



## JOINT NGO SUBMISSION FOR THE INITIAL UNIVERSAL PERIODIC REVIEW OF UGANDA, OCTOBER 2011

Submitted by Uganda Reach the Aged Association (URAA), HelpAge International  
and Reach One Touch One Ministries, March 2011

### Key Words

Rights of older people, internally displaced people, social security, older people affected by HIV

### Introduction

1. This joint submission examines discrimination against older women, the rights of displaced older people, the right to social security, and the rights of older people affected by HIV & AIDS. Finally it makes recommendations for government action in these areas.

2. The Constitution of the Republic of Uganda (at 15<sup>th</sup> February 2006) Article 32 Clause (1) states that "Notwithstanding anything in this Constitution, the State shall take affirmative action in favour of groups marginalized on the basis of gender, age, disability or any other reason created by history, tradition of custom, from the purpose of redressing imbalances which exist against them"<sup>1</sup>. Despite this, older women and men continue to face discrimination based on their age and other factors and experience denial of their rights.

### Discrimination against older women

2. In its concluding observations to the review of the combined fourth, fifth, sixth and seventh periodic reports of Uganda, the CEDAW Committee expressed its concern that older women "*often suffer from multiple forms of discrimination, especially with regard to access to education, employment and health care, social services, protection from violence and access to justice.*" The Committee urged the State party to adopt special programmes to alleviate older women's poverty, including the introduction of a universal non-contributory pension and to adopt effective measures to ensure older women have equal and non-discriminatory access to education and employment, health care, social services, protection from violence and access to justice<sup>2</sup>.

<sup>1</sup> 1997 Constitution of the Republic of Uganda as amended

<sup>2</sup> Concluding Observations of the Committee on Elimination of Discrimination Against Women, CEDAW/C/UGA/CO/7, 22 October 2010, paragraphs 45 & 46

- **Recommendation 1**

**4. That the Government of Uganda fully implements the recommendations made by the CEDAW Committee to meet their obligations under the Convention towards older women.**

**The rights of displaced older people in Northern Uganda**

5. The situation of older displaced people, particularly older women, and the barriers that they in particular are facing in return to their villages of origin and resettlement has not been adequately addressed by the Government.

6. HelpAge's research in the camps in 2007 and 2008 showed that community and family support and respect for older women and men had been lost or eroded by experience of displacement and camp living<sup>3</sup>. Researchers also witnessed anger and frustration. A displaced older woman in Olwal camp said, "Our livelihoods have been removed by the army and by the LRA" and asked, "Who do we sue? Our animals were stolen by the army and the LRA. Who do we sue? Our children and families have been killed by the army and the LRA. Who should we sue? Who will compensate us?"<sup>4</sup>.

7. As more able-bodied people are able to return to villages of origin, older women and men left behind represent a dramatically increasing percentage of the camp population. Many of those who do not return experience multiple disadvantages though isolation, abandonment, mental and physical disability, psychological trauma, malnutrition and poverty<sup>5</sup>.

8. Data from assessments of extremely vulnerable individuals (EVIs) eligible for UNHCR support in 2010 shows the high proportion of extremely vulnerable older women. In 5 sub-counties, 78% of all those identified as EVIs were women and men over 60<sup>6</sup>. This is an extremely high proportion relative to the total population over 60.

9. Older people cited lack of shelter and concern over their physical capacity as the main reasons for not returning to their villages of origin<sup>7</sup>. Access to land during the resettlement process can be especially problematic for older women, as many cannot prove they once owned land or were entitled to it through a husband or father<sup>8</sup>. Dependence on food aid is a barrier to returning to villages of origin. With no other reliable source of income or livelihood, they are dependent on World Food Programme food aid and are extremely concerned about what will happen when humanitarian aid is completely phased out.

10. Another barrier to return is concern for dependants. Older women caring for grandchildren are reluctant to take them out of school and fear that they will lose the support they receive in the camps for school fees and materials<sup>9</sup>.

11. It is clear that many of the older displaced women, particularly those without family support will be unable to return to their villages of origin without significant assistance. Those left behind will quickly become destitute in the decaying IDP camps unless return and reintegration programmes explicitly address their requirements.

- **Recommendation 2**

**12. That the Government of Uganda ensures that the return and reintegration programmes should reflect the special requirements of older people, particularly**

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<sup>3</sup> HelpAge International and IASC, 2007 and Erb, 2008

<sup>4</sup> HelpAge International and IASC, 2007

<sup>5</sup> Erb, 2008

<sup>6</sup> UNHCR EVI assessments for 2010 phase one support in Bibia, Anaka, Purongo, Koch Goma and Atiak sub-counties, unpublished

<sup>7</sup> Erb, 2008

<sup>8</sup> Fiona Samuels and Jo Wells, *The loss of the middle ground: the impact of crises and HIV and AIDS on "skipped-generation" households*, Project Briefing No 33, November 2009, Overseas Development Institute

<sup>9</sup> HelpAge International "Enhancing the protection and inclusion of older people in humanitarian crisis and disaster response," Final Report, July 2009, unpublished

older women. The rights of the unaccompanied old should be addressed as energetically as those of unaccompanied children, with priority placed on strengthening reunification and on family and community based solutions.

- **Recommendation 3**

13. That the Government of Uganda develop cash-transfer programmes as a recovery initiative for extremely vulnerable individuals, including older women. These should be linked into broader Government country-wide social protection plans to reach the poorest, which should include a non-contributory pension.

#### **The right to social security**

14. The Government has recognised that the majority of older people are living in abject poverty and require pension or social assistance<sup>10</sup>. However, there is no universal non-contributory pension in Uganda. This particularly disadvantages women as very few have access to a formal sector, contributory pension. According to Government figures, only 7.1 per cent of the total labour force, 60% of which are men, has access to a pension under the Uganda National Pensions Scheme and the National Social Security Fund (NSSF)<sup>11</sup>.

15. The Independent Expert on the question of human rights and extreme poverty concluded in her report to the Human Rights Council at its 14<sup>th</sup> session in June 2010<sup>12</sup> that "*Non-contributory pensions are the only means by which universal pension coverage can be achieved and gender imbalances redressed*" (paragraph 106).

16. Introducing a non-contributory state pension would be a gender-sensitive social-protection response that would increase this coverage and give all older women and men a guaranteed minimum income. Providing a pension of just over 14,100 Ugandan shillings (US\$6.5) a month to all people over 60 would cost around 0.77 per cent of gross domestic product (GDP). Assuming that Uganda achieves growth rates similar to the last 15 years, the cost of the pension would fall significantly as a percentage of GDP<sup>13</sup>.

- **Recommendation 4**

17. That the Government of Uganda introduces a universal non-contributory pension within the framework of a broader strategy that expands social protection measures for different categories, as outlined in the 2010/11 – 2014/15 National Development Plan<sup>14</sup>.

#### **The rights of older people affected by HIV**

##### **Care and Support**

18. Older people provide care and support for people living with and affected by HIV. These older people require care and support themselves in both their caring roles and also when they are living with HIV.

19. Older people play a key role in providing care and support to people living with HIV and children orphaned as a result of AIDS. The latest national level data

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<sup>10</sup> The Republic of Uganda, National Development Plan, 2010/11 – 2014/15, April 2010, paragraph 645

<sup>11</sup> Cited in the draft *National Policy for Older Persons*, 2009

<sup>12</sup> Report of Independent Expert on the question of human rights and extreme poverty, A/HRC/14/31, 18 March 2010

<sup>13</sup> Truelove K, *Working for life: making decent work and pensions a reality for older people*, HelpAge International, may 2009, page23

<sup>14</sup> The Government of Uganda, National Development Plan, 2010/11 – 2014/15, April 2010, paragraph 666. vii

from the World Bank shows 49.2% of double orphans in Uganda are being cared for by a grandparent and the average age of the grandparent is 67 years<sup>15</sup>.

20. Older people' economic situation is worsened by the burden of looking after orphans and other vulnerable children left by parents who died of AIDS-related illnesses. It has been reported that the burden of looking after orphans and people living with HIV coupled with limited economic activity has put a lot of stress on older people and impoverished them almost to the extent of destitution<sup>16</sup>. Older people use their meagre incomes and sometimes sell their assets to meet expenses of providing care to persons living with and affected by HIV. The burden of providing care can be summed up in a statement of lamentation from an older person in Kawempe, *"Food is not enough and my orphans do not usually eat a balanced diet since most of the time they feed on posho"*<sup>17</sup>.

21. Most adults who die of AIDS-related illnesses have parents who survive them and who are often psychologically and economically affected by illness and death of their children. The death of older people's children does not only mean loss of a dear one and additional parenting responsibilities and care burden of orphans but also loss of social protection.

22. Despite this, older people are left out of care and support responses and programmes. Many lack skills in home based care and caring for orphans. The home based care guidelines being developed by Ministry of Health and UAC are therefore overdue.

- **Recommendation 5**

**23. That the Government of Uganda ensures older peoples right to care and support by, inter alia, supporting programmes to improve nutrition and economic empowerment for older people; improve the quality of psychosocial support for older people; provide special guidelines, manuals and kits for older people to manage their provision of services to people living with HIV within their households and the wider community.**

### **HIV Prevention**

24. While there is considerable effort by the Government of Uganda and other non-state development actors to prevent the spread of HIV, there are no explicit attempts made to target older people. It is assumed that older people are not sexually active, however research by URAA and HelpAge revealed that 64% of the older people are sexually active, of which 91 % never used condoms during sexual intercourse<sup>18</sup>.

25. In addition, research also suggests that many of the older people are not aware of how to prevent which ultimately leaves them at risk of infection. This risk is clearly demonstrated by the very low rate of condom use among older people. In addition, older people face some specific vulnerabilities. Older women going through menopause experience a thinning of the vaginal walls which can increase the risk of injury during sexual intercourse and therefore also the risk of contracting HIV. Older people also need to know how to provide care safely to

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<sup>15</sup> Beegle, Kathleen, Filmer, Deon, Stokes, Andrew and Tiererova, Lucia 2009 Orphanhood and the Living Arrangements of Children in Sub-Saharan Africa (March 1, 2009). World Bank Policy Research Working Paper Series, Vol. , pp. -, 2009. Available at SSRN: <http://ssrn.com/abstract=1372966>

<sup>16</sup> URAA & HelpAge International, *Report on the Uganda National Consultative Meeting on Older Carers of Orphans and Vulnerable Children/People Living with HIV/AIDS*, Nov 2008

<sup>17</sup> Zephaniah Ogen, *Poverty, HIV/AIDS and Social Protection for Older People*, A URAA Briefing paper, Aug 2007

<sup>18</sup> URAA Briefing Paper 2010: Universal Access to HIV/AIDS Prevention, Care and Support and Treatment

people living with HIV, and need access to appropriate resources to do this, including gloves.

- **Recommendation 6**

**26. That the Government of Uganda should target older people in HIV prevention services by: ensuring IEC materials have messages relevant to, and specifically targeting older people; through training older peer educators; and ensuring age friendly, non-discriminatory prevention services. Older people must also be included in formulation of legislation and guidelines aimed at addressing HIV and in home based care programmes.**

**Treatment:**

27. The Government of Uganda in collaboration with development partners have rolled out an Anti-Retroviral Therapy (ART) strategy to improve the health and quality of life of people living with HIV. By August 2008, about 1.1 million people were living with HIV and about 312,000 were in need of Anti-Retroviral (ARVs). However, only 130,000 patients were receiving ARVs. This represented 43% of the total number of people in urgent need of ARVs in Uganda<sup>19</sup>.

28. There is no data on the number of older people accessing ARVs. Since many older people do not know their HIV sero status and the fact that there is no deliberate strategy by government to enable access to different services, one may conclude that very few older people are accessing ARV services.

29. It is worth noting that as ARVs become more available and affordable, an increasing number of people living with HIV will survive beyond 50 years of age. Therefore, it is anticipated that more older people will require ARVs in the near future. It will be crucial to gain a better understanding of how health issues related to both ageing and HIV interrelate, and of the interaction of ARVs and drugs for other health conditions related to ageing. Access to ARVs by older people is a critical need which must be addressed by policy makers and implementers in Uganda.

30. As with other population groups, counselling and testing provide an entry point for older people to access treatment and other HIV related services. Counselling and testing has been one of the core strategies for HIV prevention and treatment in the country since the start of the response to HIV in Uganda. Both Government and non-governmental agencies provide counselling and testing services on a demand driven basis. URAA and HelpAge's experience of working on older people and HIV issues shows that very few older people access VCT services due to:

- Lack of awareness of their risk of infection and need to know their HIV status
- Insufficient information on availability of VCT services for older people
- Lack of a deliberate VCT strategy for older people
- Stigma associated with discovering the sero-status
- Long distances to VCT facilities

- **Recommendation 7:**

**31. That the Government of Uganda should: conduct a study to determine the numbers of older people requiring and currently accessing ARVs; develop a strategy to ensure older peoples equitable access to ARV; develop a pilot programme for extending counselling and testing services to older people.**

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<sup>19</sup> <http://allafrica.com/stories/200808230086.html>

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