CHRONIC POVERTY AMONG THE ELDERLY IN UGANDA: PERCEPTIONS, EXPERIENCES AND POLICY ISSUES

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TABLE OF CONTENTS

ABSTRACT

The paper attempts to understand the perceptions and experiences of chronic poverty among poor older persons in Uganda, based on qualitative data generated from Iganga, Kampala, Mbarara and Mukono Districts.

The results indicate that the elderly define old age not only in terms age but also employment status, physical appearance and physiological state of the person. They perceive old age to be characterised by ill-health, dependency, low incomes and depreciated asset bases, changed body features and physiological state. Their definition of chronic poverty embraces inter-generational and durational dimensions of chronic poverty. They singled out the widowed, disabled, women and those living alone as the ones most prone to chronic poverty. The findings indicate that the poor elderly consider the following factors as the major causes of chronic poverty; unemployment, chronic ill-health, lack of skills, HIV/AIDS, lack of social security systems, low land productivity, political instability, low agricultural returns and functional inability due to old age. Efforts to help the elderly get out the chronic poverty trap need to create avenues for employment among the elderly persons; mobilise poor elderly into organised community groups through which they can be targeted for support including skills developoment; provide free and specialised geriatric services; support the changing role of older persons in relation to orphan care; increase capacity of families to provide care and support to older persons through public awareness raising campaigns; and devise innovative approaches of embracing all categories in the national social welfare system order to avoid old age destitution and poverty.

1. Introduction

The elderly are usually deemed to be those aged 60 and above and poverty studies have singled them out as one of the groups experiencing deprivation because of their stage in the lifecycle (World Bank, 2000). Poverty is usually viewed as lack of income - expenditure or consumption; lack of capabilities and freedoms – both intrinsic and instrumental (e.g. income, education, health, human rights, civil rights, etc.) that permit people to achieve what they want to do and want they want to experience; and a form of absolute or relative deprivation (Hulme, et al; 2001). They further point out that the state of being poor can be severe, multi-dimensional and of long duration, although the three aspects also build on each other. Going by the CPRC definition, chronic poverty is one that lasts for an extended period of time and this could be both severe and multi-dimensional. Commonly, the chronic poor experience several forms of disadvantage at the same time and these combinations block off opportunities for escape. This study is an attempt to understand chronic poverty, perceptions and experiences among older persons in Uganda.

1.1 Background

Population ageing is now widely recognized as one of the most salient long-term demographic developments, which has profound economic and social implications, and poses unique policy challenges (Nikolai, 1999). In the majority of countries worldwide, but particularly in the developing countries, older people are typically one of the poorest groups of society. Old age is one of the three periods in the life cycle when there is at an increased risk of poverty, others being childhood and parenthood (Alcock, 1997). Research studies on old age and poverty strongly associate old age poverty with reduced capacity to work arising from the ageing process; that it is a status which few if any can be expected to escape; and that it is both a function and cause of inter-generational poverty (Heslop and Gorman, 2002). Lloyd-Sherlock (2000) also asserts that a reduced capacity for income generation and a growing risk of serious illness are likely to increase vulnerability of elders to fall into poverty, regardless of their original economic status. Qualitative studies conducted by HelpAge International also indicate a strong existence of severe and long-term poverty among older people in the developing world.

In Uganda, the Participatory Poverty Assessment (PPAs) studies singled out the elderly as one of the groups worst hit by poverty and who are therefore chronically poor, others being the disabled, widowed, street kids, orphans, casual and unskilled labourers (Kimberly, 2003). The summary PPA report goes further to show that chronic poverty as defined by the poor was a situation *"where one survives marginally"* and "*with problems that follow you"*, *"living hand to mouth"* and *"in perpetual need due to lack of basic necessities of life and the means of production"*. Other aspects include lack of social support, feelings of negativity, frustration and powerlessness because "one has no source of life" (Kimberly, 2003).

Conditions of absolute poverty are associated with an absence of income security, inadequate family or social support and poor health combined with inadequate health care (Heslop and Gorman, 2002). In the Ugandan situation, evidence from the PPA sites indicates that chronic poverty generally resolves around lack of productive assets, lack of

access to such assets particularly land (Kimberly, 2003). Physical and social isolation together with insecurity are some of the factors that emerge from explanations of poverty as defined by poor communities themselves.

Despite the steadily weakening capacity of poorer households to provide long-term support for older persons, the family is the main source of support for poor old people. Such support includes income to meet the required expenditure needs and social support. In situations where social welfare systems are weak or totally lacking like the case of Uganda, adult children play a very important role in the provision of care and support to the aging parents. That is why there is increasing evidence showing that older people without adult children and those who are widowed are more vulnerable to chronic poverty. In addition, widowed and childless women are especially vulnerable in societies where they lack rights of ownership and property is inherited through the male line (Gist and Velkoff, 1997), as is the case for Uganda. Chronic poverty can have a strong negative impact on the relationship between older people's ability to contribute and their ability to access support. Older persons without anything or little to give to the children in terms of property or even skills in most cases miss out on such support during old age. Chances are that the children will not have anything to support both their children and their aging parents. This however, in most cases arises from the fact that parents have nothing and thus children have nothing to inherit except poverty, and are not able to support the parents financially or materially even if they wish to.

In most countries of the developing world, health services are perceived by older people to be particularly difficult to access due to many factors including poor attitudes of health staff towards poor people, shortage of supplies, lack of information, lack of funds and poor implementation structures (Heslop and Gorman, 2002). In Uganda, there are almost no specialized health care services for the elderly in the government health facilities, with the negative attitudes of service providers and poverty not withstanding. The PPA findings from Uganda reveal that distances to health facilities, lack of physical and financial capacity to reach the facility and the cost incurred for treatment including drugs are some of the factors that hinder older persons from accessing health care (Kimberly, 2003).

Uganda's population is around 87% rural and as stressed by Heslop and Gorman (2002), rural communities have a high concentration of old people in poverty. The summary report of the PPA sites lays out some of the features of the poor rural community as described by the respondents and these were: inaccessible or remote; lacking social services and safe water sources; with limited shelters and poor housing; isolated with no help from district authorities; faced with seasonal food shortages; and insecurity (Kimberly, 2003).

There is also general institutional exclusion on the basis of age. Access to credit is almost universally denied to older people. Most older people are unable to access micro-credit or low-interest loans from NGOs and government programs because of the explicit age barriers and lack of training, skills or confidence (Heslop and Gorman, 2002). The majority of older people in the developing world live in labour intensive rural and urban

livelihood environments. Whilst labour can provide a source of living for poor able-bodied people who lack other assets and income, a key factor of older people's poverty is their diminished capacity for labour more especially in the informal sector and their exclusion from formal labour markets. In the absence of social security and the failure of most schemes to reach the poorest, maintaining a livelihood or contributing to the household livelihood remain primary tasks (Lloyd-Sherlock, 2000).

Elderly people are more likely to spend much longer periods in poverty because of the low incomes, assets and savings, which is obviously linked to their sources of income. Old age is characterized by lower incomes, which mainly stem form their exclusion from the labour market. Other factors which operate to reduce their incomes include lack of insurance policies or private pensions that mature in later years as is the case in Uganda, rapid depletion of the small savings made during the working years mainly because the incomes earned themselves were small and the impact of inflation on the savings which reduces their real value.

In the absence of quantitative data in Uganda that combines old age and various forms of well-being particularly income, qualitative information would shed more light on various aspects regarding definitions, perceptions and/or even causes of chronic poverty other than lack of income. On this basis, a qualitative study was undertaken targeting older persons in poor communities of the selected study sites in Uganda, as later to be detailed out in the methodological section. The approach enabled us understand the hidden dimensions of chronic poverty among older persons and how it is caused and what they perceive to be the best ways of breaking the chronic poverty trap.

1.2 Objectives of the study

The study was intended to:

1. Establish the definitions, perceptions and views of chronic poverty and old age among the elderly.
2. Investigate the nature including duration, severity and dimensional classification of chronic poverty affecting older persons.
3. Establish trends in poverty among older persons.
4. Assess how policies and programs affect older persons.
5. Identify prospects of moving out of chronic poverty among older persons.
6. Analyse the role of social institutions in safe guarding elderly persons from the effects/impacts of chronic poverty.

2. Methodology

The survey was conducted in four districts of Uganda, which were randomly selected from each of the four regions of the country. These include Mbarara District in the western region, Mukono District in the central region and Iganga District in the eastern region. Arua District had been selected from the northern region but due to financial limitations coupled with the civil unrest in the north, it was not possible to survey the district. Kampala District was also included in the study to enable proper understanding of the poverty issues that affect the urban poor elderly.

2.1 Site selection

For each district, a list of the National Household Survey panel sites was obtained from the Uganda Bureau of Statistics (UBOS) and it is from these that two subcounties were selected. In Kampala and Mukono Districts, there were only 2 panel subcounties and thus easy to select. Mbarara and Iganga Districts however, had 3 panel subcounties from which two had to be selected on the basis of poor economic standing with the guidance of the District Planning Office. The panel villages in each of the selected subcounties were visited and thus taken as the study sites.

The study also investigated institutionalised elderly. This enabled us understand institutionalised elderly as a social group probably with specific needs, problems and may be opportunities and suggestions for policy. In a true African setting, institutionalised elderly could be proxies for people who lack social networks and are displaced or relocated. Two homes were purposively selected and these were Nalukolongo – Bakateyamba Home in Kampala District and Nkokonjeru Providence Home in Mukono District. Both homes were set up by the Catholic Church in the respective districts and have been in existence for over 15 years. Appendix 1 gives a list of the study sites per district

2.2 The research team

The research team was constituted by the Principal Investigator and author for this paper, four research officers working with Development Research and Training - Margaret Kasiko, Marion Mbabazi, Jane Namuddu and Andrew Sebunya. These have vast experience and training in qualitative research methodologies, and were thus charged with data collection and processing. The entire work was under the overall supervision and guidance of Mr. Charles Lwanga-Ntale, the Director, Development Research and Training (DRT).

2.3 Survey tools and process

The study adopted qualitative methodologies. The specific survey tools used were: community group discussion, focus group discussions, case studies, semi-structured interviews, historical or time trend analysis, gender and institutional analysis tools and observation.

The fieldwork was conducted between September and November 2002. At entry into the communities, community meetings of older persons were held during which the research team introduced the research agenda and also got an insight into the problems faced by the elderly in the community. In the course of these meetings, the poor older persons were identified with the guidance of the community leaders in order to facilitate the formation of the focus group discussions. These were constituted on the basis of gender and in each of study sites, 2 focus group discussions (1 for male elderly and 1 for female elderly) were conducted. In depth interviews were also conducted with selected members from the most vulnerable groups among the elderly and these include widows, disabled elderly and those looking after orphans. This allowed us to compile some case studies

from these groups based on life histories. Gender and institutional analysis tools were applied in the course of focus group discussions and in-depth interviews.

All in all, 12 community meetings were held (4 per district), 24 focus group discussions were conducted (6 per district) of which 12 were for elderly males and another 12 for elderly females and 36 in-depth interviews were held with the most vulnerable elderly. In respect to the institutionalised elderly, 5 focus group discussions were conducted of which 3 were based at Nkokonjeru Providence Home and 2 were held at the Nalukolongo-Bakateyamba Home. In-depth interviews were also conducted with the top administrators of both homes.

3. Study findings and discussion

This section provides highlights of the findings for the study. These include definition and perception of elderly and chronic poverty among the elderly, gender perspectives of chronic poverty among the elderly, livelihoods and poverty trends, support systems for the elderly and policy issues.

3.1 The definitions and perceptions of the elderly about old age

The findings indicate that in the survey communities, the elderly are not a homogeneous group and perceived indicators of this ranged from chronological definitions to physiological features. Some elderly defined old age in terms of age although this varied from community to community. The elderly men in Kampala District mentioned old age to be age 55 and above while their female counterparts felt that it is much earlier than that and they put it at 40 years and above. Similarly, respondents in Mukono District noted that women age faster than men and by age 40, most of the women are regarded as old. They attributed this to childbearing, household chores and farming activities like tilling, weeding, etc. In Mbarara District however, both men and women elderly mentioned that old age starts around age 60. In Mukono District, respondents in particularly the Town Council area remarked that there is a difference between '*old age*' and '*elderly*' as indicated in the response below:

> *"An old person is one who is aged between 50-69 years but still active. An elderly person on the contrary is one who is very old, less energetic and above 70 years of age", (elderly males, Mukono District Town Council).*

Other characteristics of old age that were mentioned include retirement – for those engaged in the formal sector employment, physical appearance and physiological state of the person. The physical features that were mentioned include gray hair, baldness especially among men and wrinkles particularly in the face. The female elderly in almost all districts stressed the on-set of menopause as a signal of old age among women. The generally held view among women is that menopause brings with it discomfort and general ill-health among women, making them weak and thus unable to conduct their productive chores with ease, thus rendering them old. Some of the voices that echoed these attributes were:

> *"Retirement of a person from the civil service clearly indicates that one is old" (Elderly males and females, Kampala and Mukono Districts).*

"When a woman stops menstruating, it is clear that she has started the aging process", (female elderly, Ihome-Mbarara District). "When you can no longer get pregnant, which normally happens when one stops menstruating, then you know you are old" (female elderly, Lugunjo – Mukono District).

Respondents also stated that old age is characterized by 'general body pain, physical discomfort; inability to walk long distances because of severe pain in the legs'. A sample response that echoed these feelings was:

> *"An elderly person is one who always complains of general body pain", and another one adds, "…these are people who cannot look after themselves but depend on others for a livelihood and general care" (elderly, Mulago II zone- Kampala District).*

There was a general view among respondents that old age is synonymous with disability because of the general state of ill health, loss of ability and capability together with inactivity that characterise older persons. A respondent remarked:

> *"…old age is disability although many of us don't want to accept this. Old age is characterized by loss of sight, partial and at times complete deafness and limited movement due to body pains and weakness, which is actually disability", (elderly, Mulago II – Kampala District).*

Dependency particularly on children also came up as a characteristic of old age as can also be evidenced from a response from one elderly;

> *"An elderly person is one who depends on children and grand children for survival" (elderly male, Ihome-Mbarara District).*

In Mbarara District, old age was also characterized by loss of energy, reduced income and depreciated assets. Some elderly males echoed:

> *"Old age is loss of income and assets having used them over a long period of time", another adds, "and reduced energy as some of us cannot even ride bicycles now", (elderly males, Ihome-Mbarara District). "Because of the limited income, we feel resented by the community and we develop funny habits like being quarrelsome", (Elderly males, Itabyama – Mbarara District). The elderly in Mukono District reiterated similar sentiments.*

These results indicate that the elderly themselves characterize old age with ill-health which in some instances leads to disablement of the body systems, inactivity in some instances caused by retirement and negative attitudes towards the elderly, dependency, low incomes and depreciated asset bases, changed body features and physiological state particularly for women.

3.2 The definitions of chronic poverty by the elderly

The study probed the elderly's understanding of *'chronic poverty'* as a concept. In some instances, chronic poverty was taken to be a situation where a person is born in a poor family fails to attain education and livelihood skills because of poverty and hence lives a poor life for the entire life. This conceptualization of chronic poverty came up in Kampala, Mbarara and Iganga Districts, and it brings out the inter-generational dimension of chronic poverty. For example, a respondent said;

> *"I am chronically poor because my parents were very poor. They did not have any single asset and they could not afford to take me to any school". …. She added, " I have nothing and I even lost any opportunity of attaining education and skills thus rendering me chronically poor up to today" (female elderly, Mulago-Kampala Districts).*

The PPA summary site report also indicates that the poor in Uganda perceive inter-generational poverty to be a situation whereby children are born into a family that is chronically poor and that does not own productive assets. Such children are likely to remain poor and trapped in poverty all their lives (Kimberly, 2003).

In Mbarara District, some respondents reiterated that chronic poverty was one that follows 'blood ties' but they attributed it to laziness of affected families or lineages rather than to any other aspect. Similarly, the elderly in Iganga District refuted the intergenerational aspects of chronic poverty as can be revealed by the following response;

> *"Chronic poverty is situation where one is poor at all times but not because his/her parents were poor but because of laziness and reluctance to work", (Elderly, Wallanga- Iganga District).*

Of importance to note is that those that seem to refute the intergenerational nature of poverty, bring out some ray of hope that such poverty can be overcome with hard work, while the earlier voices portray a sense of resignation to poverty.

The responses generated from the elderly in Mukono District regarding the definition of chronic poverty hinted on the durational aspect of chronic poverty.

> *"Chronic poverty is a situation where one is unable to earn anything for a long period of time and this normally happens among us the elderly", (Elderly females, Mukono District Town Council).*

> *"One is chronically poor when he/she permanently fails to control the situation or circumstances around him/her, making one feel really helpless" (Elderly males, Lugunjo-Mukono District).*

Some elderly in Nalukolongo Home for the Elderly (NHE) defined chronic poverty as a situation where one is unable to do anything due to illness or lack of financial and technical capacity, lack of relatives or kinship who provide support and total dependence for the rest of one's life without any hope for better living. This shows the severity and multi-dimensional nature of chronic poverty as perceived by the older persons.

The state of being chronically poor was perceived to be different for the rural and urban elderly. The chronically poor rural elderly were taken to be those without any land on which to cultivate crops from which to earn income and hence meet their basic needs. This however, was perceived to be different for the chronically poor urban elderly. These were perceived to be elderly persons without any financial capital to run a business from which to get income and profits to facilitate the day to day expenses on food, housing and the like. It was claimed that such persons are the chronically poor because they cannot accumulate capital to enable them widen their income bases and hence meet the urban expenditure requirements with ease while leaving some surplus for other investments. This finding rhymes with the findings from the PPAs of Kampala, where by "lack of

money to meet the needs in a town (urban) environment", was synonymous with poverty, and when this situation lasts, then it is chronic poverty (Kimberly, 2003).

The elderly community in Wallanga – Iganga District also revealed that the chronicity of poverty among the elderly was a function of their assets and the market prices of agricultural products like coffee and maize on which most elderly in the country depend.

3.3 Susceptibility to chronic poverty among elderly

The poor elderly perceived the following categories of elderly as the most vulnerable to chronic poverty.

1. The disabled elderly

The disabled elderly reported to have multiple vulnerabilities in relation to chronic poverty, in addition to their aging status. Their economic status was reported to be lower than that of the able-bodied elderly. On the social front, elderly disabled women reported to have had rough times during their youthfulness and only to lead more lonely lives during the late years. Some of those interviewed reported to have led single lives since no man would want to identify and later on marry them. However, the ones talked to reported to have had children whom they brought up single-handedly. One of them remarked:

> *"Men feel ashamed to identify with us as their wives but they claim their children when they grow into women and men, leaving us lonely", (elderly disabled lady, Mulago II zone-Kampala District).*

Women are known to be poorer than men and female-headed households are always classified among those most vulnerable to poverty. It is therefore, evident that a disabled, female elderly can be seen to have witnessed and lived the various forms of chronic poverty in light of the wide spread unemployment faced by most elderly as earlier indicated, the limited resource bases of the elderly and worse still those who are disabled. The poor economic state of the disabled elderly was attributed to the stiff competition for jobs with their able-bodied counterparts, and elderly disabled women were noted not to have any chances of being employed.

They also reported that they are not regarded credit worthy, living them vulnerable to chronic poverty. Inaccessibility to credit or not being credit worthy makes the elderly not only vulnerable to chronic poverty but also denies them of this potential means of escaping chronic poverty. Therefore, lack of credit access is a maintainer of chronic poverty. Some of the interviewed disabled elderly men don't find it easy either as can be observed from the case study presented below:

Case study: Juma, a disabled elderly man

Juma is 70 years old and married to a 58-year-old house wife. He has 4 sons, 3 of whom are now married. The last born is in primary six in a nearby school. Juma contracted polio at the age of 2 and has been disabled since. He received some education and he was able to be employed by Government as a tax collector in Iganga District. He was however, forcefully retired in 1994 when the responsibility of collecting tax was devolved to the Local Governments.

"I never received any retirement package because I was told my job was not permanent but just temporary. Unfortunately, I could not trace my appointment letter because I lost some of my things when robbers attacked my house in the early 90s I therefore had no evidence that I was a Government employee. I had acquired substantial property but I was retired early without any warning. I sold it one by one as I tried to get other ways of survival but in vain. I cannot dig because of my disability and now Iam old with no energy at all".

Juma lives in an old house with a leaking roof. His 3 sons also live in grass-thatched houses around the courtyard.

"They would be supporting me a great deal but they don't have anything as you can see. They provide me with food, paraffin and soap. I survive by begging and I normally get 500/= ($.27) a day".

He called upon organizations for the disabled and elderly to start specific support programs for the disabled elderly persons. He believes no Government effort can help them *"not even Entandikwa, because we are now old and cannot do much".*

2. The widowed elderly

Women were singled out as the most vulnerable to widowhood although some respondents also mentioned that the proportion of elderly widowers seems to be rising in the communities contrary to the past and popular belief. Widowed elderly miss out on the various forms of spousal support (financial, emotional, social, etc), rendering them trapped into chronic poverty. The widowers complained of not having anybody to cook for them, which makes them even weaker and sicklier due to the poor nutritional status.

> *"Having no spouse at this age (old age) leads to total isolation and less support and even the children can abandon you making you more vulnerable to poverty" (elderly male, Lugunjo-Mukono). "As a widow, I have no one to plan with and this prevents me from breaking the poverty cycle", (female elderly, Mukono District Town Council).*

It is however, noted that many elderly widows are now looking after orphans left behind by their own children or relatives with implications in terms of the limited resources and degenerating physical state due to old age.

3. The urban house renting elderly

The elderly persons who don't have personal houses were perceived as some of the elderly groups most vulnerable to chronic poverty. The monthly house-rent payments were taken to be a great drain to the already limited resources thus rendering them more vulnerable to chronic poverty. On another note, the propertied urban elderly –

particularly those with houses to rent out, were considered to be very well off. It was however, reported that the houses for most of these people have weak and old structures and at times fail to realize the expected income from the tenants.

4. The elderly in remote rural areas

The elderly in remote rural areas were also identified to be more prone to chronic poverty than the rest because of their reliance on agriculture and their inaccessibility to markets. It was reported that most of the produce from such remote areas is bought very cheaply by the middlemen while other products may just be wasted due to total absence of marketing opportunities. The seasonality of agricultural activities further contributes to their inactivity. For example, the elderly in Kyarutanga-Mbarara District said;

> *"A basket of avocado may be sold at 300/= (US$ 0.15) just to enable one buy salt. Other crops go unsold and rot in our gardens. Fruits are just eaten by the birds because we don't have easy access to the buyers due to the remoteness of this area" (elderly males, Kyarutanga-Mbarara District).*

5. The elderly who live alone

The respodents from Mbarara District came up with the elderly who live alone, as one of the categories most vulnerable to chronic poverty among the elderly. These have no people to talk to which makes them lonely – socially poor. They have no people to provide them with assistance, which also makes them more prone to disease. The survey team identified a solitary elderly in Mbarara District – Ihome village who reported that her livelihood is based on 'good Samaritans'. In one of the responses she echoed:

> *"I only get salt from good Samaritans which I eat in the food I am provided by the neighbours. The salt normally lasts about 3 months until I get more" (Female elderly, Ihome-Mbarara District).*

3.4 Causes of chronic poverty among the elderly

Chronic poverty among the elderly was attributed to a number of factors most important of which was unemployment, and persistent ill health. Other factors mentioned were lack of capital, lack of support and orphans due to HIV/AIDS, lack of savings and assets, lack of skills, low agricultural productivity, lack of markets and low prices for the agricultural produce.

<u>Unemployment</u>

Unemployment was taken to be lack of involvement in any work, which generates a wage or income at the end of the day. In Uganda, as elsewhere, earnings from employment (formal or informal) are the main sources of income for most households and adequate earnings are the main means of avoiding poverty. The causes of unemployment among the elderly varied from community to community. The elderly community in Mulago II zone, which is situated in Kampala city, attributed their unemployment to retirement and retrenchment from the formal sector coupled with lack of savings and assets. Most of them were casual labourers of Mulago Hospital who were laid off due to old age. By virtue of their jobs, they never received any retirement package to facilitate the relocation to their ancestral homes. A good number of them also noted that they have failed to get

any other wage-earning jobs due to old age and negative attitudes, which has rendered them chronically poor. Some of the responses were:

> *"We were retrenched when we clocked 55 years of age and since then, many of us have not been able to find any jobs" …"Without a job, one cannot lead a decent life in town because we have to pay house rent, buy food day by day and also cater for other expenses of the home including school fees for the children". Another remarks, "..we are ridiculed when we go searching for jobs, many potential employers just ask why we never prepared for old age when we were still youthful". (elderly males, Mulago II-Kampala District).*

Exclusion from work can also have serious deleterious consequences that significantly reduce the quality of life of older people. Inability to be productive or earn sufficient income to meet the basic necessities of life (for self and own families) for most of the time is a prime example of the severe nature of chronic poverty (Kimberly, 2003). Further, Alcock (1997) observes that with exclusion from work, experience and knowledge of older persons are no longer valued, contact with colleagues and friends at work are arbitrarily severed and the status and respect that go with employment and productivity are taken away.

In the rural communities of Iganga and Mbarara Districts, unemployment was attributed to lack of energy among the elderly. The rural economy in Uganda is basically agricultural with the hand-hoe still being the only farming tool particularly for the rural poor. So, energy is still a critical need in conducting the agricultural chores of our farmlands. In addition to lack of energy, elderly women in the study sites also attributed their unemployment to lack of financial capital to enable them start up income generating projects. Absence from the labour market therefore, means loss of incomes and thus a greatly increased risk of poverty and dependency.

<u>Poor health</u>

The persistent state of ill health that characterize older persons was also mentioned as a maintainer of chronic poverty. The diseases that affect the elderly were cited to include; diabetes, loss of sight, rheumatism, hypertension, muscular pains and asthma. Such diseases reduce the ability of the elderly to engage in productive work while draining the little resources they have in search of medical care. Chambers (1989) notes that costly treatment is a form of impoverishing vulnerability since most of the diseases that attack the elderly never get cured. For example, the elderly in Itabyama – Mbarara District reported that they mainly seek medical care from private clinics because of the regular drug shortages and the long distance to the Government health unit at Nyamarembe. The costs at the private clinics were however, noted to be very high ranging from around 10,000/= (US$ 6) for a simple ailment to 50,000/= (US$ 28) for complicated diseases. They further remarked that:

> *"If one fails to pay at these clinics, policemen are called upon to arrest defaulters", and another adds, "Many people pledge their crops in the garden to receive treatment from these centres. At harvest times, 3 bags of maize are set aside to pay for the medical debts. Others borrow money from friends and still pay crops in kind at harvest time or even pledge their crops in the garden before the harvests" (Elderly men, Itabyama-Mbarara District).*

In addition to unemployment and persistent illness, the urban elderly in Mulago and Bwaise, also cited the nature of the Kampala city economy as a major cause of their chronic poverty. A good number of the respondents live in rented premises, which are on small acreages that don't allow any form of cultivation. The monthly expenditures on house rent and daily food purchases drain their meager resources keeping them in chronic poverty.

HIV/AIDS

The female elderly also mentioned the increasing burden of orphans due to HIV/AIDS as a major contributor to their chronic state of poverty. HIV/AIDS claims lives of the young and most productive persons, living behind young children whose care in terms of education, health and general well being falls in the hands of aging grandparents thus pressing the already constrained resource bases of the elderly. In the African setting, children are the major providers of support to the elderly and the rampant deaths due to HIV/AIDS also weaken the social support networks of the elderly leaving them emotionally affected, helpless and more prone to disease and hence chronic poverty. Children are valuable in most high fertility settings of Africa and especially to the poor since they are looked at as old age security under conditions of pervasive insecurity (Cain, 1985; Ntozi, 1995). One elderly lady echoed:

> *"I have lost 6 children, 5 of whom died of AIDS. I now have 10 orphans to look after and a 2 months old baby. They need school fees and clothing yet I am very poor", (elderly woman, Bwaise-Kampala District).*

Lack of skills

Lack of skills was also identified among the causes of chronic poverty among the elderly. This was attributed to their inability to access formal schooling during their early years of life due to poverty and ignorance of the benefits of education by the parents. The female elderly also added the attitudinal factors against girls' education, which were more wide spread and deep rooted during their school-going years. This denied them opportunities through which they could develop competencies that would enhance their survival and livelihoods in adulthood and older stages of life.

Lack of social security systems

Some respondents also cited lack of social security systems for all elderly as a major cause of chronic poverty among older persons. Currently, the only social security system in Uganda for the elderly is the pension scheme for the former public servants, and targets around less than 10% of the elderly. Most of the workers in Uganda are outside the government public service and thus are not potential beneficiaries for this scheme. This makes the elderly prone to chronic poverty since whatever little income they earn in the latter years has to cater for their basic needs including health, denying them opportunities for viable income-generating activities at this stage. This also implies that those without any other support and who cannot earn a living are left to providence and hence greater vulnerability to poverty. The elderly in Iganga District actually echoed this as indicated in the response below:

"Older persons who are former employees of Government are better off because they are paid pensions as soon as they are retired. But for us, we used to pay taxes and are still paying yet we have nothing like pensions to fall back to" (Elderly male, Wallaga-Iganga District).

Establishment of a social security system that embraces all older persons came up strongly as a felt need for the elderly in order to reduce their vulnerability to poverty.

Low agricultural productivity, fluctuating prices and lack of markets

The elderly in Iganga district mentioned low agricultural productivity, fluctuating prices and lack of markets for agricultural products, and trade liberalisatoin as major causes of chronic poverty for older persons. The low agricultural labour productivity was attributed to the aging process, which drains physical energies and hence affects ones ability to cultivate the agricultural fields. Natural calamities like drought and crop pests were also cited among causes of chronic poverty in particularly Mbarara and Mukono Districts, through their impact on agricultural yields. The residents in Mbarara District mentioned that the once powerful farmers have fallen victims of natural disasters like drought, lightening and strong rains leading to mass destruction of crops, livestock and property. Most of the elderly who suffered these have failed to pull out leaving them impoverished. In Mbarara and Mukono Districts, crop pests like the coffee wilt disease and banana weevils were noted to have significantly contributed to the persistent state of poverty in which older persons are today. Coffee and banana plantations were cut down and some farmers have never regained the morale and energy to plant new ones. The pesticides were also noted to be getting more and more expensive draining their meager resources further. Some of the voices that echoed these sentiments were:

"I cut down all the coffee trees after they were affected by the coffee wilt disease. I have turned to food crops like pineapples but they don't bring in as much as what I used to get from coffee", (elderly male, Kyarutanga – Mbarara District).

"The prices for the traditional cash crops have continued to fall. Coffee is at only 300/= (US$ 0.15) a kilogram while maize is at only 150/= (US$ 0.15) per kilogram. We have spent all our productive years investing in coffee plantations and now the prices are very low and all the coffee is affected by pests", (elderly male, Nawampiti-Iganga District).

"We had to have coffee which used to bring in income but this is no more", (elderly male, Nkokonjeru-Mukono District).

Lack of markets was attributed to the collapse of the cooperatives, lack of information and to the poor road network in most of the rural areas. In some elderly focus groups, lack of information also came up as a contributor to lack of markets. It was further reported that with the liberalization of trade, buyers set their own prices, which has greatly affected the incomes and morale of farmers particularly the elderly. One of the focus group discussants said;

"The buyers of our produce set their own prices and they make them even much lower when they get to an elderly farmer. They quote very low prices for our produce mainly because they know we don't have the energy to move around for information on the current prices from fellow farmers elsewhere. This impoverishes us further", (Elderly male, Wallanga-Iganga District).

"We depend on agriculture but the market for our produce is very limited. Our harvest at times perishes or even gets wasted in the process of looking for markets. This is aggravated by the very low returns and hence our being poor at all times", (Elderly female, Nkokonjeru- Mukono District).

The entire collapse of the agricultural economy – marketing, pricing and productivity; was noted to have been aggravated by inadequate extension services. Some elderly said:

"The whole of Rukiri subcounty has only 2 agricultural extension workers and so, they just don't offer the agricultural services we require" (male elderly, Ihome-Mbarara District).

"Some extension farmers try to offer advice on modern farming methods but never follow up. We keep waiting without guidance on how to proceed with some of the innovations mentioned to us", (Kyarutanga-Mbarara District).

Socio-cultural practices

The discussants in Mbarara District also identified some cultural practices that contribute to the chronic nature of their poverty. These include bride-wealth and inheritance practices. In the western region, culture dictates that bride-wealth is paid in form of cows and the more sons one has, the more cows to be paid thus impoverishing the families. The inheritance laws in most of our cultures require fathers to sub-divide their plots of land to their sons leading to land fragmentation. This was noted to be one of the causes of declining agricultural productivity resulting from over-cultivation of the small acreages left to them in light of the limited technological advances in the Ugandan agricultural economy.

Political instability

Political instability came up in the focus group discussions of Kampala District, as one of the causes of chronic poverty. This leads to socio-economic disruptions mainly resulting from displacements of people and property. In addition, the elderly noted that wars claim lives of people, and these are sons, daughters, relatives and friends who would be providing socio-economic support of some sort to either parents or relatives at some stage in life particularly during older years. The demise of people due to war therefore, contributes to chronic poverty among their would be dependants either at household or other level. Similar sentiments were expressed in the PPA sites of Kitgum District, where villagers cited the 15-year LRA insurgency as contributing to chronic poverty. It led to loss of property, disability, death and abduction of loved ones, physical and psychological trauma and displacement (Kimberly, 2003).

Landlessness

Both the urban and rural elderly also cited landlessness as a cause of chronic poverty. However, causes of landlessness among the elderly seemed to be different. In the urban setting, the discussants mentioned inadequate earnings and inability to save in the course of their adulthood years as the contributors to this trend. On the contrary, the rural elderly mentioned the rampart sale of land due to poverty.

"Most of the elderly men here just drink. Some have sold all the land and resorted to drinking all the proceeds because they are old. We try to counsel them but they are lucky they have the land and they don't care. Most of them are now poor" (elderly male, Lugonjo-Mukono District).

Other factors

Other factors mentioned include lack of friends and relatives (social capital), laziness and alcoholism among the elderly. Stronger sentiments of these came up in Mukono District as echoed by some elderly persons:

> *"Since we are in an urban setting-Mukono Town Council, there are many opportunities of getting income as long as one is innovative (ingenious). But most of the elderly here just wake up and wait for the neighbours to provide them with everything and that is why most elderly here are always poor" (elderly female, Mukono District Town Council).*

3.5 Gender perspectives of chronic poverty among the elderly

The survey findings also indicate that chronic poverty among the elderly can be analysed from a gender perspective. The female elderly were reported to be more prone to chronic poverty than their male counterparts despite the fact that male elderly also have issues unique to them. The factors responsible for the male-female differentials in nature and intensity of chronic poverty were noted to mainly include gender asymmetries in intra-household resources and responsibilities, marriage patterns and gender divisions in livelihood strategies.

Most of the Ugandan societies are patrilineal and women do not inherit property from their families on anticipation that they will marry off and hence shift the property to other families and lineages where they marry and have children. In addition, property co-ownership with spouses is still a myth and this is compounded by the generally low status of women in terms of education, wealth, literacy and many more. Most men have land, which is the dearest asset in our agricultural economies. Respondents thus reported that land ownership among men reduces their vulnerability to chronic poverty particularly during old age. Some convert their land into hard cash by selling out either at once or in small pieces to other people; while others rent out land to small farmers either on a crop-sharing basis or annual rent payments to the landlords by the farmers. This however, is not to say that sale of land in our economies doesn't in some situations lead to persistent poverty particularly when all of it is finally sold out as pointed out in the findings in the earlier section.

On the contrary, women in general only have access to men's land and mainly for purposes of growing produce for family consumption. In most situations, they have no rights to even sell the crop surplus for their own livelihood. This puts them in permanent states of poverty particularly during old age when even age robs them of their energies to work on the family farms. A sample response was:

> *"When men sell the produce from our gardens, they drink all the money without even buying a single item for the home. Every time I complain about this, he just tells me that it is his land not mine and I am just left penny less", (Elderly lady, Nawampiti-Iganga District).*

> *"Even in situations where we have some energy to grow maize, sorghum, cassava, sweet potatoes, etc., it is the men who take over when it comes to harvesting and selling of the surplus leaving us needy at all times", (Elderly lady, Ihome, Mbarara District).*

Similar issues were raised in some PPA sites. For example, some respondent in Buwoya in Bugiri District said: *"when I cultivate and want to sell some produce, my husband would say, if you want to sell something from the garden, go and cultivate on your father's land".* Such value systems maintain women in chronic poverty without any escape routes.

The findings in Mbarara and Mukono Districts also indicate that the types of activities in which women engage, make them more prone to chronic poverty than the men. In Mbarara for example, female focus group participants reported than they used to thrive on weaving mats and baskets for their livelihood. They would go to the forests for the raw materials, which are mainly palm-leaves – for mats and '*enjuru*' – for the baskets. With old age however, walks to the forests in search of these materials become very difficult while buying them from markets is also very expensive in light of their little incomes. Some women also reported to have been cheated by family members in the process of marketing their handcrafts. Marketing of handcrafts was reported to be done on particular days when the village markets are held. The elderly women in Mbarara District noted that such markets require one to walk long distances to get to the market places and to spend whole days vending the products, which is very strenuous for most women in light of their household responsibilities coupled with age. Old women thus cannot get to the markets and they have to rely on family members who in most cases don't forward the returns to the women after the marketing exercise. Such factors were cited to be major contributors to elderly women's chronic poverty. A typical experience can be observed from the following response;

> *"I made 2 mats but my son sold them and did not give me any money. I was expecting about 5,000/= (US$3) but I did not receive a single penny. I was weak and I couldn't take them to the market by myself", (Elderly lady, Ihome- Mbarara District).*

Old age was also mentioned as a major cause of marital disruptions and hence chronic poverty particularly among women. A number of elderly female respondents reported that their husbands took on younger women at the on-set of their aging process. This is done on grounds that older women cannot till the vast land in addition to the household chores. This however, leaves elderly women not only emotionally stressed but also poor since whatever property they presumably have is the one, which was acquired with the man in marriage and taking on another woman in most cases implies total abandonment or even chasing away of the former wife. Some elderly ladies remarked;

> *"We are more hit by chronic poverty than men because we spend all our youthful and adult lives working for our homes but when we age, men abandon us and even take away the little we worked hard for to their new wives leaving us with nothing and at a stage when we are weak", (Elderly woman, Wallanga-Iganga District).*
>
> *"You work with a man while in marriage. You accumulate wealth including land and other property but during old age, he marries some other woman and sends you out of his house leaving you a beggar". Another adds "The wife of an elderly rich man may be ranked among the poorest elderly women because he may have sent her away yet they accumulated all the wealth together in their productive years", (Elderly women, Kyarutanga- Mbarara District).*

Marital breakdown is likely to lead to material disadvantages particularly among women and hence a driver to chronic poverty. Heslop and Gorman (2002) also noted that chronic

poverty is a critical risk factor for the older women, since the opportunities of re-marriage are very small, and the loss of their reproductive capacity means the loss of a major function in the eyes of society. Abandonment of husbands and loss of inheritance rights on the death of a spouse are also risk factors for thrusting older women into chronic poverty (Beales, 2000).

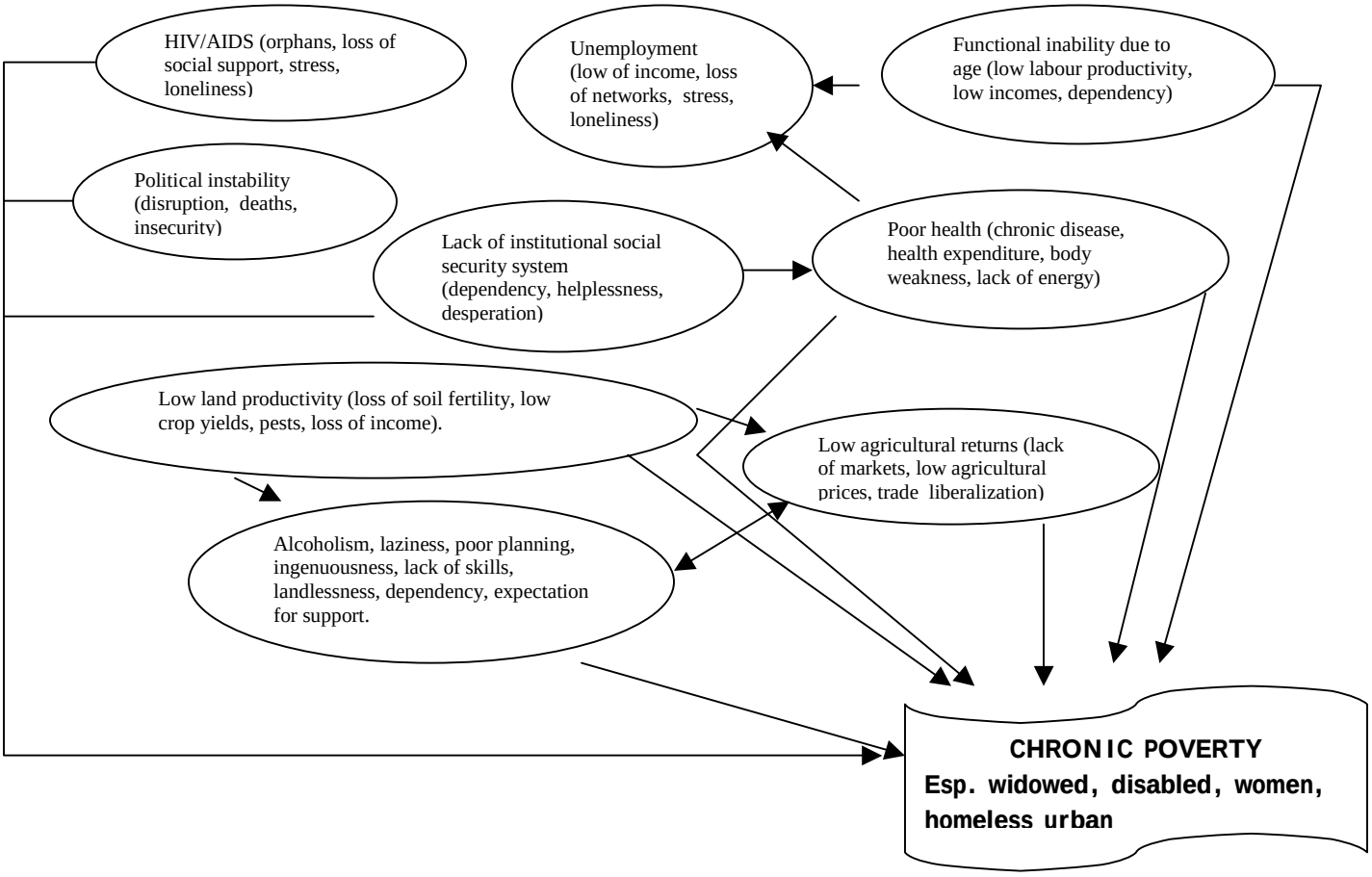
The gender asymmetry in household responsibilities also generates another differential in risk and vulnerability to chronic poverty between elderly men and women. Women in every society are looked at as care providers to most importantly their family members. The survey findings indicate that this primary responsibility of women is also a contributor to their vulnerability to chronic poverty as compared to men. The caring role of women does not wane even during old age and the burden of caring for orphans was reflected in almost all focus group discussions with elderly women. The caring role strains their meager resources and keeps them chronically poor as can be evidenced from some sample responses:

> *"As women, we don't own anything including goats and cows yet we provide most of the household requirements. We even go an extra mile and provide for orphans", and another adds "even when the orphans are children of your late step child, a man will leave them un-assisted and it will be us women to care for them at all costs", (Elderly women, Wallanga- Iganga District).*
>
> *"Married or widowed, most of us have to take care of grand children and other family members as our husbands go drinking and this keeps us poor all the time", (Elderly women, Nkokonjeru-Mukono District).*
>
> *"Women are more affected by chronic poverty than men because even when a woman is not a widow but has orphans like most of us here, a man will never provide any assistance to them and its us to keep spending on their health and education thus impoverishing us the more" (Elderly woman, Kyarutanga Mbarara District).*

This however, is not to say that old men have it easy. The gradual and abrupt loss of earning power in old age has serious consequences for them. They have difficulty in shifting into household functions owing to the stigma attached or cultural barriers associated with performing women' s work (Heslop and Gorman, 2002). The difficulty men face in adjusting to such functions may be partly responsible for some of the identified practices like alcoholism among elderly men.

The above findings indicate that gender differentiates the experience of chronic poverty among older persons. Gender factors need to be much understood in the analysis of poverty risks in old age. More still needs to be done however, to fully understand the challenges posed by old age and by abrupt changes in status brought about by marital breakdown or widowhood.

Figure 1: Schematic presentation of the major causes of chronic poverty among the elderly



3.6 Livelihoods of the elderly

Elderly people's low incomes and greater risk of poverty is obviously linked to their sources of income. In this regard, the survey sought information on the economic livelihoods of the poor elderly and findings indicate that these are not homogeneous. They vary by sex and residence as summarized in the matrix below.

It can be observed that the activities in which the elderly engage as presented in the matrix are ones where the expected incomes cannot be high enough to sustain their livelihoods to reasonable standards. Looking at the urban elderly, one can easily observe the differential between men and women's activities. Much as both categories are poor, the male seem to be more involved in relatively secure activities in terms of income. The females are involved in trading of agricultural foodstuffs, which are prone to seasonality and perishing. The main centers of operation (not only for the elderly but also other women) were identified as 'roadside' stalls in the vicinity of their homes. Going by some of the features of household micro-enterprises, one may also conclude that their decision to engage in the sale of these products is governed by the fact that the food requirements for the family could also be drawn from the stock. The handicrafts have a time element involved which sets limits to the quantity one can produce over a given amount of time and hence the expected size of income.

Table 1: Livelihoods of the elderly

Urban female elderly	**Rural female elderly**
❑ Petty trade (vegetable and fresh foodstuffs – greens, bananas, banana leaves, tomatoes, onions, ginger, etc.) on roadside stalls. ❑ Water vending from their water taps. ❑ Handicrafts – mat and basket weaving. ❑ Remittances and material support from children.	❑ Hand crafts – mat and basket weaving. ❑ Sale of fruits like avocado, mangoes, pineapples, jackfruits, etc. from gardens. ❑ Remittances and material support from children.
Urban male elderly	**Rural male elderly**
❑ Casual labour ❑ Retail shop attending (2 shops visited had roasted coffee beans wrapped in banana fibres, clusters of sweet bananas, safety pins, and such small items). ❑ Small-scale informal businesses like mirror making, picture framing, shoe repair, sale of used barbed wire, collection of disposed of glass and metal ware for sale to factories, etc. ❑ Remittances and material support from children	❑ Farming and sale of crops (maize, sorghum, millet, cassava, sweet potatoes, bananas, etc.) ❑ Local beer brewing. ❑ Remittances and material support from children.

Urban female respondents noted that the income that accrues from these activities is just enough to meet their day-to-day expenses towards food, accommodation, health and other basic needs of their dependants. They cannot undertake any developmental projects within their income and hence they are trapped in chronic poverty. The rural livelihoods seem to be more homogeneous for both sexes except that males seem to be involved in more of cash crops while females reported to be earning their incomes from mainly surplus food crops obviously with much less potential for generating reasonable earnings. It is also evident that all elderly rural or urban, male or female, strongly rely on support from children whether in form of cash or kind.

3.6.1 Micro-Finance Institutions (MFIs) and the elderly

In most of the African economies and some parts of other developing regions, provision of small credits to the poor through the MFIs is used as one of the major strategies for moving out of poverty. Some respondents also cited lack of access to such credit as one of the underlying reasons for the chronic poverty among the elderly since they have no other means of mobilizing capital for developmental or income-generating ventures. The yearning for credit facilities was mainly among the urban elderly and they attributed their inability to access credit provided by MFIs to lack of collateral security which is in most cases land – many of them are landless and the few who are landed claimed their property was small and located in remote areas with presumed little value. Some respondents remarked that there were some credit institutions whose security requirements were minimal but they indicated that they still lacked the required collateral, while other expressed fear for such dealings in case they failed to pay. For example, one of them said;

> *"I do not have a television set, good chairs or animals and therefore, I am not credit worthy", and another adds "I cannot risk borrowing. They will take all my things in case I fail to pay", (elderly women, Mulago II-Kampala District).*

The case study presented below also shows that the insensitivity of money lending institutions to socio-cultural responsibilities of borrowers is prohibitive to many would-be borrowers. Such experiences undermine people's ability to appreciate the benefits of credit in poor settings. The situation becomes worse when one has to borrow from another source to service the loan after failing to recover the money from the investments. There is need for flexibility and probably training on part of the beneficiaries so that they access loans with full competence for the good of the institutions and the struggle against poverty.

Case Study: Experience of an elderly woman with MFIs

I borrowed 50,000/= (around 30$) from a lending institution to boost my business in Owino Market, where I was working at the time. I used 20,000/= of the loan to pay the monthly rent of my stall. The remaining 30,000/= was meant to make more purchases of my produce so that I expand my operations. Unfortunately, I lost my child and I diverted the money to burial expenses. After the burial, I was penny-less. I had no money for my business which also implied I would not be able to pay back the loan. I was so desperate and I decided to look for support from my relatives so that I pay back the loan. Luckily enough, my sister came to my rescue and paid the 50,000/= loan to the lending institution. From that experience, I vowed never to borrow money from such institutions again – *(Elderly woman, Mulago II, Kampala District).*

3.7 Trends in services, governance and empowerment

The respondents were asked to relate their current situation with the past in order to established their assessment of the current vis-à-vis the past in terms of well being. The assessment was made based on health, education, agriculture and governance.

3.7.1 Health services

In relation to health service provision, a number of elderly noted that the accessibility of health facilities in terms of distance has improved compared to the past. They noted the increasing number of both government and private service delivery points in their community compared to the past. In a few instances however, geographical inaccessibility was still noted, as was the case in Itabyama village in Mbarara District. Respondents in all districts were however, in agreement that the quality of health care service delivery has deteriorated over the years. For example, the discussants in Iganga reported that health facilities in the past used to have drugs and professional personnel, which is not the case today despite their being nearer. Availability of drugs and other services was noted to be continually becoming a myth in most of the health facilities as also echoed in the following responses:

> *" …you only go to hospital for a diagnosis and the doctor directs you to his/her drug shop for the drugs", another adds, "our parents used to take as many as 5 bottles to the hospital and they would all be filled with medicine, but now, one has to buy even the smallest quantity of the same drugs", (Elderly, Wallanga – Iganga District).*

The elderly expressed a desire and need for establishing special clinics – geriatric clinics for the elderly in the health centers. Some remarked that:

"When we go to health centers for medical help, the providers just peep through the windows and I one time heard a service provider saying that older persons do not get cured. After this remark, he emerged from another room and wrote for me a medical prescription and directed me to go to a drug shop and buy some drugs. I have never gone back to any hospital since then", (Elderly woman,Nawampiti-Iganga District).

With the abolition of user costs, one would expect medical care from the government health facilities to be more accessible to particularly the very poor. The findings however, reveal that elderly discussants despite their poverty state, felt that they could easily access relatively good health care during the days of cost sharing. They noted that scraping of cost sharing reinstated corruption which they find much more expensive, and a no means of guaranteeing good service. Some echoed:

"We now have to pay bribes to the providers secretly and one has to be very brave because you are not sure whether the amount you are giving will be found adequate or not", (elderly, Mukono District Town Council).

3.7.2 Education

The findings indicate that the elderly hailed the Government's Universal Primary Education (UPE) program. The elderly who care for school going children noted that the UPE program provided an opportunity to their young dependants most of whom are orphans to attend school at very minimal costs thus lessening the burden of the elderly. Some however, reported that much as the UPE program substantially reduced the costs on primary education, a substantial number of the elderly guardians still couldn't afford to pay for school uniforms, books and meals because of their persistently poor state. Those in Mukono District also added that some of their UPE schools ask for 2000/= (US$1.20) every term towards exams, which they find very high. The implication of this is that there are still some children who are denied the opportunity of attending primary education due to auxiliary costs on uniforms, books and meals, with the UPE program notwithstanding. In-access to educational opportunities in the early years is one of the mechanisms through which inter-generational chronic poverty is reproduced.

The respondents in Mbarara and Iganga Districts however, noted that much as they have heard about the adult literacy programs, these have not benefited the elderly and they are not thought of as a target population by the program implementers. They strongly believe that these could be used as avenues to enhance their skills and hence enable them improve their livelihoods in the older years.

3.7.3 Agriculture

Developments in the agricultural sector also emerged as participants were discussing the current situation vis-à-vis the past in the relation to their well being. In Iganga and Mbarara Districts, respondents maintained that the agricultural situation in the country and at household level was better in the past than today. In the past, cooperatives were in place and prices of agricultural products set and maintained at certain levels through the efforts of the cooperatives. They also remarked that the operations of the cooperative unions helped in the setting of quality standards for particular products, which is no longer the case today. Prices are now low, regularly fluctuating and there are no clear guidelines on the quality of respective products which has greatly affected the farmers

incomes and morale thus poverty. Improvements in the pricing and marketing of the agricultural products was noted to be an area which could lead to improved incomes and hence less poverty.

The respondents also discussed about the declining contribution of cash crops – particularly coffee, to the household incomes. Many rural males in the districts of Mbarara and Mukono reflected on the good old days when they had very large shambas (farms) of coffee. They attribute the collapse of this to the coffee-wilt disease, which affected all their crop and hence the yields. This was compounded by the low coffee prices and hence returns from coffee, which almost marked the onset of their poverty. For example, the elderly in Mbarara District remarked;

> *"In the 1980s, a kilo of coffee would be sold at 2,000/= (US$1.20) but now – 2002, it is only 200/= (US$ .10). Other crops like beans dropped from 400/= in early 1980s to 100/= and 150/= today. How can we then get out of this poverty?" (elderly male, Itabyama- Mbarara District).*

The respondents in Mukono District however, reported that after the coffee shocks, some farmers turned to growing vanilla. They reported that most of it is sold to exporters but they find it costly and rather more labour intensive than coffee.

A number of focus group discussants reiterated the existence of government programs on agriculture most notable of which is the Plan for Modernisation of Agriculture (PMA). The rural respondents however, reported that they neither know what the project does nor the mechanisms through which they could be targeted for PMA activities. On the contrary, the respondents in Mukono District Town Council remarked that under the PMA project, Council provided clonal coffee seedlings but many of the poor elderly have no land and thus could not receive them since they have no where to plant them.

3.7.4 Governance

The elderly observed an improvement in the mode of governance since the adoption of the decentralized system of governance in 1993. They are fully aware of the Local Council system at various levels and they feel it would be an effective mechanism through which people's needs and priorities are articulated for policy and program action. They however, noted that the system is still exclusive in relation to the elderly despite the fact that they feel as vulnerable as the disabled, women and the youth. This however, is not to say that they are not represented in the local government system.

Section 11 of the Local Governments (Amendments) Act 2001, provides for an inclusion after subsection (5) of Section 24 of the Principal Local Governments Act, 1997 which brings on board councilors representing the elderly to the local government system. The section provides for 2 elderly persons, a male and a female above the age of 55 on every lower local government council, who shall be nominated by the respective Executive Committees for approval by their respective councils. In addition, Section 13 of the same Amendments Act caters for an improvement of Section 26 of the Principal Act by stating that the Chairperson shall assign one of the secretaries of the Lower Local Government Executive Committee to be responsible for persons with disabilities and the elderly. The problem lies in their representatives' not being elected by the elderly themselves much as

they are supposed to articulate their needs for policy and program action at lower levels. Many elderly were unaware of who they were since they were just nominated by the Chairpersons and approved by the Executive Committees. In addition, their roles seem not to be clear to both the representatives and the elderly. Many felt that this could be the main reason why they have not seen any improvements in their well being despite their being represented in the Local Government system. Some of the voices that echoed these sentiments were:

> *"We are represented by a man and woman but we have never seen them; and they have never bothered to convene any meeting to discuss our problems", (elderly males, Mukono District Town Council).*

> *"We have seen the Councilors for the disabled but not the elderly", (elderly females, Nawampiti-Iganga District).*

The usefulness of the Local Councils to the elderly was noted by most rural discussants particularly in settling land disputes. They however, noted that they have to pay some money to the Councils before their cases are presented and this ranged from 2,500/= (US$1.4) in Mukono District to around 5,000/= (US$ 3) in Kampala and Mbarara Districts. The local government system was also commended for having improved the security situation in almost all the study sites visited. As for improved service delivery, which is one of the core objectives of decentralization in Uganda, many participants feel that this has not yet been accomplished. They mainly attribute it to failure by the elected leaders to consult the electorate after elections and the rampant corruption. A sample response in relation to this was:

> *"Local leaders are very exploitative, they only come to us for votes and we never see them after that. We have just elected them but we shall see them again in 2006 when they want votes. We are used as stepping stones to their juicy places", (Lugunjo-Mukono District).*

3.7.5 Women empowerment

It was observed by most elderly that the situation of women has significantly changed for the better. They noted the increasing number of girls who are attending school together with those who are leaving higher institutions of learning, a trend, which they all considered to be positive. Some participants also noted some degree of women empowerment not only in the education arena but also on the economic front. Typical responses were:

> *"We can now earn some income by ourselves without being refused by men which was not the case in the past", "we can now make decisions on what to buy with your little money yet in the past women would find this very difficult", and "a man can ask you to give him some money which was not the case before", (Elderly women, Ihome-Mbarara District).*

3.8 Poverty trends

Response from the field revealed that poverty has worsened among the elderly persons today in comparison to the past years. According to CPRCU, this was attributed to a number of events as unfolded below:

Table 2: Poverty trends among the elderly

Year of event	Positive events	Negative events
1930's-60's	▪ Fertilizers and pesticides Provided to farmers by Government to destroy pests and diseases but this is no more.	▪ Fair prices for the agricultural produce. ▪ Limited opportunities for women since most of them could not even attend school.
1970's-80's	▪ Ugandans were given the opportunity to participate/control the economic sector during Amin's regime through the expulsion of Asians. ▪ Peace and freedom after the 1986 NRM/A Liberation War, which brought to power the current NRM government under the leadership of President Yoweri Museveni.	▪ Scarcity of goods like sugar, sodas due to the close down of some formerly Asian factories, etc. ▪ Onset of corruption among Ugandans due to the differentiation created by the allocation of commercial properties to selected people particularly Moslems. ▪ The 1979 and the 1980-82/6 NRM/A liberation wars left many persons without any property. The latter war led to many social and economic disruptions and hence poverty. ▪ Thefts were rampart. ▪ Collapse of systems like the Cooperative Unions and Farmers Associations and hence the deterioration of the agricultural sector.
Early 1990's	▪ The 1990s brought along some economic growth. The liberalisation of trade brought along many products on markets and also opened up many opportunities for Ugandan entrepreneurs. This	▪ Decline in performance of agriculture as characterised by poor and low crop yields. Many elderly report this to be the major cause of their poverty and attribute it to: - Coffee wilt disease and the

	was reflected in the many physical structures, which were put up including markets and shops. Access to goods and commercial services was made easier than before.	banana weevils. - Soil infertility due to soil over use and exhaustion. - Use of poor and traditional methods of farming, which have been aggravated by failure to provide technical advice by extension staff.
	▪ **Health services-** Health units have been extended nearer the people unlike before when they were so far in a distance of 10 and more Km. Health units are in a distance of 3-5 kms except in Itabyama – Mbarara District, where patients have to walk very long distances to get health services.	▪ However, the quality of services was thought to be still poor. For example, lack of drugs in the facilities and professional medical personnel were frequently cited.
	▪ **Education** Many schools have been built and most pupils have access to primary education unlike before when people had to walk long distances to seek education.	▪ The costs of education were however, still high and substantial numbers of children could not access primary education.
	▪ **Housing** In the 1960's –80's most houses in the rural areas were grass-thatched and the main construction materials were mud and wattle. Today the majority of houses are of iron sheets and made of bricks. This has also helped to improve on the household hygiene. In Kyarutanga, elderly persons even reported the reduction of jiggers and other small parasites among people.	▪ These were however of the selected few not everybody. Such developments were noted by some elderly to have fuelled corruption and social differentiation in the communities.

1996-Present	▪ Presidential and Parliamentary elections of 1996 and 2000.	▪ The urban respondents reported some degree of divisive politics due to ban on political pluralism.
	▪ Introduction of the Universal Primary Education program, which provided an opportunity to many children to access primary school education.	▪ UPE for instance was slammed for recruiting so many pupils yet without improving the capacity of the schools (over crowding classes of 120 pupils per teacher). ▪ The elderly with school going children cited their inability to pay for scholastic materials. ▪ The total exclusion of the elderly from the adult literacy programs was also mentioned to be a negative development despite the strides made on the primary education front.
	Agriculture ▪ Many government programs on agricultural meant to improve the livelihoods of people. Those cited were Program for the Modernisation of Agriculture (PMA) and National Agricultural Advisory Services (NAADS).	▪ Lack of improved varieties of crops such as maize, beans and coffee. ▪ Deteriorating prices of agro-products: yet with increased prices of the consumer goods and other basic goods, which are so expensive and unaffordable. 3 tins of coffee for instance costs 2,000/= (US$1.20) which can't even fetch a kilogram of fish that costs 2,500/= (US$ 1.35). ▪ Inadequate market for the agro-products: due to the poor roads that fail

		transportation of commodities from the villages to the market places. "Few vehicles come to buy or collect our produce because of the poor roads" (Itabyama and Kyarutanga in Mbarara District). ▪ Changes in life-style**:** Today society has become individualistic. This has left elderly persons without any social support and very poor. ▪ Retrenchment: Many elderly persons have lost their jobs because of the retrenchment and retirement policies.

3.9 Support systems for the elderly

The findings indicate that the elderly often are denied any support system – particularly financial, for their situation be it from the community, central or local government. Some respondents reported that they belong to associations for the elderly but denied receiving any support from such groups.

> *"We have never been assisted in any way, we just struggle on our own". Another says "The elderly associations are also unscrupulous. We pay membership fees ranging from 2,000/= (US$1) to 5,000/= (US$3) annually but they just keep promising that they will provide assistance but nothing has ever been done" (Elderly males, Mulago-Kampala District).*

As for the Local Government leaders, the elderly remarked that they only listen to them at the time of campaigns and they normally promise to set up projects for the elderly. Such promises are never fulfilled after the elections. Some elderly actually said;

> *"…political leaders make us feel like children. A child keeps waiting for the mother to serve it with food and in some instances, it can wait in vain; and it lacks the ability to sense whether the food is ready or not". She further retorted, "local leaders come and greet us but if one went crying for assistance, they cannot even provide the smallest item like a handkerchief" (Elderly woman, Bwaise-Kampala District).*

3.9.1 Institutional homes for the elderly

Institutional residences for the elderly are some of the systems in place that could be perceived to be providing support to the vulnerable elderly. Two residential homes were visited in the study as earlier mentioned in an attempt to establish the circumstances under which people are institutionalized, challenges faced and perceived benefits of these homes by the residents in relation to poverty. In addition, respondents in the other study sites were asked about their views on the institutionalization of the elderly and the circumstances under which this should be done. The sections below highlight the major findings regarding these issues.

3.9.1.1 Circumstances for institutionalization of elderly

In a true African setting, caring for the elderly would be a primary responsibility of families. However, challenges of the modern world no longer warrant adequate care and support towards older persons. Most households are financially constrained in light of the increasing monetisation of the economy together with the ever- increasing costs of living. In addition, some households particularly in the urban setting no longer have people around the home that would otherwise be providing the necessary care to the aging persons in the households.

The study made effort to probe for the circumstances under which elderly persons were institutionalized. The elderly in Nalukolongo Home for the elderly cited extreme poverty, insecurity arising from situations of armed conflict and poor health conditions led to their being institutionalized. A sample of the statements which point to these circumstances are presented below:

"I lived in Gulu but due to the frequent attacks by the Lord Resistance Army (LRA) in our community, most people were killed including my entire family. I however, survived the massacres and was taken to Kyankwanzi by a friendly Government soldier together with other elderly and disabled persons. From there, we were brought to this home", (Elderly woman, Nalukolongo Home).

"She has well-to-do children but she is mentally sick and dumb in addition to extreme age. They could no longer manage to look after her and they thus brought her to this home, (administrator, Nalukolongo Home).

"I came from Kabwoko village, in Masaka district. I was living alone, helpless without any support. The parish priest of Mulagi identified me and he brought me here with some other two elderly" (Elderly women, Nalukolongo Home).

On the contrary, the responses from the residents of Nkokonjeru Providence Home reflected on social exclusion either due to loss of family members or their migrant status as observed from these responses.

"Most of the family members died of HIV/AIDS and I was disgusted with the behaviour of those that remained. I decided to come to this home", (elderly female, Nkokojeru Providence Home).

"I am a migrant who came to work in the sugarcane plantations. When I became old, I had no where to go, and no relative to turn to for support", (elderly male, Nkokonjeru Providence Home).

Other factors that came up to explain the circumstances under which older persons can be institutionalized include negative attitudes towards the elderly, the high degree of materialism and sophistication that people have today. One respondent also added that:

"…Daughters in-law have to much power over men today and that is why men no longer care for their parents unlike in the past. When one complains, the son just tells you to live his wife and family alone", (elderly female, Nkokonjeru Providence Home).

Residents in both homes concurred that coming to an institution was the last resort after they had explored all possible options. This implies that they still cherish the family as the major provider for the elderly.

The respondents from the community study sites were strongly against the institutionalization of the elderly unless one has no relatives and assets as can be evidenced from these responses:

"Those without sons and daughters or relatives should be the ones to be taken to institutional residences because they are helpless. But for those with land and personal houses, support should be extended to them at their residences", (Elderly female, Ihome-Mbarara District).

"Institutionalisation of the elderly is against our culture. A child ought to see his/her grand father/mother's grave", (Elderly males, Nawampiti-Iganga District).

3.9.1.2 Benefits of institutionalization

Discussions with institutionalized elderly revealed that institutions improve their well being particularly in terms of health and basic provisions. For example, the elderly in

Nalukolongo reported to be receiving free and regular medical care from the institutional doctors who come to the center tri-weekly. Clothing, beddings and daily consumables like sugar and soap are also provided by the home in addition to the meals. Apart from such provisions, some elderly also noted that institutions improve their well being through the friends they meet and regularly interact with at the homes together with the care provided to them either by the workers at the home or the fellow elderly. Such factors were echoed as:

> *"I used to live in absolute poverty with neither clothes nor food. I had no beddings and I lived alone in my hut. My coming here marked a new beginning and now I have clothes, beddings, friends and people who provide me with care", (elderly female, Nalukolongo Home).*

> *"My relatives could not provide me with anything and I was living alone with no one to take care of me. I now have people who provide me with everything I need including good food and clothes" (elderly male, Nkokonjeru Providence Home).*

3.9.1.3 Problems affecting institutionalized elderly

The elderly noted some constraints the above benefits not withstanding. Lack of money, inadequate food provisions, cultural heterogeneity and the weak family networks are some of the problems faced by institutionalized elderly. The respondents note that they lack money – hard cash, to enable them supplement what is provided by the home. For example, the respondents in Nalukolongo Home reported that such money would help them buy physical items like personal radios and television sets together with milk and snacks which cannot be provided regularly by the Home.

Respondents in some Homes also reported lack of adequate food supplies, poor and monotonous food diets. For example, the discussants in Nalukolongo Home are fed on mainly posho and beans, which some detest while others reported not to be tasty particularly when one is sick. The Administrator of the Home, however, observed that it is a highly nutritious meal and the Management finds it affordable in light of the financial constraints faced by the institution.

Ethnicity and culture in addition to social background are the basis for one's behaviour and value systems. The Homes are constituted by elderly persons from different origins thus contributing to the ethnic and cultural diversities in these institutions. In addition, those who came from far-away places noted to have language problems coupled with lack of familial networks to provide social support while in the Homes. This was noted to be a problem not only for the elderly but also the Administration of the Homes as can be captured in the following responses:

> *"We find it hard to share a room with a person of a different tribe and hence culture. This is very inconvenient but we don't have anything to do since this is not our home", (elderly female, Nalukolongo Home).*

> *"I came from Gulu – in Northern Uganda and most people here cannot speak my language. My people also don't visit me and I think it is because the distance from here to my home is very long. I am always lonely", (elderly male, Nalukolongo Home).*

Moving into a residential home does not mean retiring from active life. Residents thus need to be encouraged to keep themselves occupied, to come out of their rooms and socialize, some may want to play indoor games, while others may want to work in the garden, produce items to sell or help in the kitchen or laundry based on their physical limitations and individual preferences. It was however, noted that the elderly in Nalukolongo Home were leading very inactive lives. The daily schedule involved only prayers interjected by the meals. A number of them expressed the need to be involved in some activities like weaving which would enable them earn some personal income. On the contrary, the ones in Nkokojeru Providence Home were found to be involved in some activities around the home like gardening, cleaning and crafts. Their involvement in these activities seemed to provide them avenues for mutual socialization and support unlike their counterparts in Nalukolongo. The urban-rural divide between the two homes may also explain this trend.

Respondents in the community sites remarked that institutional residential homes for the elderly are very dis-empowering and they referred to them as homes for the very poor, helpless and homeless. In Mukono for example, respondents reiterated that institutionalisation means one has no more access, control and ownership of any resources however little. One of the respondents summarised this by saying;

> *"Institutionalisation means lack of money, food and home", (female elderly, Lugunjo, Mukono District).*

4.0 Policy issues and their implications

This section presents some key findings of the study together with the issues that could be taken up for policy and program action. Implications and recommendations are also highlighted.

Unemployment and thus lack of access to regular income was singled out as a key contributor to the permanent state of poverty experienced by most elderly persons. Loss of energy, retirement, discrimination against older persons, lack of assets and lack of skills and start-up capital were identified as the determinants of this trend. Of importance to note is that our economy is basically agricultural and a number of older persons missed out on formal education in their early years and hence have limited competencies; both of which denote limited opportunities for off-farm activities that require less energy.

The elderly, particularly females expressed the need for credit to facilitate their small income generating projects. Credit facilities should thus be extended to the elderly who have better and wider opportunities that could easily facilitate loan recovery. These should, however, carry lower interest rates with flexible recovery terms. They should also embrace a training component for better identification of viable projects and efficient resource management among potential beneficiaries. This would require advocacy and lobbying so that financial institutions start looking at the urban poor elderly as a special group with capacity to generate income and the ability to repay.

Rural elderly could be mobilized to start up group activities like poultry and bee keeping. Seed money in form of grants is however, required to enable the initial projects take off. Profits could then be put back into the projects for expansion. Provision of high yielding seeds, pesticides and fertilizers through agricultural programs like the Program for the Modernisation of Agriculture (PMA) could also boost the productivity of their small acreages and hence improved incomes. The National Agricultural Advisory Services (NAADS) also needs to be scaled up to overcome the problem of extension services.

In addition, adult functional literacy programs should be heightened to enhance skills development, which is a pre-requisite for poverty reduction. The functional learning themes should be elicited from primary stakeholders – the older persons themselves, based on their problems. Such an approach is likely to bring out specific skills requirements of the elderly, which are sensitive to their gender asymmetry particularly in responsibilities. The acquired skills would go along way to empower the elderly and probably instill ingenuity regarding employment options in light of the prevailing circumstances and environments for respective elderly.

In order to facilitate support towards income generating activities and functional skills development, poor older persons need to be mobilized and encouraged to form groups. Community groups would help them increase their self-esteem and confidence; develop friendships and mutual support strategies, which would enable them solve problems together; and they would also enable them be in better touch with the community. Community development workers in the districts and sub-counties could spearhead the formation of such groups.

The poor health status of the elderly strongly comes out as a key deterrent to their active participation in income earning activities and hence chronic poverty. The common diseases that were identified to be affecting the elderly include diabetes, loss of sight, hearing impairments, rheumatism, hypertension, muscular pains and asthma. These lead to complications in the body system and permanent incapacity in some instances not to mention the constraints they pose to the meager resources in the process of searching for medical care. There is also a very high likelihood that a number of the poor elderly don't even seek modern medical care in light of the high costs on health care, which were echoed by a number of respondents. This study also brings out attitudinal issues among health care providers, which also prohibit health service utilization among the elderly. As expressed by the respondents, there is need for free and specialized geriatric services to be provided in at least Government health units in order to address the health care needs of older persons. This may imply curricula review of health training institutions and the embracing of the elderly in the Primary Health Care system. Better health would result in better and energetic lives among the elderly, longer contribution to their families and entire community and hence better chances of breaking the chronic poverty trap. There is also need to change the existing negative attitudes among health workers and the entire public, which discourage older persons from accessing health services.

The great role played by older persons in the caring of people affected by HIV/AIDS and bringing up orphaned children is clearly evident in these findings. Taking up orphans drains them emotionally, physically and economically. In addition, the rampant deaths due to HIV/AIDS greatly impact on their expected social support networks, thus increasing their vulnerability to chronic poverty. Government and development partners need to support the changing role of older people in relation to orphan care. A cost free Universal Primary Education program and abolition of public health care costs are so important in supporting the elderly's caring roles for orphans. Coping mechanisms also need to be worked out in order to help older persons support grand children. Counseling should also be availed to the elderly carers of orphans to lessen the emotional stress caused by HIV/AIDS.

The existence of institutional residential homes and evidence provided by the respondents in these homes are indicative of weakening family support structures. Associated costs of care for older persons; the need to ensure survival in a cash economy; modernization and urbanization together with HIV/AIDS orphans are some of the factors that have been identified by some researchers as contributors to this phenomenon (Adjetey-Sorsey, 2000). Whatever factors there are, the family has always been and continues to be the most important source of care and support for the elderly. The crumbling family structures therefore, increase the vulnerability of older persons. There is need to increase the capacity of families to provide care and support to older persons. Society should also be educated on the contribution of older persons to overcome the stigma held against the elderly. The media should also come in to advocate for the rights of older persons among policy makers and wider community.

Much as the nutritional problems of the elderly came up only in institutional homes for the elderly, there is need for increased understanding of the nutritional needs of older persons among the general public. This is likely to contribute to not only reduced morbidity and mortality but also increased active participation of the elderly in different activities at home and the community at large.

On the whole, the strides made on the educational front appear impressive and the successes have been mainly attributed to the UPE program. The findings however, indicate that there still some costs charged by schools towards items like school uniforms, books, meals and exams which prohibit the very poor from accessing the seemingly cheap opportunities for primary education. Government and particularly the Ministry of Education has to continue searching for innovative ways through which the very poor could be encouraged to enroll their children or beneficiaries for primary education. It is one of the approaches that would hinder the reproduction of chronic poverty.

The existing political structure in the Lower Local Governments has representatives for the elderly who are nominated by the Chairpersons and approved by the Executive Committees. Much as this is a step towards the inclusion of the elderly in the Local Government decision-making process, the fact that the elderly do not elect the representatives and the total lack of consultation of the elderly by the Local Council representatives makes the elderly not truly represented. There is therefore, need to amend

this provision of the Local Governments Act, so that older persons elect their leaders through an election exercise, as is the case with the women, youth and disabled persons. The presumably elected representatives would find it easier to identify with the electorate and vice-versa.

Further, government at all levels should devise ways of creating support systems for the elderly. Institution of government support systems would be an avenue of minimizing vulnerability of the elderly particularly to the various forms of poverty. It would create an inner feeling of appreciation for their contributions in the productive years while at the same time taking away the fear and anxiety we all have in relation to older years. This however requires consultation of the elderly and advocacy so that the political system becomes sensitive to the needs of the elderly if they are to be looked at as a specially marginalized group/category.

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Appendix I: Study Sites

DISTRICT	SUBCOUNTY	ENUMERATION AREA/STUDY SITE
Kampala	Central Kampala	Contafrica Zone C
	Kawempe	Kiyindi Zone B
		Kafeero Zone E
		Mulago II Zone
Mukono	Mukono T.C	Gunga Village
	Ngogwe	Lugunjo/Kikuba
		Gamba
Iganga	Nawampiti	Nawampiti
	Ibulanku	Wallanga
	Namungalwe	Namungalwe
Mbarara	Bisheshe	Kyarutaga I/II
	Ishongororo	Itabyama and Rwabiju
	Rukiri	Ihome , Kashari