

Partnership Programme Arrangement

Self-Assessment Review 2009 - 2010

for

**The UK Department for International
Development**



*We're working for
our future*

and so is HelpAge

July 2010

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

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

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

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

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

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

Contents

PPA Self-Assessment Review	4
Part A – Basic Information	4
Part B - Progress against PPA Strategic Objectives	7
Progress to date against PPA purpose statement	7
Progress against PPA Performance Framework by each Strategic Objective	8
Strategic Objective 1: Public Services	8
Strategic Objective 2: Governance	18
Strategic Objective 3: HIV and AIDS	26
Strategic Objective 4: Climate Change and fragile states	31
Part C – Lessons Learned	38
Part D – Partnership with DFID.....	41
Part E – Corporate Governance and Organisational Change	42
Part F – Cross-cutting issues	44
Latin America PPA Annex – HelpAge International.....	45
Part I - Progress against LAPP Development Objectives.....	45
Part II – Progress against LAPP Partnership Objectives.....	52
Our Affiliates	55
Our regional offices	56

PPA Self-Assessment Review

Reporting Year	2009-2010
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Part A – Basic Information

PPA partner	HelpAge International
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Niche statement	This is the <i>century of ageing</i> . Already over two-thirds of the world's over-60s live in the developing world. Globally the proportion of older people is predicted to rise from 8 to 19% by 2050, when there will be more over-60s than under-14s – with most growth in developing countries. HelpAge International is a global network of non-profit organisations working to ensure that older people fulfil their potential to lead dignified, healthy and secure lives. Through direct project implementation and its global advocacy, HelpAge International is striving for the rights of disadvantaged older people to economic and physical security; healthcare and social services; and support in their care-giving role across the generations
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	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11
PPA funding (£)	1,059	1,329	1,250	1,260	1,368	1,830	
As % of total organisational income	9.45%	10.05%	8.45%	7.59%	7.95%	8.51%	

	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11
Other DFID funding (£)	483	127	40	369	1,203	849	

Note: 2008/09 figures are in the process of being approved by the board and the auditors. 2008/09 is an 11 month period (1st May 2008 to 31st March 2009). This now aligns with the financial years of our a number of our main donors, including DFID and Age UK

Summary of partnership with DFID and other DFID funding

DFID Funding relationships:

Social Protection and Policy:

“Investing in Social Protection in Africa”: funding to a value of £1.6 million has been awarded since October 2007 to support the development of African Union and national government social protection policy and frameworks (2007-2013), and to provide core funding to the Africa Civil Society Platform (of which HelpAge is a core partner).

“Hunger Safety Net Programme, Kenya”: funding received to support the social protection and rights component of this consortium programme (2008-2011).

“Assessment of the United Monthly Benefits Scheme, Kyrgyzstan”: funding received to support research into the impact of national social security schemes (October 2008 – March 2009)

“Reducing the vulnerability of under-assisted cyclone Nargis affected populations through livelihood and shelter activities in Bogale, Ayeyarwaddy Delta, Myanmar” - delivered by a consortium of four agencies: ActionAid International, HelpAge International (HelpAge), The Leprosy Mission International (TLMI) and Ever Green Group (EGG).

Humanitarian Action:

"Promoting the Inclusion of Older People, Myanmar Cyclone Nargis Response" (2008-2009)

"Assessment Capacities Programme" – consortium programme with Norwegian Refugee Committee and Merlin

"Consortium of British Humanitarian Agencies" – Conflict, Humanitarian and Security Fund, supporting an integrated response for sudden onset emergencies.

Direct Relationships:

Social Protection: ongoing and strong relationships with DFID in London (Poverty Response Team) and country offices on key policy processes and development discussions, including collaborative work with the African Union on the Social Policy Framework for Africa. Input into the White Paper as well as engagement with the Conservatives on their Green Paper. Input and coordination with DFID's Europe Team on the European Report for Development on Social Protection and engagement with the UN Social Floor Initiative, to which HelpAge has been invited as one of two international NGOs, working towards social protection as a key way to achieving MDG1 "Eradicating extreme poverty and hunger".

Social Development Colloquium: we have a wide range of longstanding relationships and regular meetings with staff in the Policy Division and regional desks relating to thematic, regional and country issues, e.g. social protection, human rights, poverty and MDGs. We have also been consulted in DFID's social exclusion policy reviews both in the UK and through country visits (e.g. Cambodia).

DFID Ministers and their staff: historically, close working relationships and contacts supported the development of material for White Papers and the G20 agenda, including participation in the "Securing our common future" meeting with other PPA holders. We shared leadership of a Grow Up Free From Poverty meeting on long term social protection investment in the build up to a White Paper launch. More recently, HelpAge has engaged with the new Minister, Andrew Mitchell (with Age UK) and senior staff such as Nick Dyer to discuss ageing and demographic change within UK development government policy.

DFID's HIV Strategy: In collaboration with the UK NGO AIDS Consortium, DFID consulted us on its new HIV and AIDS Strategy, leading to specific references to mitigation of the impact of the pandemic on and recognising them as a neglected group. HelpAge International is a lead member of the Care and Support Working Group of the UK Consortium on AIDS and International Development and is in close contact with DFID leading up to plans to jointly host a Care and Support International conference in September 2010.

Emergencies/climate change: we have a strong history of work with DFID CHASE on the vulnerable groups inclusion agenda, including quarterly meetings with humanitarian team members. We are engaged DFID and the Conflict, Humanitarian and Security Fund in the Consortium of British Humanitarian Agencies with 13 other agencies. DFID also requested and supported the release of HelpAge's CEO to lead the UNOCHA Post-Nargis Joint Assessment in 2008. DFID is now a key contributor to the HelpAge managed Assessment Capacities Programme (ACAPS), which we implement with the Norwegian Refugee Committee and Merlin.

In-country relationships: regular meetings and joint engagements in a number of countries, for example Kenya, Tanzania, Ethiopia, Myanmar, relating to a broad range of common interest issues and particularly social protection, emergencies and HIV & AIDS. Examples of excellent in-country co-operation includes our work with DFID on social accountability within the Kenya Hunger Safety Nets Programme, the Ugandan SAGE programme, the Tanzanian social protection and poverty reduction policy processes, mainstreaming older people in emergencies in Myanmar and on issues of winterisation and migration in Kyrgyzstan.

Indirect Relationships: HelpAge is a member of the following coalitions/consortia for which DFID has active interest.

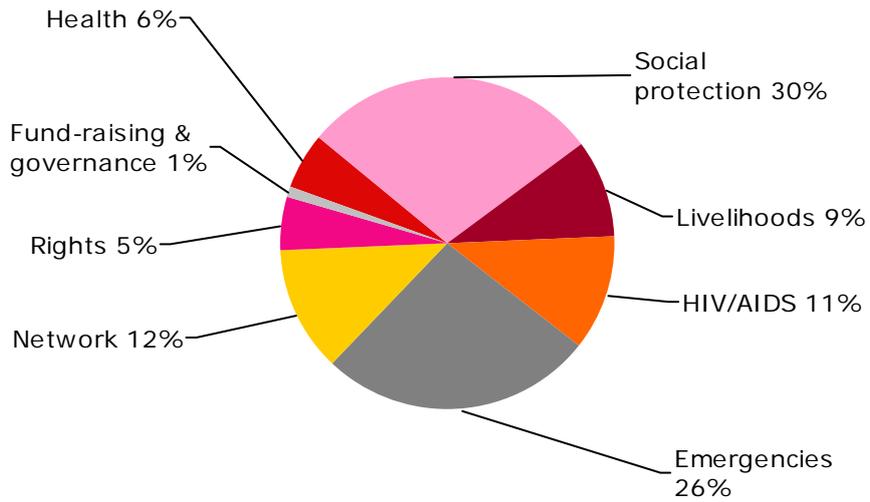
- Disasters Emergency Committee (through Age UK)
- Interagency group on rights-based approaches
- Grow Up Free From Poverty Coalition
- Chronic Poverty Research Centre and the Chronic Poverty Engagement Partnership
- UK NGO AIDS and Development Consortium

- The Hunger Alliance
- BOND European Policy Group
- BOND Aid Effectiveness Group

Approximate % of total organisational expenditure allocated by sector or theme

Income in 2009-2010 grew to £21.5 million, compared with £17.2 million over 11 months in 2008/2009.

How we spent this money:



*Part B - Progress against PPA Strategic Objectives***Progress to date against PPA purpose statement****Enabling older people to participate in and benefit from public service delivery and economic growth.**

HelpAge, with a global network of 80 Affiliates in 57 countries, is a unique global network focussed on the rights and needs of older people, funding and supporting 420 partners to deliver programmes for older people. These programmes delivered services in 2009-2010 to 1.5 million older people (cf. 1.23 million last year) and their dependants, with many of our activities being managed by older people themselves through more than 3,100 older people's groups we and our partners support. Our progress the PPA objectives continues to strengthen and the PPA is supporting us to increase the quality and impact of our work and its scale and outreach in service delivery, and has been particularly important for our work in Latin America.

The visibility of older people in government laws and policies over the past five years is increasing - new laws or national plans for action on ageing have been approved in six countries recognising the rights and entitlements of an estimated 20 million older people. We act to make sure that new rights granted are in fact implemented, holding governments to account at community level through our support to 1,400 older citizen monitoring groups and training paralegals in 20 countries, alongside training government staff to perform their work better. Our *Age Demands Action* campaign is now active in 40 countries.

We have contributed to an estimated 12 million older people receive a regular income by becoming entitled to social pensions and age-related benefits in nine countries, with governments committing close to US\$1 billion annually. Three new social pensions were approved this year. Towards helping older people remain healthy and active, new health entitlements and programmes for older people's health have started in nine countries. For example, free health care insurance in Vietnam has the potential to benefit over 7 million older people. Our work in communities helped 78,000 older people this year to reduce their barriers to accessing basic health care and our health education work reached 300,000 older people and community members. We are also working more in training government health staff, particularly in Latin America and East Asia, to understand the issues of older people's health, in particular the impact of non-communicable diseases.

We are helping to mobilise better support for older people affected by HIV and AIDS in Africa, and during the past two years the HIV and AIDS policies of five African countries and the sub-regional policies of the Southern African Development Community and East African Community are better recognising the needs of older people as carers and as an at risk group. We are providing support and services to 50,000 older carers and children orphaned by AIDS in Africa and using this work to develop guidelines and models for wider replication.

Our work is making older people less vulnerable to the impact of natural and man-made disasters and in the last two years we have attended to the humanitarian needs of 90,000 older people in six countries and are investing to increase our capacity and expertise. We are influencing key humanitarian agencies, such as UNHCR, DFID, the Inter-Agency Standing Committee on humanitarian reform and the World Health Organisation. In particular our work in Myanmar and Haiti raised the needs for all agencies to prioritise action for older people. We are now more strongly placed to support other agencies through our leadership in the new DFID co-funded Assessment Capacities Programme and the DFID-funded Consortium of British Humanitarian Agencies.

Mainstreaming older people's access to public service delivery still remains a challenge however without international recognition and pressure to do so, and we intend to use the opportunity of the review of the Millennium Development Goals during the next year to re-emphasise the exclusion of older people within these.

Our financial health remains strong. Despite the global financial crisis and the end of significant funding for the Asia tsunami emergency operations in 2007/2008, we have succeeded in growing our income, and we are expecting to achieve our PPA objectives and our new corporate objectives, as set out in our new Strategy to 2015 launched this year.

Progress against PPA Performance Framework by each Strategic Objective

Strategic Objective 1: Public Services

Increased numbers of countries are implementing and delivering frameworks of social protection, health and basic services that include poor older people

We are reporting on all our Performance Matrix indicators.

Indicator 1:

By 2011, new non-contributory pension programmes or expanded coverage in existing programmes will have been approved in at least 10 developing countries (MICs, LICs and fragile states), based on public commitments made by over 20 countries by 2008.

Progress achieved and challenges faced

We are working directly or through key members of the HelpAge International network to influence changes to state provided pension or age-related state benefits in 20 countries (see baseline statement below).

Our work on social pensions and state age-related benefits has been a focus of our work since 2005, but since 2008, the following results have occurred:

- at the end of 2009/2010, we estimate about 5 million more older people are receiving social pensions or benefits worth about US\$960 million per year in the focus countries of our work, seen as;
 - three new pension schemes or pilot pension schemes were approved by the governments of the Philippines, Kenya and Paraguay
 - four governments increasing access to existing pensions or benefits schemes – Bangladesh, Thailand, Vietnam, Mozambique

Additionally, increased pension amounts have occurred in Bangladesh, Vietnam and Bolivia, reaching 4.8 million existing pensioners and totalling approximately US\$92 million in government funding. We have encouraging indications that new schemes or wider coverage will be approved by governments in seven countries during 2010 – Sri Lanka, Vietnam, China, Tanzania and Zanzibar, Malawi, Rwanda and Ecuador

Our contribution focuses on four key areas of work in the countries in which we work:

- Building an evidence base
- Technical engagement with governments
- Facilitating and brokering national dialogue and policy processes
- Supporting civil society to create political demand for social pensions
- Influencing and sharing learning at international level

Our criterion for ultimate success would be universal non-contributory pensions achieved in all countries, but we recognise that for a number of political and economic reasons, progress towards this will be incremental. This is despite the growing evidence that pensions can both alleviate poverty across generations and significantly contribute to human development in a cost-effective manner. We have built a very strong evidence base on various aspects of social pension provision, from targeting, financing and affordability and design issues such as age registration to impacts. Moreover, we provide on-demand technical support to governments and civil society to increase their capacity and understanding – for example, we produced a feasibility study on a social pension with the Tanzanian government, delivered high-level training courses on “Designing and Implementing Social Transfer Programmes” to participants from 30 countries and undertaken further more specific training using “micro-simulation” courses to government staff from Asia, Latin America and Africa which support developing costed models. We are also working to support targeted cash transfer schemes supported by

DFID in Kenya and Uganda.

The primary challenges to this work are fourfold: creating the political platforms to discuss how social pensions and other social protection mechanisms are not seen as a “welfare handout” but as an investment in human and economic development which will significantly enhance the state-citizen contract; mobilising older people to act as a political force to advocate for change; securing financial commitments from both governments and donors to fund non-contributory pensions, and building our own capacity to respond to increasing demand. Funding we secured from the German Government, has permitted the formation of new Social Protection Units in London and Africa, but this funding is short-term and will need to be replaced to sustain the services we deliver.

Baseline statement:

Prior to 2008 governments in Asia and Africa were signatories to commitments to increase the social protection and state benefit schemes in their countries made at HelpAge-facilitated Social Protection conferences in Livingstone and Bangkok (supported by DFID funding). Our countries of focus in our own programming since 2008 have been:

Africa: Kenya, Tanzania, Zanzibar, Ghana, Malawi, Mozambique, Sierra Leone, Rwanda

Latin America: Bolivia, Peru, Ecuador, Paraguay

Asia: Bangladesh, Nepal, Thailand, Vietnam

Caribbean: Jamaica, Belize, Trinidad and Tobago, Dominica

List any documentary evidence of achievements

Case studies on our work (sources – HelpAge annual reports, 2008-2010):

- The **Bangladesh** Old Age Allowance was awarded a 15% increase in coverage and a 13% increase in value, thanks to our long-standing lobbying with partners of the government and the participation of government officials in our training for designing social assistance schemes. Again, as a result of our advocacy, the Government of Thailand extended its eligibility criteria for the Old Age Cash Allowance as a response to the global financial crisis, increasing those entitled to a pension rise almost threefold to include almost 4 million older people between 2007 and early 2009. At the request of the government, we coordinated a multi-sectoral Social Pension Working Group to lead on influencing the highest political and bureaucratic levels to achieve greater pension coverage.
- The Government of **Nepal** more than doubled the level of social pension (Old Age Allowance) and reduced the age of eligibility from 75 to 70, as a result of lobbying by our partner as part of their activities in our Age Demands Action campaign. With our partner NEPAN, we conducted a study to assess the social and economic impact of the Old Age Allowance, which showed that despite its small value the pension is an important part of older people’s lives and highly valued.
- In **Thailand**, the means tested Old Age Cash Allowance Scheme introduced in 1993 by the Department of Public Welfare by 2005 had a coverage of 528,530 older persons above 60 years of age (8.1 % of older people) at Thai Baht 300 (approx 9 US\$). In the years 2006 and 2007 there was administrative expansion of the number of beneficiaries to 1,081,202 and 1,763,178 respectively. In 2007 the monthly allowance was increased to Baht 500 (US\$14). Our research and training (the Social Transfers Course) alongside lobbying senior social welfare, finance and planning officials and political leaders including the Prime Minister and mass media and awareness activities led by a Social Pensions Working Group (SPWG) - comprising senior academics, government officials, UNFPA and NGO partners facilitated and supported by HelpAge contributed to a significant change in government thinking in 2009 against the background of a 2004 study that argued against a universal pension. After several months of intensive lobbying by the multi-sectoral group that set up the SPWG, the government announced a major change to the Old Age Cash Allowance from a means-tested to a pension-tested scheme resulting in an increase in beneficiary numbers from 1,763,178 or 25.1% of older people in 2007 to 5,342,200 or 73% in mid 2009. Lobbying is continuing to secure statutory recognition.
- In 2005, **Vietnam** had a means tested scheme for 60+ and an universal scheme for 90+ valued at 65,000 VND (approx 3.94 US\$) per month reaching about 60,000 older people. In the years 2005-10, the age eligibility for the universal allowance was reduced and the

monthly amount was increased twice largely due to the persistent dialogue and advocacy with the Ministry of Labour, Invalids and Social Affairs (MOLISA) by our key national partners (Vietnam Association of the Elderly, Vietnam Women's Union and National Council on Ageing) with support from HelpAge. The Decree 67 of April 2007 (a) reduced the age eligibility for universal social pension from 90 to 85 resulting expanding coverage to 600,000 older people; (b) increased the monthly allowance to 120,000 VND (approx 6.67 US\$ per month). Again in February 2010 Decree 13 raised the allowance to 180,000 VND (approx 9.47 US\$). A new Social Pensions decree is pending approval which will further reduce age eligibility to 80 years and it is estimated that this change will increase the number of beneficiaries to 1.2 million. Advocacy and lobbying led by key partners (Vietnam Association of the Elderly, Vietnam Women's Union and National Council on Ageing) with technical support from HelpAge was a key determinant in bringing about the Decrees. In 2005, these partners had very little awareness and interest in social pensions as a means of improving the well being of older people. HelpAge promoted awareness raising among partners and older people's clubs, training of key officials, exposure visits, cost estimate projections, monitoring of implementation of Decree 67 and evaluations of impact of decree 67, technical support to draft the Law for the Elderly, dialogue with the key Ministries especially the Ministry of Labour, Invalids and Social Affairs (MOLISA).

- In the absence of any form of social pension in the **Philippines**, we supported our Affiliate COSE to produce a preliminary study. COSE developed a three-year social pension advocacy work plan (2007-09), mobilised grass root support through a Confederation of Older People's Associations of the Philippines (COPAP), were provided advanced training from us and subsequently lobbied for champions among the officers of Department of Social Welfare and Development (DSWD) and a few key legislators in the House of Representatives and the Senate. These efforts were supplemented with public and media campaigns and intensive lobbying of politicians. In January 2010, the Expanded Senior Citizens Act was passed by the legislators and President Gloria Arroyo signed it on 16th February. The Act includes the introduction of a new non-contributory pension which will be targeted at the poorest of the poor above 60 years of age. The pension is expected to cover 1.2 million older people (about 20% of the older population) with a monthly allowance of 500 pesos (US\$108). DSWD has requested HelpAge assistance in designing the new scheme.

A short film on our work on social pensions in Africa can be seen on YouTube at:
http://www.youtube.com/watch?v=mY8Cm3pSL_A&feature=player_embedded

(A longer version of this film is also available on DVD on request.)

Policy change:

"Social Policy Framework For Africa" Camsd/Exp/4(1)- First Session Of The AU Conference - Of Ministers In Charge Of Social Development - Windhoek, Namibia 27 - 31 October 2008

"National multi-sectoral social protection framework", Tanzania - Ministry of Finance and Economic Affairs, Poverty Eradication Division (PED) – Draft 3, March 2008 (Section 4.3.3)

"The Uganda Poverty Eradication Action Plan (PEAP 2004-09)" integrated older people in chapter 7 under the Human Development section, identifying actions for social protection support for the elderly, particularly in the context of HIV & AIDS.

Feasibility Studies and Evaluations:

"Achieving income security in old age for all Tanzanians" - This report summarises the findings of an investigation into the feasibility of achieving universal access to old age income security through a social pension in Tanzania. The study was conducted by the Ministry of Labour, Employment and Youth Development in collaboration with HelpAge International between November 2009 and April 2010. Can be downloaded from -

<http://www.helpage.org/Resources/Policyreports>

"Tackling Poverty in Old Age – A Social Pension for Sri Lanka", 2008 (HelpAge Sri Lanka and HelpAge International. Developed at the request of the Ministry of Social Services and Social Welfare: <http://www.helpage.org/Resources/Researchreports#Be9c>

“Salt, soap and shoes for school – Evaluation Report. The impact of pensions on the lives of older people and grandchildren in the KwaWazee project in Tanzania’s Kagera region” – August 2008 (HelpAge International, REPSSI, Swiss Agency for Development and Co-operation). Can be downloaded at - <http://www.helpage.org/Resources/Policyreports#NNkf>

“Concept note for on an old age universal social pension scheme in Malawi” 2008, HelpAge International - Southern African Development Community (SADC) – Regional Hunger and Vulnerability Programme website: http://www.wahenga.net/index.php/views/country_update_view/universal_social_pension_malawi_concept_paper/

Evidence - Thailand:

Thailand 2007 Constitution (B.E. 2550) Section 5, Article 53 Government’s policy, announced in the Royal Gazette on 24 Feb 2009 by the National Committee on Ageing.

Speech of Thai Prime Minister at the National Seminar organised by HelpAge and national partners, April 2009 Bangkok. Referring to the work of the Social Pensions Working group, the PM said: “I appreciate the joining of forces among different sectors in the society to make this event (8 April 2009) happen. It is a good sign for Thailand that we work together to achieve the same goal of improving the lives of older people. It is time for us to think seriously about social pensions system”

UNFPA Research report: The Impact of Social Pensions: Perceptions of Asian Older Persons by Ghazy Mujahid, Joseph Pannirselvam and Brooks Dodge (2008)

Booklet (Thai): Universal social pensions for older people in Thailand by Chulalongkorn University research team(2010)

Statistical Reports of Bureau for Empowerment and Protection of Older Persons, Ministry of Social Development and Human Security, 2009

Suttichai Jittapankul et al, Thailand: time for universal social pension? 2009

HelpAge International Project Report: Evidence-based Responsiveness to the Emerging Challenges of Population Ageing in Thailand

Bangkok Post: ‘Social pensions ensure income security in old age’ by Dr Wesumperuma. English newspaper in Thailand.

Mathichon: ‘Social pensions ensure income security in old age’ by Dr Wesumperuma. Thai newspaper.

PostToday: Universal social pensions: Benefit to older people in Thailand by Usa Khiewrord. Thai newspaper.

Evidence – Vietnam:

Decree No. 67/2007/ND-CP of 13 April 2007, on Support Policies for Social Protection Beneficiaries (the translated decree is available)

Decree No. 13/2010/ND-CP of 27 February 2010, on Support Policies for Social Protection Beneficiaries (the decree in Vietnamese is available)

Vietnam Social Pensions Summary Table (unpublished), Quyen Tran: The table was developed with demographic and GDP data from WB, US State Department, NCA and UNDP

An album of news reporting and video recognising the role of HelpAge and the partners is available, mostly in Vietnamese with some in English.

Evidence - Philippines:

Expanded Senior Citizens Act of 2010, Section 5

HelpAge unpublished paper on “People’s victory” brings social pensions to the Philippines Letter from Under Secretary, Department of Social Welfare and Development, Alicia Bala to Eduardo Klien, RR, HelpAge Asia Pacific 16 April 2010 requesting support to design new scheme

Project activity report on Social pension advocacy by COSE December 2009 (2009 IFKO funded project)

“Designing a NC pension scheme for the elderly poor in the Philippines, 2008” by COSE

Indicator 2:

From 2005 to 2011, new policies and programmes in at least 10 developing countries have ensured equitable access to free basic health care for older people.

Progress achieved and challenges faced

We have seen progress in governments recognising older people's health and new programmes for older people's health being delivered in 12 countries. However, debates on the health of older people in developing countries is almost non-existent and with the focus of the Millennium Development Goals predominantly on maternal and child health, most developing countries health policies and programmes reflect such priorities. The lack of accessible and affordable health care for poor people leaves older people often with no or very limited access to health services. Our strategic indicator embodies our intention to see the debates started and action taken that will improve older people's health, and it does not possess a formal baseline as we are seeking new actions, and in fact reflects only a single aspect of the changes we are seeking for older people's health, namely health financing.

Our work during the past five years in health policy has focused on developing the "entry points" necessary to generate government acceptance of the need to address older people's health issues. This work happens in a number of different ways:

- by delivering programmes to promote healthy ageing through education and developing age-friendly service delivery through government, with community action to reduce the barriers to health services for older people,
- development and approval of national laws or policies on ageing in line with commitments made to the Madrid International Plan of Action on Ageing, 2002, which recognise the need for formal government responses to older people's health,
- increasing public demand for better access to health services through national and global campaigns, such as our Age Demands Action campaign in 40 countries,
- monitoring access to health services where government policy exists but practical action or awareness is lacking,
- developing work related to specific health issues or non-communicable diseases.

Achievements across this work include:

- **78,000 older people** accessed primary and curative health services and **300,000** people received education in older people's health as a result of our work, with programmes in the direct delivery of services run in Cambodia, Laos, Vietnam, Myanmar, Sierra Leone and through our Sponsor a Grandparent partners in India and Sri Lanka.
- **23,000 older people** received home or day care in eight countries with training provided for 1,600 carers, through homecare programmes run by our partners with our financial and technical support in Tanzania, India, Pakistan, Thailand, Malaysia, Philippines, Myanmar, Cambodia
- In **Vietnam**, the government began providing free health care insurance for all poor older people aged 60 and above, and has lowered the age eligibility for free healthcare from 90 and above to 85 and above (about 800,000 people). This was as a result of our lobbying with partners.
- In **Tanzania**, as a result of our lobbying, the government upgraded the 2007 National Health Policy in April 2009 directing all government health facilities in all districts to start providing free medical services to all older people (60+ years) irrespective of their economic status – previously it had been poverty-tested. This means some two million older people in all 133 districts (previously 48) now have the right to free services as a direct result of our lobbying.
- In **China**, working with government health services, six counties produced and implemented action plans on ageing which aim, in part, to promote healthy and active ageing in the counties by expanding support for health and medical care and awareness.
- In **Kenya**, the Health Sector Plan for 20006/07-2009/10 included service activities to: equip elderly persons, the community and health care providers with relevant knowledge about common old age diseases, impairments and disabilities; equip elderly on how to improve their quality of life; and sources of care. The strategy also outlines a defined minimum package for the elderly, including social support systems, home-based care and

material supplies, plus a definition of the human resource requirements to deliver the package, and a revised draft national policy on older people for submission to parliament in 2010 now makes provision for formal sector workers over the age of 65 to continue to benefit from the national health insurance scheme which supports the costs of inpatient services and also recognises the issues of chronic diseases and population ageing.

- In the **Caribbean**, the Dominica government changed the eligibility for receiving free health care at public hospitals from 65 to 60 years of age, influenced by the work of Affiliate REACH and their "Age Demands Action" campaigns. In Jamaica, where we have been working to improve access to state health fee exemption programmes, the government announced the end of user fees at government health services
- In Latin America, we are partners with the Pan American Health Organisation (PAHO) and contributed to the recently adopted Regional Strategy and Plan of Action on Ageing and Health (2008 – 2019). We are working on initiatives in Bolivia, Peru and Ecuador to strengthen the quality of health services provided to older people (funded by PPA). In **Bolivia**, work with the Ministry of Health (MoH) is piloting an "age-friendly facilities" programme in 19 (of 377) rural municipalities, which have now undertaken a baseline diagnosis on the older population within their area and are planning new activities such as home visits. Also, our work with municipal governments in running socio-legal centres has helped 35,000 more older people access the national health insurance scheme (SSPAM) in the last two years. In **Peru and Ecuador**, we are piloting guidelines related to older people's health in training with MoH staff.
- Commitments to addressing older people's health needs have been included in new or revised national ageing policies or laws in Kenya, Uganda, Ghana, Uganda and Myanmar during the past two years.

The greatest challenge our work faces is in bringing policy into practice. Despite the progress achieved in this new area of focus during the past five years, we recognise the need to bring new expertise into our health programming and policy work. We are continuing to mobilise new partnerships, such as with the WHO's newly created Ageing and Health Department, with whom we have a MoU. We are also working with Alzheimer's Disease International, Handicap International and SightSavers at the international level, and with members of the HelpAge network, particularly in East Asia, to co-ordinate regional knowledge. With a new Health Plan finalised to provide greater structure to our work and more emphasis to our programming on non-communicable diseases, we are recruiting new expertise to guide this process.

List any documentary evidence of achievements

Policy change in favour of older people's health since 2005:

"Law for the Elderly" – National Assembly of the Government of Vietnam. Approved final draft May 2009 (Vietnamese language version only – available on request). The newly approved Law for the Elderly will reduce the Universal Social Pension age requirement to 80 years and above and will also make Health Insurance more age-friendly. Implementation date 6 January 2010. In Vietnam, HelpAge works closely with the Vietnam Association of the Elderly and Vietnam Women' Union to advocate for free health insurance to poor and near poor older people. Currently all poor older people and older people aged 84 years and above have free health insurance. The policy of providing free health insurance for "near poor" older people will be reviewed later this year. According to the National Committee on Ageing close to 60% of all older people (8.5 million older people) in Vietnam have health insurance.

"Government of Kenya; Ministry of Health 'Reversing the trends, the second edition: National Health Sector strategic plan of Kenya" - Joint Programme of work and Funding for the Kenya Health Sector 20006/07-2009/10. Specific text page under the section **3.1 New Focus on Service Delivery** states an emphasis on the delivery of services to older people as a priority.

"The Government of Uganda, Ministry of Health Sector Strategic Plan 2000/01 – 2004/05" – include actions to enhance care of specific and chronic illnesses affecting older people, e.g. non-communicable diseases, palliative care, oral health, ear/eye care, disability and rehabilitation. The plan includes the development of guidelines for periodic examinations on non-communicable diseases according to sex and age.

"National Policy on Ageing – Uganda, 2008". The following is an extract relating to health from the National Policy on Older Persons – "the Study on Social Protection in Uganda

(2002) asserts that ill-health is a major source of worry and stress among older persons. Common health problems of the older persons include hypertension, stroke, diabetes, heart diseases, trachoma and blindness that often lead to complications and permanent incapacitation. Poor health reduces the capacity of older persons to generate income, curtails their productivity and compels them to depend on other people. Older persons can hardly afford the costs of travelling to the health facilities at the sub-district or in urban centres where they could access the comprehensive Uganda National Minimum Health Care Package provided by the Health Sector. Their health problems are compounded by the lack of money for seeking appropriate medical attention or buying drugs for non-communicable diseases.

HelpAge's Affiliate Uganda Reach the Aged Association's call for action, 2008:

<http://www.globalaging.org/agingwatch/events/ngos/uganda2.pdf>

"National Health Insurance Scheme (NHIS) (Act 650) – Government of Ghana": commenced implementation in 2005. The Scheme provides a health care financing system to all residents of Ghana especially the poor and most vulnerable (~ 0.5 million people), with implementation through Mutual Health Insurance Schemes set up at the regional and district levels across the country to pay for the cost of health care for their members. The National Health Insurance Scheme (NHIS) exempts older people above the age of 70 and their dependents from payment of the minimum annual premium for the poor. Monitoring of the implementation of these rights is a key component of HelpAge's partner, HelpAge Ghana, in its older citizens' monitoring programme.

The Jamaican government announces the end of user fees at government health services (March 2008): http://jis.gov.jm/minhealth/html/20090602t210000-0500_19893_jis_government_s_primary_health_care_policy_boost_for_achieving_mdgs.asp

Other evidence – Latin America:

Resolution 49/8 of Executive Committee PAHO

MOU signed between HelpAge and UNASUR

Minutes of meetings between Bolivian Ministry of Health and Bolivian National Association of Older People (ANAMBO)/HelpAge/Fundacion Horizontes

Ministerial Resolutions Ministry of Health Bolivia

HelpAge internal project reports

MOU signed between HelpAge and Ministry of Health Bolivia

Ecuador: SABE report (to be published) and qualitative study protocol

Annual plans from Bolivian and Peruvian Ministries of Health

Publications by Ministries: Model of Care (Bolivia), Protocols of Care (Bolivia, Resolution August 2009) and Geriatric Evaluation Form, Self-care Health Education Flipchart in Peru

The new constitutions of Ecuador (2008) and Paraguay (2008)

Indicator 3:
Between 2005 and 2011, at least 25,000 people per year will continue to benefit from the direct delivery of eyecare projects run by HelpAge and its partners.
Progress achieved and challenges faced
<p>Our work in providing eyecare services, particularly cataract surgery, is an example of how we mobilise direct service provision in response to a specific non-communicable disease that affects older people more than any other age group. Cataract surgery is life transforming and forms the greatest component of the services delivered, but we also emphasise prevention and education in our work. Evidence from India suggests that individual receiving successful cataract surgery generate 1,500% of the cost of surgery in increased economic productivity during the first year following surgery¹.</p> <p>Our work seeks to ensure at least 25,000 <u>new</u> patients are treated each year. Our ongoing ophthalmic programmes with the Ministries of Health in Zanzibar, Mozambique, India, Pakistan and Ethiopia constitute the major part of our direct service delivery work, providing a range of services – prevention education and surgical and non-surgical treatments to an average of 26,000 people in each of the last two years at a total cost of £90,000 per year. We have also continued to support eye-camps in our work in Darfur, which have provided such services through two mass campaigns serving an average of 6,500 people per year.</p> <p>As an example of our work, we provide £15,000 per year to the Ophthalmic Department of the Ministry of Health in Zanzibar, which last year treated 15,084 people overall with 5,000 older men and women receiving cataract operations. Over the past five years, 25,844 older people in Zanzibar were provided with ophthalmic services and attended by trained medical personnel.</p> <p>We have now commenced a new partnership with PPA partner SightSavers to improve ophthalmic services delivered in Malawi (SightSavers) and Mozambique and Zimbabwe (HelpAge) under a four-year EU-funded programme.</p>
List any documentary evidence of achievements
<p><u>Internal statistical reporting:</u> HelpAge International Annual Reports, Tanzania, Ethiopia and Mozambique –2008/2009 and 2009/2010.</p> <p><u>Project reporting 2008/2009 and 2009/2010:</u> <i>“Asha Ki Kirnay – Rays of Hope”</i> - India Ophthalmic Programme 2008/2009, HelpAge India <i>“Annual eyecamps project”</i> – Pakistan Medico International, 2008 and 2009 <i>“Continued support to war-affected older people in West Darfur”</i> – final reports for 2008 and 2009 to UNHCR (HelpAge International)</p>

¹ Javitt, J.C. “Cataract” in Jamison, O.T. et al “Disease priorities in developing countries (OUP, WB) 1993.

Indicator 4:
Between 2005 and 2011, 100,000 older people and their families will have benefited from access to water and shelter interventions delivered by the HAI and its partners.
Progress achieved and challenges faced
<p>Between 2005 and 2007, 184,000 older people and their families have been supported and since 2008 we assisted 68,000 older people to access water and sanitation in India, Laos, Cambodia, Mozambique and Tanzania. We are also responding to renewed drought in Ethiopia, supporting a further 60,000 people including 1,000 older people-headed households. These interventions are responding to the water needs of older people in locally relevant ways, particularly in mitigating the impact of drought, and will also create information and evidence of the need for and impact of inclusive targeting of older people in water and sanitation programmes.</p> <p>Implementation of this work is mostly led by partner organisations with relevant technical competencies, and our role is to ensure that participation and ownership by older people is achieved. A key challenge of our work remains ensuring that it is not solely a replication of existing programmes, and that we encourage other agencies and partners to engage with older people to provide solutions that address their concerns, e.g. mobility and access to water supplies, appropriate design of latrines and shelter.</p> <p>Our work in shelter support, outside of our emergency response programmes, regularly supports an average of 1,800 vulnerable older people with ad-hoc shelter repair and reconstruction. This work is delivered primarily through the support of our Sponsor a Grandparent programme. Whilst individual case studies of impact can be supplied, we intend to focus reporting on our work in water programmes.</p> <p><u>Baseline statement:</u></p> <p>In order to better indicate the changes and impact of inclusive targeting of older people in water interventions, our PPA reporting will focus on our programmes in Mozambique, Tanzania, Cambodia, Laos and India. These programmes are mostly new interventions since 2007 and should be evaluated by 2011.</p>
List any documentary evidence of achievements
<p><u>HelpAge annual reports 2009-2010:</u></p> <p>Examples of our work and impact in our major water and sanitation programmes since 2008:</p> <ul style="list-style-type: none"> • Tanzania: in 2009, ten more districts adopted a system that allows poor older people to access water either free of charge or at subsidised rate following lobbying through our work with older citizens' monitoring groups. 20 districts, in total, have systems in place that ensure access to safe drinking water for older people headed households. These are Songea District, Songea Municipality, Mpwapwa, Iringa Municipality, Iringa district, Mvomero, Dodoma Municipality, Muheza, Mtwara, Mikindani, Kasulu, Monduli, Korogwe, Mbalali, Mpanda, Kondo, Chamwino, Kibaha District and Morogoro Urban and Rural districts. For example, 3,500 vulnerable older people are receiving free water, 100 litres per day in three districts of Dodoma, Iringa and Mpwapwa. 35 water wells built in Songea Municipality and Songea District Councils continue to provide safe and clean water free of charge to 25,000 people including 3,700 older people. Our work continues to persuade other water authorities to improve access for older people. (<i>Source - reports from the district officials</i>) • India: we are supporting an integrated water programme in 12 villages in the drought-prone Thar Desert region of Rajasthan, which includes reservoir construction, rain-fed irrigation schemes and construction of household water tanks (potable water). The project specifically targets 1,500 older people and 12,000 other community members and to date has constructed 105 of a planned 420 taankas (water tanks), each of which stores 20,000 litres and provides water to a family of six for about 6 months. Accessible water supplies are having specific benefits for older women. • Cambodia: 17 community ponds were constructed or rehabilitated and seven wells were constructed to improve access to water for 2,000 older people in poor communities. Water-

use committees were formed and trained as trainers on hygiene and in maintenance of the community ponds and wells. A water and sanitation specialist conducted a needs assessment of the relevant project villages to support further development of this work.

- **Mozambique:** as part of our health rights programme in 34 communities in four provinces, we have been constructing latrines, boreholes and large-scale water filters in 7 communities as pilot work to demonstrate the specific impact on older people's health of inclusive targeting processes to improve access to health, water and sanitation facilities. Anecdotal reports of benefits are being recorded, and fuller evaluation is due in 2010.
- Additionally, a drought response programme in Somali State, **Ethiopia**, is supporting 10,000 households, including 1,000 older people headed households, and protecting 100,000 cattle. The programme constructed 10 shallow wells to provide potable water for people and cattle (segregated for hygiene) and constructed 50 latrines located for older people-headed households. The intervention also included 100 days of water trucking whilst renovation work was undertaken.

Programme reports to donors:

"Promoting older people-led community action to reduce poverty among vulnerable groups in rural Rajasthan, India" – EC-PVD programme, Year 1 report, July 2008 - June 2009

"Poverty and Vulnerability Reduction through Drought Mitigation & Community Action - in rural Rajasthan, India" – Big Lottery Fund programme, Year 1 report March 2009 to 28th February 2010

"HelpAge / ACPA Emergency Response Project in Shinille Zone, Somali Regional State, Ethiopia", German Government, 2nd Interim Report, November 2009 – March 2010

"Building the capacity of vulnerable groups to lead poverty reduction activities in upland Lao PDR", EC-PVD, Year 1 report May 2008 – 30 April 2009

"Community led poverty reduction in former conflict zones in North-West Cambodia", multiple donor reports, 2008-2009

(Note, updated reports for the above projects for 2009-2010 by September 2010)

"Fulfilling Entitlements to Health for Vulnerable Groups in Mozambique" - EC-PVD programme, report January to December 2009

What is the likelihood that Strategic Objective 1 will be achieved? Rate 1 to 5

1

Strategic Objective 2: Governance
Older people are increasingly holding their governments to account
We are reporting on all our Performance Matrix indicators.

Indicator 1:
By 2011, countries in which older people proactively engage with policy makers to respond to their commitments under the Madrid International Plan of Action on Ageing (2002), will have increased from 27 in 2007 to at least 40 countries.
Progress achieved and challenges faced
<p>Age Demands Action campaigns have now increased to 40 countries in 2009. Older people united to call for change in their countries and also to raise awareness for their rights at a global level. Progress on policy issues was reported in Fiji, Vietnam, Philippines, Bangladesh, Kenya and Tanzania, with “big wins” reported including government commitments to increased pension coverage in the Philippines, Nepal and Indonesia. A new feature of the campaign was video interviews conducted in 11 countries asking the same questions of older people to understand their experiences of age discrimination. The results were compelling and gave clear anecdotal evidence from all corners of the world that age discrimination exists and affects older people's lives in a very real way. The video was used at the UN Commission for Social Development meeting and provoked considerable discussion.</p> <p>We are presently engaging directly and/or with members of the HelpAge network to influence the implementation or improvement of legislation or policies for older people in 20 countries. Such policies and legislation are important as they provide the basis for specific discussion and action on rights and entitlements for older people and are key to our work on governance and older citizen monitoring programmes.</p>
List any documentary evidence of achievements
<p>Philippines – Expanded Senior Citizens Act 2009: http://www.helpage.org/blogs/blog/peoples-victory-brings-social-pension-to-the-philippines/</p> <p>A collection of YouTube videos compiled by the Age Demands Action campaigns can be found at: http://www.helpage.org/Researchandpolicy/AgeDemandsAction2008/Film</p> <p>A collection of YouTube videos on the interviews held with individual older people around the world, are together at the following link: http://www.helpage.org/Researchandpolicy/AgeDemandsAction/Loudandclear</p>
<u>Countries in which we are proactively supporting legislative and policy implementation or revision with governments:</u>

Legislation & National Plan of Action on Ageing	Status at March 2010
Africa:	
Kenya	National Ageing policy approved by Parliament – 2009
Uganda	National Ageing policy approved by Parliament – 2009
Ghana	National Ageing policy tabled to the parliament for approval 2009, but not yet enacted.
Sierra Leone	Development of national ageing policy on-going (CSOs supporting with a Task force established)
Cameroon	Development of national ageing policy on-going

Zambia	Development of national ageing policy on-going
Zimbabwe	Older persons law has been drafted – no information on approval
Tanzania	Draft Regulation for Older People in Ministry of Health and Social Welfare
Mozambique	National Plan of Action on Ageing ongoing - due 2011
Ethiopia	National Plan of Action on Ageing – approved 2006, but not disseminated
East Asia:	
Philippines	Expanded Senior Citizens Act passed (2010)
Vietnam	Law on older people - Enacted Nov 2009, and a 5 year review on implementation of MIPAA ongoing
China	Law on ageing (revision) - draft under official review, and 12th 5-year plan under preparation
Vietnam	National Plan of Action on Ageing 2005-2010 - Approved, new plan under preparation
Myanmar	Draft national action plan on ageing ready; likely to be approved after elections Oct/Nov 2010
Latin America:	
Bolivia	New national plan on ageing Bolivia
Peru	New national Plan on ageing 2006-10, new plan in development
E. Europe and Central Asia:	
Kyrgyzstan	Draft law "About Older Citizens of the Kyrgyz Republic" drafted, but no government action and presently little support in parliament.
Moldova	"Road Map" to develop Strategy on Ageing: 14 NGOs/HelpAge drafted strategy in 2007
Tajikistan	No plan in place – we are supporting AgeNet to mobilise action

Indicator 2:

By 2011, older people participating in the design and monitoring of social protection and health programmes at district level has increased from five countries in 2007 to at least ten countries.

Progress achieved and challenges faced

Based on a methodology developed in pilot projects funded by DFID our work in supporting older citizens monitoring groups has expanded from the **original five pilot countries** - Bangladesh, Bolivia, Jamaica, Kenya and Tanzania – to active work in **16 countries** by 2009-2010. This work supports older people, through monitoring groups or older people's associations, to assess and influence the implementation of government poverty alleviation and social security programmes.

Older Citizen Monitoring is now a core approach with proven impact. Our work supports 1,400 older people's groups to monitor their rights to equal and specific access to social security, poverty reduction schemes and health services. We are also training and supporting community paralegals to support many of these groups. The work of older people's monitoring groups is diverse but contextually appropriate, and learning from these groups contributes to both the design and implementation of our work and that of government programmes. A summary of the programmes is as follows:

Country	Government or donor scheme, policy or legislation monitored
Bangladesh	Old Age Allowances, Widows Allowance, access to health services
Kyrgyzstan	United Monthly Benefits (social security); seasonal poverty; health service access for non-communicable disease
Tajikistan	Access to social services
China	County Plans of Action on Ageing, with emphasis on access to health services
Ethiopia	Provision of Basic Services programme (donor-funded); National Plan of Action on Ageing (2006) – though limited by CSO law.
Ghana	Livelihood Empowerment Against Poverty (<i>LEAP</i>) – cash transfer targeting and access to HIV & AIDS services; Draft National Ageing Policy; Pension Reforms
Uganda	Social Assistance Grants for Empowerment (<i>SAGE</i>) – cash transfer targeting
Jamaica	Jamaica Drug for the Elderly Programme and the National Health Fund (subsidised-medicine schemes); Programme of Advancement Through Health and Education (income-security scheme)
Peru	Access to decentralised local government funds
Tanzania	Access to community funds under the Tanzania Social Action Fund, health entitlements
Bolivia	Pension provision under the "Renta Dignidad" programme, access to government health insurance (<i>SSPAM</i>), rights and legal issues through socio-legal centres
Thailand	Monitoring rights in Older Peoples' Act – pensions and health
Kenya	Access to appropriate health and HIV & AIDS services, W. Kenya
Philippines	Pension provision and access to funds from decentralised local government budgets.
Sri Lanka	Law for Older People – social security and health entitlements; advocacy for a social pension
Vietnam	Law for Older People - social security and health entitlements

Outcomes include better access to health entitlements for 1,700 older people to health services in Jamaica, and engaging in advocacy for a social pension in the Philippines which will cover 1.2 million older people. In 2010-2011, we are undertaking a cross-regional review of our work with both older people's groups, including the 1,400 monitoring groups which represent just under 50% of the total number of groups we work through. Examples of impacts seen during the past two years are included in the Evidence section below.

List any documentary evidence of achievements

Programme reports (donor and HAI internal), 2009 - 2010

Some notable outcomes and impacts of our OCM work during the past two years include:

- In **Tanzania**: 52 out of 132 district councils in Tanzania (four more districts than last year) included budgetary support for priorities identified by the Older People. District reports indicate that the amount of the budget allocated to support vulnerable groups, including older people, increased on average from 18% to 35% of the total districts' budgets between 2005 and 2010. Older people's groups in seven more wards also started to support community safety net activities and monitoring government service delivery in medical care, food, clean and safe water, making a total of 53 wards undertaking this work during the past 5 years, benefiting 2,100 older people.
- In **Kyrgyzstan**, nine older people's groups were involved in community research, supported by DFID, to assess the effectiveness of the means-tested benefits intended to mitigate the effects of food and fuel prices on the poorest households. Data collected by the groups suggested that means testing misses the most vulnerable families as they cannot afford the transport and documentation fees to prove their poverty. Representatives of older people conducted meetings with local authorities to raise their awareness of such issues. The research has stimulated interest from both NGOs and donors, as the community data provides information on seasonal coping strategies that is difficult to gather through standard household surveys.
- In **Bangladesh**, monitoring of older people's access to social assistance schemes takes place through older people's associations in 410 villages in 18 unions. Much higher numbers of older people are recorded as receiving the Old Age Allowance in project areas (39%) than in the country as a whole (25%).
- In **Jamaica**, an external evaluation estimates an increase in access to government health and social security schemes from 25 to 50% of the eligible population in the parishes where our OCM programme works – 1,724 persons benefited over the past three years, with 88% (1528) being older people.. Women were the main participants accounting for 67% of the overall number of beneficiaries. Indications from the stakeholders are that although the programme has officially ended, the methodologies adopted and the outcomes obtained will be sustained in the communities.
- In **Uganda**, OCM groups working in Rwenzori region with Affiliate URAA have this year influenced four of six sub-county administrations to include older persons in their budgets while the National Agriculture Advisory Services has supported 20 older peoples groups through agricultural inputs and animals for income generating activities.
- In the **Philippines**, 84 older people's Associations (OPAs) are a key community mechanism for the implementation of activities in Affiliate COSE's home care programme in the country. These OPAs have been strengthened by community organisers with training in leadership, group management and rights. Their work played a vital role in social pension advocacy at local and national level, which contributed to the approval of the Expanded Senior Citizen Act of 2010 with inclusion of social pensions in February 2010.
- In **Kenya**: Older Citizens Monitoring Groups (OCMGs) in 3 districts of western Kenya monitored their own access to healthcare by considering variables such as provider reception, response and instructions, facility distance and amenities, client after-service feedback (un/satisfied with service), availability and affordability of drugs prescribed. They reported back on their findings using forms developed in liaison with HelpAge and shared with government healthcare providers at regular meetings.
- In **Ghana**, working with Affiliate HelpAge Ghana, 36 Older People Monitoring Groups (OPMGs) in three regions have been established and are actively supporting older people to access cash transfers - under the government Livelihood Empowerment Against Poverty (LEAP) - scheme and their health care and health insurance entitlements. The evidence developed from the OPMGs has been used by HelpAge Ghana to advocate for hastened completion of the Draft National Ageing Policy and other pension and health reforms, alongside achieving some practical policy revisions, such as increasing the validity period of the health insurance card from one to five years.
- In Asia older people's organisations and their role in development and poverty reduction strategies has received formal government recognition in several countries, notably **Cambodia and Sri Lanka**.

Evaluations:

"Empowering Older Citizens Monitoring Project: Jamaica": Faith Innerarity, 2010

Government recognition:

"Guidelines for the Establishment and Management of Older People's Associations (OPAs)" - Kingdom of Cambodia - Produced by: Ministry of Social Affairs, Veterans and Youth Rehabilitation (supported by National Committee for Population and Development, HelpAge International, UNFPA)

Publications and other evidence:

"A study by older citizens on vulnerability and social protection during the winter months in five oblasts in Kyrgyz Republic" HelpAge International 2008 (available on request).

Tanzania – Tanzania Social Action Fund (TASAF): annual budget allocations list and projects targeting older people presented in spreadsheet data from the TASAF Executive Director, Dr. Likwelile (available on request). District allocation of funds for older people is recorded in HelpAge's "European Commission Block Grant Project Evaluation Report, Tanzania", January 2009 by Evans E. Lushakuzi, OD Consultant, Arusha.

East Asia Older People's Association video:

<http://www.youtube.com/user/helpage#p/u/14/q8JQ060JQNO>

Indicator 3:

By 2011, a new programme commencing in 2008 in Peru results in proposals presented by Older Peoples' Associations in 30 municipalities having been allocated the requested funding.

Progress achieved and challenges faced

This programme has been chosen as a sample of our work with partners and older people's associations (OPAs), using the older citizens' monitoring model to address issues of governance and inclusion for older people. The programme started in Peru in March 2008, and we are targeting the poorest older people in rural and municipal communities in a country of extreme social and economic inequality.

The programme focuses on mobilising and building the management and technical capacities of OPAs, increasing the livelihood security and nutrition of older people, and improving their access to legal rights and state entitlements. It works in the rural areas of Ayacucho and Huancavelica, poor urban areas of Lima, and also in Junin, Cajamarca and Arequipa for advocacy activities.

Based on our previous work on establishing socio-legal centres for older people, a provision was made by the government for Centres for Integrated Attention to Older People (CIAM) to be created in every municipality in Peru's law for older people in 2006. Together with the Peruvian National Association of Older People (ANAMPER), we have ensured the establishment of CIAMS in seven rural and urban municipalities. In Lima, the services of the existing socio-legal centre have been coordinated with the CIAM in the San Juan de Miraflores municipality, ensuring handover and continuity of services after the closure of our previous project.

ANAMPER has now been invited to join the national congressional committee on social security, and has presented six proposals to the government on behalf of the OPAs on *inter alia* social non-contributory pensions, preferential treatment for older people, the allocation of 25% of the municipal budget to CIAMS and guaranteed work places for older people.

During the second year of the programme, 242 leaders of OPAs in Lima, Ayacucho and Huancavelica, have been trained in leadership and management (227 were trained in the first year). A total of 23 local organisations of older people have been formalised (8 in the first year and 15 in the second). A further 17 OPAs are being assisted with formal registration with the Peruvian Public Registry. This exceeds the targeted 30 OPAs. There was a high level of interest in this activity by older people and a strong demand, so technical assistance was made available to the additional organisations.

The work of this programme is making progress, but is facing bureaucratic issues which may mean the indicator may not be achieved by 2011, and is more likely in the following year. The formal registration of OPAs has been problematic and the delays affected the ability of the OPAs to submit their proposals themselves, hence ANAMPER made the submissions on their behalf. Ongoing coordination with the municipalities will clarify the timing of calls for proposals to help OPAs submit proposals in future, and we shall continue to focus on capacity strengthening with leaders to formulate proposals for submission as soon as practicable.

List any documentary evidence of achievements**Programme Publications:**

- Four bulletins for the National Association of Older People in Peru (ANAMPER) network, distributed to local ANAMPER groups, civil society organisations, and government authorities. (bulletins 5-8, corresponding to year 2 of the programme)
- Older People and Participatory Budgeting: "*Participatory budgeting in local development*", a guide to participatory budgeting, distributed to OPAs and local authorities.
- Guide to Formalization and Organisational Management for Older People's Associations (1,000 more printed and distributed in year 2).
- Guide to Organisation of a Socio-legal Service for Older People was distributed to municipalities and public officials.
- Leadership training manual, distributed to OPAs.
- Bimonthly HelpAge Peru Electronic Bulletin

Indicator 4:

Between 2008 and 2011, joint implementation of awareness campaigns on older people and development with at least two UK agencies or coalitions will have occurred.

Progress achieved and challenges faced

Our work seeks to promote the visibility of ageing and development issues and to counter the often negative images and perceptions of the role older people play in their communities and societies and that "age helps".

We have been focused this year on building an ambitious campaigning and fund-raising strategy with AgeUK – the newly merged organisation Help the Aged and Age Concern – which includes to support AgeUK's development education project through provision of information and facilitating links between local AgeUK organisations and HelpAge network members in Africa.

A notable part of this strategy is the greater attention we will pay to better transparency and accountability our public face will present to show evidence of the issues of ageing and development and how we are responding and solving problems with older people. In addition, we are working together to promote a call for the appointment of a UN Special Rapporteur on Older People and a possible international convention on the rights of older people, and we supported Age UK in creating and launching its new international campaigning and advocacy web-pages.

Joint media work was undertaken with Age UK around climate change, decent work and emergencies. We have also worked to integrate local Age UK groups into the Age Demands Action campaign so they can feel a sense of connection to older people's groups worldwide. This is important work as previously Age UK groups have previously focused almost exclusively on domestic issues.

Our role is to provide information to AgeUK for them to connect with their supporters and this has included:

- working closely with Age UK on how to position ageing and international issues in the UK and ensuring that international issues remain a strong and visible part of AgeUK's brand
- working with Age UK to develop joint case study and photography guidelines and collecting information and supporting fact-finding visits to our programmes (e.g. India, Haiti, Ethiopia). Such material has been used by Age UK in newsletters, web resources and fundraising materials. Examples of issue specific coverage in UK media are given below.

To make the issues of ageing and development more visible, particularly in the media, we have also launched a new public image store on Yahoo! Flickr, and in less than seven months more than 70,000 views on photos about our work have been recorded. Photos from our image store were used by media companies across the world. The Guardian, Wired Magazine and many others used and promoted our photos. We doubled our YouTube views this year taking us from 6000 to 11,500 views this year. This has also been a critical resource for Age UK in developing their materials.

We are also continuing our development awareness campaigning in Europe, with a focus on the EU Presidency countries as they rotate each six months. Our campaigning themes include social protection, HIV and AIDS and older carers and more recently our Decent Work campaign and report launch.

List any documentary evidence of achievements

Age UK launches its international campaign and advocacy web-pages:

<http://www.ageuk.org.uk/about-us/international/campaigning-and-advocacy/>

"Forgotten Workforce: older people and the right to decent work" – this report was launched on international labour day, 1st May 2010 (based on our work through 2009):

<http://www.helpage.org/Researchandpolicy/Decentwork/ForgottenWorkforce>

Age UK's website on Emergencies and their support to our work:

<http://www.ageuk.org.uk/about-us/international/emergency-relief/?paging=false>

including case studies on the **East Africa drought**:

<http://www.ageuk.org.uk/about-us/international/emergency-relief/draught-in-east-africa/>

the **floods and earthquake in South East Asia**:

<http://www.ageuk.org.uk/about-us/international/emergency-relief/floods-and-earthquake-in-south-east-asia/>

and the response for older people in **Haiti**:

<http://www.ageuk.org.uk/about-us/international/emergency-relief/haiti-earthquake/>

Examples of UK media work on specific issues include:

Kyrgyzstan: Where have all the men gone? 3 Feb 2010, By Cahal Milmo in Temir Kanat, Kyrgyzstan

<http://www.independent.co.uk/news/world/europe/kyrgyzstan-where-have-all-the-men-gone-1887660.html>

Help grows for abandoned elderly Haitians, 24 February 2010

Nursing home residents were left starving in the dirt after the quake (AP)

<http://www.msnbc.msn.com/id/35566660>

Weekly Webwatch December 11 2009

Guardian Weekly Online

<http://www.guardianweekly.co.uk/?page=editorial&id=1383&catID=21>

In pictures: Ugandan memory books

BBC Online

21 August 2009

<http://news.bbc.co.uk/1/hi/world/africa/8205860.stm>

In pictures: Zimbabwe's impoverished pensioners - BBC Online, 27 May 2009

http://news.bbc.co.uk/1/hi/in_pictures/8068419.stm

What is the likelihood that Strategic Objective 2 will be achieved? Rate 1 to 5.

2

Strategic Objective 3: HIV and AIDS

Responses to the impact of HIV/AIDS in Africa acknowledge and support actions to achieve universal access to prevention, care, support and treatment for older people.

We are reporting on all our Performance Matrix indicators.

Indicator 1:

Between 2008 and 2011, existing references to older people in the African Union's (AU) and Southern Africa Development Commission's (SADC) HIV & AIDS policies and strategic frameworks to include actions to achieve universal access to prevention, care, support and treatment for older people are translated for the first time into annual plans with committed budgets

Progress achieved and challenges faced

Our work is seeking to increase the older people's visibility and specific actions of regional and sub-regional policy-makers in Africa, which in turn will support the implementation of national policies and funded responses targeting older people and their dependents.

Progress since 2008:

- **The Southern Africa Development Community (SADC)** have included references to older people and their social protection in the SADC Orphans and Vulnerable Children and Youth (OVC-Y) Minimum Package document and their Business plan (action plan) – which acknowledges older people as a vulnerable group - both being scheduled for completion in 2010. SADC, with UNAIDS – with whom we also work – organise six-monthly meetings of national AIDS commission representatives which include an agenda item on integration and we have worked to see SADC commits to reviewing the plans targeting older people.
- **The East African Community HIV and AIDS Bill:** we worked with PPA partner VSO on the draft East African Legislative Assembly (EALA) Regional HIV Bill, stressing the gaps in the draft bill on: community and home-based care for children orphaned by AIDS and people living with HIV; the roles of older caregivers of children and those infected by the disease, and of the role of traditional health practitioners in responses. We submitted clauses, by invitation, for the revised draft and once in force, the Regional HIV Bill will take precedence over all national HIV legislation in the partner states of the East African Community.

The work with SADC and EAC is important. It positions us better to influence changes to the policies and plans of the African Union, which presently has no public plans to amend its HIV and AIDS related policies or plans. We recognise that true impact for older people will occur through the translation of AU, SADC and EAC policies into national policy, funding and practice, but national policies and donor funding are influenced by international attention to specific issues, and we use our work from regional levels to reinforce our advocacy and programming with individual governments (see Indicator 2 below).

Baseline statement:

Prior to 2008, there were no significant references to older people in regional or sub-regional HIV and AIDS strategies.

For the African Union, the Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services in Africa 2006-2010 contains no reference to older people. There is no indication to if/when the Declaration will be reviewed and extended for a further period. The Africa Union Africa Health Strategy 2007 – 2015, does recognise the impact of HIV and AIDS on carers and that information for monitoring health service performance must reflect gender and age. We advocated for the inclusion of these two important priorities in our work with older people.

For the Southern Africa Development Community, the SADC HIV and AIDS Strategic Framework and Programme of Action 2003-2007 makes no reference to older people or for age cohorts above 49 years of age.

It is also acknowledged that our indicator is misleading to a degree. Regional bodies do not have budgets to commit at national levels, but we are seeking the inclusion of older people in order to improve our work calling for improved responses at national levels.

List any documentary evidence of achievements

Existing policy 2005-2008:

AU Africa Health Strategy 2007 – 2015: HAI/ ARDC successfully influenced inclusion of health issues of older people in the **AU Africa Health Strategy 2007 – 2015** particularly - information monitoring health service performance reflecting gender and age (para 86), the role of older women carers of OVC (para 94) and disaggregation of data by gender and age and community involvement in monitoring health services (para 103).

New policy, 2009:

'SADC HIV and AIDS Strategic Framework 2009-2015': key inputs by HelpAge were references to caregivers in section 7.3.2 Strategic actions. These actions call for the development of cross-cutting initiatives in key programmes between health, welfare, education, food security, poverty reduction, gender, older people and HIV and AIDS, and for effective, coordinated and sustainable response to needs of Orphans and other Vulnerable Children and Youth and Care Givers to mitigate impact of HIV and AIDS, with particular emphasis on strengthening family, care givers and community coping mechanisms, expanding social protection and improving coordination with key sectors such education and health.

Communications papers:

"SADC HIV and AIDS Strategic Framework 2009-2015: Addressing the Impact of HIV and AIDS on Older People" – 2008, HelpAge International.

"Child and Older Carer Participation in Events - Are We Really Learning?" – 2009, Regional Inter Agency Task Team on children and AIDS in East and Southern Africa, Conference child participation task team

Evaluation:

"Strengthening regional responses to reduce the impact of HIV and AIDS on older people in Africa" – Regional Programme (SIDA funded), January 2009, Jo Kaybryn (Plurpol Consulting) and Professor Charles Nzioka.

Indicator 2:

Between 2008 and 2011, at least 4 countries in Africa have adopted new and specific inclusion of older people in national policies/ strategies programmes and responses to address the impact of HIV and AIDS, recognising them as carers, educators and as an at-risk group.

Progress achieved and challenges faced

Our work seeks to see older people included in the policies, practice and funding of the responses of governments and national AIDS commissions across Africa, using evidence of both their present exclusion and good practice to facilitate this change. This year our work helped deliver services to 50,000 older people and the children they care for in Africa and supports our development of models and evidence to influence change with governments.

Progress made since 2008:

- **Mozambique's** new National Strategic Plan for HIV & AIDS (PENIII) 2010 to 2015, included older people in its prevention, care and treatment targets for the first time as a result of our lobbying. Specific reference to older people was made in the sections on risk reduction, mitigation, the need for measurement of prevalence and the need to extend ARV treatment. We trained an Advocacy Group in Mozambique to focus on PENIII and have now been approached to contribute to the development of national counselling guidelines.
- In **Kenya**, with our partner HelpAge Kenya key national indicators and action points on older people and HIV and AIDS were included in the new Kenya National AIDS strategic plan 2009/10 – 2012/13. For instance, one indicator was, "Proportion of men and women aged 15 - 64 who know their HIV status increased" (previously measurement ceased at 49 years of age) and a priority action was, "Support programmes that reach the elderly and child headed households including using community support mechanisms".
- In **Ethiopia**, our work with partners and government departments has resulted in the new draft HIV and AIDS Prevention and Control Office (HAPCO) HIV and AIDS Strategy 2010 including references to support for older carers for the first time.
- The **Uganda** the National Ageing Policy was passed by Parliament and plans are underway to disseminate it to the public including older people. The policy includes a section on mitigating the impact of HIV and AIDS on older people.
- In **Ghana**, the National AIDS Commission has committed to older people being included in the new strategic plan. We have trained advocacy groups for prevention and treatment, care and support and social protection which will be actively involved in the consultative process to develop the new strategic plan during July to September 2010.

Our greatest challenge will be to continue to work to see policy translated into practice in both government and civil society programmes.

Baseline statement for 2008:

Our target countries in which we seek to influence change include Ethiopia, Kenya, Mozambique, South Africa, Tanzania and Uganda. No specific national policies, programmes or responses existed to address the needs of older people in these countries.

List any documentary evidence of achievements**Kenya National AIDS strategic plan 2009/10 – 2012/13:**

http://www.nacc.or.ke/2007/images/downloads/knasp_iii_document.pdf

"**Kenya AIDS Indicator Survey 2007**" – July 2008, National AIDS and STI Control Programme, Ministry of Health, Kenya: http://www.kanco.org/FW266/html/pfd/KAIS%20-%20Preliminary%20Report_July%2029.pdf

"**National Policy on Ageing – Uganda, 2008**".

Evaluations:

"**External Evaluation of the HIV and AIDS and Older People in Africa Programme**" – May 2008, CR Ref: GR002-11227, funded by: Comic Relief, by Dr. John M. Mwesigwa and Kicher & Associates

"**External Evaluation of AFR051 – Strengthening Regional Responses to Reduce the Impact of HIV & AIDS on Older People In Africa**" – January 2009, Jo Kaybryn (Plurpol Consulting) and Professor Charles Nzioka.

Indicator 3:

Between 2008 and 2011, new models for wider replication of an integrated approach to universal access to prevention, care, support and treatment for older people will have been developed by new interventions in at least 15 communities in 5 countries.

Progress achieved and challenges faced

We are building models based on our experiences and learning from the delivery of activities and services in communities in seven districts in Tanzania, Kenya, Uganda and Ethiopia and six townships in South Africa. Considerable learning is being generated in this work and with older people and key partners we are developing guidelines for solutions or ways of working with older people to encourage an increase in the support delivered to them.

Progress since 2008:

- **Psychosocial Guidelines to support Older Carers of Orphaned and Vulnerable Children (OVC) and People Living with HIV and AIDS (PLHIV)** – developed in collaboration with the Regional Psychosocial Support Initiative (REPSSI) these have now been completed. The guidelines are presently being piloted in Uganda during 2010.
- **Home-based care for older carers guidelines in Kenya** – presently in development and is seeking to extend the example provided from Tanzania and build on other learning from across the continent. It is being developed in collaboration with the Home Based Care team of the Kenya National AIDS Control Programme, and, consequently will be included in the Kenya national Home Based Care guidelines.
- **The Impact of Cash Transfers on Older Carers of OVC and PLHIV in Eastern and Southern Africa** – this report is presently being finalized and will build on our experiences to demonstrate the important role social cash transfers can play in mitigating the situation of older carers in Africa.
- **The role of traditional health practitioners and traditional leaders** – we have now commissioned a regional research study to increase the visibility and profile of these groups and indigenous knowledge systems with policy makers regarding their role in HIV and ADIS prevention and mitigation. The study will also identify evidence-based practices in order to develop advocacy strategies to enhance policy influencing. The report should be completed by December 2010.
- A document compiling our learning and good practice examples in HIV and AIDS programming and policy successes including the role and impact of multi-agency civil society advocacy groups in policy influencing is in development for the region. This is intended to support national organizations improve their programme practice and advocacy work.

One of the key issues for our work for older people is ensuring the effectiveness of our dissemination approaches at all levels, given the very large and diverse body of best practice and policy materials available for HIV and AIDS responses in Africa and globally.

Baseline at 2008:

Prior to 2008, we had documented only one good practice guide from our work – “Building Bridges: home-based care model for supporting older carers of people living with HIV and AIDS in Tanzania”.

List any documentary evidence of achievements

“Psychosocial Support Guidelines for Older Carers of Orphaned and Vulnerable Children and People Living with HIV and AIDS” - Commissioned by: HelpAge International-Africa Regional Development Centre in collaboration with REPSSI - draft 20 June 2010 available on request.

Publications and position papers:

“Building Bridges: Home-based care model for supporting older carers of people living with HIV/AIDS in Tanzania” – for download at the HelpAge International website:
<http://www.helpage.org/Resources/Manuals>

“Draft framework of HIV & AIDS strategy for older people” – 2009, HelpAge International (available on request).

Communications materials on our work in HIV and AIDS

“Revolutionising approaches to HIV & AIDS in Africa” (YouTube film):

<http://www.youtube.com/user/helpage#p/u/9/c7ZXh3WFMmc>

A collection of 15 case studies on our work in HIV and AIDS is available at:

<http://www.helpage.org/News/Casestudies/HIVAIDS>

YouTube films from all of our work can be found at -

<http://www.youtube.com/user/helpage>

On HIV and AIDS (a selection): -

Businesswoman and Caregiver - Josephine is an older lady from Kenya who has lost three of her adult children and currently looks after 6 orphans. She runs a small shop.

<http://www.youtube.com/watch?v=6V1td2NbOyE>

Interview with an older Kenyan man - An interview with Francis Mungai, an older man living with HIV in Kenya, about his marriage, his livelihood and the impact of the epidemic on the lives of older people.

<http://www.youtube.com/watch?v=MomOt0AAGlc&feature=related>

For better and for worse - an older Kenyan couple living with HIV talk about their life.

<http://www.youtube.com/watch?v=nzJp-Z4HMLA&feature=channel>

Caring against all odds - A man caring for his 100 year old mother in Kenya tells his life-story

<http://www.youtube.com/profile?user=helpage#p/u/19/QWTEno2ZpgU>

HIV and older carers in Tanzania - Mathew Kawogo from HelpAge Tanzania interviews Elizabeth about her role as an older carer, caring for 12 children affected by HIV/AIDS

http://www.youtube.com/profile?user=helpage#p/u/29/08IVL_owTqo

What is the likelihood that Strategic Objective 3 will be achieved? Rate 1 to 5.

2

Strategic Objective 4: Climate Change and fragile states

Older people are less vulnerable to the impacts of natural and man-made disasters and climate change

We are reporting on all our Performance Matrix indicators.

Indicator 1:

Between 2008 and 2011, the policies of 5 international humanitarian agencies are changed to include the health and protection needs of older people.

Progress achieved and challenges faced

The intention of our work is to improve the access of older people to appropriate and specific support they need during and after an emergency, including preparedness planning which incorporates their needs. We work with other agencies and donors to bring awareness of best practice for older people at an institutional level and to support the implementation of age appropriate responses during crises, and are able to demonstrate change in at least eight agencies.

Progress since 2008:

- 2008 saw a commitment from the 16 members of the **Inter-Agency Standing Committee (IASC)** to the recommendations for action of a joint HelpAge/WHO paper on the inclusion of older people in humanitarian action. We are currently facilitating a progress review for the IASC WG meeting in November 2010.
- Our new consortia agreements, the Assessment Capacities programme and Consortium of British Humanitarian Agencies, and our work on mainstreaming in Myanmar, all funded by **DFID** are encouraging signs of changes in their policies towards older people.
- **SPHERE**: we were appointed as the focal point on older people for the 2010 revision of the Sphere Handbook (used by all humanitarian agencies). Key revisions include a standard and core indicators on the treatment and management of chronic diseases in emergencies.
- We supported **UNHCR**, the UN Global Protection Cluster lead agency, by reviewing field-level policy and practice in working with older people in Uganda, Myanmar, Gaza, Indonesia and Georgia, alongside training and policy input at headquarters level in Geneva. This year we worked with protection clusters in Haiti, Kyrgyzstan, Nepal, Yemen and the Philippines.
- In **northern Uganda**, UNHCR secured US\$ 4 million of additional funding to support a more comprehensive livelihood programme for EVI/PSN and their caretakers or dependents, based on our technical assistance to review their programmes. Our work also caused both the **American and Norwegian Refugee Committees** to implement work targeting older people in their return packages.
- The 7th **DIPECHO** Action Plan for South-East Asia (March 2010) prioritised its support for inclusive and participatory programmes addressing vulnerable groups including older people. This was as a direct result of our advocacy work and direct interventions throughout the responses to Cyclone Nargis and Typhoon Ketsana during the past two years.
- The **UN Workplan for Sudan** included indicators on older people's nutrition for the first time. Funding for our work from the UN system has expanded dramatically from US\$150,000 in 2006 to US\$1.8 million in 2010, but work remains on improving mainstreaming of older people's issues in other agency programmes.
- We delivered joint responses for older people's health with **PPA partner Merlin** in Pakistan, DR Congo, Myanmar and the Occupied Palestinian Territories. For example, during the crisis in North Western Frontier Province, Merlin supports health services for over 90,000 people and has worked with us to include specific services for older people, who constitute 6% (5,500) of the target population.
- In **Myanmar**, our DFID-funded advocacy programme on responses for older people during Cyclone Nargis in 2008 has had a number of important impacts: the Protection Cluster in

Myanmar widened its remit to include older people as a vulnerable group alongside women and children; joint work on older people's health issues has been established with **World Vision** and **Merlin** addressing livelihood and healthcare; **UNFPA** and HelpAge are jointly working with the Department of Social Welfare to formulate the Plan of Action on Ageing in Myanmar. In a DFID funded consortium project with Action Aid, The Leprosy Mission International and Ever Green Group older people were included in livelihood (cash grant) and shelter projects alongside support to other vulnerable groups such as women headed households, landless and persons with disability.

One of the key challenges our work faces is whilst there is growing awareness at the global level of the importance of doing more for older people in humanitarian contexts, the cluster system is still struggling to integrate cross cutting issues (Cluster Phase II evaluation, 2010). Where technical support and advocacy on ageing issues is provided in the field, reinforced by global strategic partnerships, then integration of age friendly approaches becomes possible. Further assistance is required from us in the areas of training and orientation programmes on ageing; evidence gathering in key technical areas; building global capacity on ageing and improving needs analysis to incorporate impartial assessment of core vulnerabilities. These areas are likely to comprise some of the recommendations made to the IASC-WG in November 2010. We also recognise the need to engage more effectively with donors to ensure their strategies and plans promote better inclusion of older people in their grants and we are currently undertaking a piece of research to ascertain how much humanitarian financing goes directly to supporting older people in six humanitarian crisis.

Baseline statement:

Our studies of the policies and practice of UN, INGO and donors revealed little inclusion of older people as a group with specific needs in emergencies (with UNHCR being an exception at policy level). In November 2007 the Inter-Agency Standing Committee (IASC) Working Group endorsed the HelpAge/WHO recommendations for improvement, as a result of a joint HelpAge/WHO publication "Humanitarian Action and Older Persons - An essential brief for humanitarian actors".

http://www.who.int/hac/network/interagency/iasc_advocacy_paper_older_people_en.pdf

List any documentary evidence of achievements

Publications:

"Humanitarian Action and Older Persons - An essential brief for humanitarian actors" – produced by WHO/HelpAge for the Inter-Agency Standing Committee, July 2008.

"The Protection of Older People in Northern Uganda: Needs, Contributions, and Barriers to Return" – June 2008, Susan Erb (HelpAge secondment to UNHCR)

"Integrating older people: A training of trainers manual for successful mainstreaming of age-friendliness," 2008, The Canadian Red Cross (CRC) and HelpAge International, Indonesia.

"UN Workplan for Sudan, 2010", UNOCHA and partners.

"Guidelines for proposals under the 7th DIPECHO Action Plan for South-East Asia" (March 2010)

Indicator 2:

Between 2008 and 2011, new emergency assessments and responses of at least five humanitarian agencies include older people as a result of data disaggregation.

Progress achieved and challenges faced**Progress since 2008:**

During the past two years, we responded directly to **90,000** older people's humanitarian needs in six new emergency programmes in Haiti, Gaza, DR Congo, Myanmar, Bangladesh, Pakistan, India and Uganda and continued to respond to the needs of a further 18,000 older people in West Darfur. We have delivered services and training to 415,000 people in emergency response and recovery programmes this year and we are investing to further increase the volume and quality of our work in emergencies in future years. We were a founder member of the Consortium of British Humanitarian Agencies (CBHA), and became the lead agency in the Assessment Capacities (ACAPS) initiative of the IASC Needs Assessment Task Force – both of which receive DFID funding and provide new capacity to launch both emergency assessments and responses and will improve our contact with key humanitarian agencies to ensure that ageing is included in humanitarian needs assessments.

The collection and use of disaggregated age and gender data as a default process, is not yet a reality. However, some examples of the progress we are seeing are:

- **Haiti earthquake response** – the findings from the Multi-Cluster Rapid Initial Situational Assessment (UNOCHA), a collaboration across all agencies engaged in the response and which drew on the expertise of the ACAPS team, recognised the need to place a specific emphasis on older people as one of the most vulnerable groups in the crisis. A three-month review of 26 agencies produced mixed results, but at least five agencies demonstrated specific inclusion of older people in their responses. We have produced and shared a “notable practices and suggestions” document back to the agencies concerned and are supporting follow-up on the issues raised.
- **Myanmar** – as a result of our DFID-funded research and advocacy programme during the early stages of Cyclone Nargis, the Protection Cluster in Myanmar widened its remit to include older people as a vulnerable group alongside women and children, older people have now been specifically included in the ASEAN “Post-Nargis Recovery and Preparedness Plan” (PONREPP) – key due to donor commitments to support this plan.
- **DR Congo, Gaza, Pakistan:** we continued our collaborative partnership with PPA partner Merlin to jointly assess and respond to the new crises in these countries. We continue to perform joint programming with Merlin in these locations and intend to finalise a global partnership agreement for work on health in emergencies. The value of our role with Merlin was demonstrated in an external evaluation of our work in DR Congo.

Baseline statement:

As identified in the joint research and publication with WHO “Humanitarian Action and Older Persons - An essential brief for humanitarian actors”, with a few exceptions, it identified the absence of structured and specific inclusion of older people in emergency assessment by other actors. This was demonstrated in research carried out in our DFID-supported programme on the inclusion of older people in the Cyclone Nargis response in Myanmar during 2008.

List any documentary evidence of achievements

“The situation of older people in cyclone-affected Myanmar: nine months after Nargis – Policy and programme lessons learned from research in three affected townships”, 2009 (HelpAge International) <http://www.helpage.org/Resources/Briefings#yYZw>

“Older people and Cyclone Nargis: a study of the situation of older people 100 days on” 2008, (HelpAge International)

“Post-Nargis Recovery and Preparedness Plan” – ASEAN (see Chapter 5, p.49 for inclusion of older people): <http://www.aseansec.org/CN-PONREPP.pdf>

“HelpAge International Evaluation of Phase 1 of DEC funded response to North Kivu Crisis” - Chris Johnson, January 2010

“Haiti Earthquake – Key findings from the Multi-Cluster Rapid Initial Situational Assessment for Haiti” – February 2010, UNOCHA Haiti.

Indicator 3:

Between 2008 and 2011, district and national disaster risk reduction plans in five countries in Africa, Asia and Latin America where disasters occur include will have introduced specific measures that respond to the protection and assistance needs of older people.

Progress achieved and challenges faced

Our work on disaster risk reduction and preparedness during the past two year has included two key components: the training of our operational partners and offices from 14 countries in our Disaster Risk Reduction (DRR) model (developed in 2007) and through the implementation of specific DRR programming in six countries.

Progress since 2008:

- In **Latin America**, the visibility of older people in key government agencies' policies and planning has increased as a result of our work in **three** countries. The Vice Ministry of Civil Defence in Bolivia, the National Institute for Civil Defence (INDECI) in Peru, and Acción Social, the agency in charge of the government's programme for displaced people in Colombia, included older people as a vulnerable group. Appropriate actions for older people were specified in the Bolivia National Strategy for Disaster Risk Reduction and in the Colombian Ministry of Social Protection guidelines for older displaced people.
- Our relationship with DFID in **Myanmar** and the **ASEAN Post-Nargis Recovery and Preparedness Plan** (as related in Indicator 1 above) in 2008/2009, is perceived as an important action to see older people's needs both in emergencies and as contributors to DRR planning, and should serve as a future model for achieving this objective.
- Community preparedness training and action planning is active in **Jamaica, Sri Lanka, Bangladesh, Vietnam and Kyrgyzstan**. The development of community plans is proving successful and older people's groups are building relevant liaison or membership with local or national emergency preparedness committees. However, changes in district plans are encountering bureaucracy in Bangladesh and Sri Lanka. Our work also explores the link between DRR and longer-term social protection programmes (particularly cash transfers and the universal coverage of pensions).
- In **Jamaica**, we trained members of our five partners and representatives of older people in four parishes who have now developed community preparedness plans. Our work has increased collaboration with the Jamaica Red Cross and the Office of Disaster Preparedness and Emergency Management (ODPEM), bringing improved visibility for older persons
- The **Vietnam** Red Cross has targeted older people for priority interventions in their draft of the National Law on Emergency, as a result of our risk reduction and emergency response work with partners in the country.

This year, we also launched our *Environmental and climate change action policy*, which complements our existing work on DRR models. Discussions on the models are leading us to a new focus on improved vulnerability analysis techniques, focussing on older people, which we will develop and apply throughout all our programme design and implementation. A review of our approaches to emergency preparedness this year also highlighted that our work will need to adjust its focus to developing more strategic partnerships with proven existing response and preparedness capacities. Our work is successful in mobilising older people themselves, but despite improvements resulting from our training, many of our partners still have insufficient technical expertise in emergencies and this will limit progress towards achieving quality of programming.

Baseline statement:

We developed our disaster risk reduction (DRR) model for older people in 2007, in line with the good practice and objectives of the Hyogo Framework for Action 2005-2015. This work was based on the recognition of an absence of older people participating in district or national preparedness planning in any of the 20 countries in which we have been engaged in emergency responses.

List any documentary evidence of achievements

Donor reporting for 2008:

"Protecting older peoples rights to basic services and security in the Mozambican emergency and recovery response" December 2008. Final programme report for Oxfam Hong Kong

"Bangladesh Cyclone Appeal – Extended Response Programme" July 2009. Final programme report for Disaster Emergencies Committee.

Evaluations:

"Tsunami review - Disaster Risk Reduction Work by DEC Member Agencies" – final report of consultancy, February 2010

Communications:

"Winter Diaries: voices of older people in Kyrgyzstan": (2008, HelpAge International)
<http://www.helpage.org/News/Latestnews/BL4L>

Latin America and the Caribbean:

"Documento país, agenda estratégica para el fortalecimiento de la gestión del riesgo en bolivia", Vice ministerio de Defensa Civil y Cooperación al Desarrollo Integral (VIDECICODI), Financiado por PREDECAN (Apoyo a la Prevención de Desastres de la Comunidad Andina y La Comisión Europea, Octubre 2008. (Bolivia – National Plan for Disaster Risk Management)

"The inclusion of older people in emergency and disaster preparedness in San Borja, Beni, Bolivia" – March 2009, Fundación Para el desarrollo Participativo Comunitario (FUNDEPCO).

"Rehabilitation and disaster risk management for older people in the Dominican Republic" – April 2009, ALA Dominicana

"Older people and climate Change in San Borja – Beni, Bolivia" – 2009, research paper, Marcelo Jitton

Indicator 4:

Between 2008 and 2011, access to services and assistance to 18,000 older people and their families in 12 camps in West Darfur will be sustained through direct HelpAge interventions targeting 2,000 vulnerable older people and by support from agencies influenced by HelpAge.

Progress achieved and challenges faced

We implement activities for older people directly in West Darfur, supporting the protection and welfare of 18,000 older people in 12 internally displaced camps. We have succeeded in delivering services directly to at least **8,000 older people on a regular basis** within the 12 camps, with some interventions helping larger numbers of both older people and other age groups. Our eyecare programme extends beyond these 12 camps.

Progress since 2008:

Our work during the past two years has adapted to reducing levels of displacement, greater stability in the camps in which we work and changing donor funding priorities (particularly ECHO). This has permitted a slight reduction in the volume of services delivered as "distribution" elements of our work, e.g. mobility aids, shelter materials and non-food items. We have needed to reduce our nutrition and health work, but we have been able to sustain support to the most vulnerable and we have increased our work on longer-term initiatives in livelihood support, HIV and AIDS awareness and intergenerational programmes including social activities, conflict resolution and peace-building. Although the recent peace agreement has led to some discussion on the possibilities of supporting returns, it is unlikely that any significant processes will start until after 2011.

Two programme review consultancies at the end of the period have contributed to some important learning and ideas for future direction of our work.

Our **protection, awareness raising and advocacy** work to see greater mainstreaming of older people in vulnerability assessments and programming by other agencies has yet to see substantial impact. We have been successful in lobbying for increased UN agency funding for older people, but we remain with the dilemma of being regarded as the agency "responsible" for older people and we shall need to increase our work to publicise the IASC commitments to address older people across and work to support them in delivering services.

The support delivered to 6,000 older people in **health** (access and emergency drug support) and nutrition (supplementary feeding) has been both significant in scale and success. However, these are both activities that should be integrated into camp programmes and there is a need to better align our statistical evidence to conform to the (age-blind) measures used by WFP, UNICEF and the Ministry of Health, and to build further evidence on the prevalence of chronic diseases to see an increase in drug stocks held by health facilities. Training of camp health staff has proven successful and older people are now provided priority slots for consultations at clinics, which recognises the difficulties older people face in getting to services and prevents them being turned away. We provide a unique service through our eyecare campaigns – which will continue and increase in 2010. The impact of sight restoration after **cataract surgery**, both for older people and their families must not be underestimated.

4,000 older people have been supported with **income generation** activities including agricultural/horticultural support, handicraft and small livestock grants. A recent consultancy review of this work identified mixed impacts of this support, with profitability ranging from poor to very good. The review indicates that the impact should consider not only its economic value – feedback from older people indicates there is a very important social value to many of the activities, bringing older people into better contact with each other and other generations. However, the review also suggests that our work should seek to work more closely with other micro-credit agencies in future, with less emphasis on direct service delivery in our own work.

We are supporting 14 social centres in the camps. Older people's committees manage a significant number of the activities we fund and are crucial in identifying protection and service issues for older people in the camps. The centres are also used for social activities and as the location for our new intergenerational work on HIV and AIDS and conflict resolution. We will be evaluating our intergenerational work in 2010.

Baseline statement:

This indicator sought to provide a demonstration of our work in the field during emergencies and to demonstrate learning on how to design and improve interventions specific to older people both within our own practice and that of others.

List any documentary evidence of achievements

Final reports to donors:

“Continued support to war-affected older people in West Darfur”, UNHCR, reports for 2008 and 2009

“Improving livelihoods & well-being for war-affected older people in West Darfur”, December 2008, UN Food and Agriculture Organisation

“Cross-generational HIV & AIDS prevention in West Darfur”, March 2009, UNICEF

Trip and consultancy report – Vincent Gainey, March to June 2010

Darfur Strategic Review – Ros Armitage, June 2010 (draft)

What is the likelihood that Strategic Objective 4 will be achieved? Rate 1 to 5.

2

*Part C – Lessons Learned***What lessons are being learned from this PPA?**

The value of PPA funding to HelpAge cannot be overstated. As unrestricted funding, for an organisation with very constrained access to such income, it provides flexibility to achieve impact in areas of strategic priority as well as being able to position ageing issues in a competitive and complex political environment in a way that restricted funding is unable to do. It also plays a crucial role in providing us the resource base to leverage funding for our work from other sources and donors, as can be seen from our income growth over the last five years. Our Latin American programme is particularly benefiting from additional PPA funding for the region and funds partners and programme work from this income.

The timeframe of our PPA and the introduction of our thematic targets in 2005 and their revision for 2010 have been concurrent, and together have supported a clear prioritisation of programme focus, knowledge generation and policy influencing & advocacy and have supported the significant and increasing delivery of services in our work, which we intend to double by 2015.

We have focussed our **knowledge generation and achievement of impact** in the areas of older people's participation in decision-making processes, holding governments to account, social protection (particularly pensions), HIV & AIDS and humanitarian action. We have been able to increase technical and policy capacities ensuring that programming, monitoring and learning, policy and advocacy/communication are strongly linked.

Dissemination of knowledge has been improved internally through training (particularly in social protection, HIV and AIDS and emergencies) and the introduction of an intranet.

Externally we have begun to target wider audiences (outside the development sector itself), making our work more accessible by changing our corporate writing style and visual identity, alongside improvements to our website and the use of new media – YouTube, Yahoo! Flickr. These have made access to our learning and achievements more open to public audiences.

Re-building our communications reflects our recognition that as part of a global network, we need to increase the level of political activism with and for older people – progress in our campaigning work and increased use of our older citizens' monitoring model with older people's groups demonstrate the effectiveness of these approaches.

Our **organisational influence** has grown strongly during the lifetime of the PPA, and we have revisited our network and strategic relationships, including deepening our engagements with governments. Strengthened relationships with academia globally on issues of pensions, rights and health have formed, or are developing, e.g. with the Economic Policy Research Institute (South Africa) and the Universities of Manchester, Canterbury and Durham (UK), with a new emphasis on partners for our health work including SightSavers, Alzheimer's Disease International and the WHO Ageing and Health Department. An improved understanding of the UN Human Rights system has already supported our work in influencing the UN Committee on the Convention for the Elimination of Discrimination Against Women, and is now helping us to consider our engagement in a possible convention on older people's rights.

PPA funding in Latin America is helping us to access and learn from other PPA holders, and to strengthen our relationships with civil society organisations and governments across this continent. The Latin America PPA partners convened a conference on climate change in May 2009, to share experiences, lessons learned and further discuss ways of addressing climate change in the region in preparation for the International Conference on Climate Change.

Building our governmental relationships with DFID, SADC and EAC has led to significant impact on social policy development and HIV and AIDS strategies. We have also intensified relationships with EU institutions and member states (e.g. Germany, Ireland and the Netherlands) and strategic engagement with national and international NGOs such as the Africa Civil Society Platform (which includes many other PPA holders). Our learning from our social protection work in Africa has also informed our engagements in Asia, Latin America, Central Asia and the Caribbean.

Specifically describe innovative learning

Some specific topics of ongoing learning include:

Pensions, benefits and cash transfer schemes:

- Development of feasibility study methodologies for social cash transfer and pension schemes: building evidence and national ownership, e.g. Malawi and Tanzania social pension feasibility studies.
- Micro-simulation and poverty analysis to assess the impact of social pensions and cash transfer schemes with governments
- Financing and affordability of social pensions and child benefits
- Age registration and civil registration systems in the context of citizenship and good governance
- Research into the barriers to accessing social pensions and the role of older people's groups (Nepal)
- Social accountability methodologies (Hunger Safety Nets Programme, Kenya and Food Subsidy Programme, Mozambique)

Community mobilisation and rights:

- Cross-regional study on the role of Older People's Associations in development
- Older women's and widows rights: abuse, witchcraft, land and inheritance rights (Tanzania, Burkina Faso, Mozambique)
- Gender integration in programming (Latin America)

Livelihoods:

- Research into the role of OPAs in income generation programmes
- Decent work and older people
- The impact on migration on older people on their income and role as carers (Kyrgyzstan, Jamaica)

Humanitarian action:

- The impact of cash transfers on older people in emergencies
- Pilot intervention in the use of solar-powered lighting, radio and mobile phone equipment in the Haiti response
- Assessment capacities in emergency responses
- Enhancing methodology on beneficiary accountability in emergency and recovery programmes.
- Using "live" learning analyses in emergency responses (Haiti response)

HIV and AIDS:

- Psychosocial Guidelines to support Older Carers of Orphaned and Vulnerable Children (OVC) and People Living with HIV and AIDS (PLHIV)
- Home based care guidelines for older people and carers – Tanzania and Kenya
- The Impact of Cash Transfers on Older Carers of OVC and PLHIV in Eastern and Southern Africa
- The role of traditional health practitioners and traditional leaders in HIV and AIDS prevention and mitigation.
- learning and good practice in HIV and AIDS programming and policy successes and the role and impact of multi-agency civil society organization advocacy groups in policy influencing.

Health:

- Community based home care model (HelpAge Korea) – developed for East Asia
- Models of self-care for healthy ageing and prevention of chronic diseases in development in East & South Asia (Tsao Foundation) and Latin America (Bolivia and Peru)
- Integrating prevention and treatment of diabetes in local health service provision (Kyrgyzstan)

Part D – Partnership with DFID

Partnership with DFID

We believe our partnership with DFID is strong and as identified in the summary of partnership in Section A of this document, is resulting in a range of mutual benefits and supporting our ability to significantly increase our work in particular for the delivery of services. Presently, the global Mutual Accountability Framework between us and DFID has not been concluded, except with the Latin America PPA (LAPPA) Partnership Framework Documents which complement the Global PPA. It needs to be said though that whilst we understand the need to reinforce our accountability, the meetings and discussions to address changes to performance matrices and mutual accountability have not produced effective learning or enhanced the strategic partnership. The introduction of stakeholder managers in CSD for PPA holders is perhaps a more encouraging sign, potentially creating the opportunity for a more effective conversation on performance and strategically important issues on both sides.

Under the LAPPA Partnership Framework, we engage on a monthly basis with other LAPPA agencies and with DFID, through attending meetings, sharing information, and planning and participating in joint events. The engagement is on a more regular and formal basis than happened prior to being a part of LAPPA, as a result of having partnership objectives in addition to development objectives included in the framework.

Our work with DFID in social protection and social cash transfers is particularly noteworthy in Tanzania, Kenya, Myanmar, Uganda and Kyrgyzstan and has led to significant impact. Also there is growing engagement on issues such as emergencies, climate change, social exclusion, rights, HIV and AIDS and the working level engagement and consultation with DFID has generally been encouraging. Our partnership with DFID in-country in Myanmar and ongoing work with DFID CHASE has led to exciting new opportunities through the Assessment Capacities Programme (ACAPS) and the humanitarian response programme under the Consortium of British Humanitarian Agencies (CBHA).

However, in terms of future engagement with DFID, we will continue to seek a deeper and more senior relationship in a number of areas. In terms of social and human development policy, we have brought ageing issues into many of DFID's policy discussions but had very limited success in addressing demographic change and its implications in a holistic manner. It is fair to have to say that there is a general "blindness" in DFID of ageing and the realities of demographic shifts outside the social protection and HIV and AIDS care debates. This is largely due to the nature of the MDGs and the invisibility and exclusion of ageing issues as part of the MDG debate and process.

In particular, although we see DFID as supportive of a number of our key goals in policy change, such as in building social policy/protection frameworks and cessation of health user fees, we hope to encourage greater DFID's greater engagement on action on non-communicable diseases, recognition of the care giving and receiving needs of older people and greater inclusion in emergency response and preparedness both at policy and programme/country level. To address this, we continue to ask DFID to support our access to senior ministerial levels to be able to advocate for stronger leadership formulating ageing and development policies, and to consider the possibilities of utilising secondments from us to support specific areas of mutual interest.

*Part E – Corporate Governance and Organisational Change***Provide evidence of how your organisation demonstrates good corporate governance, whether this has changed as a result of the PPA, and if so how.**

The PPA contributes to our unrestricted funding and hence all implementation, monitoring and development of corporate standards and governance is supported PPA income.

Status and governing document

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

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

Organisational structure

HelpAge International is the secretariat of a network of affiliates. Affiliation with HelpAge International is a formal relationship which is open to any bona-fide organisation involved in issues of individual or population ageing, with the capacity of working with HelpAge International in its advocacy, research, policy, developmental, capacity-building, programmatic or other work. HelpAge International works with both affiliates and independent partner organisations at an operational level in the implementation of a specific contract. HelpAge International's operational and policy development centre is based in London and supports six regional development centres for Africa, East Asia Pacific, South Asia, Eastern Europe and Central Asia, Latin America and Caribbean. HelpAge International also works through country development programmes and country project offices.

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

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

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

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

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

Trustees

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

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

New trustees are nominated either by the affiliates or identified by existing trustees or senior staff. All prospective candidates are interviewed by the Chief Executive and a

recommendation placed before the Board by the Nominations Committee for consideration and vote. Once appointed, new trustees undertake a comprehensive induction programme, meeting with key staff throughout the organisation. Trustees are actively involved in supporting and promoting HelpAge International in many different ways according to their interests, specialist skills and location.

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

Risk management

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

Human resources:

HelpAge International complies with UK equalities legislation and demonstrates this through its HR policies and practices. HelpAge implements an Equal Opportunities policy throughout the organisation. We have a whistle-blowing policy and disciplinary and grievance procedures so there are clear and secure complaints mechanisms in place to deal with any breach of these policies.

HelpAge is implementing our Protection Policy for Vulnerable Adults and Children to all our staff and partners. All staff sign the protection policy and code of conduct to ensure they adhere to our expected behaviours on protection and equality.

These policies are accessible to all our staff through induction, intranet and training and development practices.

HelpAge is a member of People In Aid and follow their Code of Good Practice.

Humanitarian Action:

HelpAge is a signatory to the Red Cross Code of Conduct, the Sphere Guidelines for Minimum Standards in Disaster Response and is presently in discussion with the Humanitarian Accountability Programme, with a view to future membership.

Please provide any evidence to show how PPA funding allows you to take risks and innovate (if at all).

We have been able to undertake a number of organisational strengthening activities which we would not have been able to in the absence of PPA funding. These have included:

- **An organisational review** – using “appreciative enquiry” techniques to revisit the composition of our management structures and technical expertise in line with our new Strategy to 2015.
- Development of an organisational **Environment and Climate Change Policy** – which addresses how both HelpAge programmes and as an organisation can mitigate against, and prevent harm, by our work as an organisation.
- **Establishing new Affiliates in Spain and the USA** – using a £1million venture capital loan (with a 15% share by HelpAge) to support the establishment of an Affiliate in Spain, and funded the establishment of a US Affiliate, both with the objective of implementing public awareness and fund-raising campaigns.

Part F – Cross-cutting issues

Describe any work your organisation has done on Gender and Faith if applicable (this question will be limited for the period 2008-2011)

Gender - Please describe how your organisation is mainstreaming gender in its work, as well as any specific work your organisation has done to promote gender equality and women's empowerment.

Faith - Please describe how your organisation is working with faith groups and communities [Maximum quarter of a page for each].

Gender:

We monitor the levels of inclusion of women in our programmes (presently between 65 to 70% on average), and we are undertaking innovative specific programming on older women's rights, supported by specific and appropriate service delivery and support, in Tanzania, Burkina Faso and Mozambique. These programmes in particular focus on widows' rights relating to witchcraft, violence, land rights, inheritance law and practice and also access to gender-specific health services.

We have paid specific attention the rights of older women within our policy work. We submitted parallel reports to the CEDAW Committee on older women's rights in Bolivia and Tanzanian in 2008, both of which resulted in recommendations from the Committee for Government action to better protect older women's rights. We will submit parallel reports in Uganda, Burkina Faso and Kenya in 2010. To extend attention of older women's rights beyond a limited number of countries, we successfully advocated for a CEDAW general recommendation on older women. As a result we were invited to develop the initial draft and submitting evidence on discrimination against older women from across our programmes. The General Recommendation is due to be adopted in July 2010 and, if implemented, will ensure better inclusion of older women in the implementation of CEDAW in the 186 countries that have ratified it. We have also engaged with the Commission on the Status of Women, in 2008 on older women carers and in 2009 on the extent to which older women have been included in the implementation of the Beijing Platform for Action. We submitted evidence in 2010 on discrimination against older women to the Office of the High Commissioner for Human Rights for its report to the Human Rights Council, September 2010 and worked with the Independent Expert on the question of human rights and extreme poverty to ensure her report on social pensions in 2010 included a gender perspective. We are now well positioned work with the new entity UN Women, the United Nations Entity for Gender Equality and the Empowerment of Women.

Our work on women is profiled in our July 2010 magazine Ageways:

<http://www.helpage.org/Resources/Regularpublications/Ageways>

Faith:

Faith and spirituality become increasingly important for many of the people with whom we work as they grow older, and we have worked with faith-based organisations since our inception. About 60% of our Sponsor a Grandparent partner agencies are faith groups and are very effective in the service delivery of health, homecare and welfare support for many of the poorest and most marginalised older people in the communities where they work. Our own work has included cooperation with religious communities such as Buddhist monks whose temples provide shelter for older people (for example in Thailand). We also support the religious observance of older people, including for example organised visits to shrines in Sri Lanka. Our mandate however requires us to be impartial in relation to religious preference and we work with our partners to ensure the same values are applied in their work. We do not believe we are knowingly excluding any faith group from our work.

Latin America PPA Annex – HelpAge International

Part I - Progress against LAPP Development Objectives

Progress to date against LAPP purpose statement

To reduce poverty and inequality through empowering civil society to address social, economic and political exclusion.

Over the course of our LAPP we believe we can point to the following list of achievements, which reduce poverty for older people and their families and narrow the gap of inequality and social exclusion. The question of attribution always arises, but we believe that we and our partners have made a significant contribution, as demonstrated in this report.

- Over 1.5 million older people in Bolivia, Ecuador and Paraguay are benefiting (or will soon benefit) from the creation or expansion of social pension schemes with an annual transfer value of around US\$500 million. This results from political and constitutional commitments from governments to better address the needs of older people in part due to technical assistance provided by us and our partners.
- There is now an active debate in Peru for the introduction of a social pension, which if implemented has the potential to support over 2.2 million older people.
- 35,000 more older people in Bolivia now access the national health insurance scheme for older people. We contributed to the recently adopted Regional Strategy and Plan of Action on Ageing and Health (2008 – 2019) of the Pan American Health Organisation (PAHO), which national Ministries of Health (MoH) will work toward. In Bolivia, we worked with PAHO and the MOH on developing an integrated programme for older people's health. Pilot projects and studies in Peru, Bolivia and Ecuador are intended to demonstrate cost effective means of improving access of older people to health services and improving quality of care, to influence national policies and programmes.
- 116,000 older people in the region are organised into formal groups which actively engage with local authorities and national decision makers to improve service provisions in terms of both access and quality.
- Greater recognition of the rights and needs of older people in a number of international agencies, including UNASUR, PAHO, ECLAC, UNFPA, ILO, GTZ, and ECHO/DIPECHO².
- Regional dialogue on the promotion of older people's rights, including influencing governments and regional bodies to meet commitments under the Madrid International Plan of Action on Ageing, which commits governments to include ageing in all social and economic development policies, and to halve old-age poverty by 2015, in line with Millennium Development Goals (MDGs). In Latin America governments committed in the Brasilia Declaration (2007) to exploring the possibility of establishing an international convention on the rights of older people.

Older people continue to face high rates of poverty, discrimination and social exclusion. Our work has proven that by working with older people, their families and communities in a rights based, integrated and intergenerational approach, older people are better able to meet their basic needs, live in dignity, and contribute to society and national development. Our work is also increasing the visibility of the impact of demographic ageing, a crucial step to working with governments to expand social protection programmes and increase access to appropriate health care for older people.

² South American Union of Nations (UNASUR), Pan American Health Organisation (PAHO), United Nations Economic Commission for Latin America and the Caribbean (ECLAC), the United Nations Population Fund (UNFPA), the International Labour Organisation (ILO), German Technical Cooperation (GTZ), and European Commission – Humanitarian Aid & Civil Protection (ECHO) / Disaster Preparedness ECHO (DIPECHO).

Progress against LAPP Development Objective indicators

Indicator 1:

More accountable public and political systems for effective delivery of services and good governance in the region. (Development Objective 1)

HelpAge indicator: By 2011 at least 3 countries in Latin America have extended their coverage of social services to older people specifically in the area of health and non-contributory pensions.

Sub indicators for HelpAge:

- 40 Older Citizen Monitoring groups in three countries participate in the design and monitoring of public social services and advocate with local authorities to improve service delivery
- 20% increase in coverage of social security and health entitlements in at least three countries
- New policies and programmes in at least 3 Latin American countries ensuring equitable access to free basic health care for older people (including the establishment of 20 age-friendly Primary Health Care Centres)

Progress achieved and challenges faced

40 Older Citizen Monitoring (OCM) groups in three countries participate in the design and monitoring of public social services and advocate with local authorities to improve service delivery.

- We have funded and supported our partners to form a total of 21 OCM groups in Bolivia and Colombia up to May 2010. In Peru, our partners trained 117 older people as rights defenders in Lima and Ayacucho. In Ecuador and Paraguay older people's groups are planning to monitor the new social pensions, which they were involved in designing.
- In Bolivia, 12 rural municipal OCM groups (240 older people) resulted in more effective implementation of the national health insurance scheme for older people (SSPAM), contributing to signing of service contracts between local governments and local health services to provide primary, secondary and tertiary health care. A further 5 urban OCM groups (50 older people) monitor health delivery at a local municipal level.
- In Colombia, 4 OCM groups (80 older people) monitor access to health and the economic subsidy for older people, including older internally displaced people.

20% increase in coverage of social security and health entitlements in at least three countries.

1.5 million older people in Bolivia, Ecuador and Paraguay are or will soon be covered with increased social protection by 2011 as described below:

- In Bolivia, 35,000 new older people are now able to access health services free of charge by our support in helping them register on the national health insurance scheme (SSPAM) in 2008 and 2009. This represents about 5% of Bolivia's older population and a 16% increase in coverage compared to 2006, when around 221,000 OP (then 34% of the older population) were affiliated to the scheme. In the 19 municipalities of a PPA funded pilot project, affiliation has increased from 30% to 53% of the target population.
- In Ecuador, there will be an increased coverage of social security once the near-universal pension, agreed and included in the new constitution in 2008 and due to start in 2010, is in operation. Currently only 28% of the population of Ecuador is in the contributory pension system, which means that 72% of older people (nearly 700,000) will gain access to social security.
- In Paraguay, a basic social pension was approved in 2009 for the poorest older people (i.e. not universal) which will benefit 82,000 older people (more than 20% of over 60s) with US\$70 per month, due to start in 2010.

A major component of our contribution to the above is the training of government staff, partners and older people's groups on the technical and political aspects of pension design to develop their own proposals and advocacy. We have supported the learning of governments and partners through exchange visits and by running a micro-simulation course for government representatives.

New policies and programmes in at least 3 Latin American countries ensuring equitable access to free basic health care for older people (including the establishment of 20 age-friendly Primary Health Care Centres).

- In Bolivia, work towards age friendly facilities as part of the LAPPA funded pilot project means that 95 facilities from 19 rural municipalities (out of 337 nationally) have undertaken a baseline diagnosis on the older population within their area and are planning new activities such as home visits. We signed an MOU with the MOH for 2009-11 to provide technical assistance on older people's health (including tools for monitoring older people's health), to seek financing for its programmes, and to support the development of an integrated national programme for the health of older people together with the local PAHO office. We also helped connect staff in charge of older people's health with other relevant departments of MOH.
- In Peru, 33 rural facilities (157 members of staff) from 2 regions received training in tools for self-care and geriatric evaluation. 3 guidelines are being developed by the project, (Team work for Older People's Health, Older People Evaluation Form/Training Guidelines, and Self-care Training), with the aim for adoption by the Peruvian Ministry of Health (MINSA).
- In Peru and Ecuador, training of MoH staff as well as SABE studies (focused on health and older people) with PAHO (both supported by PPA funds) strengthen the technical and evidence base management for older people's health programmes as part of national health policy.

CHALLENGES & LESSONS

- Bolivia is undergoing profound change in governance and policy, and the full political agenda makes it all the more difficult to get issues of ageing and older people onto the radar of ministers and key decision makers. This is further complicated by constant changes of staff in national departments and local authorities. In contrast, the World Bank and IADB also face challenges in introducing or expanding social protection programmes in the challenging political and economic contexts of Peru and Colombia.
- The ministries dealing with social issues and excluded groups do not have the human, financial and technical capital to gain sufficient clout in government to push through new ideas and proposals. It has therefore been more strategic to begin to work directly with ministries of finance, departments for pensions, etc, on modelling possibilities for implementation of social pensions.

List any documentary evidence of achievements

Resolution 49/8 of Executive Committee PAHO
 MOU signed between HelpAge and UNASUR
 Minutes of meetings between Bolivian Ministry of Health and Bolivian National Association of Older People (ANAMBO)/HelpAge/Fundacion Horizontes
 Ministerial Resolutions Ministry of Health Bolivia
 HelpAge internal project reports
 MOU signed between HelpAge and Ministry of Health Bolivia
 Ecuador: SABE report (to be published) and qualitative study protocol
 Annual plans from Bolivian and Peruvian Ministries of Health
 Publications by Ministries: Model of Care (Bolivia), Protocols of Care (Bolivia, Resolution August 2009) and Geriatric Evaluation Form, Self-care Health Education Flipchart in Peru
 The new constitutions of Ecuador (2008) and Paraguay (2008)

Indicator 2:**Poor and marginalised people having greater voice in decisions that affect their lives. (Development Objective 2)**

HelpAge indicator: Older people's organisations proactively engaging with policy makers and presenting policy recommendations in at least 8 countries to respond to their commitments.

Progress since 2008:

- 21 older peoples' organisations in Bolivia, Peru and Colombia have been trained to monitor health services designed for their use, which has generated an awareness and degree of empowerment in older people themselves that is indispensable to complement work with government.
- In Peru, provision for Centres for Integrated Attention to Older People (CIAM) to be established in every municipality in the country was included in the law for older people (2006). We have monitored progress on this commitment, and with work of partners in Ayacucho and Lima, and the Peruvian National Association of Older People (ANAMPER), have ensured the establishment of 7 CIAMS in 7 municipalities in Lima and Ayacucho by the end of 2009.
- In Peru, ANAMPER has been invited to join the national congressional committee on social security, and it presented six proposals to the government on *inter alia* social non-contributory pensions, preferential treatment for older people, the allocation of 25% of the municipal budget to CIAMS, and guaranteed work places for older people. In 2008 a discussion on a non-contributory pension would have been impossible in Peru. We have supported ANAMPER to strengthen its governance, its ability to train older people on pension proposals, and facilitate engagement with congress, parliamentarians, media, academics and key institutional allies such as UNFPA, ILO and the national platform on the fight against poverty (MCLCP). This work contributed to the greater openness to discussion of a social pension.
- In Bolivia, the law which established and regulates SSPAM (law 3323), provides for older people to monitor the implementation of the scheme as civil society. With our key partner *Fundacion Horizontes*, Bolivia's National Association of Older People (ANAMBO) now interacts on a regular basis with the MOH, informs it of levels of implementation and difficulties in the field, and informs its own affiliates of the norms and regulations provided by the law. Local organizations of older people have pushed their local governments to implement SSPAM in 40 municipalities. As a result, specific Ministerial resolutions have been obtained, one to sanction municipal governments that do not comply with the regulation of the law and to make the services available to older people in their constituency, and another allowing for the contracting of human resources under SSPAM. As the law on SSPAM will be included in a wider Universal Health Insurance Scheme in 2010, ANAMBO will work to ensure that the provision of services for older people does not suffer as a result.
- In Ecuador, the concept of universal retirement was approved in the new constitution in September 2008. We worked with our partners and the older people's network (RENPERMAE) and contributed to the introduction and design of the policy, which it is hoped will come into force in 2010.
- In Paraguay, we supported older people's lobby groups, alongside direct contact with the Paraguayan government and other key actors and agencies, to influence the new social pension and necessary preliminary studies on the conditions of older people.

CHALLENGES & LESSONS

- A key lesson is that our work is successful because we work with stakeholders at various levels to support them to perform more effectively in their role. We constantly refine that approach within the Latin American context to shift and widen social protection discussions and programmes. Recent examples include training older people to make well grounded technical proposals to government; developing evidence and research with respected academics and international agencies (ILO, UNFPA, etc.) to show the feasibility of proposals; and raising awareness with governments, key policy makers and opinion leaders (including through south-south exchange).
- The older people's networks in Ecuador, Paraguay and Colombia remain weak with poor governance and national representation, which constrains their organisation and

interaction with national platforms and government ministries. We are using PPA funds to work with the existing networks of older people to improve governance, representation, advocacy and influencing capacity and recognition by local and national government.

List any documentary evidence of achievements

Constitutions of Ecuador (2008) and Paraguay (2008) and subsequent regulations on social pensions.

Internal HelpAge project reports

Indicator 3: Increased capacity of poor people, communities and governments to reduce disaster risk and vulnerability to climate change and adapt to the impacts of climate change. (Development objective 5)

HelpAge Indicator: In at least 4 countries existing disaster risk reduction policies and practises are more age friendly

HelpAge's sub indicators

- 40% of HelpAge partners are trained to integrate the DRR approach in their projects.
- 2000 older people trained as rapid response teams and scaled up to 10 teams per country in Peru, Bolivia and Nicaragua.
- Policies of at least two international agencies include the needs and contributions of older people in DRR, climate change adaptation, and emergency response.
- Intergenerational knowledge exchange on locally appropriate climate change adaptations in a total of 30 communities in Bolivia, Peru and Nicaragua.

Progress achieved and challenges faced

Progress since 2008:

DRR and emergency response efforts in the region are still wanting in their recognition of older people as a vulnerable group with specific needs and contributions to make, and that except where we are working directly, policies and practices have not changed in the last 5 years to incorporate them in practice. Our work is beginning to make a difference:

- The visibility of older people in key government agencies in 3 countries has increased as a result of our work: the Vice Ministry of Civil Defence in Bolivia, the National Institute for Civil Defence (INDECI) in Peru, and Acción Social, the agency in charge of the government's programme for displaced people in Colombia, evidenced by inclusion of older people as a vulnerable group and appropriate actions in the Bolivia National Strategy for Disaster Risk Reduction and the Colombian Ministry of Social Protection guidelines for older displaced people.
- In Bolivia, older people are included in the national strategy for emergency response and DRR, as a result of our participation in a key meeting to develop the in 2008. We are now a member of the National Emergency Committee, meaning that when a state of emergency is declared we and our partners can apply for emergency response funding.
- In Nicaragua, we supported a pilot project to strengthen older people's food security. The livelihoods of 70 families headed by older people and affected by the hurricane season of 2008 were recovered through the distribution of certified seeds, fertilizers, and other inputs. Crop harvest increased by 80% compared to the period before Hurricane Mitch, and the surplus was sold, increasing income for beneficiaries. Further partner mapping and exploration of engagement in Nicaragua is planned in 2010-2011.

In relation to HelpAge's sub indicators:

- More than 70% of our partners have been trained to integrate DRR into their projects in Bolivia, Peru and Colombia.
- In Bolivia, we worked to protect older people in three areas that experience recurrent flooding. 90 older people from 30 municipalities of the tropical zone of Cochabamba, 50 older people from 7 municipalities of Yungas, and 70 older people from 6 municipalities of the Bolivian lowlands received training for *white brigades* in 2009. Work on this target will increase significantly in the next year. We began supporting an Italian NGO, COOPI, to integrate an ageing perspective into its existing DIPECHO funded DRR projects in Lima, helping them develop *white brigades*, and training trainers of their Peruvian partners to replicate more groups.

- DIPECHO recognised us as a potential partner in their last two calls for proposals in the region, in part as a result of the work and learning of the two pilots in Bolivia and Peru. Learning from the pilots enabled an alliance in Bolivia with PPA partner OXFAM GB and two new local partners, FUNDEPCO and Fundacion Beni, to work with older people in participatory urban planning for DRR and climate change adaptation.
- In Colombia, we established a national office to develop a Colombia country strategy and work with local partners for the implementation of projects with the internally displaced population with support from PPA funding. ECHO is now funding its first project in Latin America specifically targeting older people as a vulnerable group through us. The project provides improved humanitarian assistance and protection to the population affected and displaced by Colombia's internal conflict in a district of the city of Cali, Aguablanca, with a particular emphasis on older displaced people and their families. Activities include socio-legal advice; psycho-social support; and raising awareness of older people's rights with local authorities.
- Also in Colombia, the Ministry of Social Protection is developing specific guidelines on how to assist older people affected by displacement, with support from us and UNHCR, as part of a series of guidelines developed for different vulnerable groups (children, indigenous and afro communities, women and disabled people under Constitutional Court ruling T-025). These are due for publication in August 2010.
- In Peru, older people are benefiting from a PPA funded pilot project to mitigate the effects of climate change in the Andes. 130 older people in Ayacucho were provided shelter and clothing, 30 affected houses refurbished to withstand the cold, and high yielding variety seeds were distributed in the communities. The results of this work were shared in a regional meeting on "Older people and cold waves in Ayacucho" with participants from 43 organisations. The Peruvian Ministry for Women and Social Development (MIMDES) and UNFPA were among the participants committing to develop more projects in favour of older people based on the model of the pilot project. Authorities in Ayacucho are now more aware of the situation of older people in relation to DRR and climate change adaptation methods, and it is hoped the model can be replicated to have greater impact at a national level.

CHALLENGES AND LESSONS

- Inadequate funding of disaster management institutions such as the civil defence.
- Constant change at local and national levels of government makes it difficult to lobby for concrete changes on older people's rights and inclusion in emergency situations and DRR measures.

List any documentary evidence of achievements

Bolivian National Strategy for Disaster Risk Reduction

Colombian Ministry of Social Protection guidelines on how to assist older people affected by displacement (to be published in August 2010)

DIPECHO calls

ECHO project documents and publication and video

Forthcoming UNHCR/MPS guidelines on older displaced people

Internal HelpAge report on winterisation pilot project in Peru and FUNDEPCO climate change adaptation project

Project proposal documents for integrated waste management proposal with OXFAM GB and FUNDEPCO

Indicator 4: Latin America to have a strengthened role in regional and South-South lesson learning

HelpAge is working towards this target under output 4 of its Expression of Interest (EOI), although it does not have a specific indicator under this development objective assigned in the Partnership Framework. The target in the EOI is as follows: *Experiences and lessons learned are exchanged and disseminated effectively between partners and other development organisations in the region.*

Progress achieved and challenges faced

Results in this area include:

- Adoption of the Regional Strategy and Plan of Action on Ageing and Health (2008–2019) by the Ministries of Health of the Pan American Health Organisation (PAHO), which promotes action in three areas: primary health for older people, training of human resources, and undertaking research to address non-communicable disease. Our regional health adviser contributed to the strategy and has been invited by PAHO to sit on the advisory committee for its implementation. This strengthens our ability to act as a resource on ageing and health in the region, allowing us greater leverage with Ministries of Health to ensure their health policies are in line with the PAHO plan, and thereby ensuring more effective delivery of services to older people throughout the region.
- Sharing successful country experiences (such as the Bolivian social pension Renta Dignidad) with other regional governments through study visits by government officials in Colombia, Mexico, Brazil, Chile, Peru and Bolivia. Also, we organised a micro-simulation course on social pensions in La Paz, Bolivia in October 2009, with the technical support of South Africa's Economic Policy Research Institute, a long-standing HelpAge partner on training and pensions. Financial support was provided by DFID LAPP, IFKO (a Dutch foundation) and UNFPA. Government pension experts from Bolivia, Ecuador, Paraguay, and Peru participated. One outcome of the training was that Paraguay requested technical support from the Bolivian government (based on the experience of the social pension Renta Dignidad) for input on the design of its new social pension.
- We initiated an alliance with the ILO and UNFPA in Peru to write a chapter on social pensions in the region as part of an influential publication on the need for a social pension in Peru.
- We successfully lobbied for a regional conference on social pensions. It was held in Lima, Peru in November 2009, organised by ECLAC and GTZ, and will result in the publication of a book in 2010 on social protection in Latin America. ECLAC has since invited us to present at several policy events on social protection for older people, and to submit a chapter to the above book on this subject which will be a reference point in the region.
- We signed an MOU with the South American Union of Nations (UNASUR), along with UNFPA, UNDP and UNIFEM, for 2010 to work with its secretariat for social development on promoting social policy and social protection for older people in South America. This enables us access to governments beyond our current programmatic reach and allows for greater south-south learning and replication of successful social protection and social pension models. A social development meeting of UNASUR in March 2010 focused entirely on policies for social protection of older people as a result of our lobbying and technical support.
- The concepts of active ageing, life cycle, and rights based approaches are now used by ministries of health and social protection, PAHO, UNFPA and other key actors in discussions on older people's health and social protection without our needing to push for them; but the challenge remains to have these approaches made explicit in policy and official documents.

List any documentary evidence of achievements

Internal HelpAge project reports
 Reports by participants of micro-simulation course
 "Experiences of non-contributory pensions in Latin America" published by HelpAge International in "Ageing with Dignity: Non-contributory pensions for Poverty Reduction in Peru"
 (Caritas Peru, UNFPA, HelpAge, Mesa de Concertación y OIT, Lima, April 2009).

Publication by ECLAC and GTZ on social pensions with chapter by HelpAge (forthcoming)
 HelpAge internal report of UNASUR meeting March 2010

Part II – Progress against LAPP Partnership Objectives

What lessons are being learned from LAPP?

Flexible funds make it possible to achieve much with relatively little money.

The following points demonstrate the value of flexible funds in our key areas of work, all of which were supported by LAPP funds. Across the areas, flexible funds have enabled us and our partners to gain access to government and international organisations at a higher level than before, with concrete results as described above in the indicators.

- In social protection, we provided technical assistance to both partners and governments and brought in international organisations with other specific expertise to design new and improve existing social pensions. This area is a moving target, and classic project funds would make it difficult, if not impossible, to remain flexible to make the most of new opportunities and contexts. In Peru, it became clear we needed to invest more than originally anticipated given the resistance of government to even consider a social pension. After our efforts together with other national and international organisations, the government is now more open to discussion. In Paraguay and Ecuador, when new governments committed to reaching older people as a vulnerable group came to power, we were able to invest in providing technical assistance to government and provide training to leaders of older people's organisations on how best to input into the social pension design.
- In health, flexible funding enabled us to provide technical assistance to the Ministries of Health in Peru and Bolivia, and as with social protection, which would have been challenging or impossible without flexible funding. LAPP funding also made it possible to support pilot studies to demonstrate how health staff at local levels can better plan the use of health resources in order to respond more adequately to older people's needs.
- In DRR and climate change, our experience in the region was limited prior to LAPP. The flexible funds allowed us to invest small amounts strategically to raise the issue of ageing into the wider climate change discussions and to build our capacity and understanding on these issues. Learning from the pilot projects described under indicator 3 enabled us to forge new alliances and establish new models of working with older people in these areas.
- The PPA has enabled us to develop thematic expertise in all the above areas. Prior to LAPP, staff in the region managed different projects with a mix of themes, but we lacked specific regional advisers in the key thematic areas. The continuity and expertise that has come with the regional advisers helped develop relationships in a way previously impossible. It has meant a significant change to the level of our programming, helping us become more strategic and flexible in our approach, and helping us to engage at higher levels.

LAPP has enabled additional funds to be leveraged from other donors

Donor funding in the region is increasingly scarce. LAPP funds have enabled us to develop relationships with new donors, including bi-laterals such as the Spanish, Canadian, Belgian, Italian, and Dutch governments; multilaterals such as the Inter-American Development Bank; and some private foundations. Our greatest successes have been to secure i) an ECHO contract and funding from IrishAid to work on the issue of older people displaced by the conflict in Colombia, and ii) a partnership agreement for four years with SIDA to implement a comprehensive strategy in Bolivia including issues related to rights and governance, climate change, social protection and access to health. LAPP support has also enabled us to partly co-fund an EC project that is directly related to the relevant indicators in the LAPP performance framework.

Partnership with DFID: progress, challenges and lessons

The LAPPa partnership model has much strength and has enabled an effective partnership with DFID and other LAPPa agencies. The LAPPa model has good lessons for other PPAs, especially the partnership arrangement and a formalised engagement with DFID that goes beyond the administration of the contract into joint work. The LAPPa partner and steering committee meetings in London and the learning events in the region provide a forum which enables agencies and DFID to coordinate knowledge sharing, influencing and policy activities.

A strength of the LAPPa partnership model is its clear ToRs and objectives for the partner group and steering committee. It has been challenging to maintain input from the region into LAPPa discussions, largely as a result of the structure of the LAPPa partner and steering committee meetings. One attempt to address this was to include a regionally based LAPPa member on the steering committee, and this experience should be built on further in future for greater representation of staff in the region.

The LAPPa Partnership Objectives

1. Knowledge sharing and lesson learning: LAPPa formalises a regular exchange of knowledge between the LAPPa partners. We have contributed to all regional and London based events and meetings, and were able to contribute to events and discussions on the economic crisis, social exclusion and social policy based on our experience in social protection. We presented an overview of the work of the 12 LAPPa agencies at the LAPPa policy meeting on Social Exclusion at DFID in April 2010. The exchange with other LAPPa organisations on climate change in the region was timely and informative while and is helping to refine our climate change strategy. We are the only NGO working to include the needs and contributions of older people in the climate change debate. HelpAge participated on the Steering Committee in the role of Secretary from June 2009 – June 2010.

2. Communications:

- We contributed to two joint LAPPa communications with the IDB. The first was a joint letter to the IDB president in July 2009 regarding the IDB strategy for the 9th General Capital Increase (GCI-9) highlighting inequality, poverty and climate change as areas LAPPa partners agree should be central to the strategy. The second joint communication was comments on the detailed GCI-9 strategy.
- In Latin America we coordinate a network of some 35 partner organisations with a focus on ageing and maintain a Spanish language website as well as the global English language website. The Spanish site has created a blog for partners and staff to raise issues, report on new developments, meetings or other activities. We developed an electronic bulletin which brings together different articles from the mainstream media, and news on ageing issues and our work from us and our partners. This keeps the network on ageing in Latin America connected and able to access information and contact others doing similar work to share knowledge and lessons.

3. Increased influence and voice of the LA partnership on UK development policy:

The existence of a coordinating function within DFID in London has, we feel, enabled the LAPPa to be more effective than the general PPA which relates to DFID CSD. However, we believe that there is more work to be done by us and other agencies linking programmes in the region and the partners groups and Steering Committee which will strengthen the provision of evidence, and assist the process of influencing UK development policy.

Partnership with other LAPPa agencies: progress, challenges and lessons

In Bolivia, we are part of a LAPPa agency coordinating body on climate change, together with CARE, OXFAM, Christian Aid and CAFOD. We have agreed to commit funds to produce a publication showcasing the impact of our work in this area. Discussions are under way with LAPPa agencies in Peru to do something similar. Also in Bolivia, we worked on DRR with Oxfam, a national NGO (FUNDEPCO) and local government in the town of Trinidad in the Bolivian lowlands to strengthen preparation and response to regular flooding. The increase in flooding is deemed to be an impact of climate change. Working together in this area led to a

joint proposal to the EC, currently pending, to work on waste management in Trinidad, and improving livelihoods opportunities connected to waste management activities for women and older people.

With Plan International staff in Bolivia and Colombia, we have held meetings to establish areas of common direction for future collaboration between the two agencies for an integrated and intergenerational approach to reduce poverty and social exclusion. Areas discussed include health, education, DRR, and governance/human rights, and support to displaced populations in Colombia, with an intention to look for areas where approaches overlap, intergenerational activities can have an impact and be expanded, and capacity building with governments from local to ministerial level can be implemented. Together we prepared a joint proposal on age as a contributing factor to social exclusion for the LAPPAs policy meeting on Social Exclusion in April 2010.

Beyond coordination between individual agencies and participation in regional LAPPAs events, more consistent coordination amongst partner NGOs in the region has been a weak area. A lesson could be that in future regional PPAs, consideration be given to establishing a mechanism for local partner groups and/or steering committees in countries or sub-regions (such as Central America, Andes, Brazil, Southern Cone) to formalise and facilitate further coordination amongst LAPPAs organisations within the region, to explore possible joint programming, and to provide rich information on context, process and outcomes to the LAPPAs steering committee in London. Clear ToRs and objectives would be important to encourage regional input and coordination in the most effective way.

Our Affiliates

ASIA/PACIFIC

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

AFRICA

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

CARIBBEAN

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

EASTERN EUROPE / CENTRAL ASIA

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

LATIN AMERICA

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

EUROPE / NORTH AMERICA

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

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