

Ageing in Africa

Issue 33
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Editorial

Welcome to our new-look *Ageing in Africa*.

The assumption that older people do not participate in social and national life has led to their being excluded from programmes designed to address social and economic development. For example, older persons are invisible in many national and international AIDS policies and programmes. Yet older persons are both infected and affected by the disease. Read about efforts to include older persons in HIV/AIDS programmes.

Efforts to include older persons in HIV/AIDS programmes have tackled different yet related aspects of the impact the disease has had on older persons. Some projects aim to address the lack of knowledge about HIV/AIDS among older persons through peer education. So, read about peer educators making a difference in their communities in Uganda.

When young parents die of HIV/AIDS, they leave a vacuum in more ways than one. The orphans do not only lose their parents' love and support, they also grow up without a sense of their family history. Read about the Memory Book project in Uganda that helps HIV-positive parents record important family history for their children.

On page 6 we look at the disturbing practice of killing of older persons under the pretext of fighting witchcraft. Read about Maria who had to seek refuge in a hospital for fear of attack.

Income Generating Activities (IGAs) for older persons help them to not only earn a much-needed income to support themselves and their families, but also to stay active and engaged with life. Read about a group of older persons in Uganda who have started a pineapple-growing business.

Enjoy!



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Older People Too Are Infected and Affected By HIV/AIDS

Older persons remain invisible in most national and international HIV/AIDS programmes. A position paper prepared by HelpAge International for the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) meeting in New York on 10 and 11 June 2008 noted that, 'people aged 50 and above are excluded from the 25 core indicators, and are overlooked in broader international and national HIV/AIDS monitoring and reporting.' The 25 core indicators were established by the Monitoring and Evaluation Reference Group of UNAIDS.

The assumption underlying this exclusion is that older people are not infected by the virus. This assumption is contradicted by reality. The 2006 UNAIDS Report on the global epidemic estimated that 7% of people 50 years and above are HIV positive. The UNAIDS report is supported by preliminary data from the Kenya AIDS Indicator Survey of 2007 which shows that older persons (49+ years old) are increasingly getting infected by HIV/AIDS and other sexually transmitted diseases. The survey was carried out nationally on 18000 individuals from 10,000 households.

In an article carried in the New Era newspaper of Namibia (May 2, 2008), Dr. Joseph Matare wrote that, the exclusion of older persons from HIV information and treatment services, including testing is "spurred by the erroneous assumption that older persons are no longer sexually active".

As a result, argues Dr Matare, "the elderly fail to accrue the benefits of early diagnosis of HIV, and thus miss out on early treatment, care and support".

The disease has also placed a heavy burden on older persons. As their children become sick from HIV/AIDS, older persons take on the role of care givers to both their children and grandchildren. When their children die, the orphaned children are left in the care of the grandparents. For example, it is estimated that 51% of orphans in Uganda are looked after by their grandparents.

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Older People Too Are Infected and Affected By HIV/AIDS

The challenges that come with this care-giving role are many. Older persons lack information on rights and needs of OVC and PLWHA. At their age, they have diminished opportunities to earn a living and, therefore, make up a large proportion of people living in extreme poverty. Older persons themselves face health problems associated with age, yet encounter enormous difficulties in getting medicines and treatment. Also, older carers have inadequate psychosocial support to help them cope with their multiple challenges.

To address the issue of older carers, HelpAge International, in conjunction with Uganda Reach the Aged Association, held a three-day consultative meeting on older carers of OVC and PLWHA in Kampala, Uganda. The meeting, which ran from the 18th-20th of November, 2008, recommended that older carers be integrated and mainstreamed into national development programmes, such as poverty alleviation plans. The meeting asked African countries to speed up the process of enacting national ageing policies. It also recommended that governments revise their national policies on HIV/AIDS to include care, prevention,

support and treatment services to older persons and households led by older persons. In addition, the meeting recommended promotion of, and support to, formal and informal education, vocational and life skills training for OVC and PLWHA.

Crucially, the meeting sought to address extreme poverty faced by older persons by recommending child-benefit grants to assist older carers, as well as a universal non-contributory pension for all older persons.

As the meeting noted, the all-round wellbeing of OVC and PLWHA is as good as the caring capacity of their carers. Enhancing the capacity of older carers in all aspects is, therefore, crucial to success in fighting the disease. This has a bearing on social-economic development as well. For example, studies show that OVC under the care of older persons who receive a pension grow taller and are generally healthier than OVC in the care of older persons who do not receive a .

The OVC are also less likely to drop out of school compared to OVC under the care of grandparents who do not receive any



© Antonio Olmos/HelpAge International, 2008

Lule, 60, looks after 15 orphans in her Kampala home, Uganda

pension. The same studies also show that older persons use their pension money to start businesses, thus boosting local economies. Therefore, supporting older carers is not peripheral to our efforts to achieve the Millennium Development Goals. It is central. The growing number of projects aimed at addressing the impact of HIV/AIDS on older persons in Africa (see reports below) are an encouraging sign that society is beginning to recognise the impact the pandemic has on older persons, and the social-economic implications.

Making My Will...

She looked perturbed, her eyes fixed on the space in front of her. It was obvious that her mind was thousands of miles away, despite the fact that her afternoon guests were seated right in front of her.

After a long silence, Fabias Kiconco looked her guests in the eyes, left her seat, pushed aside the curtain that separated her sitting room from bedroom, and disappeared behind it. She returned with a booklet in her hand. Boldly inscribed on it in blue ink were the words: My Will.

She opened her booklet to allow us to glance at the pages she had written, warning us that everything in the Will must remain a secret between us and her. We nodded in agreement.

At 27 years old, Kiconco is HIV positive and lives with her elderly mother and her own 3 children. She is a beneficiary of the URAA 'Will and Memory' book writing programme, under the project 'Protection

of OVCS, and Inheritance Rights in Multi Generational Households' funded by the Big Lottery Fund. So far, 100 PLWHAS have been trained. Kiconco has been one of the most impressive students, easily picking up the knowledge and implementing it.

In her Will, she names her properties and identifies who should benefit after she is gone. In her Memory Book, she tells of how she encountered the man who infected her. She contracted AIDS after a love affair with a married man, who never disclosed to her that he was married. She also writes about her marriage to a new man, and how she finds life as an HIV positive person. She describes her background, gives details about her children, and her family tree.

She is proud about learning and compiling her Will, and she is confident that her children will be happy with her 58-year-old mother after she is gone.

Those compiling Wills are advised to keep copies with trusted local council chairmen, or church leaders. In the case of young HIV positive men and women like Kiconco, a copy of their Will is given to their parents.

The Memory Book and Will making project aims at saving future struggles over land and property, especially when the middle aged die and leave their children in the care of older persons.

The PLWHAS appreciated the fact that the training was mainly facilitated by an HIV-positive trainer, Rehema Aryema. She is the Kasese District mobiliser of the National Community of Women Living with AIDS, and she says the programme has helped many people to open up about their HIV status, and those who feared testing have since started taking voluntary HIV tests.

Article by Emily Kemigisha, URAA, Uganda



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Simon Bukenya: planning for the future

Mr. Simon Bukenya, 57, son to Mr. Joseph Lubega, 84, and Zainabu Biirah, 76, is one of the older people living with HIV who was trained in 'memory book' and 'will' writing by Uganda Reach the Aged Association (URAA) in April 2008, funded by BIG Lottery Fund through HelpAge International.

The memory book and will writing aimed at equipping people living with HIV/AIDS with skills for succession planning in order to mitigate the impact of HIV/AIDS among older people in multigenerational households.

The training was attended by 100 People Living with HIV/AIDS in Kasese District in 2008.

"I live with my wife, 3 children and four grandchildren, and I still look after my old parents. I thank URAA for the opportunity to attend the memory book and will writing workshop. I learnt a lot and am now confident that after I pass on, my old parents will not encounter difficulties in

distributing my property to my dependants", narrates Bukenya.

"I was taught how to safeguard my own property, which will help my family. I have also been encouraged to work hard so as to have enough property to leave behind for my family.

However, it was not easy developing the memory book because the original data was hard to trace, since my parents had not formally detailed our family background.

Through filling in the memory book, I discovered that it was very important since it made me open up and get to know my family lineage. Even my grandchildren will easily access the family history."

The memory book and will writing workshop cleared the fear created by a vacuum that existed in people's hearts. Most people in Kasese believed that writing a will was like writing an

invitation letter to the angel of death. To those that attended the workshop, making a will no longer has anything to do with inviting death. Writing a will ensures that all is well after one passes on.

Article by Emily Kemigisha, URAA, Uganda



Simon Bukenya with his grandchildren

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Hon. Salamata Sawadogo (left) Minister for the promotion of Human Rights with Amleset Tewodros of the ARDC during the launch

HelpAge International, together with its partners Promofemme Development Solidarite, Association for the Promotion of Women and Children (APF) and the Burkina Faso Red Cross Society, launched a three-year integrated programme aimed at tackling the social exclusion of older women. The programme was designed after an extensive research on social exclusion, its causes and consequences was conducted by HelpAge in collaboration with the

Programme to Help the Socially Excluded launched in Burkina Faso

University of Ouagadougou. The research found out that the following were the main causes of social exclusion:

- Gender inequality that exacerbates women's inequality
- Lack of awareness of older people's rights and relevant entitlements
- High illiteracy rate, particularly among women
- Inadequate public health provision resulting in chronic illnesses, epidemics and high mortality
- Low public awareness on health issues particularly HIV/AIDS
- lack of reliable data on the scale of witchcraft related rights abused.
- Exclusion of older people from local public service delivery and national policy [processes]
- Weak civil society capacity to defend rights of vulnerable groups

The three years programme will implement projects that will

- (a) enable older people and communities to exercise their rights through a range of activities
- (b) Improving community health status and understanding of health issues
- (c) Facilitating dialogue between civil society and government

In her speech at the launch of the programme held in Ouagadougou in March 2009, Hon Salamata Sawadogo Minister for the promotion of Human Rights assured the commitment of the Government and her Ministry to provide the required support for the success of the project. Other stakeholders present at the launch also committed to support the abolition of the practice which continues to severely violate the rights of older people. The programme is supported by the European Union as part of its support to Non-state actors.

Fantsuam Foundation – supporting older carers in Kafanchan, Nigeria

Angelina Ishaya is one of many widows who live in the area of Kafanchan in Kaduna State, over an hour's drive from Abuja, the federal state capital of Nigeria. Unlike the other women who are mainly farmers and traders, she no longer farms because she got polio over 10 years ago. When asked what she does all day, she laughed and said 'Nothing', yet she has six children and over 14 grandchildren, some of whom she looks after while other family members earn a living. She does not know how old she is, since like others in the village, she is illiterate.

John Dada the founder of Fantsuam Foundation first met her through one of the field officers Mrs. Hafara Ibrahim, who also doubles up as a conflict resolution officer.

Fantsuam Foundation has 87 grandmothers who get a monthly stipend, free medical care and nutritional support. These grandmothers are looking after orphans whose parents died of HIV/AIDS.

Angela uses the 300 naira (US \$2) monthly stipend to meet several needs. She buys pomade, kerosene for the lamp, as well as soap for bathing and washing clothes. These purchases also benefit her grandchildren. After she started getting



ARDC Regional Representative, Nesta Hatendi (fifth from left) with members of the Fantsuam Foundation

the monthly stipend five months ago, she said that, "she wanted to meet the son supporting them, a son who she did not give birth to".

The programme grew out of an identified need in the host communities. It uses its rural microfinance outreach to select grandmothers who are in urgent need of help. The project has not been able to get external funding, and the bulk of the support comes from its Board of Trustees.

Some elderly men and women in the area have been accused of witchcraft and subjected to emotional and sometimes physical abuse. The project visits such victims, and engages with their accusers, as well as community elders and leaders with a view to stopping this practice.

Angelina is still amazed at the generosity of the foundation. Her parting words as she laughed were, 'Tell them there is something happening here and take the story with you'.

Fantsuam Foundation is a rural-based non-governmental organization that works with local communities to fight poverty and disadvantage through integrated development programm.

Richard Blewitt Visits the Africa Regional Development Centre

Between 7 - 9 January, HelpAge International CEO Richard Blewitt visited the ARDC. During the visit, the CEO held discussions with staff about HelpAge International's strategic plans, visited project sites, and met with partners and other stakeholders in ageing and development. At a welcoming function, Richard explained the rationale behind the charity's new brand position.

A key visit was to a Support A Granny (SAG) programme supported by HelpAge Kenya. The project, known as Misyani HelpAge Programme is run by the Little Sisters of St. Francis, and is based at the Misyani Catholic Mission in Kangundo District.



Mr Blewitt with a beneficiary of the SAG project in Misyani, Kenya



Angelina Ishaya

A Traditional Healer Who Is Not Afraid to Learn

Rose Pakhade is a Traditional Health Practitioner (THP) from the Kwa Zulu Natal Province of South Africa. She is what is called a *Sangoma*, one who uses both spiritual and physical means of healing. Rose says she inherited her powers from her parents and from her great grandmother, who communicated with her 40 years after her death. A core segment of Rose's clientele is older people who consult her for various ailments. She was identified by the Muthande Society for the Aged (MUSA), an affiliate of HelpAge International that is based in Durban city of Kwa Zulu Natal Province.

Rose's other clients are women and they fall within different age brackets. She treats illnesses such as, diarrhea, headaches and gynecological/obstetric cases, including ailments related to reproductive organs and prevention of breech births. She also deals with infertility and death of infants. Rose works hand in hand with the conventional health facilities in her neighborhood, by providing referrals to the facilities, and will sometimes even physically walk her clients to the facilities to ensure that they get services. She is well-known by those working in the facilities and they also refer clients back to her for follow up.

Rose is recognized by the community and by the authorities as a registered Traditional Health Practitioner under the Traditional Healers Association of Kwa Zulu Natal, and has through this and other organizations undergone short courses on the detection and management of HIV and AIDS and other ailments. In addition, she facilitates training of other THPs. She has undergone a 5-day course on HIV and AIDS facilitated by the Kwa Zulu Natal University's Nelson Mandela School of Medicine, a course specifically designed for Traditional Health Practitioners to equip them with knowledge and skills to, among other things, be able to identify HIV related ailments, and provide appropriate advice and referral for services to HIV-infected clients. In addition, she has been trained by MUSA, with support from HelpAge, on safer healing practices, including but not limited to, use of gloves and using a different skin-piercing instrument for each patient. More recently, she was invited by



Rose Pakhade at the Traditional Healers' Meeting

HelpAge to a Regional Traditional Healers Workshop in Zambia which addressed, among other things, the role of traditional healers in HIV and AIDS, prevention, care and support, as well as treatment and challenges they face. She notes that all the training sessions have enhanced her confidence in offering services to HIV-infected clients and working in conjunction with conventional health care providers who are playing a critical role in the management of HIV.

Rose has several clients who come to her for the management of various infections that are related to HIV and AIDS. Some of her clients may be forthright and tell her their HIV status, and services that they are receiving. Others will remain secretive even though she can tell from their symptoms that they are infected with the virus, and she may advise them to visit conventional health facilities, because she knows that they are likely to be tested for HIV when they do. But she will not directly advise a client to go for HIV testing unless they bring it up themselves. That way, she is able to maintain the confidence of her clients and maximize on the use of conventional health services. As a rule, she will not provide oral treatment for clients she knows are on TB or AR treatment because she is unsure of the effects her treatment will have on the other treatment and vice versa. However, she does use external ointments for skin and other ailments on patients who are on TB or HIV treatment, because her concoctions for those ailments are known to be effective.

Rose feels that she would like to have additional information on ART, so as to better understand the interaction of these drugs with others. She would also like additional training on influencing the behavior of her clients to make less risky sexual choices.

Article by Wamuyu Manyara, ARDC.

In brief

Lessons From South Africa AIDS Conference

The 4th South Africa AIDS conference was held in March – April 2009 in Durban. The theme was: 'Scaling up for Success'. HelpAge International-Africa Regional Development Centre sent a representative. This article is an extract from Desmond Tutu Foundation presentation on the male campaign intervention dubbed: '**You Can Count On Me**'. The intervention developed key messages aimed at appealing to men emotions and egos. These included:

- Protect Your Legacy – stay negative and ensure your child is born negative
- Know your status – go for testing
- Don't be afraid of stigma

Approach

Use of multi-media tools combined with training and sensitization

Issues

a) Why men fear HIV testing

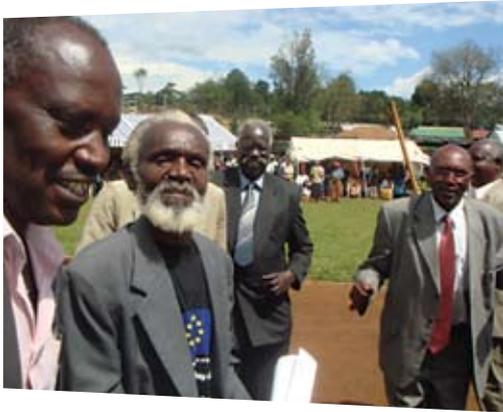
- History of unprotected sex with different partners
- Family providers, afraid of the test just in case

b) When do men test

- When they are sick

Article by Sam Obara, ARDC

More Action Needed to Stop Killing of Older Persons as Witches



Older Persons dancing at the Gusii Stadium in Kisii District during International Day Of Older Persons (IDOP) activities in 2008. Older Persons in the District are often accused of witchcraft and killed

In February, a Kenyan television station captured scenes of screaming and howling mobs in the Kisii District of Kenya beating and burning witches to death. This atrocity is only the latest chapter in the horrifying history of ‘witch’ killing in Kenya.

Earlier in the same month, The Daily Nation newspaper carried reports of similar killings in the Coast Province of Kenya. According to the report in The Nation, “at least 14 elderly people had been killed between the beginning of last year and January this year in Malindi District.” In May last year, according to a BBC report by Muliro Telewa, a mob set

upon older persons in Kisii and “burned them individually and then set their homes alight”.

These killings, and their frequency, point to the urgent need for state and non-state actors to intervene in order to stop this violation of a fundamental human right.

A study carried out by HelpAge International in Burkina Faso indicated that accusations of witchcraft have less to do with witchcraft and more to do with social economic factors. Chief among these factors are poverty, disease, ageism and gender inequality. For example, instead of disease or other misfortune being explained in rational ways, older people, who are isolated and seen as dispensable, are used as scapegoats. There have also been cases where the accusations and consequent banishment or killing were used as means of disinheriting older persons.

Although governments insist that the practice of witchcraft accusation is illegal and those who perpetrate the killings are culpable of murder, the frequency indicates that more vigorous action needs to be carried out on several fronts.

HelpAge International has submitted evidence to The UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) to highlight violations of older women’s rights in Tanzania. In its submission to CEDAW, HelpAge International called on

the Tanzanian Government to issue a policy statement which commits District Councils to introduce measures that challenge and address witchcraft.

In West Africa, HelpAge and its partners run programmes aimed at sensitising communities about rights of older persons. Older persons are also made aware of their rights and legal protections. In Uganda, HelpAge and its partner Uganda Reach the Aged Association (URAA) run workshops to help older persons protect their property rights. The project ‘Protection of OVCs, and Inheritance Rights in Multi-Generational Households’ is funded by the BIG Lottery fund.

In addition to such submissions and programmes, HelpAge International and its partners have called for more proactive action by African authorities, civil society groups and the community to stop the practice of witch accusations and the consequent acts of violence. HelpAge has also called for legislation that protects older men and women from violence, discrimination and social exclusion as stipulated in national constitutions, the Universal Declaration on Human Rights, and other regional and global human rights frameworks to which most UN member states are signatories.

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Living under the shadow of death

Maria (not her real name) is a 76-year-old woman from Nyakobaria Village in Kisii Central District. Maria has been camping at the District Hospital after running away from her home seven days ago. She found shelter here after she reported to the area Deputy Officer Commanding Police District her fear of being accused of witchcraft. The police found her temporary shelter at the hospital. She is afraid of going back to her home. “I will be killed by the villagers,” she says, “they say I am a witch.” A week before she ran from her home, five older persons were lynched on allegations of being witches.

Maria’s fears are not peculiar in this region of Kenya; they are echoed by many older persons, especially women. Kisii and Nyamira Districts in the western part of Kenya have repeatedly been in the headlines over the past year for a macabre reason – killing older persons over allegations of witchcraft. In this region, growing old is a scary prospect, as the physical and other features that come with age – wrinkled skin, red eyes (mostly as a result of cooking with firewood) and dementia – are often associated with witchcraft. Lifelong discrimination and harmful cultural practices often lead to abject poverty among women, making them vulnerable to accusations and attacks. The poverty predisposes the women to attack, as they cannot afford decent clothing and basic necessities like soap and water and, therefore, ‘fit’ the mental images of a witch.

Last year alone, fifteen older persons were burnt to death in Kegogi Division of Kisii on suspicions of practicing witchcraft. This year, seven older persons have been killed in the larger Gusii region. Five of them were women.

Increasing the participation of older people in government poverty reduction programmes

Making Uganda Shillings (UGsh) 700,000 (438 US dollars) in old age for many older men or women in a remote village maybe a far-fetched dream. But for members of *Akwata Empola Bukadde Development Group* in Nsozi village, Kigombe parish in Luwero District, earning such a huge amount of money is no longer an impossible dream.

The fifteen- member group that comprises of Pascal Mbabazi the chairman, David Wamala as secretary, and members Merida Nakati, 70, Jane Mibulo, 55, Nataka Scovia, 61, Pasical Mibulo, 75, and Sulaiman Ssentongo, 65, among others, has planted 1000 pineapples on half an acre of land, an activity which will soon reward them with handsome returns.

The pineapple vines were distributed by National Agricultural Advisory Services (NAADS) in 2007, after advocacy efforts by the Uganda Reach the Aged Association to include older people in government poverty reduction programmes at community level. The group received support of UGsh 100,000 (US\$ 63) from the Uganda Reach the Aged Association as co-funding, a requirement for the group to be registered for support from government. NAADS then trained the members in 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 after every seven

months. Of the fifteen members, nine are women and six are men. To get more income, the group has intercropped the pineapples with bananas.

Pascal Mbabazi the chairman of the group says they opted to go into pineapple farming because of the huge market it has in the district, country and outside the country. "A pineapple here goes for a minimum of UGsh 700 and with our one thousand pineapple vines, we expect over UGsh 700,000 from this investment every harvest season," says Mbabazi. "But we also hope to eat part of the fruit to keep our bodies healthy and strong," interjects 56 year old David Wamala, the group's secretary. "If we get a bumper harvest, we shall start 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, so that the government understands that we older people can work well still," Wamala adds.

The older men and older women have dedicated their pineapple field to their grand children and great grandchildren who are under their care.

© URAA, 2008



Members of the Akwata Empola Bukadde Development Group working in their field

The land on which the pineapple field stands was donated by one of their own members, Wilberforce Mukama who is 59 years old. But like any other project, the group is faced with a number of challenges. Wamala explains that because many of them are not as strong as they used to be, labour is a problem. He says the group uses herbicides and fertilizers to keep the plantation free of weeds and fertile. To get fertilizers, all male members of the group have to ride bicycles to coffee factories, collecting coffee husks that are used as manure.

When the vines begin flowering, the older persons hope to utilize the buds to make more seedlings and expand on their field.

Pineapples are consumed by producing areas and urban centers. They are recently also a major fruit export to south Sudan.

Article by URAA

Through the support of the United Nations Fund for Women's Development, HelpAge Kenya launched a programme aimed at reducing violence against women and reducing the killings of older person in both Kisii and Nyamira districts. Through the programme, community leaders, church leaders, youth leaders, local media and local government administrators have been sensitized on rights of older persons. Older persons, too, have received training on their rights.

The perpetrators of the attacks on older persons are usually youth. We have sought to encourage intergenerational approaches by including the youth in the programme as paralegals, and through drama activities to bridge the age gap between them and older persons.

As HelpAge Kenya found out, most perpetrators and killers are never arrested when such attacks occur. Law enforcement officers have repeatedly alleged that it is difficult to make any arrests, as the actions are termed "mass action". If any arrests are made, the suspects usually go scot free, as there is often no evidence for prosecution. This, however, is changing, as we have established a close working relationship with the police. After the last incident in which older persons were killed, ten people were put in custody, and are awaiting prosecution on charges of murder.

Entrenched cultural practices are difficult to change, for this reason HelpAge Kenya - together with the community - is seeking ways through which witchcraft can be demystified, and misfortunes in the community explained.

Article by Marion Ouma, HelpAge Kenya

HelpAge Ghana Turns Twenty



Prof. Nana Araba Apt gives an award to Norma Rose of the UK during the anniversary. Ms Rose has adopted a Granny for more than fifteen years

On the 30th of January, 2009, HelpAge Ghana marked the 20th anniversary of its founding. Speaking at an Awards Ceremony to mark the occasion, HelpAge Ghana President Prof. Nana Araba Apt said that the organization had started from humble beginnings in 1988 to

become “the only nationally and internationally recognized NGO which is advancing the prospects of older people in Ghana.”

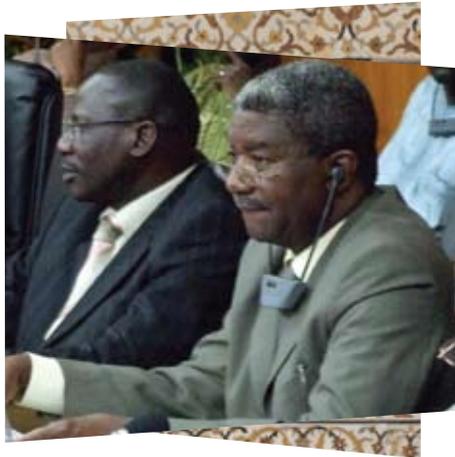
Prof. Apt praised the organization for being a key player in the drafting of several policy documents - National Ageing Policy, National Health Insurance Act, Growth and Poverty Reduction Strategy (GPRS 11 – 2006 – 2009), The Presidential Commission on Pension and the National Social Protection Strategy.

In addition, said the President, HelpAge Ghana had trained older people to monitor and demand their rights and entitlements. As part of this process, paralegals in more than 36 communities across the country were trained in order to help protect and promote the rights of older people.

She concluded her speech by saying that although the organization had done a lot over the years, there remained more work to be done.

Dr Tavengwa Nhongo says Goodbye!

In May 1997 Dr Nhongo took over as the Regional Representative based at the Africa Regional Development Centre, at the time located in Harare. At the time, ARDC had 2 staff members, working in three areas – Advocacy, capacity building and network building. Today, at the time of his leaving, ARDC has a staff complement of 27 staff members running programmes in Eastern, Southern and West Africa. These projects are in: HIV/ AIDs, Livelihoods, Rights, Social Protection, Emergencies and Advocacy. These programmes are carried out by affiliates and partners in all our project countries.



Dr Nhongo (right) at a Social Protection meeting in West Africa.

HelpAge International Closes southern Sudan Office

After over 10 years of work in southern Sudan, HelpAge’s programme was closed at the end of March 2009. Our work has supported many thousands of older people during this time, firstly through our work with internally displaced older people in Juba, until the signing of the Comprehensive Peace Agreement in 2005, then subsequently supporting their return and re-integration. Our work has included

interventions in primary health, HIV & AIDS, protection and building the capacity of older people’s committees both in Juba and in the areas of return across Central Equatoria State. HelpAge took the decision to use the limited flexible funding available to Sudan to support the programme in Darfur. HelpAge leaves behind a worthy partner in the shape of the Southern Sudan Older People’s Organisation (SSOPO).

Staff



ARDC staff at their Away Day at Naivasha, Kenya, Feb. 2009

Farewell...

Joel Mollel, Regional Resource Coordinator, has left the ARDC.

Dr Tavengwa Nhongo left the ARDC at the end of May. Dr Nhongo was the long-time Regional Representative.

Welcome

Steve Otieno joined HelpAge on 14 April as the new M&E Coordinator.



Older people are speaking out

we're listening

We Welcome Letters from readers. Please write to:

Ageing in Africa, Africa Regional Development Centre,
P.O. Box 14888, Westlands, 00800 Nairobi, Kenya,
Email: helpage@helpage.co.ke

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

The next edition of Ageing in Africa will be published in September 2009. Send in articles by 5th August 2009

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