

Living together

Meeting the economic needs of older carers in Mozambique



Data shows that older people in Changara district care for 54 per cent of vulnerable children affected by AIDS.

Summary

In Mozambique older people have set up support groups to cut the costs of care and increase income. Money raised from small businesses started by community credit schemes is put into a social fund run by older people's committees. This pays for transport to testing centres and antiretroviral treatment (ART) clinics.

The fund also covers the cost of applying for a poverty certificate. This is a state benefit that exempts children from secondary school fees, a major cost to older carers.

Background – a sense of scale

There are 510,000 AIDS orphans in Mozambique, according to the UN (2006). This figure refers to children under 17 who have lost one or both parents to the disease.

Project data from eight communities in Changara district in January 2007 showed older people cared for 54 per cent of orphans – two to three children each. Of 1,182 households caring for orphans, 635 were headed by older people. More than 1 million people in Mozambique are over 60 (5.4 per cent of the population) and life expectancy at 60 is 14.5 years (2005).

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The economic and social impact for older carers is huge. The average monthly cost of caring for an orphan or vulnerable child is estimated at US\$21 and the cost of caring for someone with HIV and AIDS is US\$30. Secondary school fees cost US\$6 per year but many children have to board because of distances, at a cost of US\$12 per term. Yet the average income for older people is just US\$12 a month.

Very few older people have pensions and older carers are not mentioned in Mozambique's national HIV and AIDS strategy. But households face declining income and rising expenses at the same time, with medical bills and funeral costs striking just as resources shrink.

Programme for change

Since 2002 HelpAge International has run the Living Together project, with funding from UNICEF. Working through older people's councils, the scheme has sought to raise awareness of HIV and AIDS and to address key issues such as economic security, water and sanitation, education of orphans and vulnerable children, health and social wellbeing.

Living Together now extends to 14 villages in Changara District, reaching just under 70,000 people.

It features:

- Older people's committees – giving them a voice and more control.
- Loan schemes – increasing income for individuals and providing cash for social funds.
- Social funds – for those who cannot use loan schemes because of care responsibilities or lack of physical capacity.
- Support to access entitlements – helping older people deal with paperwork and access poverty certificates.
- Civic education schemes – informing older carers of rights and entitlements, including treatment and prevention for dependants. More people are now going for tests and receiving ARTs.

'We used to own 30 goats but we sold them all to pay for treatment. Now we have nothing and we are left to care for our two daughters' children.'

Lavamo Chabebe, who is in his late seventies. Three of his eight children have died in the last year.

Credit programme

As well as affordable credit, the scheme was designed to raise cash for the village social fund. When loans are repaid the capital is reloaned, with half the interest going into the loan account and half into the social fund.

So far 1,825 people have taken out loans, 69 per cent of them younger people and 31 per cent older. Most were used to start small enterprises, many of which succeeded. A study in 2004 found the scheme had helped generate enough money to cater for basic needs. Despite some repayment problems when it expanded, most of the funds have been recovered and communities remain committed to the scheme.

Social funds

Social funds help the most vulnerable. Interest from the credit system is paid in, with more income raised from community enterprises such as hiring the oxen, carts and ploughs given to each village in a poverty alleviation programme.

The funds were originally designed to pay for older people's basics such as food, clothing and medicines. Today their main use is to cover transport costs so that dependants can access treatment.

'Since they started treatment they are both well now.

With the help of a loan from HelpAge International, Fungai has even restarted his business.'

Nguinia Rupeio, a widow talking of her son.



HelpAge International Mozambique

Living Together has helped older people apply for poverty certificates to exempt them from all school fees and costs.

Fair treatment

Access to testing and treatment can ease physical care demands and reduce emotional and economic stress. Community members and people with HIV and AIDS themselves are involved in raising awareness. More people are now going for testing, but this has increased demand for counselling, condoms, treatment and care. HelpAge International refers people to existing government services – which often means a visit to Tete city for a test – and organises return trips every month for treatment.

A journey too far

Yet state-supplied ARTs are only given to those within 10km of a treatment centre. This severely disadvantages rural populations, as all 31 clinics are in urban areas. HelpAge International is lobbying for ARTs to be made available locally too.

Transport costs often stop people from getting treatment as the journey from rural Changara to Tete city usually costs several days' or even weeks' labour. HelpAge International contributes to the village social funds to pay for these costs but demand will grow along with AIDS awareness. Decentralisation of treatment would solve this problem.

Entitlements

Primary education has been free in Mozambique since January 2005. Social assistance committees have since turned their attention to secondary schools.

'With the school fees paid, I won't be so strained and I can do work that is within my strength.'

Sinista Bulaundi, who has lived with her teenage grandsons since their parents died.

Poverty certificates exempt holders from all school fees and costs. Yet few people apply for them as it is not just complex but, ironically, also expensive. Living Together has raised awareness and helped people apply. For instance, Marara Social Action Committee has helped orphans in their last year at primary to obtain the certificates. The next step is to lobby for the process to be simplified.

Conclusion

Older people provide huge support to future generations, which should be recognised. Older carers should be systematically involved in the development of community-level interventions. They need financial support for basic needs and legal support to access entitlements. HelpAge International is advocating for social pensions for all older people but particularly older carers, as a key response to reduce the impact of HIV and AIDS.

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.

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