

## Targeting and protecting the chronically poor in Uganda: A case for the elderly

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An old woman at the entrance to her shack - Kalangala, Uganda

### How big is the problem?

Older populations (i.e. those who are, aged 60 years and above) in developing countries are growing both in number and in proportion. Of the approximately 600 million older persons in the world today, 370 million of them live in developing countries. By 2020, 70 percent of the world's one billion older persons will live in developing countries. Over the next five decades, the number of persons age 60+ in the developing countries will be nine times greater than it is today, and the share of elderly persons residing in urban areas will be 16 times greater. It is a clear picture: cities in developing countries will have more and more older persons in the future<sup>1</sup>.

In Uganda, the proportion of the elderly persons now stands at 4.5% of Uganda's population of 26 million, which yields an estimated total of 1,101,039<sup>2</sup> million older people. Elderly persons are among the more vulnerable groups among the chronically poor, others being children (particularly orphans), people with physical and mental impairments, widows and widowers and the landless. Even among the elderly, there are some categories that are relatively more vulnerable to chronic poverty.

The Uganda Chronic Poverty Report of 2005 highlights elderly persons with disabilities, the widowed elderly women looking after orphans, the urban house renting elderly, those in remote rural areas (because of their reliance

on agriculture and their inaccessibility to markets) and the elderly who live alone as most vulnerable to chronic poverty. In addition, household survey data shows that elderly women among other categories form the majority of the chronically poor.

#### *Groups most vulnerable to chronic poverty*

The elderly, especially when abandoned,  
Refugees and internally displaced people, especially those in camps,  
HIV/AIDS affected households, especially where the bread winner is sick or has died,  
Casual and unskilled labourers  
Isolated communities such as the Batwa  
People with disabilities, especially women,  
Widows, especially those without assets,  
Street children, orphans and other disadvantaged children,

Source: Ministry of Finance, Planning and Economic Development (2002): Second Participatory Poverty Assessment Report on Deepening the Understanding of Poverty.

## Why are elderly persons among the chronically poor?

Chronic poverty among the elderly is attributed to a range of factors.

**Ill health** – In most communities, a high proportion of the poorest are elderly people who have been, abandoned, those who have become physically weak or suffer ill health and those who are destitute<sup>3</sup>. Literature shows that older persons often experience health-related problems such as hypertension, cancer, visual and hearing impairment, and other old-age ailments.

**Limited social support** – While in the past, families easily cared for their parents, the harsh economic conditions which most working Ugandans now face severely limit their ability to assume these traditional roles. As such, there is a growing tendency among income earning Ugandans to contrite care and support more to nuclear than the extended families. Older persons are perceived more as dependents than active household members.

**Lack of productive assets** – many chronically poor elderly persons do not possess productive assets like land, capital, knowledge and skills. Their reduced physical strength is a cause for depletion of earlier accumulated property to meet expenses related to medical care and general upkeep.

**Lack of regular sources of income** – older persons comprise those who were formally working in public service but are currently retired or those that had meager or no retirement benefits. Others in the urban areas are engaged in petty trading while those in rural areas depend on low agricultural productivity. Coupled with this is the limited physical energy that elderly persons have, limiting them from actively undertaking productive work which would otherwise guarantee them a regular source of income.

**HIV/AIDS Pandemic** – the pandemic has led to creation of a huge proportion of orphaned children. The burden of raising orphans has been born by elderly persons. They are doing this in situations of abject poverty. These children have to attend school, have to be housed, fed and provided with medical care whenever need arose. In Uganda, one out of five children now

lives with the elderly<sup>4</sup> and approximately 50% of the estimated 1.2 million orphans were under the care of grandparents<sup>5</sup>.

**Exclusion** – older persons in communities are excluded by many government and non-government development interventions. Because society does not consider them as active members of society, there is normally no deliberate effort to reach them and get their voices on their priority needs and concerns. The voice of the elderly man in Bundibugyo District illustrates this point: *“here the old and poor people are not allowed to contribute to public discussions or debates”*<sup>6</sup>

#### *Challenges of elderly people in chronic poverty*

*“Produce buyers set their prices and lower them when they find an elderly farmer because they know we do not have the energy to move around and find information on the current prices, elderly man”, Wallanga-Iganga.*

*“Most of the elderly here just wake up and wait for the neighbours to provide them with every thing and that is why most elderly here are always poor”, elderly woman, Mukono Town Council.*

*“Most of the elderly men here just drink. Some have sold all their land”, elderly man, Lugonjo-Mukono.*  
(Source: Najjumba-Mulindwa, 2003)

## How do older people cope?

The elderly persons adopt some livelihood and coping strategies. Some elderly people rely on *casual labouring* as a livelihood strategy. This entails tasks such as gardening, assisting fishermen, crushing stones and fetching water. Casual labour is rewarded with little cash or food and puts the labourer at the mercy of the employer, who often is out to exploit the worker by getting too much work done at the cheapest cost. Also, *self-employment* is a livelihood strategy adopted by elderly persons. They are involved in petty trading, selling food stuffs and local hand crafts. Other elderly persons are self-employed engaged

Regarding coping strategies, all elderly persons in rural or urban areas, women or men are dependent on *support from their children* which can be in form of cash or kind. *Institutionalization* of older persons is another coping strategy adopted especially as a last resort.

## What policy actions need to be undertaken?

The Uganda Chronic Poverty Report for 2005, makes a case for special support to vulnerable elderly persons, including;

Social security systems are important for the survival of all the vulnerable elderly persons. Targeting and protecting elderly persons is critical. This can be done through provision of a cash allowance to households headed by poor elderly persons or those that have a burden to fostering orphans and vulnerable children.



Large families managed by grand parents are a common characteristic in chronically poor communities especially where HIV/AIDS has had impact. A grandmother with 10 orphans in a remote rural location in Uganda.

Some elderly persons in urban areas can be supported with cash and or credit to invest in income generating projects.

Include geriatric care in existing health workers' curricula and geriatric clinics in health centres.

Change existing negative attitudes among health workers and the entire public, which discourages older persons from accessing health services.

Innovative approaches by the National Social Security Fund (NSSF) to cater for all categories of the labour force (in formal and informal sector) aimed at mitigating old age destitution and poverty. For instance, Government can explore design and implementation of a pilot universal pension scheme to benefit elderly persons who foster orphans and care for the sick.

Examine the informal social protection instruments especially those developed by Non-governmental organisations and use lessons from best practices for replication.

## References

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This policy brief is based on research studies done by the Chronic Poverty Research Centre in Uganda and the Ministry of Finance, Planning and Economic Development, Uganda Participatory Poverty programme (UPPAP).

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<sup>2</sup> Hickey, 2003

<sup>3</sup> Harper, 2005

<sup>4</sup> Bird & Shinyekwa, 2003

## The Chronic Poverty Research Centre in Uganda.

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The Chronic Poverty Research Centre in Uganda is part of a global network which brings together academic institutes, research organisations, consultants and NGOs (from Bangladesh, India, South Africa, Sri Lanka, Uganda and the UK) into a virtual centre, coordinated by the institute of Development Policy and Management at the University of Manchester in England. CPRC work is also beginning to take root in Ghana, Kenya and a few other African countries.

CPRC aims to draw attention to chronically poor people - those people in the South who are least likely to have benefited or have suffered most from contemporary development efforts; and for whom emergence from poverty is most difficult.

In Uganda, CPRC's work is coordinated by Development Research and Training, a Ugandan development organisation, and guided by a committee drawing members from the Economic Policy Research Centre (EPRC), Government (Ministry of Finance, Planning and Economic Development), NGOs, Makerere University and other institutions.

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