

THE AGED FAMILY UGANDA (TAFU)
2008 CASE STUDY ON THE OLDER PERSONS OF UGANDA
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Introduction

There are over a million older persons in Uganda, many of whom lack food, money, clean water and medical support and have lost their children to war and HIV and AIDS. This paper collates the major issues facing many older persons in Uganda, the policy response so far and outlines priorities for action in the future.

Background

The Aged Family Uganda (TAFU) is a non Government organisation whose major aim is to advocate for and support older persons in Uganda. In 2006 TAFU, in partnership with Age Concern Devon through the International Federation on Ageing's (IFA) Capacity Building Program, conducted a survey to obtain information on the life experiences of older persons in Uganda, in order to increase awareness of their needs and to provide a platform to advocate for urgent intervention.

The survey was conducted in seven districts of Uganda where a total of 382 older persons were consulted. 182 older persons were interviewed individually in their homes, and 200 older persons were interviewed through group meetings (to be submitted for publication).

Following collation of the survey, the survey findings were analysed in a one day conference in August 2007 in Kampala involving six organisations¹ working for older persons in Uganda as well as a government representative from the Department of Elderly and Disability in the Ministry of Gender, Labour and Social Development. The aim of the one day conference was to build consensus on future priorities for action in response to the survey findings as well as drawing from the experience and knowledge of the organisations involved.

Demographics

The population of older people aged sixty years and above 60+ in developing countries is growing both in number and proportion. Of the approximate 600 million persons in the world today, 21% are aged over 60, with the number is expected to double by 2020. This is due to the increased technology, health and well being and nutrition which has increased the life expectancy.

In Uganda the population of older persons was 4.5% of Uganda's 26 million persons which is approximately 1,101,039 older persons, according to 2002 Uganda

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1. Reach One Touch One Ministries (ROTOM)
 2. SURE House
 3. TAFU
 4. Care for the Elderly (CAFEI)
 5. Lango Districts Aged Foundation (LADAF)
 6. Caritas Kampala

Population and Housing Census. It was projected to be 6.5% by 2006; by 2020 it will be 20% of the total population. 85% of those older persons in rural areas live in absolute chronic poverty.

Poverty

Many older persons in Uganda are living in absolute chronic poverty as a result of the following. The following information is a collation of results of the survey, reports such as the Second Participatory Poverty Assessment Report, and experiences of the older persons organisations:

- **Ill health:** Many older persons experience health problems such as hypertension, cancer, cataracts and other visual problems, hearing impairments, arthritis, dementia, breathing problems, orthopedic problems, stroke and other age related diseases.
- **HIV and AIDS:** The pandemic which has led to the huge creation of orphaned grand children placing the burden to older persons, especially grand mothers. In Uganda 50% of the orphaned grand children are staying with grandparents. Grand parents invested in their children, expecting assistance in old age but as a result of the HIV/AIDS pandemic, their sons and daughters have died before them.
- **Poor Access to services and utilities:**
Water and sanitation are inaccessible to many older persons, particularly in rural areas while it is costly in urban areas. Many older persons do not visit health centres, due to long distances from home to Health centres, poor mobility and lack of geriatric expertise and negative attitudes towards older persons. During the survey an older person reported that she was rebuked by a nursing assistant at a Health Centre who said, *“Why are you wasting your grand children’s drugs? Better I give you Paracetum and let you go back home.”*
- **Limited income support:** Most older persons have sold all their assets by the time they have reached old age and struggle for a regular income. The social pension is limited to only those who have worked in the Government sector. However, older persons organisations have noted that accessing the pension can be difficult or unpredictable, even for eligible older persons. The proposed Government cash transfer scheme is expected to only benefit 1% of the poor older persons. Social Insurance and National Social Security Funds (NSSF) are also limited to older persons who have been able to invest in it.
- **Exclusion from development programmes:** Older persons are not included in programmes such as the Poverty Eradication Action Plan (PEAP), the National Agriculture Advisory Development Service (NAADS) and micro financing programmes.
- **Lack of political representation:** Older persons are not represented in Parliament, while other marginalized groups stipulated in article 32 of the Uganda Constitution are represented.
- **Isolation:** Most of the older persons aged 80+ interviewed in the survey are completely isolated. Imelda Nampiima of Mityana says, *“now my husband and neighbors is Radio Maria.If not you can spend even two days without talking and seeing a person. The day I will die it is only the terrible smell that will alarm the community.”*

- **Poor hygiene standards:** Due to isolation, neglect and lack of support services, older persons suffer from lice, jiggers, flies, bed bugs and have diarrhea from the lack of clean water and assistance with personal care. Neglected older persons can be characterized by smell. A school child commented that “ *the carcass of the dead at smelt like the clothes of an older woman.* ”
- **Elder abuse:** Older persons are often abused. There are frequent media reports in local newspapers in Uganda of older persons as victims of rape, or of having their land and property grabbed, due to lack of knowledge on the modern laws, as well as accusations and punishment for practicing witchcraft.

Negative beliefs about older persons still exist in villages. Older women are thought to cause the death of younger people. When an older person complains that they are unwell or are suffering there is the belief that a young person will die. When many children die from an illness, the village can blame the older woman, destroy her home and then neglect her, hoping that she will move away or die and thus save the remaining children. When conducting the survey, one lady in her thirties in the village grumbled, “*not until that old lady dies that we shall have life in our village, she has caused the death of all her sons and daughters now the young ones are dying leaving the useless older persons behind.*” The woman did not know that older woman’s sons and daughters had died of AIDS.

- **Lack of Policy;** Despite the fact that in the Ministry of Gender Labour and Social Development there is a Minister of State for Elderly and Disability, there is in 2008 still no policy for older persons. The Equal Opportunity Commission in the Parliament has been contacted several times by the older persons organisations with no result so far.

Survival Strategies

Older persons adopt a number of survival strategies to cope with their lack of income or financial insecurity, such as:

- Sale of assets including land to pay for treatment, school fees for grand children, food and essential commodities. As a result, older persons can be dependent on community, volunteers and church members for unpredictable support on a limited basis, depriving them of their independence and dignity.
- Resorting to petty jobs such as porters, casual laborers, working in quarries, herdsman, toilet cleaners or as witch doctors.
- Most of the older persons in rural areas have turned to subsistence farming with limited knowledge of commercial technological farming and with limited physical energy.
- Scavenging on garbage or begging in urban areas.
- Avoidance of hospital admission and medical treatment, leaving nature to heal or getting used to the disease until they die.
- Most older persons, particularly in the Eastern and Northern part of Uganda depend on bride prices, forcing their young girl grand children into marriage at the age of 13 or 14. The dowry is always in form of cows, food and/or beer.
- High rate of isolation, depression and alcoholism amongst older persons.

National policy context

While older persons are mentioned in the constitution, formal representation is provided in local government, a national Department of Elderly and Disability exists under the Ministry of Gender, Labour and Social Development, and the International Day for Older Person is celebrated, these initiatives have had little impact on improving the daily lives of older persons.

Affirmative action

Article 32 of the 1995 Ugandan constitution states that, *notwithstanding anything in this constitution, the state shall take affirmative action in favour of groups which are marginalized on basis of gender, disability or any other reason treated by history, tradition or custom for purpose of redressing imbalances which exists against them in addition commitment is made to address the needs of the older persons.*” While there have affirmative actions in the area of gender as yet there have been no affirmative actions in favour of the older persons.

Political representation

The local Government amendment act 2005 section 118 of the principle Act (2a) *Councillors representing the elderly shall be elected by the associations of the elderly forming an electoral college.* Despite the fact that the amendment has the provision for the elections of representatives, the electoral commission and some local government leaders did not provide room for the election of the elderly persons representatives. They were not included in the budget or the ballot and therefore were not elected.

Departmental policy

The Department of Elderly and Disability was formed under the Ministry of Gender, Labour and Social Development. A policy for older persons has been developed in consultation with key older persons organisations but has not yet been formally endorsed.

Despite the fact that older persons are mentioned in the Ministry of Agriculture’s and the Ministry of Health’s five year plans, there has been little practical or positive impact for older persons.

Recognition of Older Persons.

Senior politicians have joined in celebrations of the international day of the older persons of 1st October each year.



First Deputy Prime Minister Hon Muganw Kajjura and Minister for State for Elderly and Disability Hon Sulaiman Madada celebrating the National Day of Older Persons on 1 October 2006 at Kiswere Mukono



Third Deputy Prime Minister Hon Eria Kategaya and Minister of State for Elderly and Disability Hon Sulaiman Madada celebrating the National Day of Older Persons on 1 October 2007 at Kayeka Mbarara.

Another promising development is the Government's Project with the Department of International Development and HelpAge International to trial cash transfers to the poorest poor in the four pilot districts. However, the mode of selection of the beneficiaries and the implementation method has yet not been announced. The suggested amount of 8,000/= per month may be inadequate for survival.

International policy context

Uganda is party to all UN Conventions/treaties regarding equal treatment of people, including older persons. It is part of the UN principles for older persons adopted on 16th October 1992 resolution No 46/91 which include Participation, Dignity, Independence and Self fulfillment.

The UN 1999 International Year of Older Persons provided impetus to emerging interest in ageing issues in developing countries. In 2000, the Organisation of African Unity (OAU) now known as the African Union (AU) hosted an expert meeting in Uganda to draft a policy Framework and plan of action to guide member states in the developing of their national policies on ageing. In December 2001 an intergovernmental meeting reviewed the draft document with the framework receiving its final seal of approval in 2002 during the 38th Session of Heads of State and Government in Durban, South Africa. The document committed states to design implement, monitor and evaluate appropriate integrated national policies and programmes to meet the individual and collective needs of older persons in Africa. The framework identified 13 key areas of concern to older persons.

On 12th April 2002 the second World Assembly on Ageing adopted the Madrid International Plan of Action on Ageing that committed 159 Governments along with Uganda to include the recognition of ageing in government social and economic programmes and policies..

The Millennium Development goals specify that ageing should be incorporated into development programmes, call for the rights of older persons and equal share of development resources and also call for Governments to include older persons in the national development and social policy processes.

There has been some progress on the development of policies for older persons in Africa. Mali and Mauritius both have policies on older persons. Rwanda, Mozambique, South Africa and Tanzania cabinets have approved their policies. Zimbabwe, Kenya, Ghana, Burkina Faso and Uganda have drafted policies in different stages of developments.

However, as Aboderin notes, “while several countries have drafted national policies on ageing, there has been little resource mobilization for their implementation, (with the exception of South African Older Persons Act, ratified in 2006)”(Aboderin, 2006).

It is now the challenge of the Government and older persons organisations to monitor the Government and the international organisations in implementation of the actions before the agreed deadlines of 2015.

Ways of Interventions;

In the focus group discussion, the following ways were identified as necessary to support older persons in Uganda.

1. Put in place and implement the Government policy for the older persons.
2. Include older persons in the planning, designing and implementation of development programmes that impact on older persons.
3. Strengthen older organisations for better capacity building and advocacy.
4. Lobby International organisations and the Government to introduce specific programmes to support the older persons and their orphaned grand children.
5. Introduce HIV and AIDS education and testing programmes for older persons since the older persons are carers and are sexually active.
6. Set up income protection such as increasing the National Social Security Fund, social pension, cash transfers, and credit facilities to older persons.
7. Support communities and older persons organisations to care for isolated older persons.
8. Introduce Geriatric Medicine into hospitals and health centres of Uganda.
9. Revise the Educational Curriculum so that people may develop the concept of ageing at an early stage and start saving for their old age.
10. Empower the older persons for independence so they can retain their dignity.
11. Establish a network forum for older persons organisations in Uganda.
12. Establish a National Council on Ageing.

Conclusion

It has been observed that poverty, isolation, HIV and AIDS, nutrition, environment, health, elder abuse and gender are cross cutting issues, which need policy maker’s international and Local NGOs intervention in planning for development of older persons. It is high time that all stakeholders in the field of ageing should come up with solutions for the problems affecting the older persons of Uganda and to plan for the ageing of the population.

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