

# Ageing and Development

News and analysis of issues affecting the lives of older people  
Issue 20 August 2006



In need of financial support: a grandmother with three of the six orphaned grandchildren she cares for in southern Sudan.

## Weak promise on HIV/AIDS

**A new UN Political Declaration on HIV/AIDS, adopted by member states in New York in June 2006, commits governments to providing support and rehabilitation to older people, particularly in their role as carers.**

But the declaration does not commit to providing direct financial support to older carers. Nor does it recognise that older people are themselves living with HIV.

The High-Level Meeting on AIDS was called to review progress against global targets agreed in the UNGASS 2001 Declaration of Commitment on HIV/AIDS. The targets included a commitment to review the social and economic impact of HIV and AIDS on older people, and address their special needs. Despite extensive lobbying by HelpAge International, this target was not reviewed.

The only session to address older people's issues directly was a side event organised by HelpAge

International and Global Action on Aging.

At this event, participants and speakers from the Government of Thailand, UNICEF, UNDESA, the UK Department for International Development and HelpAge International called on governments to address the needs of older people in their own right, and not just in their relationship to others as carers.

The session called for:

- national development plans and budgets to include cash transfers to older people, to enable them to support themselves and those in their care
- better data on who is providing care for people living with HIV and vulnerable children
- better data on HIV prevalence among older people themselves
- greater inclusion of older people in planning and implementing the response to HIV at all levels

- recognition of the rights of older people infected and affected by HIV.

'While HelpAge International welcomes the commitment to older people in the declaration, we are disappointed that it does not recognise the need for regular cash transfers to enable older carers to provide for those in their care,' says Jo Maher, HelpAge International's HIV and AIDS coordinator.

'It also does not acknowledge that older people are a vulnerable group with particular needs and fails to set specific targets towards achieving universal access to treatment by 2010.'

### More information:

UNAIDS  
[www.un.org/ga/aidsmeeting2006](http://www.un.org/ga/aidsmeeting2006)

STOPAIDS  
[www.ungasshiv.org](http://www.ungasshiv.org)

See also: *UNAIDS report* (page 4), *Carers' clubs in Vietnam* (page 8), *Helping carers claim* (page 9)

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## HelpAge International

Leading global action on ageing

# News round up

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## Pensions for all: a question of cost

Cost came up as an argument against providing universal social pensions in poor countries at a recent meeting of pensions experts.

Senior government officials from industrialised and developing countries, together with pensions experts from organisations including the World Bank, UK Department for International Development and the ILO, held a workshop during the 8th global conference of the International Federation on Ageing in Copenhagen in May 2006 to discuss pension reforms for ageing societies.

They noted that reforms which the World Bank had promoted during the last two decades, particularly in Latin America, had not achieved the coverage expected, with so

many workers in the informal sector; while 'transition economies', notably those in former Soviet bloc countries, had inherited large-scale pensions systems which had not kept pace with economic change in the region.

A sub-group considered social (non-contributory) pensions in developing countries. Participants agreed that social pensions could have wide benefits, including improvements in nutrition. Pensions also had spread effects, since older people use the income to pay for other family members' access to education and healthcare.

Improved health within households could potentially reduce national resources needed for health care. Moreover, pensions could be attractive to governments, who may see political advantage in helping to reduce older people's dependency.

Views differed on the feasibility of universal basic pensions. There was general agreement that small benefits paid regularly could have a significant impact on reducing old-age poverty, though some participants warned against 'well-intentioned' but open-ended commitments to universal benefits on the grounds of cost.

HelpAge International is campaigning for universal social pensions in poor countries to protect against old-age poverty. 'Even small amounts of regular cash income can make a difference to very poor people,' says Mark Gorman, director of policy development, HelpAge International.

'Questions about affordability point to the importance of careful consideration of design issues, such as age of entry to pension entitlements, and significant donor support in the initial stages of basic pension programmes.'

## African call for cash transfers

A call for African governments to draw up plans for cash transfers for vulnerable citizens was made at a landmark meeting of African ministers in Livingstone, Zambia, in March 2006.



Recipient of cash transfers to poor households in Zambia.

Astrid Walker/HelpAge International

The meeting, hosted by the Government of the Republic of Zambia and supported the African Union, brought together ministers and senior representatives from 13 African countries, as well as donors and NGOs, to examine ways to reduce the poverty of the poorest people in Africa.

Participants agreed that social pensions and cash transfers to vulnerable children, older people and people with disabilities should be implemented more widely throughout Africa.

They adopted the Livingstone Call for Action on Social Protection in Africa.

Key points are:

- African governments will put together costed national cash transfer plans within three years. These will be integrated into national development plans and budgets.
- Social protection programmes, including social pensions and cash transfers to vulnerable children, older people and their dependants, and people with disabilities, will be used more to relieve poverty.

■ Reliable long-term funding for social protection will come from both national budgets and development partners.

■ Greater cooperation between African and other countries will facilitate the exchange of information, experiences and action on social protection and cash transfers.

**More information:**  
See Briefing on page 6.

*Livingstone Call for Action and key speeches*  
[www.helpage.org/news/latestnews/@27954](http://www.helpage.org/news/latestnews/@27954)

## Comment

### Time for social protection

Social protection has played a critical role in creating wealth in Europe. There is evidence, too, that it reduces unemployment and boosts the economy in developing countries.

As G8 leaders meet in St Petersburg and plan how to spend the very welcome increased development budget, HelpAge International suggests that now is the time to introduce a ring-fenced budget to support national social protection programmes in developing countries.

National social protection programmes, which should include

a social pension for all older people over 60, would reduce poverty and fuel the economy. Social pensions benefit some of the poorest members of society – very old people and their dependants.

As Gareth Thomas, UK Parliamentary Under-Secretary of State, recently pointed out:

'In rich countries we do not seriously question that significant social investment is necessary for growth – and that we need an active social policy to prevent poverty being passed from parent to child.' It is time to apply this principle to poor countries too.

*Mark Gorman, Director of Policy Development, HelpAge International*

# Will older Bolivians be short-changed?

**Older Bolivians were ecstatic when Evo Morales was elected president last December, but his policies may leave them short-changed.**

During the election campaign the country's relatively sophisticated legislative framework in favour of older people, including the *Bonosol* (a universal non-contributory pension worth

US\$220 a year) and the universal public health insurance policy for all over 60s, seemed safe.

Yet the new government appears to have put older people on the

back burner as Morales has focused on the bigger picture, including the coming constituent assembly, nationalisation of the gas industry and the relationship with Venezuela.

The national health insurance scheme has undergone a major change, with responsibility for funding the scheme passing to the country's 326 local governments. In theory, this could help reach rural areas where the poorest older people are concentrated. In practice, however, it could mean that the poorest older people have even less access. HelpAge International is pushing for the state to support the poorest local governments to fund the scheme.

Changes are also afoot with the *Bonosol*. This has been financed from the part-privatisation of state enterprises. Income from

the sale of state enterprises was deposited in a private fund, set up for the express purpose of paying the *Bonosol*.

In May 2006, the gas nationalisation decree transferred the fund back to the state to finance the national gas company. Although vice-president Garcia Linera has publicly stated that this will not affect the *Bonosol*, policy makers are doubtful. They speculate that if Bolivia's gas industry hits hard times, it is possible that the state will decide to reduce the *Bonosol*, and perhaps even scrap it.

'While there is no need for alarm in the short term, as the *Bonosol* will continue to be paid in 2007, there are real concerns for the future of a benefit which older people now consider their right,' says James Blackburn, HelpAge International's regional representative for Latin America.



Older people in Bolivia may not benefit from new policies.

Antonio Olmos/HelpAge International

## MIPAA review gets under way

**Older people and their organisations are being encouraged to hold their governments to account for what they signed up to in the Madrid International Plan of Action on Ageing (MIPAA).**

MIPAA was adopted by 159 UN member states at the Second World Assembly on Ageing in 2002. Its central aim is 'to ensure that persons everywhere are able to age with security and dignity and to participate in their societies as citizens with full rights.'

At its 44th session in February 2006, the UN Commission for Social Development agreed that responsibility for reviewing MIPAA would not be limited to governments, but would be shared with more stakeholders, including older people.

The global theme for the first review in 2007 is 'Addressing the challenges and opportunities of ageing'.

The timetable for review is:

### 2007:

- UN regional economic commissions plan reviews with interested governments
- National governments identify areas for participatory review of MIPAA

### 2008:

- Global report on findings of reviews
- Round-tables and panel discussions on global issues
- Identification of themes for ongoing review

MIPAA is not legally binding, but asks UN member states to implement its recommendations

and report back on progress at regular intervals. 'HelpAge International is concerned that unless older people's organisations both remind and hold governments to account for what they signed up to in MIPAA, there is a danger that it will not be implemented,' says Sylvia Beales, HelpAge International's policy development manager.

HelpAge International is working in partnership with key signatories to MIPAA to assist them to meet their objectives of taking forward the rights of older people and halving the proportion of older people living in extreme poverty. HelpAge International is suggesting that these objectives

can be achieved through the delivery of a tripartite package of social pensions, free health care and anti-discriminatory legislation.

The UN Department of Economic and Social Affairs (UNDESA) has developed guidelines for governments on how to review implementation of MIPAA. These offer clear steps for reviewing current policy and shaping future action, and provide examples from several countries of how older people can engage in all stages of the process.

### More information:

UNDESA guidelines will be published on the UNDESA website in several languages.  
[www.un.org/esa/socdev/ageing](http://www.un.org/esa/socdev/ageing)

# News round up

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A Cambodian grandmother with two of the five orphans she cares for.

Jon Bagger/HelpAge International

## AIDS care in Cambodia

**Parents play a key role during the illness of an adult child with AIDS, but few receive any formal support, says a new report from Cambodia.**

A study of the impact of the death of a child due to AIDS on their older parents found that more than 90 per cent of parents provided direct personal care. The average period of care was over seven months.

About two-thirds of parents lived with the person with AIDS just before their death. A substantial majority of parents provided assistance with expenses.

The involvement of parents in their children's illness crosses demographic lines. Parents provide assistance whether they live in rural or urban areas, are married or unmarried, and are poor or not.

More than half the adult children with AIDS left behind orphans. These children frequently live with, and receive support from, their grandparents. Three-quarters of grandparents supporting a child reported the expense to be a serious burden.

In most cases, the adult child who died had provided material or

physical support to their parents. In many instances, they were the main provider of material support.

Only one-quarter of older Cambodians caring for an adult child with AIDS received any formal assistance. Most assistance that was available came from NGOs. Only very rarely did it come from government sources.

Parents in the poorer half of the sample were the least likely to receive any formal assistance.

The report also shows that the death of an adult child from AIDS has a worse economic effect on parents than the death of a child from other causes.

*The impact of AIDS on older-age parents in Cambodia*, Knodel J et al. (PSC research report 06-594, April 2006) can be downloaded from: [www.psc.isr.umich.edu/pubs/pdf/r06-594.pdf](http://www.psc.isr.umich.edu/pubs/pdf/r06-594.pdf)

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## AIDS report calls for state pensions

**Cash transfers for older carers, and better access to antiretroviral therapy, are recommended for the first time in the 2006 UNAIDS global report on AIDS.**

The report also acknowledges that a 'substantial proportion' of people living with HIV are 50 years or older.

Care of HIV-positive adults and children orphaned by AIDS frequently falls on older people – many of whom are poor and do not benefit from social protection measures such as state pensions, says the report.

The report calls for social protection measures, including state pensions, to preserve the livelihoods of people affected by AIDS. It also points out that

access to antiretroviral therapy can provide substantial economic and social benefits for those caring for people living with HIV and their families. Older carers in particular benefit as the health of the person they are caring for improves.

Given the proportion of people with HIV who are over 50, the report announces a change in reporting of HIV in adults, from '15-49 years' to '15 years and over'.

**More information:**  
*Report on the global AIDS epidemic, UNAIDS, 2006*  
[www.unaids.org/en/HIV\\_data/2006globalreport/default.asp](http://www.unaids.org/en/HIV_data/2006globalreport/default.asp)

## Grandmothers' solidarity

**Grandmothers' response to HIV and AIDS will be highlighted at the 16th International AIDS Conference in Toronto in August, with calls for more support.**

A session on the psychosocial needs of older carers and those they care for, chaired by HelpAge International, will look at practical, intergenerational ways to support older-headed families, drawing on experience in Vietnam and South Africa.

Interventions include literacy programmes, paralegal support to access entitlements, storytelling in schools, family-based memory work and help given by grandchildren.

Before the conference, 100 grandmothers from Africa and 200 grandmothers from Canada will meet in Toronto as part of a campaign to raise awareness of African grandmothers' experience and build solidarity with

grandmothers in Canada.

The 'Grandmothers to Grandmothers' campaign was launched earlier this year by the Canadian-based Stephen Lewis Foundation, set up by Stephen Lewis, UN special envoy on HIV and AIDS.

A new paper from HelpAge International on the importance of including older people in data collection will also be distributed at the conference.

**More information:**  
*International AIDS Conference*  
[www.aids2006.org](http://www.aids2006.org)

Stephen Lewis Foundation  
[www.stephenlewisfoundation.org](http://www.stephenlewisfoundation.org)

See also: *Carers' clubs in Vietnam (p.8), Helping carers claim (p.9).*



## Diary

■ 'The things that grandmothers see while sitting on the ground, younger people cannot see, even if they climb to the top of a tree,' goes a Senegalese proverb. It is quoted in a new World Bank paper that highlights grandmothers' contribution to managing indigenous knowledge systems. *Grandmothers promote maternal and child health: the role of indigenous knowledge systems'*

*managers* points out that many development programmes mistakenly assume that the best way to introduce change is to focus on younger members of society. [www.worldbank.org/afr/ik/knt89.htm](http://www.worldbank.org/afr/ik/knt89.htm)

■ Water insecurity is a major source of stress for poor older people. Distance, cost, design of latrines and unsuitability of water points hinder their access. So it is encouraging that the UNDP's Human Development Report 2006, which will deal with water issues, will highlight the importance of

reaching vulnerable groups, including older people. The report is due in November 2006.

■ Only four out of ten people aged 70 and over receive some form of pension income in Latin America and the Caribbean. The way forward is to expand coverage of non-contributory pensions, says a new report from ECLAC, *Shaping the future of social protection: access, financing, and solidarity*. This would bring the income of everyone over 65 up to the

poverty line and cost around 1 per cent of GDP.

[www.eclac.cl/default.asp?idioma=IN](http://www.eclac.cl/default.asp?idioma=IN)

■ New European Union member states are committed to adopting EU development policies, but these are weak in terms of effective support to older people. A new HelpAge International initiative supported by the European Commission will bring together older people's organisations from the Czech Republic, Slovenia and six African countries, to facilitate lobbying of European policy makers by older Africans.

## Dealing with grief in a time of AIDS

**The best way to deal with grief is to tolerate it or try to forget it, say older people affected by HIV and AIDS in Kagera region, northern Tanzania.**

HIV and AIDS have been a feature of everyday life in Kagera for 25 years. Older men and women have lost partners, siblings, children and grandchildren to the disease. Since the dead are buried next to people's houses, and it is a social obligation to attend funerals and comfort the bereaved, they are confronted daily by the memories of lost loved ones.

A new study for a postgraduate degree at the Amsterdam School of Social Science Research shows that older men and women in Kagera express their emotions

about loss as 'worries'. They are worried about raising grandchildren, care of themselves in the future, and having enough to eat.

Worries cause health problems. Many older people have physical complaints such as heart attacks, strokes, high blood pressure and insomnia. One older woman described the feeling she had as 'carrying a stone on my head'.

Poor health has serious consequences, since it diminishes strength, and strength is what older people need to remain



Josien de Klerk

Older people in northern Tanzania try to tolerate their grief.

independent. Older people therefore feel that the best strategy to deal with grief is to tolerate it. The word for 'tolerate' is *kwegumisirisa*, which comes from the verb *kuguma*, to be healthy, to be hard. *Kwegumisirisa*, then, means to be hard.

There are several ways in which older people tolerate their grief and help each other to do the same. Some are practical, such as delaying funeral attendance by one or two days, so as not to arrive in the 'heat of mourning'. Other strategies are spiritual, such as seeking explanations for misfortune in God or Allah.

Finally there are social strategies. These include visiting neighbours to talk about 'normal' things, and urging those who are crying to

divert their thoughts. One 70-year-old woman who had lost several children to AIDS was told by a younger woman: 'Do not cry... it makes problems like your stroke worse. Try to tolerate somehow.'

Tolerating, by actively pushing emotions aside, was the main strategy for dealing with many deaths and older people's powerlessness to prevent their children from dying.

### More information:

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Kwa Wazee is a project providing economic and social support to older people affected by HIV and AIDS in northern Tanzania.  
[www.kwawazee.ch/E/](http://www.kwawazee.ch/E/)

### Obituary: Gary Andrews

Professor Gary Andrews, who died in May, was a doctor whose career included geriatric practice, healthcare administration and academic research.

He was founder of the Australian Society for Geriatric Medicine, and Professor of Ageing in the Division of Health Sciences, based at the University of South Australia in Adelaide.

Gary Andrews had a long and dedicated association with HelpAge International, first as a member of the Asia Training Centre on Ageing advisory committee, and then as a member of the HelpAge International Board.

# Briefing

Analysis of current topics in ageing

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## Aid for Africa and the case for cash transfers

**There is growing recognition that social protection programmes are an important but overlooked component of development aid. This line of thinking was taken forward at a landmark meeting of African governments earlier this year. A&D reports.**

It is a year since the G8 agreed 'more and better aid' for Africa, and time that donors and African governments specified what package of aid could benefit the poorest people.

This was discussed at a meeting in Livingstone, Zambia in March 2006, hosted by the Government of Zambia and supported by the African Union. The meeting brought together ministers and senior representatives from the finance and social welfare ministries of 13 African countries – Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Africa, Tanzania, Uganda, Zambia and Zimbabwe – and Brazil, as well as donors, UN agencies and NGOs. It was jointly organised by the Government of Zambia and HelpAge International.

Participants examined ways to reduce the poverty of the poorest people in Africa, particularly through the implementation of social cash transfers.

The high point for many participants was a visit to households receiving cash transfers through the Zambian Government's pilot scheme (see box: Are pilots necessary?). Participants said they were moved to see such extreme poverty and the trip helped them understand the value of transferring cash directly into poor people's hands. 'One of the good things we can see from the Kalomo pilot is that a small amount of cash can make a big difference to people's lives,' said one participant.

The conference resulted in the Livingstone Call for Action, which included calls for African governments to put together costed social transfer plans within three years, integrated into national development plans and budgets.

**'No meaningful and sustained economic growth can be achieved in the absence of social protection.'**

*His Excellency Mr Levy Patrick Mwanawasa, President, Republic of Zambia at the Livingstone conference*

### The case for social protection

Conference participants debated the case for regular cash transfers to very poor people. They shared evidence of how regular cash transfers promote economic growth, further basic human rights, and reduce household poverty.

Several speakers pointed out that OECD countries had experienced enormous gains in poverty reduction, living standards and social cohesion through the expansion of social protection after the First World War. Measures included regular cash transfers to vulnerable households or individuals, including social pensions, often at an investment of more than 10 per cent of GDP.

The African Union representative pointed out that social protection



Bernd Schubert/HelpAge International

**An older woman who receives a monthly cash transfer through the Government's transfer scheme talks to conference participants during a visit to her home in Kalomo.**

provided the means for poor people to become more self-sufficient. In many cases, cash transfers had been put to effective social and economic use, in particular by older women, he said.

Other speakers observed that increasing purchasing power from regular cash transfers assisted not only individual households, but the local economy as a whole.

A recurring theme of the discussions was the link between social protection and human rights. Regular social cash transfers, including pensions, support people's right to social security, which is enshrined in the Universal Declaration of Human Rights.

The African Union representative, in his keynote speech, said: 'Social protection is also a human rights issue. The rights for the most disadvantaged... [are] to have access to the basic necessities of life and an income to enhance their livelihood. The social contract between the state and citizens should be enhanced through social protection programmes.'

He reminded participants that the African Union's Ouagadougou Plan of Action of 2004 commits

member states to improving the living conditions of older people through better social protection services, including improved pensions, health and other social security schemes.

Even where there is free education and healthcare, many poor families cannot benefit from these services because of the associated costs, such as transport and school uniforms. Evidence from a range of studies indicates that social transfers act as effective incentives to increase poor people's demand for services and improve their education and health outcomes.<sup>1</sup>

The UK Department for International Development (DFID) representative announced that the UK Government's forthcoming white paper on development cooperation will recognise that social security for all – as part of a package of basic services – is essential for poverty reduction and growth (see page 11).

### Barriers to social protection

The need for clearer data on poverty, a better understanding of the impact of social protection and its cost, and strategies for



of Zambia's pilot social cash transfer in Kalomo district.

overcoming institutional constraints were discussed.

Poverty data broken down by age, disability, ethnicity and so on provides a more accurate basis on which to develop poverty-reduction programmes.

Participants acknowledged that most development schemes are not focused on support to the very poorest people. Analysis is therefore biased towards the 'economically productive' sections of the population. Unless there is evidence about how poor people invest cash for their economic advancement, this prevailing opinion prevents investment.

Concerns about the cost of social protection schemes were balanced by a number of presentations showing that even the poorest countries can afford modest social transfers with assistance from various sources (see box: Cost and affordability).

The consensus was that to enable African governments to deliver social protection schemes nationally and long-term, long-term co-financing (10-15 years) needs to be negotiated. This provides the opportunity for

governments to scale up social transfer schemes funded with a mix of external funding and internal revenue.

There was consensus that administration of social protection schemes was a responsibility of government, but that government capacity was weak. Social welfare ministries usually hold this responsibility, but they lack capacity to implement schemes. Consequently existing social protection schemes are uncoordinated, responding piecemeal, for example, to HIV and AIDS, floods or food shortages.

Effective social protection programmes require a national social protection strategy, capacity building and resources. Political will at national and international level is essential to make this happen.

#### Issues for the future

In line with a human rights approach, the right to social protection should be embedded in the constitution, with appropriate legislation and resources. South Africa is one country where social protection is a right that people can, and do, claim in court.

The right to social protection also needs to be translated into policy frameworks, budget processes and poverty reduction plans. This is happening in the second generation of poverty reduction strategy papers, for example in Tanzania, Uganda and Zambia.

The formation of social protection advisory groups can help to ensure that social protection is integrated into national development planning.

Resourcing is essential. Social protection strategies cannot work without reliable funding. Having a clear national social protection strategy will be helpful to secure a budget. Ministry representatives for social protection need to work closely with finance ministries to ensure that social protection is integrated into budget processes, and that funds are actually released.

#### Cost and affordability

- Lesotho's social cash transfer schemes are entirely financed by national budgets. The social pension reaches all citizens aged 70 and over. It costs approximately 2.2 per cent of the national budget.
- Scaling up Zambia's pilot social cash transfer scheme to cover the poorest 10 per cent of households nationally would cost 0.3 per cent of GDP and 1.3 per cent of the 2005 budget.
- An ILO study in seven African countries indicates that a combination of child benefits, universal social pensions and a disability grant would halve poverty rates and cost 3-7 per cent of GDP. Aid would be required initially.<sup>2</sup>
- DFID calculates that in most African countries social cash transfers of US\$0.5 per person per day to the poorest 10 per cent of the population would cost less than 3 per cent of GDP.

#### Social protection and HIV/AIDS

- In areas severely affected by AIDS, half of all older people care for HIV-positive adults or vulnerable children.
- These families face increased poverty, which in turn increases their risk of HIV infection.
- Cash transfers to carers and their dependants are an effective way to stop these families from sliding deeper into poverty.
- Social pensions bring educational and nutritional benefits to vulnerable children.

#### Are pilots necessary?

Pilot social cash transfer programmes can be a useful way to learn what works and to build capacity.

The Government of Zambia's pilot scheme in Kalomo district, funded by the German development agency GTZ, pays the poorest 10 per cent of households US\$6-8 a month.

These people are critically poor, often surviving on one meal a day. Most households are headed by women and/or people aged 65 or older. The main cause of severe poverty is HIV/AIDS. Recipients have spent the money on food, household items, education, transport, healthcare, agricultural inputs and labour.

The Kalomo scheme demonstrates that well-documented and publicised pilot programmes can create awareness and generate political will. However, it does not prove that scaling up would necessarily be successful.

Experience in Lesotho shows that it is possible to establish a universal old-age pension scheme without the evidence of a pilot programme. The Lesotho Government's universal social pension programme shows that old age (over 70) is relatively easy to target, it is possible to work through the Ministry of Finance, and there is political will to deliver a universal, long-term transfer.

1. Chapman K, *Using social transfers to scale up equitable access to education and health services*, background paper, Scaling up Services team, DFID Policy Division, January 2006

2. Pal K et al., *Can low income countries afford basic social protection?* First results of a modelling exercise, Issues in Social Protection discussion paper 13, Social Security Department, ILO, Geneva, June 2005  
[www.ilo.org/public/english/protection/secsoc/downloads/policy/1023sp1.pdf](http://www.ilo.org/public/english/protection/secsoc/downloads/policy/1023sp1.pdf)



# Profile

Taking older people's interests forward

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Le Doan/Vietnam Women's Union

Empathy clubs help to ease the stress of older Vietnamese women who care for people with AIDS.

## Carers' clubs in Vietnam

**More and more older women in Vietnam are caring for adult children with HIV. 'Empathy clubs' supported by the Vietnam Women's Union are helping to ease their stress. A&D describes how.**

Dang Thi Dan, 76, lives in northern Vietnam with her husband and one of their sons. The son is an injecting drug user and is HIV-positive. Another son, also a drug user, died of an AIDS-related illness in 2004. Dang Thi Dan nursed him in the final stages of his life.

The family's house is almost bare after the two sons sold most of the furniture to pay for drugs. Dang Thi Dan was left in despair. 'There were many times when I just wanted to die,' she says.

Dang Thi Dan's situation is increasingly common in a country where HIV infection is rising rapidly. The number of people infected by HIV tripled between December 2000 and March 2006. About 60 per cent of infections are caused by sharing unclean needles.

Most of the care of people with AIDS is shouldered by their mothers – at great cost to their own health and wellbeing. Money is one of the biggest headaches for older carers. Many are plunged into poverty as their assets are sold to pay for drugs. They then have to borrow to pay for AIDS treatment.

Nationally there are no special programmes for older women affected by HIV and AIDS. But at community level, there is a growing tide of support in the form of 'empathy clubs' set up by the Vietnam Women's Union.

These are self-help groups with around 50 members, mainly older women carers, but also current and former drug users and sex workers, concerned people in the community, younger women, and men.

There are currently about 360 empathy clubs in ten provinces and municipalities, with plans to expand to all provinces. The clubs provide emotional, practical and financial support to their members, and help to educate local communities about HIV and drug use.

At monthly meetings, time is always set aside for members to share their problems and encourage each other. They find this helps to ease their stress.

The clubs also seek practical solutions to members' problems, such as stigma felt by school-children or family arguments over

money. They raise funds for household items, funeral costs and visits to drug rehabilitation centres, take part in community education about safer sex and drug use, and visit other older people affected by HIV and AIDS. Writing letters to people in rehabilitation centres is a cornerstone of their activities.

The clubs also support the livelihoods of older carers who cannot get credit because of their age, providing loans and training to start small businesses.

Good links with local and national government are a key to the clubs' success. Local government officials attend monthly meetings and allocate funds. About 90 per cent of the clubs receive support from local government. The Ministry of Health supports the clubs' HIV-prevention measures.

Dang Thi Dan's outlook has improved markedly since she joined her local empathy club. She used to collect herbs from the forest to treat her son's HIV-related ulcers. She has shared her knowledge of medicinal herbs with other club members and is glad she

can help those in a similar situation to herself. 'All the members are close, and they are all sympathetic with each other,' she says.

The Vietnam Women's Union is well-placed to support the empathy clubs. Founded in 1930, it is one of largest mass organisations in Vietnam, supporting a wide range of practical and advocacy activities aimed at protecting women's rights.

The Vietnam Women's Union first became involved in older women's issues in 1997, when it began working with HelpAge International to build capacity in this area. Isolated and bereaved older women said they needed a forum to share their feelings. In 2004, HelpAge International supported the Vietnam Women's Union to pilot empathy clubs for older women carers.

When setting up a new empathy club, attention is given to establishing a strong foundation and encouraging women to join. 'The initial formation takes considerable time,' says Le Hoang Yen of the Khanh Hoa Women's Union. 'It requires learning about the community, identifying older carers and listening to their needs.'

The Vietnam Women's Union is realistic about how much the clubs can achieve. 'The clubs only have limited resources, so they cannot meet all of the financial, psychosocial and medical needs of older women carers and their families,' says Tran Bich Thuy, national HIV/AIDS project coordinator. 'What they can do is meet some of these needs, while creating a platform on which to lobby for more resources and services.'

### More information:

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Email: vvunion@netnam.org.vn



# Talking point

Understanding older people's experience

9

## Helping carers claim

**Families affected by HIV and AIDS face huge financial pressures, but many miss out on their entitlement to state benefits. Experience from South Africa shows that a range of interventions is necessary to help older carers claim their entitlements.**

South Africa has one of the highest numbers of people living with HIV, at 5.5 million. Older people shoulder much of the responsibility for care, with more than 60 per cent of orphans living with their grandparents.

South Africa has a well-developed package of means-tested social protection measures that can help families affected by HIV and AIDS. These include:

- Old-age pension (60 for women, 65 for men) up to R780 (US\$108) a month
- Child support grant R180 (US\$25) a month
- Foster care grant R530 (US\$74) a month
- Disability grant R780 (US\$108) a month
- School fee exemptions worth about R150 (US\$21) a year for primary education and R300 (US\$42) for secondary education.

In addition, anti-retroviral therapy is available free at government hospitals for all people with HIV.

The number of people receiving state benefits has increased dramatically since the end of apartheid. But many still miss out, including nearly one in five of those eligible for a social pension, and three in ten who are eligible for the child support grant. Problems arise because people are not aware of their entitlements, they lack the necessary paperwork, or they are put off by eligibility requirements.

Most older black South Africans have no birth certificate, so they have to rely on their identity papers for proof of age. However, these are often inaccurate, so the person has to obtain new papers before they can proceed with their pension application.

Many older carers apply for the child support grant rather than the foster care grant, although the foster care grant is worth much more. The main stumbling block is the need to establish legal guardianship of the child through the court. This can take two years or more, compared with a few weeks to process a child support grant application. Any carer, whether a relative or not, can apply for the child support grant.

An organisation that is helping HIV-affected families to access their entitlements is the Muthande Society for the Aged (MUSA). MUSA has been running services for older people in the townships of Durban since the early 1970s, with funding from the Department of Welfare and other sources.

MUSA started working on HIV and AIDS in the mid-1990s, after finding that older people who were in need of support themselves, were also caring for sick sons and daughters.

MUSA's experience shows that a range of interventions is needed to help people access their entitlements. These include general awareness-raising and advocacy, casework with individual families, and practical measures such as protecting vulnerable older people at pension pay points and providing transport to hospital. Strong links with government departments, educational institutes, healthcare providers, churches and local communities underpin all MUSA's activities.

People often seek help from traditional healers who may be uninformed about HIV and AIDS. MUSA has arranged training and discussion forums for traditional healers and put them in touch with local health centres, leading to more referrals.

Many people on anti-retroviral therapy for HIV do not benefit fully because they cannot afford to eat well. MUSA is responding by distributing high-protein porridge supplied by the Ministry of Health.

MUSA has started working with schools and older carers to raise awareness of school fee exemptions. And in 2005, MUSA launched a 'Get your documents' campaign to encourage people to

obtain and care for key documents such as identity papers and children's birth certificates. These messages were reinforced through home visits and through MUSA's adult literacy programme.

The adult literacy programme has also been a key means of educating older people about eligibility requirements and enabling them to fill in application forms themselves.

### More information:

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### 'We get a lot of help'

Thabile lives in a Durban township with her sick son, Sifiso and his two children. 'Two weeks ago, Sifiso was coughing a lot,' says Thabile. 'With Muthande's help, we went to the hospital. It turned out to be pneumonia.

'I spend most of my time caring for Sifiso. I start the day by making him some tea and bread. Then I make sure the grandchildren go to school before making Sifiso a bowl of protein porridge. After that I bathe him. In the afternoon I bathe his feet again with warm water.

'Sifiso asks for mineral water, fruit and vegetables. I buy them when I can, but often there is no money.

'We get a lot of help from Muthande. They told us about the disability grant. It will make life much better if we get the grant.'

*Names have been changed.*



MUSA

An older literacy student learns about claiming entitlements.

# Resources

New publications, websites, conferences and courses

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## Journal articles

A round-up of what is being written on ageing issues. For journal details please write to the editor or email: [ctill@helpage.org](mailto:ctill@helpage.org)

### National

Vietnam service, combat, and lifetime educational attainment: preliminary results from the Vietnam era twin study of aging  
*Lyon M J et al., Research on Aging 28, 2006, pp 37-55*

Stereotypes and perceptions of the elderly by the youth in Nigeria: implications for social policy  
*Okoye U O and Obikeze D, J. Applied Gerontology 24, 2005, pp 439-452*

Caring for the elderly in Lithuania  
*Lesaukaite V and Macijauskienė J, Bold 16, May 2006, pp 19-23*

Comorbidity and disability in elderly Mexican and Mexican American adults: findings from Mexico and the Southwestern United States  
*Patel K, J. Aging and Health 18, April 2006, pp 315-329*

Survey data for the study of aging in Latin America and the Caribbean: selected studies  
*Wong R et al., J. Aging and Health 18, April 2006, pp 157-179*

Identifying vulnerable older people: insights from Thailand  
*Lloyd-Sherlock P, Ageing and Society 26, January 2006, pp 81-103*

Role and function: aspects of quality of life of older people in rural Bangladesh  
*Nilsson J et al., J. Aging Studies 19, September 2005, pp 363-374*

### International

25th volume celebration paper policies for the aged in the 21st century: more 'structured dependency' or the realisation of human rights?  
*Townsend P, Ageing and Society 26, March 2006, pp 161-179*

Positive ageing: cross cultural perspectives  
*Anne T, Bold 16, May 2006, pp 24-26*

Understanding vulnerabilities in old age  
*Schröder-Butterfill E and Mariani R, Ageing and Society 26, January 2006, pp 3-8*

A framework for understanding old-age vulnerabilities  
*Schröder-Butterfill E and Mariani R, Ageing and Society 26, January 2006, pp 9-35*

Ageing and vulnerable elderly people: European perspectives  
*Grundey E, Ageing and Society 26, January 2006, pp 105-134*

### Pensions

The global pension crisis: from gray capitalism to responsible accumulation  
*Blackburn R, Politics Society 34, June 2006, pp 135-186*

The political economy of pension reform in Russia: why partial privatization?  
*Williamson J et al., J. Aging Studies 20, April 2006, pp 165-175*

Social security at the crossroads: toward effective pension reform in Latin America  
*Matijasovic M and Kay S, J. Int. Social Security Review 59, January 2006, pp 3-26*

The differential impact of social-pension income on household poverty alleviation in three South African ethnic groups  
*Ferreira M, J. Ageing and Society 26, May 2006, pp 337-354*

### Health and wellbeing

The cultural and political context of the lives of people with dementia in Kerala, India  
*McCabe L F, Dementia 5, February 2006, pp 117-136*

Health aspects of population ageing in Serbia  
*Tosic V, Bold 16, May 2006, pp 2-14*

Learning the meaning of care: a case study in a geriatric home in Upper Egypt  
*Boggatz T and Dassen T, J. Transcult. Nurs., April 2006, pp 155-163*

Who will care for the elderly in China? A review of the problems caused by China's one-child policy and their potential solutions  
*Zhang Y and Goza W, J. Aging Studies 20, April 2006, pp 151-164*

Social protection and health: experiences in Uganda  
*Yates, J et al., Development Policy Review 24, May 2006, pp 339-356*

Health care use among elderly Mexicans in the United States and Mexico: the role of health insurance  
*Wong R et al., Research on Aging 28, May 2006, pp 393-408*

The experience of burden in India: a study of dementia caregivers  
*Emmatty L et al., Dementia 5, May 2006, pp 223-232*

The tide to come: elderly health in Latin America and the Caribbean  
*Palloni A et al., J. Aging and Health, April 2006 18, pp 180-206*

General health conditions of older women in urban Ghana  
*Mba C, Bold 16, February 2006, pp 9-20*

Recent developments in institutional elder care in China: changing concepts and attitudes  
*Heying J et al., J. Ageing and Social Policy, 2006, pp 85-108*

Psychological disposition and self-reported health among the 'oldest-old' in China  
*Wu Z and Schimmele C, Ageing and Society 26, January 2006, pp 135-151*

Old-age vulnerability, ill-health and care support in urban areas of Indonesia  
*Van Eeuwijk P, Ageing and Society 26, January 2006, pp 61-80*

### Social networks

Migration, social structure and old-age support networks: a comparison of three Indonesian communities  
*Kreager P, Ageing and Society 26, January 2006, pp 37-60*

Social capital and quality of life in old age: results from a cross-sectional study in rural Bangladesh  
*Nilsson J et al., J. Aging and Health 18, June 2006, pp 419-434*

Social networks and self-rated health: a cross-cultural examination among older Israelis  
*Litwin H, J. Aging and Health 18, June 2006, pp 335-358*

Mortality of the oldest old in China: the role of social and solitary customary activities  
*Rongjun S and Yuzhi L, J. Aging and Health 18, 2006, pp 3-55*

### Elder abuse

A cognitive-ecological approach to elder abuse in five cultures: human rights and education  
*Patterson M and Malley-Morrison K, Educational Gerontology 32, January 2006, pp 73-82*

International perspectives on elder abuse: five case studies  
*Malley-Morrison K et al., Educational Gerontology 32, January 2006, pp 1-11*

Perspectives on elder abuse and neglect in Brazil  
*Bezerra-Flanders W and Clark J, Educational Gerontology 32, January 2006, pp 63-72*

Elderly abuse: an unspoken issue  
*Gokhale S D, Bold 16, February 2006, pp 21-23*

### Depression

Perceptions of depression among elderly Thai immigrants  
*Soonthornchaiya R and Dancy B, Issues in Mental Health Nursing 27, July 2006, pp 681-698*

Relationship between adherence to tradition and depression in Chinese elders in China  
*Mjeldre-Mossey L, Ageing and Mental Health 10, January 2006, pp 19-26*

### HIV and AIDS

Modelling the spread of HIV/AIDS in China: the role of sexual transmission  
*Merli M G, Population Studies 60, March 2006, pp 1-22*

Family caregiving of persons living with HIV/AIDS in Thailand: caregiver burden, an outcome measure  
*Vithayachockitikhun N, Int. J. Nursing Practice 12, June 2006, pp 123-128*

HIV/AIDS and older people  
*Fenech F, Bold 16, February 2006, pp 2-4*

The Valletta Declaration  
*Fenech F, Bold 16, February 2006, pp 5-7*

African American grandmothers parenting AIDS orphans: grieving and coping  
*Winston C A, J. Qualitative Social Work 5, March 2006, pp 33-43*

The politics of civil society in confronting HIV/AIDS  
*Rau B, International Affairs 82, March 2006, pp 285-295*

HIV/AIDS financing: a case for improving the quality and quantity of aid  
*Poko N K, International Affairs 82, March 2006, pp 345-358*

Community reaction to persons with HIV/AIDS and their parents: an analysis of recent evidence from Thailand  
*VanLandingham M et al., J. Health and Social Behavior 46:4, December 2005, pp 392-410*

### Ageing and globalisation

Global ageing: what is at stake?  
Börsch-Supan, *Ageing Horizons* 4, 2006, pp 1-5

Ageing and globalisation in the Scandinavian welfare model  
Andersen T, *Ageing Horizons* 4, 2006, pp 6-11

The benefits of migration for an ageing Europe  
Howse K, *Ageing Horizons* 4, 2006, pp 12-18



### Rights and participation

Older citizens monitoring  
Theme of *Ageways* 67, June 2006  
[www.helpage.org/resources/regularpublications](http://www.helpage.org/resources/regularpublications)

## Reports

Future characteristics of the elderly in developing countries and their implications for policy  
Albert H et al., *Elderly in Asia report* no. 06-62, Population Studies Center, May 2006  
[www.psc.isr.umich.edu/pubs/pdf/ea06-62.pdf](http://www.psc.isr.umich.edu/pubs/pdf/ea06-62.pdf)

Adult external cause of mortality in South Africa and Russia: 1997-2002  
Anderson B and Phillips H E, *PSC research report* no. 06-593, Population Studies Center, April 2006  
[www.psc.isr.umich.edu/pubs/pdf/rr06-593.pdf](http://www.psc.isr.umich.edu/pubs/pdf/rr06-593.pdf)

A critical window for policymaking on population aging in developing countries  
Kandea T, *Population Reference Bureau*, January 2006  
[www.prb.org/template.cfm?template=interestdisplay.cfm&interestcategoryID=242](http://www.prb.org/template.cfm?template=interestdisplay.cfm&interestcategoryID=242)

Health care challenges for developing countries with aging populations  
Kandea T, *Population Reference Bureau*, April 2006

[www.prb.org/template.cfm?template=interestdisplay.cfm&interestcategoryID=242](http://www.prb.org/template.cfm?template=interestdisplay.cfm&interestcategoryID=242)

The great generation of Kazakhstan: insight into the future  
2005 *National Human Development Report for Kazakhstan*, which focuses on older people  
[www.undp.kz/library\\_of\\_publications/files/5811-13639.pdf](http://www.undp.kz/library_of_publications/files/5811-13639.pdf)

Using social transfers to improve human development  
DFID *Social Protection Briefing Notes* no. 3, February 2006  
[www.dfid.gov.uk/pubs/files/social-transfers-brief.pdf](http://www.dfid.gov.uk/pubs/files/social-transfers-brief.pdf)

Resolution adopted by the General Assembly 60/135  
Follow-up to the Second World Assembly on Ageing, February 2006  
[www.un.org/esa/socdev/ageing/documents/GA60final.pdf](http://www.un.org/esa/socdev/ageing/documents/GA60final.pdf)

## HIV and AIDS reports

Older people and HIV/AIDS  
Lass G, *Avert*, 2006  
[www.avert.org/older-people.htm](http://www.avert.org/older-people.htm)

Poverty and the impact of AIDS on older persons: evidence from Cambodia and Thailand  
*PSC research report* no. 06-597, April 2006  
[www.psc.isr.umich.edu/pubs/pdf/rr06-597.pdf](http://www.psc.isr.umich.edu/pubs/pdf/rr06-597.pdf)

'Taking care of my own blood': older women's relationships to their households in Agincourt  
Schatz E J, *Research Program on Population Processes*, Population Aging Center, University of Colorado, September 2005  
[www.colorado.edu/IBS/pubs/pop/pop2005-0008.pdf](http://www.colorado.edu/IBS/pubs/pop/pop2005-0008.pdf)

Household structural and compositional change in Agincourt: the role of HIV/AIDS  
Madhavan S and Schatz E, *Research Program on Population Processes*, Population Aging Center, University of Colorado, October 2005  
[www.colorado.edu/IBS/pubs/pop/pop2005-0009.pdf](http://www.colorado.edu/IBS/pubs/pop/pop2005-0009.pdf)

## White paper

Making governance work for the poor  
The UK Department for International Development's white paper, published in July 2006, sets out what the UK government will do to reduce world poverty over the next five years.

The government will significantly increase spending on social protection in at least ten countries in Africa and Asia by 2009, supporting national programmes and working with the UN and NGOs in fragile states. Working with European partners and national governments in Africa, it will double to 16 million the number of people moved from emergency relief to long term social protection programmes by 2009. It will also support partnerships between developing countries to share experience of expanding social protection.

The white paper reports that there is now strong evidence that social protection – such as small but regular transfers of cash – has huge benefits for poor people. It describes social transfers in poor countries as a realistic option. Transfers can be made to everyone (such as a pension for all older people) or can be targeted at the very poor (such as households with orphans and vulnerable children).  
[www.dfid.gov.uk/wp2006](http://www.dfid.gov.uk/wp2006)

## Book

Cash-Transfer Programming in Emergencies  
Pantaleo Creti and Susanne Jaspers (eds.), *Oxfam* GB, 2006, 107pp.  
The book is based on Oxfam's experience of implementing cash transfer programmes in emergencies. It provides a useful guide to those considering cash grants as emergency relief to meet immediate basic needs and for livelihood recovery, as well as cash-for-work and vouchers schemes. The first part considers the rationale and decision-making process for cash interventions and the second part discusses implementation.

Reference is made to older people in a discussion of vulnerable people and cash-for-work programmes. Useful guidance is given for targeting vulnerable people in programme design and implementation, for example, through cash grants to those who are unable to work, lighter work, and payment on a piece-work basis to give greater flexibility to those with other responsibilities. However, no mention is made of older people in other aspects of cash transfers, such as livelihood activities or voucher schemes.

The conclusion challenges practitioners to take every opportunity to try out

innovative programmes, including the possibility of linking longer-term social protection programmes with emergency cash programmes.  
ISBN 0 85598 5631

## Wallchart

Population ageing 2006  
Global statistics on numbers of older people, sex ratio, marital status, whether living alone etc.  
UN Population Division  
[www.un.org/esa/population/publications/ageing/ageing2006.htm](http://www.un.org/esa/population/publications/ageing/ageing2006.htm)

## Network

Research Network on HIV/AIDS and the Elderly  
New international network of researchers with an interest in the impact of the HIV/AIDS epidemic on older persons.  
<http://agingaidsnet.psc.isr.umich.edu>

## Website

Monitoring RIS  
Information about the UNECE regional implementation strategy (RIS) of the Madrid International Plan of Action on Ageing.  
[www.monitoringRIS.org/](http://www.monitoringRIS.org/)

## Events

3rd International Conference on Healthy Ageing and Longevity  
13-15 October 2006, Melbourne, Australia  
Co-sponsored by the World Health Organization and the UN Programme on Ageing.  
Email: [noah.weller@longevity-international.com](mailto:noah.weller@longevity-international.com)  
[www.longevity-international.com](http://www.longevity-international.com)

Seminar on ageing in developing countries: building bridges for integrated research agendas  
14-16 December 2006 (tentative date), Santiago, Chile  
Organised by the IUSSP Panel on Ageing in Developing Countries, the Latin American Demography Center (CELADE), Network for Research on Aging in Latin America and the Caribbean (REALCE), Network of Researchers on Aging in Developing Countries (University of Michigan).  
Currently calling for papers.  
[www.iussp.org/Activities/ageing/call06.php](http://www.iussp.org/Activities/ageing/call06.php)



# Research update

Major new projects

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Catherine Hine/HelpAge International

A study in Tajikistan highlights severe poverty of older people.

## Severe poverty in Tajikistan

An assessment of the situation of older people in Tajikistan, commissioned by HelpAge International, has been carried out in three areas – the predominantly rural provinces of Soghd and Khatlon, and the capital city, Dushanbe.

Tajikistan is the poorest of the former Soviet republics. Less than 60 per cent of the population has access to safe drinking water. Currently 5 per cent of the population is over 60. As with other former Soviet countries, older people have suffered most from the transition to a market economy.

Preliminary findings show that older people in Dushanbe are in a more vulnerable situation than those in the rural areas. This is because they lack social networks and support, and they have no land on which to grow food.

Pensions, on the whole, are paid on time and reach the people they are intended for. However, pension levels are so low that they cannot keep recipients out of severe poverty. Receiving remittances from relatives working abroad is a key survival strategy.

Older people's nutrition is extremely poor, especially in Dushanbe. Meals are often missed and food is often limited to bread, tea and thin soup.

The study, carried out by Dr Ayesha Daud Kamal, will be published in 2006 to guide programme work.

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## Grandmothers' economic value

A study in South Africa highlights the economic contribution of older people, particularly older women. Desk research commissioned by Dutch NGO WorldGranny assessed the economic value of childcare carried out by grandmothers, by calculating what it would cost to carry out this activity another way.

It concludes that older carers contribute US\$1,365 million a year (0.58 per cent of GDP). The amount is US\$625 million (0.27 per cent of GDP) if only care of orphans is considered.

Another way to assess the economic contribution of grandmothers is to consider what it would cost to raise children in more formal care facilities. This produces a higher value, between US\$1,513 million and US\$4,732 million a year (0.64-2.01 per cent of GDP). The amount is between US\$694 and US\$2,168 million (0.3-0.92 per cent of GDP) for care of orphans only.

On average, grandparents raise children for half what it would cost to raise them in institutions.

A chief source of the study was *The cost-effectiveness of six models of care for orphan and vulnerable children in South Africa* by Chris Desmond and Jeff Gow, UNICEF, 2001. A report in English will be available later in 2006 from the WorldGranny website.

### Contact:

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Email: [info@worldgranny.nl](mailto:info@worldgranny.nl)  
[www.worldgranny.nl](http://www.worldgranny.nl)

## Older carers in Zambia

A study in Zambia highlights the enormous contribution made by older people who are caring for sick adults, orphans and other children made vulnerable by AIDS.

The study, commissioned by HelpAge International and funded by the World Health Organization, included a survey of 290 older people in one rural and two urban communities, and interviews with staff of national and local government and non-governmental organisations.

Of the older people surveyed, 63 per cent were responsible for five or more dependants, and 57 per cent were caring for three or more orphans.

The findings will be used to inform the development of a national policy framework on ageing.

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## Social exclusion in Burkina Faso

Research into the social exclusion of older women in Burkina Faso, commissioned by HelpAge International, has been carried out by a team from the Burkina Faso Ministry of Solidarity and Social Action, the Red Cross and University of Ouagadougou.

Interviews, focus group discussions and case studies were undertaken with older women and other community members in urban and rural areas of seven provinces in early 2006.

Preliminary findings show that 86 per cent of those interviewed were socially excluded. They included older people, women, people with disabilities, and street children. Of these 62 per cent were widows.

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

*Ageing and Development* aims to raise awareness of the contribution, needs and rights of older people and to promote the development of laws and policies supporting older people. It is published twice a year by HelpAge International, with funding from Help the Aged (UK).

Copies are available free of charge on request to policy makers, programme planners and researchers. Please contact us with brief details of your work. If requesting multiple copies, please explain who these are for and how they will be distributed.

*Ageing and Development* is available on the web at: [www.helpage.org](http://www.helpage.org)

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## Regional centres

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**Caribbean**  
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