

Ageways

ISSUE

68

Practical issues in ageing and development

FEBRUARY 2007



Advocacy with older people

*How advocacy furthers
older people's rights*

*Guidelines on planning
a programme*

Working with figures

How to measure impact

Data on AIDS in Africa

**HelpAge
International**

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Comment

Having an influence

Welcome to *Ageways* 68. This issue looks at why more older people's organisations are integrating advocacy into their programme work.

It shows how a balance of advocacy and practical activities can change policy and practice in favour of older people, as well as bringing more immediate benefits.

It recommends the Madrid International Plan of Action on Ageing as a key rights framework that can be used across the HelpAge International network.

We hope that this issue will encourage you to strengthen your own advocacy work, whether at local or national level. If you have experiences that you would like to share, please write and we will include these in a future issue.

**Celia Till and Jane Scobie
Editors**

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Future issues

Ageways is published twice a year. Issue 69, due in June 2007, will be on intergenerational approaches. We welcome articles for consideration by the end of March.

Letters

Old age should not be a punishment

The statement that 'older people are among those most likely to live in poverty and isolation because of low income, declining health and lack of family or social support' (*Ageways* 67) is nothing but the truth, especially here in Africa.

To get old is a blessing from God. It should not be seen as a punishment. Most of our clients in the St Vincent de Paul Society are old people who have nobody to take care of them.

These old people have lost hope in life, but with the little care we are able to render them we see a lot of improvement in their lives. It shows that an untroubled mind can extend the lifespan of an individual, while a distressed life can result in untimely death.

To come to the aid of our older citizens, I suggest that international donors should reach out to the grassroots through aid agency representatives, especially from Africa, who could be trained to work with older people. Older people's associations could be created to service older people's rights and needs and to provide an avenue for interaction between aid agencies and the older people of a community.

Nathaniel S Tidi, Eye Clinic, General Hospital, Mubi, Adamawa State, Nigeria.

Thanks for our pension increase

We are grateful for *Ageways* 67. Sharing of information about ageing and development is very encouraging to the older people of Kenya.

I would like to express appreciation for our government's increase in retired civil servants' pensions. These pensions have had no increments for many years. However, the present leadership

recently awarded all retired civil servants on pension-earning schemes an increment backdated to July 2005.

Pensioners are jubilant that the head of state considered their welfare in light of the economic changes in the country.

Enoch Elder Wasidia, Chairman, National Elders Welfare Development Service, Western Regional Centre, PO Box 12-50100, Kakamega, Kenya.

We can go on learning

I recently read an article that described people over 50 as part of the 'third age'. I am 50 years old, but I feel more like 35. Why is that? I still have many projects ahead of me: writing a book, travelling with my husband, changing my job, buying a new house... I want to do so many things that I just ask God to give me the time to realise them.

I wish that people would not be discouraged by the age they have reached, or by anyone telling them that 'you cannot do that any more'. We can learn everything we want to learn. Maybe it will take us longer at first, until we practise and get better.

I believe it's most important not to allow your brain to stop thinking and dreaming, and to keep a healthy and balanced diet.

Nancy Narvaez, Peru (by email).

We welcome letters from readers.

Please write to: The Editor, *Ageways*, HelpAge International, PO Box 32832, London N1 9ZN, UK.

Fax: +44 20 7713 7993

Email: ctill@helpage.org

Please include your name, organisation (if any) and postal address.

Letters may be edited.

New publications



Rebuilding lives in longer-term emergencies: Older people's experience in Darfur

This report describes the situation of older people who have been displaced in West Darfur as a result of the conflict which began in 2003. It recommends developing intergenerational responses to help rebuild communities affected by long-term conflict.

Available from HelpAge International, London (details on page 16). Can also be downloaded from: www.helpage.org/Resources/Researchreports

Guidebook for developing and supporting older persons' organisations

This book draws on consultations with older people and others organised by HelpAge International's partners in Moldova. It contains practical information on older people's support groups, volunteering, community-based social services, advocacy, fundraising and networking.

Can be downloaded in English and Russian from: www.helpage.org/Resources/Manuals

Regional newsletters

Ageing in Africa 28 (December 2006) reports on HelpAge International's Africa regional workshop and examines the impact of HIV/AIDS and poverty on older people in Kenya. *AgeNews Asia/Pacific* 5 summarises HelpAge International's Asia/Pacific regional conference and includes items on community health services in Aceh, Indonesia, and social protection in China.

Available from Africa and Asia/Pacific regional development centres, (details on page 15).

Can also be downloaded from: www.helpage.org/Resources/Regionalnewsletters

Examples of age discrimination?

The Madrid International Plan of Action on Ageing (MIPAA) has provided a key framework for promoting older people's rights and challenging age discrimination since it was adopted by UN member states in 2002.

As the time comes to review progress in implementing MIPAA, **Ageways** would like to know whether readers have experienced or witnessed age discrimination.

If so, please write to the Editor (address on page 2). We will include these stories in *Ageways*. We may also include them in materials to support international advocacy.

Please include your name, organisation (if any) and full contact details. If writing about yourself, please say if you would like your name to be withheld. If writing about someone else, please make sure that they have given their consent or change or withhold their name to protect their identity. Please indicate if any names have been changed.

Funding source

Support for small projects

Solidariteitsfonds (Solidarity Fund) has been set up by the Dutch NGO, Unie KBO, to give financial support to small-scale projects aimed at improving the rights, living conditions and position of older people in developing countries and eastern Europe.

Local organisations, in particular, can submit written requests describing the background and need for the project, the goal, activities, who is running the project, and financing (including expected costs, financing methods and an indication of the part of the budget to be supported by the fund).

Requests are evaluated four times a year. Above all, consideration is given to whether the project will be carried

out by a local organisation. As a rule, the financial contribution is around €2,000 (US\$2,600).

More information: *Werkgroep Solidariteitsfonds (Solidarity Fund Working Group)*, PO Box 325, 5201 AH's-Hertogenbosch, The Netherlands.

Tel: +31 73 6123475

Fax: +33 73 6891015

Email: secretariaat@uniekb.nl

Realising older people's rights

Jane Scobie discusses why older people's organisations are increasingly integrating advocacy into their work, and recommends the Madrid International Plan of Action on Ageing as an essential advocacy tool.



Maxim Ahner/HelpAge International

Studying rights and entitlements is an essential starting point for advocacy.

Advocacy is the process of using information strategically to change policies that affect the lives of disadvantaged people.

Advocacy supports a rights-based approach to development by tackling the underlying causes of the problems facing disadvantaged groups. It increases the impact of programme work by creating social and political change and altering power relationships, bringing more lasting benefits to larger numbers of disadvantaged people.

Growing movement

Increased democratisation and government decentralisation, combined with more support from donors for advocacy, have created

more favourable conditions for civil society organisations to engage with local and national governments on policy development and improved service delivery.

Many community-based organisations and NGOs that were originally set up to meet older people's immediate needs are integrating advocacy into their work as they have become more aware of the underlying issues.

In South Africa, for example, the Muthande Society for the Aged (MUSA) was originally established to provide day-care and home-visiting services for older people in Durban townships. Over time, MUSA found that older people at home, who were in need of care themselves, were caring for sons and daughters with AIDS, and orphaned grandchildren, without any social or financial support.

MUSA now works with local authorities and AIDS service providers to inform them about older people's situation and improve older people's access to pensions, child support grants, school fee exemptions, and HIV and AIDS information and treatment. This advocacy work not only benefits the older people whom MUSA works with directly, but helps many others as well.

Integrating advocacy into programme work inevitably brings changes in emphasis. In particular, it means putting more emphasis on evidence-gathering. It also means focusing on longer-term objectives which may go beyond the lifespan of the project.

Some advocacy aims, such as getting a social (non-contributory) pension introduced for all people over 60 could take years to achieve. However, shorter-term 'milestones' may be achieved more quickly, such as pilot schemes or pensions for everyone over 75. Advocacy also has significant resource implications – successful advocacy programmes require time and skills, which need to be planned and budgeted for.

Effective advocacy requires an understanding of the power structures in a country. It is essential to 'unpack' government structures and find out how different departments relate to each other, and who you can count on for support. For example, it can happen that civil society organisations are working closely with local government representatives as partners, trying to achieve improvements at local level, while the national government may not support local government agendas.

It is important, therefore, to understand the overall political environment, including which policies and entitlements affect older people, who are the key individuals, and what they can or cannot change.

Common themes

As an older woman in La Paz, Bolivia, once said: 'We are all little pieces in a jigsaw puzzle – and when the pieces are put together, we make one big picture, all old people, and that's HelpAge International.'

HelpAge International, through its affiliates and other partners, brings together more than a thousand organisations worldwide, working at community, national and international levels. This amazing global network means that common messages, based on older people's experience, can be presented to local, national and international audiences worldwide.

Repeating and amplifying the same messages at different levels has more impact than using many different messages, and helps to strengthen the voice of older people.

Older women and men themselves are those who know best what needs to change to improve the lives of disadvantaged older people. Advocacy programmes provide 'space' for older people to decide what needs to change, identify who can make the change, and plan how to make change happen.

It is critical that older people are involved in developing and monitoring advocacy activities.

Involving older people in their own advocacy not only helps to bring about the desired change, but also mobilises older people to keep the process going.

Using MIPAA

Mapping relevant rights and entitlements held locally and nationally, and having clarity about the rights of older people as laid down by international instruments, is an essential starting point for advocacy.

Key international agreements include the Universal Declaration of Human Rights, the Madrid International Plan of Action on Ageing (MIPAA) and the African Union Policy Framework and Plan of Action on Ageing.

MIPAA was adopted by United Nations member states in 2002. Its particular strengths as an advocacy tool are its emphasis on older people's rights and participation in development processes, and its call to halve the proportion of people living in extreme poverty by 2015, in line with the first Millennium Development Goal. MIPAA also promotes good practice in areas such as HIV/AIDS and emergencies.

Five years on from the adoption of MIPAA, the time is ripe to work with local and national governments to

review progress in implementing MIPAA and plan priorities for the future. The UN Commission for Social Development, the body responsible for monitoring how governments implement MIPAA, has invited national governments to submit reports. A number of regional UN meetings are planned in 2007, at which these reports will be presented.

MIPAA is very comprehensive and it would take many years to implement all its recommendations. HelpAge International recommends that organisations that are working with governments to implement MIPAA prioritise the target to halve the proportion of older people living in extreme poverty by 2015.

HelpAge International believes that governments can achieve this target through a package of universal, social (non-contributory) pensions, free healthcare, anti-discriminatory legislation and increased participation of older people in decision-making.

Many governments have adopted national policies on ageing and established focal points for ageing issues. However, ageing issues remain a low priority in terms of policy development and budget allocation. NGOs and those responsible for ageing in governments have an important role to play in the dissemination of MIPAA's objectives and recommendations.

Older people, too, need to refer to MIPAA and argue for its implementation by demonstrating why they need services, and what the barriers are that prevent them from accessing services. Without pressure from organised and informed older people themselves, even well-designed poverty-reduction policies are unlikely to benefit the poorest older people.

Jane Scobie is Communications Manager, HelpAge International (address on page 16). Email: jscobie@helpage.org

Tips on involving older people

- ✓ **Plan the project to include older people at all stages.**
- ✓ **Hold meetings in places that are convenient for less mobile older people and arrange transport if necessary.**
- ✓ **Use participatory methods to enable older people to identify their main concerns, raise awareness of their rights and decide what they want to achieve.**
- ✓ **The poorest and most vulnerable people are least likely to become actively involved. Encourage them to be consulted and their views represented by more active older people.**
- ✓ **Support older people to become organised.**
- ✓ **Arrange for older people to speak to the media and at meetings, as this is a powerful way for them to put their message across.**

Demystifying advocacy

Advocacy involves a range of activities. Here are some guidelines on how to plan your advocacy programme.



Neil Cooper/HelpAge International

Older people can deliver their message by speaking at meetings.

Advocacy is a collection of different activities with the same overall aim – to influence people who can ‘pull strings’ and bring about changes that will benefit a certain group of people. It can be carried out at different levels – in the community, at local or district government level, nationally and internationally.

Informal approaches, using personal experience and contacts, are often the best way to influence leading figures in the local community. Getting your member of parliament to visit a day centre and talk to older people who come each week for a decent meal can be a powerful advocacy activity that may lead to increased funding.

At national and international level, more formal approaches are required. These may include speeches, presentations or reports, containing statistics and examples of the problem you are trying to resolve.

Key steps

Whatever you are trying to achieve, you are most likely to succeed if you plan your advocacy activities in a strategic way.

There is no single ‘right’ way to do this, but there are certain steps that you need to take. The order may vary, and you will probably need to repeat some of the steps and revise your plans as you go along.

It is important to involve older people at each stage. Not only will this help to keep the advocacy programme relevant to their needs, but, for older people, the process of learning about their rights and voicing their views will build their confidence, increase their standing in the community and encourage them to continue.

1

Research the issues and set your objective

Collect information about older people’s situation and their rights. You – and the older people you are working with – can do this by searching existing materials, commissioning new research, networking with other organisations and consulting older people.

Research relevant human rights and policy documents at local, national and international level, including poverty reduction strategies and the Madrid International Plan of Action on Ageing (see page 14).

Find out as much as you can about the problem you want to solve, and decide what needs to be changed. Your advocacy objective should be specific and achievable. For example, if the problem is that government guidelines on home-based care for people living with HIV and AIDS do not include information for older carers, your objective might be for revised guidelines to include older carers’ issues.

As well as having an overall, long-term objective, it helps to agree shorter-term ‘milestones’ that you can achieve along the way. These may include ‘internal’ capacity-building objectives, such as setting up older people’s groups and arranging training.

2

Gather evidence

Work out what evidence you will need to support your case and how you will collect this. You are likely to need both individual stories showing how people are affected by the problem, and statistics, showing how many people are affected (see article on page 10).

3

Identify your target audiences

Decide which are the main institutions, and the individuals within these institutions, that you need to influence. Also find out who influences

these individuals, such as the media and the voting public.

Be prepared to spend a long time developing relationships with people who can influence policy. It is usually better to work with these people, rather than against them. If possible, find someone who is sympathetic to the plight of older people, who will appreciate your support and will champion your cause.

4 Identify allies

Find out which organisations have similar objectives to yours and plan how to work with them. Working as part of a coalition will give your advocacy activities a broader base and stronger voice. For example, linking with child-focused organisations and associations

of people living with HIV or AIDS to press for more support to families affected by HIV and AIDS is likely to have more impact than focusing solely on older people.

5 Develop your message

You will need to develop messages for each of your audiences, highlighting the problem and recommending what action you want them to take. Decide if you need any more evidence, and do more research if necessary.

A good advocacy message is one that is clear, to-the-point and easy to remember. You will need to repeat your messages frequently. People need to hear a message again and again to remember it.

An advocacy message might be: 'Older people care for children orphaned by AIDS. The government should provide them with financial and psychosocial support to do this.'

6 Plan how to deliver your message

You can deliver your message in different ways, depending on your audience – formally or informally, with or without supporting materials such as letters, petitions, photographs or reports.

Review whether to involve the media, and if so, in what way. For example, you may want to invite journalists to visit older people, or to attend final workshops. In some cases, 'quiet influencing' without involving the media may be more effective.

7 Raise resources

Draw up a budget that covers all the components of your advocacy programme and raise the necessary funds.

8 Monitoring and evaluating impact

Don't forget to plan how to monitor your activities. This will help you to see what has worked and what to do differently in future, and is useful for reporting to donors and partners (see article on page 11).

Tips on using the media

- ✓ Identify which media you want to get coverage in – which newspapers, radio or TV programmes are used by your target audience.
- ✓ Make contact with journalists who might be interested in your story.
- ✓ Be clear about your advocacy message and have facts and figures to support it.
- ✓ Look for opportunities for media coverage, such as a UN day.
- ✓ Make things easy for the media. Write a short press release with a clear, newsworthy story supported by facts and figures, quotes and case studies.
- ✓ Designate a person from your organisation who can talk to the media.
- ✓ Identify and brief an older person to speak to the media.
- ✓ For broadcast media, try to discuss with the interviewer beforehand what you want to say. Stick to a few key points.
- ✓ Keep a record of media activity and coverage. Review what worked well and what did not work.

Opening eyes to AIDS care in Africa

Data collected by HelpAge International's partners in Africa reveals the extent to which HIV and AIDS affects older people.

HelpAge International has been working with partner organisations in seven African countries to support older people affected by HIV and AIDS. The three-year programme, funded by Comic Relief, combines practical interventions with advocacy aimed at getting institutional support for older carers.

Data collection is a vital component, both to check that the programme is achieving its objectives, and to provide evidence for advocacy.

At the start of the programme, partners collected background data on the communities in which they were to work. This included:

- percentage of population who are older people (over 60)
- percentage of households headed by older people
- percentage of orphans cared for by older people
- average number of children cared for by each older person
- percentage of people living with HIV who are cared for by older people
- average number of people living with HIV who are cared for by each older person.

Data sources ranged from census information to household interviews.

Monitoring forms

A review and planning workshop was held in November 2005 at which partners agreed to collect more detailed data on five key issues:

- Support (such as cash, food, education expenses, and house repairs) received by dependants living in households headed by

older people. This would show what support was lacking and therefore what support to call for.

- Which institutions (private or government) have budgets for older people, people living with HIV and AIDS, and orphans and vulnerable children, and what support they provide. This data would be used to influence these institutions to include older people in their budgets.
- Number of older people using voluntary counselling and testing (VCT) services, and test results by age and sex. This data would be used to call for older people to be targeted for VCT services.
- School attendance and performance of orphans and non-orphans. This

data would be used to determine whether older-headed households were receiving enough support.

- Traditional healers' use of safe practices, and referrals by traditional healers to health centres. This data would be used to show how much older people rely on traditional healers, and to call for cooperation between traditional healers and health centres.

Forms were designed to collect data on each of these issues. Partners filled in the forms during regular visits to older people's houses, health centres, schools and other institutions.

Caring role

In November 2006, a regional workshop was held for project partners. Participants reviewed data collected so far, to see what findings were emerging. They also reviewed

Background data from project areas

Country and partner	% of population who are OP	% of households headed by OP	% of OVCs in community cared for by OP	Ave. no. of OVCs cared for by each OP	% of PLWHA/ill people cared for by OP	Ave. no. of PLWHA/ill people cared for by each OP
Ethiopia: MJATD	11%	38%	47%	3	52%	2
Kenya: Ahero	41%	61%	81%	4	88%	2
Kenya: Asumbi	16%	21%	75%	3	35%	2
Kenya: Kespa	13%	44%	63%	3	78%	2
South Africa: MUSA	7%	40%	39%	3	30%	5
Sudan: SSOPO	10%	10%	60%	2	52%	2
Tanzania: GSSST	16%	46%	26%	2	45%	2
Tanzania: SHISO	3%	8%	56%	2	36%	1
Tanzania: WAMATA	18%	44%	75%	3	21%	1
Uganda: URAA	5%	15%	68%	3	10%	1
Zimbabwe: HAZ	9%	12%	60%	3	19%	2

Abbreviations: OP: older people; OVC: orphans and vulnerable children; PLWHA: people living with HIV and AIDS.

The project partners were:

Ethiopia: Mary Joy Aid through Development (MJATD). **Kenya:** Ahero Old Age Programme: Joot Social Services; St Francis HelpAge Programme Asumbi; Kenya Society for People with AIDS (KESPA).

South Africa: Muthande Society for the Aged (MUSA). **Sudan:** Southern Sudan Older People's Association (SSOPO).

Tanzania: Good Samaritan Social Services Trust (GSSST); Southern Highlands Senility Organization (SHISO); Tanga Elderly Women Resource Centre (TEWOREC); Walio Katika Mapambano na AIDS Tanzania (WAMATA).

Uganda: Uganda Reach the Aged Association (URAA). **Zimbabwe:** HelpAge Zimbabwe (HAZ).

data collection methods and agreed how to improve these.

The workshop provided the first opportunity to pool the background data and get a multi-country view of how HIV and AIDS affect older people in Africa. Figures from each community were presented as a table (see opposite page). The figures were also written on pieces of paper and displayed on a wall, so that everyone could see them.

A number of points emerged. For example:

- The percentage of older people in the communities ranged from 3 per cent to 41 per cent. The exceptionally high figure of 41 per cent in Ahero, Kenya, was explained by the area's propensity to floods, droughts and uncertain livelihoods, resulting in disproportionately high numbers of young people leaving the area.
- The percentage of orphans and other vulnerable children cared for by older people was high, ranging from 26-81 per cent. In most areas it was more than 60 per cent.
- The column showing the average number of orphans and other vulnerable children cared for by older people masked the fact that many older people cared for larger numbers of orphans, often 7-10.
- Some figures were much higher than national figures, reflecting the more severe impact of AIDS in the project areas.

One effect of displaying the data was that partners could see for themselves how the figures obtained could be used to convince people of the impact of HIV and AIDS on older people. Everyone knew that grandparents,

particularly grandmothers, cared for children, but they had never seen figures showing this across seven countries.

The figures displayed on the wall also made an impression on the Kenya National AIDS Council representative, who promised to include older people in the next budget.

Participants also discussed the data collection forms themselves. They found that some of the data collected was not necessary, some data was duplicated on different forms, and some forms took too long to fill in. They agreed on changes to the forms.

HIV tests

Some interesting findings also began to emerge from the more detailed data collection. For example, in all the communities, partners had succeeded in finding out how many older people were going to VCT clinics.

The 15-49 age range is used to compare HIV prevalence across countries, because it is the conventional reproductive age range. However, this leaves a gap in data on people over 50 and has led to HIV interventions and services often ignoring older people.

It emerged from the partners' data collection that clinics record the sex and age of everyone who comes for testing. However, they do not forward data on over-49-year-olds to national statistics offices, because this data is not requested. Partners obtained data on older people by asking health workers to go through their records.

Early findings, based on very small samples, showed that people aged over 50 do come forward for testing, although in much smaller numbers

than younger people. However, a relatively high proportion of those over 50 tested positive.

The Kenya National AIDS Council representative welcomed the data from VCT clinics. She suggested that the National AIDS Council should change its information request forms to ask VCT clinics to include people over 50.

Using the data

Partners had already started to use the data they were collecting for advocacy. An example was given by the Uganda Reach the Aged Association (URAA). URAA has been working closely with government representatives to press for older people's inclusion in health, education and AIDS policies and programmes.

URAA made sure that there was good representation of these bodies at a national meeting which they organised shortly before the regional review workshop. They set the date of the meeting to fit in with government activities and they delivered invitations in person.

URAA's data on orphans and vulnerable children in households headed by older people proved useful. URAA linked the recently-identified reversal in the decline of HIV prevalence in Uganda to the neglect of older people's role in responding to HIV – alerting government representatives to the fact that older people require HIV services.

More information: Douglas Lackey, HIV/AIDS Team Leader, HelpAge International Africa Regional Development Centre (address on page 15). Email: dlackey@helpage.co.ke

Working with figures

Susan Erb provides some tips on collecting accurate numerical data and presenting it effectively.

Using figures

Evidence for advocacy usually needs to include some figures. For example, in the second of the following two paragraphs, the use of figures makes the information sound more authoritative:

- Most people are food-insecure. Many households are headed by people over 50. A significant proportion of households with people living with HIV are headed by older people.
- 52 per cent of the population is food-insecure. 38 per cent of households are headed by people over 50. Nearly 60 per cent of households with people living with HIV are headed by older people.

Be careful not to use too many figures, however. Most readers cannot digest more than a few key statistics in one article. For example, it is usually better to say 'about half' than 48 per cent, or 'around half a million' instead of 485,000.

So a clearer way of using the figures might be:

- At least half the population is food-insecure. Nearly two-fifths of households are headed by people over 50. Nearly 60 per cent of households with people living with HIV are headed by older people.

If you are presenting a whole table of figures, make sure you interpret the figures by summarising them and picking out key points (see article on page 8-9).

Baseline data

Before you start your programme, you will need to collect 'baseline data' about the groups your programme aims to support. Figures collected at this stage will help you plan your programme, as well as providing evidence for advocacy. Together with figures collected later on, they will enable you to compare the situation before and after your programme began, to help you measure its effectiveness.

Exactly what baseline data you need will depend on your programme's objectives. Whatever your objectives, however, you will at least need to find out:

- total population of the target community
- population of older people in the target community, broken down by age (including 'younger old' and 'older old') and sex
- number of households headed by an older person (with separate figures for men and women).

Local government census documents and records held by institutions such as schools and health centres can be useful sources of baseline data. However, official statistics are often not up-to-date. If possible, try to collect figures from different sources to obtain as accurate and up-to-date figures as possible.

You may need to carry out your own survey. If so, it may only be necessary to survey a proportion of households in the target community.

In some countries, government population statistics are broken down

by age and sex. However, this is not common. It is worth putting pressure on government research bodies, such as census collectors, to do this (see *Counting carers*, available from HelpAge International, details on page 14).

Checking figures

Collecting numerical data presents many challenges, from designing forms and questionnaires that are easy to use, to training staff to collect and analyse data.

It is vital that those who are collecting numerical data understand why they are doing so and how the figures will be used. Briefing meetings with project staff can go a long way towards ensuring that the data they collect is valid.

It is also important for managers to check that figures have been entered correctly into columns on forms, and that they have been added up correctly. For example, there is a mistake in the form below, which became apparent when the form was checked.

Community: Kabulonga

Population	7,000
Number of older people	700
Number of households	500
Number of older-headed households	1,000

The corrected version shows the number of households to be 1,000, and the number of older-headed households to be 500.

Susan Erb is Research Manager, HelpAge International (address on page 16). Email: serb@helpage.org

Measuring the impact of advocacy

Is it necessary to measure the impact of advocacy and if so, how do you do it? Here are some suggestions.



HelpAge International

Revisiting older people who took part in initial consultations, repeating some of the exercises with them and comparing the results is one way to measure progress.

Just as with a practical project, it is useful to find out how well your advocacy activities are working, so that you can:

- learn from the experience and plan future advocacy activities
- report to donors and partners.

However, the impact of advocacy work can be very difficult to assess. In the first place, much advocacy work has long-term consequences, and the impact may not be evident until after the project has ended.

Secondly, attribution is very difficult – it is often impossible to know precisely what has caused a policy change, or, indeed, what effect a policy change has had. Moreover, much advocacy takes place through the work of coalitions, which can make it difficult for people to say how your own efforts have contributed.

There are ways to monitor advocacy activities, if not the actual impact. Keeping a record of your activities will at least go some way towards measuring progress and accounting for the resources invested in it.

It can help to think of different levels of impact, or 'milestones' towards achieving your overall objective.

Then you can work out indicators – ways to measure progress – at each level. For example, you could characterise your progress as follows:

1. Raising awareness of an issue
2. Contributing to the debate
3. Changing opinion
4. Changing policy
5. Getting policy change implemented
6. Improving older people's lives.

Your advocacy project might aim for all these levels of impact, or it might be less ambitious and aim, say, to change a particular policy.

Monitoring methods

Here are some ideas for monitoring advocacy activities:

- Record the number of older people actively involved in the project.
- Keep a diary of meetings with target audiences and allies.
- Record requests for spokespersons by the media.
- Count requests to go on the mailing list for publications.
- Send a feedback form with publications.

...and some that try to measure impact:

- Revisit older people who took part in initial consultations and repeat some of the participatory research exercises with them. Discuss the 'before' and 'after' results with older people and others.
- Support older people to record changes in, for example, the delivery of services. Discuss any changes with older people, service providers and others.
- Organise focus group discussions with target audiences to measure levels of awareness of the issues you wish to raise.
- Record action by target audiences.
- Record policy changes as they occur.
- Collect case studies to see if a change in policy has had an effect on older people's lives.
- Keep a file of letters or phone calls received, with a summary of the main points.
- See if your target audiences, including the media, are adopting your language.
- Record mentions of your activities in the media and keep press cuttings.
- Arrange a meeting of all interested parties to review what has changed.

Influencing guidelines on *AIDS care*

An advocacy project in Tanzania is contributing to revised government guidelines on home-based care of people living with HIV and AIDS.



John Cobb/HelpAge International

Older carers need advice and support.

In Tanzania, many older people care for people living with AIDS. But government guidelines on home-based care ignore the needs of older carers.

A one-year project by HelpAge International and five Tanzanian partners combined practical support to older carers – mainly information and training, links to organisations offering support, and setting up older carers' support groups – with advocacy aimed at including older people's issues in revised government guidelines on home-based care.

A four-day advocacy planning workshop was held for partners at the beginning of the project. The workshop helped partners to understand the role of evidence-gathering and advocacy, and to see that these were an integral part of the project.

Project partners were briefed on reviewing policies and programmes designed to support home-based carers. Sources included local statistics offices, national HIV and AIDS statistics,

data held by health clinics, and interviews with community leaders and older people themselves.

Partners then visited a local community to collect baseline data and case studies. They used these to prepare sample press releases.

Partners also developed indicators to monitor the impact of the practical support on older carers and those in their care. They worked out what information they needed to collect, and how to do this.

Representatives of the Ministry of Health and the National AIDS Control Programme (NACP) had been invited to the workshop. They helped to provide a clear focus for advocacy. The Ministry of Health representative explained that a new set of home-based care guidelines was being developed. She said suggestions for including older carers' issues in these would be welcomed.

The NACP representative explained that resources were allocated through local AIDS committees. As a result, partners resolved to put forward older people for places on these committees.

External consultants also played a key role in the workshop. They advised partners on monitoring and evaluation, developing an advocacy strategy, working with the media, and publishing a report.

As a result of the workshop, each partner developed plans for evidence-gathering and advocacy. They agreed a structure for the final report, so they

could see how the information they were to collect would be used.

By the end of the project, partners had achieved some significant successes through local-level advocacy. These included linking older carers with different organisations working on HIV and AIDS, giving them better access to services; getting more older carers onto local AIDS committees; and gaining national media coverage of the issues facing older carers.

The final report, currently in draft form, contains specific recommendations to the Tanzanian government and other organisations working on HIV and AIDS, based on the evidence collected through the project. These include:

- Develop models of home-based care that support older carers.
- Include older carers' entitlements in local development budgets, as specified in the national poverty-reduction strategy, MKUKUTA.
- Train older people as carers, peer educators and counsellors.
- Educate older people on how to protect themselves from infection.
- Support faith-based and other organisations to include older people in their home-based care programmes.
- Collect HIV and AIDS data on people over 50, and break down this data by age and sex.

Project partners were Good Samaritan Social Services Trust (GSSST), Southern Highlands Senility Organization (SHISO), Tanga Elderly Women Resource Centre (TEWOREC), Arusha Retired People's Association (CHAWAMA) and Walio Katika Mapambano na AIDS Tanzania (WAMATA).

The project was funded by the Tanzania Rapid Funding Envelope.

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Making a change in Serbia

A campaign by older people's groups has helped to establish community-based services for those who need support.



Viktorija

A new social centre in Kragujevac is benefiting many older people.

The effects of economic transition and conflict during the 1990s have left many older people in Serbia living in poverty and isolation, but there are few community-based services available to those who need support.

An exception is the city of Kragujevac, where older people now have their own social support centre, thanks to an energetic advocacy campaign by older people themselves, backed by the Kragujevac-based NGO, Viktorija.

The story began in 2004, when Viktorija started working with older people in Kragujevac to set up self-help groups. This was a new approach

to tackling older people's issues in Serbia. The project was developed in partnership with Bosnian NGO Osmijeh as an activity of the South East European Network of older people's organisations, supported by HelpAge International, with funding from the EC and Big Lottery Fund.

Kragujevac now has 12 older people's self-help groups. Members come from all walks of life, including housewives, retired blue-collar workers, doctors and other professionals, displaced people and refugees. The groups organise social events, home visits to vulnerable older people, and campaigning activities.

Through the self-help groups, older people started learning about issues such as pensions, home assistance and health services. Given that 16 per cent of Kragujevac's 200,000 inhabitants are aged over 65, they felt that decision-makers should start dealing with older people's issues strategically.

In particular, the groups felt that older people in Kragujevac needed a proper 'base' for organising social support services. Encouraged by Viktorija, they mounted an awareness-raising and advocacy campaign aimed at raising institutional funding.

Older people took part in local and national radio programmes and held meetings with local authority representatives. Their most convincing arguments were case studies that they had collected from vulnerable older people during home visits. Their message was: 'Let's improve the quality of life of poor older people by setting up a social support centre.'

Viktorija supported the groups' activities by discussing their issues with local authorities and public institutions, appearing on TV shows, printing leaflets, and organising meetings with the authorities.

In 2005, Viktorija applied to the European Agency for Reconstruction for a one-year grant. The application was successful and the first-ever social support centre for vulnerable older people in Kragujevac opened in October 2005. The centre employs 14 women to visit 140 isolated older people each day to help with housework, personal hygiene, shopping and transport.

The groups continued campaigning with the aim of securing funding from the government's public works programme. This application was successful, ensuring the centre could continue for at least another year.

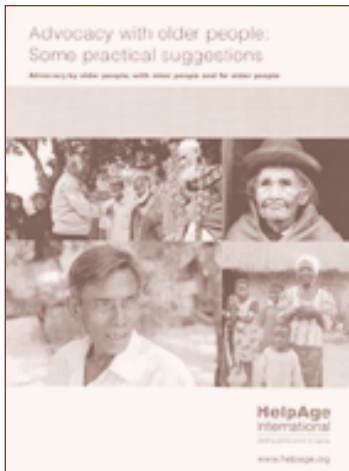
This was an example of a good practice, showing how the life of vulnerable older people could be improved, and how older people, organised in self-help groups, could exercise their citizens' right to engage with the institutions of their country in order to solve some of their problems. The self-help groups plan to continue to advocate for social pensions.

With thanks to Mirjana Milenković, Viktorija, and Alenka Ogrin and Vahida Huzejrović, HelpAge International.

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Resources



Publications

Advocacy with older people: some practical suggestions

Easy-to-use handbook for working with older people on awareness-raising and advocacy in ways that are culturally appropriate and sustainable. *HelpAge International Asia/Pacific Regional Development Centre, 2000. Re-issued (electronic only) in 2006.* Can be downloaded from: www.helpage.org/Resources/Manuals

Counting carers: how to improve data collection and information on households affected by AIDS and reduce the poverty of carers, people living with HIV and vulnerable children

Briefing paper for governments, NGOs and others working to improve data collection and analysis on households affected by AIDS. It identifies the limits of existing data, and suggests how this may be further analysed to produce better information, and what future surveys might include. *HelpAge International, 2006.* Can be downloaded from: www.helpage.org/Resources/Researchreports

Participatory research with older people: a sourcebook

Provides guidelines for older people's participation in planning, carrying out and disseminating research. Also contains case studies, participatory exercises, examples of materials and sources of further information. *HelpAge International, 2002.*

Available from *HelpAge International* (address on page 16).
Can be downloaded from: www.helpage.org/Resources/Manual

Ageways 67: Older citizens monitoring

Describes how older people can demand better services by learning about their rights, monitoring service delivery and pressing for improvements, drawing on HelpAge International's older citizens monitoring project. *HelpAge International, 2006.* Available from *HelpAge International* (address on page 16). Can be downloaded from: www.helpage.org/Resources/Regularpublications

Ageways 60: Second World Assembly on Ageing

Includes a summary of the Madrid International Plan of Action on Ageing and lists ideas for putting the plan into action. *HelpAge International, 2002.* Available from *HelpAge International* (address on page 16). Can be downloaded from: www.helpage.org/Resources/Regularpublications

The how and why of advocacy

Provides advice on planning and evaluating participatory advocacy. *BOND, 2005.* Can be downloaded from: www.bond.org.uk

Policy engagement: how civil society can be more effective

Explains why better use of evidence by civil society organisations can increase the pro-poor impact of their work, and describes how civil society organisations can engage more effectively in policy processes. *Julius Court, Enrique Mendizabal, David Osborne and John Young, Overseas Development Institute, 2006.* Can be downloaded from: www.odi.org.uk/Rapid/Publications/ODI_pubs.html

Policy engagement for poverty reduction – how civil society can be more effective

Briefing paper on how civil society organisations can engage more effectively in policy processes. *Julius Court, ODI, 2006.* Can be downloaded from ODI website (see above).

Where to now? Implications of changing relations between DFID, recipient governments and NGOs in Malawi, Tanzania and Uganda

Explores implications for NGOs of the major changes in donor policies and aid delivery since the late 1990s from both a policy and funding perspective, with particular reference to the UK's Department for International Development and the introduction of direct budget support. *Care International UK and ActionAid International, 2006.* Can be downloaded from: www.careinternational.org.uk

Website

www.helpage.org/Researchandpolicy

The research and policy section of HelpAge International's website covers issues affecting poor older people in the developing world, especially social protection, HIV and AIDS, and rights. It provides background information and calls for action, and includes a section on the Madrid International Plan of Action on Ageing.

International agreements

Madrid International Plan of Action on Ageing (MIPAA) (2002)

Commits governments to include ageing in all social and economic development policies, and to halve old-age poverty by 2015, in line with the Millennium Development Goals. Specifically, MIPAA:

- specifies that ageing should be incorporated into global development agendas
- calls for the right of older people to and equal share of development resources

Can be downloaded in English, French, Spanish, Arabic, Chinese and Russian from: www.un.org/esa/socdev/ageing

African Union Policy Framework and Plan of Action on Ageing (2003)

Commits AU member states to develop policies and programmes to meet the individual and collective needs of older people in Africa. Available from *HelpAge International Africa Regional Development Centre* (address on page 15). Can be downloaded from: www.helpage.org/Resources/Policyreports

HelpAge International Affiliates

Caribbean

Action Ageing Jamaica
ECHO, Grenada
HelpAge Barbados/Barbados National Council on Aging
Haitian Society for the Blind
HelpAge Belize
National Council of and for Older Persons/HelpAge St Lucia
Old People's Welfare Association (OPWA), Montserrat
REACH Dominica
Society of St Vincent de Paul (SVP), Antigua

Africa

APOSEMO, Mozambique
CEM Outreach, Sierra Leone
Elim Hlanganani Society for the Care of the Aged, South Africa
HelpAge Ghana (HAG)
HelpAge Kenya
HelpAge Zimbabwe

Maseru Women Senior Citizen Association, Lesotho
Mauritius Family Planning Association
Muthande Society for the Aged (MUSA), South Africa
Regional Centre for Welfare of Ageing Persons in Cameroon (RECEWAPEC)
Senior Citizens' Council, Mauritius
Sierra Leone Society for the Welfare of the Aged
Sudanese Society in Care of Older People (SSCOP)
Uganda Reach the Aged Association

Asia/Pacific

Bangladesh Women's Health Coalition (BWHC)
China National Committee on Aging (CNCA)
Coalition of Services of the Elderly (COSE), Philippines
COTA National Seniors Partnership, Australia
Foundation for Older Persons' Development (FOPDEV), Thailand
HelpAge India
HelpAge Korea

HelpAge Sri Lanka
Helping Hand Hong Kong
Instituto de Acção Social de Macau
Mongolian Association of Elderly People
NACSCOM, Malaysia
Office of Seniors Interests, Australia
Pakistan Medico International
Resource Integration Centre (RIC), Bangladesh
Senior Citizens Association of Thailand
Senior Citizens Council of Thailand
Singapore Action Group of Elders
Tsao Foundation, Singapore
USIAMAS, Malaysia

Europe

Age Concern England
Caritas Malta HelpAge, Malta
Centre for Policy on Ageing, UK
Cordaid, Netherlands
DaneAge Association, Denmark
Elderly Woman's Activities Centre, Lithuania
Help the Aged, UK
Mission Armenia
Second Breath (Gerontological

Association of Moldova)
Slovene Philanthropy
UMUT (Resource Centre for Elderly People), Kyrgyzstan
Zivot 90, Czech Republic

Latin America

Asociación Gerontológica Costarricense (AGECO), Costa Rica
Caritas Chile
CooperAcción, Peru
CESTRA, Colombia
ISALUD, Argentina
Mesa de Trabajo de ONGs sobre Personas Mayores (Lima Co-ordinating Group), Peru
Red de Programas Para al Adulto Mayor, Chile
Pro Vida Bolivia
Pro Vida Colombia
Pro Vida Perú

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AARP
Help the Aged (Canada)
West Virginia University Center on Aging

HelpAge International Regional development centres

These offices can put you in touch with affiliates in their region.

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Convincing the bank

HelpAge India believes that economic empowerment of disadvantaged older people is itself a form of advocacy.



Ms. Thenmozhi/HelpAge India

Self-help groups develop into forums for learning about rights.

HelpAge India is supporting more than 350 self-help groups of older people who lost their livelihoods after the devastating Indian Ocean tsunami of December 2004. Over time, group members start to learn about their rights and demand services.

The Kavi Kuil Elders Self Help Group near Cuddalore on the coast of Tamil Nadu is one such group. Now the twenty women, aged 56 to 70-plus, are not only back in business selling dried fish, but their local cooperative society bank has overturned its age-discriminatory practice and lent them money for further investment.

Since the late 1980s, public-sector banks in India have been more willing to provide credit to the informal sector. Access to banking services has lifted many poor people out of severe poverty. However, older people are widely regarded as a high-risk category and have not benefited from this development.

The Kavi Kuil Elders Self Help Group needed to prove its credit-worthiness.

The group started by collecting monthly contributions of 50 rupees (US\$1) from members. Individual members borrowed money from the group's funds to re-establish their businesses. HelpAge India provided training in financial management.

About six months after the group was set up, HelpAge India helped the women to approach the local Primary Agricultural Cooperative Society Bank. The group's track-record in running their own savings scheme helped to convince the bank that they should be allowed to open an account and borrow money. They produced the registers of their savings and credit activity.

The bank lent the group 25,000 rupees (US\$560). The group repaid on time, and over the next few months, successfully applied for further loans.

HelpAge India has supported the Kavi Kuil and other groups with advocacy activities directed at the public-sector banks. A breakthrough came when a senior representative of the National Bank for Agriculture and Rural Development (NABARD) agreed to instruct the local branches of the public-sector banks to open accounts for self-help groups of older people. More banks are now lending to older people's groups.

With thanks to Godfred Paul and Alison Maccoll, HelpAge International, and Rajeshwar Devavakonda, HelpAge India.

More information: Godfred Paul, Regional Programme and Advocacy Manager, HelpAge International Asia/Pacific Regional Development Centre (address on page 15). Email: goddy@helpageasia.org

HelpAge International is a global network of not-for-profit organisations with a mission to work with and for disadvantaged older people worldwide to achieve a lasting improvement in the quality of their lives.

Ageways exchanges practical information on ageing and development, particularly good practice developed in the HelpAge International network. It is published twice a year by HelpAge International, with funding from Help the Aged (UK).

Ageways is also available on the web at: <http://www.helpage.org>

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Front cover: Pension pay-out day in Lamontville, near Durban, South Africa. Advocacy by the Muthande Society for the Aged is helping older people to access social pensions.
Photo: Leila Amanpour/HelpAge International



Help the Aged provides core funding to HelpAge International, and is also a leading partner of HelpAge International's global network of not-for-profit organisations.