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Assessing the Impact of

HelpAge International’s

‘Age Demands Action’-Campaign

An evaluation conducted by Health Poverty Action – March 2012

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# Abbreviations

ADA Age Demands Action

COSE Coalition of Services of the Elderly

CRCD Country and Regional Development Centre (Jamaica)

CSD UN Commission for Social Development

DFID Department for International Development

EC European Commission

EU European Union

HelpAge HelpAge International

IDP Internally Displaced People

M&E Monitoring and Evaluation

MIPAA Madrid International Plan of Action on Ageing

NGO Non-Governmental Organisation

OEWG Open-Ended Working Group on Ageing

OP Older People

OPA Older People’s Association

OPSHG Older People’s Self-Help Group

PPA Partnership Programme Arrangement

RCO Regional Communication Officer

ToR Terms of Reference

UN United Nations

UNFPA United Nations Populations Fund

VCT Voluntary Counselling & Testing (for HIV)

VfM Value for money

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# Review Team

This review was conducted by a team from the international NGO Health Poverty Action. The core team consisted of **Sarah Oswald**, the lead consultant and an independent Monitoring and Evaluation (M&E) specialist; Health Poverty Action’s Head of Policy, **Corinna Heineke**, who managed the entire project; **Elizabeth Muggleton**, who is Health Poverty Action’s Head of Campaigns; and Health Poverty Action’s Director, **Martin Drewry**, a campaigner with 25 years experience. The team was supported by **Nicole Tobin**, Head of Africa Programmes at Health Poverty Action; Health Poverty Action’s regional office in Nairobi, in particular **Caroline Mwangi Otieno**, **James Gathogo** and **Tadesse Kassaye**; and **María Calderón**, an anthropologist and development professional.

# Executive Summary

This report assesses the successes of HelpAge International’s Age Demands Action Campaign (ADA) over the past five years in terms of policy changes observed, public awareness raised, value for money of the investments made and capacity of older people built. It is based on an extensive review of ADA documents and discussions with in-country partners (country and regional officers, ADA leaders and politicians). Although not specifically requested, the campaign’s achievements against the PPA logframe and HelpAge’s corporate indicators have also been considered.

The ADA Manual describes the Campaign’s four main elements and processes:

* **Older people come together** in groups convened by the HelpAge Global Network partner in the country to discuss older people’s issues that require change, formulate a policy ask and agree a delegation to meet a decision maker.
* **Older people raise awareness** by engaging with the media, recruiting celebrity support and holding marches, exhibitions or events on or around the International Day of Older Persons on 1 October.
* **Older people collect signatures for an international petition** to call for equal rights of older people.
* **A delegation of older people meets decision makers** to call for change on the issues agreed by a larger group of older people and the HelpAge Global Network partner.

The Age Demands Action Campaign has shown some impressive achievements. Not only did it grow from 27 countries in 2007 to 59 participating countries in March 2012.[[1]](#footnote-1) It also mobilised a significant number of older people to campaign for their rights. For example, since 2008, 32,213 people have signed a global petition calling for equal rights for older people and, in 2011, ADA engaged over 62,000 campaigners.[[2]](#footnote-2) It also achieved some significant improvements for older people’s lives. In 18 municipalities or provinces around the world older people achieved changes for the betterment of their lives, for example by being granted discounts and special seating on local transport or through improved health services. Although attribution of policy changes to ADA is difficult, it is extremely likely that the activities of ADA have in many countries contributed to important breakthroughs. 21 countries made progress on Older People Policies, or Policies including older people; 7 countries created National Older People Committees; in 4 countries HelpAge was invited to contribute to Older People Policies; 17 countries made progress on extending coverage of pensions or other social protection policies or are in the process of reviewing these policies; in 11 countries, older people saw improvements in their access to health services; 7 countries implemented improvements to other public services such as transport or housing; and 3 countries investigated older people’s issues with a view to change.

At this stage it is difficult to assess the outcomes and impact of these changes in quantitative terms but it can be assumed that in the medium to long term they will contribute significantly to HelpAge’s objectives of more secure incomes, better access to health services, resilience in the face of humanitarian emergencies, challenging age discrimination and a global network of organisations to improve their work with and for older men and women. As a consequence of ADA, it is estimated that by March 2012, 10,243,850 older people had the potential to benefit from new/improved policies (Corporate Indicator 25). This figure exceeds the HelpAge 2013 Strategy target of 2.6 million older people. However this figure only includes people in 13 out of the 59 countries in which the Campaign is running, even though policy changes in other countries have been described. This suggests that the real figure is substantially above the current 10.2 million and the Campaign is making good progress towards the DFID PPA target of 50 million older people having the potential to benefit from new/improved policies by 2014 (year 3).

Another important element in advancing the objectives of the ADA Campaign is to raise public awareness about older people’s issues. A range of awareness raising activities around the focal day of the Campaign – the International Day of Older Persons on 1st October – have contributed to an estimated 50 million listeners and viewers having heard of the issues at stake in 2011 alone. The total number of media hits in 2011 (including print, digital, radio spots, press conferences and television coverage) more than doubled from 133 in 2010 to 321. Nationally, as well, the figures indicate an increase. For example, in Fiji 25 broadcast and print media items means that up to 80% of the population will have heard about the campaign.

In 2010, ADA published its first global perception survey, called Insights on Ageing, which collected evidence on older people’s experiences. Over 1,250 people over the age of 60 in 33 countries across Africa, Asia, Europe and the Caribbean responded. Alongside this survey, partners provided feedback on their ADA experiences. Results included: 100% of ADA partners enjoyed being part of the campaign; 52% of ADA partners said that the campaign achieved immediate change for older people in their country; 86% of partners said that ADA had built the capacity of older people to lead advocacy work with their governments; 95% of partners said that ADA raised the profile of ageing issues in their country; and 100% of ADA partners would be interested in joining an ADA Campaign Network to campaign globally and locally on key issues relevant to older people.

The capacity building element towards campaign actions on 1st October has probably had the biggest qualitative impact of the campaign as it has built older people’s confidence and self-esteem, including in claiming their rights and entitlements in negotiations with decision makers. All respondents in case study countries were proud to be involved and to feel that at ‘their age’ they could still contribute to society. The Campaign has ‘given them a voice’. Those interviewed had got involved in the campaign for a range of reasons, including as a religious obligation, to help others and as a social activity – as involvement in Campaign activities itself reduces social exclusion and provides opportunities for social interaction. Many of them see involvement as a rare opportunity to do something positive.

The Campaign has proved to be extremely good value for money[[3]](#footnote-3): The 2008-2011 London expenditure per older person with the potential to benefit from new or improved policies is extremely low and very good value for money. Based on data available from 13 countries (a quarter of those involved in the ADA), the cost to HelpAge London has been just €0.12 per older person. In 12 of these countries, the cost was less than 10 Euro-cents per older person, with 7 countries achieving positive policy changes on expenditure of less than 1 Euro-cent per person. Globally, the average cost to HelpAge London per participant is €1.36. Even without considering other costs (e.g. staff costs and costs absorbed by project/overheads) or other factors (evidence on the effectiveness of training, or the effect of participation on individuals), this appears to be a low price in terms of the confidence and other benefits (e.g. opportunities for socialisation) which have anecdotally been achieved by the older people involved. The 2011 London annual ADA expenditure (excluding overheads) was €93,745, averaging €1,838.14 per country.

Although the Campaign has had good successes, the report contains a number of recommendations regarding management issues. Many of the interviewees felt that more could be done in terms of duration and depth of capacity building, as well as refresher sessions. It has been noted that there could be some efficiency gains by organising tasks such as translation centrally. Concerning M&E-processes the campaign needs to plan more carefully in line with HelpAge’s corporate indicators to facilitate better monitoring and evaluation. Reporting mechanisms also need to be aligned with indicators in any future logframe. London tracking of funding should include local and overhead funding for a more complete VfM-analysis in future. The consultants also recommend M&E training for campaigns staff in London and possibly in regional and/or country offices to facilitate future analysis of successes and potential improvements of ADA. It is recognised that these (and other recommendations) would most likely require an increase in resources.

Furthermore, the report recommends the use of a wider variety of campaigning strategies and tactics. The single-track campaign approach of identifying an issue, formulating a policy ask and meeting a decision maker should become more flexible. This requires further capacity building of older people and ADA leaders so that they are not only able to identify a policy change they would like to see but also the best tactic to achieve a goal by analysing influencing routes, for example. This can build more capacity and ownership, and means that the success of the campaign no longer rests completely on being able to access a particular individual decision maker directly.

HelpAge should also integrate the global policy asks better with the country campaigns by mobilising its campaigner base to push for policy changes at the global level. For example, rather than focussing on a rather vague petition ask for equal rights, it could consider collecting signatures towards a defined goal and with a sense of urgency. It has also been suggested that there could be discussions at local level, with ideas brought up to regional and then national levels – with ADA delegates participating in each level. This makes sense if resources are available. It could be worth having a discussion in each country about the best way to do this. For example, some existing community, regional and national meetings already take place which could be used as an opportunity to discuss older persons’ issues, rather than inventing parallel structures (which would be more expensive). ADA delegations could, for example, get involved in regional development partners’ meetings and national thematic meetings on social protection, pension, HIV/AIDS, etc, depending on the priorities of that ADA delegation.

This would also tie in with the consultants’ recommendations on improved sharing of experience among countries. There was great appetite among campaigners for more face-to-face meetings to exchange experience and strategies. This could not only fulfil capacity building aims but also widen the available toolkit of campaigning strategies. It should be built into future funding proposals. Capacity building should in fact be considered as a major focus of the campaign in the next few years. “With more resources to cover trainees’ expenses, a better training could be done with longer durations of the basic training and more rehearsal sessions”, noted one interviewee. If older people are to be able to ‘negotiate with decision-makers, strategise and leverage support from media/influential individuals’, this area needs significant improvement.

Many countries interviewed felt that an increase in activities throughout the year – and leading up to October 1st – would be beneficial, in terms of momentum, keeping people involved, raising awareness and hence having more impact. In a number of countries, this has already occurred, with the campaign developing from a one off event in October, to an ongoing process. In 2012, there is also a campaign on “Age Demands Action on Health” around World Health Day on 7th April and ADA for Rights on World Elder Abuse Awareness Day on 15 June.

To sum up, there have been many successes: older people have learned to plan a campaign and raise respect for themselves and awareness around older people’s issues; they have been involved in decision making around the issue area to be addressed and thus helped ADA reflect local environments; they were successful in involving national, provincial and local governments; and resources have been spent effectively. HelpAge should be congratulated on all these.

# 1. Introduction

The proportion of people over 60 is growing faster than all other age groups on every continent. By 2050 one in five of the world’s population will be an older person. Currently, an estimated 100 million older people live on less than US$1 a day. Older people are among the poorest and most marginalised groups in many countries. 80% of older people in developing countries have no regular income, and fewer than 5 percent receive any sort of pension. Traditionally, older persons in many countries and communities rely on receiving support from families. However, in countries where unemployment, migration, conflict and HIV and AIDS are having a profound effect on intergenerational support, older persons can no longer be assured of receiving assistance from their children and grandchildren. Older persons might also have limited or no access to health care or other essential services. Indeed, they are often ‘invisible’ within communities, ignored by local officials, forgotten or unable to travel to where such services might be obtainable. Unless governments act now to create age-friendly policies, the situation of the world’s older people will only deteriorate.

**HelpAge International** helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives. They work through a global network of like-minded organisations focusing on older people issues. HelpAge’s Strategy to 2015 has 5 global actions, including one to build global and local movements that enable older men and women to challenge age discrimination and claim their rights, and one to support a growing global network of organisations to improve their work with and for older men and women (under which ADA falls).

On 1 October 2007, HelpAge International launched **Age Demands Action (ADA)** in 27 countries – the first globally coordinated grassroots movement of older people campaigning against discrimination in old age. ADA launched on the UN's International Day of Older Persons and five years after 159 nations signed the Madrid International Plan of Action on Ageing (MIPAA). As part of ADA, older people in 27 countries pressed governments to meet the goals set out in the MIPAA declaration to protect older people's rights.1 October – the International Day of Older People – is the key day of activism for the campaign. The campaign organises meetings between delegations of older women and men and their governments to discuss practical issues and deliverable solutions. Many of the delegations meet Ministers while others meet Heads of State. The delegations are primarily formed of older people with direct experience of the issues under discussion. In addition to requests for government action, many ADA campaigns mobilise the public through awareness raising and celebration. For example, older people organise public events to engage media and people of all ages through marches, street theatre, petition signing, debates and surveys. Through ADA, HelpAge is building a global network of campaigners who will be key to creating a sustainable political movement that enables older men and women to claim their rights.

Since 2007 the campaign has doubled in size. In its second year, Age Demands Action reached new countries such as Argentina and the Netherlands. The global movement expanded from 27 to 40 countries in its third year. In its fourth year, 2010, older people took action in more than 50 countries. In 2011, ADA brought together people who are passionate about older people's rights in 59 countries. 171 partner organisations have participated in the campaign; of these, 51 were HelpAge Affiliates. Typically between 150- 400 older people in each country were directly involved with ADA activities; however in some cases the number of participants exceeded this figure quite considerably. For example, in Nepal 7,000 older people in three cities were directly involved whilst in Tanzania it is estimated that over 11,000 people in 21 regions took part in 1st October activities.

HelpAge International’s presence in the areas where ADA takes place varies from country to country (see Annex for Communication Chart). 15 country programme offices worldwide assist with the implementation and coordination of activities. In these countries, HelpAge has an ongoing engagement with the relevant government ministries through its regular programme work. In the remaining countries, activities are implemented by partners affiliated to the HelpAge network. Affiliates[[4]](#footnote-4) often act as ADA country offices, too, coordinating national activities. In countries such as Bangladesh, South Africa and Nepal, HelpAge has an ongoing relationship with the partners through other projects. In Sierra Leone, Cameroon and the Philippines, for example, joint work is more ad hoc. HelpAge International London’s relationship with these partners is supported by HelpAge International regional offices based in Nairobi (Kenya), Pretoria (South Africa), Dhaka (Bangladesh), Bishkek (Kyrgyzstan), La Paz (Bolivia), Kingston (Jamaica) and Chiang Mai (Thailand). Five of these also serve as Regional Communication Officers for the ADA Campaign, managing campaign activities in a number of countries in their respective region (Kenya, Bolivia, Thailand, Kyrgystan and Jamaica). As can be seen on the Communication Chart in the Annex relations with some countries, especially in Africa, are managed directly from London, e.g. Ethiopia.

# 2. Evaluation Approach

## 2.1 Objectives

According to the Terms of Reference (see Annex): “the consultant will develop and assess the success of the campaign over the past five years, in terms of policy, public awareness/behaviour change and value for money. This will include the review of ADA documents and discussions with in-country partners (ADA leaders and politicians). The assessment report will be included in a 3 year funding proposal, showing how the campaign made positive changes to citizens and politicians. It will also be used for DFID evaluation of the PPA funding.”

Four key areas of interest (see Review Criteria, in Annex) were identified by HelpAge:

1. Policy Change
2. Genuine attribution due to ADA
3. What political leaders think about the campaign
4. Public Awareness
5. Media coverage, online visits, increased public engagement
6. What older people think about campaign, interest in joining
7. Value for Money
8. Budget breakdown per country, admin vs. country costs, time spent in field by Programme Officers/RCOs on the campaign in comparison to the results
9. Building advocacy capacity
10. Evidence that older citizens are more able to negotiate with decisions makers, strategise and leverage support from media/influential individuals

The ToR also requested that the difference in campaign experience between older men and women was considered. Although not specifically requested, the campaign’s achievements against the PPA logframe have also been reviewed.

## 2.2 Methodology

Considering these criteria, a number of methods were used to evaluate the effectiveness of the ADA Campaign, including an in-depth evaluation of six countries. See Annex for full details of interviewees.

1. A literature review of ADA documents was undertaken.
2. Face-to-face meetings were held with key staff in HelpAge International in London.
3. Skype interviews were conducted with three Regional Communication Officers in Kenya, Bolivia and Thailand.
4. Skype interviews were held with six countries, agreed upon by the consultants and HelpAge, which showed a range of experiences: Jamaica, Kenya, Moldova, Pakistan, Panama and South Korea. Within each country, it was planned to speak with two older people (one male, one female), the Country Officer (from a HelpAge country office or an affiliate organisation), and one politician.
5. A short public survey was undertaken in Kenya.
6. Analysis of the data collected, and hence “recommendations on how to improve capacity of RCOs, coordinators and older people in campaign/advocacy, developing new campaign tactics and selecting the right political leaders to lobby”.

In addition, the consultants developed survey questions for the purpose of monitoring future achievements of the campaign. These are available separately.

## 2.3 Limitations

Although some good material was provided to the evaluation team, a number of limitations of this review should be noted:

* It was not possible to talk with all the interviewees originally planned, due to delays in arranging the skype calls. It was particularly difficult to talk with politicians, partly due to the elections in Kenya and South Korea – the exceptions being Mrs Valentina Buliga in Moldova, a former politician Ms Argenida de Barrios in Panama, and Mr Wazir Baig in Pakistan (whose interview had to be cancelled at the last minute due to the security situation).
* The information provided on corporate indicators was incomplete.
* Budget figures provided for use in the Value for Money analysis only considered funds raised through HelpAge in London for in-country use, excluding London/regional office overhead costs and in-country fundraising.
* The extremely large number of documents sent to the evaluation team (2,028: 62 covering the Campaign as a whole, 1,966 related to specific countries (of which perhaps 50% were photos)) meant that documents had to be prioritised, and decisions over the time to be spent reviewing a document were made after only a cursory scan.
* The documents provided did not include information on the wider policy environment in which the Campaigns were being undertaken – interviews went some way to addressing this, but only in the selected countries.

# 3. Overview of the Campaign

## 3.1 Campaign Aims

A number of corporate objectives, described below, lay out the aims and activities of the campaign.

### 3.1.1 Locally

ADA wants to develop older people as leaders of the campaign. Older people should be chairing meetings, making preparation notes ahead of meetings with decision makers and communicating the outcomes of meetings to their communities. Empowering leaders will help to build the capacity of national campaigns as they will be able to advise and support new delegations in future years. It is hoped that the campaign will be led by these leaders who will have the confidence to represent older people at a local, national, regional and international levels.

### 3.1.2 Nationally

ADA wants governments to recognise the incredible contribution that older people make to their communities and start including them in decision making. It is through the delegation meetings and public awareness events that the issues that matter to older people are presented to the wider public. HelpAge feel that it is unacceptable that in 2011 older people are often pushed to the margins of society just because of their age and want Governments to recognise that older people are demanding action right now. A 2008 PowerPoint presentation described the two country level objectives as: (1) To build an informed constituency of older activists involved in policy and decision making with government and able to act as ambassadors for the issues affecting older people; and (2) As a result of the day of action itself, to secure deliverable commitments from governments to recognise and support older people by including them in domestic poverty, health and anti-discrimination policies. For developed countries such as Germany or the UK, the 2008 PowerPoint presentation also added: To convince “developed world” governments to include older people in their international development programmes.

### 3.1.3 Regionally

At this point ADA only has a regional outlook in Europe (see 3.1.4 below). However, it is envisaged that national campaigns will coordinate actions regionally in the future in order to influence regional bodies such as the African Union. This would entail agreement on themes national campaigns could converge around, such as pensions or health.

### 3.1.4 Europe

Within Europe, the aim is for the EU to make extra efforts to include older people in their aid strategies and plans. More generally, this campaign has the unique ability to develop a cadre of older people who can make a real impact at the regional level. It will be pushing for older people to facilitate regional forums where they can learn and exchange knowledge about ADA in their countries and develop messages for regional campaigning. While some of the campaign asks include objectives of the Madrid International Plan of Action on Ageing (MIPAA)[[5]](#footnote-5) European campaigners are not asking the European Commission (EC)to support a UN Declaration on the Rights of Older People. A three year project funded by the EC encourages older people in the EU to start a conversation with older people in developing countries via online videos in order to promote cross-country learning between older people. The scope of this evaluation does not cover this project. New EU-members such as Slovenia in particular are involved in both European and national level campaigning in line with 3.1.2 above.

### 3.1.5 Globally

The key aim of the global campaign is for the international community to put ageing on the agenda and protect the rights of older people everywhere by establishing a UN convention on the rights of older people. All of the national issues raised by delegations are to be part of a global movement calling for a UN convention. To ensure that older people’s voices are being heard, a global network of older people will be able to share their experiences and those of others on age discrimination and rights at a global platform. This aims to increase understanding and allow direct engagement between the international leaders and older people themselves. A convention would be legally binding and would help countries respect the rights of older people around the world. The introduction of a convention is a key long-term objective of ADA.

The Madrid International Plan of Action on Ageing (MIPAA) provides detailed recommendations for actions in a range of social and economic policy areas in priority directions of: older people and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. A UN convention would not contradict or replace MIPAA, but make implementation of the MIPAA recommendations more likely, as the convention would provide protection of older people’s rights under international law.

## 3.2 Core Elements

A global ADA manual describes the core elements and processes to be used in each country where a campaign is held, and contains the following:

* **Older people come together** in groups convened by the HelpAge Global Network partner in the country. In these groups older people:
  + Discuss and agree the issues that need to be raised.
  + Agree a delegation that will represent these concerns to their government.
  + Carry out an agreed Age Demands Action global activity (in 2009 this involved taking photographs of older activists raising their index fingers in support of Article 1 of the Universal Declaration of Rights, in 2010 it was the completion of the Insights on Ageing survey, etc.)
* **Older people raise awareness** by engaging with the media, recruiting celebrity support and holding marches, exhibitions or events on or around 1 October.
* **Older people collect signatures for an international petition** to call for equal rights of older people.
* **A delegation of older people meets decision makers** to call for change on the issues agreed by a larger group of older people and the HelpAge Global Network partner. Changes that are asked for are meant to be specific and realistic so action can be taken over the coming 12 months by the government or local authorities and then monitored by older people and the Network partner. This means that older people can follow up on implementation the next year on 1 October.

# 4. Results

## 4.1 Policy Change

### 4.1.1 Genuine Attribution due to ADA

**Globally,** at the start of ADA in **2007**, the campaign aimed to raise awareness of the unique problems older people face and their vital role as farmers, leaders, carers, wage earners and educators and press for governments to meet the goals of the 2002 Madrid International Plan of Action on Ageing (MIPAA). An international delegation of older people met Directors at the UN Department of Economic and Social Affairs and the UN Population Fund (UNFPA) in New York on 5 October, after presenting a film at the International Day of Older Persons celebration at the UN headquarters on 4 October.

In **2008**, ADA launched a global petition to push for a UN convention on older people’s rights. Since then, it has been signed by 32,213 people across the world. The petition states that “older people everywhere must be included in society as equal citizens with equal rights” and calls on “governments and the international community to actively include older people in development policies at home and internationally”[[6]](#footnote-6). “The petition is a resource to evidence that people across the world are demanding to stop age discrimination and [are] putting pressure for the rights of all older people to be protected”[[7]](#footnote-7). It will also be used as part of the global campaign to push for a UN convention on older people. So far the petition has not been used in any lobbying action, targeting policy makers. Rather it is used as an awareness raising tool among older people and decision makers who may support the campaign.

In **2009,** video interviews were conducted with older people in several of the ADA countries. With these, HelpAge produced a compilation film of older people from 11 countries sharing their stories of age discrimination. This film was shown at an NGO side event at the UN Commission for Social Development (CSD). ADA partners also lobbied their governments to support the UN Secretary General’s recommendations to Member States for a working group to be set up to examine older people’s rights and for the theme of the 2012 CSD to specifically focus on rights of older people.

In **2010** an online survey was done for partners to give feedback on ADA (discussed further below).

In **2011**, a report was produced by Sophie Stephens (Citizens UK) reviewing the ADA campaign and helping to develop a vision for the campaign for the next three years. She came up with 4 objectives: (1) developing leaders and people; (2) raising awareness; (3) negotiating with decision-makers; and 4) global network. In the same year, a re-design of the website’s sign the petition page enabled petitioners to personalise their own campaign placards which was one of several changes to the ADA web pages made in the lead up to 1 October. During this year, the petition sign-up rate increased 14-fold from 1,781 on June 30 to over 25,000 by December. People from 118 different countries signed the petition. Paper petitions were signed on the streets of many cities as part of wider campaign actions. For example in South Korea, campaigners from over 20 older people’s associations went to the parks and streets of Seoul to collect over 1,100 signatures by hand, whilst in Bangladesh over 11,500 people signed the petition and in Haiti a further 11,000 members of seven older people’s associations added their voice. Several well-known public figures and politicians also signed the petition, such as Dr Jiko Luveni, Fiji’s Minister of Social Welfare, Women and Poverty Alleviation.

The campaign has growing support from UN groups working on ageing and many governments now acknowledge the need to appoint a UN special rapporteur on the rights of older people. However, ADA partners were disappointed that the UN Secretary General’s specific recommendations to the CSD for action on older people’s rights were not accepted by Member States. More work is needed at the national level to convince member states that age discrimination is a problem that has an impact on real people’s lives and will best be tackled through concerted global action. The MIPAA review process between 2010 and 2013, details of which were agreed in February 2010[[8]](#footnote-8), is a core opportunity to bring the voices of older people to the ears of decision makers on this issue.

**In many countries,** ADA delegations of older people meet (generally after wider consultation with other older people) with key decision-makers at local, provincial and/or federal level to raise policy asks for their country.

In 2011, campaigners called for changes to 75 government policies around the following themes:

* 37% of these policy asks demanded better **social protection** including requests for cash transfers, with half focusing on access to social pensions and the provision of other non-contributory pensions.
* 16% demanded improved access to **health care** services, notably age-friendly infrastructure, subsidised medicine, fee waivers, the mainstreaming of ageing into medical training and health insurance cards for older people.
* 19% called for **national policies and laws** to be established to ensure that older people are included in them. Some examples are National Ageing Strategies, National Older People’s Policies and other social policy instruments to be ratified.
* 2% called for the **rights** of older people to be recognised and protected. These included cooperation between local authorities and older people’s associations (OPAs). A number of policy asks called for the establishment of a National Council of Older People.
* Two policy asks focused on **protecting older people from neglect or violence**.

**Genuine attribution** to ADA is not easy. However, when delegations of older people have met local (rather than national) government officials, some changes do appear to have come about – though enforcement may still be an issue. Some of these are noted below:

* *Bangladesh:* Agreed the immediate creation of a separate space for older people in the Cox’s Bazar district government hospital
* *Bangladesh:* A written notice to be hung at the offices of Municipality, Upazila and Union Parishad with the statement “Older people should get priority services”
* *Colombia:* Establishment of social accountability committees and local centres for the attention of older people.
* *Democratic Republic of Congo:* Plot of land granted to build a community centre for older people in Mugunga
* *Ethiopia:* Addis Ababa City Administration Bureau of Labour and Social Affairs promised to provide all necessary logistical support to Addis Ababa Older People Umbrella Association
* *Indonesia:* A district health department has allocated budget and facilities for health check-ups and monthly visits to villages with a focus on older people
* *Indonesia:* The Acehnese government has provided specific funds for health insurance, including for elderly people
* *Moldova:* Provision of an ambulance to a region
* *Moldova:* Provision of a family doctor to a community
* *Pakistan:* Discount on transport fares (depending on route), and allocated seats for older people in the Northern Areas (50%), Nowshera Khber Pakhtoonkhaw (50%) and route between Shikar Pur and Karachi (20%)
* *Pakistan:* Land received from District for a hospital for older people
* *Paraguay:* A committee was established in every local authority to coordinate activities and to include demands of older people in local policies.
* *Philippines:* Barangay Graceville has passed a resolution to give social assistance to the 3-6 poorest older people Barangay (village)
* *Philippines:* A Resolution was approved in the Province of Camarines Norte in Bicol (Southern Philippines), urging the provincial and municipal government units, all executives, departments, bureaus, offices, agencies, commissions and state universities and colleges to set aside at least 1% of their budget appropriations for programmes/projects related to senior citizens and persons with disabilities
* *Sudan:* Agreed establishment of 6 older people centres in Karari locality, Darfur(1 already established, 5 in process)
* *Sudan:* Agreed provision of Health Insurance Cards for the most vulnerable older people in the IDP camps in West Darfur and identity cards for older people in IDP camps who have no relatives
* *Sudan:* Promised to assign 4 seats in Khartoum public transport buses for older people
* *Zambia:* Agreed provision of land to the Senior Citizens Association of Zambia to put up a home for destitute older people.

At the **national** level, policy changes related to older people, like any public policy decision, cannot be wholly attributed to a single lobby action such as ADA. Unfortunately it was not possible to discuss attribution widely, as only one interview was possible with a politician. The Minister was eager to discuss the series of older-people focused reforms that the government had started (on pensions, services, social assurance), but when asked about the ADA Campaign’s role in these changes, gave a ‘politician’s answer’ that suggested that the government would have undertaken the reforms even if the Campaign was not happening.

The HelpAge country monitoring documents are of varying quality and completeness, and the policy asks (and results, to some extent) are not clearly requested in monitoring forms. It can also be difficult to determine whether the ‘pledges’ recorded are the commitments made by governments, or are instead purely the Campaign’s policy asks from the Campaign; the time frame and causation is also sometimes unclear. (More details on policy asks and results can be found in the country summary in Annex 8). Despite this, it is extremely likely that the activities of ADA have in many countries contributed to important breakthroughs. Some of these are described below:

* *Older People Policies, or Policies including older people, which have been promised, are being developed, or have passed into law:* 21 countries – Cameroon, DRC, Ethiopia (HIV/AIDS), Ghana, Mozambique, Sierra Leone, Sudan, Tanzania (HIV/AIDS), Uganda, Zimbabwe, Cambodia, Fiji, Indonesia, Myanmar, Philippines, Vietnam, Nepal, Pakistan, Bosnia & Herzegovina, Kyrgyzstan, Bolivia.
* *Creation of National Older People Committees:* 7 countries – Mozambique, Sierra Leone, Sudan, Fiji, Indonesia, Myanmar, Haiti.
* *ADA/HelpAge specifically requested to contribute Older People Policies:* 4 countries – Ghana, Zimbabwe (HIV/AIDS), Cambodia, Sri Lanka.
* *Increase in Pension (Value, or Number of Beneficiaries) / Social Protection:* 17 countries – Cameroon, Kenya, South Africa, Uganda, Zambia, Fiji, Indonesia, Philippines, Thailand, Vietnam, Bangladesh, Nepal, Sri Lanka, Kyrgyzstan, Serbia, Jamaica, Peru.
* *Improved Health Services / Access to Health Facilities:* 11 countries – Cameroon, Mozambique, South Africa, Tanzania, Uganda, Indonesia, Bangladesh, Kyrgyzstan, Moldova, Tajikistan, Dominica.
* *Other Improved Services (e.g. food, transport, housing):* 7 countries – Mozambique, Zambia, Fiji, Philippines, Bangladesh, Pakistan, Kyrgyzstan
* *Further research conducted on older people’s issues*: 3 countries – Burkina Faso, Tanzania, Jamaica

The overall **global** impact is difficult to assess, particularly as the campaigns are all different and the policy asks vary per country. Countries that engaged government officials at all levels, from the district up to the national level, appear to have had slightly more success, both in terms of their demands being met (as lower level government officials often have more flexibility to respond to local needs) and in raising awareness and support.

### 4.1.2 What Political Leaders think about the Campaign

There were some signs that governments appear to be recognising ADA more. In 2011, older activists in Nepal performed for the President, and those in Mozambique met their nation’s Prime Minister. Older people’s delegations were also able to meet with Government Ministers in Cameroon, Ethiopia, Fiji, Indonesia, Kenya, Kyrgyzstan, Moldova, Mozambique, Serbia, Sri Lanka, Thailand, Belize, Dominican Republic, Jamaica, Bolivia. Older people also met with significant numbers of lower level government officials and other decision-makers.

The ADA Manual proposes that in each country, a delegation of older people has a high-level meeting with relevant national politicians – exact details depending on their policy ask. In some countries, such as Moldova, this appears relatively easy, whilst in others (e.g. Jamaica) this route is much harder to follow. In those countries where politicians are accessible – and it is expected that this is probably more due to the political processes and norms of a country, rather than the issue of older people’s rights in particular –interest appears mixed. Some politicians will meet with the older people, listen to their policy asks and pledge to address them, but then no changes will be seen in practice – their involvement appears to be purely a public relations exercise, for themselves or their Ministry. In other countries, there appears to be genuine interest to be involved in the Campaign. Some politicians, such as the Speaker of the Gilgit Baltistan Legislative Assembly in Pakistan, are older people themselves, and so readily identify with the Campaign and want to do as much as they can to support it – the Speaker, Mr Wazir Baig, even suggested that he be the ADA leader for 2012. Others are involved for more professional reasons and support the Campaign’s aims. In Moldova, the Minister for Labour, Social Protection and Families, Mrs Valentina Buliga, sees the Ministry as a key partner in the Campaign and the activities around 1st October, and is involved at all stages in its preparation and implementation. She would like the Campaign to grow, involve greater numbers of older people and raise awareness of issues such as active ageing. Interestingly, she feels that the ADA Campaign has helped the Ministry introduce sensitive reforms that need public support.

## 4.2 Public Awareness

### 4.2.1 Media Coverage, Online Visits, Increased Public Engagement

*Public-Facing Actions*

At the global and national levels, the ADA campaign is being strengthened by a wide range of public-facing actions designed to draw attention to the voices of older people and win support from the wider public. Diverse and inventive, public actions take many forms, with well over 500 people joining marches in several countries. In other countries campaigners wrote songs, performed street theatre, took part in solidarity runs, created TV shows, produced a radio jingle and formed human chains. There has been a children’s drawing competition where school children drew images of older people as they saw them, an older persons’ sports day and an older people’s Olympics.

Since the beginning of ADA in 2007, Campaign activities have generally centred on activities on 1 October, the UN International Day of Older People. These **1 October activities** form the biggest part of the ADA budget of each country, and are aimed at raising awareness of ageing issues in their societies and delivering specific demands to decision makers for action. The range of activities varies according to the national context and perspective of the partners as to what would be the most effective way to create public awareness. The range also reflects cultural norms, with marches happening in places where community action and protest are normal, and more internal meetings happening in societies less used to public action. The focus on this one specific day can give the global campaign a stronger voice and the national campaigns the opportunity to link their own demands to the wider picture.

However, many countries interviewed felt that an increase in activities throughout the year – and leading up to October 1st – would be beneficial, in terms of momentum, keeping people involved, raising awareness and hence having more impact. In a number of countries, this has already occurred, with the campaign developing from a one off event in October, to an ongoing process. For example, in Tanzania, Ethiopia and Jamaica, ADA is part of a wider programme to advocate for social pensions and health care. There are now examples of partners who have been trained by ADA who continue to have ongoing political engagement on a regular basis. An example of this is HelpAge’s Philippines partner, the Coalition of Services of the Elderly (COSE), being included in drawing up government guidelines for the planning and implementation of pension pilots for the poorest older people in three regions of the Philippines.

Looking specifically at the focus on the International Day of Older People, in **2009**, campaigners from Colombia to Fiji raised their index finger at precisely 1pm on 1 October. The raised finger was a mark of global solidarity, demonstrating support for Article 1 of the Universal Declaration on Human Rights: All people are born free and equal in dignity and rights. In **2010,** an Insights on Ageing survey was conducted and disseminated to gain evidence on the experiences of older people. In **2011**, the campaign asked people of all ages to send a photo of themselves or a group, holding messages of support for older people's rights on a placard. Nearly 300 people of all ages from 16 countries took part in the photo action.

In 2011, for the first time, ADA began working closely with national **ADA Leaders.** Each leader is nominated by their friends, family and campaign partners to act as local and national representatives for their ADA campaign. These inspirational leaders speak out about their experiences fighting age discrimination in their communities. They are committed to fighting for older people's rights and have experience of age discrimination. They are spokespeople who are able to represent their community and country in the media, at conferences and government meetings. At the national level, they chair meetings and support delegations of older people.

**International Older Spokespeople** were also introduced in 2011. HelpAge asked its Regional Communication Officers in Africa, Asia Pacific, Eastern Europe and Central Asia, the Caribbean and Latin America to appoint one of the ADA Activists in their region as an international spokesperson for the campaign. Most older spokespeople chosen were able to speak English and all were able to talk confidently about age discrimination and about their experiences. The international spokespeople were available to do interviews with the international media if opportunities arose before, during and after 1 October. Each spokesperson was also encouraged to prepare two blog posts each, one before and one after 1 October. These blog posts allowed them to introduce themselves before explaining why they were involved in ADA. They wrote about their ADA planning meeting, policy asks and meetings with decision makers.

In addition, the campaign has global **celebrity supporters** such as Archbishop Desmond Tutu, and national celebrities who support country activities, e.g. the Jolly Boys (an internationally recognised mento band comprising older men) in Jamaica and Ninela Caranfil (a famous older actress and writer) in Kenya. Some of these celebrities were involved in national marches, speeches, etc.

*Online Actions*

**Online communications and social media** have been harnessed to raise public awareness about the issues and the campaign. In 2011 an online interactive calendar celebrating five years of the campaign allowed visitors to ADA’s website to look back on changes achieved by campaigners. A rolling news feed, which updated visitors on campaign actions from around the world and an embedded Google map profiling campaigns in different countries were also added. 28 blogs from campaigners, leaders, partners and staff were uploaded during this period along with photo-blogs, news stories and additional content pages. Twitter and Facebook were used to disseminate campaign stories, photos and links through to web pages, blogs and news-stories. These have been used to engage audiences with campaign actions and in particular to promote the online petition. Increased online traffic between 2 September and 3 November 2011 saw:

* 5,419 unique views on the *agedemandsaction.org* web-pages
* 1,381 unique views on the petition web-page
* 1,044 people were sent to the ADA web pages by a google ad-words campaign, accounting for 20 per cent of all visits
* Over 6,000 supporters received the e-newsletter featuring Age Demands Action which resulted in 639 visits to ADA web pages
* 474 visits to the HelpAge facebook page in the six day period around 1 October, more than double the visits recorded in the week prior to this.

Although the campaign works actively through HelpAge’s social network channels, there is less activity in this regard at the country level – for example through partner websites and innovative use of mobile phones.

*Media*

Older people also raise awareness of ADA issues by engaging with the **media**. In **2008** there were 44 mentions of the campaign in the international media. In **2010**, ADA was mentioned for example on the BBC World Service (BBC African Network Swahili and BBC African Network Nairobi) and Reuters Latin America. In total there were 133 mentions of ADA in in the international media that year. At the national level, the Campaign is generally successful at getting actions covered and discussed in local newspapers, and on the radio and television.

Starting in **2010,** the campaign started to incorporate more media-specific information into the ADA communications packs and provided support documents in the media kit on:

* Media tips
* Spokespeople guidelines
* Guidelines for running an ADA media event
* Letter to Editors

Near to 1 October 2010, HelpAge sent all ADA delegations the press release which could be customised for national use. Results from the 2010 survey showed that 91% of partners found the ADA media kit useful whilst 96% of partners found the press release useful. The Media Coordinator also supported the drafting of a regional press release for Regional Communication Officers. The “global” press release was sent to over 400 journalists on the HelpAge media database, and customised/personalised press release emails were sent to over 50 media.

In **2011,** with 100% increase in media coverage, campaign partners estimated that at least 50 million people worldwide had heard about ADA. Regional Communication Officers disseminated a press release through a number of media channels. The total number of media hits (including print, digital, radio spots, press conferences and television coverage) more than doubled from 133 in 2010 to 321 in 2011. Nationally, as well, the figures indicated an increase. For example, in Fiji 25 broadcast and print media items means that up to 80% of the population are estimated to have heard about the campaign. In Vietnam, the campaign was a main news piece on the most watched evening news programme on consecutive days, as well as being featured on current affairs programmes and in several other broadcast and print media.

This increase demonstrates that the focus should be on regional coverage targeting the biggest media in countries. As reported by a number of partners, it would be useful to involve regional offices of international media like the BBC and establishing relationships with them before 1 October, to increase the international coverage of the Campaign. The need for increased media awareness of the key issues, such as active ageing, was also noted, so that actions can be reported accurately and with greater understanding on behalf of the journalists. It was proposed that the Campaign should better involve the media in advocating for the respect and care of older people, by showing the essential roles they play in their communities, e.g. as peace-makers, keeping families together, helping settle disputes on land, and assuming responsibilities of parenting even at their late ages taking care of grandchildren.

Media is a key factor for the Campaign, raising awareness of older people issues and HelpAge itself, and also raising the local status of the ADA leaders who are interviewed and involved in the Campaign – this has the knock-on effect of older people trusting the ADA leaders more, as they see them representing their views, and also encouraging older people to get involved. Young people are also keen to be involved in global social media, with South Korea, in particular, highlighting that youth were keen for their voice to be heard this way. A number of countries have experimented with using different media. For example, Jamaica has found that video presentations of key issues, then broadcast on TV, generate considerable interest and awareness and are continuing to pursue this approach. Moldova has considered producing a television programme involving older people and experts on ageing, to discuss the issues (perhaps looking at a number of countries regionally), but budget constraints means that it has yet to be done.

*Effect of Actions*

Most of the countries interviewed mentioned that respect for older people appears to have risen over the course of their involvement in the ADA Campaign, whether through greater awareness of the issues faced by older people, or recognition that older people have a lot to contribute and can fully participate in society.

*Other Campaigns*

HelpAge is also getting more involved in other campaigns, e.g. World Health Day and HIV/AIDS. To mark **World Health Day 2012** (April 7th), older campaigners in 17 countries are taking part in the first [**Age Demands Action on Health**](http://www.helpage.org/get-involved/campaigns/age-demands-action-on-health-/) to remind their leaders that there should be no age limit to good health. They will also be involved in the first ADA for Rights on World Elder Abuse Awareness Day on 15 June 2012. Through these, the organisation and campaign will get greater recognition: HelpAge uses these opportunities to highlight what they are doing and to also let staff and the older people express their views and advocate for ADA.

### 4.2.2 What Older People think about the Campaign, Interest in Joining

In 2010, **video interviews** were conducted with older people to reflect on being part of the campaign and discussing issues important to them. These were then edited into a film. Putting older people’s voices from around the world together provided a powerful asset for partners and HelpAge International, using real older people’s voices in the debate around older people’s rights and how to protect them. The videos showed that the campaign had made a difference in the lives of older people.

In 2010, ADA published its first **global perception survey,** **Insights on Ageing, to gain evidence on the experiences of older people**. Over 1,250 people over the age of 60 in 33 countries across Africa, Asia, Europe and the Caribbean responded.

The survey shed some light on the lives and situations of older people around the world today. For example:

* 48% of respondents over 60 thought the world was becoming a better place for older people
* 29% thought that the world was getting worse for older people while 15% thought it was staying the same
* 72% of older people in rural areas felt valued, compared with only 56% in urban areas
* 88% of older people would like to see their governments do something to make living in older age better
* 63% of older people found it hard to access healthcare when they needed it (65% in rural areas, 60% in urban areas)
* 72% of older people said their income did not pay for basic services such as water, electricity, food and decent housing (76% in rural areas, 67% in urban areas)

Responses from older people involved in ADA, quoted in an accompanying partner survey, include:

* *Ghana:* "I feel good that I have been consulted on key issues for the ADA campaign. The issues are very real to us."
* *Kenya:* "I have learnt that even in old age I am able to do something worthwhile and constructive for my country."
* *Kenya:* “If I have to march in the streets of Nairobi again for older persons, I will do it again. We have power!”
* *Kyrgyzstan:* “I have participated second time in ADA action and it is the tool for asking from government what we need to have in the future. If government will implement half of our asks we will appreciate very much”
* *Kyrgyzstan:* “When you invite me to this action I was hesitated could I confidently ask from government in the meeting, but after training and interview I started feeling more strong and I hope government will hear our demands and we will live better.”

In 2011, ADA engaged over 62,000 campaigners in 59 countries. HelpAge defines campaigners as people who join marches, have signed the petition or are part of a delegation, i.e. have shown some presence in campaign activities.

For this 2012 evaluation, a number of skype discussions were held with ADA leaders from Kenya, Moldova, Pakistan, Panama and South Korea. They were all proud to be involved and to feel that at ‘their age’ they could still contribute to society. The Campaign has ‘given them a voice’. Those interviewed had got involved in the campaign for a range of reasons, including as a religious obligation, to help others and as a social activity – as involvement in Campaign activities itself reduces social exclusion and provides opportunities for social interaction. Many of them see involvement as a rare opportunity to do something positive – “If you don’t have an older person, you have to buy it”, said one older woman, quoting a Romanian saying.

However, although all those interviewed were planning to stay involved, those living in countries where the Campaign has had limited (if any) successes, talked about how difficult it was to keep going in the face of no progress. Many joined the Campaign with high expectations and have understandably got discouraged if their demands have not been met. As one older woman said, “I’m tired. Nothing has changed, so I am a little sad.” The Campaign obviously wants to encourage older people to get involved and to give them the confidence to actively participate, but in some countries at least, it feels that there needs to be more consideration of people’s expectations and the likelihood of whether they will be met.

## 4.3 Value for Money

### 4.3.1 Approach

*Introduction*

It is of increasing importance to be able to show the Value for Money (VfM) of a particular project or programme, to ensure that funds are being spent in the most effective way. This area is continually developing, as organisations consider the best approach to use, as much depends on the project under consideration, the availability of appropriate data to use in calculations, and the resources available to investigate and hence undertake the calculation.

The Independent Commission for Aid Impact’s (ICAI)[[9]](#footnote-9) approach to the assessment of effectiveness and VfM has been informed by the approaches used by aid agencies and the UK public sector and in other contexts. Many of these have their roots in what are often called the three Es – economy, efficiency and effectiveness. Sometimes, a fourth E – equity – is added. The illustration they provide is shown below:

|  |  |
| --- | --- |
| **Definition of the four Es** | **Application to provision of anti-malaria bed nets** |
| ***Economy:*** getting the best value inputs | Were bed nets of the required standard bought at the lowest possible cost? |
| ***Efficiency:*** maximising the outputs for a given level of inputs | Given the number of nets bought, how many people used the nets for their intended purpose? |
| ***Effectiveness:*** ensuring that the outputs deliver the desired outcome | For those people provided with nets, has the incidence of malaria decreased? |
| ***Equity:*** ensuring that the benefits are distributed fairly | Have the nets reached the poorest people and minority groups in more remote areas, as well as those closer to cities? |

The success of the process relies in part on being able to measure and assess effectiveness and VfM. There are many common challenges to achieving this in the aid context, notably:

* Measuring the difficult-to-measure
* Measuring in the long term
* Responding to fraud and corruption
* Getting input from the intended beneficiaries
* Managing complex delivery chains
* Obtaining verifiable data
* Determining attribution
* Determining causality

The ICAI approach is based on four guiding criteria, built around the logical stages in the planning and delivery of aid programmes:

* *Objectives:* Does the programme have realistic and appropriate objectives and a clear plan as to how and why the planned intervention will have the intended impact?
* *Delivery:* Does the programme have robust delivery arrangements which meet the desired objectives and demonstrate good governance and management through the delivery chain?
* *Impact:* Is the programme having a transformational, positive and lasting impact on the lives of the intended beneficiaries and is it transparent and accountable?
* *Learning:* Does the programme incorporate learning to improve future aid delivery?

DFID’s approach[[10]](#footnote-10) to VfM is focused on maximising the impact of each pound spent to improve poor people’s lives. Particularly relevant key messages are:

* The purpose of the VfM drive is to develop a better understanding (and better articulation) of costs and results so that more informed, evidence-based choices can be made. It is a process of continuous improvement.
* VfM doesn’t mean only doing the cheapest things, but organisations need to get better at understanding what is driving costs and make sure that they are getting the desired quality at the lowest price.
* Organisations need to understand what works – a judgement based on the strength of evidence supporting an intervention, and making assumptions explicit.
* Organisations shouldn’t just do the easiest things to measure, but the agenda does mean that they have to get better at measuring. Organisations need to be more innovative in how to assess value and to get better at articulating what results we are buying with donations.

DFID also highlight that context matters and that this should be taken into account in VfM judgements. Costs vary based on different environments: the hardest to reach people and places are more expensive to deliver development results to.

Some of the challenges in judging VfM are common across sectors[[11]](#footnote-11), in particular the need to:

* Allow for different contexts, especially fragile and conflict affected states
* Measure “value” in financial, economic, social, political and environmental terms, and for different actors
* Capture both direct and indirect costs and benefits, over short, medium and long timeframes
* Address inevitable data deficiencies that limit the evidence base for VfM calculations

Possible approaches to VfM include the following:

* *Cost efficiency analysis:* administration costs as a proportion of total programme costs, with comparisons to appropriate benchmarks
* *Cost effectiveness analysis:* measuring costs against programme outcomes and impacts
* *Cost benefits analysis*: a more complete exercise which quantifies in monetary terms as many of the economic costs and benefits of a proposal as feasible, including items for which the market does not provide a satisfactory measure of economic value

As may be expected, each has their own limitations and methodological assumptions.

A further method is to calculate the Social Return on Investment[[12]](#footnote-12), which is a framework for measuring and accounting for a broad concept of value, incorporating social, environmental and economic costs and benefits. The calculations therefore consider monetary values for areas such as: volunteers’ time, outputs / outcomes / impact, the length of time that benefits will be present, deadweight (what would have happened anyway, if the project hadn’t take place), attribution etc.

There is currently very limited guidance or research on how to calculate VfM for campaign and advocacy, which, by their very nature, often work on long-time frames, may affect large numbers of beneficiaries to varying degrees, and may have a range of unintended effects before the overall goal (such as a policy change) is achieved.

*Report Approach*

For this report, the following data have been made available:

* Country budgets, which were funded through the HelpAge London office (i.e. data missing on in-country funding, UK & in-country staff costs etc) – this means that countries that self-fund their Campaigns may appear as particularly ‘good value’
* Corporate indicators, where the data has been provided by the country offices:
  + CI 17: Total membership of Older People's Associations
    - Q1: Number of Older People
    - Q2: % Women
  + CI 25: Number of older people with potential to benefit from new or improved policies (i.e. policy passed but not yet implemented)
    - Q1: Number of Older People
    - % Women
* Corporate indicators, where a worldwide figure has been provided:
  + CI 22: No. of countries where older people are involved in national level action for improved services
    - Q1: Number of Countries
    - Q2: Number of participants

Figures for European countries have been excluded from the calculations, as they also include funding for work beyond typical ADA activity (e.g. Linking Lives in Slovenia). Given this data and the time available, the following additional indicators have therefore been calculated and are considered in the analysis below:

*By Country (where data available):*

* Average HelpAge London expenditure (2008-2011)
* HelpAge London expenditure per OPA member, 2011[[13]](#footnote-13)
* HelpAge London expenditure (2008-2011) per older person with potential to benefit from new/improved policies[[14]](#footnote-14)

*Worldwide:*

* Average HelpAge London country expenditure (2011)
* Average London expenditure per participant (2011 expenditure, 2012 participant numbers)
* % OPA members involved with ADA (2012 figures)

Comparative analysis considering those countries that have had ‘success’ in particular areas (discussed in section 4.1.1 above) was also undertaken. However, issues surrounding attribution of the ADA Campaign should be borne in mind.

It is also important to note that there is a substantial amount of missing data, which will distort both cumulative figures and country comparisons.

The VfM calculations can be found in the Annex.

### 4.3.2 Results

It is difficult to comment on the total costs per country, as costs naturally vary depending on the local context. In 2011, the average London expenditure was €1,838.14 per country. This ranged from €0 for self-funded countries (e.g. Sudan, South Korea, Pakistan, Dominica, Haiti) to €6,853 in Tanzania. Globally, the average total London annual expenditure 2008-11 was €84,555, with the 2011 budget amounting to €93,745. Superficially, there does not appear to be any correlation between the ‘success’ areas noted in section 4.1.1 (changes at both local and national level) and the cost to HelpAge London. Although some countries are ‘more expensive’ than others, it appears that ‘success’ is more due to local context, rather than the amount of money spent by London. It should also be noted that the ‘success areas’ do not consider improvements in public awareness of issues affecting older people or attitudes towards older people themselves.

Globally, the average cost to HelpAge London per participant is just €1.36. Even without considering other costs (e.g. staff costs and costs absorbed by project/overheads) or other factors (evidence on the effectiveness of training, or the effect of participation on individuals), this appears to be a low price in terms of the confidence and other benefits (e.g. opportunities for socialisation) which have anecdotally been achieved by the older people involved.

In those countries where ADA Campaigns are being conducted, figures suggest that only 15% of OPA members are involved with ADA[[15]](#footnote-15). Looking at HelpAge London expenditure per OPA member, costs vary considerably. The global average in 2011 was just €0.26 – though gaps in data mean that 41% of countries are excluded from this figure. Most countries spend less than €1 euro per member, with the extreme case being Tanzania, which spent €28.55 per member. A third of the countries (10 out of the 31 with data available) spent €1-10.

As discussed above, although attribution to ADA is difficult to measure, it is extremely likely that the activities of ADA have in many countries contributed to important breakthroughs. Some countries have been able to provide estimates of the number of older people with the potential to benefit from new or improved policies. It is unclear how these figures were calculated, and if they purely include numbers that are ‘easier’ to estimate e.g. national numbers of those who can benefit from increased pensions, rather than local estimates for beneficiaries from improved transportation or access to healthcare. Assuming this, the cost per older person with the potential to benefit from new/improved policies will be lower than the figures calculated in this report.

However, in spite of all these caveats, the London expenditure in the years 2008-11, per older person with the potential to benefit from new or improved policies is extremely low and very good value for money. Based on data available from 13 countries (a quarter of those involved in the ADA), the cost to HelpAge London has been just €0.12 per older person. 7 countries achieved positive policy changes on expenditure of less than 1 Euro-cent per person (Ghana, Kenya, Mozambique, Uganda, Pakistan, Bolivia and Colombia), with a further 5 countries spending between 1 and 8 Euro-cents per older person (Myanmar, Vietnam, Philippines, Cambodia and Tanzania), Of countries with data available, Nepal had the highest cost per older person (just under €2), but even though this is substantially higher than the other countries, it still feels good value for money, given the assumed benefit the policy changes.

## 4.4 Building Advocacy Capacity

### 4.4.1 Evidence that Older Citizens are more able to Negotiate with Decision-Makers, Strategise and Leverage support from Media/Influential Individuals

*HelpAge & Partner Offices*

**ADA’s partner NGOs and HelpAge International offices** have built their own capacity for public action through the experience of organising ADA in their countries. The design and implementation of the campaigns at a country level is largely devolved to HelpAge International’s national partners, with coordination support from the HelpAge International secretariat in London. The capacity of staff and partners varies considerably. Advocacy and campaigning is new for many partners/affiliates, and implementing the Campaign has been a challenge for a good number of countries. Some also have difficulty in understanding the concept of ‘ADA’ as it is too broad. With the exception of one Asia Pacific regional meeting in the Philippines, involving six countries, the opportunities for sharing experiences between countries are limited to the update reports that are distributed by London.

The **HelpAge team in London** (the Campaigns Coordinator and Campaign Intern) support country level partners and offices by working on the global initiatives, providing the link between the different countries’ campaigns, keeping track of and reporting on the national initiatives, and occasionally producing tools like the 2011 ADA Manual for Partners with tips and tools to help them campaign. A training workshop was offered by Sophie Stephens in May 2011 for representatives from Kenya, Vietnam, Sri Lanka, Ethiopia and Eastern Europe. Countries report that they receive regular updates from the London office, with details of activities in other countries. However, a number of countries requested an orientation on the Global Campaign and its achievements, and hence understand how their efforts were contributing to achieving a UN convention.

The **HelpAge Regional Communication Officers** (RCOs) support those country offices and partner NGOs not supported directly by the HelpAge Secretariat in London, providing technical advice and communication support when needed, monitoring campaign achievements and working as a liaison with the London office. As the number of ADA countries has increased, the UK team has taken on the support role for a number of countries, but with the London/Regional office copied into all communications. RCOs report being involved in mobilising stakeholders, funding, and institutional communication, e.g. web-page, Facebook, publications, and dealing with the media and the intranet. They also manage the regional HelpAge strategy and ADA Campaign, with assistance from London. But Regional Offices also have many other commitments in terms of programme implementation in their regions and therefore limited capacity for ADA. For this reason it was felt by some that direct communication with country offices from London had been more effective than burdening RCOs with country management.

*Older People*

ADA also aims to build the capacity of **older citizens** to make them more able to negotiate with decision makers, strategise and leverage support from media/influential individuals. This success can be seen in anecdotal discussions and in the results of the 2010 partner survey. For example, ADA’s 2008 report says “qualitative feedback from partners and older people describes this activism as increasing the confidence of older people to talk about their concerns directly to decision makers”. But more importantly, the success these older people achieve at the country level is an indicator of their increased capacity.

The older people involved in the ADA Campaign are members of the various OPAs (or OPSHGs) established by HelpAge and its partners as part of other projects. Each OPA appears to have 20-40 members. In those countries where ADA is implemented, 15% of OPA members are estimated to be involved with ADA[[16]](#footnote-16). Given the priorities of other projects, the participating older people are generally poor or vulnerable, come from rural rather than urban areas, and have varying levels of literacy and education. Through the meetings prior to 1 October, and sometimes inclusion in national OP-delegations, it is ensured that the most vulnerable are being included in ADA. Generally, ADA attempts to reflect the typical make-up of the older population of a country. By selecting delegations and training their members as leaders and facilitators of OP-discussion groups, ADA also contributes to leadership development, this having become a focus of the campaign since 2010. Male/female ratios vary between countries. There are normally slightly more women than men, which is thought to be because women live longer, prefer to socialise through community groups and are less likely to be involved in working on the land or in other employment during the day. The extremes appear to be South Korea – where only women were involved in 2011 – and Pakistan (and possibly other countries with a large Muslim population) where, in the more conservative areas, religious and social norms mean that it can be extremely difficult for women to participate in outdoor activities with men who are not family members and hence to participate to the same degree as men. In Panama, the Country Officer says that they need to “incentivise men to participate so as to avoid the idea of the campaign as a space for grandmothers and old women”. In discussions with those involved in the Campaign, there does not appear to be any real differences in the ADA experiences of men and women.

Involvement in the Campaign has undoubtedly increased the confidence and self-esteem of older people, and some have become strong advocates for their rights, expressing themselves articulately with government and other stakeholders.

The **consultation, planning and training meetings** are a key aspect of ADA’s capacity building for older people. Older people come together to discuss their issues, decide which policy asks to raise with their national or local governments, and plan their activities. In some countries, older people are also given training in advocacy and communication techniques. The meetings varied in format from country to country, from large-scale public meetings, as in the Philippines and Kenya, to smaller sessions involving just the delegates who would attend the government meeting on the 1 October. HelpAge Ghana used more innovative methods by holding a video consultation with over 60 older people in the rural regions of Ghana, thus reaching more beneficiaries who otherwise would not have been included. Although in many countries, the process appears to be very participatory, in others it appears that the Campaign is very much led by HelpAge and that the older people are following. To quote one older person interviewed, “Most of the time, I am just told what to do or where to go and I obey.”

However, training is generally very limited – for example, older people in Moldova have received just half-a-day’s training, two years ago, on communication tips. (One older interviewee (from another country) joked that the training needed to be longer and more frequent as they kept forgetting things nowadays). Most countries appear to provide a combined session on introduction to the ADA Campaign, discussion and decision of priority issues, and spend a short time on communication. To quote one HelpAge member of staff: “What was done…cannot be called training. It was rather bringing the members of older people delegations together and coaching them to bring up their issues and to better express their issues with focus on relevant campaign pressure points. This is done only for a few hours and rehearsed once, as budgets are limited to transport them from their locations, maintain their accommodation and daily subsistence. With more resources to cover trainees’ expenses, a better training could be done with longer durations of the basic training and more rehearsal sessions.” If older people are to be able to ‘negotiate with decision-makers, strategise and leverage support from media/influential individuals’, this area needs significant improvement. It was also felt that building personal relations with country offices through London staff country visits could be combined with capacity building activities.

A Manual has been produced, to explain the ADA Campaign to partners and country offices, and lay out the ‘6 Steps to Success’: (1) Plan a meeting with older people; (2) Form the ADA delegation; (3) Meet a decision maker; (4) Call for a change; (5) Raise awareness; and (6) Record and share the views of older people. The vast majority of country offices appear to have found this manual very useful and clear, and liked the different country examples that were included – as it gave older people ideas and confidence that they could do the same thing. However, in most of the discussions held as part of this evaluation, countries requested a variety of approaches for them to use, in case the one proposed – i.e. meeting a decision-maker – didn’t work. They also felt that changing the approaches used would keep people interested. One country felt that their older people were just not ready to follow all the guidelines and activities. It was also noted that “ADA focuses on older people meeting the government, not older people gaining greater respect.”

On the logistical side of this support, almost all those interviewed mentioned that the manual arrived too close to October 1st, reducing their preparation time, and every non-English speaking country raised the issue of translation, and the extra time and resources that they needed in order to translate the manual (or just the key parts of it) and other materials into the local language – one also mentioned that as some older people were losing their hearing or eyesight, other formats could be considered. In the Asia Pacific region, it was noted that many countries would prefer face-to-face talking, rather than something to read, though it’s recognised that this isn’t always practical in a global campaign such as ADA, unless more training is provided by the Regional Office. However, in the Latin American region, it was felt that “Latin Americans do not like ‘pre-packed’ things. In every country they do what they think is right. They know their own needs. London sends them guidelines and they adapt them to their context…This is a grassroots mobilisation. They have their own demands. London sends us directives but Latin Americans do not like being told what to do….These movements are very strong and we cannot determine their agenda.” Regional variations on support from the HelpAge Secretariat may therefore be needed.

*Younger People*

There is also qualitative evidence for the capacity building of **other age groups** to understand the issues of ageing better and recognise the rights of older people. One example of this is from South Africa where a youth organisation showed solidarity with older people by being part of the march of 2,000 activists to mark the International Day of Older People in Durban. The newspaper coverage of this show of solidarity states: ‘Obed Ndlanzi, chairman of Turning Point, a youth NGO, said they took part in the march to support the elderly. “We want to see an end to the abuse of the elderly”, Ndlanzi said, “We want to see our grannies happy.”’[[17]](#footnote-17) The importance of intergenerational solidarity was highlighted by a number of the countries interviewed for this report and the HelpAge Secretariat.

## 4.5 Management Issues

Although not specifically requested in the ToR, a number of other issues arose in the course of our discussions.

### 4.5.1 Monitoring & Evaluation

*Logframes and Indicators*

The ADA Campaign is funded independently from other projects or programmes through various donors, covering both the core London costs and in-country ADA activities (e.g. HelpAge’s UK affiliate Age UK, a Partnership Programme Arrangement (PPA) with the Department for International Development (DFID), Cordaid, UNFPA, IrishAid etc). However, the specific framework for implementing and monitoring the Campaign over the last five years remains somewhat unclear, as no logframe (or other overview) appears to exist. For this reason, this evaluation cannot evaluate the campaign against any specific indicators in a ‘ADA Campaign’ logframe,

Campaign monitoring appears to be limited to the completion of a monitoring form at the end of October. This approach, and the funding process, encourages a focus on October 1st, and not on subsequent follow-up or on undertaking activities at other times in the year.

It is recognised that HelpAge is taking steps to monitor all its work, through a set of 28 Corporate Indicators which can be found in the HelpAge Strategy to 2015. The ADA-relevant strategic objective and Corporate Indicators are:

***Strategic Objective 5:*** We will support a growing global network of organisations to work effectively with and for older men and women.

***5.2*** - Global and national campaigns take place in 50 countries to demand changes in laws and policies to respect the rights of older men and women

***Corporate Indicator 22:*** No. of countries where older people are involved in national level action for improved services *(global data)*

* + - Q1: Number of Countries
    - Q2: Number of participants

***Corporate Indicator 25:*** Number of older people with potential to benefit from new or improved policies (i.e. policy passed but not yet implemented) *(country level data)*

* + - Q1: Number of Older People
    - Q2: % Women

Considering the PPA logframe (agreed with DFID in 2011, and specifically highlighted in the evaluation’s Review Criteria), output 4 is relevant to ADA, with indicator 4.1 linking with HelpAge’s Corporate Indicator 22:

***Output 4:*** Advocate for policy changes that recognise rights and needs of older people

***Indicator 4.1:*** No of countries where OP involved in national level action for improved services

*Targets & Progress*

For Corporate Indicator 22: HelpAge’s Strategy has a March 2011 baseline of 51 countries with zero participants, a prediction of 59 countries and 62,000 participants by March 2012, and 60 countries and 65,000 ADA participants by March 2013; DFID’s PPA has a 2010 baseline of 50 countries, a year 1 milestone of 55 countries, a year 2 milestone of 60 countries, and a target of 65. The slight differences in years and figures are likely to be due to data collection timings. By March 2012, 62,000 older people were involved in national action for improved services in 59 countries. HelpAge have almost met their PPA end of year 2 target already, and so are making good progress in this area.

For Corporate Indicator 25, HelpAge’s Strategy has: a 2011 baseline of zero (as the indicator refers only to new policies passed), a 2012 prediction of 1.3 million older people of whom 54% are women, and a 2013 target of 2.6 million older people of whom 55% are women. DFID’s PPA logframe does not include milestone, but has a baseline of zero, and a target of 50 million older people. (It is unclear why this huge discrepancy exists). Of the 59 countries in which the Campaign is running, only 31 countries are included in the Corporate Indicator sheet for this indicator, and 2012 figures are available for just 13 countries. However, by March 2012, it is estimated that more than 10.2 million (10,243,850) older people have the potential to benefit from new/improved policies (a gender breakdown is unavailable). This suggests that the real figure is substantially above this, and that the Campaign has exceeded HelpAge’s strategy targets, and is making good progress towards the PPA target.

*Integration*

For strategic and reporting purposes it would make sense to integrate the draft future logframe of ADA, which was shared with the review team, more closely with the corporate indicators, the PPA and logframes already agreed with other key donors. For example, the strategy until 2015 features indicators on monitoring government service delivery. Advocacy can take many forms and ADA campaigners could play a vital role in monitoring service delivery for older people as well as campaigning for wider policy changes once their capacity has been built.

It is also important that the reporting mechanisms are aligned with indicators in any future logframe. For example, the draft logframe states “# of tangible policy changes benefitting o.p. and # of policy demands responded to by politicians from o.p.” as indicators. It would make sense to integrate questions on policy changes achieved into the pledge tracker table for quicker reporting and ask for estimates of beneficiary numbers of the respective policy.

### 4.5.2 Implementation & Management

*Partner Feedback*

In 2010, alongside the Insights of Ageing Survey, almost half of the ADA partners completed the accompanying partner survey, which assessed the learning from the campaign that partners and older people experienced. The results show genuine support for the campaign amongst partners. The insights from the survey enabled ADA to review the campaign and to think about ways in which it could be improved.

Results included:

* 100% of ADA partners enjoyed being part of the campaign.
* 52% of ADA partners said that the campaign achieved immediate change for older people in their country
* 86% of partners said that ADA had built the capacity of older people to lead advocacy work with their governments
* 95% of partners said that ADA raised the profile of ageing issues in their country
* 100% of ADA partners would be interested in joining an ADA Campaign Network to campaign globally and locally on key issues relevant to older people
* ADA partners were interested in campaigning on the following issues in the future:
  + 94% - International Convention on the rights of older people
  + 65% - Implementation of the Madrid International Plan of Action on Ageing
  + 59% - Stop violence against older women
  + 53% - Recognition and reward for grandparents/older carers caring for children
  + 35% - Stop discrimination against older people by microfinance institutions
  + 24% - Ensure older people’s needs are met in humanitarian emergencies
  + 18% - Other

Specific responses include:

* *Sierra Leone:* “The campaign immediately motivated the Government authorities to set up a National Committee for the formulation of a national policy for older people in Sierra Leone.”
* *Uganda: “*The government has initiated a pilot social protection program in 14 districts which will be implemented over 3 years.”
* *Serbia: “*Older people are now part of the public dialogue that addresses policy making and other concrete changes in the country.”
* *Moldova:* “This year the ADA campaign used an open and honest dialogue between older people and government officials and the older people raised all their concerns and needs, with no fear or hesitation. They led the high level meeting and advanced their asks.”
* *Mozambique:* “We could campaign for the creation of national legislation for the protection of older people’s rights, because it’s important to focus on international and national levels.”

*Issues Arising*

In countries where HelpAge works with a number of partners, it does not appear unusual to have two (or more) ADA Campaigns taking place. Although these NGOs are encouraged to combine efforts, it seems predominantly that they work separately. This may be due to geographical location, but if ADA is to be a national and then global campaign, support for national coordination in these particular countries would increase its impact.

Resource and capacity constraints were mentioned by a large number of countries interviewed as well as by the London campaign team. With the introduction of new activities on World Health Day (7 April) the workload has also increased. In order that they can work with other organisations, umbrella bodies and in a wider geographical area, more funds were felt to be needed. One country thought that it would be useful to have a specific member of staff employed to work on ADA (and perhaps on advocacy components of other projects); another suggestion in this respect was to recruit full-time regional campaigns coordinators to take on some of the coordination workload and be responsible for regional capacity building activities. It was also felt that more responsibility should be devolved to the countries. At this time, however, country offices are constrained by funding structures around 1st October and because campaign activities have not been fully integrated with HelpAge programmes. There needs to be more focus on obtaining local funding and the role of the Secretariat would evolve to become one of managing the mainstreaming of ADA/advocacy activities with programmes.

One country requested the Campaign to have two concurrent objectives’: asking the general public to support and get involved in the Campaign, and also raising funds to support HelpAge and its activities.

# 5. Country Case Studies

## 5.1 Jamaica

HelpAge International Caribbean works with a number of organisations, including child-focused organisations (as many of the child beneficiaries live with their grandparents – St. Catherine Development Association, Children First and Hope for Children Company Limited), the National Council for Senior Citizens and a HelpAge affiliate (Action Ageing) mainly involved in age-care training. The Senior Citizen Groups involved in the campaign (20 in 2011) are attached to the partner organisations, primarily around Kingston. The ADA Campaign was run in Jamaica in 2009 and in every subsequent year. Funds are raised through HelpAge London to pay for the Campaign, with budgets ranging from €2250 in 2009 to €3000 in 2010 and 2011.

In 2009, the campaign comprised a number of key activities: (i) 25 older people were involved in two media and advocacy training sessions, where they were informed about the ADA campaign and helped to prepare to make their representations to the government and other stakeholders, including the use of role plays. (ii) A video documentary on some of the critical issues facing poor older people (e.g. poor housing conditions, lack of pension and inadequate access to healthcare) was produced and shared with the audience at the ADA Public Forum. (iii) On October 1st, 480 people (of whom 62.5% were older people), representing community organisations from 11 of the 14 parishes in Jamaica were involved in the ADA Champions’ March & Public Forum. Along with a marching band, people carried placards advocating for: universal non-contributory pensions by 2015, measures to address poor housing conditions, income and livelihood opportunities for seniors, improvements in access to healthcare, geriatric clinics in each parish and government support for the adoption and ratification of a Convention on the Rights of Older People. During the Public Forum – presided over by the president of the National Council for Senior Citizens – the older people celebrated the International Day of Older Persons and advocated on specific issues (highlighted in their march placards). A policy ask was prepared and a petition presented to the attending Government delegate (the Minister was unable to attend). Partner organisations and a number of government agencies mounted booth displays of services for older persons. The Campaign received media coverage on the two national television stations within one week of 1st October (following the submission of video footage by HelpAge).

In 2010, two preparatory workshops were held, to plan the Campaign and prepare older people to participate. A 15-minute video highlighting the situation of older persons in Jamaica as it relates to access to healthcare, housing, employment, access to credit and crime and violence was developed by HelpAge International Country and Regional Development Centre(CRDC) and aired on National Television station (CVM TV) on the International Day of Older Persons. Radio interviews were held with ADA spokespersons and HelpAge staff. Two meetings were planned with the Ministry of Health, and Ministry of Labour and Social Security, but neither meetings took place.

In 2011, following two planning and training sessions, an ADA stakeholders’ conference took place on September 26th. 29 representatives from 21 government, private and non-governmental organisations were able to attend; 131 people signed the register (77% of whom were older people); and the Campaign received support from the Jolly Boys, an internationally recognised mento band comprising older men. The Minister was absent because of an emergency meeting of the government following the sudden resignation of the Prime Minister but was represented by the Director General in the Ministry of Labour and Social Security. The DG endorsed HelpAge’s advocacy for a universal pension, but stated that it would take some time for this to become a reality due to resource constraints.

Not many of the partner organisations have experience in advocacy work, though the training available to partner organisations has been limited. The Regional Office (based in Jamaica, and coordinating the campaign) highlighted that more funds would mean that they could expand their reach and increase the number of groups involved – there are more than 500 Older People’s Groups throughout Jamaica attached to the National Council. The Champions’ March conducted in 2009 was relatively expensive, and so hasn’t been repeated since (funds additional to those provided by HelpAge London were available at the time). However, the video format used in 2009 and 2010 sparked a lot of interest from a cross-section of the public, and was considered to have had a much larger impact. Although it costs money, the wider listenership means that HelpAge will continue with this format in subsequent years.

Each year, the same policy ask was submitted to the Government. Over the years, the government has revised social pension arrangements (increasing the number of older people benefiting), but it is unclear if this was due to the ADA Campaign. Jamaica is considered a hard place for advocacy, as HelpAge have found it difficult to access Government representatives for high-level meetings (compared to other countries in the region) and difficult to get older people’s issues prioritised. The only small successes have been with the Ministry of Labour & Social Security, as they are specifically responsible for dealing with older people, and the organisation has a good relationship with the Minister involved.

HelpAge are currently establishing an organisation specifically to focus on older people’s issues and provide an avenue for continued advocacy, beyond October 1st. Although the focus on the International Day of Older People gets people’s attention, more activities throughout the year are felt to be needed. Through training and participating in the campaign, the confidence of the older people involved has increased, along with their ability to speak in public and argue their case. One particular individual has become a global spokesperson and twice travelled to the UN to advocate for the rights of older people. The popularity of these older people in their communities has also risen, as a result of them championing the cause of other seniors. Older people involved in the campaign have changed their attitude from that of fatalism, and their situation being God’s choice, to recognising that they have rights and they can do something about the issues. Around 70% of those involved are women, due to meeting in such groups being a common way of socialising (men often prefer going to bars to play dominoes) and also as they live longer. During the day, women are also more likely to be available, as men are often working on the farm or in other employment. HelpAge have tried specific activities to try and increase the participation of men, but they feel that social norms mean that the proportions will not change much.

There has been little success at the national policy level, with the government generally being defensive in forums. However, there have been some small successes with the Ministry of Labour and Social Security and recognition by the Planning Institute of Jamaica which is conducting research to provide data on the situation of older people. Most success has been at the community level, where older people now have greater respect, there is greater awareness of older people’s issues, and older people’s community groups are getting increasing recognition.

## 5.2 Kenya

HelpAge Kenya has participated in the ADA Campaign since 2007. The ADA Campaign is funded through the HelpAge Secretariat in London, with an annual budget of around €2,000 in 2008-2010, and €2,710 in 2011; this is supplemented with funds from other in-country projects.

In 2009, a number of activities were undertaken: older people were trained on the ADA Campaign; activities were held over the course of a week at Mji wa Huruma Home for Older Persons to raise media and public awareness; a march in the streets of Nairobi was televised by local media generating a lot of interest on the issue of the rights of older people in the country; a meeting with the Prime Minister was planned, but was not possible; and celebrations on the International Day of Older Persons were held in Garissa Town.

In 2010, communication training sessions were held for the older activists, to boost their confidence and reduce their fears. On September 28th, a meeting was held with the Permanent Secretary and senior officers in the Ministry of Finance, who took the request to increase the amount of Kshs 1,500/= for cash transfer positively; this was followed on September 29th by a meeting with the Minister and Permanent Secretary in the Ministry of Gender, Children & Social Development, and a request from the older people delegation to spread out the transfers to all 47 counties and to ensure that the money reached the very poorest older people. An assembly of over 300 older persons representing the 1.3 million older Kenyans from various areas of the country met at Uhuru Park and then marched in a procession to the Railway Club. October 1st celebrations were graced by 400 older persons from Kapenguria, Kacheliba and Kongolei divisions. A memorandum from an older person highlighting issues and requests was presented to the Guest of Honour – Provincial Social Director of Rift Valley. Subsequently, the Minister of Finance allocated an extra Kshs 470 million to the Ministry of Gender, Children & Social Development to be used to increase the number of households getting the cash transfer for older persons, i.e. 20 rather than 10 households per constituency, to increase the amount from Kshs 1,500/= to Kshs 2,000/= and to cover 72 rather than 44 districts.

In 2011, following the training and planning sessions for older people, meetings were held with the Minister for Justice and the Financial Secretary in the Ministry of Finance. The former promised and committed to working closely with HelpAge in curbing elder abuse and to sensitise the public on the rights of older people. A march with over 300 older people also took place in Uhuru Park, including representatives from Western, Eastern and Coastal Provinces, and the Maasai community from Kajiado North district. As in earlier years, the march received good media coverage. It is estimated that 5000 people were actively involved in the Campaign, more than 600 people attended an event, and around 50,000 people would have read about the Campaign in a newspaper.

In a small survey in 5 areas in Nairobi and Mombasa, just over a third of those asked (36%) said that they heard about the ADA Campaign or a Campaign ‘that fights age discrimination/works on issues that affect older people (such as pensions, healthcare, housing or access to work)’. Of those who knew the Campaign by its official name, a third found out about it on the internet, with media and chiefs meetings also being popular sources of information. Those who knew about the Campaign in terms of its general aims had heard about it mainly through the media or professional associations. Interestingly, this survey response is counter to an interview comment, “apart from older people in the group and the church priest, no other people know about the campaign”, so there may be a difference between urban and rural awareness levels.

Over the course of HelpAge Kenya’s involvement in the ADA Campaign, the Campaign has got bigger, livelier and more interactive. The awareness raising and advocacy efforts have made it easier each year for older people to identify key issues and for HelpAge to organise meetings with government officials. The number of supporters and people interested in older people’s issues has increased. Innovative ways have been used to encourage older people to join the Campaign, with Campaign groups also being involved in activities such as rearing chickens and keeping vegetable gardens.

Slightly more than half of the older people involved in the Campaign are women but the difference is not much. Those involved have become more confident and better speakers, they are more skilled in campaigning and they have gained a local status as they have appeared in articles and the media. However, staff members highlighted that the Campaign has not affected their livelihoods as the policy gains have not been rolled out widely, and older people have not been given incentives to compensate them for the time and energy that they spent on the campaign rather than focusing on their small businesses. The older people are understandably happy with the Cash Transfer scheme, which currently benefits 33,036 Households with a quarterly transfer of Kshs 2,000/=. Unfortunately, despite government commitment, the rollout of this scheme is not yet currently covering all the counties. This is due to be followed-up with the local governments as it all depends on the awareness level of the MPs in those locations and their personal priorities. Within Kenya – as elsewhere – follow-up on all issues, to ensure that the government fulfils its pledges, has been found to be key. This is not technically difficult, but presents some challenges due to limited resources.

## 5.3 Moldova

HelpAge Moldova, with its partner Second Breath, has participated in the ADA Campaign since it began in 2007. It works through 10 older people’s NGOs based in 6 villages and 4 towns, and receives support from UNFPA (and lately UN Women). The ADA Campaign is funded both through London and in-country fundraising (primarily UNFPA, but also UN Women in 2011). The contribution through the UK office was €1,359 in 2008, €2,000 in 2009, €1,800 in 2010 and €2,000 in 2011.

In 2007 and 2008, one of the key requests of the ADA Campaign was for the pension to be indexed twice a year and to be gradually increased up to the subsistence level, along with the creation of a system of integrated social services. On the International Day of Older People in 2008, 34,000 older people from all over Moldova received financial support from the Republican Fund for Population Support.

In 2009, a number of preparatory meetings were held with the older people’s delegation (including training on communication, drafting their demands and planning the activities), UNFPA, the Minister for Labour, Social Protection and Family (who agreed to organise ADA under the aegis of the Ministry) and Ninela Caranfil (a famous older actress and writer, who agreed to make a speech and perform for the Campaign). Children drew posters on the theme of older people and 55 of them were exhibited. Promotional materials were also developed. A high level meeting was held on October 2nd, involving 46 participants from the Government, the UN Resident Coordinator, civil society representatives, a delegation of older people from 10 NGOs, organisers and media. Ninela Caranfil made a touching speech, and the leader of the older people’s delegation presented the policy asks – continuous access for older persons to quality medical services and subsidised medicines; free medical aids, including hearing devices; improved home-care services for the elderly and increased number of social workers; extension of the list of subsidised medicines and diseases; a unique and equitable social assistance system; inclusion of ageing in national development strategies and programmes; and a wide set of social services for homecare. The meeting was reflected widely in the media, including radio, newspapers and internet. A comprehensive release was placed on the website of the Ministry of Labour, Social Protection and Family. Subsequently, the Ministry of Labour, Social Protection and Family led a social campaign to promote the positive image of older persons; ageing is included more in national programmes (e.g. Road Map in Moldova); more social canteens and community centres have been created in Moldova; and the law on social services was being elaborated, to ensure wider access and a larger set of social services for older people.

In 2010, a preparation and planning meeting was held with the delegation of older people; the Minister of Labour, Social Protection and Family visited a HelpAge partner NGO on a site visit, raising the profile of older people at national level; a press conference was held; and a high-level meeting took place on October 8th. The high level meeting brought together 66 people from Government, the delegation of older people, civil society, international agencies, media and national artists. The delegation raised the following policy asks: provision of pension indexations twice a year (October and April) to cover seasonal price inflation; increase in the minimum pension level to reach the minimum subsistence requirement; measures to decrease the prices of medicines; reduction in the waiting queues for dental prosthetics for older people by allocating sufficient financial means; and increase in the financial quota for each family doctor for subsidised medicines. The Minister of Labour, Social Protection and Family recognised that the current social protection system in Moldova was not perfect and needed a lot of reforms. The Minister committed to solving the asks of pension indexation twice a year and the minimum pension to reach minimum subsistence level, although both pledges were dependent on available budget. At the time, the Ministry was working on developing an integrated system of social services, community centres for the elderly and a unified pension system. The Ministry of Health and National Company of Medical Insurance committed to increase the funds for subsidised medicines in 2011 by 6-7%, and extend the list of subsidised medicines. Moreover, starting on 1st January 2011, the Ministry committed to reduce medicine prices through the newly created Bureau of Prices, though this was dependent on state funds. Since the ADA Campaign began, more age-related research has also been conducted and published, e.g. Social Monitor of IDIS Viitorul nr. 2, “Protection of pensioners: Current priorities and debates”, and Social Monitor nr. 5, “The needs for developing a national health system for older people”.

In 2011, planning meetings were held with the Ministry of Labour, Social Protection and Family, UNFPA and UN Women to establish cooperation for ADA and distribute responsibilities, and with the older people delegation to set up the delegation, develop the ADA plan of action and discuss the 2011 demands. In the former, the Ministry agreed to take the lead, though there are feelings that this is because it wants to own the Campaign, as it sometimes forgets to mention HelpAge. From September 21st-30th, round table meetings were held with older people’s NGOs and local authorities at 10 locations around Moldova, involving around 250 people. This allowed older people to celebrate the International Day of Older Persons and raise awareness of their problems with key local actors, with representatives in a number of areas responding particularly positively. Compared to previous years, this year’s demands also included social integration of older people, their participation in decision-making processes and fighting age discrimination. The meetings were reported in the local media.

On October 1st 2011, a social campaign, “A Greeting to Tribute Old Age”, was organised in the centre of Chisinau, as the national level ADA event. Over 1,250 greeting cards to older people were distributed on the day; NGOs and CSOs displayed pictures portraying the life of older people and handicrafts; the Mixed Military Orchestra of the Ministry of Defence played; and there was a public demonstration on beading and flower arrangements. The delegation’s policy asks – increase in the minimum pension level to reach the minimum subsistence requirement; promote a positive image of older people and raise the profile of older persons among youth to increase intergenerational solidarity; and revise and improve the list of subsidised medicines and provide access to these medicines for all older people – were presented to the Ministry in a letter. This first public campaign of ADA in Moldova promoted a positive image of older persons, active and healthy ageing, intergenerational solidarity and a society for all ages. The event was attended by more than 60 older persons, along with passers-by who approached to find out about the campaign and send a greeting card to older people. However, the public had different expectations – from a foreign agency they were expecting some charity acts like food or clothes, and from the Ministry of Labour they were expecting some monetary grant as a present on occasion of the holiday. Some media channels didn’t catch the deep meaning of the public campaign, misinterpreted the event and in their presentations said ‘and the poor older people for their holiday got just a balloon and a greeting card’. The need for media education events in future years has since been recognised. The event had national coverage and was broadcast on main TV channels before and during the event, including the channels with nationwide coverage. A national public ADA Campaign was held in the square of the Opera and Ballet Theatre. On October 4th, there was a live radio broadcast involving HelpAge, the Ministry of Labour, Social Protection and Family and an older people’s NGO, discussing the International Day of Older People and the ADA Campaign.

Older people involved in the ADA Campaign generally come from the rural areas, and fall into one of two groups: volunteers, who are trained, have good awareness of their rights, and are often former teachers, medical staff, engineers etc; and beneficiaries, who are not as literate and are generally less comfortable in speaking-up. More women are involved than men (around 80/85% are women), as they live for longer and often have a more leading role in the community, whereas men are often busy during the day, working on their land. Older people were reported to be excited and proud to be involved in the Campaign and to have the opportunity to talk to national level government about the views of older people living in villages – as they felt it was important to be at the same table as government ministers. Media was also seen to be important, and television interviews of older people had the added benefit of confirming them as representatives amongst their own communities – and encouraging other older people to approach them.

The Ministry for Labour, Social Protection & Family is obviously a close partner, along with UNFPA, and is keen to involve other organisations across the whole country, but funding constraints mean that this is not possible. The Minister always participates in the Campaign, suggests activities and proposed to increase the involvement of older people in order to understand the opportunities and challenges faced at that age. Although there is support for the Campaign, the government struggles to fulfil its demands, as they don’t have the resources available. They are apparently getting tired of hearing the same demands each year, as they’re aware of the issues, but don’t have (or won’t prioritise) the funds. In 2011, the Campaign approach changed a little to accommodate this – and the first social campaign was organised instead – but a letter with the policy demands was still given to the Minister on October 1st. Although the policy asks are perhaps not realistic (e.g. increases in pension, improvements in medical care logistics), HelpAge feels that it’s important to include them, to keep up the pressure on the government. With the policy asks being unfulfilled and hence repeated every year, some older people get discouraged as they haven’t achieved what they wanted to and don’t feel that their voices are really being heard. However, the policy asks are drafted each year by older people, and for those that remain involved, it’s important for them to have the same things highlighted, as they are priority areas and there have been commitments from previous Ministers – which often don’t occur in practice, or the situation is made worse by other changes in government policy. For example, an Agency was established to control the price of medicines, but cheaper prices don’t filter through as there are many private pharmacies; and, the list of subsidised medicines was enlarged, but didn’t cover the needs of older people, such as non-communicable diseases.

In the beginning, HelpAge felt that if the demands were not met the Campaign was unsuccessful. However, with time, they’ve come to feel that the level of success depends on the involvement of institutions and the level of awareness. The Campaign has a very good relationship with the Ministry and other key stakeholders who are keen to get involved (funds permitting). The government naturally has national level coverage and can inform state and non-state institutions about the campaign. HelpAge estimates that public awareness of issues facing older people is probably around 20% now, compared with 10% in 2007. To increase this further, the media needs greater understanding of active ageing and the Campaign – HelpAge are planning appropriate activities to address this in 2012, before the Campaign begins.

Although the national demands have not been achieved, specific local demands have often been successful, for example the provision of an ambulance for a particular region, or a family doctor for a particular community. Local-level campaigns were also considered by older people to be more understandable and as leading to greater awareness, whilst the national event was more powerful and reflected in the media. Both approaches are deemed important.

## 5.4 Pakistan

HelpAge in Pakistan partners with the Pakistan National Centre on Ageing and has been participating in the ADA Campaign since 2010. They work through 70 OPAs in 3 districts (Nowshera, Jacobabad and Shikar Pur), AGHE Pakistan (Gilgit Baltistan), HEAVEN (Lahore) and CSP (Muzaffarabad AJK). The Campaign was funded through HelpAge London in 2010, with a budget of €1200, and self-funded in 2011.

In 2010, a planning meeting was conducted and a delegation of 10 older people was formed. On October 1st, the delegation met with policy makers and stressed the need of a policy for older persons. The Minister reported that it was already in process and would be finalised and notified after consultations in the 4 provinces. The delegation also discussed various problems faced by older persons such as medical treatment, income support and other social needs. Activities were limited due to the flooding that occurred throughout much of Pakistan.

In 2011, workshops were held to sensitise local organisations on the ADA Campaign and to enable the 10 OPAs to finalise the issues to be raised. An ADA Committee was then formed in each of the 3 districts and orientation sessions provided. Meetings were held with the Nowshera District Coordination Officer and two transport union officials in ShikarPur and Gilgit Baltistan. There were marches in Nowshera, Jacobabad, Shikar Pur, Lahore and Gilgit Baltistan, and seminars in the capital, Islamabad, and Jacobabad, Lahore, Muzaffarabad and Nowshera. Media coverage was given in newspapers, television and radio. As an outcome of the meetings, there were substantial commitments to improve the transport situation for older people: the Northern Areas Transport Corporation announced a 50% discount on fares and designated seats for older people; a 20% discount was announced on the route between Shikar Pur and Karachi; and the transport union Nowshera Khber Pakhtoonkhaw announced a 50% fare discount for older people and allocated seats. In addition, the Federal Minister for Gilgit Baltistan offered to draft a bill for older people and submit it for legislation. The Transport Minister for Azad Jammu & Kashmir ensured that the issue of transport for older people would be raised in the Assembly. The Speaker of Gilgit Baltistan Legislative Assembly joined the ADA campaign and is keen to take the responsibilities of ADA leader of Pakistan in 2012. 2,352 people signed the ADA petition, including the Speaker and Deputy Speaker of Gilgit Baltistan Legislative Assembly, an Advisor to the Prime Minister, Prof Usman Ali (historian and writer) and the Transport Minister for Azad Jammu & Kashmir. It is estimated that more than 4,000 older people were actively involved in the ADA Campaign in the four provinces of Khyber Pakhtoon Khwa, Punjab and Sindh, Gilgit Baltistan and Azad Jammu & Kashmir. About 1.2 million people heard about the Campaign through community meetings by ADA delegations, seminars, radio and TV news.

The political situation in Pakistan means that HelpAge must work through provincial Ministries, rather than at the federal level. This is obviously more expensive – as more meetings have to be held – but has proved effective, as it is easier to meet government at the provincial rather than the federal level and the Campaign has been able to cover all the provinces. As well as working directly through ‘their’ OPAs, HelpAge were also able to conduct the ADA Campaign in other areas of Pakistan through their network of other organisations and coordinating with the Senior Citizens Association. The Campaign has achieved substantial reductions in transport costs in a number of provinces (although this does not always occur in practice) and priority for older people in bank queues. In the areas where there are security concerns, close coordination with district officials means that security has been provided, if needed. A few years ago, the Senior Citizen Association in Pakistan initiated an older people focused bill, which has been approved by Cabinet but is still pending enactment. Within the Campaign, the OPAs started with this bill and focused on the area of transport and accessibility (e.g. to health centres).

Due to social and religious norms, the participation of women varies considerably in different provinces. In more conservative areas, women are allowed to participate in indoor, female-only events, but not outdoors – as they can’t mix with men who are not members of their family in public. HelpAge have tried to increase their participation through social mobilisation and through using female trainers. In these areas, OPAs are generally single sex, although they were able to get together for the larger event on October 1st by having separate seating for men and women. As combined planning meetings were not possible, the opinions of older women were obtained by the men talking to women in their households and by female HelpAge Field Officers visiting older women in their homes.

Older people see the Campaign as an avenue to reduce the social exclusion of older people, to increase the respect for older people in society, and to fill the gap between youth and older people – young people (of the families of the older people taking part) were involved in providing logistical and administrative support for the Campaign. Within Islam, older people should be respected, and so the ideas behind the campaign have been generally well-received – some of the older people involve feel that it is a religious obligation to be involved. Older people reported being proud to be involved in the Campaign and to be able to achieve positive change for their communities.

## 5.5 Panama

Panama has participated in the ADA campaign since 2010. Several organisations have been involved in the Campaign, such as local grass roots organisations of older people, the Association of Master Athletes, the Foundation Our Language (Fundación Nuestra Lengua), the University of the Third Age, UNETE campaign for the prevention of violence against women and the Municipality of Boquete. The budget for 2011 was €900. The most prominent leader of the Campaign in Panama is Dr Edilia Camargo, a retired university lecturer and athlete. For her, ADA is providing an opportunity to various organisations and social movements interested in the rights of older people to articulate their demands; as these associations do not have economic means, Help Age has become a “tank of oxygen”.

The participating organisations and associations have been involved in several activities as part of the Campaign. They had two meetings in Boquete; the first one was to prepare for the campaign and the second one was to launch it. They also organised and participated in various meetings with local and district councils and new associations of pensioners and retirees. In addition, members of these organisations have taken part in awareness raising meetings to stop violence against women. Finally they have written press articles and have given radio interviews to publicise their actions. According to the report, the campaign was able to cover many different aspects without losing its main axis: support for competitive sport for older adults.

Although competitive sport is the main component of raising awareness of older people’s issues, ADA in Panama has also aimed at building bridges between generations through encouraging pensioners to do voluntary work at schools. It has also focused on demanding basic rights for older people such as access to a state pension and improved health care through the creation of an observatory for the rights of older people. Finally, older people campaigned for a mobile library so older people can have access to books and information.

Many of the activities have been possible because campaigners have the right contacts and know the right people. For example, one interviewee was able to tap her acquaintances in the media to garner support for the campaign goals. Another interviewee recounts that she has many friends among politicians that have helped with some of the campaign activities and goals.

However, there is also a lack of political commitment from the government to the problems that older people face. It was mentioned that Panama is exceptional in that it has many laws to protect older people; however, these are not enforced. Another respondent complained about the lack of resources in healthcare. He highlights the importance of the community to supply services and resources that the government does not provide.

With regards to participation in the campaign, it was believed that older people are willing to participate and are waiting to be valued. Furthermore, they bring different talents to the campaign. It was highlighted that decision making should lie on them as they are not victims waiting to be rescued but actors, capable of deciding what their priorities and needs are and acting on them. Going forward, it was suggested that the ADA-Network finds new forms of debate with and support to the diverse existing social movements of older people in the region. In particular, with the Continental Network of Older People of Latin America and the Caribbean which gave the impulse for the idea of a Convention on Older People’s rights in Lima, Peru, in 2001. ADA could support programmes and action in different countries on an ad hoc basis and at all levels from local to regional.

It should also be considered to hold roundtables with donors in those sub-regions where there have been less activities and investment as for example in Central America or the Caribbean so that funds can be found towards new strategies for action.

Even though it was believed that proposals and decisions should be made by grass roots organisations, Help Age was seen to provide capacity building and as helping older people learn new skills. However, communication with the secretariat and the regional office in Bolivia was not considered optimal because many older adults do not own computers and live in inaccessible areas. It was also noted that there was a need for a Caribbean and Central America regional office to support the work of these countries in order to improve the pertinence of HelpAge’s political influencing and align the work better to the demands for support, not only technically and logistically but also financially. According to some interviewees it was discussed during the last meeting in Lima to restructure into sub-regions but nothing has been decided on this proposal and so it is hard for older people to truly influence the work. The requirement for a more direct involvement and a stronger presence of Help Age in Panama was echoed by several interviewees, including those who did not know much about the objectives of Help Age and the work they do in Latin America.

On the subject of gender, there seems to be an equal participation of men and women on the Campaign. However, the activities men and women do may be different. One respondent argued that women are kept in activities that are deemed appropriate for their gender (for example, they help in the kitchen) and are taught different skills than men (manual vs intellectual). However, the issue of violence against women is very strong in the Campaign. In addition, one important activity is the Campaign for the early detection of intra-uterine cancer in older women highlighting the importance ADA-campaigners give to women’s rights and well-being.

The results of the Campaign have been mixed. The bid for a mobile library has been successful and older people have been able to achieve recognition for older athletes but they do not have the backing of government for their other demands. Nevertheless, the Campaign has raised awareness of the problems that older people face in Panama. One of the most important achievements is the sense of satisfaction and usefulness that participation in the campaign has given older people.

## 5.6 South Korea

HelpAge South Korea first participated in the ADA Campaign in 2009, and has been involved every year since then. It works through 7 OPSHGs and receives private sector support for the ADA Campaign. They have self-funded the Campaign each year, with no financial support from HelpAge International, with budgets ranging from €1500 in 2009 to just under €4000 in 2011.

In 2009, the main activity day for older people had to be cancelled because of swine flu, but a few smaller events were managed, such as a small street photo exhibition and asking the general public to put stickers on the board saying that they agree with ADA. In addition, 7 OPAs (in 7 areas) approached local authorities to introduce OPA activities and deliver recommendations, which included: a new housing policy for older people who live in an area demolished by an urban redevelopment project, reduction of land tax for older people who live on city land, and establishing sports equipment in front of the centre. One local authority accepted the latter recommendation and provided sports equipment in Kun Po City.

In 2010, 7 OPAs formed 7 delegations at the local level, but it was felt that they had insufficient numbers and limited networking to have a national delegation meeting with a government minister. Each OPSHG ran different local activities, including: writing to the council requesting free artificial teeth for older people (a response was received, explaining the situation, and saying that it wasn’t possible); writing to the council requesting improved care centres for older people (the response said that it was expanding the local health centre and was in discussion to offer free medical examinations for older people); requesting the local council to expand health insurance for older people; increasing job placement pay; supplementing and installing park facilities; providing a senior citizen centre; and making a new crosswalk for older people. The two recorded responses were from the same municipal council.

At a national level, an activity day for older people was held on October 7th and 200 OPA members came together to play games and participate in singing contests etc. This was a joint event with 100 staff members of PCA Life in Korea. The company also provided financial support and participated in the ADA campaign survey and a group ‘silver exercise’ meeting involving the 7 OPSHGs. The ADA campaign was also promoted on Seoul’s main street by street fundraisers, delivering messages relating to a UN convention on older people’s rights and MIPAA. Prior to the events, a number of training meetings were held, to plan, form delegations, and decide on recommendations. The main daily newspaper in Korea was asked to report on the activities.

In 2011, OPSHGs had meetings with municipal Government Ministers to discuss their policy of providing houses for older people. On September 27th, representatives from all OPSHGs met at Seoul Station – which understandably has a large floating population of people travelling throughout the country – and participated in a short protest, shouting “Age Demands Action”. The older people were understandably nervous with such an activity – as the location was very public, and there were a lot of people around – but in hindsight they enjoyed it and wished it could have continued for longer. On October 13th, they participated in a street march at an athletic meeting, which was later reported on the internet. Prior to the activities, 130 older people were trained about their rights, a number of discussions were held to discuss their key concerns, and the older people made posters to carry at the street marches. Some older people – both alone and in groups – went into the park or onto the street to collect petition signatures. They were nervous at the beginning, but once they started to receive positive responses from the public, they began to enjoy it and were proud of their achievements in collecting signatures. Press releases were issued, but limited media attention was achieved. Over 1,400 people (young and old) were actively involved in the campaign: approximately 1,145 people signed ADA petitions; 103 people participated in photo messages; around 150 OPSHG members and 22 Prudential Korea staff actively led the campaign.

Advocacy activities, such as the ADA campaign, are generally new for the older people in Korea, and so the campaign progressed at a speed – and an approach – to suit them (although the guidelines provided by the HelpAge Secretariat were generally followed). Interestingly, all the OPA members are women (mostly poor, and living by themselves). Men are not excluded, but appear reluctant to join, or are perhaps not as active at this age. The response from the older people participating in the campaign was generally positive, as it is the only chance they have to think about their rights and make their voice heard. Those who actively participated feel very proud at the successes they achieved on a personal level, such as collecting petition signatures from the public. They found that young people were particularly keen to be involved in the global aspects of the campaign. The ADA Campaign in South Korea has not had much collective success so far, with HelpAge Korea feeling that they have just taken the first steps and that they will need to keep campaigning for many years if they are to have an impact. Delegations of older people have tried to meet government officials at the municipal and provincial level, but the reaction has generally been muted. The older women interviewed said that they would keep campaigning, but were feeling tired and a little sad, as nothing had changed after their Seoul Station protest or meetings with government. They felt that as there weren’t many OPA members in South Korea, society and the government were not listening to them.

# 6. Recommendations

## 6.1 Management

### 6.1.1 Administration and Coordination

Some of the difficulties in analysing the achievements of the ADA Campaign arose from the non-availability of data from the early years and vast amounts of information available for 2011. HelpAge has made huge strides in reporting its own achievements and tying country reports into web communications, for example. It is doubtless a huge task to administer and report on budgets, objectives and results in 59 countries and HelpAge has to be commended for achieving this with very limited staff resources and for producing some valuable overview documents on country funding or policy asks and achievements, among others.

The organisational structure of HelpAge International is also relatively complex, with a variety of roles within the network which are being coordinated by different offices such as the Secretariat or Regional Communication Offices. These structures could be made more transparent so that OPAs considering joining the campaign know what they are getting into.

The materials are only available in English. Different people in all the non-English speaking countries interviewed noted that countries then needed to translate them (or the key parts) into the local language(s). Simple tasks such as translation are using up precious resources from country grants and country officers’ time. While translators’ fees are often more cost-effective in developing countries, it should be considered whether this could not be done centrally through a translation company on the grounds that this greatly facilitates participation of older people and frees up staff time used for following up on it. Countries also reported that the materials (especially the manual) are getting sent out very late (Aug/Sept). Almost all countries requested them earlier, so they can make better preparations. There were also mentions of literacy levels of older people, the fact that some older people have impaired sight or hearing, and the fact that in some countries people would prefer receiving information through face-to-face talking rather than by written literature. It would be advisable to review to what extent these issues can be addressed.

### 6.1.2 Monitoring & Evaluation

As noted above, for strategic and reporting purposes it would make sense to integrate the draft future logframe of ADA more closely with the corporate indicators and the PPA. For example, the strategy until 2015 features indicators on monitoring government service delivery. Advocacy can take many forms and ADA campaigners could play a vital role in monitoring service delivery for older people as well as campaigning for wider policy changes once their capacity has been built.

It is also important that the reporting mechanisms are aligned with indicators in any future logframe. It would make sense to integrate questions on policy changes achieved into the pledge tracker table for quicker reporting and ask for estimates of beneficiary numbers of the respective policy for triangulation purposes.

For future VfM-analyses and a better reflection of local ownership of the campaign, budget overview documents should also record London overhead costs and in-country funding (if partners are not happy to reveal this information, then they could be encouraged to calculate agreed VfM indicators themselves and then share the results).

Discussions around the logframe and basis for this evaluation indicated that a general M&E training addressing project planning, the benefits of monitoring objectives and evaluating outcomes as well as M&E tools would be beneficial for the London campaigns team and probably regional and/or country officers.

### 6.1.3 Internal communications

Due to the mentioned complexity of HelpAge’s organisational structure and the size of the Campaign, internal communications play a pivotal role. It appears that HelpAge has good systems in place to deal with this complexity and also adheres to principles of transparency towards regional offices, for example. However, since limited resources in London and the desire to devolve more activities to the regions have been noted it should be considered whether more responsibility for management – and thus communications – could be passed to regional offices. This would also foster greater regional embeddedness.

In existing communications, it is also important to reflect the participatory campaign approach. While the consultant team had no significant access to internal communications it appears that local characteristics could be taken more seriously. With enormous efforts having gone into M&E systems and individual personnel targets in place, it is perhaps understandable that London staff are quite focussed on achieving these targets. However, this would need to be balanced against the objectives of genuine participation. For example, perhaps it could be considered in some of the Latin American countries to work together as partners, getting to know each other, rather than requesting use of the ADA-strategies and logo straight away.

## Campaigns Strategy

Although these recommendations are listed as separate points, it should be noted that many of them are related to each other.

### 6.2.1 Older people engaging in their own advocacy

The strategy for the ADA campaign is consistently clear that a high priority is attached to genuine participation by older people, and that the campaign is not only about policy change but about older people engaging in their own advocacy.

As described in sections 4.2.2 and 4.4.1, older people are proud to have been involved in the campaign, and feel that through it they have contributed to society and gained a voice, and it has increased their confidence and self-esteem.

These special characteristics of the campaign are positive and valuable elements of it. They should be maintained in any future developments of the campaign approach. In those countries where the approach is not being followed in practice, this should be addressed.

### 6.2.2 Widen the approach from a focus on one particular campaigning model

The current campaigning model, as described in the partner manual, can be summarised as: identifying an issue and the desired policy change, identifying the relevant decision maker, and organising a delegation to lobby her/him as well as awareness raising around the issue at stake and older people’s rights in general. Countries are following these guidelines.

This single-track approach has some notable benefits. The simplicity and uniformity of the model makes it considerably easier to develop a clear understanding of what is required among national groups that vary widely in terms of language, culture and level of campaigning experience. Having one simple model aids communication with partners and OPAs about the aims of the campaign and also makes it easier to provide sufficient support materials and training to enable groups to implement it successfully. It also makes it easier for older people to deliver the campaign. A model ‘off the shelf’ means they don’t have to start from scratch developing their own campaign action plans. Overall, it makes it an easier ask, which they are therefore more likely to undertake.

Although specific activities are decided in-country and some countries (perhaps those with greater understanding and capacity surrounding campaigning) have conducted their ADA campaign beyond the 6 steps described in the manual (e.g. older people Olympics took place in Serbia, whilst older people in the Philippines occupied the main shopping mall in Manila), the majority of countries appear to very much follow the particular steps laid down in the manual – with the focus on meeting decision-makers around October 1st. In these situations, the lack of alternatives in this single model campaigning approach has serious disadvantages. It makes it less likely to achieve the desired policy changes, if this one approach does not work – for example if the decision maker cannot or will not meet with delegations, or the decision maker does not listen or cannot or will not do anything about it. It should be emphasised that HelpAge are not being prescriptive in telling older people the exact details of what they should do within their country’s Campaign, but having the six-step strategy (introduced to make it easier for people), rather than building more general campaign capacity on issues such as power analysis, pressure points, timing, media relations etc, results in people with limited campaigning experience following the steps strictly, rather than considering other strategies beyond identifying a policy ask and organising a delegation to lobby the relevant decision maker. The focus on meetings with and commitments by decision makers found in the country report pledge tracker may also bias strategic decision making. It may be that other action strategies might be more likely to succeed, in particular when they are successful at creating a political momentum which makes it inevitable for decision makers to move on certain issues or when non-targeted political actors come to champion the issue, such as parliamentarians. The campaigning model offers little scope for flexible strategies that might be more productive and would make it easier to build a longer term campaign. The approach also does less to build more complete campaigning capacity among the participants, which might benefit them more over the longer term. Older people are not building the core campaigning skills of analysing what might achieve the desired change, and then planning and implementing an action programme most likely to bring this about. The lack of participation at this level might also mean they ultimately have less ownership of the campaign than they might otherwise have. It is likely to be more engaging for the older people involved, to “try something different rather than doing more of the same” as one of the interviewees said.

It is also not always an easy task to identify a suitable issue and determine an appropriate policy ask to achieve it and a good time to push for it. So while older people will be able to identify the issues that are of most concern to them, it may be harder for them to follow the rest of the approach through effectively.

In the discussions held as part of this evaluation, countries reported following the manual, with email/phone/face-to-face support available from the London/regional offices if they had particular queries, However, the majority of countries requested information (and guidelines) on a variety of approaches for them to use, beyond the ‘delegation meeting a key decision-maker’ described in the manual. There therefore needs to be available a range of approaches. As one example, rather than only attempting to meet with the identified decision maker, participants could identify the influences on that decision maker and devise various ways of addressing them. This can be done by use of an influence tree, force-field analysis, or one of the many similar participatory campaign planning tools available. This can build more capacity and ownership, and means that the success of the campaign then no longer rests completely on being able to access a particular individual directly. However, it must be recognised that should the groups of older people be asked to make a choice of tactic, it is a more complex thing to ask them to do, and is likely to require more support.

Similarly, the partner manual does emphasise the importance of follow up, but focuses only on follow up with the decision maker. A number of interviewees mentioned that the monitoring form from the UK is required straight after the 1 October actions, and so does not encourage a culture of follow-up and further activities. Furthermore, it does not enquire about achievements regarding commitments from the previous year. The model of follow up should also be widened to include, for example, reflection, more analysis and, crucially, further action where appropriate. This will require year round follow up and support available. The monitoring approach should be reviewed to ensure it encourages and captures follow up and further activities.

### 6.2.3 Specific coordinated global campaign issues

The reasons for using the particular model of older people determining the campaign issue, the policy ask and identifying the decision-maker were identified as: wanting older people themselves to determine the issue; wanting to develop a model of citizen mobilisation and action; and wanting a model that had older people themselves engaging at very high levels rather than NGOs. The objective of ADA is as much about helping people engage in their own advocacy and developing older people’s leaders as it is about policy change.

These elements of the approach used in ADA came through very consistently, and we would see them as a very positive aspect of the campaign. They generate ownership and energy, and greatly increase the campaign’s chance of success. They also build participants’ skills, confidence and appetite for future advocacy work. This is an excellent aspect of the ADA model.

From our interviews, in many countries older people do indeed appear in practice to be making the key decisions, with support from HelpAge International. And it is clear from the interviews that older people, in Latin America in particular, like to have ownership of the campaign, and are clear that they do not want be told what to do by people outside the region.

But this also creates a need to ensure that the policy asks are realistic, as well as keeping pressure on harder issues to resolve (e.g. finding money for pensions). Strategic issues of relevance to many countries may not be consistently addressed when older people are determining their own issues.

There are other downsides to the above mentioned approach, too. Although the campaigning is undertaken under the overall objectives of the Convention on Older People’s Rights and MIPAA, which does provide a measure of clarity and coherence, having the campaign issue determined locally results in discrete, separate campaigns across the world and does not exploit the power of a coordinated campaign. In countries where HelpAge works with a number of partners, it does not even appear unusual to have two (or more) ADA Campaigns taking place. To some extent it has been attempted to build a local-global link on the themes of the MIPAA but this does not appear to translate into providing the opportunity to older people to influence global policies. The only exception to this has been the participation of some ADA-leaders in UN-Meetings in New York. This also reflects little integration with HelpAge International’s policy department in London which does not seem to use the huge number of campaigners developed through the ADA Campaign to push for specific changes in ongoing global policy processes. The international petition remains vague in its asks and without a defined target or deadline. Rather, HelpAge could consider collecting signatures towards a defined goal and with a sense of urgency, mobilising ADA campaigners across the world.

The single-track campaigning approach makes it harder to exploit the power and sense of solidarity that feeling part of a global campaign can generate. If it can be successfully negotiated with a genuine sense of local ownership and leadership, there could be great power in local initiatives taking place in the context of a more specific, collectively owned, global goal; as one interviewee suggested, pursuing a more intensive and extensive campaign on policy issues identified by older people as priority.

There is clearly a level of trade off to be made between globally agreed frameworks and local autonomy. However, when there is resistance to something coming from outside, it is often down to a feeling of it being imposed from the centre/UK/HQ. Therefore one way to mitigate resistance to adopting global frameworks can be to develop these frameworks participatively, and agree them ‘horizontally’ between countries.

Sophie Stephens suggested that the campaign should have discussions at local level, with ideas brought up to regional and then national levels – with ADA delegates participating in each level. This makes sense if resources are available. It could be worth having a discussion in each country about the best way to do this. For example, some existing community, regional and national meetings already take place which could be used as an opportunity to discuss older persons’ issues, rather than inventing parallel structures (which would be more expensive). ADA delegations could, for example, get involved in regional development partners’ meetings, and national thematic meetings on social protection, pension, HIV/AIDS, etc, depending on the priorities of that ADA delegation.

### 6.2.4 Sharing across the ADA campaign

There seems to be potential to make more links between the local, regional, national, and global levels of the network.

Sophie Stephens suggested that to ensure that ADA can have a global impact there needs to be an effective network to link the different teams and to develop co-ordinated campaigns. She also suggested that a global network can be used for peer-to-peer learning which will help to ensure successful stories can be developed and repeated elsewhere.

Interviewees wanted more opportunities to share. They like the country examples in the manual, but wanted more opportunities to meet face-to-face. There was a regional meeting in the Philippines for South East Asia last year. It would be worth considering events/conferences at all levels – national, regional and local – helping different networks around the world learn from each other and also developing their capacity to plan different campaign strategies.

Other creative methods for peer-to-peer learning and for more personal links between countries could help successful models to be implemented elsewhere. Online media and communication tools like Facebook, blogs, social network channels and interactive content should move beyond HelpAge London’s social network channels to get partners and older people more involved in country. This may require different approaches, such as use of local internet cafes and mobile phone text messaging, etc. Social media may be a good way of engaging young people in the campaign, too, as highlighted in South Korea (see section 4.2.1). Current website awareness and use is mixed, and the reasons for this should be explored and addressed – more use should be made of partner websites.

As mentioned above, it seems that it is not always clear how the national campaigns are linked to the final campaign goal of a UN convention. A number of countries interviewed mentioned that progress towards global policy changes needs to be shared with countries. This should be incorporated into communications.

### 6.2.5 Media and awareness-raising

The 2011 ADA media report points towards the need to plan media activities, set targets and resource partners to implement media activities in advance. It noted a need for more regional media coverage targeting the biggest media outlets in countries and that it would be useful to involve regional offices of international media like the BBC and establishing relationships with them before 1 October. (See also section 4.2.1).

Thus ADA has already identified some of the key points around media, and implementing these recommendations would enable the campaign to more fully realise the power of the media. The campaigning approach should integrate media and awareness raising from the beginning. This might mean, for example, that some of the activities would be planned to take place several months in advance of a meeting with a decision maker, in order to prepare the ground and begin influencing wider opinion in an understanding of active ageing and the campaign aims.

It would be worth considering whether the success of innovative approaches to media in some countries (for example, in Jamaica where video presentations of key issues which were broadcast on TV generate considerable interest and awareness) can be reproduced in others.

### 6.2.6 Widen the focus for campaign action from 1 October

Some interviewees liked the 1st October focus, as they find it easier to pull people (and the government) together. Interviewees in the Latin American and Asia Pacific regions, in particular, identified the focus on this date as powerful in its symbolism. As one interviewee from Latin America put it: “We live by symbols. The 1st of October is a symbol and the government made a commitment to celebrate this day. [...] There is a ‘1st of October mystique’. The date symbolises a movement.”

There are clear advantages to this tactic. It gives a natural focus and lifecycle to the campaign and lends itself well to feelings of global solidarity and the associated sense of power. On the other hand, this timing will not always be advantageous to local advocacy agendas and there is potential for major lost opportunities if key natural campaign moments fall at other times of the year. Momentum may be lost if the focus is not maintained throughout the year.

Many countries interviewed felt that an increase in activities throughout the year would be beneficial. In a number of countries, this has already occurred, with the campaign developing from a one off event in October, to an ongoing process. 2012, for the first time, sees activities in many ADA member countries around World Health Day on 7th April and World Elder Abuse Awareness Day on 15 June. Although this creates an opportunity to follow up on health or abuse-related policy asks and spreads activities across the year it will have to be closely monitored whether the focus on another World Day risks similar pitfalls as those mentioned around 1st October. Overall, there is a strong argument for developing a year-round campaign, while retaining the particular focus on 1 October.

As noted in section 6.2.2, campaign monitoring is focused on the completion of a monitoring form at the end of October. This approach, and the funding process, also encourages a focus on October 1st, and not on subsequent follow-up or on undertaking activities at other times in the year. This should be reviewed.

### 6.2.7 Manage expectations

It became evident during interviews conducted for this report that expectations were sometimes very high. As described in section 4.2.2, a number of older people talked of being disappointed that their expectations had been raised, but then not fulfilled. Some of them talked about being tired: “Older people get very excited and when promises are not fulfilled they get disheartened and they have to start all over again”, said one Latin American interviewee.

In many ways, this is one of the disadvantages of involving older people in such a central way in the campaign and of them hence having stronger feelings of ownership of it. However, this is not a reason to reduce the involvement of older people. Rather, there should be greater awareness and acknowledgement of this issue, for example in the partner manual and other communications.

### 6.2.8 Increase working with other networks and young people

Working with other organisations, movements or networks has the potential to greatly increase political impact, profile and opportunity. The Sophie Stephens paper rightly pointed out the benefits of working through existing “hubs” that older people are engaged with, such as civil society organisations, church groups, justice/peace networks.

ADA could thus consider joint campaigns with other organisations/movements with similar aims, for example on access to credit, HIV/AIDS, violence against older people, etc. This could include opportunities to involve young people more. The importance of intergenerational solidarity was highlighted by a number of countries as well as the London secretariat during interviews.

### 6.2.9 Targets for the campaign

There are two areas of targets within the ADA campaign that could be reviewed:

**Petition**

The ADA petition started in 2008 and has so far collected over 32,000 signatures. The plan for the petition is to either present it to the OEWG or to the MIPAA Review launch, and to continue to use the ADA petition (perhaps in other wording) until there is a UN convention for older people’s rights. The petition serves as a focal point for campaign activity, and a sense of being part of a wider movement. The campaigns coordinator for HelpAge International has a target for 2012 of 20,000 more signatures to be added to the campaign.

It is not clear that the petition has been developed to fit into a clearly defined strategy for achieving change. And in these days of petition websites, where an online petition can easily gather 20,000 signatures in a few months, it may not have the hoped-for impact when presented. It would therefore be worth reviewing whether the work involved in gathering petition signatures is the most effective use of time.

**Fundraising within the campaign**

One country requested a two-pronged approach to the Campaign, asking the general public to support and get involved in the Campaign, but also to provide financial support to HelpAge and its activities.

There is no clear “right answer” to this suggestion. On the one hand, this approach might confuse the issue, and weaken the campaigning ask; on the other hand, the approaches could complement each other. The suggestion is worth considering, if it has not already been looked at as part of the project.

## 6.3 Gender

Male/female ratios vary between countries, with some extremes of [almost] exclusively men or women involved in the campaign, as described in section 4.4.1. Efforts should be made to try and ensure sufficient representation from men and women in all countries. Additionally, a gender breakdown should be part of the regular monitoring.

## 6.4 Resources

The capacity of staff and partners to support the campaign varies considerably, both in terms of technical capacity and in actual staff numbers. Resource constraints were mentioned by a large number of countries interviewed. One country mentioned that doing the awareness raising after the major campaign event was not difficult technically but that resources were limited and were exhaustively used during the campaign rallies. Another said that capacity building has not been received the needed focus in the campaign due to limited resources in terms of time and manpower. One of the RCOs mentioned trying to expand into other countries but said it didn't work as there was insufficient capacity and no resources to support them.

ADA is a successful campaign which has much potential to expand, have more impact, and become a sustainable network for campaigning globally.

Many of the recommendations in this report will require further resources, and it is understood that some recent funding proposals already include a capacity-building element. In particular, there are a number of specific areas in which increased resources would have a significant benefit:

* More training for older people, as it is currently generally very limited (see section 4.4.1)
* Capacity-building for organisations and staff on advocacy work and campaigning as it is a new area for many of the partners. Better adapted campaign materials (see section 6.5)
* Enabling countries to widen their activities and involve other organisations
* Enabling the campaign to be implemented throughout a country
* Expanding the campaign into other countries

# 7. Conclusions

The Age Demands Action Campaign has shown some impressive achievements. Not only did it grow from 27 countries in 2007 to 59 participating countries in 2011. It also mobilised a significant number of older people to campaign for their rights. For example, since 2008, 32,213 people have signed a global petition calling for equal rights for older people and, in 2011, ADA engaged over 62,000 campaigners. It has achieved some significant improvements for older people’s lives. In 18 municipalities or provinces around the world older people achieved changes for the betterment of their lives. Although attribution of policy changes to ADA is difficult, it is extremely likely that the activities of ADA have in many countries contributed to important breakthroughs. 21 countries made progress on Older People Policies, or Policies including older people;7 countries created National Older People Committees; in 4 countries HelpAge was invited to contribute to Older People Policies; 17 countries made progress on extending coverage of pensions or other social protection policies or is in the process of reviewing these policies; in 11 countries, older people saw improvements in their access to health services; 7 countries implemented improvements to other public services such as transport or housing; and 3 countries investigated older people’s issues with a view to change. At this stage it is difficult to assess the outcomes and impact of these changes in quantitative terms but it can be assumed that in the medium to long term they will contribute significantly to HelpAge’s objectives of more secure incomes, better access to health services, resilience in the face of humanitarian emergencies, challenging age discrimination and a global network of organisations to improve their work with and for older men and women. It appears that organisations that carry out an analysis of what they can demand and those that have a strong popular base are more successful. These organisations are more mature; they do follow up on the demands and are influential within the political arena. For example, in Peru the association of older people made agreements with all the presidential candidates and Humala incorporated their demands in his election manifesto. At present, this association is demanding the fulfilment of the agreement.

Another important element in advancing the objectives of the ADA Campaign is to raise public awareness about older people’s issues. A range of awareness raising activities around the focal day of the Campaign – the International Day of Older Persons on 1st October – have contributed to an estimated 50 million listeners and viewers having heard of the issues at stake in 2011 alone. The total number of media hits in 2011 (including print, digital, radio spots, press conferences and television coverage) more than doubled from 133 in 2010 to 321. Nationally, as well, the figures indicated an increase. For example, in Fiji 25 broadcast and print media items means that up to 80% of the population are estimated to have heard about the campaign.

In 2010, ADA published its first **global perception survey** to get feedback on the experiences of older people, called **Insights on Ageing**. Over 1,250 people over the age of 60 in 33 countries across Africa, Asia, Europe and the Caribbean responded. A partner survey was also conducted, which found that 100% of ADA partners enjoyed being part of the campaign; 52% of ADA partners said that the campaign achieved immediate change for older people in their country; 86% of partners said that ADA had built the capacity of older people to lead advocacy work with their governments; 95% of partners said that ADA raised the profile of ageing issues in their country; and 100% of ADA partners would be interested in joining an ADA Campaign Network to campaign globally and locally on key issues relevant to older people.

The capacity building element towards campaign actions on 1st October has probably had the biggest impact of the campaign as it has built older people’s confidence and self-esteem, including in claiming their rights and entitlements in negotiations with decision makers. All respondents in case study countries were proud to be involved and to feel that at ‘their age’ they could still contribute to society. The Campaign has ‘given them a voice’. Those interviewed had got involved in the campaign for a range of reasons, including as a religious obligation, to help others and as a social activity – as involvement in Campaign activities itself reduces social exclusion and provides opportunities for social interaction. Many of them see involvement as a rare opportunity to do something positive.

The Campaign has proved to be extremely good value for money[[18]](#footnote-18): The London expenditure in the years 2008-11, per older person with the potential to benefit from new or improved policies is extremely low and very good value for money. Based on data available from 13 countries (a quarter of those involved in the ADA), the cost to HelpAge London has been just €0.12 per older person. In 12 of these countries, the cost was less than 10 Euro-cents per older person, with 7 countries achieving positive policy changes on expenditure of less than 1 Euro-cent per person.

Although the Campaign has had good successes, a number of recommendations regarding management issues have been made. Many of the interviewees felt that more could be done in terms of duration and depth of capacity building, and in timing of material distribution. It has been noted that there could be some efficiency gains by organising tasks such as translation centrally. Concerning M&E-processes the campaign needs to plan more carefully in line with HelpAge’s corporate indicators to facilitate better monitoring and evaluation. Reporting mechanisms also need to be aligned with indicators in any future logframe. London tracking of funding should include local and overhead funding for a more complete VfM-analysis in future. The consultants also recommend M&E training for campaigns staff in London and possibly in regional and/or country offices to facilitate future analysis of successes and potential improvements of ADA.

Furthermore, the report recommends the use of a wider variety of campaigning strategies. Although decisions on exact activities to be undertaken are decided in each country, the single-track campaign approach of identifying an issue, formulating a policy ask and meeting a decision maker should become more flexible. This requires further capacity building of older people and ADA leaders so that they are not only able to identify a policy change they would like to see but also the best tactic to achieve a goal by analysing influencing routes, for example. This can build more capacity and ownership, and means that the success of the campaign no longer rests completely on being able to access a particular individual decision maker directly.

HelpAge should also integrate the global policy asks better with the country campaigns by mobilising its campaigner base to push for policy changes at the global level. For example, it could consider collecting signatures towards a defined goal and with a sense of urgency. It has also been suggested that there could be discussions at local level, with ideas brought up to regional and then national levels – with ADA delegates participating in each level. This makes sense if resources are available. It could be worth having a discussion in each country about the best way to do this. For example, some existing community, regional and national meetings already take place which could be used as an opportunity to discuss older persons’ issues, rather than inventing parallel structures (which would be more expensive). ADA delegations could, for example, get involved in regional development partners’ meetings, and national thematic meetings on social protection, pension, HIV/AIDS, etc, depending on the priorities of that ADA delegation.

This also ties in with the consultants’ recommendations on better sharing of experience. There was great appetite among campaigners for more face-to-face meetings to exchange experience and strategies. This could not only fulfil capacity building aims but also widen the available toolkit of campaigning strategies. It should be built into future funding proposals. Capacity building should in fact be a major focus of the campaign in the next few years, and it is understood that this has already been incorporated into proposals. “With more resources to cover trainees’ expenses, a better training could be done with longer durations of the basic training and more rehearsal sessions”, noted one interviewee. If older people are to be able to ‘negotiate with decision-makers, strategise and leverage support from media/influential individuals’, this area needs significant improvement.

Many countries interviewed felt that an increase in activities throughout the year – and leading up to October 1st – would be beneficial, in terms of momentum, keeping people involved, raising awareness and hence having more impact. In a number of countries, this has already occurred, with the campaign developing from a one off event in October, to an ongoing process. And in 2012, there was also a campaign “Age Demands Action on Health” around World Health Day on 7th April.

To sum up, there have been many successes: older people have learned to plan a campaign and raise respect for themselves and awareness around older people’s issues; they have been involved in decision making around the issue area to be addressed and thus helped ADA reflect local environments; they were successful in involving national, provincial and local governments; and resources have been spent effectively. HelpAge should be congratulated on all these

# Annexes

1. Terms of Reference
2. Review Criteria
3. HelpAge Strategy to 2015 Indicators
4. PPA Logframe
5. Communications Chart
6. List of Interviewees
7. Survey Questions & Guidelines
8. Value for Money Calculations
9. Country Summary

## Annex 1: Terms of Reference

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**TOR for Assessing the Impact of Age Demands Action**

**HelpAge International** helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.Our work is strengthened through our global network of like-minded organisations – the only one of its kind in the world.

HelpAge’s strategy to 2015 has 5 global actions. One of these is to build global and local movements that enable older men and women to challenge age discrimination and claim their rights.

**Age Demands Action** (ADA) is a global campaign that aims to combat age discrimination wherever it exists. 1 October is the UN International Day of Older People and is the key day of activism for the campaign. Core to the campaign are meetings between delegations of older women and men and their governments to discuss practical issues and deliverable solutions. Many of the delegations meet Ministers some meet Heads of State. The delegations are primarily formed of older people with direct experience of the issues under discussion. In addition to requests for government action, many ADA campaigns mobilise the public through of awareness raising and celebration. For example older people organise public events to engage media and people of all ages through marches, street theatre, petition signing, debates and surveys.

The campaign was launched in 2007 in 27 countries, and has already doubled in size: proof of the energy that is igniting globally. Many activists are finding their voice for the first time in their lives. Often sidelined for many years, they’re now sitting down with political leaders to speak from the heart about what they need.

Through ADA, HelpAge is building a global network of campaigners who will be a key to creating a sustainable political movement that enables older men and women to claim their rights. In a number of countries the campaign has developed from a one off event to an ongoing process e.g. in Tanzania, Ethiopia and Jamaica ADA is part of a wider programme to advocate for social pensions and health care. Increasingly older people represent ageing issues in regional and global forums.

For further details see[www.agedemandsaction.org](http://www.agedemandsaction.org)

**Impact and attribution**

ADA has become embedded in the organisation and our global network. The campaign succeeds on several levels, policy and public awareness. From increased cash transfers for older people in Kenya to laws to protect older people from abuse in Vietnam and discounted transport fares in Pakistan, Age Demands Action has offered incredible older people to win real change.

In addition to policy changes, the campaign gives opportunity to older people to inform the public of different ages that age discrimination exists and older people rights should be protected. For example, in **Bolivia** hundreds of older people took part in a march in the main city square to raise awareness of older people’s rights. In addition, TV spots were broadcasted on all the TV monitors in Bolivian Bank. In **Nepal**, a signature campaign was held at three different places in Kathmandu city. The purpose of the campaign was to raise awareness among family members, students, school teachers, neighbours and civil societies as well as government institutions on the elderly issues. Altogether 15,000 people signed a banner to demonstrate their support for the campaign. The delegation submitted the signatures to the Honourable Prime Minister Madhav Kumar Nepal.

The campaign has massive national media coverage. For example in **Fiji**, the campaign was widely covered across different media channels with at least 30 newspaper articles appearing in print and on the web. The campaign was covered on both TV and Radio making the main Fiji TV news on two consecutive days. The fantastic media coverage reached approximately 80% of the population which listened to the call that "Age Demands Action".

All of these are achievements of the campaign which have been difficult to assess particularly as the campaigns are national and the policy asks vary per country.

**Scope of consultancy**

We are in a process of developing a 3 year funding proposal which will cover all the elements of the campaign and will fund at least 80 countries. This proposal will be pitched to high level donors such as the World Bank, Ford Foundation..etc.

The consultant will develop and assess the success of the campaign over the past five years, both in terms of policy and public awareness/behaviour change. This will include the review of ADA documents and discussions with in-country partners and our beneficiaries (ADA leaders and delegates). The assessment report will be added in the 3 year proposal, showing how the campaign made positive changes to citizens and politicians. The consultant will be free to develop its own tools for assessment and develop an M&E framework for Age Demands Action.

**Outputs**

* Evaluation Report from the 5 years of campaigning (looking at policy and awareness raising)
* Recommendations for delivering positive campaign for 3 years
* Framework for monitoring outcomes for the next 3 years

**Qualifications**

* Extensive experience conducting impact assessment of global projects
* Knowledge and experience with current monitoring and evaluation models (outcome mapping, theory of change).
* Understanding of global campaign work, especially grassroots campaigns
* Strong experience working with or for high level donors
* Knowledge of public policy and international development
* Well versed in qualitative and quantitative analysis
* Familiarity with ageing issues
* Excellent writing skills

**Application details**

Please submit CV, Cover Letter and 1-2 samples of your work relevant to this project to: [hai-hr@helpage.org](mailto:hai-hr@helpage.org)

**Application deadline**

26 January, 2012

*Position open until filled*.

## Annex 2: Review Criteria

**Assessing the Impact of the Age Demands Action Campaign**

**Scope of consultancy**

The consultant will develop and assess the success of the campaign over the past five years, in terms of policy, public awareness/behaviour change and value for money. This will include the review of ADA documents and discussions with in-country partners (ADA leaders and politicians). The assessment report will be included in a 3 year funding proposal, showing how the campaign made positive changes to citizens and politicians. It will also be used for DFID evaluation of the PPA funding.

**Evaluation Criteria:**

1. Policy Change
   1. Genuine attribution due to ADA
   2. What political leaders think about the campaign
2. Public Awareness
   1. Media coverage, online visits, increased public engagement
   2. What older people think about campaign, interest in joining
3. Value for Money
   1. Budget breakdown per country, admin vs. country costs, time spent in field by Programme Officers/RCOs on the campaign in comparison to the results
4. Building advocacy capacity
   1. Evidence that older citizens are more able to negotiate with decisions makers, strategise and leverage support from media/influential individuals

**The Consultant will:**

1. Conduct desk research from the above criteria
2. Look into gender balance (difference in campaign experience between older men and women)
3. Select 6 countries (2 successful, 2 moderate, 2 with no-real progress) and conduct an in depth evaluation in the countries
   1. Include approximately 25-30 skype interviews with: 10 older people, 8 Regional/Country coordinators and 6 politicians
   2. Interviews must be gender balanced
4. Develop online survey that will measure the outcomes of the campaign for years to come (similar to the Insight of Ageing survey from 2010).
5. Recommend how to improve capacity of RCOs, coordinators and older people in campaign/advocacy, developing new campaign tactics and selecting the right political leaders to lobby.

**Proposed Timeline:**

|  |  |
| --- | --- |
| Days | Action |
| 3 | Planning and Preparation |
| 5 | Desk Research |
| 10 | Telephone interviews with campaign officers, older people and politicians |
| 3 | Draft report |
| 3 | presentation of findings and revisions |

**Days:** 25-35

**Deadline:** Good draft must be completed by **30 March, 2012**

## Annex 3: HelpAge Strategy to 2015 Indicators

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Strategy to 2015 Indicator** | **Output and outcome indicators** | **Baseline at March 2011** | **Predicted by March 2012** | **Target by March 2013** | **Change for 2012 - 2013** |
| **We will enable older men and women to access a secure income** | | | | | |
| **20 per cent more older men and women in 30 low- and middle-income countries are receiving state non-contributory pensions or benefits** | No. of countries where HelpAge provides technical assistance to governments on social protection (pensions/benefits) | 17 countries | 21 countries | 27 countries | New engagements for Indonesia, Moldova, Sudan, Grenada & St. Vincent |
| Coverage and value of new or improved social protection schemes (benefits/pensions) | Zero - data shows cumulative additional benefits | £233m per annum to 2.6m older people | £587m per annum to 6.4m older people | Further growth of £350m committed for 3.8 million more older people.  Largest rises predicted in Thailand, China & Tanzania |
| **Households containing older men and women experience sustained improvements in their income and food security in 25 countries** | No. of older people’s associations (OPAs) involved in income generating work | 2996 OPAs including 59,000 members | 4300 OPAs including 106,000 members | 5072 OPAs including 137,000 members | Further growth of 750 OPAs and 30,000 members  Largest growth in India, Kenya and Pakistan. |
| No. of older people working to reduce shocks (disaster risk reduction, seasonal poverty, drought and so on) | 89,000 older people | 114,000 older people | 143,000 older people | Further growth of 30,000 older people.  Largest rises in Bangladesh, Indonesia, Pakistan |
| No. of older people getting new access to financial services | 38,000 older people of whom 57% are women | 57,000 older people of whom 58% are women | 83,000 older people of whom 58% are women | Further growth of 25,000 older people.  Largest increases in Bangladesh, India, Uganda & Vietnam. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Strategy to 2015 Indicator** | **Output and outcome indicators** | **Baseline at March 2011** | **Predicted by March 2012** | **Target by March 2013** | **Change for 2012 - 2013** |
| **We will enable older men and women and those they support to access quality health, HIV and AIDS and care services** | | | | | |
| **Older men and women in 15 countries can prevent and manage chronic illness** | No. of countries providing new geriatric/non-communicable disease training for its health professionals | 13 countries | 16 countries | 22 countries | New engagements/programming in 6 countries, including: China, Ethiopia, Haiti, Nepal, Sudan & Pakistan. |
| **Older men and women in 20 countries receive guaranteed free access to age-friendly health services** | No. of older people reporting increased access to health services | 229,000 older people of whom 59% are women | 407,000 older people of whom 57% are women | 564,000 older people of whom 59% are women | Further growth of 160,000 older people.  Largest increases in Bolivia, DR Congo, Tanzania, Uganda & Cambodia. |
| **Older men and women in 12 countries receive appropriate HIV and AIDS services** | No. of governments increasing access to Anti-Retro Viral treatment or support services for older people and family members living with HIV | 5 countries | 8 countries | 8 countries | No changes in government policy or programmes predicted this year. |
| **Older men and women receive a range of appropriate primary healthcare services in 25 countries** | Total numbers of older people receiving improved access to community based care | 25,000 older people of whom 66% are women | 54,000 older people of whom 64% are women | 88,000 older people of whom 64% are women | Further growth of 20,000 older people.  Largest increases in Pakistan, DR Congo and India. |
| No. of older people reporting improved health status (through improved access, service delivery, self-care, improved income, etc) | 141,000 older people with minimum 60% women | 247,000 older people with minimum 60% women | 377,000 older people with minimum 60% women | Further changes for 130,000 older people.  These figures are estimated (using a %age of older people involved in our programmes). Further work to test our estimates will be a priority action for us in 2012 – 13. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Strategy to 2015 Indicator** | **Output and outcome indicators** | **Baseline at March 2011** | **Predicted by March 2012** | **Target by March 2013** | **Change for 2012 - 2013** |
| **We will enable older people to actively participate in and be better supported during emergency and recovery situations** | | | | | |
| **Older men and women receive direct assistance from us and our partners to prepare for, withstand and recover from emergencies** | No. of countries where we provide humanitarian assistance or recovery programmes | 20 countries | 21 countries | 21 countries | Growth cannot be predicted, but we will respond to new emergencies wherever feasible.   Eight countries beginning the year with ongoing response or recovery programmes. |
| Total numbers of people benefiting from emergency response and recovery programmes | 170,000 people of whom 58% are women | 207,000 people of whom 59% are women | 275,000 people of whom 59% are women | Further 70,000 people receiving assistance.  Largest increase predicted in Ethiopia, DR Congo, Haiti, Pakistan |
| **Ten major humanitarian agencies recognise and respond to the needs and capacities of older men and women in emergency preparedness, response and recovery** | No. of countries where we work to improve national disaster preparedness and response plans | 20 countries | 24 countries | 25 countries | New engagements planned in Indonesia. |
| No. of humanitarian agencies that specifically respond to older people's needs in their policy and programmes | 6 agencies | 8 agencies | 9 agencies | New work planned with SC UK/International. |
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| **Strategy to 2015 Indicator** | **Output and outcome indicators** | **Baseline at March 2011** | **Predicted by March 2012** | **Target by March 2013** | **Change for 2012 - 2013** |
| **We will build global and local movements that enable older people to challenge age discrimination and claim their rights** | | | | | |
| **Older men and women lead community action to realise their rights to services and practical support in 25 countries** | Overall number of older people’s associations (OPAs) being worked with | 2811 OPAs with 364,000 older people as members of whom 56% are women | 4153 OPAs with 422,000 older people as members of whom 56% are women | 4947 OPAs with 496,000 older people as members of whom 56% are women | Further 800 OPAs established, with 75,000 members.  Growth in most countries, with largest rises in Bolivia, China, India, Peru and Tanzania. |
| No. of older people’s associations monitoring government service delivery | 990 OPAs with 24,000 older people | 1282 OPAs with 36,000 older people | 1816 OPAs with 51,000 older people | Further 500 OPAs established to monitor services.  Largest rises in Bangladesh, India, Pakistan & Tanzania. |
| Total number of older people assisted to claim existing entitlements | 76,000 older people of whom 63% are women | 130,000 older people of whom 60% are women | 242,000 older people of whom 61% are women | Further 110,000 older people supported.  Largest rises predicted in Bolivia, Tanzania & Vietnam. |
| **Older men and women are helped by work that prohibits or reduces discrimination against them in 15 countries** | No. of countries where we work to prohibit or reduce specific issues of abuse or discrimination of older people | 8 countries | 10 countries | 13 countries | New programming in Haiti, Uganda and Kenya. |
| No. of older people taking action locally around specific rights abuses and exclusion from services | 28,000 older people of whom 54% are women | 47,000 older people of whom 53% are women | 67,000 older people of whom 56% are women | Further 20,000 community activists mobilised and supported.  Largest rises in Haiti, Pakistan and Vietnam. |
| No. of countries where HelpAge is producing reports to UN or other rights mechanisms (including CEDAW or the UN Human Rights Council) | 6 reports from 5 countries | 11 reports from 7 countries | 15 reports from 9 countries | 4 additional reports including new work from Mozambique and Jamaica. |
| **A global group of one million committed supporters is developed by key HelpAge Affiliates** | Total number of supporters (OPA membership, campaigners/activists, individual donors, etc.) | 365,000 people | 551,000 people | 610,000 people | Growth through our country programming work, increased Age Demands Action participation, individual sister Affiliate donors. |

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| **Strategy to 2015 Indicator** | **Output and outcome indicators** | **Baseline at March 2011** | **Predicted by March 2012** | **Target by March 2013** | **Change for 2012 - 2013** |
| **We will support a growing global network of organisations to improve their work with and for older men and women** | | | | | |
| **120 Affiliates, adopting the HelpAge values and visual identity, form a global network shaping and supporting a common agenda and leading national, regional and international initiatives** | No. of Affiliates | 88 Affiliates | 94 Affiliates | 100 Affiliates | New Affiliates from at least Ukraine, Colombia, Sweden, Finland, Brazil and Nepal |
| No. of Affiliates taking on lead role in network initiatives | 8 Affiliates | 10 Affiliates | 12 Affiliates | Affiliates reporting a stronger sense of role in the network and evidence of increasing leadership of network initiatives |
| New leadership by our Peruvian Affiliates | New leadership by our Indian Affiliates on rights and health. |  |
| No. of countries where Affiliates are leading the network programme | 41 countries | 42 countries | 43 countries | HelpAge Spain will increasingly take leadership. We are also undertaking feasibility and change management work in Cambodia. |
|  | Affiliates are now leading the programme in Peru since 2011-12. | Greater independence by HelpAge Spain. |
| **Global and national campaigns take place in 50 countries to demand changes in laws and policies to respect the rights of older men and women** | No. of countries where older people are involved in national level action for improved services | 51 countries with 0,000 participants | 59 countries with 62,000 Age Demands Action participants | 60 countries with 65,000 Age Demands Action participants | Forward emphasis on “depth” of campaigning and outcomes achieved. |
| No. of countries where we work to promote national policies, plans and/or laws on ageing | 25 countries | 27 countries | 30 countries | New engagements for Dominican Republic, Indonesia and St. Vincent and/or Suriname. |
| No. of older people with potential to benefit from new or improved policies | Zero - refers only to new policies passed | 1.3m older people of whom 54% are women | 2.6m older people of whom 55% are women | Policy change objectives identified in 14 countries, relating to social protection access, health/HIV policies and National Ageing Policies or plans. |
| **Awareness in the UK and five OECD countries of the international ageing agenda is raised through campaigns and development education** | Total awareness/reach and value of HelpAge brand (with narrative examples of success) (revised indicator) | Not included - new indicator | 50,000,000 people reached, with a brand value of US$0 | 55,000,000 people reached, with a brand value of US$0 | Work will be undertaken to implement measurement of the reach and impact of our work using commercial sector brand value tools. |

## Annex 4: PPA Logframe

**HELPAGE INTERNATIONAL DRAFT/INDICATIVE PPA LOGFRAME**

Note: baselines, milestones and targets to be confirmed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **GOAL** | **Indicator** | **Baseline + year** | **Milestone 1 (end of PPA year 1)** | **Milestone 2 (end of PPA year 2)** | **Target (end of PPA year 3)** |  |
| Older men and women fulfilling their potential to lead dignified, active, healthy and secure lives | Number of OP living on less than $1 per day (MDG1) |  |  |  | 50% reduction by 2015 |
| **Source** | | | |
| Household expenditure surveys. National statistics available. Social protection impact studies | | | |
| **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** |
| Increase in children in care of older people in school (MDG2) |  |  |  | Equal access for children in care of older people |
|  | | | |
| Social protection impact studies. National data | | | |
| **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** |
| More older people (esp women) in decent paid work (MDG3) |  |  |  | 20% more employed older people earning at least $1 per day |
| **Source** | | | |
| Household surveys | | | |

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| **PURPOSE** | **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** | **Assumptions** |
| Poor older men and women and their dependents having equitable access to and benefitting from relevant services and social protection | Coverage/value of new/ improved social protection (SP) cash transfers to older people & families | 0 (new only) |  |  | £500m pa to 5m OP | Impact studies provide data that can be extrapolated to national level.  Self reporting of health status can be correlated to national prevalence/ morbidity data  Inclusion in programmes implies impact  Policy changes achieved within PPA timeframe are milestones to later outcomes |
| **Source** | | | |
| Monitoring of SP schemes. Impact studies of sample | | | |
| **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** |
| Increased no. of older people (OP) (esp women) accessing financial services |  |  |  | 50% OP in projects |
| **Source** | | | |
| Records of policy change in finance institutions. Sample studies | | | |
| **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** |
| No. of older men and women reporting improved health status | tbc |  |  | 70% OP in projects |
| **Source** | | | |
| Sample surveys in relevant project areas | | | |
| **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** |
| No. of other development actors including OP in their programmes | tbc |  |  | 30 |
| **Source** | | | |
| Monitoring by country/regional offices. Case studies | | | |
| **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** |
| No of older men and women with potential to benefit from new/ improved policies | 0 (new only) |  |  | 50m OP |
| **Source** | | | |
| Tabulation of policy announcements and potential impacts | | | |

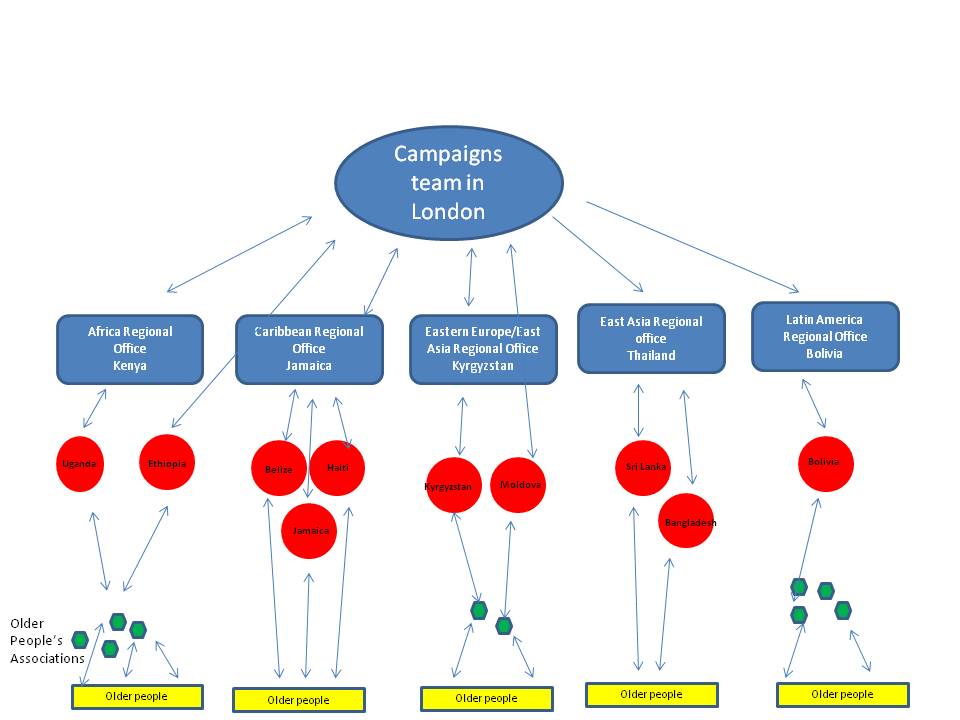
|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OUTPUT 1** | **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** | **Assumptions** |
| Older people holding their governments to account at local level for the delivery of existing services | No of OP and their associations in dialogue with service providers | 1,500 OPAs /30,000 OP (2010) |  |  | 2,000 OPAs/ 40,000 OP in 20 countries | Legal support and access to documentation provide models for wider replication of claims  Health services are of sufficient quality that improved access produces positive health outcomes |
| **Source** | | | |
| Aggregated project monitoring data | | | |
| **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** |
| No of OP (M/F) assisted to claim entitlements | 56,000 (70% F) (2010) |  |  | 100,000 |
| **Source** | | | |
| Aggregated project monitoring data | | | |
| **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** |
| No of OP (M/F) reporting improved access to appropriate health services | 107,000 in HAI projects (2010) |  |  | 200,000 |
| **Source** | | | |
| Aggregated data from project monitoring | | | |
| **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** |
| No of older people (M/F) taking action locally on specific rights abuses | tbc |  |  | 30,000 |
| **Source** | | | |
| Aggregated data from project monitoring | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **OUTPUT 2** | **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** | **Assumptions** |
| Capacity of governments, private sector and other service providers to deliver for older people increased | No of government and other staff trained in age-relevant issues (inc health, SP, DRR, rights etc) | 0 (2010) |  |  | 5,000 in 30 countries | Government staff capacity is a key constraint to tackling ageing issues  Previous efforts to get governments to disaggregate HIV data beyond age 49 start to produce results  Key influencing objectives are achieved with modest scaling up of HAI’s own responses |
| **Source** | | | |
| Aggregated project data | | | |
| **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** |
| No of countries providing new basic geriatric/NCD training for health professionals | 0 (2010) |  |  | 10 |
| **Source** | | | |
| Aggregated project data | | | |
| **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** |
| No. of governments that increase access to ARVs/caring & support for OP and HIV+ family members |  |  |  | 8 gov’ts |
| **Source** | | | |
| Sample surveys in project areas. Monitoring of ‘road map’ for caring/support to be produced Nov 10 by UK AIDS Consortium | | | |
| **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** |
| No. of older men/women & their families benefitting directly from HelpAge’s humanitarian response programmes | 400,000 (2010) |  |  | 1,000,000 |
| **Source** | | | |
| Aggregated project data | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OUTPUT 3** | **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** | **Assumptions** |
| Capacity of older people and NGOs to provide complementary services and support at community level increased | No of OP (M/F) receiving improved access to community based care services | 49,000 in HAI projects (2010) |  |  | 100,000 |  |
| **Source** | | | |
| Aggregated project monitoring data | | | |
| **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** |
| No. of older men/women leading activity to mitigate impact of shocks | tbc |  |  | 100,000 |
| **Source** | | | |
| Aggregated project data with respect to seasonal poverty, climate change and disaster risk reduction | | | |
| **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** |
| Number of OPAs/OP involved in income generation activities | ~1,000 (tbc)/20,000 |  |  | 2,000/40,000 |
| **Source** | | | |
| Aggregated project data | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **OUTPUT 4** | **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** | **Assumptions** |
| Advocate for policy changes that recognise rights and needs of older people | No of countries where OP involved in national level action for improved services | 50 (2010) | 55 | 60 | 65 | Citizens able to influence government at national level  High quality technical advice influences policy processes  Governments are influenced by reporting processes around UN instruments |
| **Source** | | | |
| Monitoring of Age Demands Action project | | | |
| **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** |
| No of countries where HelpAge providing technical assistance to governments on new SP mechanisms | 7 (2010) | 11 | 15 | 21 |
| **Source** | | | |
| Project records | | | |
| **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** |
| No of countries where accountability to existing rights mechanisms and commitments is reported | **0** | 2 CEDAW & 2 wider & MIPAA+10 | 4 CEDAW & 4 wider | 6 CEDAW & 7 wider |
| **Source** | | | |
| ‘Shadow’ reports to CEDAW & wider UN rights instruments inc MIPAA + 10 years | | | |
| **Indicator** | **Baseline + year** | **Milestone 1** | **Milestone 2** | **Target** |
| No of humanitarian agencies who recognise and respond to older people’s needs in their policy and practice | 3 (2010) Merlin/ICRC/UNHCR |  |  | 14 |
| **Source** | | | |
| Tracking of IASC reports and flash appeal/ CAP budgets | | | |

## Annex 5: Communications Chart



## Annex 6: List of Interviewees

|  |  |  |  |
| --- | --- | --- | --- |
| **Country** | **Position** | **Name** | **Interview Date** |
| Bolivia | Regional Communication Officer (Latin America Region), HelpAge | Ms Maria Isabel Rivera | 20 March 2012 |
| Jamaica | Regional Director (Caribbean), HelpAge | Mr Jeff James | 26 March 2012 |
| Kenya | Regional Communication Officer (Africa Region), HelpAge | Gacheru Maina | 28 March 2012 |
|  | Older Man | Paul Muthee Njoroge | 29 March 2012 |
|  | Older Woman | Rhoda Ngima Kariuki | 29 March 2012 |
|  | Programme Officer, HelpAge Kenya | Agnes Pondo Nyambare | 29 March 2012 |
| Moldova | Country Officer, HelpAge Moldova | Ms Tatiana Sorocan | 4 April 2012 |
|  | Minister for Labour, Social Protection & Families | Mrs Valentina Buliga | 30 March 2012 |
|  | Older Woman | Mrs Galina Cecalev  (translation: Ms Dina Sava, HelpAge Moldova) | 2 April 2012 |
| Panama | Joint Country Coordinator, Association of Master Athletes of Panama and University of the Third Age | Ms Edilia Camargo | 16 March 2012 |
|  | Panama Secretary of FIAPAM (Hispanoamerican Federation of Older People); Manager of University of the Third Age | Ms Argenida de Barrios | 23 March 2012 |
|  | Joint Country Coordinator, Older Man, Gynaecologist and Oncologist, Panamanian Association for the Fight against Cancer | Dr Alvaro Aguilar | 23 March 2012 |
|  | Older Man, President of the Association of Master Athletes, Member of Association of older adults and the third age | Mr Cesar Centella | 23 March 2012 |
| Pakistan | Country Coordinator for ADA Campaign 2011, HelpAge | Mr Anwar Sadat | 21 March 2012 |
|  | Older Woman | Ms Ghulam Zuhra  (translation: Mr Kashif Siddiqui, HelpAge Pakistan) | 29 March 2012 |
|  | Older Man | Mr Shakia Hussein  (translation: Mr Anwar Sadat, HelpAge Pakistan) | 26 March 2012 |
| South Korea | President, HelpAge Korea | Mr. Hyunse CHO | 19 March 2012 |
|  | Older Women:  - Presidents of Bu-cheon OPSHG&Gwank-Ak OPSHG | Ms. Sangyeon AHN  Ms. Bunnyeo HWANG  (translation: Ms. Jinkyoung SONG, HelpAge Korea) | 29 March 2012 |
| Thailand | Regional Communication Officer (East Asia & Pacific Region), HelpAge | Ms Chattip Soralump | 6 March 2012 |
| UK | Campaigns Coordinator, HelpAge International | Ms. Barbara Dockalova | 8 March 2012 |
|  | Director of Communications and Advocacy, HelpAge International | Ms. Jane Scobie | 8 March 2012 |
|  | Assistant Director of Programmes – Asia, Latin America, Caribbean | Mr. Alex Bush | 8 March 2012 |

## Annex 7: Interview Questions & Guidelines

***POLITICIANS***

**Guidelines**

* As far as possible, the ‘interview’ should be considered a discussion, rather than a series of questions.
* Questions can be reworded if someone doesn’t understand what you are asking.
* If the answer to a particular question has already arisen in the course of the discussion, you don’t need to ask the question again!
* The questions below are open-ended. Please do not prompt with possible answers.
* The notes in italics are the key areas we would like feedback on, so if the issue isn’t mentioned in a response, please ask specifically.
* Read through the questions before the discussion, to ensure that you are comfortable with their format and content.
* Begin the discussion by introducing yourself.
* Put the person at ease, as much as you can.
* Things to mention/highlight in your introduction:
  + Thank them for their time.
  + Explain a little about the evaluation that is being conducted and that you are meeting with them to understand and learn some of the views of politicians in contact with the campaign.
  + The discussion is not a test of memory (and there’s not a right or a wrong answer).
  + The evaluation is not to judge individuals, or even the organisation, but to improve the effectiveness of the campaign, and the quality of support that HelpAge provides.
* Explain the format of the discussion and that you’ll need to write things down so you don’t forget anything.
* Before you start, ask them if they have any questions or concerns.

**\*\*\*\*\***

1. What is your role within the government or parliament of XXXXX?
2. Would you consider yourself an ‘older person’?
3. What is the position of older people within your country?

**Looking at the Campaign and yourself...**

1. How much are you aware of the ADA Campaign?
2. What has been your involvement with the ADA Campaign? *(including how long)*
3. How has the Campaign interacted with political leaders?
4. What do you and your colleagues think about the Campaign?
5. Has the Campaign had any effect on you personally? *(details)*

**Looking at the implementation of the Campaign...**

1. What do you think about the Campaign’s approach? How do you think it could be improved?
2. How has the Campaign developed over time? What do you feel about the duration of the campaign?
3. Are you aware of any factors that particularly helped the campaign?
4. What about any obstacles that the Campaign faced?

**Finally, looking at the effectiveness of the National Campaign...**

1. How far do you think the national campaign has been successful? *(With examples)*
2. What has been the government’s/legislators’ reaction to the Campaign? *(pointers below)*
   1. *Has it been able to introduce any changes?*
   2. *Any progress which makes future policy change more likely?*
   3. *Any other changes, not specifically requested, which have benefited older people?*
   4. *Were there any difficulties government/legislators faced in responding to the Campaign’s demands?*

*[Assuming some changes have taken place....]*

1. What has been the role of ADA in bringing about these changes? Would they have occurred without the ADA Campaign? What other factors played a role?
2. Are you aware of ADA’s global campaign?

*[If ‘yes’...]*

1. What activities have been conducted in your country? What effect have they had?
2. The global campaign is trying to achieve a UN convention of older people’s rights. What would be your, or your government’s thoughts on this?

* End the discussion by asking them if there was anything else they wanted to add, which they feel is of interest or importance, or if there are any questions they would like to ask.
* Finally, thank them for their time.

Please type-up the discussion as soon as you can after it has finished, whilst details are still fresh in your mind.

Bullet points are fine.

***REGIONAL COMMUNICATION OFFICERS***

**Guidelines**

* As far as possible, the ‘interview’ should be considered a discussion, rather than a series of questions.
* Questions can be reworded if someone doesn’t understand what you are asking.
* If the answer to a particular question has already arisen in the course of the discussion, you don’t need to ask the question again!
* The questions below are open-ended. Please do not prompt with possible answers.
* The notes in italics are the key areas we would like feedback on, so if the issue isn’t mentioned in a response, please ask specifically.
* Read through the questions before the discussion, to ensure that you are comfortable with their format and content.
* Begin the discussion by introducing yourself.
* Put the person at ease, as much as you can.
* Things to mention/highlight in your introduction:
  + Thank them for their time.
  + Explain a little about the evaluation that is being conducted and that you are meeting with them to understand and learn some of the views of the people involved in the campaign.
  + The discussion is not a test of memory (and there’s not a right or a wrong answer).
  + The evaluation is not to judge individuals, or even the organisation, but to improve the effectiveness of the campaign, and the quality of support that HelpAge provides.
* Explain the format of the discussion and that you’ll need to write things down so you don’t forget anything.
* Before you start, ask them if they have any questions or concerns.

**\*\*\*\*\***

1. Could you start by telling me a little about your role within HelpAge and in the ADA Campaign? *(pointers below)*
   1. *How long have you worked in this role*
   2. *Proportion of time spent on ADA Campaign*
   3. *Role of Regional Communication Officers in the Campaign*
   4. *Relationship between HelpAge UK and Partner NGOs & Sister Organisations*

**Thinking now about the National Campaigns...**

1. On a practical level, how are decisions made, in terms of what to do and how to do it? *(pointers below, & see note on next page)*
2. *Which decisions are made by: HelpAge UK, HelpAge Regional Communication Officer, Partner NGOs, Sister Organisations, and older people?*
3. *What was the role of the other stakeholders?*
4. *How easy / difficult was it to (i) identify an issue, (ii) decide on the policy change?*

*If need help, ask them to consider areas such as: the campaign strategy, the priority issue to address, the specific policy ask, campaign activities, the capacity-building needed, monitoring the campaign? Were alternative strategies/activities/approaches considered?*

1. What support or resources *(e.g. advice, money, materials, time)* did HelpAge UK or yourself provide in terms of? *(pointers below)*
2. *Campaigning skills*
3. *Policy asks/pressure points*
4. *Technical support on policies*
5. *Targets*
6. *Power analysis*
7. *Media relations*
8. *Project management?*
9. How was this? Do you think more or less, or a different sort of support/resources, was needed? What would you have done with more resources?
10. What has been the role of capacity-building in the Campaign?
11. How did you develop older people’s ability to do advocacy independently?
12. How do you measure if capacity has been built?
13. We understand that many of the Campaign activities are focused on 1st October. How helpful do you feel this is, in terms of (i) mobilisation, (ii) capacity building, and (iii) momentum?
14. To what extent do national Campaigns involve existing networks or organisations, either those focused on older people, and those not primarily concerned with older people’s concerns?
15. How did the Campaign develop over time? How do you feel about the duration of the campaign? How is the momentum kept going, in terms of skills, policy asks, involvement of older people?
16. In which ways have you used the website?

**Considering Older People...**

1. How are older people involved in the campaign?
2. I realise it’s difficult, but could you describe a typical older person involved in the campaign.
3. How does the campaign ensure the participation of marginalised older people? *(poor, illiterate)*
4. Within the Campaign, what proportion of Older People involved are men, and women? How do you encourage participation of both men & women?
5. How has the Campaign affected the older people involved in it? How have they changed?

**Finally, looking at the effectiveness of the Campaign...**

1. How is the overall campaign monitored?
2. How do you monitor progress that hasn’t achieved the desired policy change, but which makes future policy change more likely?
3. Have there been any unintended wins that have brought positive change for older people?
4. Have the national or the global campaigns had any negative effects?
5. What are the main reasons you think some campaigns have been successful? *(details & examples)*
6. What are the main reasons you think some campaigns have been less successful? *(details & examples)*
7. What lesson learning and experience sharing opportunities are there for countries involved in the Campaign?
8. How do you think the Campaign could have been improved?
9. What advice would you give to another organisation considering running a similar Campaign?

* End the discussion by asking them if there was anything else they wanted to add, which they feel is of interest or importance, or if there are any questions they would like to ask.
* Finally, thank them for their time.

Please type-up the discussion as soon as you can after it has finished, whilst details are still fresh in your mind.

Bullet points are fine.

***COUNTRY OFFICERS AND PARTNER ORGANISATIONS***

**Guidelines**

* As far as possible, the ‘interview’ should be considered a discussion, rather than a series of questions.
* Questions can be reworded if someone doesn’t understand what you are asking.
* If the answer to a particular question has already arisen in the course of the discussion, you don’t need to ask the question again!
* The questions below are open-ended. Please do not prompt with possible answers.
* The notes in italics are the key areas we would like feedback on, so if the issue isn’t mentioned in a response, please ask specifically.
* Read through the questions before the discussion, to ensure that you are comfortable with their format and content.
* Begin the discussion by introducing yourself.
* Put the person at ease, as much as you can.
* Things to mention/highlight in your introduction:
  + Thank them for their time.
  + Explain a little about the evaluation that is being conducted and that you are meeting with them to understand and learn some of the views of the people involved in the campaign.
  + The discussion is not a test of memory (and there’s not a right or a wrong answer).
  + The evaluation is not to judge individuals, or even the organisation, but to improve the effectiveness of the campaign, and the quality of support that HelpAge (and the sister organisation) provides
  + The information from six case study countries and general information about the campaign will be compiled in a report which will be shared with everyone at HelpAge.
* Explain that they are welcome to act as a ‘spokesperson’ for the sister organisation, if they wish to also provide the opinions of other staff members. This would also mean that the responses can be considered anonymous, as they would be passing on the opinions of a number of people. *(It should be noted, if the person opts to do this)*
* Explain the format of the discussion and that you’ll need to write things down so you don’t forget anything.
* Before you start, ask them if they have any questions or concerns.

\*\*\*\*\*

1. Could you start by telling me a little about your role within XXXXX (Sister Org) and in the ADA Campaign? *(pointers below)*
2. *Job title*
3. *How long worked in this role*
4. *Proportion of time spent on ADA Campaign*
5. *Role of the Sister Org in the Campaign*
6. *Relationship between Sister Org & HelpAge*

**Looking at the Campaign in more detail...**

1. How did you decide what to do, and how to do it? *(pointers below, & see note on next page)*
2. *Which decisions were made by: the HelpAge Secretariat, HelpAge Regional Communication Officer, Sister Organisation, and older people?*
3. *What was the role of the other stakeholders?*
4. *How easy / difficult was it to (i) identify an issue, (ii) decide on the policy change?*

*If need help, ask them to consider areas such as: the campaign strategy, the priority issue to address, the specific policy ask, campaign activities, the capacity-building needed, monitoring the campaign? Were alternative strategies/activities/approaches considered?)*

1. Would you have preferred more (or less) decisions to be taken by the Sister Org? *(Please give details)*
2. What support or resources *(e.g. advice, money, materials, time)* did HelpAge UK or yourself provide in terms of? *(pointers below)*
3. *Campaigning skills*
4. *Policy asks/pressure points*
5. *Technical support on policies*
6. *Targets*
7. *Power analysis*
8. *Media relations*
9. *Project management*
10. *Funding*
11. How was this? Do you think more or less, or a different sort of support/resources, was needed? What would you have done with more resources?

**Looking at the implementation of the Campaign...**

1. Tell me about the Campaign activities you did, and why you chose to do them. *(pointers below)*
2. *What sort of activities were done?*
   1. *Did you use the website to report on an event, share experiences or for anything else?*
3. *Where were the activities carried out?*
4. *Who was involved (just older people, other organisations)?*
5. *When were they done?*

*[If activities were only focused on 1st October....]*

1. How helpful do you find the focus on 1st October? *(getting people involved, building their capacity, keeping things going)*
2. How easy or difficult did you find doing the different activities? *(pointers below)*
   1. *Forming a delegation?*
   2. *Getting to see the relevant decision-maker?*
   3. *Negotiating a solution with them?*
   4. *Doing the awareness-raising after? Using the website?*
   5. *Following up on their policy asks? Did following up on government commitments improve the campaign outcomes?*
3. Which bits of the campaign do you feel went well / badly?
4. What sort of training was provided? *(How did you develop older people’s ability to do advocacy independently? Who provides, to Whom, What etc? Training to Partner NGO, or to older people?)* How can it be improved?
5. How did the Campaign develop over time? How do you feel about the duration of the campaign? How is the momentum kept going, in terms of skills, policy asks, involvement of older people?

**Considering Older People...**

1. How are older people involved in the campaign?
2. I realise it’s difficult, but could you describe a typical older person involved in the campaign.
3. How does the campaign ensure the participation of marginalised older people? *(poor, illiterate)*
4. Within the Campaign, what proportion of Older People involved are men, and women? How do you encourage participation of both men & women?
5. How are ADA leaders/spokespeople chosen? What role do they play in the community? What role do they play within the campaign? Do they play a role at the regional level? What role could or should they play at the international level?
6. How has the Campaign affected the older people involved in it? How have they changed?
7. What do older people say works well/not so well? What needs improvements?
8. What capacity support do the older people (and ADA leaders) ask for?

**Before we discuss the effectiveness of the Campaign, a couple of wider questions...**

1. Tell me about your Campaign Supporters. *(pointers below)*
2. *Who is defined as a ‘supporter’?*
3. *How are they recruited?*
4. *What is their role?*
5. *How many male / female supporters?*
6. *How old? - What % are older/younger people?*
7. *Do you partner with other civil society organisations? What is their role? What do you think about your relationship/communication with them?*
8. How do your country’s activities feed into the global objective of a UN Declaration for the Rights of Older People and/or the Madrid International Plan of Action on Ageing?
9. How easy or difficult was it to collect signatures for the ADA petition? How effective do you think is the petition towards the goal of the UN Declaration for the Rights of Older People? Do you have any suggestions for improvement?

**Finally, looking at the effectiveness of the Campaign...**

1. How do you monitor the Campaign?
2. How far do you think the campaign has been successful? *(With examples – pointers below)*
3. *What changes have you seen?*
4. *Any negative effects?*
5. *Have there been any changes that will make policy change more likely in the future?*
6. *Any unintended wins that have brought positive change for older people?*
7. *Any change in public perception of older people or issues affecting older people?*
8. Was there anything that particularly helped your Campaign, or made it more difficult?

*(If need help, ask them to think about areas such as: local situation, resources available, political support, campaign management, people involved etc – but any responses from prompts MUST be given with more detail (rather than just ‘yes/no’), otherwise the question can be leading, and distort the responses. Also make sure they have opportunity to talk about both things that helped, AND those that made things more difficult )*

1. How do you think the Campaign could have been improved?
2. What sort of contact have you had with the Campaigns in other ADA countries? Have there been any opportunities to share experiences? How would you like to share experiences in the future?
   1. Have you used the website to learn about other countries’ ADA campaigns?
3. What advice would you give to an organisation involved in a similar Campaign in another country?
4. What support would you need to make the campaign effective at regional level?
5. How would you like HelpAge to communicate your campaign results (communication; physical meetings; newsletters, website, social media etc.)

* End the discussion by asking them if there was anything else they wanted to add, which they feel is of interest or importance, or if there are any questions they would like to ask.
* Finally, thank them for their time.

Please type-up the discussion as soon as you can after it has finished, whilst details are still fresh in your mind.

Bullet points are fine.

***OLDER PEOPLE***

**Guidelines**

* As far as possible, the ‘interview’ should be considered a discussion, rather than a series of questions.
* Questions can be reworded if someone doesn’t understand what you are asking.
* If the answer to a particular question has already arisen in the course of the discussion, you don’t need to ask the question again!
* The questions below are open-ended. Please do not prompt with possible answers.
* The notes in italics are the key areas we would like feedback on, so if the issue isn’t mentioned in a response, please ask specifically.
* Read through the questions before the discussion, to ensure that you are comfortable with their format and content.
* Begin the discussion by introducing yourself.
* Put the person at ease, as much as you can.
* Things to mention/highlight in your introduction:
  + Thank them for their time.
  + Explain a little about the evaluation that is being conducted and that you are meeting with them to understand and learn some of the views of older people involved in the campaign.
  + The discussion is not a test of memory (and there’s not a right or a wrong answer).
  + The evaluation is not to judge individuals, or even the organisation, but to improve the effectiveness of the campaign, and the quality of support that HelpAge (and the sister organisation / Partner NGO) provides.
  + The respondent is a ‘spokesperson’ for older people, and so the responses can be considered anonymous, as the older person will be passing on the opinions of a number of people.
* Explain the format of the discussion and that you’ll need to write things down so you don’t forget anything.
* Before you start, ask them if they have any questions or concerns.

**\*\*\*\*\***

1. Could you start by telling me a little about yourself, please. *(age, gender, (ex-) job or livelihood)*
2. How did you get involved in the Age Demands Action campaign? *(How have you heard about the campaign and the opportunity to get involved? Why get involved?)*
3. What has been your role within the campaign? How long have you been involved for?
4. On a personal level, what did you hope to achieve?*(Have you managed to achieve it?)*

**Looking at the Campaign in more detail...**

1. What sorts of decisions were made by older people? *If need help, ask them to consider areas such as: the priority issue to address, the specific policy ask, the campaign strategy, campaign activities, the capacity-building needed, monitoring the campaign?)*

*[For those decisions where older people were involved...]*

1. How easy or difficult was it to *(select as appropriate):*
2. Get together with other older people
3. Identify an issue?
4. Decide on the policy change?
5. For those decisions you were involved in, how much support did you receive to make those decisions? From who? Would you have preferred more (or less) decisions to be taken by older people? *(Please give details)*
6. Apart from helping with decision-making, what other sort of support did HelpAge/the partner NGO provide to the campaign? What sort of support would you have liked from HelpAge/the partner NGO?
7. Were you also involved in the global campaign, for a UN Declaration for the Rights of Older People and the Madrid International Plan of Action on Ageing? How?
   1. How easy or difficult was it to collect signatures for the ADA petition?
   2. How effective do you think is the petition towards the goal of the UN Declaration for the Rights of Older People?

**Looking at the implementation of the Campaign...**

1. Are you an ADA leader? If yes, how were you chosen as an ADA leader?
2. How was the Campaign planned? *(How did you decide on strategy, activities, targets etc)*
3. Can you tell me more about the activities that you did, and why you chose to do them? *(pointers below)*
   1. *What sorts of activities were done?*
   2. *Where were they carried out?*
   3. *Who was involved (just older people, or other organisations - details)?*
   4. *When were they done?*
   5. *Did you use the website to report an event, experience sharing or for anything else?*

*[If activities were only focused on 1st October....]*

* 1. How helpful do you find the focus on 1st October?

1. How easy or difficult did you find doing the different activities? *(pointers below)*
   1. *Forming a delegation?*
   2. *Getting to see the relevant decision-maker?*
   3. *Negotiating a solution with them?*
   4. *Doing the awareness-raising after?*
   5. *Using the website?*
2. Which bits of the campaign do you feel went well / badly?
3. How did the Campaign develop over time?

**Thinking about yourself, and other older people involved in the Campaign...**

1. Would you say there was a typical older person involved in the campaign? If so, could you describe them, please.
2. Have you received any training since being involved in the campaign? What? From who? How useful was it? *(Was the training because you were an ADA leader, or was it given to all those involved?)*
3. What training would you need to develop your skills, knowledge?
4. How do you envision older people to be involved in regional campaign actions? What capacity would be needed to be active at regional level?
5. How do you follow up with decision makers?

*Is it you and fellow older people who follow up on campaign asks or HelpAge?*

**Finally, looking at checking and measuring the effectiveness of the Campaign...**

1. What do rights of older people mean to/for you? Are they being addressed in the ADA campaign?
2. What effect has the campaign had on you and your life?
3. Have you seen any other changes? (*What? From Who? Any negative effects? Have you seen any change in policy that has positively affected older people’s lives?)*
4. Have there been unintended wins/wins that you didn’t expect that have brought positive change for older people?
5. How well known do you think the campaign is among the public and what kind of reputation do you think it has? (*what do you hear from other people about the campaign; is there interest in joining?)*
6. How is the Campaign process and achievements monitored? How are older people involved with this?
7. Was there anything that particularly helped your Campaign, or made it more difficult?

*(If need help, ask them to think about areas such as: local situation, resources available, political support, campaign management, people involved etc – but any responses from prompts MUST be combined with more detail (rather than just ‘yes/no’), otherwise the question can be leading, and distort the responses. Also make sure they have opportunity to talk about both things that helped, AND those that made things more difficult )*

1. How do you think the Campaign could have been improved?
2. Have you had any contact with the Campaigns in other ADA countries? Have there been any opportunities to share experiences?
   1. Have you used the website to learn about other countries’ ADA campaigns?
3. What advice would you give to older people, or to an organisation, involved in a similar Campaign in another country?

* End the discussion by asking them if there was anything else they wanted to add, which they feel is of interest or importance, or if there are any questions they would like to ask.
* Finally, thank them for their time.

Please type-up the discussion as soon as you can after it has finished, whilst details are still fresh in your mind.

Bullet points are fine.

## Annex 8: Value for Money Calculations

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Corporate Indicator 17 (Q1 / Q2)** | | | | **Corporate Indicator 25 (Q1 / Q2)** | | | |
|  |  | **Total membership of Older People's Associations** | | | | **No. of older people with potential to benefit from new or improved policies (i.e. policy passed but not yet implemented)** | | | |
|  |  | **Number of OP** | | **% women** | | **Number of OP** | | **% women** | |
| **REGION** | **COUNTRY** | **March 2011** | **March 2012** | **March 2011** | **March 2012** | **March 2011** | **March 2012** | **March 2011** | **March 2012** |
| ***GLOBAL TOTAL*** |  | ***362,778*** | ***421,361*** |  |  | ***8,992,151*** | ***10,243,850*** |  |  |
| **Africa** | **Burkina Faso** | 600 | 600 | 80% |  |  |  |  |  |
|  | **Cameroon** |  |  |  |  |  |  |  |  |
|  | **Democratic Republic of Congo** | 5,106 | 12,000 | 54% |  |  |  |  |  |
|  | **Ethiopia** | 7,500 | 12,000 | 20% |  |  |  |  |  |
|  | **Ghana** | 1,620 | 1,700 | 60% |  | 1,788,500 | 1,829,636 | 51% | 51% |
|  | **Kenya** | 300 | 300 | 40% |  | 1,926,051 | 1,983,833 | 53% | 53% |
|  | **Malawi** |  |  |  |  |  |  |  |  |
|  | **Mozambique** | 1,300 | 1,860 |  |  | 1,200,000 | 1,200,000 |  |  |
|  | **Sierra Leone** |  |  |  |  |  |  |  |  |
|  | **South Africa** |  |  |  |  |  |  |  |  |
|  | **Sudan (All)** | 10,000 | 11,500 | 50% |  |  |  |  |  |
|  | **Tanzania** | 240 | 1,000 | 50% |  | 108,000 | 200,000 | 50% | 50% |
|  | **Uganda (All)** | 4,500 | 4,500 | 60% |  | 1,523,000 | 1,574,782 | 52% | 52% |
|  | **Zambia** |  |  |  |  |  |  |  |  |
|  | **Zimbabwe** |  |  |  |  |  |  |  |  |
| *AFRICA TOTAL* |  | *31,166* | *45,460* |  |  | *6,545,551* | *6,788,250* |  |  |
| **Asia Pacific** | **Cambodia** | 10,370 | 13,000 | 60% | 60% | 116,600 | 116,600 |  |  |
|  | **Fiji** |  |  |  |  |  |  |  |  |
|  | **Indonesia (All)** | 837 | 1,000 | 70% | 60% |  |  |  |  |
|  | **Myanmar** | 3,600 | 5,000 | 46% | 60% | - | 200,000 |  | 50% |
|  | **Philippines** | 6,400 | 6,500 | 75% | 75% | 100,000 | 200,000 | 60% | 60% |
|  | **South Korea** |  |  |  |  |  |  |  |  |
|  | **Thailand** | 4,958 | 4,200 | 52% | 52% |  |  |  |  |
|  | **Vietnam** | 8,468 | 20,000 | 70% | 70% | 300,000 | 325,000 | 70% | 70% |
| *ASIA PACIFIC TOTAL* |  | *34,633* | *49,700* |  |  | *516,600* | *841,600* |  |  |
| **South Asia** | **Bangladesh (All)** | 22,222 | 25,502 | 48% | 48% |  |  |  |  |
|  | **India Total** | 10,350 | 16,050 | 60% | 60% |  |  |  |  |
|  | **Nepal** | - | 4,000 |  | 50% | - | 4,000 |  |  |
|  | **Pakistan** | 3,600 | 3,900 |  | 0% | 120,000 | 600,000 | 50% | 50% |
|  | **Sri Lanka** | 6,200 | 10,200 | 60% | 60% |  |  |  |  |
| *SOUTH ASIA TOTAL* |  | *42,372* | *59,652* |  |  | *120,000* | *604,000* |  |  |
| **Middle East** | **Occupied Palestinian Territories** | - | 75 |  | 0% |  |  |  |  |
| **EECA** | **Albania** |  |  |  |  |  |  |  |  |
|  | **Bosnia & Herzegovina** |  |  |  |  |  |  |  |  |
|  | **Kyrgyzstan** | 816 | 1,440 | 70% | 70% |  |  |  |  |
|  | **Moldova** | 264 | 264 | 85% | 85% |  |  |  |  |
|  | **Serbia** |  |  |  |  |  |  |  |  |
|  | **Tajikistan** | 210 | 360 | 65% | 65% |  |  |  |  |
| *EECA TOTAL* |  | *1,290* | *2,064* |  |  |  |  |  |  |
| **Caribbean** | **Belize** |  |  |  |  |  |  |  |  |
|  | **Dominica** |  |  |  |  |  |  |  |  |
|  | **Haiti** | 12,000 | 12,000 | 60% | 60% |  |  |  |  |
|  | **Jamaica** | 455 | 735 | 70% | 70% |  |  |  |  |
| *CARIBBEAN TOTAL* |  | *12,455* | *12,735* |  |  |  |  |  |  |
| **Latin America** | **Argentina** |  |  |  |  |  |  |  |  |
|  | **Bolivia (All)** | 120,000 | 125,000 | 35% | 35% | 210,000 | 410,000 | 54% | 54% |
|  | **Chile** | 8,362 | 12,000 | 55% | 54% |  |  |  |  |
|  | **Colombia** | 500 | 1,000 | 50% | 50% | 1,600,000 | 1,600,000 |  |  |
|  | **Dominican Republic** |  |  |  |  |  |  |  |  |
|  | **Ecuador** | 10,000 | 10,500 | 45% | 45% |  |  |  |  |
|  | **Panama** |  |  |  |  |  |  |  |  |
|  | **Paraguay** | 2,000 | 2,100 | 45% | 45% |  |  |  |  |
|  | **Peru (All)** | 100,000 | 101,000 | 40% | 40% |  |  |  |  |
| *LATIN AMERICA TOTAL* |  | *240,862* | *251,600* |  |  | *1,810,000* | *2,010,000* |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **REGION** | **COUNTRY** | **Years Involved** | **London Expenditure 2008-2011 (€)** | **Average London Expenditure p.a. (€)** | **London Expenditure 2011 (€)** | **London Expenditure per OPA member, 2011 (€)***[data for 30 countries]* | **London Expenditure (2008-2011), per OP with potential to benefit from new/improved policies (€)**  *[data for 13 countries]* |
| ***GLOBAL TOTAL*** |  |  | ***244,391*** | ***84,555*** | ***93,745*** | ***0.26*** | ***0.12*** |
| **Africa** | **Burkina Faso** | 3 | 5,503 | 1,834 | 1,900 | 3.17 |  |
|  | **Cameroon** | 4 | 7,485 | 1,871 | 2,200 |  |  |
|  | **Democratic Republic of Congo** | 1 | 1,975 | 1,975 | 1,975 | 0.39 |  |
|  | **Ethiopia** | 4 | 5,172 | 1,293 | 1,332 | 0.18 |  |
|  | **Ghana** | 4 | 9,368 | 2,342 | 3,000 | 1.85 | 0.005 |
|  | **Kenya** | 4 | 9,195 | 2,299 | 2,710 | 9.03 | 0.005 |
|  | **Malawi** | 1 | 2,000 | 2,000 |  |  |  |
|  | **Mozambique** | 3 | 4,800 | 1,600 | 1,500 | 1.15 | 0.004 |
|  | **Sierra Leone** | 4 | 7,076 | 1,769 | 1,900 |  |  |
|  | **South Africa** | 4 | 8,061 | 2,015 | 1,500 |  |  |
|  | **Sudan (All)** | 3 | 0 | 0 | 0 | 0.00 |  |
|  | **Tanzania** | 3 | 14,353 | 4,784 | 6,853 | 28.55 | 0.072 |
|  | **Uganda (All)** | 4 | 10,580 | 2,645 | 3,109 | 0.69 | 0.007 |
|  | **Zambia** | 4 | 4,728 | 1,182 | 500 |  |  |
|  | **Zimbabwe** | 4 | 5,140 | 1,285 | 2,000 |  |  |
| *AFRICA TOTAL* |  |  | *95,436* | *28,895* | *30,479* | *5.00* | *0.02* |
| **Asia Pacific** | **Cambodia** | 3 | 5,700 | 1,900 | 2,400 | 0.23 | 0.049 |
|  | **Fiji** | 4 | 6,640 | 1,660 | 2,000 |  |  |
|  | **Indonesia (All)** | 4 | 11,605 | 2,901 | 3,965 | 4.74 |  |
|  | **Myanmar** | 2 | 3,300 | 1,650 |  | 0.00 | 0.017 |
|  | **Philippines** | 4 | 7,785 | 1,946 | 2,300 | 0.36 | 0.039 |
|  | **South Korea** | 3 | 0 | 0 | 0 |  |  |
|  | **Thailand** | 4 | 6,020 | 1,505 | 1,580 | 0.32 |  |
|  | **Vietnam** | 4 | 6,290 | 1,573 | 1,770 | 0.21 | 0.019 |
| *ASIA PACIFIC TOTAL* |  |  | *47,340* | *13,135* | *14,015* | *0.98* | *0.03* |
| **South Asia** | **Bangladesh (All)** | 4 | 12,235 | 3,059 | 5,250 | 0.24 |  |
|  | **India Total** | 3 | 1,900 | 633 | 1,900 | 0.18 |  |
|  | **Nepal** | 4 | 7,985 | 1,996 | 2,200 |  | 1.996 |
|  | **Pakistan** | 1 | 1,200 | 1,200 | 0 | 0.00 | 0.002 |
|  | **Sri Lanka** | 2 | 4,950 | 2,475 | 2,450 | 0.40 |  |
| *SOUTH ASIA TOTAL* |  |  | *28,270* | *9,363* | *11,800* | *0.20* | *1.00* |
| **Middle East** | **Occupied Palestinian Territories** | 1 | 1,400 | 1,400 | 1,400 |  |  |
| **EECA** | **Albania** | 2 | 2,500 | 1,250 | 2,500 |  |  |
|  | **Bosnia & Herzegovina** | 3 | 4,000 | 1,333 | 2,500 |  |  |
|  | **Kyrgyzstan** | 4 | 8,099 | 2,025 | 2,410 | 2.95 |  |
|  | **Moldova** | 4 | 7,159 | 1,790 | 2,000 | 7.58 |  |
|  | **Serbia** | 3 | 4,000 | 1,333 | 2,500 |  |  |
|  | **Tajikistan** | 4 | 5,020 | 1,255 | 1,020 | 4.86 |  |
| *EECA TOTAL* |  |  | *30,778* | *8,986* | *12,930* | *5.13* |  |
| **Caribbean** | **Belize** | 2 | 3,680 | 1,840 | 1,880 |  |  |
|  | **Dominica** | 2 | 2,218 | 1,109 | 0 |  |  |
|  | **Haiti** | 2 | 0 | 0 | 0 | 0.00 |  |
|  | **Jamaica** | 3 | 8,750 | 2,917 | 3,000 | 6.59 |  |
| *CARIBBEAN TOTAL* |  |  | *14,648* | *5,866* | *4,880* | *3.30* |  |
| **Latin America** | **Argentina** | 2 | 1,394 | 697 | 1,100 |  |  |
|  | **Bolivia (All)** | 2 | 2,646 | 1,323 | 980 | 0.01 | 0.006 |
|  | **Chile** | 1 | 4,500 | 4,500 | 4,500 | 0.54 |  |
|  | **Colombia** | 2 | 4,786 | 2,393 | 4,011 | 8.02 | 0.003 |
|  | **Dominican Republic** | 2 | 1,812 | 906 | 1,000 |  |  |
|  | **Ecuador** | 2 | 2,071 | 1,036 | 1,050 | 0.11 |  |
|  | **Panama** | 1 | 1,400 | 1,400 | 900 |  |  |
|  | **Paraguay** | 2 | 2,487 | 1,244 | 1,300 | 0.65 |  |
|  | **Peru (All)** | 2 | 4,023 | 2,012 | 2,000 | 0.02 |  |
| *LATIN AMERICA TOTAL* |  |  | *25,119* | *15,510* | *16,841* | *1.56* | *0.005* |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Corporate Indicator 22 (Q1 / Q2)** | | | |  |  |  |
|  | **No. of countries where older people are involved in national level action for improved services** | | | |  |  |  |
|  | **Number of countries** | | **No. of participants** | |  |  |  |
|  | **March 2011** | **March 2012** | **March 2011** | **March 2012** | **Average London Expenditure per participant (2011 expenditure, 2012 participant numbers) (€)** | **% OPA members involved with ADA** | **Average London Expenditure per country, 2011 (€)** |
| ***GLOBAL TOTAL*** | ***51*** | ***59*** |  | ***62,000*** | ***1.36*** | ***15%*** | ***1,838.14*** |

## Annex 9: Country Summaries

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| **REGION** | **COUNTRY** | **POLICY ASKS** | **POLICY RESULTS / PLEDGES** |
| **AFRICA** | **Burkina Faso** | 2010   * Gender policy * Constitution * To contribute to CEDAW * More and better health facilities for the older people of the province * A framework for meetings and recreational facilities for the elderly   2011   * Free care for all women who are victims of social exclusion and live in reception centres * Improvements in health, food security and financial support (including job creation & credit access) and solutions to end social exclusion * Support from the customary authorities in the fight against violence * Reduction in harmful practices like forced marriage and social exclusion because of sorcery | 2010   * District head doctor promised action on the ground in favour of older people and to see if a day can be reserved at the Medical Centre for the elderly. * The prime minister recognised the importance and value of OP and promised to organise an OP forum in   2011   * Following the advocacy actions, the Ministry of Human Rights conducted a study on the status of the elderly in Burkina Faso |
|  | **Cameroon** | 2009   * National Policy on Ageing * The Government will underwrite the elderly on income generating activities   2010   * Call for parliamentarians to support the recently validated National Policy on Ageing * Decent shelter for older people * Support for income generating activities for older people * Call for government to fight against discriminatory practices   2011   * Official release of the validated draft of the national policy on ageing at the level of Ministry of Social Affairs * Parliamentarians to debate and vote the validated draft policy into a bill which can thenbe passed into law | 2009   * Gerontology centre created in Yaounde General Hospital with gerontology doctor/nurses. Others to follow in all government hospitals across the national territory * Special bus to be provided for home visits and follow-up by doctors to identified old people * First draft of National Policy on Ageing. * Ageing issues to be included as a subject in the academic curriculum * Increase pensions from CFA 40,000 to 50,000 per month   2010   * A National Policy on Ageing was validated in June 2010 * The Director of Elderly Issues (Ministry of Social Affairs) promised that the National Policy on Ageing would be implemented / released by Feb 2011   2011   * The validation copy of Cameroon National policy on Ageing was handed over by the Minister to Cameroon ADA campaign team |
|  | **Democratic Republic of Congo** | 2011  No information available | 2011   * Range of government authorities and leaders pledged to support the actions of the elderly * Presentation of the draft laws to promote and protect vulnerable people, including OP, in national parliament * Plot of land granted to build a community centre for OP in Mugunga * Financial assistance to the association of collective leadership of the elderly |
|  | **Ethiopia** | 2009   * Basic services( health, water & education ) including livelihood & social security & protection   2010   * Adoption of the draft National Policy for Aged Persons * Accessible and affordable healthcare * Introduction of a social pension under new social protection policy   2011   * Provision of air time for OP * Universal social protection/pension for OP * Health Insurance for OP | 2009  No changes reported  2010   * Ministry of Health promised to provide health insurance for OP (ongoing process since 2009) * Inclusion of OP in the 5 year HIV/AIDS Strategic Plan * Other Ministries (Women & Children Affairs, Social & Labour Affairs, Health) start giving due attention for OP in their programmes and interventions   2011   * Addis Ababa City Administration Bureau of Labour and Social Affairs promised to provide all necessary logistical support to Addis Ababa Older People Umbrella Association |
|  | **Ghana** | 2008   * Speed up pension reforms * Improve pension income * Increase efforts to bring the non-formal sector into the national pension scheme   2009   * Improved/specialised healthcare for OP * Cabinet approval of draft National Ageing Policy   2010   * Accelerated registration of OP for the LEAP Cash Transfer Programme * District Assembly Common Fund * Introduction of the National Ageing Policy   2011   * Inclusion of ageing issues in the development of party manifestoes (prior to 2012 elections) * A downward review of the age of older persons in the exemption category of paying a premium under the NationalHealth Insurance Scheme (NHIS) from 70 to 60 years * Payments under the LEAP cash transfer programme to be made more regular(10 months in arrears) while expanding it to cover more poor OP * Widening of the diseases covered by NHIS as well as the making of drugs covered on the scheme relevant to the health needs of OP * Incorporation of geriatric healthcare into the existing healthcare delivery system and provide the specialized training for the purpose of health workers | 2008   * National Pension Reform Implementation Committee established by government to lead implementation of the new Act * HelpAge Ghana invited to serve on the sub-committee on the Informal Sector * HelpAge Ghana involved in National Ageing Policy   2009  No changes reported  2010   * National Ageing Policy & Implementation Plan approved by Cabinet * Acceleration of registration of poor OP over 65 years old for the LEAP Cash Transfer Programmewill begin immediately and continue into 2011 * Minister of Employment and Social Welfare agreed to the engagement of relevant government agencies for review of National Health Insurance Act within the next year   2011   * District Director of Social welfare and the Ho West MP promised to work towards the prompt payment of the LEAP Cash Transfer and the reduction in the NHIS premium exemption age * Government released GH¢2.7million for payment of arrears due to the beneficiaries of the LEAP Cash Transfer programme, including OP over 65 years |
|  | **Kenya** | 2008  No information available  2009   * Provision of free appropriate health care for OP * End of violence against OPwho are accused of witchcraft. * Adoption and implementation of Kenya’s Policy on Ageing   2010   * To enact the National Policy on Older Persons, together with the draft Social Protection Policy * To enact a Bill that makes it mandatory for vulnerable OP of 65 and above to benefit from the Cash Transfer Programme * Introduction of a non-contributory health scheme to target 1.3m Kenyans * Increase in the amount of the cash transfer. * Extension of cash transfer to all counties.   2011   * Non-contributory health scheme for OP * Hospital fees to be waived for OP * Protection of property (e.g. land) owned by OP | 2008   * Budgetary allocation of Ksh200million for cash transfer/non-contributory social pensions for OP   2009  No changes reported  2010   * The Government allocated an extra KSh470 million (bringing the total to KSh1 billion) to increase the number of households getting the cash transfer for OP (i.e. increase from 10 to 20 households per constituency) * The funds are also to increase the amount from 1500/= to 2000/= and to cover more districts from 44 to 72   2011   * Minister of Justice & Constitutional Affairs committed to work closely with HAK in curbing elder abuse and to sensitize the public on rights of the OP |
|  | **Malawi** | 2007/8  No information available | 2007/8   * Government is considering the introduction of an old age pension scheme |
|  | **Mozambique** | 2009   * Social Protection, HIV and AIDS, Health, Discrimination and Rights and Emergencies   2010   * Creation of a specific law that protects OP’s rights in Mozambique * An increase in the value of the subsidy for the food programme. * A revision in the list of dependents who benefit from the subsidy to include children who have been orphaned by only one parent * The expansion of the subsidy for food programme to more districts   2011   * Elaboration of the law for protection of OP * Increase the amount of food subsidy and expand the programme (announced last November but not being implemented by the government – due to the international financial crisis) * Inclusion of geriatric issues in the curriculum and modules of health workers * Review of the National Policy on Ageing and its implementation plan * Free access to medication and health care for all OP * Severe punishment of the perpetrators of violence against OP and those who accuse them of witchcraft * Reducing discrimination faced by OP in accessing bank credits and the fund for local initiatives (from which OPAs are being excluded) | 2009  No changes reported  2010   * Government promised to create a law for the protection of OP’s rights – though ToR exist, but there are insufficient funds to support the process * Government is reviewing the eligibility criteria for food subsidy and promised to finish it early next year * The Government announced in the annual review meeting with partners, in which HelpAge participated, that from January 2011 the amount of food subsidy will be increased by 27% * The creation of National Council of Older People, a multi sectoral group that will play a role in elaborating polices, programs and plans related to ageing, and will promote the ageing agenda. This was created by official decree in February and launched in April   2011   * “We listened to you and this year we reviewed all social protection programs” * The food subsidy (now called the basic social subsidy) was increased from 100-300 metical, to 130-390 metical. They are Aiming to continue increasing in 2012, depending on budget allocation * Government has approved a system of a social assistance card for all vulnerable groups including OP, which will entitle holders to free health care, medicines, transport and the social subsidy * First draft of the law on OP right was shared in late October * Government approved a new package of social protection programs in which older people are largely included * Ministry of health, in partnership with HelpAge, is producing a specific pamphlet on best practices in dealing with OP in hospital, to be distributed to all health centres in the country |
|  | **Sierra Leone** | 2009   * Non-contributory social pensions for OP above 70 years * Free shelter for the most vulnerable OP * Protect the fundamental rights of OP as enhanced in UN principles of older people’s right document * Implementation of Madrid International Plan of Action on Ageing and the AU Plan of Action of Ageing * Expansion of the national Social Safety Net Programme for OP to all chiefdoms * Enforcement of the existing policy on access to free medical facilities for OP * Fast track the formulation and implementation of the National Social Protection Policy and show its commitment by making a substantial budget allocation * UN Agencies and donors, particularly DFID, to provide financial and material support for the older people’s programmes   2010   * Universal unconditional cash transfer for those of 70 years and over * Extension of free medicare to the most vulnerable OP over 65 * Universal scholarship schemes for the orphaned grandchildren of OP over 60 * A separate age policy for those above 65   2011   * Final approval of the National Policy on Social Protection,which has been approved by the Cabinet (section on the Elderly in the Draft Policy on Social Protection, which advocates for the Rights of OP in Sierra Leone) * Universal Cash Transfers for OP above 65 or 70 years (documents inconsistent) * Free health care * Provision of seed crops, fertilisers and technical advice to OP-headed families * Inclusion of OP in the labour market * Improvements in housing for OP * Universal scholarship schemes for the orphaned grandchildren of OP over 65 * Drafting of a separate “Age Policy” for the OP above 65 that will exempt them from queuing for some essential services such as banking, bus stations & hospitals * Extend retirement age to 75 years for government-employed staff | 2009   * Deputy Major recommended that CEM-SL (partner NGO) should ask the Kenema City Council to give them a piece of land to put up a structure so that they will be able to address the OP health needs there * Councilor Barnet of the Kenema City Council said that he would do “everything possible within his powers” to ensure that the Council budget addresses some of the OP issues, such as health   2010   * Strengthening of an umbrella organisation to represent the older people in Sierra Leone (National Council for The Welfare of the Elderly) * National Policy on Older People in Sierra Leone to be enacted in the next 5 years * Committee on Older People established to guide the formulation of National Policy on Older People in Sierra Leone. * Subsidy for OP homes has been increased by 20% and a new home site had been identified for them * The Committee is searching for funds to conduct National Consultative Workshops on the formulation of the National Policy on Older people in Sierra Leone.   2011  No changes reported |
|  | **South Africa** | 2007/8  No information available  2009  No information available  2010   * More bus stops and better roads * Action against abuse of older people * More respect of OP by the Police * More accessible and more regular health services   2011   * Fastrack on logistics around the paypoint * Senior Citizens to be consulted and be included in the National Health Insurance * Fast tracking services at hospitals, to avoid long queues * Change conditions for accessing the social grant, as they are currently abusive * Inclusion of Senior Citizen carers in HIV/AIDS training and encouragement to go for VCT | 2007/8   * Pensionable age for men has reduced from 65 to 63 years   2009   * The Social Worker has been called by the Department of Health to participate in all their workshops * Officials from the Department of Social Development have visited service centres to help OP who are having difficulties in getting their pensions and grants for their grandchildren * OP are now transported to the SeniorCitizens’ parliament and are taking part in all debates   2010   * The Minister of Social Development pledged to work on issues raised * Department of Sport & Recreation has devised a healthy living programme for OP * Improved logistics for paying pensions   2011   * Greater consideration for OP in terms of reducing and in some cases eliminating their waiting times in long queues, especially in pension pay points * Home Affairs has established ahome-based programme to aid those people who are physically unable to come to their offices * Improved attitude from the community, who now look to OP in the formation of community development committees to provide insight into issues related to the aged and other general community issues |
|  | **Sudan** | 2008  No information available  2009  No information available  2010   * Development of a government policy for OP * Establishment of a Desk for OP   2011   * Health Insurance cards * ID Certificates | 2008   * Ministry of Social Welfare in El Geneina, West Darfur has designated 3 staff to address extremely vulnerable older people issues   2009   * Government has agreed to established 6 OP centres in Karari locality – one already established, 5 in process   2010   * National Committee for Older People was formed for all stakeholders in OP issues in Sudan   2011   * The Director General of the Ministry of Social agreed to provide Health Insurance Cards for the most vulnerable OP in the IDP camps in West Darfur and ID cards for older people in IDP camps who have no relatives * The Ministry of Welfare and Social Security pledged to work towards the approval of the proposed National Older People Strategy and Law. * The Khartoum State Ministry of Social Development promised they will move to assign 4 seats in public transport busses for OP |
|  | **Tanzania** | 2009   * Universal pension for OP * Free access for OP to quality health care   2010   * Universal pension * OP representation in decision making bodies * Regulation of the National Ageing Policy   2011   * Regulation of the National Ageing Policy * Universal pension for all OP | 2009  No changes reported  2010   * OP’s universal pension, free health care and property tax exemption on their residential houses included in four contesting political parties’ manifestos * Government commitment to allocation of special rooms and doctors at all health facilities to ensure OP do not have long queues for treatment * Government commitment to implement health outreach programmes to reach OP that may not be able to reach health centres * Exemption of property tax for OP non commercial houses in urban areas * Older people free health care policy in place * Revised HIV/AIDS policy which has a section on HIV/AIDS and the elderly * Government feasibility study on older people universal pension   2011  No changes reported |
|  | **Uganda** | 2007/8 (URAA)   * Establishment of a universal non-contributory social pension for OP, and a childcare benefit to all households with OVC * Expeditious approval of a National Policy on Older Persons * Improved access to free health care for OP * OP representation in local councils and parliament * Mainstreaming of government development plans to specifically include OP issues * Inclusion of gerontology and geriatrics training into the education curriculum   2009  No information available  2010 (North)   * Universal social pension for older people * Representation of OP in government structures, including speeding-up the process to establish a National Council for Older People * Expansion of the Social Assistant Grant for Empowerment of OP to include districts in Acholi sub region * Improving access to health care services for OP   2010 (URAA)   * National Health Policy * Social protection programme * More support and information on HIV/AIDS for OP   2011 (North & URAA)   * Parliament to pass the bill (Establishment of National Council for the Elderly) which is already in the parliament for debate, having already been discussed by the Parliamentary Committee * Parliament to table and approve the National Plan of Action for the implementation of the Older Persons Policy   2011 (North)  At district level:   * Waiving of water charges for older persons * Allocation of NAADS funds to OPAs * Free legal aid for older persons regarding land wrangles | 2007/8   * A National Policy on Older Persons was approved by parliament. The policy stipulates affirmative action for OP in areas of: economic empowerment, social security, food security and nutrition, health, HIV/AIDS, training and life-long learning, water and sanitation, shelter, gender inequalities, psychosocial support and care of OP, conflict and emergencies, accessibility to physical facilities and services, information, and research and documentation * Inclusion of priority cash transfers to 10% most chronically poor and vulnerable households (which would include OP, especially those caring for OVC) in the 5-year National Development Plan that is currently being developed * Ministry of Gender, Labour and Social Development is developing a gerontology manual for use in training institutions for social workers and development practitioners * Ministry of Health has committed to include specific drugs for OP’s illnesses in the minimum healthcare package (at present, free drugs for hypertension and diabetes are only available at regional referral hospitals)   2009  No changes reported  2010 (North)   * Discussions of the bill ADA wanted to be enacted into law have started   2010 (URAA)   * OP were invited to the dialogue meeting with the parliamentary committee on Gender, Labour and Social development on 10 November * Commissioner for the Elderly and Director of Social Protection agreed to discuss the Plan of Action for the national older persons’ policy * The social protection grant program that gives Shs.22,000 to the poor, particularly OP, was launched on 28th September * AIDS Control Program have noted the need for HIV counselling to integrate OP and are aware of the need to streamline HIV services to include OP. It also committed to include old age groups in HIV/AIDS surveys. Director pledged to contact Director General of Health Services to include OP in provision of mosquito nets. Also promised to ensure that there is at least one OP on each of the village health teams * The National policy for Older Persons was passed and launched   2011   * Promises to pass on asks to relevant people |
|  | **Zambia** | 2009  No information available  2010   * The Ageing Policy, which guarantees social, economic and health rights for OP, to be enacted and implemented. * The Social Security Policy, which guarantees universal social pensions to OP, to be enacted and implemented.   2011   * Ageing Policy to be implemented * Health Care policy for OP * Scale-up of farm input support from 1,000 OPs to 5000 * Social protection for OP & vulnerable groups * In Monze district, request for land on which to build a home for destitute OP | 2009   * All the political parties promised to include in their manifestos social security for OP * Cash transfer scheme extended to cover 50 districts (up from 40), and moved from pilot to permanent * A Universal Pension scheme is in the process of being developed (at time of request) * More OP have been included in the farm input support programme * A directive to prioritise farm input support to OP was to be issued   2010  No changes reported  2011   * The District Commissioner assured that the district would provide the land to the Senior Citizens Association of Zambia to put up the home for the aged destitute |
|  | **Zimbabwe** | 2008  No information available  2009   * Government to introduce a small pension for all OP * Improved housing & living environments * Ensure the availability of drugs in government hospitals and clinics for OPto access * Make health systems more sensitive to the needs of the OP through prioritisation and treatment of ailments associated with ageing in all hospitals * Create awareness and decentralisation of geriatric clinics * Greater awareness of the rights to property forOP, and a system whereby if an OP is coerced or cheated into signing off their property, the courts can easily reverse the situation and deal with the culprit * Exemption of older persons from paying taxes und utility bills. This should be written down to avoid problems with service providers * Enact into law the 2005 Bill for Older Persons. Once the Older Persons’ Bill is in place, Implementation of Regional and International Policies on older persons such as The Madrid International Plan of Action on Ageing (2002) is possible * The government should provide some form of law that gives older persons a privilege to access certain services for example they should be served first everywhere * Awareness programs to educate the society to change their attitudes towards the OP and build a society for all ages * Value the role and work of older women carers by providing more resources for older women carers e.g. economic support, in the form of a social pension or other cash transfer (to avoid selling of assets, and to compensate for the time taken away from income earning activities) * Provide more HIV prevention and care-giving information and training, including delivery of ARVs to older women carers * Representation of OP in formulating the national constitution, and the inclusion of OP-related issues, such aspsychosocial, health and economic needs of OP   2010   * Social pensions * Access to free health services * Passing and implementation of the Bill of Older Persons   2011   * Social pensions (protection) * Access to free health services * Passing and implementation of the Bill of Older Persons | 2008   * Minister of Social Welfare quoted in July 2009 that the Bill Of Rights for older persons will be presented in parliament soon * The Short Term Emergency Recovery Program formulated during the inception of the Inclusive/Unity Government under the Global Political Agreement in March 2009, categorically states within the Specially Targeted Vulnerable Groups (point Number 66) the need to support older persons in order to reduce their vulnerability. This will be done within the transition period * The draft constitution, from which the Zimbabwe constitution making process will be based, (Part II, section 23 (1) and (2)), directs the state to take reasonable measures to secure respect, support and protection for elderly persons. The same draft constitution crafted by Political representatives also recognises OP as a vulnerable group thus directing the state to provide social support programs for them * The National AIDS Council of Zimbabwe is drafting the Home Based Policy and has already solicited for HAZ input on behalf of OP caring for HIV/AIDS Patients and Orphans   2009   * Assisting older persons with social protection and social security * The Deputy Minister of Labour and Social Services said that the government was finalising the Older Persons Bill   2010   * The Vice President expressed her willingness to support HelpAge Zimbabwe, particularly OP, in their quest to see the Bill of Older Persons signed into law * In February 2011, the Cabinet Committee on legislation passed the Older Persons bill to cabinet. The bill is now awaiting sitting of parliament * HelpAge Zimbabwe is enjoying a better working relationship with various government departments notably, the social services department.   2011  No changes reported |
| **ASIA PACIFIC** | **Cambodia** | 2010   * Free health care and home care services for OP * Introducing a regime of social pension for vulnerable elderly households * Improved livelihoods * Recognition of their contribution to the communities   2011   * Free health care * Increased integration of OP into ‘ID Poor’, the government social health protection scheme * Establish more OPAs throughout Cambodia * Provide social equity fund to the poor, especially OP * Establish homecare volunteer group for older people | 2010   * Government has drafted the homecare policy and is introducing a health equity fund for the poorest older people to receive free health care. Final draft is expected to be completed by mid 2011 * Minister of the Ministry of Social Affairs has requested a review of the National Policy for the Elderly (originally endorsed in 1993) to meet the new challenges * Senior officials from the Governor’s Office expressed real interest in supporting older people and requested that the relevant technical departments pay particular attention to the needs of the elderly population and facilitate their access to appropriate services * The government has no resources for universal social protection schemes to provide pension and health to all OP. War veterans and retired public servants are entitled to pension and all poor people have access to free health care (basic primary care) through ‘ID Poor’ and large subsidies for expensive treatments * In 2009, adoption of a National Guideline of Establishment of OPA; Ministry of Social Affairs directive to all provincial department to replicate OPAs, initiative supported by UNFPA and HAI * In 2010, the National Social Protection Strategy for the Poor and Vulnerable was approved and acknowledged OP as a vulnerable group and recognised OPA as a grassroot safety net mechanism; The National Council for Population and Development has integrated research on ageing and emerging challenges into its national action plan   2011   * The Ministry of Social Affairs established a new Department of Social Welfare and Ageing and has formally requested HAI to provide technical support in the review of ageing policy and the development of a national plan of action; the soon-to-be-launched National Institute of Social Work is considering the integration of ageing and OPA development into the national curriculum * The Deputy Provincial Governor in Banteay Meanchey supports the request for the inclusion of all elderly into the government Health Equity Fund (ID Poor) and has ensured that the issue will be discussed with the Ministry of Planning. He also assured that provincial governor officer will issue a letter to all provincial departments to request their support to OPA activities |
|  | **Fiji** | 2009   * Improved access to public transport: (i) All new public buses to have to have low- floor, step free and wheelchair accessible; (ii) Free bus fares for senior citizens above age of 55 * Availability of holistic affordable healthcare and eldercare: (i) Free healthcare for the elderly and assistance with medications cost; Family Practitioner based holistic care for senior citizens * Promotion of active lifestyles and well-being: (i) Promote active programmes and services for seniors; (ii) Family Life Programme in schools to educate children to look after their elderly; (iii) Build recreational centres for senior citizens such as sports centres, gym etc. * Improved housing for elderly: (i) Hart homes to be rent free & inclusive of water & electricity; (ii) Build more senior citizens homes & retirement villages at different locations for elderly to be looked after. Mostly for medically unfit people; (iii) Upgrade current facilities at old people homes and increase staff at old people homes * Greater employment opportunities for elderly: (i) Employment opportunities for elderly in business sectors; (ii) Offer part time paid jobs to retirees who are in good health.   2010   * Approval of the draft national policy document for older persons * Pensions and other support for OP in rural areas * Training and awareness of home care. * Promote the setting up of OPAs   2011   * Policies on tourism development * Rural health and well-being * Senior-friendly urban centres | 2009   * Current government & the prime Minster are very keen in developing a policy for OP * The draft senior citizens policy submitted by the delegation will be discussed as a paper in the next cabinet meeting   2010   * National Policy Framework for the Elderly and Ageing * 50% bus fare subsidy for all OP over 60 years * Increase in government welfare allowance for poor OP, and discussions on social pensions   2011   * Government agreed that elderly issues are government’s major priority now and will put on agenda to address immediately * A National Council on Ageing will be established by the government to promote the rights and interest of elderly in Fiji * The National Policy on Ageing 2011-2015 will be launched in November 2011 (the first such policy in a Pacific Island) * Establishment of the National Council of Older Persons, a central body to promote the rights and interest of elderly in Fiji * Social Pension scheme for all elderly over 70 years old is taken on board and work will begin soon. Government will try to find funding to in next year’s budget to ensure social pension is available |
|  | **Indonesia** | 2007 (Forum Lansia)   * Cash-grant to OP over 70   2008  No information available  2009 (Forum Lansia)   * Provision of health service for the older people through Posyandu Lansia   2009 (Forum Lansia & YTA)   * Proper health care for older people in the village * Policy that supports the distribution of microfinance funds from the government bank for OP * An ID card, so OP can get free hospital care * Creation of a district fund for the wellbeing of the OP above 70 (e.g. government cash grant)   2009 (YEL)   * Policy for Social protection especially on Home Care and Social Pension   2010 (Forum Lansia)   * Greater government recognition of OP in policy   2010 (YEL)   * Social pensions for OP with no pension or income * Local ordinance on the well-being of older persons   2010 (YTA)   * Policy to support microbusiness within the community for OP groups * Support for the development of the Telega Amal Cooperative   2011 (Forum Lansia)   * OP over 70 to have prioritised support for a pension   2011 (YTA)   * Policy to provide housing for poor elderly * Policy to strengthen community economic institutions owned and organized by elderly group such as cooperatives * Policy to involve elderly groupsin every district ‘Musrenbang’ (The dialog for planning and development of Bireuen area which are held regularly every year by the government) at every level. * Policy to continue the Aceh Health Insurance ‘JKA’ provided by Aceh Government for all acehnese, including elderly   2011 (YEL)  No information available | 2007  No changes reported  2008  No information available  2009 (Forum Lansia)  No changes reported  2009 (Forum Lansia & YTA)   * Government to table the Draft; open to discussions on some items included, e.g. pension fund, need for adequate health services, economic/productive activities and a plan to develop anOP cooperative   2009 (YEL)   * Ageing to become a priority in the National Development Plan 2010-2015, and planned increase in the number of Social Pension recipients from 10,000 to 35,000 by 2014 * Ministry of Social Affairs said that in order for the Home Care program to become a National Policy, YEL needs to organize a National workshop that shows the evidence of the impact of the Home Care program on OP, family and the community, and its cost effectiveness   2010 (Forum Lansia)   * Head of the Social Department promised pensions for OP over 70 by 2011 * Special health facilities for elderly, especially in villages, such as an Integrated Services Post for Elderly * District health department has allocated budget and facilities for health check-ups and monthly visit to villages with a focus onOP * Social department has providedOP with support, particularly during the fasting month * 30 forum members have received a pension * Social department has established a division to take care of OP   2010 (YEL)   * Each province to establish a Provincial Commisssion on Ageing * Ministry of Home Affairs will issue a Ministerial Decree on Local Ordinance, to include the well-being of OP – this means that local budgets should include programmes for OP * Social pension beneficiaries increased from 5,000 in 2008 to10,000 in 2009, to13,250 in 2010 and to be increased to 27,500 beneficiaries in 2011. Discussion over whether to decrease the amount of social pension (currently Rp. 300.000) in order to reach more beneficiaries. * Home Care has been replicated in 15 Provinces in 2011 from 10 Provinces in 2010 by the Ministry of Social Affairs and will be replicated nation wide in 2012, to reach 100,000 older persons.   2010 (YTA)   * The involvement of elderly groups in ‘Musrenbang’ (the dialog for planning and development of Bireuen area which held regularly every year by the government) * Support from the local government to establish elderly cooperatives, which has facilitated the marketing of the handicraft productsproduced; the local government has also provided small grants for developing the cooperation. * Acehnese government has provided specific funds for health insurance – Aceh Health Insurance (JKA in Indonesian) including for elderly people   2011 (Forum Lansia)  No changes reported  2011 (YTA)  No changes reported  2011 (YEL)   * Free Health Care for senior citizen over 80 years |
|  | **Myanmar** | 2009   * Social Welfare and health policies   2010   * Older people highlighted the positive role that OPSHGs play in society.   2011   * The National Plan of Action on Aging is due to be finalized in December. After a consultation meeting led by OP with representatives from all OPSHGs across the country, the key changes they wish to push for will be raised to the National Committee on Ageing for inclusion in the NPAA. | 2009   * “Milestone initiative” of bringing together government, agencies and community * Government pledged commitment to, and began to draft, the National Plan of Action on Ageing in Myanmar   2010   * Re-endorsement and a very strong commitment from the Ministry of Social Welfare, Relief and Resettlement to the replication of the OPSHG model. * Government has committed to finalizing the National Plan of Action on Aging by December 2011 * A National Committee on Ageing will be established to oversee the NPAA in 2011 * In the new constitution of the Republic of the Union of Myanmar, the Union is committed to care for OP * The national strategy addresses income security, health care, housing, environment, and rights for OP   2011   * Director General of the Ministry of Social Welfare, Relief and Resettlement re-affirmed full commitment to support the replication of OPSHG across the country.He highlighted that OPSHGs will be provided with adequate support to register with the Ministry of Home Affairs and open bank accounts. |
|  | **Philippines** | 2007/8  No information available  2009   * Social pension * Implementation of existing legislation   2010   * Implementation of the social pension * Dialogue with the Department of Social Welfare and Development for the crafting of the guidelines for the social pension   2011   * Inclusion of indigenous OP who are currently excluded from social Pension * Increase the budget for the social pension in 2012; and lower age requirement of social pension for poorest of the poor OP | 2007/8   * There has been a softening and serious discussion as to the potential of a social pension. The Department of Social Welfare and Development drafted guidelines for a pilot project for social assistance for the poorest of the poor in 3 regions. Barangay (Village) Graceville already came up with a resolution to give social assistance to the 3-6 poorest OP in their barangay * Other Local government units are also studying the possibility of a social pension in their locality, given that they have 1% budget allocated for OP   2009   * Cash assistance to the 6 poorest OP in the barangay, amounting to 500 pesos per month (OP themselves identify who are the poorest of the poor) * A Resolution (Resolution no. 132-2009) was drafted and approved in the Province of Camarines Norte in Bicol (Sothern Philippines), urging the provincial and municipal government units, all executive, departments, bureaus, offices, agencies commissions and state universities and colleges to set aside at least 1% of their budget appropriations for programs/ projects related to senior citizens and persons with disabilities * An ordinance was filed in the Municipal of Panganiban, Camarines Norte establishing a comprehensive program for OP including a cash transfer for poor OP. The ordinance is now in its third reading and will hopefully be approved before the election on May. * An approved committee report - the results of discussions overa social pension and other provisions including health care for older people (Committee report 777) – has been forwarded to the Philippine Senate ready for deliberation * The House of Representatives has approved a 2nd reading of the Amendments of the Expanded Senior Citizens Acts, which includes the provision of a social pension * In January 2010, the President included the Senior Citizens bill as a priority bill   2010   * Social pension to be implemented by 2011 * Local government officials to establish programmes and services for older people in their own localities (senior citizens centres, livelihood and health programmes and activities.) * Successfully lobbied the passage of the Expanded Social Protection Bill R.A 9994 in 2010 that includes social pension for indigenous OP   2011   * Secretary of the Department of Social Welfare & Development, lead agency for the implementation of the social pension, promised to investigate the issues by the ADA delegation |
|  | **South Korea** | 2010   * Improve the working life of OP * Improve health services for OP * Mobility rights for OP * Housing rights of OP   2011   * Improved housing for OP | 2010  No changes reported  2011  No changes reported |
|  | **Thailand** | 2007/8  No information available  2009   * Universal social pension for OP * Rights of OP   2010   * Rights of OP, particularly on rights of access to the national health security fund managed by local authorities   2011   * Social protection, including: universal social pension, income security in old age and long term care for destitute OP | 2007/8   * “Not just because of our event alone, but with other activities”, the new government changed the former government mean-tested monthly allowance to universal   2009   * The current government, especially the Prime Minister, is willing to support universal social pension   2010   * Means tested monthly allowance for extremely poor OPwho received no benefits from any government office has been changed to be available for all people, age 60 and over, who are registered with the local authorities   2011   * The draft of the social pension bill was rejected, and the civil society network needs to revise the draft and resubmit to the Cabinet |
|  | **Vietnam** | 2007/8  No information available  2009   * Reduction of universal social pension age requirement down to 80 years and above * Government support for the replication of the Intergenerational Self Help Clubs   2010   * Upgrading the implementation of the social pension policy for OP   2011   * Wider replication of Intergenerational Self Help Group (ISHG) with support from the Government budget | 2007/8   * The Law for the Elderly will be submitted to the National Assembly for approval at the end of 2009 * The approval and implementation of Decree 67, which is to provide social cash transfer to nine vulnerable groups in Vietnam. With respected to OP, the amount was increased from 100,000 VND to 120,000 VND per person per month. (both for mean tested and universal social pension) * Universal social pension age requirement was reduced from 90 years to 85 years. The government is presently considering reducing the age requirement down to 80 years and above   2009   * Law on the Elderly is expected to be passed in October 2009   2010   * Some decrees and circulars were issued to guide the implementation of the Law on the Elderly * Most provinces applied the new rate and age-decrease relating Social Pension   2011  No changes reported |
| **SOUTH ASIA** | **Bangladesh** | 2007/8  No information available  2008 (RIC)   * To implement the older people’s national policy as soon as the new government forms * To ensure OP’s health care * To increase the old age allowance up to Taka 500 per month * To increase the number of recipients of the Old Age Allowance * To establish a separate department for OP under the Social Welfare Ministry   2009 (RIC)   * Old age allowance * Proper health care for OP * Senior Citizen ID card, to receive concessions on transport fares and receive hospital treatment * Implementation of ageing policy * Promote the inclusion of OP in mainstreaming of micro credit * Create a national fund for the wellbeing of OP   2010 (RIC)   * Increase the Old Age Allowance * Improved access to healthcare * Implementation of an ageing policy   2011 (BITA)   * Safety net services for indigenous community   2011 (RIC)   * Increase the coverage and amount of Old Age Allowance * Increase facilities for the OP to access health services * To declare OP(above 60 years) as Senior Citizens,with special consideration in different government and non-governmental services * Inclusion of older women issues in 'National Women Development Policy' * Take effective initiatives for Gazette notification on the 'National Policy on Older Persons' and its implementation immediately * Promote elderly issues in human rights protection measures * Inclusion of OP in government development committees at local and national level * Promote the inclusion of OP in the mainstreaming of micro credit * Create a national fund for the wellbeing of OP * Promote Universal pension for the older people | 2007 (RIC)   * Old Age Allowance had been increased from Taka 220 to Taka 250 in 2008/09 fiscal year * Recipients of Old Age Allowance increased by 300,000 * National policy on ageing approved   2008 (RIC)   * Some issues were included in the election manifesto of the prominent political parties. Most of the candidates committed that, if elected, they would pay more attention to OP issues and raise OP demands at the national parliament * Old Age Allowance increased by 20% (from Taka-250 to Taka 300) and number of recipients by 12.50% (from 2million to 2.25 million) in 2009/10. Although the new Prime Minister committed to increase the amount of Old Age Allowance to 500 Taka, state resource constraint means it is not possible until the next fiscal year * Minister for Social Welfare requested to replicate the OPA program implemented by RIC in 100 unions (piloting) and begin pre-primary education for children in the community involving retired OP to ensure alternate income for the OP   2009 (RIC)   * District commissioner of Cox’s Bazar district committed to create separate space for the older people in the district government hospital immediately. * Beginning in December, OP need not go to the Bank to receive their allowances, as they will be distributed to OP at their own community place * Number of Old Age Allowance recipients increased by 11% (from 2.25 million to 2.475 million) in 2010/11 * Separate spaces were created and opened for OP at the National Heart Institute and Hospital and District level hospitals run by the government; another space would be opened in August 2011 at National Heart Foundation Hospital.   2010   * Social Welfare Minister agreed to increase the amount of old age allowance in the next year’s fiscal budget * Social Welfare Minister agreed to reopen six homes for OP and allocate the necessary budget for these homes * Coverage of Old Age Allowance (OAA) increased by 10% in 2011/12 * A bill was raised in parliament by a member for ensuring children’s responsibility to look after their parents, by making a mandatory provision for the same and violation of which will be treated as criminal offence   2011 (BITA)   * A written notice will be hung at the offices of Municipality, Upazila and Union Parishad with the statement “Older people should get priority services”   2011 (RIC)  No changes reported |
|  | **India** | 2009 (GRAVIS)   * Programmes for OP focusing on drought mitigation, social security and healthcare   2009 (HAI)   * Income Security and cash transfers for Older Persons/ Social Security for All * National Commission for Aged   2010  No information available  2011 (GRAVIS)   * Age friendly health care and more participation of older people in National Employment Guarantee Scheme * Appropriate employment for OP * Free medical facilities * Pension schemes * Reduction in public transport fares for OP * Old age pension not to based on land size * Medical facilities in villages | 2009  No changes reported  2010  No information available  2011  No changes reported |
|  | **Nepal** | 2007/8  No information available  2009   * Protection rights of elderly people as their fundamental rights in the new constitution * Free health care facilities * Concessions on transport cost for elderly people * Tax exemption to those people who care and support their elderly parents and grandparents at home   2010   * Implementation of the Senior Citizen Act * Health services for older people * Formation of a “National Senior Citizens Commission” * Ensuring senior citizens’ rights are fundamental rights in the constitution * Formation and implementation of livelihood programmes for senior citizens who are physically and mentally active * Making provision to give 2000 Rs per month to OP 80 years and above, for healthcare * Implement the policy of making geriatric wards in district hospitals * Providing social pension to OP of all castes and ethnic groups who are living in poverty * Existing system of quarterly distribution of social pension should be made bi-monthly, as an overwhelming number of senior citizens are using the money to meet their basic needs * Bringing workers from non-formal sectors into non-contributory pension scheme   2011   * Central Level Senior Citizens Committee to become functional * Access of free health care for senior citizens * Pensionable age for senior citizens should be reduced from 70 and the amount of pension should be increased * Implementing the verdict of the Supreme Court to the government authorities “to ensure especial rights for senior citizens and 50% discount in public transport by implementing Senior Citizens Acts, 2006” | 2007/8   * Increase in the universal allowance and reduction in the eligible age from 75 to 70 years   2009   * President accepted the memorandum, expressed solidarity, and promised to raise the issues within his constitutional scope with Constitutional Assembly Members and government as well. * Senior Citizens Regulation, 2009 was formulated and the government is heading towards implementing those provisions   2010   * The Prime Minister showed his solidarity to the points that were included in the memorandum and signed the petition to show this   2011  No changes reported |
|  | **Pakistan** | 2010   * Senior Citizen’s Bill * Universal pension   2011   * Fares on public transport should be halved for OP * Seats should be reserved for OP * Age friendly facilities for getting on and off like ramps, holdings and steps for OP | 2010   * The Policy for Older Persons is in progress and will be finalised after consultation with the 4 provinces   2011   * Northern Areas Transport Corporation announced 50% fare discount and designated seats for OP * 20% discount in transport fare for OP from Shikar Pur to Karachi * Nowshera Khber Pakhtoonkhaw made commitment for 50% fare discount for OP and allocated seats * Federal Minister for Gilgit Baltistan offered to draft a bill and submit it for legislation, promising his personal involvement to follow bill |
|  | **Sri Lanka** | 2007/8  No information available  2009   * Elders rights, empowerment and entitlements   2010   * Stable income for older people * Protecting the rights of older people   2011   * Social pension scheme * Banks and other financial institutions to extend livelihood loans to OP who are above 60 years | 2007/8   * Social Services Ministry submitted a cabinet paper proposing a Universal Pension Scheme for OP above 70 years   2009  No changes reported  2010   * HelpAge Sri Lanka’s chairman announced as an Honourary Consultant to the Ministry of Social Services in appreciation of his services to the elderly in Sri Lanka * The Minister of Social Services promised to submit a fresh cabinet paper to implement a senior citizens’ allowance of Rs.2,000 per month for all OP who are above 75 years and those who are not receiving any pension or any other benefits from the government * Ministry of Social Services forwarded revised a cabinet paper to grant a social pension of SL Rs. 1,000/- for OP above 80 years   2011   * The government has calculated the total amount need to provide pension to all OP, and those above 65 years, 75, and 80. According to the budget allocation, the Ministry can only fund a pension for those above 80 years. A pension scheme will begin for those above 80 years who are not receiving any grant or pension from the government |
| **MIDDLE EAST** | **Occupied Palestinian Territories** | 2011   * Health insurance for all old people * Social financial support for poor OP * Create age-friendly spaces | 2011   * West Bank - Ministry of Social affairs, Ministry of Health and legislative council committed to official partnerships with PCCDS to work on the rights of OP * Gaza - Commitment from The Ministry of Social Affairs as well as from the member of the Palestinian parliament and El Wedad to have OP rights on their agenda, especially free health insurance, & pension for non-protected OP |
| **EASTERN EUROPE & CENTRAL ASIA** | **Albania** | 2010   * New draft law on social protection of the elderly   2011   * Speeding up the government approval of the draft law on the elderly * Adoption of a platform/ memorandum which will allow OP groups to monitor the national strategy on ageing * Timeline decision over the curricula and training on primary health care | 2010   * The Minister of Health agreed to support a new project which aims at strengthening the capacities of Albanian primary health care services for OP. He signed an agreement for AAGG to take over the project and expressed his full support in finding the necessary funds * Ministry of Health has made it a priority to increase the capacities of primary health care regarding ageing health care. Guidelines for GPs are under preparation, and the curricula for GP training are to be prepared by the beginning of 2011. However, the Ministry is very dependent on donor financing and hasn’t given a budget for the intervention, and is waiting for UNFPA to support it   2011   * Government promised: to review and adapt in a defined time the draft law on pensioners; to be transparent and closely collaborate with OP organisations during this process; to be a committed ally in the process of the draft law becoming law; to find ways in making the strategy on ageing applicable and involve OP organisations in monitoring the process; and to work closely with local governments and support them in the process of building day centres for OP |
|  | **Bosnia & Herzegovina** | 2008  No information available  2009   * Issue of older people poverty is addressed and that OP with no income are particularly protected (one third of OP have no income, particularly affected and vulnerable are those older than 75) * Health system should be more harmonised and pro-poor oriented * OP discrimination should be eliminated in all processes * Government should finally start working on a Strategy on Ageing, and on a National Action Plan in relation to MIPAA   2010   * Focus on MIPAA –poverty and social exclusion.   2011   * OSMIJEH is going to conduct research to develop a robust body of evidence ofOP’s experiences of claiming their statutory rights that can be used in the development of a Strategy on Ageing | 2008   * Greater awareness of OP issues: increased visibility of the CSO Network “For Ageing with Dignity” that represents OP; Network involved in the process of Strategy for Development and Social Inclusion development, with the Department for Economic Planning at the Council of Ministers; OP issues are being regularly mentioned in public, in the context of different strategies, plans, which was not the case few years ago   2009   * “Difficult to describe some tangible outputs or outcomes, but the truth is that OP issues are being more and more mentioned and discussed by the government” * Media more often speak now in favour of OP and call for improvement of their situation. Activism by older people, their participation is becoming something normal in the society unlike in the past when they were seen only as passive, disabled and ill   2010   * Government in BiH has finally started to apply MIPAA and work on development of the social protection policy for older people and strategy on ageing.   2011   * Commitment by the Ministryof Human Rights and Refugees to start working on the Social Policy Framework on Ageing and to partnership with the civil society network “For Ageing with Dignity” to work together on the Policy development and implementation |
|  | **Kyrgyzstan** | 2007/8  No information available  2009   * Adoption of the law “About Older Citizens of the Kyrgyz Republic” * Promotion of reforms in the area of social protection of OP; increase pensions to the level of 75% of the minimum consumer basket for pensioners * Provision of access to quality medical services * Take into account the specific needs of older carers looking after grandchildren, including with disabilities * Consideration of OP coping with cold winters in the light of the energy crisis and increasing prices.   2010   * Focus on the 3 main themes of MIPAA and the country targets for social protection, health, emergencies, discrimination and abuse | 2007/8   * The law “About Older Citizens of the Kyrgyz Republic” was supported by Parliament initiative group and is expected to be approved by parliament in autumn 2009 * Pension increased from 40% to 60% of the minimum consumer basket * Government reduced the age for free medical services for OP from 75 to 70   2009  No changes reported  2010   * State Agency of Social Security agreed to develop a state programme to support and provide social support to children and older carers starting in 2011 * Ministry of Education and State Agency of Social Security agreed to develop a targeted programme for children from migrants’ households (starting small day centres and community-based school programmes for these children). * Ministry of Agriculture agreed to revisit the land reform issue and provide village people with land. Agreed to assist OP in getting low interest credits to cultivate the land * Ministry of Education agreed to organise lessons on ethics and respectful behaviours and attitudes towards OP |
|  | **Moldova** | 2007/8  No information available  2009   * To approve and adopt the Strategy on Ageing, elaborated by civil society network of 14 NGOs in 2007 * To develop the National Plan of Action on Ageing, with participation of OP * Ensure equitable social assistance through increased access to compensations and entitlements to more categories of OP pensioners including oldercarers - older people taking care of children left behind after [parental?] migration * Ensure increased access to home-care for vulnerable older people * Increase the minimum pension level to reach the minimum annual subsistence requirement * Increase access to qualitative Medicare through expanding the coverage of medical insurance policy to better quality and larger lists of medical services available for OP * Increase the list of compensated medicines to cover more illnesses and with better quality medicines * Ensure every vulnerable OP has the necessary quality medical apparatuses (wheel chairs, hearing devices, glasses)   2010   * Social protection * Access to healthcare * Older people’s rights   2011   * Health of older people * Social protection (pensions) | 2007/8   * The MSPFC is working on the draft strategy for unifying the pension system, in order to ensure a unified and equitable pension system * The MSPFC is currently working on the draft strategy regarding the creation of the system of social integrated services, included in ADA asks, and is focused on providing quality social services (which will cover the long- and short-term social needs of vulnerable people and people at risk, reduce their social exclusion and improve the quality of life) * The need of day centres, temporary placement, qualitative home care is gradually being addressed, as many centres are being opened, as well social canteens and the number of social workers increased, which will ensure homecare provision. The development of community social services for people at risk represents a priority of the national policy * The MSPFC committed to ensure a larger number of beneficiaries in the social assistance system. So, the proportion of contributors and beneficiaries of 2/1 for 2008 is planned to be 4/1 – 5/1.   2009  No changes reported  2010   * The Minister of Labour, Social Protection and Family recognised that the current social protection system in Moldova is not perfect and needs reform. The Minister committed to ensuring that the minimum pension reaches the minimum subsistence level for OP. The Ministry committed to developing an integrated system of social services, community centres for the elderly and the unification of the pension system. * Enlarged list of compensated medicines for OP * Implementation of the reform on unique system of pension calculation * Reduced prices on certain items of medicines * Responses to OP demands for reductions in the prices of medicines, increase in the minimum pension to the minimum subsistence level, and indexation of pensions twice per year according to inflation rate, are pending for reason of lack of state funds.   2011   * Rayon Mayoralty to discuss the possibility of allocating 2% of their budget for the needs of OP at their next Council meeting * In Comrat town, the problem of price increases for utilities to be put on the next Council agenda, along with the suggestion that the state should cover these increases for vulnerable households |
|  | **Serbia** | 2009   * Local governments to establish/financially support no institutional services for older people and use resources of NGOs as service providers * Specific financial measures for reducingOP poverty * Raising awareness about neglect, abuse and discrimination of OP   2010   * Raising awareness about neglect and discrimination. * Change the new law on social protection, (which focuses on financial support granted to the most vulnerable categories of the population) as the criteria for allocating social welfare cash assistance excludes a large number of poor OP who have no real opportunities to obtain income * Change the procedure for suing irresponsible family members who do not support older members as prescribed by law, so that social services can demand legal action (according to the new law, legal action is under the jurisdiction of the citizens themselves, which means that elderly people, often ill and on the verge of material existence have to appeal, collect documentation, pay costs etc) * Social pensions   2011   * Change the new Law on Social Protection (also highlighted in 2010), as it’s unlikely that the majority of OP will sue their relatives if they don’t provide assistance * Protocols of cooperation between Social welfare centres, Police, Health care institutions and juridical systems (prosecutors) established, so they can react more efficiently in cases of OP abuse | 2009   * Communication with the government representatives on the draft law on social protection resulted in changes in the draft - the minimum amount of land owned that prevents its owner from being eligible for social welfare assistance has been increased from ½ to 1 acre (still striving to have it increased to 2 acres and to have the market value of the land be estimated) * Financial social welfare assistance to older people unable to work is increased by 20% * Women are eligible for pension at the age of 59½ (60 in 2011), unlike men who are becoming eligible at the age of 60 * The State Secretary also committed to reviving the activities of the National Council for Issues of Old Age and Older People in the first quarter of 2010   2010   * Minister Ljajic has promised to take the suggestions regarding the procedure for suing family members who do not support their older relatives into account and, if feasible, to integrate them into the final version of the Law which should be adopted by the end of 2010 * The Minister recognised the value of social pensions but underlined that currently the country can not afford them   2011  No changes reported |
|  | **Tajikistan** | 2010   * Three main themes of MIPAA within the country targets- social protection, health and emergencies   2011   * Setting up a working group and start developing the national strategy on ageing issues, strengthening the work of the social services departments’ works | 2010   * Government agreed to provide OP with special discounts in some chemists * Government to look into the possibility of providing clinics with specialist Gerontologists   2011  No changes reported |
| **CARIBBEAN** | **Belize** | 2010   * Universal pensions for older people.   2011   * Expansion of National Health Insurance to cover the whole of the country’s population with priority given to senior citizens. | 2010   * Ministers have shown support for the following demands of older people: protection against crime, violence, abuse and neglect; capacity building for caregivers in areas such as psycho-social counselling, dementia and alzheimers; and better transport provision for older people.   2011   * A meeting was planned between the Minister with responsibility for the National Health Insurance Scheme and a delegation from HelpAge Belize to discuss the possibility of expanding the NHI Scheme to the entire country but it never materialized. |
|  | **Dominica** | 2009   * Pensions and access to medication.   2010   * Reduction in utility bills eg light, housing, bus fees etc. * Request for ID cards for older people to receive free medication from drug stores. | 2009   * There have been changes in government’s heath care policy. Older people have been able to access free health care at hospitals, including free diagnostics and laboratory tests.   2010   * Permission will be given to utilize space at Government buildings e.g. vacant schools in the village to be used for day care centres for older persons. Government will ensure that any new Resource Centres being constructed will include space for day centres. * The Government will pursue the possibility of obtaining a bus for the DCOA through donor agencies. |
|  | **Haiti** | 2010   * Housing * Access to cash for income generating activities * Access to food * Assistance to send grandchildren to school. * Inclusion in cash for work recruitments. * Access to healthcare including medicines. * Participation in plans to rebuild Haiti.   2011   * Priority Access to Housing for older people still living in camps * Better access to livelihood opportunities * Access to health: consultation and medication * Food | 2010   * Although the Interim Commission for the Reconstruction of Haiti turned down the request to meet the delegation of older people, the ADA campaign resulted in higher visibility of older people and more awareness of their needs and their priorities.   2011   * Support from First Lady; this resulted in the establishment by the government of a committee to work on the issues of older people. |
|  | **Jamaica** | 2009   * Universal non-contributory pensions by 2015 * Measures to address poor housing conditions * Income and livelihood opportunities for seniors * Improvements in access to healthcare * Geriatric clinics in each parish * Government’s support for the adoption and ratification of a Convention on the Rights of Older People (CROP). * Increased support for and provision of social care services * Tangible increase in mobile health clinics, especially in the rural areas, providing services such as basic tests for blood pressure and diabetes, and offering training to OP and their carerson healthy lifestyles, including diet. * Government should seek assistance in finance and technical expertise from friendly countries and main trading partners such as Canada, Cuba, Venezuela and Japan.   2010   * Improved access to healthcare. * Better housing * Better access to pensions   2011   * For government to broaden the PATH programme to include more OP across the country * Expansion of the age limits for the rehabilitation grant * Inclusion of OP in the Steps to Work Programme | 2009   * The Minister committed to continue working to improve existing social protection programmes such as JADEP, NHF, PATH, NIS, NI-Gold Health Scheme for NIS Pensioners, reduced bus fares, poor relief assistance and free health care at public hospitals and health centres * NIS Office exploring other options for disbursing pensions, so that pensioners would not have to wait in long lines; also working to reduce the waiting period between application and the receipt of NIS benefits   2010   * Two meetings were planned with the Ministries of Health and Labour and Social Security respectively. Both of these meetings were not successful.   2011   * The Programme for the Advancement of Health and Education (PATH)cash transfer programmeis under review to include more OP. * A universal pension is a policy that is being reviewed by the government, but it will take some time for this to become a reality due to resource constraints. |
| **LATIN AMERICA** | **Argentina** | 2010   * Survey of pavements and repair of those in need of repair. * Participation of OP in courses for drivers. * New traffic lights in specific places of the city * Occupy a 25th seat in the Honourable Council of La Plata City (HCD) * Set up a single register for domestic care workers.   2011   * Municipal plan for the repair of pavements * Credit and reduction of council tax * Occupy a 25th seat in the Honourable Council of La Plata City (HCD) | 2010  The Municipal Governor promised to:   * Carry out a survey and repair pavements under the responsibility of municipal, provincial and national levels. * Grant authorisation for older people to participate in training courses for drivers. * Offer the 25th seat in the HCD to a representative of the OPs’ delegation once they have applied for it through the Speaker of the Council * Make possible a register of Domestic Care Workers through the Municipal Council of the Third Age   2011   * Implementation of these asks are foreseen for March-April 2012 and have been pledged by the Mayor. |
|  | **Bolivia** | 2009   * Health * Violence (land grabbing in rural areas) * Documentation * Abuse and abandonment   2010   * Petition to call for a Convention on the Rights of Older People * Human rights * Health services * Favourable environments * Participation * Social Security * Food security * Protection of older people against abuse   2011   * Improvement of the quality of services in health centres. * Increase of non-contributory pensions * Law against abuse and violence against older people * Adherence to the Jurisdictional Demarcation Bill which forbids misappropriation of property and land * Access to credit for small enterprises * Support of an international Convention on the Rights of Older People * Decentralisation of services of the Health Insurance scheme for Older People (SSPAM) in municipal areas. | 2009  No changes reported  2010   * Petition will be passed to the President of Bolivia * The Deputy Minister for Equal Opportunities declared that the Jurisdictional Demarcation Bill which includes an article against abuse of and misappropriation of property fromolder people has entered Parliament for revision. Incorporation of this article was a direct result of meetings with Defensoría del Pueblo, ANAMBO, Fundación Horizontes with the Deputy Minister. * The Governor of Santa Cruz offered a meeting to come to agreement on the demands made by the older people. The hearing was planned for November. * A meeting with the President of Bolivia was promised.   2011   * The Deputy Minister for Equal Opportunities committed to develop a plan to include the needs and demands of older people into the charters of municipal councils of La Paz Province. The resulting document will be binding. * The meeting of OPAs and municipal and provincial authorities as well as the Provincial Health Service (SITES) won a commitment to work cooperatively to implement the demands in a timely and effective manner. * The authorities are committed to act upon health demands of the elderly. * The construction of a geriatric hospital is to be taken forward from 2012. |
|  | **Chile** | 2011   * Access to health services without discrimination * Better quality in health care services. * Discount in health costs. * Shorter waiting times for surgical procedures * Access to medication, rehabilitation and geriatric services. | 2011   * This list was given to the Director of the National Service of Older Adults but no changes have been reported yet. |
|  | **Colombia** | 2009   * Expansion of the coverage of the allowance for the elderly * Dignified care facilities for the displaced population. * Delivery of emergency humanitarian aid to older people in emergency situations. * Inclusion in housing subsidies. * Repair of land and property that people have been required to leave.   2010   * Improved health care for older adults. * Expansion of coverage of the subsidy for older adults.   2011   * Universal social protection. | 2009   * Social accountability committees and local centres for the attention of older adults have been established.   2010  No changes in policy reported.  2011  No changes in policy reported. |
|  | **Costa Rica** | 2011   * Call for a Convention on the Rights for Older People. | 2011   * No changes reported. |
|  | **Dominican Republic** | 2009   * Allocation of a state pension to all those aged 65 and above. * National health insurance for those aged 65 and above.   2010   * Provision of state pension and national health insurance for all persons over 65 years of age, starting with those over 85 and then gradually including the rest. * Stop age discrimination, and segregation and violence against older adults   .  2011   * Make older people visible so as to promote their protection and inclusion in society. * Provision of state pension and national health insurance for all persons over 65 years of age, starting with those over 85 and then gradually including the rest. * Stop age discrimination, and segregation and violence against older adults | 2009   * The Minister for Labourpledged his support to the issue of universal pensions and promised he would look at alternative ways of funding these pensions. The process was due to start in 2012 and would gradually incorporate all those aged 65 and above by 2018.   2010   * No changes reported.   2011   * No changes reported. |
|  | **Ecuador** | 2009   * Training and organisation spaces, and general demands for the rights of older people.   2010   * Universal pension * Participation in equality councils * Improved health and education services.   2011   * Dissemination of the new law on older adults. * Universal retirement. | 2009   * Small incidence although local governments are paying more attention to older people issues.   2010   * The national assembly will debate and pass legislation that will protect the rights of older people. A technical unit of the National Assembly is working on a draft incorporating suggestions made by older people during workshops.   2011   * No changes reported. |
|  | **Paraguay** | 2010   * Increased support from local governments for older people. * Pension for older people living in poverty. * Rights of older people.   2011   * Universal pension that is paid on time. | 2010   * Greater visibility of older people’s issues in the public sector, society and the press. * Coordination between institutions and groups which work with older people. * Agreement with the Unit for Social Economy of the Treasury Ministry for carrying out meetings in rural municipalities.   2011   * An agreement was made between older people’s organisations and local governments and, as a result, a committee was established in every local authority to coordinate activities and to include demands of older people in local policies. |
|  | **Peru** | 2009   * Respect for older people. * Positive image of older people through media * Recognition of their human rights   2010   * Social pension * Universal health care insurance * Job opportunities and increased wages.   2011   * The promulgation of a law that guarantees a state pension for all. | 2009   * Through involvement with the media and a publicity campaign, older people have become more visible and the objectives of ADA have been widely publicised. * Commitment from Parliament, the Ministry for Women, Health Ministry and the Office of the Ombudsman to work in favour of older people.   2010   * New non-contributory pension now being paid out to the most vulnerable older people over 75.   2011   * No changes reported. |
|  | **Panama** | 2010   * Call for inclusive policies and actions to promote sports.   2011   * Census of older people that live in the old town in Panama City and Colon with the goal of promoting their participation in the conservation, management and rehabilitation of these areas. * Data collection on the incidence of intrauterine cancer on older women to increase awareness of this condition. * Promotion of a human rights observatory to eliminate all forms of discrimination against older people. * Implementation of a mobile library for older people. | 2010   * Demand favourably received by Director of Sports in Panama.   2011   * The mobile library will be implemented at the end of 2011.It will have a collection of books in three languages as well as information on campaigns for the prevention of violence and the promotion of good health. * The human rights observatory will be implemented in 2012 with the support of the office of the Ombudsman, the Ministry of Health and the Municipality of Boquete. |

1. Corporate Indicator 22 Q1, Strategy target of 60 countries by March 2013, and a PPA target of 65 countries by 2014. [↑](#footnote-ref-1)
2. Corporate Indicator 22 Q2, Strategy target of 65,000 people by March 2013. [↑](#footnote-ref-2)
3. For caveats and calculations see Section 4.3 and Annex 8. [↑](#footnote-ref-3)
4. For a full list of affiliate organisations go here: <http://www.helpage.org/who-we-are/our-affiliates-/affiliates-list/> [↑](#footnote-ref-4)
5. The Plan of Action can be found here: [www.un.org/ageing/documents/building\_natl.../guiding.pdf](http://www.un.org/ageing/documents/building_natl.../guiding.pdf). [↑](#footnote-ref-5)
6. <http://www.helpage.org/get-involved/campaigns/what-is-age-demands-action/sign-the-ada-petition/> [↑](#footnote-ref-6)
7. Age Demands Action 2011. Manual for partners. [↑](#footnote-ref-7)
8. <http://social.un.org/index/Ageing/MadridPlanofActionanditsImplementation/ReviewandAppraisaloftheMIPAA.aspx> [↑](#footnote-ref-8)
9. ICAI’s Approach to Effectiveness and Value for Money (2011). Independent Commission for Aid Impact. [↑](#footnote-ref-9)
10. DFID’s Approach to Value for Money (2011) DFID [↑](#footnote-ref-10)
11. DFID Cash Transfers Literature Review (2011) DFID [↑](#footnote-ref-11)
12. A Guide to Social Return on Investment (2009). Cabinet Office, Office of the Third Sector. [↑](#footnote-ref-12)
13. Data is available for 30 countries (59%). [↑](#footnote-ref-13)
14. Data is available for 13 countries (25%). [↑](#footnote-ref-14)
15. Data gaps mean that the true figure will be higher. [↑](#footnote-ref-15)
16. Data gaps mean that the true figure will be higher [↑](#footnote-ref-16)
17. The Sowetan, Thursday October 9, 2008 [↑](#footnote-ref-17)
18. For caveats and calculations see Section 4.3 and Annex 8. [↑](#footnote-ref-18)