

Partnership Programme Arrangement

Self-Assessment Review 2008/2009

for

The UK Department for International Development



***Older people are
speaking out***

we're listening

August 2008

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

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

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

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

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

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

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PPA Self-Assessment Review

Reporting Year	2008/2009
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Part A – Basic Information

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

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

Note: 2008/09 figures are in the process of being approved by the board and the auditors. 2008/09 is an 11 month period (1st May 2008 to 31st March 2009). This now aligns with the financial years of our main donors - DFID, Age Concern and Help the Aged (now working as one charity).

Summary of partnership with DFID and other DFID funding

DFID Funding relationships:

Social Protection and Policy:

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

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

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

Humanitarian Action:

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

Direct Relationships:

Social Protection: Ongoing and strong relationships with DFID on key policy processes and development discussions, including collaborative work with the African Union on the Social Policy Framework for Africa, consultation on White Papers and engagement with key international processes (G20, WB global vulnerability / response fund etc) and governmental players working towards social protection as a key way to achieving MDG1 “Eradicating extreme poverty and hunger”.

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

DFID Ministers and their staff: Close working relationships and contacts supported the development of material for White Papers and the G20 agenda, including participation in the "Securing our common future" meeting with other PPA holders. HAI has also engaged with Ministers such as for example, with the Parliamentary Under-Secretary of State for Human Development to discuss ageing and demographic change within UK development government policy and a shared Grow Up Free From Poverty meeting with Douglas Alexander on long term social protection investment in the build up to the White Paper launch.

DFID's HIV Strategy: In collaboration with the UK NGO AIDS Consortium, DFID consulted HelpAge on its new HIV and AIDS Strategy, leading to specific references to mitigation of the impact of the pandemic on and recognising them as a neglected group.

Emergencies/climate change: Strong history of work with DFID CHASE on the vulnerable groups inclusion agenda, including quarterly meetings with humanitarian team members. Save the Children and HelpAge are also engaged with DFID and the Conflict, Humanitarian and Security Fund as respective consortium leads for Theme A: Emergency Response Grants and Theme B: Strengthening the evidence base for humanitarian decision-making, financing and reporting. DFID also requested and supported the release of HelpAge's CEO to lead the UNOCHA Post-Nargis Joint Assessment in 2008.

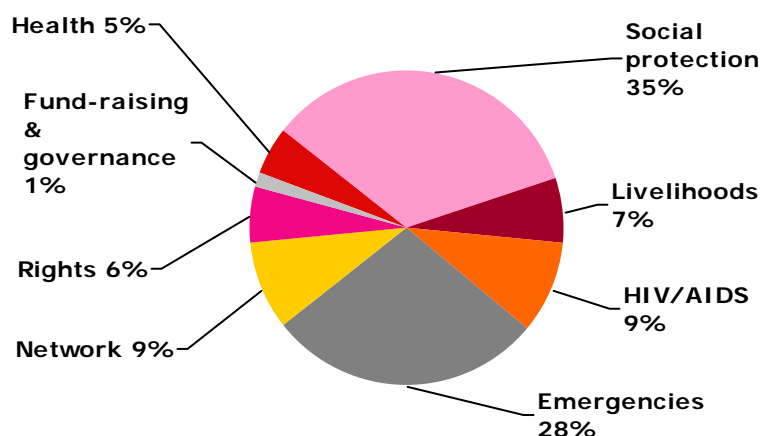
In-country relationships: Regular meetings and joint engagements occur between DFID and HelpAge in a number of countries, for example Kenya, Tanzania, Ethiopia, Myanmar, relating to a broad range of common interest issues and particularly social protection, emergencies and HIV & AIDS.

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

- Interagency group on rights-based approaches
- OECD/POVNET task team
- Grow Up Free From Poverty Coalition
- Chronic Poverty Research Centre - which supports our policy develop programme under the Chronic Poverty Engagement Partnership with Development Initiatives.
- UK NGO AIDS and Development Consortium
- The Hunger Alliance

Approximate % of total organisational expenditure allocated by sector or theme

Income over 11 months in 2008/2009 grew to £17.2 million, compared with £16.6 million over a 12-month period in 2007/2008.



Part B - Progress against PPA Strategic Objectives

Progress to date against PPA purpose statement

Enabling older people to participate in and benefit from public service delivery and economic growth.

HelpAge’s work, with our network of 80 affiliates and over 200 project partners in 57 countries, is a unique global network focussed on the rights and needs of older people. This year, we ran 160 projects delivering services to 1.23 million older people, their dependants and the people who work with and for them. Many more older people stand to benefit from the changes in laws and policies that we and our partners have helped to achieve. Many of our activities are managed by older people themselves through more than 2,400 older people’s groups we and our partners support.

Our progress against all PPA objectives continues to strengthen. Since 2005, our knowledge and expertise in social pensions, older people’s participation in governance, HIV & AIDS and emergencies and disaster risk reduction is demonstrating measurable change in seeing older people being recognised for both their contributions and specific needs. In promoting services for older people, we are now supporting governments in nine countries to adopt new pensions schemes and broaden the inclusion of older people in their social protection frameworks. Our work with building older people’s participation, with affiliates and partners, through our global campaign Age Demands Action and in the use of our innovative older citizen’s monitoring model means older people’s issues, particularly pensions and better access to health services, are becoming more political. This is particular true in Latin America, where there are now calls for a regional convention on older people’s rights in Latin America. In protecting older people against climate change and in emergencies, our successes developing our knowledge and technical expertise, has led to better recognition of older people at the institutional level of key humanitarian agencies, such as UNHCR and ICRC, and whilst more remains to be achieved in emergency responses and preparedness, we are now strongly placed to support other agencies to understand how they can include older people more effectively in their work.

Our financial health remains strong also. Despite the global financial crisis and the end of significant funding for the Asia tsunami emergency operations in 2007/2008, HelpAge has succeeded in seeing a growth in its income, and we are expecting to achieve our PPA objectives. As unrestricted funding, the value of the PPA remains essential to HelpAge to strengthen its core programme and business functions, and additional PPA income received for Latin America has accelerated our programmes across the continent significantly.

Progress against PPA Performance Framework by each Strategic Objective

Strategic Objective 1 – Public Services

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

Indicator 1:

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

Progress achieved and challenges faced

HelpAge's work provides a higher profile to the benefits and impact of universal coverage of pensions as a key part of national social protection frameworks, and mobilises technical support to governments to increase their use. As at the end of 2008/2009, HelpAge is now engaged with or supporting the development of universal pension coverage in 17 countries, having built a reputation as an organisation and network with strong expertise in the field of social protection and, in particular, universal, non-contributory pensions. Our progress in developing new pension schemes with governments and donors is strongest in Kenya, Malawi, Tanzania, Uganda, Zambia, Peru, Ecuador, Paraguay and Sri Lanka.

Whilst pension schemes fall within the remit of governments to implement, we also work with both civil society organisations and governments to influence the improvement of existing schemes. This process is ongoing in a further eight countries - Lesotho, Bangladesh, China, India, Thailand, Nepal, Vietnam and Bolivia – aiming to increase the number of people receiving pensions and the value of these pensions.

To support both of the above, HelpAge and the Economic Policy Research Institute of South Africa, have delivered three high-level training courses on "Designing and Implementing Social Transfer Programmes". In 2008, training was given to government officials from 15 countries around the world, with an additional workshop on pensions run, with government participation from Indonesia, Malaysia, Thailand and Vietnam. This workshop assessed the current status of social security for older people in each country and identified practical next steps for each.

Key outcomes this year have included increases in the value of existing old age allowances and non-contributory pensions and lowering of the eligibility age in Bangladesh, Thailand and Nepal, and in Africa, supported by DFID, the adoption of the new African Union Social Policy Framework for Africa (Windhoek, November 2008), has been a major success for HelpAge and one that will help advance social protection and pension programmes across Africa.

The primary challenges to this work are fourfold: building evidence to support the economic value of pensions in relation to economic growth; mobilising older people to act as a political force to advocate for national change; securing financial commitments from both governments and donors to fund non-contributory pensions, and building HelpAge's own capacity to respond to increasing demand. New funding has however been secured from the German Government, amongst others, that will allow us to address these challenges and has permitted the formation of a new Social Protection Units in London and Africa.

List any documentary evidence of achievements

Policy change:

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

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

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

"Law for the Elderly" – National Assembly of the Government of Vietnam. Approved final draft May 2009 (Vietnamese language version only – available on request). The newly approved Law for the Elderly will reduce the Universal Social Pension age requirement down to 80 years and above and will also make the Health Insurance more age-friendly. Implementation date 6 January 2010.

"The National Social Protection Strategy; Investing in people; Ministry of Manpower, Youth and Employment (MMYE), Government of Ghana September 2006". The Ghana flagship programme to support this strategy, "Livelihood Empowerment Against Poverty (LEAP)", started implementation in 2008. It makes provisions for extremely poor older people over 65 years and dependents to access monthly cash transfer payments of between Ghanaian Shillings 8 and 15 (€ 5.2 – 9.7) depending on living arrangements based on the number of orphans and vulnerable children, people living with HIV/AIDS or persons with disability under their care. The programme was rolled out in March 2008 also aims to increase access to health care for the poor including older people, and It facilitates access to health care for older people particularly those not eligible for the National Health Insurance Scheme (relevant to Indicator 2 below, and Strategic Objective 3 – HIV & AIDS).

Feasibility Studies and Evaluations:

"Tackling Poverty in Old Age – A Social Pension for Sri Lanka", 2008 (HelpAge Sri Lanka and HelpAge International. Developed at the request of the Ministry of Social Services and Social Welfare: <http://www.helpagesl.org/images/Universal%20Age%20%2013%20Nov%202008.pdf>

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

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

Reported changes (sources – HelpAge International Office annual reports, 2008/2009):

- The Bangladesh Old Age Allowance was awarded a 15% increase in coverage and a 13% increase in value, thanks to our long-standing lobbying with partners of the government and the participation of government officials in our training for designing social assistance schemes. Again, as a result of our advocacy, the Government of Thailand extended its eligibility criteria for the Old Age Cash Allowance as a response to the global financial crisis, increasing those entitled to a pension rise almost threefold to include almost 4 million older people between 2007 and early 2009. At the request of the government, we coordinated a multi-sectoral Social Pension Working Group to lead on influencing the highest political and bureaucratic levels to achieve greater pension coverage.
- The Government of Nepal more than doubled the level of social pension (Old Age Allowance) and reduced the age of eligibility from 75 to 70, as a result of lobbying by our partner as part of their activities in our Age Demands Action campaign. With our partner NEPAN, we conducted a study to assess the social and economic impact of the Old Age Allowance, which showed that despite its small value the pension is an important part of older people's lives and highly valued.

Indicator 2:

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

Progress achieved and challenges faced

HelpAge is funding and supporting its partners, and working directly, in advocacy and programming to increase access to free (or reduced cost) and appropriate health services for older people. Since 2005, 5 countries - Ghana, Vietnam, Kenya, Tanzania and Uganda - have instituted government policy changes that have made access to health services free or very low cost (often only a registration fee), and we are supporting partners to monitor the implementation of these policies.

In 2008/2009, influenced by HelpAge and its partner Uganda Reach the Aged Association, the Uganda National Plan of Action on Ageing was passed by parliament and recognises and commits to address the gaps in health service provision for older people. In the Caribbean, the governments of Jamaica and Dominica have ended user fees for government health services – in Jamaica for all ages and in Dominica the government introduced free healthcare for older people at public hospitals, including diagnostic tests, as a result of our affiliate REACH's Age Demands Action campaign on the island in 2007.

Our work continues not only to influence government policy, but supports older people's groups to monitor older people's real access to health service entitlements using HelpAge's "older citizen monitoring" methodology in seven countries: Ghana, Tanzania, Ethiopia, Jamaica, Kenya, Peru and Bolivia.

In spite of the advances seen to date, achieving new commitments to free or reduced cost basic health care in a further five countries may encounter difficulties. However, older people's campaigning through our Age Demands Action platform consistently calls for better access to health services, and governments may respond to sustained pressure.

During 2008/2009, a participatory review of HelpAge's health programming was conducted to establish a greater level of focus both in programming and key messaging to strengthen its future work in health to 2015. The review highlighted a continuing need to see programming continue on issues of access, appropriate care and homecare, but additionally a changing focus towards treatment and management of chronic and non-communicable illness, e.g. dementia, eyecare, diabetes, heart conditions, which specifically affect older people.

List any documentary evidence of achievements

Policy change in favour of older people's health:

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

"Government of Kenya; Ministry of Health 'Reversing the trends, the second edition: National Health Sector strategic plan of Kenya" - Joint Programme of work and Funding for the Kenya Health Sector 20006/07-2009/10. Specific text page under the section **3.1 New Focus on Service Delivery** states - 'To achieve its goal, National Health Sector plan 11 (HSSP II) introduced the Kenya Essential Package for Health (KEPH). For older people over 60 years the following service activities have been included: equip elderly persons, the community and health care providers with relevant knowledge about common old age diseases, impairments and disabilities; equip elderly on how to improve their quality of life; and sources of care. The strategy also outlines a defined minimum package for the elderly, including social support systems, home-based care and material supplies, plus a definition of the human resource requirements to deliver

the package.

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

“National Policy on Ageing – Uganda, 2008”. The following is an extract relating to health from the National Policy on Older Persons – “the Study on Social Protection in Uganda (2002) asserts that ill-health is a major source of worry and stress among older persons. Common health problems of the older persons include hypertension, stroke, diabetes, heart diseases, trachoma and blindness that often lead to complications and permanent incapacitation. Poor health reduces the capacity of older persons to generate income, curtails their productivity and compels them to depend on other people. Older persons can hardly afford the costs of travelling to the health facilities at the sub-district or in urban centres where they could access the comprehensive Uganda National Minimum Health Care Package provided by the Health Sector. Their health problems are compounded by the lack of money for seeking appropriate medical attention or buying drugs for non-communicable diseases.

HelpAge’s affiliate Uganda Reach the Aged Association’s’ call for action, 2008:
<http://www.globalaging.org/agingwatch/events/ngos/uganda2.pdf>

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

Reported changes in access for older people (sources – HelpAge International Office annual reports, 2008/2009):

- ***The Jamaican government announces the end of user fees at government health services (March 2008):*** http://jis.gov.jm/minhealth/html/20090602t210000-0500_19893_jis_government_s_primary_health_care_policy_boost_for_achieving_mdgs.asp
- ***Community Health Fund, Tanzania:*** HelpAge is supporting older people’s groups to lobby with local councils to gain their entitlements to free health services in 48 (of 132) districts. To date, commitments have been made by 10 councils to support the payments of Community Health Fund contributions for vulnerable older people and their dependants. Eight councils have assisted 18,500 older people to obtain their identity cards to access free medical services.
- ***National Health Insurance (SSPAM), Bolivia:*** HelpAge is working with partners to monitor and support the implementation of the national old age health insurance scheme (SSPAM) in collaboration with the Ministry of Health in 33 municipalities. The process has meant that all 33 municipalities have earmarked budgets for SSPAM, and our work has seen an increase in the registration of older people from 13,000 in 2007 to 28,000 in 2009.

Indicator 3:

Between 2005 and 2011, at least 25,000 people per year will continue to benefit from the direct delivery of eyecare projects run by HAI and its partners.

Progress achieved and challenges faced

Since 2005 provision of eyecare services by HelpAge and its partners has been a consistent programme intervention in six countries - Tanzania (Zanzibar), Ethiopia, Pakistan, India, Mozambique and Sudan - regularly supporting over 30,000 people each year, with an increase in services provided from 32,000 in 2007/2008 to 37,000 in 2008/2009. Interventions under our tsunami programme have also left a legacy of ophthalmic services in Sri Lanka, where an ophthalmic hospital has been constructed and in operation since 2008.

In 2008/2009, we continued working with health ministries and partners in six countries to deliver eyecare and surgical programmes in Sudan, Mozambique, Ethiopia, Tanzania, India and Pakistan. We now have collaborative programmes with SightSavers in India and

Tanzania for the first time, which has potential to see broader access to services develop. Our largest surgical programme is run by HelpAge India, where our support continued to fund the “Asha Ki Kirnay” (Rays of Light) programme, which performed 5,618 cataract surgeries across the country. Eyecare also continues to be an important feature of our emergency programmes - in Darfur 7,600 people received treatment from mobile eyecare and follow-up services delivered in 5 displaced camps – 1,200 operations were performed as part of this programme.

Eyecare programmes will continue to be a significant part of HelpAge’s work in health, as defined in our new health plan to 2015. However, we recognise that a greater emphasis on developing strategic partnerships is required to ensure older people across the developing world are able to more readily access such services as a basic entitlement within government health service delivery.

List any documentary evidence of achievements

Internal statistical reporting:

HelpAge International Annual Reports – 2005/2006 to 2008/2009.

Project reporting 2008/2009:

“Asha Ki Kirnay – Rays of Hope” - India Ophthalmic Programme 2008/2009, HelpAge India

“Continued support to war-affected older people in West Darfur” – final report 2008 to UNHCR (HelpAge International)

Indicator 4:

Between 2005 and 2011, 100,000 older people and their families will have benefited from access to water and shelter interventions delivered by the HAI and its partners.

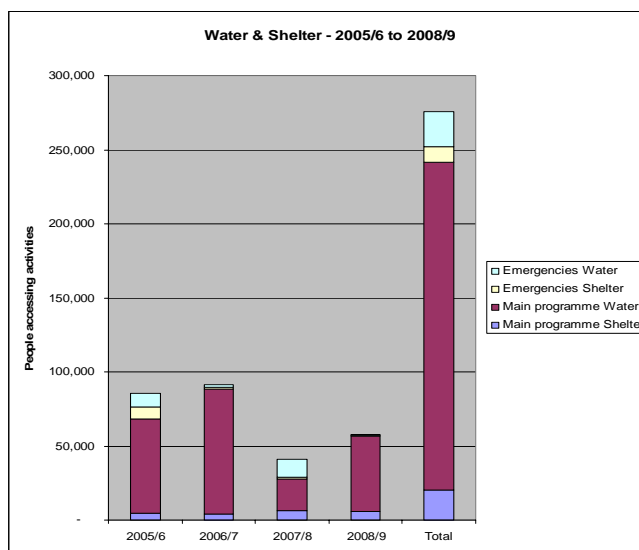
Progress achieved and challenges faced

Since 2005, HelpAge and its partners have provided water and shelter interventions in 15 countries: Bangladesh, Cambodia, India, Lao PDR, Myanmar, Vietnam, Sri Lanka, Burkina Faso, Ethiopia, Sudan, Mozambique, Tanzania, Zambia, Peru and Jamaica. Between 2005 and 2007, 184,000 older people and their families have been supported and in 2008/2009 we helped almost 60,000 older people to access water and shelter in Tanzania, Mozambique, Ethiopia, India and in response to Cyclone Nargis in Myanmar. These interventions have mostly assisted older people to access water and shelter in three ways: through government poverty reduction programmes; support provided during emergencies, or as direct support from projects implemented by HelpAge and its partners, e.g. by support to older carers of orphans and vulnerable children in our HIV & AIDS programme in Africa. Our programmes in water also address mitigating the impact of climate change in Rajasthan, India, and in the Somali Region of Ethiopia. In these programmes, our work focuses on working with older people to manage the construction of community ponds or small reservoirs to protect livestock and sustain agricultural activities in these drought-affected regions. In 2008/2009, our work in Rajasthan included construction of village ponds and small reservoirs in the drought-affected region of Rajasthan, India, providing benefits to 8,000 older people and their communities.

Implementation of this work is mostly led by partner organisations with relevant technical competencies, and our role is to ensure that participation and ownership by older people is achieved. A key challenge in this work remains ensuring that our work is not solely a replication of existing community or other programmes, and that we encourage other agencies and partners to engage with older people to provide solutions that address older people’s concerns, e.g. mobility and access to water supplies, appropriate design of latrines and shelter. Additionally, whilst activities for water and shelter have been undertaken primarily as “direct” programme interventions, HelpAge will need to develop opportunities at a policy level to see these basic needs more clearly articulated within its work on social protection policy change.

List any documentary evidence of achievements

Statistics obtained from HelpAge annual programme reports, 2005/2006 to 2008/2009:



Project reports/evaluations:

HelpAge tsunami programme evaluation – October/November 2007 (interPART & Associates)

Final evaluation - Assimilated Development of Older People in the Thar Desert (ADOPT) (Jodhpur and Barmer districts, Rajasthan, India) - 2007 (Girish Bhardwaj, Livelihood Solutions-New Delhi)

Older Citizens' Monitoring Basic Service Delivery under the PASDEP in Ethiopia – Final Report, July 2009

External Evaluation of the HIV and AIDS and Older People in Africa Programme, (CR Ref: GR002-11227, HAI Ref: AFR039, Funded by: Comic Relief) - Dr. John M. Mwesigwa and Kicher & Associates, May, 2008

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

2

Our programmes in pensions and health are being implemented in the numbers of countries targeted, but achievement of the stated objectives for both of these programmes remains vulnerable to changes in political will and the global financial context.

Coverage in our direct programmes for shelter, water and eyecare has either been met or programmes are expected to continue to 2011.

Strategic Objective 2 – Governance

Older people increasingly holding their governments to account

Indicator 1:

By 2011, countries in which older people proactively engage with policy makers to respond to their commitments under the Madrid International Plan of Action on Ageing (2002), will have increased from 27 in 2007 to at least 40 countries, by 2011.

Progress achieved and challenges faced

The Madrid International Plan of Action on Ageing has formed the basis for action in influencing policy and practice change in favour of older people since its adoption in 2002, with HelpAge having provided support to both national and regional reviews by governments and civil society throughout 2007 during its five year review. This review provided an opportunity for HelpAge to launch its "Age Demands Action" global campaign to use International Older People's Day (1st October) which supports older people's organisations and representative to run advocacy events from community level to meetings with heads of state. Countries participating in the campaign, including the UK, increased from 27 countries in 2007 to 35 countries in 2008, with calls for action mostly focussing on issues of social protection and access to health services. Fully developed campaign support materials have now been produced and are available on HelpAge's website, and examples of the campaign's national calls for action can be seen at the web-link as indicated below.

Two key challenges exist for the campaign: mobilising fund-raising support for national activities and to promote engagement in new countries, and building capacities to promote reporting on the impact of the campaign from participating countries.

List any documentary evidence of achievements

A full list of countries participating and case studies on activities undertaken can be found at:

<http://www.helpage.org/Researchandpolicy/AgeDemandsAction/Countryprofiles>

Indicator 2:

By 2011, older people participating in the design and monitoring of social protection and health programmes at district level has increased from 5 countries in 2007 to at least 10 countries.

Progress achieved and challenges faced

Since 2005, HelpAge's "older citizen monitoring" approach to building older people's participation in working with governments is now being implemented in 14 countries, a significant rise from the five programmes being run in 2007/8. Programmes are now operational in Ghana, Ethiopia, Mozambique, Tanzania, Bangladesh, India, Lao PDR, Vietnam, Sri Lanka, Moldova, Kyrgyzstan, Tajikistan, Bolivia and Peru, with similar work occurring in building participation in China, Colombia, Kenya and Uganda, working through affiliates and new partners. In Asia older people's organisations and their role in development and poverty reduction strategies has received formal government recognition in several countries, most notably Cambodia and Sri Lanka. This work supports older people, through monitoring groups or older people's associations, to access and influence government poverty alleviation and social security programmes increased significantly.

Some notable outcomes of this work this year include:

- In Tanzania, we work with partners and older people's monitoring groups in 48 of the country's 132 districts. Over the last three years, responses to the issues identified by these groups have seen a dramatic change in their inclusion in government programmes. TASAF, the national poverty reduction programme, reports that in 2008/2009, a total of €500,000 was allocated for projects meant for the livelihood and health needs of older people, a rise from €11,500 in 2006.

- In Bangladesh, monitoring of older people's access to social assistance schemes takes place through older people's associations in 410 villages in 18 unions. Much higher numbers of older people are recorded as receiving the Old Age Allowance in project areas (39% over two years) than in the country as a whole (25% over two years).
- In Kyrgyzstan, nine older people's groups were involved in community research, supported by DFID, to assess the effectiveness of the means-tested benefits intended to mitigate the effects of food and fuel prices for the poorest households. Data collected by the groups suggested that means testing misses the most vulnerable families as they cannot afford the transport and documentation fees to prove their poverty. Representatives of older people conducted meetings with local authorities to raise their awareness of such issues. The research has stimulated interest from both NGOs and donors, as the community data provides information on seasonal coping strategies that is impossible to gather through standard household surveys.

List any documentary evidence of achievements

Government recognition:

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

Publications and other evidence:

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

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

Indicator 3:

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

Progress achieved and challenges faced

The programme in Peru started in March 2008, with a focus on building capacity of Older People's Associations (OPAs), increasing livelihoods and nutrition of older people, and improving their access to legal rights. The programme works with older people in the rural areas of Ayacucho and Huancavelica, and poor urban areas of Lima, and also in Junin, Cajamarca and Arequipa for advocacy activities. 227 leaders of older people's groups participated in leadership and organisational management training. One result is that seven OPAs are currently in the process of formal registration in the Peruvian Public Registry, with eight having already completed the process (50% of the targeted 30 OPAs).

During the second year of the project, the focus will shift to strengthening capacity of older people to participate in participatory budgeting. Two sub-national governments, out of an eventual target of six, have started to establish "Integrated Centres of Attention for Older People (CIAM)". Additionally, three proposals developed by the National Association of Older People in Peru (ANAMPER) have been discussed and approved by its members for public debate about health and social protection for older people. OPA leaders will continue to participate in dialogue with municipal and regional governments regarding health care, universal insurance, dignified work, and non-contributory pensions.

The programme also held a two day seminar in Lima in October 2008 called "Improving our Actions in Support of Older People". 49 public officials from Lima, Arequipa, Cajamarca and Ayacucho participated, all of them holding key posts in ministries, municipal programmes for older people, Integrated Centres of Attention for Older People (CIAM), the health department and regional governments.

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

- Four bulletins for the National Association of Older People in Peru (ANAMPER) network, distributed to local ANAMPER groups, civil society organisations, and government authorities.
- Guide to Formalization and Organisational Management for Older People's Associations
- Guides in Quechua on Rights, Self-esteem and Nutrition
- Leaflets on Socio-legal Centres in Lima and Ayacucho, and Public Policy for Older People in Peru
- Booklets on Analysis of Public Policy for Older People in Peru and on Rights of Older People
- Bimonthly HelpAge Peru Bulletin

Indicator 4:

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

Progress achieved and challenges faced

Important progress has been achieved against this objective this year. Historically, institutional arrangements between HelpAge International and Help the Aged have restricted the level of engagement HelpAge could achieve in the UK. However, changes in Help the Aged and Age Concern (now working together as one organisation) and new strategic agreements between HelpAge and these organisations are opening new opportunities for all three agencies, supported by development education funding from DFID.

HelpAge has been supporting six local Age Concern organisations with information and advice as they launch their development education projects with local groups of older people, and has been producing resources for UK audiences, with themes including "Older People and HIV and AIDS" and "Older people in emergencies", which include publications, web stories and posters in Age Concern and Help the Aged shops. As part of this work Help the Aged and Age Concern may now access to images and case studies for development education from HelpAge's public image store (on Yahoo! Flickr), launched in April 2009. This site achieved more than 18,000 views in 3 months or more than 200 views/day, many of the views being from UK audiences

Our support has also included providing briefings to professional staff, academics and talks to older people themselves. Processes of "twinning" between the UK organisations and HelpAge network members in Africa have started, and the twinned organisations have begun to talk about building practical activities. Several visits by older people affected by, and working on, issues of HIV and AIDS in Africa to UK groups around World Aids Day were organised over a 10 day period. HelpAge is also supporting Oxford Age Concern participate in HelpAge's "Age Demands Action" global campaign each year on October 1st the International Day of Older People.

List any documentary evidence of achievements**HelpAge International's Image Store (via Flickr):**

<http://www.flickr.com/search/?q=helpage%20international&w=all&s=int>

Help the Aged – Emergency Relief website:

<http://www.helptheaged.org.uk/en-gb/WhatWeDo/International/WhatWeDo/EmergencyRelief/Tsunami/>

Help the Aged – HIV & AIDS website:

<http://www.helptheaged.org.uk/en-gb/WhatWeDo/International/WhatWeDo/HIV/>

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

1

Strategic Objective 3 – HIV & AIDS

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

Indicator 1:

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

Progress achieved and challenges faced

Since 2005, HelpAge has influenced the work and policies of the African Union, the Southern African Development Community, the East African Community and the UK Government, UNAIDS and UNFPA, to include recognition of the role of older people as carers, and as an at-risk population in their regional, sub-regional and national strategies. In 2008/2009, HelpAge succeeded as 1 of 3 organisations to be awarded funding from the Big Lottery Fund's International Strategic Programme for its "Preventing HIV/AIDS & Alleviating its impact in Multigenerational Households" programme, a five-year programme supporting regional and national change objectives across Africa and for development education work in the UK. This funding, alongside other new funding achieved from the Swedish government will ensure that HelpAge can further progress its strategic and PPA objectives in HIV & AIDS to 2011 and beyond.

In 2008/2009, HelpAge's membership of the African Regional Inter-Agency Task Team on Children and AIDS saw our recommendations on addressing the impact of HIV & AIDS on older people influence the inclusion of references to the impact of HIV and needs of older carers in the Southern Africa Development Community's (SADC) Orphans and Vulnerable Children and Youth (OVCY) strategic framework and the SADC draft HIV & AIDS Strategic Framework 2009-2015. This was an essential step in the process of achieving financial commitments to responses for older people within OVCY programmes. SADC members are now publicly promoting data disaggregation by age and gender as a key part of national action. We also succeeded in influencing the East Africa Community's HIV Prevention Expert Group to include older people as it starts to formulate its HIV prevention strategy for older people.

A clear challenge still remains in promoting tangible action beyond the policy level in our work with regional organisations in Africa, and we shall continue to promote the intergenerational nature of regional and national responses as a key process to ensure positive change.

List any documentary evidence of achievements

Existing policy 2005-2008:

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

New policy, 2009:

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

Communications papers:

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

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

Evaluation:

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

Indicator 2:

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

Progress achieved and challenges faced

HelpAge’s work with older people and governments since 2005 to find practical solutions to issues of prevention, care, support and treatment means that HelpAge and the partners it supports are now involved in national consultation and planning processes and the delivery of services in nine countries across Africa - Ethiopia, Ghana, Kenya, Mozambique, South Africa, Tanzania, Uganda - with formative work in Malawi and Zambia.

HelpAge has continued to build on its work across Africa in influencing HIV & AIDS policy at national level, succeeding not only in seeing change in HIV & AIDS policies, but also in gaining important connections and recognition of the issues of older carers within social protection frameworks. The new funding achieved (see indicator 1 above), will further support the development of national planning processes and the development of new models of programming to support national implementation the Universal Access commitments by 2010 process in Ethiopia, Kenya, South Africa, Tanzania, Uganda and indirectly Mozambique.

In 2008/2009, HelpAge and its partners saw progress in the development of national strategies in three countries – Ghana, Uganda and Zambia – and an important milestone achieved in Kenya with national statistics published on people in the 50 to 64 years age range for the first time. The Kenya AIDS Indicator Survey highlighted comparable levels of HIV prevalence in the older age group to younger age groups, strengthening HelpAge’s call for equitable responses for older people in national programmes. The Ugandan government social protection policy recognised HIV & AIDS as being a major factor contributing to the vulnerability of older people and articulates the need for special attention to them. In Zambia, the national consultative process in developing the 2010-2015 national AIDS strategy will include a national consultative meeting with older people as a result of HelpAge’s work with the Zambia National AIDS Commission with our partner the Senior Citizens Association of Zambia.

List any documentary evidence of achievements

Existing national policies in support of older people in the context of HIV & AIDS:

The government of Ghana, ‘Growth and poverty Reduction Strategy (GPRS II, 2006-2009); National development planning Commission, Nov 2005. (See Evidence in Strategic Objective 1, Indicator 1 above). HelpAge affiliate HelpAge Ghana influenced *GPRS II, 2006-2009* before participation in the LEAP flagship programme on the national social protection. *GPRS II, 2006-2009* has section 4.8, sub-section ***Social Policy Framework for mainstreaming the vulnerable and excluded***, which states that “critical policy issues to be addressed in GPRS II, besides education and health, include: integrated child development; strengthening of the family; HIV/AIDS; capacity development in social work and volunteerism; database on vulnerable and excluded groups; and institutional strengthening, linkages and coordination”, and includes older people within vulnerable and excluded groups. This commitment has been articulated within the LEAP programme launched in March 2008.

“The Uganda Poverty Eradication Action Plan (PEAP 2004-09)” integrated older people in chapter 7 under the Human Development section, identifying actions for social protection support for

the elderly, particularly in the context of HIV & AIDS.

Evaluation:

“External Evaluation of the HIV and AIDS and Older People in Africa Programme” – May 2008, CR Ref: GR002-11227, HAI Ref: AFR039, funded by: Comic Relief, by Dr. John M. Mwesigwa and Kicher & Associates

Publications:

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

Indicator 3:

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

Progress achieved and challenges faced

Based on the work of HelpAge and its partners working in HIV & AIDS programmes, we are continuing to develop practical models to support governments in Africa implement their commitments to the Universal Access Commitments to 2010. Again, this work will be expanded under new funding achieved for the next five years focusing on home-based care (Tanzania), the role of traditional healers (South Africa) and support to older carers (Kenya and Ethiopia) and gender and rights (Uganda).

In 2008/2009, Kenya and Tanzania progress has been seen in their national home-based care (HBC) guidelines and health curricula respectively recognising older people. The Tanzania curriculum directly uses the HelpAge “Building Bridges” model that incorporates older carers and addresses their needs. HelpAge in Tanzania has been appointed to the national AIDS advocacy advisory board as a result of our advocacy work and programmes. HelpAge has now also developed a draft framework for HIV & AIDS strategies across Africa as the basis for HelpAge’s influencing and programming work. The framework was developed around the core areas of the international response to the epidemic and the pillars of the international Universal Access commitment: prevention; treatment; and care and support. The framework highlights why the inclusion of older people in each of the three areas is important and what a response to older people’s needs in each of these areas should look like.

Achieving adoption of models by governments within the indicator timeframe may pose a significant challenge. However, we remain confident that models can be developed and tested by 2011 and good progress to gaining recognition of their role in national strategies will be achieved in at least five countries.

List any documentary evidence of achievements

Publications and position papers:

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

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

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

2

Strategic Objective 4 – Climate change and fragile states

Climate change and fragile states

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

Indicator 1:

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

Progress achieved and challenges faced

Three major milestones in gaining formal recognition of the plight of older people in crises by key humanitarian actors were achieved during 2008/9, and in turn will help us to crystallise several relationships with humanitarian actors in a manner not previously possible. July 2008 saw a commitment from the 16 members of the Inter-Agency Standing Committee (IASC) to the recommendations of a study carried out by HelpAge for the IASC-WG in 2007 in the publication of a joint HelpAge/WHO publication "Humanitarian Action and Older Persons - An essential brief for humanitarian actors". Secondly, HelpAge was invited to lead in the revision of the SPHERE Humanitarian Charter and Minimum Standards in Disaster Response Handbook to include minimum standards and recommendations on age for publication in 2010, important as the SPHERE handbook is used as a key accountability standard within humanitarian operations and by donors. Thirdly, HelpAge consolidated its position as the global cluster lead on the cross-cutting issue of age, working with the global Protection, Health and Early Recovery clusters, contributing to a number of cluster guidance materials.

As a result of our work over the past three years, we are now working with, UNHCR, WHO and the ICRC at the institutional level, and have built practical partnerships with Merlin, the Canadian Red Cross, British Red Cross and Save the Children UK at field level, and a research partnership with UNAIDS, UNICEF and the Overseas Development Institute on older people-headed households affected by HIV in emergencies. These partnerships are helping to change practice in working with older people in emergencies responses and early recovery programmes, but this work remains at a very formative stage. Since 2008, we are supporting UNHCR, the UN Global Protection Cluster lead agency, by providing a seconded staff member to review its policy and practice in working with older people, which included UNHCR programme assessments and training in Uganda and Georgia, alongside training at headquarters level in Geneva.

Given the above, our progress against this objective is assessed as good. However, we observe a two-tier process occurring. Recognition for the need for policy and practice change has often been accepted at institutional level, but practical action at field level is evident only where HelpAge has a presence. Translation of institutional commitment to assess and include older people has yet to be realised into operational manuals, organisational training or obvious action without the support of HelpAge in the field, either in assessment or joint programming. The clearest evidence of closing this gap is occurring in our partnerships with UNHCR, the Red Cross movement and with Merlin in the UK. Further work in influencing of donor policy remains to be achieved, but dialogue has been opened and/or maintained with the Governments of the Netherlands and Norway, CIDA, SIDA and OFDA, and ECHO.

List any documentary evidence of achievements

Publications:

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

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

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

Indicator 2:

Between 2008 and 2011, new emergency assessments and responses of at least 5 humanitarian agencies include older people as a result of data disaggregation.

Progress achieved and challenges faced

In 2008/2009, HelpAge responded to 50,000 older people's humanitarian needs in six new emergency programmes in Gaza, DR Congo, Myanmar, Bangladesh, India and Uganda and continued to respond to the needs of a further 20,000 older people in West Darfur and Mozambique. With a few exceptions, our work continues to identify the absence of structured and specific inclusion of older people in emergencies by other actors. This was demonstrated in research carried out in our DFID-supported programme on the inclusion of older people in the Cyclone Nargis response in Myanmar during 2008.

However, partnerships with key humanitarian actors are evolving and should progress more effectively given the adoption of the IASC recommendations (as above, Indicator 1). We have also been seeking to promote the role of government bodies with responsibilities for emergency response and planning.

Some examples of our work and achievements this year include:

- In Colombia, HelpAge is working with UNHCR and the Ministry of Social Protection to include the situation and needs of older displaced people in new emergency guidelines. A policy framework for older people with supporting statistical information has been gathered. The new guidelines are expected to be finalised by the end of 2009.
- In Myanmar, with support from DFID in-country, two studies on the situation of older people were conducted in the cyclone-affected areas and shared with 35 humanitarian agencies and on our website, highlighting both the gaps in coverage of older people within health and nutrition programmes and the vulnerability of older people after the response programme ends as they will not have similar access to health care services. As a direct result of this work, the Protection Cluster in Myanmar widened its remit to include older people as a vulnerable group alongside women and children, older people have now been specifically included in the ASEAN "Post-Nargis Recovery and Preparedness Plan" (PONREPP) – key due to donor commitments to support this plan.

List any documentary evidence of achievements

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

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

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

Indicator 3:

Between 2008 and 2011, district and national disaster risk reduction plans in 5 countries in Africa, Asia and Latin America where disasters occur include will have introduced specific measures that respond to the protection and assistance needs of older people.

Progress achieved and challenges faced

Since the development of our disaster risk reduction (DRR) model for older people in 2007, there has been significant progress in developing both our knowledge and action on integrating DRR into our programming. In line with the good practice and objectives of the Hyogo Framework for Action 2005-2015, HelpAge has embarked on the training of key partners and communities have been implemented in 14 countries.

HelpAge now implements programmes with a strong focus on DRR in Bangladesh, Sri

Lanka, Mozambique, Ethiopia and Kyrgyzstan and across Latin America and the Caribbean. PPA support in Latin America and the Caribbean has accelerated our work on climate change and DRR significantly, seeing results at community, district and national levels, where our partnerships have influenced the work of the National Emergency Operations Centre in the Dominican Republic and municipal and national Emergency Operations Centres and DRR planning in Bolivia, and in Peru, with older people we are developing a strategy for adapting to the recurrent cold waves the country has experienced in the last decade. In Jamaica, the emphasis has been to enhance the integration of DRR within existing programmes, particularly in our older citizen's monitoring programme in Jamaica, where, following training, each of the eight older people's groups have established community Disaster Management Committees and are actively developing Community Disaster Plans which outlines the various hazards in their community, the existing mitigation measures and plans in the event of a disaster.

HelpAge's relationship with DFID in Myanmar and the Post-Nargis Recovery and Preparedness Plan (as related in Indicator 1 above) in 2008/2009, is perceived as an important action to see older people's needs both in emergencies and as contributors to DRR planning, and should serve as a future model for achieving this objective. Our programmes in Sri Lanka, Bangladesh and Kyrgyzstan are particularly important as they explore links between DRR and longer-term social protection programmes (particularly cash transfers and the universal coverage of pensions).

HelpAge has also have established a plan of action for all our international offices to scale-up emergency response and risk reduction programmes by 2011, although expanding our work in disaster risk reduction is often frustrated by funding constraints. However, HelpAge is active in exploring new opportunities in working in consortia with a number of proposals now developed, including with other PPA holders (Action Aid and Save the Children UK).

List any documentary evidence of achievements

Donor reporting for 2008:

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

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

Communications:

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

Latin America and the Caribbean:

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

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

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

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

Indicator 4:	
Between 2008 and 2011, access to services and assistance to 18,000 older people and their families in 12 camps in West Darfur will be sustained through direct HAI interventions targeting 2,000 vulnerable older people and by support from agencies influenced by HAI.	
Progress achieved and challenges faced	
<p>HelpAge continued its work in West Darfur through 2008/2009, despite the major challenges for non-government organisations working there, supporting 18,500 older people in 12 of the 50 displaced people's camps. Our work is diverse: we support access for older people to health services, provide mobility aids, supply drugs to help their chronic conditions and run mobile eyecare programmes and also provide food security support through goat, seeds and tool distributions. Reducing isolation and helping older people be active in their communities is also important – we ran social and income generation activities for older people that brought them together with younger people, particularly teenagers, to help improve their condition and well being. Last year, over 38,000 people attended the social activities organised by older peoples groups in 18 social centres in the camps.</p> <p>HelpAge also implemented its first HIV & AIDS work. In seven displaced people's camps, we provided HIV & AIDS awareness-raising activities that reached over 10,000 people, and we able to take a unique opportunity that allowed a knowledge, attitudes and practice study to be carried out. The survey revealed that over 70% of older people had neither heard of HIV & AIDS, nor knew how or where to be tested. This survey will provide the basis for extending this work in coming years.</p> <p>All humanitarian work in Darfur remains at risk of reduction or cessation dependent on the political situation and relations between the Government of Sudan and the international community. Such uncertainty is also problematic in ensuring stability and/or growth in our work with older people in Darfur. However, the strength and impact of our work in West Darfur, led to UNHCR doubling our funding in 2009 to US\$1.2 million.</p>	
List any documentary evidence of achievements	
<p>Final reports to donors:</p> <p>"Continued support to war-affected older people in West Darfur", November 2008, UNHCR</p> <p>"Improving livelihoods & well-being for war-affected older people in West Darfur", December 2008, UN Food and Agriculture Organisation</p> <p>"Cross-generational HIV & AIDS prevention in West Darfur", March 2009, UNICEF</p>	
What is the likelihood that Strategic Objective 3 will be achieved? Rate 1 to 5.	2

What lessons are being learned from this PPA?

The value of PPA funding to HelpAge cannot be understated. As unrestricted funding, for an organisation with very constrained access to such income, it provides flexibility to achieve impact in areas of strategic priority as well as being able to position ageing issues in a competitive and complex political environment in a way that restricted funding is unable to do. Our Latin American programme is now also benefiting from additional PPA funding for the region and funds partners and programme work from this new income.

The timeframe of HelpAge's PPA and the introduction of our thematic targets in 2005 have been concurrent, and together have supported a clear prioritisation of programme focus, knowledge generation and policy influencing & advocacy. HelpAge has focussed its **knowledge generation and achievement of impact** in the areas of older people's participation in decision-making processes, holding governments to account, social protection (particularly pensions), HIV & AIDS and humanitarian action. HelpAge has been able to increase technical and policy capacities ensuring that programming, monitoring & learning, policy and advocacy/communication are a continuum and mutually reinforcing to achieve change in the lives of disadvantaged older people and their families.

Dissemination of knowledge has been improved internally through training (particularly in social protection, HIV & AIDS and emergencies) and the introduction of an intranet. Externally we have begun to target wider audiences (outside the development sector itself), making our work more accessible by changing our corporate writing style and visual identify, alongside improvements to our website and the use of public new media – You Tube, Yahoo! Flickr. These have made access to our learning and achievements more open to public audiences. Re-building our communications style reflects also our recognition that as part of a global network of age organisations, we need to increase the level of political activism with and for older people – progress in our campaigning work and increased use of our older citizen's monitoring model with older people's groups demonstrate the effectiveness of these approaches.

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

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

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

Building on our successes in emergencies and DRR work remains a challenge, and building more pre-arranged partnerships for responses and use of consortia will be increasingly important. We are, however, building such relationships with other PPA partners including Save the Children UK and Merlin.

Part D – Partnership with DFID

Partnership with DFID

HelpAge believes its partnership with DFID to be strong and as identified in the summary of partnership in Section A of this document, is resulting in a range of mutual benefits. Presently, the global Mutual Accountability Framework between HelpAge and DFID has not been concluded, except with the Latin America PPA (LAPPA) Partnership Framework Documents which complement the Global PPA. Under the LAPPA Partnership Framework, HelpAge engages on a monthly basis with other LAPPA agencies and with DFID, through attending meetings, sharing information, and planning and participating in joint events. The engagement is on a more regular and formal basis than happened prior to being a part of LAPPA, as a result of having partnership objectives in addition to development objectives included in the framework.

Our work with DFID in social protection is particularly noteworthy and has led to significant impact on a range of audiences and policy commitments. Also there is growing engagement on issues such as emergencies, climate change, social exclusion, rights, HIV & AIDS all of which is positive and the working level engagement and consultation of DFID has generally been encouraging.

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

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

Part E – Corporate Governance and Organisational Change

Provide evidence of how your organisation demonstrates good corporate governance, whether this has changed as a result of the PPA, and if so how.

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

Status and governing document

HelpAge International is a charitable company limited by guarantee, incorporated on 19 October 1983 and registered as a charity on 17 November 1983. The company was established under a Memorandum of Association, which sets out the objects and powers of the charitable company, and is governed by its Articles of Association.

Trustees

The trustees are responsible for the overall management and direction of the charity. The Articles of Association allow for a maximum of 15 trustees, at least six of whom are nominated by the affiliates and nine co-opted. The current Board consists of 15 trustees, nine from affiliated organisations and six from external organisations, serving a four year term which is open to a single further re-appointment of four years. New trustees are nominated either by the affiliates or identified by existing trustees or senior staff and interviewed by the Chief Executive and a recommendation placed

before the Board by the Nominations Committee for consideration and vote. New trustees undertake a comprehensive induction programme.

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

Financial compliance:

Financial statements are prepared in accordance with applicable accounting standards and the Companies Act 2006. They follow the recommendations in the Statement of Recommended Practice, Accounting and Reporting by Charities (issued in March 2005). The external auditors present the audited financial statements to the Audit and Finance committee. Income from the PPA enables the facilitation of finance staff to oversee international operations and ensure financial compliance. HelpAge is a member of the Charity Finance Directors Group.

Risk management

The trustees are responsible for ensuring that the major risks facing HelpAge are managed appropriately and have in place a formal management process to assess risks and implement the appropriate strategies for the management of those risks. A risk register is maintained based on a formal risk assessment review which is conducted twice a year by senior staff; it covers financial and operational risks and is reviewed at each Board meeting. The internal audit plan is designed to provide assurance that the systems are in place and operating as prescribed. Income from the PPA was used to fund a review of the internal audit function and its effectiveness in supporting strengthening corporate governance

Human resources:

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

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

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

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

Humanitarian Action:

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

Our affiliates

ASIA/PACIFIC

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

AFRICA

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

CARIBBEAN

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

EASTERN EUROPE / CENTRAL ASIA

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

LATIN AMERICA

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

EUROPE / NORTH AMERICA

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

Our regional offices

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Programme offices in Africa are also in: Ethiopia, Mozambique, Sudan and Tanzania

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Programme offices in East Asia are also in: Cambodia, Lao PDR and Myanmar

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Programme offices in Latin America are also in Peru and Colombia

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