help sensitise visiting journalists on HIV and older people.

### **The format of the 20 minute radio show is as follows:**

- **Basic facts about HIV and AIDS and its impact on older people.**
- **International conventions and declarations related to older people and specifically women, and government's role in their implementation.**
- **Government officials or other relevant persons discuss how to include older people and women in national policy documents.**
- **Interviews with HIV and AIDS authorities and experts.**
- **Interviews with older people living with HIV and older carers.**
- **Interviews with federal and regional authorities about social protection for older people and orphaned and vulnerable children.**
- **Story telling based on older people living with HIV.**
- **Radio panel discussions on special occasions (i.e. International Day of Older People, World AIDS Day and International Women's Day).**

During the radio shows, listeners are encouraged to make phone calls, text their questions or write letters to the programme, which will be discussed in subsequent shows. There is adequate time for a question and answer session after the programme.

### **Achievements**

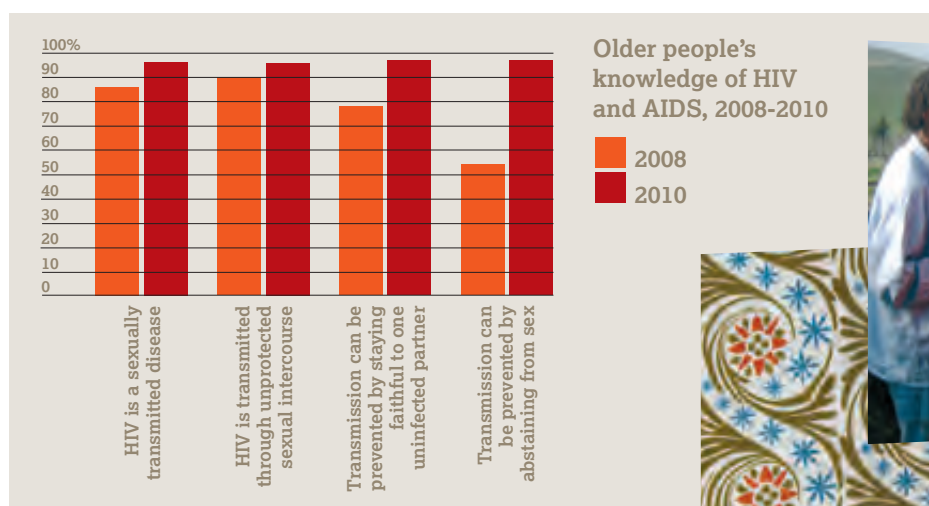
Though the effect of the radio shows are not as easily and quickly quantified as with other interventions, they have been shown to have the advantage of reaching a much larger audience. Assessments at the end of 2011 revealed that there has been about a 96 per cent increase in older people's knowledge of HIV and AIDS during the period that the radio shows have been broadcast.

The shows have also raised public and policy makers' awareness of the impact of HIV and AIDS on older people, particularly in their role as carers. There are positive signs of older people now being included in policies, and the next step is to ensure their full implementation.

As HelpAge carries on its awareness raising and policy work with HIV and older people in Ethiopia, the radio show approach will continue to play a role in increasing older people's knowledge and influencing leaders and decision makers.

Abate Fulas is the Health, HIV and AIDS Programme Officer of HelpAge International in Ethiopia.

Email: [afulas@helpageethiopia.org](mailto:afulas@helpageethiopia.org)



**Older woman undergoes an interview.**

HelpAge International /  
Noble Cause Elder Care and Support



## Affiliates

**More than 90 organisations in over 60 countries are affiliated to HelpAge International, forming a global network standing up for the rights of older people.**

### Caribbean

Action Ageing Jamaica  
Dominica Council on Ageing  
Extended Care through Hope and Optimism (ECHO), Grenada  
HelpAge Barbados  
HelpAge Belize\*  
HelpAge St Lucia  
National Foundation for Blind Care, Suriname  
Old People's Welfare Association (OPWA), Montserrat  
REACH Dominica  
Society of St Vincent de Paul, Antigua  
St Catherine Community Development Agency (SACDA), Jamaica

### Eastern, West and Central Africa

Current Evangelism Ministries, Sierra Leone  
Ethiopia Elderly and Pensioners National Association (EEPNA), Ethiopia  
HelpAge Ghana  
HelpAge Kenya\*  
Kenya Society for People with AIDS (KESPA)  
Mauritius Family Planning Association RECEWAPEC, Cameroon  
Rift Valley Children and Women Development Organisation (RCWDO), Ethiopia  
SAWAKA, Tanzania  
Senior Citizens' Council, Mauritius  
Sierra Leone Society for the Welfare of the Aged  
South Sudan Older People's Organisation (SSOPO)  
Sudanese Society for the Care of Older People (SSCOP)  
Tanzania Mission to the Poor and Disabled (PADI)  
Uganda Reach the Aged Association (URAA)

### Southern Africa

Age-in-Action, South Africa  
APOSEMO, Mozambique  
Elim Hlanganani Society for the Care of the Aged, South Africa  
HelpAge Zimbabwe  
Maseru Senior Women's Association, Lesotho

Muthande Society for the Aged (MUSA), South Africa  
Senior Citizens' Association of Zambia VUKOXA, Mozambique

### East Asia and Pacific

CASCD (formerly RECAS), Vietnam  
China National Committee on Aging (CNCA)  
Coalition of Services of the Elderly (COSE), Philippines  
Council on the Ageing (COTA), Australia  
Fiji Council of Social Services (FCOSS)  
Foundation for Older Persons Development (FOPDEV), Thailand  
HelpAge Korea\*  
Helping Hand Hong Kong  
Instituto de Acção Social, Macau  
Mongolian Association of Elderly People  
National Council of Senior Citizens Organisations Malaysia (NACSCOM)  
Office of Seniors' Interests, Australia  
Senior Citizens' Association of Thailand  
Senior Citizens' Council of Thailand  
Singapore Action Group of Elders (SAGE)  
Society for WINGS, Singapore  
Tsao Foundation, Singapore  
USIAMAS, Malaysia  
Vietnam Association of the Elderly (VAE)  
Yayasan Emong Lansia (YEL), Indonesia

### South Asia

Bangladesh Women's Health Coalition (BWHC)  
Gramin Vikas Vigyan Samiti (GRAVIS), India  
HelpAge India  
HelpAge Sri Lanka\*  
Pakistan Medico International  
Resource Integration Centre (RIC), Bangladesh

### Eastern Europe and Central Asia

Dobroe Delo, Russia  
Lastavica, Serbia  
Mission Armenia  
Resource Centre for Elderly People (RCE), Kyrgyzstan  
Second Breath (Gerontological Association of Moldova)  
Turbota pro Litnix v Ukraini

### Western Europe

Age Action Ireland  
Age International  
Caritas Malta HelpAge  
Centre for Policy on Ageing, UK  
Cordaid, Netherlands  
DaneAge Association  
HelpAge Deutschland\*  
Helpage España\*  
Slovene Philanthropy  
WorldGranny, Netherlands\*  
Zivot 90, Czech Republic

### Latin America

AGECO, Costa Rica  
Asociación Red Tiempos de Colombia  
CAPIS, Peru  
Caritas Chile  
Centro Proceso Social, Peru  
CESTRA, Colombia  
CooperAcción, Peru  
Fundación Horizontes, Bolivia  
Haitian Society for the Blind (SHAA)  
IPEMIN, Peru  
ISALUD, Argentina  
Peru Coordinating Group for Older People (Mesa de Trabajo)  
Pro Vida Bolivia  
Pro Vida Colombia  
Pro Vida Perú  
Red de Programas para el Adulto Mayor, Chile

### North America

AARP  
HelpAge Canada\*  
HelpAge USA\*  
West Virginia University Center on Aging, USA

### Middle East

El-Wedad Society for Community Rehabilitation (WSCR), OPT

### \*HelpAge sister Affiliates



## HelpAge regional centres

### Caribbean

The Beverly Hills Business Centre,  
Suite 6, 94N Old Hope Road,  
Kingston 6, Jamaica  
Tel +1 (0)876 978 3609  
Fax +1 (0)876 978 4843  
helpage@cwjamaica.com

### Eastern, West and Central Africa

PO Box 14888,  
Westlands, 00800 Nairobi, Kenya  
Tel +254 (0)20 4444289  
Fax +254 (0)20 4441052  
helpage@helpage.co.ke

### Southern Africa

1067 Arcadia Street, 2nd Floor,  
SAQA House, Pretoria 0028, South Africa  
Tel +27 (0)12 430 7775  
Fax +27 (0)12 430 7776  
nchipfupa@helpageinternational.org

### East Asia and Pacific

6 Soi 17, Nimmanhemmin Road,  
Suthep, Muang, Chiang Mai 50200,  
Thailand  
Tel +66 (0)53 894805  
Fax +66 (0)53 894214  
hai@helpageasia.org

### South Asia

Apt. 2B, Ivy Concord, House 22,  
Road 108, Gulshan 2, Dhaka 1212,  
Bangladesh  
Tel +880 (0)44 7640 1328  
Fax +880 (0)44 7600 1633  
info@helpagebd.org

### Eastern Europe and Central Asia

204 Abdrakhmanova Street,  
4th Floor, 720040 Bishkek,  
Kyrgyzstan  
Tel +996 (0)312 976159  
Fax +996 (0)312 620724  
kyrgyzstan@helpageinternational.org

### Latin America

Calle Vincenti No. 576,  
Entre Claudio Pinilla y Luis,  
Uria de Oliva, Sopocachi, La Paz,  
Bolivia  
Tel +591 (0)2 241 6830  
Fax +591 (0)2 241 0957  
info@helpagela.org

## Are you on the mailing list?

Please write clearly and complete as much as you can

|                             |         |         |
|-----------------------------|---------|---------|
| Title                       | Name    | Surname |
| Job title                   |         |         |
| Organisation                |         |         |
| Address                     |         |         |
| City                        |         |         |
| Postcode/zip code           | Country |         |
| Email (include if possible) |         |         |

### Who do you work for?

- ☐ Older people's organisation/pensioners' association
- ☐ Community-based/non-governmental organisation
- ☐ Local government
- ☐ National government
- ☐ Health service/social care
- ☐ Research institute/university
- ☐ Other (please specify)

### What is your job?

- ☐ Social care/development worker
- ☐ Health worker
- ☐ Project manager
- ☐ Student
- ☐ Senior Manager
- ☐ Other (please specify)

To receive *Ageways* twice a year, either use the order form at:  
[www.helpage.org/ageways](http://www.helpage.org/ageways) or complete and send this form to:  
Publications, HelpAge International, PO Box 70156, London WC1A 9GB, UK  
or Fax +44 (0)20 7387 6992

# Action on HIV and ageing

Participants at the “HIV and Ageing in Africa” conference reflect on insights gained and actions taken following the meeting.



## Recognising older people

*Esther Kawuma,  
Monitoring and  
Evaluation Specialist,  
Mildmay Uganda*

The conference recognised that despite research and programmatic evidence showing increasing numbers of older men and women living with HIV, older people are invisible in official programmatic, national, regional and global statistics. It made recommendations for the need for systematic data collection and reporting to reflect the realities of an ageing epidemic in women and men aged 50 and over living with HIV.

Addressing the many challenges faced by older people living with HIV requires a comprehensive response to prevention, treatment, care and support. Governments, decision makers and gate keepers need to commit to sustainable responses to HIV and ageing through provision of evidence-based data. Monitoring, evaluation and accountability frameworks for HIV and ageing must be put in place and national strategic plans must have specific targets that embrace older men and women.

Since the conference I have:

- Disseminated the conference recommendations to my Mildmay staff and management.

- Conducted a study to document the possibility of providing HIV care, support and treatment to older people without extra cost. This study was used for developing an advocacy message for the care, support and treatment of older people. An abstract on the results was also submitted to the Uganda Society for Health Scientists conference.
- Evaluated older people's access to HIV services.
- Attended a data disaggregation meeting in Nairobi and made a presentation on HIV, disability and older men and women.



## Working together

*Bob Cumming,  
Professor of  
Epidemiology,  
Sydney School  
of Public Health*

The participants at the conference were a mix of researchers, policy makers, health practitioners and, most importantly, older people. It was wonderful to see so many older Africans at the meeting. These are the people that really inspired me, confirming my passion to improve the health of older people in sub-Saharan Africa. Since the meeting I have continued to work with my colleagues at the University of Sydney on research to

strengthen the evidence base for action. This will be presented at the International AIDS Conference in Washington in July 2012 and at the International Association of Gerontology and Geriatrics' first African Regional Congress in Cape Town in October 2012.



## Not alone

*Ruth Waryaro,  
Kenyan woman  
living with HIV*

As an older person living with HIV, abandoned by my husband and taking care of my four children plus four orphans, I realised from the conference that I was not alone. I learned how to cope and help other older people with the same problem, who I interact with daily being a nurse at Tumaini clinic in the Korogocho slum in Nairobi.

\* “HIV and Ageing in Africa” was organised by HelpAge International on 2-3 December 2011, in Addis Ababa, Ethiopia. The conference was co-hosted by the University of Sydney School of Public Health, UNAIDS and the World Health Organization.

[www.helpage.org/newsroom/latest-news/older-people-must-be-included-in-hiv-response-helpage-holds-conference-on-hiv-and-ageing-in-africa/](http://www.helpage.org/newsroom/latest-news/older-people-must-be-included-in-hiv-response-helpage-holds-conference-on-hiv-and-ageing-in-africa/)

**HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.**

Copies of *Ageways* are available free of charge to people working with older people. Please use the order form on page 15 or at: [www.helpage.org/ageways](http://www.helpage.org/ageways). You can also download *Ageways* as a PDF from this address.

*Ageways* exchanges practical information on ageing and development, particularly good practice developed in the HelpAge network. It is published twice a year.

Email: Celia Till, [ctill@helpage.org](mailto:ctill@helpage.org)

HelpAge International, PO Box 70156  
London WC1A 9GB, UK

Tel: +44 (0)20 7148 7632

Fax: +44 (0)20 7387 6992

[www.helpage.org](http://www.helpage.org)

Registered charity number: 288180  
Copyright © HelpAge International 2012

Any parts of this publication may be reproduced for non-profit purposes unless indicated otherwise. Please clearly credit *Ageways* and send us a copy of the reprinted article or a link to it on the web.

ISSN 1469-6223

Design: TRUE [www.truedesign.co.uk](http://www.truedesign.co.uk)  
Print: Park Lane Press [www.parklaneexpress.co.uk](http://www.parklaneexpress.co.uk)  
*Ageways* is printed using vegetable-based inks, with power from renewable resources and waterless printing technology.  
Paper: Corona Offset, 100% recycled



Funded by

