Off the margins: older people, human rights and poverty reduction in Africa in the 21st century
Linking ageing to national poverty policies, the PRSPs and the Millennium Development Goals

Background paper for Ageing and Poverty Workshop
Dar es Salaam, 29 - 31 October 2003
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Background

Understanding poverty

‘What is poverty? Poverty is hunger. Poverty is lack of shelter. Poverty is being sick and not being able to see a doctor. Poverty is not being able to go to school and not knowing how to read. Poverty is not having a job, is fear for the future, living one day at a time. Poverty is losing a child to illness brought about by unclean water. Poverty is powerlessness, lack of representation and freedom.


The aim of this paper is to provide a substantive basis for discussion as to how the obligations of governments in Africa towards its older populations can be taken forward in the light of a range of existing international, regional and national commitments to older people and to poverty reduction. This discussion will take place at a workshop on ageing and poverty in October 2003 hosted by the Government of Tanzania and sponsored by the United Nations Department of Economic and Social Affairs in collaboration with HelpAge International.

The fastest demographic transition is occurring in the poorest regions of the world, where older people are already among the poorest populations. The proportion of older people (60 years or older) as a percentage of the global population is projected to more than double world-wide from 10 per cent in 2000 to 21 per cent in 2050. Nearly 80% of the world’s older population will be living in less developed countries. The highest growth rate of any age group will be among those aged 80 and over, with poor older women outnumbering poor older men (HelpAge International 2002).

Demographic transition in the developing world was a core concern of the Second World Assembly on Ageing, held in Madrid Spain in April 2002. The Madrid International Plan of Action on Ageing (MIPAA) and its accompanying Political Declaration are the concrete outcomes of this Assembly. The MIPAA is based on and takes forward both international and regional human rights instruments and successive development instruments, including the Millennium Development Goals (MDGs). The MIPAA specifically commits governments to include older people in human rights and poverty reduction programmes, to link action on the poverty of older persons to their existing frameworks for poverty reduction and to include older persons in their strategies to reach the MDG targets.

This paper therefore focuses particularly on exploring the linkages between the content of poverty reduction and related social action programmes, and issues of poverty and ageing. It deliberately seeks an Africa-wide discussion on these issues. Africa poses special challenges for the achievement of the MDGs and is also undergoing a rapid demographic transformation, with an increase in older populations. Evidence suggests that older populations are increasingly undertaking a core care-giving role for younger generations. The African Union has adopted an important Regional Plan of Action on Ageing, becoming the first developing country region to place ageing firmly at the forefront of regional social policy development.

The paper is divided into several sections. The final section is framed as a series of discussion points which are offered to the workshop as a possible framework for action,
based on commitments contained in the Madrid International Plan of Action on Ageing and the recommendations of the African Union Regional Plan of Action on Ageing.

**Linking human rights to poverty reduction**

**A framework for a human rights approach to poverty reduction**

The essential idea underlying the adoption of a human rights approach to poverty reduction is that policies and institutions for poverty reduction should be based explicitly on the norms and values set out in the international law of human rights. Whether explicit or implicit, norms and values shape policies and institutions. The human rights approach offers an explicit normative framework – that of international human rights. Underpinned by universally recognized moral values and reinforced by legal obligations, international human rights provide a compelling normative framework for the formulation of national and international policies, including poverty reduction strategies.

Office of the High Commissioner for Human Rights Human rights approach to poverty reduction, para. 3

Human rights approaches to achieving international development targets are being explored within the UN agencies as a core unifying approach for development and humanitarian interventions. The specific rights of all people to food, education, water, life, freedom from discrimination, social and legal protection are laid down for all people in the ‘International Bill of Rights’, which comprises the United Nations Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR). The 1986 Declaration of the Right to Development provides a benchmark for all countries to support their populations to lift themselves out of poverty.

Rights-based approaches give priority to empowering poor people, incorporating them into policy processes and ensuring that their voices are heard. Stressing principles of equality and inclusion, rights-based approaches further call for adjustments in legislation to address discrimination. They support poor and excluded people to claim entitlements from their governments, and to monitor their delivery. Bilateral donor agencies such as DFID are exploring rights approaches based on the principles of ‘inclusion, participation and obligation’. DFID’s development policy and practice supports the building of socially inclusive societies, based on the values of equality and non-discrimination, through development that promotes all human rights for all people (DFID 2000). The largest aid donor of all, the European Union (which channels over half of all development aid), has a development policy that pledges to promote equitable and participatory development for all social groups (Commission of the European Communities 2000).

Other examples of human rights frameworks include work within the World Bank on rights-based approaches to social development, pro-poor social impact assessment and the development of pro-poor national budgets within the international rights framework. Guidelines drafted in 2002 by the Office of the High Commissioner for Human Rights, ‘A human rights approach to poverty reduction strategies’ are being developed to assist countries, international agencies and development practitioners to translate
human rights norms, standards and principles into pro-poor policies and strategies (OHCHR 2002).

The Madrid International Plan of Action on Ageing (MIPAA), human rights and poverty reduction

In developing countries older people are among the poorest of the poor. The MIPAA specifically acknowledges the neglect of the ageing-poverty link in international debates on poverty reduction measures. Governments agreed to ‘include older persons in policies and programmes to reach the poverty reduction target’ and to include older persons in programmes and analysis formulated to achieve the MDGs. Core commitments made in Madrid included the recognition of the right of older persons to development.

Although older people are bearers of rights accorded to all population groups, and the United Nations Principles for Older Persons cover the five issues of participation, dignity, self-fulfillment, care and independence, in practice their rights are often overlooked. In the absence of a specific human rights instrument for older age, the MIPAA therefore highlights the need for governments to ensure that the civil, social, political and economic rights of older persons are promoted and respected, and that existing rights instruments covering, for example, health, gender and disability, are inclusive of older age groups.

The exclusion of older women and men from development programmes and policy decisions that affect their lives directly was a key theme that emerged from consultations with older people prior to the Assembly (HelpAge International 2002). The MIPAA explored the implications of the extent of this exclusion. Documentation on older persons’ experience of poverty, exclusion, violence and health was provided by a range of UN agencies and civil society organisations, including the UN Secretary General, the International Labour Organization, World Health Organization, United Nations Population Fund and HelpAge International.

Acknowledging the connection between poverty and social exclusion, the MIPAA recognises that the reduction of poverty among older persons means the adoption of measures that take account of, and seek to overcome their social exclusion. The Plan therefore reinforces a human rights approach to overcoming poverty. The MIPAA

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commits governments to acknowledge and act on the rights, needs and contributions of older persons and ensure that they are incorporated into human rights programmes, national development frameworks and poverty eradication programmes. This reinforces an inclusive approach to poverty eradication, with the result that communities as a whole benefit from the active participation and contributions of all their members.

The voice of older people

| **We have voices, we want to be heard and most importantly to be understood** |
| **Sarah, older woman in Kenya** |

The most consistent theme that emerges from many years of consultations and participatory research carried out with poor older women and men by a number of institutions and networks, is their desire to be included in discussions that affect them - to be ‘seen, heard and understood’. The act of consultation itself often evokes surprise as older people’s common experience is of exclusion. When consulting older persons about the desired outcomes of the Second World Assembly on Ageing, HelpAge International was told: ‘You are talking of a Second World Assembly. What happened to the first? We were never consulted, yet you tell us a plan of action to address our situation emerged. Who made it?’ Notwithstanding the agreements made in Madrid, older persons still find themselves outside the scope of interest of both human rights practitioners and policy-makers concerned with poverty eradication.

Inclusive practice, enshrined in human rights agreements and linked to rights and entitlements, is increasingly associated with sound development policy. Inclusion is not a process that gives prominence to one group over another; it emphasises the involvement of all marginalised groups. With regard to the governance agenda, inclusion has intrinsic social value and importance. A DFID paper of 2000 argues: ‘Inclusion as a collectivity which provides for mutual assistance is central to the definition of social life’. Failure to include has a negative social impact: ‘When a collectivity such as a state loses the capacity to provide for the needs of its members (citizens) ... it suffers crisis of legitimacy as a consequence and accordingly finds it hard to govern.’ Inclusion is a right laid down by the Universal Declaration of Human Rights, which in its second article states: ‘Everyone is entitled to all the rights and freedoms set forth in this declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.’

Older persons are therefore entitled to be included in all the goals of development: securing their rights to food, shelter, health care, the law, water, education and decent work. These definitions make explicit the need for governments and related national and international institutions actively to incorporate an understanding of the rights and needs of older people in poverty reduction strategies.

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3 Older woman, Zimbabwe, HelpAge International State of the World’s Older People London, 2002 backcover
4 Conway T, de Haan A, Norton A, Social protection; new directions of donor agencies London, DFID/Social Development Department, 2000 p.10
What might this mean in practice?
The issues are complex and do not readily lend themselves to simple formulas. Material and chronic poverty denies the poor not only basic necessities and violates their rights but also prevents their effective participation in social processes, including development processes. Older people, who are among the groups that are chronically poor and historically excluded from the mainstream of social processes, are less likely to be able to claim their rights. This includes their right to have a voice in the public policy formulation and consultation processes that accompany poverty reduction programmes.

Together with other marginalised groups older people suffer from discrimination and perceptions of dependency that colour attitudes and further exclude them. The result is that they are not included in consultations or discussions about the allocation of development resources. This exclusion applies as much to civil society networks as to government processes. In the preparations for the Second World Assembly on Ageing, the desire of older people and their networks to connect with civil society groups working to eradicate poverty and achieve human rights compliance was made very clear by the consultation sponsored by the UN and HelpAge International in Thailand in October 2001. In this forum participants declared ‘We commit to strengthen our engagement with all the civil society processes designed to support government and international institutions in the delivery of commitments they are making. In return we ask that civil society and government recognise and support the efforts of older women and men to organise and participate in processes which will have an impact on their current and future situation and policy.’

However, even where there is improved participation of the poor in policy processes, there are wide variations in the categories of the poor that are reached. Experience demonstrates that there is also a wide gap between recommendations that are made as a result of these consultations and the budgets that are eventually agreed. Older people are one of a number of historically excluded groups that are losing out as a result. So it is important that we acknowledge that the implementation of development policy can, and often does, favour certain groups of poor people over others. Implicit and unconscious discrimination exists.

National and international commitment to a human rights approach to development needs more robust strategies and greater resources if it is to achieve concrete gains for the already excluded poor. The rights agenda also provides for the articulation of difference and of special needs. It is therefore important to recognise that the differences to take into account - for example, the needs of children, people with disabilities, older people and ethnic minorities are not always the same – means that a ‘one size fits all’ approach does not work.

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Moving to practical action

A positive framework for ensuring the inclusion of older people in poverty-related policy and programme development might be based on the following core principles:

1. Recognise and support the contributions of older people to poverty reduction and MDG achievement

A society for all ages encompasses the goal of providing older persons with the opportunity to continue contributing to society. To work toward this Goal, it is necessary to remove whatever excludes or discriminates against them. The social and economic contribution of older persons reaches beyond their economic activities. They often play crucial roles in families and in the community. They make many valuable contributions that are not measured in economic terms: care for family members, productive subsistence work, household maintenance and voluntary activities in the community. Moreover, these roles contribute to the preparation of the future labour force. All these contributions, including those made through unpaid work in all sectors by persons of all ages, particularly women, should be recognized.

Madrid International Plan of Action on Ageing, 2002, para. 19

Older people’s contributions to family and community result in widespread community benefits of direct relevance to MDG targets. For example, lack of access to clean drinking water in areas beset by conflict and accompanying humanitarian crisis is often a life threatening issue. Older people can and do help their communities and themselves when supported to do so.

In Juba, Sudan, older people living in displaced persons settlements are involved with environmental health and sanitation programmes, benefiting the families they support. Sanitation and food security are major concerns in Juba where precarious sanitation and land availability disrupt health and livelihood patterns. Older people are trained in compost manure analysis, application, storage and marketing as well as in horticultural techniques for vegetable gardening. The project has shown high levels of use and acceptability.

In Tete province, Mozambique, older people are trainees in food security programmes run by the District Directorate of Agriculture. Community committees, with older people as key members, are working to develop irrigation systems through the installation of pumps and introduce new crops of sweet potato and cassava. The Provincial Union of Farmers Association is working with village committees to identify new buyers (such as hotels) to absorb the increased levels of vegetable production.

Most studies of older people’s livelihoods demonstrate that older people make significant contributions to the productive and reproductive functions of their households. Older women in particular contribute well into very old age due to their accepted roles in childcare, household maintenance and income generation (Ahenkora 1999). Experiences in Senegal demonstrate how programmes that build on the role of older women in relation to maternal and child health nutrition and welfare practices are
especially successful in attaining improvements in maternal and child nutritional and welfare status.

Older women as community nutrition and health advisors in Senegal
An innovative NGO/Ministry of Health nutrition education programme in Senegal targeted support and education to older women, in recognition of their role as key decision makers in maternal and child health matters. Over a 9 month pilot period results showed that there was significant improved knowledge and practice of women of reproductive age towards their own care when pregnant and that of their babies.

Before, when women were pregnant, we made them work extra hard and we told them not to eat too much. We were afraid that if they ate too much. They would gain too much weight the baby would be big and that would make the delivery difficult, Since the grandmother activities began we have learned that many women have difficulty during delivery because they are too weak. Now all of us are encouraging pregnant women to decrease their workload and to eat more and better than usual. The last women who gave birth in the village didn't have any problems because they were strong. Their babies weighed more at birth and they have been healthier since birth. Now we put the baby to the breast and give only breast milk for four months. There have been some important changes in our village since the grandmother activities started.

Joan, grandmother

Reciprocal arrangements lie at the heart of household transfers in multi-generational households - though policy tends to play down these aspects of livelihood survival. Produce may be sold or given to the household in exchange for food or other services, as this case of 70 year old women in northwest Mozambique illustrates. 'A good harvest on her mashamba (farm plot) would yield five bags of maize, and she would give three of these to the household. The rest would be stored and sold to provide for her needs such as soap and clothing. During the last two years of drought she has given all that she is able to produce to the family.' In addition to this, she fetches her own water and looks after the children, but evening food which she helps to prepare is taken with the family' (Heslop 1995).

While HIV/AIDS has put the spotlight on older people's essential role and function with family, community and poverty reduction older people's role in caring for children in Africa is not a new phenomenon. Alun Williams study of ageing in Uganda examines the extensive care-giving role of older relatives, which is not confined to HIV/AIDS-affected families. He points out, however, that prior to the AIDS epidemic no support was routinely offered to those grandparents who were caring for non-AIDS orphans. Often co-residence with young dependents was the only means of securing support for household tasks (Williams 2003).
## Contributions of older women and men in Mozambique

<table>
<thead>
<tr>
<th>Older Men</th>
<th>Older Women</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agricultural activities</strong></td>
<td>- growing maize, rice, vegetables</td>
</tr>
<tr>
<td><strong>Casual labour</strong></td>
<td>- working in the shambas</td>
</tr>
<tr>
<td>- work in neighbour's shamba for food or money</td>
<td>- working in neighbour's shamba for food or money</td>
</tr>
<tr>
<td><strong>Income generating activities</strong></td>
<td>- working on shambas for the blind people and paid by NGO</td>
</tr>
<tr>
<td>- growing vegetables</td>
<td>- making handicraft (pottery) in exchange for basic products</td>
</tr>
<tr>
<td>- sale of products</td>
<td>- washing other people's cloths in exchange for food</td>
</tr>
<tr>
<td>- sale of domestic animals</td>
<td>- petty trading of cashew nuts and tobacco</td>
</tr>
<tr>
<td>- handicraft products</td>
<td><strong>Traditional medicine</strong></td>
</tr>
<tr>
<td>- hunting</td>
<td>- traditional healers</td>
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<tr>
<td>- fishing</td>
<td>- traditional nurses</td>
</tr>
<tr>
<td><strong>Handcraft</strong></td>
<td><strong>Community mobilization</strong></td>
</tr>
<tr>
<td>- making domestic utensils</td>
<td>- mutual support - working on each other's shambas</td>
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<tr>
<td><strong>Community mobilization</strong></td>
<td>- leading/organizing when hit by disaster (using past experience)</td>
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<tr>
<td>- mutual support - working on each other's shambas</td>
<td>- involvement in associations, mosque, church</td>
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<tr>
<td>- leading/organizing when hit by disaster (using past experience)</td>
<td><strong>Community mobilization</strong></td>
</tr>
<tr>
<td>- involvement in associations, mosque, church</td>
<td>- mutual support - working on each other's shambas and shelters</td>
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<td><strong>Source:</strong> HelpAge International 2002</td>
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<tr>
<td><strong>2. Include the excluded in policy-making on poverty reduction and MDG programmes</strong></td>
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Excluded and vulnerable groups, including older people, face specific difficulties in involving themselves in poverty-related consultation processes. MDG review and in-country reporting mechanisms may also fail to include those who are already excluded. Marginalised groups have generally not participated in consultations, and have lacked capacity, information, resources and support to participate (Panos 2002).

In the case of older persons, few connections are made to support their own groups’ efforts to contribute to poverty reduction frameworks. At the same time poverty reduction measures and proposals have not sufficiently acknowledged the intergenerational dimension of poverty, nor has attention been paid to older people’s own survival strategies.

Civil society pressure can have positive effects on national and international policy making. Lobbying on children and gender has brought about recognition of specific rights and entitlements of those groups. The disability movement has raised the stakes on including disability in development through election campaigning in the South; by
highlighting the lack of inclusive practices towards disability issues among development organisations; and by raising the voice of disabled people in policy forums.

The increased global commitment to the fight against HIV/AIDS is in large part due to the persistence of poor communities dealing with HIV/AIDS in their battle for access to affordable medical treatment alongside targeted support for families and community-based carers of orphans. Debt relief has largely been brought about by concerted public effort and civil society backed outrage. The linking of budget decision-making processes with international and national commitments to human rights is a developing area of work that may result in greater government accountability and responsiveness to poor people (Norton & Elson 2002). In the field of ageing, the efforts of large numbers of poor older women and men to raise their concerns before and during the Second World Assembly on Ageing led to important commitments and language linking ageing with other development issues.

More voices - if possible in unison - need to be raised. Poor people’s perspectives need to be linked into national and international policy processes. But this will not happen without support for the active involvement of poor people throughout the policy process. Experience shows that, with encouragement and resourcing, poor people, including the older poor, will participate – even if they are as yet cynical as to the outcomes. It is a challenge to all stakeholders in the poverty processes to allay that cynicism. All categories of poor people should be participating in the review and analysis of national poverty programmes and related PRSP development. They should not be marginalised by virtue of race, age, gender and disability.

Poverty reduction – core instruments

The framework of the Millennium Development Goals (MDGs)

It is evident that, following current trends, some parts of the world risk falling well short of achieving most of the Millennium Development Goals in 2015.

Report of the Secretary General to the 58th session of the General Assembly, Implementation of the UN Millennium Declaration, A/58/323, 2nd September 2003, para. 49

Besides the existing human rights framework, there is now a broad global acceptance that the MDGs, adopted in October 2000 by 189 governments, offer a means for governments to take forward their ‘collective responsibility to uphold the principles of human dignity, equality and equity at the global level’. The goals are based on the OECD International Development Targets, which were first developed as a result of the social development summits of Rio and Copenhagen in the 1990’s. These summits emphasised the multidimensional nature of poverty. They also connected to poverty reduction via social and rights-based approaches to development, with an emphasis on participation of the poor in policy making. The summits shifted development thinking because they stressed the importance of the empowerment of the poor to make sustainable changes to their lives. While economic growth was affirmed as essential for

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6 UN General Assembly 2000 ‘Resolutions adopted by the General Assembly at the 53 session; UN Millennium Declaration A/RES/55/2 18 September 2000
poverty reduction to take place, it was important to balance measures to achieve economic growth with equity for there to be impact on overall poverty levels. Actions to roll back discrimination and social exclusion of the poor became linked to the poverty reduction agenda and were incorporated into strategic approaches to poverty reduction.

The MDGs have recently been described by the Secretary General of the United Nations in his 2003 report on the implementation of the Millennium Declaration as the ‘best hope for the world’s poor’. They focus on the core issues which poor countries have agreed as priorities. The eight goals to be achieved by 2015 include halving extreme poverty and hunger, reducing maternal and infant mortality rates by half, halting and reversing the spread of HIV/AIDS and improving the lives of slum dwellers. While the MDGs are intended to be an interlocking package to achieve poverty eradication in the 21st century, the first goal of reducing absolute poverty and hunger by one half by 2015, on an income baseline of US$1.00 a day per person, is critical for the full impact of the other goals to be realised.

Increasingly the MDGs are being used as a key reference for ensuring donor coherence and agreed programme related investment. There are advantages in this approach. MDG programmes are supposed to link development-related financing to the aspirations of poor and excluded groups, especially in the field of service provision. It is helpful for resource-poor countries to have one overriding framework to respond to when developing national poverty programmes which will then be repackaged into donor friendly programmes. For example, poverty reduction strategy papers (PRSPs), bilateral country assistance programmes and the Country Strategy Papers (CSPs) of the European Commission are increasingly focusing on MDG achievement as their common strategic framework. International Financial Institution lending instruments, including that of the IMF/World Bank and the European Union, also increasingly use the MDGs as a strategic framework. Currently considerable global effort is being invested in encouraging countries to nationalise the goals – so that they are developed, monitored and adjusted at national level, according to ongoing national monitoring and analysis of poverty trends and ‘people-centred’ priorities (UNDP 2003).

Are the MDGs achievable?
Nevertheless, there is increasing doubt that the goals can be achieved. Substantive improvement is needed on ‘developing countries’..access to, and voice in, institutions whose policies have a profound impact on the lives of their citizens’. Goal achievement is contingent on international political decision-making. Recent assessments of MDG progress argue that core political issues essential for the achievement of the goals include the following:

- increased resource flows from north to south (current estimates indicate a figure of $ 50 -100 billion extra to current aid disbursements is required);
- trade reform which prioritises the needs and issues of developing countries;
- faster and deeper debt relief;
- increased social and pro poor expenditure in national poverty programmes;
- more robust mechanisms to ensure the excluded and marginalised poor are able to access to essential services and their entitlements;
- greater accountability of state institutions to the poor.

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7 Report of the Secretary General to the 58th session of the General Assembly, Implementation of the UN Millennium Declaration, A/58/323, 2nd September 2003 para. 72
8 Report of the Secretary General... para. 71
Developing countries are battling with complex structural inequalities in the fields of trade, access to markets and debt relief, while conflict and environmental degradation of soils pose huge barriers to be overcome (UNDP 2003). Development financing is far from adequate, and discussion of innovative ways to bridge the financing gap, such as the International Financing Facility proposed by the UK government, is still in its infancy. Critically there is still an overriding emphasis on economic models for poverty reduction and a subsequent squeezing out of social investment models – despite the emphasis on social issues emerging from the consultation processes.

Policy analysis on MDG-related benefits to the poor is compromised when issues such as age, gender, ethnicity and disability are not taken into account. Recent analyses of the reasons for MDG failure in maternal and child mortality point out that those failures in health care over the last decade have been in part the result of such flawed analysis. Additionally collection and examination of data through the lens of household type and physical location is neither well developed nor widespread. The narrow indicator base attached to the MDGs and related national poverty monitoring systems results in limited desegregation and analysis of poverty impacts on the different categories of the poor.

Jan Vandemoortele wrote in 2002: ‘Of the eight targets listed, only one is on track. Monitoring income-poverty at the global level is subject to serious conceptual and measurement constraints. Global estimates based on the norm of $1/day tend to under-estimate global poverty and over-state poverty reduction.’ The 2003 General Assembly report on the implementation of the Millennium Declaration points out that the ‘capacity of countries to provide reliable statistics for monitoring trends needs to be considerably strengthened in order to provide sound measurements of their needs and achievements’.

Crucially political will is needed to ensure that MDG achievement is linked to national progress in implementing human rights commitments. (Grow Up Coalition against Child Poverty 2003)

**Linkages and challenges: MDGs, MIPAA and older persons**

Linkages between the MIPAA, the MDGs and the Millennium Declaration are specifically made in relation to the overall poverty target and the role of older carers. ‘[We commit to] introduce policies to provide...support, health care and loans to older caregivers to assist them in meeting the needs of children and grandchildren in accordance with the Millennium Declaration.’ There are a number of challenges to be overcome however.

Attention to older people in MDG programmes is made difficult because of the indicator base for the MDGs. Apart from women of reproductive age and children, none of the indicators cover marginalised groups, including older people. The indicators for child and

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9 Jan Vandemoortele, ‘Are the MDGs feasible?’ New York, UNDP, 2002 p. 2
10 Report of the Secretary General, para. 50
11 Madrid International Plan of Action on Ageing, para. 81 (b)
material mortality and HIV/AIDS do not take on board the importance of reciprocal economic and social arrangements at household level, including support functions spanning the older and younger generations and those in between. The result can be narrow interpretations of MDG programming which exclude older people and other marginalised groups. The reporting mechanisms at national and international level are responding to the narrow indicator base attached to the goals. However, there is a recognition of the importance of correcting this, accepting that ‘The inclusion of all population groups is one that is key to achieving the MDGs. The absence of older persons in the Millennium Goals needs to be addressed’.

Furthermore intergenerational analysis in poverty monitoring and policy decision-making is absent. Intergenerational analysis means looking at issues of household composition, reciprocity between household members and how adults and children support each other across the life course. It means taking into account issues of income need, capacity, disability, gender and location. In 2002 HelpAge International wrote: ‘The policy responses to the commitment to halve poverty by 2015 do not recognise that generations live together and support each other; the poverty of older relatives will impact on the poverty of younger ones and vice versa. The detachment of ageing issues from development debates means that policy initiatives, which not only assist older people but also have wider benefits across generations, have been ignored by the development mainstream.’

There should be special concern about the indicator base used for MDG 6, that of halting and reversing the spread of HIV/AIDS by 2015. HIV/AIDS prevalence rates are still determined by sampling test results for women and men aged 15-49. The supplementary indicators on condom use and the population with comprehensive correct knowledge of HIV/AIDS is drawn from the population aged 15-24. The recent Terms of Reference for the 2003/4 HIV/AIDS indicator survey of Tanzania restricts its sampling to the 15-49 age group in line with these indicators. Yet we know that women and men that are over 49 continue with sexual relations. The lack of attention to infection rates in the over 49’s, as well as disregarding their need for education about HIV and condoms – for their own protection and for those in their care - puts both older and younger populations at risk and places severe constraints on the attainment of the MDG. Field reports from Sudan state ‘the older people in Juba are at high risk of being infected by HIV/AIDS through sexual intercourse as well as caring of infected household members and handling the diseased’ (HelpAge International 2003). A recent international report highlights the importance of recognising reciprocal roles in the combating of HIV/AIDS and in the achievement of the HIV MDG target (HelpAge International/International HIV/AIDS Alliance 2003).

**MDGs, participation and PRSPs**

The MDGs are a useful political framework for tackling poverty, but they are not prescriptions for development interventions. On the other hand, the Poverty Reduction Strategy Papers (PRSPs), introduced in 1999, are one of the key frameworks for the channeling of development assistance to resource poor countries. As such, they do prescribe key development interventions. They are increasingly picking up on the MDG

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13 State of the Worlds Older People p. 12
14 Tanzania Indicator Survey, appendices A and B, Tanzania, July 2003
commitments and serve as an overall reference point for other donor mechanisms, such as the Country Strategy Papers (CSPs) of the European Union.

The core difference between PRSPs and previous IFI frameworks is the attempt by donors and government to establish a degree of national ownership of the analysis, programme decision-making and implementation processes of the poverty reduction programme. PRSPs are supposed to be nationally owned, and ‘country driven’. The IMF fact sheet on PRSPs states ‘Poverty reduction strategies should be country driven, promoting national ownership of strategies by involving broad based participation by civil society.’ In 2003 a World Bank analysis stated ‘the process and content (of PRSPs) must be designed nationally to suit local circumstances and capacities and should be useful to the country, not only external donors’.15

Furthermore PRSPs are supposed to be based on national poverty plans and be multidimensional in character and analysis, thereby recognising and enabling policy reform in the fields of governance, national institution building, infrastructure, and agriculture, social investment in health and education and reform of the legislative process. Participation of the full range of civil society, government and private business stakeholders in MDG and PRSP programme and policy development is of primary importance. The World Bank source book for PRSPs defines participation as the ‘process by which stakeholders influence and share control over priority setting, policymaking, resource allocations and/or programme implementation’.17 Stakeholders include the hard to reach groups. Government is requested to ensure the participation of ‘the general public, particularly the poor and ‘vulnerable groups’.

In July 2003, in his keynote speech to the forum on ‘Sustainable Development in the Southern Africa: Mobilizing Partnerships and Capacity for Achieving MDGs’, Dr. Kenneth Kaunda said:

‘Friends, crucial to the success of the Millennium Development programmes is participation. People from all walks of life need to be involved in finding solutions to their lives. We need to bring to the centre all the people on the margins. These include young persons, the elderly, women, people of various ethnic groups, people from other religions and spiritual beliefs, the poor,… business persons, people with disability, and every one. We can act together. We have a common future. We have a common Millennium.’18

However, the experiences of stakeholder participation in MDG and PRSP processes have been variable across countries and regions. It is not helpful to reach generalised conclusions but it is clear that there is limited success in bringing the ‘poor and most vulnerable’ groups into the consultative processes.

From the government side this may be due to ‘rushed timeframes, a lack of information, poor dissemination in local languages and consultation processes which failed to reach

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16 Klugman J, Poverty reduction strategy papers: objectives, processes and experiences to date Washington, World Bank 2003
18 Regional Forum organised by the United Nations Development Programme, 2-4 July 2003, Johannesburg, South Africa
local and rural communities’. From the point of view of the poor and vulnerable there may be little incentive to take up the offer even when it is available. They may lack formal literacy, they certainly lack money and time to invest in consultations that may appear remote and unconnected to their daily lives. They probably do not participate in – and may be excluded from – civil society networks dealing with poverty issues and may question the relevance of government and donor frameworks to improve both their own and their dependents’ lives.

Various studies point to the dominance of external consultants and the involvement of a limited number of government staff in the formulation of PRSP proposals (Stewart & Wang 2003). This situation inevitably has a bearing on whether the programmes can be ‘nationally owned’ in the spirit of the advice given by the World Bank source book. None of this is new. Various reviews of PRSP mechanisms have stressed the importance of strengthening the participatory processes for the PRSPs. They have pointed out the limited capacity of civil society organisations to contribute substantively to the content of PRSPs, particularly on key issues such as macroeconomic reform analysis and the budgets (UNDP 2001, IMF/World Bank 2002, Panos 2002). The UNDP specifically recommended that PRSPs assess systematically and critically the poverty/inequality impact of all key policy recommendations and asked for more attention to be paid to developing indicators at local levels, especially those that capture impact on specific segments of the population.

The problems of the poorest in participating mean in effect that only the voices of certain categories of the poor reach the attention of policy-makers. Walter Owuor stated in relation to Kenya’s PRSP process: ‘the sheer number of stakeholders involved left little bargaining power to the powerless older persons.’ Inclusive development is therefore threatened by uneven participation. Mainstreaming certain issues over others in the absence of an inclusive framework can imply the exclusion of the latter (Ohenjo Nyang’ori 2003; HelpAge International 2003).

MDGs and poverty reduction challenges in Africa

According to the UNDP Administrator, ‘On current trends (in Africa) the goal of halving poverty will not be met until 2147.’ Africa poses special challenges for poverty reduction and MDG achievement. Poverty levels in sub-Saharan Africa have increased

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19 Stewart F and Wang M. ‘Do PRSPs empower poor countries and disempower the World Bank, or is it the other way round?’ Queen Elizabeth House Working Paper series no. 108, University of Oxford, May 2003 p.16
20 Walter Owour ‘Older people and the policy environment in Kenya’, Nairobi, HelpAge Kenya, p. 26
21 Statement by Mark Malloch Brown on 10th July 2003 in Maputo, Mozambique at the second ordinary session of the Assembly of Heads of State and the Government of the African Union
over the past 10 years. In relation to the MDGs estimates for Ethiopia, Burundi, Uganda and Zambia reveal that 60-80% of their populations live below the $1.00 a day baseline. Particular challenges include issues of conflict, humanitarian emergency and HIV/AIDS. Goals to address poverty, hunger, education and health are being undermined by the pandemic of HIV/AIDS; hard-won development advances are being reversed. Globally 42 per cent of deaths before the age of five occur in sub-Saharan Africa; across Africa one in six children die before reaching their fifth birthday (UNDP 2003, UNAIDS/UNICEF/USAID 2002).

However this bleak description hides some outstanding progress. GDP rates have improved substantially in Tanzania and Mozambique, despite unfavourable trade regimes and the collapse of core industries due to removal of tariffs. Malawi has increased school enrolment by 20 per cent in 10 years whilst also coping with drought, a struggling economy and undeveloped infrastructure. Uganda has demonstrated effective ways to reduce the spread and incidence of HIV/AIDS and also to support civil society efforts at local level to involve itself in the design and delivery of basic services for the poor, including health, education and water supply. In Mozambique poor communities are mobilising, despite decades of war and humanitarian disaster, to increase agricultural production and to diversify to find new sources of income. The Republic of South Africa is delivering regular benefits to the 1.9 million of its poorest populations of older people and is exploring how best to capitalise on the positive impact of these policies in relation to national poverty reduction programmes (Taylor 2002).

The key challenge is to ensure that the poorest have their chance to participate in and shape development processes designed to increase national and regional progress towards poverty reduction and social development. This applies as much to older people as to the other categories of poor, including women, children and unemployed youth, minority populations, the landless, the disabled, pastoralists, nomadic peoples and the displaced. Some national strategies to bring to light and tackle important issues of social exclusion of the poor, including older persons, include constitutional reviews, such as that being undertaken by Kenya. Additionally the regional bodies of SADC, NEPAD and the African Union demonstrate the potential of joint programming and policy making to effect positive changes at the national level.

**Ageing in Africa**

*Discrimination, and a lack of policy and legislation on ageing, combined with the declining economic situation, HIV/AIDS and the rise in conflict and emergency situations mean that older people in Africa are denied access to basic rights and services, and live in poverty.*

State of the World’s Older People 2002 p.34

In 2002, 7 per cent of the world’s over 60s lived in Africa – over 40 million people. In 45 years time it is estimated that this figure will have grown to 102 million people. The United Nations estimates that the current population aged 60 or over in sub-Saharan Africa is set to double to 60 million by 2025, to reach 7 per cent of its total population. Life expectancy is set to decline in the first 10 years of the 21st century, but is expected
to rise significantly from 2010 to reach an average of 71 years by 2050. Life expectancy for women in sub-Saharan Africa, currently around 50 years on average, is expected to rise to around 70 years by 2050 (HelpAge International 2002).

The populations of East and Southern Africa are experiencing a significant rise in older age groups. In countries such as Kenya and Zimbabwe fertility decline contributes to this demographic transformation; in countries such as South Africa and Burundi the severity of HIV/AIDS mortality results in a population weighted towards the young and the old. The life expectancy indicator obscures the fact that even when aggregate life expectancy for a country like Mozambique is falling, the population living beyond 60 is actually increasing.

Poverty and old age

> It is easy to identify the house of an older person, as it is often dilapidated and of poor quality.

Report of a consultation with Older People in the Lead up to the Second World Assembly on Ageing, HelpAge International Africa Regional Development Centre and HelpAge Kenya, 2001 (unpublished)

Older people in Africa are identifiably poor. Poverty studies from a number of sources recognise the linkages between old age and poverty, and indeed identify older people as among the ‘core poor’. There is considerable evidence to demonstrate that the cumulative impact of poverty in Africa is the greatest threat facing its older women and men (Gorman & Heslop 2002) and that increased longevity is associated with the increasing likelihood of experiencing chronic poverty. Research in various countries of Africa indicates that the meaning of old age is not a chronological definition but a function of the changing roles accompanying physical change and reduced capacity to contribute or maintain a livelihood. In this sense poverty in old age is distinctive from that of other poor groups due to the progressive restriction of physical capacity.

Few old people can fully support themselves through current earnings. A study in rural Tanzania found that on-farm working hours fell by nearly half between the age of 60 and 90, with 80 year-olds still averaging over two hours of work daily – but they could not meet their daily needs. They obtain claims on output by other means – through informal group action, such as family transfers; saving and investing through the formal market systems, and through public social security programmes.

Conflict and humanitarian emergency, which affect one in three Africans, according to the World Bank, exacerbates poverty and results in disproportionate suffering for older age groups. Older people may not make it to camps, through weakness or preference or both; they may be poorly educated, have little or no family to support them and lack many basic protection mechanisms, including identity papers. They may find themselves in the protector’s role, caring for the offspring of a generation decimated by conflict, migration and disease, but can be routinely left out of reconstruction and rehabilitation programmes, despite their potential contributions to reconstruction and peace building (HelpAge International/UNHCR/ECHO 2000).

Gender, poverty and old age

A gendered analysis of poverty and older people reveals that both older men and older women experience high levels of exclusion and abandonment. ‘Traditional’ informal
structures of caring for older family members, if they existed, are strained to breaking point by economic and social pressures, including HIV/AIDS. Significant attention has been paid to women’s needs and rights in adulthood, particularly during their child-bearing years, and there is emphasis on securing rights in childhood and adolescence. However, more attention is needed on the gender-based challenges posed by old age, including changes in status and discrimination caused by loss of earning capacity and reproductive function (Gorman & Heslop 2002).

Marital breakdown or widowhood brings with it material disadvantages in the absence of other family support. For older women, who tend to outlive men and often live alone in old age due to unwillingness or inability to remarry, their extreme vulnerability is often associated with old age, illness and widowhood. The 1995 World Bank PPA assessment of Ghana pointed out the association of chronic vulnerability with older women, widowhood and lack of adult children. Older widows may have difficulties with inheritance and have little or no access to education and health services. Older men on the other hand can experience abrupt loss of status when their earning capacity declines and they receive only low levels of support from their children (Beales 2000). Williams’ study of old age in Uganda identifies the critical importance of support from older children and grandchildren, pointing out the relative advantage of older men who can marry younger women and have young children nearby. Older women ‘can only hope that their children survive to care for them in old age, and do not have the security of the knowledge that they can produce more children’.

**HIV/AIDS and old age**

<table>
<thead>
<tr>
<th>Forgotten carers</th>
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<tr>
<td>I am caring for eight children and they have to have food, clothes, and medicines when they are ill; they have to go to school. My husband is working as a casual laborer and I brew beer and sell food. I get up early in the morning, make tea, cook porridge, get the kids ready for school and prepare what I am taking to the market. I sit for a long time in the souk and come back home about 3.00pm to prepare beer and cook dinner. I always feel tired, as I am too old to do all these things, but there is no alternative.</td>
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The HIV/AIDS pandemic has raised awareness about older people, at least as far as their care-giving role for orphaned children is concerned. Older people caring for children face significant problems, which include in particular lack of money, often resulting in being forced to sell their assets, borrow money and leave nothing for their inheritance. Studies show that while some older persons may receive support from nongovernment agencies to care for dependents, through assistance with food and medical expenses, this support may end on the death of their children. Carers dealing with HIV/AIDS orphans are unable to access HIV/AIDS information and support, have problems in protecting themselves and their families, and are not recognised for their potential role as counselors and educators. They suffer trauma resulting from the loss of family members, experience the stigma of being affected by HIV/AIDS and are ashamed of being unable to care properly for the grandchildren left in their care.

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HIV/AIDS is leaving large numbers of orphans in the care of their grandparents, and the numbers of orphans are growing – current global estimates are around 16 million, with an increase to 40 million by 2010.\textsuperscript{23} Malawi’s sectoral analysis of poverty in its PRSP states ‘most of these orphans lived with grandparents who were in most cases single and resource constrained’ and points out that the 1998 Household Survey revealed that 3.6\% of all households were headed by women over 65 years.\textsuperscript{24} Studies are revealing that in Eastern and Southern Africa significant numbers of children are living with parents who are sick, and many more are living in households headed by older people\textsuperscript{25} who are struggling to provide care for one or more orphans. In South Africa and Uganda, for example, estimates are that over 40 per cent of orphaned children are looked after by older carers and in Zimbabwe it is over 50 per cent. In Zambia and Tanzania grandparents make up the single largest category of carers for orphans (Subbarao & Coury 2003).

**Abuse and old age**

Physical and social abuse towards older persons is often associated with economic hardship at household level. Poverty is experienced within the wider household, and associated tensions inevitably have an impact on intergenerational relationships, especially in terms of control of older people’s assets, such as pension income and property. A number of studies in South Africa point out that violence is perceived to be related to high unemployment and endemic poverty in urban communities. Often the social pension is often the only source of regular household income and older people are vulnerable to petty crime such as pick pocketing and muggings. Research illustrates the abusive practices of some family members desperate to get hold of the pension. Older people who have no resources to fall back on are entirely reliant on family, friends and clan, many of whom will also be vulnerable people (Mohatle & Agyarko 1999). Scams in which older people are persuaded to sign contracts deducting their pension pay, for services such as funeral arrangements that never materialise are also a problem (Gorman & Heslop 2002).

Research on safety networks for vulnerable older people in Karawe, Tanzania found that women are particularly vulnerable to stigmatisation and violent abuse, as they are excluded from both traditional structures and new groups; structures such as the clan and village co-operative societies were found to be especially discriminatory (Forrester 1999).

Generalised poverty and increasing pressure on scarce land resources and traditional inheritance arrangements combine to render the position of older widows in particular extremely insecure. Various studies have made the connections between witchcraft accusations and economic hardship, which results in attempts by younger people to acquire property. A study in Magu, Northern Tanzania found that older women were more vulnerable to accusations than older men and that in extreme circumstances this would lead to the banishment of the family or the death of the older person. Several cases were found in which the underlying cause of *uchawi* (sorcery or witchcraft) was said to be connected with inheritance traditions in which a man’s property ‘goes first to his wife for as long as she lives, and only when she dies does it pass to her sons. In


\textsuperscript{24} Malawi PRSP p.7, para. 2.5.1
times of increased land scarcity, a son and his family may see that the only way they can survive is by somehow acquiring the shamba which his mother currently cultivates’.  

A series of hearings undertaken in South Africa in 2002 on abuse of older people heard reports of unexpectedly high levels of sexual abuse of older people in all provinces. Witchcraft accusation and other abuse were found to be endemic, manifesting in ‘extreme poverty of older people including vulnerability to violence’.  

**Health, transport and old age**

**Health rationing**

This is an incident that happened last week in Juba. Staff reported that in one of the health centres a medical assistant refused to treat two older people. There were two reasons for this. When there are limited resources, not enough drugs, the people make choices. And in many cases it is older people who are losing out. The second reason is that older people often think that health centres are not for them and the personnel in the centres started to believe that they need an incentive to treat older people. In this case it was possible to solve the issue. It is not government policy not to treat older people. But it is worthwhile to remind ourselves that human rights have no age limits.

Erich Beining, ‘Older people as Internally Displaced persons’, Khartoum, Sudan, September 2003

Poor older people have difficulties accessing health services. Even though a number of countries make some provision for older people in their health policies, implementation of effective mechanisms for access to health services or reduction of medical costs for older people has been slow to materialise. A number of studies explore the limitations that poverty places on health status and capacity to access services. A study in Ghana outlined the combination of health-care strategies utilised by older people and noted that for those in poverty hospital or clinic treatment was the last resort after self-care or traditional medicine had been tried (Ahenkora 1999).

Recent consultations with older people in various African countries emphasised both the prohibitive cost of getting to health centres far away from their homes and the poor treatment they received if they got there. Traditional medicine is often preferred. As an older man in Kenya explained: ‘I have never been to a hospital in 14 years. It is too expensive. I get most of my medicines from the healer. His prices are lower and payment terms are negotiable’. Dismissive or even abusive treatment at clinics is demeaning and discouraging. Older women in Mozambique said: ‘The nurses give us different reasons not to treat us. They say we are dirty, we have not combed our hair, and we are old and cannot take drugs. If you are clean it is OK’.  

The cost and type of transport is a special area of difficulty for older people, directly related to problems of poverty, access to health care, and the ability to earn an income. Additionally women are likely to be especially affected, especially in countries where

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26 Forrester K, *Older People in Magu, Tanzania: The killing and Victimisation of Older Women HelpAge International, 1999*
28 *State of the World’s Older People*, p. 36
cultural norms constrain women’s mobility. Older people in Kenya have reported how lack of transport inhibits their use of health facilities (HelpAge International/HelpAge Kenya 2001) and how this results in their preferred use of herbalists and traditional healers who are cheaper and present in most villages. ‘Sometimes we have to use bicycles and wheelbarrows to ferry the sick to Hospital, which makes them even worse. This is because of lack of finances for transport.’ Older women reported that they suffer age-related abuse when using public transport. Older people in Zimbabwe spoke of being pushed and shoved by other passengers, which discouraged them from using public transport when they could afford to. They called for the introduction of subsidised fares and older people’s seats on public transport. Access roads also need to be built in all areas. Older people implored government to look into the issue of transport, as it formed a strong barrier to their access to a range of services.29

Old age and social distancing
Poverty for older people is a multi-dimensional experience encompassing issues such as poor health, lack of assets and income, poor food and housing in rural and urban areas, lack of access to clean water and inaccessible health and other basic services. Older people also experience discrimination before the law, suffer violence, and have difficulties in making their views known to policy-makers and civil society networks. The social exclusion they experience distances them from decision-making and planning processes at community and even at household level. It leads to ‘social distancing’ that prevents them from participating in the activities and gaining the development benefits that other poor people may have.

Aims and content of poverty reduction frameworks

Poverty Reduction Strategy Papers (PRSPs)
The core aims of the PRSPs in Africa are poverty reduction and the qualitative improvement of the lives of the poor based on macro-level measures to stimulate sustained economic growth. Definitions of poverty are, by and large, multidimensional. For example, even though Malawi’s PRSP describes poverty levels through nutritional indicators, the paper goes on to describe poverty as ‘a state of continuous deprivation of the lack of basics of life ... poverty has many dimensions including human or capability poverty’.30 Zambia’s PRSP describes poverty as ‘lack of access to income, employment opportunities, normal internal services, shelter and other basic needs of life’.31 Kenya defines poverty overall as having ‘numerous manifestations, including low and unreliable income, poor health, low levels of education and literacy, insecurity and uncertain access to justice, disempowerment and isolation from the mainstream of socio-economic development’.32

Governments frame their commitment to poverty reduction in different ways, but share the intention of reaching all of their citizens. Kenya speaks of a ‘broad based sustainable improvement in the welfare of all Kenyans’, and has a five-pillared strategy which includes improving equity, participation and the quality of life of the poor. Malawi is committed to the ‘(political) empowerment of the poor’ and has four pillars, one of

30 Malawi PRSP 2002, p. 10
31 Zambia PRSP 2002 p. 11
32 Kenya IPRSP 2000 p. 1
which is improving the quality of life of the most vulnerable via safety nets and improving
disaster management. Rwanda’s PRSP affirms the right of all of its people to live a life
free from poverty, hardship, oppression and insecurity. Uganda’s four-pillared strategy to
achieve sustainable economic growth and structural transformation, includes poverty-
focused public expenditure to increase the incomes of the poor, and improve the quality
of their life.

Countries engaged with the PRSP process and which are still involved with or emerging
from conflict are strengthening national institutions and processes of accountability to
oversee poverty reduction measures. They are also grappling with vulnerabilities and
equity issues in order better to support conflict prevention and peace building initiatives.
A recent study for the Overseas Development Institute (ODI) PRSP Monitoring and
Synthesis project describes the challenge thus: ‘a better understanding of the building
blocks of political legitimacy and government commitment to poverty reduction is vital,
including the existence of anti-poverty policies (or policies addressing vulnerability) and
the willingness to allocate resources to these areas... including the recognition of
...inequalities across and between population groups’. In the case of Burundi and
Sudan, there is a special commitment to demobilisation, reconciliation and the
progressive realisation of accountable public institutions.

Country Strategy Papers (CSPs)
Connections can be made between the core aims of the Country Strategy Papers
(CSPs) of the European Union, PRSPs and existing national poverty programmes. The
EU is committed to the mainstreaming of gender and children’s rights within its overall
development policy, which has as its overarching aim poverty reduction and the
targeting of resources to the poorest of the poor (Commission of the European Communities 2000).

EU support to poverty reduction is supposed to be based on national analyses of poverty
issues, and be coherent with the range of donor responses to national PRSPs.
Nevertheless the CSPs appear to direct the bulk of EU investment to infrastructure. For
example, in the case of the Tanzania CSP, the overall goals are specified as reducing
poverty through accelerating the process of sustainable economic and social
development. The CSP focuses on the elimination of constraints on economic growth
and the improvement of service delivery. Its chosen focal sectors are transport
infrastructure and basic education.

The Ethiopia CSP, based on the Interim Poverty Reduction Strategy Paper submitted by
the Ethiopian Government in November 2000, is supposed to be focussing on social and
environmental aspects of sustainable development, with a special emphasis on gender-
based programmes, support for public and private capacity building, and reducing
income and non-income poverty by improving human capabilities, survival and
wellbeing. Transport infrastructure is the key focal area, specifically linked to
macroeconomic reform and food security.

Common approaches
It is interesting to note that despite the range of consultative and other processes that
have gone into their formulation, and the resultant variations in the analysis of poverty

33 PRSP briefing note 6, p. 16, National Poverty Reduction Strategies (PRSPs) in conflict-affected countries in Africa;
ODI/DFID www.prspsynthesis.org
and its manifestations, the options for programmes within the PRSPs and CSPs are remarkably similar. Emphasis is placed on infrastructure, especially transport, electricity, water and agricultural input and diversification. Priority is given to the strengthening of public institutions, including the civil service and judiciary and the social sectors of health and education, with a special emphasis on primary education and subsidising and phasing out of user fees. Improvement in health delivery is primarily conceived as investment in training and health facilities, with programmes targeted on young children and mothers. The impact of the investments contained in these interventions is supposed to be applicable to all sectors, but monitoring mechanisms are not well developed to show how all sectors benefit.

Only passing mention is made in the social sector commitments of the PRSPs regarding improved pro poor targeting. For example, Tanzania’s national poverty reduction plan and PRSP make a specific commitment to reduce income poverty in line with national and international goals, stressing access to health care for the poor as well as reform of the judiciary and courts. Improved diagnosis of vulnerability is included as a requirement for this but mechanisms are lacking to capture all categories of the poor. Zambia’s core focus is tourism investment in agriculture and food security, with infrastructure investment – transport, roads, energy, water and sanitation - to boost industry and mining. The social sector investment in education, health and nutrition is not backed up by investment in improved poverty targeting.

Mozambique emphasises improving capacities and opportunities for poor people through a focus on education, health, agriculture, basic infrastructure, good governance and macroeconomic and financial management – all dependent on peace and absence of natural disasters, but mechanisms to target the poorest are undeveloped. Ethiopia stresses equitable economic growth and the empowerment of the poor via the Agricultural Development Led Industrialisation programme, (ADLI), justice and civil service reform, capacity building of the public and private sectors and decentralised governance. It does not detail how the lives of the poor are to be improved and with what indicators benefits are to be measured.

**Poverty plans and vulnerability**

Some analysis of vulnerability is included in all the national poverty plans and policies reviewed. Vulnerable groups are listed variously as the landless poor, orphans, children, child workers, street children, HIV/AIDS sufferers, women, the disabled, food insecure persons, the dependent handicapped, dependent older persons, older person headed households with dependents, older person households with no earning capacity, displaced persons and victims of calamities.

The response to vulnerability is principally framed through the improvement of some safety net provision – through welfare transfers in kind, including food and seed provision, and through limited subsidies for health care. Kenya’s PRSP promises to create safety nets and take measures to cater for the poor and vulnerable groups. New and innovative approaches are proposed, including direct welfare transfers (such as food and seeds) to older persons, the orphaned and the chronically ill. Zambia lists exemptions for health costs, which include older persons along with the under fives, persons suffering from HIV/AIDS/malaria/STDs and women requiring post and antenatal care. The PRSP further specifies support to HIV/AIDS sufferers and the ‘differently abled’ in transport and education programmes. Malawi states that priority will be given to
households taking care of orphans, older persons, the chronically sick and those dependent persons with disabilities. Its PRSP commits to direct welfare transfers including seeds and food for the poor who cannot be supported by the other three programmes and mentions again older persons, the chronically ill and orphans.

Uganda does not talk of safety nets in the PRSP but declares that ‘non material aspects of poverty must be addressed… insecurity, illness, isolation and disempowerment are as important to the poor as low incomes’ and that ‘it is essential that poor people have an effective voice in the design and implementation of public policy.’ Tanzania singles out orphans, the handicapped and rural poverty as core concerns, pointing out in its 2002 progress report that increasingly poverty has a rural focus and inequality is a core component of vulnerability. Interventions linked to tackling vulnerability are aimed at children (stunting and wasting) and women of reproductive age (nutrition). The recently agreed ‘elderly policy’ is mentioned in relation to efforts to combat child labour. While it is not specified why this connection is made, it indicates recognition that children living with poor grandparents will seek work to support the household in the absence of any other income source for the (older) carers.

It is hard to tell whether the selection of vulnerable groups in PRSPs responds to an in-depth poverty analysis. The numerous reviews of PRSP processes indicate the range of constraints in undertaking such work. It would seem, however, that there is a political commitment to reach out to all of the poor in some way through the poverty programme. In some cases, the identification of certain categories of vulnerable persons seems to respond to the strategic intent of the programme. For example, Burundi’s social action programme, with core objectives of demobilisation, reintegration of ex-combatants and the prevention of HIV/AIDS, identifies women and underemployed youth within the vulnerable categories of its poor. Malawi’s PRSP aims to achieve sustainable poverty reduction through the (political) empowerment of the poor, and declares its intention to shift from a welfare and patronage outlook to one of enabling the poor to make their own futures.

Ethiopia puts priority on reducing dependence on food aid, which will involve targeting a small number of households that are food insecure, and goes to specify that they should be persons living with HIV/AIDS, older persons, the disabled and street children. Kenya commits to reaching ‘the aged, retrenched, unemployed, disabled and displaced persons and victims of other calamities’. Mozambique commits to target ‘Social Action to children, women, the elderly and the handicapped’. Rwanda, whose poverty strategy takes forward the government’s belief in ‘the right of all its people to live a life free from poverty, hardship, oppression and insecurity and is committed to securing for all its citizens the full range of social, economic and political rights’ singles out the importance of ‘reducing inequalities arising from gender and age.’ Zambia lists the poorest as being small-scale farmers, women, HIV/AIDS sufferers, children in general and those children on the streets.

**Limited resourcing for vulnerability issues**

Although vulnerability is tackled to some extent in all the PRSPs and CSPs reviewed, specific measures to tackle the issues identified, including resourcing for such measures, are minimal. Ensuring that the benefits of these investments reach the poorest is difficult. In all cases mention is made of the need to establish, expand and

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34 Uganda PRSP p. 8
maintain safety nets for the vulnerable, and intentions are signaled to include the poor in governance issues. But the mechanisms for these processes to take place are undeveloped and the targeting of the poor commands few resources.

With regard to safety nets, Mozambique’s PRSP acknowledges the dilemma this presents; at the same time stressing the importance of safety net transfers for its poor but also remarking that ‘the number of beneficiaries remains very small in relation to the problem.’

Interestingly a number of the IMF/WB JSAs (Joint Staff Assessments) of the PRSPs point out that policy options to respond to vulnerable group priorities in the poverty programmes need to be strengthened. It is unclear whether the failure to resource social safety nets and targeting measures adequately is the result of the continuing dominance of macro-economic measures imposed by the lending institutions. It may also be related to the perception on the part of national governments that such investments do not readily fall into the poverty reduction frameworks expected of them. In that sense social sector investment may still be separated out in practice from macro-level measures that embrace infrastructure investment in accountability, reformed public institutions and improved governance.

Another problem is that there are limited resources directed at participatory mechanisms to develop PRSPs at national level, even though connections are made between the vulnerability of the poor and their lack of participation in poverty-related policy processes. The literature acknowledges the importance of securing the involvement of the poor in policy-making as a means to deal with vulnerability, notably through poverty assessments and policy monitoring to achieve greater public accountability (particularly in the use of poverty-related budgets).

**Poverty analysis and resource allocation**

A 2003 review of civil society organisations’ participation in PRSP processes in 10 African countries attempts to explain the seeming lack of connection between participatory poverty analysis and budget allocations. It points to the perceived tendency for governments to develop strategies and approaches to poverty reduction according to what they thought would be acceptable to the IMF and World Bank, which constrained the adoption of more innovative poverty reduction policy proposals. The paper contains a number of recommendations to civil society groups to take forward consultation into policy-making. The recommendations encompass building capacity through economic literacy education, increasing research, intensifying advocacy, developing independent proposals through parallel processes; accessing information and building information networks and national, regional and international networking to strengthen impact (Gabriel 2003).

The recommendations pose special challenges for groups struggling with discrimination, social exclusion, lack of literacy and high poverty levels. Excluded groups face various constraints when they seek to be included in civil society networks that may wish to take this kind of action. Special efforts will have to be made both to build their own capacity to participate in such programmes and to raise their voice in poverty monitoring. The absence of resources to support the participation of the poor in consultation and review is one clear constraint to progress on this issue. Another is the limited resource base for

35 Mozambique PRSP p. 5
improved poverty monitoring processes which ‘debundle’ the categories of the poor so that issues of age, gender, locality, ethnicity, household type and so on can be properly considered and fed into programme formulation.

Given the multiple constraints encountered by resource-poor governments as well as those faced by their poorest and most vulnerable citizens, it is clear that without externally resourced mechanisms to support the participation of the poorest in policy and governance processes they will continue to be excluded from them.

### Poverty programmes and excluded groups

#### Reaching the poor

*In 1996 the German Ministry of Economic Cooperation and Development (BMZ) commissioned a cross section analysis of 40 German financed poverty reduction Technical Cooperation Projects. One of the research questions was: Which projects reach the poorest of the poor? The answer was: Not one.*

Schubert B, *Focusing Poverty and Hunger Reduction Strategies on the Poorest of the Poor*, Berlin, November 2002

#### Targeting the poorest

There are those who argue that, despite current and predicted levels of vulnerability, and concern about poverty, poverty programmes continue to fail to target the poorest. It is valid to question why such low priority is afforded to resourcing responses to the poverty of vulnerable groups, such as older people, in national poverty programmes and PRSPs. Given the extent of older people’s vulnerability, let alone the numbers and condition of other vulnerable groups, the budgetary provision and targeted programmes to deal with them in PRSPs are plainly underdeveloped and insufficient. This may be due to the low levels of participation of the poor in policy formulation. It may also be the result of failure to understand what reaches the poor. Bernt Schubert conceives this as ‘the result of conceptual deficits in poverty assessments and of subsequent targeting’ and observes that ‘development organisations base their conceptual thinking and even more so their operational decisions on a rigid self-help-orientation which systematically excludes households with little self-help potential like labor scarce households.’

The lack of attention to vulnerability in PRSPs may also be linked to perceptions of the dependence of certain categories of poor people. Older people are not thought to be a development resource. The problem is that for older persons – and other excluded groups – the assumption of dependence increases their vulnerability by disempowering and impoverishing them (Barrientos, Gorman & Heslop 2003). The contributions of older people are devalued, contributing to the persistence of old age poverty. Research and consultations with policy-makers on old age have indicated the importance of emphasising the contributive capacity of older persons if there is to be investment in them. Development policy still views old age as primarily a ‘dependent’ stage of life, which inhibits investment in the productive aspects of an older person’s life. Self-help credit may be denied, for example, while food transfers are set up. Even the World Bank’s social sector strategy, which has made links between the value of providing both coping support to poor people (a safety net) and the facility to ‘help them take on higher return activities with less concern about the risks (a springboard) does not go so far as to
identify older women and men as a population group to be targeted for development support (World Bank 2001). It is important therefore to acknowledge and to detail the contributions older people make to their families, communities and to the development process.

**Social protection PRSPs and development**

*Most strategies strongly reflect the macro policy orientation of the Bretton Woods institutions. The growing emphasis on the importance of social protection in Washington is not reflected in most of these IPRSPs and PRSPs, suggesting that its role in poverty reduction is still understood in the main as limited and optional, rather than as an integral element... overall this analysis suggests that few of the strategies reviewed here are likely to bring about substantial improvements for the poorest people.. The lack of social impact analysis or provision for it is a key concern..... Older people are noted to be at particular risk of poverty... but it is rare that such statements lead to specific policy measures aimed at reducing old age poverty. ... The contribution of older people to poverty reduction and social well-being is also not discussed... despite the substantial contribution older people make to child care, to care of their own children with HIV/AIDS and to looking after orphans.*

Marcus R and Wilkinson J Whose poverty matters? Vulnerability social protection and PRSPs Child Poverty Research and Policy Centre working paper 1, Save the Children Fund 2002

**The value of income transfer for poverty reduction**

Over recent years a number of global institutions have developed their thinking to connect social protection, social transfers and safety nets with development outcomes. There is gradual acknowledgement in the International Financing Institutions (Scholvinck 2003) and in some southern governments that safety net programmes are both a strategic and cost-effective means for the ‘vulnerable’ poor to have a chance of lifting themselves and their dependents out of poverty. Poor people of all ages themselves repeatedly raise the issue of guaranteed income transfers as the means to support themselves and dependents. Research into old age and disability grants has outlined the essential role such transfers have in wider poverty reduction programmes (Moeller & Ferreira 2003).

Some countries have recognised that the poverty of older persons can be targeted by ensuring regular income transfer through a non-contributory payment to the over 60’s. South Africa’s non-contributory pension scheme reaches nearly 1.9 million people directly and indirectly many more through its use to support dependents. It costs a little over 1 per cent of GDP. Recent research into its impact shows that these regular cash transfers not only have a significant impact in alleviating the poverty of the recipient and dependent household members, but also on entitlements, some of which apply to non-monetary variables, including improved health and social status, better access to housing and to credit for individual older people. 

Nevertheless, targeted transfers have a low priority in poverty reduction measures – despite the growing evidence of the

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impact on poverty across households of the social pension in South Africa, Namibia and Botswana (Devereux 2001).

Framework for action

The Madrid International Plan of Action is a ‘powerful and important programme of action to demonstrate that ageing is not a burden, and is the means to use the potential that ageing confers on us. It represents a major shift in focus of social policy in many countries; it places ageing at the top of the policy agenda in the developing world as well as the developed world… now ageing has to be addressed as a key issue of social policy.’

Nitin Desai, former Under Secretary General of Economic and Social Affairs, speaking at the Second World Assembly on Ageing, Madrid, 12 April 2002

The following points are offered for discussion; taken together they form a structure to take forward poor older people’s issues within the specific context of Africa.

1. Recognise and resource the participation of vulnerable groups in poverty processes

Resources are required to ensure the participation of older persons and other marginalised groups in discussions about poverty programmes, including their implementation, monitoring and review. Affirmative action is needed for the views and voices of older women and men to be included in development and poverty reduction planning. Agreements with donors and national stakeholders in poverty-related programmes are required on the use and transfer of resources for this purpose, as part of north-south transfers, and as dedicated resources at national level.

At the same time there needs to be greater public acknowledgment that vulnerable groups of all types, including older persons, already contribute substantially to MDG achievements, and would do more if supported better. In the case of older people, their essential roles of contributing income within households and providing for both children and grandchildren need to be recorded, recognised and supported within families, communities and governments.

A useful tool for this process might be the 2002 guidelines developed by the Office of High Commissioner of Human Rights (OHCHR) in relation to poverty reduction strategies. They specify six areas, or processes governing the rights of all people to adequate food, health, education, decent work, housing, security, the right to appear in public without shame, access to justice and political rights and freedoms (OHCHR 2002).

2. Develop and resource intergenerational responses within national and international poverty programmes

Analysis and policies to address old age poverty and the transfer of poverty between generations need to be incorporated into poverty reduction strategies. Poverty experienced in adulthood is likely to deepen with age, and this in turn has an intergenerational impact, especially within older headed households. But poverty monitoring and related programmes tend to focus on and respond to the young and those of reproductive age, in line with the MDGs, which in turn obscures the relationship
between the poverty of one age group and another. It also can exclude older persons as beneficiaries. Intergenerational analysis of poverty would be helpful to increase understanding of the relationship between the role of older people at household level and MDG achievement.

Effective long-term poverty reduction programming requires greater attention to sub-household relations and improved poverty targeting at the household level. The poverty of older carers, which impacts in many ways on young dependents, (including the decreased likelihood of schooling and increased possibility of children supporting older households that have no means of earning an income) requires special analysis.

3. Resource social safety nets in PRSPs and other poverty processes

Regular income transfer as part of safety net provision to older persons and their dependents in PRSPs and related national poverty plans should be enhanced. Cash transfer to older people is demonstrating positive results on poverty reduction for households in South Africa, Mauritius and Namibia (Devereux 2001). Within South Africa it is acknowledged that the non contributory ‘social’ pension is a means of achieving redistribution and poverty reduction because of the use to which income transfer is put, and that it plays a pivotal poverty alleviation role for the entire household.

Political will in both the north and the south is required to make the necessary resource adjustments to ensure income transfer comprises part of poverty programmes. It is worth reflecting on the issues generated by the 2002 Taylor Commission in South Africa (Taylor 2002). The Commission recommended a universal income grant to all poor people across the life course, thus resulting in an interesting public debate in South Africa about the value of sustained income transfer as a key means to respond to endemic poverty. It would be valuable for policy personnel working on social welfare and poverty reduction processes at the national level to conduct joint data gathering and analysis programmes as part of poverty reduction processes.

4. Include issues of demographics and poverty in poverty monitoring, including future MDG and poverty reduction strategy reviews

Action on age sensitive data
There is a need to encourage and advance comprehensive, diversified and specialized research on ageing in all countries, particularly in developing countries. Research, including age and gender-sensitive data collection and analysis, provides essential evidence for effective policies.

Madrid International Plan of Action on Ageing, para. 113

Given the current and predicted chronic poverty levels of older people in sub-Saharan Africa the development and inclusion of age-sensitive data in MDG and poverty reduction strategy reviews would be a step forward in making poverty analysis more robust. Improved data and analysis of the conditions facing poor older people is required to understand and inhibit the transfer of poverty between generations. This would support government commitments to demonstrate progress against national poverty targets, and would also contribute to national MDG reporting processes.
Revisions to national poverty monitoring systems should include old age poverty. Currently frameworks for old age support in developing countries are deficient and under researched. Attention to age-sensitive statistical and household survey data on poverty and population issues would be helpful to deliver greater understanding of old age poverty issues. This might include age sensitive analysis of data collected by census operations and a review of household survey approaches to ensure the inclusion of age specific issues.

Some examples of what might be done are close at hand. Tanzania’s poverty monitoring system includes as an indicator for extreme vulnerability the proportion of older persons living in a household where no one is economically active. Tanzania has also indicated its interest in future reporting on old age poverty in its regular reviews of poverty levels. In Tanzania and South Africa the Minimum Data Set (MDS) project on ageing supported by WHO could provide useful data for national poverty monitoring systems.

It would also be useful to include older age-sensitive data in the compilation of the Human Development Indicators. It would be helpful to include the per capita incomes of older women and men into the decent standard of living analyses and begin to forecast the likely living conditions of those set to survive into old age. Currently a long and healthy life is one of the components of the Human Development Index (HDI). The components that comprise ‘a long and healthy life’ as calculated by life expectancy at birth include knowledge, measured by adult literacy and enrolment rates in primary, secondary and tertiary education, and a ‘decent standard of living’ as measured by GDP per capita (UNDP HDR 2003).

The human poverty index measures deprivations in those dimensions with indicators that include the percentage of population without sustainable access to improved water sources and the percentage of children underweight for age. For example, sustainable access of older persons to improved water sources could be monitored and recorded. Currently the indicators to measure human development stop short of looking at whether the standard of living of older persons is ‘decent’ and whether their life is ‘healthy’ as well as long. The indicators do not consider the nature of the relationship between the deprivation levels of the human poverty index and household composition and reciprocal dependencies within them. Data is lacking on the living conditions of that older population, as well as a consensus view on what a ‘healthy’ life of those reaching 65 and over might look like.

5. Link national policies on ageing to public policy on poverty by targeting and resourcing older persons in poverty-related programmes

Targeting older persons in development and humanitarian relief programmes is required both for their contributions to be enhanced and for their needs and entitlements to be responded to. Monitoring mechanisms for such programmes should record both the contributions that older people make, and the beneficial effects, both direct and indirect, for those with whom they live.

Linking the national policies on ageing to poverty reduction strategies would be helpful to clarify the contributions of older person to development and poverty programmes and their entitlements. For example, the African Union regional policy on ageing lays out a framework taking on board issues of rights and supporting contributions of older persons in the context of poverty reduction. For those countries developing national policies on
ageing it is important that the policies be linked to national budgets and processes dealing with issues of poverty, rights and entitlements for other poor population sectors. The ongoing process of constitutional review should also seek out and highlight specific issues related to older persons to enable them to both to claim their rights and be effective citizens of their countries. This will enable a mainstreaming of ageing into current policies to take place.

6. Develop mechanisms to mainstream public policy on ageing into international rights and poverty processes

Shared responsibilities
Governments have the primary responsibility for providing leadership on ageing matters and on the implementation of the International Plan of Action on Ageing, 2002, but effective collaboration between national and local governments, international agencies, older persons themselves and their organizations, other parts of civil society, including intergovernmental organizations and the private sector is essential. The implementation of the International Plan of Action on Ageing 2002 will require the partnership and involvement of many stakeholders: professional organizations; corporations; workers and workers organizations cooperatives; research; academic and other educational and religious institutions and the media.

Article 17, Political Declaration, MIPAA

Public policy on ageing needs to be explicitly linked to the existing international frameworks governing rights and poverty. The MDG processes provide an opportunity for this to happen. The provisions of the MIPAA are derived from the range of international instruments governing the rights and entitlements of all persons, and it provides an essential framework for the focus on older persons. Training at national level may therefore be helpful to ensure connections are made between these instruments. It might also be useful to develop further the African Union Plan of Action on Ageing as a key framework to link the obligations of national and international stakeholders to achieve the rights of older persons, including their right to be free from poverty. Collaboration and partnership between government, civil society (including older persons) and the private sector is a key principle for this to happen.
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