

**HelpAge
International**

age helps

Company no. 1762840
Charity no. 288180



Annual report and financial statements

31 March 2010

We're changing lives

read how...

We believe age helps. With age comes experience and understanding.

The contribution older women and men make to society is invaluable.

Our vision is a world in which all older people fulfil their potential to lead dignified, active, healthy and secure lives.

We work with our partners to ensure that people everywhere understand how much older people contribute to society and that they must enjoy their right to healthcare, social services and economic and physical security.

Specifically we aim for older people in low and middle income countries to be:

- recognised and supported as key contributors to their families, communities and society
- given access to a pension and benefits
- included in poverty reduction responses
- included in responses to HIV and AIDS
- included in emergency programmes
- given access to appropriate healthcare
- able to secure a livelihood
- free from discrimination and abuse

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The year in review

We have arrived at the end of our Targets 2005-2010, which continued to guide our work this year. We are glad to be able to report significant achievements both this year and over the past five years and that we are continuing to help millions of older people and their families to lead more dignified, active, healthy and secure lives.

With an income of £21.5 million this year (up from £17.2 million for 11 months in 2009 - 2010) we worked with 80 affiliates and funded 420 partners to support and deliver our programmes and Sponsor a Grandparent projects, in a total of 40 countries. Together we delivered services to 1.5 million older people, their dependants and the people who work with and for them, such as home visitors and government health workers (cf. 1.23 million last year). Many of the activities in our work are managed and delivered by the 3,100 older people's groups which we and our partners support.

This year we responded to emergencies in DR Congo, Gaza, Sri Lanka, Pakistan, and Haiti and also for Typhoon Ketsana in East Asia. We assisted 40,000 older people in these countries and, with our ongoing emergencies work in countries such as Sudan, Ethiopia and Myanmar, we have delivered services and training to a total of 415,000 people this year.

We also have important new work such as being the lead agency for the global Assessment Capacities (ACAPS) programme and being a founder member of a response consortium with 14 British NGOs to build better responses for older people.

Our programme and advocacy work to support older people affected by HIV and AIDS, both in their vital role as carers and as at risk of infection themselves, has had an important influence on the work of UNAIDS, the Southern African Development Community and the East African Community. We helped 50,000 older carers and children orphaned by AIDS in Africa and saw major growth in our work in HIV prevention and improving access to counselling and testing services in both East Asia and across Africa.

Beyond our response to the HIV pandemic, we helped 78,000 older people to access basic health care through work performed by older citizen monitoring groups and by direct delivery of health services. Our health education work reached 300,000 older people and community members and we have done more work in training government health staff, particularly in Latin America and East Asia, to understand the issues of older people's health.

Our work in promoting new social pensions linked to our efforts to support carers in Kenya, Vietnam, Thailand and Tanzania and offers real long-term support to them. This helped to deliver new or better pensions and benefits to help 5 million older people in nine countries this year, and the recognition of our expertise in this field is helping us engage in seven more countries developing social pension schemes. Our global course on designing and implementing cash transfer schemes trained participants from 30 countries again this year.

We continue to help directly in practical ways, too – worldwide 95,000 older people received help with small cash payments or food, 68,000 people have better access to clean drinking water, 30,000 older people received a grant or loan and training to help build their income and 1,800 older people had help to rebuild or improve their homes.

The value of our network of 80 Affiliates remains high, and discussions were held this year to assess how we might make it stronger. We have asked the Affiliates to do even more in the years to come, helping us to increase the exposure of the issues facing older people both in their own countries and with us on the global stage and to work with their governments to lobby for a new convention on the rights of older people – a recommendation the Advisory Committee to the UN Human Rights Council agrees with. HelpAge Spain was launched this year, and we have worked with five Affiliates who first committed to become "sisters" in the network and secured the same commitment from others.

Five more countries joined our Age Demands Action campaign leading to a call for action in 40 countries this year with some big wins for pension commitments in the Philippines, Nepal and Indonesia. The work we have done together has led to new laws and national policies for older people being passed in Vietnam and Uganda, providing rights and entitlements to 8.5 million older people in those countries; in communities in 15 countries in which we work,

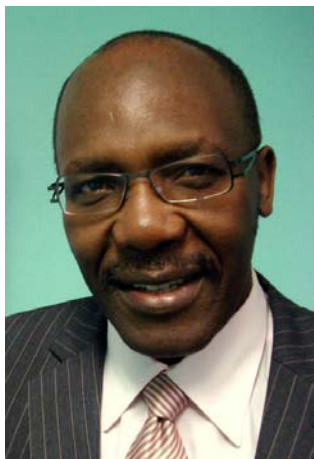
some 1,400 older people's groups are helping us to monitor their entitlements to government services.

In areas such as health and income security we have built our confidence and positioned ourselves well, but must continue to do and invest more, especially in building our evidence base, developing practical and cost-effective service delivery models and bringing in the partnerships that will help us achieve these. We will need to advance our health plan to bring new expertise on older people's health and we must build on our recent learning into the realities of older people and work, migration and climate change programmes to develop a more holistic model of securing older people's incomes. We will be increasing our capacities further to become more effective in our emergency work, both operationally and in our advocacy.

In much of the world it is tough to be old – we estimate some 20 million older people have been affected by the current global financial crisis in the countries in which we work, but we are moving into 2010/2011 armed with our Strategy to 2015 which will guide us to achieve an even greater focus in our work. We are committed in the years to come to securing older people's incomes, making sure they access more and better healthcare, HIV and care services and expanding our work to ensure they are protected and helped in emergencies and recovery programmes through direct work and strategic partnerships with key humanitarian actors.

Working with the network and new strategic partners, we intend to mobilise the expertise we need to succeed in this new strategy, and we intend to work together to see older people, the public, donors and governments recognise our ageing world and make it a better place to be old.

Thanks to the efforts of our dedicated and experienced staff and partners, we are delighted to have made a difference in the lives of older people.



Eric Kimani
Chair



Richard Blewitt
Chief Executive Officer

Report of the trustees

The trustees present their report and the audited financial statements for the year ended 31 March 2010.

Our achievements in 2009-2010

Our work in social protection

Our vision is that the material and physical well-being of older people is secured through action by governments and civil society.

The reality is that 184 million older people live in poverty, with two-thirds of all older people in developing countries living without a regular income. Universal pension coverage, along with other social protection measures such as child benefits and disability benefits, is critical to tackling chronic poverty in the developing world and meeting the Millennium Development Goal of halving extreme poverty by 2015. Evidence shows that social pensions encourage economic growth, improve school enrolment rates and support the caring role of older people.

In addition, social protection schemes help countries in the developing world meet the challenges posed by global recession, rising food prices and climate change.

We are addressing these problems by:

- **Delivering essential social support and assistance** to help older people with their basic material needs.
- **Supporting civil society activism and campaigning** – working with older people to hold governments to account and ensure their opinions are heard and their needs met fairly.
- **Delivering technical training to improve social transfer programmes** – to government staff and civil society organisations, particularly through our Global Social Transfer Course and “micro-simulation” of economic models.
- **Research and feasibility studies** – into the delivery options and impact of cash transfer programmes and other state benefits.

Achieving policy change on pensions or cash transfer schemes is rarely the work of one agency, but we believe our work in communities, nationally and globally is stimulating important changes for older people. HelpAge works on evaluating social accountability and cost-effective delivery mechanisms for various social protection targeting schemes, most notably in donor and government cash transfer pilot schemes in Northern and North Eastern Kenya and in Mozambique.

In 2009-2010, we planned to:

1. **Promote the creation of new social pension schemes and changes to existing state benefits and pensions**, seeking new schemes in seven countries and improving the existing schemes in six other countries.
2. **Train and build capacities** of government staff and civil society through our global Social Transfers Course, “micro-simulation” modelling, exchange visits and other training.
3. **Generate further evidence** of the feasibility and impact of cash transfer schemes
4. **Support older people’s monitoring groups** to access to entitlements and services in eleven countries, with new programmes started in Uganda and Colombia.
5. **Deliver essential social support and assistance** throughout all our work, supporting older people and their families with financial help, food, shelter and water

What we achieved:

1. **Promoting new social pension schemes and changing existing benefit and pensions schemes**
 - At the end of 2009-2010, we estimated that about 5 million more older people are receiving social pensions or benefits worth about £750 million per year in the focus countries of our work.
 - Governments approved new pension schemes in the Philippines, Kenya and Paraguay, three of our focus countries.

- We have seen greater access to existing pensions or benefits schemes in Bangladesh, Thailand, Vietnam, Uganda, Jamaica, Nepal, six of our focus countries.
 - We observed encouraging indications that new schemes or wider coverage will be approved in Sri Lanka, Vietnam, China, Tanzania and Zanzibar, Malawi, Rwanda and Ecuador, seven of our focus countries.
2. **Training and building capacities:**
- A further course on *Designing and Implementing Social Transfer Programmes* in Thailand trained 61 participants (including four network partners) from 21 countries in Asia, Europe, Africa and the Caribbean to understand, design and implement promote for such programmes within their countries.
 - In Latin America, we trained key staff from the governments of Bolivia, Brazil, Ecuador, Paraguay and Peru on a micro-simulation course on pensions. We are noting positive action as a result in the design or review of pension schemes in Peru, Ecuador and Paraguay, and saw exchange visits and further technical discussions between ministry officials from Bolivia and Brazil.
3. **Generating further evidence**
- We have mobilised a Social Protection Working Group from across our offices and have been more systematic in collecting resources on topics such as universality and affordability, and have supported the production of case study and learning materials from the experiences of our partners in Thailand, Latin America and South Africa and key documents from external bodies including the Asia Development Bank and the International Labour Organisation. We have also worked at country level to produce evidence to promote pensions, for example with the Tanzania feasibility study on a social pension.
4. **Support older people's monitoring groups**
- 1,400 older people's groups are now monitoring their rights to equal and specific access to national poverty reduction programmes. We are also training and supporting community paralegals to support many of these groups.
 - The work of older people's monitoring groups in 15 countries this year is diverse, but the core of the work is centred on access to benefits, access to services and influencing the use of decentralised government or donor funding.
5. **Deliver essential social assistance and services**
- We helped 68,000 older people, their families and communities to access water and sanitation with our largest programmes, which were delivered in Mozambique, Tanzania, Cambodia, Laos and India.
 - We assisted 1,800 older people in rebuild their homes or constructing new ones, predominantly through our Sponsor a Grandparent work in India, Kenya and Sri Lanka
 - We provided 95,000 older people with regular cash or food support, with the majority of our support being delivered in social protection programmes in Kenya, Ghana, Mozambique and Vietnam and through our Sponsor a Grandparent work in India, Kenya and Sri Lanka.

Examples of our work and achievements:

New social pension schemes and changes to existing schemes

- **Philippines.** The Expanded Senior Citizen Act was approved by the President and includes a social pension targeting older people aged 60 years and over. Some 1.7 million older people will benefit from the scheme, and a range of tax breaks for older people are expected to help 4.2 million older people; health insurance provision and a death benefit are also included in the Bill.
- **Paraguay.** The government approved a social pension for 2010 to provide 82,000 older people with a US\$70 monthly payment. Older people actively lobbied for the pension and we were involved in the government-level discussions on the pension since July 2008 and also provided rights training to a number of civil society partners.
- **Kenya.** The government launched a non-contributory social pension for older persons in 2009. The Ministry of Gender, Children and Social Development delivers the new 'Older Persons Cash Transfer Programme', which is a scheme targeting 30,000 older people in 44 districts with a pension of Kenya Shillings 1,500 (£12.50) per month.
- **Mozambique.** We extended our coverage of delivering cash transfers to older people (under the government's food subsidy scheme) in Tete Province from 15 to 22 communities, with a 55 per cent growth in the number of older people receiving this monthly income support,

which now stands at 1,300 older people. The impact achieved by the delivery of the PSA scheme, influenced by our innovations and advocacy, has led to a further extension of the pilot programme and ensured the scheme's continued inclusion in the government's National Strategy for Basic Social Protection, which aims to support 650,000 older people and their families by 2015.

- **Jamaica.** The number of older people accessing government social assistance programmes increased from 44,723 in December 2008 to 48,775 in December 2009. Our role in this has been one of continued advocacy with the government and direct support to older people in four parishes to help them obtain their documentation and provide practical support in accessing their monthly entitlements.

Support older people's monitoring groups

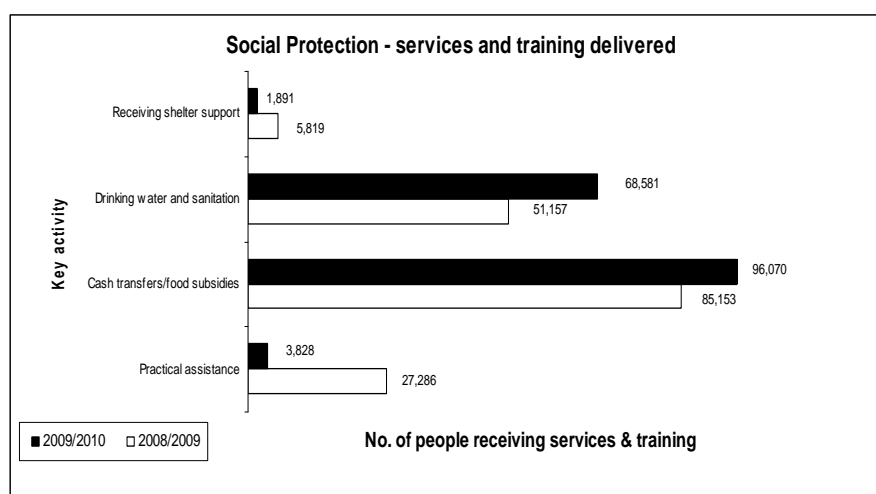
- **Tanzania.** A total of 52 of 132 district councils in Tanzania (four more than last year) included funds to support priorities identified by older people. District reports show an increase in budgets supporting vulnerable groups, including older people, from 18 to 34.9 per cent of the total budget between 2005 and 2010. Older people's groups in seven more wards also started supporting community safety net activities and monitoring government service delivery in health, food provision and potable water access. This makes a total of 53 wards undertaking this work during the past five years, benefiting 2,100 older people.
- **Thailand.** We formed four new Older People's Watch groups this year, bringing the total to 25, with 21 groups trained in older people's rights and the use of materials for promoting awareness of older people's rights in local communities. In the project areas, older people are both demonstrating and acting on an increased knowledge and understanding of their rights under the Older Persons Act.

Delivering essential social support and assistance

- **Tanzania.** The number of district councils adopting a system for poor older people to access water either free of charge or at subsidised rate doubled in the past year to 10, with 7,000 older people now benefiting in total. We are continuing our work to persuade other water authorities to allow older people to access water for free or at subsidised prices.
- **Burkina Faso.** As part of our work promoting older women's rights and to access to their entitlements in Passore Province, our partner the Burkina Faso Red Cross Society trained 18 hygienists to deliver water and sanitation education and monitor services. They, in turn, trained a further 4,700 people, with 235 given literacy classes to help improve hygiene and water management. We are receiving reports of positive outcomes, notably improved behaviour in storing water in clean containers and better household hygiene.

Key statistics on our social protection work¹ in 2009-2010:

Social protection	2009-2010	2008-2009
Total services & training	170,300	169,415



Notes on the statistics: Growth in those accessing water is due to improved older citizen monitoring work in Mozambique and Tanzania supporting greater access to drinking water through government programmes. Growth in access to cash transfer schemes is mostly due to expanded work in Mozambique and new work in Kenya. Sponsor a Grandparent projects remain a key contributor of cash transfers to older people. Practical assistance numbers reduced, as on analysis this was found largely to consist of social and psychosocial activities, now reported under Health.

¹ The statistics represent the services delivered by HelpAge and its partners from our own funding sources. They do not represent the wider work of HelpAge's partners and/or Affiliates.

Our work in HIV and AIDS

Our vision is to see older people supported to mitigate the impact of HIV and AIDS in their communities and to ensure their needs for prevention, treatment, education and support in their role as carers are met.

The reality is that older people remain largely invisible in the responses to HIV and AIDS. With at least 15 million children orphaned worldwide and 12 million orphaned in Africa and Asia alone, large numbers of older people are bringing up grandchildren and often with little or no formal support. Older people are also at risk themselves of becoming infected, yet, because so little information is collected on infection rates of older people, few governments or donors include them in prevention, testing, counselling or treatment programmes.

We are addressing these problems by:

- **Delivering services to older people and those in their care** to provide them with the support they need and to help develop models that support more inclusion of older people in the programmes of others.
- **Helping governments to recognise and include older people in their work to meet** their commitments to Universal Access to prevention, care, support and treatment programmes.
- **Raising the awareness of international and regional policy-makers of the need to** include recognition and responses to the issues of older people affected and infected by HIV and AIDS in their policies and budgets.
- **Improving the visibility of the needs of older people** by lobbying and working for the inclusion of data, particularly on HIV infection rates, disaggregated by age and gender in the reports of UNAIDS, other agencies and governments in Africa and Asia.

In 2009-2010, we planned to:

1. **Deliver services to older people and those in their care** in eight countries and use these experiences to document good practice and build our evidence of issues and solutions.
2. **Continue advocacy with, and support to, regional bodies in Africa** to increase their support of older people affected by HIV and AIDS. We are targeting the African Union (AU), the Southern Africa Development Community (SADC) and the East African Community (EAC).
3. **Support national responses in Africa and Asia** by working with governments to offer direction and solutions for better including older people in their plans and programmes, based on our experiences.
4. **Increase the visibility of older people in the work, reports and statistics of others** by continuing to work with UNAIDS, WHO, and national authorities in Africa, East Asia, the Caribbean and in the UK.

What we achieved:

1. **Delivering services to older people and those in their care**
 - Our work supported 51,000 older carers and children in Africa and East Asia.
 - Through our work 235,000 older people, their families and communities received HIV and AIDS prevention, treatment and care information.
2. **Supporting national responses in Africa and Asia**
 - Mozambique's new National Strategic Plan for HIV and AIDS (PENIII) 2010 to 2015 included older people in their prevention, care and treatment targets for the first time as a result of our lobbying. We were also approached to contribute to the development of national counselling guidelines.
3. **Continuing advocacy with, and support to, regional bodies in Africa**
 - We saw the Southern Africa Development Community (SADC) include references to older people and their social protection in the SADC Orphans and Vulnerable Children and Youth (OVC-Y) Minimum Package Document and their Business plan, which acknowledges older people as a vulnerable group both being scheduled for completion in 2010.
 - In **Kenya**, the implementation plan of the new National AIDS Strategic Plan included reference and activities for older carers and older people even though they were not explicitly mentioned in the actual strategy.

- In Ethiopia, our work with partners and government departments has resulted in the new draft HIV and AIDS Prevention and Control Office HIV and AIDS Strategy 2010 including references to support for older carers for the first time.
 - In collaboration with the Regional Psychosocial Support Initiative, psychosocial guidelines to support Older Carers of Orphaned and Vulnerable Children and People Living with HIV and AIDS have now been completed for dissemination.
 - The Ugandan Parliament passed the National Ageing policy and plans are underway to disseminate it to the public, including older people. The policy has a section on mitigating the impact of HIV and AIDS on older people.
4. **Increasing the visibility of older people in the work, reports and statistics of others**
- In **Mozambique**, the new National Strategic Plan for HIV and AIDS (PENIII) 2010 to 2015 is committed to the collection of data for older people in relation to infection, treatment and care as a result of our lobbying.
 - The **Tanzanian** Government's home-based care data recording and reporting tools were revised to collect information on different age groups above 49 years of age. We were a member of the task force for finalisation of the tools. Twelve of our target districts started to collect the new data required and this data is now used to guide the planning processes in the respective districts. Whilst this work has yet to fully incorporate all key HIV and AIDS indicators, it is a significant step and will help further advocacy.
 - We saw **UNAIDS** include older people in their 2009 to 2011 Outcome Framework, expressing their care and support as a fundamental element of social protection that needs to be promoted and taken forward in their work. The new UNAIDS Business Case for Social Protection also includes older people, both how they are affected by HIV and how social protection can mitigate this impact.
 - **National UN General Assembly Special Session** (UNGASS) reports on HIV and AIDS from six out of eight key HelpAge partner countries in east and southern Africa included reference to older people, and the Zambia and Mozambique reports included dedicated sections on older people.

Examples of our work:

Delivering services to older people and those in their care

- **Vietnam.** Working with partners in 150 HIV affected communities, we increased the levels of our service delivery. This included providing HIV and AIDS prevention education to 127,000 people; supporting access to counselling and testing services for 1,306 people and practical support and training to 2,600 older carers and 1,700 grandchildren. Our work has also ensured knowledge of, and access to, the new social allowance for older carers of orphans and people living with HIV.
- **Mozambique.** Our work in 40 communities in Tete Province is mitigating the impact of HIV through inter-generational responses providing support during the past three years to 3,600 older carers, 13,000 children in their care and 300 people living with HIV. Evaluation has shown our work having a strong impact in helping communities be able to identify, analyse and resolve a range of issues to reduce the vulnerability of older carers, and working together to reduce the stigma associated with HIV. It also showed results through supporting the treatment of older carers' health needs and supporting their grandchildren and dependents in school. For those living with HIV, the number of them receiving treatments at health centres increased from 27 to 90 per cent between 2007 and 2009.
- **Tanzania.** Our work has focused on prevention, care and treatment in nine districts. Our work helps 2,400 older carers learn about and be able to use counselling and testing services, and trained a total of 867 older Home Based Carers, who are now using home-based care kits and have reached 8,000 households. Reports show an increase in older people's confidence in understanding and using available services and a greater willingness to disclose their status to those under their care. More broadly, we have influenced the inclusion and budgetary support for older people from district council plans and budgets – three district councils are now providing support from their budgets to older carers and their grandchildren for school fees and materials and access to health services.

Continuing advocacy with, and support to, regional bodies in Africa

- **EAC HIV and AIDS Bill.** We worked with Voluntary Services Overseas on the draft East African Legislative Assembly Regional HIV Bill. We stressed the gaps in the draft bill on community and home-based care for children orphaned by AIDS and people living with HIV, the support needed by older carers of children and those infected by HIV and of the role of traditional health practitioners in responses. We submitted clauses, by invitation, for the revised draft, and once in force, the Regional HIV Bill will take precedent over all national HIV legislation in the partner states of the East African Community.

Supporting national responses in Africa and Asia

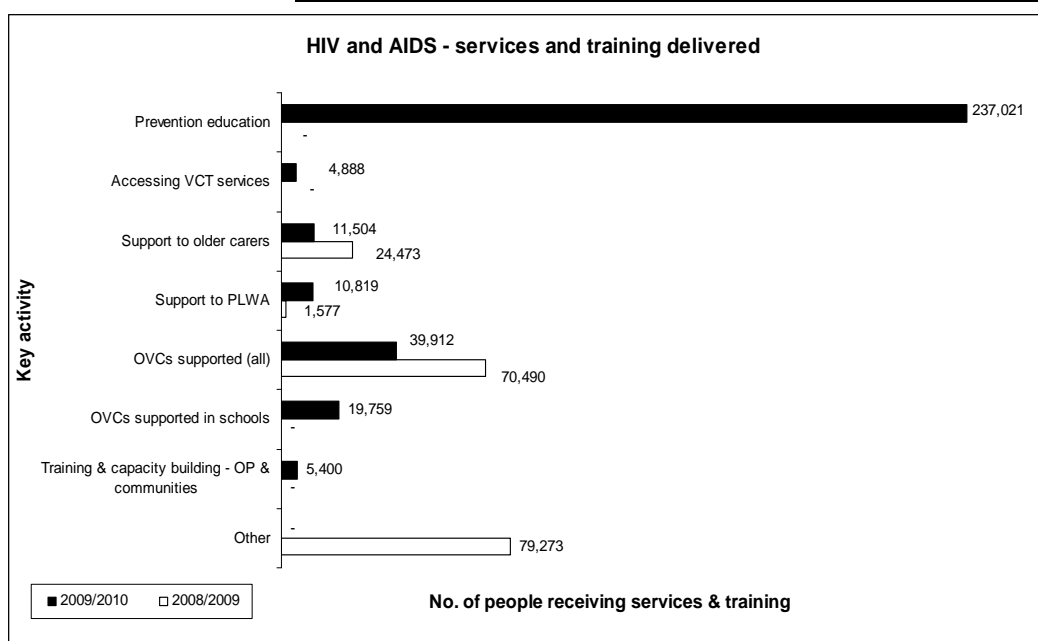
- **Africa – practical action.** We are implementing a programme across Kenya, Uganda, South Africa, Ethiopia and Tanzania to develop and implement models of good practice to be able to demonstrate solutions with governments and donors. Examples of this work include supporting livelihoods, protecting the legal rights of widows supporting orphans, changing the roles of traditional healers, building community structures to prevent transmission and improving the models of home care.
- **Longitudinal study on access to counselling and testing services.** We commissioned a six-month study into access for older people to counselling and testing services in Kenya, Uganda, Tanzania, South Africa, Ethiopia, Zambia and Ghana. The final results of the study later in 2010 will give evidence to demonstrate the actual need for such services so that we can better influence service providers to target deliberately older people for HIV and AIDS counselling and testing services.

Increasing the visibility of older people in the reports and statistics

- **Mozambique.** Baseline evidence from our work in Tete Province is being used to influence the government's monitoring framework for its National Strategic Plan for HIV and AIDS. Some of the data is disturbing: 8 per cent of people living with HIV (known) in our programme areas are older people and 59 per cent of these are women. In addition, 52 per cent of the older people are caring for orphans, and 71 per cent of these carers are older women.
- **Demographic and Health Surveys:** a policy paper on the need for disaggregated HIV and AIDS data for those aged 50 was used to influence the US government funded MEASURE DHS (Demographic and Health Surveys) project at a meeting of Government and UNAIDS Monitoring and Evaluation advisors in East and Southern Africa. All accepted the recommendations. We are now in frequent dialogue with MEASURE DHS, including on current research into the availability of data on HIV and older people worldwide.

Key statistics on our HIV and AIDS work in 2009-2010:

HIV and AIDS	2009-2010	2008-2009
Total services & training	309,544	175,813

**Notes on the statistics:**

Due to growth in our work on prevention education, access to counselling and testing (VCT) services and training of communities and service providers, the statistics are now disaggregated from their previous reporting under "Other".

Our work in these areas increased in Tanzania, Mozambique and Vietnam this year. Support to carers reduced due to the closure of a major programme in Tanzania, but these carers should receive a state pension in 2010.

Our work in emergencies and disaster risk reduction

Our vision is to see the needs, rights and contributions of older people fully included in the preparedness plans and emergency responses of governments and humanitarian agencies.

The reality is that although older people have specific needs in emergencies and also the potential to contribute to relief efforts, they continue to be left out of all stages of preparedness and emergency responses.

We are addressing these problems by:

- **Responding** to the needs of older people in emergencies, and supporting their recovery efforts afterwards.
- **Influencing other humanitarian agencies** to take account of the needs and capacities of older people.
- **Building understanding of preparedness and risk reduction with our partners, older people and their communities.**

In 2009 - 2010 we planned to:

1. **Respond directly in crises and strengthening preparedness:**
 - Implement response programmes in Sudan, Colombia, Zimbabwe, DR Congo, Ethiopia, Sri Lanka, Myanmar and Gaza.
 - Build the capacities of older people and our partners in disaster risk reduction and preparedness programmes in eight countries that have a high risk of disaster or crisis.
 - Continue increasing our income and expenditure for emergency and preparedness actions by building our programmes in 13 countries.
 - Develop and support at least one climate change initiative.
2. **Change humanitarian policy and practice:**
 - Work with members of the Inter-Agency Standing Committee Working Group on Humanitarian Reform, particularly UNHCR, WHO and ICRC, to see greater inclusion of older people in their written policies, practice manuals and assessments
 - Continue to build our partnerships with Merlin, the British Red Cross Society and UNHCR
 - Develop opportunities to promote older people as leaders in climate change adaptation through local and international partners and through a consortium of agencies and academic institutions in the UK.

What we achieved:

1. **Responding directly in crises and strengthening preparedness:**
 - We provided practical support and training to 415,000 older people, their families and service providers in Ethiopia, Sudan, DR Congo, northern Uganda, Colombia, Haiti, Gaza, Bangladesh, Vietnam, the Philippines, Pakistan, and Sri Lanka.
 - We responded to new emergencies in Haiti, Sri Lanka, Vietnam, the Philippines and Indonesia.
 - We continued programming in six countries with complex political emergencies in Sudan, Ethiopia, northern Uganda, Colombia, Myanmar and Gaza, and supported our partner HelpAge Zimbabwe to deliver programme supporting older people affected by the political crisis and land reform in Zimbabwe.
 - We continued training communities, partners and our own staff in Bangladesh, Jamaica, Bolivia, Peru, DR Congo and Ethiopia. This training included the development of both partner and community-based contingency plans.
 - We were a founder member of the Consortium of British Humanitarian Agencies (CBHA), and became the lead agency in the Assessment Capacities (ACAPS) consortium. These initiatives provide us new capacity to both launch assessments and response for sudden disasters, and will improve our contact with key humanitarian agencies to ensure that ageing is included as a key factor in humanitarian needs assessment.
 - Our expenditure on emergency programmes, including policy and new work with consortia, increased from £4.6 million to £5.1 million. This includes the start of our work in Haiti and we are working with Age UK to continue to grow this area of our work.

2. Changing humanitarian policy and practice:

- **Northern Uganda.** Our work supported the agencies UNHCR, Caritas and CARE. Our training highlighted the issues and of vulnerable older persons, stressing the importance to provide a more comprehensive livelihood support package. As a result, UNHCR acted on our advice and secured approximately US\$ 4 million to support a more comprehensive livelihood programme for extremely vulnerable people and their caretakers or dependents.
- **Sudan.** The UN Workplan included an indicator on older people's nutrition for the first time as a result of our lobbying with UNICEF on the levels of malnutrition of older carers and the gaps in the humanitarian intervention of other agencies to address these issues. The advocacy led to the approval of a trebled Common Humanitarian Fund grant for our work, and UNHCR increased its funding of our work with older people dramatically (from US\$150,000 in 2006 to US\$1.8 million in 2010), and we have been asked to expand our work to include older members of host communities and Chadian refugees.
- **Vietnam.** Our response partner, the Vietnam Women's Union, has become an official member of the Disaster Preparedness ECHO (DIPECHO) Joint Action Network Initiative, to provide advice on issues of gender and ageing for disaster reduction programming. Older people were included as one of the vulnerable groups in DIPECHO's country disaster analysis following our presentation and discussions at the IFRC regional conference in Thailand, attended by ECHO regional office staff.
- We produced the **"Climate Change and Ageing"** report, which identified that older people are marginalised in climate change debates and adaptation programmes, and in particular that the debates lack insight and information on the impact of climate change on older people (especially on their health) and what part they can play in climate change adaptation

Examples of our work and achievements include:

Responding to emergencies and strengthening preparedness:

Sudden onset disasters and conflict:

- **Haiti.** We supported 4,500 families with older people, including helping older people living in spontaneous settlements and camps, living in the ruins of their houses and patients of state and privately-run nursing homes. We aim to reach 10,500 older people and their families over six months in Port au Prince and three rural areas, providing food and essential items, temporary shelter materials, medicines and healthcare, simple livelihood support and ensuring other humanitarian actors recognise and include older people.
- **Sri Lanka.** With HelpAge Sri Lanka we supported a response to the Tamil conflict, with mobile medical units providing medical treatments and essential supplies for 9,000 older people and other community members.
- **Philippines.** Our Affiliate, COSE, carried out an assessment of the communities affected by Typhoon Ketsana and led a response benefiting 3,010 older people focussing on delivery of essential food and non-food items and repairing latrines and water points.
- **Gaza.** We responded to the escalation of the conflict in the Gaza Strip by supporting 500 older people with food, medical aids and agricultural livelihoods support. Through our advocacy and training of local organisations, older people and their carers report a better understanding of their issues in ongoing relief programmes.
- **Pakistan.** We responded to the mass displacement following an escalation in the conflict in North Western Frontier Province. Collaborating with Merlin, we assisted 30,000 people with essential supplies and health and eyecare support and provided 1,200 people with mobility aids. We also undertook an extensive assessment of the "age-friendliness" of health facilities and services in the programme area and have started training health staff and rehabilitating facilities to improve services for older people.

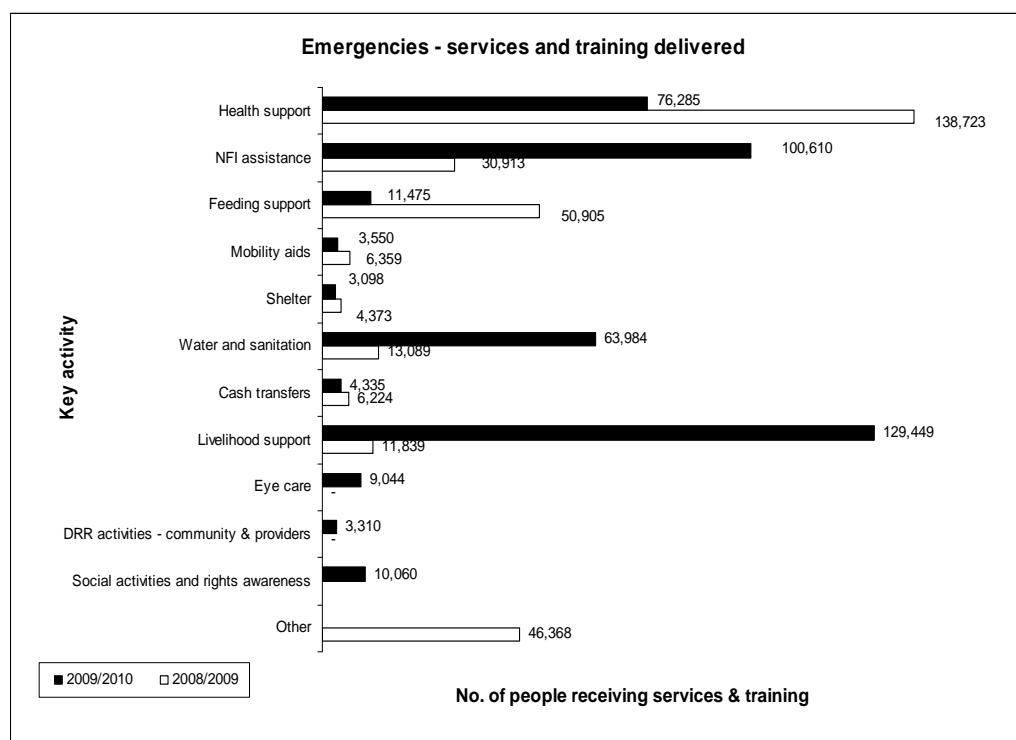
Complex political emergencies and climate change adaptation:

- **DR Congo.** Renewed conflict caused the sudden displacement of about 250,000 people. We provided assistance to 12,400 older people and their families in camps and this work received a positive external evaluation. Our activities provided psychosocial and livelihood support, inter-generational peace building and conflict resolution sessions and also built partnerships with key medical actors including Merlin and the Ministry of Health to strengthen their capacity in geriatric health care.

- **Darfur.** Delivery of our eyecare services increased, including North Darfur for the first time, and we increased the number of older people's centres in the 12 camps we work in from 14 to 18. The latter is important as these are the hub for income generation, training and social work, and make our work more accessible to older people with mobility difficulties. We grew our work on household and community gardens, providing seeds, tools and training to 5,450 households – the impact of this work has improved with greater liaison with irrigation programmes in the camps and also by supporting simple ideas developed between older people and their communities, such as protecting crops from animals..
- **Ethiopia.** We addressed the acute situation of 1,000 older people living on the streets in Addis Ababa and worked in drought-affected pastoralist communities. In Addis Ababa, an action-research programme examined the causes and condition of older people's urban poverty and supported 1,000 older people to tackle issues of destitution, medical and mental health care and access to simple cash for work schemes. Our rural work focused on water supply – both potable and for agricultural and livestock protection. This work provided accessible water supplies for 108,000 pastoralists, supported by a sanitation programme that provided education and basic supplies (jerry cans, soap) for 5,000 families and pit-latrines construction for 300 older people and their families.
- **Peru.** A pilot project to mitigate the effects of climate change and increasingly adverse winters in the Peruvian Andes supported 130 older people with shelter, hybrid seeds and protective clothing. The results of this work were shared in a regional meeting for "OP and Cold waves in Ayacucho" with participants from 43 organisations. The Peruvian government and UNFPA attended and have promised to develop more projects in favour of older people based on learning from this pilot project.

Key statistics on our emergencies and disaster risk reduction work in 2009 - 2010:

Emergencies	2009 - 2010	2008 - 2009
Total services & training	415,200	308,793



Notes on the statistics: The levels of services reflect the needs identified in the emergencies to which we responded this year.

Non-food item (NFI) distribution increased in all our response work. The high level of livelihood support reflects the renewed drought mitigation work undertaken in Ethiopia, and water and sanitation activities were a key feature of the Typhoon Ketsana response in the Philippines, Vietnam and Indonesia as well as Ethiopia. The reduction in our health work reflects the high level of health work undertaken in Myanmar last year.

Our work in health

Our vision is for all older people to receive appropriate health services, free or at low cost, to be able to live actively and fulfil their contributions to their families, community and society.

The reality is that greater longevity, despite being probably the major breakthrough in public health in the last century, brings with it an increased risk of chronic disease and disability. Two-thirds of the world's older people live in developing countries and population ageing, linked with lower fertility rates, is advancing more rapidly than economic and social development and this leaves older people in or facing poverty and poor health.

Non-communicable diseases such as diabetes, stroke, mental illness and heart conditions are already the biggest cause of illness and death in many developing countries. They are often thought of as "diseases of affluence" but the opposite is often true. Virtually all major diseases are determined by a web of interacting factors, and risks are often greatest in poor and deprived communities.

We are addressing these problems by:

- **Supporting older people to access their entitlements** to age-friendly health services.
- **Delivering services directly** and building skills and understanding of older people's health with communities and service providers.
- **Lobbying for government policy and practice change** to include homecare activities as an essential part of their health and social care programmes.
- **Delivering eye care programmes** linked where possible to existing government services.

In 2009 - 2010 we planned to:

1. **Improve older people's access to government health care** in nine countries.
2. **Deliver programmes in health and self-care** in Cambodia, Vietnam, Laos and Myanmar.
3. **Improve the age-friendliness of government health services** in Latin America, Africa and Asia.
4. **Increase and improve the delivery of homecare services** in ten East Asian countries and Tanzania.
5. **Improve older people's access to eyecare and having their sight restored** in our programmes in Zanzibar, Sudan, Ethiopia, Mozambique, Pakistan and India.

What we achieved:

1. **Improve older people's access to government health care**
 - **Older people monitoring groups** improved access to older people's health entitlements from government services in eight countries out of the nine which had been planned). These were Ghana, Uganda, Tanzania, Mozambique, Jamaica, Bolivia, Peru and Colombia. Work has commenced in building the awareness of government health staff and finding a suitable partner in Ecuador.
 - In the Caribbean, the **Dominican** government lowered the age at which people become eligible for free health care to from 65 to 60 years of age, influenced by the work of our Affiliate REACH and their Age Demands Action campaigns.
 - In **Kenya**, a revised draft national policy on older people for submission to parliament in 2010 now makes provision for formal sector workers over the age of 65 to continue to benefit from the national health insurance scheme which supports the costs of inpatient services and also recognises the issues of chronic diseases and population ageing.
 - In **Tanzania**, the government upgraded the 2007 National Health Policy this year, directing all government health facilities in all districts to start providing free medical services to all older people of 60 years and over irrespective of their economic status – previously it had been poverty-tested. This means older people in all 133 districts (previously just those in 48 districts) now have the right to free services as a direct result of our lobbying.
2. **Deliver programmes in health and self-care**
 - A total of 78,000 older people accessed primary and curative health services and 300,000 people received education in older people's health as a result of our work.
 - We ran programmes which directly delivered services in Cambodia, Laos, Vietnam, Myanmar, Sierra Leone and, through our Sponsor a Grandparent partners, in India and Sri Lanka

3. Improve the age-friendliness of government health services

- We supported the delivery of basic and more appropriate health services for older people in Burkina Faso, China, Cambodia, Jamaica, Sierra Leone, Mozambique, Vietnam and Laos through working with partners, government health staff and older people's groups.
- In Bolivia, our work on "age friendly" health facilities led to 95 facilities from 19 rural municipalities doing a baseline diagnosis on the older population within their area, and these facilities are now planning new activities like home visiting.
- In Peru, 33 rural facilities (157 members of staff) from two regions commenced training on self-care, team working and capacity building, using materials developed with our support - guidelines in "team work for older people's health, diagnostic evaluation and self-care.

4. Increase and improve the delivery of homecare services

- A total of 23,000 older people received home or day care in eight countries with training provided for 1,600 carers.
- Homecare programmes run by our partners with our financial and technical support in Tanzania, India, Pakistan, Thailand, Malaysia, Philippines, Myanmar and Cambodia.

5. Improve older people's access to eyecare and restore sight

- As a result of our work with government services and partners 36,000 older people received eyecare consultation, treatments and surgery in India, Pakistan, Mozambique, Ethiopia, Tanzania and Sudan.

Examples of our work:**Improving older people's access to government health care**

- **Mozambique.** Older people trying to assert their entitlements to free consultations at rural health facilities and free essential medicines often face many barriers: health staff's lack of knowledge of their entitlements, lack of an identity card to prove their eligibility and a lack of availability of many drugs at clinics. Working with health activists and older people's groups trained by our partners, older people are now monitoring free health care in 47 communities (up from five in 2008). Reports from these communities indicate that 44 per cent of older people are now receiving free treatment and 36 per cent getting free medicines but there are still wide variations between the communities.
- **Bolivia.** Working with older people's monitoring groups in 19 municipalities, we have helped to increase registration for the national health insurance scheme, SSPAM, from 30 to 53 per cent of older people in these communities and a further 35,000 older people were registered during 2008 and 2009. In our programme areas, local authorities and service providers signed contracts as a result of lobbying and participation by older people's organisations. These contracts have led to a marked increase in the provision and access to services - 100 per cent for primary health services, 63 per cent for secondary health services level and 42 per cent for tertiary health services.
- **Tanzania.** Despite recent changes in government policy in favour of older people's access to health care, decentralised health financing mechanisms still create barriers to access. Our work with older people's monitoring groups ensured that 18,790 older people in eight districts obtained identity cards and we successfully negotiated with 12 councils to pay Community Health Fund contributions (payments to health service providers) to guarantee older people's access to consultation and treatment.

Delivering programmes in health and self-care

- **Sierra Leone.** Our partner and older people's groups helped 500 older people and 1,341 dependents to benefit from free health care offered by the Ministry of Health for chronic and other conditions such as rheumatism/arthritis, hypertension, sexually transmitted diseases, malaria and chest infections and with referrals to the district hospital for further treatment for complications with sexually transmitted diseases and ophthalmic conditions.
- **Vietnam.** Our support helped our Affiliate, the Vietnam Women's Union, substantially increase its work in delivering health education and self-care interventions with 230,000 people attending health education sessions and self-care training, and 8,600 people participating in physical exercise programmes. We provided health treatments to 27,000 people and health insurance fees for 2,600 people.
- **Laos.** Health care programmes are now established in 17 villages, including five new ones. The programme trains and supports community volunteers to provide health education, village hygiene activities and to dispense a limited range of medicines under the supervision

of an older people's group. Such groups also monitor the incidence of common treatable illnesses in the village. This year, 13 new village health volunteers from the additional five villages were trained and 4,778 older people and other community members received personal hygiene education and latrine maintenance training. The work also included re-training of traditional health practitioners in the use of safe herbal treatments.

Improving the age-friendliness of government health services

- **Latin America.** Our collaboration with the Pan American Health Organisation (PAHO) has led to new opportunities in Peru and Ecuador. We sponsored government staff to attend PAHO's training on the management of older people's health programmes and PAHO has asked us to work with the Ministry of Health in Ecuador to participate in a major study on health and older people as part of work to support the development of the national health policy.
- **China.** We are supporting local authorities to implement older people's health care programmes in six counties. This included training in self-care for county health officers and medical staff. They support doctors in their work with older people in 16 poor villages, providing medical check-ups for 382 older people in 12 villages and partnering with Handicap International to give practical lessons to local health officers on mobility and disability.

Increasing and improving the delivery of homecare

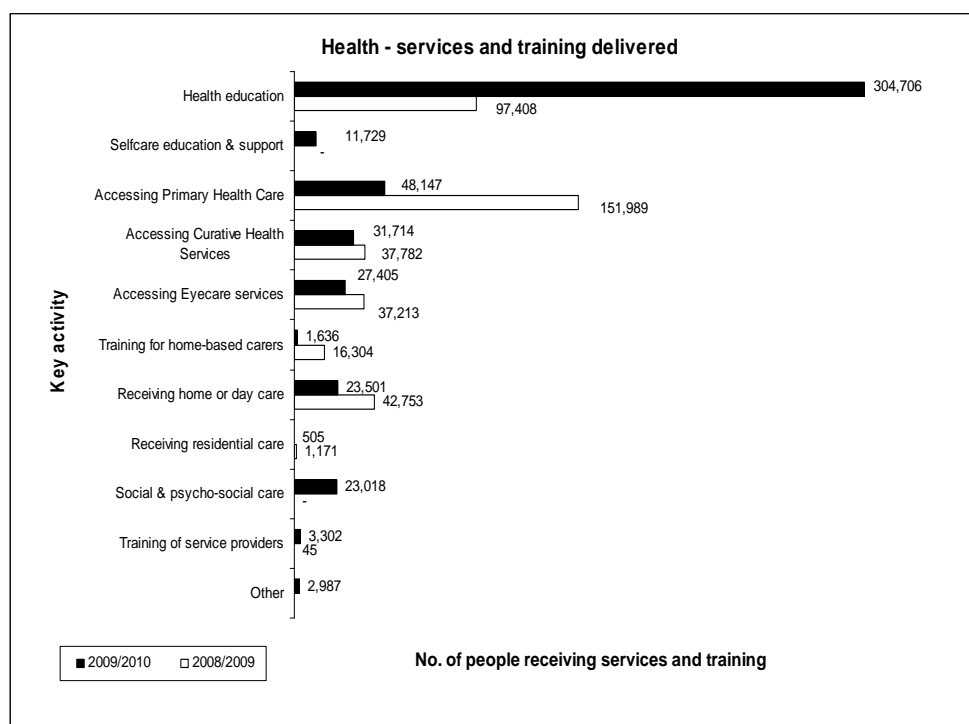
- **Philippines.** Provision of health support alongside promoting the HelpAge Korea home care model is the principal work of Affiliate COSE and our Sponsor a Grandparent partners and 550 older people received a diverse range of health support including dental care, physical and occupational therapy and payments for consultation and basic treatments.
- **Tanzania.** Our "Building Bridges" homecare model was linked with our work in mitigating the impact of HIV and AIDS, and was implemented in nine new districts between 2008 and 2009, making a total of 14 districts covered. A total of 1,200 home-based carers and peer educators were trained and the home-based carers helped 8,000 older people.

Improving older people's access to eyecare and restore sight

- **Eye camps.** Mass eyecare screening and treatment campaigns remain a significant feature of our work with 5,000 older people attending eye camps in Tanzania, Bangladesh, Pakistan and Sri Lanka where they received treatment, surgery and glasses.
- **Darfur.** Our work in delivering eye care services has increased by 40 per cent since 2006 and we helped 9,698 people this year.

Key statistics on our health work in 2009-2010:

Health	2009-2010	2008-2009
Total services & training	478,650	384,665



Notes on the statistics:

Health education in East Asia increased dramatically, with 230,000 services delivered in Vietnam alone. We are recording separately for the first time our work in self-care education and support, which is mostly found in our work in East Asia. Health education had previously been included in Primary Health Care. Eyecare services in Sudan to 9,000 people is recorded under Emergencies. A reduction in the number of home-based carers reflects the end of a major programme in Tanzania.

Our work in securing a livelihood in old age

Our vision is for all older people to have a regular income that protects the well-being of themselves and those they care for.

The reality is that some 80 per cent of older people in developing countries have no regular income and in areas affected by disaster and conflict, endemic disease or HIV and AIDS, sustaining a livelihood in old age represents a formidable challenge.

In the absence of formal government safety nets, livelihood programmes are often a practicable alternative, whether through training to secure work in the formal or informal sector or by income-generating activities. Our intention with our livelihoods programmes is also to demonstrate that older people, and those they care for, do benefit from inclusion in all forms of income generation projects, are credit-worthy and should be included in mainstream livelihoods programmes or be able to access commercial sources of credit.

We are addressing these problems by:

- **Providing direct support and training** to help older people achieve a regular income.
- **Helping older people gain access to the livelihood** programmes offered by governments and other agencies programmes and to negotiate better access to commercial services and credit.

In 2009-2010 we aimed to:

1. **Deliver livelihoods programmes** with our partners in Cambodia, India, Lao, Jamaica, Bolivia and Sierra Leone and through the work of our partners in Sponsor a Grandparent projects.
2. **Support older people access funding** through national decentralised poverty reduction programmes in the nine countries engaged in older citizenship programmes, by their inclusion of older people in the national livelihood/credit schemes in Vietnam (the National Bank) and China (The Poverty Alleviation Bureau).

What we achieved:

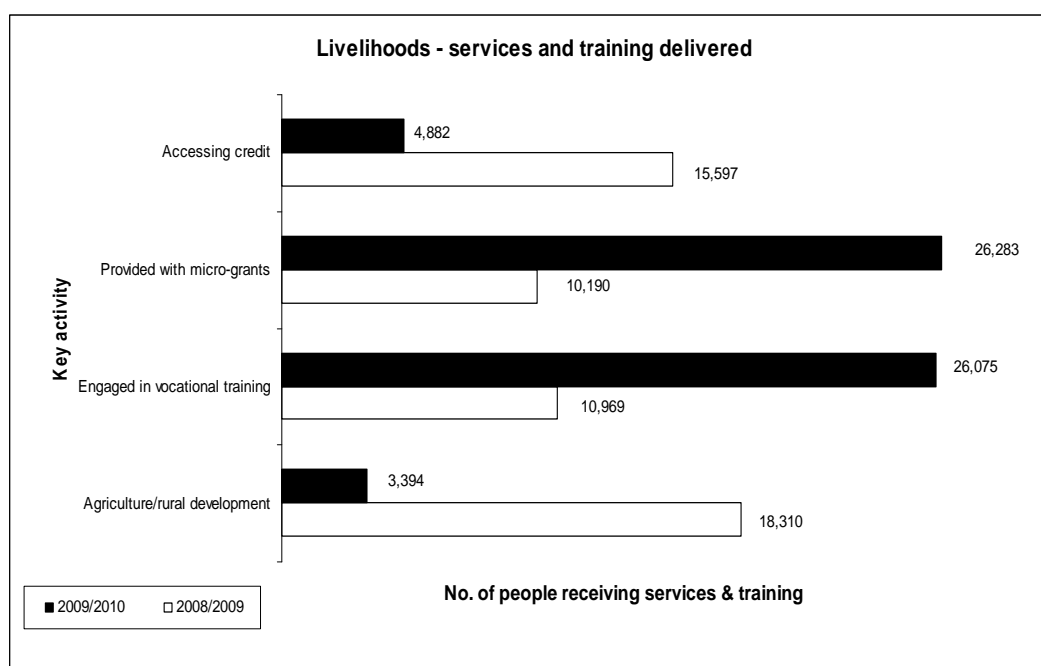
1. **Delivering programmes:**
 - Some 30,000 older people received a loan or grant through our work and 25,000 of them also received training and follow-up support. Half of this support was delivered through our Sponsor a Grandparent programme in 13 countries and five island states in the Caribbean.
 - Income generation, micro-credit and rural development programmes and activities were run in 11 countries: Myanmar, Peru, Bangladesh, India, Sri Lanka, Kenya, Sierra Leone, Cambodia, China, Vietnam and Laos.
2. **Accessing the programmes of others:**
 - In Uganda, older citizen monitoring groups and paralegals successfully lobbied four of six sub-county local authorities in Kasese to include older persons in their budgets, and mobilised the National Agriculture Advisory Services to supported 20 older people's groups with agricultural inputs and animals for income-generating activities.
 - In Myanmar, we trained ActionAid, The Leprosy Mission International and the Ever Green Group on the reasons for the exclusion of older people in development activities and the need for inclusion. As a result, 4,400 families with older people or people with disabilities received skills training and assets or cash grants to restore incomes. ActionAid has agreed to include older people in their future assessments and climate change studies.
 - In Tanzania, older people's monitoring groups lobbied 52 district councils and other institutions with resources to provide resources to poor communities. All 52 districts provided funds to support to older people and other vulnerable groups, and the Tanzania Social Action Fund (TASAF) reports disbursing £1 million for supporting older people related projects. An example is that in Kahama, the district council supported 15 older people's income generation groups to a value of £3,000.
 - In Burkina Faso, our partner, Promofemme for Solidarity and Development, contributed to influencing the government to allow pensioners to use their pensions as collateral to access loans for house mortgages and other business enterprises.
 - In Vietnam, our work successfully advocated for the Social Policy Bank to provide loans to older people with close to 500 people receiving loans from the bank.

Examples of our work:

- **Sierra Leone.** We provided 800 older carers with seeds, tools and training. Reports from our partners indicate significant improvements in harvests and an increase in the number of meals eaten per day.
- **Myanmar.** In the recovery efforts following Cyclone Nargis, we set up 20 older people's self-help groups to manage activity on livelihoods, health, fundraising and welfare. These groups selected 290 of the neediest older people using "wealth ranking" and provided them tools, materials or livestock. We trained 170 resource persons to help others in running their businesses and to understand how to prepare for protecting income in times of disaster. A number of the groups have now started ventures to raise new income to bolster their activities and to provide future support to older people when the project closes.
- **Cambodia and Laos.** Initiatives in these countries are reaching some 3,000 older people and we are working to improve our rural development activities. In Cambodia, we trained older farmers in Integrated Pest Management (IPM) and Integrated Farming Systems (IFS) to raise yields. In Laos, improving veterinary and animal husbandry skills has been a focus of training and we provided cold-chain equipment for animal vaccines. In Laos, we have also worked with older people's groups to ensure villagers have sufficient protected legal rights to their land.
- **Peru.** In the mountainous region of Ayacucho, 1,000 older people and their families received agricultural and livestock training for improving alfalfa production and guinea pig breeding as important sources of nutrition. The success of this work has encouraged the local government to start providing seeds to communities. Installing new community ovens which use 50 per cent less wood have reduced domestic costs and protected the environment, with the additional benefit of being less smoky, a key cause of eye and respiratory problems for older people in the communities.
- **Bangladesh.** Our work with Affiliate RIC has supported the formation and training of 7,600 older people's "savings groups" to create micro-credit and savings opportunities, mostly for buying cattle or funding a small business. Many of the groups are now saving their profits for welfare funds for the most vulnerable older people in their communities.

Some key statistics on our livelihoods work in 2009-2010:

Livelihoods	2009-2010	2008-2009
Total services & training	60,634	56,550



Notes on the statistics: The statistics this year reflect a marginal increase in our work, primarily explained by changing practice in our present project activities from credit to grants across many programmes and an increase in vocational and business training delivered in Vietnam. The reduction in agricultural/rural development is mostly due to the fact that project inputs in our East Asia livelihoods and health work were undertaken last year, so there has been a natural shift from distribution to training and support activities.

Our work in discrimination and abuse

Our vision is to see the rights of older people recognised, promoted and protected in national and international law and in practice, and to see older people proactively protected from violence and harm in their communities.

The reality is that there is no international human rights convention which specifically protects the rights of older people and the existing human rights system does not adequately address this nor are their rights fully integrated into other developmental or government policies.

The Madrid International Plan of Action on Ageing (MIPAA, 2002), does however provide a commitment by all UN member states 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. However, regional reports for the five-year review of MIPAA in 2008 identified a disappointingly low adoption of the participatory approach to monitor implementation; contained no concrete plans to implement the proposed policies or to provide any dedicated resources to pay for them and few formal government responses were developed in conjunction with older people, although our Age Demands Action campaign demonstrated that older people are willing to engage in policy processes.

What are we doing to address these problems?

- Working with Affiliates and partners to lobby and support government to meet their commitments to MIPAA.
- Supporting practical programmes to mobilise and support older people and partners to promote basic rights such as legal advice, access to identity cards and awareness campaigns to prevent physical or psychological abuse.
- Working with and providing evidence of specific rights violations, particular on older women, to the existing UN human rights mechanisms to ensure that older people's rights are better addressed within this system and to help them meet their human rights obligations concerning older people.
- Working to ensure older women and men's voices and experiences are included in the debates around a new UN Special Rapporteur and a Convention on the Rights of Older People.

In 2009-2010 we aimed to:

1. Continue our national ageing policy development, with a focus on Ethiopia, Ghana, Uganda, Vietnam, Peru, Tajikistan, Moldova and Kyrgyzstan.
2. Deliver programmes of rights awareness raising, legal advice and access to identity cards to address specific issues of violations of their rights and physical protection in seven countries.
3. Work with the UN rights system to provide of further evidence of the violations of older people's rights to the CEDAW Working Group, which is drafting a general recommendation on older women and to the UN Special Rapporteur on Violence against Women and to present three submissions to the Universal Periodic Reviews of the UN Human Rights Council.
4. Build commitment to a new convention on the rights of older people, and engage with opportunities that might ultimately lead to a convention, but primarily seeking to increase awareness of the rights violations of older people in general and older women in particular, through existing conventions and the new Convention on the Rights of Persons with Disabilities.

What we achieved:

1. National ageing policy development:

- We gave technical and material support to Affiliates and partners to engage with legislation and national plans of action on ageing in Uganda, Kenya, Ghana, Mozambique, China, Peru and Bolivia. We continue to monitor developments in Central Asia.
- In Vietnam, the Law for the Elderly was approved in November 2009. We held a number of meetings with the local partners and older people's associations on the Law for the Elderly and commented on each draft. We funded the Vietnam Women's Union to organise discussions on how to mainstream gender into the law, and also supported the drafting committee to visit our Affiliate, COSE, in the Philippines, HelpAge India and HelpAge Korea.
- The Uganda National Policy on Ageing was passed by parliamentary act. We are supporting Affiliate URAA to co-ordinate civil society organisations to monitor the implementation.

- The Ministry of Employment and Social Welfare in Ghana has completed its draft National Ageing Policy and submitted it to cabinet for approval. HelpAge Ghana contributed to this policy with our support.
 - The National Policy on Ageing in Kenya has now passed through the cabinet and is waiting to be ratified by the parliament.
 - The first draft of the Myanmar National Plan of Action on Ageing was developed between the Department of Social Welfare, UNFPA and us. This is work in progress and the final document is expected to be presented to the new parliament after the elections in late 2010.
2. **Delivering programmes:**
- We promoted and provided specific practical action against discrimination in six countries: Tanzania, Mozambique, Bolivia, Peru, Burkina Faso and Uganda.
 - 55,000 older people received support in receiving documentation and legal support to claim entitlements.
3. **Working with the UN rights system:**
- CEDAW Committee: By invitation, we drafted the general recommendation on action for older women's rights for the CEDAW working group, which was submitted to the CEDAW Committee. We also submitted information to the committee for its list of questions to the Burkina Faso government prior to its reporting before the committee. An article on our experience in using CEDAW to protect older women's rights was published in OXFAM's Gender and Development issue on ageing, reaching a wide audience including NGOs and academics in the UK.
 - The UN Special Rapporteur on extrajudicial, summary or arbitrary executions included the killing of those accused of witchcraft in his report to the Human Rights Council, citing our shadow reports to CEDAW on Tanzania and Mozambique and its Universal Periodic Review submission on Burkina Faso. The Rapporteur recommended that all such killings be investigated and prosecuted as murder.
4. **Build commitment to a new convention**
- We continued to raise calls for a UN Special Rapporteur and a new convention on the rights of older people. The issue was presented at the World Demographic Forum and our recommendations to UN Department of Economic and Social Affairs were included in the UN Secretary General's report to the 2010 64th General Assembly. There, a draft resolution called upon member states to improve international norms and standards for "improving the situation of older people" and requested that a comprehensive report to include the rights of older people be submitted to the 2010 65th General Assembly. The Advisory Committee to the Human Rights Council's paper includes references to our rights work and cited from our position paper on a new convention and recommended that a new convention and Special Rapporteur are necessary.
 - The African Commission to the African Charter on Human and Peoples' Rights agreed to not combine the rights of older people and disabled people in one protocol but to work first on one for older people. This recommendation was made on our behalf by HelpAge Ghana.

Examples of our programme work and achievements:

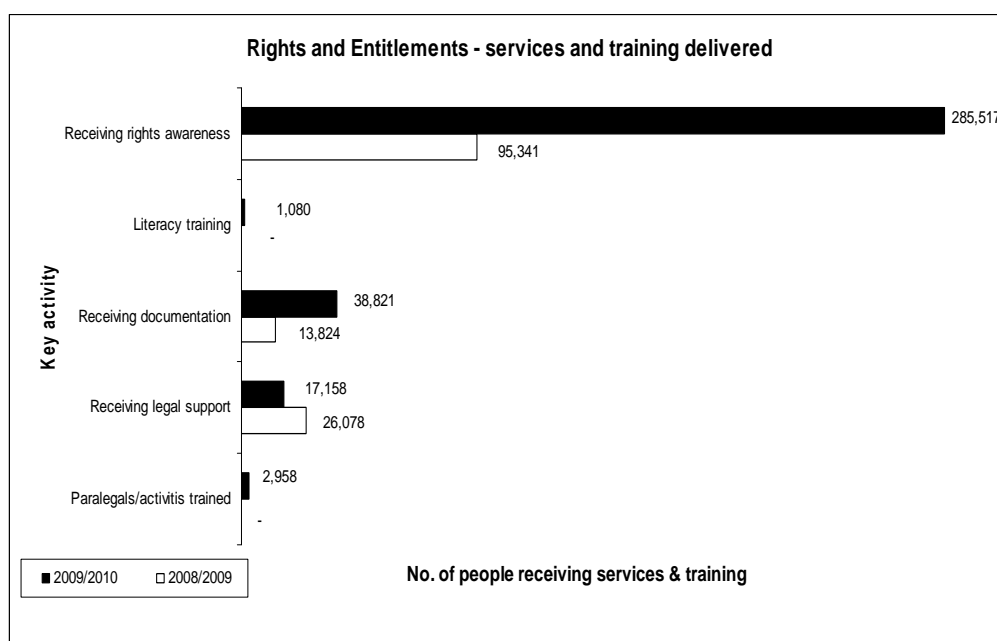
- **Burkina Faso.** Our work is protecting older women's rights. At community level, we have trained 60 paralegals and given them a simple human rights education manual for their use with communities, police, mayors and prefects. The paralegals have formed clubs totalling 600 members, which are helping to protect and support banished women within their communities and also working to help other older women formalise their marriages in order to better protect their rights and inheritances, which can otherwise be taken from them by the husband's family.
- **Peru.** Commitments by the government to establish and support our socio-legal centre model has made significant progress, and Centres for Integrated Attention to Older People (CIAMs) have been now been established in seven municipalities in Ayacucho and Lima as well as two at provincial level in Ayacucho.
- **Mozambique.** We organised a National Conference on Older People with Ministry of Women and Social Action, which was attended by the President. With wide civil society and government participation, key policy areas of legal protection, social protection and support to the HIV response were discussed, and in the following months the government approved the strategies for social protection and for HIV response which included the older people's issues

raised at the conference. The government has prioritised a law for protection of older people in its 2010 programme and has convened a multi-sectoral group to oversee the implementation of the recommendations made at the conference. This group will also function also as a long-awaited committee for monitoring the National Plan for Older People.

- Tanzania.** Our work with paralegals and older people's monitoring groups has seen increased activity to raise awareness of older women's rights with 59,000 community members in three districts having attended rights awareness raising meetings, with reports of positive change in community attitudes towards older women and their important gender roles in communities. In our work with the police and judiciary, the District Magistrate Courts are now proactively processing cases presented by women to their courts. In Mwanza District, for example, 257 cases were filed by women in different courts of which 181 cases were judged in their favour. In three districts, 28 new hamlet protection forces involved the local militia, some members of the village governments and older people's committees to form and assign roles including night patrols to protect older people.

Key statistics on our discrimination and abuse work in 2009-2010:

Rights & entitlements	2009-2010	2008-2009
Total services & training	345,534	135,243



Notes on the statistics:

Our offices are reporting a significant growth in their work on raising older people's awareness of their rights and entitlements.

New work commenced in Ghana and Uganda, but a specific increase in our rights work was in Kenya under the Hunger Safety Nets Programme.

The reduction in paralegal support is caused by the end of our direct support through socio-legal centres in Bolivia and Peru, where the governments are gradually taking ownership of the work.

Our work in building the network and partnerships

Our vision is to see a global network of organisations working together to raise awareness and realise the rights of older people, bringing technical expertise and funding to the delivery of solutions to older people's issues based on their participation.

HelpAge was founded with the purpose of building a global network of organisations working on ageing issues and promoting the rights of older people. We are encouraging many more organisations to join the global movement supporting older people, helping to find solutions together to the problems they face and working to make sure they can continue contributing to society. Together we must also highlight the largely ignored realities of major demographic change which is resulting in larger older populations.

Our network of Affiliates consists of 80 organisations in 57 countries, and this year we funded 420 partners in our programmes and Sponsor a Grandparent projects. We continue to seek strategic partnerships that will support the key areas of our thematic work.

We work to build the network by:

- Building the capacities of our Affiliates and partners.
- Sharing learning on issues of ageing and development.
- Seeking new Affiliates and strategic partners to join or participate in our work.
- By mobilising financial support for our work and encouraging other Affiliates to do the same.

In 2009-2010 we planned to:

1. **Build rights awareness and mobilise campaigns:** by growing the Age Demands Action campaign from 35 to 50 participating countries, increasing our work on public development awareness initiatives and working with our Affiliates and partners to highlight ageing and development issues in the European Union presidency countries.
2. **Build the profile of the HelpAge International network:** by supporting Affiliates to use our work and learning, our new position and visual identity, focusing on the message "Age Helps" and supporting growth in income for the work of the network.
3. **Support learning and sharing of experiences between network members:** by improving access to sharing our work through our website, publications and supporting exchange visits, and supporting in particular the development of emergency response and disaster risk reduction capacities.
4. **Review affiliation and what it means to members:** through discussion with existing Affiliates and potential new partners on the mutual contributions membership of the network might make.
5. **Strengthen and build our work with existing and new strategic partners:** including AgeUK, SIDA, global ageing networks such as the International Federation of Ageing and IAHSa, leading to collaborative work and funding.

Some highlights from our work with the HelpAge network in 2009-2010:

1. **Build rights awareness and mobilise campaigns:**
 - **Age Demands Action** campaigns increased from 35 to 40 countries against a target of 50. Older people united to call for change in their countries and also to raise awareness for their rights at a global level. Progress on policy issues was reported in Fiji, Vietnam, Philippines, Bangladesh, Kenya and Tanzania, with "big wins" reported including government commitments to increased pension coverage in the Philippines, Nepal and Indonesia. A new feature of the campaign was video interviews conducted in 11 countries asking the same questions of older people to understand their experiences of age discrimination. The results were compelling and gave clear anecdotal evidence from all corners of the world that age discrimination exists and affects older people's lives in a very real way. The video was used at the UN Commission for Social Development meeting and provoked considerable discussion.
 - Our **Decent Work programme** built evidence of older people's working lives to profile the realities of older people working in the informal sector. We worked with representatives from our Affiliates in Uganda and Bangladesh to make presentations in the Czech Republic, Switzerland and Germany. We had meetings with government officials and events around the German national day of older people. The report was published and launched in Brussels in May 2010.

2. Building the profile of the HelpAge International network

- Five Affiliates have agreed to commit to being “sisters” of the network - HelpAge USA, HelpAge Sri Lanka, HelpAge Korea, HelpAge Kenya and HelpAge Deutschland. These organisations have adopted our positioning and visual identity, helped by a new online communications manual developed this year and training in “Living our Values”. Some 40 Affiliates starting using the HelpAge network logo in the Age Demands Action campaign. Two Affiliates, NEPAN and WorldGranny, have promised to use our logo in all their communications.
- Our innovative work on brand development was a finalist in the Third Sector Excellence Awards in the UK.
- The HelpAge International España website was launched in March to support both fundraising and awareness raising activities in Spain and us a credible profile as a new Spanish NGO.

3. Support learning and sharing of experiences between network members

- Regular publications – AgeWays and Ageing and Development – are supplemented by a range of communications materials developed with our Regional Development Centres. In Africa we circulate regular bulletins on HIV and AIDS and continue to share learning from the Africa network through the *Ageing in Africa* newsletters. From East Asia, key communications were published this year on working with older people’s associations, mobile medical units and implementing cash transfer programmes in emergencies.
- Our Regional Development Centres continued to organise meetings with Affiliates and other key partners, this year for the first time in South Asia to discuss our strategic priorities between network members, and in Latin America age-focused NGOs from Argentina, Uruguay and Chile met to share work on discrimination, poverty and age-friendly cities. In East Asia, we supported a number of exchange visits both between countries and within countries – our partners from Vietnam and China visited the Philippines, India and Korea to learn more about the laws and practice of social welfare for older people to support their work in these formative areas in their own countries. We also supported regional meetings of the ASEAN Homecare Programme and the Asia Health Working Group.
- Across Africa, we placed greater focus on supporting the institutional assessment of partners and Affiliates to provide greater structure to our approaches to building skills and using existing technical expertise, in part to assess future funding opportunities. Partners and Affiliates were assessed in Zimbabwe, Kenya, Uganda, Burkina Faso and Mozambique, which resulted in improvement plans for institutional strengthening being budgeted for within existing programmes in key areas of ageing, technical skills, financial management, advocacy skills, policy analysis, evidence gathering, communications and donor engagement.

4. Review affiliation and what it means to members

- A series of consultations were held with Affiliates at regional meetings and at the World Demographic Forum in Switzerland. The aim was to gauge Affiliate commitment to the HelpAge network, and the consultations brought positive responses. We also re-established global engagement with the network through development of a “package” of offers to Affiliates with accompanying obligations. This will be rolled out next year.

5. Strengthen and build our work with existing and new strategic partners

- Work on developing communications with our OECD Affiliates continued, with some key successes being the support raised for emergency programme work in Ethiopia by HelpAge Deutschland and by HelpAge USA, who helped raise US\$1.5 million for the Haiti emergency.
- We signed a global Memorandum of Understanding with UNICEF that outlines opportunities for developing joint policy and programming work. This adds to our agreement signed with UNFPA last year.
- Strategic partnerships with agencies engaged in chronic and non-communicable diseases such as blindness, mental health/dementia, heart disease and strokes were developed during the year. We agreed a MoU with Alzheimer’s Disease International and outlined a workplan for the further development of joint work. An outline plan was also developed with WHO’s Ageing and Life Course Department, focussed on key areas such as age-friendly primary health care and WHO’s age-friendly cities programme but progress in our work with this department remains slow in general.
- We continued to provide financial, communications and fundraising support to HelpAge Deutschland, HelpAge USA and World Granny with positive returns in the form of significant funding for our programmes. HelpAge Germany raised income of £535,000 this year and was

instrumental in helping us to access £800,000 from the German government to support our social protection work in Africa. Close support was given to HelpAge USA during its first significant year of development. HelpAge USA linked with the American Association of Retired People to support fund-raising of US\$1.5 million for the Haiti earthquake response.

- Our new Affiliate HelpAge Spain was launched this year, launching its first awareness and fundraising campaign, supported by the launch of a Spanish website. Our analysis is that little public, institutional or government awareness of ageing and development issues presently exists in Spain.
- We have continued to build our relationship with AgeUK. This has included developing clear governance mechanisms and having continuing formative discussions on funding and fundraising but with an agreement of the importance of building our work and presence in countries affected by complex political emergencies as part of a strategy to sustain membership of the Disasters Emergency Committee. This is a strategic priority for both organisations. Secondments between the organisations have continued, this year focussing on communications and fundraising (merger and branding) and emergency support (Haiti).

A five-year review of our work

The strength and growth of our work is a result of our unique nature as a network of 80 Affiliates from 57 countries, 12 more than in 2006. Our Affiliates give their time and resources to building the profile of ageing at home, regionally and across the world and are increasingly committing more funding to the work of the network. We are also greatly encouraged by the work many Affiliates and partners in the south are doing together, for example in the Asia Health Working Group.

The ability and commitment of many in this network to open the doors of decision-makers in governments and international agencies and to lobby and advocate on behalf of older people is forceful, effective and creating results. Affiliates continue to express the value of being part of a network and of the services and advice provided by our international offices and the London Secretariat.

Our Targets Paper, 2005 to 2010, set the direction, impact and scale sought by our work at all levels – from older people themselves to the international community – across six key thematic areas: **social protection, livelihoods, health, HIV and AIDS, emergencies, and discrimination and abuse**. The changes achieved are considerable, and the review of our progress and learning has informed our future direction of travel as set out in our Strategy to 2015.

The growth of our work has been substantial: our **income has grown** from £13.2 million in 2005/2006 to £21.5 million in 2009 - 2010, and the number of services we provided to older people, their families, communities and service providers has risen from 850,000 to 1,500,000.

Older people are benefiting from our contributions on promoting **social protection**, with 12 million older people able to access new or expanded social pension or age-related benefits schemes in nine of our focus countries (of 15 targeted) since 2005, generating US\$ 1 billion in regular income for them. There is real potential for new social pension schemes or pilot in a further five countries.

Our facilitation and technical contributions led to the adoption of the new African Union Social Policy Framework (2009), which is helping us to advance the case for social protection programmes across Africa, and our global social transfer course is helping governments across the world to define their policy and practice. We now have a reputation as a network with strong expertise and capacity in the field of social protection and, in particular, universal non-contributory pensions, and we are making others aware of the usefulness of linking social security schemes to older people affected by HIV and AIDS and the value of a reliable source of income in emergencies.

We ran major programmes to support older people's access to drinking water in seven countries and provided essential assistance to building and repairing homes in many more through our Sponsor a Grandparent programme. Our work in supporting older people's livelihoods reached an average of 36,000 older people and their families a year, but despite the impact for the older people and communities supported by this work, we were less successful in developing strong messages or better practice guidelines that might have influenced other agencies as a result of this work.

An average of 400,000 people a year have directly benefited from our work in **health** – be it through delivering services and health education directly, or working at local levels to address the barriers of access to physical or financial services for older people. Our work partners in mobilising older people to access free or low cost consultations and treatment in a more age-friendly manner distinguishes our work from that of others, with particular successes seen in our work in Tanzania, Mozambique, Bolivia and Jamaica.

Our support to the homecare work led by HelpAge Korea and our delivery of health services, health education and training of service providers at a practical level in East Asia, has helped us to develop models of homecare and self-care to help us take forward planned work in preventing and managing chronic illness. Ophthalmic services remain a feature of our work, with an average of 35,000 people being helped every year. However, when it comes to influencing health policy in favour of older people, we have often lacked the desired level of expertise and we recognise the need to invest further in our health work in coming years.

We are now able to demonstrate change in the visibility of older people in the **HIV and AIDS** policies, plans and reports of other agencies and governments as compared to five years ago. We have influenced the work of UNAIDS, UNFPA, the African Union, the Southern African Development Community, the East African Community and the UK and Swedish governments. By 2010, we are seeing policy commitments to older people and better technical reporting of their issues by the governments of Mozambique, Kenya and Uganda and there is cause for optimism for further change in Tanzania and Ghana, but gaining commitment to the regular collection of HIV prevalence data for older people is an ongoing challenge.

At the peak of our work, we directly supported 25,000 older people and their dependents in our HIV and AIDS programmes in sixteen countries (of a target of 20), with the greatest focus being to promote the contribution and needs of older carers and we continue to increase our work on prevention and access to counselling and testing services. However, a challenge remains to link our performance in delivering services with older people and collecting anecdotal evidence, with more robust statistical analysis and the development of best practice models.

Since the Asian tsunami in December 2004, our work in **emergencies** has strengthened year-on-year, with a threefold increase in the services delivered to older people and communities since 2005, which last year reached 400,000 people. We have expanded our work in complex political emergencies in Sudan, DR Congo, Gaza, Colombia, Pakistan, northern Uganda and Ethiopia and have responded to natural disasters in Kashmir, Bangladesh, India, Myanmar, the recent typhoon affecting Vietnam, the Philippines and Indonesia and lastly, Haiti.

Since 2007, we have dedicated greater attention to the issues of emergency preparedness and risk reduction and moving into 2010, to the vulnerabilities caused by environmental hazards. Prior to 2005, with a few exceptions, almost no specific recognition of older people could be noted within humanitarian agencies. The commitment to provide action for older people by the 16 members of the Inter-Agency Standing Committee (IASC) on Humanitarian Reform and the invitation for us to lead in the Sphere Handbook revisions are the most significant indications of change.

Our partnerships with UNHCR and Merlin and collaborative work with the British Red Cross, Save the Children UK and ActionAid in-country, are demonstrating the difference “being there” makes. Our new engagements with the Consortium of British Humanitarian Agencies and the Assessments Capacities (ACAPS) programme will allow us to both respond in a timely manner and further influence the inclusion of older people in first assessments in disaster or conflict. Investing in our own and partner capacities to ensure greater quality in our responses, particularly in health, and building stronger evidence for influencing are our next strategic challenges.

Our support to 1,400 **older citizens’ monitoring** groups in 20 countries is helping to ensure older people will continue to hold their governments to account in the delivery of social security entitlements and better services. During the past five years, new laws or national plans for action on ageing have been approved or enacted in Peru (2006), Colombia (2007), Kenya (2009), Uganda (2009), Ethiopia (2006) and Vietnam (2009), committing to the rights and entitlements of over 20 million older people. New constitutions in Bolivia, Paraguay and Ecuador all make specific reference to the rights of older people. National plans on ageing are presently awaiting government approval in four other countries and we are supporting the revision of existing national plans in a further eight countries.

We successfully ran programmes on **addressing specific violations of older women’s rights**, notably in Tanzania and Burkina Faso, and also developed our influence with the UN rights system. Inspired by this work and by our Age Demands Action Campaign, which started in 2007 and now happening in 40 countries, and challenged by the limited progress seen with the 2008 review of the commitments of the Madrid International Plan of Action on Ageing, we are entering the new decade with a greater momentum for fighting discrimination and working with our global network for an international convention on the rights of older persons.

Our plans for next year

HelpAge has a new strategy – Strategy to 2015 – which sets out to increase the impact of our work in five key areas of our work. Older people consistently tell us that they need to have secure and regular incomes and to be healthy to achieve this and to be able to participate fully in their families, communities and society.

We must continue our work to make older people more visible before and during emergencies and make sure they are helped to be involved in recovery efforts, making sure all other humanitarian agencies respect their rights and special needs. We will be seeking to generate further momentum from ourselves, Affiliates, partners, older people and the general public to ensure such basic rights and more become a reality.

In our work to enable older people to have **secure incomes**, we shall be seeking to develop a more coherent programme of work that understands the many ways older people protect their livelihoods – state pensions and benefits, work and other forms of income generation such as remittances. In our plans, we will focus on maximising the gains and opportunities for state pensions and benefits in 14 countries and work to ensure older people receive these entitlements and hold governments or donors to account where necessary. We will complete evaluations and learning studies of cash transfer and pensions activities undertaken in at least 4 countries, and also complete our research on the role of older people's associations in supporting older people's access to micro-credit in four countries. We will continue our new work in Jamaica and Central Asia on the impact of migration on older people and take forward the learning and opportunities arising from our 2010 report on Decent Work. We will continue our work to understand and mitigate the impact of climate change in five Latin American countries. We will continue to deliver programmes addressing rural and urban poverty across South and East Asia and in five countries in Africa.

To help older people have better access to **health, care and HIV and AIDS services**, we will build our work and partnerships in the regions we work in and in the UK, to create programmes to address the issues of preventing and managing chronic illness. In particular, we will be implementing work on chronic disease in East Asia, Latin America and in Kyrgyzstan.

We will continue to work with older people's groups to receive better access to free or subsidised primary health insurance in nine countries, and across all regions we work in build the skills and understanding of older people's health with health service providers. With our partners, we will continue to deliver service provision health and social care programmes in water supply, self-care, homecare and eye care and mobile medical services.

We will support better access to HIV and AIDS services in 10 countries in Africa and East Asia, and ensure that best practice and learning documents are more rigorously produced that illustrate and communicate our work, including a new interactive HIV and AIDS section on the website with updated content from HIV project sites.

Growing and strengthening our work in **emergencies** is a key priority and we will continue our existing work in at least eight countries and respond to new emergencies. In particular, we will increase our work in DR Congo, the Occupied Palestinian Territories and Pakistan. We will build technical expertise in key areas of need most relevant to older people in emergencies, such as healthcare and livelihoods, and employ new expertise to support a more structured approach to both training materials and choice of key partners to ensure improving quality in our preparedness and responses. Our work will continue to make the needs of older people a central part of the policy and practice of key organisations through field level collaborations, policy advice and training, and will use the opportunities provided by an IASC Working Group review of their work with older people due in 2010.

Despite tremendous progress in building awareness and action on the issues of ageing and development since our work began more than 25 years ago, we remain unconvinced that governments are truly acting on the challenges faced by demographic shift in middle and low income countries, or that older people receive their share of the benefits of economic growth or international aid and have clear responses to meeting their specific needs.

We will act to build local and global movements to help people **challenge discrimination and claim their rights** and work in a more structured manner to strengthen our global network and campaigning activities.

We will work with our **global network of affiliates** to help individuals and groups to help older people challenge age discrimination and claim their rights, and will continue to support the voice of older people to be heard through the 3,000 older people's groups we work with in 17 countries. Our work will build practical evidence of the forms of discrimination older people face and how they have worked to solve these issues. To do this we will work to continue to support and expand our Age Demands Action campaign and also work on programmes relating to specific forms of abuse - gender rights, protection from violence, inheritance in particular - in seven countries and continue our work with CEDAW and the UPR.

We shall continue to use all of our work to demonstrate the need for a **new convention on the rights of older people** and we will work with a number of affiliates to examine the ways in which we can foster greater committed support from individuals around the world. Across our work we shall also continue to seek strategic alliances particularly for our work in health and emergencies.

Financial review

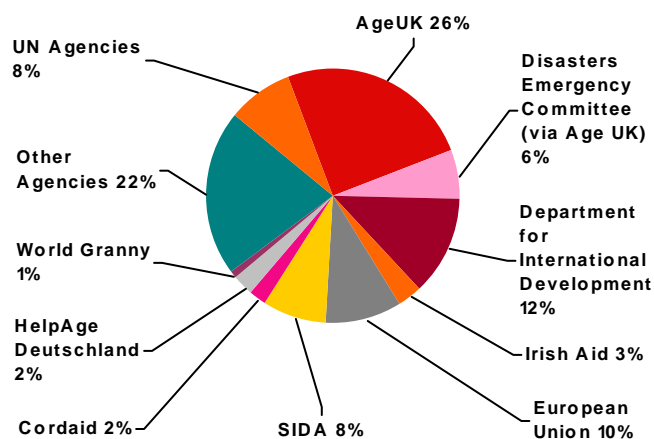
Highlights of our financial performance:

	Year to 31 March 2010 £m	11 months to 31 March 2009 £m
Income		
Restricted	16.2	15.0
Unrestricted	5.3	2.2
Total income	21.5	17.2
Expenditure		
Restricted	(14.5)	(14.5)
Unrestricted	(5.2)	(2.1)
Total expenditure	(19.7)	(16.6)

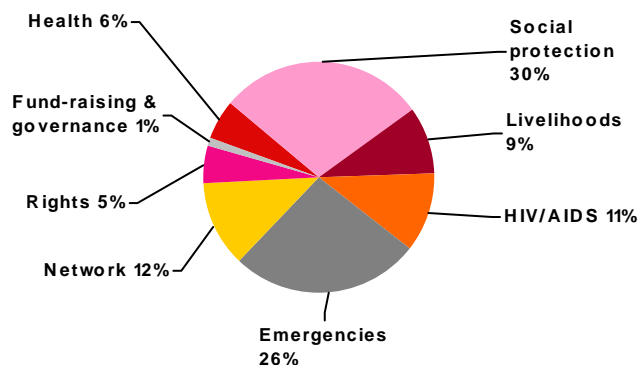
Actuarial loss on final salary pension	(0.4)	(0.2)
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Funds		
Restricted	4.8	3.1
Unrestricted general	0.8	0.7
Total funds excluding pension liability	5.6	3.8
Pension reserve	(1.0)	(0.6)
Total funds	4.6	3.2

Where our money came from:



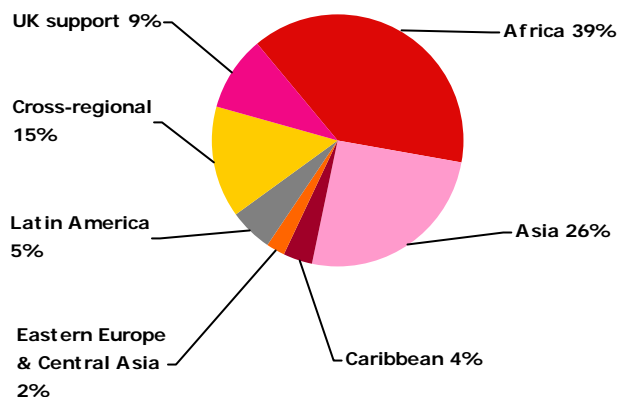
How we spent this money:



Notes:

- Income in 2010 is 25% higher than for the 11 month period of 2009
- Over 99% of income is grant income
- Over 98% of expenditure is on charitable activities
- Fundraising costs for generating voluntary income are negligible because HelpAge does not raise its own funds from the public but receives funds from AgeUK, HelpAge Germany and HelpAge USA who raise funds for international work
- In accordance with our reserves policy, HelpAge has a net increase in unrestricted general funds

Where we spent this money:



Structure, governance and management

Status and governing document

HelpAge International is a charitable company limited by guarantee, incorporated on 19 October 1983 and registered as a charity on 17 November 1983.

The company was established under a Memorandum of Association, which sets out the objects and powers of the charitable company, and is governed by its Articles of Association.

Organisational structure

HelpAge International is the secretariat of a network of Affiliates. Affiliation with HelpAge International is a formal relationship which is open to any bona-fide organisation involved in issues of individual or population ageing, with the capacity of working with HelpAge International in its advocacy, research, policy, developmental, capacity-building, programmatic or other work. HelpAge International works with both Affiliate and independent partner organisations at an operational level in the implementation of a specific contract.

HelpAge International's operational and policy development centre is based in London and supports six regional development centres for Africa, East Asia Pacific, South Asia, Eastern Europe and Central Asia, Latin America and Caribbean. HelpAge International also works through country development programmes and country project offices.

HelpAge International's approach is based on a commitment to developing grassroots' work which benefits older people directly, supporting and strengthening organisations which are working in practical ways to improve the lives of older people and giving a voice to older people, especially the most disadvantaged.

Most of our activities are carried out in partnership with older people's organisations, community development organisations and non-governmental organisations (NGOs). We also work closely with academic institutions on research projects and with local and national governments and international agencies to ensure that ageing issues are at the centre of development policies.

Working in partnership helps to strengthen the capacity of organisations working with older people, connect grass-roots' experience with government thinking and build a global alliance of organisations working to raise the voice of older people in development processes.

HelpAge International also manages programmes directly, especially in difficult circumstances such as conflict and emergencies.

In addition, HelpAge International administers the Sponsor a Grandparent programme funded by AgeUK. In 2009 - 2010 this programme worked through 324 partner organisations and supports older people and their dependents,

Trustees

The trustees are responsible for the overall management and direction of the charity. The Articles of Association allow for a maximum of 15 trustees, at least six of whom are nominated by the Affiliates and nine co-opted, having regard to their relevant qualifications and skills. The overall gender and geographical composition of the Board are also taken into account. The current Board consists of fourteen trustees, eight from affiliated organisations and six from external organisations.

Trustees are appointed to serve for a term of four years and, at the expiration of this period, may offer themselves for reappointment for a further term of four years. At the expiration of a second term trustees may not offer themselves for reappointment before a further period of two years has elapsed.

New trustees are nominated either by the Affiliates or identified by existing trustees or senior staff. All prospective candidates are interviewed by the Chief Executive and a recommendation placed before the Board by the Nominations Committee for consideration and vote. Once appointed, new trustees undertake a comprehensive induction programme,

meeting with key staff throughout the organisation. Trustees are actively involved in supporting and promoting HelpAge International in many different ways according to their interests, specialist skills and location.

The Board of trustees meets twice a year and is supported by three sub-committees: Executive (two meetings per annum in January and July), Finance and Audit (three meetings per annum in April, July and November), and Nominations (which meets as and when required to consider the appointment of new trustees).

Connected charities

Help the Aged was a founder member of HelpAge International. On 1 April 2009 Help the Aged joined with Age Concern to form AgeUK. A Co-operative Agreement Covering International Activities governed the operational relationship between Help the Aged and HelpAge International and remains in place with AgeUK. A Strategic Partnership Agreement between Help the Aged and HelpAge International was signed on 1 May 2008 and remains in force until April 2012. The Agreement has a rolling four-year term with a formal mid-term review. The relationship between HelpAge International and AgeUK is governed by a Joint Board Committee consisting of four trustees, two from each charity and has the specific task of oversight for delivering our combined responsibility to emergency programmes funded by the Disasters Emergency Committee.

Prior to its closure to new members from 31 July 2002 UK-based employees of HelpAge International were eligible to join a joint final salary pension scheme along with staff from Help the Aged. The scheme was closed to future accrual on 30 September 2009. The employer's financial contribution towards the fund deficit is a cost to the charity and full details are included in the annual accounts.

HelpAge USA is a non-profit corporation registered in the State of Missouri, USA. HelpAge USA was created for the purpose of receiving donations for programmes, which are fully tax deductible for American donors. In 2009 the governance became independent from HelpAge International with a majority of Board members appointed from independent organisations. With effect from 1 April 2009, HelpAge USA is no longer regarded as a related party.

Risk management

The trustees are responsible for ensuring that the major risks facing HelpAge International are managed appropriately and have in place a formal management process to assess risks and implement the appropriate strategies for the management of those risks. A risk register is maintained, based on a formal risk assessment review which is conducted twice a year by senior staff; it covers financial and operational risks and is reviewed at each Board meeting. The trustees are of the opinion that the charity has the appropriate systems in place to mitigate against significant risks. The internal audit plan is designed to provide assurance that the systems are in place and operating as prescribed.

Reserves policy

The trustees have adopted a reserves policy which they consider appropriate to ensure the continued ability of the charity to meet its objectives. The policy was reviewed in 2008, taking into account risks of loss of income and unplanned costs. The trustees agreed that unrestricted reserves (excluding pension fund deficit) should be between £0.8 million and £1.2 million and that this policy would be reviewed in November 2011 or when expenditure reached £24 million, whichever was the earlier. The Board requires that the reserves be increased to adhere to the new policy by April 2011. At 31 March 2010 the level of unrestricted reserves, before pension provision, had increased in accordance with the reserves policy to £830,000 (31 March 2009, £670,000).

Pension

In accordance with FRS17, HelpAge International has obtained an actuarial valuation and recognised a pension liability of £992,000 in the accounts. The deficit does not result in any immediate liability to pay this amount to the pension scheme, as the resulting increase in contributions will be met from expected future income streams.

Future contribution rates have been calculated in accordance with the terms of the pension scheme in the light of advice from the actuary and based on the results of the last full triennial valuation of the pension scheme, carried out as at September 2006. Draft results of the September 2009 triennial valuation have been received from the actuary and revised contribution rates will be implemented from 1 April 2011.

Public benefit statement

HelpAge has developed its aims and strategic plans to ensure that we provide public benefit and achieve the objectives set out in our governing document. These objectives meet the benefit principle defined by the Charities Act 2006.

Statement of the responsibilities of the trustees

The trustees are required to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and its incoming resources and application of resources, including the net income or expenditure for the period. In preparing those financial statements the trustees are required to:

- select suitable accounting policies and apply them consistently;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going-concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping adequate accounting records which disclose with reasonable accuracy at any time the financial position of the charity and which enable them to ensure that the financial statements comply with the Companies Act 2006. The trustees are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees confirm that, to the best of their knowledge, there is no information relevant to the audit of which the auditors are unaware. The trustees also confirm that they have taken all necessary steps to ensure that they themselves are aware of all relevant audit information and that this information has been communicated to the auditors.

Auditors

Sayer Vincent was re-appointed as the charitable company's auditors during the year and has expressed their willingness to continue in that capacity.

Approved by the trustees on 24th September 2010 and signed on their behalf by:

Nicholas Barr

Trustee

Independent auditor's report

We have audited the financial statements of HelpAge International for the year ended 31 March 2010 which comprises the statement of financial activities, balance sheet, cash flow statement and related notes. These financial statements have been prepared in accordance with the accounting policies set out therein.

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members, as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of the trustees and auditors

The responsibilities of the trustees (who are also the directors of HelpAge International for the purposes of company law) for preparing the annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), and for being satisfied that the financial statements give a true and fair view are set out in the statement of responsibilities of the trustees.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements have been properly prepared in accordance with UK Generally Accepted Accounting Practice, have been prepared in accordance with the Companies Act 2006, and give a true and fair view. We also report to you whether, in our opinion, the information given in the annual report of the trustees is consistent with the financial statements.

In addition, we report to you if, in our opinion, the charitable company has not kept adequate accounting records, if the charitable company's financial statements are not in agreement with the accounting records, if we have not received all the information and explanations we require for our audit, or if certain disclosures of trustees' remuneration specified by law are not made.

We read the annual report and consider the implications for our report if we become aware of any apparent misstatements within it.

Basis of opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the charitable company's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In our opinion:

- the financial statements give a true and fair view of the state of the charitable company's affairs as at 31 March 2010 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- the financial statements have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- the financial statements have been prepared in accordance with the Companies Act 2006; and
- the information given in the report of the trustees is consistent with the financial statements.

Catherine L. Sayer (Senior Statutory Auditor)

**For and on behalf of SAYER VINCENT, Chartered accountants & statutory auditors,
8 Angel Gate, City Road, London, EC1V 2SJ**

Date 30th September 2010

Statement of financial activities

(Incorporating an income and expenditure account)

	Note	Restricted £'000	Unrestricted £'000	Year ended 31 March 2010 £'000	11 months ended 31 March 2009 £'000
Incoming resources					
<i>Incoming resources from generated funds</i>					
Voluntary Income:					
Fees, donations & gifts	2	8	10	18	15
Core grants for international programmes	2	1,202	4,890	6,092	3,578
Total voluntary income		1,210	4,900	6,110	3,593
<i>Incoming resources from charitable activities</i>					
Other grants for international programmes	3	14,962	421	15,383	13,578
Investment Income		1	1	2	20
Total incoming resources		16,173	5,322	21,495	17,191
Resources expended					
<i>Costs of generating funds</i>					
Costs of generating voluntary income		-	14	14	14
<i>Charitable activities</i>					
Health		652	469	1,121	848
Social protection		4,997	792	5,789	5,696
Livelihoods		1,530	324	1,854	1,099
HIV and AIDS		1,779	472	2,251	1,562
Emergencies		4,110	1,132	5,242	4,650
Network		711	1,431	2,142	1,508
Rights		722	321	1,043	972
Sub-total		14,501	4,955	19,456	16,349
Transfer from fixed asset fund		46		46	5
<i>Governance costs</i>		0	223	223	212
Total resources expended	4	14,547	5,178	19,725	16,566
Net incoming resources before gains and losses		1,626	144	1,770	625
Actuarial losses on defined benefit pension scheme	15	0	(350)	(350)	(277)
Net movement in funds		1,626	(206)	1,420	348
Reconciliation of funds					
Funds at the start of the year		3,122	44	3,166	2,818
Total funds carried forward		4,748	(162)	4,586	3,166

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 14 to the financial statements.

Balance sheet

		31 March 2010 £'000	31 March 2009 £'000
	Note		
Fixed assets			
Tangible fixed assets	9	<u>279</u>	316
Current assets			
Debtors	10	1,208	1,707
Cash at bank and in hand		<u>4,912</u>	2,484
		6,120	4,191
Liabilities			
Creditors : amounts due within one year	11	<u>(528)</u>	(406)
Net current assets		<u>5,592</u>	3,785
Provisions	12	<u>(293)</u>	(309)
Net assets excluding pension liability		5,578	3,792
Defined benefit pension scheme liability	15	<u>(992)</u>	(626)
Net assets including pension liability	13	<u>4,586</u>	<u>3,166</u>
The funds of the charity	14		
Restricted funds		4,503	2,831
Restricted fixed asset funds		245	291
Unrestricted general funds		<u>830</u>	670
Total funds excluding pension liability		5,578	3,792
Pension reserve		<u>(992)</u>	(626)
Total charity funds		<u>4,586</u>	<u>3,166</u>

Approved by the trustees on 24th September 2010 and signed on their behalf by:

Nicholas Barr
Trustee

Cashflow statement

		Year ended 31 March 2010 £'000	11 months ended 31 March 2009 £'000
	Note		
Reconciliation of net outgoing resources to net			
cash flow from operating activities			
Net incoming / (outgoing) resources		1,770	625
Depreciation charge	9	166	108
Loss on disposal of fixed assets to partner organisations	9	0	6
(Increase) / decrease in debtors	10	499	(1,077)
(Decrease) / increase in creditors	11	122	(181)
Transfers to provisions	12	69	170
Use of provisions	12	(85)	(51)
Defined benefit pension scheme:			
Impact on net incoming resources before gains and losses	15	131	82
Employer contributions paid	15	(115)	(140)
Investment income		2	20
Net cash inflow from operating activities		2,559	(438)
Net cash inflow from operating activities		2,559	(438)
Returns on investments and servicing of finance			
Interest receivable		(2)	(20)
Capital expenditure & financial investment			
Purchase of tangible fixed assets	9	(129)	(105)
Increase in cash in the year		2,428	(563)
Reconciliation of net cash funds			
Net cash funds at the beginning of the year		2,484	3,047
Increase in cash in the year		2,428	(563)
Net cash funds at the end of the year		4,912	2,484

Notes to the financial statement

1. Accounting policies

a) Accounting Convention

The financial statements have been prepared under the historical cost convention and in accordance with applicable accounting standards and the Companies Act 2006. They follow the recommendations in the Statement of Recommended Practice, Accounting and Reporting by Charities (issued in March 2005).

b) Fund accounting

Restricted funds are used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund, together with a fair allocation of management and support costs.

Unrestricted funds are donations and other incoming resources received or generated for charitable purposes.

c) Foreign exchange

Monetary assets and liabilities in foreign currencies are translated into sterling at the rates of exchange ruling at the balance sheet date. Transactions in foreign currencies are translated into sterling at the rate of exchange on the transaction date. All exchange rate differences are taken to the Statement of Financial Activities (SOFA)

d) Income recognition

Donations are accounted for at the time of receipt. Gifts in kind are accounted for at estimated market value.

Grant income is recognised when the income is received or receivable, whichever is earlier. In applying this policy HelpAge International recognises income from grants when claims are made to donors in accordance with its individual funding agreements.

Bank interest is the amount receivable for the year.

e) Resources expended

Resources expended are allocated to the particular activity where the cost relates directly to that activity. Resources expended include attributable VAT which cannot be recovered. However, the cost of support, management and administration of each activity is apportioned on the basis of an estimated time allocation against each theme.

The costs of generating voluntary income relate to the expenditure incurred by the charitable company in raising funds for its activities.

Governance costs are the costs associated with the governance arrangements of the charity, including meeting all constitutional and statutory requirements.

Grants payable are accounted for in line with the payment schedule stipulated in the agreement, providing the conditions set have been met.

f) Fixed assets and depreciation

For UK assets depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rate in use was as follows:

Computer equipment	4 years
Office equipment	4 years
Overseas project assets	4 years

Overseas project assets are expensed in the year of purchase. However, acquisitions made on or after 1 May 2005 are included in the balance sheet and a restricted fund shows the net book value of these items. The restricted fund reflects the change in net book value during the year as a transfer for SOFA. Assets with a cost of over £250 are capitalised.

g) Terminal benefit provision

Most staff employed in offices overseas on local contracts are eligible to a service related terminal benefit for each full year of service when they leave HelpAge International. Expatriate staff are eligible for a service related relocation allowance. These benefits are accrued during the years of service.

h) Pension costs

HelpAge International contributes to a multi-employer defined contribution scheme, the cost of which is charged to the SOFA as resources expended when the contributions fall due.

HelpAge International also contributes to a defined benefit pension scheme which was closed to new members on 31 July 2002. The scheme was closed to future accrual on 30 September 2009. The scheme is a joint scheme with Help the Aged (see note i) below). The accruing value of pension benefits for scheme members (the current service cost) is charged to the SOFA as part of staff costs. The difference between

the expected return on scheme assets and the interest cost on scheme liabilities (the unwinding of the discount) is credited or charged to the SOFA as part of net finance income or net finance costs as appropriate. Actuarial gains and losses are recognised immediately and credited or charged to the SOFA after net incoming resources for the year.

2. Voluntary income

	Restricted £'000	Unrestricted £'000	Year ended 31 March 2010 Total £'000	11 months ended 31 March 2009 Total £'000
Core grants:				
Department For International Development		1,830	1,830	1,368
AgeUK	1,202	3,060	4,262	2,210
	1,202	4,890	6,092	3,578
Membership fees	0	7	7	6
Donations & legacies	8	3	11	9
Gifts in Kind				
	1,210	4,900	6,110	3,593

Income from Department for International Development is a Partnership Programme Arrangement grant.

Income from AgeUK included special funds from the Disasters Emergency Committee:	£'000
Responses to Typhoon Ketsana (Indonesia, Philippines, Vietnam)	109
Hurricane Nargis (Myanmar)	38
Cyclone SIDR (Bangladesh)	28
Appeal for Democratic Republic of Congo	246
Appeal Occupied Palestinian Territories	269
Haiti earthquake	417

3. Grants for international programmes

	Restricted £'000	Unrestricted £'000	Year ended 31 March 2010 Total £'000	11 months ended 31 March 2009 Total £'000
Big Lottery Fund	1,400	0	1,400	1,221
Department for International Development	820	29	849	1,203
Irish Aid	663	36	699	1,061
European Commission	1,947	136	2,083	1,908
AgeUK	2,419	0	2,419	4,427
Swedish International Development Cooperation Agency	1,701	5	1,706	446
CordAid	470	24	494	352
HelpAge Deutschland	535	1	536	224
World Granny	225	8	233	147
UN Agencies	1,756	71	1,827	1,226
Other Agencies	3,010	89	3,099	1,352
Total	14,946	399	15,345	13,567
Other income	16	22	38	11
Total	14,962	421	15,383	13,578

Income from the Big Lottery Fund was received for:	Contract number	£'000
Sukumaland Older Women's Rights Programme	ICB/1/010249966	174
Tsunami affected OP rebuilding their lives	ICB/1/010289193	281
Poverty Reduction and Community Action	ICB/1/010309837	125
Community Mechanisms for Mitigating HIV and AIDS	IG/1/010137061	61
Older people and HIV and AIDS in Africa	IS/2/010281292	759
		1,400

**Income from Department for International Development
included funding for:**

Co-ordinate finalisation of SP strategy & policy
Reducing the vulnerability of under-assisted
Assessment Capacity Project
HSNP: Social Protection Rights Component
Assessing & Mitigating the Seasonality of Poverty
Income for unrestricted purposes to support the above projects

Contract number	£'000
40006000	9
200907-108	191
ARIES 201109	282
CNTR 07 7958	326
SIF 09/10	12
	29
	849

Income from Irish Aid was received for:

Improving access (social protection and health)
Assessment Capacity programme
Strengthening the capacity of Tajik civil society
Income for unrestricted purposes to support the above projects

Contract number	£'000
CSFBG 119-0804	422
HA0901	132
TAJ004	109
	36
	699

Income received from Cordaid was received for:

Meeting Emergency Needs of Older IDPs
Health Rights and Entitlements for OP in Morogoro
Improved access to health rights & entitlements OP
African Platform for Social Pension
Improved Income and Social Security
Income for unrestricted purposes to support the above projects

Contract number	£'000
100668	46
154/10181	66
2008/30Z/JPI/C2267	35
600/10307	40
600/10313	283
	24
	494

4. Total resources expended

	Staff related costs £'000	Programme costs £'000	Office costs and other overheads £'000	Travel and subsistence £'000	Grants £'000	Legal and professional fees £'000	Transfer of Fixed asset fund £'000	Total £'000
Costs of generating voluntary funds	13	0	0	1	0	0		14
Health	493	86	20	72	445	5		1,121
Social Protection	1,871	627	103	285	2,887	16		5,789
Livelihoods	458	127	33	55	1,176	5		1,854
HIV and AIDS	806	300	40	50	1,045	10		2,251
Emergencies	2,080	1,956	93	402	701	10		5,242
Network	1,055	619	44	172	242	10		2,142
Rights	553	82	18	94	289	7		1,043
Governance	149	0	19	54	0	1		223
Fixed asset fund							46	46
Year ended 31 March 2010	7,478	3,797	370	1,185	6,785	64	46	19,725
11 Months ended 31 March 2009	6,255	3,452	227	1,212	5,359	56	5	16,566

4a) ACAPS programme

Total resources expended on emergencies include £282,000 spent by the ACAPS consortium and include an assessment of the Haiti earthquake.

5. Grants to other organisations

	Year ended 31 March 2010 £'000	11 months ended 31 March 2009 £'000
HelpAge India	1,218	1,501
HelpAge Sri Lanka	487	595
HelpAge Kenya	359	452
Resource Integrated Centre – Bangladesh	348	215
St Teresa Kenya	306	0
Aged & Children Pastoralist Association - Ethiopia	252	0
Uganda Reach The Aged Association	242	145
Gravis - India	192	107
Norwegian Refugee Council (ACAPS)	183	0
Shanxi Provincial Committee on Ageing	148	0
Action for Development – Ethiopia	142	5
Testfa Social & Development - Ethiopia	117	10
China National Committee on Aging	101	121
Lao Women's union	101	118
PADI – Tanzania	99	16
Awata Karagwe – Tanzania	85	47
Vokoxa – Mozambique	83	39
Merlin (Including ACAPS)	80	32
Fundacion Horizontes – Bolivia	80	133
Vietnam Women's Union	78	63
Muthande Society For The Aged - South Africa	76	74
AFRIWAG- Tanzania	74	0
COSE Coalition of Services for the Elderly	70	0
Yayasan Emong Lansia –Indonesia	61	0
MOROTE –Tanzania	56	9
Other grants individually of less than £50,000	1,747	1,677
	6,785	5,359

6. Net incoming resources for the period

This is stated after charging / (crediting):

	Year ended 31 March 2010 £'000	11 months ended 31 March 2009 £'000
Other finance income:		
Expected return on pension assets	196	204
Interest cost on pension scheme liabilities	(170)	(193)
Net other finance income from pension scheme	26	11
Depreciation	166	108
Loss on disposal of fixed assets to other partner organisations	0	6
Trustees indemnity insurance	5	5
Trustees remuneration	0	0
Trustees reimbursed expenses	9	9
Auditors remuneration:		
Audit	13	12
Other services	6	6

During the period no trustee received any remuneration. Trustees' expenses are for the reimbursement of travel and subsistence costs for attendance at all meetings held throughout the period.

The UK office is leased from AgeUK at a commercial rent.

7. Staff costs and numbers

	Year ended 31 March 2010	11 months ended 31 March 2009
a) Average number of employees during the year was as follows:		
Staff on UK payroll based in UK	60	62
Staff on UK payroll based overseas	40	33
	100	95
Overseas staff on local contracts	306	266
	406	361
b) UK paid staff costs were as follows:		
	Year ended 31 March 2010 £000	11 months ended 31 March 2009 £000
Salaries and wages	3,050	2,609
Social security costs	221	191
Pension contributions	137	140
	3,408	2,940
Overseas staff on local contracts	2,082	1,478
Other staff related costs	1,988	1,837
	7,478	6,255

Other staff related costs include staff training, fees paid to consultants, per diems paid for volunteers attending workshops and other non-salary costs.

	Year ended 31 March 2010	11 months ended 31 March 2009
c) The number of staff whose emoluments fell within each of the following bands were;		
£60,000 to £69,999	2	2
£70,000 to £79,999	0	0
£80,000 and above	1	1

Remuneration excludes employer's pension contributions.

Pension contributions amounting to £5,608 were paid into the defined benefit scheme for one member of staff earning between £60,000 and £69,999.

8. Taxation

The charity is exempt from corporation tax, as all its income is charitable and is applied for charitable expenditure.

9: Tangible fixed Asset

	UK Assets £'000	International Project Assets £'000	Year ended 31 March 2010 Total assets £'000	11 months ended 31 March 2009 Total assets £'000
Cost				
At the start of the year	289	667	956	875
Additions	22	107	129	105
Disposals	0	0	0	(24)
At the end of the year	311	774	1,085	956
Depreciation				
At the start of the year	264	376	640	550
Charge for the year	13	153	166	108
Disposals	0	0	0	(18)
At the end of the year	277	529	806	640
Net book value				
At the end of the year	34	245	279	316
At the start of the year	25	291	316	325

10: Debtors

	Year ended 31 March 2010	11 months ended 31 March 2009
	£'000	£'000
Other debtors	64	41
Accrued income	1,144	1,666
	1,208	1,707

11. Creditors : amounts due within one year

	Year ended 31 March 2010	11 months ended 31 March 2009
	£'000	£'000
Taxation and social security	62	58
Accruals	466	348
	528	406

12.Provisions

	Year ended 31 March 2010	11 months ended 31 March 2009
	£'000	£'000
Provision for terminal benefits		
At the start of the year	254	189
Charged for the year	69	115
Utilised in year	(30)	(50)
At the end of the year	293	254
Provision for International Taxation costs		
At the start of the year	55	0
Charged for the year	0	55
Utilised in year	(55)	0
At the end of the year	0	55

13. Analysis of net assets between funds

	Restricted funds	Unrestricted funds	Total funds
	£'000	£'000	£'000
Tangible fixed assets	245	34	279
Net current assets less provision	4,503	796	5,299
Pension liability	0	(992)	(992)
Net assets at the end of the year	4,748	(162)	4,586

14: Funds movement

	At the start of the year	Income resources	Outgoing resources	Transfers and actuarial loss	At the end of the year
	£'000	£'000	£'000	£'000	£'000
Restricted funds:					
Africa	923	7,675	6,633		1,965
Asia Pacific	960	1,845	2,052	(441)	312
South Asia	0	2,288	2,443	441	286
Caribbean	163	770	629		304
Eastern Europe & Central Asia	156	365	375		146
Latin America	57	1,053	645		465
Other	572	2,178	1,725		1,025
Fixed asset fund	291	0	46		245
Total restricted funds	3,122	16,174	14,546	0	4,748
Unrestricted funds:					
General reserve	670	5,322	5,162	0	830
Total unrestricted funds	670	5,322	5,162	0	830
Pension reserve	(626)	0	16	(350)	(992)
Total funds	3,166	21,496	19,725	(350)	4,586

Purposes of restricted funds and unrestricted funds

The charity has various funds for which it is responsible and which require separate disclosure.

These are as follows:

Restricted funds

Being income where the donor specifies the purposes within the overall aims of the organisation.

As a result of restructuring of Asia programme from one into two regions i.e. East Asia Pacific and South Asia, the restricted funds related to South Asia have been transferred.

Fixed asset fund

The fixed asset fund represents the net book value of assets held overseas purchased with restricted income. The full purchase cost is included within total resources expended on charitable activities as this is consistent with the basis of reporting to donors. The change in net book value GBP 46,000 is then adjusted against expenditure in SOFA.

Pension fund

The pension fund represents the pension liability based on an actuarial valuation by The Pensions Trust. The change in value on the balance sheet represents the net pension cost for the year and the actuarial loss for the year

Unrestricted funds

Unrestricted funds are those which are expendable at the discretion of the trustees in furtherance of the objectives of the charity. In addition to expenditure directly on international work, such funds may be held in order to finance working capital.

15. The Pensions Trust - Help the Aged Final Salary Scheme
FRS 17 disclosures for the year ending 31 March 2010

The Scheme is a defined benefit (final salary) funded pension scheme. The Scheme is closed to new entrants and to future accrual of benefits, but has retained the salary link for active members.

The employer expects to contribute approximately £76,000 for the year starting 1 April 2011. The current arrangements as regards to contribution rates are described in a Schedule of Contributions dated 21 December 2007. This schedule will be replaced with a new one by 31 December 2010, so contributions are subject to change.

The Scheme's assets neither include investments issued by HelpAge International nor any property occupied by HelpAge International.

The overall expected rate of return of the Scheme assets has been based on the average expected return for each asset class, weighted by the amount of assets in each class. The Scheme has no contingent assets or liabilities.

The Scheme holds quoted securities, and these have been valued at current bid-price. The corresponding amounts from previous years have not been restated.

EMPLOYEE BENEFIT OBLIGATIONS

	Value at 31 March 2010 £'000	Value at 31 March 2009 £'000
Present value of funded obligations	4,067	2,967
Present value of unfunded obligations	0	0
Fair value of scheme assets	(3,075)	(2,341)
	992	626
Present value of unfunded obligations	0	0
Unrecognised past service cost	0	0
Deficit	992	626
Related deferred tax asset	0	0
Net liability	992	626

Impact on net incoming resources before gains and losses

	Value at 31 March 2010 £'000	Value at 31 March 2009 £'000
Current service cost	31	71
Interest cost	196	204
Expected return on Scheme assets	(170)	(193)
Losses / (gains) on settlements and curtailments	74	0
Total	131	82

Actuarial gains and losses

	Value at 31 March 2010 £'000	Restated Value at 31 March 2009 £'000
Net actuarial gains/(losses) recognised in year	(350)	(277)
Net Cumulative actuarial gains/(losses)	(602)	(252)

The Pensions Trust - Help the Aged Final Salary Scheme (cont'd)
Reconciliation of present value of scheme liabilities and assets

	Value at 31 March 2010 £'000	Value at 31 March 2009 £'000
Change in the present value of the defined benefit obligation		
Opening defined benefit obligation	2,967	3,372
Current service cost	31	71
Interest cost	196	204
Employee contributions	17	35
Past service benefits granted during the year	0	0
Losses / (gains) on curtailments	74	0
Actuarial losses/(gains)	921	(609)
Benefits paid (including expenses)	(139)	(106)
Closing defined benefit obligation	<u>4,067</u>	<u>2,967</u>
Change in the fair value of Scheme assets		
Opening fair value of Scheme assets	2,341	2,965
Expected return on Scheme assets	170	193
Actuarial gains/(losses)	571	(886)
Employer contributions	115	140
Employee contributions	17	35
Benefits paid (including expenses)	(139)	(106)
Closing fair value of Scheme assets	<u>3,075</u>	<u>2,341</u>

ASSUMPTIONS**Principal actuarial assumptions at the balance sheet date**

	At 31 March 2010	At 31 March 2009
Financial Assumptions	p.a.	p.a.
Discount rate	5.70%	6.70%
Expected return on Scheme assets *	7.27%	7.00%
Rate of increase in salaries	3.50%	3.95%
Rate of increase in payment of pre 2005 excess over GMP pensions	3.40%	2.70%
Rate of increase in payment of post 2005 pensions	2.30%	2.50%
Rate of revaluation of deferred pensions in excess of the GMP	3.50%	2.70%
Inflation assumption	3.50%	2.70%
Demographic assumptions	2010	2009
Mortality	SAPS All Pensioners Year of Birth Medium Cohort with a 1% Minimum Improvement	SAPS All Pensioners Year of Birth Long Cohort with a 1% Minimum Improvement
Cash commutation allowance	80% of maximum tax free cash taken based on factors used in the scheme funding valuation at 30 Sept 2009	3/80ths of final earnings taken as tax free cash based on current factors
Withdrawal allowance	Allowance	Allowance

The Pensions Trust - Help the Aged Final Salary Scheme (cont'd)

Other assumptions are the same as those used in the preliminary results of the Trustees' Scheme Funding valuation as at 30 September 2009

Assets in the Scheme as a percentage of total Scheme assets

	At 31 Mar 2010	At 31 Mar 2009
Fixed Interest Gilts	27%	25%
Index-linked Bonds	5%	5%
Equities	62%	61%
Property	6%	8%
Cash	0%	1%
	2010	2009
	£'000	£'000
Actual return on Scheme Assets	741	(693)

Gains and Losses

History of experience gains and losses

	2010	2009	2008	2007	2006
	£ 000	£ 000	£ 000	£ 000	£ 000
Defined benefit obligation	(4,067)	(2,967)	(3,372)	(3,391)	(2,923)
Scheme assets	3,075	2,341	2,965	2,921	2,608
Surplus/(deficit)	(992)	(626)	(407)	(470)	(315)
Experience adjustments on Scheme liabilities	115	0	(7)	(151)	13
Experience adjustments on Scheme assets	571	(886)	(274)	33	348

* Note: This refers to the expected rated of return on assets as at the beginning of each period presented.

16. Contingent Liability

The charity works in countries where income tax regimes have changed. The charity pays income tax in all countries where there is a clear obligation to do so. However, it is uncertain whether any liability for income tax for past services of international staff will crystallise. No provision has been made as it is uncertain whether a liability will arise. It is estimated that the value of such a liability would be £200,000.

Legal and administrative details

Status	The organisation is a charitable company limited by guarantee, incorporated on 19 October 1983 and registered as a charity on 17 November 1983.	
Governing document	The Company was established under a Memorandum of Association, which sets out the objects and powers of the charitable company, and is governed by its Articles of Association.	
Company number	1762840	
Charity number	288180	
Registered office and operational address	207-221 Pentonville Road, London, N1 9UZ	
Trustees	Eric Kimani (Chair) Dr Kanwaljit Soin (Vice-chair) Professor Nicholas Barr Luz Barreto Sjoera Dijkers (resigned April 2010) Professor Du Peng Professor Silvia Gascón Dalmer Hoskins Sanja Miloradovic Pham Hoai Giang Cynthia Cox Roman Vindrani Shillingford Edith Sayo Skweyiya Michael Wade Tilak de Zoysa	
Senior staff	Richard Blewitt Silvia Stefanoni Mark Gorman Valerie Stevens Alison Gordon Stephen Kidd	Chief Executive Officer Deputy Chief Executive / Director of Programmes Director of Strategic Development Director of Finance / Company Secretary Director of Resource Development Director of Policy Development (resigned June 2009)
Bankers	Barclays Bank plc, 1 Pall Mall East, London, SW1Y 5AX National Westminster Bank plc, 1 Hatton Garden, London, EC1P 1DU	
Solicitors	Cobbetts LLP, 70 Grays Inn Road, London, WC1X 8BT	
Auditors	Sayer Vincent, Chartered accountants and registered auditors, 8 Angel Gate, City Road, London, EC1V 2SJ	

Our Affiliates

ASIA/PACIFIC

China National Committee on Aging (CNCA)
Helping Hand Hong Kong
HelpAge Korea
National Council for the Senior Citizens of Malaysia (NACSCOM)
USIAMAS, Malaysia
HelpAge Sri Lanka
HelpAge India
Coalition of Services for the Elderly (COSE), Philippines
Council for the Ageing, Australia
Office of Seniors' Interests, Australia
Bangladesh Women's Health Coalition
Resource Integration Centre, Bangladesh
Instituto de Acção Social, Macau
Mongolian Association of Elderly People
Pakistan Medico International
Singapore Action Group of Elders
Tsao Foundation
Foundation for Older People's Development (FOPDEV)
Senior Citizens' Association of Thailand
Senior Citizens' Council of Thailand
Society of WINGS, Singapore
GRAVIS (Gramin Vikas Vigyan Samiti), India

AFRICA

HelpAge Ghana
HelpAge Kenya
Elim Hlanganani, South Africa
Muthande Society for the Aged (MUSA), South Africa
HelpAge Zimbabwe
RECEWAPEC, Cameroon
Maseru Senior Women's Association, Lesotho
Mauritius Family Planning Association
Senior Citizens' Council, Mauritius
APOSEMO, Mozambique
Sierra Leone Society for the Welfare of the Aged
Current Evangelism Ministries, Sierra Leone
Sudanese Society for the Care of Older People (SSCOP)
Uganda Reach the Aged Association (URAA)
Age-in-Action, South Africa
Kenya Society for People with AIDS
Senior Citizens' Association of Zambia
Sawaka-Karagwe, Tanzania

CARIBBEAN

HelpAge Barbados
HelpAge Belize
REACH Dominica
Society of St Vincent de Paul, Antigua
Extended Care through Hope and Optimism (ECHO), Grenada
Haitian Society for the Blind
Action Ageing Jamaica
Old People's Welfare Association (OPWA), Montserrat
HelpAge St Lucia

EASTERN EUROPE / CENTRAL ASIA

Mission Armenia
Zivot 90, Czech Republic
Resource Centre for Elderly People, Kyrgyzstan
Gerontological Association of Moldova
Slovene Philanthropy
Lastavica, Serbia
Dobroe Delo (Regional Public Foundation of Assistance to Older People), Russia

LATIN AMERICA

ISALUD, Argentina
CESTRA, Colombia
Pro-Vida Colombia
AGECO Costa Rica
Peru Co-ordinating Group for Older People (Mesa de Trabajo)
Pro-Vida Bolivia
Caritas Chile
Red de Programas Para el Adulto Mayor, Chile
CooperAcción, Peru
Pro-Vida Peru

EUROPE / NORTH AMERICA

AgeUK
DaneAge Association
Elderly Women's Activities Centre, Lithuania
Caritas Malta HelpAge
Cordaid, Netherlands
Centre for Policy on Ageing
Age Action Ireland
HelpAge Deutschland
WorldGranny, Netherlands
American Association of Retired Persons
Help the Aged (Canada)
HelpAge USA
West Virginia University Centre on Ageing

Our regional offices

Africa Regional Development Centre: PO Box 14888, Westlands, 00800 Nairobi, Kenya

Tel: +254 20 4444289/44446991 Fax: +254 20 4441052 helpage@helpage.co.ke

Programme offices in Africa are also in Ethiopia, Mozambique, Sudan, Tanzania and Uganda

East Asia and Pacific Regional Development Centre: 6 Soi 17, Nimmanhemmin Road, Suthep, Muang, Chang Mai 50200, Thailand

Tel: +66 53 894805 Fax: +66 53 894214 hai@helpageasia.org

Programme offices in East Asia are also in Cambodia, Laos and Myanmar

South Asia Regional Development Centre: Apt. 2B, Ivy Concord, House 22, Road 108, Gulsham 2, Dhaka 1212, Bangladesh

Tel: +880 44 7640 1328 Fax: +880 44 7600 1633 info@helpagebd.org

Latin America Regional Development Centre: Calle Vincenti No. 576, Entre Claudio Pinilla y Luis, Uria de Oliva, Sopocachi, La Paz, Bolivia

Tel: +591 2 241 6830 Fax: +591 2 241 0957 info@helpagela.org

Programme offices in Latin America are also in Peru and Colombia

Caribbean Regional Development Centre: 11½ Swallowfield Road, Kingston 5, Jamaica

Programme office also in Haiti

Tel: +1 876 906 3658 Fax: +1 876 906 4678 helpage@cwjamaica.com

Eastern Europe and Central Asia Regional Programme Office: 204 Abdrakahmanova Street, 4th Floor, 720040 Bishkek, Kyrgyzstan

Tel: +996 312 664636 Fax: +996 312 620830 kyrgyzstan@helpageinternational.org

Programme offices in Eastern Europe and Central Asia are also in Moldova and Tajikistan

Worldwide emergencies programme: includes field offices in Haiti, Gaza and DR Congo.

HelpAge International

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