Editorial

HIV and AIDS impacts on older people in two basic ways: as affected, namely from the perspective of the responsibility of caring for children orphaned by AIDS and for people living with HIV and AIDS and, secondly, as infected and living with HIV and AIDS. Both ways are highly significant. The care giving role is an issue of scale with 40 - 50 per cent of the estimated 12 million children orphaned by AIDS in eastern and southern Africa being cared for by an older person, namely a grandmother. For the second type of impact, we are finally getting national data on HIV prevalence for the 50 and above age group and a disturbing picture is emerging that the prevalence rate is just below the national average, e.g., in Kenya 5 per cent HIV prevalence for the 50 - 64 age group compared to the national rate of 7.1 per cent (KAIS 2007) and in South Africa 6.7 per cent for the 50 - 60+ age group compared to 10.9 per cent for 2+ years (SA National HIV Prevalence IBC Survey 2008). For Kenya, this means that approximately 10 per cent of the 1.7 million people living with HIV and AIDS are older people.

The data has an impact and it calls for priority action at regional and national level for policy development and programming. The focus of the 4th issue of the Older People & HIV and AIDS in Africa Bulletin attempts to do just that. The case studies in this issue reflect the challenges and personal endeavours by older people to cope with the consequences of HIV and AIDS. The situations are quite varied including being HIV positive and dealing with family relationships, promoting HIV prevention and knowing one’s status by traditional health practitioners and peer educators and the leadership of a young health professional in a rural area in Ethiopia to organize community-based health services for older people. The crucial care giving role of older people is well described in South Africa with older carers becoming activists to address food and nutrition needs, in Ethiopia the dynamics of intergenerational relationships between older carers and children and empowering older people through home-based care training in Tanzania. The impact of climate change and the need to hear the voices of older people is being addressed by HelpAge.

Our lead article is about the success being achieved through advocacy in Durban, South Africa by the HelpAge partner Muthande Society for the Aged (MUSA). In 2008, HelpAge conducted training in developing HIV and AIDS advocacy strategies to MUSA and 20 other civil society organizations. Working groups were established for the themes of HIV prevention; care, support and treatment; rights and entitlements; and poverty alleviation and social protection. We are very grateful to colleagues who contributed to this edition of Older People & HIV and AIDS in Africa Bulletin and encourage you to also contribute to future editions of the Bulletin. The publication of the Bulletin would not be possible without the generous financial support of the Swedish International Development Cooperation Agency (SIDA).

Best wishes,
Douglas Lackey, PhD
Regional Advocacy and Communications Manager,
HelpAge International
Africa Regional Development Centre,
Nairobi, Kenya
dlackey@helpage.co.ke
Older People need support as caregivers

Almost all older caregivers who engaged in FGDs in the three areas are unable to meet the simplest of their basic needs like food, clothes, health-care and shelter. They have no promising income generating sources for themselves, children and people living with HIV and AIDS (PLHIV) under their care.

Most of them are engaged in small petty trades few of them are on pension. Some are simply beggars. They live in slum areas where access to basic services like water, electricity and telephone is very difficult.

According to the findings of the FGDs, the older caregivers have a huge burden. The 66 older caregivers who participated are providing care for 148 orphan and vulnerable children (OVCs) and 108 PLHIV.

The FGDs came up with the following recommendations for future support based on good practices as well as lessons learned:

- Sufficient and regular cash support to cover the basic needs of both OVCs and older caregivers and also to engage in various income generating activities for able older caregivers;
- Attention and recognition from various development actors, particularly the government for their role in giving cares for OVCs and PLHIV;
- Realizing and respecting their rights and entitlements as citizen of the country and for their contributions in the society;
- Be trained to effectively discharge their care giving roles.

Where are the voices of older people in the climate change debate?

The realization that there are regions and communities that will be severely affected by the effects of climate change is one of the major factors behind high level international meetings on climate change the world over. These meetings, in as much as the one held in Copenhagen in December 2009, came up with important protocols and declarations that have far reaching implications on those vulnerable to effects of climate change.

It is important that these declarations and protocols include the voices of the vulnerable groups and marginalized poor rural populations, people already suffering, or who will suffer the effects of climate change most severely. However as much as these meetings have tried to be as consultative as possible, there is one vulnerable group significantly ignored in the discussions: the old people, the senior citizens of the world, a group that forms a significant portion of the vulnerable rural poor in Africa.

Adding the voices of older people to the climate change discussion will not only satisfy the requirements of inclusiveness, but will also yield a wealth of experience in adapting to climatic changes.

A scoping study by HelpAge Interna- tional among older people in Kenya, Tanzania, Mozambique and Zambia has established that older people are aware of the changing environment due to climate change. Older people remember rivers that are now just dry river beds, weather seasons that are no longer seasonal, crops that no longer yield as they used to.

The research also found that communities knew how to conserve natural resources such as water, soils, trees and animals. The Ogiek community of Kenya, for instance, has lived in the now controversial Mau Forest area for years, and has not damaged the environment. The older Ogiek are sources of knowledge about how to co-exist with all aspects of the environment. Older people also have knowledge about drought tolerant crops and coping strategies, such as changing sowing times or adopting new water saving techniques.

It is against this background that HelpAge is teaming up with its partners to ensure that the voices of the older people are heard and factored into the policies and protocols. Older people must be included in the entire process leading to the climate meetings like the Copenhagen one.

HelpAge policy and programming recommendations regarding the impact of climate change on vulnerable older people are:
- including older people in any policy dialogues;
- ensuring that the delegations going to policy meetings include older people;
- simplifying the climate change messages and creating awareness among older people and the public in general;
- researching, documenting and sharing traditional knowledge on climate change; and
- gathering inputs from older people in policies regarding climate change.

Older People & HIV & AIDS in Africa

Training older people into effective home-based care

In 2004, HelpAge in collaboration with Tanzania partners (WAMATA, GSST, SHISO, CHAWAMA and TE-WOREC) conducted a participatory research with the aim of HBC and AIDS on older people in Tanzania. The findings of the research, “The Cost of Love,” revealed a lot of challenges related to care of orphans and sick people. As a result, HelpAge with partners came up with a Home-Based Care (HBC) model for supporting older carers of PLHIV in Tanzania called “Building Bridges”. This model was tested in 57 communities of Tanzania in the regions of Arumeru, Arusha, Bagamoyo, Iringa, Kibaha, Kinondoni, Muheza and Tanga.

The trial revealed that as much as the national guidelines for HBC are comprehensive, they lack an understanding of specific needs of older carers of older people living with HIV and AIDS and orphans and vulnerable children (OVC). They are very much referring to a family as a unit of care. Within the guidelines, there are underlying assumptions that all carers are literate, mobile adults, productive and that the family is economically sufficient to finance medication, transport, food and shelter.

The curriculum is biased and tends to select trainees with medical background. Older carers have not been targeted by many agencies including national and international service providers for HBC training. They continue to be excluded from HIV and AIDS training programmes. More disturbing is that the national curriculum is long and lacks adult learning methodologies. Research by HelpAge and partners in 2006 in three regions of Tanzania revealed that 20 to 45 per cent of PLHIV and between 25 to 70 per cent of vulnerable children are cared for in older people-headed households.

Training of older people in HBC issues has been fundamental and useful to the caregivers. As it emerged from the project, older people, if empowered, can make a big difference in the community to reduce stigma and discrimination. In addition, older people trained as HBC providers are most trusted and visited by other people.

The project recommended that there should be on-going training of HBC, so that majority of older people can access knowledge and skills on how to care for older people living with HIV and AIDS. It is important to sensitize all stakeholders to recognize and support the role played by older people in HBC.

Older People & HIV & AIDS in Africa

Media Review Forum identifies opportunities for media coverage of older people and HIV and AIDS in Kenya

HelpAge International and HelpAge Kenya organized a Media Review Forum in December 2009 at Kenyatta University Conference Centre, Nairobi. The meeting was a follow-up to a regional meeting held in March 2009 that brought together regional, national media representatives, government, HIV and AIDS advo-
Older People & HIV & AIDS in Africa

The development of the strategy should be all inclusive. As partners, the meeting resolved that the media should be involved in strategy meetings as opposed to just getting invited to workshops. In addition, there is need for organizations like HelpAge International and HelpAge Kenya to build capacity to support efforts of the media in creating a culture of reporting on issues of older people.

However, journalists at the media forum said that they could only play this vital role effectively if the entire process is done systematically and in a coordinated approach, that the process is informed and guided by real issues affecting older people and with support from organizations working with older people.

The media was challenged to take up the initiative of creating an agenda for issues of older people as it has the capacity and ability to nurture societal interest in the issues and circulate findings. They were told that they have the power to change the perceptions of older people.

The forum observed that knowledge gaps on older people exist especially regarding their sexual lifestyle and the ratio of older people with HIV and AIDS with access to ARVs. There is an urgent need to conduct national surveys to capture the scale of older people engaged in caring for the vulnerable. Such surveys should profile the gender of such carers and break down their age cohorts.

The approach

We did an outreach using churches, workplaces and NGOs. Three times a week we invited people to us to identify older people’s homes. We then carried out home visits to these homes and built rapport. Thereafter, we designed a quarterly in month in month to attend to the health needs of older people and those who cannot make it to the health facility. The visit is done and they are served there. They are seen and treated freely. Though this is a private health facility, we told them that outside funding, we feeling giving is sacrificial.

Health concerns of older people

The key health issues facing older people are multiple health needs like Rheumatic pain, hypertension, diabetes and generalized pains. That time, the demand requires multiple drug therapy. In addition, through home visits, we have established there is a great need for improvement, nutritional challenges. This affects their health and challenges to treatment, but we are trying our best and hope that others will join in and fill the emerging gaps.

Show Casing HelpAge Ethiopia Work

Fatuma, 43, and Ebrahim, 56, are married and with a four-year-old daughter. The couple are members of Ila Bira People Living with HIV Association established in Baryu town, through assistance from HelpAge International Ethiopia. The following interview was conducted during the capacity building training.

The first interviewee was Ebrahim. “My first wife, Ansha with whom I lived for 28 years, was born from Ethiopian mother and Yemeni father. We were blessed with three sons during our marriage. My older brother and my younger sister who live in Saudi Arabia invited me to visit them. On the way, I got opportunity to work at an auto maintenance workshop and decided to stay.

After a while I came back home and took Ansha to live with me in Saudi Arabia. After the death of my mother due to old age, we decided that Ansha should return to Ethiopia to mind the family business. I also joined her soon afterwards as I have earned enough to buy a truck for one of our sons to use to earn a living. Life was good back home with income from the truck. In 2001, Ansha travelled to Yemen to visit her relatives. According to the law of the country at that time, every foreigner was required to take a HIV test. Unfortunately, she tested HIV positive and was thrown out of the country. She kept what happened to her secret though she was frequently ill. Finally we decided to go for HIV test. Both of us tested HIV positive. Her CD4 was too low while mine was higher. She passed away soon after the test because there was no access to ART in Ethiopia at that time. After her death I was out of my mind and was out to infect other women, something I now regret.”

Ebrahim’s current wife, Fatuma, tells her story as well. “In 2000, I was a cashier and a commercial sex worker in one of big hotels in Addis Ababa. I used to have many clients and I had no awareness about HIV and AIDS. I became pregnant in 2001 and gave birth to a baby boy whose father I did not know. When my boy died at the age of nine, my relatives and my closest friends advised me to go to a VCT which I did. Fortunately, the result showed that I was negative. At the VCT centre, I also got general information about HIV and AIDS, its ways of transmission and prevention which convinced me to use condoms.

In 2002 Ebrahim became my friend; he was nice to me. Unlike most men, he appeared not to be after sex. I started sexual relationship with him after sometimes. He used to take me to his house several days a week to spend the night together. The first few months, he used condoms. Through time, when our love grew to a higher level, he stopped using condoms. I also stopped working in the hotel and started living with him. After 6 months of living together, I told Ebrahim I was pregnant. I vowed to conceive, which he accepted with pleasure. I went to a health centre for fertility test. The doctor advised me also to have a HIV test. I was found to be HIV positive. I was very angry and depressed. I blamed Ebrahim for it, so I left him and started leading a lonely life. But Ebrahim didn’t leave me alone. He told me that he is also positive and told me the whole story. He regretted and begged me to forgive him. He kept visiting me frequently and supported me in all aspects and convinced me that it is possible to lead a positive life. I then reconnected back to him and continued to live with him. Both of us started taking, initially paid and later free, ARVs and strictly adhered to it. After 1 year, Allah blessed us with a beautiful HIV-negative daughter.

Both of us have a good income. I prepare and sell spiced and millet traditional food items like hot pepper and shiro, and Ebrahim is an expert in mobile auto mechanics. We have also a permanent income from truck rent. Our daughter goes to one of the best private school in the area. That is why we are leading a happy positive life now.”

Article by Dr. Fayisa Largesse and Erena Menesnot Hint (HelpAge International Ethiopia)

Older People & HIV & AIDS in Africa
HelpAge International affiliate Muthande Society for the Aged (MUSA) has four advocacy working groups in Clemont, Durban, South Africa which were formed in collaboration with the HelpAge Africa Regional Development Centre. ARDC provided training in developing advocacy strategies and on-going technical and financial support.

Group 1: HIV Prevention (Advocacy objective: To increase the number of male visits to VCT sites as well as encourage older people to be trained as VCT counselors)

Activities
They have advocated with the Department of Health to produce posters in languages that the older people understand, and the messages shared by the media through a number of channels. They have also talked about the older people by the older people. The department is supplying them with posters. They have delivered a message to the Director of Health that older people have a right to VCT as much as the young people. They have successfully advocated to the director of the home to reserve at least two beds for older people for emergency cases. Successes include that the department of health has provided test kits with 20 boxes each of products to help them offer better HBC to older people. The department has also assigned 20 volunteers to the older people’s homes so as to ease the work loads. In preparation of the VCT day, the group has developed messages in pamphlets advocating that respective services are necessary. They also plan to use the day to advocate for universal access to ARVs by the older people through advocating that the clinics become a one stop shop where older people can access all services one off.

Group 3: Rights and Entitlements (Advocacy objective: Enhancing accessibility of VCT services to older persons through establishment of mobile clinics).

Activities
The group has successfully advocated for mobile VCTs to be available at rural areas as well as advocated to the VCT workers and caregivers towards changing their attitude towards older people. They have gathered evidence on the abuse of older people by health centre staff and as a result some have been dismissed.

The older people still identify the distance from the health centers as a challenge in getting them to access VCT and other health services. As a result of the advocacy work, the rural clinic has organized for a mobile clinic twice a month since June 2009 and they focus on VCT, TB and immunizations.

The group has arranged for posters and pamphlets with key messages to be distributed during the upcoming VCT event.

Plans
The group plans to advocate for the establishment of mobile clinics in the rural communities. They will analyze the HIV and AIDS policy guideline on rapid testing and request for support from HelpAge for this.

Group 4: Poverty Alleviation and Social Protection (Advocacy objective: To ensure that the Department of Social Development officials provide support to older carers by fast tracking the backlog in processing applications or foster care grants.)

Activities
The group has met with the director of social development and the outcome of the meeting is that they will avail youth cadres to work and focus on supporting the older people. As a result of the meeting, the director has held a meeting with all the social workers who now inform him of pending cases and now cases are screened at government level and not at organizational level, as was the case before. Due to this, older people have been edited. The president also has a toll free number to listen to problems. They have successfully advocated for 75 older people with pending cases who have now received grants including food parcels. They have held two workshops where older people have been educated on their rights. Government officials were invited and got to present on how to follow up on applications.

Challenges
Some government officials are still ignorant on how HIV and AIDS impacts of older people and therefore the group plans to have seminars at local level. Conflicts occur between the grandchildren and grandparents because of the different types of grants. Some children think they have a right to the money provided to the grandparents for caregiving.

Setting the media agenda in Ethiopia

Older people and issues affecting them, particularly on HIV and AIDS are set to gain prominence in the media following fruitful discussions between stakeholders in the care of older people and mental practitioners in Ethiopia.

The meeting organized by HelpAge International, Ethiopia, in collaboration with Africa Regional Development Centre (ARDC), was held in September 2009 at Wabe Shabelle Hotel, Addis Ababa.

The participants stressed the need for the media and HelpAge to work closely together so as to promote issues of concern to older people, and to report tangible results by including older people in various interventions undertaken by both government and NGOs.

Plans
To undertake a workshop with OVCs and their grandparents as well as the social workers to discuss, learn and educate the children on the financial matters as well as focus on BCC strengthening. They plan to share the video they have made on the impact of the slow back log and delay in the processing of the grants once it is edited and ready for the wider audience.

There is need to advocate for policies to reflect the need for all screenings to be done at government level and not by NGOs and CBOs as is the case. With this, older people will always be included.

VCT Day
This was a major highlight for MUSA. The four advocacy groups combined resources and efforts and planned a VCT day targeting older men. The day was attended by around 280 older people as well as representatives of the MUSA board, the municipality head of the HIV unit, traditional healers, other civil society organizations, ARDC and the wider community.

Activities
The representative of the municipality HIV unit highlighted that the government continues to support older people in the fight against HIV and AIDS. He appreciated the role of traditional healers and gave information regarding a number of government led initiatives that older people can get involved in including Men in Partnership against AIDS, Faith Based Associations, and Circumcision among Men campaigns. He committed to continuing to support the older people and establishment of Psychosocial Support Groups to discuss HIV and other issues that affect older people.

Article by Roselyne Mabasa (Muthande Society for the Aged, MUSA)
Older people transformed grassy pieces of unused land into flourishing vegetable gardens. Vegetables are easy to grow and are healthy food for children and those living with HIV. The vegetables are used to prepare soup for older people at the pension pay out points, and are also given to needy older carers of OVC and people living with HIV and AIDS.

During the older persons’ month of October, a campaign on “zida izithukuthuku zethu” meaning “eating fruits of our harvest” aimed at encouraging all the older persons to assist one another to produce more vegetables was carried out.

Considering the growing cost of food, growing vegetables is an important activity for older persons. Older people who attend literacy classes have produced their own booklet on how to grow vegetables. The MUSA garden facilitator, HIV/AIDS caregivers and community members offer technical support and advice. So far, 80 older people have benefited from the project.

HelpAge also visited media institutions in between April and August 2009 to develop a working relationship. The entry points were the media meeting held in Nairobi and a concept paper submitted to Tanzania Media Fund. Additionally, the visit discussed the formulation of a media action group that will support the featuring of older people issues. The institutions visited included TBC, New Habari (2006) Ltd., Mzania newspaper, and Association of Journalists against AIDS in Tanzania (AJAT). Additionally, HelpAge was visited by Daily News, Majura, Guardian, TBC, Mzania and Free Voice.

Key recommendations from the meeting included: that HelpAge request a special supplement within existing newspapers tackling the issue of cost for featuring older people issues in newspapers; HelpAge to speak to the media about their perception that NGOs have lots of useable money; and HelpAge should keep influencing the media concerning their constitutional role and responsibility to educate, inform and entertain. HelpAge will also support media visits to older people for data gathering, including media visits to older people camps.
Shelter is one of the most basic human needs. Life is unbearable without it. On the other hand life is worth living if you have a good shelter. While the challenge for the younger generation is how to acquire good housing, the challenge with the older people is how to maintain their houses to habitable conditions. It is even more challenging for the older generation with their diminishing resources and sources of income, if they have any at all. One of the older people’s shelter dilemma, HelpAge International in partnership with Senior Citizens Association of Zambia (SCAZ) has over the years been assisting older people in Zambia to spend their sunset years in the comfort of good housing under the Shelter Repairs Project. For Ensmart Phiri 70, the Shelter Repairs Project has brought more than good shelter and comfort. It has brought good health. Born in Rubune, she moved to Lusaka with her late husband over 50 years ago. They had five boys and six girls. Since the demise of her husband more than 30 years ago, Ensmart had been finding for her family by brewing and selling traditional alcohol. Tragedy hit her again when she lost her son five years ago from HIV and AIDS related illnesses. He is survived by three children.

Her house had deteriorated to the extent that it was a health hazard. It generated so much that dust during the dry weather causing perpetual coughing and sneezing, and chest problems during the rainy season. However, things changed for the better when Shelter repairs came knocking on her door. Now, with the floor cemented and dust free, Ensmart’s coughing and sneezing has diminished. Faustina Fubisha, 83, is another grateful beneficiary. Her late husband had built a good house. With no means to maintain it, Faustina watched helplessly as its state deteriorated: the roof leaked and the floors had worn out. This made the house uncomfortable to live in.

As luck would have it, SCAZ came in and repaired the roof and floor. According to Faustina, the family has been enjoying a healthy life since the repairs. They no longer suffer from coughs and sneezes as frequently as they used to.

To Vainess Phiri, 67, the project has brought comfort and happiness to the family. Her house was dilapidated and leaking badly. The roof has now been repaired; the walls have been plastered and look firmer. “Before the repairs, we did not sleep when it rained at night,” she says. “Now we are able to sleep comfortably.”

Besides providing good shelter, HelpAge is also offering education support and funds to initiate income generating activities (IGA) that are changing livelihoods as Violet Tutu 62 attests. Fast sliding into abject poverty and despair, life dramatically changed when SCAZ gave her funds which she used to purchase a piece of land worth US$500. She has since built two houses. “The IGA funds have really brought dignity to my life and to those who depend on me,” says Violet. “I cannot imagine what could have befell me and my family without this support.”

My name is Zenebech Kebede. I am 59 years old, married and with four children. All of them are married. Together with my other four friends, I have met peer educator Asefa Abebe five times recently. He has given us general information about HIV and AIDS, the ways of transmission, prevention, care and treatment; he recognizes the challenges traditional healers face and seek solution; share best practices to increase ability of THPs to respond to needs of HIV and AIDS including collaboration with health systems; and identify gaps in policy development and implementation related to HIV and AIDS.

The meeting also pointed out some of the challenges traditional healers faced including suspicion among THPs; limited knowledge and understanding of each other’s practices; secretiveness and many mysteries surrounding THPs associations; lack of regulatory body for THPs; lack of documentation and evidence; and lack of support and attention from various concerned stakeholders. The meeting recommended that the government should recognize and appreciate THPs, giving due support where necessary considering their significant contribution to health-care in Ethiopia.
you ready for VCT? We all said yes! Therefore, we came with our peer educator and conducted VCT. Fortunately my result was negative. Great thanks to God, I am very happy. I have found the VCT process friendly; the health worker also gave us more information about HIV and AIDS. I will next convince my husband, my children and more friends to come here and do the same.”

Article submitted by Abate Fulas (HelpAge International Ethiopia) and Metafera Aboye.