

Ageing in Africa

Issue 39 September 2014

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Editorial

Welcome to this issue of Ageing in Africa!

During the 2013 United Nations' International Day of Older Persons, HelpAge International launched the first ever measure of the quality of life and well-being of older people around the world known as Global Age Watch Index (GAWI). The index measures the wellbeing of older people in 91 countries which represents 89% of the world's older people.

The index shows that good management of ageing is within reach of all governments. A running thread is that action in the key areas of income security and health is essential.

As part of launching the GAWI within our region, HelpAge International East, West and Central Africa (EWCA) organised a high-level breakfast meeting in Kenya with members of HelpAge's international board and senior officials from the government, civil society, private sector and donor agencies in mid-October 2013.

This issue also highlights the Age Demands Action (ADA) campaign activities that took place in Ethiopia, Ghana, Kenya and Tanzania between June and October 2013. Also highlighted is the 17th International Conference on AIDS and STIs in Africa that took place in Cape Town, South Africa from 7th to 11th October 2013.

In this issue you will find case studies from some of the projects that are being implemented with and for older people in Africa region.

We welcome feedback regarding any of the articles featured in this newsletter or other issues affecting older people in the region. Do please also send in your ideas for articles in future issues to charles.njanga@helpage.org.

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HIV and AIDS among older people Older people's role in care giving in Kenya



Participants of the first National Conference on Greater Involvement of Older People Living with HIV pose for a group photo

According to the 2012 Kenya Aids Indicator Survey (KAIS 2012), the HIV prevalence rate among older people aged 55-64 years increased to 4.2% from 3.3% in 2007.

HelpAge International received funding from the government through NACC-KARSCOM to conduct a situational analysis on HIV and AIDS among older people and their role in care giving in Kenya. This study was carried out in Nyando district of Nyanza Province and Gatundu North and Thika West Districts of Central Kenya. The selection of the above

The HIV prevalence rate among older people aged 55-64 years increased to 4.2% from 3.3% in 2007

districts was based on the high HIV prevalence rates, their proximity to the major highways and extreme poverty, with nearly half of the population living in abject poverty. The choice of Nyanza region on the other hand was based on the high poverty index, »



A presentation during the first National Conference on Greater Involvement of Older People Living with HIV in Nairobi.

A triangulation of methods was employed to collect requisite data for the study

high prevalence of HIV and food insecurity and high percentage of orphans and vulnerable children in the population.

A triangulation of methods was employed to collect requisite data for the study: a formal survey was conducted by administering a household questionnaire to a total of 690 older persons in the two regions coupled with focus group discussions; case studies; key informant interviews; and a literature review.

It was evident from the study that several HIV and AIDS programmes target older people in the survey sites. During the study, a majority of older people cited major modes

of HIV and AIDS transmission and social behaviour that encourage spread of HIV such as unprotected sexual intercourse with an infected partner and mother to child. However, misconception about HIV and AIDS transmission was also reported such as transmission through the womb or breastfeeding, simple

contact with an infected person and sharing food. Field workers reported that low levels of education among older people contributed to the misconception.

Awareness on methods of protection against HIV was varied with half of the

Field workers reported that low levels of education among older people contributed to the misconception.

We can change our world

if people change their attitudes

Support older people's skills

and they regain their dignity

respondents mentioning modes of protection as faithfulness, celibacy and condom use. Over half of the respondents cited their source of information on HIV and AIDS as the media, church/mosque, open public forums, friends/family and health facilities. Over 60% of respondents required more information on the use of Anti-Retroviral medicines, nutrition, management of opportunistic infections and counselling.

It was clear from the study that a majority of the respondents felt they were at a low risk of infection. One respondent said, "I know I cannot get infected with HIV. This is because my wife is now old and not sexually active. Even when I want to have sex I look for equally old women who no longer have sex. I also look for younger women who are ugly. You see, with such women you are assured to be the only one sleeping with them." said the 57 year old married man from Gatundu North District. Such misconceptions should be addressed if UNAIDS goals of eliminating new HIV infections and reducing sexual transmission of the disease are to be realized.

The study also indicated that older carers in HIV and AIDS affected households experienced acute financial stress as the burden of caring for people living with HIV (PLHIV) and orphans had a catastrophic impact on the

household income. Due to additional caring workloads, older carers have reduced time for income generating activities. Older carers who regularly suffered from ill health and age-related ailments reported that this undermined their capacity to provide for their dependants. In order to deal with financial stress, older people involved in HIV and AIDS care should be economically empowered through social assistance programmes, such as cash

transfers, spearheaded by the government to reduce their susceptibility to external livelihood shocks.

The demanding tasks of caring for sick relatives and for orphans affect older care givers' emotional wellbeing and reduce time available for their involvement in social and economic activities.

There is therefore a need for enhanced coordination and stronger links between programmes and interventions that promote greater focus on the emotional, physical and psychosocial needs of older carers, orphans and PLHIV.

Also, programmes aimed at older people's access to HIV related services and information need to be strengthened and scaled up as the epidemic is ageing, even in the African continent.

Recommendations

- The literacy level of older people on HIV and AIDS needs to be increased in all areas of prevention, treatment, care and support if the government's goal of combating the epidemic is to be achieved
- To ensure that people living with HIV (PLHIV) and orphans and vulnerable children (OVC) receive the best care and support as possible, it is essential that older carers are directly targeted for home care education and awareness.
- Misconceptions should be addressed if UNAIDS goals of eliminating new HIV infections and reducing sexual transmission of the disease are to be realized.
- In order to deal with financial stress, older people involved in HIV and AIDS care should be economically empowered through social assistance programmes, such as cash transfers, spearheaded by the government to reduce their susceptibility to external livelihood shocks.
- There is a need for enhanced coordination and stronger links between programmes and interventions that promote greater focus on the emotional, physical and psychosocial needs of older carers, orphans and PLHIV.
- Programmes aimed at older people's access to HIV related services and information need to be strengthened and scaled up as the epidemic is ageing, even in the African continent.

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Southern Africa Regional Office

Country Updates

The work in the Southern Africa Regional Office (SAFRO) has been moving at a fast pace with all the countries currently implementing a number of programmes and also taking part in the Age Demand Action (ADA) campaign.

South Africa

In South Africa, the South Africa Ageing Network (SAAN) a loose network of autonomous organizations coming together to address issues affecting older persons in South Africa will host a national stakeholders meeting on 26 – 27 May 2014.

Muthande Society for the Aged a HelpAge affiliate will also participate in the ADA for Rights Campaign on 15 June 2014

Lesotho

Following the signature of a Memorandum of Understanding between HelpAge and the Lesotho Ministry of Social Development (MOSD) in August 2013, a scoping study that would look at existing policies and programmes set up by the government of the Kingdom of Lesotho and its non-state actors, including an analysis of existing gaps in response to older persons issues will be done.

The scoping study is expected to take a month and will be followed by a stakeholders meeting.

Zambia

In Zambia HelpAge has started to engage a number of stakeholders to support the establishment of a national



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Age Demands Action, Malawi 2013

network that will have a selected lead organization to coordinate both advocacy and programmatic work. The Senior Citizens Association of Zambia (SCAZ) a Help Age affiliate in Zambia will also participate in the ADA for Right Campaign on 15 June 2015.

Zimbabwe

A study by the Food and Agriculture Organisation (FAO) on the Livelihoods of Older Farmers and Households Affected by HIV and AIDS, will take place in Zimbabwe. The study results will feed

into a project supported by UKAID to reduce poverty by improving the health of older people.

The South Africa Ageing Network will also participate in the ADA for Rights Campaign on 15 June 2015.

Mozambique

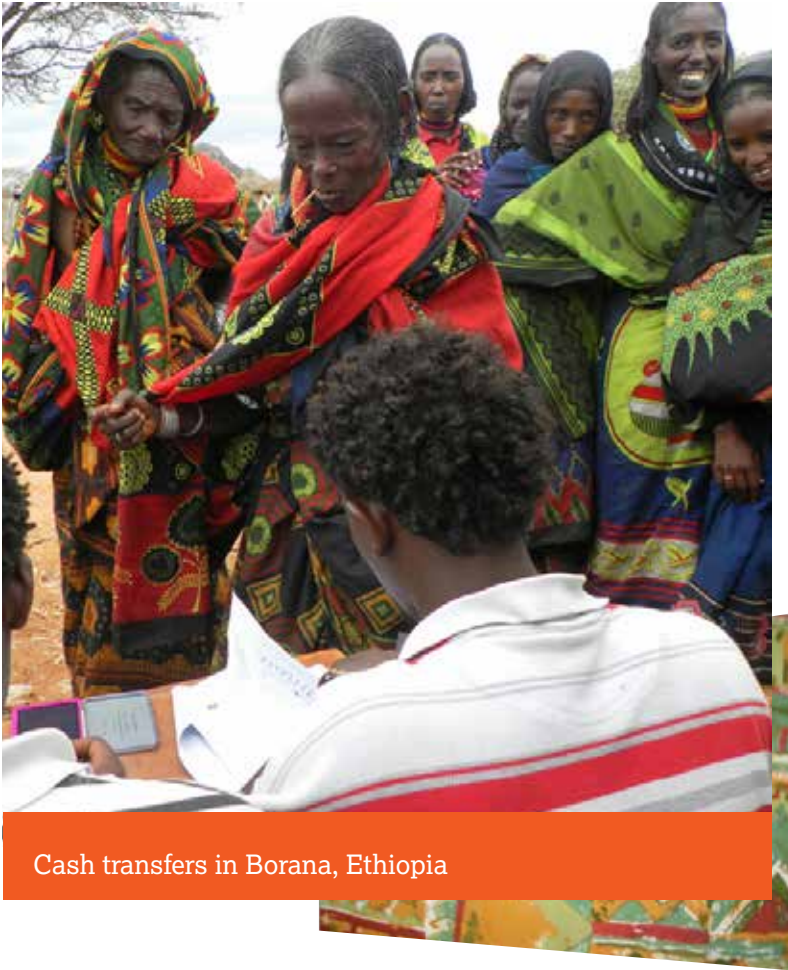
HelpAge in partnership with Forum da Terceira Idade will also participate in the ADA for Right Campaign on 15 June 2015.

Change attitudes

change the world

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The South Africa Ageing Network will also participate in the ADA for Rights Campaign on 15 June 2015



Cash transfers in Borana, Ethiopia

Cash transfers provide new hope for older persons in Ethiopia

Mulatua, now blind for the last six years, bursts into a spontaneous laughter as she ushers her visitors into her small one-roomed shack that she calls home. This senior citizen and resident of Addis Ababa's Arada sub-city Inoreda 4 symbolises deprivation. Besides being blind, she has no income, no family and she is not a pensioner.

Mulatua, who is proud to declare her best delicacy as raw beef, lost her children and husband. She had worked

as a domestic labourer in households before losing her eyesight. Luckily, she is a beneficiary of a cash transfer scheme administered by HelpAge Ethiopia through the Eneredada (let's help each other) project, a day centre for elderly people. Mulatua who is a member of Eneredada Elderly People's Association receives 100 Birr per month, approximately \$5.14 USD.

Like Mulatua, Negashu is also a beneficiary of the cash transfer scheme. Also a resident of Arada sub-city, Addis Ababa, she is the sole bread winner for her family. She spends the 100 Birr she receives from Eneredada, mainly on edible oil to bake

injeraa (traditional Ethiopian flat-bread) for sale. Ejegayehu sells 10 injeraa per day making 35 Birr, approximately 1.8 USD. "The 100 Birr I receive from Eneredada, makes a difference in my life. It is my lifeline", she said in an interview.

Tesfaye is a 62-year old widower and member of Eneredada Elderly People's Association. Born and raised in Addis Ababa, his wife and only child died of AIDS-related illnesses four years ago. He is HIV- positive and lives with his nephew who came to take care of him a few years ago while he was very ill.

His first job was weaving, but he was forced to quit due to eye problems. He later took up a daily labourer job but says, "I only get the simple tasks because of my poor eyesight. I again was forced to stop working when I was sick after being diagnosed with HIV."

He joined Eneredada project two years ago where he is given soap, oil, rent support and wheat every month. He will be receiving clothing as well. "Over a month ago, they gave me a loan of 3,000 Ethiopian Birr which I used to establish a weaving business, which I run from my home with the help of my nephew," he says.

Eneredada also trained him in small business management which enabled him to improve his business management skills. "We make and sell gabis (traditional Ethiopian blankets) and netellas (traditional Ethiopian shawls). I can only make gabis because of my poor eyesight, but at least I am once again, after 35 years, doing what I love weaving."

Every month, Tesfaye pays 73 Birr to Eneredada out of which 20 goes into his savings account and the rest

She is a beneficiary of a cash transfer scheme administered by HelpAge Ethiopia through the Eneredada

"Over a month ago, they gave me a loan of 3,000 Ethiopian Birr which I used to establish a weaving business, which I run from my home with the help of my nephew,"



Older people at the Community Based Integrated Sustainable Development Organisation (CBISDO), Addis Ababa, Ethiopia

“Although at present the Government lacks sufficient resources to provide social protection to all those who are unable to work, various social protection and social security systems are under consideration,” states the Ethiopia National Plan of Action of Persons with Disabilities (2012-2021). The plan recognises that existing social security systems will need to be expanded to cover the increased number of beneficiaries, including persons with disability.

According to the National Plan of Action on Older Persons (1998-2007), the majority of older persons in Ethiopia are engaged in the informal sector and tedious jobs and continue to work until they become seriously ill or die. Yet the income they earn hardly meets their basic needs. “Older persons are forced to stay in these informal jobs because they have no access to social security. They are left without care and support because they have no source of income or saving except their labour,” the national plan further states.

In Ethiopia, due to inadequate data, it is difficult to provide a detailed analysis of the socio-economic conditions of older persons. According to the 2007 census conducted by Central Statistics Agency (CSA), the number of people aged 60 and above was 2.7 million in 1984 and it was projected to rise to 5.3 million in 2020. According to the statistical abstract published in July 2006, the population of Ethiopia was 75 million out of which 3.3 million were aged 60 and above.

The national plan had set out to, among others, foster the employment of older persons that can generate regular income commensurate with their contribution without discrimination on grounds of age.

“is repayment of the loan. He intends to expand his business to include retailing after repaying the loan.

allocated enough resources to provide social protection for Mulatua, Ejegayehu, Tesfaye and many other older persons in similar circumstances. But it is optimistic things will improve in the near future.

In a month, he gets between two and three gabis orders and between four and five netella orders. One gabi sells for 400 Birr and one netella 30 Birr. “I am able to take my life into my own hands. Before, I only received support in terms of basic needs, now I am starting to support myself again.” The Ethiopian government has not

The national plan had set out to, among others, foster the employment of older persons that can generate regular income commensurate with their contribution without discrimination on grounds of age.

Alene Mahtsentu, Senior Expert, Capacity Building, Ministry of Labour and Social Affairs is upbeat about the future. “Stakeholders are jointly working on producing a strategic plan to operationalise the policy on social protection. The policy covers issues to do with older persons; orphans and vulnerable children, employment, disaster response among others,” he said in an interview at his office in Addis Ababa. The national platform working to produce the strategic plan comprises of the Ministry of Agriculture; Ministry of Education; Ministry of Health, HelpAge International and other NGOs; Unicef; the UK Department for International Development (DFID) and Irish Aid and is co-chaired by the ministries of Labour and Social Affairs (MOLSA) and Agriculture.

Sharing Alene’s optimism is Aba Abiy Kassaye of St George’s Welfare Association. He emphasised the fact that older persons are marginalised in Ethiopia before stating that, “It is great to know that this problem shall be addressed through the strategic plan and also by policies acknowledging the population above the age of 59.”

Fatuma Jemal, Executive Director of Network of South Region Association of HIV positive people (NOSAP+) in Hawassa, concurs with Aba over the marginalisation of older persons. “There are no specific activities for

Before, I only received support in terms of basic needs, now I am starting to support myself again.”

“It is great to know that this problem shall be addressed through the strategic plan and also by policies acknowledging the population above the age of 59.”

Our experience of life

helps us find solutions

“older persons, people with disability and orphans and vulnerable children in this region,” she lamented. There are 15 organisations under NOSAP+ supported by the Global Fund to fight AIDS, TB and Malaria but only one of them Medhin, addresses issues of older persons in relation to HIV.

many issues affecting older persons. He believes some of these problems can be addressed through; raising community awareness on issues affecting older persons; getting more stakeholders involved to join HelpAge’s work; providing care and support for older persons and also initiating aggressive advocacy campaigns to highlight issues affecting older persons.

older person’s issues that also need to be addressed include misconceptions that they have no more contributions to make to society and lack of investment in ageing. “Addressing these and other problems facing older persons will help restore dignity to senior citizens in Ethiopia who in spite of their age, still can make immense contributions in society”, says Feleke Tadele, HelpAge Ethiopia Country Director.

According to HelpAge Ethiopia country office, other

Ato Filimon Aldada, the Social Problems Prevention and Social Welfare Development Officer in Hawassa calls for urgent steps to address the

5 Reasons why we need a new international instrument on older people’s rights

The Open Ended Working Group (OEWG) takes place in August 2014. As we go towards the OEWG, HelpAge International continues to advocate for a UN Convention on Older People.

1. Age discrimination and ageism are widely tolerated across the world. Negative ageist attitudes towards old age and older people are deeply ingrained in many societies and, unlike other forms of prejudice and discriminatory behavior, are rarely acknowledged or challenged. This leads to widespread discrimination and marginalisation of older people, and is at the root of their isolation and exclusion.
2. Older people face abuse, violence and denial of their rights. A growing body of evidence shows that many older people face abuse and violence in their own homes, and in institutional and long-term care facilities. Many are also denied the right to make decisions about their personal finances, property and medical care. They are often denied their rights to social security, access to health and productive resources, work, food and housing.
3. The number of older people likely to experience discrimination and violation of their rights worldwide is growing at an unprecedented pace. As populations age, a growing part of the population is being subjected to the widespread ageism and discrimination on the basis of old age in all aspects of their lives. Unless this prohibited in law and made unacceptable within society, the numbers of people discriminated against will increase.
4. There are clear gaps in protections available to older people in existing human rights standards. Only one of the existing human rights conventions explicitly prohibits age discrimination. There are no specific human rights standards on issues like elder abuse, long-term and palliative care. This, plus the fact that existing human rights standards do not articulate how each human right specifically applies to older people and in the context of old age means there is very little understanding or attention to older people’s rights. As a result national laws and policies are patchy and inconsistent and ageism and discrimination on the basis of old age continue to be tolerated and go unchallenged.
5. Older people’s rights are neglected by the current human rights monitoring system. United Nations and regional human rights bodies have largely ignored the rights of older people. For example, of 21,353 recommendations by the Human Rights Council during the first round of its peer to peer human rights review process of all United Nations Member States (known as Universal Periodic Review), only 31 recommendations referred to “elderly” people or people of “old age”.

Here are 15 organisations under NOSAP+ supported by the Global Fund to fight AIDS, TB and Malaria but only one of them Medhin, addresses issues of older persons in relation to HIV

Other older person’s issues that also need to be addressed include misconceptions that they have no more contributions to make to society

5 main elements of a new international instrument on older people's rights

1. It must provide a comprehensive and systematic framework for the protection and promotion of all the human rights of older people. To do this it must recognise that older people face unique legal, social, institutional and other barriers and challenges to the full enjoyment of their rights. It must recognise that ageism, namely negative attitudes towards and the stereotyping of older people and old age, is prevalent in all societies and results in prejudice, discrimination and the violation of the rights of older people. It must reaffirm that older people have rights on an equal basis with other people. It must recognise the interdependence and indivisibility of all human rights. Its provisions must complement existing international human rights treaties and not diluting existing human rights standards in any way.
2. It must apply to all older people today and in the future. To do this it must recognise and provide for the fact that ageing is a natural, universal experience and one that people can experience differently. It must recognise that the social construction of old age and what it is to be an older person can vary across different social, religious or cultural contexts and that as populations age, the social construction of old age and what it is to be an older person will change and evolve.
3. It must prohibit discrimination on the basis of old age in all aspects of people's lives. This includes direct discrimination, indirect discrimination, discrimination by association and discrimination based on perception as well as multiple discrimination based on more than one characteristic, for example age and sex or age and marital status. It must also allow for special measures or positive action to ensure equality in practice.
4. It must articulate how each human right specifically applies to older people and what States Parties' human rights obligations and legal duties are to older people under these rights. It must outline measures that States Parties must take to respect, protect and fulfil the human rights of older people, identifying areas of rights where special measures need to be made and where protection must be reinforced so that older people can exercise their rights on an equal basis with others.
5. It must provide for a strong implementation, monitoring and accountability system. This includes providing for the establishment of national implementation bodies and recognising the importance of international co-operation, including international development programmes, in the implementation of its provisions. It must provide for the creation of independent monitoring mechanisms at the national and international levels. It must also provide for the establishment of individual complaints mechanisms at the national and international level.

Negative ageist attitudes towards old age and older people are deeply ingrained in many societies

Two countries, one history



Social Justice Day 2013 in Juba, South Sudan

"I fought in the bush for seven years. Now I am fighting for older people rights."

Pastor Mintel Dowd.

The story of a HelpAge International community worker in Juba, an ex-freedom fighter, known for fighting for old people's rights in new South Sudan. »

With a little support

older people make a big difference

“As we sat in South Sudan Older People’s Organization (SSOPO) office in Juba, one of its oldest members told me about his long life in public service as a teacher and religious community worker. Pastor Mintel recalls how when he first started teaching in 1960, out of 500 school children only two were girls. He mentioned that it is something positive that has changed in his life, that girls and women now have access to education. In addition, when he was young, women and especially older women were not allowed to be active in any teachers unions or even sometimes attend meetings. He said he had no idea of the problems older women had in accessing land which made it hard for them to achieve economic freedom and to actively participate in public life.

Sudan has a long history of conflict and Mintel recalls how he went to fight in the bush for seven years, taking his whole family in the 1960’s when it was the first war with the Khartoum government.

He came back to Juba when a peace deal was signed in 1972. He became a member of an OPC (Older Persons Committee) in the late 1990s when war recommenced. Dowd said during those war years he saw older people suffer as fighting stopped people from farming and the price of food was very high, leading to great suffering. HelpAge International saw the need for basic items such as clothes and shelter for older people plus skills training in the tailoring business or management for small tea shops.

During the years of war, he saw many good cultural practices break down. For instance, many older people left their villages to come to town, where HelpAge gave

them an opportunity to earn an income. This gave them back their self-respect. Many older people were saddened when HelpAge handed over their operations to SSOPO in 2007. It was a new country being born, but no international NGOs were pushing for the problems of older people.

Many of the problems have continued into present time where he sees the population in Juba double in size to nearly 1.2 million with older people begging on the streets. He sees families’ daily lives still difficult after 2 years of South Sudan’s independence. According to the UNDP, South Sudan is ranked among the five poorest countries in the world.

“We are all happy being a new country but one of the many problems that old people like himself face is the ongoing dispute over pension payments,” says Pastor Mintel. According to the 2005 peace agreement, all civil servants pensions should be paid by the new government of South Sudan in Juba.

The pensions were initially paid by the Khartoum government but since separation, the new country is responsible. But sadly, we are still waiting for our money and the government has informed us that they are looking into it.

Pastor Mintel said he became aware that the older people need to act as one and that is why he is happy to be part of HelpAge/SSOPO advocacy team that are becoming active in demanding their rights in the new constitution and also demanding from the government monies owed to them in their unpaid pensions.

Currently the government is working within the transitional constitution but over the

next eighteen months it will work with civil society on designing a new constitution with HelpAge/SSOPO being one of the groups putting their voices on the agenda.

The current transitional constitution makes only passing reference to the needs of older people and overall a lot of advocacy work is needed to improve all sections of the new constitution from the preamble, to the bill of rights needing a more age friendly focus. We see no mention of universal pension rights and little mention of age discrimination both areas of concern for Pastor Mintel. “I see even in the main hospital in Juba, old people told to come back another day, there is a lack of care for us. We just want to be treated the same as other groups.

This is something I have learnt from training with HelpAge/SSOPO, that rights are something that is for everyone from birth to death.” He goes on to say that his group is planning to be part of constitutional working group on the new constitution. “It will be the first time that older people have an opportunity in this civil society group to have a voice.”

“We fought for this new country and we want our rights to be part of the new country.” concludes Pastor Mintel.

Something positive that has changed in his life, that girls and women now have access to education

“We fought for this new country and we want our rights to be part of the new country.”

When you give

older people give back

African First Ladies summit:

The link between HIV and AIDS and cervical cancer



A health centre in Tanzania that has set aside a designated queue for older people

I was privileged to be at a summit of African First Ladies that was organized by the George W. Bush Institute in Dar es Salaam on 2-3 July 2013. The theme of the event was “Investing in Women; Strengthening Africa”.

The meeting was attended by high profile people such as the First Lady of the USA, Michelle Obama, Former First Lady Laura Bush, the President of the United Republic of Tanzania, His Excellency Jakaya Kikwete and Former US President, George W. Bush.

The First Lady of Tanzania, Mama Salma Kikwete was among seven African First Ladies from East, West and Southern Africa who were present, including the wife of the Vice President of Ghana. Also in attendance was Cherie Blair, wife of the Former British Prime Minister, Tony.

Solutions for improving women’s access to healthcare The meeting was organised to focus on effective and innovative solutions for improving women’s access to healthcare, education and economic opportunities across Africa. It highlighted success stories and best practice, as

well as the First Ladies’ roles as advocates and leaders. There were also discussions on public-private partnerships and action points to ensure concrete results for women in Africa.

The meeting looked at the role of women in building families and societies despite barriers to education and limited access to land and credit. First Ladies Michelle Obama and Laura Bush shared very inspiring stories and encouraging messages.

Zambia’s First Lady, Christine Kaseba highlighted her work as an obstetrician, gynaecologist and patron of Pink Ribbon Red Ribbon. Sierra Leone’s First Lady, Sia Nyama Koroma highlighted her initiatives that combine education and economic empowerment strategies to improve women’s lives.

Link between HIV and AIDS and cervical cancer

My major take from this summit is the strong link between HIV and AIDS and cervical cancer which places higher risk on women living with HIV. Statements that a woman whose life was saved from HIV should not die from»

The verification hearing was quick and to the point.

“It is so important to have a complaints process,” she adds. “I wouldn’t have been registered without it.”

social protection for older people

mitigates the impact of HIV and AIDS



An older person being attended to by Dr Tewodros Weretaw Abitew, an Ophthalmologist at Nekemt Secondary Eye Care Unit in Addis Ababa, Ethiopia.

preventable cervical cancer were made several times.

Michel Sidibe, Executive Director of UNAIDS said: “We should deal with cervical cancer through a people-centered approach. Make testing possible for a woman as she is likely to die from cervical cancer even when we have saved her life from HIV.” It was also mentioned that in Zambia, 37% of the women dying from breast cancer are women of reproductive age. But how much do we know about the prevalence of cervical cancer among older women?

The infrastructure built for HIV and AIDS is being used to address the growing threat of cancer – breast and cervical. It is therefore important that, as advocates of older people, we at HelpAge International join the campaign to ensure women who are ageing with HIV receive appropriate cancer treatment. This could ensure the gains made from

prolonging life through antiretroviral drugs are not eroded by cancer or other non-communicable diseases.

Advocates for women and girls

I witnessed first-hand how a first lady can leverage their position to make a difference. First Ladies can play a critical role as advocates for women and girls. They can serve as effective advocates for pressing issues in their countries particularly related to girls’ education, women’s health and economic opportunities.

At the conclusion of the summit, various commitments to ensure the continuum of care from prevention to treatment were announced. These include:

- The United States President’s Emergency Plan for AIDS Relief (PEPFAR) pledge of 30 million US dollars for

11 sub-Saharan African countries in the next three years.

- A UNAIDS fund of 100,000 US dollars to mobilise HIV positive women in three countries to join in the programme.
- Bristol-Myers Squibb Foundation through “Secure the Future” programme pledge of 1.2 million US dollars for Tanzania to support community-based activities to make sure no woman saved from HIV and AIDS dies of cervical cancer.
- Through the Pink Ribbon Red Ribbon Alliance, Tanzania will be the third country to benefit from 3 million US dollars of support for detecting and treating cervical cancer (after Botswana and Zambia).
- World Vision launched its “Strong Women, Strong World” campaign, which over a five-year period aims to raise 35 million US dollars for projects in 14 African countries. These will address maternal and child health, water, sanitation and hygiene, education and leadership development, entrepreneurship and education and advocacy justice.

As the summits introductory note mentions, a woman’s inclusion in the economy impacts the success of her family and the prosperity of her country. Let’s ensure the unsung heroes that are older women, who are the pillars of HIV and AIDS care and support, are included and their voices are heard.

This article was first published on the HelpAge International website in July 2013

“We should deal with cervical cancer through a people-centered approach.”

PEPFAR pledged 30 million US dollars for 11 sub-Saharan African countries in the next three years.

ADA 2013 country activities



A group of older people take part in a demonstration to mark the International Day of Older Persons in Ghana.

ADA activists also wrote a petition paper in support of the UN Convention on the rights of older people

HelpAge Ghana

Delegates met with the Ministry of Gender, Children and Social Protection and other stakeholders to present relevant documents in pursuance of the UN-OEWG on Ageing.

The Government of Ghana pledged to;

- Follow-up on mainstreaming a 3 year scale-up plan on Health and Ageing developed by key stakeholders in August 2013, including HelpAge Ghana, Ministry of Health and Ghana Health Services with support from World Health Organization (WHO). This plan aims at mainstreaming health needs of older people into the National Health System
- Demonstrate more

commitment to promoting the rights of older people by actively participating and supporting subsequent meetings of the UN Open Ended Working Group (OEWG) towards a convention on the rights of older people.

- Engage the National Health Insurance Authority and Ministry of Health to make the health insurance scheme more responsive to the health needs of older people.

Community Age Care Organisations in Accra, The National Secretariat of Social Security and National Insurance Trust (SSNIT) and Pensioners Association are some of the Older People Associations that were involved in the campaigns.

The event was covered by a range of media stations

including Ghana Broadcasting Corporation (GBC-Radio), Citi FM, Joy FM, Asempa FM, Atlantic Radio, Radio Gold, Choice FM, Sunny FM, Radio XYZ, Happy FM and eTV.

KESPA, Kenya

A two-day free medical camp and Voluntary Counselling and Testing (VCT) Centre for Older Persons was conducted in Siaya. ADA activists also wrote a petition paper in support of the UN Convention on the rights of older people and presented this and a petition to the Siaya County Governor on 1st October 2013.

The Siaya County Governor pledged to;

- Enact a Social Welfare Bill to mainstream the welfare of older people in legislative projects and actions to be older people friendly.

This plan aims at mainstreaming health needs of older people into the National Health System

- Send a message to the County Director of Health to make health services older people friendly and promote a change in attitude toward older people.

Finally the County Assembly speaker and the acting Governor, Hon. George Okode, challenged the delegates to provide developmental indicators facing older persons to the County Legislative Assembly to be factored into the budget.

SAWAKA, Tanzania

Several engagement meetings with key decision makers at Missenyi and Karagwe districts and also in the wider Kagera region were held while Radio and TV talk shows discussed the challenges facing older people and how they can be solved, including through a call for a UN Convention on the rights of older people.

Competitions were also organised for school children such as essay writing, drawings and project proposal writing, to increase their understanding of older people's concerns and to support them in their advocacy activities.

Older people called for their issues to be integrated into regional development plans and budgets, ensuring all government health facilities are providing free medical services for older people and allocation of funds to support older people in projects in the 2013/14 financial year to reach 25,762 older people in Kagera Region in Tanzania.

At the June ADA campaign, Human rights and gender organisations accepted to support the requests presented by older people, ensuring the government of its participation in the OEWG. To this end the following

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A delegation of ADA activists met with the Chief Justice, Hon. Dr. Willie Mutunga and the Attorney General Hon. Githu Muigai; both added their signatures to the petition, along with 300 other signatories

commitments were made:

- The Legal and Human Rights Centre volunteered to allow older people's representatives to use their programme through Channel Ten television to campaign for the rights of older people.
- Women Legal Aid Centre committed to allow older people's spokespersons to use their radio programme in advocating for older people's rights.
- Tanzania Broadcasting Corporation television (TBC) and International Television (ITV) promised to give room to older people people's spokespersons to use their radio programmes in advocating for older people's rights and also promised to give room to older people in their programmes in mid-July.

Some of the Older People's Associations that were represented during the campaign included: Arusha Retired People Association, Morogoro Region People Organisation, SAWATA Dodoma, Chama Cha Wazee Lindi, African Women in the Fight Against HIV/AIDS, Nasa Brotherhood Society for the Aged, Good Samaritan Social Services Trust and Tanzania Albino Society.

Ethiopia

The ADA delegation in close collaboration with our affiliate, Ethiopia Elders and Pensioners National Association (EEPNA), conducted two events to raise awareness of older people associations and concerned government line departments on the occasion of World Elder Abuse Awareness Day in Ethiopia. 160 older people participated in the events, their associations

Who helps older people find their voice

we do

Older people called for their issues to be integrated into plans and budgets

The County Acting Governor challenged the delegates to provide developmental indicators facing older persons to the County Legislative Assembly to be factored into the budget.



UN International Day of Older Persons in Maban, South Sudan.

The other event was an awareness raising workshop on older people and human rights in Ethiopia

and supporters as well as concerned government line departments. These were a strategic discussion session held between board members of EEPNA and the Commissioner for the Ethiopian Human Rights Commission (EHRC) on a potential collaboration to raise awareness on the National Plan of Action on Human Rights (NPAHR) in relation to older people associations based in Addis Ababa. The other event was an awareness raising workshop on older people and human rights in Ethiopia, in collaboration with EHRC.

1. A comprehensive research into older people and human rights violation in Ethiopia.
2. Lobby for the enactment of the National Social Protection Policy and support its implementation as national level.
3. Development of plans of action to tackle the effect of inflation on poor older people. This is in addition to mainstreaming ageing into already implemented economic support.
4. Protection of older people's rights in urban and rural development programmes lead by EHRC.
5. Signing of a petition to support and push for a UN Convention for Older Persons.

HelpAge expressed the need for the following interventions and pledged its continued support to:

Protecting older people

secures your own future

HelpAge expressed the need for a comprehensive research into older people and human rights violation in Ethiopia.

The unheard voice of older people in South Sudan



A street along the PoC 1 IDP site in Juba South Sudan

I didn't know what to expect and was worried about the security situation

As the plane from Nairobi landed at Juba International Airport in South Sudan many thoughts ran through my mind. The horrifying images that had saturated the media flickered before my eyes as the plane landed. I didn't know what to expect and was worried about the security situation.

The airport was a bit chaotic but everything seemed normal. On hand to receive us was a representative from our affiliate, the South Sudan Older People's Organization (SSOPO).

The ten-minute drive from the airport revealed a different picture from the images I had seen since conflict erupted in December 2013. Over one million people have been

displaced and thousands killed. The town appeared busy and vibrant despite the heavy security presence. From the cars and trucks that jammed the roads, we could have been in any other African city.

We then visited UN House, one of the two major camps in Juba that are housing internally displaced people (IDPs). It currently has a population of around 12,000.

The camp shelters are made of 4 by 4 metre tarpaulins that are shared by up to seven people.

Then we met a group of 20 older men and women. They explained that one of the biggest challenges they faced at the camp was accessing services. For example, the latrines are too far and there are no rails inside to support them. They also spoke about having nothing to occupy

We live in an ageing world

don't let it be an ageist world

For example, the latrines are too far and there are no rails inside to support them.

Older people are going places

we're by their side

◀ them, which made them think bitterly about what they had gone through. It was clear that they needed psychosocial support.

“We are not able to go outside the camp because we may be raped”, said one woman. Although security in the UN camp is good, outside is not safe, especially for women. “I lost my husband. He was killed,” another woman told us.

Access to health services is another challenge facing older people. There is not much information about where to get such services and whatever is available is displayed on posters that older people cannot read because many of them are illiterate.

Older people also face protection challenges. Most of them have distinct marks on their faces that easily identify their ethnicity. This is risky for older people because the conflict in South Sudan has taken an ethnic dimension.

Older people make up around 4% of South Sudan's population but it's not yet known how many older people are in these camps. Information is not disaggregated by age and vulnerability assessments are still ongoing. Experience shows however that older people often make up a high proportion of the most vulnerable.

The older people felt that their needs were not being catered for. This was also confirmed during a meeting we attended, which showed that there were gaps in reaching out to vulnerable groups such as older people and people with disabilities who may be unable to access services.

As I flew back to Nairobi, I thought about the plight of IDPs, especially older people. Their voices remain silent

and unheard. Although many organisations are supporting displaced people, no one is focusing on the older people who make up the backbone of South Sudanese society and have lived through decades of war; only to be displaced again.

We're now working in Juba to cater for the welfare of older men, women and their families. Our work will include providing older people with essential items such as mats, blankets, as well as visual, mobility and auditory aids. We'll also be ensuring better access to age-friendly services such as special latrines, eyecare and psychosocial support. We also plan to train other humanitarian actors so they understand the capacities and vulnerabilities of older people in emergencies.

Most of them have distinct marks on their faces that easily identify their ethnicity



© Charles Njanga HelpAge International 2014

A shelter at PoC 2 IDP site in Juba South Sudan

We also plan to train other humanitarian actors so they understand the capacities and vulnerabilities of older people in emergencies

17th international conference on AIDS and STIs in Africa:

Reflections and voices from the conference



Fefenu Abera (15) helps her 75 year old grandmother, Mulu Worku, to TESFA to sit with older people and receive information and education about HIV and AIDS from peer educator Dubale Belete (65)

The International conference on AIDS and Sexually Transmitted Infections (STIs) is one of the international bi-annual conferences on the continent. The conference theme was derived from the UNAIDS vision of striving for “Zero New Infections, Zero Discrimination and Zero AIDS Related Deaths”, but it also highlighted the need to, now more than ever maintain the commitment to ensure access to treatment for everyone in Africa irrespective of their ability to pay. Over 7,000 of the world’s leading scientists, policy makers, PLHIV, activists, government leaders as well as CSOs representatives joined the debate on how to achieve this vision.

Below is some of what they had to say during the conference that was held in Cape Town, South Africa from 7th to 11th December 2013.

1. Double Dividend: Keeping Mothers and Children alive and healthy

Children are half as likely as adults to be on antiretroviral treatment (ART) with only 34% getting the life-saving medication and only a third receiving it within the first two months of life. The panel, entitled the Double Dividend, hosted by UNICEF, WHO and Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), sought to align efforts to scale up pediatric ART and link it to broader child survival efforts as the HIV disease progresses much faster in children than adults without HIV treatment.

Half of the children born with HIV die by age of two and 80 percent die by the age of five. The alignment is therefore to address the broader health needs of the child and the mother (where the mother is absent the Carer, especially the older carers-Grandmothers).

2. Placing Young People at the Centre of Reproductive Health

In a continent where the majority of the population is still under the age of 30, it is key to put young people at the center of efforts to reach the ‘Zero’ targets. HIV interventions must be integrated with sexual and reproductive health programmes.

Negative cultural practices and beliefs, often promoted by older people, were cited as one of the stumbling blocks.

“One girl who is being put up for genital cutting, one girl that is being married while she is a child, one girl that is exposed to gender based violence, is one girl too many!” (Regional Director, Eastern and Southern Africa of the United Nations Fund for Population and Development (UNFPA)).

3. Targeting Persons with Disability and Older persons

One of the most moving plenary sessions was of John Maletsi, a hearing impaired South African who has been living with HIV for the past 12 years. His experience with HIV testing shows just how much the rights of persons

Children are half as likely as adults to be on anti retroviral treatment

Negative cultural practices and beliefs, often promoted by older people, were cited as one of the stumbling blocks.



Shewaye 82, sells vegetables from her home - Enderedada Elder People Association

and I would recommend that governments should give persons with disabilities information using appropriate channels and in a language they understand’.

Older people can often face similar difficulties and discrimination in Voluntary Counselling Testing centers. Older people are assumed not to be sexually active and face prejudice when accessing their services. They also often lack sufficient education or information and do not receive adequate counselling and follow up.

4. High Level Meeting

There was also a high level meeting where discussions were held about ending HIV and AIDS by 2030 by not only putting people on treatment (This is still important as 14m people are waiting to be put on ARVs) but by ending AIDS. ARVS have demonstrated a reduction in transmission risk up to 92%. However, the challenge still remains, ARVs do not eliminate the virus, but suppress it and therefore discipline on compliance to treatment and constant availability of drugs is very important. However, it is worrying that most of the funding for treatment comes from external sources and not the government coffers.

Some of the critical enablers that need to be reviewed include:

- a) Human rights approach in access to services, no

Why don't condoms and ARV packaging have Braille?

«with disability are often violated in accessing HIV and AIDS services.

“I started to feel some changes in my body and decided to go for a test in a clinic with a poster in sign language. I assumed there is someone who can sign. However I was shocked that none of the staff could sign, the nurse on duty said “Oo he is deaf,” I was offended because I felt she was patronizing me. The nurse later apologized, took my test and kept me waiting as she was discussing with the doctor how to communicate the outcome. So we started communicating through written pieces of paper, eventually I was taken to the office of the doctor. We again started the same communication of exchanging written notes.

The doctor started writing notes but the terminology he used was difficult, so after 15minutes with no counselling, the doctor wrote ‘YOU ARE HIV POSITIVE’ and splashed it in front of my face. My poor education has made it difficult for me to understand HIV and AIDS terminologies. What about Braille? Why don't condoms and ARV packaging have Braille? I have now been on ARVs for the last two years

Older people contribute so much

is time to invest in them

However, it is worrying that most of the funding for treatment comes from external sources and not the government coffers.



The Family Guidance Association of Ethiopia is a local Ethiopian NGO that provides sexual and reproductive health services focussed on youth and works closely with TESFA to deliver HIV counselling and testing facilities for older people in Addis Ababa, Ethiopia

“Treatment is not a pill, it must be delivered with dignity and respect.”

- ◀ discrimination. “Treatment is not a pill, it must be delivered with dignity and respect.”
- b) Use treatment as an entry point to other services. Treatment should not be seen as a cost but an investment, governments in Africa must prioritize health of her population.
 - c) Appropriate technology, move away from CD4 machines to simple and innovative tools that are cheap and effective. For example revolutionize HIV testing, take it at home supported with good community health care system “Health is made in homes not hospitals”.
 - d) Science, innovation and learning. “Science has helped us to reduce the pill burden from 18 tablets per day when we started, to one tablet per day.
 - e) Need for health care re-design (Strategic partnership- Government, Pharmaceuticals, CSOs, Communities etc)
 - f) Need for strong leadership and community involvement (Investing

- in capacities, mentorship and nurturing champions of change)
- g) Equity issues, services for all population cohorts (Gender, Key populations, Children and pediatric access, older persons and Non Communicable Diseases)
- h) Improve governance and political good will in Africa, investing in Health, fighting corruption, putting in transparent systems.

“Being HIV positive and being an older person, a person with disability and a woman is a triple burden. But I have realized the importance

of family and friends; I have also learnt to live life without regrets.” a HIV positive older person, a grandmother and a person with disability.

To conclude, it was noted that there is a need to enhance strategic partnership and team spirit within the many players that seek to work together. “Whereas we now have tools and techniques and are continuously innovating to defeat HIV and TB, there is a need to recognize that while tools are important, it is our approach and relationship to one another that counts. On this journey every one counts,” (Anonymous).

With a little support

older people make a big difference

“Being HIV positive and being an older person, a person with disability and a woman is a triple burden.

Hunger Safety Net Programme (HSNP) Case Studies

The Hunger Safety Net Programme (HSNP) is an innovative social cash transfer programme that is intended to benefit some of the 1.5 million Kenyans (5% of the population) who are chronically food insecure and depend on emergency relief to meet their basic needs. In 2013, HelpAge International, HelpAge Kenya and the Advocacy group on Social Protection and Livelihoods continued to advocate for increased coverage of the Older People Cash Transfers (OPCT). As a result the government has increased social welfare grant to 12 billion Kenya Shillings and will be reaching 450,000 beneficiaries. Here are some examples of the difference the HSNP makes in the lives of older people and their dependants.



HelpAge staff meeting with Kakwanyang Village Rights Committee members in Turkana County.

Nanyukwe is 84 years old and lives in Logo Logo location of Northern Kenya

I grew up as a young girl herding my father's sheep and goats before getting married to Mr. Serseri Lekasola. This was more than a century ago. Most Rendille girls except the school going girls nowadays are already somebody's wife by the age of 15 years.

I am now a widow and live with two of my grandchildren who were left under my care following the death of their parents. Their father is my first born son who passed away seven years ago barely three years after the death of

their mother. I took up the responsibility of taking care of them with help from other close members of the family. Due to my advanced age and the high cost of living, I could not manage to take advantage of the free primary education to take both of them to school. I hence decided to take my grandson to the nearby Elborok primary school and then engaged my granddaughter in herding goats and sheep for one of my neighbours for a monthly wage in order to sustain our family.

However, the recent drought has affected us all and I lost most of my livestock. The able ones could move with their livestock to the neighbouring Samburu District in search for water and pasture for

their animals but for poor me, gone are the days when I could do all that. I left my shoats (piglets) with my granddaughter. I wish I could have turned back the clock to reclaim my good youthful life. I could have moved with my shoats even if it means going to the other end of Ethiopia. People these days don't walk.

Fortunately, when HSNP visited our village I was lucky and selected as one of the beneficiaries under the scheme. The programme provided me with an unexpected life time opportunity. They give me Ksh. 3,500 (US \$ 40.2) after every month. As a result of this pay, I have something to smile about. Of all the payment cycles that have passed so far, I only reported missing out once. I have managed to buy 4 six-month old she-goats for my two grandchildren and out of the four, two are now lactating. This is my source of milk; I get two cups of milk every day.

I have also been buying books and paying school fees for my 13 year-old grandson who is in class six. The money has really helped old people like us. The money is a lifetime opportunity I never thought and dreamt of. Earning after every one month has given me hope and as it continues, I can buy more and more shoats for my two grandchildren and sustain my small family. This has made me to face the future prospect with a lot of confidence.

HSNP is an innovative social cash transfer programme that is intended to benefit some of the 1.5 million Kenyans

When HSNP visited our village I was lucky and selected as one of the beneficiaries under the scheme.



A group of children outside a homestead in Turkana County

The first phase of the HSNP programme helped me significantly. I used the money to buy some basic requirements like milk, meat, rice, vegetables and other essential necessities. I also used the money to pay for my grandchildren's fees at the Quran school. I at times also use the money to buy medication and purchase shoes and clothes for my grandchildren.

I am really expectant of the second phase of the programme. I expect that the money will be much more than the one we received in the first phase. If the money increases, I will be able to save and start a small business for my granddaughter.

I am a mother, grandmother and great grandmother.

Habiba is 79 years old and lives in Shantoley Location of Northern Kenya.

I am a mother, grandmother and great grandmother. All my children, grandchildren and great grandchildren struggle to make ends meet. We rely on hand outs and relief food.

When I saw you entering my homestead, I was surprised since we hardly

get any visitors. But now that I know who you are, I am very excited to have you here.

When older people speak

we are listening

Updates

Kenyan cabinet proposes increased cash transfer to older persons

The Kenyan Cabinet has proposed an increase in the cash transfer to older persons to cover 208,300 older persons directly in the 2014/2015 financial year. This was announced after a special meeting on 27th April 2014, in which the cabinet approved the Budget Estimates for Financial Year 2014/2015. According to the budget estimates, the Government proposes to increase cash transfers to older people to Kshs. 4.9 billion (US \$ 56, 321, 839).

The National Social Protection Actors Forum and Social Protection Advocacy Group supported by HelpAge International and HelpAge Kenya are some of the civil society voices that have been asking for an increase in budget allocated to social protection measures in Kenya.

The Government proposes to increase cash transfers to older people to Kshs. 4.9 billion (US \$ 56, 321, 839)



The launch of Global Age Watch Index 2013 report in Nairobi, Kenya

This index was developed with the support of UNFPA.

Global Age Watch Index 2013 launched in Kenya

During the 2013 United Nations' International Day of Older Persons on 1st October, HelpAge International launched the first ever measure of the quality of life and well-being of older people around the world known as the Global AgeWatch Index (GAWI). This index was developed with the support of the United Nations Fund for Population and Development (UNFPA). The index measures the wellbeing of older people in 91 countries which represent 89% of the world's older people.

With nearly 900 million people over 60, urgent action is needed to fight poverty

in old age and tackle age discrimination and the abuse of older people's rights.

Indeed, as part of the Age Demands Action (ADA) campaign, older activists from 58 countries around the world called on their decision makers to take action on important issues such as healthcare and pensions. Internationally, ADA is calling for a new UN convention on the rights of older people. A convention is the only legally binding instrument that will adequately protect the rights of older people.

Dr. Silvia Stefanoni, Deputy CEO of HelpAge International said, "The world is rapidly ageing: people over 60 already

exceed children under 5, and by 2050 they will outnumber children under 15. However, the continued exclusion of ageing from national and global agendas is one of the biggest obstacles to meeting the needs of the world's ageing population. By giving us a better understanding of the quality of life of women and men as they age, this new Index can help us focus our attention on where things are going well and where we have to make improvements."

As part of launching the Global Age Watch Index within the region, HelpAge International East, West and Central Africa (EWCA) organised a high-level breakfast meeting in Kenya with HelpAge International ▶▶

This new Index can help us focus our attention on where things are going well and where we have to make improvements



GAWI launch in Nairobi, Kenya

«board members and senior officials from the government, civil society, private sector and donor agencies. Deputy CEO, Silvia Stefanoni and Senior Researcher, Isabella Aboderin from Africa Population and Health Research Centre made presentations to demonstrate the relevance of GAWI to development agendas and to the African continent. The theme of the breakfast meeting was: Call for more data on Ageing-Ageing Data and Development.

Speaking during the meeting, Dr. Aboderin noted there were many misconceptions around the welfare of older persons in the region which often caused them to be neglected both at policy and grass-root levels. She added, “People have always believed that African societies revere and take care of their old people. While this

might have been true in the traditional African societies, it is no longer the case today.”

She went on to point out that policy makers often disregard contributions that older persons can make to a country’s progress and thus do not often include them when formulating social and economic policies. She cemented the fact that Kenya was not in the index due to the great need for more evidence around older persons and the collection and disaggregation and analysis of data. This would also go a long way in helping policy makers identify correct interventions for this demographic group today and for the future.

Speaking at the forum, Cecilia Mbaka of the Ministry of Labour, Social Security and Services acknowledged

the role of the Ministry in coordination to promote a multi-sectorial approach to ageing. She further noted the huge number of older people enrolled on the older persons cash transfer program and said that it could be a pointer to more fundamental poverty among older people.

Also speaking at the forum, the acting director of the Kenya National Bureau of Statistics, Mr. Zachary Mwangi said that his organisation would try to fill the information gaps in the Global Age Watch Index as part of the effort to provide more evidence to policy makers.

Discussions were held in light of the GAWI and its relevance to the Kenyan government and policy making. Questions were raised concerning the gaps in data sets in Kenya that prevented it from being included.

It was noted that young people comprise the highest number of the Kenyan population. As this population ages, they will therefore represent a growing population of older people. It is therefore important that the government looks into how the issues facing older people can be dealt with in order to pave the way for the years to come.

Cecilia Mbaka got to meet with the present stakeholders and it was unanimously agreed that the Ministry was the best placed organisation to spearhead the ageing agenda in Kenya. The Ministry»

Kenya was not in the index due to the great need for more evidence around older persons

It is therefore important that the government looks into how the issues facing older people can be dealt with in order to pave the way for the years to come.

The person of wisdom is the person of years

age makes a difference

Staff changes

Contributors

Samuel Obara
Charles Njanga
Rindi Gichina
Clare Amuyunzu
David Turner
Amleset Tewodros
Eliezer F. Wangulu
Ibrahim Njuguna

Farewell

The following staff members left EWCARDC. We wish them all the best in their future endeavours.

Nesta Hatendi
Fiona Clark

Welcome

Prafulla Mishra
Regional Director EWCA
Janet Duffield
Regional Head of Programmes Southern Africa
Litos J. Raimundo
Country Director Mozambique

Corrections for the last Issue

We wish to correct two mistakes that occurred in issue no. 38 of Ageing in Africa (August 2013). In the heading of the article on page 12, it was indicated that the training was conducted in Sudan while it actually was in South Sudan. DRC was also erroneously referred to as the Danish Refugee Committee in the same article. The correct name is Danish Refugee Council. We apologise for the mistakes.

**HelpAge
International**

age helps

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

**We welcome letters from readers.
Please write to:**

Ageing in Africa,
East, West and Central Africa Regional Development
Centre,
P.O. Box 14888, Westlands,
00800 Nairobi, Kenya,
Email: helpage@helpage.org

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

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Herin Anyango Wambisa, 65, Central Alego, Siaya County, Kenya

is currently focussing on issues of ageing as part of their strategic plan. She promised to take responsibility for organizing a key stakeholders' meeting to brainstorm on how to strengthen coordination and partnership in Kenya to promote ageing and development.

Dr. Silvia Stefanoni indicated that the Index is the first of its kind and will help promote dialogue among governments and their citizens on improving the lives of older persons.

There was also a discussion on having a pilot evidence revolution on ageing in Kenya as learning is enhanced. Kenya has been at the forefront of several ageing-relevant developments in evidence generation in Africa. In the next 18-24 months, HelpAge and APHRC are working together to foster the development of a pilot evidence revolution in Kenya, that will ensure national data sets are disaggregated by age and analysed to inform policy

and practice of local and national government service providers, NGOs and the International community in Kenya.

Members from the private sector who were present at the meeting indicated their willingness to be included in the action plan. There is the need for different stakeholders to talk and share information that is available.

As a result of this discussion, HelpAge International will be actively involved in the stakeholders working group that the Ministry of Labour will be setting up to advance ageing agenda in the country. We have now lobbied the Ministry to ensure that they work hand in hand with the Ministry of Devolution and Planning to ensure the counties strategic plans are age friendly and resources are allocated for older people activities. Dialogue between these two ministries has already started.