

## **Position Paper**

# **HIV Sensitive Social Protection for Older People in Sub-Saharan Africa**



***When you give  
to older people***

***they give back***

**May 2014**

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## Introduction

Two conferences in 2007 and 2011 organized by HelpAge and the Africa Platform for Social Protection (APSP) discussed HIV sensitive social protection. The key objectives of the conferences were to analyse social protection frameworks and strategies at regional and national level making a significant contribution to mitigating the impact of HIV and AIDS on older people, share HIV-sensitive social protection-related good practices and develop strategies to influence decision makers to incorporate effective policy and programme interventions aimed at alleviating the impact of HIV and AIDS on older people in future HIV-sensitive social protection regional and national policies and strategies. These key impacts relate to both the risk of HIV infection and being severely affected, particularly so for older women carers of children orphaned by AIDS (OVC).

## The Challenges faced by older carers

Older carers of children orphaned by AIDS, mainly older women, lack regular income support, are food insecure, have been forced to sell their assets including land to meet the basic needs of children under their care. Time given to caring reduces their ability to undertake income generating activity. They struggle to ensure grandchildren receive an education and to provide parental support. They are challenged to maintain their health and that of the children they care for. Significantly, they are also challenged to assume the role of a parent and impart relevant and appropriate life skills and psychosocial support. These challenges strain the relationships between older carers and the children in their care.

## HIV-sensitive social protection

While not many social protection schemes were set up with HIV as a primary focus, their potential to contribute to a comprehensive HIV response is increasingly recognized. Achieving social protection for people and households affected by HIV including older people is a critical step towards the realization of Universal Access to prevention, treatment, care and support.

Social protection measures therefore need to be HIV-sensitive, and, they are when they include people who are either at risk of HIV infection or susceptible to the consequences of HIV and AIDS. HIV-sensitive social protection measures can reduce vulnerability to HIV infection (prevention), improve and extend the lives of people living with HIV (treatment) and support individuals and households (care and support). The following are critical ways in which HIV sensitive interventions around social protection can help mitigate and address the issues of HIV and AIDS in older people:

- **Financial protection** through predictable transfers of cash, food, or other transfers for those affected by HIV and those who are most vulnerable;
- **Access to affordable quality services**, including treatment, health and education services; particularly critical to older and child carers are home-based care, HIV and AIDS and health services and education – all of which need to be age-friendly.
- **Policies, legislation and regulation** to meet the needs and uphold the rights of the most vulnerable and those excluded, they can include:
  - ✓ Awareness to accessing entitlements, birth certificates, identity papers.
  - ✓ Paralegal support protecting the inheritance and land rights of OVC and older carers, child and elderly abuse.
  - ✓ Inclusion in regional and national policies, HIV and AIDS strategic frameworks, legislation, e.g., EAC HIV and AIDS Prevention and Management Act.

HIV sensitive social protection (HSSP) for vulnerable groups such as older carers will need to include social protection in the form of transfers of resources, in cash or kind, to meet basic needs. Equally, support to HIV affected people's livelihoods is required. In introducing HSSP measures there are risks of dividing communities if support is seen to exclude other vulnerable groups, highlighting the need for communities to identify who needs protection and to be engaged in providing it. Above all, seldom those planning their support listen to older carers so they can state their needs and the threats they face.

## Financial protection

**Financial protection** is the means by which governments provide social protection for their vulnerable populations by using the direct transfer of funds or goods to individuals or households to protect them from the impacts of shocks and support them build productive and financial assets. Cash transfers can either be *unconditional*, where cash payments are made to households or individuals without requiring any kind of obligation; or *conditional*, where payments are made provided children attend school, health checks, are immunized or their births are registered. In Africa, unconditional cash transfers are most common. Transfers can be *universal* – provided to all those who qualify by age or other straightforward criteria – or they can be *targeted* and given to those that meet a set of criteria that test how poor they are and their need for support.

**Designing HIV sensitive financial protection:** While there are advantages and disadvantages of each form of financial protection, practitioners attending the two HelpAge HSSP conferences agreed that it is the choice of the scheme and who chooses it that is of the greatest importance. Lessons from the Productive Safety Net Programme (PSNP) in Ethiopia, input subsidies in Malawi and social pensions in Lesotho and Swaziland show the value of keeping social protection programmes simple, without complicated targeting and procedures and conditions. By not identifying HIV affected families, specifically but including them in universal financial protection, such as pensions or OVC-based grants, the risks of stigma and discrimination are reduced. A crucial step is discussing with people made vulnerable through HIV their needs and also identifying the traditional ways in which communities already support each other.

**Showing financial protection is affordable:** Decision-makers must have evidence that shows the cost of financial protection to the government is justified economically: a scheme must provide savings in longer term care, health and other costs, plus income returns from livelihood support, as well as contributing to achievement of poverty reduction targets such as MDGs.

**What has to be done:** HSSP requires a dual track approach. Track 1: drawing on the resources of many government and civil society actors able to provide both social protection *and* Track 2: providing assistance to families to build their livelihoods.

### Track 1:

- Provide pensions or other cash support to prevent HIV affected families having to sell land and other assets, deepening their poverty
- For those infected with HIV needing care provide financial support to enable them to access vital information on their HIV status and to benefit from improved nutrition and ARV therapies.

### Track 2:

- Provide financial assistance to families infected and affected by HIV to help them raise income to maintain their livelihoods, especially families in which older people or children are left to head the household and care for orphans
- Provide help with farming and livestock, small scale trading and access to credit in addition to the transfer of cash, food or other essential support to life and health.

Programmes such as the *Kwa Wazee Project* in Tanzania with focus on livelihood development support, alongside cash transfers have shown that “Cash transfer is a door opener - it has produced energy for further development through mutual support groups, savings, and income generation”.

## Access to services

**Accessing HIV friendly services:** Families are best encouraged to use social transfers and their income to provide long term benefits, such as schooling, to the OVC, as is working well in Kenya through the GROOTS programme. GROOTS encourages grass roots community support through a network of women’s groups able to increase incomes through savings and loans

schemes. GROOTS communities also safeguard the property, assets and inheritance rights of HIV affected families when bread winners die. These and similar programmes are needed as well as social transfers, pensions and grants to achieve HSSP. Civil society organisations are key players in providing livelihood support to the poor and must be encouraged to extend this support to HIV affected families.

People affected or infected by HIV frequently need special services that are not readily available and/or may be very costly. They may also experience difficulty accessing services due to physical inaccessibility, stigma and discrimination from service providers. Cash provided to families enables them to decide on their priorities and choose from where to purchase services. The services available have to be capable of meeting the needs of HIV affected people. This requires government service providers to be sensitised to their needs and trained to meet them.

**For OVC**, staff and fellow school goers and health service providers must be educated not to discriminate against them. Their health needs, if they are HIV positive, such as ART and treatments for AIDS associated infections must be understood and met.

**For older people**, who may lack literacy, classes are needed so they can understand messages on caring for OVC and accessing SP. Psychosocial support may help older people and OVC deal with the trauma of loss of their offspring and parents, respectively. Older carers, whether or not HIV positive themselves, inevitably may require attention to their own health needs, also they may require home based care, as well as support in looking after children without parents: the GROOTS work in Kenya and eThekweni home based care (HBC) programme in Durban both provide HBC from within the community.

**Inclusive and relevant services:** All services are of great importance to the poor and marginalised. In the case of OVC and older people health services, such as HIV testing and ARV therapy and treatment for chronic conditions of old age, are of paramount importance. However, older people, especially those carrying heavy family care responsibilities, are frequently excluded from access to health and HIV and AIDS services, social protection and livelihood programmes.

#### **Key steps in improving access to services:**

- Increase awareness of health service providers of the impact of HIV on older people, particularly older carers
- In delivering ART services recognise and provide the special attention older people need to understand and benefit from treatment
- Develop age-friendly health and HIV counseling and testing services including no queue policy for older people, training of older HCT counsellors
- Ensure all services are accessible to HIV affected families, including credit and loan facilities that aid income generation
- Ensure all HIV affected people can access services by disaggregating and analysing HIV and AIDS data by age, sex and impairment for policy development and programming.

#### **Policies, legislation and regulation**

- **Political will:** No social protection programme can reach all the people it should without the political will of society, legislators and the active participation of a wide range of departments of government at all levels, and the participation of those it seeks to help. Some countries in Eastern and Southern Africa have developed or are developing national policies, strategies or frameworks on social protection. Two countries have national social protection policies (Mozambique, South Africa), four have developed a draft social protection policy (Malawi, Sierra Leone, Tanzania, Zambia). A further four countries have started the process (Ethiopia, Kenya, Lesotho and Uganda). However, so far implementation is mainly limited to civil society organisations supported pilot projects.
- **The strongest policy development processes** are inclusive of a wide range of actors, are led by government, but include civil society, beneficiary representative groups and the international community.
- **Evidence is the key to HSSP inclusive policy:** To be wholly inclusive of HIV affected families and to meet their needs those advocating for and designing HIV sensitive social

protection policies must have facts and figures on who is affected by HIV and in what ways:

In 2007 a UNICEF survey and HelpAge's data from communities shows that 40%-50% of children orphaned by AIDS (OVC) are cared for by older carers, with an average of three OVC for each caregiver. UNAIDS/WHO (2012) estimate found that 12 million children have lost one or both parents to HIV in Eastern and Southern Africa. If 40% of them have older carers, this means that approximately 4.8 million OVC are cared for by older people. With each older carer on average bringing up three OVC there are an estimated 1.6 million older carers of OVC in Eastern and Southern Africa. Of these 1.3 million are estimated to be older women (80%). In Africa, with most people becoming grandparents by about age 50, it is practical to class all those over 50 as 'older carers'.

For many countries data on HIV prevalence for the 50+ age group is limited, making it difficult for a country to develop HIV and AIDS and social protection policies and strategies to meet the specific needs of older people impacted by HIV. A HIV prevalence rates table by age group for Kenya, Uganda, South Africa and Swaziland shows that in these countries the age groups above 50 years, which include many of the carers looking after OVC who lost their parents to AIDS, are similar if not higher, than the prevalence rate of HIV for all ages. Thus, there are significant proportions of older people infected with HIV, many of whom may also be caring for children who lost a parent, or both.

**Table 1: HIV prevalence rates for 50+ age group**

Country/age group	Kenya		Uganda		South Africa		Swaziland	
	Male	Female	Male	Female	Male	Female	Male	Female
50-54	6.7	10.2	6.5	7.1	10.4	10.2	29	24
55-59	3.7	5.1	5.8	5.5	6.2	7.7	17	10
60-64	4.6	3.3			3.5	1.8	14	7
National Prevalence	5.6% (1.5-64) 6.1% (50-64)		6.6% (15-59) 6.3% (50-59)		10.9 % (2+ years) 6.6% (50-60+)		19% (2+ years) 16.6 % (50-60+)	

<sup>1</sup> 60+ in South Africa and Swaziland

**Source for disaggregated data:** KAIS 2012, Uganda AIDS Indicator Survey 2011 SA National HIV Prevalence IBC Survey 2008 Swaziland DHS 2006-2007

**Source for National prevalence:** KAIS 2012, SA National HIV Prevalence IBC Survey 2008, 2008

**How to make policies HIV and age sensitive:**

- **Recognise and protect through legislation older carers' and children's rights** to land and its inheritance along with other assets
- **Provide information on rights, support paralegal and legal services** to ensure HIV affected people gain equal recognition before the law
- **Put in place monitoring and regulatory procedures** that protect OVC and their carers' rights to social protection entitlements, as is included in the Cash Transfer to OVC (CT-OVC) government-led programme in Kenya
- **Evaluate and document HIV sensitive social protection/livelihood programmes** that support older carers and OVC implemented by government and CSOs and advocate for their scaling up in national and local development policies and programmes
- **Integrate implementation of action plans of social protection measures** into existing regional and national HIV and AIDS policies and strategic frameworks

- **Advocate for inclusion of social protection measures for older carers and OVC** in new regional and national HIV and AIDS, health, education and social protection policies and frameworks
- **Ensure beneficiaries participate in HIV and AIDS and social protection policy formulation and programme design and implementation**, which requires that they be supported to be literate and numerate by linking social protection to education programmes for children and adults, as in Mozambique's literacy programme for older women.

### Advocating for social protection

The facts and figures in this brief and examples of HSSP discussed in the 2007 and 2011 social protection, HIV and AIDS and older people conferences are key to showing the importance of ensuring social protection policies of all countries are sensitive to the needs of HIV affected people, and inclusive of those older people, whether infected themselves or carrying the burden of care for those that are or their orphaned children (OVC).

As only a limited number of the African Union member countries have advanced social protection policies and programmes, there is need and opportunity to undertake concerted advocacy for the inclusion of HSSP in social protection policies and strategies as they are developed and revised. For those governments which do have policies, there is scope to advocate for strengthening the frameworks of delivery through legislation and improving financial allocations and management of social protection so that all eligible citizens are reached.

#### Steps in advocating for HSSP:

- **Advocate for specific changes** that help show the need for more comprehensive social protection policies
- **Evidence is the key to HSSP inclusive policy and programming** so those advocating for and designing HIV sensitive social protection policies must have facts and figures on who is affected by HIV and in what ways
- **Provide brief but convincing examples of good practice** that is working – with short campaign messages: “Support older people, and by supporting them we save the next generation”, “Older people, OVC and people with disabilities are suffering and need regular cash transfers”, “Old age is our destiny, let us accommodate it” – *2007 HelpAge International Social Protection and HIV and AIDS Conference, Dar es Salaam, Tanzania*
- **Campaign messages are not enough**, there is need to provide analysis of existing (and planned) policies and provide evidenced guidance on what has to be included in social protection policies for them to be sensitive to HIV and older people
- **Use campaign days and other events and opportunities and seek the cooperation of the media to publicise HSSP.** For example the joint AIDS planning and review (JAPR) process in Kenya where government calls in CSOs to participate in the planning for HIV and AIDS activities for the year and review the previous year's activities and achievements. Uganda's National Civil Society Platform has initiated an annual Trade Fair where different CSOs are invited to display what they do. Parliamentary and government representatives are invited and special presentations done.
- **Form alliances and networks for advocacy to strengthen the voice for change**, such as demonstrated by the coalition of VSO-RAISA, RIATT-ESA, SADC Parliamentarian Forum, HelpAge and the APSP which lobbies for a SADC social protection policy, strategic framework and plan of action.
- **Build on the good practice** of the formation by HelpAge and CSO partners of advocacy groups for Social Protection and Livelihoods related to HIV and AIDS and national social protection platforms by the African Platform for Social Protection.

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